

Fall 10-23-2009

Encouraging Healthy Lifestyle Choices Among At-Risk Youth: The RESOLVE Program

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Recommended Citation

Levine, Gavrielle; Majerovitz, Deborah; Schnur, Elizabeth; Robinson, Charletta; and Soman, Cadine, "Encouraging Healthy Lifestyle Choices Among At-Risk Youth: The RESOLVE Program" (2009). *NERA Conference Proceedings 2009*. 2.
http://digitalcommons.uconn.edu/nera_2009/2

Healthy Lifestyle Choices Among At-Risk Youth

Encouraging Healthy Lifestyle Choices Among At-Risk Youth:

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Paper presented at the Northeastern Educational Research Association (NERA) 40th Annual Conference, Rocky Hill, Connecticut, October 23, 2009.

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Abstract

This study describes results for the second year of RESOLVE, a federally-funded (U.S. Administration for Children and Families, CBAE) program designed to teach healthy lifestyles, goal setting, refusal skills, and abstinence education to at-risk youth that was developed and implemented by the Jewish Child Care Association. These data examine changes in content knowledge, self-esteem, attitudes and intentions regarding pre-marital sexual behavior from pre- to post-test, as well as self-report data on actual sexual activity. Results for the 303 youth who completed the program indicate positive changes in content-knowledge, attitudes and intentions regarding sexual behavior. Qualitative results highlight the importance of health educators as role models and mentors for youth, enhancing the information provided by the formal curriculum.

This study, which is part of a larger study, describes results for the second year of the RESOLVE program, a federally-funded (U.S. Administration for Children and Families, CBAE) program designed to teach healthy lifestyles, goal setting, refusal skills, and abstinence education to at-risk youth that was developed and implemented by the Jewish Child Care Association [JCCA]. These data examine changes in curriculum content knowledge, self-esteem, attitudes and intentions regarding pre-marital sexual behavior from pre- to post-test, as well as self-report data on actual sexual activity.

This at-risk population primarily is comprised of foster care youth living in a residential treatment center along with a smaller number of youth living in foster boarding homes in the

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community and non-foster care youth who participate in community center activities targeted to at-risk youth in low income neighborhoods. Among the residential population, all have been unsuccessful in family-based foster care as a result of emotional or behavioral problems, including a subgroup that has been diagnosed with cognitive disabilities.

A number of studies have demonstrated the efficacy of health education for encouraging healthy life choices among at-risk youth (Collins, et al., 2002; O'Donnell, et al., 1999). In fact, a formal health education component is particularly important for this population (DuBois & Silverthorne, 2005). Adding a mentoring component enhances program success (DuBois & Silverthorne, 2005; Collins et al., 2002; O'Donnell et al., 1999). The mentoring component of RESOLVE offers social support from strong role models who represent the successful result of positive life choices. In addition, sexuality is often a topic avoided by mentors in most mentoring situations. The mentoring relationships associated with the RESOLVE program represent a unique perspective in the lives of youth, many of whom have had limited experience of positive adult role models. In particular, these mentoring relationships may encourage participants to set similar life goals for themselves.

Methods

RESOLVE was developed by the Jewish Child Care Association [JCCA] to increase healthy lifestyle choices among high-risk adolescents. The educational curriculum is delivered in eight two-hour sessions by a trained health educator. In the residential settings, the curriculum is presented to 8-12 youth in the cottage in which they reside. Youth living in foster boarding homes participate in RESOLVE clubs that meet at the local JCCA center which delivered the

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16-hour curriculum in two-hour sessions. Community centers present the 16-hour curriculum in two-hour sessions in a format and setting to accommodate the needs of the center. Curriculum topics include goal-setting, social and communication skills, coping skills and decision-making, self-esteem, sexual and reproductive health, and making healthy lifestyle choices. Health educators also provide mentoring to youth.

Measures

Participants completed a 40-item written questionnaire before and after program participation.

Measures included are as follows:

The Rosenberg Self-Esteem Scale (Rosenberg, 1965). This 10-item measure assesses self-esteem using a 4-point Likert-type scale. It is the most widely used measure of self-esteem, with well-established reliability and validity.

Content Test (Levine, 2007). A twenty-item scale was designed for this study to measure curriculum content knowledge. Responses were given on a 4-point Likert-type scale. This measure demonstrated adequate reliability in prior testing with a similar population (Levine, et al., 2008).

Sexual Experience and Intentions. These ten questions were designed by the funding agency and are intended to be analyzed individually. These self-report questions assess participant's attitudes and personal values regarding sexual abstinence before marriage, intentions about future sexual

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activity, and actual sexual behavior. Questions about attitudes and intentions used a 5-point Likert-type response scale ranging from 0 (strongly disagree) to 4 (strongly agree).

