

Addressing the Whole Child: Linking Health and Academic Achievement through the Positive Youth Development Benchmark

March 2011

What is Positive Youth Development?

Positive Youth Development (PYD) and youth development research in general has been presented under several different monikers—prevention science, risk and protective factors, developmental assets and resiliency to name a few. PYD is a philosophy and theoretical framework that emphasizes building on and cultivating strengths inherent in all youth, rather than minimizing or correcting risky or undesirable behaviors. PYD emerged as an alternative to reducing problem behaviors in youth as research began to show that many risk behaviors were connected to one another, as well as to social and environmental factors and that these factors either protected against risk or increased one’s risk.^{i ii}

Evidence supports the connection between Positive Youth Development components and student health and academic achievement.

- Students are more likely to engage in health behaviors and succeed academically when they feel connected to school.ⁱⁱⁱ
- School connectedness has been linked to key educational outcomes such as attendance^{iv}; staying in school longer^v; higher grades^{vi}; and has been shown to be more predictive of test scores than academic rigor.^{vii}
- School connection has been found to be the strongest protective factor for both boys and girls to decrease substance use, early sexual initiation, violence, and risk of unintentional injury.^{viii}

The PYD framework aligns with the Whole Child tenants developed by ASCD. Both frameworks outline factors that support student growth and healthy development in the school setting and beyond.

Attributes of a school setting that foster this approach include: a healthy and safe school climate; relationships with supportive adults; student opportunities to be challenged and develop self-efficacy.

How do we currently measure Positive Youth Development in Oregon students?

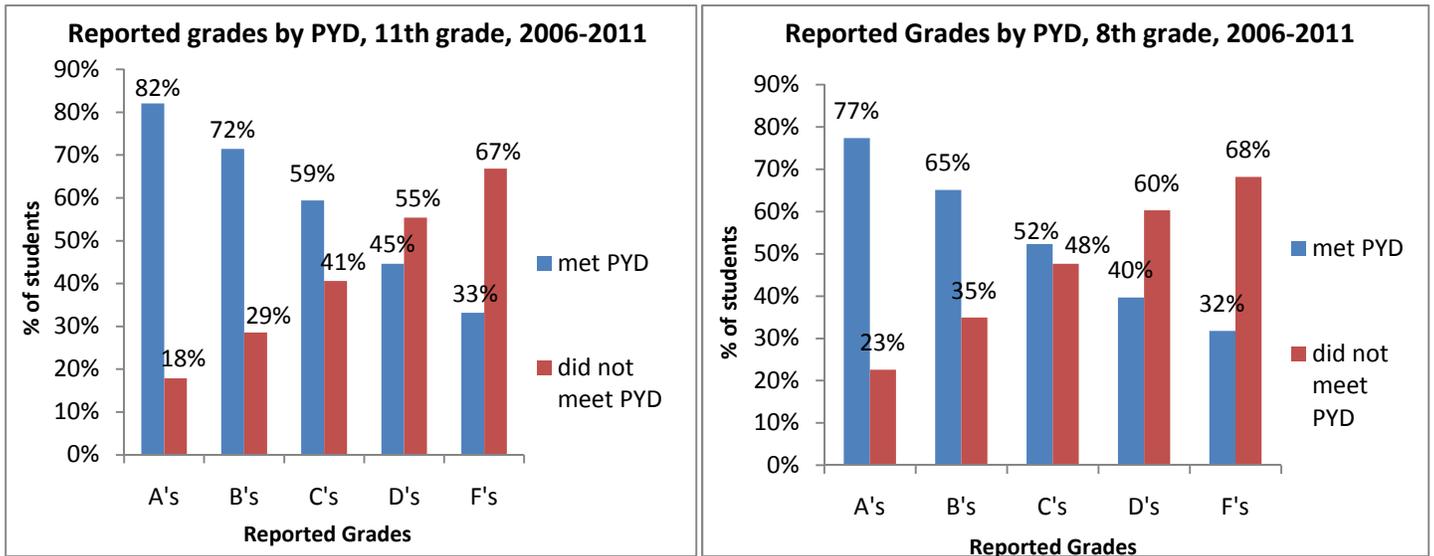
The PYD benchmark is embedded in two alternating statewide surveys of youth conducted by the Oregon Health Authority. ^{ix}The benchmark is comprised of 6 measures that cover 5 components found in mainstream PYD theory. The benchmark is met when a youth answers 5 out of 6 questions positively (Excellent/very good/good or Very much true/pretty much true).

