Participatory Survey Data Analysis as Catalyst for Empowering Youth as School Health Change Agents

Bernice Garnett, MPH, ScD[1]
Helen Beattie, EdD[2]
Sharon Koller, MS[2]
Mika Moore, MA[1]
Karen Scott, MEd[1,2]
Michelle Maseroni, BS[1]
Breena Holmes, MD[3]

Addressing and preventing the major health issues affecting American adolescents requires collaborative and authentic youth participation. Our current time reflects a pendulum shift toward authentic youth voice and democratic participation in school wellness and reform. In this application article, we outline and describe a youth–adult partnership curriculum to engage youth as change agents in their school community through youth-led research activities with publicly available and locally derived data from the Youth Risk Behavior Surveillance Survey. Getting to "Y": Youth Bring Meaning to the Youth Risk Behavior Survey (GTY) is a positive youth development/youth participatory action research initiative, whereby students analyze their school health data and use those data as a starting point to create change in their school community. Focus groups were conducted with GTY youth and adult alumni in spring 2018. Results from the focus group data reinforce the GTY core assumptions and speak to the importance of structured opportunities for youth agency. GTY is a scalable, developmentally appropriate, resource-efficient, and empirically based curriculum that provides structured opportunities for youth-led research utilizing local Youth Risk Behavior Surveillance Survey data as a youth–adult partnership model to increase youth agency and engagement with school/community health needs.

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INTRODUCTION

The major health issues affecting American adolescents—suicide, substance use, obesity, school violence, and rising rates of sexually transmitted infection—require collaborative and authentic participation from youth to address and prevent. In 2014, suicide became the second leading cause of death for young people in both age-groups of 10 to 14 and 15 to 24 (Centers for Disease Control and Prevention [CDC], 2018). National discourse around youth advocacy and youth-led voice for school and health policy change is needed in times of great social turbulence and significant youth health needs.

[1]*University of Vermont, Burlington, VT, USA*
[2]*UP for Learning, Montpelier, VT, USA*
[3]*Vermont Department of Health, Burlington, VT, USA*

Authors' Note: *The Getting to Y program is supported by the Vermont Department of Health.* *Address correspondence to Bernice Garnett, Burack Green & Gold Associate Professor of Education, Department of Education, College of Education and Social Services, University of Vermont, 85 South Prospect Street, Waterman 539A, Burlington, VT 05405, USA; e-mail: bgarnett@uvm.edu.*

Many state and national health and educational agencies are proudly joining this movement by working to place youth at the center of the work. For example, the Adolescent and Young Adult Health National Resource Center and the Maternal and Child Health Bureau have invested resources to promote adolescent and young adult health through strengthening State Title V Maternal and Child Health programs to better serve the Adolescent and Young Adult populations. The Whole School, Whole Community, and Whole Child model jointly created by the CDC and Association for Supervision and Curriculum Development showcases an integrated approach to promoting adolescent health and learning (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015).

Despite the development of frameworks and national initiatives that name the importance of youth participation in policies and programs that affect their health and learning, there are limited examples of scalable and sustainable strategies available to school-based stakeholders. In this practice-oriented article, we outline and describe a developmentally appropriate curriculum to engage youth as change agents in their school health community through youth-led research activities with publicly available and locally derived data from the Youth Risk Behavior Surveillance Survey. In order to contextualize the underpinnings to Getting to Y (GTY), we also outline key facets of theoretical models that have informed the development and implementation of GTY (see Figure 1).

GETTING TO Y: THEORETICAL UNDERPINNINGS

Positive Youth Development and Developmental Assets

The positive youth development (PYD) perspective is a strengths-based conception of adolescence that outlines the supports young people need in order to be healthy and successful. The field of PYD has influenced typical prevention programs to refocus on aspects of strength in "at risk youth," highlighting the importance of self-efficacy as an intervention outcome (McCammon, 2012). Developed by the Search Institute (2017), the Developmental Assets® framework identified preventative measures, positive experiences, and qualities that youth need to grow up healthy focusing on both internal and external assets for healthy development—with the external assets explicitly naming the importance of youth feeling "valued and valuable" by their community.

Youth–Adult Partnerships and Youth Participatory Action Research

Engaging young people in the school change process increases motivation, leading to a greater level of engagement and learning (Toshalis & Nakkula, 2012). Youth–adult partnerships as a developmental and community practice focus on intergenerational connections for civic engagement. More specifically, youth–adult partnerships emphasize "mutuality and respect among youth and adults, with a goal-oriented focus to shared leading and learning" (Zeldin, Christens, & Powers, 2013, p. 385). However, as in the case of GTY, application of the youth–adult partnership principles through a Youth Participatory Action Research (YPAR) project can also lead toward greater awareness and understanding of health as a community and public policy issue for youth. YPAR is an intensive and rigorous research methodology that elevates youth as critical research partners in all stages of the research design (Kohfeldt, Chhun, Grace, & Langhout, 2011). Within YPAR projects, power is shared, intentionally and authentically. The core assumptions and values of GTY draw from many established theoretical and methodological frameworks centering the importance of youth agency and creating structures to support PYD through collaboration with peers and adults.

