



# Well Connected Communities: Youth Perspectives

2021 Summary

## Purpose

The Well Connected Communities (WCC) evaluation looks at information from various places within the initiative (e.g., introductory calls, community progress reporting, annual interviews) to gather insight into how WCC is being implemented, as well as progressing toward outcomes.<sup>1</sup> To understand youth perspectives on WCC, the evaluation engaged in three ways to hear from youth.

The first was a survey of youth participating in WCC and related community health improvement. The purpose of the Improving Community Health Youth Survey is to better understand youth participants' experience and what difference (if any) WCC or related community health improvement work made in their lives. The survey was administered online in June and July 2021 and solicited responses from all 17 WCC Land Grant Universities (LGUs) and communities. Participants received a \$25 Amazon e-gift card as a "thank you" for their time.

Focus groups with youth and young adults in four WCC communities occurred in September and October to supplement the youth survey and provide examples of what youth experience "on the ground." Between two and four youth participated in each focus group representing Caldwell, ID, Calhoun County, GA, Denmark & East Jackson, TN, and Macy, NE. Focus groups were held virtually via Zoom. Participants received a \$50 Amazon e-gift card as a "thank you" for their time.

Lastly, youth participating in WCC as part of efforts at the University of Arizona and Purdue University joined a virtual "data party" in November. The "data party" took place in an interactive space online and asked youth to review and make sense of anonymized data from the survey and focus groups. The space was open for youth to interact with for two weeks; two youth from each LGU provided information. Participants received a \$50 Amazon e-gift card as a "thank you" for their time.

This document summarizes the youth survey results across WCC and includes focus group and data party reflections to highlight youth voice. Except to describe demographics, all survey results reflect the average LGU to avoid overweighting LGUs with more youth respondents.<sup>2</sup>

## Survey sample characteristics

The youth survey reflects information from 61 youth engaging in community health improvement work with 15 LGUs participating in the WCC effort.<sup>3</sup> Among youth who received an invitation from CCHE to complete the survey, 45% responded. Nearly two-thirds of the survey respondents came from just 5 LGUs: University of Georgia, Purdue University, University of Idaho, Tennessee State, and University of Wisconsin.



78% were school-aged (17 and under), 22% were age 18 or older



79% female, 18% male, 4% gender neutral or non-binary, and 2% did not want to say

<sup>1</sup> The WCC evaluation is being conducted by the Center for Community Health and Evaluation (CCHE).

<sup>2</sup> Averages were calculated for each LGU, then the LGU average was used to calculate the WCC average.

<sup>3</sup> Two LGUs were not able to participate: Penn State University and University of Maryland, Eastern Shore. All other LGUs provided the evaluation with a list of youth to receive the survey and CCHE sent the REDCap survey via individualized invitations directly to these youth. One exception was a community in Wisconsin where a local adult partner sent a group invitation to 25 youth. These 25 are excluded from the response rate calculation due to the different recruitment method.

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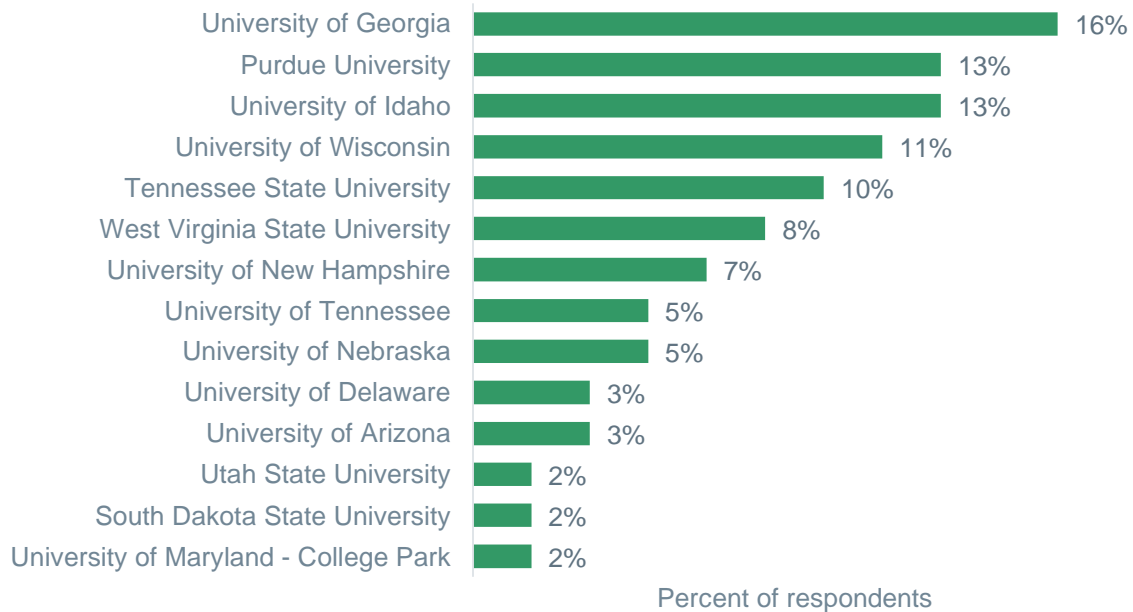


