

**“MUSIC WITH A MESSAGE:” A PROPOSED EVALUATION MODEL FOR THE
KRUNK MOVEMENT HEALTH INITIATIVE FOR YOUTH**

by

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Abstract

Adolescent health is a growing concern among professionals since it has been shown that the majority of deaths and disabilities that occur in this age group are largely determined by behaviors. Many adolescents engage in risky behaviors such as early sexual promiscuity, substance abuse and violence, which can have long lasting or permanent consequences. In order to significantly reduce the incidence of health disparities in these areas, public health interventions must be innovative, specific and comprehensive in addressing the behaviors that lead to such issues. It is also imperative that existing interventions address barriers many youth face including lack of knowledge and empowerment about the negative effects of risky behavior. Although challenges remain in educating and promoting health services to an ever-changing adolescent population, interventionists should focus on identifying the causes of early initiation of risky behaviors and the rationale behind why they continue. This is of public health significance because there are a number of health issues facing at-risk youth in underserved populations such as early sexual behavior, violence and substance abuse. Interventions will be identified utilizing music as a mechanism to inform youth about healthy behaviors. Adolescents are influenced by music and other forms of media which has a direct effect on their behavior. The influences of hip-hop music and its effects among adolescent behavior will be discussed. A qualitative evaluation strategy is proposed for the KRUNK Movement health initiative for youth located in the greater Pittsburgh area.

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PREFACE

First and foremost, I give all honor and glory to God. Father, I thank you for your direction throughout this entire process. I am eternally grateful for all of your wonderful blessings you have bestowed upon me.

To my advisor, Dr. Terry, thank you so much for your guidance, encouragement and patience. I honestly don't think I would have made it through this program without your support. I will always remember how you were willing to help me in any way you could. Dr. Sharma, a huge thank you to you and Tammy for introducing me to Pastor Tim. This thesis would not be without your commitment to the Hazelwood community. Dr. Lombardi, thank you for agreeing to be a part of my committee. I also thank you for sharing those documentaries; they will be helpful to me as I continue to explore this area of research.

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1.0 INTRODUCTION

Adolescence has often been described as a period of experimentation and searching, a time when children work to establish autonomy and for their own identities (Frank & Kendall, 2001). However, during this process many adolescents engage in risky behaviors such as early sexual promiscuity, substance abuse and violence, which can have long lasting or permanent consequences. As a result, researchers are consistently faced with the challenge to develop age-appropriate interventions that target such behaviors and aim to prevent them.

This thesis highlights a number of issues facing at-risk youth in underserved populations. It reveals several interventions utilizing music as a method to change behavior and promote health in youth and adults. The belief is that music is healing and provides therapy to many people. Some interventions have utilized music to educate youth on the importance of making healthy choices. Hip-hop music has an influence on many adolescents and this thesis reveals how the use of hip-hop can provide a capacity for creative interventions. In addition it explores the relationship among adolescent health behavior and hip-hop music as a vehicle for empowering youth to adapt positive health behaviors.

A review of the literature will be conducted to identify specific characteristics of successful interventions involving hip-hop music and youth, negative influences of hip-hop music, music as a tool in creating health messages and behavior change through music. Recommendations for a qualitative evaluation model will be developed for a health initiative for

youth. Strengths and challenges found in previous studies will be used to propose the evaluation for the initiative which is located in the greater Pittsburgh area. The overall goal for this program's evaluation is to determine its effectiveness in promoting positive health behaviors in youth.

1.1 BACKGROUND

Adolescent health is a growing concern among professionals since it has been shown that the majority of deaths and disabilities that occur in this age group are largely determined by behaviors. These so-called social morbidities can be grouped into six general categories: alcohol and other drug use, tobacco use, behaviors that result in unintentional and intentional injury, sexual activity, dietary patterns and physical inactivity (McGinnis and Foege, 1993).

Data collected relevant for Pittsburgh youth revealed a variety of health concerns including STD rates, number of HIV/AIDS tests, total number of arrests for violent crimes and drug use. According to the Pittsburgh Police Department, a total of 619 teenagers (ages 13-19) were arrested in 2006 for various crimes such as rape, homicide, robbery, aggravated assault, burglary and theft. This is a 21% decrease from the total number of 779 arrests in 2005. In addition, 2,381 teenagers were arrested in 2006 for drug violations, prostitution, disorderly conduct and weapon violations. This was less than a 1% increase from 2005 (2,361 arrests).

In addition to crime rates for youth, current STD rates and the number of youth tested for HIV/AIDS from the Allegheny County Health Department provide further insight into the issues that plague youth in Pittsburgh. Adolescents and young adults are at the highest risk for acquiring chlamydial infection. The chlamydia rate is highest among 15 to 19-year olds (2,066

per 100,000) (Allegheny County Health Department, 2005). In 2005, 29% (522) of the total number of gonorrhea cases reported (1,807) in Allegheny County were among those aged 15-19 (Allegheny County Health Department, 2005). Of the 1,013 female cases of gonorrhea in 2005, 37.1% (376) were in young females 15-19 years of age; males in this age group comprised 18.4% (146) of the total male cases (794). The incidence of chlamydia infection is highest in communities of color. Although African Americans comprise approximately 13.2% of Allegheny County's population, they account for 64.1% of reported chlamydia cases. The rate among blacks (1,668 per 100,000) is 17.6% higher than the rate among whites (95 per 100,000) (Allegheny County Health Department, 2005).

In 2004, the number of youth in Pittsburgh who received HIV counseling and testing was 7,098 males and 9,223 females. Due to a decrease in AIDS education and awareness for this population, in 2005 the numbers were reduced significantly, to 1,681 female and 2,017 male cases. Determining how to increase HIV testing and counseling, decrease gonorrhea and chlamydia rates and reduce the number of arrests in teens is a critical need for the youth in Allegheny County. These are just a few of the many health concerns that are prevalent in Pittsburgh. The need for prevention education is imperative. In order to significantly reduce the incidence of health disparities in these areas, public health interventions must be innovative, specific and comprehensive in addressing the behaviors that lead to such issues. It is also imperative that existing intervention programs continue to target the 15-19 year-old population. Interventionists should focus on identifying the causes of early initiation of risky behaviors and the rationale behind why they continue.

1.2 RISKY SEXUAL BEHAVIOR

Precocious adolescent sexual activity potentially has serious implications for adolescent and adult health. Adolescents engaging in sexual intercourse at an earlier age have been associated with less frequent condom use, a greater number of sexual partners, elevated rates of sexually transmitted diseases and unplanned pregnancies (Kahn, Rindfuss & Guilkey, 1990). Among high school students, 46.8% had sexual intercourse during their life, 6.2% had sexual intercourse for the first time before the age of 13 and 14.3% had sexual intercourse with ≥ 4 persons during their life (CDC, 2005). In 2005, 34% of currently sexually active high school students did not use a condom during last sexual intercourse (CDC, 2005). The overall prevalence of having used a condom during last sexual intercourse was higher among male (70%) than female (55.9%) students. Students in the 9th grade had the highest prevalence rate of condom usage (74.5%) compared to 65.3% for 10th graders, 61.7% for 11th graders, and 55.4% for 12th graders (CDC, 2005).

Unsafe sexual behaviors can have short- and long-term consequences for adolescents, including increased risk of pregnancy and increased risk sexually transmitted diseases including HIV and other conditions such as cervical cancer. Nearly 900,000 teenagers become pregnant in the United States each year (one of every five sexually active teen girls) (Henshaw, 2004). Unplanned pregnancies and STDs are more common among those who begin sexual activity earlier, probably because some youth engage in sex before they are prepared for the responsibilities it entails, or because they begin having sex as a part of relationships or in circumstances that are less likely to foster responsible behavior (Koyle, Jensen, & Olsen, 1989).

Sexual activity is an area of grave concern considering that sexually active adolescents have a higher rate of sexually transmitted disease than any other age group (Millstein & Litt,

1990). Rates of infection with sexually transmitted diseases other than the HIV among sexually active adolescents are higher than those for any other age group (Zylke, 1989). Each year, there are approximately 10 million new STD infections, and almost half of them are among youth ages 15 to 24. Adolescents are more likely to engage in high-risk behaviors such as unprotected sex when they are under the influence of drugs or alcohol (Leigh & Stall, 1993). Young minority women are increasingly at risk for HIV infection through heterosexual contact (CDC, 2005). According to data from a CDC study of HIV prevalence among minority youth during the early to mid-1990s, the rate of HIV prevalence among young women aged 16-21 was 50% higher than the rate among young men in that age group (Valleroy, MacKellar, Karon, Janssen & Hayman, 1998).

HIV/AIDS education needs to take place early, before young people engage in sexual behaviors that put them at risk for HIV infection. In the early 1990s AIDS was the sixth leading cause of death for adolescent males and the second leading cause of death for adolescent females in the USA (Selik, Chu & Buehler, 1993). Although African American teenagers (13-19) represent only 15% of U.S. teenagers, they accounted for 55% of new AIDS cases reported among teens in 2002 (CDC, 2006). In 2004, an estimated 4,883 young people aged 13-24 in 33 states reported to CDC were diagnosed with HIV/AIDS, representing about 13% of the persons diagnosed that year (CDC, 2004). Also in 2004, of an estimated 2,174 young people who received a diagnosis of AIDS (5.1% of the estimated total 42,514 AIDS diagnoses), 232 died (CDC, 2005). Since the beginning of the AIDS epidemic, of the estimated 40,059 young people in the United States who received a diagnosis of AIDS 10,129 died. They accounted for about 4% of the estimated total of 944,306 AIDS diagnosis and 2% of the 529,113 deaths of people with AIDS (CDC, 2005).

