



A Study of the *Teens Take On Health Initiative*

Prepared by

Bonnie Braun, PhD and Virginia Brown, DrPH,

University of Maryland Extension

With Assistance from

Manisha Sarkar,

University of Maryland School of Public Health Undergraduate Intern

March 17, 2014



Acknowledgements

National 4-H Council thanks the many contributors who have made *Teens Take on Health* possible. We are especially appreciative of the financial support of Molina Healthcare for this work. The prescience, vision, commitment and generosity of Dr. Martha Molina Bernadett and colleagues at Molina have been invaluable.

We acknowledge and value the contributions of the members of the National 4-H Healthy Living Management Team, especially the Youth Representatives, and the faculty and staff from numerous land-grant universities in the Extension/4-H system who have been key to this initiative. They are:

Arizona State University	University of California
Cornell University	University of Florida
Michigan State University	University of Illinois
New Mexico State University	University of Maine
North Carolina Agricultural & State University	University of Maryland
Oklahoma State University	University of Missouri
Rutgers University	University of Wisconsin
Texas A&M University	Utah State University
The Ohio State University	Washington State University

Council's partner at the National Institute for Food and Agriculture (NIFA) at USDA has collaborated with this effort throughout the process and we appreciate the time spent advising and promoting *Teens Take on Health*.

Finally, and most important, we are grateful to the youth and families involved in the *Teens Take on Health* initiative. Their voices are helping shape a world where good health can be enjoyed by all.

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Overview

Teens Take On Health Report

In 2012, National 4-H Council joined forces with Molina Healthcare to create *Teens Take on Health*, a youth-led initiative designed to empower youth to identify solutions to those national health issues teens identified. Nearly 1000 teens participated in one or more issue-identification activities over a period of about 15 months in later 2012 through early 2014. Those activities included: 1) a social media survey; 2) the creation of health videos; 3) town hall meetings in states and at a youth health summit. The intent of these experiences was to generate interest in health, identify what issues mattered to teens and gather ideas for actions.

This is an overview of a summary report revealing teen views on health and their solutions to health issues. The overview is organized around three questions and answers:

1. What is the current state of health research, policies and programs associated with youth?

Health. Health is both a resource and a dynamic state of physical, mental and social well-being which affect daily living of youth. Youth decisions today may affect their health for the rest of their lives.

Youth Perceptions of Health. Among diverse youth, there is agreement that health is multidimensional—mental, physical, social—and affected by both personal behaviors and influence of family and community. Youth report they are concerned for themselves and for their family, schools and community as a whole.

Health Equity, Disparity and Social Determinants of Health. Health is not just a matter of personal inheritance and behavior. Health is affected by social and physical environments where teens live, learn and play. When those environments are negative, opportunities for positive health status are lessened. When those environments are positive, opportunities for positive health status are enhanced. One of the most influential environments and determinants of health is the family. Families influence behavior and decisions of youth.

Health Literacy. Health disparities among teens often exist with low levels of health literacy—the ability to understand and act on health information and to access health services and programs. Among U.S. adults, health literacy is low. Health literacy goes beyond individuals to include families, communities and public policies that help or hinder health understanding and positive action. High levels of health literacy reduce health care costs and are needed for positive health outcomes.

Health and Youth Empowerment. To be empowered is to have confidence to act and to have a sense of control. It goes beyond having health information and understanding. Youth gain empowerment through learning experiences that develop their confidence, control and capabilities to live healthfully. Youth empowerment is one component of youth development. Empowered youth can make a difference on matters of health and healthy living when they become civically engaged.

Health and Youth Development. Youth development is what goes on inside young people as they gain skills knowledge and the capacity to become productive, healthy citizens. Youth develop through many kinds of learning experiences. Positive youth development leads to physical, emotional and social well-being. A 2013 study of 4-H programs found that over time 4-H youth empowerment and development programs result in youth excelling beyond their non-4-H peers in the contributions they make to their communities, civic activity, and healthy lifestyle choices.

Systems Approach to Youth Health Development. A systems approach recognizes that humans live in and are exposed to multiple environments and situations that may affect their behavior and beliefs and ultimately, their health. An understanding of these systems can be used to create positive youth development experiences. An appropriate organizing framework, backed by research is the *Social Ecological Model* shown in the review of literature.

2. What is important to teens about personal, family and community health?

Obesity Mattered. Teens focused on obesity as a personal health concern and a public health issue. They knew that they and their families were eating less healthy food and not getting enough water. Teens also understood that physical activity is important. They knew they and their families were not active enough to prevent or reduce obesity. They had many ideas for actions to be taken by themselves, their families, their communities and through public policy.

Health Care Access Mattered. Teens recognized that they and their families needed access to health care and that health care costs are high and health insurance important. They had only a few ideas for what to do within their families and their communities or through public policy. Teens recognized that they needed family, community and public policy support.

Sleep, Stress and Mental Health Mattered. Teens reported they weren't getting enough sleep, needed help with stress and were concerned about mental health needs in their communities. They had limited ideas for what to do beyond their personal actions but knew they needed support beyond their own actions.

Personal, Family, Community and Public Policy Action Mattered. Teens understood that health is at multiple systems levels—personal, family, organizational, community and policy. Teens had multiple ideas about how to make changes in their personal health behavior and that of their families and communities, including public policy changes.

Teen Ideas for Action

Teens were asked to identify **Big Bold** ideas to address these health matters. Their ideas follow.

Ideas Informing Local Action:

- Get rid of typical vending machines in schools, and replace them with vending machines that offer healthy options such as a bag of carrot sticks.
- Open free facilities for all ages that offer free programs.

Ideas Requiring Funding:

- Every community should have a one-to-two acre community garden where citizens can plant fruits and vegetables that everyone can take home. The local government can donate the land.
- Everyone should have free healthcare.
- Have health care providers (with patient's consent) group together people with similar health conditions (i.e. high blood pressure, obesity, diabetes) and create a team program/support system. Those who participate in a 'team' and work with others to improve their condition, get insurance discounts.
- Get a celebrity to start a health campaign people will support.
- Invent a system that connects your treadmill to your TV or computer. You can only use the device when you've exercised for a certain amount of time each day. If you exercise less, the device/TV will shut off earlier.

- Open a gym/smoothie shop where people can come to exercise and then get a healthy smoothie or snack.
- Have a movie theater combined with a gym, where gym members could use a treadmill or stationary bike while watching popular movies. The theater would also serve healthy snacks and drinks.

Ideas Requiring System Change and Funding:

- Food Card – You’re rewarded for buying healthy food with points on a card at the grocery store. Points can be redeemed (like cash) to purchase healthy foods. Points are subtracted for buying junk food and other unhealthy foods.
- Start a line of food trucks that only serve healthy food.
- Have fruits and vegetables cost less than other foods to encourage people to buy them.
- Set an age limit on energy drinks and regulate herbs in them. Talk to the FDA; Write a letter/suggest a bill to Congress; Begin advertising to bring awareness of effects and energy drink substitutes (natural energy); Begin a club to bring awareness; Research energy drinks and present data; Collect individual stories; Have workshops and seminars about ways to naturally increase energy.
- Invent a program or get companies such as Facebook and Apple to put timers on electronics, devices, and websites. After a certain amount of time the TV, iPad, website, and video gaming systems will shut off. The program will give a friendly message to the user such as, “Now it is time to get up and move!” or “It is important to exercise every day” to encourage healthy living.
- Invent running shoes that determine the amount of cell phone data you get. The more active you are the more data you get. When you’re inactive, you go without cell phone service.
- Bike Plan – for youth to have an affordable way to ride and exercise, contact bike companies, procure bikes, split bikes up by schools; check out bike like books; place time limits on how long; rent to all people, kids and adults.
- Have free health check-ups (every six months) for all Section 8 elementary, middle and high school students. Start by implementing free clinics in Section 8 housing areas. Find groups of abandoned buildings to tear down for the facilities.
- Initiate a health care program that bases its premiums on the person’s health index. So, if a person is overweight or obese, smokes, drinks, or doesn’t take care of themselves, they pay more for insurance than a person making good health choices. Give rewards to individuals that are living healthy. Chronic health conditions out of a person’s control should not affect the price they pay.

Additional Ideas:

- Eliminate fast food restaurants altogether and/or make “junk” food illegal everywhere in the world.
- Have Barbie dolls and mannequins be made in *real* sizes. Eating disorders are prominent, and expectations are set too high for young girls.
- Start a publicly owned television network centered entirely on healthy-living programming.

3. How could Molina Healthcare and/or National 4-H Council (and State and Local 4-H programs) further address teen health?

If the 967 teens who participated in the health-focused opportunities offered by Molina Healthcare and National 4-H Council are representative of other youth, they are ready to *take on health*—their own and that of their families and communities. Molina, Council, and state and local 4-H programs can act on the ideas of the youth.

Initially, the reviewers were asked to make recommendations to continue or expand an initiative between the two partners as well as to extend the opportunity to additional partners. When reviewing the findings and literature for ideas for action, the lead reviewer came to the conclusion that these actions are not just limited to what Molina Healthcare and Council can do. There are some actions that could be taken by state and local 4-H professional staff and youth and adult volunteer leaders. Each recommendation shows potential groups who could act on the recommendation.

As drafts were reviewed, the concept of having both process and content ideas arose. Both are included in the reviewers' ideas and recommendation.

Reviewers' Recommendations For Action

Process:

Recommendation 1:

Create a logic model template, prepopulated with key points from this report, for teens and adults working with teens to use to specify prioritized actions, desired outcomes and resources for an extended *Teens Take on Health Initiative*.

Recommendation 2:

Convene a group or groups of youths and adults who are engaged in 4-H healthy living programs to discuss this report and identify priority actions for a continuing *Teens Take on Health Initiative* involving National 4-H Council, Molina Healthcare, other partners and local 4-H programs.

Recommendation 3:

Invite representatives of Cooperative Extension Committee on Policy's Health Task Force to discuss findings from the report and from their proposed national framework with the purpose of identifying ways to integrate the two and communicate with the nationwide Extension system—including 4-H, Family and Consumer Sciences, Agriculture and Natural Resources and Community Resource Development.

Recommendation 4:

Invite representatives of the National Prevention Council, the Department of Health and Human Services, including the CDC and other federal agencies and private organizations to explore ways their work and that of a *Teens Take on Health Initiative* could be leveraged to achieve improved health of teens, their families and communities.

Recommendation 5:

Conduct teen health public policy workshops to increase the ability of teens and adults working with teens to affect health-related public policy. These workshops can be done at existing local, state and national venues such as healthy living summits or state conferences. They can also become a new type of event that could involve multiple youth organizations. The skills gained at the workshops can be used by the teens to focus on community level policies. The skills would be transferable to state and federal public policies.

Recommendation 6:

Adopt a version of the socioecological model to be used as an organizing framework for all *Teens Take On Health Initiative* components and discussions.

Recommendation 7:

Share findings from this report with members of the public, media, public policy makers and youth educators to alert them to the health issues that matter to teens, their willingness to take action and the opportunity to empower youth to make a difference in their health now and for the future.

Recommendation 8:

Leverage this report to obtain grants and donor support for future youth health programming informed by findings of this report.

Content:

A–Program

Recommendation 9: Focus on ideas for improving the food and nutritional intake of teens, their peers and parents as a means of reducing negative health outcomes of obesity.

Recommendation 10: Expand existing 4-H health programming to more teens.

Recommendation 11: Leverage attention to mental health to launch an effort to address mental health among teens, their families and communities.

Recommendation 12: Incorporate health concepts from teens into the 4-H Healthy Living Social Ecological model and into the ECOP Health Task Force recommendations to visually show how pieces fit together into a systematic approach to positive health outcomes of youth.

Recommendation 13: Teach youth and adults, both volunteers and professional staff, about health literacy and its relationship to health behavior.

B–Policy

Recommendation 14: Teach older teens about the Affordable Care Act; the role of health insurance in health care access; and how to make a smart health insurance choice when they turn 18.

Recommendation 15: Train older teens to help adults make health insurance purchase decisions similar to how 4-H members have helped older adults use computers.

Recommendation 16: Engage local communities, Extension’s Master Gardeners and others in establishing more community gardens to improve access to healthy and lower cost food and build community.

Recommendation 17: Conduct deliberative health policy forums based on the National Issues Forums approach to public decision-making.

C–Partnerships

Recommendation 18: Work with schools of health sciences to incorporate workforce opportunities into health programming.

Recommendation 19: Work with technology companies to explore ways to realize some of the teens’ ideas about use of technology to monitor and encourage physical activity with potential partners in the world of technology.

Recommendation 20: Work with the Robert Wood Johnson Foundation to build a culture of health among teens across the United States.

D–Promotions

Recommendation 21: Use ideas from teens about promoting healthy food and activities at fairs to encourage teens to become further involved in opportunities that arise from this initiative.

Recommendation 22: Challenge teens to leverage the initial social media and video activities into an organized campaign to raise awareness and encourage action on health topics important to teens.

Recommendation 23: Promote alignment of teen health programming with the National Prevention Council, Healthy People 2020 and other government entities responsible for improving the health of adolescents.

Teens Take On Health Report

Introduction

In 2012, National 4-H Council joined forces with Molina Healthcare to create *Teens Take on Health*, working to create youth-led solutions for the nation's health issues. National 4-H Council (Council) is the private sector, non-profit partner of the Cooperative Extension System and 4-H National Headquarters at the U.S. Department of Agriculture. 4-H programs are implemented by the nation's land-grant universities, annually reaching more than 6,000,000 youth between the ages of 5 and 18. Molina Healthcare (Molina) provides quality health services to low-income and vulnerable individuals on government programs serving over 2 million members in 10 states, 80 percent of whom are under the age of 21.

Teens Take on Health (TTH) was designed to empower youth to tackle health issues. While there are numerous 4-H programs on topics such as nutrition and physical activity, bullying, mental health and substance abuse cessation, Council and Molina wanted to **listen** to youth perspectives on health and healthcare in order to develop innovative, youth-led solutions. Data were collected from more than 800 youth in late 2012 through early 2014 via three techniques: 1) a social media campaign using Facebook and an online survey, 2) a national video contest, and 3) town hall conversations targeting youth in five states and at the National Youth Summit for Healthy Living. These strategies were chosen because they are dynamic and relevant to the teen experience. Partner organizations serving low-income teens (including schools, teen centers, Boys & Girls Clubs, etc.) were engaged in all three phases, ensuring that diverse teens were included.

In Phase One, weekly questions were posted on Facebook that asked teens what they would change about their parents' health, how social media affects health, and what could be done to improve their communities' health. Youth without Facebook access were offered an online survey option.

In Phase Two, a video contest invited teens to submit a 90-second video describing a health challenge and a proposed solution. The contest resulted in 82 videos submitted through an online portal. Five finalists received \$500 each and the winner, with family, received an all-expenses paid trip with New York City with a Broadway Show-hotel-meals package.

In Phase Three, five state 4-H programs took the lead in planning town hall meetings. The states were strategically selected in locations where Molina is serving low-income families. Council modeled the town halls on its national conversation in observance of 4-H's 100th birthday. Molina and Council also used the successful *Engaging Youth, Serving Communities* 4-H program with youth-facilitated public issues forums.

Molina Healthcare engaged Keith McCandles to train teen facilitators to use "Liberating Structures" a process to gather input and move peers to action (www.liberatingstructures.com). Danielle Newman of Maine, youth member of the National 4-H Healthy Living Management Team, co-facilitated. Youth-adult teams developed plans to conduct Town Halls. Each state program received a grant to support the activities, which included funding for an intern to support the town hall program. The Town Hall events were customized to match local needs, audiences and resources.

The *Teens Take on Health* initiative has provided a unique opportunity for Council and Molina to develop an innovative partnership with exciting benefits. By working together, Council can access Molina's expertise in reaching low-income families and youth, especially Hispanic families. Similarly, youth in families served by Molina can benefit from the positive youth development model integral to successful 4-H programming.

This report is intended to stimulate thought about options for additional teens to tackle important health issues faced by their generation, families and communities. More specifically, the report has three purposes:

- 1) Integrate findings from the *Teens Take On Health* initiative with existing health policies and research related to teen engagement in health issues.
- 2) Guide future youth health engagement projects and fund development.
- 3) Provide a document upon which a dissemination campaign is built.

The evaluation team of Bonnie Braun, PhD and Virginia Brown, DrPH, University of Maryland Extension, were selected to prepare this report. Information about the co-authors is found in Appendix C. They were joined by a School of Public Health undergraduate student intern, Manisha Sarkar. The report presents the findings of a review of literature; a qualitative, thematic analysis; and a set of recommendations that brings together the voices of youth and of scholars. Three questions guided the evaluation team:

- 1) What is the current state of health research, policies and programs associated with youth?
- 2) What is important to teens about personal, family and community health?
- 3) How could Molina Healthcare and/or 4-H further address teen health?

Review of Literature

A scholarly review of the literature provides a scientific basis for understanding a phenomenon. In this case, Council and Molina sought a basis for interpreting the results of multiple teen health-oriented learning experiences conducted as part of *Teens Take On Health*. The literature can both help explain results of youth learning experiences and provide a rationale for future learning experiences. Per agreement, this is not an exhaustive review of related literature.

The topics were mutually chosen by Council, Molina and the evaluators as fundamental to youth health both individually and as a member of families, communities and of a society with its public policies. We searched research articles, youth health program reports, including 4-H and relevant U.S. public policy documents. Our primary sources were within the past decade. A complete list of references is included in Appendix B.

This review begins with an overview of key points from scholarly research and relevant documents. The review is organized by the following topics: health; youth perceptions of health; health equity, disparity and social determinants; health literacy; youth empowerment; youth development; and the social and ecological theory. Topics are defined and explained with literature cited to provide directions for future health interventions or programs.

The topics of social determinants of health, health equity and health disparities and health literacy introduce how the health of our youth, and ultimately adults, is affected by factors that go beyond the inherited biological self. Youth empowerment and youth development explain how the two concepts work together to improve individual health and that of families, communities and society. The use of a social-ecological theory and model provides a framework for organizing health interventions.

The youth addressed in the review of literature are not the youth addressed in the thematic analysis. Youth in the review of literature are associated with research studies not the Council-Molina initiative.

Health

What is Health?

Over time, definitions of health vary as demonstrated by these three examples: The World Health Organization defined health as a: “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946). The Ottawa Charter for Health Promotion (1986) described health as a

personal and social resource for daily living. Bircher (2005) stated, “Health is a dynamic state of well-being characterized by a physical, mental and social potential which satisfies the demands of life commensurate with age, culture and personal responsibility.” Definitions depend on perspectives, which vary by profession (medical, public health, education, business etc.).

In the United States, 75 percent of our health care dollars goes to treatment of chronic diseases with the rest going to prevention. Many chronic diseases are related to obesity—an increasing national health issue. One in three adults and one in five youth between 6 and 19 are obese. Chronic diseases are the leading causes of death and disability. Four health risk factors are related to chronic disease: lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption. More than a third of adults do not meet physical activity recommendations. About one-fourth of the adult population eats the recommended number of fruits and vegetables—slightly less for teens (CDC).

Why is a definition of health important?

For any kind of intervention, personal, family, organization, community or policy, a common definition is needed. Youth programs that address health need an explicit statement of definition as a basis for program planning, implementation and evaluation. 4-H uses the term healthy living and the concepts of physical, social and emotional well-being as an implied definition of health (4-H, 2009). This definition serves as a reference point for this report.

Youth Perceptions of Health

Perception is a personal worldview. Perception results from how an individual thinks about, and makes sense of, something—an idea, another person, a situation, a behavior, a public policy. Perception of health affects actions that contribute to positive or negative health outcomes. Understanding perceptions of health can inform health education.

What are youth perceptions of health and health care?

Youth tend to recognize there are multiple ways in which health is impacted, whether or not it is personal, family, or community, and regardless of the health dimension (i.e. nutrition, physical activity, etc.), personal health status, and income level. Woodgate and Leach (2010) found that among youth from diverse backgrounds, health was perceived as being divided into different types (mental, physical, etc.) that contribute and affect one another. They also found that while youth acknowledged health to be affected by other factors, it was up to the individual to engage in healthy behaviors.

Thomas and Irwin (2009) found that overweight or obese youth believe that a healthy body weight is not only determined by individual eating and physical activities, but is also affected by family support, food access, self-esteem, bullying and other environmental factors. Clark and Irwin (2013) found that the main barrier to healthy cooking was easy access to fast food; facilitators were cooking education, access to fresh foods and the relationship food gave them with their family, friends, community and culture—the social dimensions of food.

Ambresin et al. (2013) found that the level of engagement youth have with their health and health care systems will vary based on their perceptions of health care accessibility, staff attitudes, competency of staff and involvement in their own health care. The Office of Adolescent Health (2013) looked at multiple studies on health perspectives among youth and youth health programs and services. They found that health care programs and services need to be easily accessible and include a positive provider-youth relationship. Within that relationship youth can be informed about their health, health options and health insurance. This study also found

that youth reported they are not only concerned for themselves, but their family, schools and community as a whole.

Health Equity, Disparity and Social Determinants of Health

What is Health Equity and Health Disparities?

Health is not distributed equitably among all people. Personal, family and social health is affected by multiple system factors. According to the Centers for Disease Control:

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Lack of equity is called disparity. Disparity diminishes the physical, emotional and social health and well-being of individuals, communities, the nation and world, or as public health says, population health. Populations can be defined by factors such as race or ethnicity, gender, education, income, disability, geographic location (e.g., rural or urban), or sexual orientation.

