

# **Family Based Approaches to Promote the Well-Being of Latino Youth**

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# The Center for Latino Adolescent and Family Health

## About CLAFH

- The Center for Latino Adolescent and Family Health (CLAFH) investigates the role of the Latino family in shaping the development and well-being of Latino adolescents.
- CLAFH addresses the needs of New York's diverse Latino communities in national and global contexts.
- CLAFH fosters the development, evaluation, and dissemination of evidence-based family interventions to reduce problem behaviors among Latino adolescents.

## Overview

- I. Brief Profile of Latino Youth**
- II. Focus on the Family: Advantages and Opportunities**
- III. Major Mechanisms of Family Influence**
  - **Communication**
  - **Monitoring & Supervision**
  - **Relationship Satisfaction**
- IV. What we Know and Don't Know about Family-based Interventions**

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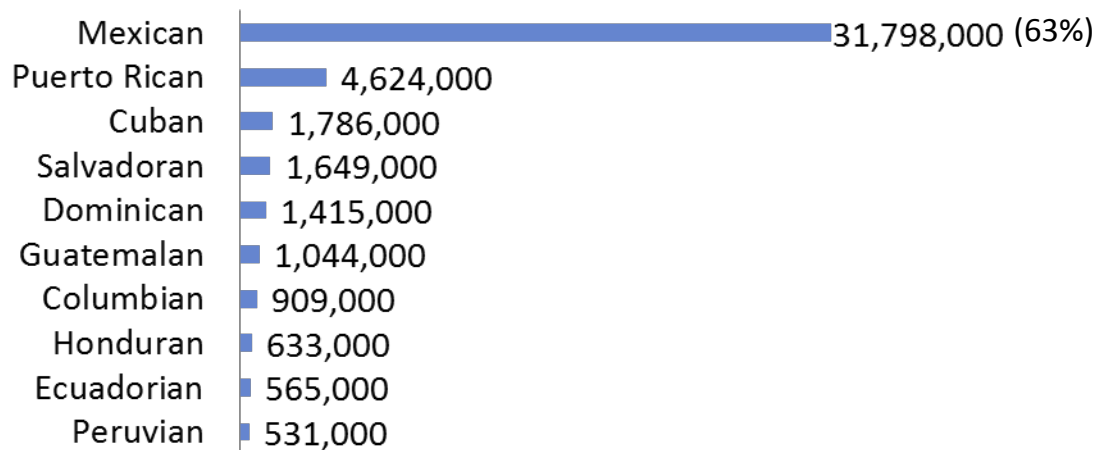
**Latino Adolescent and Family Health**

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# Latino Youth in the United States

## Latino Population in the U.S.

**There are currently approximately 50.5 million Latinos living in the U.S.**



**The U.S. Latino population is growing and its ethnic composition is changing**

- The percentage of Latino adults in the U.S. more than doubled, 2000-2010
- The Latino population grew four times faster than the total U.S. population
- Mexicans account for 11.4 million of the 15.2 million increase (75%) in the Latino population from 2000 to 2010

## Ten Places with Greatest Number and Percentage of Latinos: 2010



Place	Total population	Hispanic or Latino population	
		Rank	Number
<b>NUMBER</b>			
New York, NY.....	8,175,133	1	2,336,076
Los Angeles, CA.....	3,792,621	2	1,838,822
Houston, TX.....	2,099,451	3	919,668
San Antonio, TX.....	1,327,407	4	838,952
Chicago, IL.....	2,695,598	5	778,862
Phoenix, AZ.....	1,445,632	6	589,877
El Paso, TX.....	649,121	7	523,721
Dallas, TX.....	1,197,816	8	507,309
San Diego, CA.....	1,307,402	9	376,020
San Jose, CA.....	945,942	10	313,636
Place <sup>1</sup>	Total population	Rank	Percent of total population
<b>PERCENT</b>			
East Los Angeles, CA <sup>2</sup> .....	126,496	1	97.1
Laredo, TX.....	236,091	2	95.6
Hialeah, FL.....	224,669	3	94.7
Brownsville, TX.....	175,023	4	93.2
McAllen, TX.....	129,877	5	84.6
El Paso, TX.....	649,121	6	80.7
Santa Ana, CA.....	324,528	7	78.2
Salinas, CA.....	150,441	8	75.0
Oxnard, CA.....	197,899	9	73.5
Downey, CA.....	111,772	10	70.7

