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## Evaluation of an After-School Program for African-American and Hispanic Male Youth: Please Call Me Mister

Herman Walston EdD  
*Kentucky State University*, herman.walston@kysu.edu

Angela Meshack DrPH  
*Texas Southern University*, angela.meshack@tsu.edu

Ashlie Smoot-Baker  
*Kentucky State University*, ashlie.smootbaker@kysu.edu

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## **Evaluation of an Afterschool Program for African-American and Hispanic Male Youth: Please Call Me Mister**

The World Health Organization declared COVID-19 a pandemic on March 11, 2020 (Cucinotta, D., & Vanelli, M., 2020). Within days, many states in the United States (US) instituted stay-at-home orders, and restaurants, bars, and schools began closing (Bergquist et al., 2021; Cucinotta & Vanelli, 2020). Remote learning was instituted and lasted until August or September 2021 for many students (Bergquist et al., 2021; Cucinotta & Vanelli, 2020).

Due to COVID-19's impact on morbidity and mortality, as well as the need for lifestyle changes to mitigate the spread of the virus, the daily lives of adults and children were dramatically altered (Onyeaka et al., 2021) as scientists and public health officials made fluid decisions based on their knowledge about past coronaviruses and lack of knowledge about the novel, or new, coronavirus SARS-CoV-2 (Chilamakuri & Agarwal, 2021). Within the US, African Americans and Hispanic Americans (for this research, defined as people who speak Spanish or are descended from Spanish-speaking countries or territories) were disproportionately affected by COVID-19 (Laurencin & McClinton, 2020; Phillips et al., 2020; Bassett et al., 2020; Xu et al., 2021; Centers for Disease Control and Prevention [CDC], 2021), having greater rates of infection, hospitalization, and deaths.

At the start of the pandemic, children were less likely than adults to suffer adverse physical effects from COVID-19 (She et al., 2020; Mantovani et al., 2020) but were more susceptible to the psychosocial impact of the pandemic (Ghosh et al., 2020; Deolmi & Pisani, 2020; Meherali et al., 2021). This was due in part to the transformation of their academic routines from school-based to virtual learning which, in turn, impacted the social interaction they received from school-based relationships (Oosterhoff et al., 2020). Many children who were socio-economically challenged prior to the pandemic were also deprived of their accessibility to school-based nutrition and mental health services (Fitzpatrick et al., 2021; Masonbrink & Hurley, 2020; Orgilés et al., 2021). In addition to school closures, the doors of many afterschool programs, defined as activities organized so that children and teens can attend them at the end of the traditional school day (National Conference of State Legislatures, 2021), were shuttered. These closures furthered the endurance of long periods of social isolation for children and adolescents (Loades et al., 2020).

Afterschool programs, generally designed to serve children and youth in kindergarten through eighth grades (McCombs et al., 2017), often

work in cooperation with and may be operationalized in a specific school or group of schools (Youth.gov, 2021) or in external locations run by non-profit or for-profit (commercial) organizations (Afterschool Alliance, 2020). Some afterschool programs provide a holistic approach to child development, incorporating academics with performing arts, life skills and character building, creative arts, sports, and mentoring (Youth.gov, 2021) while others offer wraparound services, which are resources dedicated to non-academic needs such as food and behavioral health counseling (McDaniel & Yarbrough, 2016).

Afterschool programs are especially relevant in low-income areas where access to private childcare and enrichment services is often cost prohibitive (Brewer, 2018; Sjoren & Melton, 2021) Children and youth living in impoverished communities are most in need of academic enrichment and other resources compared to their peers living in middle- and upper-income areas (Brewer, 2018; McKenzie, 2019; Sjoren & Melton, 2021). Young people living in vulnerable situations are at high risk for developing behaviors that may ultimately derail their opportunities for productive adult lives (Pascoe et al., 2016). Afterschool programs have the potential to lessen the achievement gap as well as disrupt food insecurity and limited access to other needed resources experienced by African American and Hispanic children who have a combined poverty rate that is more than double that of their non-Hispanic White peers (Thomas & Fry, 2020).

