

# NPRSB-NACCD Joint Youth Leadership Report

Central to success in achieving the mission of the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the United States Department of Health and Human Services (HHS) to prevent, prepare for, and respond to the adverse health effects of public health emergencies and disasters is sustained leadership. Youth are one of our greatest assets in building our nation's health security. They are both a resource to develop, tap, and grow for the future as well as a conduit to strengthening community emergency and disaster readiness and resilience.

In response to a request by the ASPR on May 17, 2016 to consider the issues and opportunities associated with engaging our nation's youth in early identification and development of next-generation leadership in preparedness, response, and resilience, the National Preparedness and Response Science Board (NPRSB) and the National Advisory Committee on Children and Disasters (NACCD) established the ASPR Future/Youth Leadership Working Group (FYLWG). Considering especially the issues and opportunities for youth from a range of language and cultural backgrounds, family composition, socioeconomic status, and other factors characterizing our country, this FYLWG undertook to:

- Identify promising practices;
- Highlight the unique contributions youth can make to community and national preparedness and response; and
- Recommend a discreet, prioritized set of strategic and tactical opportunities to recognize our nation's youth as assets and pursue their engagement toward assuring our overall resilience.

In the course of our work, the FYLWG engaged and consulted multiple stakeholders and experts in various areas and across a spectrum of organizations. The following overarching objectives toward building a culture of preparedness emerged:

- 1. Nurture resilient youth—assure a foundation for a culture that fosters our nation's health security**
- 2. Engage youth to help build resilient communities**
- 3. Advance the frameworks supporting the strengthening of community resilience through effective youth engagement strategies**

Considering these goals, the FYLWG advises the following strategies:

- 1. Utilize and expand on existing programs to train the next generation of emergency preparedness and response leaders**
- 2. Establish role models and mentors to assure strong support systems**
- 3. Determine what evidence-based or evaluation metrics exist or are needed to define both short- and long-term outcomes of youth engagement**

# OVERARCHING OBJECTIVES TOWARD BUILDING A CULTURE OF PREPAREDNESS

## 1. NURTURE RESILIENT YOUTH—ASSURE A FOUNDATION FOR A CULTURE THAT FOSTERS OUR NATION'S HEALTH SECURITY

### *Build and assure a positive and supportive environment.*

A nurturing home environment is a critical component of developing resilient children and youth.<sup>1, 2, 3</sup> Families struggling with stressors such as poverty, substance abuse, and domestic violence are commonly associated with erosive environments in which children and youth are more likely to develop abusive and negative behaviors. Stable, emotionally healthy families are more likely to develop resilient children and youth who become future leaders. Such families establish behavioral boundaries, and they make recreational, educational, and occupational opportunities accessible and stimulating.<sup>4, 5</sup> Parents and families supported with resources, education, and training to counter negative factors (for example, through programs such as those offered by the Department of Housing and Urban Development [HUD])<sup>6, 7</sup> may be better able to provide supportive environments for their children.

A wide range of promising practices build positive and supportive environments in which children and youth may find opportunities for leadership. Schools are one setting in which such environments may be established. Teachers trained to help build a social infrastructure supportive of children, parents, and the broader community may counter socioeconomic, religious, and race disparities. In turn, children and youth benefitting from such settings may be more likely to become leaders in times of crisis as they grow up being supportive of other children, their siblings, and parents.<sup>8, 9</sup>

Various non-profit, private, and faith-based organizations may also provide nurturing environments in which youth may overcome any fears or low self-esteem stemming from, for example, poor family resources or different cultural backgrounds and thereby develop resilience. Organizations and programs with established systems of incentivizing productive activities and rewarding and publicizing, especially among their peers, the achievements of children and youth appear to positively influence career development.<sup>10, 11</sup>

Promoting favorable social determinants of health such as healthy eating and physical activity can lead to resilient children and youth and, ultimately, well-prepared adults in the future. Physical and mental health relate to one another such that self-esteem increases as physical health improves, and vice versa. Many children are not resilient because of their own health problems or those of their families. Thus, it is important for children to have access to health support, for example, through school health systems and access to medical care. Direct linkages between schools and local health organizations may be one effective and efficient method toward improving the health of families, and subsequently their communities. Creating a positive culture of health around children is critical. For example, healthy eating and actively decreasing and even eliminating food deserts in impoverished communities can foster good eating habits.<sup>12, 13, 14, 15, 16</sup> Providing healthy alternatives such as physical activity<sup>17, 18, 19</sup> or simple relaxation techniques may have more positive outcomes for youth behavior rather than negative or punitive actions (for example, detention). The latter reinforces nonproductive and potentially destructive behaviors while the former contributes to building the whole child better equipped to cope with stress and anger through constructive rather than destructive behaviors.<sup>17, 18, 19</sup>

Positive role models, whether peers, older youths, parents, popular figures, or leaders can counter negative factors (e.g., alcoholic/dependency, abusive, or other risky environments) and greatly influence whether a child or youth contributes to society or develops into a leader. Such role models can encourage communication and facilitate a youth's awareness of risky situations to avoid them. Mentors can provide a safe and confiding environment to allow youth to flourish and reach their potential. Ultimately, a healthy mind and supportive environment are necessary for nurturing preparedness and resilience both for individuals and subsequently the entire community.<sup>20, 21</sup>

***Assure children can cope with life stressors to be better or more naturally equipped to handle the stress of a large event such as a natural or a man-made disaster***

Building resilience requires first addressing pre-existing needs and providing coping skills for children and youth but also helping adults to be better able to provide support for children and youth. Acceptance of and adjusting to change are part of building resilience. Assuring the stable and positive emotional health of children and youth through, for example, training and programs focused on helping others, can help them learn to be self-reliant as well as collaborative. Programs, such as 4H Clubs, Boy Scouts of America, and Health Occupations Students of America (HOSA), encouraging inner strength and an ability to look beyond oneself to understand the range of problems afflicting people worldwide can increase perspective and a willingness to support others.<sup>20</sup> Schools often have funding challenges and competing priorities to provide standard education. These constraints limit offering programs or environments which encourage children and youth to learn to cope with life stressors and support each other while discouraging violent or bullying behaviors.<sup>22</sup> Yet, schools may offer the most optimal environment, being naturally structured and community-based.<sup>23, 24</sup> Hence, investment in both home and school environments is needed to build a prepared generation of adults in the future.

Children and youth with depression and mental illnesses can be especially prone to social isolation from their peers. Such isolation can lead to risky behaviors (e.g., alcohol and drugs), especially when children live in environments where such behaviors are the norm rather than the exception.<sup>25</sup> Moreover, pre-existing psychopathology decreases a child's ability to cope with external stressors. Therefore, before employing any training or program, understanding children's and youth's perspectives as well as their behaviors or responses to both stressors (e.g., death of relative, separation of parents, school challenges, community violence) and successes is critical to providing them the appropriate supportive environment.<sup>26</sup> Mental stability is essential for preparedness and leadership. Negative behaviors are likely to keep a youth's focus inward rather than outward and unlikely to contribute to the community. Increased competitiveness and disparities are contributing to increasing mental health problems and negative behaviors.<sup>27</sup> Identifying and supporting families and children suffering from the impacts of harmful social determinants of health is critical.

Although teaching and awareness about the harmful effects of drugs and alcohol have increased in schools and through various programs, dependency on these damaging agents continues and threatens to erode our community and counter efforts toward resilience.<sup>28</sup> Recognized to be greater in the United States than in other Western countries,<sup>29</sup> dependence on drugs and alcohol is a great societal problem. This is evident by the current opioid epidemic<sup>30</sup> and other ongoing problems. Unstable family structures, peer pressure, pressure to perform well in academics or sports, bullying, and other life stressors can all lead to drugs and alcohol dependency as well as other risky and destructive behaviors.<sup>31</sup> Programs addressing these root causes require support through funding and resources to assure our children and youth can develop into self-confident, resourceful, and compassionate leaders of our

community.

***Train youth to help others—e.g., simple and supportive reactions to another’s distress or challenges rather than derisive ones such as belittling or bullying***

A strong and resilient community is one in which individuals support each other. In today’s world of social media, it has become all too easy for youth to hide from a distance and succumb to the destructive behaviors of bullying or intimidation. At the root of bullying in any form is a person who may have low self-esteem and uses any means (verbal or physical) to feel powerful over others, thereby causing others distress.<sup>32, 33</sup> Any form of bullying is detrimental to the larger community, national cohesiveness, and overall preparedness and resilience. We cannot expect our children and youth to grow into adults who contribute to and support their neighbors and their community if intolerance to bullying behaviors is not universal among peers and in families and communities. At the same time, children should be encouraged to continue to demonstrate and maintain the empathy they naturally possess and to engage in positive behaviors and activities promoting improved self-worth. Such encouragement ensures they identify and sustain these preferred attitudes and behaviors as they mature, instead of resorting to bullying.

