

02130

HEALTH + YOUTH



* If you know what this is, this report is for ***YOU***.

WHY THIS REPORT?

When we think of health we usually just think of going to the doctor to receive medical services. But most experts agree that access to health care only contributes to about 10-12% of health outcomes and life span! Did you know that depending on where you live, you will have a longer or shorter life? We now know that our ability to have a long and healthy life is closely tied to things like housing, education, income, and race. If we look at all these socially determined areas that impact health we begin to realize a HEALTH EQUITY perspective.

What does health have to do with housing, education and employment? Everything. These larger factors, or **SOCIAL DETERMINANTS** of HEALTH, have a major impact on how healthy your life is and how long you live.

The Jamaica Plain Youth Health Equity Collaborative, a group of youth, health care, housing, education, and youth serving organizations, met for over a year to look at six social determinant areas or BUCKETS that impact young people who live, work,

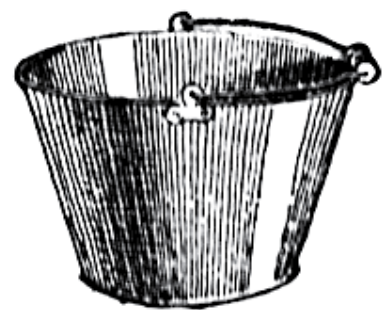
PHOTO CREDIT: Mike Cohea



and play in Jamaica Plain. We hope that in the hands of young people, their families, and the organizations that serve them, this report will aid in the fight to create a more equitable JP and Boston.

If you are a youth, you should read this report as a call to action. You have a lot of power to change things in JP! Each section has:

- A real youth experience of life in JP (names have been changed),
- Data that supports the real experiences of youth in JP
- A connection to health outcomes
- List of organizations where good work is being done
- Suggestions for action



BUCKETS

Housing	p. 6-9
Education	p. 10-13
Employment	p. 14-17
Health Care	p. 18-21
Food & Fitness	p. 22-23
Safety	p. 24-25
Wrapping it up & Resources	p. 26-28

WORDS TO KNOW

COLOR CODED THROUGHOUT THE REPORT FOR YOUR CONVENIENCE

STRESS

Everyone knows what it is like to feel stressed. Your heart rate may go up, your stomach gets tight, you get nauseous. When you experience stress, your body makes a hormone called cortisol. Cortisol is good in small doses; it can help you think clearly and take quick action. Unfortunately, ongoing exposure to this hormone can lead to chronic diseases like heart disease, diabetes and depression. It is no surprise then that when you experience ongoing or chronic stress from things like community violence, unsafe housing, lack of employment or institutional and interpersonal racism that stress begins to build up and hurt you, not only as a young person, but later in your life as well.

RACISM

is the denial of social benefits based on color. It impacts your health by restricting access to opportunities and resources. **RACISM** causes **STRESS**. You might experience **RACISM** directly or indirectly as you live, work, and play in Jamaica Plain.

TYPES OF RACISM

INSTITUTIONAL RACISM is a pattern of distribution of power and wealth which puts people of color in JP (and the whole United States) at a big disadvantage. Because of racist policies in our nation's history, whites control most of the key institutions of society as well as most of the wealth, including land, housing, money, education, and ownership of businesses. This is the major way that racism affects health through housing, food, education, jobs, etc.

PERSONALLY MEDIATED RACISM is prejudice & discrimination, which can be a huge source of long term stress.

INTERNALIZED RACISM is when the oppressed group believes the negative messages about their own abilities and worth. It also creates stress.

SOCIAL DETERMINANTS

The resources of society which determine overall success of a person like: employment, education, food access, community safety, etc. These structures can be a positive or negative influence on a person's life and health.

HEALTH INEQUITY

An **INEQUITY** is something that is unequal. It is the same as saying **INEQUALITY**. It implies that there is a difference between individuals or groups of people.



A "TEENY" STORY

Teeny is the name of the beverage on the cover. Some youth know it by many names, but what is universal about this beverage is that it is 100% of nothing good for you. You don't find teenies in every store in JP.



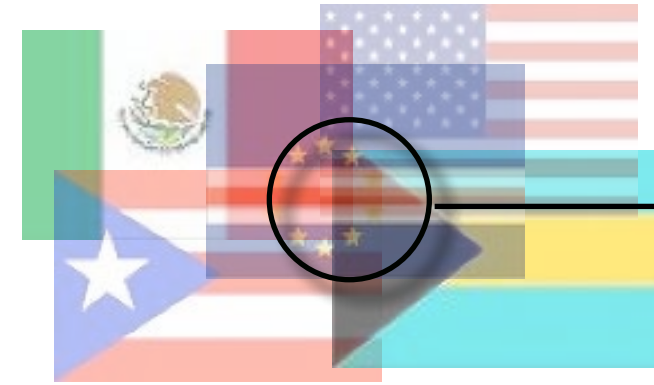
In fact, these drinks are mostly found in stores that cater to JP's African-American & Latino communities. Other stores in JP have fresh juice for sale and encourage healthy eating. How can stores, divided by a few blocks, impact the 'value' of resources available to people?

Life's basic needs such as housing, education, and jobs are distributed unequally just like the Teeny. As anyone from JP will tell you, there are two JPs. In one part of JP, people are wealthier, homes

are in good condition, and the youth are doing well. In the other part of JP, people have less money, and many young people are struggling in school and dealing with issues of community violence. These inequities create worse short term and long term health problems for African American and Latino youth and their families.

The block you live on indicates your access to a healthy and safe life.

We might share a zip code but communities in JP don't share the same health issues.



BE PROUD!!

KNOW YOUR ASSETS

JP has an undeniable sense of community. There are numerous stories of JP rising up to meet the needs of its community members. When you walk down the street it's hard to not notice that: people say, 'Hello' to each other, there is pride on the faces of shop owners, and there is a vibrant sense of **YOUTHfulness**. JP is colorful. With a lot of nationalities represented, JP is

one of the most diverse Boston neighborhoods.

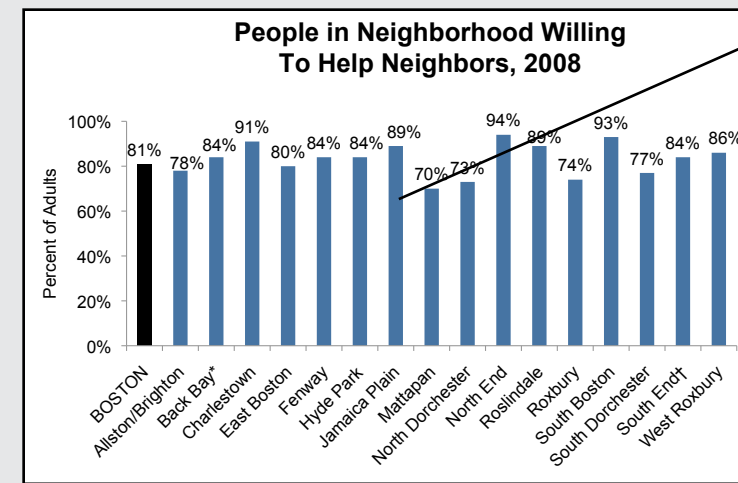
In a survey done by the Youth Health Equity Collaborative, 30 youth were surveyed, the majority responded that an asset to living in Jamaica Plain is the diversity. This is an asset that should not be ignored. The diversity in JP acts as a base on which all change can be built.

