Colorado 9to25: Partnering with Youth to Build a Statewide System for Young People

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What is it?

Colorado 9to25 (CO9to25) is a collective, action-oriented group of Colorado youth and adults working in partnership to align efforts and achieve positive outcomes for all youth, ages 9-25, so they can reach their full potential. This youth system-building effort aims to ensure that:

1. All youth are safe.
2. All youth are physically and mentally healthy.
3. All youth receive a quality education.
4. All youth are connected to caring adults, school and their communities.
5. All youth are contributing to their community (e.g. volunteering, working).

What does it do?

CO9to25 links the great work happening across Colorado by providing a forum for youth and adults to connect and share ideas about the best ways to ensure that all youth have the skills, opportunities and supportive relationships needed to make safe and healthy choices. CO9to25 promotes learning opportunities through regional partnership meetings, trainings and other events whereby youth and adults can:

- get connected to others doing similar work;
- showcase their ideas, programs and best practices; and
- receive technical assistance related to working with youth and young adults.

How does it work?

CO9to25 uses a holistic, positive youth development approach. This means looking at the whole young person while working in partnership with youth, families, the community and policies/systems. It also means focusing first on the strengths and unique contributions of all young people; engaging and partnering with them to improve their health and well-being; and consistently promoting health equity* and social justice. Five strategies will be used over the next 3-5 years:

1. Mobilizing partnerships ➔ Connecting people and working together!
2. Raising public awareness ➔ Making sure people know about the work and how to get connected!
3. Promote best and promising practices ➔ Making sure people are doing the right thing for and with youth!
4. Sharing accountability for results ➔ Making sure we are all getting the results we want!
5. Promoting policy and environmental change ➔ Changing the rules!
How do we measure it?

We recognize that our five goal areas are broad and recognize that in order to track progress toward them, we have to start with a smaller focus area. The following indicators were chosen by adults from community organizations, and state and local government, as well as over 61 young people who represented a wide array of experiences, including but not limited to diversity in geographic location, race and ethnicity, socio-economic status, sexual orientation and involvement in numerous youth-serving systems.

Goal 1: All youth are safe
1. **School Safety**: Percent of 9th-12th grade students who did not go to school because they felt unsafe at school or on their way to or from school on one or more of the past 30 days (YRBS)
2. **Relationship Violence**: Percent of 9th-12th grade students who report that their boyfriend or girlfriend ever hit, slapped or physically hurt them on purpose during the past 12 months (YRBS)
3. **Teen Driving Safety**: Motor vehicle crash fatalities per 100,000 teens ages 15-19 (DC)

Goal 2: All youth are mentally and physically healthy
1. **Mental Health**: Percent of 9th-12th grade students who report ever feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months (YRBS)
2. **Binge Drinking**: Percent of 9th-12th grade students who had five or more drinks of alcohol in a row, within a couple of hours, on one or more of the past 30 days (YRBS)
3. **Teen Births**: Births per 1,000 females ages 15-17 (BC)

Goal 3: All youth receive a quality education
1. **School Completion**: Graduation rate (CDE)
2. **School Achievement**: Percent of 9th-12th grade students who report that teachers help them be successful at school (potential youth survey question)
3. **School Quality**: Percent of 9th-12th grade students who feel that the school work they are assigned is meaningful and important (YRBS)

Goal 4: All youth are connected
1. **School Connectedness**: Percent of 9th-12th grade students who report participating in any extracurricular activities in school (YRBS)
2. **Youth and Adult Connectedness**: Percent of 9th-12th grade students who report that if they had a serious problem, they know someone in or out of school whom they could talk to or go to for help (potential youth survey question)
3. **Youth Homelessness**: Number of youth in grades 9-12 experiencing homelessness in Colorado communities (CDE)

Goal 5: All youth are contributing
1. **Community Engagement**: Percent of 9th-12th grade students who report that they try to help when they see people in need (potential youth survey question)
2. **Community Involvement**: Percent of 9th-12th grade students who report that being actively involved in community activities is their responsibility (potential youth survey question)
3. **Youth Employment**: Percent of youth and young adults ages 14-21 searching for jobs through workforce development centers who gained employment (CDLE)

*For more information, visit [www.colorado9to25.org](http://www.colorado9to25.org)*

*Health equity is achieving the highest level of health for all people, especially for those who have experienced socioeconomic disadvantage or historical injustices.*
Positive Youth Development

What Is Positive Youth Development?

Positive youth development is often misunderstood. It is not an alternative to current models of care. Instead, it is a conceptual and practical lens that enhances prevention, intervention and treatment models. Conceptually, positive youth development is an approach that guides communities and organizations in the way that they organize services, opportunities and supports so that all youth can be engaged and reach their full potential.\(^1\) This approach cuts across multiple high-risk behaviors and threats to health and well-being and may be applied to multiple social groups of youth. It is rare to find an evidence-based approach that addresses so many risk factors or behaviors in addition to protective factors.

In practice, positive youth development incorporates the development of skills, opportunities and authentic relationships into programs, practices and policies, so that young people reach their full potential. This practical lens depicts youth and young adults as resources to cultivate, as opposed to problems to fix, and is dependent upon the use of the following guiding principles: strengths-based approach, inclusive of all youth, engages youth as partners, collaboration and sustainability.

The Evidence-Base for Positive Youth Development

Research demonstrates that youth with more developmental assets, such as positive family communication, caring school climate and sense of purpose, have reduced morbidity and better health outcomes.\(^2\) In addition, key protective factors, such as connectedness to parents and family, connectedness to school, and optimism, promote healthy youth behaviors and outcomes while diminishing the likelihood of negative health and social outcomes.\(^3\) Therefore, a dual strategy of risk reduction and promotion of protective factors through an intentional positive youth development approach holds the greatest promise as a public health strategy to improve outcomes for youth.\(^4\)

Positive youth development has too-often been marketed using only ideological reasons. Often times a description of its practical application to services and programs is missing. Research has shown that components of effective youth development programs include: promoting a sense of safety; providing appropriate structure; creating supportive relationships; providing opportunities to belong; providing positive social norms, such as rules for behavior; giving youth responsibilities and meaningful challenges; providing opportunities for skill-building; and coordinating family, school and community programming.\(^5\) In addition, it is important to note that a variety of national organizations and initiatives are promoting the use of a PYD approach such as the American Academy of Pediatrics, the Center for Disease Control, the Health Resources and Services Administration, the Association of Maternal and Child Health Programs and the National Association of City and County Health Officials.