***Demonstrate the value of general knowledge, especially current issues related to the community, the nation, and the world***

Children and youth can be effective agents of positive change in our communities if allowed to learn and understand more about the world around them. Adults and peer leaders should facilitate children and youth in gaining appreciation and respect for different cultures and these cultures’ real and potential contributions to our society. We should also raise children and youth’s awareness of issues involving our environment and communities and any potential threats (e.g., climate change, antimicrobial resistance) as well as teach them the science behind those issues. A broader understanding of the science involved in these issues would contribute toward finding common ground for our national dialogue. The United States is part of a global village, and students who are ill-informed of world issues and hazards will be unprepared to anticipate emergencies. The more children and youth understand and are actively engaged, the more open they are likely to be learning how to prepare for potential menaces. Overall, children tend to be more readily receptive and able to grasp new concepts than adults. What they learn, they tend to bring home and teach their families, thereby strengthening our communities.<sup>34</sup>

***Emphasize an American identity as well as outlook which overcomes race, religion, and socioeconomic inequality***

We need to demonstrate to our children and youth that our strength as a nation benefits most when our many cultures work in concert together toward a common goal rather than divided into separate tribes. Creativity expands as diverse thoughts, people, and ideas are brought together. Adult role models from various fields and areas of life can help emphasize these concepts by their successes as well as their actions. Programs rewarding collaboration among children and youth from different cultures to achieve an objective can also enable children and youth to embrace a shared identity.<sup>35</sup>

## 2. ENGAGE YOUTH TO HELP BUILD RESILIENT COMMUNITIES.

As our communities face emergencies of increasing scope and costs with fewer resources, we are challenged to seek non-traditional resources for help. Youth populations have the capacity to help build resilient communities by addressing capability gaps and contributing remarkable creativity and novel approaches. Youth engagement can be defined as "meaningful participation and sustained involvement of a young person in an activity, with a focus outside of him or herself."<sup>35, 36</sup> Despite the potential of youth engagement to address many capability gaps in disaster preparedness, lack of attention to youth regarding disaster research, scholarship, and training programs persists.<sup>37, 38</sup> Research by the FYLWG developed the following themes as it relates to engaging youth to promote community resilience.

### ***Encourage communities addressing public health and medical emergencies to work with youth to manage surge medical needs for their mutual benefit***

The concept of medical surge forms the cornerstone of preparedness planning efforts for major medical incidents. It is important, therefore, to define this term before analyzing solutions for the overall needs of mass casualty or mass effect incidents. Medical surge describes the ability to provide adequate medical evaluation and care during events exceeding the limits of the normal medical infrastructure of an affected community. It encompasses the ability of health care organizations to survive a hazard impact and maintain or rapidly recover compromised operations (a concept known as medical system resilience).<sup>39</sup> Two themes have surfaced in our exploration of the roles youth can play in increasing the medical system resilience of a community. The first theme is that encouraging young medical professionals to serve in underserved areas in exchange for loan repayment and scholarships can directly support these areas in need of primary care, mental health, and other health related services.<sup>40</sup> The second theme is that organization-based injury prevention and disaster preparedness programs can be a principal strategy for long-term behavior change toward a more resilient community. Such educational programs promote understanding of protective actions for risks relevant to a targeted population.<sup>4, 6, 7</sup> For example, there have been effective programs teaching CPR to middle and high school students.<sup>41</sup> Additionally, an educational program by Plan International asked children in El Salvador to map the risks of disaster in their communities. Through this exercise, the children discovered people were quarrying stone and sand from a river and increasing the risk of flooding. Their discovery and advocacy to stop the quarrying resulted in saving their community from creating a high risk of flooding.<sup>42</sup>

Thus, youth are capable of increasing the medical surge resilience of a community. Conversely, youth benefit from such engagement. Aside from monetary benefit, as is the case with loan repayment and scholarship programs for young medical professionals, youth engagement in educational programs can promote long-term behavior change toward resilience in a community.<sup>32, 33</sup> As noted by the Texas School Safety Center,<sup>43</sup> theories on youth engagement by adults support these concepts. According to their findings, resilient communities with adult support foster youth growth. That is, if one surrounds youth with supportive adults, those youth will look to those adults for guidance and are motivated to be engaged. The community then benefits from having youth well equipped and developed, and the community has the capacity to support youth to overcome, and help others overcome hardships during crises much more so than a non-resilient one. The positive relationships youths develop with adults in

the community additionally results in youth valuing their community and those relationships they develop.<sup>44, 45</sup> Additionally, long-term, meaningful relationships with adults resulting from youth engagement, can lead to greater social or community participation in educational programs that promote resilience.<sup>46, 47</sup>

### ***Encourage and establish peer leadership***

Youth engagement in community activities cultivates the skills needed to be an effective leader. Again, according to research by the Texas School Safety Center<sup>39</sup>, Brennan and Barnett (2009)<sup>42</sup> concluded that youth engaged in community efforts demonstrate better problem-solving and decision-making skills and are therefore more likely to be future leaders.<sup>40</sup> Youth also gain a sense of belonging and purpose<sup>43</sup> as they realize others, their peers and even adults, will listen to them. Children have a great capacity to help their peers; they readily talk to and provide advice to each other. At an early stage of development, they naturally are supportive of their peers, as long as they are provided the tools and environment to do so. Negative and demeaning behaviors are often learned from their environment, older youth, and adults as they try emulating what they observe. However, given the support and encouragement to continue their natural inclination to help and support others, they can grow into youth, who see themselves as vital, contributing members of the community.<sup>40</sup> Subsequently, as youth realize they have the power to influence decisions in their community, they develop into effective leaders. Such youth leaders can become particularly effective communicators with their peers and motivate and engage other youth.

### ***Partner with youth to reach underserved communities***

Youth are able to communicate better with communities to which they belong. They are often a bridge between mainstream resources and communities with barriers such as language, culture, and socioeconomic status. Training programs at school or other community-based organizations can provide youth the specific tools and experience to teach others about preparedness concepts and actions in their community. Youth engagement can then be especially powerful if they belong to underserved, economically challenged, and culturally diverse communities.<sup>39</sup>

### ***Employ youth in advocacy***

Youth are able to serve as wonderful advocates to draw attention to issues or campaigns to help communities prepare and respond to emergencies. Their idealism and earnest passion to combat perceived wrongs can be powerful motivators for their peers as well as their community. Empowering and engaging youth in community activities allow them to interact with adults and receive guidance as they develop the necessary skills to make decisions and understand challenging situations.<sup>42</sup>

As of July 1, 2015, the population of youths in the United States, ages 5 to 24 years, was 84,957,722; this translates to 26% of our population.<sup>48</sup> In the book, “Youth! The 26% Solution,” Lesko and Tsourounis point out that this just over a quarter of the population makes important contributions to our nation, such as participating in school and community activities, spending more than \$150 billion per year, and demonstrating through actions they care about the world in which they live. The authors further

suggest it would benefit communities to encourage this segment of the population to exercise leadership.<sup>49</sup> One of the more successful youth advocacy programs has been in the development of comprehensive tobacco control programs. The Centers for Disease Control and Prevention (CDC) provides guidance to involve youth as partners in advocacy and gives evidence that this approach has been effective in reducing the use of tobacco in communities and schools.<sup>50</sup> By extension, other programs in community health resilience may benefit from collaborating with youth. Topics suggested and discussed by subject matter experts in our Working Group briefings include: promoting healthy eating, communicating emergency procedures at school through hip-hop videos, installing automated external defibrillators in school buses, wearing sunscreen, and preventing the spread of the Zika virus.<sup>51</sup>

### **3. ADVANCE FRAMEWORKS SUPPORTING THE STRENGTHENING OF COMMUNITY RESILIENCE THROUGH EFFECTIVE YOUTH ENGAGEMENT STRATEGIES.**

#### ***Continue to build the science base for and help validate evolving models of community resilience***

Frameworks to depict as well as efforts to measure community resilience and its contributing factors continue to evolve.<sup>52</sup> Community resilience models are advancing dynamic approaches and newly available techniques. Tools and initiatives based on evolving frameworks are increasingly being used and applied. Yet, few models have been fully validated, and actual measurement (or more accurately, prediction) of resilience has proven challenging, often limited by sufficient indicators or proxies of the factors felt to influence it. ASPR and other stakeholders in community resilience should work toward increasing the availability of evidence-based indicators to measure such resilience as well as the factors influencing it. Continuing to advance such modeling and measurement efforts is critical, as they are the foundations upon which to identify the most effective strategies for engaging youth in advancing community resilience.