Afterschool Alliance (2020) estimates that 10 million children were served by out-of-school time programs prior to the COVID-19 pandemic. However, when schools were closed and stay-at-home orders were issued, both in school and community-based afterschool programs were upended. Research conducted by Afterschool Alliance (2020) in March and April 2020 with afterschool providers in 49 states and the District of Columbia revealed that 75%of programs were not functioning; 73%were engaging staff remotely for training and professional development; 79%were serving youth remotely and finding alternate ways of staying connected to participants and their families; and 37% were serving as meal sites or distributing other resources to families (Chawla et al., 2021). Many programs had no participants to serve and, for those operating out of schools, nowhere to facilitate their programs (Afterschool Alliance, 2020). Other programs struggled with funding and staffing shortages (Afterschool Alliance, 2020). Programs that were able to keep their doors open began new services or modified the way in which existing services were offered (Afterschool Alliance, 2020). Among the afterschool programs affected by the COVID-19 pandemic was a program for middle

and high school males located in Franklin County, Kentucky, called Please Call Me Mister.

### **Please Call Me Mister**

Please Call Me Mister (PCMM) is a 4-year afterschool program for African American and Hispanic male youth facilitated by the Promising Youth Center for Excellence at Kentucky State University. The program provides services to boys who have had past experiences with domestic violence, substance abuse, child abuse, juvenile court or probation, mental health issues, truancy, aggressive behavior, and poor academic performance. The aim of PCMM is to prevent violent behaviors and improve school performance through the provision of life skills and mentoring support to at-risk males between the ages of 10 and 17. The program also assists participants' guardians to better their parenting skills and serves as a referral center for social and financial support. Mentoring services include one-to-one and small group enrichment and mentoring sessions, parent/family engagement, and a 6-week summer enrichment institute. These components are included to decrease anti-social behavior, eliminate truancy, and increase academic performance.

This evaluation documents the analyses of data collected from PCMM participants at the start of the program in November 2017 through November 2020, 8 months after COVID-19 related closures began. Although there has been some research published about African American and Hispanic parents' reactions to afterschool programs closing because of COVID-19 (Horowitz, 2020; Calderon, 2020; Wade et al., 2020; Waite & Nardi, 2021), we were unable to obtain research about the psychological and behavioral effects of COVID-19 stay-at-home orders on African American and Hispanic male youth who were afterschool program participants. Available data on the effect of traumatic events do report that, compared to adults, children and youth exposed to trauma express a variety of feelings, defense mechanisms, and strategies for coping (Bernstein & Pfefferbaum, 2018; Evans & Oehler-Stinnett, 2006). To provide some context to the aforementioned gap in the literature, the purpose of this study is to provide data on male adolescent participants in the PCMM program and the self-reported changes in their behaviors in November 2020 after COVID-19 shutdown orders were authorized compared to their baseline responses obtained in November 2017.

## Methods

### Site and Sample Selection

Program participants are African American and Hispanic male adolescents recruited from middle schools and followed into high schools located in Franklin County, Kentucky. Prior to baseline data collection using a self-administered instrument, a letter was sent to principals requesting their schools' participation. After their agreement was obtained, points of contact were appointed for each school, typically the school counselor or counselors. Parents of students attending the study schools were notified about the survey and their active consent requested. Before survey administration, an explanation about the purpose of the survey and students' rights as research subjects were provided. Students who returned their consent forms were eligible to participate. Approval for the study was obtained from Kentucky State University's Institutional Review Board.