62% identified as white, 15% Black or African American, 7% Native American, 7% more than one race, 5% Asian, and 4% Hispanic or Latino



Many were 4-H participants—42% participated for 5 or more years, 23% were not in 4-H

*Figure: Percent of youth respondents by WCC Land Grant University (n=61 youth)*



When asked about their personal mindsets and social skills, **youth most strongly identified with being comfortable as leaders** and setting goals for themselves. While they felt comfortable working in groups, youth indicated it was not always easy for them to speak up in a group setting. Some youth noted feelings of being afraid they will be told they are wrong, laughed at, or judged by their peers.

*Figure: Youth's personal mindsets and social skills (n=15 LGUs)*

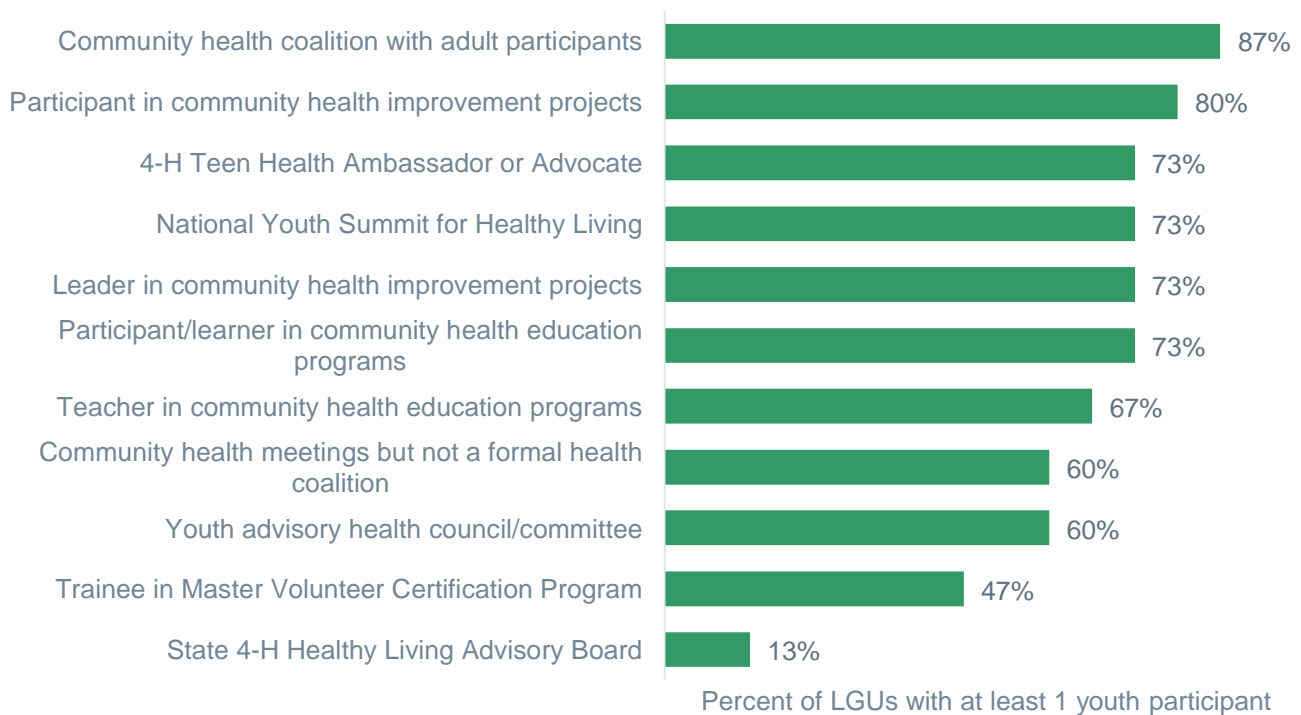


## Involvement in community health improvement work

Youth indicated they were interested in joining the effort to do community health improvement work for the following reasons: an adult asked them to join, they wanted or needed to do community volunteer work, it was an add-on to their existing 4-H activities, there were good adult role models, and the projects were part of work happening with faith-based or other communities they were already a member of.

On average, youth indicated they were *Involved* in community health improvement work in the last year, spending close to one day per week on these types of activities. Youth from Utah State University indicated they were *Very Involved*, while South Dakota State and University of Tennessee were *Somewhat Involved* on average. Across all LGUs, youth respondents indicated they were involved in the following WCC-related activities:

Figure: Youth participation in community health work (n=15 LGUs)



Focus group and survey participants described the different topics and projects they were involved in, including supporting physical activity (e.g., walking trails, outdoor exercise equipment) and nutrition programs, placing signage promoting healthy choices in local grocery stores, distributing community surveys, giving presentations about anti-vaping and social determinants of health, and organizing and sharing information at health fairs. Youth thought **an important takeaway is how many different kinds of things youth were involved with and actively working in.**

In early 2021, some WCC youth attended the 4-H National Health Living Summit and had the opportunity to propose short-term projects to undertake in their community. The following table describes four of these “dolphin tank” projects that were proposed, funded, and completed in 2021. Each project indicated mental health as a primary focus.

Table: 2021 Healthy Living Summit dolphin tank projects