Health disparities arise from an inequitable distribution of social, political, economic and environmental resources. This inequitable distribution of resources has historic roots and exists currently. Poverty, lack of adequate access to health care, level of health literacy and other individual and family factors are examples. The CDC (2008) says that: “Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.”

Why are health disparities among youths a problem and social issue?

Youths with less education are at-risk of negative health outcomes including inadequate nutrition and physical activity leading to obesity, substance abuse, teenage pregnancy, physical and emotional abuse, gang involvement and injury (Choi, 2007; Stuart et al, 2008; Valois et al, 2002). Youths who experience health disparities are less likely to access health care and health programs, experience unequal educational opportunities and higher absenteeism from school. All of these factors individually and collectively diminish chances of youth breaking the cycle of disparities (Allensworth, 2010). Thus, the stage is set for health problems throughout adulthood. And the more health problems experienced by a population and its subpopulations, the greater the costs of care.

What are social determinants of health?

The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. (World Health Organization).

Settings for these circumstances are known as “place.” The place where people live, work, play, and learn, and the extent to which people feel safe and secure in those places, affects health outcomes. Examples of resources of those places include access to, and quality of, education, housing, healthy foods, parks and recreation and health and human services. Those circumstances, or determinants, also include policies and political systems, employment opportunities and quality of physical environments (Dean et al, 2013). Schools as an environment can contribute to positive or negative impacts on health. Recent research suggests that an estimated 10 to 25 percent of middle school students experience bullying (Bogart, et al, 2014). The authors who conducted a

longitudinal study of the effects of bullying found that both mental and physical health of children were negatively impacted years after the bullying incidents.

Determinants of health are factors that affect health and well-being. When viewed through a systems perspective, determinants go beyond a young person's biology and behavior. Factors such as social and economic status of families and their communities affect a young person's health. When looking at these, the economic and social status of the family and community can positively or negatively affect the health and well-being of youths.

The United States has established health policies to address social determinants of health. One of the four policy goals in Healthy People 2020 (HP2020) is to: "Create social and physical environments that promote good health for all." The same policy document acknowledges that while youth are generally healthy, public health and social problems start during this time: homicide, suicide, motor vehicle crashes, substance use and abuse, smoking, sexually transmitted infections, unplanned pregnancies and homelessness. The leading causes of illness and death for youth are largely preventable. Interventions need to address factors that influence behavior including their own beliefs and knowledge, peers, family, schools, communities and society.

HP2020 also identifies a goal for adolescents and young adults focused primarily on risk factors: *Improve the healthy development, health safety and well-being of adolescents and young adults*. One objective is focused on annual physical check-ups for adolescents, another on school breakfast service, several on violence prevention and reduction, and others on academic achievement.

Another federal policy emphasizes a prevention strategy. With passage of the Affordable Care Act (ACA), the United States put into place its first prevention policy to reduce the costs of chronic health problems (Koh and Sebelius, 2010). In response, the U.S. Surgeon General convened the National Prevention Council. That Council released its *National Prevention Strategy: American's Plan for Better Health and Wellness* (2011) with one goal—to increase the number of Americans who are healthy at every stage of life. The Strategy includes four directions and seven priorities all of which are relevant to youth and includes reducing health disparities.

The ACA also emphasized the role of health insurance in getting access to care and in making that care affordable both for the individuals covered by the plans and for society who must cover costs of the uninsured. ACA seeks to expand coverage to approximately 30 million Americans via employer-based insurance, the insurance marketplace or through Medicaid expansion.

Why are social determinants important?

The health of young people, their families and communities is impacted by multiple positive and negative factors. Therefore, when trying to impact the health of individuals, these social determinants need to be considered. Individuals are affected by multiple spheres, which must be addressed to increase the likelihood of positive health outcomes. This multidimensional approach has been successfully used in health policy and programs like 4-H and other youth programming (Dean et al, 2013).

Health Literacy—A Social Determinant of Health

What is health literacy?

Health literacy, as a concept and a field of study, is relatively new. Most articles focus on health literacy in relation to acute, chronic or emergency care; few focus on health literacy through a public health lens that includes an emphasis on prevention of health problems. The frequently cited Institution of Medicine (2004)

definition is: “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

As Pleasant et al. (2013) note, the IOM definition focuses on individuals and not on the capacity of families, communities and other groups. The authors also note the definition’s lack of linkage to health outcomes. Pleasant et al. (2013) also declare that health literacy is a social determinant of health. They believe it is key to improving health and well-being.

Kutner et al. (2006) reported on the national assessment of health literacy among adults. Only 12 percent of adults had a *Proficient* level of health literacy; 53 percent were at an *Intermediate* level; 22 percent were at *Basic* level; and 14 percent were *Below Basic*. Ethnic minorities are more likely to have lower levels of health literacy. According to the Institute on Medicine (2003), the United States bears a high economic burden for health care costs associated with low levels of health literacy attributed to the lack of preventative care and higher use of emergency and hospital care. Vernon et al.(2003) estimated the annual cost of low health literacy to be in the range of \$105 to \$238 billion annually. And because current health status affects future costs, they estimated that the cost will become closer to \$1.6 to \$3.6 trillion annually.

The opening paragraph of the 2010 *National Action Plan to Improve Health literacy* states that the plan seeks “to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy.” The report names two principles that undergird the plan: (1) “everyone has the right to health information that helps them make informed decisions and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity and quality of life.”

The March 2010 Affordable Care Act both implicitly and explicitly addressed health literacy. The Act requires consumers to make health insurance purchase decisions. The Act emphasizes enrollment of young adults, 18 to 26. Research shows youth lack health insurance literacy due to the lack of classes on the topic. As they become young adults, they will join current adults who are confused and lack confidence in making those purchases (Kim, Braun and Williams, 2013).

Why is health literacy important?

Health disparities among youth are often coupled with lower levels of health literacy—the ability to understand and act on health information and access health services (Diamond et al. 2011). While studies on youth health literacy are limited, those that have been done have found low-literacy levels are associated with greater risk-taking behaviors (DeWalt & Hink, 2009; Sanders et al., 2009). Conversely, youths who have high health literacy have improved self-efficacy skills (Robinson, Calmes and Bazargan, 2008).

Health and Youth Empowerment

What is Empowerment?

Empowerment is a process by which individuals gain perceived autonomy and confidence to achieve control over issues of concern to them (Bergsma, 2004; Jensen, 2002; Kar, Pascual, & Chickering, 1999; Varkey et al., 2010). Health education, health promotion and community psychology have used empowerment (Bergsma, 2004; Kar et al, 1999; Freire, 1973; Rappaport, 1987; Zimmerman, 1995). Empowerment can exist on individual, community and organizational levels (Zimmerman & Warschausky, 1998). Individual empowerment involves perceptions of personal control, a level of self-consciousness, self-efficacy and an awareness of the particular problem and possible solutions (Bergsma, 2004; Kar et al., 1999; Zimmerman, 1995).

Youth can become empowered through civic engagement. They can contribute to issues, such as those affecting health. Ginwright & James (2002) laid out the case for youth engagement through a social justice ecological model when they wrote:

Given the social, ecological, and political challenges that face our world today, the next generation cannot wait until they are adults to begin the work of building a more humane and sustainable world. In organizations around the country, young leaders are not just being taught about leadership; they are taking leadership and learning by doing—thus making organizations, schools, and communities more accountable, effective, and democratic. (p. 44)

Kirshner (2007), writing about the value youth and communities gain when youth are civically engaged, reinforced the case for youth civic engagement illustrated in this statement: *Finally, social action projects connect youth to civic institutions and engage them in authentic learning experiences that demonstrate the relevance of academic skills to everyday life (p. 373).*

What is Youth Empowerment?

Youth empowerment is a critical component of youth development. Through experiential learning that supports empowerment, youth can gain the confidence and skills necessary to be contributing members of their families, groups, community and society.

One useful definition of youth empowerment is provided by the non-profit organization YES!

Youth empowerment is the outcome by which youth, as change agents, gain the skills to impact their own lives and lives of other individuals, organizations and communities (YES!, 2013).

Zimmerman (2000) divides empowerment into three levels—individual, organizational and community—and states that empowerment efforts should connect individuals with the larger sociopolitical environment and provide opportunities to be active community citizens in decision-making.

Youth empowerment works best when environments are welcoming and when youths are guided to engage in multiple systems including organizations, community and policy systems (Jennings et al., 2006).

Jennings et al. (2006) sought to better understand what elements were necessary for a successful youth empowerment program. They analyzed current youth empowerment models and found that six key dimensions undergirded each model. These were:

1. A welcoming and safe environment
2. Meaningful participation and engagement
3. Equitable power-sharing between youth and adults
4. Engagement in critical reflection on interpersonal sociopolitical processes
5. Participation in sociopolitical processes to effect change; and
6. Integrated individual and community level empowerment.

These elements have been successfully integrated into several youth empowerment programs, addressing a wide range of topics within their communities, including dairy consumption, mental health, violence prevention and general community issues (Jones and Perkins, 2006; McLean, Penniston and Tanumihardjo, 2010; Cowan and Smith, 2010; Walker et al., 2010; Zimmerman et al., 2011). Jennings et al. (2006) found that youth empowerment works best when environments are welcoming and when youths are guided to engage in multiple systems including organizations, community and policy systems.

Why is Youth Empowerment Important?

Youth who participated in youth-led programs felt empowered by the support and encouragement they received from adult participants, and both adults and youths were significantly more likely to have positive perceptions of these programs than those that were adult-led (Jones and Perkins, 2006; Franzen et al., 2009; Pearrow, 2008). However, Wong et al. (2010) concluded that while engaging youth and adults in egalitarian approaches is optimal for healthy youth development, few studies document the effects of shared control.

An investigation of 4-H youth programs by Zeldin et al. (2000) found that involving youth in decision-making consistently produces mastery of skills, compassion and positive health outcomes. Cargo et al. (2003) found that when communities welcomed and enabled youth, positive changes in youth development occurred and these youth experienced social integration into their communities.

Health and Youth Development

What is youth development?

Youth empowerment is considered by many researchers and youth advocates as a part of youth development. Youth empowerment is seen as a transactional process that is achieved when a community or situation is set up to allow for an egalitarian approach (Cargo et al., 2003). Empowerment can also be transformational. Therefore, successful empowerment of youth can lead to positive youth development (Lerner, Dowling and Anderson, 2003).

Youth development is an internal process (Cargo et al., 2003) through which youth develop the skills, knowledge and capacity to become productive citizens. Youths develop through many types of learning experiences—on their own, one-to-one and in groups.

Why Youth Development?

Youth development programs such as 4-H have been successfully used to work holistically with an individual and on public health issues (Lerner and Lerner, 2013). These issues have included teen pregnancy, smoking cessation and prevention, violence prevention, mental health and personal health (Kirby and Coyle, 1997; Scales and Leffert, 1999; Gallagher et al., 2005; Kloser, 2013; McDonald, 2010; Sieving et al, 2011; Atkiss et al., 2011). Within personal health, youth development programs have been used successfully to target physical activity (Ullrich-French and McDonough, 2013; Madsen, Hicks and Thompson, 2011) and self-regulation of risky behavior (Mueller et al., 2011; Humphrey and McDowell, 2013).

The National Initiative to Improve Adolescent Health focuses on “collaborative efforts to improve health, safety and well-being of adolescents and young adults age 19 to 24. It was created to elevate national, state and community focus on, and commitment to, the health, safety, positive development and well-being of adolescents, young adults and their families. The Initiative set goals to increase access to quality health and safety education and care; address social determinants of health; improve health outcomes and eliminate disparities among adolescents and young adults (CDC).

By investing in the health of youth and the environments in which they live, long-term chronic disease and its costs could be reduced. A focus on prevention fits a framework of youth development. The National Prevention Plan reinforces the need to ensure that young people are provided with the knowledge, skills and opportunities they need to allow them to become health adults (National Prevention Plan, p. 11). Youth development can contribute to preventing youth from engaging in health-compromising behaviors and to building abilities and

competencies to become healthy adults (Roth and Brooks-Gunn, 2003), a desired outcome of youth development.

A review of 4-H efforts found that 4-H youth empowerment and development programs have led youth to excel beyond their non-4-H peers in the contributions they make to their communities, their civic activity and healthy lifestyle choices (Lerner and Lerner, 2013). Several studies over the past decade support these findings, lending credence to the 4-H youth development program (Lerner et al. 2011; Lerner et al. 2009; Lerner et al., 2005; Alberts et al., 2006; Jelici et al. 2007; Higginbotham, MacArthur and Dart, 2010).

A recent survey of state 4-H program leaders identified core content areas for nationwide focus (Boleman, et al., 2014). Among the eighteen 4-H projects cited in the report, the top five included projects either directly or indirectly related to health. *Foods and Nutrition* and *Health* are directly related and were labeled “content focused.” Citizenship and leadership are indirectly related and were labeled “process focused.”

Systems Approach to Youth Health Development

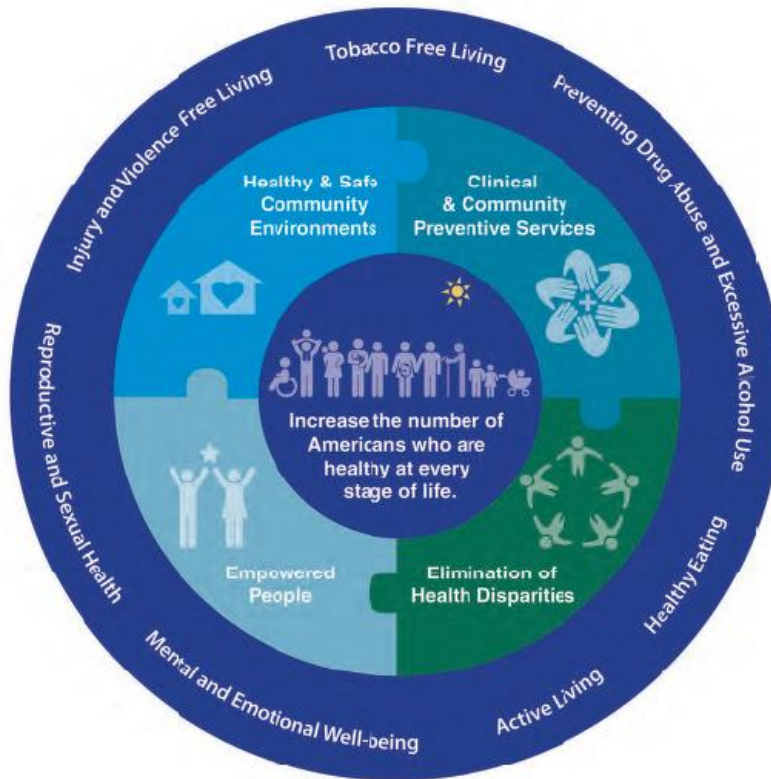
The extent to which youth successfully complete developmental tasks and become empowered is, in part, determined by the interactions of multiple environments in which a young person exists. Individuals are made up of multiple internal systems—digestive, respiratory, etc. They live within multiple external environments beginning with family and extending into the community through friends, schools, youth organizations and other systems. These systems become enablers or barriers to the development of youths.

What is a systems approach to youth development?

A systems approach recognizes that humans live in and are exposed to multiple environments and situations that may affect their behavior and beliefs. An understanding of these systems can be used to create positive youth development experiences. Youth development is an internal process, one where the skills, knowledge and competencies youth gain shape who they become as young adults. This internal process occurs through interactions with others in family, school and community settings. Youth development programs exist in organizational and community systems and provide opportunities for youths to interact with other youths and/or adults. They also provide opportunities to interact with formal and informal policy systems. 4-H Healthy Living programs address multiple systems using the Social Ecological Model (Healthy Living).

The Social Ecological Model, (McLeory et al. 1988) is an adaption for health behaviors of Bronfenbrenner’s (1994) ecological systems model. The model states that human beings do not live in a bubble but rather are a product of their individual thoughts, interpersonal relationships, organizational entities, community structures and systems and policy to which they are exposed (McLeory et al., 1988; Atkiss et al, 2011). To increase the likelihood that any health effort is successful, program developers need to consider the interaction of systems on youths and of youths on those systems. The 2011 National Prevention Strategy uses a socioecological model to frame its prevention strategy. Figure 1 illustrates how the plan integrates dimensions of health and systems.

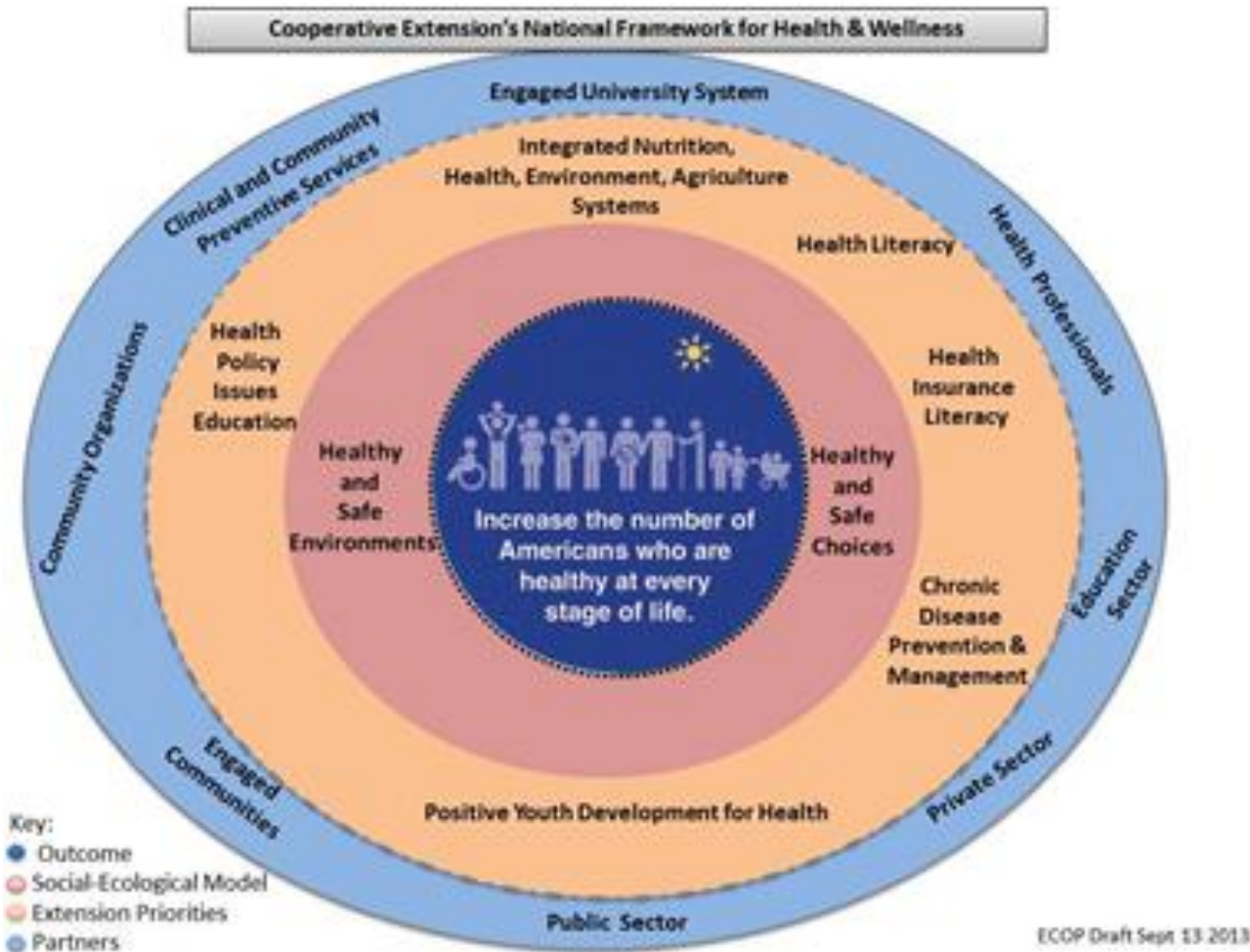
Figure 1. National Prevention Strategy: American’s Plan for Better Health and Wellness



In 2012, the Extension Committee on Policy (ECO) Health Taskforce was appointed and charged with creating a framework and strategies for an increased emphasis on health programming for youths and adults. Their plan, *Cooperative Extension’s National Framework for Health and Wellness* will be released in March 2014. The framework is modeled after the National Prevention Strategy.

The task force determined that by aligning the Cooperative Extension framework with the National Prevention Strategy, Extension could accomplish a mutually beneficial engagement of both public and private partners and a national strategic direction that can both increase awareness of the value of prevention across multiple sectors and further support a comprehensive approach to preventing illness and disease by promoting health and wellness (ECOP Health Task Force). A draft version of the Extension socioecological model is shown in Figure

Figure 2. Cooperative Extension’s National Framework for Health and Wellness



Summary of Literature Review

Health. Health is both a resource and a dynamic state of physical, mental and social well-being which affect daily living of youth.

Youth Perceptions of Health. Among diverse youth, there is agreement that health is multidimensional—mental, physical, social—and affected by both personal behaviors and impacts of family and community. Youth reported they are concerned for themselves and for their family, schools and community as a whole.

Health Equity, Disparity and Social Determinants of Health. Health is not just a matter of personal inheritance and behavior. Health is affected by social and physical environments where teens live, learn and play. When those environments are negative, health status is lessened. When those environments are positive, health is enhanced.