### Measures and Data Collection

A cross-sectional study was conducted for both baseline and follow-up data collection. The survey included questions about demographic characteristics (age, race, ethnicity, and grade in school). Other questions were taken from the Kentucky Youth Risk Behavior Surveillance Survey (YRBSS) (CDC, 2020), a national endeavor to track middle and high school students' health risk behaviors. The YRBSS is administered biennially to a random sample of students across each US state and focuses on violence prevention and victimization, substance use/misuse (alcohol, drugs, and tobacco), health and nutrition, and sexual risk behaviors (CDC, 2020). A sample violence prevention and victimization question was, "Have you ever carried a weapon, such as gun, knife, or club?" Response options were "yes" or "no". Substance use/misuse questions included "Have you ever had a drink of alcohol, other than a few sips?" Response options were "yes" or "no". Tobacco use questions included "During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?" Response categories were "0 days", "1 or 2 days", "3 to 5 days", "6 to 9 days", "10 to 19 days", "20 to 29 days", and "all 30 days". Health and nutrition questions included "During the past 7 days, on how many days did you eat breakfast?" Survey participants could select only one response from the following options: "0 days", "1 day", "2 days", "3 days", "4 days", "5 days", "6 days", and "7 days". Other health questions assessed physical activity. Among the questions was "During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in

any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)” Response options were “0 days”, “1 day”, “2 days”, “3 days”, “4 days”, “5 days”, “6 days”, and “7 days”. Sexual risk behavior questions included “The last time you had sexual intercourse, did you or your partner use a condom?” A dichotomous (“yes” versus “no”) indicator for sexual intercourse was used.

Additional questions were taken from scales that measure resilience (Ungar & Liebenberg, 2011), depression (Kovacs, 2010), future orientation (Lin et al., 2013), and online victimization (Tynes et al., 2010). The Child and Youth Resilience Measure (CYRM-28) (Ungar & Liebenberg, 2011) assesses the accessible independent, relational, collective, and cultural assets that may increase resilience. Option 2 of the CYRM-28 was used to ensure middle school students’ capacities to understand all questions. A 3-point response scale (“no”, “sometimes”, and “yes”) was used.

Depression was assessed using the Kutcher Adolescent Depression Scale (KADS) (Kovacs, 2010). It is designed to diagnose and assess the severity of adolescent depression. It is comprised of six statements that appraise respondents’ moods over the past week. Each statement begins “Over the last week, how have you been ‘on average’ or ‘usually’ regarding the following:”. The statement concluded with phrases such as “low mood, sadness, feeling blah or down, depressed, just can’t be bothered”. The response categories scored from 0 to 3, respectively, for each statement were “hardly ever”, “much of the time”, “most of the time”, and “all of the time”.

The future orientation inventory was used to assess participants’ aspirations and confidence in their abilities to overcome adversity, operationalized by summing responses to nine questions such as “I believe I will make something of myself someday”. Responses were reported on a 4-point scale ranging from “Strongly disagree” (scored as 1) to “Strongly agree” (scored as 4) (Lin et al., 2013).

The online victimization scale (Tynes et al., 2010) was used to assess cyberbullying, the harassment that may occur when using electronic devices such as a computer, mobile phone, or iPad. Participants respond to statements such as “People have said negative things online (like rumors or name calling) about how I look, act, or dress”. The response scale ranges from 1 (never) to 6 (everyday) with a score of 6 indicating higher cyberbullying or online victimization.

Questions included on the PCMM survey were selected to meet the program’s goals and objectives as well as funding agency requirements. Approval by the funding agency was required prior to survey

administration. The baseline survey was administered and completed by program participants at the program site in November 2017. Due to COVID-19, participants completed the November 2020 follow-up survey electronically from their homes. All data were analyzed using IBM SPSS Statistics (Version 27.0).

### Results

From first observation in November 2017 through November 2020 follow-up, the retention rate was about 90.4%. Of the 83 intervention cohort participants that began at baseline, 75 continued their participation. The sample was majority African American (64.5%) at both time points with Hispanics representing the remainder of respondents.