## Latino Population in New York City

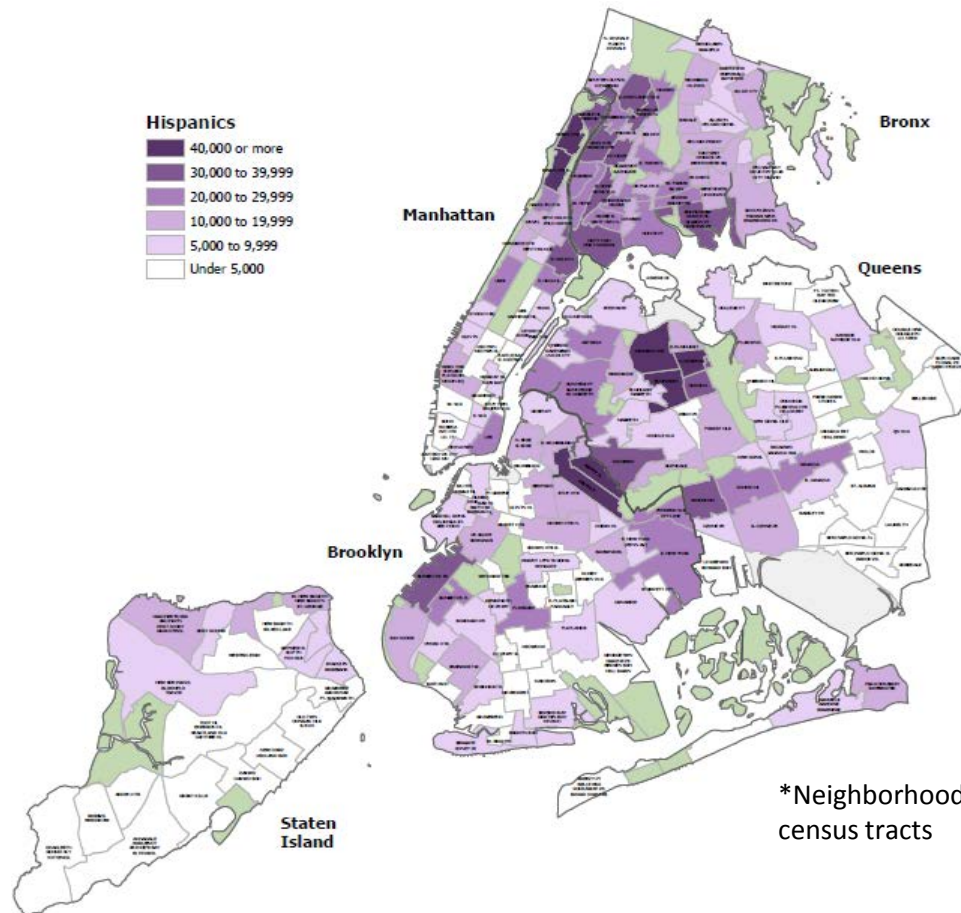
**2.3 million Latinos live in New York City (28.6% of the NYC population)**

	% of Total Latinos	Population
Puerto Rican	32.9%	778,807
Dominican	24.9%	588,865
Mexican	13.5%	319,126
Ecuadorian	8.9%	211,378
Columbian	4.9%	115,955
Others	15.0%	355,323

**By 2024, it is predicted Mexicans will be the most populous Latino subgroup in NYC**

Source: Center for Latin American, Caribbean & Latino Studies. Latino Population of New York City, 2009. City University of New York.; Center for Latin American Studies. *Mexicans in New York City, 1990-2009: A Visual Database*. City University Of New York.