Young men who have sex with men (MSM), especially those of minority races or ethnicities, were at high risk for HIV infection. CDC administered a young men's survey from 1994-1998 and found that 14% of African American MSM and 7% of Hispanic MSM aged 15-22 were infected with HIV (CDC, 2001).

In addition to early sexual initiation and substance abuse, lack of awareness regarding proper condom usage, partner negotiation and general knowledge of HIV are also barriers to prevention. Research has shown that a large proportion of young people are not concerned about becoming infected with HIV (Kaiser Family Foundation, 2000). In order to reduce or eliminate risk factors, adolescents need accurate, age-appropriate information about HIV infection and AIDS, how to talk with their parents, other trusted adults and potential partners, how to use a condom correctly and where to get tested for HIV.

1.3 SUBSTANCE ABUSE IN ADOLESCENTS

Although tobacco, alcohol and other substance use is preventable, it can cause morbidity and mortality in adults when abuse begins in childhood or adolescence. More than 85% of habitual smokers report that they started smoking before the age of 18 (Ashby & Rich, 2005). Each of the three leading causes of death among adults-heart disease, cancer and stroke are related to tobacco use (DHHS, 1994). Tobacco-related conditions account for more than 440,000 deaths each year (CDC, 1999). Nationwide, 54.3% of high school students tried cigarette smoking, even one or two puffs (CDC, 2005). Statistics obtained on current frequent cigarette use, show that 9.4% of students smoked cigarettes for ≥ 20 of the 30 days preceding the YRBS (CDC, 2005). Overall, the prevalence of current frequent cigarette use was higher among

12th grade students (13.2%) compared to 10.3% of 11th graders, 7.7% of 10th graders and 6.9% of 9th graders. The prevalence of frequent cigarette use was higher among black male (5.1%) than black female students (2.4%).

Like adults, the primary threats to adolescent health are no longer biomedical in origin; their sources are social, environmental and behavioral (Wallace and Forman, 1998). Alcohol and other drug use are also important health behaviors that are related to adult and adolescent illness and death. Young adults are increasing their usage of alcohol and illicit drugs. Data from the YRBS indicate that half (52%) of American adolescents drank during the past month, a third (33%) participated in episodic drinking during the past month and a quarter (25%) used marijuana during the past month (CDC, 2005). Alcohol use among adolescents is clearly more common than other drug use. Nationwide, 81% of students reported having had at least one drink of alcohol during their lifetime (Kann, Kinchen, Williams, Ross, Lowry & Grunbaum, 2000). Half of all students nationwide had had at least one drink of alcohol during the 30 days preceding the YBRSS survey, and nearly one third had at least five drinks of alcohol on one or more occasions during the 30 days before the survey (Daane, 2003).

Illegal drugs are fairly accessible to older adolescents. More than 90% of high school seniors in a 1998 nationwide study reported that marijuana would be easy to get, compared with 51% of 8th grade students and 78% of 10th grade students (Maguire & Pastore, 1999). Nationwide, 38% of students have used marijuana during their lifetime (CDC, 2005). The overall prevalence of lifetime marijuana use was higher among male (40.9%) than female (35.9%) students (CDC, 2005). The highest prevalence of marijuana use was in 12th grade students (47.6%) compared to 42.3% of 11th graders, 37.4% of 10th graders and 29.3% of 9th graders. Other illicit drugs used by high school students were cocaine (7.6%), illegal injection

drugs (2.1%), inhalants (sniffed glue, breathed the contents of aerosol spray can, or inhaled any paints or sprays to get high) (12.4%), illegal steroids (4.0%), hallucinogenic drugs (8.5%), heroin (2.4%), methamphetamines (6.2%) and ecstasy (6.3%).

Alcohol, drug and tobacco use among adolescents play an important role in interpersonal violence and delinquency. One study (Lowry, Cohen, Modzeleski, Kann, Collin, & Kolbe, 1999) indicated that tobacco, alcohol, and marijuana use are associated with school violence. The more students used substances, the higher the number of school violence-related behaviors and victimization (Daane, 2003). In addition to substance use, Lowry et al. (1999) found that the mere availability of illegal drugs on school property was significantly associated with school violence.

1.4 VIOLENT BEHAVIORS AMONG YOUTH

Intentional injuries such as homicide and suicide are the second and third leading causes of death among adolescents, respectively (Sells & Blum, 1996). Violence is the second leading cause of death for adolescents overall and the leading cause of death among African-American adolescents (Tolmas, 1998). Within some inner-city areas, as many as one in nine African American males will have his life cut short by homicide (Herson & Bolland, 1998). Key behavioral risk factors for intentional injury mortality include carrying firearms and other weapons, fighting and attempting suicide. In many cases, guns have been the major culprit in causing large numbers of deaths and injuries. Firearms account for the majority of homicide and suicide deaths (Wallace and Forman, 1998). Guns have significance for adolescents, symbolizing respect, power and identity. The value that is placed on guns is correlated with

survival, meaning youth who carry guns do so for protection. Guns may fulfill a variety of personal needs for adolescents, including power, status, protection and recreation (Fagan & Wilkinson, 1998).

According to the YRBSS, 18.5% of students had carried a weapon (e.g., a gun, knife or club) on ≥ 1 of the 30 days preceding the survey (CDC, 2005). Overall, the prevalence of having carried a weapon was higher among male (29.8%) than female (7.1%) students (CDC, 2005). Male students in 9th grade had the highest prevalence of carrying a weapon (31.6%) compared to 30.6% for 10th graders, 28.6% for 11th graders, and 27.6% 12th graders. Female students in 9th grade had the highest prevalence of carrying a weapon (8.1%) compared to 7.8% for 10th graders, 6.1% for 11th graders and 6.2% for 12th graders respectively (CDC, 2005).

The health impacts are obvious. For over a decade, fatality rates from non-firearm intentional injuries have declined across all age groups (Fagan, Zimring, & Kim, 1998). However, from 1985 to 1991, firearm fatalities increased 127% among males fifteen to nineteen years of age (Fingerhut, 1993). Official statistics gathered and calculated by the Federal Bureau of Investigation (FBI) show that there was substantial growth in juvenile violent crime arrests starting in the late 1980s and peaking in 1994 (Daane, 2003). The highest arrest rates for homicide are among young males aged 18 to 24 (Zimmerman, Morrel-Samuels, Wong, Tarver, Rabiah & White, 2004). Among 14 to 17 year olds, rates of homicide offenses soared to 30 per 100,000 in 1993 but had declined to 10 per 100,000 by the year 2000 (Bureau of Justice Statistics, 2002). Youth violence is decreasing each year; however, it still remains a public health concern. Although the adolescent violent crime rate has decreased steadily over the past five years, the problem of violence and violence-related behaviors remains (Danne, 2003). Sixteen to nineteen year olds have the highest rate of violent victimization for any age group.

Twelve to fifteen year olds have the second highest violent victimization rate (Maguire & Pastore, 1999). According to the YRBSS, 6.0% of students did not go to school on ≥ 1 of the 30 days preceding the survey because they felt unsafe at school or on their way to or from school (CDC, 2005). Studies indicate that children are less likely to be the victims of violent crime, especially serious violent crime at school than at home or in the community (Small & Tetrick, 2001).

2.0 MUSIC AS A ROAD TO RECOVERY

I think music in itself is healing. It's an explosive expression of humanity. It's something we are all touched by. No matter what culture we're from, everyone loves music.
-Billy Joel

Benefits of Music

Music if used appropriately would contribute to the process of achieving desired outcomes. Music may be a key factor in changing important life habits and behaviors, or serve to highlight the importance of maintaining cultural activities in relation to health and quality of life (Batt-Rawden & Tellness, 2005). An important goal in changing the lifestyle of people to facilitate greater self-management of health is to focus on individuals and their sense of agency, how to be responsible for their actions, and to have a strong and resistant 'self.' Thus, music can be used as a source for the activation of feelings, for clarification and expression, and the acquisition of emotional resources (Ruud, 2002).

Music has been found to have many therapeutic and protective effects for people in a variety of healthcare settings (Kim, Kverno, Lee, Par, Lee & Kim, 2006). In one study (McKinney, Antoni, Kymar, Tims and McCabe, 1997) researchers used music to reduce stress levels and improve mood in healthy adults. McKinney, Antoni, Kymar, Tims and McCabe (1997) reported significant pre-post decreases in depressed mood and serum cortisol among seventeen participants compared to nineteen control participants. Music in tandem with various counseling methods has been proven effective in producing relaxation and decreasing aggressive

behaviors (Snyder & Olson, 1996) and reducing levels of personal anxiety (Steele, 1984; Rohner & Miller, 1980). Music or ‘musicking’ (Small, 1998) can, in some cases, be an alternative to medication (Maranto & Scartelli, 1992; Maranto, 1993; Horden, 2000), and a salutogenic (health-promoting) approach to promote quality of life in several ways (Antonovsky, 1987).