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\(^3\) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health; Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health; National Adolescent Health Information Center, University of California, San Francisco. Improving the Health of Adolescents & Young Adults: A Guide for States and Communities. Atlanta, GA: 2004.

\(^4\) From Richard E. Kreipe, MD, FAAP, FSAM Professor of Pediatrics, University of Rochester. May 2009 presentation, *Youth Development as a Public Health Policy: How to Make it Work*.

\(^5\) Leffert, N. Making the Case: Measuring the impact of Youth Development Programs, Minneapolis: Search Institute, 1996.
Colorado 9to25

Serving as a “platform” so youth and adults across Colorado can work together to improve outcomes for youth

- Safe • Healthy • Educated • Connected • Contributing •

**Our Central Challenge...**

**Our Strategies...**

**Our Activities...**

**The Foundation**

Building skills, opportunities and authentic relationships, while focusing on strengths, engaging/partnering with youth and promoting equity and social justice

To build a coordinated, comprehensive youth system to improve the health and well-being of youth so that all young people can reach their full potential.

- Develop and maintain strong infrastructure of Leadership Team
- Convene CO9to25 meetings and events
- Conduct inventory/mapping of statewide coalitions/groups
- Support statewide youth summits
- Create a system for increasing youth-adult connections
- Engage Funders, Foundations and Private Donors
- Develop and maintain strong infrastructure of Leadership Team
- Convene CO9to25 meetings and events
- Conduct inventory/mapping of statewide coalitions/groups
- Support statewide youth summits
- Create a system for increasing youth-adult connections
- Engage Funders, Foundations and Private Donors

- Raise Public Awareness
- Utilize technology (website and social media) to act as a hub
- Host regional community conversations across the state
- Share and promote the CO9to25 Framework
- Create speaker’s bureau in communities across Colorado
- Create an accessibility plan to ensure all participants are included

- Promote Best and Promising Practices
- Create a “train the trainer” system for trainings and online TA system for partners
- Update the PYD Toolbox for CO9to25 Partners
- Create professional development opportunities
- Create a CO9to25 "Endorsement" and/or Reward System

- Share Accountability for Results
- Align HKCS questions with CO9to25 Indicators
- Implement PYD Evaluation Tools with local communities
- Convene professional development opportunities
- Continuously look for "windows of opportunity" to promote policies that support youth

- Promote Policy and Environmental Change
- Develop and promote a Youth Bill of Rights
- Educate decision makers on effective policies that promote youth health and well-being
- Promote enforcement of current policies that promote youth health and well-being
- Continuously look for "windows of opportunity" to promote policies that support youth

- Build, Strengthen and Mobilize Partnerships
- Develop a list of best practices for each CO9to25 indicator
- Create a system for capturing "CO Standards for Youth Engagement"
- Convene CO9to25 meetings and events
- Host regional community conversations across the state
- Share and promote the CO9to25 Framework
- Create speaker’s bureau in communities across Colorado
- Create an accessibility plan to ensure all participants are included

- Develop and maintain strong infrastructure of Leadership Team
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- Conduct inventory/mapping of statewide coalitions/groups
- Support statewide youth summits
- Create a system for increasing youth-adult connections
- Engage Funders, Foundations and Private Donors
**Colorado 9to25 Logic Model (Updated November 11 2012)**

**Goal:** To build a coordinated, comprehensive youth system to improve the health and wellbeing of young people so that all Colorado youth can all reach their full potential.

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**INPUTS**
- CO9to25 Leadership Team
- State Agency Youth Serving Professionals
- Youth Advisors
- PLC Members
- Regional Prevention Centers
- 1451 Coordinators
- TGYS Grantees
- Sexual Violence Prevention Grantees
- Tobacco Grantees
- Homeless services

**Mobilize Partnerships**
- Develop and maintain strong infrastructure of Leadership Team
- Convene CO9to25 Events/Meetings
- Conduct Inventory/Mapping of Statewide Coalitions/Initiatives
- Support Youth Summit
- Develop and implement System for increasing Youth and Adults Connections (e.g. Youth Advisory Board Map)
- Engage funders/foundations

**COMMUNITY OUTCOMES**
An expansive and diverse network of community organizations is actively initiating youth-adult partnerships.

**FAMILY OUTCOMES**
Families have needed support from community and policy/systems to better support their child/youth.

**YOUTH OUTCOMES**
- **All Youth Are Safe**
  - \(\uparrow\) School Safety
  - \(\downarrow\) Relationship Violence
  - \(\uparrow\) Teen Driving Safety
- **All Youth Are Physically and Mentally Healthy**
  - \(\uparrow\) Mental Health
  - \(\downarrow\) Binge Drinking
  - \(\downarrow\) Teen Births
- **All Youth Receive a Quality Education**
  - \(\uparrow\) School Completion
  - \(\uparrow\) School Achievement
  - \(\uparrow\) School Quality
- **All Youth Are Connected**
  - \(\uparrow\) School Connectedness
  - \(\uparrow\) Youth and Adult Connectedness
  - \(\downarrow\) Youth Homelessness
- **All Youth Are Contributing**
  - \(\uparrow\) Community Engagement
  - \(\uparrow\) Community Involvement
  - \(\uparrow\) Youth Employment

**Raise Public Awareness**
- Optimize Website/Social Media Presence (925 Commitments, FB, Twitter)
- Host Regional Launches
- Promote Framework through speakers bureau and statewide coalitions that address indicators
- Develop Logo/Branding