Pride can be the fuel that ignites change.

If you use the metaphor of a stream to understand community interventions there are many places along the stream to try and change the health outcomes of young people.

the Stream of Interventions

If a "downstream" intervention is to help pay the cost of a burial for a young person who is murdered, then an intervention further up the stream may be a community policing project, further up would be finding that young person a job, further still would be to make changes in that young person's school system, or improve the housing and economic situation of that young person's family. If you make those changes for lots of families you are working at the top of the stream, changing policy. The further up the stream the work, the more you are attacking racism and poverty at its roots. Without a doubt, we need to keep working all along the stream. But by thinking **BIG**, and changing things up the stream, we will see long term equity and justice for ourselves and our families.



BOSTON PUBLIC HEALTH COMMISSION HEALTH OF BOSTON 2010

Yeah, we know.

Think about all of the neighborhood organizations & non-profits scattered throughout JP.

That is a unique and admirable quality to a community. Let's continue that tradition and get involved.



HOUSING

TWO NEIGHBORHOODS, ONE NAME

YOUR STORY

There are two teens who live with their single mother in Jamaica Plain. During a particularly bad winter, a large window in their living room was broken and never repaired. This room was freezing but the rest of the house was hot and stuffy. The window was not the only thing the landlord wouldn't fix: the apartment upstairs leaked, creating a waterfall of gross water, mildew, and mold. What is the health impact of living in such conditions and having limited resources to fix it?

HEALTH IMPACT

SHAME, EMBARRASSMENT, INCREASED RISK OF ILLNESS, HOMELESSNESS, DEPRESSION, AND **STRESS**.

HOME IS WHERE THE HEART IS BUT A HOUSE CAN MAKE YOU SICK...

It is common to use the term 'house' when we are referring to the structure, while the term 'home' refers to the emotional sense of pride, safety, and health that exists inside the house.

The story of Carla, Sandra, and their mother emphasizes that if your house is toxic, it can cause poor health, unhappiness, and unsafe conditions.

Housing equity is a basic yet overlooked concept. How can you be expected to stay healthy when you live in an environment where there is improper heating, dangerous levels of toxins, and poor building management?

For the youth of JP the biggest housing issues are:

*

SHELTER POVERTY

*

HOUSING SEGREGATION

*

HOMELESSNESS

This section will look at all three and address possible solutions.

HOUSING SEGREGATION & RACISM

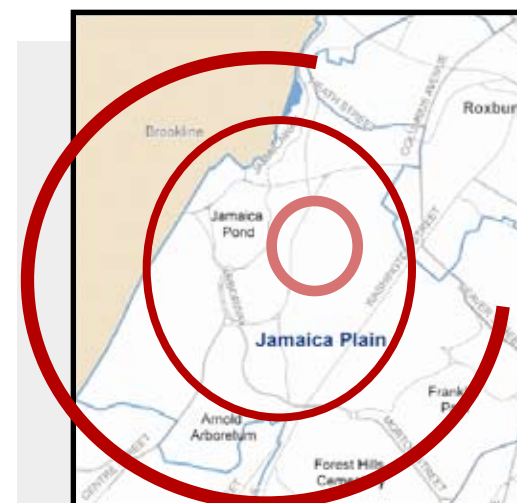
In an informal survey conducted by Southern Jamaica Plain Health Center, 40 youth identified RACISM to be the number one issue with housing. What the youth are witnessing is the result of



to be seen as risky investments for banks. This decreased the likelihood that a person of color could acquire a loan to buy a house, which created a lack of ownership. This lack of access to borrowed money started

historical decisions and actions of banks and public officials to contain poverty and race to a specific location within city borders. Dating back to the 1930's, as part of the New Deal Home program, banks instituted what is known as "red-lining". Red-lining drew actual circles around parts of cities which arbitrarily denied or limited financial services to specific neighborhoods because its residents were people of color, poor, or both. As cities developed throughout the years, neighborhoods that were red-lined continue

a snowball effect. The less likely a person was to buy a home, the less likely they were able to accumulate wealth, invest in the neighborhood, start businesses, and support their children's education. This all leads to what the youth and fellow residents see today: populations living in structures in JP that are neglected, not owner occupied, and have limited access to neighborhood businesses. In addition to the physical environment, there is the emotional impact of living in segregated conditions.



LET'S ERASE THE RED LINES



PHOTO CREDIT: Mike Cohea

FACING THE FACTS

67% of the homeless population in Boston are people of color

*

The fastest growing homeless population in JP is 12-18 year olds

*

Over 50% of the homeless population works full-time or more but are unable to afford housing



LOOK AROUND

If your neighborhood has a lot of check cashing establishments then people in your community are paying high fees without the protections of a regular bank. When you use check-cashing establishments, you do not earn the credit that is necessary to get a loan from a bank to buy a house. Neighborhoods with less home ownership can become segregated by race and economics.

Many families in JP, like the one talked about on page 5, experience something called **SHELTER POVERTY**. Shelter poverty is when your living expenses exceed 30% of your monthly income. Rent in JP averages \$1,300 a month. Costs as high as this make life's necessities unaffordable. We need to develop and secure more affordable housing in JP. In addition, tenants need to organize to create home ownership cooperatives. These actions could prevent shelter poverty.

IT'S IN YOUR BACKYARD

City Life/Vida Urbana

Is a JP organization that fights for equal and fair housing. They have helped many tenants fight unfair evictions and recently helped tenants and owners facing foreclosure (617)524-3541.

YOU(th) CAN DO IT!

- GET INVOLVED WITH TENANT TASK FORCES IF YOU LIVE IN A DEVELOPMENT
 - PARTICIPATE IN RE-DEVELOPMENT MEETINGS FACILITATED BY: **JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORPORATION (617) 522-2424 & URBAN EDGE (617) 989-9300**
 - IF YOU KNOW SOMEONE WHO IS AFFECTED BY THE HOUSING CRISIS OR IS IN JEOPARDY OF LOSING THEIR HOME, HERE ARE LOCAL ORGANIZATIONS YOU CAN CONTACT:
 - **JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORPORATION: EVERYTHING HOUSING RELATED (617) 522-2424**
 - **BOSTON HOME CENTER: RESOURCES FOR HOME-OWNERSHIP AND FIRST TIME HOME BUYERS (617) 635-HOME**
 - **BOSTON TENANT COALITION: LEADS THE WAY IN TENANT RIGHTS (617) 423-8609**
 - **GREATER BOSTON LEGAL SERVICES: INFORMATION ON TENANTS' RIGHTS AND FAIR HOUSING (617) 371-1234**
- JOIN THE **YOUTH HEALTH EQUITY COLLABORATIVE (617) 983-4104**