Health Literacy. Health disparities among teens often exist with low levels of health literacy—the ability to understand and act on health information and access health services and programs. Health literacy goes beyond individuals to include families, communities and public policies that help or hinder health understanding and positive action. High levels of health literacy reduce health care costs and are needed for positive health outcomes.

Health and Youth Empowerment. To be empowered is to have confidence to act and a sense of control. It goes beyond having health information and understanding. Youth gain empowerment through learning experiences that develop their confidence, control and capabilities to live healthfully. Youth empowerment is one component of youth development. Empowered youth can make a difference on matters of health and healthy living when they become civically engaged.

Health and Youth Development. Youth development is what goes on inside young people as they gain skills knowledge and the capacity to become productive, healthy citizens. Youth develop through many kinds of learning experiences. Positive youth development leads to physical, emotional and social well-being. A 2013 study of 4-H programs overtime found that 4-H youth empowerment and development programs result in youths excelling beyond their non-4-H peers in the contributions they make to their communities, civic activity, and healthy lifestyle choices.

Systems Approach to Youth Health Development. A systems approach recognizes that humans live in and are exposed to multiple environments and situations that may affect their behavior and beliefs and ultimately, their health. An understanding of these systems can be used to create positive youth development experiences. An appropriate organizing framework, backed by research is the *Social Ecological Model*.

Making Sense of the Research—Implications for Youth Health Programs

Seven key points emerged from the research. There is a large body of evidence that conveys that:

1. The health of youth affects both their current and long-term health and well-being.
2. Health disparities result from social determinants of health that go beyond individual biology and behavior.
3. Health literacy affects understanding, decisions, actions and costs of health care.
4. The health of youth is affected by the multiple systems in which they work, learn and play.
5. Youth are both a target of public policy and can be agents of policy change.
6. Recent public policy is emphasizing prevention of chronic disease and factors associated with chronic disease among youth.
7. Youth development programs can make a difference in personal, family, community and societal physical, mental, emotional and social well-being.

Health Themes from Teens

This section contains an explanation of themes identified through analysis. The data sources and analysis methods are available in greater detail in Appendix A. We examined three sources of data to identify themes:

- 1) Social Media Survey results from 183 youth
- 2) Videos produced by 82 youth
- 3) Town Hall Reports from a total of 620 youth (539 youth in five states, California, Florida, Maryland, Michigan and Utah; 81 youth at the National Youth Health Summit)

Teen Demographics

An absolute total number of participants across all three data sources is impossible to compile. There is no evidence provided about the number of youth who participated in production of videos. However, a conservative estimate is that at least two youth per video was involved. Therefore, the final participant count for the three data input activities is at least **967** youth.

This report is focused on the ideas of the participating youth. The youth represent a convenience sample of teens. While their ideas are valid, they do not necessarily represent ideas of other teens.

Complete characteristics about all of the teens are not available. Data sources did not divide the teens by 4-H and non-4-H members nor provide any age data.

Gender

The Town Hall meeting reports did provide data on number, gender and racial/ethnic distribution of participating youth. Of the 620 youth who were reported to have attended town hall meetings, gender and racial data were provided for all youth except for the California report which was missing gender data. Of the 489 youth with gender information, 33 percent were male and 64 percent were female. Racial data revealed a distribution of more than half of the youth identified as a racial or ethnic minority (53 percent) and slightly less than half (47 percent) as white. See Table 1 below.

Race/Ethnicity

One goal of the initiative was to engage youth of racial diversity in the town hall meetings. Clearly with over half of the attendees identified as racial minorities, that goal was achieved. This distribution exceeds the national U.S. population distribution. The 2010 Census reported that minorities represented 25 percent of the population (Census, 2011). Teens attending the town hall meetings were slightly over twice that percentage.

Income

A second goal of the initiative was to engage youth from low-income households. In 2012, Black and Hispanic households had incomes below the median U.S. income level. (DeNavas-Walk, et al., 2013). The teen participants were primarily Black or Hispanic. Town hall reports identified percentages of low-income ranging from a low of 16 percent in one town hall meeting to a high of 98 percent and a mean of 54 percent. The U.S. income data, combined with the town hall data, provides evidence that more than half of the teens were from low-income households. Though the available data is not definitive, it is reasonable to conclude that the goal was achieved.

By triangulating the data from across the three sources and finding that the themes held across the sources, it is reasonable to conclude that there are no discernable thematic differences among white and minority youth. Together, the teens identified the issues and ideas for solutions contained in this report.

Table 1. Summary of Town Hall Teen Participant Characteristics

Location	Youth	Male/ Female	Racial White/ Minority #	Low Income Estimate***
CA	131	*	28/103	85%
FL	89	19/70	29/60	60%
MD- Campus	51	19/32	29/22	16%
MD-	35	25/10	00/35	98%

Temple Hills				
MI	21	4/17	03/18	25%
UT	212	77/135	154/58	39%
SUMMIT	81	20/61	51/30	**
TOTAL	620	164/324 % 34/66	294/326 % 47/53	-----

*This cell is blank due to the lack of complete gender data in the state report. Therefore, the total for gender does not match the number of youth.

**No estimate provided.

***Due to the lack of information about how this percentage was determined and the likely variability in how this estimate was derived, no fully defensible conclusions can be drawn.

Themes

Using the three data sources, we documented four key themes that mattered to teens. All had some ideas for action. What follows is a report of the extent to which these themes and related ideas for action were found in all data sources or were unique to a particular source.

What is important to teens about personal, family and community health?

1--Obesity Mattered. Obesity was the primary focus of teens. Obesity was mentioned at all town hall meetings, including the summit, and on videos. The online survey did not explicitly mention obesity. Teens also spoke of other chronic diseases, often related to obesity. The videos addressed the related issues of poverty and hunger.

Teen Ideas for Preventing or Eliminating Obesity. Two themes, found in all reports, described the teens' primary responses to the issue of obesity and associated risks:

- 1) Improved food and nutrition and
- 2) Increased physical activity

Other themes were reported in some or one of the reports. Across all three types of reports, videos, survey and town hall meetings, teens talked almost equally about the importance of food and nutrition and physical activity. All mentioned eating healthier food. They knew they and their families were eating less healthy food and not getting enough water. Teens also understood that physical activity is important. They knew they and their families were not active enough to prevent or reduce obesity.

2--Health Care Access and Cost Mattered. Teens mentioned health care including health insurance, cost and access in several town hall reports. Teens who responded to the social media survey questions were concerned about the high cost of health care, access to care and lack of health insurance.

Teen Ideas for Improving Access and Managing Costs. Teens didn't have many ideas on how to improve access and manage costs. They were focused on the need.

3--Sleep, Stress and Mental Health Mattered.

Sleep as a concern arose in two state town hall meetings and was tied to stress. Teens reported not getting enough sleep in part because of stress. Stress also arose in two town hall meetings, in the videos and as an issue for parents in the online survey. Two state reports explicitly mentioned mental health.

Teen Ideas for Improving Sleep, Stress and Mental Health.

Teens at town hall meetings had a few personal action ideas for better sleep—earlier dinner hours, supporting other teens, playing music, going to bed earlier, finding better ways to relieve stress, and taking naps. They knew that stress reduction was important for themselves and their families and that mental health problems affected individuals, families and communities. However, they did not have many ideas on how to address stress. Some of the videos addressed stress and the need to communicate with others and be supportive when stress is overwhelming.

Though mental health was only explicitly identified as an issue by teens in two states, those teens had ideas about increasing access to care and services, coordinating social services for the homeless and mentally ill, expanding awareness of mental health, reducing bullying, and improving self-efficacy and self-worth through classes and programs. Some suggested better integration of services in prisons.

4--Personal, Family, Community and Public Policy Action Mattered.

Teens at town hall meetings and in videos showed they understood that health is determined at multiple systems levels—personal, family, organizational, community and policy. Across all reports, teens had multiple ideas about how to make changes in their personal health behavior and that of their families and communities, including public policy changes.

Teen Ideas for Making Change.

Teens had ideas for addressing obesity in all four system levels. Those ideas are presented below by system level.

Personal Changes: Many teens suggested ways to take personal responsibility for their health. Actions emphasized eating healthier foods, being more physically active and getting involved in their community.

Family Changes: Teens had ideas of actions their families could take to prevent or reduce the impact of obesity. These ideas included grocery shopping together, doing physical activities together through family fitness nights or play days as through these activities family members have the opportunity to exercise together.

School and Community Changes: Teens moved beyond their personal and family boundaries by suggesting actions within communities, including schools. They suggested improvements could be made in school lunches and vending machines; that school and community gardens become more prevalent; that the number of farmers markets and community activity spaces be expanded; that classes and programs be offered on the topics of healthy living, including teen confidence and self-efficacy. One specific version of a community garden was to be created by working with homeowners' associations. One group suggested the 4-H healthy living programs be expanded to more youth; another that awareness of 4-H healthy living programs be increased.

Giving back to the community as a whole—participating in activities which could benefit more than just an individual person or family was shown in the videos. The videos focused on community communication and participation, on getting the whole town or community to participate in an activity benefitting the entire Community. Examples of community participation included talking to hunters to donate venison to the hungry, doing community food drives that everyone could participate in and designing a fair for the whole community to attend to raise awareness about community health.

Public Policy Changes: Teens thought healthy foods were too costly. They suggested removing taxes and subsidizing healthy food. They also suggested limiting the sale of processed and fast foods near schools; changing state and federal laws including food coloring, chemicals, fats and additives; growth hormones; the age for purchasing energy drinks; requiring large businesses to provide monetary incentives for good health practices and permitting EBT cards to be used to purchase prepared salads. Advocating for policy and change was explicitly and implicitly mentioned in most town hall reports.

One set of teens suggested a policy requiring paid passes to ride the elevator (like the carpool lanes), food reward cards rewarding health food purchases with points redeemable for healthy foods, creation of a bike rental plan for youth and adults and 4-H Bike Clubs. Another group suggested a statewide campaign promoting healthy living and a five-week statewide exercise challenge involving support groups in each community. One suggested a “Couch to 5k” approach to physical activity. The same group mentioned working to achieve the *Healthy People 2020* fruit and vegetable consumption goal through an “Eat a Rainbow” initiative. Still another wanted to eliminate all obesity-related deaths in the United States.

Use of Technology: Technology as a tool emerged as a subtheme related to changes. The social media survey specifically asked for ideas that use electronic technology to improve health. Ideas focused on programs or apps that encourage activity, making exercise more fun through gaming, monitoring food intake and tracking physical activity. Teens suggested a program or app that shows consequences of health and wellness decisions.

Teens at two town hall meeting had several suggestions for technologies. They suggested inventions such as putting timers on electronic devices and websites; movie theatres with treadmills or stationary bikes used during the movie; and a publically-owned television network dedicated to healthy living programming.

Big Bold Ideas: Participants in the town hall meetings were asked to ... *include one big bold idea for change that may seem audacious in changing our health care system.* All town hall reports included their bold ideas; two provided a list rather than one idea. The ideas are shown in Table 2. The theme of reducing obesity is found at four town hall meeting; free health care at two.

Table 2. Teens Take on Health Town Hall Meetings Bold Ideas

Location	Bold Idea
CA	Eliminate fast food restaurants altogether and/or make “junk” food illegal everywhere in the world.
FL	Opening a gym/smoothie shop where people can come to exercise and then get a healthy smoothie or snack
MD-Campus	<ol style="list-style-type: none"> 1. Everyone in the community outside playing and exercising: Get people to come outside 2. Make the younger generation go outside more: Make better and cooler parks 3. Get my community to start eating and living healthier 4. Less taxes and become a less obese state 5. Have fruits and vegetables cost less than other foods, to encourage people to buy them: Eliminate taxes on produce 6. Cure cancer: Acquire a huge grant and hire the top researchers to work on the project 7. Every community have a 1-2 acre community garden where citizens can plant fruits and vegetables that everyone can take home: The local government can donate the land 8. Cure AIDS/HIV: Get Bill Gates to give a huge grant to the AIDS foundation 9. Make MD the first state to require citizens to have a 6-pack or pay a fine 10. Eliminate all obesity related deaths in the US: Eliminate fast food restaurants 11. No one has an obesity problem: Reduce the amount of unhealthy foods sold in stores 12. Everyone in the community to work out and be fit in the community: On every first of the month, we play sports 13. Everyone to be at a healthy weight for their body type: Get people eating better and exercising more; have smaller proportions and more fruit and vegetables.
MD-Temple	Everyone should have free health care
MI	Free facilities for all ages that offer free programs. Find groups of abandoned buildings to tear down for the facilities to be placed.
UT	<ol style="list-style-type: none"> 1. Invent a program or get companies such as Facebook and Apple to put timers on electronics, devices, and websites. After a certain amount of time the TV, iPad, website, and video gaming systems will shut off. The program will give a friendly message to the user such as “now it is time to get up and move!” or “it is important to exercise every day” to encourage healthy living. 2. Invent running shoes that determine the amount of cell phone data you get. The more active you are the more data you get. When you’re inactive, you go without cell phone service. 3. Get rid of typical vending machines in schools, and replace them with vending machines that offer healthy options such as a bag of carrot sticks.

	<p>4. Invent a system that connects your treadmill to your TV or computer. You can only use the device when you've exercised for a certain amount of time each day. If you exercise less, the device/TV will shut off earlier.</p> <p>5. Have Barbie dolls and mannequins be made in <i>real</i> sizes. Eating disorders are prominent, and expectations are set too high for young girls.</p>
SUMMIT	Having free health check-ups (every 6 months) for all section 8 elementary, middle, and high school students. Start by implementing free clinics in section 8 housing areas.

Risa Lavizzo-Mourey, CEO at the Robert Wood Johnson Foundation, writing on the Foundation's blog, suggested a big idea for 2014: *Creating a Culture of Health*. She listed a number of community initiatives to illustrate what she meant. Her list was similar to ideas raised by the youth at the town hall meetings. In suggesting the creation of a culture of health she said:

We must create opportunities to pursue the healthiest lives possible, wherever we live, work, learn, and play. At RWJF we are committed to helping shape the national dialogue about a culture of health, to bringing together people and organizations interested in creating a healthier nation, and to building the small victories of communities, individuals, organizations, and business into a national movement. And we promise to keep at it until success is achieved. Creating a national culture of health will take many hands, and in 2014 we will encourage all Americans to move toward success together. Because we can't afford not to. (Lavizzo-Mourey, December, 2013)

The youth who participated in *Teens Take On Health* appear ready to create a culture of health.

Conclusions From Analysis—Teens Ready to Take On Health

If the teens who participated in the health-focused opportunities offered by Molina Healthcare and National 4-H Council are representative of other youth, they are ready to *take on health*—their own and that of their families and communities. They primarily offered views and solutions to the health issue of obesity. They also spoke to the issues of health care access and costs, stress and mental health. They are willing to become civically engaged in public policy. They have many action ideas that could be harnessed in a *Teens Take on Health Initiative* grounded in youth health, development and empowerment.

Four key takeaway themes emerged from the analysis:

- **Food and Nutrition and Physical Activity Dominated Teen Input**
- **Health Care Access and Cost are of Concern to Teens**
- **Sleep, Stress and Mental Health Mattered**
- **Personal, Family, Community and Public Policy Changes Were Suggested**

Making Sense of Teen Views and Research—Implications for Youth Health Programs

Teen views and the research are complimentary. They include:

1. The concerns of teens, obesity, health care and costs and mental health are validated in the research.

2. The teens put an emphasis on reducing obesity through healthy eating and physical activity—found not in the adolescent objectives of Healthy People 2020, but in the objectives for Healthy Food Access, Weight Status, Food and Nutrient Consumption sections of Healthy People 2020.
3. Teen ideas for solutions are also present in both studies of youth and strategic action documents.
4. Teens identified solutions in multiple systems congruent with the research that reinforces the need for systems interventions.
5. Teens agree that youth empowerment and youth development programs are important to positive health outcomes and suggest expansion of 4-H Healthy Living programs validated in the research as having an impact over time.

There is clear evidence that these teens are interested in tackling the national policy priorities of *Healthy People 2020*. Youth could help the nation reach the goals and objectives of Healthy People. Teen interests align with the *Nutrition, Physical Activity and Obesity Indicators of Health*. They are interested in the *Nutrition and Weight Status* objectives in general and the specific ones associated with *Healthy Food Access; Weight Status; Food and Nutrient Consumption* and to some extent, *Food Insecurity*. To a lesser extent, they were interested in one of the *Adolescent Health* objectives—getting wellness check-ups (associated with having health insurance).

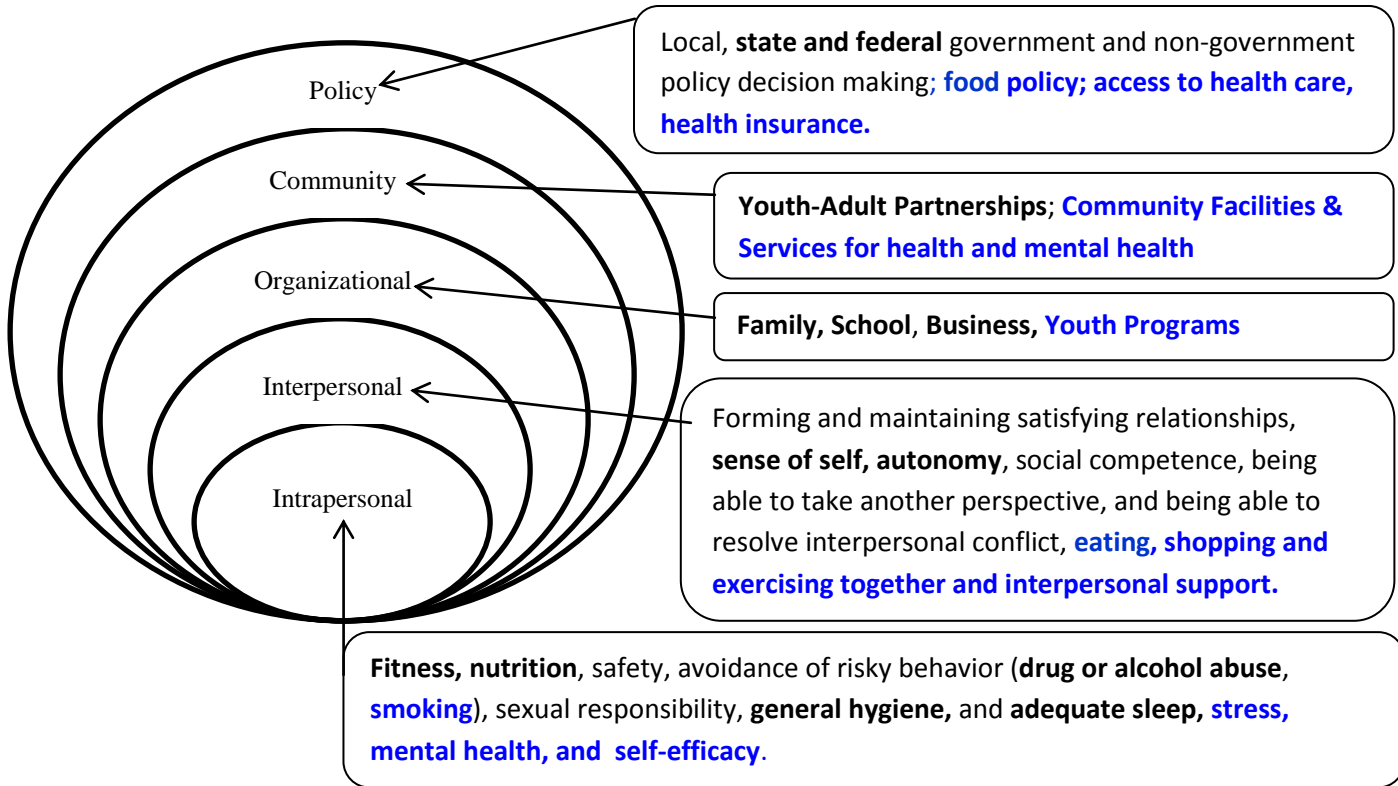
The analysis also provided evidence that these teens agree with the *Strategic Directions and Strategic Priorities of the National Prevention Strategy*. Their ideas for actions are represented in all four strategic directions: *Healthy and Safe Community Environments; Clinical and Community Preventive Services; Empowered People; and Elimination of Health Disparities*. They also agree with the seven priorities of: *Tobacco Free Living; Preventing Drug Abuse and Excessive Alcohol Use; Healthy Eating; Active Living; Injury and Violence Free Living; Reproductive and Sexual Health; and Mental and Emotional Well-Being*.

Some teens identified mental health as an issue—an issue of increasing importance in the United States. Mental and physical health are intertwined. Longitudinal research published in 2014 found that children who experienced bullying over time experienced deteriorating mental and physical health evidenced by depressive symptoms and lower self-worth (Peskin, et al., 2014). In 2013, a White House conference on mental health and illnesses was held. The conference featured the launch of the *Creating Community Solutions*, a way of holding conversations using free materials available at: www.creatingcommunitysolutions.org.

This year, 2014, is an opportune time to expand an emphasis on health in general and on youth health in particular. The nation’s Cooperative Extension System will celebrate its centennial of passage of the federal Smith-Lever Act that launched the “extension” model. Likely, Extension will embrace a new strategic framework for health and wellness. 4-H, with health as the fourth “H”, is poised to expand its healthy living programming through partnerships with such groups as Molina Health Care. Molina Healthcare and/or 4-H may want to join the work of the Robert Wood Johnson Foundation in creating a culture of health (Lavizzo-Mourey, February, 2014). Teens are eager to participate in initiatives as they emerge. The multitude of teen ideas and solutions indicate a breath of possibilities for educational programming. Depth of programming and integration into a coherent health program will require further input from educators along with teens and caring adults.

