

Mar 4th, 11:15 AM - 12:30 PM

The Youth Health Summit, North Carolina: A University-Community Partnership to Promote Health Among Rural Youth

Janie Canty-Mitchell Ph.D., R.N.

University of Texas Health Science Center San Antonio, cantymitchel@uthscsa.edu

Musarrat Nahid M.Sc.

University of Texas Health Science Center San Antonio, nahid@uthscsa.edu

Follow this and additional works at: https://digitalcommons.georgiasouthern.edu/nyar_savannah



Part of the [Public Health and Community Nursing Commons](#)

Recommended Citation


Canty-Mitchell, Janie Ph.D., R.N. and Nahid, Musarrat M.Sc., "The Youth Health Summit, North Carolina: A University-Community Partnership to Promote Health Among Rural Youth" (2015). *National Youth-At-Risk Conference Savannah*. 126.

https://digitalcommons.georgiasouthern.edu/nyar_savannah/2015/2015/126

This presentation (open access) is brought to you for free and open access by the Conferences & Events at Digital Commons@Georgia Southern. It has been accepted for inclusion in National Youth-At-Risk Conference Savannah by an authorized administrator of Digital Commons@Georgia Southern. For more information, please contact digitalcommons@georgiasouthern.edu.

Youth Health Summits: University-Community Partnerships to Promote Health Among Youth in Rural Southeastern North Carolina

Presented at the
2015 National Youth-At-Risk Conference
Hyatt Regency Hotel, Savannah, Georgia
March 4, 2015



Janie Canty-Mitchell, PhD, RN, FAAN
Musarrat Nahid, MSc
University of Texas Health Science Center
San Antonio, Texas

Workshop Outline

- Introduction/Background
- Acknowledgements
- Funding Partners
- Learning Objectives
- NYAR Conference Strands
- Youth Health Issues
- Youth Health Summit Goals
- Developmental Assets Framework
- Program Planning
- Health Summit Workshops/Key Note Speakers
- Health Summit Evaluation
- Summary and Future Directions

- Dr. Canty-Mitchell directed the Youth Health Summits in collaboration with others while she was on the nursing faculty at the University of North Carolina Wilmington from 2007 to 2012.

Acknowledgements

➤ University of NC Wilmington (UNCW)

- School of Nursing Faculty and Students
- Faculty and Staff in other Schools and Departments
- Cyndi Meredith (Coordinator)
- Linda Ferrell (Executive Assistant)

➤ Middle Schools in SE NC Counties

- Administrators, Parents, Teachers, School Nurses

➤ Community Partners

- Southeast (NC) Area Health Education Center
- Hospitals, Health Department, Health Professionals, High School Student Volunteers, Community Organizations

Funding Partners

- ▶ North Carolina GlaxoSmithKine Foundation (2008-11)
- ▶ Robert Wood Johnson Foundation, Executive Nurse Fellows Program (2011-12)
- ▶ NC Southeast Area Health Education Center (2012)
- ▶ Private Donors (2012)
- ▶ University of NC Wilmington (2008-2012)- In Kind
- ▶ Community Partners (In-Kind) I



At the end of this session, participants will:

1. Learn how to partner with university, school, and community groups to implement Health Summits for youth from multiple rural counties.
2. Engage youth in health promotional programs through a variety of learning activities.
3. Assess health knowledge gained and changes in health attitudes from Youth Health Summits.

Program Topic: Relationship to NYAR Conference Strand

Conference Strand: Mental and Physical Health

“Promoting the mental and physical health of all children and youth.”



National Youth Health Issues

- Injury and Violence (including Bullying, Fighting, Homicides, and Suicides)
- Tobacco, Alcohol, Other Drug Use
- Sexual Risk Behaviors
- Dietary Behaviors
- Physical Activity
- Obesity, Overweight, Weight Control
- Asthma, Sun Safety, Sleep
- Mental Health (Relationships, Stress, Environment)

Source: Centers for Disease Control (2014, June). Youth Risk Behavior Surveillance- United States, 2013, MMWR, 63 (SS-4).

Health Disparities Among Youth in Rural Counties

The CDC (2014) define health disparities as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations” (e.g. race/ethnicity, gender, geographic location as rural or urban setting, etc).

