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## HEALTH ADVOCACY INTERVENTION FOR YOUTH: A CASE STUDY OF METRO YOUTH ADVOCATES

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### Introduction

Low-income, urban neighborhoods are disproportionately affected by diet-related health issues, such as diabetes, obesity, and heart disease (Eberhardt & Pamuk, 2004). *Healthy People 2020*, the nation's health agenda, suggests that the causes of these disparities should shift the focus from individual health behaviors to exploring further into what elements in the environment may lead to unhealthy eating habits and future disease (U.S. Department of Health and Human Services, 2014; Lovasi, Hutson, Guerra & Neckerman, 2009). It can be difficult for families to engage in healthy eating behaviors if there is not a grocery store in their neighborhood and if they are surrounded by fast food and convenience stores. A "food desert" is a term used to describe neighborhoods with a lack of access to affordable fruits, vegetables, whole grains or other foods that make up a balanced, healthy diet (Centers for Disease and Prevention, 2012; Lovasi, 2009).

Proximity to healthy choices is sometimes outweighed by cost-effectiveness as a barrier for making healthy food purchase decisions for many people. Research has indicated that shoppers in urban low-income families tend to be strategic with their grocery shopping, keeping in mind prices and selections of the store while weighing the distance and cost of travel (Zachary, Palmer, Beckham & Surkan, 2013). With a demand to provide enough food for their household on limited budgets, shoppers opt for the less healthy, more cost-effective, non-perishable food options, often found in frozen foods, canned goods, and/or in bulk. Often grocery stores are not routine destinations for many low-income groups because of their far distances required to travel, therefore, groceries are replaced by convenience stores where packaged foods and sugary items are plentiful (Cannuscio, Weiss, & Asch, 2010). Low-income families are susceptible to diet-related illnesses and other health issues, and with the abundance of research on the many barriers preventing individuals and families in urban, low-income neighborhoods from a healthy diet, research is lacking when it comes to providing actual solutions (Hu, Acosta, McDaniel & Gittelsohn, 2013).

### *Social Ecological Model*

The social ecological model, used in many health promotion studies, explains health behavior as being influenced by multiple levels and as a process of interaction between these five levels: intrapersonal, interpersonal, institutional, community and public policy (Glanz, Lewis & Rimer, 2008). The intrapersonal level includes one's personal health behaviors. The interpersonal would

include family members, close friends, or other close, important figures that may have influence on a behavior. Institutional influences would include workplaces, schools or any other significant institution of influence. The community level may include the neighborhood one lives in or a community where one belongs. Public policy includes health care policies, laws, or regulations. Research has shown the social ecological model to be extremely insightful when applied to various health behaviors, specifically nutrition (Schoenberg, Howell, Swanson, Grosh & Bardach, 2013; Sorenson et al., 1999). Another important aspect of the social ecological model that is important to note in this case study is what Glanz et al. (2008) explain as multiple level interventions being most effective in changing behavior. There have been many research studies that indicate changing a behavior by targeting one level of the model does not successfully sustain change.

### *Policy and Advocacy*

Some researchers have suggested that even further studies on policy implications in regards to food deserts is necessary before developing an informed intervention design (Zachary, Palmer, Beckham & Surkan, 2013; Cummins, Flint & Matthews, 2014). In a broader approach to a solution, systemic changes reversing the trend of health disparities for low-income communities through government and business responsibility has been suggested (Gordon et. al., 2011). Other solutions have included interventions that improve the physical environment (e.g. sidewalks) and changes in regards to urban planning to create environments (e.g. parks) with equal access across neighborhoods of all income levels (Lovasi, Hutson, Guerra & Neckerman, 2009). Several studies have shown that the solution of urban agriculture could have success if the barriers cited by community members in urban areas were addressed sufficiently (Kato, 2013; Hu, Acosta, McDaniel & Gittelsohn). These barriers include convenience, price, and perceived poor taste (Dixon et al., 2007). It is possible however that none of these changes will occur unless community members advocate for positive changes in their communities.

The importance of community building and community involvement in community-based health promotion efforts calls for more programs that include youth as change agents in their communities. Advocacy training interventions can empower youth to address policy changes in their communities that ultimately decrease health disparities (Israel et al., 2010). Health advocacy is “the processes by which the actions of individuals or groups attempt to bring about social and/or organizational change on behalf of a particular health goal, program, interest, or population” (Gold, & Miner, 2002).

### *Purpose*

This paper is intended to describe how a community group is working towards change on a local level, and to provide insight to readers on how members of a youth advocacy program perceive and utilize their roles as leaders in health promotion and advocacy. Specifically, the purposes of this paper are to a) describe how health, more specifically nutrition and food access, is promoted

by a youth advocacy program and b) describe how stakeholders representing different levels of the social ecological model perceive that a youth advocacy program is supported in achieving its goals to advocate for health and positive change.