Another study investigated music as a method of reducing patients’ anxiety during minor surgery with local anesthesia (Mok & Wong, 2003). Forty patients who listened to their choice of music during surgery experienced significantly lower anxiety levels, heart rates and blood pressure than patient controls who did not listen to music. Kemper and Shaw (2007) observed when a harpist played music in their intermediate care nursery, a group of infants seemed to calm and fall asleep. As a result, Kemper and Shaw designed a study that would evaluate the impact of live harp music on salivary cortisol, heart rate variability, and activity levels in stable premature newborns. Kemper and Shaw were unable to determine the effectiveness of the study because of changes in referral patterns and care for the infants. They suggested that because of the short inpatient stays, future studies may need to be conducted in families’ homes after discharge. In addition, they thought that the study would be more effective if researchers used recorded music played over speakers for infants instead of live music.

James and Townsley (1989) note that the use of music contributed greatly to promoting healthy lifestyles for substance abusers by enhancing communication skills and group cohesion. In addition to the psychological effects that music has on individuals who participate in group counseling scenarios, using music may serve to improve individual perspectives regarding quality of life (Stephens, Braithwaite & Taylor, 1998). Stewart (1997) suggests that one of the benefits of using music as an adjunct to counseling is that it may motivate as well as comfort some participants in community settings. Staum (1993) extended this line of thought, adding

that music may be helpful in getting participants to become proactive in behavioral change and respond more positively. Accomplishing therapeutic goals is a primary objective in using music as the communication medium. The integration of music can also assist in facilitating self-awareness, physical, cognitive, emotional, social and environmental support for participant expectations (Stephens, Braithwaite & Taylor, 1998).

There is a growing realization that music is not only merely related to pleasure, relaxation, and leisure but is also a fundamental force that can be instrumental in stimulating personal and social growth (Taylor & Paperte, 1958). The presence of music can help people achieve their full potential. Music's value allows people to get deeply involved in the meanings of music and realize that it is something they will use for the rest of their lives (Werpy, 1987). In 2004, Batt-Rawden conducted the "music and health promotion project," utilizing music, participant narratives and interviews to determine how participants would use music for self-care. Those chosen to participate in the study had long-term illnesses such as muscular disease, chronic fatigue, anxiety, depression, cancer or neurological diseases. The project revealed that participants recognized their consciousness of the significance of music in their life and its vital link to their health and quality of life. In addition, several participants claimed that the project had inspired them to act in different ways socially, thus contributing to their recovery and healing. Some decided to attend more concerts, create music appreciation groups, or take part in a choir or music group. This study was another example of how music made a difference in the participants. Batt-Rawden (2006) indicated that the use of CDs as an interactive and dialectical tool, including participants' own choice of music and their life stories, could be enjoyable activities in hospital settings and institutions, particularly for patients undergoing rehabilitation.

Music is also used to achieve other objectives. Milliman (1982) used background music to determine if it affected the behavior of supermarket shoppers. He found that it is possible to influence behavior with music; however, the music chosen must be matched with its intended objectives (Milliman, 1982). Similarly, a survey (Burlison, 1979) of over 200 patrons of a New York area supermarket revealed that 77% preferred to hear music playing in the background while they shopped, and 67% felt it was a sign that showed that the store's management cared about its customers. Furthermore, respondents to another survey expressed their "beliefs" that they would spend more time in a store with background music than in one without it (Linsen, 1975).

2.1 MUSIC AS A MESSAGE

Music's Effect on Adolescent Behavior

"Music can dictate your emotions"

-17 year old male

Music induces strong emotions that can make individuals more susceptible to changes in attitude or behavior (Rosenfield, Larson & Kubey, 1985). Some have argued (Christenson & Roberts, 1998) that because popular music is such a large part of adolescents' everyday experience, youth cannot be understood without a serious consideration of how music fits into their lives. The presence of music in youth-focused interventions seems natural for achieving positive behavior changes. There is good reason to believe that music may have an important influence on adolescent's behavior. On average, American youth listen to music from 1.5 to 2.5 hours a day, which does not include the amount of time they watch music videos (Roberts, Foehr

& Rideout, 2003). Music grows in importance as youth become older. Sixty percent of teens aged 15 to 18 years report spending > 1 hour a day listening to music, and a quarter of teens listen in excess of 3 hours per day (Martino, Collins, Elliott, Strachman, Kanouse, & Berry, 2006).

Adolescence is a key period of development for self-concept, gender roles, sexual attitudes and practices (Committee on Communications, 1995). Many adolescents identify with music and the messages it conveys. Music plays a large role in both teen and young adult lifestyle and identity formation (Roe, 1996). From music, adolescents gain information about society, social and gender roles, and expected behavior; they use music to facilitate friendships and social interactions and to help create a personal identity (Christenson & Roberts, 1998; Lull, 1985; Lull, 1987). In other words, messages conveyed in music have significant implications for adolescent socialization and behavior (Martino, Collins, Elliott, Strachman, Kanouse, & Berry, 2006).

Parents, clinicians, educators, and researchers have been concerned about the effect that popular music, sung by revered performers or groups, might have on adolescents who are developing their own attitudes and experimenting with new behaviors as they seek to become autonomous adults (Christenson & Roberts, 2000). Popular music has been a reflection of, and inspiration for, youth movements, fads, and lifestyles that can include health risk behaviors, such as sex, drugs and interpersonal violence (Ashby & Rich, 2005). One can infer that the popularity of music comes from a way of expressing idealism or freedom (Rose, 1994). Adversely, some youth view music as a form of rebellion or to purposely disregard parental instruction due to lack of understanding. As a result of the influence of music, teens may be more inclined to engage in risky behaviors. This review will focus specifically on hip-hop music and its effect on behavior.

2.2 HIP-HOP MUSIC AS AN INTERVENTION

Since few would debate rap music's widespread acceptance among youth throughout the United States and possibly the world, it is suggested that the social, cultural, and political lyrical content and underlying themes found in rap music can be used in interventions in therapeutic work with youth (Tyson, 2002). More specifically, particular skills important to youth development that could be enhanced through the use of a culturally relevant, rap music intervention. Cultural differences may be considered a major factor in determining the effectiveness of an intervention. Health messages in the form of music should be produced to appeal to youth of all backgrounds and ethnicities (Arnett, 1992). Tyson (2002) introduced Hip-Hop Therapy (HHT) as an intervention for juvenile delinquent and at risk youth. HHT is an innovative synergy of hip-hop music therapy and bibliotherapy. Bibliotherapy is a well-established therapeutic technique that utilizes literature (e.g., stories and poetry) to facilitate treatment (Hynes & Hynes-Berry, 1994).

The major goals of bibliotherapy are to: (a) provide information on problems, (b) provide insight into problems, (c) stimulate discussion about problems, (d) communicate new values and attitudes, (e) create an awareness that other have dealt with similar problem, and (f) provide solutions to problems (Pardeck, 1995). Bibliotherapy has been found useful in facilitating culturally competent practice for youth-centered interventions (Tyson, 2002). Tyson (2002) indicated that youth today spend more time listening to music than reading books, and music is an underutilized resource in working with youth. Introducing rap music as a therapeutic tool might increase the likelihood for success with a select population of youth. Because of its popularity, youth may be more willing to discuss various themes in rap music, more so than reading literature (Tyson, 2002).

Gadstrom (1999) conducted a study on the music listening patterns of juvenile offenders and their perceived influence of the music on their fantasies and behavior. In this study, only 4% of the total 106 youth surveyed perceived a connection to music listening and their negative behavior. This appears to support the contention that listening to rap music is positively viewed by most youth. Epstein, Pratto, and Skipper (1990) conducted a correlation study to determine whether or not preference for heavy metal or rap music could predict behavior problems in a racially mixed population of middle school teenagers. The findings by the authors did not support the hypothesis that listening to particular types of music could predict behavior problems.

2.3 HIP-HOP MUSIC

Hip-hop, which includes rap, graffiti, and break dancing emerged out of the social dislocations and structural changes that formed the postindustrial urban climate of the South Bronx, one of the poorest communities in New York, and out of the nation's facing "social isolation, economic fragility and shrinking social service organization" (Rose, 1994; Kozol, 1995). Rap music made its debut on the American cultural scene in the mid-1970s as one form of hip-hop culture (Baker, 1993b; Costello & Wallace, 1990; Beckman & Adler, 1991; Toop, 1991; Rose, 1994). Rapping is one of the elements of hip-hop and the distinguishing feature of hip hop music; it is a form of rhyming lyrics spoken rhythmically over musical instruments, with a musical backdrop of sampling, scratching and mixing by DJs. Originally, rapping was called MCing and accompanied DJing (production and scratching) (Dye, 2007). The early role of the MC was to introduce the DJ and the music and to keep the audience excited (Light, 1999). MCs

began speaking between songs, giving exhortations to dance and greetings to audience members, telling jokes and anecdotes. Eventually this practice became more stylized and became known as rapping (George, 2000).