POSSIBLE SOLUTIONS

*IMPROVE SECTION 8 VOUCHER SYSTEM * CREATE AFFORDABLE HOUSING THAT EMPOWERS AND IMPROVES THE COMMUNITY *INCREASE TRANSITIONAL HOUSING FOR YOUTH

Getting SCHOOL-ED



PHOTO CREDIT: Mike Cohea

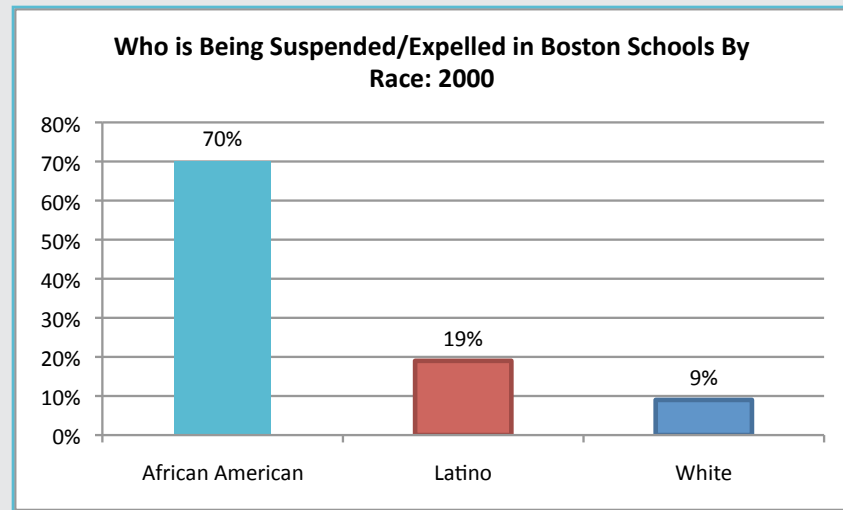
YOUR STORY

Carlos is a 15 year old male from El Salvador enrolled in a JP middle school. He immigrated to the US with his family a year ago. He does not speak English. He has been put in an ALL English classroom. He reads and writes in Spanish at a 4th grade level and needs lots of extra help. He failed all his classes, and didn't see himself graduating to high school. He dropped out of school with the intention of finding work. Unfortunately, Carlos cannot find a job at a youth-serving organization or get a mentor.

HEALTH IMPACT

DEPRESSION, LONG TERM HEALTH ISSUES BECAUSE OF LACK OF HEALTH CARE, LOWER INCOME FOR LIFE, **STRESS**, ISOLATION

HOW 'EQUAL' IS THIS?



Gordon, R., Della Piana, L., & Keleher, T. (2000). Facing the consequences: An examination of racial discrimination in U. S. Public Schools. Oakland, CA: Applied Research Center.

This section will look at:

- SCHOOL TESTING**
- *
- LANGUAGE BARRIERS**
- *
- DROPOUT STATISTICS**

SOLUTIONS WILL ADDRESS ALL THREE

... testing, testing

Our school system has been re-shaped by the MCAS. Prep for the MCAS begins in elementary school goes all the way through high school. Passing the MCAS becomes the primary indicator of a student's ability to move to the next grade. Teachers are pressed to focus on the MCAS throughout the school year. In Massachusetts-

- We saw a 32% increase in the drop-out rate in the first 5 years after the MCAS graduation requirement went into effect
- 11th and 12th graders who fail MCAS are 10 times more likely to drop out

Consequently the SAT, which is a very different test, is ignored in some schools. Without good SAT scores, college is unlikely. Anecdotal information showed that some students have little understanding of the SAT. The schools without good SAT prep are also the ones which serve the poorest communities. The intense focus on the MCAS contributes to: drop-out rates, student isolation and inhibited ability of students.

BOSTON MATH SAT SCORES BY AVERAGE ANNUAL INCOME

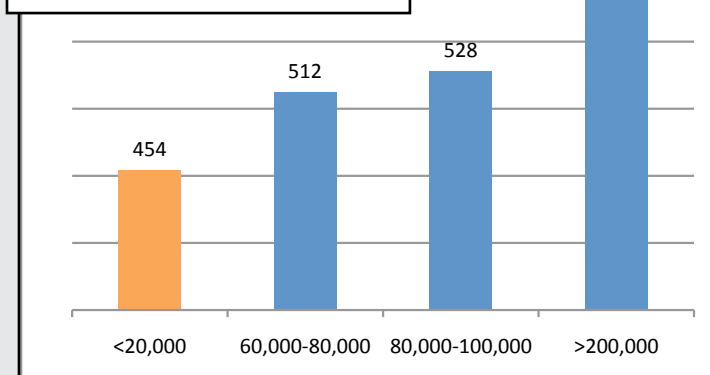
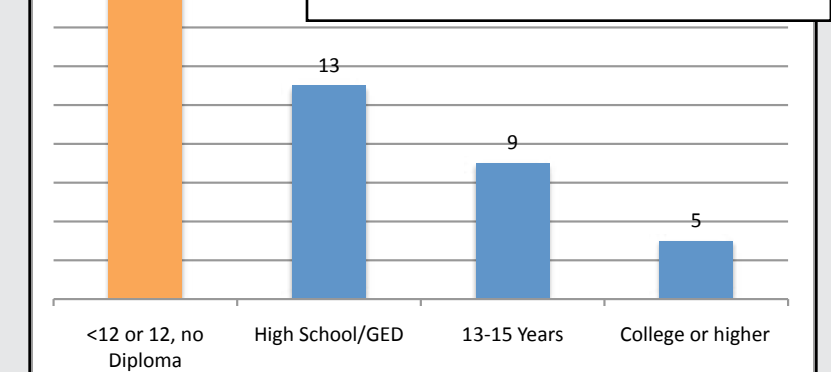


PHOTO CREDIT: Mike Cohea

PERCENTAGE OF PEOPLE WHO REPORTED POOR HEALTH BY EDUCATION LEVEL: MASSACHUSETTS



An Assessment of the Labor Market, Income, Health, Social, Civic and Fiscal Consequences of Dropping Out of High School: Findings for Massachusetts Adults in the 21st Century, January 2007

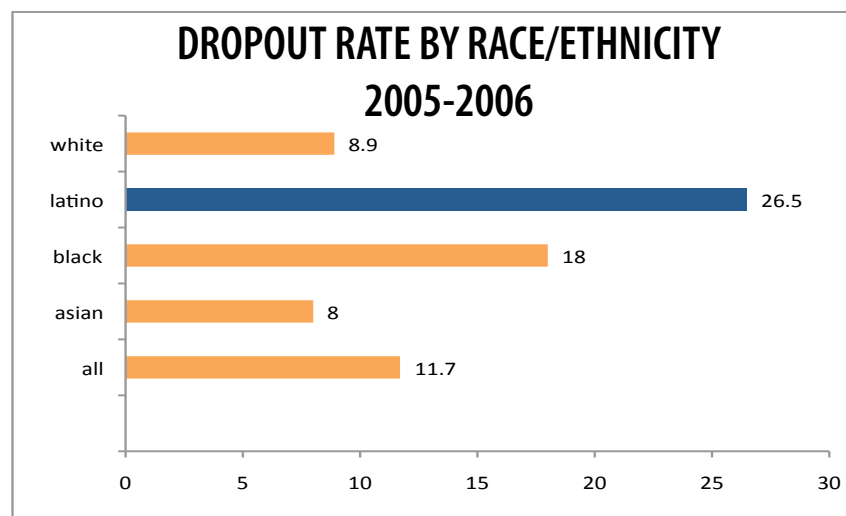


LANGUAGE BARRIERS

Referendum Question 2 was implemented in most schools in 2003 as a means to replace bilingual programs with Sheltered English Immersion (SEI) programs, whose main purpose is to help students learn English faster. According to the Gaston Institute's study, "high school drop-out rates among students in programs for English Learners almost doubled and [...] the proportion of English Learners in middle school who dropped out more than tripled in [2003-2006]."