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Shorter-Term Outcomes 1-3 Years</th>
<th>Short- Term Outcomes 3-5 years</th>
<th>Intermediate Outcomes 5-7 years</th>
<th>Long-Term Impact Family and Youth Outcomes 7-10 years</th>
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</thead>
<tbody>
<tr>
<td>Mobilize Partnerships</td>
<td>Influential and dedicated leaders support the infrastructure of CO9to25.</td>
<td>Leaders integrate CO9to25 into their work</td>
<td>CO9to25 Partners are communicating effectively and coordinating their work</td>
<td>CO9to25 Partners working in partnership with other youth and adults are more effectively and efficiently addressing youth indicators.</td>
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<tr>
<td>People learn about CO9to25 through Website, FB and Twitter</td>
<td>CO9to25 documents 925 commitments via the website</td>
<td>Programs/organizations are using the inventory to mobilize partnerships to improve youth outcomes</td>
<td>Family and Youth Outcomes 7-10 years</td>
<td></td>
</tr>
<tr>
<td>People across Colorado are aware of CO9to25</td>
<td>CO9to25 Partners understand how to use the CO9to25 Framework</td>
<td>Youth who participate in the summit are engaged in CO9to25 and engaged in leadership opportunities</td>
<td>Increase in youth-adult partnerships</td>
<td></td>
</tr>
<tr>
<td>Increase in the # of CO9to25 Partners who are participating, sharing and integrating the CO9to25 framework into their youth work</td>
<td>Increase in youth-adult partnerships</td>
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<td></td>
</tr>
</tbody>
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| Foster Care MCH Programs Mile High United Way Family Resource Centers Driving Safety Youth Sexual Health School Health Mental Health and Substance Abuse Youth Employment |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| **Promote Best and Promising Practices** |
| • Develop a clearinghouse of best practices by indicator and post on website |
| • Develop and implement a system for trainings and technical assistance for CO9to25 Partners |
| • Develop and promote “Standards for Youth Engagement” |
| • Update PYD Toolbox for CO9to25 Partners |
| • A clearinghouse exists and is accessed frequently. |
| • A CO9to25 Training and Technical Assistance System exists and is accessed by partners. |
| • CO9to25 Partners are aware of and access the Standards for Youth Engagement |
| • CO9to25 Partners are aware of and access the PYD Toolbox |
| • CO9to25 Partners are receiving training in evidence-based practices and implementation of tools and resources. |
| **CO9to25 Partners are utilizing the tools and resources to improve their programs and outcomes.** |
| **CO9to25 Programs** are receiving the high-quality TA and training that they need. |
| **CO9to25 Partners are effectively implementing evidence-based practices.** |

| **Share Accountability** |
| • Align HKCS Questions with CO9to25 indicators |
| • Implement PYD Evaluation Tools with CO9to25 Partners |
| • Develop and implement a CO9to25 “Endorsement” and/or award System |
| • Data is collected at the state and local levels to impact program decisions across the state. |
| • CO9to25 Partners implement PYD Evaluation tools |
| • CO9to25 Partners receive “endorsements” and/or awards by youth |
| **HKCS and PYD Evaluation Tools provide helpful information** |
| An “Endorsement” and/or award System for CO9to25 Programs is in place and used across the state. |
| **CO9to25 Partners are effectively evaluating their work and adjusting their strategies as needed to achieve their outcomes.** |

| **Promoting Policy and Environmental Change** |
| • Develop and promote Youth Bill of Rights |
| • Train youth and adults on How to Develop and Influence Policy |
| • Educate about Value of Strengthening Graduated Driver’s Licensing Law |
| • Education Policy(??) |
| • CO9to25 Partners are trained on how to effectively influence policy |
| • Youth across the state know the Youth Bill of Rights and promote it among their friends |
| • CO9to25 Partners receive education on the value of strengthening GDL |
| **CO9to25 Partners make it a priority to influence policy.** |
| Youth across the state access, understand and use the Youth Bill of Rights. |
| Youth and adults partner to strengthen and implement the GDL law. |
| **Youth policies that support coordinated youth systems and health and well-being are improved and effectively implemented.** |

| **COMMUNITY OUTCOMES** |
| An expansive and diverse network of community organizations is actively initiating youth-adult partnerships. |

| **FAMILY OUTCOMES** |
| Families have needed support from community and policy/systems to better support their child/youth. |

| **YOUTH OUTCOMES** |
| All Youth Are Safe |
| • ↑ School Safety |
| • ↓ Relationship Violence |
| • ↑ Teen Driving Safety |
| All Youth Are Physically and Mentally Healthy |
| • ↑ Mental Health |
| • ↓ Binge Drinking |
| • ↓ Teen Births |
| All Youth Receive a Quality Education |
| • ↑ School Completion |
| • ↑ School Achievement |
| • ↑ School Quality |
| All Youth Are Connected |
| • ↑ School Connectedness |
| • Youth and Adult Connectedness |
| • ↓ Youth Homelessness |
| All Youth Are Contributing |
| • ↑ Community Engagement |
| • Community Involvement |
| • ↑ Youth Employment |

| **POLICY/SYSTEM OUTCOMES** |
| A coordinated, youth system is supported by policy at multiple levels. |
**SUMMARY OF COLORADO 9TO25 ACTION PLAN**

**Goal:** To build a comprehensive, coordinated system for youth so that they can be *safe, healthy, educated, connected and contributing* to reach their full potential.

**Strategy 1: Mobilize Partnerships**
- **Activity 1:** Develop and maintain strong infrastructure of Leadership Team
- **Activity 2:** Convene CO9to25 events/meetings
- **Activity 3:** Conduct inventory/mapping of statewide coalitions/initiatives
- **Activity 4:** Support statewide youth summits
- **Activity 5:** Create a system for connecting youth and adults
- **Activity 6:** Engage funders/ foundations/private donors

**Strategy 2: Raise Public Awareness**
- **Activity 1:** Develop logo/branding for CO9to25
- **Activity 2:** Utilize technology (website/social media) to act as a hub and establish presence
- **Activity 3:** Host regional community conversations across the state
- **Activity 4:** Share and promote the CO9to25
- **Activity 5:** Create speakers bureau in communities across Colorado
- **Activity 6:** Create an accessibility plan to ensure all participants are included

**Strategy 3: Promote Best and Promising Practices**
- **Activity 1:** Develop a list of best practices for each CO9to25 indicator and post on website
- **Activity 2:** Create a “train the trainer” system and online TA system for partners
- **Activity 3:** Develop and promote the “Colorado Standards for Youth Engagement”
- **Activity 4:** Update PYD Toolbox for CO9to25 Partners
- **Activity 5:** Convene professional development opportunities