Data from baseline to follow-up showed major changes in violence prevention and victimization, substance use/misuse, health and nutrition, and sexual risk behaviors. As indicated in Table 1, participants reported a significant (22.1%) decrease in weapon carrying and a 2.0% decrease (not significant) in seriously considering suicide.

**Table 1**  
***Differences in participants' behaviors at baseline and year 4 follow-up***

Survey focus area	Baseline N=83; % Yes	Follow-up N=73*; % Yes	P-value
<b><i>Violence and victimization</i></b>			
Ever carried a weapon	25.3%	3.2%	<b>.001</b>
Ever seriously thought about suicide	5.2%	3.2%	.546
<b><i>Substance use/misuse</i></b>			
Ever drank alcohol	20.5%	6.8%	<b>.015</b>
Ever smoked cigarettes	8.4%	5.5%	.472
Ever used electronic vaping products (e-cigarettes)	13.3%	6.8%	.188
Ever used marijuana	7.2%	12.5%	.258
Ever used cocaine	1.2%	.0%	.340
<b><i>Health and nutrition</i></b>			
Watch $\geq$ 1 hour of television on school nights	53.7%	46.5	.936
<b><i>Sexual risk behaviors</i></b>			
Ever sexual intercourse	8.4%	8.2%	.921

\*Of the 75 remaining PCMM participants, 73 completed the survey.



Decreases in substance use and misuse were also observed. The difference in ever drinking alcohol was significant across observations, dropping by 13.7% from baseline to follow-up. Reductions were also observed, although not significant, in ever trying cigarette smoking (even one or two puffs), electronic vaping, and cocaine use. Interestingly, a 5.3% increase was observed in marijuana use from baseline to 2020 follow-up. A 7.2% decrease in watching television 1 or more hours per day on an average school day. Both decreases were not significant.

There was a borderline significant difference in resilience between observations (67.49 baseline vs. 74.31 follow-up) ( $p=.090$ ). According to LeBlanc and colleagues (2002), the threshold for probable depression on the KADS-6 is 6 and above. Because the average score of our participants was 8.43 at baseline, they were considered in the aforementioned category. At second observation, participants indicated significantly lower levels of depression although the 6.92 score is still above the 6.0 threshold and is, therefore, indicative of probable depression. Future orientation decreased slightly, although not significantly, from baseline to 2020 follow-up. Interestingly, during a time when screen time use increased, instances of cyberbullying decreased significantly between observations (25.74 vs. 21.94;  $p=.001$ ).

**Table 2**  
**Scale differences over time**

Scales	Time	N	Mean	P-Value
Resilience	Baseline	81	67.49	<b>.090</b>
	Follow-up	70	74.30	
Depression	Baseline	83	8.43	<b>.022</b>
	Follow-up	71	6.92	
Future Orientation	Baseline	83	14.96	.572
	Follow-up	72	14.83	
Online Victimization (Cyberbullying)	Baseline	83	25.74	<b>.001</b>
	Follow-up	79	21.95	

## Discussion

The present study offers a snapshot of the differences observed in middle and high school boys attending an after-school program in Franklin County, Kentucky, before and after in-person programming was interrupted due to COVID-19. The survey included questions taken from the YRBSS, as well as scales measuring resilience, depression, future orientation, and online victimization. For violence-related behaviors, participants showed statistically significant lower involvement in weapon carrying. The researchers posit that weapon carrying decreased because socialization was different due to the COVID-19 lockdown and, as a result, young people were home and not subject to bullying or victimization from their peers. Prior research shows that youth may carry weapons for various reasons, with perceived need for protection and self-defense being the primary motivation (van Geel et al., 2014; Wallace, 2017; Streed et al., 2020). Other reasons include peer influence, perceived respect, attention seeking, and power and control (Wallace, 2017a; Gifford-Smith et al., 2005; Simon et al., 1997; Mattson et al., 2020). PCMM participants were at home and not interacting with their peers, which may account for the decrease in weapon carrying.