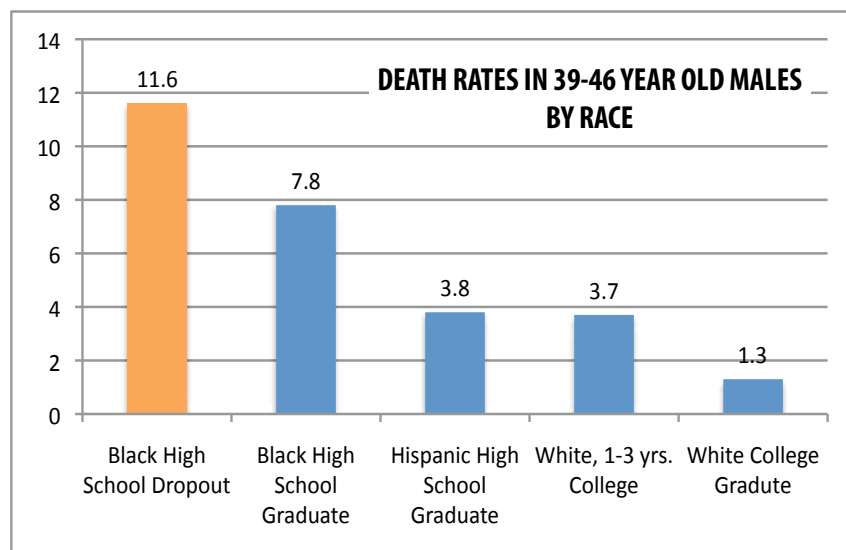
Hey, where's everyone going?

DROPOUT STATISTICS



Graph made from Gaston Institute Data

Boston has a dropout rate that is **TWICE** as high as neighboring towns Cambridge and Brookline.



The more formal education you have, the longer you live. African-American men who dropout of high school have a shorter life expectancy than African-American men who graduate.

Sum, A. An Assessment of the Labor Market, Income, Health, Social, Civic and Fiscal Consequences of Dropping Out of High School. Northeastern University

IT'S IN YOUR BACKYARD

Boston Parent Organizing Network (BPON)

Tell your parents to join this local organization which builds parents power to monitor the curriculum and makes BPS accountable. (617) 522-2766

YOU(th) CAN DO IT!

- JOIN **MAYOR'S YOUTH COUNCIL** (617) 635-4490
- CONTACT **HYDE SQUARE TASK FORCE'S YOUTH COMMUNITY ORGANIZERS** (617) 524-8303
- ENCOURAGE PARENTS TO JOIN AN ADVOCACY GROUP LIKE BPON
- IF YOU HAVE DROPPED OUT...DON'T GIVE UP!!! CONTACT **ESAC GED PLUS** (617) 541-2639
- **PIC STREET RESEARCH** (617) 488-1325
- JOIN **YOUTH HEALTH EQUITY COLLABORATIVE** (617) 983-4104
 - AND OF COURSE...STAY IN SCHOOL

POSSIBLE SOLUTIONS

*MORE PARENT ORGANIZING * FUND TWO WAY BILINGUAL MODELS * FIX ENVIRONMENTAL PROBLEMS WITHIN THE SCHOOLS * CREATE A MODEL THAT GIVES PARENTS MORE SAY OVER DISCIPLINARY ACTION



YOUTH EMPLOYMENT

YOUR STORY

Scarlet is a 17 year old woman who identifies as Haitian. She has always been a good student and has never worked before. Her mother has been on her to find a job and help out with some of the bills. Scarlet has been looking for work for the past 8 months and has been rejected everywhere she goes. She went to the PIC office at her school, and they helped her do a resume, but she has little on it other than some volunteer work she did at church and a few perfect attendance awards.

She keeps filling out applications, but at this point she is convinced she won't get hired. She is spending more and more time with her boyfriend who also doesn't work and has begun to sell weed on the side.

HEALTH IMPACT: SUSCEPTIBILITY TO DEPRESSION, ILLNESS, MENTAL **STRESS**, LOSS OF SELF ESTEEM & MALNUTRITION, INCREASE IN SUBSTANCE ABUSE, LACK OF ACCESS TO HEALTH CARE AND DISABILITY INSURANCE



This Section Will Look At:

*

FACTS ABOUT YOUTH EMPLOYMENT

*

HIRING PRACTICES

*

MENTORSHIP

Solutions will address all three

YOUTH EMPLOYMENT LEADS TO

Higher African-American & Latino males high school graduation rates --- Lower teen pregnancy rates --- An increase in national GDP

The probability of being unemployed in later years and lower lifetime wages--- The probability of heart attacks later in life --- Youth violence

YOUTH UNEMPLOYMENT LEADS TO



WHICH JOB WOULD YOU PREFER?

Picking up dead squirrels **OR** shadowing a doctor?

Collecting shopping carts **OR** helping to do research for a trial?

These are options that the YOUTH of JP would like to have, but unfortunately their choices are most often limited to jobs that don't develop transferable job skills.

PROPORTIONATELY, more kids have lost jobs in the past few years than the entire country lost in the GREAT DEPRESSION

Andrew Sum, Professor of Economics at Northeastern University

WHEN YOUR MOM ISN'T A DOCTOR

When you are the son of a store owner or the niece of a manager it means you have more ACCESS to the job market. You might be more familiar with how to fill out an application, know how to use the register, and have 'connections'. When you don't have easy ACCESS, you need SKILLS. Here are several simple rules to remember when applying for a job:

- *When going into an interview, don't bring your friends*
 - *Turn your cell phone OFF*
- *Use black or blue ink to fill out your application*
- *Ask for help from a local employment agency like PIC*