## **Methods**

### *“Case Study Design”: The Design of this Paper*

This “case study” was conducted in partial fulfillment of a graduate course project in Community Health and Organization at University of Louisville in the Department of Health and Sport Sciences for a Master’s in Education in Community Health. A “case study” is a process of research in which detailed consideration is given to the development of a group and their context. Incorporating case studies into graduate coursework is a common strategy in professional preparation programs to provide students opportunities to gain in-depth understanding of community health. The information gathered for this paper was not collected as actual data for research purposes therefore an Institutional Review Board was not consulted to review the protocol. For purposes of this paper however, the description of the information collected will be presented as if presented in an actual research study with the typical research article headings of Introduction, Methods, Results, and Discussion. All participants involved in this project were volunteers and have read and approved this final paper. A qualitative approach was used in the project. Data collection methods included a semi-structured interview, meeting observations, and document reviews.

### *Setting*

Louisville, Kentucky is a metropolitan city that is a good example of the problem of differential food access and health disparities based on race, ethnicity and socioeconomic status. The Food in Neighborhoods Community Coalition released a report on the state of food in Louisville (Geronemus, Mayor's Healthy Hometown Movement, & Congressional Hunger Center, 2010). The report addresses the community’s health crisis when it comes to diet-related illnesses and the lack of healthy foods, particularly in the city’s poorest neighborhoods. One of Louisville’s lowest income neighborhoods, West Louisville is considered a food desert, with an average of 1 full service grocery per 25,000 residents, as compared to the overall Jefferson County ratio of 1 per 12,500 residents (Community Farm Alliance, 2007).

### *Youth Advocacy Program: Metro Youth Advocates*

As more is known about the importance of addressing the problem of food access and health disparities, groups are forming locally to attack these issues. In the case of Metro Youth Advocates, youth are coming together to advocate for change. The YMCA, the Healthy Hometown Movement, Metro United Way, Metro Council, Jefferson County Public Schools and community leaders around Louisville partnered together to form this program that supports youth

advocacy (YMCA, 2014). The goal of the program is to form a diverse group of young people who are “inspired, informed, and engaged to advocate for policy change at the community level.” With the goal of diversity, this year’s Metro Youth Advocates includes 105 students from 35 zip codes, 28 high schools and 10 ethnicities (YMCA, 2014). Over 8 sessions, the students will learn about critical thinking, problem solving, and public speaking that will allow them to advocate meaningfully with community leaders, public officials and fellow youth. They will also serve as an instrument for projecting the youth voice around the city and aim to get other young people involved in issues that affect them. The issues they address span from education, violence, drugs, recycling and vacant properties. Health is also a primary concern, with last year's cohort doing a presentation about urban agriculture being promoted locally.

### *Participants*

Participants for this case study included one staff member at the YMCA (representing the organizational level of the social ecological model) who was interviewed, and 105 student members of Metro Youth Advocates (representing the community level and interpersonal levels) who were observed and informally interviewed. Three community leaders who served as guest speakers were also observed at the meeting (representing the organizational level). There were no direct participants from the institutional or intrapersonal levels, however, information was obtained regarding the roles in all levels of the social ecological model.

### *Procedures*

Convenience sampling was used to select the interview and observation participants. The first author contacted the YMCA staff member to gauge her interest in being interviewed. Upon interest, an email was sent to schedule a 20-30 minute phone interview at a time convenient to the participant. The interview participant was asked open-ended questions regarding strengths and weaknesses of the MYA program from their respective role. She was also asked questions about how different levels of the social ecological model support MYA and their goal of improving health and advocating for policy change.

Observations were obtained by the first author’s attendance at one of the eight sessions in which Metro Youth Advocates met, where the first author took field notes. The meeting session observed was entitled “Stakeholders and Community Investment.” Observations of the 105 high school students and three community speakers at the meeting were analyzed using questions regarding overall strengths, their interactions with other stakeholders, and their interest in health promotion on a local level. Document reviews included emails with YMCA staff, handouts from MYA meeting, and information from the MYA website.

### *Data Analysis*

Qualitative data from the interview were transcribed by the first author. Observational field notes were also transcribed during and shortly after the event meeting. Documents such as handouts,



websites, and meeting minutes were also compiled. All three sources of data were then coded for themes and organized. The third author read the interview and observation transcriptions and the document reviews. Discussion among the two authors ensued until consensus was reached regarding the overall themes of the data. The key themes included program strengths, program weaknesses, data related to social ecological model (at organizational, individual, institutional, community, and interpersonal levels), and self-efficacy of members (nutrition/health habits and advocacy/leadership skills), and MYA impact on health, specifically nutrition and food access. The second author reviewed all themes and concurred with the overall findings of the first and third author.