There are several types of rap music; the most popular are gangsta, hip-hop, political, and commercial. Gangsta rap contains graphic and derogatory language, advocates violence and the use of drugs. It also contains many obscenities and devalues women (Hall, 1998). Hip-hop rap is a mosaic of jazz, rhythm and blues, and rap music. In contrast, political rap music pertains to Black power struggles and criticism of the police, government and organized establishments. During the 1980s, genres of rap became more prominent, and many rappers turned to more overtly political themes. They addressed gang violence, police brutality, and other politically charged issues, such as poverty and racism (Martinez, 1997). As Rose (1994) noted, rap music has both overt and covert political dimensions: “Rap’s poetic voice is deeply political in content and spirit, but its hidden struggle—that of access to public space and community resources and the interpretation of Black expression—constitutes rap’s hidden politics” (p.237). Critics from within the hip-hop community have argued that many contemporary artists have abandoned political messages and focused instead on money and sexual exploits (Sullivan, 2003). More politically oriented rap became very popular in the late 1980s and early 1990s (Rose, 1991), a period that some refer to as the golden era of rap (Powell, 2000).

2.4 HIP-HOP’S POPULARITY

Commercial/pop rap is mainstream rap that appeals to all populations (Hall, 1998). Rap music is now the most popular form of music among youth (Dyson, 1996; Fried, 1999; Rose,

1995) and has outpaced all other music formats, surpassing the previous top-selling format, country music (Farley, 1999). It is increasingly popular among adults as well. In 2002, approximately 37 million adults listened to rap/hip-hop music (Herd, 2005). In 1998, sales for rap music exceeded 81 million CDs, tapes and albums compared with 72 million for country music (Herd, 2005). In 2001, rap music sales made up 89.2 million, or 11.7% of the 762.8 million albums sold in the United States. At an average of \$12 per CD, sales of this music totaled nearly a billion dollars (Hughes, 2002). From 1982 to 2002, rap music was one of only three genres (including blues/rhythm and blues (R&B) and classic rock oldies) that showed a net increase in preferences over time. Moreover, rap music is appealing to a broad range of people of all races and socioeconomic status to become what is now a multi-billion dollar music industry (Chappel, 2001).

A number of research studies explored how adolescents felt about rap. One study written by Berry (1994) concluded that rap helps low income African American youth develop empowering beliefs that help them connect with their culture and develop positive identities. However, the study did not give a detailed analysis of youths' responses or the questions that were asked of the youth; therefore it was difficult to determine the student's attitudes about rap. *American Demographics* magazine reported on a survey conducted by Teenage Research Unlimited and revealed that 58% of those younger than 18 years and 59% of those 18 to 20 years liked or strongly liked rap (Spiegler, 1996). In addition, this study also found that several fashions associated with hip-hop were considered "in" by 12 to 19-year-olds. For example, 78% of adolescents said that baggy clothes were in, 76% said pro sports apparel was in, and 69% said hooded sweatshirts were in (Spiegler, 1996).

The most detailed study of rap's effect on adolescents was conducted by Kuwahara (1992). This study found that 13.3% of Black college students listened to rap all the time, and 29.7% listened to rap often. Kuwahara also found that Black men had a stronger preference for rap than Black women. The analysis of data from White college students revealed that 51.6% of White men and 68.9% of White women seldom or never listened to rap. When the two groups were compared, Whites and Blacks did not differ much in their reasons for listening to rap. Both groups preferred the beat most and the message second. Since this study was conducted, rap's popularity has increased significantly, and the White audience for rap has increased (*The Source*, 1998).

2.5 SEXUAL CONTENT IN HIP-HOP MUSIC

References to relationships, romance, and sexual behavior are commonplace in the music that is most popular with teens, with approximately 40% of popular songs in the mid-1990s containing such references (Christenson & Roberts, 1998). A recent analysis of the content of television shows, movies, magazines, newspapers, and music popular among teens demonstrated that sexual content is much more prevalent in popular music lyrics than in any other medium (Greenfield, Bruzzone & Koyamatus, 1987). Suggesting that youth do not necessarily understand or even pay attention to lyrical content, some researchers have argued that the words of popular songs matter very little, despite their sexual nature (Greenfield, Bruzzone & Koyamatus, 1987; Leming, 1987; Rosenbaum & Prinsky, 1987). Although listening to lyrics may often be only a secondary in its importance, the sexual references in many popular songs may be difficult to ignore, because the language used to describe sex has become increasingly direct (Christenson &

Roberts, 1998; Strausburger, 1995). Through its dominant themes and characterizations, music may provide young people insights into particular sexual scripts, shaping their attitudes and assumptions about sexual relationships and creating a notion of what is expected and normative (Gerbner, Gross, Morgan & Signorielli, 1986).

One study (Pardun, L'Engle and Brown, 2005) examined the association between exposure to sexual content in music and adolescents' sexual intentions and activity. In this study, the authors analyzed the content of popular music lyrics for references to sexual development, romantic relationships, and sexual behavior. They found that the more teens listened to music that contained such references, the more likely they were to be sexually active and to anticipate future sexual activity. One limitation of the study is that it could not distinguish between teens who were encouraged to engage in sexual activity by music from those who were already sexually active and chose to listen to more sexually explicit music; however, a plausible alternative interpretation is that teens who were sexually active or anticipating sexual activity in the near future chose to listen to more sexual music than their sexually inactive peers (Arnett, 1995; Brown, Halpern & L'Engle, 2005; Steele & Brown, 1995). Another limitation of the study is that it did not consider the specific nature of the sexual content. Because media depictions of sexuality contain a diversity of messages about sex that may affect teens' sexual decision-making and behavior differently, to treat all sexual content the same way may be to overlook potentially important distinctions (Pardun, L'Engle & Brown, 2005).

Martino, Collins, Elliot, Stachman, Kanuose & Berry (2006) observed an association between instances spent listening to music in general and changes in sexual behavior. The more time teens spent listening to music, the more likely they were to go beyond noncoital sexual behavior and initiate intercourse. This relationship held even when the sexual content of the

music was controlled for statistically. It may be that listening to popular music, regardless of its content, results in heightened physiologic arousal which, through a process of excitation transfer (Zillmann, 1983), incites sexual activity among teens. It is likely that youth who spend more time at parties and clubs and less time working, studying, interacting with their families, or watching TV are most prone to engaging in sexual activity. This difference may create more opportunities to meet potential sexual partners and/or pressure to engage in sexual activity (Martino, Collins, Elliot, Stachman, Kanuose & Berry, 2006).

2.6 RAP MUSIC AND ALCOHOL CONSUMPTION

In addition to music affecting on sexual behavior, music has been used to promote alcohol and cigarette use among youth and adults (Herd, 2005). The transformation of rap music from underground African American to mainstream popular music has taken place in a context of increasing commercialization of music and artists. Using rap musicians to promote alcoholic beverages, particularly high-alcohol content malt liquors, is an example of this phenomenon (Herd, 2005). One of the most prominent and controversial marketing campaigns over the period of Herd's study used rap singers to promote St. Ides, a malt liquor that boasts the highest alcohol content of any mass produced beer (8.0% by volume) (Herd, 2005).

Music companies formed alliances with alcohol distributors creating an overt approach to advertising. During the mid 1990s, Seagram's, then one of America's major spirits companies, became the owner of the world's largest music company, when it acquired 80% of Music Corporation of America (MCA) and renamed it Universal. Seagrams also bought PolyGram records for \$10.4 billion in 1998, making it the largest music conglomerate (Herd, 2005).

In her study, Herd (2005) systematically analyzes the use of alcohol content in rap lyrics of songs released between 1979 and 1997. There were three questions she addressed that were most significant for this review. First, she wanted to determine if there had been a significant increase in the prevalence of alcohol use in music lyrics due to commercialization of rap music and specific marketing campaigns using rap artists to promote alcoholic beverages. Secondly, she wanted to identify if there had been changes in values and attitudes associated with alcohol beverage use in rap songs. One of the concerns about using the rap artist community to promote alcoholic beverages is that portrayals of drinking in advertising are overwhelmingly positive and do not depict alcohol-related problems (Herd, 2005). It is possible that this kind of bias could be reflected in song lyrics. Thirdly, have there been changes in the social functions and contexts of alcohol use within rap songs? In other words, has there been an increasing focus on themes such as sexuality, recreation or social bonding which are common in alcohol advertisements using rap music?

The study revealed that there was a tremendous increase in the number of songs containing references to alcoholic beverages from 1979 to 1997. During the initial period (1979-84) when rap music was emerging as a popular music form, only three of the 38 hip rap songs, or 8% mentioned alcohol use. However, by the late 1980s the percentage of songs referring to drinking and alcohol had almost doubled (Herd, 2005). This upward trend persisted in the early 1990s; during these years a third of the top rap songs released contained references to drinking or related issues (Herd, 2005). In the following years, 1994-1997, the prevalence of songs that mentioned alcohol climbed even higher to 44% (Herd, 2005). Changes in attitudes toward alcohol in rap songs had become increasingly positive over the years. During the period from 1979 to 1989, nearly a third of the songs expressed neutral attitudes or had negative overtones,

and 43% of them contained positive references to alcohol use (Herd, 2005). Between 1990 and 1993, the proportion of songs reflecting positive attitudes increased slightly, and those with neutral or negative attitudes showed slight declines. By the mid-to late 1990s, there was a substantial increase in positive attitudes, a moderate decline in neutral attitudes and a strong decrease in negative descriptions of alcohol (Herd, 2005). Changes in the social context of rap music revealed several themes in the lyrics of rap songs. First, alcohol references appeared most commonly as part of the song's rhyme scheme, e.g. to rhyme with other words in songs or to accentuate specific lyrics and sounds. Another reference was to bragging; that is as a way of asserting the personal prowess and abilities such as superiority, microphone skills, smoothness and sexual appeal of the rapper (Herd, 2005).