#### ***Document the current state of the evidence for and potential benefits of youth engagement strategies in advancing individual and community resilience***

Research on resilient children and individual resilience suggests three factors contribute to the ability of some high-risk children to “beat the odds:” a strong relationship with a caring adult, high expectations, and opportunities for meaningful participation.<sup>53</sup> Many community resilience models and supporting literature reflect a growing recognition that a community’s social capital and connectedness (a proxy for post event emergent collective behavior—neighbors helping neighbors, groups emergently coalescing to support response and recovery, etc.) play strong roles in both a community’s pre-event functioning and its resilience to disaster.<sup>54, 55, 56</sup> In addition, population vulnerability and inequality reduce a community’s ability to withstand and recover from disasters. Youth engagement efforts would benefit from a review of current evidence reflecting the effectiveness of youth in driving or contributing to improvements in these and other resilience related domains.

***Further develop and sustain the science base needed to guide selection and application of youth engagement/leadership strategies as they relate to health security and community resilience***

In a different yet related area, literature on the role of youth in violence prevention<sup>57</sup> and other community development efforts emerges. This suggests youth engagement and development may also be effective strategies in advancing social capital and connectedness. Similarly, such tactics may effectively address policy and system change issues aimed at reducing population vulnerability and inequality (health equity initiatives, community development work, etc.). Efforts to do so should include research to demonstrate the short and long-term effects of youth engagement in advancing these influencers of resilience and to demonstrate the most effective approaches. One approach to advancing this research agenda is ASPR's post-Sandy recovery grants aimed at rapidly integrating research into the active work of recovery to facilitate lessons learned.<sup>58</sup>

The April 2014 Community Health Resilience Report of the National Preparedness and Response Science Board (NPRSB; previously the National Biodefense Science Board [NBSB]) provides recommendations, which also relate to the current youth engagement and resilience task. In that report, recommendation 5 states:

The NBSB recommends “ASPR—working with other HHS agencies, federal departments, and non-governmental scientific organizations—coordinate the development of a coherent science agenda to promote innovation and prioritize areas for research on community health resilience.”

This document goes on to note, “To do this, ASPR should coordinate the development of this science agenda with other HHS agencies and components, other departments, and non-governmental scientific organizations. Once consensus is reached, ASPR (through the HHS Secretary) should convey to appropriators and agency leaders the importance of allocating sufficient funding for intramural and extramural research on community health resilience. Finally, HHS should ensure that component agencies allocate sufficient personnel to coordinate and execute scientific research on community health resilience, as appropriate to the missions of the respective agencies.”<sup>59</sup> The FYLWG would add the following to the proposed list of community resilience research questions posed in that report:

- What are the gaps in our knowledge of the individual and community factors which strengthen resilience of youth before, during, and after disasters? How can they best be addressed?
- What aspects of community resilience can youth most effectively advance?
- What are the most effective strategies and times to expose youth to and engage them in preparedness, response, and resilience building efforts to: 1) build the next generation of cross-sectoral health security leaders, and 2) advance the ability of communities to withstand and recover from disasters?

## **SPECIFIC RECOMMENDED STRATEGIES TO ACHIEVE A CULTURE OF PREPAREDNESS**

### **1. UTILIZE AND EXPAND ON EXISTING PROGRAMS TO TRAIN THE NEXT GENERATION OF EMERGENCY PREPAREDNESS AND RESPONSE LEADERS**

#### ***Identify existing directories of current youth engagement programs and encourage a “community of practice” for collaboration among organizations involved with youth***

One suggested practice is to identify and expand existing directories of current youth engagement programs, although these programs require appropriate vetting for overall quality and suitability regarding youth resilience. Potential evaluation metrics to consider for vetting include the programs’ reach, culture, diversity, organizational stability, sustainability, record of youth development, community involvement, broad reputation within specific sectors, and also avoidance of unintended consequences.<sup>60, 61</sup> Such metrics should be interpreted within the context of regional characteristics as well as strengths and limitations of their urban or rural environment. Programs should work through and expand partnerships with organizations and systems that currently reach youth in communities. Examples of successful youth-led and youth-related organizations are listed in Appendix 1. Common ground between organizations may be determined in terms of existing structures, shared interests, and the ability to maintain a level of success. In this way, organizations may leverage each other’s resources, expand partnerships, and utilize communication outlets of each organization to voice a shared message. This type of collaboration may lead to a “community of practice” model in which existing organizations with overlapping interests continue to grow through collaboration on that shared interest.

#### ***Encourage providing life-long skills to develop prepared and resilient youth***

To support youth development and resilience, successful programs often incorporate life-long skills (e.g., leadership, communication, sense of responsibility) training through specific and finite projects.<sup>62</sup> Such projects and programs are often a combination of individually led and team-based efforts. They can be challenging but success should be attainable. Additionally, they may be broken down into small steps to demonstrate interim progress while providing the opportunity for reflection on broader impact, both in one’s growth and also of one’s efforts on the community. This process maintains drive and enthusiasm in the youth involved as does encouragement and small rewards for success. Most importantly, when provided in a safe environment such projects allow youth to thrive, which means their community will too.

#### ***Empower youth***

Successful programs in youth development empower the youth themselves. Youth-led programs or components of programs are often successful because the youth’s motivation and passion drive the activities.<sup>63</sup> However, the level of adult involvement, while largely a function of the age of participants, requires careful consideration.<sup>64</sup> Achieving the best outcome for both the involved youth and their community means youth activities are chosen which meaningfully advance program and issue objectives (based on the best available evidence), progress toward established metrics or milestones, and build relationships with supportive and knowledgeable adults.<sup>65</sup> For specific activities, advocating and pursuing actions directed by the ideas of youth, rather than what adults may think is optimal for youth,

may be the best and most successful course of action. Youth, and ultimately their communities, may benefit when provided as much leadership opportunities as appropriate and available.

### ***Engage youth reflecting the diverse populations comprising our communities***

Diversity is at the core of successful youth development programs to influence all demographic subgroups within a community effectively. Considering socio-economic diversity is the ideal, although challenging when engaging youth who have access to fewer resources and are limited in being able to commit as fully to a program or activity because of, for example, transportation and availability challenges. Cultural diversity is also important, and youth can be the ones who bring leadership and change back to their communities.<sup>66, 67</sup> Underserved cultural groups may be harder to reach but deserve to benefit from broad community programs. Reaching high-risk youth, their families, and their communities may be most effective using techniques such as social branding.<sup>68</sup> That is, targeting all youth with general or broad techniques may be inefficient; whereas, a more targeted and tailored approach would focus on connecting with a particular demographic subgroup. Two key components of targeting subgroups are passionate brand ambassadors, who can use relevant and carefully selected messaging that reflects the target groups' values and interests.<sup>69</sup>

## **2. ESTABLISH ROLE MODELS AND MENTORS TO ASSURE STRONG SUPPORT SYSTEMS**

### ***Develop youth as role models and encourage a legacy of mentoring***

To ensure the nation's youngest citizens become engaged in preparedness activities, children and youth need strong role models and mentors who will provide them with a lasting support system. In the course of this Working Group's research, we learned programs currently exist (e.g., 4H and Virginia Y Street)<sup>70</sup> in which youth-adult partnerships produce positive youth experiences and, in turn, encourage youth to participate in activities such as individual and community preparedness. Providing opportunities for youth can be a gateway to participation in different preparedness activities. In addition, programs providing role models and mentors develop youth who can then become mentors to other younger children. The Texas School Safety Center is an example of an organization with a number of youth-based initiatives. Involving youth as mentors through peer-to-peer education and youth education, this Center observed data driven improvements in their programs (txssc.txstate.edu).<sup>71</sup> Chicago Youth Programs (CYP), established in 1984 to address and improve the health and life opportunities for children and youth residing in underserved inner-city neighborhoods, provides a broad scope of programs. CYP effectively deployed adult role models and youth peer-mentors. Additionally, CYP tracked retention of program participants as well as outcomes (education success, avoidance of high risk behaviors) of participants and program alumni.<sup>72, 73, 74</sup>

Youth who have participated in these types of activities are excellent sources of potential mentors. Through our research and interaction with several different youth engagement programs, the FYLWG determined there is a lack of tracking of students who complete engagement programs to document the potential long-term benefits or impact on the careers and lives of these youth. Successful youth engagement programs should be encouraged via funding criteria to track program participants and alumni, as well as relevant outcomes. This strategy can create a network of potential mentors for the

next generation of youth as well as verify achievement of the desired objective of youth and thereby community resilience. To successfully apply such metrics and better inform efforts toward resilience, these programs require funding and resources from those public or private agencies and organizations with an interest in supporting youth.