Youth in rural areas are at risk of poorer health outcomes due to:

- Poverty
- Inadequate Access to Health Care
- Environmental Threats
- Individual and Behavioral Factors
- Educational Inequalities
- Social Isolation

Youth Health Summit Goals

- Create awareness of youth health issues
- Assist youth in developing positive health behaviors
- Introduce youth to a wide variety of health professional careers
- Promote educational goals and career aspirations





Youth Health Summit Developmental Framework

- ▶ Based on [Search Institute's Framework of Developmental Assets](#)- A strengths-based approach to child and youth development
- ▶ Model outlines 40 developmental assets that contribute to youth's healthy development
- ▶ Assets serve as protective factors that builds resiliency, increase ability to rebound in face of adversity. The YHS served as an external asset, including:
 - ▶ Support (health professionals, schools, community health and higher education institutions)
 - ▶ Empowerment, boundaries, expectations (key note speakers, break-out speakers, avoidance of risky behaviors, coping skills, peer pressure, etc.)
- ▶ Supported development of internal assets (commitment to learning about health issues that threaten their development)

Planning and Processes

- Director Passion and Interest in Promoting Adolescent Health
- Youth Focus Groups(Another Project)-Yearly Focus
- Target Middle School Youth in Rural Counties: SE NC Region
- Sought Funding from a Variety of Resources
- Team of Stakeholders to Plan Youth Health Summit (From Idea Generation to Program Evaluation- Included youth
- Recruit Key Note Speaker, Health Professionals, Community Organizations, UNCW Faculty and Students, and Volunteers
- Develop Advertising and Media Materials
- Inform Middle School Principals, Vice Principals, Guidance Counselors, Teachers, Health Professionals
- Students Recruited/Selected By School Administrators- Limit 20 per school or 220 participants per year
- Parental Consent to School Administrators for Youth to Participate in Summits (Chaperoned by school personnel)

High School Health Professional Student Volunteers



Pre-Summit Processes

- ▶ Names of Students Prior to Youth Summit
- ▶ University Requirements
 - ▶ Photo Release, Parental Consent, Background Checks on all Adult Speakers, Volunteers
 - ▶ Police, Chancellor, Provost, Dean Notifications
 - ▶ Request for Use of Facilities for Outside Groups
- ▶ Purchase of Supplies, Notebooks, Pens, etc
- ▶ Receipt of In-Kind Donations from Organizations (for Youth)
- ▶ Lesson Outline and Objectives from Speakers
- ▶ Printing Program and Youth Summit Evaluations
- ▶ Tables for Health Professionals/ Organizations Exhibits



Youth Summit Program

- Set Up for Registration
- Volunteers: Greeters, Registration, Monitors, and Session Facilitators, Assistants for Guest Speakers
- Buses Arrive
- Students/Schools Registered as a Group
- Name badges, gift bags, program provided
- Escorted to Main Auditorium-Keynote Speaker
- Breakout sessions (three 40 minute sessions)
- Evaluations
- Lunch
- Departure

High School Volunteers at Youth Health Summit



Canty-Mitchell & Nahid- NYAR 2015

March 4, 2015



Program Themes, 2008-2012

Sample Topics

Drug and Alcohol Prevention
Goal Setting: It Won't Happen to Me
Gang Behaviors
Body Image
Adolescent Pregnancy
Tobacco 101
HIV/AIDS
Health Professional Panels
Bullying
Stress and Positive Coping

Photos-Youth Summit Participants



Canty-Mitchell & Nahid- NYAR 2015



March 4, 2015

Youth Health Summit Evaluation

Summaries of Student Responses 2008-2012

Evaluation

- Anonymous
- 16 Questions
- 10-15 Minutes
- Demographical Info (N = 4)
 - Age
 - Gender
 - Race/Ethnicity
 - County of Residence
- Benefits of Youth Summit (N = 7)
- Attitudes about Health (N = 5)

Evaluation_ Benefits

.....Helped me understand health better.

.....Feel better about taking care of my health

....Learned some things that I can use in my future career

.... More aware of the importance in health in everyday living

.....Will tell my family or friends about the things I learned

.....More excited about health topics

.....Think I have a better understanding of health issues

Evaluation_ Attitudes

- How would you describe your health?
- How would you describe your interest in health before this program?
- Has this program changed your feelings about health?
- Has this program encouraged you to think about taking more science in the future?
- Would you recommend this program to a friend?
(%yes)

Summary of Evaluation: Demographical Info, 2008-2012

- ▶ 1330 Total Students
 - ▶ 227 average per year
 - ▶ 72% Females
 - ▶ 40% White or Caucasian
 - ▶ 34% Black or African American
 - ▶ 10% Hispanic
 - ▶ 12% Biracial
 - ▶ 6% Other (Asian, Amer Indian, No Response)

Summary of Evaluation: 2008-2012

- $\geq 90\%$ felt YHS helped them understand health and health issues better
- $\geq 80\%$ felt they understood the importance of health in everyday living after the YHS
- $\geq 65\%$ was more excited about health topics
- $\geq 60\%$ thought of taking more science classes in the future
- $\geq 60\%$ thought more of getting a job in a health-related career in the future.
- $\geq 75\%$ wanted to attend a similar YHS program



Summary

- YHS generated considerable interest among middle school students about health issues, personal health, goal setting, and health careers
- YHS appeared to have a positive influence on youth's interest in a diversity of health topics taught by health professional experts in the field
- Partnerships among community, voluntary, health, and educational institutions have the potential to promote health as well as strengthening both external and internal developmental assets

IT TAKES A VILLAGE

It takes a village of family, educational, health, and community groups to promote health & decrease disparities among youth in rural areas