**Strategy 4: Share Accountability**
- **Activity 1:** Develop and implement an evaluation plan for CO9to25 work
- **Activity 2:** Align statewide youth survey questions with CO9to25 indicators
- **Activity 3:** Implement PYD Evaluation Tools with CO9to25 Partners
- **Activity 4:** Create a system for capturing CO9to25 Commitments
- **Activity 5:** Create a CO9to25 “Endorsement” and/or award System

**Strategy 5: Promoting Policy and Environmental Change**
- **Activity 1:** Develop and promote Youth Bill of Rights
- **Activity 2:** Train youth and adults on how to develop and influence policy
- **Activity 3:** Educate decision-makers on effective policies that promote youth health and well-being
- **Activity 4:** Promote enforcement of current policies that promote youth health and well-being
- **Activity 5:** Continuously look for “windows of opportunity” to promote policies that support youth
Health Equity
An Explanatory Model for Conceptualizing the Social Determinants of Health

NATIONAL INFLUENCES
GOVERNMENT POLICIES
U.S. CULTURE & CULTURAL NORMS

LIFE COURSE
SOCIAL DETERMINANTS OF HEALTH
HEALTH FACTORS
POPULATION OUTCOMES

PREGNANCY
EARLY CHILDHOOD
CHILDHOOD
ADOLESCENCE
ADULTHOOD
OLDER ADULTS

ECONOMIC OPPORTUNITY
PHYSICAL ENVIRONMENT
SOCIAL FACTORS
HEALTH BEHAVIORS & CONDITIONS
MENTAL HEALTH
ACCESS, UTILIZATION & QUALITY CARE
QUALITY OF LIFE
MORBIDITY
MORTALITY
LIFE EXPECTANCY

• Income
• Employment
• Education
• Housing

• Built Environment
• Recreation
• Food
• Transportation

• Participation
• Social support
• Leadership
• Political influence
• Organizational networks

• Nutrition
• Physical activity
• Tobacco use
• Skin Cancer
• Injury
• Oral health
• Sexual health

• Mental health status
• Stress
• Substance abuse
• Functional status

• Health insurance coverage
• Received needed care
• Provider availability
• Preventive care

Public Health’s Role in Addressing the Social Determinants of Health

- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating organizational environments that enable change
- Data collection, monitoring and surveillance
- Population based interventions to address health factors
- Community engagement and capacity building
The Social Determinants of Health Framework

**Definition**

Social determinants of health (SDoH) are life enhancing resources whose distribution across populations effectively determines length and quality of life. (S. James, Promoting Health Equity, CDC, 2008)

**Life Course Perspective**

Stages of Development

By directing attention to how the SDoH operate at each stage, more targeted approaches can be determined, so that the cumulative effects of inequalities can be ameliorated.

**The Social Determinants (CDC)**

- Economic Opportunity
- Physical Environment
- Social Factors

In order to affect health equity and improve the larger population health outcomes, the public health system must do its part to define and identify public policy that leads to more equitable distribution of social determinants/indicators for everyone.

**Individual Factors**

This is where current public health work focuses. Through population-based approaches, the public health system has an obligation to deliver culturally appropriate interventions to improve health behaviors and reduce risk factors. Although this is a necessary component to improving health outcomes it focuses on individual changes. A more macro level approach of that includes the SDoH through policy is needed.

**Population Health Outcomes**

In general, the goal of any public institution is to improve quality of life. By increasing coordinated interagency efforts and building awareness and engagement to address the SDoH, measures of overall health outcomes can improve.

Public Health’s Role in Addressing the Social Determinants of Health

**Addressing the Social Determinants of Health through Healthy Public Policy to Achieve Health Equity Among All Coloradans**

The Public Health System can affect population health outcomes by addressing the social determinants of health (SDoH) through a life course perspective. By directing attention to how policies can positively change the SDoH, how they operate at every level of development and continuing our work on individual factors, changes can be made to Colorado’s health outcomes.

**Advocating for and Defining Public Policy to Achieve Health Equity**

Local and state policy that is focused on the social determinants of health, such as economic development (education & adequate income), physical environment (built environment & transportation) and the social factors (social support, leadership and racism), have the greatest effect on making the changes needed to achieve health equity.

**Coordinated Interagency Efforts**

In order to ensure that awareness and engagement is built around the social determinants of health across all state agencies and public health partners, there must be coordinated interagency efforts. With this engagement comes a stronger voice to make the policy changes necessary to achieve equity.

**Creating Supportive Environments that Promote Health Equity Work**

Changes need to happen internally within organizations. Work on the social determinants of health is a shift in how we currently address public health issues.

**Data Collection, Monitoring and Surveillance**

The social determinants framework requires that we look for and look at data in new ways. By engaging system partners in data sharing and learning how to appropriately analyze and interpret data from fields such as education, transportation, and housing, the social determinants framework provides a rich and robust view of health. This type of data synthesis will lead to a deeper understanding of the many issues that ultimately affect the health and health behaviors of people in families, neighborhoods and communities.

**Population Based Interventions to Address Individual Factors**

Although addressing the social determinants of health means working more deliberately to include the social determinants of health, population based interventions of the current public health system are still needed.

**Community Engagement and Capacity Building**

Community members must be engaged and informed in order to move policy change forward. Communities are the most important participants in identifying the problem and educating decision makers on changes that can benefit all. With proper support, such as knowledge, skills and tools, communities can champion solutions that result in long term changes to the social determinants of health.
Colorado’s Version of the Socioecological Model for Youth and Young Adult Health Initiatives
Colorado Department of Public Health and Environment’s Youth Friendly Guidance:

*In partnership with youth, create and sustain culturally effective practices to integrate young people into the work we do.*

**Background/Justification:** The department houses the largest youth-serving division, The Prevention Services Division, in the state and can be a model for other state and local agencies to institutionalize best practices for the improvement of youth health and well-being. PSD has adopted “working in partnerships with families, youth and communities: as a core value as it is based on research demonstrating the value of consumer input. Specifically, research has outlined the benefits of working in partnership with young people. Not only does it improve the organization, but benefits the young person and adult as well. More recently, the department has included “Attracting, retaining and recognizing talented and diverse employees” as a key activity in it’s most recent strategic plan.