***Provide and coordinate training and resources for organizations, programs, and mentors to be able to optimally support children and youth***

Additional resources are required for adult mentors to be able to recognize potential problems in the youth with whom they interact and, thus, to provide the appropriate level of support. These mentors become trusted individuals and role models to youth, so they must have an adequate level of basic awareness and knowledge of additional partners who can provide more in-depth care for any youth exhibiting signs of developing problems. Centers such as the National Center for School Crises and Bereavement at the University of Southern California School of Social Work,<sup>75</sup> which provides training and crisis response to school staff and communities during and after crisis and tragedies (e.g., Orlando shooting)<sup>76, 77</sup> should be considered a model for such a resource. Providing training and resources to mentors to recognize early signs of problems in youth is a beneficial strategy to the mentors and fellow participants in youth engagement programs and vulnerable youth in need of assistance, as demonstrated through programs such as CYP.<sup>74</sup>

These resources would allow adult leaders in key groups to engage in a positive and measurable way. Fostering coordination among federal agencies in supporting activities would allow for better distribution of effort, covering more areas with less redundancy. Tracking which programs and resources achieve the best results from the perspective of youth but also from the perspective of adults, organizations, and communities would provide a continuously improving evidence base for funding and activity. Federal funding for all programs should include a component for assessment that is feasible and useful for measuring real progress toward improving both youth resilience and the wider scope of community resilience.

Children and youth need better access in general to—insurance coverage such as Medicare, Medicaid and Children's Health Insurance Program (CHIP), nutrition programs, community support for at-risk children, temporary assistance programs, and vaccination programs- the list can be endless. However, all can empower individuals and communities with resources to improve the health, education, insight, and social connection of youth to caring adults. Therefore, adults may better recognize issues among children and youth and support them appropriately. Consequently, adult leaders and key organizations should be encouraged to support youth engagement programs visibly.

***Encourage and introduce youth to consider preparedness, response, and resilience-related careers***

Invested stakeholders should provide opportunities for all youth to participate in preparedness and response. Such opportunities should be embedded not only in the community but also throughout the school system from the earliest years. Access to such educational training and experience should increase through high school, trade school, and college to encourage youth to consider and select careers in this area. The Agency for Healthcare Research and Quality (AHRQ), CDC, and other federal agencies should provide information and other support for colleges as well as graduate and professional schools to develop in fields associated with preparedness and resilience (e.g., healthcare and emergency

management). Participation as a youth in preparedness programs will encourage them to continue in these activities as adults.<sup>77</sup>

### **3. DETERMINE WHAT EVIDENCE-BASED OR EVALUATION METRICS EXIST OR ARE NEEDED TO DEFINE BOTH SHORT- AND LONG-TERM OUTCOMES OF YOUTH ENGAGEMENT**

When considering metrics of youth leadership programs, a question related to preparedness metrics raised by RAND seems to apply: “How well did the system perform given what was expected from it and the investments that were made based on those expectations?”<sup>78</sup> Many youth preparedness programs exist, but few are empirically evaluated. This is not an easy feat and will likely include a mixed methods approach as not all outcomes are quantifiable. Furthermore, given continual changes within youth programs (e.g., youth age out, events occur/do not occur), we must collect measures on a regular basis. Youth are more involved in social media. Therefore, metrics related to this platform might be worthy of consideration. Programs involving youth often suggest positive outcomes as they become young adults. Thus, a longitudinal approach to program assessment may also be important to collect, including involvement in adult preparedness and response programs.<sup>79</sup>

#### ***Encourage self or individual assessment of involved youth***

As we consider metrics for youth leadership programs, self-assessment of participants is one piece of the outcome puzzle. These may assess multiple domains: preparedness knowledge, self-esteem, social skills (including community connectedness, social responsibility, and leadership development). Stakeholders may triangulate the self-assessment with information from other sources such as parent/teacher/leader perceptions, community assessment, and academic outcomes (grades, behavior reports, school involvement) to get an overall understanding of the effectiveness of the programs. As youth engage in program activities, metrics of implementation, effectiveness of response, and perceptions of their response should be determined and collected.

#### ***Determine youth involvement as a measure of community preparedness and resilience***

Youth leadership programs may inform adults and other youth regarding a community’s preparedness and resilience through the degree of youth involvement. Therefore, metrics related to youth leadership evaluation should assess this goal of youth involvement. Measuring family disaster preparedness in a community and measuring whether and how youth initiated that capacity in their family may advise indirectly regarding the impact of programs in an area. Changes in youth enrollment in programs may facilitate tracking growth and may include metrics related to how new members learned of the program. As programs expand, metrics to understand growth may contribute to understanding best practices for recruitment and participation sustainment. For example, mapping of known youth programs within communities to assess diversity, demographics, and gaps in preparedness planning program locations may be critical to understanding the variety of factors influencing a program’s success. Furthermore, such mapping may inform on how new program start-up decisions are made and implemented. Tracking preparedness partnerships with community stakeholders may contribute information to new communities which may be seeking to create or expand effective youth leadership programs.

#### ***Emphasize the importance of evaluation toward measuring success and making improvements***

Youth leadership and youth preparedness programs exist at all levels: programs for different ages, after

school programs, and extracurricular activity and community-based programs. They often have different goals and activities to meet—from education to preparing disaster kits to active scenario involvement. Programs also have varying degrees of response implementation. These too, need assessment from a qualitative lens (self-perception of effectiveness and leadership assessment of youth response) and both qualitative and quantitative outcomes (were response goals achieved?). Across evaluation components, standardized measures often exist. Programs should explore such standardized instruments before augmenting these by creating program specific indicators and surveys. They should consider utilizing existing data, if available, as well as adults who were former youth participants as potential sources to identify the impact of programs on behaviors and careers, especially with regard to developing future leaders. Only through developing evaluation components will we be able to understand the success or gaps of youth programs. All programs should consider allocating some portion of their funds and efforts toward evaluation of their program with respect to at least youth outcomes. In this way, the contribution of such programs not only to the individual youth but also our communities may be better determined and understood.

## Appendix 1: Selected Youth Leadership Programs and Resources

1. [ASPR TRACIE](#)
2. [Network Profile of the Medical Reserve Corps](#)
3. [FEMA's Children and Disaster Newsletters](#)
4. [FEMA's Youth Preparedness Council](#)
5. [4-H'ers spring into action to help with flood recovery efforts](#)
6. [Extension Disaster Education Network](#)
7. [Medical Reserve Corps: Youth Engagement Toolkit](#)
8. [Youth GIS Partnerships in Action: Alert, Evacuate, and Shelter](#)
9. [Technology Trend: Using Technology to Prepare for Emergencies](#)
10. [Journal of Extension: 4-H Teen Community Emergency Response Team \(CERT\)](#)
11. [University of Florida IFAS Extension: CERT helps 4-Hers Learn Citizenship and Workforce Skills](#)
12. [Global Biodefense Report: National Blueprint for Biodefense](#)
13. [2012-2013 Report of the Children's HHS Interagency Leadership on Disasters \(CHILD\) Working Group: Update on Departmental Activities and Areas for Future Consideration](#)
14. [The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment](#)
15. [Risk & Protective Factors](#)
16. [Measuring resilience and youth development: the psychometric properties of the Healthy Kids Survey](#)
17. [National Strategy for Youth Preparedness Education](#)
18. [National Biodefense Science Board Community Health Resilience Report](#)
19. [National Preparedness and Response Science Board \(NPRSB\) Assistant Secretary for Preparedness and Response \(ASPR\) Future Strategies Report](#)
20. [AVMA: How to be a Leader in your Community](#)
21. [The #1 Reason Leadership Development Fails](#)
22. [Best practices of leadership development](#)
23. [National Center for Healthcare Leadership Best Practice in Physicians Leadership Development Programs](#)
24. [Linking Leadership to Instruction: A Leadership Development Curriculum for Virginia Public Schools](#)
25. [Allstate Youth Empowerment](#)
26. [Allstate Youth Initiative Involvement](#)
27. [Allstate Foundation: Good Starts Young](#)
28. [Girl Scouts Leadership Development](#)
29. [Boy Scouts of America National Youth Leadership Training](#)
30. [YMCA](#)
31. [YWCA](#)
32. [Big Brothers/Big Sisters](#)
33. [Girls Inc.](#)
34. [Campfire USA](#)
35. [Chicago Youth Programs](#)
36. [Promising Practices Network](#)
37. [Virginia Foundation for Healthy Youth](#)
38. [Virginia Foundation for Healthy Youth: Y Street](#)
39. [4-H Positive Development and Youth Mentoring Organization](#)