Sample

A total of 303 youth completed both pre- and post-tests. These youth ranged in age from 12-18 with an average age of 14.6. The sample included slightly more girls than boys (53.8% female). Most belonged to ethnic minority groups (60.1% African American; 22.1% Hispanic; 1.3% Asian-American, 4.3% White; 12.2% other). The sample was divided fairly evenly between residential and community groups (49.9% residential).

Results

Participants reported significant improvement in content knowledge after program participation (See Table 1). Answers to the sexual experience and intentions questions changed in the expected direction from pre- to post-test. Three of these changes were statistically significant (See Table 1). Respondents reported significantly greater endorsement of the following: It is important to me to wait until marriage before having sex; It is wrong for me to have sexual intercourse while I am not married; I have a strong commitment to wait until marriage before having sex. Interestingly, respondents also reported a slight decrease in the number of different people with whom they actually had had sex.

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Table 1

RESOLVE PRE- AND POST-TEST DATA

N=303

MEASURE	PRE- TEST MEAN	PRE- TEST SD	POST- TEST MEAN	POST- TEST SD	t (df)	ALPHA
Content Knowledge	37.63	6.58	38.90	6.37	-3.13 (302)	.002
It is important to me to wait until marriage before having sex	2.39	1.30	2.61	1.25	-2.89 (299)	.004
It is wrong for me to have sexual intercourse while I am not married.	2.09	1.31	2.27	1.31	-1.94 (292)	.05
I have a	2.06	1.30	2.28	1.22	-2.83	.005

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strong commitment to wait until marriage before having sex.					(295)	
How many different people have you had sex with?	1.42	1.72	1.28	1.62	1.62 (291)	.107

Discussion

The RESOLVE curriculum was successful in increasing knowledge of healthy lifestyles, and changing participants' reported attitudes towards pre-marital sex. More participants endorsed the view that delaying sexual experience is a preferable course of action for them. The RESOLVE program was designed to infuse health education with practical strategies for implementing and sustaining positive lifestyle changes. In addition, the program offers at-risk youth the opportunity to interact with mentors who can appreciate the challenges they are facing and who model positive life choices. Health educators emphasize the importance of education, self-respect and goal-setting for a healthy and successful future. Educators model these behaviors and provide concrete examples from their own experiences to emphasize the importance of healthy lifestyle

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choices. The importance of this mentoring component is reflected in the comments made by the youth.

The real challenge of a health education program such as RESOLVE is to translate these gains in knowledge and reported attitudes into longer term behavior change. These youth are at particularly high risk for making unhealthy life choices that might lead to teenage pregnancy or STDs. In addition, many of these youth lack positive family role models for healthy life choices. Studies suggest that mentoring and role models are needed to assist at-risk youth in making healthier lifestyle choices (DuBois & Silverthorne, 2005; Oman, Vesely, & Aspy, 2005). The relationships that youth form with mentors in the RESOLVE program supports the direct instruction of the curriculum to increase content knowledge and help youth translate their intentions into real behavior change.

Qualitative analysis of reports from youth and educators provide further evidence that mentoring is a key component of the program's impact. Youth report that their interactions with the health educators have exposed them to the successful outcomes that accompany setting future goals and delaying gratification, and they express a desire to follow this path for themselves. Several examples of youth statements follow.

One way this group has helped me is that before I had no one I could get information from or to talk to about different issues. In the past I would fight a lot and disrespect anyone that I didn't like and RESOLVE has helped me with that issue. RESOLVE has helped me stop cutting school. I want to work for

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RESOLVE as the Youth Advocate and I have to get myself together.

RESOLVE is a great program where you can interact with others in a positive way. It has helped me in many ways. I can talk to [the group leader] whenever I have an issue.

I want to be like you [the group leader]. You have a nice car and wear nice clothes- so I have to have a [legitimate] plan.

I now have a plan. I want to go to school and make money the right way; in order to give my kids everything.

My Aunt has a house full of kids and isn't married; I don't want to be like that, I have to do better.

RESOLVE was a positive program. I liked the role playing activities we would do as a group. The facilitators ... were good.

I am a participant of RESOLVE. I keep coming because it helps out after hours. It's something positive to do. It's a place where we can give each other advice. I never saw kids that are the same in so many ways that will accept you before they judge you. It's cool to be able to show a person you are overwhelmed. In RESOLVE no one will use things against you. RESOLVE gives you that respect. There are many shoulders you can count on.

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These data suggest that the RESOLVE program offers an effective approach toward delivering health education to at-risk youth. Of course, changes in knowledge and attitudes are most meaningful if they are sustained over time and indeed may continue to evolve. Future studies should evaluate the long term impact of the program on maintaining attitude change and fostering positive behavior.

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