The purpose of this guidance is to create a resource that details the expectations and guidelines on how to effectively interact with and incorporate young people into the work at PSD. Having formal guidance will sustain these expectations and guidelines despite changes in leadership and staff, and will also create consistency across the Division.

**Positive youth development (PYD)** is an evidence-based, primary prevention, public health strategy. It is an approach that incorporates the development of skills, opportunities and authentic relationships into programs, practices and policies, so that young people reach their full potential. Integrating a PYD approach into the departments’ work, helps to guide communities in developing and implementing services, opportunities and supports so that young people can be engaged as partners in creating positive outcomes for themselves and their peers. Positive youth development depicts youth and young adults as resources to cultivate, not problems to fix. The holistic focus is to develop inherent strengths and assets in youth to promote healthy behavioral development. For more information, please go to [www.colorado9to25.org](http://www.colorado9to25.org)

**Summary**

There are three main goals of the Division Youth Friendly Guidance:

1. To foster an (internal) environment that allows youth to successfully work and gain valuable experience in the public health sector
2. To promote, value and incorporate youth input and feedback in programs and initiatives that affect youth
3. To allow PSD to better serve and work with community partners who have similar goals in improving youth health

In order to reach each of the above stated goals, the following guidance can be implemented and followed when working with young people by all members of the department, including the Prevention Services Division.

**Clarifying Terms:**

*Youth and Young Adult:* Ages 9 to 25. Adolescence is an age of opportunity and generally includes preteens, teens and young adults.

*Culturally effective:* Cultural competence and cultural sensitivity in the dynamic relationship between youth and adult.

*Youth friendly:* In partnership with youth, creating and sustaining an environment that encompasses youth input and ensures youth feel supported in order to reach their full capabilities.

*Youth engagement:* The intentional, meaningful and sustained involvement of young people in the programs, practices and policies that seek to impact them.

**Guidance**

After gathering the results from the majority of Prevention Services Division employees and assessing what should be incorporated into the Youth Friendly guidance, ten clear guidelines were developed:

I. Provide compensation for youth interns. Including: hourly pay, stipends, transportation reimbursement or gift cards.

II. Promote youth engagement from around the state. Do not *require* that youth need to come to the department or be in Denver to be involved with our work. This can be accomplished through the use and improvement of technological capabilities; Skype, YouTube, better telecommunication equipment, etc.

III. Share work in current youth-related projects with youth outside of the program. Also, gather feedback from youth outside the program. (i.e. through the department’s youth advisory council, the Youth Partnership for Health)

IV. Hire young people regularly (see “Paths to Engagement” document). Make this “business as usual” at the department.
V. Be flexible by allowing building access after-hours and on weekends, when appropriate.
VI. Involve youth in the development of the materials for programs that target youth.
VII. Reach out to diverse youth besides those who are convenient to include or who already have an existing relationship with someone in the department (i.e. a son or daughter)
VIII. Co-create physical and mental space for youth and adults to foster youth engagement.
(See “The Top 12 Things to DO When Working with Youth and Young Adults at CDPHE” document)
IX. Include youth on site visits of youth-serving organizations. (see “Tony Grampsas Youth Services Site Visit Questions”)
X. Consistently train all employees how to engage young people in youth friendly practices. Training topics include:
a. General information about internships, consultants and volunteers (See “Paths to Engagement” document)
b. Youth development principles (See one-pager on positive youth development)
c. How to effectively collaborate with youth (See “The Top 12 Things to DO When Working with Youth and Young Adults at CDPHE” document)

Procedure

For everyone to effectively implement this guidance into their work, employees shall:

- Shift attitude from working for youth to one about working with youth
- Re-evaluate how current projects or initiatives could further incorporate youth engagement
- Assess resources related to successful engagement and outcomes from youth involvement
- Ask supervisors how to create more flexibility in current schedule and workload to incorporate the aspects of the policy
- Encourage working through and/or with parent and student groups or associations, including those for youth of color and other groups (LGBT, disabled, etc) to ensure the greatest diversity possible
- Utilize the department’s youth advisory board, the Youth Partnership for Health

Please contact Audra Bishop at audra.bishop@state.co.us with questions.
Background:

For years now, the department has been using an evidence-based, public health practice called positive youth development (PYD). Positive youth development (pyd) is an approach that incorporates the development of skills, opportunities and authentic relationships into programs, practices and policies, so that young people reach their full potential. It is supported by research and a number of national organizations including the Center for Disease Control, the Health Resources and Services Administration and the Association of Maternal and Child Health Programs.

The promotion of positive, or healthy, youth development is an intentional and deliberate evidence-based public health strategy of providing support, relationships, experiences, resources and opportunities that promote positive outcomes for young people.¹

Positive youth development is guided by the following principles:

1. **Strengths-based**: we take a holistic approach by focusing on the inherent strengths of an individual, family or community, then build upon them.

2. **Inclusive**: we address the needs of all youth by ensuring that our approach is culturally responsive.

3. **Engages Youth as Partners**: we ensure the intentional, meaningful and sustained involvement of youth as equitable partners in the programs, practices and policies that seek to impact them.

4. **Collaborative**: we create meaningful partnerships within and across sectors to effectively align our work.

5. **Sustainable**: we address long-term planning through funding, training, capacity building, professional development and evaluation in order to ensure ongoing support and engagement of youth.

The “Youth-Friendly Guidance” document, approved by department leadership, supports the engagement of youth into our work here at CDPHE.

**Why Youth Engagement is Critical to Our Work:**

There are many reasons to integrate the perspective of young people into the strategic planning, development, implementation and evaluation of our public health work. Young people are experts in lives of youth. They know what programs work, what campaigns “speak” to them and what policies affect them most holistically. Research shows that youth play a unique and important role as key partners contributing to effective and comprehensive policies, programs, initiatives and practices in public health\(^2\). As demonstrated, this partnership has the power to lead to the department’s improved ability to:

- Promote, value and incorporate youth input and feedback in programs and initiatives that affect youth.
- Create policies, programs and practices that are more effective in their ability to reach and serve young people statewide.
- Attract, retain and recognize talented and diverse employees.
- Improve work with community partners who have similar goals in improving health outcomes.
- Provide an environment that allows youth to successfully work and gain valuable experience in the public health sector, contributing to developing and training future public health professionals.