## Appendix 2: Joint Youth Leadership Presenters

1. Gerrit Bakker, Senior Director, Public Health Preparedness, Association of State and Territorial Health Officials (ASTHO)
2. Jonathan Ban, Director of the Division of Policy and Strategic Planning, Office of Policy and Planning, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services (ASPR/OPP/DPSP)
3. Allison Carlock, Emergency Management Specialist and National Lead for Youth Preparedness, Federal Emergency Management Agency's Individual and Community Preparedness Division
4. Elizabeth Carnesi, National President, Health Organizations Students of America (HOSA)
5. CDR Daniel Coviello, Deputy Director for Medicine and Dentistry, Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA)
6. Darrin Donato, Behavioral Health Program Analyst, At-Risk Individuals, Behavioral Health, and Community Resilience, Office of Policy and Planning, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services
7. Megan Flynn, Director of Youth Engagement & Policy, The Rescue Agency
8. John Looney, MD, MBA, Emeritus Professor of Psychiatry, Duke University
9. Dr. Amy McCune, National Program Leader, 4H Youth Engagement, National Institute of Food & Agriculture / Institute of Youth, Family & Community, United States Department of Agriculture (Washington, DC)
10. Joe McKenna, Associate Director of Research and Evaluation and Youth Preparedness Coordinator , Texas School Safety Center, Texas State University
11. Alisha Powell, NGA Center for Best Practices, Homeland Security and Public Safety
12. Danny Saggese, Director of Marketing, Virginia Foundation for Healthy Youth, Y Street
13. Dr. David Schonfeld, MD, FAAP, Professor, the School of Social Work and Pediatrics at the University of Southern California and Director, National Center for School Crisis and Bereavement, Children's Hospital Los Angeles,
14. Madeline Sullivan, Education Program Analyst, Office of Safe and Healthy Students (OSHS), U.S. Department of Education
15. CAPT Robert Tosatto, RPh, MPH, MBA, Director, Medical Reserve Corps Program, Partner Readiness and Emergency Programs Division, Office of Emergency Management, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services (ASPR/OEM)

## Appendix 3: Joint Youth Leadership Working Group Members

### ***NPRSB Voting Members***

#### **Tammy Spain, Ph.D. (co-chair)**

Project Manager  
Catalent Pharma Solutions  
St. Petersburg, FL

#### **Christina Egan, Ph.D.**

Chief  
Biodefense Laboratory  
Wadsworth Center  
New York State Department of Health  
Albany, NY

#### **Steven E. Krug, M.D.**

Head, Division of Emergency Medicine  
Ann and Robert H. Lurie Children's Hospital of  
Chicago  
Professor of Pediatrics  
Northwestern University Feinberg School of  
Medicine  
Chicago, IL

#### **Ross D. LeClaire, D.V.M., Ph.D., MSS, DABT, Fellow ATS**

Director at Large,  
New Mexico Veterinary Medical Association  
Corrales, NM

#### **Prabhavathi Fernandes, Ph.D.**

Founder, President, and Chief Executive  
Member of the Board of Directors  
Cempra, Inc.  
Chapel Hill, NC

#### **Kenneth T. Miller, M.D., Ph.D.**

Medical Director  
Santa Clara County Emergency Medical Services  
Agency  
San Jose, CA

#### **Catherine Slemp, M.D., M.P.H.**

Preparedness Director and Acting State Health  
Officer (retired), West Virginia Bureau for Public  
Health  
Catherine Slemp, Public Health Consulting  
Milton, WV

### ***NACCD Voting Members***

#### **Sarah Y. Park, M.D., FAAP (co-chair)**

State Epidemiologist and Chief  
Disease Outbreak Control Division  
Hawaii Department of Health  
Honolulu, HI

#### **Michael R. Anderson, M.D., M.B.A., FAAP**

Chief Medical Officer  
University Hospitals Case Medical Center  
Cleveland, OH

#### **Robin H. Gurwitch, Ph.D.**

Clinical Psychologist  
Duke University Medical Center  
Department of Psychiatry and Behavioral Sciences  
Durham, NC

#### **Mary Dianne Murphy, M.D., FAAP**

Director, Office of Pediatric Therapeutics  
Office of the Commissioner  
Food and Drug Administration  
U.S. Department of Health and Human Services  
Silver Spring, MD

#### **Georgina Peacock, M.D., M.P.H.**

Medical Officer  
National Center on Birth Defects and  
Developmental Disabilities  
Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services  
Atlanta, GA

***Federal Subject Matter Experts***

**Daniel Dodgen, Ph.D.**

Director, Division for At Risk Individuals, Behavioral Health, and Community Resilience  
Office of the Assistant Secretary for Preparedness  
and Response  
Office of the Secretary (ASPR)  
U.S. Department of Health and Human Services  
Washington, DC

**Joseph R. Holbrook, Ph.D., M.P.H.**

Psychiatric Epidemiologist  
Division of Human Development and Disability  
National Center on Birth Defects and Developmental Disabilities  
Centers for Disease Control and Prevention  
U. S. Department of Health and Human Services  
Atlanta, GA

**Marc Shepanek, Ph. D.**

Lead, Aerospace Medicine  
Office of the Chief Health and Medical Officer  
NASA Headquarters  
Washington, D.C.

***Executive Secretariat***

**Maxine Kellman, D.V.M., Ph.D., PMP**

Biotechnology Policy Analyst  
Office of the Assistant Secretary for Preparedness  
and Response  
U.S. Department of Health and Human Services  
Washington, DC

**CDR Jyl C. Woolfolk, M.P.H., CHES**

Senior Policy Analyst  
Office of the Assistant Secretary for Preparedness  
and Response  
U.S. Department of Health and Human Services  
Washington, DC

## Appendix 4: National Preparedness and Response Science Board (NPRSB)

### *Voting Members*

**Chair, Steven E. Krug, M.D.**

Director  
Division of Emergency Medicine  
Ann and Robert Lurie Children's Hospital  
Chicago, IL

**John S. Bradley, M.D.**

Clinical Director  
Division of Infectious Diseases  
Medical Practice Foundation  
Rady Children's Hospital  
San Diego, CA

**Virginia A. Caine, M.D.**

Health Director  
Marion County Public Health Department  
Associate Professor of Medicine  
Indiana University School of Medicine  
Indianapolis, IN

**Christina Egan, Ph.D.**

Chief  
Biodefense, Wadsworth Center  
New York State Department of Health  
Albany, NY

**Donald G. Heppner, Ph.D.**

Chief Scientist  
Medical Division  
TASC, Inc.  
Lorton, VA

**Prabhavathi Fernandes, Ph.D.**

Founder, President, and Chief Executive  
Member of the Board of Directors  
Cempra, Inc.  
Chapel Hill, NC

**Noreen A. Hynes, M.D., M.P.H.**

Associate Professor, Medicine and Public Health  
Director, Geographic Medicine Center  
Division of Infectious Diseases  
Johns Hopkins University  
School of Medicine  
Baltimore, MD

**Ross D. LeClaire, D.V.M., Ph.D., MSS, DABT, Fellow ATS**

Director at Large,  
New Mexico Veterinary Medical Association  
Corrales, NM

**Eva K. Lee Ph.D.**

Professor  
School of Industrial and  
Systems Engineering  
Georgia Institute of Technology  
Atlanta, GA

**Kenneth T. Miller, M.D., Ph.D.**

Medical Director  
Santa Clara County Emergency Medical Services  
Agency  
San Jose, CA

**Catherine Slemp, M.D., M.P.H.**

Public Health Consultant,  
Catherine Slemp Public Health Consulting  
Milton, WV

**Tammy Spain, Ph.D.**

Project Manager  
Catalent Pharma Solutions  
St. Petersburg, FL

**David M. Weinstock, M.D.**

Assistant Professor  
Dana-Farber Cancer Institute and Harvard  
Medical School  
Medical Advisor  
Radiation Injury Treatment Network  
Boston, MA