The next most popular theme was using alcohol to signify glamour and wealth, followed closely by associating alcohol with sociability, drug use, violence and sexuality. Other important, but less frequently appearing issues included associating alcohol with masculinity or toughness, romantic situations, and drinking for the sake of drinking just to have fun. Lesser-recorded themes include associating alcohol with thuggish behavior or gangster lifestyles, dining or with meals and to indicate negative social status (Herd, 2005). When the prevalence of these issues was examined over time, the results showed that there was considerable stability in most of the themes (Herd, 2005). However, when contrasting songs released throughout 1993 with songs released after this period, there were significant increases in references to alcohol to signify glamour and wealth, using alcohol with drugs and using alcohol for recreational purposes (Herd, 2005).

2.7 PROMOTING TOBACCO USE THROUGH HIP-HOP MUSIC

Statistics also show the impact of hip-hop in marketing tobacco products. In early 2004, mass media attention focused on Brown and Williamson's "Kool Mixx" campaign designed to promote Kool cigarettes using hip-hop music. Hafez and Ling (2006) identified several reasons why Brown and Williamson pursued music sponsorship for the Kool brand. The first was because music provided an emotional hook for consumers to identify with the brand. The second was that music promotions facilitated target marketing. The third was that music could focus an integrated marketing campaign. Finally, the fourth was music had potential for universal appeal (Hafez & Ling, 2006). Kool's marketers felt that music would be a powerful medium for conveying emotional messages about cigarettes and building a brand image (Johnston, 1966). Marketers undertook several music promotions to maintain and augment their market share in the African American community. The Kool Market Development Program (KMDP) distributed free samples at African American events in inner city markets, and created original events, such as an updated version of the Kool Jazz Festival, called Kool City Jam, a two-day free concert series specifically targeting African American young adults (Anon, 1983).

B&W also used vans equipped with speakers blasting music and offering free Kool cigarette samples in inner city neighborhoods. The "Kool Mobile Music Tour" intercepted the "target audience at the grass roots level with a sound and motion, physical, party promotion package which can be tailored (with appropriate music) to the crowd present" (Brown & Williamson, 1984). The tour also used "disk jockey/drivers" (Anon, 1982) to distribute sample cigarettes, key chains, lighters, flying discs and clothes (Hendricks, 1983). The vans were part of an overall strategic effort to reach inner city African-American smokers. Kool Mixx shows its effectiveness in using hip-hop music to reach young African Americans. The pervasiveness of

hip-hop culture among youth has grown tremendously, affecting musical preferences, styles of dress and figures of speech (Spiegler, 1996). The Kool marketing campaign is an example of how hip-hop reflected an entire cultural movement prevalent to not just youth but to young adults worldwide (Hafez & Ling, 2006).

2.8 HIP-HOP MUSIC AND VIOLENCE

Hip-hop music has advocated violence through its lyrics. The core narratives of gangsta rap are extremely troubling in their glamorization of violence, material consumption, misogyny, and sexual transgression (Mahiri & Conner, 2003). The image of urban Black youth, as prone to violence and crime, continues to reveal frequent references to negative influences of popular culture. This image makes rap music and hip-hop culture, as partial evidence of the problem (Dyson, 1996; Koza, 1994; Mahiri, 1997; McLaren, 2000; Rose, 1994). McLaren (2000) wrote, “Today’s gangsta rappers have, for some listeners, become the new black super heroes invested with dangerous, ambiguous, uncontrolled, and uncontrollable powers.”

Armstrong (1993) compared portrayals of violence in rap and country music and concluded that the two musical genres share many similarities with regard to the social functions and contexts of violent behavior in songs. Poverty, underclass origins and concerns about asserting masculinity were dominant themes in both rap and country music and parallel portrayals of crime, violence, incarceration and punishment in the two types of music lyrics (Herd, 2005). Although Black youth are often socially constructed as perpetrators, violence in their lives (as with many other youth) is manifested in many forms (Mahiri & Conner, 2003). Polakow (2000) noted some of these forms as “the violence of poverty and homelessness, the

violence of environmentally induced childhood diseases, the violence of confronting children in schools and communities, the media and legislative ‘criminalization of children, and a national drumbeat of zero-tolerance leading to the increasing confinement and incarceration of youthful offenders.”

Mahiri and Conner (2003) gathered data from teens about hip-hop music and its influence on violent behavior. Two key foci of the study were first to capture and represent perspectives of Black urban youth on violence in their lives, and second to explore their perspectives on possible influences of hip-hop and rap with respect to violence (Mahiri & Connor, 2003). One portion of the intervention consisted of an album that was created by the students complete with song lists, music themes, album covers, verses and choruses for one or more of the songs. The students were instructed to create whatever type of album and theme their group decided upon. The work on these albums was done in the context of class readings and discussions on rap music with a focus on the portrayals of Black men and women (Mahiri & Connor, 2003). This unit provided significant data and artifacts that uniquely revealed aspects of the students’ perspectives on and involvement with rap music and how they felt it was connected to violence, crime and sex. Their findings from the data revealed how the students’ understandings of violence and crime were expressed in their critiques of images and messages in rap music and hip-hop culture.

Discussions consisted of how Black men are portrayed as violent gangstas or drug dealers consumed by the pursuit of money and material things. Through discussions and examples from the music, students explored ways that Black women are frequently portrayed as promiscuous, superficial, gold diggers-essentially prostitutes or whores (Mahiri & Conner, 2003). All of the groups except one created albums that critiqued rather than extended the negative discourse of rap. Titles of some of the albums created are “No More Proes,” “Thugged Out,” and “Gain

Green.” No more “proes” was a word one group concocted by joining the words “prostitute” and “hoe”. All of the songs written by the students for this album focused on sexually explicit lyrics and provocative clothing. The following lines are captured from a song titled “Pretty Black Sista.”

*“Stop sellin’ yo body to a man you don’t know,
Quit lyin’ to yoself baby girl, You not a hoe.”*

“Thugged Out” was an album created by a group of girls with the intent of expressing negative and oppositional messages and images (Mahiri & Conner, 2003). Although this album was consciously designed to counter the positive albums created by the rest of the students, this particular group as well as the others didn’t focus on the negativity. One final example of an album created by the students was one that explored attitudes toward money. The title of this album, “Gain Green,” was a clever way of illustrating money’s destructive effects on the Black community. Here, the writers connected money and violence in the lyrics.

*“Money make you go pound for pound [fight]”
“Money make you blast a couple of rounds [shoot others]”*

Titles of other songs on this album were: “Money Makes the Ghetto Go Round,” “Money Has Too Much Respect,” “Money Has Chains,” “Mr. Dollar Bill,” and “Money Is a Mind Controller.” Mahiri & Conner (2003) indicated that the data on the youth revealed that they had complex understandings of the nature and causes of violence and crime in their lives and communities. Second, their understandings often included critiques of negative aspects of violence and crime associated with things like gang and drug activities as well as critiques of negative images and messages of violence, crime, and sex in rap music. Third, their understandings and critiques of instances and images of crime and violence (along with the support of key adults) worked to mitigate negative influences from these sources and increased

their desire to circumvent or ameliorate violent situations in their lives and communities (Mahiri & Conner, 2003).

Some students indicated that they listened to rap music for the beat and to dance to rather than focusing on the lyrics. They understood that they could be entertained by rap music and its representations and dance to its driving beats without adopting the values and behaviors so explicit in some of its genres. This perspective challenges the simple connections that the dominant public discourse and media so often draw between rap music and pervasive negative influences on Black youth (Mahiri & Conner, 2003). Interestingly, these simple connections are not made in the same way for other entertainment mediums like the violence on TV and in the movies. In addition, they are not made with respect to White youth, who purchase 70% of rap music (Mahiri & Conner, 2003; Morrell & Duncan-Andrade, 2005).

2.9 ON A POSITIVE NOTE...

There is some research that explores the positive outcomes associated with rap music. Keyes (2000) explores the lyrical content of female rap music and demonstrates its empowering ability to deconstruct and reconstruct black female identity. Another researcher (Woldu, 1997) implemented a training program designed to develop teacher's ability to teach a rap music course to college students. Henderson (1996) analyzed the similarities of black nationalism and rap music and indicated that what was called "conscious" rap music is a positive and vibrant agent for change among black youth. Conscious rap music focuses on social issues such as religion, aversion to violence and the economy (Wikipedia, 2006). There appears to be a consensus that there are positive rap and negative rap music songs that have been created by rap artists

(Henderson, 1996; Pressely, 1992; Rose, 1994). Positive rap invariably refers to rap that depicts solutions and self protective concepts and skills. It also inspires to improve unwanted conditions (i.e., uplifts a people and raise their consciousness) (Tyson, 2002). Using positive rap lyrics for participants to analyze may engage, motivate and act as an effective teaching tool for young people (Mitchell, 2002).