Some substance use reductions were also observed. Participants reported significantly lower rates of alcohol use. In addition, although not significant, they showed lower rates of cigarette smoking, electronic vaping, and cocaine. These findings are similar to other research about substance use pre- and post-pandemic. A cross-sectional study that compared substance use among young people in Ontario, Canada, before and during the pandemic found that electronic cigarette and marijuana use as well as binge drinking were less prevalent during the pandemic, but no difference was found in current alcohol use, having at least one drink in the past 30 days (Dumas et al., 2020). A cohort study of substance use behaviors among 9th- and 10th-grade students attending eight public high schools in California before and during the pandemic (Chaffee et al., 2021) found that rates of marijuana and alcohol use were steady, dropping slightly from 23% to 20% and 17 to 13%, respectively, during the period between mid-July and mid-August 2020. The study further reported a significant decline (24% to 17%) occurred in nicotine vaping during the pandemic due to lack of availability. Likewise, national online research conducted by Gaiha and others (2020) with a sample of 4,351 13- to 24-year-old youth and young adult participants found a decline in e-cigarette use among the youth sampled due to vape shop closures and inability to purchase e-cigarettes without age verification. Unlike vaping products, alcohol and marijuana remained widely available to young people, even in

the midst of the pandemic. These findings are consistent with those found in analyses of responses obtained from a longitudinal cohort of 582 students taken from Monitoring the Future Survey, a national survey of high school students (Miech et al., 2021a). Conversely, marijuana use increased among PCMM participants. We posit that the continued availability of marijuana combined with probable depression among PCMM participants may explain why marijuana use increased.

PCMM program participants reported less television viewing at a November 2020 follow-up, which is surprising given the reported increase in television viewership during the pandemic (Nagata et al., 2021). This finding may have occurred because there were fewer television sets in their homes compared to household members present and greater reliance on smartphones, iPads, and computers to view online video content (Vogel, 2021). Additionally, low-income families may rely solely on smartphone-only Internet or simply lack broadband Internet service in their homes (Vogel, 2021). Respondents also reported decreases in physical activity. We posit that this occurred because of the stay-at-home order that affected socialization and ability to go to school where physical education classes and competitive sports were provided.

PCMM program participants showed a very minimal decrease (0.2%) in ever having sexual intercourse. Studies on sexual activity among children and youth during the pandemic were limited. Research conducted by Yarger and associates (2021) to evaluate sexual activity during the COVID-19 pandemic among 358 13- to 17-year-old teens, the majority of whom were female and Hispanic, found that they were less likely to see their significant other during the pandemic due to their parents' enforcement of stay-at-home orders as well as physical concerns about getting the coronavirus. The sample of girls was different from the boys surveyed in the PCMM sample; however, we submit that the boys may have had similar experiences.

Youth facing adversity such as COVID-19 lockdowns, lack of socialization with friends, and possible sickness and deaths of family and friends are more likely to suffer from depression (Englander, 2021). Although significantly lower rates of depression were observed between baseline and follow-up among PCMM program participants, the overall score obtained still indicated a high level of depression. Research conducted by Miech and others (2021) found dramatic increases in depression relative to pre-pandemic levels among youth. We submit that the level of depression dropped among PCMM program participants due to the support and resources they received from mentors who were trained to monitor their mentees for signs of depression and to assess the

resources mentees and their families needed. The decrease in depression may have also resulted from the significant decrease in cyberbullying that was reported by PCMM program participants. This decrease was observed at a period when respondents were likely to spend more time using digital platforms. However, this result is in keeping with research that found that lack of social interaction among children and teens resulted in decreased instances of cyberbullying (Bacher-Hicks et al., 2021; Miech et al., 2021).