GETTING TO Y: LOGIC MODEL AND CORE COMPONENTS

Getting to "Y": Youth Bring Meaning to the YRBS provides an opportunity for youth to become agents of change in their school communities using an action research model with a strengths-based focus. Figure 1 depicts a logic model of GTY outlining the purported relationships between the four key processes of GTY: (1) peer–peer training, (2) data analysis, (3) community dialogue event, and (4) action. The four key assumptions of GTY directly align and extend the current empirical and theoretical knowledge base on critical aspects of programs/initiatives that aim to support PYD through a strengths-based/resiliency framework (Curran & Wexler, 2017). The short- and long-term outcomes described in Figure 1 for students and the school/community were derived from data and conversations with GTY students and adult alumni as well as other previously established and evidence-based YPAR and youth–adult partnership initiatives (Zeldin et al., 2013).

The initiative was first implemented in 2007 as a collaboration between the private nonprofit organization UP for Learning and the Vermont Agency of Education, who shared a commitment to elevate the role of youth in shaping the well-being of their school culture and to allow

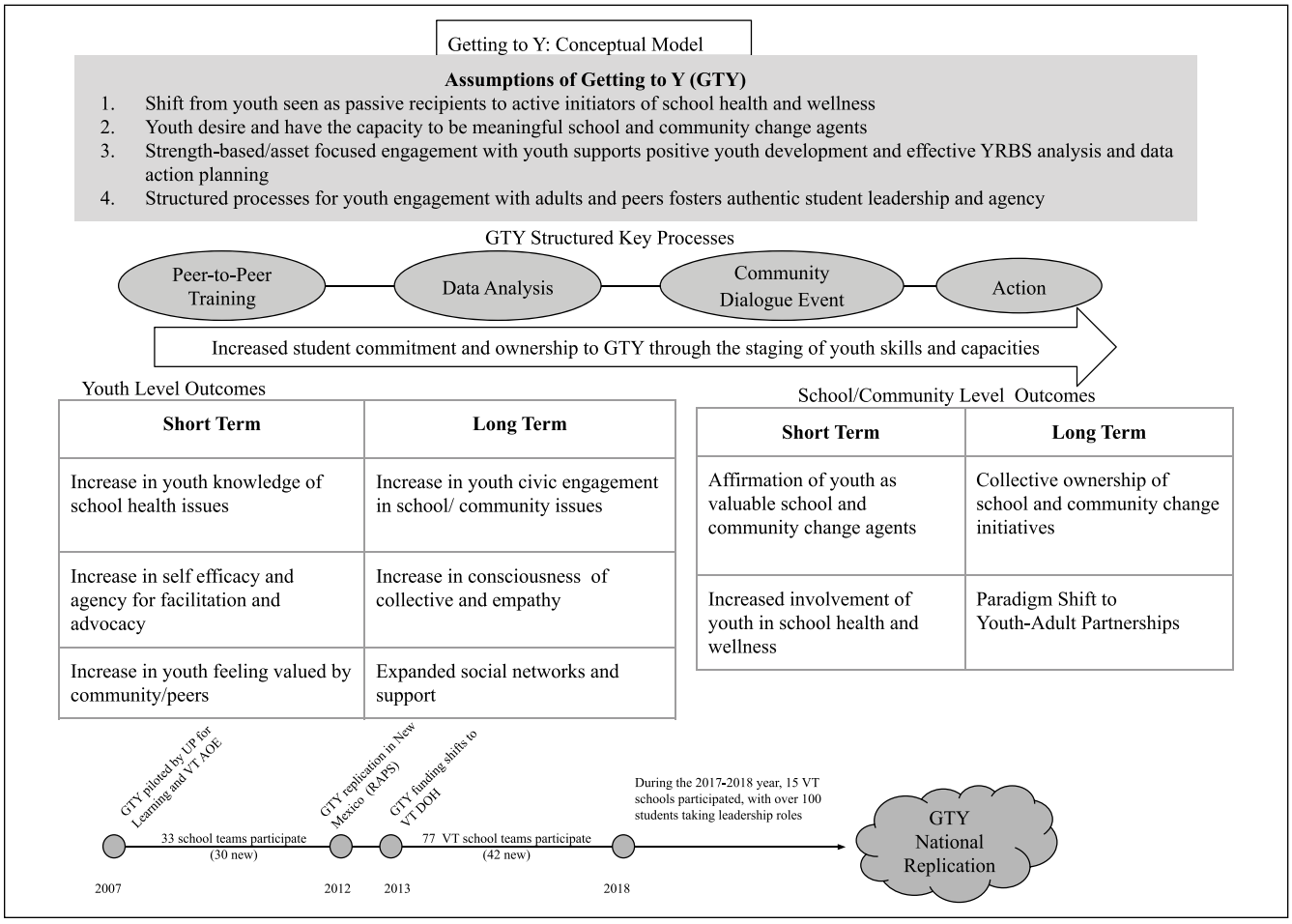

FIGURE 1 Getting to Y Conceptual Model
NOTE: UP = Unleashing the Power of Partnership for Learning; VT = Vermont; AOE = Agency of Education; RAPS = Risk and Resiliency Assessment Project for Students; DOH = Department of Health.

students access to their own YRBS data as a means to shape the health of their schools. The initiative received funding from the Vermont Agency of Education and the CDC for the first 5 years of its evolution. When this funding ended in 2013 due to shifting CDC grant priorities, the Vermont Department of Health began working closely with UP for Learning to ensure the sustainability of GTY as a component of their strategic plan (see Figure 1). To date, approximately 40% of middle and high schools in Vermont have participated in the initiative, and the program has been replicated in both Native American and large urban schools in New Mexico since 2012.

WHAT IS GTY?

GTY is a PYD/youth participatory action research initiative, whereby students analyze their own school health data and use those data as a starting point to make real change in their school community. This participatory action research model invites the people who are being researched to be involved in analyzing their own data and putting it into action. The initiative is organized around the four key processes of peer to peer training, data analysis, a community dialogue event, and action.

Each participating school team attends an orientation and training day, where peer-to-peer training lays the groundwork for implementation by explicit instruction as well as by modeling youth–adult partnership through cofacilitation, and by offering experiential learning as the participants work directly with various components of the program. After the training, teams continue to meet at their schools to plan and imple-

ment an analysis of their local YRBS data with a large and diverse group of peers. The data analysis is led by the students who received the initial training with the support of adult advisors, and utilizes a strengths-based approach. The students end the day with clear priorities—strengths to celebrate and concerns to address—along with their thoughts about root causes and possible solutions to their concerns.