# Hispanic Population by Neighborhood, New York City, 2010



\*Neighborhood Tabulation Areas are aggregations of census tracts



## Bronx: Demographics

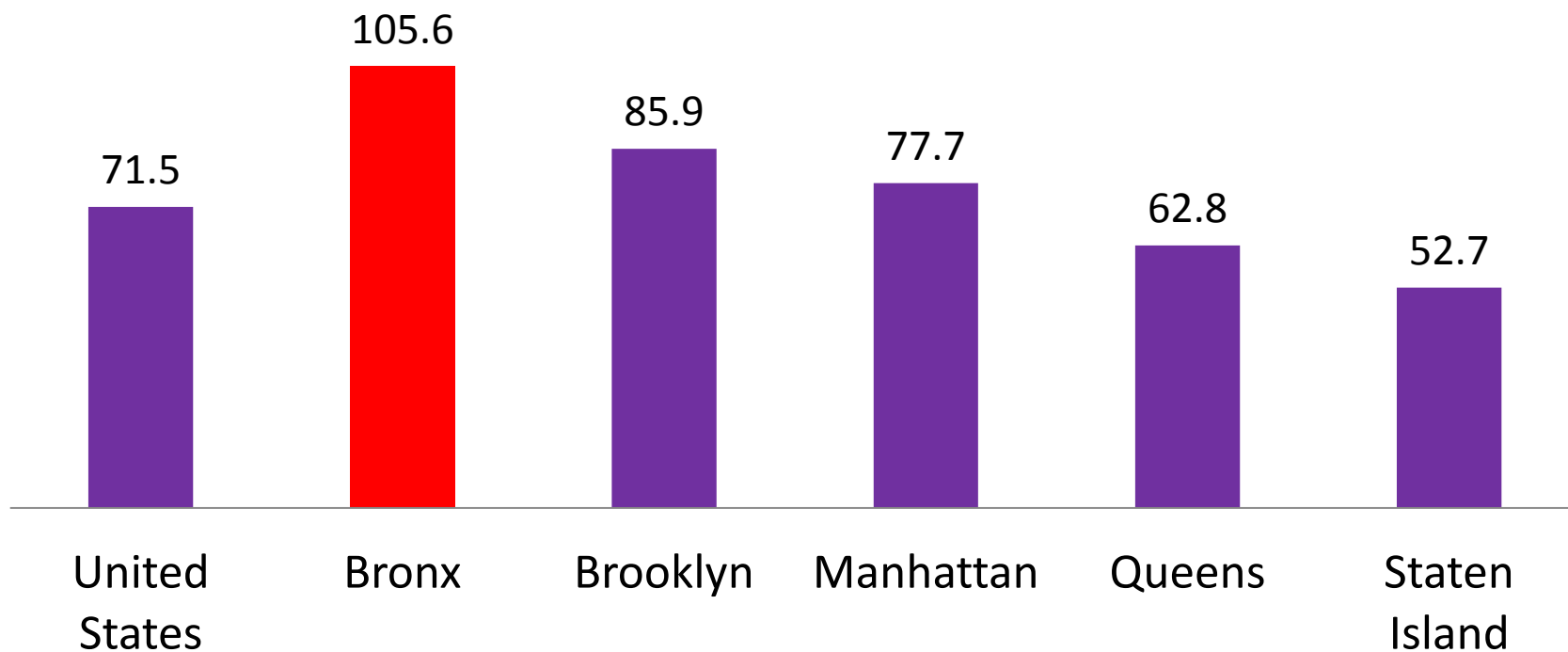
### 90% Latino or African American

- 53.5% Latino
- 36.5% African American
- **40% of Bronx residents are 24 years old or younger**
- **Over 31% of individuals are immigrants**



*The Bronx is a diverse borough of New York City with a large youth population.*

## Teen Pregnancy Rate (Ages 15-19): United States and NYC (per 1,000)



Source:

Guttmacher Institute. (2011) Facts on American Teens' Sexual and Reproductive Health. New York City Department of Health and Mental Hygiene. (2011). Teen Pregnancy in NYC: 2000-2009. Pregnancy Rates Among NYC residents ages 15-19, by Borough and Age Group, 2000-2009. Bureau of Vital Statistics, Table 1.10.

## Sexually Transmitted Infections

- The incidence of chlamydia among females ages 15-19 years old in the Bronx was nearly **40% higher** than the rate in New York City. In males of the same age group, the incidence of chlamydia was **triple** the national figure.

Sexually Transmitted Infection Rate* (per 100,000) (Ages 15-19): United States and NYC		
	Male	Female
United States	736	3,329
<b>Bronx</b>	<b>2,598</b>	<b>8,723</b>
Brooklyn	1,403	5,100
Manhattan	1,801	5,919
Queens	1,352	3,262
Staten Island	414	2,048