<p><b>University of Idaho:</b> 4-H Health Advocates planned and hosted social gatherings for middle and high school students in August and September to address stress adolescents are feeling due to isolation caused by physical distancing. 4-H teen health advocates met five times to plan three social gatherings where youth painted pots (for plants), participated in a scavenger hunt, made art, and learned communication and calendaring skills. Gatherings included 14 youth plus the seven 4-H teen health advocates and may continue in 2022.</p>	<p><b>University of Maryland-College Park:</b> Youth developed a mental health resource guide for their community to improve awareness of support and treatment available. Three youth and seven adults assembled 300 mental health kits with: the resource guide, fidget toys, plush toys, stress balls, a journal, pens/pencils, and positive affirmations to signal the importance of good mental health. Kits were distributed through partner organizations (health department, library, etc.) and at a community event hosted by the community health coalition.</p>
<p><b>University of New Hampshire:</b> Youth and adults created 4-H Summer of Kindness Kits to encourage youth and their families to practice mental wellness and spread kindness. The four kits included an educational component, a hands-on activity (mailed to participants), and an act of kindness invitation. There were two opportunities to connect with others via Zoom. Over 450 youth signed up and one youth organizer indicated, <i>“I am so grateful that I was able to make an impact in my state by helping youth and their families learn how to be self-aware and get the resources that they need to help them lead a happier and healthier lifestyle.”</i></p>	<p><b>University of Nebraska-Lincoln:</b> Teens and adults built raised garden beds at an independent and assisted living home in May to support residents’ mental health through increased exposure to the outdoors. They built two raised garden beds, planted vegetables and flowers, and tended to the garden during the growing season. Residents helped create the garden, cared for and consumed the vegetables, and had a place to view nature to support stress relief. One teen said, <i>“Because I saw the benefit of it and how happy the residents were, it definitely inspired me to seek additional opportunities to engage in my community.”</i></p>

## Youth-adult partnership

When asked about the current level of adult support they feel related to their community health work, youth indicated experiencing moderate to high levels of adult support, on average. Responses indicated adults want youth to be involved and do allow youth to make some decisions and, in some cases, adults are actively supporting and mentoring youth as key voices and partners in the work.

When asked about the types of relationships they experience with adults in their community health improvement work, youth indicated these were positive connections at least most of the time. Youth endorsed that adults help them think about goals and how to achieve them but had weaker feelings about whether youth and adults were working together as equal partners. For example, some youth noted that for collaboration to happen, youth need to feel empowered by adults versus directed by them or condescended to.