To visually see a summary of the proposed actions, the National 4-H Healthy Living Social Ecological Model is shown in Figure 3 below. We used the visual for two reasons: 1) To capture the suggested actions of teens by systems in the model and 2) To show similarities and differences. **Items in the model and addressed by the teens are bolded.** **Additional topics suggested by the teens and not in the 4-H model are shown in blue.**

Figure 3. 4-H Healthy Living Systems and Teens Suggested Actions



Recommendations for the *Teens Take On Health Initiative*

If the teens who participated in the health-focused opportunities offered by Molina Healthcare and National 4-H Council are representative of other youth, they are ready to *take on health*—their own and that of their families and communities. Molina and Council can act on the ideas of the youth.

Initially, the reviewers were asked to make recommendations to continue or expand an initiative between the two partners as well as to extend the opportunity to additional partners. When reviewing the findings and literature for ideas for action, the lead reviewer came to the conclusion that these actions are not just limited to what Molina Healthcare and Council can do. There are some actions that could be taken by state and local 4-H professional staff and youth and adult volunteer leaders. Below are eight recommendations that could be implemented in the short and long-term. Readers of this document may identify additional recommendations. Each recommendation shows potential groups who could act on the recommendation.

As drafts were reviewed, the concept of having both process and content ideas arose. Both are included in the reviewers' ideas and recommendation.

Reviewers' Recommendations

Process:

Recommendation 1:

Create a logic model template, prepopulated with key points from this report, for teens and adults working with teens, to use to specify prioritized actions, desired outcomes and resources for an extended *Teens Take on Health Initiative*.

Recommendation 2:

Convene a group or groups of youths and adults who are engaged in 4-H healthy living programs to discuss this report and identify priority actions for a continuing *Teens Take on Health Initiative* involving National 4-H Council, Molina Healthcare, other partners and local 4-H programs.

Recommendation 3:

Invite representatives of Cooperative Extension Committee on Policy's Health Task Force to discuss findings from the report and from their proposed national framework with the purpose of identifying ways to integrate the two and communicate with the nationwide Extension system—including 4-H, Family and Consumer Sciences, Agriculture and Natural Resources and Community Resource Development.

Recommendation 4:

Invite representatives of the National Prevention Council, the Department of Health and Human Services, including the CDC and other federal agencies and private organizations to explore ways their work and that of a *Teens Take on Health Initiative* could be leveraged to achieve improved health of teens, their families and communities.

Recommendation 5:

Conduct teen health public policy workshops to increase the ability of teens and adults working with teens to affect health-related public policy. These workshops can be done at existing local, state and national venues such as health living summits or state conferences. They can also become a new type of event that could involve multiple youth organizations. The skills gained at the workshops can be used by the teens to focus on community level policies. The skills would be transferable to state and federal public policies.

Recommendation 6:

Adopt a version of the socioecological model to be used as an organizing framework for all *Teens Take On Health Initiative* components and discussions.

Recommendation 7:

Share findings from this report with members of the public, media, public policy makers and youth educators to alert them to the health issues that matter to teens, their willingness to take action and the opportunity to empower youth to make a difference in their health now and for the future.

Recommendation 8:

Leverage this report to obtain grants and donor support for future youth health programming informed by findings of this report.

Content:

A--Program

Recommendation 9: Focus on ideas for improving the food and nutritional intake of teens, their peers and parents as a means of reducing negative health outcomes of obesity.

Recommendation 10: Expand existing 4-H health programming to more teens.

Recommendation 11: Leverage attention to mental health to launch an effort to address mental health among teens, their families and communities.

Recommendation 12: Incorporate health concepts from teens into the 4-H Healthy Living Social Ecological model and into the ECOP Health Task Force recommendations to visually show how pieces fit together into a systematic approach to positive health outcomes of youth.

Recommendation 13: Teach youth and adults, both volunteers and professional staff, about health literacy and its relationship to health behavior.

B--Policy

Recommendation 14: Teach older teens about the Affordable Care Act; the role of health insurance in health care access; and how to make a smart health insurance choice when they turn 18.

Recommendation 15: Train older teens to help adults make health insurance purchase decisions similar to how 4-H members have helped older adults use computers.

Recommendation 16: Engage local communities, Extension's Master Gardeners and others in establishing more community gardens to improve access to healthy and lower cost food and build community.

Recommendation 17: Conduct deliberative health policy forums based on the National Issues Forums approach to public decision-making.

C--Partnerships

Recommendation 18: Work with schools of health sciences to incorporate workforce opportunities into health programming.

Recommendation 19: Work with technology companies to explore ways to realize some of the teens' ideas about use of technology to monitor and encourage physical activity with potential partners in the world of technology.

Recommendation 20: Work with the Robert Wood Johnson Foundation to build a culture of health among teens across the United States

D--Promotions

Recommendation 21: Use ideas from teens about promoting healthy food and activities at fairs to encourage teens to become further involved in opportunities that arise from this initiative.

Recommendation 22: Challenge teens to leverage the initial social media and video activities into an organized campaign to raise awareness and encourage action on health topics important to teens.

Recommendation 23: Promote teen health programming with the National Prevention Council, Healthy People 2020 and other government entities responsible for improving the health of adolescents.

APPENDIX A

Data Sources and Data Analysis

National 4-H Council provided three sources of data to the evaluation team for analysis. A thematic analysis was done on two of these of the sources: 1) A Survey; 2) Teen Videos; and 3) Town Hall Reports. The survey, was pre-analyzed by the National 4-H Council. Findings were combined for conclusions and recommendations.

Methods of Analysis

Quantitative analysis of demographic data from the town hall meetings and qualitative analysis of the videos and town hall meeting reports were conducted by members of the team. The team compared findings from these sources with the summarized survey.

For a theme to be determined, patterns were identified from data provided by the teen participants. Themes were identified in two categories—those present in all sources and those present in two or one. Word repetition and similarity in descriptions of ideas were used to identify themes. In qualitative methodology, it is accepted that a theme does not have to be present among *all* participants, but there should be multiple pieces of data across the sample (Braun & Clarke, 2006). Table 3 contains the data analysis plan.

Table 3. Data Analysis Plan

Initial Patterns (IP)

Create initial coding of themes using:

- a) Videos;
- b) State reports from town hall meetings; and
- c) Survey summary.

Combine and Catalog (CC)

Stage 1-CC: Share themes with evaluation team rater

Stage 2-CC: Reach inter-rater reliability

Stage 3-CC: Develop final coding

Build Argument (BA)

Stage 1-BA: Draw conclusions from theme analysis

Stage 2-BA: Integrate related literature with conclusions

Stage 2-BA: Develop recommendations for action based on literature and themes

For both the videos and town hall reports, one member of the team did the first round of analysis. One or two members did the verification. After the lead evaluator cataloged patterns then converted patterns into themes, the themes were shared with a team rater. The coder and rater(s) conferred to come to consensus on themes. The team leader wrote conclusions and recommendations. Another team member determined the validity of the conclusions and recommendations based on the thematic analyses. In this way both depth and breadth of analysis of themes were achieved (Lincoln & Guba, 1985).

National 4-H Council and Molina Social Media Campaign Survey

This pre-analyzed dataset was provided to the evaluation team as a summary page of categorized responses of **183 youth** to three questions included in the survey. The pre-prepared analysis was used by the team to compare to the other two sources of data for congruence or differences. The survey is found in Table 4.

Goal: Begin to gather preliminary input from youth to define health for self, family, and community, and express their vision for a healthier future.

Results: To achieve this goal we identified two weeks to promote 4-H Healthy Living work, the Molina Healthcare partnership asked youth provocative health questions to elicit their responses. Questions were asked via the primary 4-H social media channels as well as through an online survey, which was promoted at National 4-H Congress. National 4-H Council received **185 responses** through the online survey and experienced the following level of engagement via our social media channels:

Table 4. Social Media Survey Molina Healthcare November, 2012

Date	Facebook				Twitter		
	Impressions	Comments	Likes	Shares	Retweets	Replies	
General Healthy Living Post:							
Molina partnership (with photo)	12-Nov	21,684	14	434	21	4	0
4-H North Carolina PSA video	12-Nov	11,684	5	100	22	5	0
Healthy living 4-H trivia	22-Nov	65,344	268	340	12	0	0
Question:							
1. What is one thing you wish your parents would do to live healthier lives?	15-Nov	61,118	40	122	44	1	0
2. How would you use technology to improve the health of your family and community?	19-Nov	60,774	7	177	22	10	1
3. What healthcare challenges do you and your family face? Give us your ideas for a solution to those challenges.	21-Nov	53,100	16	88	12	2	0

Three emerging themes from the responses:

1. What is one thing you wish your parents would do to live healthier lives? (225 responses)
 - More exercise
 - Improvement in health and nutrition
 - Quit smoking
 - Reduce stress from work
2. How would you use technology to improve the health of your family and community? (192)
 - Use of programs allow individuals to encourage friends, family and community members to eat healthier and be active
 - Use gaming to make exercise more fun
 - Develop websites, and apps to monitor food intake (calories, nutrition, etc.) and track physical activity
 - Provide easier access to healthy recipes
 - Show consequences of health and wellness decisions

3. What healthcare challenges do you and your family face? Give us your ideas for a solution to those challenges. (201)

- Lack of health insurance: address high health care costs and providing healthcare to families of all income levels
- Improve family health and nutrition: improve access to healthy food options
- Reduce health risks: improve eating habits and increase physical activity

Teen Videos: National 4-H Council categorized the 82 videos into 10 topics plus a finalist category. Each video was viewed by one evaluator who briefly described the content of each video then identified themes within each of the topical areas. To assure validity of the themes and inter-rater reliability, two more reviewers divided the videos into even and odd numbers and viewed every tenth video. Reviewers discussed their conclusions, verified and created the final set of themes. The themes were then used to compare to the other two sources of data for congruence or differences. Table 5 shows the organization of the videos by topics, title, key points and themes.

Table 5. Teen Videos Topics, Title, Key Points and Themes

Table 5 - Part 1 - Community Health

Video Title	Key Points	Themes Shared Among Individual Category
<i>Teen leaders of Barton County, MO</i> Video Theme: Obesity Healthy Eating	1 in 5 kids suffers from poverty Food drive, raised over 3000 canned foods Community gardens at hospitals, grow foods and utilize leftovers Backpack program – free meals for kids for those who need it	<p>1. Giving back to the community as a whole - participating in activities which could benefit more than just an individual person or family, such as food drives and awareness walks.</p> <p>2. Lots of focus on community communication and participation, getting the whole town hall or community to participate in an activity benefitting the entire community, such as talking to hunters to donate venison to the hungry, doing community food drives that everyone could participate in, designing a fair for the whole community to attend to raise awareness about community health.</p> <p>3. Lots of issues discussed, one of the main ones was poverty and hunger, and multiple videos discussed how to hold food drives, community gardens, and backpacking programs to help aid those in need.</p>
<i>Childhood Hunger: Katie Goodman, Hanover VA</i> Video Theme: Obesity Healthy Eating	Participated in 4h public speaking contest about childhood hunger Spread the word about childhood hunger Organized food drives, convinced hunters to donate venison to the hungry Collected over 1000 lbs of produce, 50 lbs of venison Helped over 9k people	
<i>Obesity in Texas</i> Video Theme: Obesity Healthy Eating	Kids planted a school garden to help supply the cafeteria with fresh fruit and vegetables Healthy food to promote healthy eating Made a blog to ask for donations and the garden has made a difference Garden is used to feed cafeteria as well as students' individual families	
<i>Indiana 4-H members</i> Video Theme: Other	Targeting families to help create healthier communities Healthy communities grant has identified community issues, such as nutrition, substance abuse, cyberbullying and cybersecurity Collaborating to form a "Fair Fit 5K", different themes tackled each day of the fair	
<i>Littering and Recycling</i> Video Theme: Other	Encourages people to pick up trash every day, can help contribute to the environment and future generations	

<i>The Secret to a Healthy Community</i> Video Theme: Other	a. Starts with one person at a time b. Asking questions, talking to your friends about it, then asking more questions c. Help is available if you have the motivation to go looking for it d. Many ways to make a difference, big and small that can all have an impact e. Health and fitness, the only way to make a change is you	
<i>Be a Hero, Don't Drive Distracted</i> Video Theme: Other	a. Eating while driving causes 80% of accidents, applying makeup, goofing off with friends all increase your chances of crashing b. Texting causes a huge distraction c. Taking your eyes off the road for 2 seconds while going 55mph is the same as driving an entire football field blindfolded	4. Lots of emphasis on avoiding distractions , such as eating, talking to friends, listening to loud music, and putting on makeup. Multiple videos particularly focused on the negative effects of texting while driving . One of the videos touched upon safe alternatives/preventative measures like having a friend keep the drivers phone while they are driving, or putting a cellphone into the backseat so you wouldn't be tempted to reach for it while driving.
<i>Distracted driving</i> Video Theme: Other	a. Short clip of someone saying "drive responsibly"	
<i>Teens and Safe Driving</i> Video Theme: Other	a. Remind your friends to wear seatbelts and be responsible while driving b. Be responsible about texting, speeding, and loud music	
<i>Texting and Driving</i> Video Theme: Other	a. Don't text and drive, causes crashes and you should focus on the road b. Provides alternatives like asking someone to text for you or putting your phone in the backseat so you don't get distracted	

Table 5 – Part 2 - Fitness & Exercise Specific

Video Title	Key Points	Themes Shared Among Individual Category
<i>I don't Have Time For That</i> Video Theme: Obesity Physical Activities	a. Health challenge in community is that people think they don't have time to exercise b. Make people aware that exercising for a 10 minute segment for 150 minutes a week is easy. You can multitask and exercise at the same time.	1. This category was about becoming healthier with a focus on getting fit by exercising more. Some of the themes in this category are common across multiple videos included promoting exercise as a fun activity . Many of the students in the videos were smiling and energetic while playing sports or being active and the message seemed to be that you don't have to look at exercising as a chore but instead as something that you can look forward to. 2. Tied in with the theme of exercise being enjoyable was getting fit with family and friends . Students emphasized things like playing sports with friends and going out instead of
<i>Being Fit for a Zombie Apocalypse</i> Video Theme: Obesity Healthy Eating	a. Not eating healthy could lead to a multitude of health problems and can have a big impact on your future b. You can become sluggish and inactive because of overeating and not being fit	
<i>Exercise is Important</i> Video Theme: Obesity Healthy Eating Physical Activities	a. Exercise is important for the body, need 60 minutes a day b. Highest amount of obesity today because people aren't active enough c. Exercise is fun d. Challenge yourself to eat healthy and work out for 60 minutes a day for a whole week	

		sitting at home playing video games with them, as a way to continue hanging out with your friends and simultaneously promote a healthy lifestyle. 3. Another topic that came up a few times was incorporating exercise into a busy lifestyle , and making small changes to be more active even while you're at work or constantly busy with something. Suggestions included things like taking the stairs when possible, sitting on exercise balls at work, etc.
<i>Fair Time Fitness</i> Video Theme: Obesity Healthy Eating Physical Activities	a. Lose weight while having fun b. Everyone is tempted to eat during fairs c. 15 minute workout challenge during a fair where you and others have a fun time while exercising and learn about eating healthy d. Make a presentation to your community to get them informed	
<i>Get Outdoors With 4-H</i> Video Theme: Obesity Physical Activities	a. Today's American kids are less connected to the outdoors than ever, too much time on screens or computer games b. Create fun, active, outdoor activities for teens in the community	4. Many of these student videos encouraged viewers to challenge themselves and set goals for themselves as a way to slowly increase their daily exercise and to promote a healthier overall lifestyle.
<i>Get Up and Get Active</i> Video Theme: Obesity Physical Activities	a. We spend more time on phones than sleeping b. Set goals and limits on how much you watch TV every week	
<i>Got Exercise?</i> Video Theme: Obesity Physical Activities	a. Lots of fun ways to get active	
<i>The Importance of Exercise:</i> Video Theme: Obesity Physical Activities	a. Lots of people are scared off by exercise b. Take small steps and you won't even realize that you're exercising	

Table 5 – Part 3 - Healthy Eating

Video Title	Key Points	Themes Shared Among Individual Category
<i>4-H Health Intervention</i> Video Theme: Obesity Healthy Eating	a. Unhealthy eating after hours and unhealthy breakfasts b. Replace junk with fruits and vegetables c. Try adding a fruit and a vegetable to every meal d. Help your family and support each other in making healthy lifestyle choices	This category was about becoming healthier with a focus on eating better . 1. Almost every single one of these videos mentioned eating less sugar . Some videos focused on junk food, some on obesity, and some on energy drinks, but all of them recommended cutting down sugar intake considerably or completely.
<i>All Hyped Up</i> Video Theme: Other	a. Many people have died from caffeine overdose caused by energy drinks b. Energy drinks cause health problems like headaches, nausea and tremors c. Want to get the word out through social media about how energy drinks are bad for you	2. Another common suggestion in these videos was to replace junk food with healthier fruits and vegetables as a

<p><i>Don't Want You Back</i></p> <p>Video Theme: Obesity Healthy Eating</p>	<p>a. Replace junk in the diet with healthier food b. Do it with friends to support each other</p>	<p>way to adopt a healthier lifestyle. Many of these videos talked about how people don't meet the recommended fruit/vegetable intake and how they eat too many non-nutritious snack foods.</p> <p>3. Videos in this category also talked about getting healthy with friends and supporting each other, as a way to help others achieve healthy lifestyles as well.</p> <p>4. A few of the videos suggested making presentations to younger students and others in the community as a way to get people started on living a healthy lifestyle and following a healthy diet from a young age.</p> <p>5. Some videos included healthy recipes for the viewer.</p>
<p><i>Eat Healthy Every Day</i></p> <p>Video Theme: Obesity Healthy Eating</p>	<p>a. Replace junky snacks for fruit b. Do it with friends and support each other</p>	
<p><i>Eat Healthy, Live Happy</i></p> <p>Video Theme: Obesity Healthy Eating</p>	<p>a. Diabetes is caused by too much sugar and starch b. Healthier family lifestyles c. Healthier alternatives and portion control d. Supporting your family e. Attend fitness camp, educate younger kids f. Make healthy eating something fun</p>	
<p><i>Healthy Eaters – Start to Finish</i></p> <p>Video Theme: Obesity Healthy Eating Health/Care/Cost/ and Insurance</p>	<p>a. Georgia has 2nd highest obesity rate in America b. Medical care in Georgia alone costs 2.1 mill for obese children c. Implement a four week course for elementary school 4Hers and educate them about a healthy lifestyle d. Shopping healthy on a budget, cooking healthy, and presenting what they learned</p>	
<p><i>Healthy Hummus</i></p> <p>Video Theme: Obesity Healthy Eating</p>	<p>a. Example of a healthy recipe b. Cook with your friends, have fun while doing it</p>	
<p><i>Not In My House</i></p> <p>Video Theme: Obesity Healthy Eating</p>	<p>a. Live a healthy lifestyle, involve your family b. Learn about the detrimental effects of fast food</p>	
<p><i>Nutrition Talk</i></p> <p>Video Theme: Other</p>	<p>a. Educate your friends</p>	
<p><i>Office Chat</i></p> <p>Video Theme: Obesity Healthy Eating</p>	<p>a. Learn about Omega 3 and omega 6 b. Must have a source of omega 3 in every meal, don't eat saturated fat</p>	
<p><i>Sweet is Sour</i></p> <p>Video Theme: Obesity Healthy Eating</p>	<p>a. High rate of obesity because of sugar b. The average adult consumer 150 lbs a year of sugar c. Sugar is found in lots of foods that you might not know d. Contest to avoid processed or added sugar, you could participate yourself or with your family</p>	
<p><i>The Health Issues of Carbonated Drinks</i></p> <p>Video Theme: Obesity Healthy Eating</p>	<p>a. Alternatives to soda like tea and water b. Soda is full of sugar and can lead to health issues</p>	

Table 5 – Part 4 - Mental Health

Video Title	Key Points	Themes Shared Among Individual Category
<i>5 Steps to Combat Stress</i> Video Theme: Sleep, Stress, and Mental Health	a. Anxiety and stress b. Pressure, mood swings, irritability, depression c. 5 things people can do: sleep, eat healthy and regularly, surround yourself with a good network of friends, staying active, don't procrastinate	1. Three of the videos in this category focused on stress , which many students deal with because of pressure from parents, school, friends, and their environment. 2. A common theme discussed in these videos was communication , and multiple videos emphasized talking to people in order to have a good support system when you're feeling stressed out. One video also suggested that even if you are not stressed, be observant of your own friends and always let them know that you're there in case they need someone to talk to. 3. The other videos in this category talked about autism awareness and smoking, and both of them emphasized communication among family, friends, and classmates as well regarding these health issues.
<i>Autism Awareness</i> Video Theme: Other	a. Talk to friends and classmates about autism and spread the word about being tolerant of those with special needs	
<i>COPD Effects on Family</i> Video Theme: Other	a. Talk to your family about smoking b. Smoking affects not just the smoker but the smokers family and friends	
<i>Stressing Over Stress</i> Video Theme: Sleep, Stress, and Mental Health	a. Child stress – from school, sports, parents, friends, from grief b. Little elements can add up to cause stress c. Talk to people about it	
<i>We Care</i> Video Theme: Sleep, Stress, and Mental Health	a. Get support from others when you feel bad b. Show love, trust, and security to those around you, always let people know you care	