3.0 THE KRUNK MOVEMENT HEALTH INITIATIVE FOR YOUTH

Organizations exist in Pittsburgh that combat the effects of early onset of sexual behavior, violence and drug use through health education and promotion. The Center of Life, Inc. is a Community Empowerment organization that is doing its part in addressing these health issues by linking health and music as education for youth. The Center of Life, Inc. (COL) organization is a non-profit faith-based community organization located in a Pittsburgh neighborhood. In 2002, Center of Life, Inc. (COL) recognized that the national epidemics of early sexual behavior, violent crimes and substance abuse in youth were local problems and developed the *K*reating *R*ealistic *U*rban *N*ewschool *K*nowledge Movement, commonly known as KRUNK. The KRUNK Movement is a student-led hip-hop/jazz/rhythm and blues health initiative designed to impact the thinking and behavior of middle and high school students (ages 14-18) as they relate to mental and physical health. The model is creative and unique in promoting health awareness to Pittsburgh's youth. Using hip-hop music to educate youth is not common in most traditional interventions. The KRUNK Movement translates the technical language of the health industry into youth friendly hip-hop language.

The group coined its name from the word "CRUNK," a hip-hop term that means to get excited or hyped. The KRUNK Movement is a group that consists of 10-12 high school teens whose main purpose is to creatively communicate positive messages in the form of rap and/or songs on a variety of health issues such as youth violence, drugs and sex. They also focus on

other issues adolescents grapple with consistently, including self-image, racism, spirituality, pornography and the need for income. Songs have titles like “Early Bird,” which conveys the consequences of early sexual behavior, “Realer than You Think,” depicting youth violence through real-life scenarios of urban living and “Ya Time is Now,” which focuses on teen spirituality. Although the music is considered secular, the movement was created by a faith-based organization.

The KRUNK Movement was piloted in the high school the members of the group attended. Since its initial performance, the group has been invited to perform in a number of other middle and high schools throughout the greater Pittsburgh area. The majority of these schools does not meet state testing and academic standards and have issues with gang violence and drug use.

The KRUNK Movement’s influence is evidence of how peer-to peer health education effectively transforms adolescent behavior. Since 2005, 100% of the students who have participated in the KRUNK Movement have made conscious decisions to abstain from pre-marital sex, avoid use of drugs or alcohol, and participate in negative gang activity and acts of violence. In addition, none of the students who have participated in the KRUNK Movement has been suspended or expelled from school. The accomplishments of the KRUNK Movement may pose as examples of how identifying age-appropriate interventions can effectively measure behavior change in teens; which is imperative in order to achieve outcomes. Understanding what hip-hop music is and how it influences teen behavior may reveal its reason for success.

3.1 KRUNK MOVEMENT PROGRAM DESCRIPTION

Need for the Program:

The KRUNK Movement is addressing some of the disproportionate health outcomes among at-risk youth in Pittsburgh, including early sexual behavior, substance abuse including alcohol and illicit drugs and violent behaviors.

Target Groups:

The target group for this program is youth ages 14-18 who reside in the greater Pittsburgh area.

Outcomes:

The KRUNK Movement would like to replicate its micro-enterprise program in middle and high schools and community organizations to achieve maximum participation. Although the program is in its infancy, it intends to expand to reach as many youth as possible. Ideally, the health initiative will reach out to youth by encouraging participation. The higher degree of interest in the program and the acceptance of its activities would result in the creation of additional KRUNK programs for youth. Youth who decide to participate in their own KRUNK Movement adopt positive behaviors over time. Finally, the long-term health outcome of the program is intended to reduce and eliminate the unhealthy behaviors teens engage in.

Activities:

Activities mounted by the program are performances of the music they create in middle and high schools, housing authorities, community organizations and parks and recreation sites. Their first CD titled *ONUS* is currently being mass produced for distribution. The students will then produce CDs and market them to teens and pre-teens throughout the Greater Pittsburgh area

and eventually across the country. In addition, they will create youth friendly health related information that will be distributed to teens and pre-teens in communities and schools in form of information cards, bookmarks, t-shirts, hats, and posters. Future activities include training other students and staff in schools and other organizations to implement their own KRUNK health initiative.

The KRUNK Movement has formed partnerships with local organizations to help the program achieve its intended outcomes. The initiative is coordinated through a partnership between Center Of Life, Manchester Craftsman's Guild, City of Pittsburgh Department of Parks and Recreation, SoundScape Studio, FedEx/Kinko's, Highmark Blue Cross Blue Shield and the University of Pittsburgh's Graduate School of Public Health. The KRUNK Movement consistently pursues funding to support the program. Future funding initiatives will also be proposed to the National Center for Minority Health and Health Disparities (NCMHD), the Grable Foundation and Youth Works.

Outputs:

Direct products of the activities listed above include the number of musical performances, number of students who attend KRUNK performances, number of KRUNK health initiatives formed throughout the greater Pittsburgh area and number of students who participate in the initiatives.

Resources/Inputs:

KRUNK's resources include its participants, program staff, funding sources, community partnerships, program equipment, supplies and facilities (instruments, computers, sound equipment, production site, etc.) and participants' parents.

3.2 EVALUATION GOALS

The KRUNK Movement is conducting an evaluation to gain new knowledge about the program's activities, improve or fine-tune existing program components and determine the program's effectiveness in reducing or eliminating disproportionate health outcomes in youth. The evaluation will facilitate a two-fold behavior change, meaning developing positive behaviors in the KRUNK Movement participants and the students they perform for.

Goals

The primary goal of the KRUNK Movement is to engage youth from low-income at-risk communities to develop hip-hop/rhythm & blues/jazz health messages that communicate the importance of mental and physical health to teens and pre-teens. The program created additional goals to enhance the effectiveness of the program:

- Increase youth awareness and education about health issues that will result in positive behavior change
- Replicate the KRUNK program in other local settings
- Reduce or eliminate existing undesirable health issues in youth

3.3 PROGRAM LOGIC MODEL

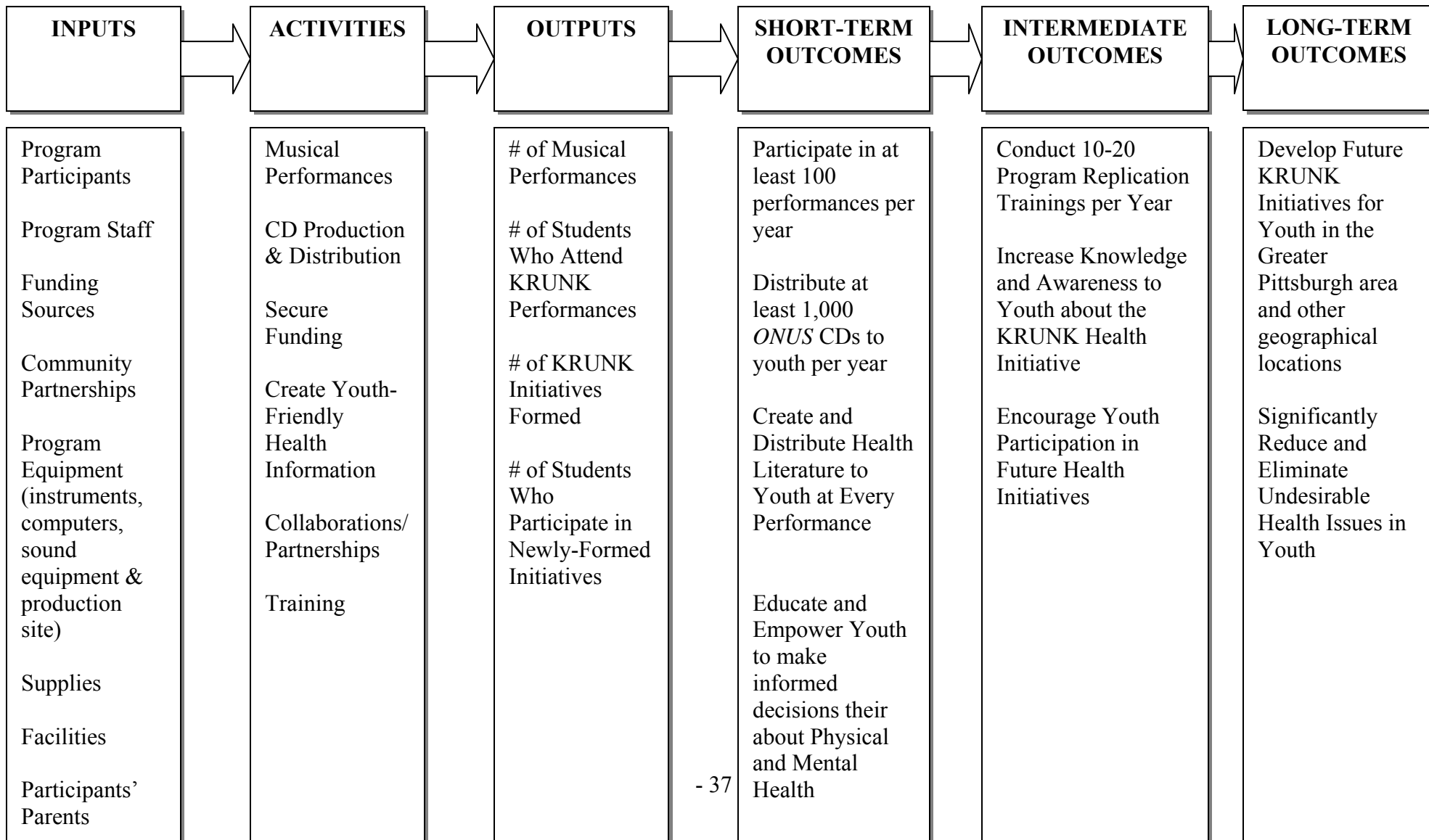
Program models specify the types of activities to be carried out and the resources required for a program (Russell, Thurston & Henderson, 2003). Montague (2000) describes a logic model as “a diagram explaining the flow from inputs, activities, or processes to outputs, shorter-term and longer-term outcomes or impacts”-is arguably a program model. The process of diagramming these relationships, including the assumptions related to them, will help answer the questions critical to a program model, namely: “Why does/should this program exist?”