Figure: Youth-adult relationships in community health work (n=15 LGUs)



Youth noted two important ways youth and adults are working together:

- Youth generate ideas to help the community and adults help make it happen. Sometimes, adults write grants to get money to make youth ideas happen. One youth noted that, “adults stepping back initially can allow for youths’ ideas to flourish.”
- Youth and adults learn from each other. Adults share their experience and youth share what they are interested in and help adults use new equipment and technology.
- Some adults really care about teaching skills to youth.

There were also a few challenges noted:

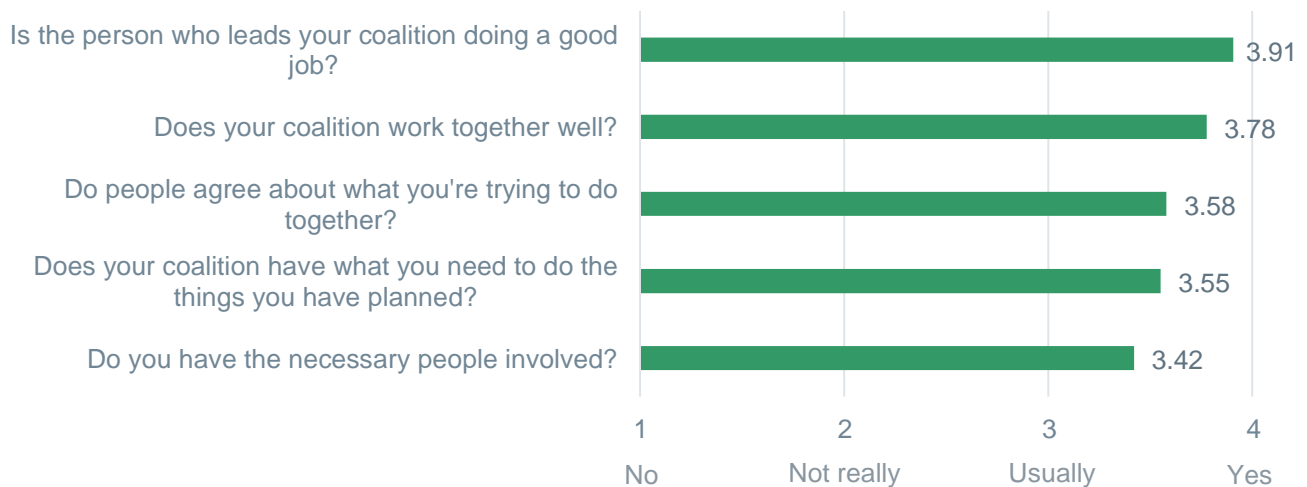
- Some youth feel it’s hard to work as fast adults because youth are still learning.
- Some adults think young people are not able to contribute as much because they have not had as much experience.
- Sometimes adults make all the decisions, not youth.

### How the coalition is working

About half (32 of 61) youth respondents indicated they are involved in their community coalition – the formal group that includes adults. On average, youth indicated they were between *Satisfied* and *Very Satisfied* with their participation in the coalition.

Youth generally reported a positive working environment within the coalition. Youth who were part of a coalition strongly endorsed that the coalition leader is doing a good job and indicated the coalition works together well. Youth indicated weaker feelings, on average, about whether the necessary people were involved. Some youth noted that participating in the coalition could be empowering for both youth and their community and observed that many adults are enthusiastic about educating youth in their particular area of expertise and like sharing with community groups.

Figure: Youth perceptions of their community health coalition (n=14 LGUs)



## Youth involvement with WCC

About half (30 of 60) youth indicated they were involved in WCC, while 25 (43%) were not sure.<sup>4</sup> There was some overlap among WCC and coalition participants – 63% were in both. Most WCC youth had been participating for one year or less and a few LGUs averages indicated longer involvement (before January 2020, i.e., Wave 1). On average, WCC youth respondents indicated they were between *Satisfied* and *Very Satisfied* with their participation in WCC.

When asked about the current level of youth participation in WCC, youth expressed moderate levels of youth engagement. On average, respondents are in between whether they think youth are limited in what they do/their decision-making power and whether youth are starting to influence WCC's strategic decisions.