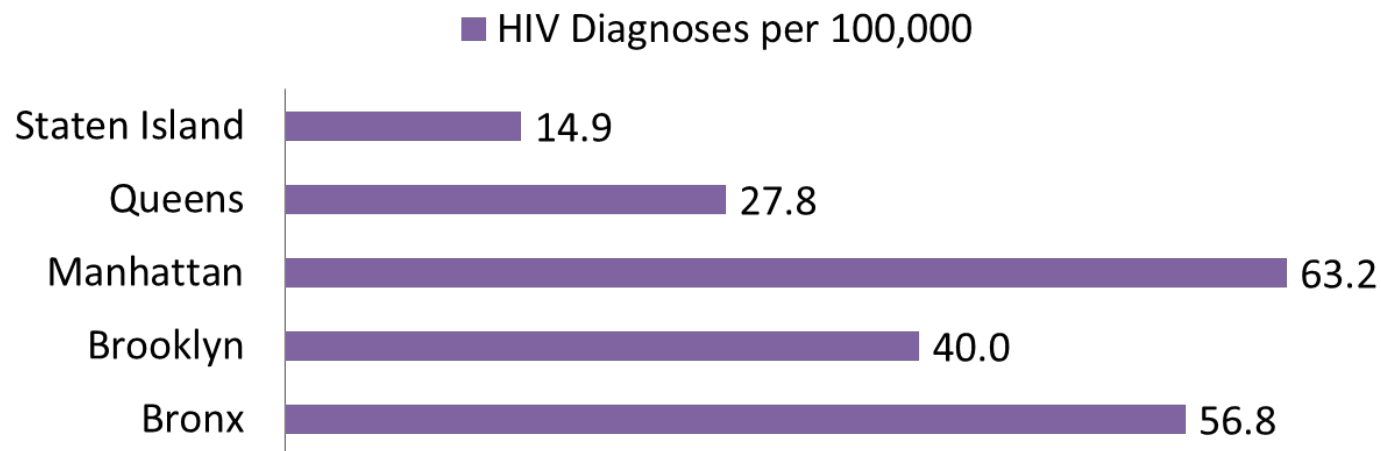
Sources: New York City Department Health and Mental Hygiene. Bureau of Sexually Transmitted Disease Control. 3rd Quarter 2010 quarterly report January 1, 2010-September 30, 2010. 2010. Centers for Disease Control and Prevention. Sexually transmitted disease surveillance 2009. 2010. <http://www.cdc.gov/std/stats09/surv2009-Complete.pdf>. Accessed on October 18, 2011.

Note: Because the majority of Chlamydia trachomatis infections are asymptomatic, sex-specific differences in reported chlamydia case numbers and case rates may be largely explained by the fact that females are more commonly screened than males. \* Sexually Transmitted Infections refers specifically to Chlamydia.

## HIV/AIDS

**The Bronx has the second highest rate of HIV diagnosis in NYC (56.8 per 100,000).**

**Rates of Reported HIV Diagnoses per 100,000 in  
New York City, 2009**



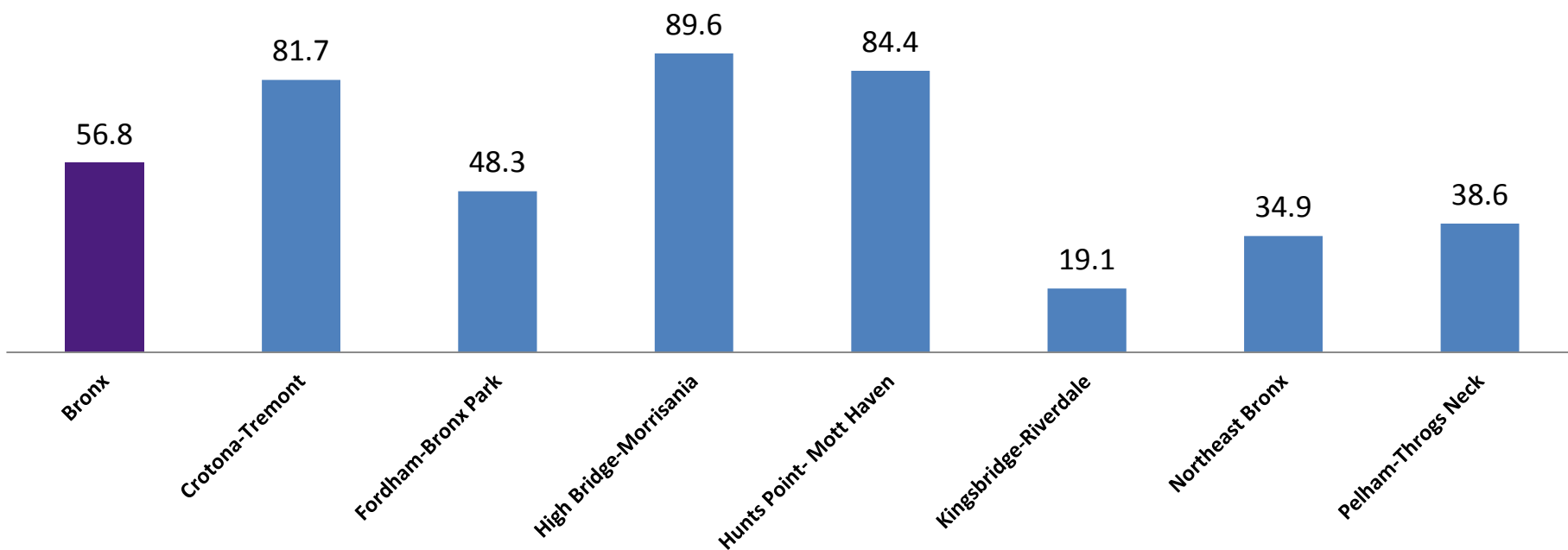
New York City Department of Health and Mental Hygiene. New York City HIV/AIDS annual surveillance statistics 2009. 2010.