“What outcomes are expected to result from the program?” “What activities should comprise the program?” and “Who is this program inspired to reach?” (Russell, Thurston & Henderson, 2003).

There are several advantages for constructing a logic model. Surko, Lawson, Gaffney & Claiborne (2006) identify three main advantages of articulating change theory implementing a logic model: 1) planning, implementation and evaluation are continuously improved and integrated; 2) leaders can determine whether there is support from research and or local evaluation findings and; 3) logic-model building activities among partners facilitate unity of purpose, promoting consensus validation. Thus, the logic model both derives from, and drives the program’s activities and priorities.

The following logic model is developed for the KRUNK Movement. It provides a description of the programs’ inputs, activities, outputs, short-term outcomes, intermediate outcomes and long-term outcomes. Each outcome will be measured utilized qualitative data initially. Once the sample size increases for the program quantitative measures will also be implemented to enhance the accuracy of the information collected.

**KRUNK MOVEMENT HEALTH INITIATIVE
PROGRAM LOGIC MODEL**



3.4 EVALUATION STRATEGY

The KRUNK Movement is growing into national health initiative for adolescents. The purpose of the evaluation is to determine if the KRUNK Movement is effective in its effort to reduce health disparities and risky behaviors in adolescents. It will serve as a guide to improve the health initiative by identifying the least effective components of the program and suggesting how to replace them with valuable tools that will positively influence behaviors. A formative evaluation including qualitative data collection is proposed to ensure the program has sufficient feedback throughout its duration and at completion. Subsequent summative evaluations should be conducted to determine if the program achieved its intended outcomes.

3.5 EVALUATION DESIGN

Qualitative data collection will be utilized as the primary evaluation method for the KRUNK Movement. Because there is no comparison group at this time, a single group collecting data from the twelve teens currently involved in the KRUNK Movement will be implemented. However, the KRUNK Movement is encouraged to use a pre-test post-test with a comparison group design for future evaluations. Because this is KRUNK's first program evaluation, a formative evaluation will be conducted to give feedback and suggest how to

improve the program. The program will collect qualitative data using case studies, interviews, focus groups, observation field notes and other written documentation. Qualitative methods are often used in evaluations because they tell the program's story by capturing and communicating the participants' stories (Patton, 2003).

A qualitative evaluation is often characterized by using naturalistic approach, meaning the research setting is not explicitly manipulated and natural language is used throughout the evaluation process (McDavid & Hawthorn, 2006). Due to the small sample size of the population (N=12), collecting qualitative data is the most appropriate method. Quantitative evaluations use numbers gathered from measures over comparatively large samples, and use statistical procedures for describing and generalizing the patterns between and among variables (McDavid & Hawthorn, 2006). It is expected that a quantitative approach will be used later.

3.6 DATA COLLECTION METHODS

As noted above, data collection strategies for this evaluation will consist of focus groups, face-to-face interviews, narrative data and observation notes. Because qualitative evaluation strategies tend to deliberately select cases for participation, all twelve teens currently active in the KRUNK Movement will be encouraged to participate. Each participant will be asked to provide his or her candid opinion and experience about being apart of the KRUNK Movement. The intent is to determine attitudes and opinions about negative teen behavior, how and what type of music influences behavior, how being involved in the KRUNK Movement has impacted

their health decisions and how the KRUNK Movement can impact the lives of teens in the future. Interviews and focus groups will be tape recorded and the researcher conducting the interviews will use the tapes to review and fill in gaps from the interview. See Appendices A & B for questions.

Observational field notes will be taken by the evaluator at select performances, meetings, trainings and other KRUNK related activities. Other documents that can provide observational data are program records, official reports and other correspondence. Because the evaluator will be the principal measuring tool, he or she should not claim objectivity. Without infusing his or her opinion, the observer should pay close attention to reactions, behaviors and conversations of students during and after performances. In addition every effort should be made to take into account not only the viewpoints of the twelve teens, but of the performers and other individuals who have a key interest in the program, such as funders, school officials, program staff, community members and local health officials.

Narrative data or other written documents can be collected from KRUNK members in the form of journal entries, photographs, artistic work, music lyrics and written responses to student surveys. The student survey will consist of three short questions given to students after each KRUNK performance (See Appendix C). This survey is created to determine if the students felt that the performance was interesting and beneficial. It is also expected that the survey will reveal if the students were able to identify the meaning or focus of the music. The survey will be piloted in Pittsburgh Public Schools for one year to refine the survey, based on the top five responses from students to each question. In addition to the participant survey for current KRUNK performers, yearly follow-up surveys (See Appendix D) will be administered to former KRUNK members to determine if there were any modifications in behavior. For students who

will initiate KRUNK interventions in their schools or communities, a pre-test will be administered to determine what behaviors they participated in prior to joining the KRUNK Movement.

3.7 ANALYSIS TECHNIQUE

Before analyzing the data, it is strongly suggested that the evaluator determines how the interviews fit into the program evaluation. Findings from the data must be grouped into themes and sub-themes. Again, the evaluator must be cautious when looking for themes and categories and imposing his or her own expectations. The actual words of the respondents must be used not those of the interviewer. Thematic analysis in the form of words or phrases summarizes ideas conveyed in interviews and focus groups. Using a database (Nudist NVivo) that translates the narratives into themes will be helpful.

Categorizing themes is a good way to organize thoughts and ideas. After themes are categorized, they should be given codes that define the themes. Examples from the interviews or focus groups provide good working definitions of each theme or sub-theme. Direct quotes are appropriate illustrations of key themes (Langbein, 2006). For example, opinions or perceptions could be organized by effect, that is, positive, negative, or neutral. All responses should be read again to ensure remaining themes fit into categories. For responses that do not fit, these may be placed in an “other” category. There is almost always an “other” category, however, it should be no more than 10% of the responses/coded information (McDavid & Hawthorn, 2006).

Analyzing narrative data can be time-consuming because the evaluator must be sure that the information is accurate and complete. Analysis of case studies can produce rich, detailed

information, but if we cannot address possible concerns about the representativeness of the findings or the methods used to produce them, our work has not been productive (McDavid & Hawthorn, 2006). In order to address the issue of internal and external validity, the evaluator can employ some measures to confirm qualitative findings. One way to test the validity of data is to triangulate data sources by comparing qualitative findings with other sources of data in the evaluation. For example, the researcher could compare responses from interviews to responses from student surveys. Another way to enhance the credibility of the analysis is to consider or discuss alternative interpretations of the findings by asking whether some sources of data are more credible than others. Finally, the researcher can replicate findings from one comparable setting to another to determine similarities.

3.8 DISSEMINATION OF FINDINGS

The results of the evaluation will be communicated to program participants and other stakeholders orally and written. Every effort will be made to ensure that the results of the study are displayed in such a way that is easy to understand. The evaluations will not be lengthy or technical. They will be clear, succinct and thoroughly communicate all components of the evaluation. CDC (2005) recommends that evaluators distribute information to audiences via mailings, websites, community forums, media (television, radio, newspaper), personal contacts and organizational newsletters. If possible, the researcher may consider advance discussion of the reporting method with the intended audience to assure convenience.

4.0 DISCUSSION

Explaining the influence of music on teens has been approached from a range of constructs. Voices, opinions and perspectives that are not often heard in the discourse on violence, sexual behavior, and substance abuse among urban youth are those of young people themselves. Some researchers suggest (Tyson, 2002, Mahiri, 1997) that music would be helpful in getting participants to become proactive in behavioral change and respond more positively. A critical review of the literature shows programs that utilized various types of music as a component of their public health intervention in facilitating behavior change; targeted primarily deviant behaviors which often lead to acts of violence and substance abuse.

The literature attributed youth violence to a broad range of causes, media violence, intergenerational violence, socioeconomic status, machismo, poor role models, gangs and breakdown of family stability (Burbach, 1996). The lack of financial resources was frequently identified as a common cause of youth violence. The U.S. Department of Health and Human Services (1992) reported that low socioeconomic status is the most significant risk factor for death due to violence. The assumption is that youth initiate violent activities by listening to music and “acting” out their interpretations of the music. Although rap music does have positive and negative effects on teen behavior, concluding that rap music is solely responsible for violence crime and juvenile delinquency must be challenged. Certainly, vulgar images and

messages in some kinds of rap music can be troubling; however, often these images are concocted with the attempt to portray the lives of African Americans.