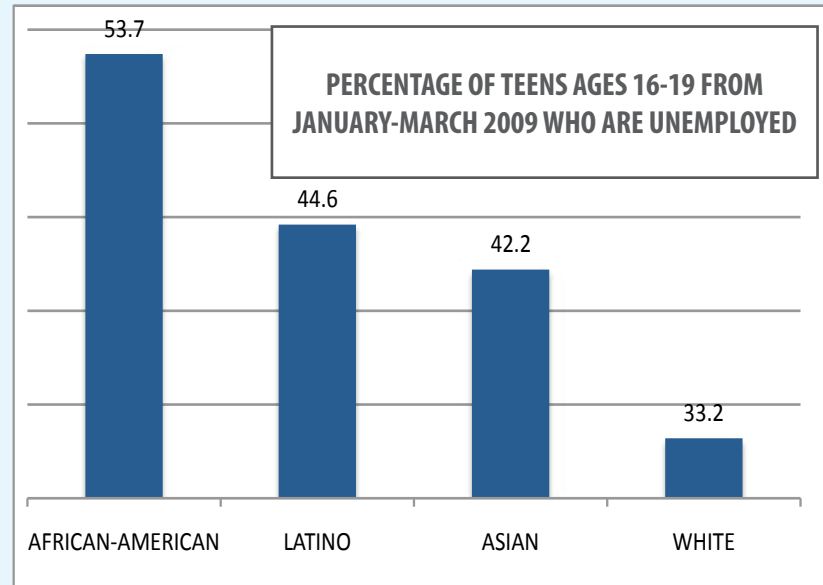
WAGE WAR

(\$ & Sense)

ABCD estimates that some youth jobs provide upwards of 9% of the family's annual income. It costs employers approximately \$2,000 to hire one student @ \$8.50/hr for 25-35 hours over the summer.

Really. That is it.

The chart below shows patterns of hiring for youth between the ages 16-19. All youth deserve jobs but this shows a national trend that jobs are not being distributed equitably.



HEY YOU. BE A MENTOR.

Youth surveyed by Southern Jamaica Plain Health Center found that mentoring is the most asked for service. So simple. Youth want what adults have: well-informed experience.

IT'S IN YOUR BACKYARD

TEEN EMPOWERMENT

Provides tools to change the most difficult social problems in local communities. Mobilizes urban youth to make lasting and meaningful change (617) 536-4266

YOU(th) CAN DO IT!

- HEAD OVER TO **HYDE SQUARE TASK FORCE** THEY HAVE ENDLESS AMOUNTS OF KNOWLEDGE AROUND YOUTH EMPLOYMENT (617) 524-8303
- GET ACTIVE, JOIN **YOUTH HEALTH EQUITY COLLABORATIVE** (617) 983-4104
- CALL YOUR LEGISLATORS WHEN ISSUES OF YOUTH FUNDING ARE BROUGHT TO YOUR ATTENTION www.wheredoivotema.com
- **ADULTS** SIGN UP WITH BIG BROTHER BIG SISTER OR OTHER MENTORING AGENCIES

OPPORTUNITY EQUALS HEALTH

POSSIBLE SOLUTIONS

* INCREASE FUNDING FOR ADULT MENTORING PROGRAMS * CORI REFORM * RESTORE FUNDING TO JOBS PROGRAMS *

HEALTH CARE



This section will look at:

- *MENTAL HEALTH
- *ASTHMA
- &
- *SEXUALLY TRANSMITTED INFECTION RATES

Solutions will address all three

YOUR STORY

Alex is a 19 year old who identifies as an African American male. Alex has had a history of depression. He has a 10 year old brother he is responsible for as his mother works a night shift and is only home for one day on the weekends. He dropped out of English High last year and is currently trying to get a GED. When he feels sad, he mostly self-medicates with marijuana and alcohol.

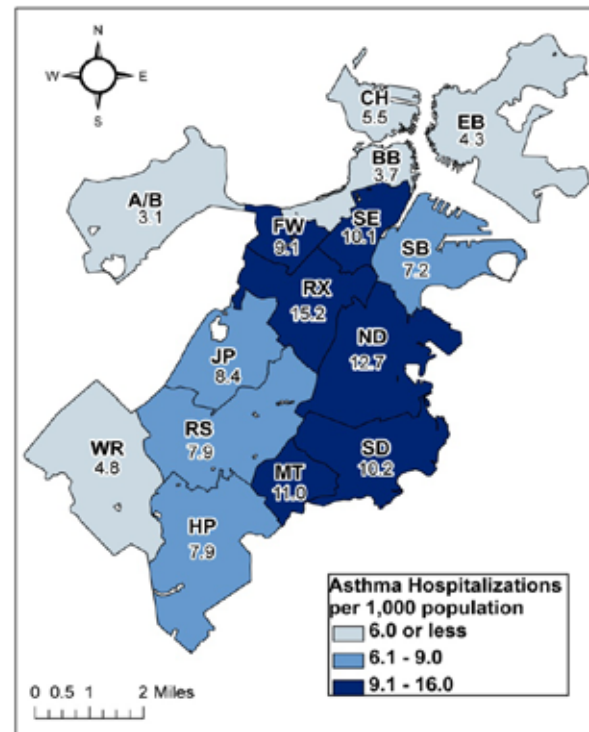
HEALTH IMPACT

DEPRESSION, SUBSTANCE ABUSE AND ADDICTION, POOR EATING AND EXERCISE HABITS, **STRESS**, INABILITY TO ACCESS HEALTH SERVICES, CHRONIC DISEASE

WHY CAN'T WE BREATHE?

The map to the right is an example of how your zip code can indicate health issues you might have.

JP, though not the highest, still has a large number of hospitalizations for asthma. Although not curable, asthma is treatable, if the proper measures are taken. Asthma is triggered by environmental factors such as pollutants, dust, and smoke. These factors are unfairly distributed throughout Boston. Puerto Ricans have the highest prevalence of lifetime asthma followed by African-Americans and American Indians (Boston Public Health Commission, Health of Boston 2009).



BOSTON PUBLIC HEALTH COMMISSION

WHAT TEENS NEED IN HEALTH CARE

- Confidentiality
- * Drop-in hours or flexibility in scheduling to accommodate school schedule
- * Pharmacy Access to Plan B
- * Education about prevention

A DRAIN ON THE BRAIN: MENTAL HEALTH AND JP

We know that mental health and physical health go hand in hand. However, there are road blocks that get in the way of receiving care for mental health that don't exist for medical care.



Although providers do their best to respond to trauma, there is at least a two-week waiting list for new patients at most mental health care practices in Jamaica Plain. Since 1998 wait times for pediatric psychiatric hospitals have gone up 200%. In addition to road blocks within the mental health care system there tends to be a general sense of shame associated with getting support for mental health care issues. Some youth feel that if you see a therapist you are 'crazy', which can keep them from going to find help.

African American and Latino youth experience higher rates of trauma in JP. Some examples of trauma may be losing someone you know to murder, seeing someone beat up or stabbed, or witnessing some type of violence in your home. Different types of trauma can impact people differently, but we know that experiencing violence, either as a witness or survivor, can have a negative impact on the body and the mind. The best way to help young people after a traumatic event is to get them support within 48 hours. If the support is given any later than the first 48 hours, there is a higher likelihood of developing post traumatic stress disorder (PTSD).

Youth in JP need 'culturally sensitive' trauma services, which can mean services that offer solutions that are out of the traditional therapy box. Sometimes the best place to talk and get to know a young person, who has experienced a traumatic event, is on the basketball court, over a slice of pizza, in an after school program or in their home with their family.

CAN YOU SEE PTSD?