Table 5 – Part 5 - Overall Health

Video Title	Key Points	Themes Shared Among Individual Category
<i>A Healthier Lifestyle</i> Video Theme: Obesity Healthy Eating	a. Eat healthier and exercise more	1. Many of the videos in this category were similar to the videos regarding getting fit by staying active and getting fit by eating healthy. These videos were put into the "Overall Health" category because they tackled both issues in the same video. 2. Many of the themes here were the same as the ones mentioned in the two abovementioned categories, such as replacing junk food with fruits and vegetables, staying active with friends, making exercise something fun, and healthy recipes to follow. 3. A few of the videos also touched on involving not only your
<i>Houston Healthy Living</i> Video Theme: Obesity Healthy Eating Physical Activities	a. Top 10 ways to promote healthy living b. Rest, stretch, exercise, sports, no alcohol, no drugs, good hygiene, annual doctor visits, healthy eating, dance	
<i>Be Active, Eat Healthy, Live Better</i> Video Theme: Obesity Physical Activities	a. Important to get your hour of activity every day b. Important to make healthy decisions so you can maintain a healthy body and mind	

<p><i>Fun with Fitness and Food</i></p> <p>Video Theme: Obesity Healthy Eating Physical Activities</p>	<p>a. Use time wisely so that you can make time for exercising b. Eat healthy and stay active c. Spend less time in front of video games d. Ask your friends to do the same</p>	<p>immediate family and friends but involving the community as a whole, by participating in 5K walks, and sponsoring healthy living presentations for members of the community.</p>
<p><i>Health rocks! Georgia 4-H</i></p> <p>Video Theme: Other</p>	<p>a. Involve your whole community in getting healthy</p>	
<p><i>Healthy and I Know It</i></p> <p>Video Theme: Obesity Healthy Eating Physical Activities</p>	<p>a. Take stairs and play sports instead of less active b. Eat fruits and vegetables</p>	
<p><i>High Energy Health Club</i></p> <p>Video Theme: Obesity Healthy Eating</p>	<p>a. Examples of healthy foods b. Importance of physical activity</p>	
<p><i>Minnesota Grant County 4-H</i></p> <p>Video Theme: Obesity Physical Activities</p>	<p>a. Dance to exercise</p>	
<p><i>Munch and Move!</i></p>	<p>a. Eat healthy and be active</p>	
<p><i>Screenagers</i></p> <p>Video Theme: Obesity Healthy Eating Physical Activities</p>	<p>a. Teens don't look away from their screens and eat too much junk food b. Involve your friends in getting active together c. Try new fruits and vegetables</p>	
<p><i>Strive to Survive</i></p> <p>Video Theme: Obesity Healthy Eating Physical Activities</p>	<p>a. Combat unhealthy eating habits and physical inactivity b. Participate in walks with others to get</p>	
<p><i>Take a Ride on the Healthy Side</i></p> <p>Video Theme: Obesity Healthy Eating Physical Activities</p>	<p>a. Example of a healthy recipe b. Eat healthy with friends, exercise with friends</p>	
<p><i>Way 2 Go!</i></p> <p>Video Theme: Obesity Healthy Eating Physical Activities</p>	<p>a. People spend too much on fast food, don't eat healthy, don't exercise enough b. Examples of health problems caused by obesity c. Exercise promotion, encourage healthy lifestyles d. Promote healthy lifestyles to the whole county</p>	

Table 5 – Part 6 - Personal Health

Video Title	Key Points	Themes Shared Among Individual Category
<p><i>Acne Health</i></p> <p>Video Theme: Other</p>	<p>a. Acne can be physically painful as well as emotionally painful b. Link between acne and what you eat</p>	<p>1. The videos in the Personal Health category touched on a variety of topics but almost all of them had a theme of being aware and informed of health concerns.</p>
<p><i>Concussion Awareness</i></p> <p>Video Theme: Other</p>	<p>a. Each year estimated 3 million concussions, 10% on high school b. Awareness of concussions is important, most people won't know symptoms c. People need to take the right preventative steps</p>	<p>2. Whether the video focused on eating disorders, tanning, diabetes, or concussion awareness, all of the students in the videos emphasized how important it was to know symptoms and preventative measures for health concerns associated with those conditions.</p>
<p><i>Don't Sneeze Into Your Hands Please</i></p> <p>Video Theme: Other</p>	<p>a. Shows the spreading of germs caused by sneezing into your hands b. Wash hands often</p>	<p>3. They mentioned being observant of others and speaking up about health concerns like diabetes and eating disorders, making sure to know warning signs in case of emergencies.</p>
<p><i>How to Fight allergies</i></p> <p>Video Theme: Other</p>	<p>a. Use honey, use tissues, go see your doctor</p>	
<p><i>Recognizing Eating Disorders</i></p> <p>Video Theme: Obesity Healthy Eating</p>	<p>a. Look out for siblings and others b. Know symptoms for anorexia and bulimia</p>	
<p><i>Summer is coming</i></p> <p>Video Theme: Other</p>	<p>a. Know about protection from the sun, use sunscreen b. Know what works best for you c. Bring sunscreen to donate to youth organizations in community</p>	
<p><i>The dangers of Tanning</i></p> <p>Video Theme: Other</p>	<p>a. Know about risks involved with tanning and skin cancer b. Use sunscreen and hats</p>	
<p><i>The fight against Type 1 Diabetes</i></p> <p>Video Theme: Obesity Healthy Eating</p>	<p>a. Educate yourself about juvenile diabetes b. Making a cookbook of diabetic friendly recipes</p>	
<p><i>Wash Your Hands</i></p> <p>Video Theme: Other</p>	<p>a. Wash your hands to prevent spread of germs throughout your systems b. Take kits to local community centers to give kids visuals of what happens if you don't wash your hands</p>	

Table 5 – Part 7 - Social Issues

Video Title	Key Points	Themes Shared Among Individual Category
<i>Bullying</i> Video Theme: Other	a. Bullying can make people feel very alone b. Support others when they're having a hard time, stand up for them c. Be the solution	<p>1. Two of the videos in this category focused on bullying, and a sub-theme was speaking up if you see someone being bullied. Students in the videos recognized how much of an impact standing up to a bully can have on the person being bullied.</p> <p>2. Even in the video on peer pressure, students talked about how to support friends and others in order to prevent them from getting involved in activities that might have a negative impact in their life.</p>
<i>Cool It Campaign</i> Video Theme: Other	a. Stop people from being rude to others in public, speak up for them	
<i>Hidden in Plain Sight</i> Video Theme: Other	a. Domestic sex trafficking b. Ambassador of hope so young people have resources and people to talk to c. Know the signs of sex traffickers	
<i>Overcoming Peer Pressure</i> Video Theme: Other	a. It can be really easy for kids to be negatively influenced by media and their friends b. Local community center helps youth positively affect their lives c. Be involved with your community	
<i>Safe Sex</i> Video Theme: Other	a. Know about consequences of practicing unprotected safe sex	

Table 5 – Part 8 - Substance Abuse

Video Title	Key Points	Themes Shared Among Individual Category
<i>Alcohol Use</i> Video Theme: Other	a. Know about the effects of overusing alcohol	<p>Across the two videos was the theme of education about substance use and abuse.</p>
<i>Recovery</i> Video Theme: Other	a. Make a video for class to educate young people about drug abuse, made by people that are now sober	

Table 5 – Part 9 - Weight Specific

Video Title	Key Points	Themes Shared Among Individual Category
<i>Tackling Obesity</i> Video Theme: Obesity Physical Activities	a. Exercise with friends b. Lessons for 4-5th graders to educate them about how to lead healthy lifestyles c. High school students can be mentors to them	A common theme in these videos was exercising with friends as a way to have a support group, have fun, and have a healthier lifestyle while fighting obesity or weight gain.
<i>Beat Obesity for Busy People</i> Video Theme: Obesity Healthy Eating Physical Activities	a. Eat healthy, exercise, and encourage others b. Stretch while doing – multitask c. Form a fitness group with your friends	

Table 5 – Part 10 - Finalists

Video Title	Key Points	Themes Shared Among Individual Category
<i>Hiking to Health</i> Video Theme: Obesity Physical Activities	a. Go hiking with friends to keep active while having fun.	There are no common themes among the video finalists.
<i>Alcohol and Driving Combined</i> Video Theme: Other	a. Know about risky driving habits/what can happen if you drink and drive.	
<i>Messages Through Music</i> Video Theme: Other	a. Teens don't know enough about sex to be having it at such a young age, promotes abstinence.	
<i>Move Your Body</i> Video Theme: Obesity Healthy Eating Physical Activities	a. Promotes healthy eating, encourage your friends to do the same b. Talks about negative effects of not exercising.	
<i>Solving Food Deserts</i> Video Theme: Obesity Healthy Eating	a. Food desert – community that doesn't have enough access to healthy choices. b. Community garden – a way to provide healthy food to the entire community.	

Teen Town Halls

Five states provided six reports of their town hall meetings. National 4-H Council provided a report of the National Youth Summit for Healthy Living town hall meeting. Table 6 summarizes the participants' characteristics. Characteristics were previously shown in the *Health Themes from Teens* portion of this report.

Table 6. Summary of Teens Take On Health Town Hall Teen Participant Characteristics

Location	Youth	Male/ Female	Racial Majority/ Minority#	Low Income Estimate***
CA	131	*	28/103	85%
FL	89	19/70	29/60	60%
MD-Campus	51	19/32	29/22	16%
MD-Temple Hills	35	25/10	00/35	98%
MI	21	4/17	03/18	25%
UT	212	77/135	154/58	39%
SUMMIT	81	20/61	51/30	**
TOTAL	620	164/324 %34/66	294/326 % 47/53	

*This cell is blank due to the lack of complete gender data in the state report. Therefore, the total for gender does not match the number of youth.

**No estimate provided.

***Due to the lack of information about how this percentage was determined and the likely variability in how this estimate was derived, no conclusions can be drawn.

The six town hall reports are included in this section in alphabetical order: CA, FL, MD, MI, UT and Summit. To save space, all blank components were omitted. Themes were identified using color coding shown in Table 7. The colored coded reports served as the codebook and record of the themes identified.

The **bold ideas** in each report are encased in a box for easy identification.

MOLINA TOWN HALL FINAL REPORT

UNIVERSITY: University of California, Davis

TOWN HALL DATE(S) AND LOCATION (S): October 12, 2013
3100 Sacramento Job Corps Sacramento, CA 95814

PARTICIPANT DATA (complete charts below)

RACE & GENDER-YOUTH	Male	Female	Total
White only	10	15	28 (3 people did not specify gender)
Black/African-American	0	8	9 (1 person did not specify gender)
American Indian	0	0	0
Asian only	0	7	7
Native Hawaiian/ Pacific Islander	3	2	5
Multi-racial	0	0	0
Undetermined	2	4	82
TOTAL	15	36	131
ETHNICITY- YOUTH			
Hispanic or Latino	7	10	19
Not Hispanic or Latino	0	0	0
TOTAL YOUTH	15	36	131

RACE & GENDER-ADULTS	Male	Female	Total
White only	9	10	19
Black/African-American	2	1	3
American Indian	0	0	0
Asian only	0	1	1
Native Hawaiian/ Pacific Islander	0	0	0
Multi-racial	0	0	0
Undetermined	0	0	0
TOTAL ADULTS	11	12	23
ETHNICITY-ADULTS			
Hispanic or Latino	1	2	3
Not Hispanic or Latino	0	0	0
TOTAL	1	2	3

Please estimate the percentage of youth and adult participants from limited resource families or communities: 85% youth 15% adult

COMMUNITY PARTNERS: List community partners who were engaged in Town hall events. How many participants did each add to your event? Indicate whether this partner is from a new or existing collaboration.

Name of Partner	# youth	# adults	New or existing partner?
Planned Parenthood	0	1	New
La Familia Counseling Center	2	0	New
Breathe California of Sacramento – Emigrant Trails	1	1	New
Sacramento Job Corps	13	0	New
Impression Fitness	0	2	New
TOTAL	16	4	

1) Overview of Town Hall Program: The California Town Hall took place during the National 4-H Week, on October 12, 2013 in Sacramento, CA. The Town Hall was also a part of the California 4-H Centennial Year Celebration. Two 4-H youth leaders and the 4-H Intern led the Town Hall. Youth were welcomed to the event and thanked for their participation. The *Teens Take On Health Video* winners were shown and participants were provided with an overview of both Molina Healthcare and 4-H. Youth then participated in the following liberating structures: Impromptu Networking, TRIZ, and 1-2-4-All. Following a break, participants were able to engage in a panel discussion with Roger Dickinson, Richard Figueroa, and Nicolas Come. 25/10 Crowd sourcing was used to generate the group’s boldest ideas. As youth participants left the Town Hall they were able to collect information on health improvement from several local organizations. Planned Parenthood, Impression Fitness, and others made up a community health fair geared to encourage youth participants to make connections with local organizations that could assist in their goals and action steps for a healthier community.

In addition to the main Town Hall, four hub sites were established throughout California (Tehama, San Louis Obispo, Fresno, and San Bernardino counties all participated). 4-H Youth Site Leaders facilitated the liberating structures at each hub site on the same day and time as the main Town Hall. The Site Leaders invited youth in their communities to join the Town Hall via satellite video streaming and to also join the conversation through Twitter posts (examples attached). 4-H youth and community members were encouraged to use #ttoh on Twitter to engage others in the forum discussion.

A *Teens Take On Health* workshop was held on July 26, 2013 at the California 4-H State Leadership Conference. The 4-H State Leadership Conference brings together high school youth from across California in a four-day leadership training, networking, and learning experience. The conference provides advanced leadership training and is an opportunity for 4-H members to network and share ideas with other 4-Hers from across the state. The conference focuses on providing high school youth with experiential education on leadership development, civic engagement, college admissions, and other 4-H project areas. Twenty participants signed up for the *Teens Take On Health* workshop that was led by the two youth program leaders and the 4-H Intern. Participants engaged in conversations about teen alcohol consumption, expense of healthy food, unhealthy family habits, and affirmative action through three different liberating structures: Triz, 25/10 Crowdsourcing, and 1-2-4- All. Participants were trained on how to deliver these liberating structures and were provided with informational packets to facilitate their own Town Hall forum. Informational packets included: Descriptions and instructions on all the liberating structures, a list of healthy snacks, and a list of fun, physical, and break activities.

2) Youth Engagement:

A diverse group of youth and community members attended the *Teens Take On Health Town Hall*. Participants were recruited from underserved communities, schools, events, existing 4-H afterschool programs, youth organizations, and community health fairs. The event location, Sacramento Job Corps, was chosen specifically because it is located in a low-income community where many youth and families are underserved. Job Corps is a no-cost education and career technical training program administered by the U.S. Department of Labor that helps young people ages 16 through 24 improve the quality of their lives through career technical and academic training. The event was heavily promoted to Sacramento Job Corps youth and residents.

Youth from several low-income schools were invited to attend the *Teens Take On Health Town Hall*. Program staff presented the Town Hall during class time, at club fairs, and lunchtime events. A smoothie bike was utilized during lunchtime in various schools and also at community health fairs to attract youth. The Town Hall was also promoted during largely attended free events. 4-H youth hosted an interactive booth at the Sacramento Farm to Fork event (28,000 in attendance), as well as the California State Fair which was attended by over 30,000 people each day. At the California State Fair, the 4-H *Teens Take On Health Leaders* promoted the Town Hall during 4-H Kids Day and the 4-H Throw down cook off, an event in which 4-H members age 12 to 19 competed in a healthy cuisine cooking contest.

Social media was extensively used to engage youth and the community. The Town Hall was promoted not only on the California 4-H Facebook page, California 4-H Instagram page, California 4-H Twitter, but also on several 4-H County pages, personal pages, and other community organization's pages. Additionally, Twitter, Facebook, and Instagram were used not only to engage youth participants, but also to create a dialog about the event between those attending remotely and community stakeholders. Some sample Tweets and Facebook posts are attached. Information about the Town Hall was also disseminated through the California 4-H Statewide Newsletter and monthly Virtual Brown Bag meetings of all 4-H staff statewide. A special invitation was sent to 4-H staff who work with afterschool programs that engage underserved populations.

The 4-H Intern attended numerous community health fairs and events, assisting the Molina Outreach Coordinator, to promote the Town Hall. They worked together to distribute flyers at all Molina partner organizations, Molina Clinics, and Molina shuttle busses.

As stated above 4-H Site Leaders were recruited at the California State Leadership Conference, as well as through the California Ambassador roster. Youth facilitators were not only trained in-person at the State Leadership Conference, but also were provided additional training via Adobe Connect. California 4-H staff went over each liberating structure extensively with all the site facilitators prior to the event. All necessary resources and details about the Town Hall were sent to the Youth facilitators electronically and also via mail.

3) Town Hall Findings:

a. Changes in youth health behaviors as individuals;

Most participants expressed concern about their physical health and also the physical health of their peers. Obesity and general well-being were the topic of many conversations the teens had. Some of the solutions they came up with included affordable gym memberships to promote physical activity. Teens expressed interest in going to a gym after school or during the weekends but their parents cannot afford the high cost of a monthly membership. Another solution they came up with was having more community gyms where teens could access fitness equipment (jump ropes, soccer balls, basketballs, and tennis racquets) for a reduced cost or at no charge.

b. Changes in their families;

Participants at the Town Hall forum did not advance many solutions with regards to making family-level changes to promote their own health. One reason why family-level changes may have been overlooked could be due to the demographics at the Town Hall, the majority of which represented teens who lived at the Sacramento Job Corps Center rather than with their families.

However, some teens at the *Teens Take on Health* event did express concern for the health of their families. They were concerned about family members with health issues such as: Type II diabetes, obesity, heart problems, asthma, mental health issues and drug use. Again, the youth's solutions addressed access and costs. The most common solutions were lowering the cost of healthy foods. Many "organic" or "non-processed" foods are too expensive for their families and therefore they go for the cheaper, more processed alternative which results in unhealthy eating. Youth suggested creating and maintaining community-based gardens that could provide organic vegetables to families all year round.

- c. Changes in community and school policies, such as healthcare availability, or other aspects of the greater community that need change;

Most of the solutions from youth participants at the California Town Hall focused on the ways in which their communities and schools could better serve them. Improvements at the school-level tended to focus on providing delicious and nutritious school lunches, with a particular emphasis on limiting the sale of processed foods and fast foods near school boundaries. Youth also suggested promoting stress relief strategies in classrooms. Another commonly proposed solution was to develop more farmers markets and community gardens. Interestingly, few youth explicitly proposed ways in which healthcare organizations could promote greater health in their community; rather, solutions involving healthcare organizations were vaguely worded, and typically connected to insurance costs and availability (i.e., "make healthcare free" or "universal healthcare"). Youth did voice concern about the lack of mental health services. They would like to see more services being provided, special education programs, and community awareness to those with mental health issues.

- d. Changes in state policies and programs.

Providing tax breaks on healthy foods and also giving a money incentive to those who purchase foods like fruits and vegetables. Youth suggested reducing the cost of healthy foods at fast food establishments and permitting the use of EBT cards (e.g., salads at McDonalds). Youth also suggested that the state lower the cost of medication.

- e. Also include one **big bold idea** for change that may seem audacious in changing our health care system.

One big, bold idea that seemed audacious was to eliminate fast food restaurants altogether and/or make "junk" food illegal everywhere in the world. This idea was proposed by two different people during the "25/10 crowdsourcing" liberating structure, and received low ratings (2 or 3 points out of 5) by other participants at the town hall.

- f. Finally, did the teens identify any programs or policies in use that should be replicated?

Teens did not identify any specific programs that they felt should be replicated. However, a number of teens indicated a need for the coordination or centralization of different social services to promote self-reliance among the homeless and the mentally ill. Some teens suggested that these services be better integrated into our prison system, in order to reduce recidivism and to really meet the needs of those who need those serves.

4) Memorable Quotes:

Did youth make any dynamic quotes about health or healthcare that should be recorded? These could be used in future articles.

We need “adequate care and treatment for all people with mental health issues and learning disabilities.”

“The homeless blend into the urban background-we need to make it an issue in the public mind.”

“We need to “promote stress relief and personal time.”

MOLINA TOWN HALL FINAL REPORT

UNIVERSITY: University of Florida

TOWN HALL DATE(S) AND LOCATION (S): October 5, 2013, at Long Key Nature Center, 3501 130th Avenue, Davie, FL, 33330, and October 26, 2013, at the Osceola County Extension Office, 1921 Kissimmee Valley Lane, Kissimmee, FL, 34733.

PARTICIPANT DATA (complete charts below)

RACE & GENDER-YOUTH	Male	Female	Total
White only	5	24	29
Black/African-American	4	20	24
American Indian	0	0	0
Asian only	3	1	4
Native Hawaiian/Pacific Islander	0	0	0
Multi-racial	0	8	8
Undetermined	0	0	0
TOTAL	12	52	64
ETHNICITY- YOUTH			
Hispanic or Latino	7	18	25
Not Hispanic or Latino	12	52	64
TOTAL YOUTH	19	70	89

RACE & GENDER-ADULTS	Male	Female	Total
White only	1	15	16
Black/African-American	0	7	7
American Indian	0	1	1
Asian only	0	0	0
Native Hawaiian/ Pacific Islander	0	0	0
Multi-racial	0	1	1
Undetermined	0	0	0
TOTAL ADULTS	1	23	24
ETHNICITY-ADULTS			
Hispanic or Latino	0	2	2
Not Hispanic or Latino	1	23	24
TOTAL	1	25	26

Please estimate the percentage of youth and adult participants from limited resource families or communities: 60% youth 30% adult

COMMUNITY PARTNERS: List community partners who were engaged in Town hall events. How many participants did each add to your event? Indicate whether this partner is from a new or existing collaboration.