**Paths to Engagement: What roles can youth and young adults play at CPDHE?**

The Colorado Department of Public Health and Environment defines “youth/young adult” as being between the ages of 9-25. There is significant development that occurs in this age range, and therefore it is recommended that young people are between the ages of 14 and 21 when they are recruited, as to account for increased maturity, while still maintaining a connection to the culture of young people.

The role of youth can vary depending on the staff and program needs and capabilities. The following are 4 ways in which programs at CDPHE can access the expertise of young people.

- **Youth Advisor** - this is a paid position in which there is a dual purpose for youth to share their expertise with staff in CDPHE programs and initiatives and for them to learn and acquire both life and professional skills. This position occurs in the form of a temporary employee or one that actually holds a term-limited permanent position number.

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· **Youth Consultant** - this is a paid position where there is a dual purpose for the youth to share their expertise to better CDPHE programs and initiatives and for them to learn and acquire both life and professional skills. At CDPHE youth consultants are members of our youth advisory council, Youth Partnership for Health. Staff can seek youth feedback and recommendations by attending one of their scheduled monthly meetings. (Please contact Audra Bishop at audra.bishop@state.co.us for more information).

· **Youth Intern** - this can be a paid or unpaid position where the primary purpose is for a young person to learn and gain professional skills in a work environment (Please contact Emily Kinsella for more guidance at Emily.kinsella@state.co.us)

· **Youth Volunteer** - this is a non paid position where youth can gain both experience and skills while sharing their expertise with the purpose of improving CDPHE programs/initiatives. (Please contact Emily Kinsella for more guidance at Emily.kinsella@state.co.us)

Youth and young adults, like adults, are subject to time constraints, competing priorities and various financial responsibilities; therefore it is important to compensate them for their time, effort and expertise. Current youth advisors for the Youth and Young Adult team in the Children, Youth and Families Branch, are paid between $10 and $14 per hour based on education, experience and/or skills, knowledge and abilities. There are currently three ways to hire youth and young adults at CDPHE:

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<thead>
<tr>
<th>Temporary Employment</th>
<th>Permanent Employment</th>
<th>Contract Employment</th>
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<td>This allows you to hire a youth advisor/intern for a period of 9 months. However, the young person who is hired cannot be hired for another temporary position for 6 months following their employment. This could work well for summer employment. Programs can hire someone as an agency or state temp.</td>
<td>This allows a program to hire a young person as a FT or PT staff member. The rules are the same, while recruiting and the “testing” process are encouraged to be “youth-friendly.” This position may be “Term-Limited” due to age expectations</td>
<td>This allows you to contract with a college/university (the &quot;traditional youth internship&quot;) or a high school or community-based organization who covers the liability cost and assigns a youth to intern or consult with CDPHE.</td>
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Logistics, including space, phone and computer, etc are the same for any agency permanent or temporary employee. For example, if a young person is a temp or volunteer, he/she can have an extension, but cannot be listed in the employee phone book.
If deciding to create unpaid internships and/or volunteer opportunities, please refer to the *PSD Unpaid Internship Process* document.

**Preparing for Your Partnership with Youth:**
Before planning to develop the capacity of a youth, it is critical that programs develop the capacity of the adults who will be interacting with them. The following document was created to help adults prepare to work in partnership with young people in a professional environment: *The Top 12 Things to DO When Working with Youth and Young Adults at CDPHE*, can be found at Insert Top 12 Do’s document here.

If your program is interested in a more in-depth training, please contact Youth Health Specialist, Audra Bishop at *audra.bishop@state.co.us*

Additional things to consider include:
- Following HR guidelines, but being creative when developing the job description, requirements and application to ensure that they are “youth-friendly.”
- Post job openings where youth would most likely see them.
- Plan for the interview process to be engaging to the young person to best draw out their strengths and confidence.

**They’re Here...Now What?**
Once you’ve asked a young person to join the team, it is important to build their capacity to be successful in a professional environment. This includes:
- Sending out an email introducing them, their background/interests and the projects that they will be working on
- Introducing them! Begin connecting them with friendly faces and those who will help them accomplish the responsibilities they were hired to do
- Outlining their job responsibilities and the program’s expectations
- Asking them what skills they’d like to develop in order to be successful and make this experience the most meaningful
- Setting them up with a “buddy” to help orient them, bounce ideas off of, and ask questions to
- Connecting them with other youth advisors/interns/volunteers. Young people, like most adults are more productive when they are connected to a team.
- Providing ongoing professional development opportunities
- Scheduling regular check-ins (it is recommended 1x per week to start)

For more information on supervising and/or training youth and young adults in your program, please contact Youth Health Specialist, Audra Bishop at audra.bishop@state.co.us

