



PREVENTION RESEARCH CENTERS SUPPORT THE UNIQUE NEEDS OF YOUTH

AS THEY GROW

EXAMPLES OF PRC WORK TO SUPPORT CHILDREN FROM THE 2019–2024 FUNDING CYCLE

PRCs support children in early childhood

Hardship at an early age can have lifelong negative health effects.¹ Severe or chronic stress at a young age can change brain development and affect how children respond to stress. These experiences are linked to health risk behaviors such as smoking and heavy drinking, and chronic conditions like depression, asthma, heart disease, and obesity in adulthood.² Safe, stable, nurturing relationships and environments can mitigate these negative effects. Read about how two PRCs are supporting families in their communities so young children have a healthier future.

CREATING HEALTHIER OUTCOMES FOR MIGRANT AND REFUGEE CHILDREN

Migrant and refugee children can experience chronic adversity such as war, natural disaster, insufficient food and water, and communicable diseases from a young age.³ These may lead to short- and long-term physical and mental challenges. Safe, stable, and nurturing environments provided by parents and caregivers can protect against this risk.

Clarkston SafeCare is an evidence-based parenting program for parents of children 0 to 5 years old. The **Prevention Research Center at Georgia State University** is **adapting this program** for refugee and migrant families in Clarkston, Georgia, one of the largest refugee



What are CDC Prevention Research Centers?

PRCs are academic research centers that study how people and their communities can avoid or reduce the risk for chronic illnesses and other leading causes of death and disability. PRCs engage local communities to develop, test, and evaluate solutions to public health problems. These solutions are intended to be applied widely, especially in populations affected by health disparities.

The CDC supports the [PRC Program](#) by providing oversight, leadership, and technical assistance for 26 centers and their research projects.

Youth health statistics



About **61%** of adults surveyed across 25 states reported having at least 1 adverse childhood experience (ACE) before age 18.⁴



A **10%** reduction in ACEs in North America could save \$56 billion each year.⁴



12.5 million children worldwide are refugees.⁵



Nearly **30%** of high school students were sexually active in 2019.⁶



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

resettlement communities in the country. The adaptation includes cultural and linguistic modifications such as “task shifting” where community members deliver the program, rather than traditional health care providers. By providing culturally appropriate parenting support now, Clarkston SafeCare can help these children become healthier young people with a brighter future.

TAKING A COMMUNITY APPROACH TO ADDRESS ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Adverse childhood experiences, known as [ACEs](#), are modifiable risk factors like divorce, domestic violence, abuse, and neglect that have a lasting effect on a person’s overall health. The impact of ACEs lasts well past childhood.

[The Rocky Mountain Prevention Research Center](#) (RMPRC) is implementing a program called Linking Systems to address ACEs in Childhood Early on ([STANCE](#)) in the San Luis Valley. STANCE works to reduce the likelihood of families passing ACEs on to the next generation of children. The program assesses all children 0 to 5 years old in the San Luis Valley for ACEs, along with their primary caregivers; promotes positive social-emotional development in early childhood education centers; and conducts a network analysis of the systems of care available to children and families with a high number of ACEs. Early interventions like STANCE help children have a healthier youth and adulthood.



EXAMPLES OF PRC WORK TO SUPPORT ADOLESCENTS FROM THE 2019-2024 FUNDING CYCLE

PRCs support adolescents as they become more independent

During adolescence and young adulthood (ages 13–21), youth go through physical, mental, emotional, and social changes.⁷ They explore new interests and become more independent. They experience exciting events like high school graduation, but they also face new challenges like peer pressure to use alcohol and other drugs, and pressure to have sex.⁷ Some teens may have depression, eating disorders, or family problems.⁷ It is critical to support youth during these years and help them make healthy decisions. Keep reading to learn how three PRCs are working with young adults in their communities.

TAKING AN INTEGRATIVE APPROACH TO HELP STUDENTS SUCCEED

CDC developed the [Whole School, Whole Community, Whole Child](#) (WSCC) model for integrating the public health and education sectors. Health and wellness affect students' academic success and WSCC offers a framework for how schools, communities, and families can work together to help students succeed. The model touches on topics like physical activity, nutrition, health education, the social and emotional climate, counseling, school employee wellness, community partnerships, and service-learning opportunities.

The University of Illinois-Chicago's School of Public Health has a [Policy, Practice and Prevention Research Center](#) that is working with the Chicago Public Schools (CPS) to establish Healthy CPS Network Specialists. Specialists will provide tailored technical assistance to help high schools implement policies from the WSCC model.



“Providing schools serving students of color in under-resourced areas of the city with much-needed support is our goal,” said Jamie Chriqui, PhD, “if we can prove the efficacy of the Healthy CPS Network Specialist role, it holds the potential for district-wide rollout that would affect hundreds of thousands of children.”

TWO APPROACHES TO DECREASING ADOLESCENT RISK BEHAVIORS

The [Center for the Study of Community Health](#) (CSCH) at the University of Alabama at Birmingham listened to the community's concerns about local youth engaging in risk behaviors. Evidence links risk behaviors with family and neighborhood adversities, so CSCH took action to support family relationships and improve neighborhood areas.⁸

CSCH is implementing two interventions, measuring the effectiveness of each, and sharing findings to help other communities support their youth. [The Community Health Through Engagement and Environmental Renewal](#) project includes the following interventions:

- **Family Youth Intervention:** This intervention pairs community health advisors with families to reduce family conflict by improving parenting practices and parent-child communication. Advisors support families through tailored, personally paced e-health and print materials.
- **Environment: Social and Physical Intervention:** This intervention focuses on increasing shared community norms by improving social cohesion and collective efficacy. The intervention provides small grants to community volunteers to develop vacant, unkempt areas of neighborhoods into gardens, picnic areas, and playgrounds. These [urban greening initiatives](#) are linked with positive health behaviors like social engagement.

ADDRESSING POST-GRADUATION UNEMPLOYMENT

Finding a job after high school, especially one that provides a [living wage](#) in a high-growth employment sector in Maryland can be a stressful and sometimes even traumatic experience for young people. Baltimore has a high unemployment rate among high school graduates. About [26% of high school graduates](#) from Baltimore public high schools do not enter the workforce or pursue post-secondary education or training in the fall after their graduation. To support graduates looking for employment, Johns Hopkins University Prevention Research Center's (JHU PRC) [Center for Adolescent Health](#) is implementing an innovative program.



The JHU PRC has started the [Grads2Careers program](#), which helps recent high school graduates aged 17 to 21 get well-paying jobs in Baltimore. The PRC has partnered with the Mayor of Baltimore's Office for Employment Development and the Baltimore City Public Schools to provide career readiness training, occupational training, and wraparound support for youth. The goal of the program is twofold—to connect unemployed graduates with good jobs that offer higher wages. This focus on support and employment for recent high school graduates will have a positive effect on young adults and their families as well as Baltimore area employers seeking young adults who are prepared and ready to work.

References

¹ <https://www.cdc.gov/policy/polaris/healthtopics/ace/index.html>

² <https://www.cdc.gov/vitalsigns/aces/index.html>

³ <https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health>

⁴ <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

⁵ <https://data.unicef.org/topic/child-migration-and-displacement/displacement/>

⁶ <https://yrbs-explorer.services.cdc.gov/#/graphs?questionCode=H61&topicCode=C04&location=XX&year=2019>

⁷ <https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence.html>

⁸ <https://sites.uab.edu/communityhealth/core-research-projects/community-health-through-engagement-and-environmental-renewal-cheer>

LEARN MORE

Visit the [PRC Program website](#) and explore the [Pathway to Practice Resource Center](#).