PYD Component	Question	Answer Choices
Health	“In general, would you say your [physical/emotional] health is...?”	Excellent, Very good, Good, Fair, Poor
Competence	“I can do most things if I try.”	Very much true, Pretty much true, A little true, Not at all true
Confidence	“I can work out my problems.”	Very much true, Pretty much true, A little true, Not at all true
Connection/Support	“There is at least one teacher or other adult at my school that really cares about me.”	Very much true, Pretty much true, A little true, Not at all true
Service	“I volunteer to help others in my community.”	Very much true, Pretty much true, A little true, Not at all true

Results

A recent preliminary analysis of 5 years of Oregon Healthy Teens (OHT) Survey data on the PYD Benchmark (2006, 2007, 2008, 2009 and 2011 OHT Survey years) found that:

Positive Youth Development is strongly associated with self-reported grades. Youth who met the PYD benchmark were more likely to report getting mostly A's and B's than were youth who did not meet the Positive Youth Development benchmark.



Positive Youth Development is strongly associated with lower levels of risk behavior and higher levels of healthy behaviors.

In both 8th and 11th graders, youth who met the PYD benchmark **were more likely** than youth who did not meet the benchmark to:

- Eat 5 servings of fruits and vegetables on 3 or more days a week
- Get 60 minutes of physical activity on 3 or more days a week

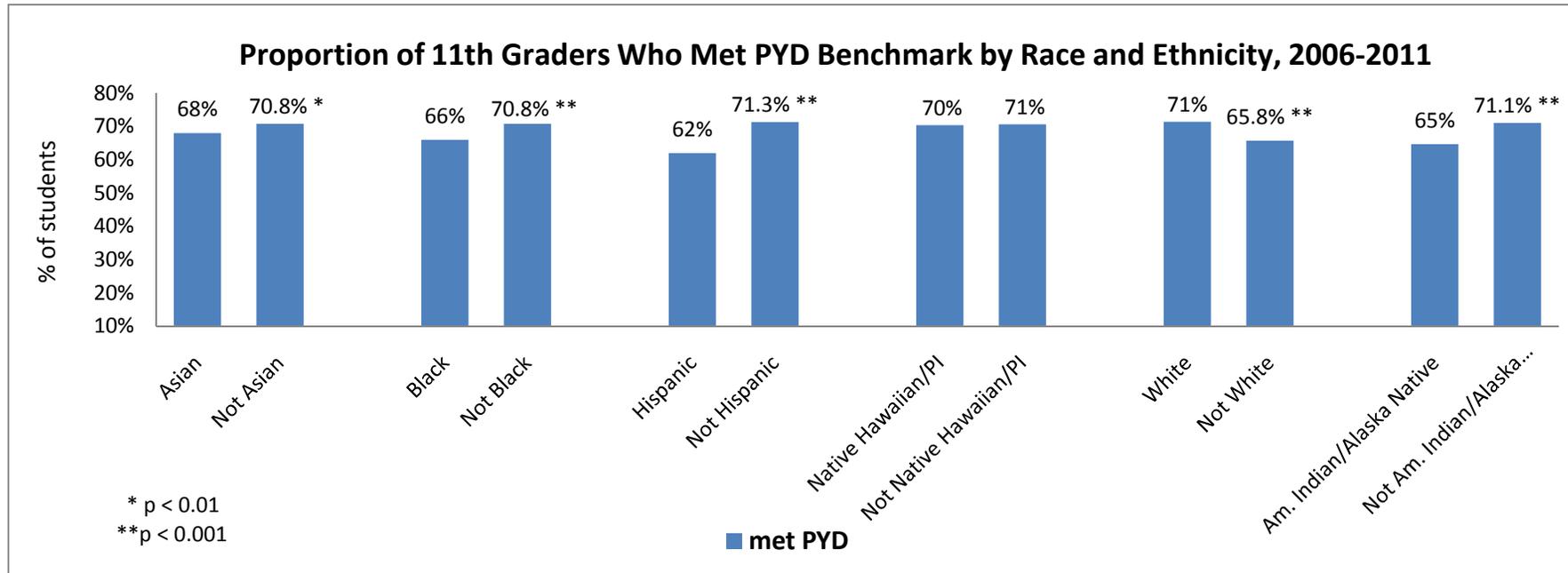
And **were less likely** to:

- Consider attempting suicide in the past 12 months
- Have had sex
- Be in a physical fight at school in the past 12 months
- Be suspended in the past 12 months
- Have used alcohol, cigarettes, marijuana, or any illicit drug in the last 30 days.