**Additional Resources:**
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<tr>
<td><strong>1</strong></td>
<td><strong>DO say hello</strong></td>
<td>Worried about whether to say “what’s up”, “how’s it hanging” or “Yo”? Don’t sweat it – just say “hello”! Youth interns will be wearing red temporary badges – introduce yourself!</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td><strong>DO treat them as professionals</strong></td>
<td>Do YOU know the latest rave when it comes to fitness and social media for young people?!?!? We don’t! The youth interns have been hired for their expertise in youth culture. Let’s face it – filling staplers, opening blinds and counting paperclips are things to do, but are NOT the major objectives within a meaningful internship. Still have questions….check in with Audra/Celeste/Brandon or Rose.</td>
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<td><strong>3</strong></td>
<td><strong>DO hold them to the same expectations as other employees</strong></td>
<td>Special treatment of anyone can only get you in trouble! Sure, youth interns may not have as much on-the-job experience as other staff, but that is no reason to not consider interns as an equal part of the PSD team and treat them accordingly.</td>
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<td><strong>4</strong></td>
<td><strong>DO provide clear job guidance and orientation</strong></td>
<td>Remember your first job in a professional organization? There can be two “yes” answers to this: A) Yes and it wasn’t pretty! B) Yes, and it was amazing! Let’s be amazing! To start on the right foot, provide strong, clear direction and orientation as you would with any other new employee.</td>
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<td><strong>5</strong></td>
<td><strong>DO encourage them to work together</strong></td>
<td>Youth gangs are defined as having three or more members, but multiple youth in the same space doesn’t mean they’re up to no good (really, the CDPHE gang?). The happiest employees can most likely name at least one “best friend” at work. Encouraging youth to work together not only aligns with integration but also supports our happiness index, Homie.</td>
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<td><strong>6</strong></td>
<td><strong>DO respect their personal and professional space</strong></td>
<td>You know that moment in elementary school… you were sitting in class, off in a daydream… and all of a sudden your teacher said - “YOUR NAME (in an upward rising reprimand-ish tone) DO YOU KNOW THE ANSWER??” Not nice, eh? While there will be no daydreaming during your meeting (ahem), it is still just as bad to put youth on the spot like that. Instead of calling them out to provide input as if they represent all youth in the world, work to make the meeting more interactive and participatory for everyone so they have an equal chance of participating. Curious about this one? Check out information on Tokenism and Participatory Meetings on page 3.</td>
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<td><strong>7</strong></td>
<td><strong>DO build a relationship</strong></td>
<td>Yes, you can make friends. Go ahead, really. Have fun!</td>
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<tr>
<td><strong>Top 12 things to DO when working with youth &amp; young adults at CDPHE</strong></td>
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<td><strong>8</strong></td>
<td><strong>DO let them know about professional attire</strong></td>
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<td>Before jumping to conclusions on any youth’s attire, take a look around at the other adults in the building. You may notice that there are generational differences regarding what is believed to be professional attire. The youth and young adults partnering with us are just beginning their professional careers and are learning what professional attire is to them. That being said, provide youth with the dress code as it is written and encourage them to check in with you if they are unsure about something – it’s a learning process!</td>
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<td><strong>9</strong></td>
<td><strong>DO see them as a resource</strong></td>
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<td>55 applicants → 25 speed date interviews → 9 chosen! Creating unique interview experiences are a great way to identify a group of extraordinary and diverse youth. Internships are a competitive process and when made fun can pull out our individual strengths. Once the competition is over….find out what they are good at, ask them what they want to learn, and know that they are a resource!</td>
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<td><strong>10</strong></td>
<td><strong>DO provide constructive feedback when necessary</strong></td>
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<td>Okay, let’s review…. Criticism starts with <em>Why did you...? I can’t believe you...</em> What you need to do is…. etc. (need we go on?). Constructive feedback starts with <em>I have noticed.... I have seen.... This is a great start, and....</em> etc. Constructive feedback sentences usually end with a practical suggestion, rather than a reprimand. See page 3 for more tips on giving constructive feedback, if the need arises.</td>
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<td><strong>11</strong></td>
<td><strong>DO reach out to them</strong></td>
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<td>When you notice youth pacing up and down the cubicle aisles, <em>no</em>, they are not cruising, they may just be looking for someone or something. How many times have YOU gotten lost during reorganization #74 when trying to locate someone? This is a big place – reach out and ask them if they need help finding something or someone.</td>
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<tr>
<td><strong>12</strong></td>
<td><strong>DO provide them with a meaningful learning experience</strong></td>
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| | No joke here – two great things happen with internships:  
1) Young people provide us with an expertise that we, and the communities we serve, are hungry for.  
2) Young people gain experiences in the public health field, learn about professional roles they may want to pursue, and make personal connections for their future.  
Providing a meaningful experience is an extraordinary gift – thanks for giving it! |

*Culturally responsive guidelines for working with youth*
Increasing effectiveness of Meetings

- Prior to any meeting you are inviting a young person to, meet with them to review the agenda and meeting topic.
- Provide background knowledge of the topics that will be discussed. Allow them to ask questions to clarify so they feel confident about their understanding and ability to provide valuable feedback.
- Always take some time at the beginning of a meeting to check in – do introductions, play an icebreaker game, what have you.
- As you move through the meeting, define the acronyms being used.
- Understand that not everyone (including many adults at CDPHE) is a big picture thinker. Make things relevant to their personal experiences and provide practical examples of what that picture looks like on the ground.
- Provide visual resources as applicable related to the topics you’re discussing...remember that everyone (even adults) learn and “hear” things differently.
- Keep it moving! (Have you ever drifted off in a meeting?) Our attention span is tied to our age in minutes. Yet, surprise surprise research shows that it never goes beyond 18 minutes (even if you’re 57)! So, Mix it up! Allow time for valuable discussions to occur through pairs, small group and large group discussions, provide a break, do a group activity, etc.
- When gathering feedback and thoughts in a meeting...don’t demand that the youth speak up. We all process information in a variety of ways...they may need some time to provide meaningful feedback. So allow them to “pass”, but follow up with them at a later time.
- If you adhere to the above rules of holding an effective meeting, you will begin the process of creating a safe space for open and honest dialogue.

Tokenism (to·ken·ism) noun

What it is:
- Assuming that one youth can identify with and speak on behalf of all youth sub-cultures.
- Having a youth at the table just to say you engaged young people in the process.
- Soliciting feedback or recommendations from youth but never using or incorporating that feedback into the work you are doing.

What Tokenism looks like:
- Having youth around with no clear role
- Assigning youth tasks that adults do not want to do
- Having youth make appearances without training
- Having only one youth on a board or council

Culturally responsive guidelines for working with youth
What we strive to achieve: **To work in partnership with young people!**

**How to avoid Tokenism:**
Ask direct questions to the group rather than calling an individual based on assumptions

- **“I am curious about Emo youth culture, does anyone have experience with it?”** (You may notice that the young person at the table does not know much about this sub-culture, but an adult employee is the mother of a young person who identifies as Emo, and therefore has more insight)

- At a meeting you are discussing unintended pregnancy. One of the youth interns attending the meeting is a teen parent. Looking at the data, you have some questions regarding the root causes of teen unintended pregnancies. Facilitate a small group activity that gathers people thoughts or experiences with the topic, thus opening the door for the youth to feel safe in contributing to the conversation. Hopefully this will diffuse any assumptions/stereotypes, such as: all teen pregnancies are unintended, that protection/birth control was not used, that the youth has had numerous sexual partners, that the youth doesn’t have support or doesn’t have incredible parenting skills.