Post Traumatic Stress Syndrome is invisible but the symptoms are not. Here is what to look for:

- 1) re-enactment of the traumatic event in play, dreams or behaviors
- 2) avoidance of cues associated with the event or general withdrawal
- 3) sleep problems & anxiety

If a traumatic event occurs, The Jamaica Plain Violence Intervention and Prevention Collaboration can help.

JPVPC (617) 919-3427



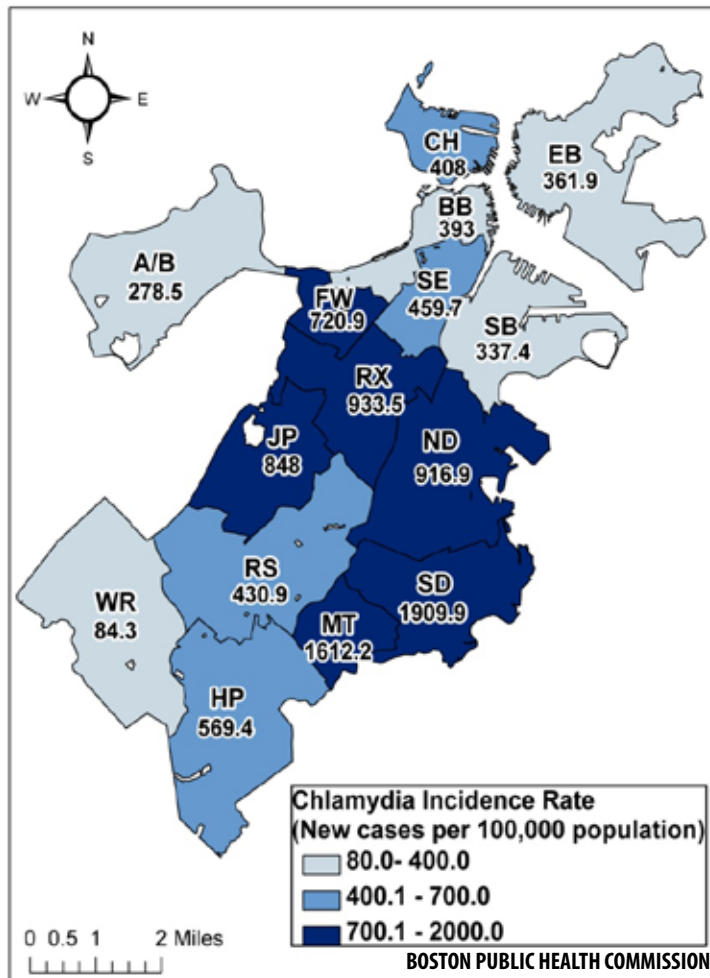
JP shouldn't be so blue

JP has one of the highest rates of chlamydia in Boston. Local health care practitioners and experts are unsure why this is.

It is known that without access to confidential care, teens are less likely to attend to sexual issues. In addition, the slashing of sexual education budgets and funding for school based health centers is creating more barriers.

We also know that when there is an increase in sexually transmitted infection there is also an increase in teen pregnancies. There has been a 3% increase in teen births since 2006 in Boston. Pregnancy is the number one reason for hospitalization for girls ages 10-17 in JP.

Currently, there is no standardized sexual health curriculum for the BPS system.



1 out of 4

Female teens in Boston has a sexually transmitted infection at any given time

IT'S IN YOUR BACKYARD

SEXUAL HEALTH

GIRL TALK: Southern Jamaica Plain Health Center (617) 983-4104
HOPE-PODER LATINO: HIV Prevention Program (617) 524-8888

ASTHMA

ESAC- Asthma Home Visits (617) 971-0863
 ACE (Alternatives for Community & Entertainment) Environmental Justice Organizing (617) 442-3343

MENTAL HEALTH

JP TRAUMA TEAM

YOU(th) CAN DO IT!

- CALL YOUR HEALTH CENTER TO GET A CHECK UP
 - GET TO KNOW YOUR PROVIDER
 - PROTECT YOURSELF, USE A CONDOM
 - IF YOU DON'T KNOW, **ASK**
- IF YOU HAVE BEEN SEXUALLY VIOLATED HERE ARE FREE SERVICES:
 - BOSTON AREA RAPE CRISIS CENTER (800) 841-8371**
 - VICTIM RIGHTS LAW CENTER (617) 399-6720**
- THE BUDDY SYSTEM WORKS-LOOK OUT FOR EACH OTHER

POSSIBLE SOLUTIONS

* EXPAND ADOLESCENT CLINICS IN JP * HIRE MORE MENTAL HEALTH CLINICIANS WHO ARE FAMILIAR WITH THE CULTURE OF THE COMMUNITY & CAN WORK OUTSIDE OF THEIR OFFICE * INCREASE FUNDING FOR SCHOOL CLINICS * STANDARDIZE HEALTH EDUCATION IN BOSTON * INCREASE TRAUMA SENSITIVE MENTAL HEALTH SERVICES & TRAUMA-SENSITIVE SCHOOLS

FOOD AND FITNESS

Fuels the fun

THIS SECTION WILL LOOK AT

GREEN SPACE

*

PHYSICAL ACTIVITY IN THE SCHOOLS

*

FOOD ACCESS IN THE SCHOOLS

&

SOLUTIONS WILL ADDRESS ALL THREE

YOUR STORY

Gina is a 14 year old who identifies as a Puerto Rican/African American female. She lives in a housing development and goes to the Curley Middle School. Since last year, Gina has put on 20 lbs and her mother is concerned that she is overweight. When she was younger Gina was involved in dance and double dutch, but school is no longer offering time outside. There has been a recent outburst of violence so her mother doesn't want her to be outside too much. She hates school food and usually goes across the street for pizza after school. Gina is an asthmatic.

HEALTH IMPACT: **STRESS**, ISOLATION, ASTHMA, DIABETES, DEPRESSION



JP IS IN THE GREEN

JP has about 60 acres of green space for every 1000 children.

BUT not all JP youth enjoy the same green space equally. (See the SAFETY bucket for more information). Some JP youth are not aware that the green-space is available or don't feel safe going there.

UN'FIT' SCHOOLS

25% of the city's students don't have PHYSICAL ACTIVITY time, despite a state law that requires physical education be taught to all students in all grades.

Nearly 7,700 students at 15 BPS elementary schools went without phys-ed instruction during the 2007-08 academic year

Nearly 4,800 students at more than a dozen high schools also were denied access to phys-ed, as were more than 1,400 others at two K-8 schools and smaller learning centers.

The national standards for physical activity are: 125 minutes a week for elementary schools and 225 minutes a week for middle schools and high schools.

Of the 114 elementary and middle schools in the city, only six satisfied the standards -BOSTON GLOBE "Boston's schools go lacking in phys-ed"

BRAKE for BREAKFAST

Research shows that under-nutrition can affect a child's behavior, school performance, and overall cognitive development. Even when a child misses one meal, behavior and academic performance are affected. A hungry child has difficulty learning. 30% of BPS students get their breakfast from a schools source and a little more than half get their lunch from school.