When asked about the atmosphere of WCC, **100% of youth said WCC was a place where they felt safe**. Youth also strongly endorsed WCC as somewhere they learn how to help their community, that adults care about them, they get a chance to be a leader. There were weaker feelings about whether WCC was a place where youth got to figure things out for themselves.

Figure: Youth perceptions that WCC is a place where... (n=14 LGUs)



## Impact of community health improvement work

When asked **what they liked best** about participating in community health improvement work, youth most often mentioned:

- Helping the Community: Youth appreciated having the ability to improve their community and having awareness of community needs (24 survey mentions)
- Partnership and Empowerment: Youth enjoy collaborating with members of their community which in turn makes them feel connected to the community and included in community decision making. Examples included:
  - Partnering with adults and community (8)
  - Making decisions together with adults (4)
  - Empowering and recruiting other youth to become more active in the community (6)

<sup>4</sup> Five respondents indicated they were not involved in WCC and one person did not respond.

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- Activities: Some youth (n=7) shared what they enjoyed most was being able to participate in project activities, e.g., creating walking trails.
- Other things included: learning new skills and challenging themselves, having a place to learn by doing, being part of a youth council that allowed for thoughtful action, and scholarship opportunities.

Youth in the focus groups indicated they were **most proud of**:

- Giving the community resources and information to live healthier lives
- Building relationships with the community
- Being able to use their unique skills to support their community (like being bilingual)
- Learning new skills that they can use in the future (like gardening)
- Applying the knowledge they gained from community health work to their own lives (like nutrition, especially healthy eating on a budget)
- Motivating themselves to do something that benefits the community
- Trying new things, getting out of their comfort zone, and speaking up

When asked **how they might be different** if they hadn't been involved in community health improvement work, respondents most often mentioned they would:

- Have Less Understanding of the Community: Youth expressed that community health involvement expanded their understanding of needs in the community (21 survey mentions)
- Lack of Skills: Many youth participants (16) expressed that they would not be as motivated to make changes in their community or have the skills they obtained from this work.
  - Social interaction/speaking up (5), leadership (4), goal management (2), and health knowledge (2) were skills that youth feel they would not have received
  - Youth also expressed that they would not be as motivated of a person (2)
- Contribute Less to the Community: Some youth (8) expressed that they would not have been able to contribute to their community

## Youth suggestions for WCC leaders

When asked **what they wish was different** about doing community health work, youth most often mentioned wanting:

- Increased Participation: Most youth emphasized they wished that there was more participation in WCC (21 survey mentions)
  - Many participants specified they wish more youth were involved (9)
  - Youth also wished there was increased ownership/caring among participants (2)
- Changes in Program Implementation: Some youth (4) highlighted that there were some barriers to project implementation and topic area selection
- Changes to Youth and Adult Interactions: Youth shared that they wish adults gave them more decision-making power (3); this was also endorsed in the youth data party
- Increased Access to information: A couple youth (2) expressed they wished they had more information about the needs in the community

Youth in the focus groups noted a few things that **make it hard** to participate and do community health improvement work:

- Scheduling conflicts (like playing sports, jobs, and taking care of family members)

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- Meeting times can be inconvenient. Evening meetings would be easier for youth to attend after school.
- Some people might think this kind of work is too serious or do not understand how they could participate and contribute.
- People may not know the WCC program is here and, if WCC is connected to 4-H, they may not know the different kinds of topics and projects available to them if they think 4-H is exclusively farm work.
- COVID makes face to face meetings harder.

Things that **made it easier** to participate and do community health improvement work included:

- Getting motivated to learn new skills and help their community; having meetings be engaging and thought provoking
- When youth are interested in health and the types of projects they are working on.
- When transportation is arranged for youth to attend in-person activities and events.
- Zoom (virtual) meetings makes it easier for youth with transportation barriers or caretaking responsibilities to participate.

## Youths' key takeaways

Youth who participated in the data party were asked to reflect on the data from the youth survey and focus groups and answer the question: *What is the most important thing national WCC leaders should know about what it's like for youth to do community health improvement work?* They highlighted the following for adults to consider:

- Youth can lead the work
- Youth care about the future of their communities and have the agency to affect change
- Coalitions like WCC can energize the community
- WCC and youth councils allow youth to both feel heard and be heard
- Youth can bring a radical new lens to health improvement work.