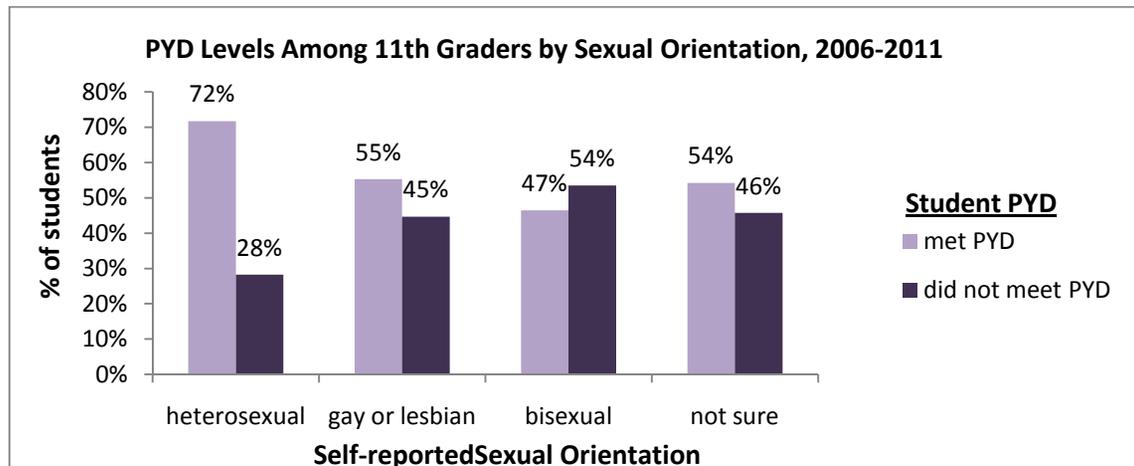
There are disparities in Positive Youth Development levels by race/ethnicity and sexual orientation that pattern along well-documented inequities in health and academic achievement (i.e. graduation rates).

- Black, Hispanic, and American Indian/Alaska Native youth had significantly lower levels of PYD when compared to all other youth. (Graph 1).
- Youth who identified as gay/lesbian, bisexual, or unsure were far less likely to meet the PYD benchmark compared to youth who identified as heterosexual. (Graph 2).

Graph 1



Graph 2



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- ⁱ Bernat, D.H. & Resnick, M.D. (2006). Healthy youth development: science and strategies. *Journal of Public Health Management Practice*, 12, S32-S40.
- ⁱⁱ Eccles, J., & Gootman, J. (2002) *Community programs to promote youth development*. Washington D.C.: National Academy Press; Roth, J.L., & Brooks-Gunn, J. (2003). Youth development programs: Risk, prevention, and policy. *Journal of Adolescent Health*, 32(3), 170-182.
- ⁱⁱⁱ Centers for Disease Control and Prevention. (2009). *School Connectedness: Strategies for Increasing Protective Factors Among Youth*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved February 28, 2012 from www.cdc.gov/HealthyYouth
- ^{iv} Rosenfeld, L.B., Richman, J.M., & Bowen, G.L. (1998). Low social support among at-risk adolescents. *Social Work in Education*, 20, 245-260.
- ^v Battin-Pearson, S., Newcomb, M.D., Abbot, R.D., Hill, K.G., Catalano, R.F., & Hawkins, J.D. (2000). Predictors of early high school dropout: A test of five theories. *Journal of Educational Psychology*, 92(3), 568-582.
- ^{vi} Klem, A.M., & Connell, J.P. (2004). Relationships matter: Linking teacher support to student engagement and achievement. *Journal of School Health*, 74(7), 262-273.
- ^{vii} Safe and Supportive Schools Technical Assistance Center. (2011). Making the Case for the Importance of School Climate and its Measurement. [webinar]. Presented December 1st, 2011. Available at <http://safesupportiveschools.ed.gov/index.php?id=65>
- ^{viii} Resnick, M.D., Bearman, P.S., Blum, R.W. et al. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association*, 278(10), 823-832.
- ^{ix} Information on the Oregon Healthy Teens Survey can be found at <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx> and information on the Student Wellness Survey can be found at <http://www.oregon.gov/OHA/amh/student-wellness/index.shtml>