[http://www.nyc.gov/html/doh/downloads/pdf/ah/surveillance2009\\_tables\\_all.pdf](http://www.nyc.gov/html/doh/downloads/pdf/ah/surveillance2009_tables_all.pdf). Accessed on October 18, 2011.

## HIV/AIDS

HIV is the STI with the highest level of disparity by racial or ethnic group. This disparity is reflected in Bronx neighborhoods with greater concentrations of African Americans and Latinos compared to areas with greater white residents.

**HIV Diagnoses (per 100,000): Bronx Neighborhoods**



Source: New York City Department of Health and Mental Hygiene (2010). New York City HIV/AIDS Annual Surveillance Statistics 2009.2010. [http://www.nyc.gov/html/doh/downloads/pdf/ah/surveillance2009\\_tables\\_all.pdf](http://www.nyc.gov/html/doh/downloads/pdf/ah/surveillance2009_tables_all.pdf). Accessed on October 18, 2011

## Adolescent Sexual Risk Behavior

**High rates of poor reproductive and sexual health outcomes suggest that Bronx youth engage in elevated rates of adolescent sexual risk behavior such as:**

- Experiencing early sexual debut
- Incorrect and inconsistent condom use
- Drug or alcohol use prior to sexual activity

***However***, according to the Centers for Disease Control and Prevention's most recent *Youth Risk Behavior Survey*, **the sexual risk behavior of Bronx youth is comparable on select indicators to that of their counter-parts across the U.S.**

## High School Students 9<sup>th</sup>-12<sup>th</sup> Grade (YRBS, 2009)

Risk Behavior	Bronx	United States	Bronx, 2009 more likely than U.S. 2009	U.S., 2009 more likely than Bronx, 2009	No difference
Ever had sexual intercourse	46.6%	46.0%			X
Had sexual intercourse with at least 1 person (3 months before the survey)	32.7%	34.2%			X
Drank alcohol or used drugs before last sexual intercourse (Among students who were currently sexually active)	15.8%	21.6%		X	
Did not use a condom during last sexual intercourse (Among students who were currently sexually active)	27.1%	38.9%		X	
Had sexual intercourse for the first time before age 13	9.0%	5.9%	X		
Had sexual intercourse with four or more persons (during their lifetime)	17.7%	13.8%	X		

Note: Reported differences are statistically significant,  $p < 0.05$ .