Just because the young person is a part of a particular sub-group, they may not feel like contributing to the discussion. This could be attributed to many things, including that they are having a bad day, or do not feeling comfortable sharing their story because they have overheard someone in the group talking negatively about the sub-group that they belong to. To encourage discussion:

- Create a safe space in meetings
- Solicit feedback one-on-one later if necessary
- Don’t push for participation if you notice that someone is uncomfortable
- Remember that we are all individuals. Each youth is bringing a diverse life experience, and they can only provide feedback on what they know, not what they assume to be the life experiences of others.
- Follow up with this youth privately or recommend that they connect with their mentor to talk about what’s going on.
Constructive Feedback is:
1. Specific.
2. Focused on the behavior, not the person or their intentions.
3. Meant to help.
4. Focused on actions or behaviors a person can change.
5. A give and take – ask permission to provide feedback.
6. Not advice! Repeat – constructive feedback is not advice!
7. Given as soon as an appropriate time allows.
9. Part of an on-going conversation.
10. Consistently applied across all situations.

Conversation Starters:

GETTING IT STARTED
1. What is the nicest compliment you have ever received?
2. What is your favorite family tradition?
3. How many nicknames have you been given? What is your favorite?
4. What questions would you like adults to ask you and your friends?
5. What’s the best advice someone ever gave you? What is the worst?
6. If your neighborhood could join together for a cause, what would you like that cause to be?
7. What is the most pressing issue at your school right now?
8. What was the best gift you ever received?
9. If you had to commit to one year of performing service for your country, what would you do?
10. If you could go to the Olympic games on any team, what sport would you choose and why?
11. If you could be any superhero, which one would you be what would you do with your powers?
12. If you could create the perfect hangout, what would you include?
13. What is the silliest thing you’ve ever done in public?
14. Who is your favorite musician? What do you like about their music?
15. If you have to choose between doing activities outside or inside, which do you do?
16. Tell me about a time that you really succeeded at something and surprised yourself.
17. If you could describe your ideal day, what would it be like?
18. If you could take lessons in anything, what would you learn?
19. What is the best thing television has done for the world? The worst?
20. What was your favorite book when you were young? What did you like about it?

KEEP IT GOING
...That’s interesting. Tell me more.
...You have really thought about this, haven’t you?
...Have you always thought this way?
...Are you saying....?
...Interesting. Have you thought about....?
...What experience led you to feel this way?
The Youth Partnership for Health

Why Involve Youth? What’s at Stake?

Ideas and input from youth are vital to the success of any program targeting youth. When programs targeting youth do not involve them in the development and decision-making process, they risk developing strategies that don’t work and waste valuable resources. Youth play important roles in all aspects of program development and implementation from program design to evaluation of effectiveness. In fact, the roles that young people play are as varied as the roles of adults. They are limited only by the willingness of participants to engage young voices in important issues. Research supports the value of youth involvement, not just for the youth, but for adults and organizations too. The success of youth involvement efforts is widely recognized, so widely that there are worldwide efforts to engage youth as leaders in policy and program design and delivery.

Colorado’s Youth Partnership for Health Program Description

The Youth Partnership for Health (YPH) serves as a youth advisory council to state, local and community stakeholders. This diverse council is made up of youth consultants between the ages of 13-19, selected for their unique experiences and their ability to utilize these experiences as a foundation from which they can provide open and honest feedback. Each month, YPH youth consultants provide recommendations, to most effectively create and/or influence policies, programming and practices focused on promoting the health and well-being of young people statewide. In partnership with adults, YPH aims to engage young people as advocates of their own health and well-being as well as the health and well-being of their peers and communities statewide.

Since 2000, the Youth Partnership for Health advisory council has provided feedback and recommendations to numerous programs and initiatives that have resulted in:

- Policy, program and practice changes
- Design of youth internship projects
- Creation of youth-friendly marketing and outreach materials
- An original DVD and guidebook on building effective youth-adult partnerships that has been distributed nationally
- Shaping state and national survey tool development and implementation, and
- Development of statewide plans aimed at improving youth sexual health.

Through bi-annual evaluation, adults who have partnered with YPH consultants report an overall improved ability to access and engage young people, as well as increase their programs’ reach when seeking to impact youth health. As one partnering stakeholder concluded, “Before developing a plan of action and/or a new program, I seek input from youth, e.g. YPH, to maximize its potential for success.”
Evidenced-Base for Involving Youth

Involving young people in program development and implementation can increase the potential for success. Research indicates that programs utilizing youth-adult partnerships often demonstrate greater effectiveness, and offer potential benefits to not only youth, but to the adults and organizations that serve them. Adults who participate in these partnerships have said that they see youth as more competent and critical to program success. They have also reported feeling stronger and more competent themselves in relating to youth, and feeling a deeper connection to their communities. Organizations that utilize youth-adult partnerships have realized greater mission clarity, increased connection and responsiveness to youth and the general community, and greater appeal to funders.

Research has also demonstrated that youth involved in program development experience decreased shyness and hopelessness and greater self-esteem, academic achievement, sense of personal safety, communication skills, and life skills (e.g. conflict resolution and problem solving). Many of these characteristics have been linked to improvements in physical activity and nutrition, and declines in sexual activity and drug use (all of which are Healthy People 2020 goals for youth).

Challenges and Future Opportunities

Involving young people in program development and implementation can present challenges (i.e. lack of resources, scheduling difficulties). However, the benefits reported by partnership participants are extensive, including greater understanding of the youth perspective, improvement in youth programming and increased sensitivity to diverse cultures. The YPH is available to provide input to any state program or initiative targeting youth. It also provides consultation and technical assistance in the development of youth-adult partnerships and youth advisory boards. For more details, please contact the Youth Partnership for Health Coordinator Audra Bishop at (303) 691-4936 or audra.bishop@state.co.us.

State and Local Partnerships

The Youth Partnership for Health works with various state-level groups such as The Colorado Department of Transportation, The Colorado Office of Preparedness, The Colorado Department of Human Services, The Colorado Department of Education, Denver Health and Hospitals, the University of Colorado Denver Health Sciences Center and the University of Denver. In addition, the Youth Partnership for Health actively recruits and encourages participation from youth in urban, rural and frontier communities across Colorado.

Website

For more information visit www.colorado9to25.org or www.co9to25.org