Why does the federal school lunch program spend only \$7 billion a year to feed students when the food industry spends \$15 billion a year to market junk food to them? 19% of youth enrolled in the BPS are at risk of becoming overweight and 27% are overweight. Youth who are at risk of becoming

overweight, or who are overweight, are at a higher risk of developing a variety of diet-related chronic diseases, including type II diabetes, heart disease, cardiovascular disease, and arthritis.

Good news: BPS is working really hard to make the food situation better. However, some BPS school food is delivered from out of state. Only 40 schools in the BPS system have a kitchen. This is a barrier to the creation and distribution of fresh and healthy meals

There is legislation making its way through the state senate which will: Ban the sale of junk food in schools, Create a local farm-to-school food program, Require that more healthy food options be provided to all Boston Public School students.

YOU(th) CAN DO IT!

- ADVOCATE FOR BETTER PHYSICAL ACTIVITY IN SCHOOL
- SUPPORT THE 'HEALTHY SCHOOL MEALS' BILL BY CALLING YOUR SENATOR SONIA CHANG-DIAZ

(617) 722-1673

- EAT FOOD THAT IS **GROWN, GREEN AND GOOD**

A STRONG INTEREST IN LOCALLY GROWN, HEALTHY FOOD, COMBINED WITH GREEN SPACES GIVE JP THE POTENTIAL TO BECOME A MODEL BOSTON NEIGHBORHOOD IN EQUITABLE ACCESS TO HEALTHY FOOD AND PHYSICAL ACTIVITY FOR YOUTH.

COMMUNITY VIOLENCE



YOUR STORY

Sam is a 14 year old male who identifies as Dominican and grew up around Mozart. Now Sam is just a regular kid: he attends school and he tries to stay out of trouble. But Sam's success is tied to his ability to be mentally and physically healthy. When he was 8 he watched while one of his neighbors was shot in his head coming out of his car. Since then he has seen an uncle get stabbed and last week another family friend lost her life in a drive-by shooting. Now Sam is having a hard time concentrating in school, can't sleep and feels like there is no hope.

HEALTH IMPACT

STRESS, INCREASED ANXIETY WHICH LEADS TO: POOR SLEEP, NERVOUSNESS, AND DEPRESSION; POST TRAUMATIC STRESS DISORDER

what YOUTH said

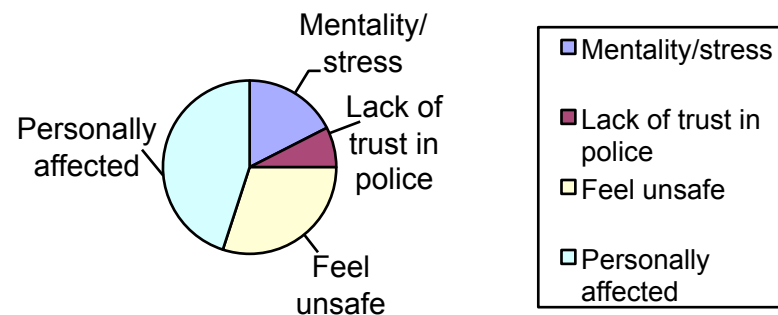
THIS SECTION WILL LOOK AT

The impact of safety on all of the previous buckets.

IT MATTERS!

30 JP Youth were surveyed and asked about their experiences with violence. The chart below shows that a majority were impacted by violence personally. A similar number also said they feel unsafe. This impacts: school attendance, physical activity & mental health.

HOW HAS VIOLENCE IMPACTED YOU?



WHEN YOUTH EMPLOYMENT GOES UP, YOUTH VIOLENCE GOES DOWN

JORGE MEDINA

All of the **SOCIAL DETERMINANT** buckets we have talked about have an impact on violence. If young people are learning, working, healthy in mind & body, and feel connected to their community, we will see rates of violence go down. Crime impacts the two JPs unequally. The lower crime rates in JP don't reflect the experience of all youth in JP. When youth experience violence it creates **STRESS**. Limited resources that work with the effects of trauma creates a harmful cycle of increased **STRESS** leading to depression, apathy, chronic disease, and other life interrupters. It is important to work directly with **SOCIAL DETERMINANTS** to prevent violence before it occurs. This cycle can be broken by addressing all of the issues highlighted in the previous chapters.

YOU(th) CAN DO IT!

- REPORT WHAT YOU SEE
- BECOME A COMMUNITY LIAISON
- INCREASE FUNDING AND TRAINING FOR YOUTH STREET WORKERS
- JOIN YOUTH UNSCRIPTED (617) 983-4104
- JOIN YOUTH HEALTH EQUITY COLLABORATIVE (617) 983-4104



WRAPPING IT UP

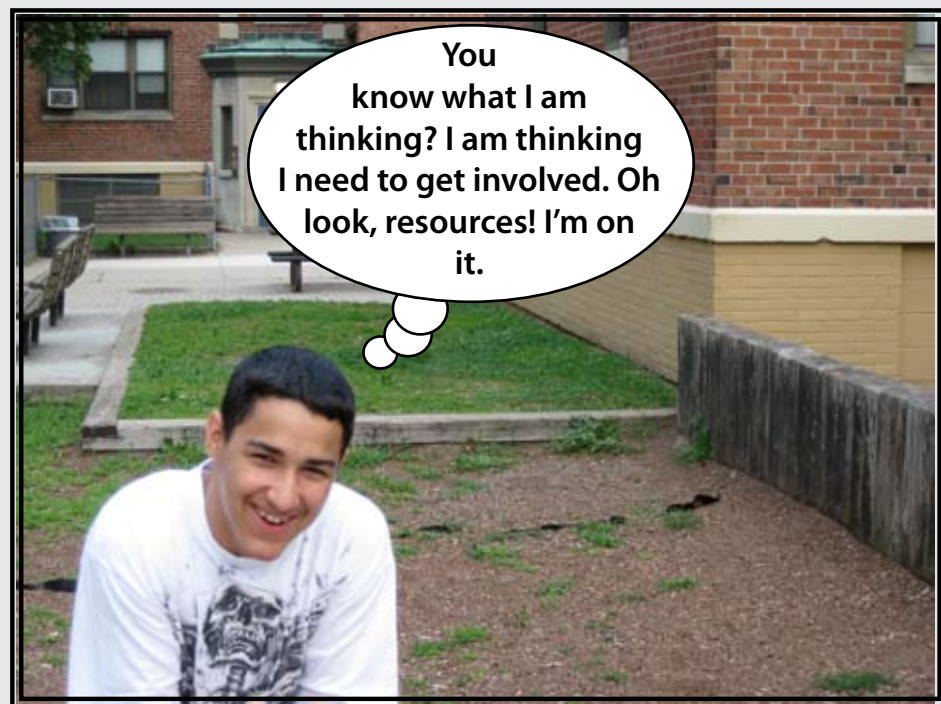
HEALTH IS NOT JUST ABOUT BEHAVIOR. THERE ARE LARGER SOCIAL CONDITIONS, NAMELY RACISM & POVERTY, WHICH IMPACT THE LIFE EXPECTANCY OF THE YOUTH.