***Ex Officio Members***

*Executive Office of the President*

**Gerald Epstein, Ph.D.**

Assistant Director  
Biosecurity and Emerging Technologies  
Office of Science and Technology Policy  
Washington, DC

*Intelligence Community*

**Anne Dufresne**

Associate Deputy Director, Intelligence  
Integration  
National Counterproliferation Center  
Office of the Director of National Intelligence  
Washington, DC

*National Aeronautics and Space Administration*

**Richard S. Williams, M.D., FACS**

Chief Health and Medical Officer  
Office of the Chief Health and Medical Officer  
National Aeronautics and Space Administration  
Washington, DC

*National Science Foundation*

Vacant - TBD

*US Department of Agriculture*

**Randall L. Levings, D.V.M., Ph.D.**

Scientific Advisor  
National Center for Animal Health  
US Department of Agriculture  
Ames, IA

*US Department of Commerce*

**Dianne L. Poster, Ph.D.**

Special Assistant  
Associate Director for Laboratory Programs  
Director's Office  
National Institute of Standards and Technology  
US Department of Commerce  
Gaithersburg, MD

*US Department of Defense*

**Thomas S. Bundt**

Lt. Col., Medical Corps  
Commander  
U.S. Army Medical Research Institute of  
Infectious  
Diseases  
U.S. Department of Defense  
Fort Detrick, MD

*US Department of Energy*

**Patricia Worthington, Ph.D.**

Director, Office of Health and Safety  
Office of Health, Safety and Security  
US Department of Energy  
Washington, DC

*US Department of Health and Human Services*

*Centers for Disease Control and Prevention*

**Stephen C. Redd, M.D.**

Director,  
Office of Public Health Preparedness and  
Response  
Centers for Disease Control and Prevention  
US Department of Health and Human Services  
Atlanta, GA

*National Institutes of Health*

**Hugh Auchincloss, M.D.**

Principal Deputy Director  
National Institute of Allergy and Infectious  
Diseases  
National Institutes of Health  
US Department of Health and Human Services  
Bethesda, MD

*Office of the Assistant Secretary for  
Preparedness and Response*

**George W. Korch Jr., Ph.D.**

Senior Science Adviser  
Office of the Assistant Secretary for  
Preparedness and Response  
US Department of Health and Human Services  
Washington, DC

**Richard J. Hatchett, M.D.**  
Deputy Director and Chief Medical Officer  
Biomedical Advanced Research and  
Development  
Authority  
Office of the Assistant Secretary for  
Preparedness and Response  
US Department of Health and Human Services  
Washington, DC

*Office of the Assistant Secretary for Health*  
**Bruce Gellin, M.D., M.P.H.**  
Deputy Assistant Secretary for Health  
Director, National Vaccine Program Office  
Office of the Assistant Secretary for Health  
US Department of Health and Human Services  
Washington, DC

*Food and Drug Administration*  
**Luciana Borio, M.D.**  
Acting Director, Office of Counterterrorism and  
Emerging Threats  
Assistant Commissioner for Counterterrorism  
Policy  
Office of the Commissioner  
Food and Drug Administration  
US Department of Health and Human Services  
Silver Springs, MD

*US Department of Homeland Security*  
Vacant –TBD

*US Department of the Interior*

**Camille Harris, D.V.M., M.S., Ph.D.**  
Fish and Wildlife Disease Coordinator  
US Geological Survey  
US Department of the Interior  
Washington, DC

*US Department of Justice*

**Rosemary Hart, J.D.**  
Special Counsel  
Office of Legal Counsel  
US Department of Justice  
Washington, DC

*US Department of State*

**Judith Garber**  
Acting Assistant Secretary of State for Oceans  
and International Environmental and Scientific  
Affairs  
US Department of State  
Washington, DC

*US Department of Veterans Affairs*

**Victoria J. Davey, Ph.D., M.P.H.**  
Chief  
Office of Public Health  
US Department of Veterans Affairs  
Washington, DC

*US Environmental Protection Agency*

**Brendan Doyle**  
Senior Advisor  
National Homeland Security Research Center  
U.S. Environmental Protection Agency  
Washington, DC

*US Nuclear Regulatory Commission*

**Patricia A. Milligan, R.Ph. C.H.P.**  
Senior Advisor for Emergency Preparedness  
US Nuclear Regulatory Commission  
North Bethesda, MD

***National Preparedness & Response Science Board Staff***

**CAPT Charlotte D. Spires, D.V.M., M.P.H., DACVPM**

Executive Director  
Office of the Assistant Secretary for Preparedness  
and Response  
US Department of Health and Human Services  
Washington, DC

**Maxine Kellman, D.V.M., Ph.D., PMP**

Biotechnology Policy Analyst  
Office of the Assistant Secretary for Preparedness  
and Response  
US Department of Health and Human Services  
Washington, DC

**CDR Jyl C. Woolfolk, M.P.H., C.H.E.S.**

Senior Policy Analyst  
Office of the Assistance Secretary for Preparedness  
and Response  
US Department of Health and Human Services  
Washington, DC

**CDR Evelyn Seel, M.P.H.**

Policy Analyst  
Office of the Assistant Secretary for Preparedness  
and Response  
US Department of Health and Human Services  
Washington, DC

**Belinda Green**

Program Analyst  
Office of the Assistant Secretary for Preparedness  
and Response  
US Department of Health and Human Services  
Washington, DC

**Justin Willard, M.P.H.**

Management Analyst II  
Office of the Assistant Secretary for Preparedness  
and Response  
US Department of Health and Human Services  
Washington, DC

## Appendix 5: National Advisory Committee on Children and Disasters (NACCD)

### ***Voting Members:***

**Chair, Michael R. Anderson, M.D., M.B.A., FAAP**  
Chief Medical Officer  
University Hospitals Case Medical Center  
Cleveland, OH

**Allison M. Blake, Ph.D., LSW**  
Commissioner  
New Jersey Department of Children and Families  
Trenton, NJ

**David G. Esquith**  
Director  
Office of Safe and Healthy Students  
U.S. Department of Education  
Washington, DC

**Robin H. Gurwitch, Ph.D.**  
Clinical Psychologist  
Duke University Medical Center  
Department of Psychiatry and Behavioral Sciences  
Durham, NC

**Lauralee Koziol**  
Former FEMA Child Coordinator  
Senior Analyst  
Office of Regional and Field Coordination  
FEMA Individual Assistance  
Federal Emergency Management Agency  
U.S. Department of Homeland Security  
Washington, DC

**Linda M. MacIntyre, Ph.D., RN**  
Chief Nurse  
American Red Cross  
Washington, DC

**Mary Dianne Murphy, M.D., FAAP**  
Director, Office of Pediatric Therapeutics  
Office of the Commissioner  
Food and Drug Administration  
U.S. Department of Health and Human Services  
Silver Spring, MD

**Scott M. Needle, M.D., FAAP**  
Chief Medical Officer  
Healthcare Network of Southwest Florida  
Naples, FL

**Sarah Y. Park, M.D., FAAP**  
State Epidemiologist and Chief  
Disease Outbreak Control Division  
Hawaii Department of Health  
Honolulu, HI

**Georgina Peacock, M.D., MPH**  
Medical Officer  
National Center on Birth Defects and  
Developmental Disabilities  
Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services  
Atlanta, GA

**Sally Phillips, RN, Ph.D.**  
Deputy Assistant Secretary  
Office of Policy and Planning  
Assistant Secretary for Preparedness and  
Response  
U.S. Department of Health and Human Services  
Washington, DC

**Mary J. Riley, M.P.H., RN, CPH, CAPT, USPHS**  
Director  
Office of Human Services Emergency  
Preparedness and Response (OHSEPR)  
Administration for Children and Families (ACF)  
U.S. Department of Health and Human Services  
Washington, DC

**Jeffrey Scott Upperman, M.D.**  
Director, Trauma Program  
Associate Professor of Surgery  
Division of Pediatric Surgery  
Children's Hospital Los Angeles  
Keck School of Medicine  
University of Southern California  
Los Angeles, CA

**Anne Zajicek, M.D., Pharm.D., FAAP**

Branch Chief  
Obstetric and Pediatric Pharmacology and  
Therapeutics Branch  
Eunice Kennedy Shriver National Institute of  
Child  
Health and Human Development  
National Institutes of Health  
U.S. Department of Health and Human Services  
Bethesda, MD