GTY students then organize and lead a community dialogue event about their findings, often with support from their local health department liaisons and community prevention specialists. At this multigenerational gathering, youth take the lead in identifying community assets, reviewing results of their data analysis, refining an initial action plan, and identifying resources in the community that can be mobilized in support of change efforts. The core team then works with all of this information to frame action steps, which they implement during the remainder of the school year and into the following year. Each step of the process provides increased direct leadership, facilitation opportunities, and increased ownership and agency around their own health data. Teams receive ongoing coaching and support from the GTY coordinator throughout the process, and benefit from the backing and support of the local health department.

GTY EXPERIENCES AND PERCEIVED IMPACT FROM YOUTH AND ADULT ADVISORS

Youth and Adult Reflections on the GTY Key Processes

The key processes of GTY—training, data analysis, community dialogue event, and action orientation—were all pointed to as positive experiences by student participants and adult coordinators. Table 1 includes poignant quotes from GTY involved youth and adults as described in focus groups conducted in the spring of 2018 with GTY adult and youth alumni across several schools in Vermont.

The focus groups were organized to understand the student experience of GTY and the perceived impact the program has on adult and student ownership of change oriented activities at the school and community level. Sample questions asked during the focus group include, "Why is youth-led data literacy important for students?" and "What is it like participating in the GTY facilitation team?" A total of 17 students from four schools participated in the focus groups that were audio-recorded and fully transcribed. Transcripts were then coded using a priori codes derived from the GTY logic model, presented in Figure 1. As exemplified in the youth and adult reflections below, the GTY data analysis and dissemination are examples of structured opportunities for youth engagement, connection, and empowerment that speak to the local and developmental relevancy of analyzing and disseminating health data about oneself and their own community. Additionally, the youth and adult reflections underscore the relationship between disseminating the youth-led YRBS data analysis results and soliciting action planning with the broader school community as a meaningful experience.

Replication and Dissemination

Getting to Y is a curriculum that provides structured opportunities for students to bring meaning to their own school-based YRBS data. Through youth leadership, partnerships with adults, action research, and peer and community engagement, GTY participants not only experience personal growth and build their capacity for future civic engagement but also effect sustainable change in their school culture. Furthermore, GTY is a scalable model that accesses publicly available, locally generated data on school/adolescent health issues, further supporting the civic engagement and academic content goals supported by newly implemented Common Core State Standards and Next Generation Science Standards (Kornbluh, Ozer, Allen, & Kirshner, 2015)—serving both public health and academic needs.