Unfortunately, society has been desensitized to the negative lyrics presented in hip-hop music. Often, people do not agree with the language that is used in hip-hop music; however they continue to purchase albums that perpetuate such behavior. Although it can be difficult to develop interventions using hip-hop music because of constant scrutiny of its lyrics, there is always room to dispel negativity. This can be achieved by focusing on and/or developing more positive rap for teens. This is a challenge that must be addressed by music producers and rap artists. Furthermore, many researchers have argued about the effects of rap on its fans, however, the numbers of studies exploring the actual positive efforts of rap are few and far between.

Very few studies included music as an impetus to positively influence health behaviors, which is quite significant. Most of the studies focused on how hip-hop promotes negative behaviors. The studies that did attempt to use hip-hop music in a positive way indicated that music is a novel approach to influencing teen behavior. Tyson's (2002) study on Hip-Hop Therapy is a good example of how researchers could identify and take advantage of positive aspects of rap music. Therefore, more research should be conducted that portrays the positive aspects of rap music and its influence on teen behavior. Hip-hop music is a viable tool to utilize in interventions for at-risk youth. Hip-hop or other popular music engages youth which ultimately facilitates program effectiveness.

Music can be something that not only reflects emotional life, but creates it, and as such, can be vital in health promotion, personal and cultural identity building and re-building (Stewart, 2004). Music is easily accessible to patients, both in treatment and in home care, and allows patients to assume some level of responsibility and participation in their own treatment (Maranto,

1993). Music has the ability to change behavior and be enjoyable at the same time, which can be hard to achieve when implementing an intervention. Several other researchers stress the importance of focusing on music as a non-invasive, appealing, painless, cost-effective, non-threatening and inexpensive intervention with few side-effects (Steelman, 1990; Maranto and Scartelli, 1992; Maranto, 1993; Covington and Crosby, 1997; Gagner-Tjellesen, Yurkovich, Gragert, 2001; LeNavenec and Slaughter, 2001; White, 2001; Good, Anderson & Stanton-Hicks, 2002; Brunges and Avigne, 2003; Mok, Wong, & Kwai-yio, 2003; Assgaard, 2004). Music as a method for or strategy in health promotion and rehabilitation is a vital factor that could ultimately impact the general health and quality of life for populations for years to come.

The literature that exists on hip-hop focuses more on artists, lyrical content, and the history of hip-hop than on its actual effect on negative and positive behavior. It would be useful to explore the effect of rap music on teens and determine the relationship between personality and demographic variables in relation to different types of rap music that teens listen to. Social differences such as gender, age, race and social class in fans that could be correlated with influence are generally overlooked (Sullivan, R., 2003). The rapid change in rap's popularity suggests that youth's attitudes toward rap need to be reevaluated.

Understanding what motivates youth to initiate unhealthy behaviors at younger ages allows providers and educators to develop more effective interventions attending both to those motivations and the teens who exhibit those (Buhi & Goodson, 2006). The use of hip-hop music is one health education strategy to deliver health prevention messages to teens. Hip-hop can enhance the learning process and support the desired outcome of reducing risky behaviors. It could be feasible to use hip-hop music as a way to accentuate the participant's ability to personalize risk reduction messages associated with the lyrics.

The approach is significantly innovative and poses as a medium to initiate dialogue and communication about various issues most youth face. Some forms of hip-hop music use culturally relevant materials to address the educational and health needs of the target community (Stephens, Braithwaite, Taylor, 1997). Hip-hop music as a medium has the ability to be integrated into health promotion activities that address issues such as violence/harm reduction, substance abuse prevention, HIV/AIDS prevention and other risky behavior targeted interventions.

4.1 RECOMMENDATIONS

Future research needs to not only examine how much adolescents report they like hip-hop, but also measure their knowledge of and commitment to hip-hop. In addition, teens from different ethnic backgrounds who listen to hip-hop may have varying opinions about the messages portrayed in hip-hop music. Understanding the importance of hip-hop music is critical. As mentioned earlier, the dynamics of rap are expanding. In order for an intervention to be successful in utilizing music as a focus, researchers must integrate evolving trends into their studies to ensure effectiveness. The overall implications for use of hip-hop music in health promotion are vast. Interactive risk reduction interventions that include music typically appeal to young people more effectively than the average traditional intervention. The KRUNK Movement is an example of such an intervention that allows teens to model their behavior based on what they hear and internalize.

4.2 LIMITATIONS

There are several limitations to this evaluation design that could compromise its internal and external validity. First, there is an issue of selection bias. Because each KRUNK member will be asked to participate, there is no opportunity for random selection which may not result in accurate findings. Second, this evaluation is based on a very small sample size. Ideally, a group identical to the KRUNK participants (age, race, gender, etc.) would be matched and studied to determine the program's effect of being involved in KRUNK versus non-participation. Since the sample size is small, qualitative data collected will be used for exploratory purposes. Finally, this evaluation relies heavily on qualitative data. Most evaluations that are effective in determining a program's outcomes utilize a mixed method approach which is recommended for future evaluation efforts. As indicated earlier, it is anticipated that subsequent evaluations will consist of specific constructs that are to be measured for KRUNK participants. Examples of such constructs are behaviors the participants exhibited before, during and after participation in the KRUNK Movement, what prompted their participation in KRUNK and how their participation affects the behavior of their peers. Despite the limitations, this formative evaluation is meant to serve as a foundation for future evaluations.

5.0 CONCLUSION

Adolescent health continues to be a public health concern. The challenges today lie in educating and providing services to an ever-changing adolescent population. Health promotion and education for at-risk teens must begin at correspondingly young ages, before young people engage in the behaviors that put them at risk for negative consequences. In order to effectively educate the teen population, researchers must meet teens where they are socially. Teens are very much influenced by various forms of media such as music videos, television and the radio. I am consistently intrigued by youth, because the choices they make during this period inform future choices as adults.

The challenges that remain among teens including lack of knowledge and empowerment about changing unhealthy behaviors are barriers that must be addressed. Developing innovative programs and interventions is essential to dismantling such barriers. The KRUNK health initiative is particularly attractive for addressing such health issues because it uses music, dance and creativity to relay health messages. Although the message is not forced, it engages youth in thinking about the consequences of negative behavior in a way that may be difficult to ignore.

As indicated in the literature, music has an effect on individuals of all cultures and backgrounds. The KRUNK health initiative is indeed applicable in its approach to diverse populations. Future initiatives involving diverse groups may choose to various types of music and activities to communicate health messages to youth. The program is not limited to music

which allows room for creativity. An additional component of the KRUNK Movement that is in progress is Expressions of Excellence. This activity involves students who create art and/or murals that express healthy lifestyles. The students will also have an opportunity to decorate abandoned homes owned by the city of Pittsburgh. The purpose of Expressions of Excellence is to create “community wellness” in enhancing the neighborhood. The belief is if the environment looks good, it makes the community feel good. This technique solidifies the thought that health education should closely reflect the interests, talents and strengths of youth.

Effective interventions must focus on behavior change at the individual and group levels. Overall, a multifaceted approach to prevention, which includes individual, peer, familial, school, church, and community programs, is necessary to reduce the incidence of at-risk behaviors in young people. The KRUNK Movement is one model for a comprehensive approach that will impact the lives of adolescents resulting in healthier generations.

APPENDIX A

INTERVIEW QUESTIONS FOR PARTICIPANTS

1. What type of music do you listen to? Why?
2. How important is music to you?
3. Why did you choose to become a member of the KRUNK Movement?
4. Before you became a member of the KRUNK Movement, did you participate in risky activities such as early sexual behavior, drug and/or alcohol use and gang activities? If so, which ones and why?
5. Have you noticed a change in your behavior as a result of being involved in the KRUNK Movement?
6. Has your involvement in the KRUNK Movement affected anyone's life such as a family member, classmate, etc.? If so, how?
7. What have you learned about being involved in the KRUNK Movement?

APPENDIX B

FOCUS GROUP QUESTIONS FOR PARTICIPANTS

1. What do you like most about being involved in the KRUNK Movement?
2. What do you like least about being involved in the KRUNK Movement?
3. In your opinion, do your performances change behavior in teens? If so, in what ways?
4. What would you like for teens to take away from your performances?
5. What is the typical response from teens during or after your performances?
6. What do you think influences teen behavior?
7. What are your ideas of future health initiatives that would impact the lives of teens?

APPENDIX C

KRUNK MOVEMENT PERFORMANCE

STUDENT SURVERY

School: _____ Date: _____ Grade: _____

1. What did you like the most about the KRUNK Performance?
2. What did you like least about the KRUNK Performance?
3. In what ways do you think we could improve our performances?
4. Would you tell your friends about the KRUNK Movement Performance?
5. If so, what would you tell them?

APPENDIX D

YEARLY FOLLOW-UP SURVEY FOR FORMER KRUNK PARTICIPANTS

1. Why are you no longer a member of the KRUNK Movement?
2. Do you continue to educate teens and pre-teens about the effects of risky behavior? Why or why not?
3. Have you noticed a change in your willingness to participate in risky behaviors since you left the KRUNK Movement?
4. Have you engaged in risky behaviors such as drug use, sexual activity and violence since you left the KRUNK Movement?
5. How has being in the KRUNK Movement affected the decisions you currently make regarding your health?
6. Do you still think that using music to change behavior in youth is the most effective approach? Why or why not?

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