Name of Partner	# youth	# adults	Type of Partner?
Giving Girls Grace	2	2	New
Youth MOVE Seminole	10	1	Existing
Visions TCM Services	Event Vendor		Existing
Florida Dept. of Health/Tobacco Prevention Program S.W.A.T.	Event Vendor		Existing
Girl Scouts of Citrus County	Event Vendor		Existing
Seminole County 4-H	Event Vendor		Existing

Osceola County 4-H	Event Vendor	Existing
Help Now of Osceola County	Event Vendor	Existing
The Center for Drug-Free Living	Event Vendor	Existing
Osceola Community Vision	Event Vendor	Existing
211 Broward	Event Vendor	Existing
Broward County Health Dept.	Contributed Materials	Existing
South Florida Red Cross	Event Vendor	New
Orange County 4-H	Event Vendor	Existing
Volusia County 4-H	Event Vendor	Existing
Palm Beach County 4-H	Event Vendor	Existing
Broward County 4-H	Event Vendor	Existing
TOTAL: 17		

1) Overview of Town Hall Program:

We had two Town Hall events. We linked the Town Hall program to an existing state-level 4-H event called 4-H Congress, in July 2013. During a Healthy Lifestyles Workshop at this event, the teen intern and the youth representative used the Liberating Structures to explore health with 25 of the teen participants. In addition, we also used this event to promote our two Town Halls, and to encourage teens to attend the Town Hall or to be teen facilitator. 4-H teens were also recruited as facilitators via the existing youth district council groups that serve the central and south Florida areas.

The agenda for the educational part of the event used the “Liberating Structures,” <http://www.liberatingstructures.com/>

Town Hall Agenda

a. Impromptu Networking

Participants wrote down an answer to the question, “What is your biggest challenge when you think about health?” and to think about the question, “What can you, as an individual, offer the group?” Then, participants shared their answers with each other through Impromptu Networking. This activity was used to get participants thinking about what they wanted to accomplish during the town hall, as well as to introduce them to other youth.

b. Celebrity Interview

Our youth facilitators interviewed an individual who had experience with health and health programs for teens. This activity was used to inspire participants and to show them how to properly interview a person during the Appreciative Interview structure.

c. Appreciative Interview

In groups of two, participants interviewed each other about a time when they had a health challenge they successfully overcame, then took turns telling their interviewee's story in groups of four. This activity encouraged participants to believe success is possible by recounting their own victories and hearing about the victories of others.

d. 1-2-4-All

Participants were asked to think by themselves, in groups of two, and then in groups of four, about the major factor that led to success in the stories told during Appreciative Interview. This activity was used to get participants thinking about elements necessary for success in solving problems in their personal lives, and to begin to apply those elements to larger problems.

e. Troika Consulting

In groups of three, participants shared the greatest health challenge they saw affecting their families, schools or communities. Then, the other members of the group discussed solutions to the health challenge without the participant's interference. This activity was used to get participants to define the challenges they see as most urgent, to advise each other on these challenges, and to bring the discussion away from the personal level and to the community level.

f. 25/10 Crowd Sourcing

Participants were asked to write down one big idea to improve health in the state of Florida that they would implement if they had the resources, along with the first step they would take to get started. Then they rated each other's ideas, and the intern and youth representative read the top ten ideas. Then, the participants were asked to write their names by the ideas they liked, to indicate they supported the idea or would like to help implement it. This activity was used to get ideas from the participants and then to gauge the amount of support from the teens for each idea.

g. 15% Solutions

On the back of their name tags, participants wrote down one thing that they could go home and do that day to improve health in their personal lives, families, schools, communities and state. This activity was used to encourage participants to return home and implement the things they learned and make an immediate change regarding health.

2) Youth Engagement:

We marketed this event to underserved youth by appealing to the originality of the event, and by stressing it as a chance to speak out on issues important to them with limited adult involvement. We also purchased "yard signs" to promote the event and they were placed at each 4-H office in the region and at most of the low income schools in the host county. We

made sure that each group we spoke to knew the event was free, we provided lunch and we were willing to help cover transportation costs from our budget, in order to engage as many low-income communities and families as possible. We discovered that our greatest challenge in putting on this event would be the language barrier, as many of our participants might not speak English fluently. To assess how big of a problem this would be, we included a question on the registration forms asking whether or not the participant would need a translator, and made sure to have at least one facilitator at this event that spoke Spanish. We also encouraged the group leaders to attend and to help their teens if communication became a problem.

3) Working with Molina Community Outreach

Our intern worked closely with Molina Community Outreach director and managers to secure diverse audiences for the event, sometimes visiting as many as three community partners in one day. She also attended meetings at the Broward County Health Department, where many groups working with teens meet, and spoke at the Osceola Children's Cabinet Meeting alongside the youth representative. We provided the Molina Community Outreach team with flyers, press releases, registration information and the yard signs to promote the event and to distribute to their contacts as well as 4-H's contacts.

4) Participant Registration and Social Media

There were several different ways participants could register for the event. First, a webpage was set up at Florida4H.org, which led to an Eventbrite page where an online registration could be completed. The link was put on all the flyers and yard signs. Secondly, we created an individual paper registration form, for participants who did not have access to the internet. This form could be faxed, mailed, or emailed to us. Lastly, we created a group registration form, which we distributed to leaders of youth groups and other community partners. This form allowed them to register large numbers of participants. We also made an allowance for youth to register on site to encourage last minute participants. As for social media, we created a twitter hash tag and put it on all our flyers, to encourage participants to talk about the upcoming event. Prior to the event we posted photos using the hash tag to spark interest on FaceBook and Instagram.

5) Teen Facilitators

We recruited our teen facilitators by promoting the event at 4-H Congress, to the District VIII, and XIII Council, and to teens we knew, personally. We wanted teens that already had strong leadership skills and would be able to handle the unstructured style of the event. We held training at a University of Florida facility on September 21, 2013, led by our intern, and one on September 28, 2013, led by our youth representative. During the training, facilitators experienced the town hall format. After each Liberating Structure, we explained what we expected the facilitators to be doing during that specific part of the event.

6) Town Hall Findings

a. Changes in youth health behaviors as individuals:

The biggest problems the teens identified were eating too much junk food, drinking too much soda, not exercising, obesity, and lack of sleep. To help each other eat healthier, teens suggested solutions such as finding recipes to make healthy food taste more delicious,

scheduling meals, and limiting portions. To address the exercise challenge, teens suggested setting exercise schedules, finding sports or exercise regimens that appeal to each unique individual, and using time on electronic devices as a reward for exercising. To address obesity, teens suggested setting healthy diets, finding peer support, sleeping less, and exercising more. To help each other get more sleep, teens suggested earlier dinner times, playing music, going to bed earlier, finding better ways to relieve stress, and taking naps. Some of the bigger solutions the teens brainstormed included starting teen-only gyms where teens can get personal training, and more organizations promoting teen confidence and tips for getting healthy.

b. Changes in their families;

The biggest health challenges for families included a lack of time for exercising, not eating home-cooked meals, unhealthy consumption of soft drinks, lack of communication, eating too late at night, and the high cost of healthy foods. Family gym memberships, family “fitness nights”, inspiring determination and commitment to exercise regimens, and planning ahead for exercise time were all suggestions for families who have trouble finding time to exercise. To address the high cost of healthy foods, teens suggested starting family gardens, purchasing healthier items on fast food menus such as salads, and food stamps. Teens suggested using dinner time to talk about life and school to improve communication, preparing meals in advance to stop from eating too late at night, finding better substitutes for sodas in the home.

c. Changes in community and school policies, such as healthcare availability, or other aspects of the greater community that need change;

The biggest problems in communities and schools were lack of healthy foods in schools, a lack of physical education in schools, having vending machines in schools, lack of health education in communities, finding good healthcare, and STD’s in schools. The same health problems that individuals faced replicated in the community at large. Some solutions regarding schools and school policies were having vending machines only dispense healthy foods, more physical education classes, including fun ones, like Zumba®, and more health education in general, including programs about teen violence, STD’s, fundraisers to raise money for healthy school lunches, articles in local newspapers that focus on healthy living, and school gardens. Some of the biggest ideas for communities were to put exercise devices in random places in the community to encourage people to try them out, exercise parks, more gyms, and more support groups.

d. Changes in state policies and programs.

There were not many suggestions for changes in state policies and programs, but the teens identified the high cost of healthcare and paying for insurance as a problem for both individuals and families. One larger idea for state-level change was an advertising campaign that promotes healthy living. A second idea was a five-week statewide exercise challenge that would involve forming support groups in separate communities.

e. Also include **one big bold idea** for change that may seem audacious in changing our health care system. What is the biggest and boldest idea that came out of the town hall meetings?

The #1 idea, the one that teens seemed to like the most, was opening a gym/smoothie shop where people can come to exercise and then get a healthy smoothie or snack. The #2 idea was to start a line of food trucks that only serve healthy food. Some of the biggest ideas also included a movie theater combined with a gym, where gym members could use a treadmill or stationary bike while watching popular movies. The theater would also serve healthy snacks and drinks. Another idea was to start a publicly-owned television network centered entirely on healthy-living programming. Other large ideas included health clubs where people could exercise, play games, and eat healthy foods, and getting a celebrity to start a health campaign people will support.

MOLINA TOWN HALL FINAL REPORT

**UNIVERSITY: University of Maryland—Campus for Teen Focus State 4-H Leadership Event
AND Temple Hills Teen Club**

**TOWN HALL DATE(S) AND LOCATION (S): Tuesday June 23rd 2013, College Park (3-5pm);
January 24, 2014 for Temple Hills**

PARTICIPANT DATA (complete charts below)

RACE & GENDER-YOUTH	Male	Female	Total
White only	15	14	29
Black/African-American	33	21	54
American Indian	1		1
Asian only			
Native Hawaiian/ Pacific Islander			
Multi-racial	1		1
Undetermined			
TOTAL	50	35	85
ETHNICITY- YOUTH			
Hispanic or Latino	1	0	1
Not Hispanic or Latino	49	35	84
TOTAL YOUTH	50	35	85

RACE & GENDER-ADULTS	Male	Female	Total
White only		7	7
Black/African-American	2	3	5
American Indian			
Asian only			
Native Hawaiian/ Pacific Islander			
Multi-racial			
Undetermined	1	3	4
TOTAL ADULTS	3	13	16
ETHNICITY-ADULTS			
Hispanic or Latino	0	0	0
Not Hispanic or Latino	2	14	16
TOTAL	2	14	16

Please estimate the percentage of youth and adult participants from limited resource families or communities:

Teen Focus 16% youth 0% adult

Temple Hills: 98% youth 40 % adult

COMMUNITY PARTNERS

Name of Partner	# youth	# adults	New or existing partner?
TEEN FOCUS			
Future Farmers of America			Existing 4-H Partner
University of MD			Existing 4-H Partner
Operation Military Kids			Existing 4-H Partner
TEMPLE HILLS			
Xtreme Teens program			New partner
Prince George's county 4-H			Existing

COLLEGE PARK REPORT:

1) Overview of Town Hall Program: In order to best represent the whole state, we decided to set up a series of town hall events across Maryland. We planned the town hall based on the liberating structures we learned at the training in Chevy Chase. To help us facilitate the town hall, we prepared a power point which incorporated the questions we were asking as well as the videos from the Teens Take on Health Video Challenge. We were fortunate to be able to incorporate the program into the Teen Focus event held by 4-H. To start off our program, we asked the group two impromptu questions. This gave them a chance to get comfortable speaking with one another. This was followed by the Appreciative Interview activity and the 25/10 activity. To further engage the audience, we had them write their responses on colorful sticky notes and post them on decorated posters around the room. After the interview of Dr. Bonnie Braun, we handed out Molina pedometers to all the participants (which they immediately started using!!)

2) Youth Engagement: What strategies did you use to engage underserved youth? How did you engage of youth and adults from low-income communities or families? How did you engage youth with special needs or challenges? How did you work with your Molina Community Outreach Director to secure diverse audiences? How were participants invited? Did you use social media to increase participation? How did you recruit teen facilitators? What training did you hold to prepare youth facilitators?

By setting up the town hall meeting at Teen Focus, we were able to gain attendance from teens from 4-H, Future Farmers of America, and Operation Military Kids. At registration, teens were invited to attend the town hall. Our on-site teen facilitators were from 4-H Teen Council. We attempted to have youth from Prince George's County come to the town hall as well, but unfortunately the time did not work out with their schedule. We then decided to set up a separate town hall in Prince George's County in September or October.

3) Town Hall Findings:

a. Changes in youth health behaviors as individuals:

- Eat healthier, decrease junk food and lay off video games/internet to exercise outside more often
- Stay hydrated
- Upkeep a positive body image and good self-esteem
- Raise money to help local charities
- Stay busy by getting a job
- Increase vegetables and decrease meat portion sizes

- Walk, rather than take the car
 - Keep up routine exercise schedules
 - Find other enjoyable forms of exercise
 - Use reusable water bottles instead of disposable plastic ones
 - Practice good hygiene
 - Cut back on fast food, and eat less salty foods and snacks
 - Take care of our bodies by taking any required medications
 - Be more involved in the community
- b. Changes in their families:
- Support our families in making better food selections and work with them to stay active together
 - Eat breakfast everyday
 - Keep the house clean and sanitary
 - Block off certain times for reading, instead of watching TV
 - Grocery shop as a family to encourage families to eat a greater variety of foods
 - Spend quality time together as a family
 - Make homemade meals together to add more vegetables in our diet
 - Use compost bins in the backyard
 - Family activities: run, walks, go to the gym, play sports, dance, bike
 - Watch the foods in the house, especially if family members are diabetic or have specific allergies
 - Sign up for a family gym membership
 - Require workouts with family members
- c. Changes in community and school policies, such as healthcare availability, or other aspects of the greater community that need change:
- Beautify communities by picking up trash on the highway (adopt-a-road) and in neighborhoods, or cleaning the Chesapeake Bay
 - Encourage community bonds to reduce violence
 - Host a community farmer's market
 - Host weekly community meetings to discuss healthy habits and sell nutritious foods
 - Have community activities to encourage people to get moving, and expose them to healthier food options (i.e., runs, field days, bike trips, carnivals, picnics)
 - Enforce gym classes regardless of age
 - Host a health fair where community members can learn how to shop for healthier food and look at food labels
 - Start a health/workout club in the community that is family-friendly
 - Have better options for healthy eating in the neighborhood
 - Do a community health challenge or exercise program
 - Reduce advertising rates for gyms
 - Provide samples (and recipes) of healthy foods
 - Encourage each other to exercise and eat healthy
 - Decrease the amount of fundraisers for school events held at fast food restaurants
 - Encourage youth in the community to join school sports to improve health and make new friends
 - Start a food drive and give the canned food to the capital area food bank
 - Support local charities

d. Changes in state policies and programs:

- Provide fun and engaging outdoor activities at the state fair, and have healthier food choices there
- Reduce non-point source pollution by curbing runoff
- Eliminate tax on fresh produce; make it more affordable to be healthy
- Donate to local organizations that help the needy
- Have the state host a yearly competition for people to reach a certain goal in fitness
- Have an exercise requirement for everyone in the state
- Require children to participate in at least one sport a year
- Create new healthy lifestyle outreach programs
- Write letters to state officials to decrease factory pollution
- Start a program to clean up litter
- Implement new laws to lower junk food consumption
- Create programs to encourage people to eat healthier
- Enforce workouts 3x a day
- Make a law to require exercise everyday
- Vote for a representative who will serve the state the best
- Write to senators/congressmen to provide better healthcare or advocate healthy lifestyles
- State walkathons
- Be involved in health organizations in other counties as well as our own
- Make healthy foods more available
- Talk to legislators about food regulations such as eliminating ‘Super Gulp’ beverage sizes

a) Also include **one big bold idea** for change that may seem audacious in changing our health care system. What is the biggest and boldest idea that came out of the town hall meetings?

1. Everyone in the community outside playing and exercising: Get people to come outside
2. Make the younger generation go outside more: Make better and cooler parks
3. Get my community to start eating and living healthier
4. Less taxes and become a less obese state
5. Have fruits and vegetables cost less than other foods, to encourage people to buy them: Eliminate taxes on produce
6. Cure cancer: Acquire a huge grant and hire the top researchers to work on the project
7. Every community have a 1-2 acre community garden where citizens can plant fruits and vegetables that everyone can take home: The local government can donate the land
8. Cure AIDS/HIV: Get Bill Gates to give a huge grant to the AIDS foundation
9. Make MD the first state to require citizens to have a 6-pack or pay a fine
10. Eliminate all obesity related deaths in the US: Eliminate fast food restaurants
11. No one has an obesity problem: Reduce the amount of unhealthy foods sold in stores
12. Everyone in the community to work out and be fit in the community: On every first of the month, we play sports
13. Everyone to be at a healthy weight for their body type: Get people eating better and exercising more; have smaller proportions and more fruit and vegetables

- e. Finally, did the teens identify any programs or policies in use that should be replicated?
Teens requested that their communities and states host health fairs, which we currently have in the area once a year at the Washington Convention Center. They also mentioned wanting an increase in family health programs.

TEMPLE HILLS REPORT:

1) Overview of Town Hall Program: This was the second Maryland Town Hall. We were able to link it to the Prince George's County Xtreme Teens program which is held every Friday night at the Temple Hills Community Center.

2) Youth Engagement: We were able to engage underserved youth by hosting the Town Hall in Temple Hills, Maryland. 90.09% of residents living in that area are considered to be low income and minority households. Participants for the Town Hall were invited through the Temple Hills community center, Prince George's County 4-H, The Sentinel community calendar, word-of-mouth through teens, and the 4-H Facebook page.

Before the Town Hall, we had a date to recruit and train teen facilitators to help execute the Town Hall. Because we were losing the attention of the teens very quickly, we decided to use that gathering as a recruitment meeting instead.

3) Town Hall Findings

- a. Changes in youth health behaviors as individuals:

Reduce the consumption of junk food and eat healthier meals. Start by including at least one vegetable in all meals.

Drive less.

Increase time spent doing fun physical activities we enjoy, like going to the park, playing football, going swimming, hiking, and playing basketball.

Go to the gym several times a week.

Get the recommended amount of sleep.

Increase positive thinking, determination, and motivation.

Laugh more!

Substitute some video games with Wii Fit.

Find daily exercises that do not need equipment. Start by looking up YouTube videos.

- b. Changes in their families:

Spend more family time together and increase acceptance of each other. Start by having family projects and programs, such as a family sports day. Also, have designated family bonding days.

Better family communication. Start by decreasing arguments/fights.

Fix dinner as a family at least once a week. Not only will it improve family bonds, but lead to a more nutritional diet.

Have a family walk across the bridge at the National Harbor.

“Help support my family by getting a high school diploma.”

Get fit! Work on building an exercise cycle to improve exercise.

- c. Changes in community and school policies, such as healthcare availability, or other aspects of the greater community that need change:

Stop young deaths/killings in the community. Start by setting up neighborhood watch groups.

Open an incredible restaurant with very healthy and affordable food. Food so good that everyone in the state would come there to eat.

Increased community centers, clinics, and gyms. For the gyms, start by writing grants to get corporate sponsors like Nike.

Build an environmentally friendly community center.

Build a greater sense of community by volunteering at retirement homes and helping handicapped community members. In addition, get to know the community by hosting community outings. Community activities like “Green-day,” a community fair, a 5k, Sport days (team sports like basketball, baseball, and soccer), and park clean-ups.

See people off the streets and into nice homes.

Start a small club that promotes healthy living.

Build a greenhouse.

Start new groups that everyone would enjoy, like a book club.

Start a 24-hr fitness gym.

Increase local produce by donating money to area farms.

Plant a community garden.

Increase available sports in schools. Start by getting donations to the school.

d. Changes in state policies and programs:

Make a law banning smoking.

Increased free programs and activities for youth. Increase the budget for these kinds of programs.

Enjoyable and healthy lunch meals in all schools.

Ban fast food restaurants like McDonald’s.

Decrease the amount of murders and kidnappers; make sure that criminals stay in jail.

State recycle day.

Enforce new safety laws. Start by writing to the government.

Improve state water systems, roads, and highways.

Laws to make restaurants healthier.

e. Also include **one big bold idea** for change that may seem audacious in changing our health care system. What is the biggest and boldest idea that came out of the town hall meetings?

Everyone should have free healthcare.

Finally, did the teens identify any programs or policies in use that should be replicated?

Increase programs and advertising about abstinence/safe sex.