The social isolation created by COVID-19 stay-at-home orders and the disproportionate rate of COVID-19 deaths among people of color may have contributed to participants' depression levels remaining elevated as indicated by the depression scale. The reduction in the level of depression, although still indicative of probable depression, may account for reported lower (non-significant) suicidal ideation.

Resilience is an important protective factor when dealing with difficulties such as those associated with COVID-19 (Arnetz et al., 2013; Masten & Motti-Stefanidi, 2020). The analysis of PCMM survey data revealed program participants' resilience was higher at a time when resilience was needed to handle pandemic-related life stressors. A well-established and important factor that moderates the effects of life stressors is social support (Campion-Barr et al., 2021; Cheng et al., 2014; Bauer et al., 2021). The researchers posit that the support and resources program participants received from PCMM mentors and staff increased their resilience. This may also explain why depression significantly decreased among boys in the sample relative to their level of depression at baseline. Despite the decrease in depression and increase in resilience, future orientation decreased slightly. It is possible that the COVID-19 stay-at-home order along with reported and possibly observed morbidity and mortality led to despair among participants.

These environmental stressors often lead to coping mechanisms, such as self-medication through substance abuse, to provide short-time respite which over time can lead to long-term drug dependencies (Horigian et al., 2020). It is likely that because participants endured COVID-19 that their overall depression and marijuana use were heavily influenced. The changes observed are consistent with other research that has shown that COVID-19 has had an impact on loneliness, anxiety, and depression (Schmidt & Feaster, 2020). It is also likely that the same isolation caused by COVID-19 was a major deterrent to participants' abilities to access alcohol, cigarettes, and cocaine. Further, participants' lack of socialization led to lower social pressure to initiate maladjusted behaviors. Overall, African American and Hispanic American boys are

disproportionately exposed to chronic stress caused by systemic racism, discrimination, violence, crime, food insecurity, unemployment, neighborhood devaluation, low income, and low socioeconomic status (Assari et al., 2018; Christensen et al., 2014; Ogden & Hagen, 2018). The COVID-19 pandemic was an added stressor for the boys in this sample. Despite these difficulties, the boys experienced higher than anticipated rates of resilience.

Delimitations for the study are sample size, geographic location, and study setting. The sample at baseline was 83 boys, and at follow-up there were 73 boys remaining in the sample. The small sample size was not large enough to generalize the results to other populations. The geographic location was Franklin County, located in the Inner Bluegrass region of Kentucky. The study setting was a center on the campus of Kentucky State University.

Limitations of the study included sample selection, sample demographics, and the change in the way follow-up data were collected. Participants were boys enrolled in the PCMM program because of experienced risk factors such as child abuse, truancy, and involvement in the criminal justice system, yet they would not have been involved in the program had not their parent(s) or guardian(s) agreed with and consented to their sons' participation. It is likely that boys who met the program inclusion criteria, but did not return their consent forms, may have also benefitted from the program, and that boys who returned their consent forms were somehow different from boys who did not.

Another limitation is the exclusion of boys of other races who were not eligible for program participation, and were therefore not part of the study sample or analyses. Comparisons to non-Hispanic White, Asian, Native American and Pacific Islander boys were not possible. Rather, cross-sectional data were collected from the intervention cohort at two different time points. Another limitation of the study is the way in which PCMM participants completed the follow-up survey. The 2020 survey was completed online via participants' mobile phones or home computers in their homes or other settings. There was no way to ensure each boy completed his own survey, but we feel confident that both surveys were completed by enrolled participants. Finally, due to the various impacts of COVID-19, it is probable that some of the results (decrease in cyberbullying, for example) were the result of COVID-19 closures.

These limitations notwithstanding, the results document the benefit of an afterschool program such as *Please Call Me Mister* that continued to provide resources and services to African American and Hispanic middle and high school boys in the midst of COVID-19. Such programs offer help

and hope and serve as an outlet to help absorb the impact of and strengthen the resilience needed to maintain in the everchanging world in which we live.

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