## **Results**

The interview with the YMCA staff member showed strong positive feelings for Metro Youth Advocates and a personal investment in their goals. The strengths were addressed as the diversity of the group, the passion of the students, as well as the support from the community. It was also noted that the students involved are not traditional high-achievers, but culture leaders, which contributes to the diversity of the two cohorts thus far. The only weaknesses noted were finding additional opportunities for MYA to get involved in the city. Addressing other stakeholders involved, the community was described as embracing the program and their goals noting, "MYA is creating a group of young leaders and community organizations are looking for informed youth." City leaders were also described as supportive and as champions for youth advocacy. Jefferson County Schools was seen as a great supporter, having been very cooperative in selecting students for the program and encouraging them to get involved.

Regarding the students on an interpersonal level, it was noted that they "expand their horizons in MYA about issues they may not have thought as much about before" and that the issues they talk about they can apply to their high school environment, like food access and obesity. Other significant positive effects noted in the interview were increasing leadership skills, exposure to networking, and helping the students see the full picture, in regards to understanding the connection between various issues. The participant stressed that the goal is for health promotion to not just be understood and relevant to the students involved in the local food or food access group, but also to the groups working on other issues such as education or violence. In regards to confidence-building, the participant stated that they "notice improvement over the sessions in their interactions with community leaders".

Findings from the observational field notes found the most significant strength as the enthusiasm by the students, their active involvement in every aspect of the meeting, and their interest in getting involved with the organizations the speakers were representing. Other strengths noted by the researcher were an element of fun provided by staff, students and guest speakers, the diversity, and the enthusiasm and support by staff and speakers.

The authors noted that the students appeared extremely informed on their respective topics and on advocacy and community engagement. Through a series of easels posing questions such as "If you had \$100 for purpose of improving your community, what would you spend it on?" students were strongly encouraged to write their thoughts. Answers included "Clean up local parks and

plant flowers,” “Clean up streets in the West End,” “Promote youth involvement in the city,” “Buy new seeds and soil to donate to Louisville Grows,” and even touched on health issues like “I would use it to show children that being active and going outside is important.” Health education was addressed other times during the meeting. Students were encouraged to share stories to the room about something they are passionate about. One student shared their own story attesting to the problem of food deserts and health disparities.

## **Discussion**

The purpose of this case study was to evaluate how a community group is working towards change on a local level and to provide insight on how members of Metro Youth Advocates perceive their roles as leaders in health promotion and advocacy. This case study was also intended to analyze how other stakeholders representing different levels of the social ecological model support Metro Youth Advocates in achieving their goals of advocating for health and positive change. The overall results showed many positive effects of the program, as well as significant support from other stakeholders.

The data showed that Metro Youth Advocates has achieved success in providing young people with an opportunity to use their voice and learn about advocacy. The high school students appeared very informed and actively involved in the meeting and with discussions with city leaders. The information provided from the YMCA staff member demonstrated that the program teaches leadership skills and builds confidence in young people, emphasizing that MYA is developing future community leaders.

The results reflecting the overall success of the MYA program echoed other similar studies. A research study by Blum (1998) analyzed factors in successful adolescent health change interventions. The authors suggested that successful interventions involved programs built on a foundation of youth development. Therefore, it would be hypothesized that a program like Metro Youth Advocates would be successful in developing personal changes regarding the issues they address. Consistent with this case study, involvement in the program seemed to have a positive effect on the members and their thoughts on nutrition and health promotion. The staff member indicated that the issues the students address, including health topics, seemed to affect their own personal beliefs, particularly because they can apply it to their high school environment.

Research has indicated that getting young people involved in issues that affect them locally may be an approach to addressing barriers preventing a nutritious diet. College students participated in urban gardening while learning the complexities of urban food security, while working with and gaining a better understanding of the disadvantaged communities and the challenges they faced (Grossman et al., 2012). However residents from the community expressed hesitation with interacting with and learning from the students participating in the program. Another research study observing student involvement looked at interdisciplinary partnerships and healthy food access in working class minority neighborhoods. The authors found that the capacity of students

was enhanced through the concepts and skills they learned with their involvement and their study of food access (Suarez-Balcazar et al., 2006).

Both observed data and interview data showed that multiple levels of the social ecological model were supportive of MYA and were essential in helping them strive towards their goals of change and advocacy, which in turn affected their own personal health knowledge and beliefs. Although their influence and interaction with the program varied, it was clear that each level of the model had some effect on the efficacy of the program and supported the goals of youth advocacy at the local level.

### **Conclusion**

This case study used a qualitative approach to evaluate multiple aspects of a local community group affecting health. The data collected provided insight on Metro Youth Advocates, a program aiming to create change and to develop future leaders. The results suggest the importance of utilizing our youth to impact health, as well as other local issues that affect them. They also suggest the importance of applying the social ecological model in developing successful programs.

Metro Youth Advocates serves as a model for future community investment programs, not just in health promotion, but in other areas of need as well. It is evident from the data collected in this study that a program guided by a passionate group of young people with the support from other levels in the social ecological model can advocate for local change and can provide a future of leaders in health education and beyond. These findings of this case study highlight the need for community-lead youth advocacy programming. Metro Youth Advocates strategically fills this niche.



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