## Understanding the Outcomes

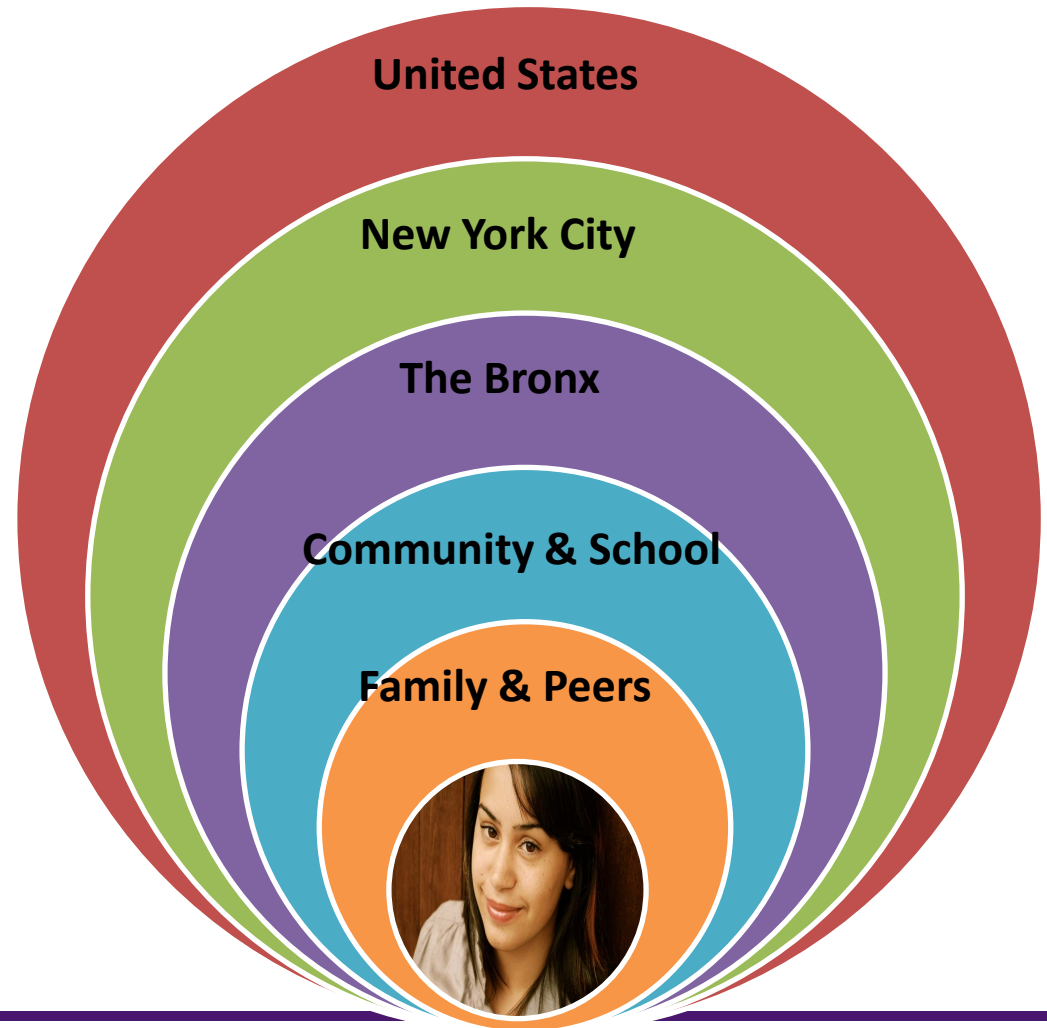
Data suggests that **individual behavior** does not *fully* account for the disproportionate reproductive and sexual health outcomes among Bronx youth.





## Bronx Youth in Context

In order to fully understand the sexual and reproductive health disparities between Bronx youth and youth nationwide **individual sexual risk behavior** must be placed within a social, economic and environmental context.



# The Bronx: A Geographic Area of Vulnerability

The environment in which Bronx youth grow-up shapes sexual and reproductive health outcomes.

## Environmental Factors of the Bronx

- High rates of poverty
- Homelessness
- School failure
- Health Care Access
- Community Violence
- High rates of foster care & Incarceration

## The Bronx: A Geographic Area of Vulnerability

### Poverty

- Over 25% of families in the Bronx live below the poverty line and 39.4% of all children are living in poverty.

### Homelessness

- Bronx families experience the highest rate of homelessness in NYC.
- Homeless youth have greater rates of HIV infection compared to youth with stable housing.

### Mental Health

- More NYC Latino youth have pervasive feelings of sadness or hopelessness than their white peers (33.2% vs. 27.1%).
- Suicide attempts among Latino high school students exceed their white peers (12.4% vs. 5.5%).
- Over half of referrals in the Bronx for outpatient mental health clinic services do not lead to treatment, compromising the mental health of Bronx youth.

## The Bronx: A Geographic Area of Vulnerability

### Access to Health Care

- The Bronx ranks lowest in health outcomes among New York State's 62 counties (County Health Rankings, 2011).
- The physician to patient ratio in the Bronx is 1:927, compared to 1:689 in New York State.