***Department of Homeland Security Representative***

Vacant - TBD

***Ex Officio Member***

*U.S. Department of Health and Human Services*

**Gary L. Disbrow, Ph.D.**

Acting Director  
Division of Chemical, Biological, Radiological  
and Nuclear Countermeasures  
Biomedical Advanced Research and Development  
Authority (BARDA)  
Office of the Assistant Secretary for Preparedness  
and Response  
U.S. Department of Health and Human Services  
Washington, DC

***ASPR Subject Matter Expert Liaison***

*U.S. Department of Health and Human Services*

**Daniel Dodgen, Ph.D.**

Director, Division for At Risk Individuals,  
Behavioral Health, and Community Resilience  
Office of the Assistant Secretary for Preparedness  
and Response  
Office of the Secretary (ASPR)  
U.S. Department of Health and Human Services  
Washington, DC

## Endnotes

---

- <sup>1</sup> Ruiz Jdel C, Quackenboss JJ, Tulve NS. Contributions of a child's built, natural, and social environments to their general cognitive ability: a systematic scoping review. *PLoS One*. 2016 Feb 3;11(2):e0147741.
- <sup>2</sup> Kessler RC, Duncan GJ, Gennetian LA, et. al. Associations of housing mobility interventions for children in high-poverty neighborhoods with subsequent mental disorders during adolescence. *JAMA*. 2014 Mar 5;311(9):937-48.
- <sup>3</sup> Weich, Scott, Jacoby Patterson, Richard Shaw, and Sarah Stewart-Brown. "Family relationships in childhood and common psychiatric disorders in later life: systematic review of prospective studies." *The British Journal of Psychiatry* 194, no. 5 (2009): 392-398.
- <sup>4</sup> Ginsburg KR. Raising Kids to Thrive: Balancing Love With Expectations and Protection With Trust. [Raising Kids to Thrive](#)
- <sup>5</sup> Repetti RL, Taylor SE, Seeman TE. Risky families: family social environments and the mental and physical health of offspring. *Psychological bulletin* 128.2 (2002): 330.
- <sup>6</sup> See [Public Indian Housing](#)
- <sup>7</sup> Ginsburg KR, Jablow M. Building Resilience in Children and Teens, 2nd Edition: Giving Kids Roots and Wings. [Building Resilience in Children and Teens](#)
- <sup>8</sup> See [Building Community Resilience for Children and Families](#)
- <sup>9</sup> Stewart D, Sun J, Patterson C, et. al. Promoting and building resilience in primary school communities: evidence from a comprehensive "health promoting school" approach. *International Journal of Mental Health Promotion* 6, no. 3 (2004): 26-33.
- <sup>10</sup> See [Developing Empathy in Children and Youth](#)
- <sup>11</sup> Morse LL, Allensworth DD. (2015), Placing Students at the Center: The Whole School, Whole Community, Whole Child Model. *J School Health*, 85: 785–794.
- <sup>12</sup> Moore L, de Silva-Sanigorski A, Moore SN. (2013) A socio-ecological perspective on behavioural interventions to influence food choice in schools: alternative, complementary or synergistic? *Public Health Nutrition*, 16(06), pp. 1000-1005.
- <sup>13</sup> Chen Q, Goto K, Wolff C, et.al. (2014). Cooking up diversity. Impact of a multicomponent, multicultural, experiential intervention on food and cooking behaviors among elementary-school students from low-income ethnically diverse families. *Appetite*, 80, 114-122.
- <sup>14</sup> Gibbs L, Staiger PK, Johnson B, et. al. (2013). Expanding children's food experiences: the impact of a school-based kitchen garden program. *Journal of nutrition education and behavior*, 45(2), 137-146.
- <sup>15</sup> Jaenke RL, Collins CE, Morgan PJ, et. al. (2012). The impact of a school garden and cooking program on boys' and girls' fruit and vegetable preferences, taste rating, and intake. *Health Education & Behavior*, 39(2), 131-141.
- <sup>16</sup> Gatto NM, Ventura EE, Cook LT, et. al. LA Sprouts: a garden-based nutrition intervention pilot program influences motivation and preferences for fruits and vegetables in Latino youth. *J Acad Nutr Diet*. 2012 Jun;112(6):913-20.
- <sup>17</sup> Becker DR, McClelland MM, Loprinzi P, Trost SG. (2014). Physical activity, self-regulation, and early academic achievement in preschool children. *Early Education & Development*, 25(1), 56-70.
- <sup>18</sup> Alhassan S, Whitt-Glover MC. Intervention fidelity in a teacher-led program to promote physical activity in preschool-age children. *Prev Med*. 2014 Dec;69 Suppl 1:S34-6.
- <sup>19</sup> Donnelly JE, Greene JL, Gibson CA, et. al. (2013). Physical activity and academic achievement across the curriculum (A+ PAAC): rationale and design of a 3-year, cluster-randomized trial. *BMC public health*, 13(1), 1.
- <sup>20</sup> Rhodes JE, Spencer R, Keller TE, et. al. A model for the influence of mentoring relationships on youth development. *Journal of community psychology* 34, no. 6 (2006): 691-707.
- <sup>21</sup> Jaffe SR, Bowes L, Ouellet-Morin I, et.al. Safe, stable, nurturing relationships break the intergenerational cycle of abuse: a prospective nationally representative cohort of children in the United Kingdom. *J Adolesc Health*. 2013 Oct;53(4 Suppl):S4-10.

- 
- <sup>22</sup> Gordon M. Roots of Empathy: responsive parenting, caring societies. *Keio J Med.* 2003 Dec;52(4):236-43.
- <sup>23</sup> See [How Educators can Nurture Resilience in High-Risk Children and their Families](#)
- <sup>24</sup> Jenkins CD. "Protective Factor: Promote the Universal Vaccine." *Building Better Health: A Handbook of Behavioral Change.* Washington: Pan American Health Organization, 2003. 97-105. Print.
- <sup>25</sup> Das JK, Salam RA, Arshad A, et. al. Interventions for adolescent substance abuse: an overview of systematic reviews. *J Adolesc Health.* 2016 Oct;59(4S):S61-S75.
- <sup>26</sup> Schonfeld D, Demaria T, et al. Providing psychosocial support to children and families in the aftermath of disasters and crises. *Pediatrics.* Oct 2015; 136(4):e1120-30
- <sup>27</sup> Leonard NR, Gwadz MV, Ritchie A, Linick JL, Cleland CM, Elliott L, Grethel M. A multi-method exploratory study of stress, coping, and substance use among high school youth in private schools. [Front. Psychol., 23 July 2015](#)
- North, Carol S. & Pfefferbaum, Betty (2013). A mental health response to community disasters: A systematic review. *JAMA*, 310, 507-518.
- <sup>28</sup> [Fact Sheets - Underage Drinking](#)
- Catalano RF, Berglund ML, Ryan, JAM, Lonczak HS., Hawkins JD. Development Programs Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth. *The Annals of the American Academy of Political and Social Science* 2004; 591; 98. [Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs](#)
- <sup>29</sup> [Compared with Europe, American teens have high rates of illicit drug use](#)
- UNODC, *World Drug Report 2012* (United Nations publication, Sales No. E.12.XI.1)
- <sup>30</sup> Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Med Care.* 2016 Oct;54(10):901-6.
- <sup>31</sup> Kerdijk C, van der Kamp J, Polman R. The influence of the social environment context in stress and coping in sport. *Front Psychol.* 2016 Jun 14;7:875.
- <sup>32</sup> See [What is Bullying](#)
- <sup>33</sup> Brunstein Klomek A, Snir A, Apter A, et. al. Association between victimization by bullying and direct self injurious behavior among adolescence in Europe: a ten-country study. *Eur Child Adolesc Psychiatry.* 2016 Nov;25(11):1183-1193.
- <sup>34</sup> Lucas CG, Bridgers S, Griffiths TL, Gopnik A. When children are better (or at least more open-minded) learners than adults: developmental differences in learning the forms of causal relationships. *Cognition.* 2014 May;131(2):284-99.
- <sup>35</sup> See [The American-Western European Values Gap](#)
- <sup>36</sup> Crooks, C. V., Chiodo, D., & Thomas, D. (2010). Strengths-based programming for first nations youth in schools: Building engagement through healthy relationships and leadership skills. *International Journal of Mental Health and Addiction*, 8 (160), 160-173.
- <sup>37</sup> Anderson, W.A. (2005). Bringing children into focus on the social science disaster research agenda. *International Journal of Mass Emergencies and Disasters*, 23(3), 159-175.
- <sup>38</sup> U.S. Department of Homeland Security (2010). Bringing youth preparedness education to the Forefront: A literature review and recommendations. *Citizen Preparedness Review*, Issue 6.
- <sup>39</sup> U.S. Department of Health and Human Services (2007). Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources during Large-Scale Emergencies.
- <sup>40</sup> U.S. Department of Health and Human Services (2014). National Health Service Corps Report to Congress for the year 2014.
- <sup>41</sup> Plant N, Taylor K. How to best teach CPR to schoolchildren: a systematic review. *Resuscitation.* 2013; 84(4):415-421.
- <sup>42</sup> Mitchell, T., Haynes, K., Hall, N., Choong, W., and Oven, K. (2008) The roles of children and youth in communicating disaster risk. *Children, Youth and Environments*, 18(1), 254-279.
- <sup>43</sup> [The Positive Effects of Youth Community Engagement](#)