MOLINA TOWN HALL FINAL REPORT

UNIVERSITY **MICHIGAN STATE UNIVERSITY**

TOWN HALL DATE(S) AND LOCATION (S): Saturday, September 21st Macomb Community College

PARTICIPANT DATA (complete charts below)

RACE & GENDER-YOUTH	Male	Female	Total
White only		3	3
Black/African-American	4	13	17
American Indian			
Asian only			
Native Hawaiian/ Pacific Islander			
Multi-racial		1	1
Undetermined			
TOTAL	4	17	21
ETHNICITY- YOUTH			
Hispanic or Latino			
Not Hispanic or Latino			
TOTAL YOUTH			21

RACE & GENDER-ADULTS	Male	Female	Total
White only		8	8
Black/African-American	4	6	10
American Indian			
Asian only			
Native Hawaiian/ Pacific Islander			
Multi-racial			
Undetermined			
TOTAL ADULTS			18
ETHNICITY-ADULTS			
Hispanic or Latino			
Not Hispanic or Latino			
TOTAL			

Please estimate the percentage of youth and adult participants from limited resource families or communities: 25% youth 5% adult

COMMUNITY PARTNERS:

Name of Partner	# youth	# adults	New or existing partner?
Full and Fabulous	3	1	New
Michigan Area Health Education Center		1	New
TOTAL			

1) Overview of Town Hall Program: Had one main event

- Worked with 4H and Molina staff to organize event by searching for locations to hold event, had conference calls once every 2 weeks to communicate and plan, by promoting and gathering attendees, and by helping to run the event
- No other 4H events were happening at the time so no second event was held

2) Youth Engagement: We used social media such as Facebook and Twitter to help promote the event by posting and tweeting about the event through 4H's Facebook and Twitter

- Advertising was done in various parts of Southeastern Michigan, especially Detroit, participants were invited through flyers, phone calls, email blasts, adults were encouraged to bring youth and youth were encouraged to bring friends
- Giveaways and community service hours were advertised
- Asked around for anyone willing to be a facilitator and specific in the 4-H program
- Two trainings were held to teach facilitators liberating structures
- Youth were engaged with liberating structures, music, and giveaways

3) Town Hall Findings:

a. Changes in youth health behaviors as individuals:

- Start drinking more water instead of pop/juice
 - Buy more water and less pop
- Walk more often
 - Take walks in the park
- Eat healthier foods

b. Changes in their families;

- Create better and healthier eating habits
 - Plan menus and cook homemade meals
- Exercise together
 - Find family friendly gyms

c. Changes in community and school policies, such as healthcare availability, or other aspects of the greater community that need change;

- Hold neighborhood basketball games
 - Get people to help organize event
- Open free gym
 - Find free building and free gym equipment

d. Changes in state policies and programs.

- Increase awareness of 4H programs that deal with healthy living
 - Advocate for policies and changes that affect well being

e) Also include **one big bold idea** for change that may seem audacious in changing our health care system.

What is the biggest and boldest idea that came out of the town hall meetings?

Open free facilities for all ages that offer free programs

Find groups of abandoned buildings to tear down for the facilities to be placed

Finally, did the teens identify any programs or policies in use that should be replicated? No

MOLINA TOWN HALL FINAL REPORT

UNIVERSITY Utah State University

TOWN HALL DATE(S) AND LOCATION (S):

October 18, 2013, Utah State University, Logan Utah

October 30, 2013, Sorenson Multicultural Unity Center, Salt Lake City Utah

PARTICIPANT DATA (complete charts below)

RACE & GENDER-YOUTH	Male	Female	Total
White/ Caucasian	63	91	154
Black/African-American	0	0	0
American Indian	1	2	3
Asian only	1	1	2
Native Hawaiian/ Pacific Islander	3	3	6
Multi-racial	1	3	4
Undetermined	0	0	0
TOTAL			
ETHNICITY- YOUTH			
Hispanic or Latino	8	35	43
Not Hispanic or Latino			
TOTAL YOUTH	77	135	212
RACE & GENDER-ADULTS	Male	Female	Total
White/ Caucasian	16	35	52
Black/African-American	0	0	0
American Indian	1	0	1
Asian only	1	0	1
Native Hawaiian/ Pacific Islander	0	0	0
Multi-racial	1	1	2
Undetermined	0	0	0
TOTAL ADULTS			
ETHNICITY-ADULTS			
Hispanic or Latino	0	3	3
Not Hispanic or Latino			
TOTAL	19	40	59

Please estimate the percentage of youth and adult participants from limited resource families or communities: 39% youth 15 % adult

COMMUNITY PARTNERS

Name of Partner	# youth	# adults	New or existing partner?
Collegiate 4-H	0	3	Existing
Latinos in Action (LIA)	34	0	New
People of the Pacific (POP)	12	0	New
Extension's Latino Outreach Specialist		1	Existing
Boys and Girls Club	0	0	Existing
Utah Office of Multicultural Affairs	0	0	New
PALS Salt Lake Community College	1	0	New
Paradise LDS Spanish Branch (Church congregation)	17	2	Existing
Salt Lake School District	2	0	Existing
TOTAL	66	6	

1) Overview of Town Hall Program: Tell us how your Town Hall program was organized. Did you have one main town hall event or a series? Were you able to strategically link this with another existing 4-H event?

- We had 2 town hall meetings: one in Logan Utah, and one in SLC Utah
- Dinner was served before each event
- Each event lasted 2 hours (excluding dinner), and 5 liberating structures were used
- We were able to link our Logan town hall meeting with an existing event; 4-H Teen Leadership Training (TLT). This gave us access to 4-H youth across the state of Utah. Our SLC event was independent, and featured more participants from partnerships such as Latinos in Action.

2) Youth Engagement:

a. and b. **Engage underserved / low-income communities**

- Held our events in familiar, conveniently located buildings in the community
- Teamed up with community partners (e.g., Latinos in Action)
- Offered scholarships to TLT for participants
- Reduced the cost of TLT with Molina grant funds (paid for the meal during the town hall event)
- Provided transportation for youth to attend TLT from all counties in Utah (through 4-H agents)
- Provided a free meal
- Stressed that the event was an opportunity for 'your voice to be heard'
- Ensured equal participation despite demographic background, through random group assignments

c. Engaging youth with special needs or challenges

- Ensured equal participation despite individual circumstance, through random group assignments
- Chose locations that were accessible for those with physical limitations
- Held the events in large rooms with ample space and available ramps

d. Working with Jared to secure a diverse audience

- The Molina Salt Lake Community Outreach Director) and the intern were frequently in contact via phone and email, determining how to reach a diverse audience for the SLC town hall. was exceptionally helpful by contacting Latinos in Action, visiting several clubs and schools in Salt Lake County, and inviting them to participate in our meeting.

e. How participants were invited

- We made flyers and distributed them statewide through our partners.
 - School Districts-individual teachers and club leaders
 - County 4-H Agents
 - Latinos in Action (LIA) leaders
 - The Utah Office of Multicultural Affairs website
 - Utah 4-H website and Face Book page
 - Contacted Boys & Girls Clubs in Salt Lake County
 - Worked with the USU Extension Latino Outreach Specialist
- We contacted the Utah Office of Multicultural Affairs and had them put the Salt Lake event on their calendar
- The Molina Healthcare Director did several in-person presentations to high school classes in Salt Lake County

f. Social Media

- We used social media to advertise the two events. We used the Utah 4-H, Utah State University Extension, and the 4-H Collegiate Face Book pages. Then we posted the news clip from the SL event on these pages.

g. Recruiting teen facilitators

- We encouraged 4-H teens to be facilitators by offering them each a \$120 4-H scholarship that can be used to pay for future 4-H events.
- We contacted teens in 4-H who have previously tried out to be ambassadors, but didn't make it. We encouraged them to be facilitators for the leadership opportunity.
- We the state 4-H ambassadors to each facilitate a group for the Logan event. They were already going to be at TLT leading other activities, so this was a good fit. Then we had two state ambassadors help again at the Salt Lake event.
- We asked Molina employees to participate in the event for their volunteer time off (VTO).

h. Training facilitators

- We held 3 trainings; 2 for teens and 1 for Molina staff
- Each individual was provided a binder with instructions, a schedule, and a detailed outline of the liberating structures to be used.
- We trained the teens by having them participate in the liberating structures. They learned by doing.
- We held a follow-up meeting right before each event to refresh everyone’s memory, and ensure proper data collection.

3) Town Hall Findings:

Every idea teens had was recorded is listed in each state report. A summary of ideas is included in each section below.

Teens were asked **“What do you feel the biggest health issues in your community are?”** Responses were broken down into general categories (see Table 1).

- **The number one health issue teens mentioned was poor physical health and lifestyle (27%).**
 - lack of sleep,
 - laziness,
 - limited exercise, and
 - sedentary jobs/hobbies.
- A close second was diet and nutrition which was mentioned by 26% of teens.
 - Teens discussed their concerns about increasing junk and fast food availability,
 - low cost of unhealthy foods vs. higher cost of healthier choices,
 - lack of fruits and vegetables in diet,
 - unhealthy and poor-tasting school lunches,
 - eating out vs. eating at home,
 - overeating, portion control, and
 - too much soda/ not enough water

Table 1.

Problem Reported	Logan	Salt Lake City	Total Responses	% of Total
Diet and Nutrition	50	20	70	26%
Physical Health/Lifestyle	50	22	72	27%
Technology Addiction/ Lack of Social Interaction	35	6	41	15%
Mental Health Problems	34	16	50	19%
Substance use/abuse – drugs and alcohol	13	5	18	7%
Healthcare	0	6	6	2%
Other	9	3	12	4%

TOTALS	191	78	269	100%
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Complete data of participant responses with the most popular responses in **bold** (see Table 2).

Table 2.

LOGAN UTAH	SALT LAKE CITY UTAH
DIET + NUTRITION (50 total mentions)	DIET + NUTRITION (20 total mentions)
Caffeine/Soda, too much (4)	Balanced diet, lack of nutrition (4)
Eating out too much (2)	Fast food; cheap and easy (7)
Energy drinks (5)	Not drinking water (2)
Food/Nutrition knowledge, lack of (4)	Not eating breakfast (1)
GMO (1)	Too much Sugar/ Junk food (5)
Healthy Foods	Overeating (1)
Expensive (3)	
Lack of (5)	
MSG (1)	
Not knowing how to cook/ no time (2)	
Overeating (2)	
School Lunches, unhealthy (2)	
Sugar, too much (1)	
Unhealthy foods, too available (3)	
Junk food, too much (6)	
Processed food, too much (1)	
Fast food, too much (6)	
Wasting food (1)	
Water, not enough (1)	
PHYSICAL HEALTH + ACTIVITY/LIFESTYLE (50 total mentions)	PHYSICAL HEALTH + ACTIVITY/LIFESTYLE (22 total mentions)
Desk jobs/Sedentary work environment (2)	Obesity (5)
Driving instead of walking (2)	Laziness (4)
Exercise, lack of (13)	No time to exercise (2)
Extracurricular activities	No exercise (6)
Too many (1)	Too much exercise (1)
Not enough (2)	Sleep, lack of (3)
Finding balance in life (1)	No sports participation (1)
Laziness/no motivation (11)	
Lack of Community health activities (1)	
Obesity (6)	
Sleep	
Not enough (5)	
Too much (1)	
Unhealthy obsession with sports (4)	
No sports (1)	

TECHNOLOGY + SOCIAL (35 total mentions)	TECHNOLOGY + SOCIAL (6 total mentions)
Not getting out of the house/indoors too much (8)	Social Media (2)
Not having a safe place to 'hang out' (1)	Technology addiction (2)
Social Media addition (6)	TV and gaming (2)
Social Skills/not enough socializing (4)	
Technology/electronics, overuse of (14)	
Texting, specifically (2)	
MENTAL HEALTH (34 total mentions)	MENTAL HEALTH (16 total mentions)
Bullying /Cyberbullying (6)	Eating Disorders (2)
Depression (4)	Bipolar Disorder (1)
Eating Disorders (3)	Depression (1)
Emotional Health (2)	Low self-esteem (1)
Judgmental, unaccepting people (3)	Mental Illness (1)
Mental Illness (lack of knowledge and understanding (7)	Schizophrenia (1)
Stress/busyness/homework (7)	Trust issues/ Respect / Responsibility (1)
Suicide (2)	Stress/too busy (8)
	<ul style="list-style-type: none"> • Stress of college, family, friends, social media, school work, and work
SUBSTANCES (13 total mentions)	SUBSTANCES (5 total mentions)
Alcohol (3)	Alcohol (1)
Drugs (7)	Drugs (3)
Smoking/tobacco (2)	Tobacco (1)
Substance Abuse (1)	
HEALTH CONDITIONS (12 mentions)	HEALTH CONDITIONS (18 total mentions)
Asthma (1)	ADHD (2)
Cancer (2)	Allergies (1)
Diabetes (4)	Alzheimer's (1)
Heart Disease (1)	Asthma (3)
Inherited health problems (1)	Diabetes/ Blood sugar (3)
STDs (1)	Epilepsy (1)
Teen pregnancy/abortion (2)	Gout (1)
	Heart Attack/Heart Disease (3)
	Cancer (2)
	STDs (1)

OTHER (9 total mentions)	OTHER (3 total mentions)
Animal abuse (1)	Abuse (1)
At risk families/ broken homes (2)	Expensive afterschool activities (1)

Family activities, lack of (2)	Unaware of the cause and effect (1)
Immodesty (1)	HEALTHCARE (6 total mentions)
Pesticides (1)	Medicine
Respect, lack of (2)	Expensive(2)
	Too much (1)
	Not going to the doctor (1)
	Immunizations (1)
	Affording good health care (1)

Changes in youth health behaviors as individuals:

Teens were asked: “What can you do now to quickly improve your personal health?” Responses were broken down into the general categories (See Table 3).

- The number one response (37%) was to improve diet and nutrition. Teens wanted to do this by:
 - eating healthier foods,
 - eating less junk food and soda,
 - eating/cooking at home, and
 - watching their eating habits.
- Increasing physical activity was also a popular response, with 35% of teens saying they needed to be more active. Suggestions to do this were:
 - go to the gym,
 - workout with friends and family, and
 - make more time to live an active lifestyle.

Table 3.

What I can improve	Logan	Salt Lake City	Total Responses	% of Total
IMPROVE DIET AND NUTRITION	133	32	165	37%
INCREASE PHYSICAL ACTIVITY	123	36	159	35%
LIMIT TECHNOLOGY USE/USE TIME WISELY	26	11	37	8%
MENTAL HEALTH/POSITIVE THOUGHTS AND ACTIONS	23	9	32	7%
INCREASE HEALTH EDUCATION	20	3	23	5%
MORE SLEEP	25	8	33	7%
MEDICAL	2	0	2	<1%
TOTALS	352	99	451	100%

Table 4.

INDIVIDUAL RESPONSES LOGAN UTAH	INDIVIDUAL RESPONSES SALT LAKE CITY UTAH
BETTER DIET AND NUTRITION (133)	BETTER DIET AND NUTRITION (32)
Eat healthier (48)	Eat healthier foods (12)
Better breakfast/eat breakfast (2)	Better Breakfast (1)
Don't eat late at night (1)	Drink more water (5)
Drink more water (9)	Eat less/smaller portions (2)
Eat less/smaller portions (11)	Eat slower (1)
Find ways to make bad foods healthier (1)	Less fast food (5)
Get family to eat healthier (5)	More protein (2)
Go out to eat less often (4)	Plan out healthy meals/diet (1)
Learn to cook healthy foods (4)	Stop buying from vending machines (2)
Less junk food (13)	Stop drinking soda (1)
Less sugar (7)	
Only eat when I'm hungry/don't overeat (3)	
Plan healthy meals/cook at home/take homemade lunch to school (9)	
Promote farmers market (1)	
Stop drinking energy drinks (2)	
Stop drinking/drink less soda (8)	
Track calories/food intake (4)	
Plant a garden (1)	
INCREASE PHYSICAL ACTIVITY (123)	INCREASE PHYSICAL ACTIVITY (36)
Exercise more (50)	Exercise more (15)
Get better/train at specific sport (3)	Get better/train at a specific sport (3)
Play sports more often (5)	Play night games (1)
Ride bike to school (2)	Play sports (4)
Run (3)	Run (1)
Take stairs/Park further away /go on walks (6)	Take short neighborhood walks/walk dog (2)
Create an exercise routine/schedule (3)	Motivate my family and others to exercise with me (2)
Encourage my family to exercise (5)	Go outside more/get out of the house (4)
Find a group to exercise with/support (6)	Do more in my community with fitness clubs (4)
Healthy hobbies (1)	
Go outdoors more/get out of the house (9)	
Lose weight (3)	
LIMIT TECHNOLOGY/USE TIME WISELY (26)	LIMIT TECHNOLOGY/USE TIME WISELY (11)
Less social media, TV, cell phone/limit use (14)	Less social media, TV, cell phone/limit use (10)
Spend more time with family (1)	Schedule my time (1)
Use time more wisely/schedule (11)	

MENTAL HEALTH/POSITIVE THOUGHTS AND ACTIONS (23)	MENTAL HEALTH/POSITIVE THOUGHTS AND ACTIONS (9)
Be kind to others (1)	Be positive (3)
Be positive (4)	Confidence (1)
Don't give into negative peer pressure (2)	Don't procrastinate (1)
Fight bullying (1)	Manage stress levels (3)
Laugh more (1)	Mental exercises (1)
Manage stress/worrying (3)	
Motivate myself/don't quit (8)	
Stop putting down self/increase self-esteem (3)	
INCREASE HEALTH EDUCATION (20)	INCREASE HEALTH EDUCATION (3)
Educate myself (2)	Educate others-health fair (1)
Form a community health club with fun fitness activities (4)	Speak out about unhealthy lifestyles/Raise awareness (2)
Take a nutrition/healthy living class (3)	
Teach others healthy habits/ be encouraging/be an example (11)	
MORE SLEEP (25)	MORE SLEEP (8)
Get enough sleep (21)	Get enough sleep (5)
Get to bed earlier (4)	Get to bed earlier (3)
MEDICAL	
Get regular check-ups (2)	

Changes in their families;

- Offer free rehab services to drug and alcohol addicts. Make rehab a family affair that everyone works on together.
- Start working out together as a family. Create a support group and encourage one another to eat better and get more exercise. Also, spend more time as families and less time on technology.

Changes in community and school policies, such as healthcare availability, or other aspects of the greater community that need change;

- Have free community gardens atop city buildings. This will create a sense of community and encourage people to eat healthier by growing their own food.
- Have workout stations placed throughout the community, in parks, on trails, by stores, etc... They are free of charge and anyone can use them. These are provided by the government.
- Make a statewide healthy living club in junior high schools/high schools. Club members will learn about health and fitness together and will track their diet and exercise. Every year the school with the best health will get funding from the State to buy exercise equipment, bikes, running shoes, etc...
- Make it a requirement to take health and wellness classes in junior high school that teach about the body, the importance of exercise, and nutrition.
- Improve the taste and quality and nutrition of school lunches. They need to be more appetizing and healthy. Show kids that healthy isn't synonymous to disgusting. Take a poll of students to see what types of foods they like, and then make a meal plan. Cooking the favorite foods mentioned in the poll in healthier ways.

- Change PE programs nationally to make them focus more on health and fitness rather than competition or a ‘free hour.’ Teach students different forms of exercise and about various sports.

Changes in state policies and programs; Government.

- Make it a law to eliminate growth hormones and chemicals in fruits, vegetables, other crops, and meat.
- Require addictive drugs, narcotics, and prescriptions to be distributed directly to the patient from the doctor. Utah is number one in the country for prescription drug abuse and overdoses.
- Don’t tax whole foods and fresh produce. This will lower the cost and encourage people to eat healthier.
- Set an age limit on energy drinks, like they do with cigarettes and alcohol. Make a movement to regulate the substances in energy drinks. Talk with the FDA.
- Make the government ensure a certain (large) percentage of roads have bike lanes. This will keep everyone safer, reduce pollution, and encourage physical fitness.
- Require every major company or health care provider (100+ employees) to give monetary incentives for good health practices, and penalties for unhealthy behavior.
- Get the FDA to put stricter guidelines on what is allowed in foods. There are too many preservatives, chemicals, sugars/corn syrup, and trans-fats. These fillers are put into products that don’t even need them, just to save money.

Also include one **big bold idea** for change that may seem audacious in changing our health care system.

- Initiate a health care program that bases its premiums on the person’s health index. So, if a person is overweight or obese, smokes, drinks, or doesn’t take care of themselves, they pay more for insurance than a person making good health choices. Give rewards to individuals that are living healthy. Chronic health conditions out of a person’s control should not affect the price they pay.
- Have health care providers (with patient’s consent) group together people with similar health conditions (i.e. high blood pressure, obesity, diabetes) and create a team program/support system. Those who participate in a ‘team’ and work with others to improve their condition, get insurance discounts.

What is the **biggest and boldest idea** that came out of the town hall meetings?

The most unique ideas/inventions that teens came up with:

- Invent a program or get companies such as Facebook and Apple to put timers on electronics, devices, and websites. After a certain amount of time the TV, iPad, website, and video gaming systems will shut off. The program will give a friendly message to the user such as “now it is time to get up and move!” or “it is important to exercise every day” to encourage healthy living.
- Invent running shoes that determine the amount of cell phone data you get. The more active you are the more data you get. When you’re inactive, you go without cell phone service.
- Get rid of typical vending machines in schools, and replace them with vending machines that offer healthy options such as a bag of carrot sticks.
- Invent a system that connects your treadmill to your TV or computer. You can only use the device when you’ve exercised for a certain amount of time each day. If you exercise less, the device/TV will shut off earlier.
- Have Barbie dolls and mannequins be made in *real* sizes. Eating disorders are prominent, and expectations are set too high for young girls.

Reviewer's Note: What follows appears to be more specifics on four bold ideas.