Given the success of GTY in both Vermont and New Mexico, our aspiration is to introduce GTY as a developmentally appropriate, resource–efficient, and empirically based curriculum that provides structured opportunities for youth-led research of local YRBS data as a youth–adult partnership model to increase youth agency and engagement with school/community health needs. Furthermore, given that almost all states implement the YRBS biannually, the CDC's Division of Adolescent and School Health mandates that those who receive CDC surveillance funding for the YRBS must have a plan to disseminate YRBS findings to stakeholders. GTY is well positioned for schools, state Departments of Health, and other state agencies as an accessible intervention to meet this requirement and also to ensure that public health data are being accessed and utilized by those most affected by the results, namely youth.

Integrating GTY elements into various school data collection and reform efforts could provide a platform to authentically engage youth in identifying and addressing their own health/academic needs and support, as in already established school health frameworks such as the Whole School Whole Community

TABLE 1
Selected Reflections Across Key GTY Processes

GTY Key Processes: Reflections From Youth and Adults Across Four Structured Processes	
Peer-to-Peer Training	
Youth	**Adults**
"We try as students to find the solutions, so it's not like bringing it to adults. It's kind of us as students that might be put in that position. We get to tell from our point of view. Not just from an adult, how they think we would take it"—MS participant *"I was just kind of in shock when I looked at all the different things that kids our age are doing and the percentages. It just kind of made me realize that we really need a change in that."—MS participant*	*"Because I didn't even really know much about the program and so I think we all kind of went to this conference in not really knowing what to expect. And then seeing how it was facilitated throughout the whole day made it fun. It made that learning process fun . . . the students found their niche"—GTY adult advisor*
Data Analysis	
"I guess you might have a general consensus in your head of what's going on. But when you really get to look at the numbers, it's pretty cool to see this is a flaw in our school or in our state or this is a strength in our school or in our state. And you can really connect it to what you actually see going on every day in middle school"—MS participant *"I get educated on the stuff. Because in school they aren't really actual statistics. It's like, 'Some people do this. It's a sad topic. We're probably not going to take a test on it. Let's move on.' And with this you focus in and it's like, 'Well, why is this happening?' And you're trying to get to the root of it and how to prevent it. And I think that's more important than just hearing it out in class and going, 'Oh, whatever'"—HS participant*	*"So, this feels like a really cool way for students to see me in a different light and for me to see them in a different light. And then also just seeing their reaction to the data. I really like that we have ideas of what we think is really important for them, for their health, but they have other ideas."—GTY adult advisor*
Community Dialogue Event	
"I think it was a once in a lifetime experience. Not many kids are going to be able to say that they were able to talk with people in their community and in their town with such an aggressive topic . . . I think that it was really important and it was eye-opening for a lot of parents and a lot of members of our community."—HS participant *I know when kids are in classes and they're like, "Oh, we do the same thing every day." And teachers are like, "Well why don't you plan it?" I think I enjoyed being able to actually plan it and because I'm a student I guess I kinda know what other students like because I think similar to a lot of them, so I guess it was probably more engaging for people."—MS participant*	*"I was really impressed with their ability to go throughout this process and the presentation part, I was really impressed with. And I wish that more of our staff and administration could have seen that because they did such a great job."—GTY adult advisor*
Action	
"I feel like we have a lot of reign here and we're very empowered . . . and I think that's super important. That's why we keep on coming back, because we feel like we're making a difference."—HS participant	*"It's a prevention activity. it's nice to work with kids in a different way. Of course, we do prevention around here, but a lot of what I do is one-on-one with students. And it's usually after they've—if they're needing support with mental health stuff or substance violations. And just hearing what their opinions are, because that's really how it's gonna change, if they are invested in the idea"—GTY adult advisor*

NOTE: GTY = Getting to Y; MS = middle school; HS = high school.

Whole Child model (Hunt, Barrios, Telljohann, & Mazyck, 2015). Additionally, GTY, implemented at a school, district, or state level, could provide a meaningful connection between state health department YRBS coordinators and local school communities, thereby strengthening state health agency collaborative work with youth and communities.

At its core, the GTY model makes space for young people to experience a different paradigm that is strengths-based for school change and plants seeds for future capacity as involved citizens. Youth are demanding that their voices be heard and to be authentically included in decisions about their own health and well-being. Providing young people with the data and tools to help inform decision-making processes about their health and development is a critical first step. GTY provides a scaffolded curriculum to ensure that the process of setting school and health priorities is relevant to youth, and provides adults with a sense of place and purpose to give adolescents an authentic role in decision-making processes through youth-led research.

ORCID iD

Bernice Garnett https://orcid.org/0000-0002-7946-841X

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