- 
- <sup>44</sup> Brennan, M. A., Barnett, R. V., & Lesmeister, M. (2007). Enhancing local capacity and youth involvement in the community development process. *Journal of Community Development*, 38 (4), 13-27.
- <sup>45</sup> Brennan, M. A., Barnett, R. V. (2009). Bridging community and youth development: Exploring theory, research, and application. *Community Development*, 40, 305-310.
- <sup>46</sup> Brennan, M. A., Barnett, R. V., & McGrath, B. (2009). The intersection of youth and community development in Ireland and Florida: Building stronger communities through youth civic engagement. *Community Development*, 40, 331-345.
- <sup>47</sup> Kaye, C., Lynne, R., & Murphy, P. (2011). Attachment theory and primary caregiving. *Journal of Early Childhood*, 8 (4), 16-20.
- <sup>48</sup> Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2015. Source: U.S. Census Bureau, Population Division. Release Date: June 2016.
- <sup>49</sup> Lesko, Wendy Schaetzel and Emanuel Tsourounis, II. Youth!: The 26% Solution. Kensington: Activism 2000 Project, 1998.
- <sup>50</sup> Centers for Disease Control and Prevention. Best Practices User Guide: Youth Engagement—State and Community Interventions. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.
- <sup>51</sup> Presentations to the ASPR Future/Youth Leadership Working Group by CAPT Robert Tosatto (August 2, 2016); Joseph McKenna (August 31, 2016); and Megan Flynn (September 13, 2016).
- <sup>52</sup> Carbone, E.G., Donato, D., and Dodgen, D. Federal Policy Drivers and Initiatives for Promoting Community Health Resilience in Building Community Resilience: Lessons and Opportunities. Cambridge, MA: Elsevier. 2016. In Press.
- <sup>53</sup> Pittman, K., Irby, M., Tolman, J., Yohalem, N., & Ferber, T. (2003). Preventing Problems, Promoting Development, Encouraging Engagement: Competing Priorities or Inseparable Goals?. Based upon Pittman, K. & Irby, M. (1996). Preventing Problems or Promoting Development? Washington, DC: The Forum for Youth Investment, Impact Strategies, Inc. Available online at [www.forumfyi.org](http://www.forumfyi.org).
- <sup>54</sup> Aldrich, D.P. (2010). Fixing Recovery: Social Capital in Post-Crisis Resilience. Political Science Faculty Publications, Paper 3: 1-16 Purdue Univ., West Lafayette, IN. <http://docs.lib.purdue.edu/pspubs/3>.
- <sup>55</sup> Aldrich, D.P. (2012). Building Resilience: Social Capital in Post-Disaster Recovery. Chicago, IL: The University of Chicago Press.
- <sup>56</sup> Carbone, E.G., Donato, D., & Dodgen, D. (2016). Federal policy drivers and initiatives for promoting community health resilience. In Building Community Resilience: Lessons and Opportunities. Cambridge, MA: Elsevier. In press.
- <sup>57</sup> Zeldin, S. (2004), Preventing youth violence through the promotion of community engagement and membership. *J. Community Psychol.*, 32: 623–641
- OJJDP.gov National Youth Prevention Update (2010-1016).
- <sup>58</sup> See [Hurricane Sandy Research Grants](#)
- <sup>59</sup> [National Biodefense Science Board Community Health Resilience Report](#)
- <sup>60</sup> McLaughlin ML. Community Counts: How Youth Organizations Matter for Youth Development. Public Education Network. 2000; 1-37.
- <sup>61</sup> Lerner RM, Lerner JV et al., The Positive Development of Youth: Comprehensive Findings from the 4-H Study of Positive Youth Development. 2013. Available at: [4-H Research](#)
- <sup>62</sup> Jennings LB, Parra-Medina DM, Hilfinger-Messias DK, McLoughlin K. Toward a Critical Social Theory of Youth Empowerment. 2008; 14:31-55.
- <sup>63</sup> Marko TL, Watt T. Employing a youth-led adult-guided framework: “Why Drive High?” social marketing campaign. *Fam Community Health*. 2011; 34(4):319-30.
- <sup>64</sup> See Roger Hart Ladder of Participation: [Ladder of Participation](#)
- <sup>65</sup> See [Virginia Foundation for Healthy Youth 2015 Annual Report](#)

- 
- <sup>66</sup> Cummings ME, Schermerhorn AC. A developmental perspective on children as agents in the family. *Handbook of dynamics in parent-child relationships*. Ed. Kuczynski L. Thousand Oaks, CA: Sage, 2003. 91-108
- <sup>67</sup> Kuczynski L, Pitman R, Ta-Young L, Harach L. Children's influence on their parent's adult development: Mothers' and fathers' receptivity to children's request for change. *Journal of Adult Development*. 2016; 23(4), 193-203
- <sup>68</sup> See Rescue Agency's social branding research materials: [Teen Social Branding](#)
- <sup>69</sup> See Rescue Agency's young adult social branding information: [Young Adult Social Branding](#)
- <sup>70</sup> 4H Study-[Waves of the Future - The First Five Years of the 4-H Study of Positive Youth Development \(2009\)](#), Virginia Y Street, [Y Street](#)
- <sup>71</sup> Texas State University: [Texas School Safety Center](#)
- <sup>72</sup> Sheehan K, DiCara JA, LeBailly S, Christoffel KK. Adapting the gang model: peer mentoring for violence prevention. *Pediatrics* 1999; 104(1):50-54.
- <sup>73</sup> Sheehan K, Verner H. Chicago Youth Programs: breaking the cycle, bridging the gap. *Pediatric Annals* 2009; 38(3):161-166.
- <sup>74</sup> Chicago Youth Programs—Outcomes. Available at: [Chicago Youth Programs: Outcomes](#)
- <sup>75</sup> [USC Suzanne Dworak-Peck School of Social Work: National Center for School Crisis and Bereavement](#)  
Jackson, Brian A. (2008). *The problem of measuring emergency preparedness. The need for assessing "response reliability" as part of homeland security planning*. Santa Monica, CA: RAND Corporation.
- <sup>76</sup> See [2016 Orlando Shooting](#)  
Eccles, J., Stone, M., & Hunt, J. (2003). Extracurricular activities and adolescent Development. *Journal of Social Issues*, 59, 865-889.  
Sabatelli, R., Anderson, S., & LaMotte, V. (2001). *Assessing outcomes in youth programs: A practical handbook*. Storrs, CT: University of Connecticut, School of Family Studies, Center for Applied Research.  
Sabatelli, R., Anderson, S., Trachtenberg, J., & Liefeld, J. (2005). *Outcome Evaluation of Programs Offering Youth Leadership Training 2002 – 2004*  
Eccles, J. & Gootman, J.A. (Eds.). (2002). *Community programs to promote youth development*. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education, National Research Council & Institute of Medicine. Washington, DC: National Academies Press.
- <sup>77</sup> [National Strategy for Youth Preparedness](#)  
Edelman, A., Gill, P., Comerford, K., Larson, M., & Hare, R. (2004, June). *Youth development and youth leadership: A background paper*. Washington, DC: Institute for Educational Leadership, National Collaborative on Workforce and Disability for Youth.
- <sup>78</sup> [Homeland Security: A Rand Infrastructure, Safety, and Environment Program](#)
- <sup>79</sup> Masten, A.S. (2014) Resilience and Positive Youth Development Frameworks in Developmental Science. *J Youth Adolescence*. 43: 1018. doi:10.1007/s10964-014-0118-7 .  
Boy Scouts of America. Merit Badge Series: Emergency Preparedness, retrieved from [Boy Scouts of America: Merit Badge Series Emergency Preparedness](#)
- Boyd, B. L. (2001). Bringing leadership experiences to inner-city youth. *Journal of Extension*, 39, 4. 1-5.