Decrease Elevator Use-Increase Physical Activity

The idea is that you need to have a paid pass to ride the elevator, much like you pay to be in the carpool lane. This will decrease people's likelihood of taking the elevator and encourage physical fitness.

1. Physically disabled people are exempt, and get a pass automatically
2. Find support through town council and college students
3. Get a petition started and later send it to the mayor
4. Set up a trial run in certain buildings (Hospitals are exempt)

Food Card

The idea is that you're rewarded for buying healthy food with points on a card at the grocery store. Points can be redeemed (like cash) to purchase healthy foods. Points are subtracted for buying junk food and other unhealthy foods.

1. Get someone to create the card and design a point system.
2. Design different cards and advertise them.
3. Spread the word about the cards- use social media
4. Motivate people to use the cards
 - a. Could be sponsored by grocery stores or health care organizations
 - b. It reward students and people for good behavior

Bike Plan

1. For youth to have an affordable way to ride and exercise
2. Contact bike companies, procure bikes
3. Split bikes up by schools (size of schools)
 - o Check out bike like you would a book
 - o Time limits on how long you can have it (other 4-H clubs can help fund it)
4. Rent to all people, kids and adults
5. Ask for bike donations
6. 4-H will operate it
7. Teach bike safety
8. There will be a checklist at pickup and upon check-in
 - o If bike is broke, you help fix it or pay to fix it

Set an age limit on Energy drinks and regulate herbs in them

1. Talk to the FDA-write a letter/ Suggest a bill to Congress
2. Begin advertising to bring awareness of effects and energy drink substitutes (natural energy)
3. YouTube and Facebook

4. Community Discussions
5. A walk against energy drinks
6. Boycott energy drinks club
7. Monster sponsors a lot of sporting events-so start there
8. Begin a club to bring awareness
9. Research energy drinks and prove and compare effects of energy drinks and claims made, such as it helps concentration
10. Present your data to energy drink companies-facts and sponsors
11. Collect individual stories of the effects energy drinks have had on people
12. Have workshops and seminars about ways to naturally increase energy
 - a. Have great speakers with real stories

The most frequently mentioned issues and solutions (based on individual responses) from the individual town hall reports (see Table 5).

Table 5. Most frequently mentioned issues and solutions

Have a points system that rewards you for buying healthy foods by giving you discounts when you shop.
Make school lunches better tasting, and more nutritious. Eliminate unhealthy options in the vending machines and a-la-cart lines.
Take out unneeded additives, chemicals, and preservatives in processed food.
Make healthier fast food options. Limit fat content.
Energy drinks-ban them, set an age limit on them, restrict what can be in them.
Create free community health and fitness clubs for all ages
Start bike clubs that rent out bikes for free with participation in a biking club.
Limit the time spent on technology.
Make healthy food less expensive and increase the cost of junk/processed food.
Require students to take fitness and nutrition classes in school. Start this at a younger age.

Finally, did the teens identify any programs or policies in use that should be replicated?

4-H bike clubs—but get additional funds to support low income youth to participate (bikes, helmets, repair kits, etc.)
 Policy: to use bullying laws to cover cyber bullying as well in schools.

4) Memorable Quotes: Did youth make any dynamic quotes about health or healthcare that should be recorded? These could be used in future articles.

“I don’t get even close to eight hours of sleep a night.” –SLC Utah Youth

“When it comes to eating disorders, awareness is key. I would do something to let them know they aren’t alone.” – SLC Adult

“The best part of TLT was the town hall event.” –Washington County 4-H

Teens passed on that technology addiction can lead to cyber bullying. Their suggestion to help schools deal with cyber bullying is to create new laws. An adult suggested to make the same laws for cyber bullying as they currently have for bullying.

MOLINA TOWN HALL FINAL REPORT

UNIVERSITY: National Youth Health Summit

TOWN HALL DATE(S) AND LOCATION (S): January 10th, 2014. National 4-H Conference Center, 7100 Connecticut Avenue, Chevy Chase, MD

PARTICIPANT DATA (complete charts below)

RACE & GENDER-YOUTH	Male	Female	Total
White only	9	42	51
Black/African-American	5	8	13
American Indian			
Asian only			
Native Hawaiian/ Pacific Islander		1	1
Multi-racial	1	5	6
Undetermined			
TOTAL	15	56	71
ETHNICITY- YOUTH			
Hispanic or Latino	5	5	10
Not Hispanic or Latino			
TOTAL YOUTH	20	61	81

RACE & GENDER-ADULTS	Male	Female	Total
White only	3	31	34
Black/African-American	1	3	4
American Indian			
Asian only			
Native Hawaiian/ Pacific Islander			
Multi-racial			
Undetermined			
TOTAL ADULTS	4	34	38
ETHNICITY-ADULTS			
Hispanic or Latino			
Not Hispanic or Latino			
TOTAL			

1) Overview of Town Hall Program:

This Town Hall was linked to the National Youth Health Summit. It took place as one of the evening activities.

2) Youth Engagement: There were two classes held in the morning, where members participated in each liberating structure. The morning classes were focused on the techniques and design of the liberating structures. After each liberating structure, we used the 1-2—4-All

technique to discuss what the participants liked, disliked, or could modify to fit their community better about that respective liberating structure. Those teens helped to lead groups of 12 in the evening ‘Town Hall’.

3) **Town Hall Findings:**

- **Changes in youth health behaviors as individuals:**
 - Consume less fast food, and advocate for healthier alternative at fast food restaurants.
 - Don’t text while driving to school, and wear a seatbelt.
 - Spend less time indoors playing video games.
 - Replace energy drinks with water.
 - Run a 5k! Take the first step by briskly walking for 10 minutes every day.
 - Be kind to each other. Start by having team activities where you can get to know one another through icebreakers, team building activities, and common goals.
 - Make healthier living choices. Start by making smaller changes like replacing ranch dip with a low-fat alternative, or using healthier recipes.

- **Changes in their families:**
 - Eat homemade meals instead of fast food like McDonalds
 - Participate in physical activities with others; not just going to a gym, but spending time outside. Start by having a classes that would involve bike riding or activities outdoors.
 - Become more environmentally friendly. Start by getting a group of volunteers and cleaning up a park.
 - Have a “Day of Play”- a day dedicated to athletic events and resources.
 - Decrease childhood obesity. Start by teaching the parents, and setting up classes at schools.
 - Drink the recommended amount of water. Use a positive attitude to encourage friends and family members to drink enough water.

- **Changes in community and school policies, such as healthcare availability, or other aspects of the greater community that need change:**
 - There are good rates but pockets across the US
 - Work with the homeowner’s association to create “what-you-plant-is-what you get” community gardens
 - Lower obesity rates in the community by having less fast food and free/affordable gyms.
 - Don’t have legalized marijuana.
 - Ban energy drinks and snacks (like Cheetos) all throughout Arizona schools by partnering with students, parents, faculty, and school administrators.
 - Decrease childhood obesity by targeting nutrition education in pre-school and elementary school aged children. Start by having high school students who are committed to healthy living act as mentors to the younger ones.
 - Start early (5th grade) to provide youth with confidence and self-efficacy classes. Start by having positive role models in media as well as real life.
 - Have affordable healthcare
 - Bring back middle school sports. Start by addressing the school board.

- Honest communication between the state and citizens. Start by hosting meetings where open discussion is encouraged.
- Have intramural sports for all high schools. Start by getting more sports supplies for those schools
- Start a “Couch to 5k” program. Find health professionals in the community who would be interested in helping to implement the programs.
- Everyone should participate in a sport of physical activity they enjoy. Start by having a “sampler” program where participants can try a variety of activities, which then may spark interest in a new activity.
- Meet the Healthy People 2020 goal for fruits and vegetables. Start by setting up “Eat a Rainbow” campaigns to reach out to all 3-5th graders.
- Use active transportation to get to school/work. Start by having safe trails, a “walking school bus”, and free bike access to all community members.
- Reduce drinking and smoking in the community. Start by making a time/amount limit on buying those products.
- **Changes in state policies and programs:**
 - Require P.E courses and healthy food options for all K-12 schools. Start by assembling students, parents, faculty, and school administrators to develop a plan to advocate for and implement changes.
 - Interesting idea from one state: They tried to take out ‘unhealthy’ foods from school lunches, so students instead went to the vending machines and started eating snacks for lunch. When they replaced the vending machine snacks, students then just stopped eating. Start by finding alternative foods that taste good, and are appealing as well. Also, instead of suddenly making large changes (like taking out all fried foods) start by using healthier alternatives like roasted sweet potato fries instead of regular fries.
 - Create student-planted school gardens to provide fresh produce for lunches. This way, students will also have a sense of pride in their accomplishment, and may be more likely to eat the produce. Also, this provides a way to involve youth-adult partnerships in schools.
 - Outlaw artificial food dyes and flavorings in the US, and phase out genetically modified. Start by following what the European Union has already done, and educate people on why these add-ons and modifications are unhealthy.
 - Reduce obesity by adding an additional tax on junk/fast food. Start by advocating for a “health tax.”
 - Greater emphasis on subsidizing produce rather than other commodities.

Also include one **big bold idea** for change that may seem audacious in changing our health care system. What is the biggest and boldest idea that came out of the town hall meetings?

Having free health check-ups (every 6 months) for all section 8 elementary, middle, and high school students. Start by implementing free clinics in section 8 housing areas.

- **Finally, did the teens identify any programs or policies in use that should be replicated?**
 - Have more clubs/overnighters for teens
 - Drug prevention programs. Start by applying for grants to fund these programs.
 - Increased health related classes/clubs in schools. Start by building a list of signatures to petition for increase of those programs.
 - “# pay it forward”
 - Have free buses that people can take to grocery stores.

Town Hall Teen Changes in Community & School Policies and Programs

The review team was asked to specifically identify policies to be changed. Below are the itemized changes by state suggested by teens for community and school policies and programs. Color coding ties the policies to the themes identified by the teens.

California

- Improvements at the school-level tended to focus on providing delicious and nutritious school lunches, with a particular emphasis on limiting the sale of processed foods and fast foods near school boundaries.
- Youth also suggested promoting stress relief strategies in classrooms. Another commonly proposed solution was to develop more farmers markets and community gardens.
- Interestingly, few youth explicitly proposed ways in which healthcare organizations could promote greater health in their community; rather, solutions involving healthcare organizations were vaguely worded, and typically connected to insurance costs and availability (i.e, “make healthcare free” or “universal healthcare”).
- Youth did voice concern about the lack of mental health services. They would like to see more services being provided, special education programs, and community awareness to those with mental health issues.

Florida

- The biggest problems in communities and schools were lack of healthy foods in schools, a lack of physical education in schools, having vending machines in schools, lack of health education in communities, finding good healthcare, and STD’s in schools.
- The same health problems that individuals faced replicated in the community at large. Some solutions regarding schools and school policies were having vending machines only dispense healthy foods, more physical education classes, including fun ones, like Zumba®, and more health education in general, including programs about teen violence, STD’s, fundraisers to raise money for healthy school lunches, articles in local newspapers that focus on healthy living, and school gardens.
- Some of the biggest ideas for communities were to put exercise devices in random places in the community to encourage people to try them out, exercise parks, more gyms, and more support groups.

Maryland—College Park

- Beautify communities by picking up trash on the highway (adopt-a-road) and in neighborhoods, or cleaning the Chesapeake Bay
- Encourage community bonds to reduce violence
- Host a community farmer's market
- Host weekly community meetings to discuss healthy habits and sell nutritious foods
- Have community activities to encourage people to get moving, and expose them to healthier food options (i.e., runs, field days, bike trips, carnivals, picnics)
- Enforce gym classes regardless of age
- Host a health fair where community members can learn how to shop for healthier food and look at food labels
- Start a health/workout club in the community that is family-friendly
- Have better options for healthy eating in the neighborhood
- Do a community health challenge or exercise program
- Reduce advertising rates for gyms
- Provide samples (and recipes) of healthy foods
- Encourage each other to exercise and eat healthy
- Decrease the amount of fundraisers for school events held at fast food restaurants
- Encourage youth in the community to join school sports to improve health and make new friends
- Start a food drive and give the canned food to the capital area food bank
- Support local charities

Maryland—Temple Hills

- Stop young deaths/killings in the community. Start by setting up neighborhood watch groups.
- Open an incredible restaurant with very healthy and affordable food. Food so good that everyone in the state would come there to eat.
- Increased community centers, clinics, and gyms. For the gyms, start by writing grants to get corporate sponsors like Nike.
- Build an environmentally friendly community center.
- Build a greater sense of community by volunteering at retirement homes and helping handicapped community members. In addition, get to know the community by hosting community outings.
- Community activities like "Green-day," a community fair, a 5k, Sport days (team sports like basketball, baseball, and soccer), and park clean-ups.
- See people off the streets and into nice homes.
- Start a small club that promotes healthy living.
- Build a greenhouse.
- Start new groups that everyone would enjoy, like a book club.
- Start a 24-hr fitness gym.
- Increase local produce by donating money to area farms.

- Plant a community garden.
- Increase available sports in schools. Start by getting donations to the school.

Michigan

- Hold neighborhood basketball games; Get people to help organize event
- Open free gym; Find free building and free gym equipment

Utah

- Have free community gardens atop city buildings. This will create a sense of community and encourage people to eat healthier by growing their own food.
- Have workout stations placed throughout the community, in parks, on trails, by stores, etc... They are free of charge and anyone can use them. These are provided by the government.
- Make a statewide healthy living club in junior high schools/high schools. Club members will learn about health and fitness together and will track their diet and exercise. Every year the school with the best health will get funding from the State to buy exercise equipment, bikes, running shoes, etc...
- Make it a requirement to take health and wellness classes in junior high school that teach about the body, the importance of exercise, and nutrition.
- Improve the taste and quality and nutrition of school lunches. They need to be more appetizing and healthy. Show kids that healthy isn't synonymous to disgusting. Take a poll of students to see what types of foods they like, and then make a meal plan. Cooking the favorite foods mentioned in the poll in healthier ways.
- Change PE programs nationally to make them focus more on health and fitness rather than competition or a 'free hour.' Teach students different forms of exercise and about various sports.

Summit

- There are good rates but pockets across the US
- Work with the homeowner's association to create "what-you-plant-is-what you get" community gardens
- Lower obesity rates in the community by having less fast food and free/affordable gyms.
- Don't have legalized marijuana.
- Ban energy drinks and snacks (like Cheetos) all throughout Arizona schools by partnering with students, parents, faculty, and school administrators.
- Decrease childhood obesity by targeting nutrition education in pre-school and elementary school aged children. Start by having high school students who are committed to healthy living act as mentors to the younger ones.
- Start early (5th grade) to provide youth with confidence and self-efficacy classes. Start by having positive role models in media as well as real life.
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- Have intramural sports for all high schools. Start by getting more sports supplies for those schools
- Start a “Couch to 5k” program. Find health professionals in the community who would be interested in helping to implement the programs.
- Everyone should participate in a sport of physical activity they enjoy. Start by having a “sampler” program where participants can try a variety of activities, which then may spark interest in a new activity.
- Meet the Healthy People 2020 goal for fruits and vegetables. Start by setting up “Eat a Rainbow” campaigns to reach out to all 3-5th graders.
- Use active transportation to get to school/work. Start by having safe trails, a “walking school bus”, and free bike access to all community members.
- Reduce drinking and smoking in the community. Start by making a time/amount limit on buying those products.

Town Hall Teen Changes in State Policies and Programs

The review team was asked to specifically identify policies to be changed. Below are the itemized changes by state suggested by teens for state policies and programs. Color coding ties the policies to the themes identified by the teens.

California

- Providing tax breaks on healthy foods
- Giving a money incentive to those who purchase foods like fruits and vegetables
- Reducing the cost of healthy foods at fast food establishments and permitting the use of EBT cards (e.g., salads at McDonalds)
- State lower the cost of medication

Florida

- Reduce high cost of healthcare and paying for insurance
- Do an advertising campaign that promotes healthy living
- Hold a five-week statewide exercise challenge that would involve forming support groups in separate communities.

Maryland—College Park

- Provide fun and engaging outdoor activities at the state fair, and have healthier food choices there
- Reduce non-point source pollution by curbing runoff
- Eliminate tax on fresh produce; make it more affordable to be healthy
- Donate to local organizations that help the needy
- Have the state host a yearly competition for people to reach a certain goal in fitness
- Have an exercise requirement for everyone in the state
- Require children to participate in at least one sport a year
- Create new healthy lifestyle outreach programs
- Write letters to state officials to decrease factory pollution
- Start a program to clean up litter
- Implement new laws to lower junk food consumption
- Create programs to encourage people to eat healthier
- Enforce workouts 3x a day
- Make a law to require exercise everyday
- Vote for a representative who will serve the state the best
- Write to senators/congressmen to provide better healthcare or advocate healthy lifestyles

Maryland—Temple Hills

- Make a law banning smoking.
- Increased free programs and activities for youth. Increase the budget for these kinds of programs.
- Enjoyable and healthy lunch meals in all schools.
- Ban fast food restaurants like McDonald's.
- Decrease the amount of murders and kidnapers; make sure that criminals stay in jail.
- State recycle day.
- Enforce new safety laws. Start by writing to the government.
- Improve state water systems, roads, and highways.
- Laws to make restaurants healthier.

Michigan

- Increase awareness of 4H programs that deal with healthy living
- Advocate for policies and changes that affect well being

Utah

- Make it a law to eliminate growth hormones and chemicals in fruits, vegetables, other crops, and meat.
- Require addictive drugs, narcotics, and prescriptions to be distributed directly to the patient from the doctor. Utah is number one in the country for prescription drug abuse and overdoses.

- Don't tax whole foods and fresh produce. This will lower the cost and encourage people to eat healthier.
- Set an age limit on energy drinks, like they do with cigarettes and alcohol. Make a movement to regulate the substances in energy drinks. Talk with the FDA.
- Make the government ensure a certain (large) percentage of roads have bike lanes. This will keep everyone safer, reduce pollution, and encourage physical fitness.
- Require every major company or health care provider (100+ employees) to give monetary incentives for good health practices, and penalties for unhealthy behavior.
- Get the FDA to put stricter guidelines on what is allowed in foods. There are too many preservatives, chemicals, sugars/corn syrup, and trans-fats. These fillers are put into products that don't even need them, just to save money.

Summit

- Require P.E courses and healthy food options for all K-12 schools. Start by assembling students, parents, faculty, and school administrators to develop a plan to advocate for and implement changes. Start by finding alternative foods that taste good, and are appealing as well. Also, instead of suddenly making large changes (like taking out all fried foods) start by using healthier alternatives like roasted sweet potato fries instead of regular fries.
- Create student-planted school gardens to provide fresh produce for lunches. This way, students will also have a sense of pride in their accomplishment, and may be more likely to eat the produce. Also, this provides a way to involve youth-adult partnerships in schools.
- Outlaw artificial food dyes and flavorings in the US, and phase out genetically modified. Start by following what the European Union has already done, and educate people on why these add-ons and modifications are unhealthy.
- Reduce obesity by adding an additional tax on junk/fast food. Start by advocating for a "health tax."
- Greater emphasis on subsidizing produce rather than other commodities.

APPENDIX B

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APPENDIX C

Credentials of the Report Authors

Dr. Bonnie Braun Bio Brief

Dr. Bonnie Braun served nearly 37 years with Cooperative Extension in administrative and academic positions at four land-grant universities and the USDA. Currently, she is a University of Maryland Extension Consultant. She was a 10-year 4-H Club member, becoming the first female head of Virginia 4-H and the first Endowed Chair and Director of the Herschel S. Horowitz Center for Health Literacy in the University of Maryland School of Public Health. She is a National 4-H Council and Annie E. Casey Foundation, Children, Youth and Families At-Risk Distinguished Lecturer. She served as a member of the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion *Healthy People, Health Communication and Health IT Working Group*.

Dr. Braun holds three degrees in family and consumer sciences education with an emphasis on family economics and rural sociology. Her career focuses on decision-making by youths, adults, communities and public policy makers. She is recognized as a state and national leader in civic engagement; program development, evaluation and research on low-income families. Dr. Braun has an extensive record of funded, applied research and accompanying publications. She's a skilled teacher and curriculum developer. Dr. Braun is currently leading the Health Insurance Literacy Initiative for both the University of Maryland Extension and the nationwide Extension System and serves on the Extension Committee on Policy Health Task Force.

Dr. Virginia Brown Bio Brief

Dr. Virginia Brown joined the University of Maryland Extension in April, 2012. She is a Family and Consumer Sciences Educator focusing on health literacy, healthy homes and family and community health. She is a member of the Health Insurance Literacy Initiative that launched *Smart Choice Health Insurance*®. Dr. Brown initiated the development and testing of a health communication program between patients and their physicians. She also conducts healthy homes programming. Additionally, she has numerous presentations and publications related to community health education, health literacy and mixed-methods research. Dr. Brown is co-leader of the University of Maryland Health Smart Impact Team and trained to conduct the *Teens Talk Health Forums* held in Maryland. In 2013, she was honored for her health needs assessment of the communities she serves by the National Extension Association for Family and Consumer Sciences with the award for *Program Excellence through Research*.

Dr. Brown received a doctorate in Community Health Education from the University of North Carolina-Greensboro in May 2012; her master's and bachelor's in applied sociology from the University of Maryland-Baltimore County. She was trained under one of the developers of the *Social Ecological Model* and uses the model in much of her work. Dr. Brown was employed by Maryland's Mental Hygiene Administration as a Health Policy Analyst and was a project leader at Battelle's Center for Public Health Research and Evaluation.