JP IS A STRONG & VIBRANT COMMUNITY

THERE ARE ORGANIZATIONS IN JP THAT ARE DOING GOOD WORK AND ARE TRYING TO ERASE THE NEGATIVE CONDITIONS THE YOUNG PEOPLE ARE LIVING IN. USE THEM!

IF YOU FEEL OVERWHELMED OR DIS-EMPOWERED---

ASK FOR HELP, GET INVOLVED & TALK ABOUT IT



You know what I am thinking? I am thinking I need to get involved. Oh look, resources! I'm on it.

SOME RESOURCES FOR FOR YOUTH & FAMILIES

HOUSING

BOSTON HOME CENTER (617) 635-HOME * BOSTON TENANT COALITION (617) 423-8609
CITY LIFE/VIDA URBANA (617)524-3541 * JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORPORATION (617) 522-2424 * GREATER BOSTON LEGAL SERVICES (617) 371-1234 * URBAN EDGE (617) 989-9300

EDUCATION

BOSTON PARENTING ORGANIZING (617) 522-2766 * ESAC GED PLUS (617) 541-2639 * HYDE SQUARE TASK FORCE (617) 524-8303 * MAYOR'S YOUTH COUNCIL (617) 635-4490 * PIC STREET RESEARCH (617) 488-1325 * PARENT UNIVERSITY (617) 635-1683

EMPLOYMENT ADVICE & SUPPORT

ABCD (617) 522-4830 * BOSTON PRIVATE INDUSTRY COUNCIL (617) 423-3755 * HYDE SQUARE TASK FORCE (617) 524-8303 * JOBS FOR JP (if you are over 18) (617) 522-2424 * MAYORS YOUTH HELPLINE (617) 635-2240 * TEEN EMPOWERMENT (617) 536-4266

HEALTH

ACE (ALTERNATIVES FOR COMMUNITY & ENTERTAINMENT)(617)442-3343 * BROOKSIDE HEALTH CENTER (617) 522-4700 * BOSTON AREA RAPE CRISIS CENTER (800) 841-8371 * ESAC- ASTHMA HOME VISITS (617) 971-0863 * GIRL TALK (617) 983-4104 * HOPE-PODER LATINO: HIV PREVENTION PROGRAM (617) 524-8888 * JP TRAUMA TEAM (617) 919-3427 * MARTHA ELIOT HEALTH CENTER (617) 983-0638 * SOUTHERN JP HEALTH CENTER (617) 983-4100

SAFETY

E13 (617) 343-5624 * LOUIS D BROWN PEACE INSTITUTE (617) 825 1917 * JP TRAUMA TEAM (617) 919-3427 * VICTIM RIGHTS LAW CENTER (617) 399-6720

YOUTH PROGRAMS

HYDE SQUARE TASK FORCE (617) 524-8303 * SPONTANEOUS CELEBRATION (617) 524-6373
TEEN EMPOWERMENT (617) 536-4266 * YOUTH UNSCRIPTED (617) 983-4104

JP YOUTH HEALTH EQUITY COLLABORATIVE

(617) 983-4104

This report is brought to you by the JP **Youth Health Equity Collaborative**. Thanks to the Boston Public Health Commission's Center of Health Equity and Social Justice for the funding for this project. The items discussed in this report impact all of our health. There are many who have been involved in the creation of this report as well as participation in JPYHE Collaborative.

Bromley Heath Tenant Management, Brigham and Women's Hospital, Brookside Health Center, ESAC, Hyde Square Task Force, Jamaica Plain Neighborhood Development Corporation, Martha Eliot Health Center, Spontaneous Celebrations, Teen Empowerment, Tree of Life/Arbol De Vida, Urban Edge, Boston PIC, Peter Banks, Nashira Baril, Elspeth Bernard, Courtney Boen, Merilin Castillo, Tom Kieffer, Swapnil 'Neil' Maniar, Abigail Ortiz, John Ortiz, Meghan Patterson, Ivan Richiez & Tom Wolff
For work on the Survey: Bielka Liriano, Jorge Modina-Barreto & Linda Sprague Martinez

MOST OF ALL

The YOUTH of JP

THE DESIGN AND UNCREDITED PHOTOS OF THIS REPORT
MEGHAN WOOD {megleewood@gmail.com}

SOURCES NOT LISTED IN TEXT

Pg. 10 Carl Sciortino Medford State Representative, Website: <http://www.electcarl.org/2007/04/sciortino-hosts-mcas-reform-pa.html>

Pg. 11 English Learners in Boston Public Schools: Enrollment, Engagement and Academic Outcomes of Native Speakers of Cape Verdean Creole, Chinese Dialects, Haitian Creole, Spanish, and Vietnamese; Mauricio Gaston Institute for Latino Community Development and Public Policy

Pg. 13 Sum, Andrew. "The Collapse of the Nation's Labor Market for Teens and Young Adults (20-24): Designing A Set of Workforce Development Strategies to Improve the Immediate and Long-Term Employment Prospects of the Nation's Youth." May 2009. Presentation to the NAWB. http://www.clms.neu.edu/publication/documents/minneapolis_presentation.ppt.

Pg. 13 Mortimer, Jeylan. "The Quality of Work and Youth Mental Health." *Work and Occupations*. 2002; 29:166.

Pg. 13 Sum, Andrew. "The Collapse of the Nation's Labor Market for Teens and Young Adults (20-24): Designing A Set of Workforce Development Strategies to Improve the Immediate and Long-Term Employment Prospects of the Nation's Youth." May 2009. Presentation to the NAWB.

Pg. 13 Mortimer, Jeylan. "The Quality of Work and Youth Mental Health." *Work and Occupations*. 2002; 29:166.

Pg. 13 Park, Jane. "The Health Status of Young Adults in the

United States." *Journal of Adolescent Health*. 2006; 39: 305-317.

Pg. 13 Fernandes, Adrienne. "Disconnected Youth: A Look at 16 to 24 Year Olds Who Are Not Working or In School." Congressional Research Service. 2009: April 22.

Pg. 13 Bell, David. "Youth Unemployment: Déjà Vu." <http://www.dartmouth.edu/~blnchflr/papers/Youth%209-1.pdf>

Pg. 13 Finch, Michael. "Work Experience and Control Orientation in Adolescence." *American Sociological Review*. 1991; 56: 597-611

Pg. 15 Sum, Andrew. "The Collapse of the Nation's Labor Market for Teens and Young Adults (20-24): Designing A Set of Workforce Development Strategies to Improve the Immediate and Long-Term Employment Prospects of the Nation's Youth." May 2009. Presentation to the NAWB. http://www.clms.neu.edu/publication/documents/minneapolis_presentation.ppt.

Pg. 19 Youth Risk Behavior Survey 1993-2007, Youth Risk Behavior Surveillance System, CDC Mass Dept of Ed. & BPS
Pg. 19 O'Keefe, G., Cohen, B., & Nyberg, S. (2009, February). *Massachusetts Births 2007*. Boston: Massachusetts Department of Public Health).

Pg. 22 The Food Project's Farm To school Feasibility study of Boston Public schools

Pg. 24 Report of the Special Committee on Youth Violent Crime Prevention Boston City Council, June 2006