### High School Dropout

- The Bronx has a high school dropout rate (31%), more than double the national average (15%).
- Teen pregnancy is the leading cause of school dropout among adolescent girls.

### Community Violence & IPV

- The rate of violent crime in the Bronx is four times higher than the national rate.
- Teens who have experienced dating violence are significantly more likely to have ever been pregnant.

### Foster Care & Incarceration

- The Bronx has the highest rate of children placed in foster care in NYC.
- The Bronx is greatly impacted by incarceration : Over 50% of participants in a recent Bronx study reported that they or someone in their family had ever been arrested.

# **Focus on the Family: Advantages & Opportunities**

# Approaches to Addressing Latino Youth Well-Being

## Dominant approach:

### I. Focus on Adolescents Directly:

- School-based prevention programs
- Clinic-based prevention programs
- Media programs
- Internet-based interventions
- Environmental interventions
- Positive youth development

**An alternative approach is family-based interventions.**

## **II. Family-Based Approaches**

### **➤ There are clear advantages of family-based approaches:**

- Research demonstrates that parents are the primary socializing agents of children.
- Adolescents want to hear from their parents.
- Interventions can be implemented in the context of the family's value system.
- Information can be tailored for the parent and child.
- Timing is flexible and interventions can be on-going.
- Family-based approaches recognize that parents are experts on their adolescent children.
- Can be implemented in line with cultural and religious beliefs.

# Major Mechanisms of Family Influence



## Parental Influences

### Parental factors associated with adolescent behavior:

#### I. Family Structure

- Marital status
- Parental education
- Socioeconomic level

**Policy focus**

#### II. Family Processes

- Parent-adolescent communication
- Parental monitoring and supervision
- Overall relationship quality and satisfaction

**Less focus**

## Parenting Style versus Parenting Practices

- Traditionally, parent interventions have focused on global constructs or parenting styles.
- Interventions that are more likely to be efficacious provide specific parenting strategies and recommendations that focus on specific adolescent targets.

## Parenting Style versus Parenting Practices

- **Parenting Style**

- Characterizes how the parent raises the child
- Encompasses various parenting behaviors
- Reflects parents' values, beliefs and cultural norms
- Focuses on general constructs
- Is less specific
- Is often outside the scope of feasible family-based interventions

## Parenting Style versus Parenting Practices

- **Parenting Practices**

- Specific and goal-oriented strategies that parents employ as they raise their child
- Focuses on predictors that are linked to adolescent behavioral criterion
- Modifiable and adaptable
- More amenable to change
- Can be linked to the overall goal of an intervention

## Family Processes

- **Parent-adolescent communication**- emphasizes content, context, timing, frequency and style of parental discussions.
- **Monitoring and supervision**- is an active and on-going process that pertains to parental awareness of whether or not an adolescent is acting in accord with specific behavioral expectations.
- **Relationship quality and satisfaction**-parental warmth, closeness and connectedness are the most consistent predictors of relationship quality and satisfaction.

# **Reaching Families for Parent-Based Interventions**

## **What We Know About Parent-Based Interventions**

1. Parent interventions are often too intensive or require too much of families.
2. Participation rates vary—difficulties recruiting and retaining parents.
3. The importance of strong theories of behavior, parental influence and a mechanism to link—many parent interventions are not theory based and fail to address the linkages that connect parental influence to determinants of adolescent behavior.
4. “Real world” interventions that take advantage of “natural” opportunities are critical.

5. Need more rigorous evaluation of parent-based interventions.
6. Successful outreach to parents requires innovative recruitment strategies.
7. Family organization and context is changing rapidly and will continue to do so:
  - Competing with multiple priorities for parental attention and resources.
8. Interventions need to be attractive to both parents AND adolescents.
9. Parents are motivated to keep their adolescent children safe and healthy despite some parents being hard to reach or living in resource poor settings.



## **What We Don't Know About Family-Based Interventions**

1. We know little about parent/family preferences regarding delivery mechanisms and the best ways for reaching parents/families (CTSI project?).
2. More research is needed on how to best involve the broader Latino family (i.e. fathers, grandmothers, siblings) in family-based interventions (CTSI Project?).
3. We need to learn more about how to target and segment family interventions that reflect the diversity of Latino families and communities (CTSI Project?).
4. We know little about how to build upon existing resiliency and positive strengths of Latino communities to support healthy youth (CTSI Project?).

# Translation and Dissemination: CLAFH Resources

