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Preventing Cancer: A Community-Based Program for Youths in Public Housing

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 A B S T R A C T

Purpose: This article describes a feasibility study of a program that mentors boys aged 14–18 living in inner city public housing, engages them in a basketball league, and provides educational sessions on life skills and ways to resolve conflicts without violence. Such programs have the potential to engage adolescent males living in public housing in activities that reduce cancer-related behaviors and increase protective behaviors.

Methods: We conducted a feasibility evaluation of the program, which included a survey of participants, interviews with coaches, and observations of games and practices.

Results: Lifetime and previous-30-day substance use was common among participants, and many were exposed to and had experienced various forms of violence. Keeping youths active helps prevent their joining gangs and using drugs.

Conclusions: Youths from disadvantaged backgrounds are at a high risk for cancer because they are at greater risk for obesity and other adverse health-related conditions than are more affluent youths. Implementing and sustaining community programs for youths in public housing can reduce the effects of exposure to factors that put them at risk for cancer during adulthood: chronic poverty, lack of safe areas for recreation, easy access to alcohol and drugs, and exposure to violence. In addition, workshops to prevent substance use and violence and to teach leadership, sportsmanship, conflict resolution, and healthy youth development are needed for youths, coaches, and parents or guardians.

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 IMPLICATIONS AND
 CONTRIBUTION

Community programs have the potential to reduce cancer-related behaviors and adverse health-related conditions that put disadvantaged adolescent males at risk for cancer during adulthood. Mentoring, physical activity, life skills education, and conflict resolution may impact effects of cancer-related factors including alcohol and tobacco use, built environment characteristics, and stress.

Child and adolescent physical inactivity, overweight, and poor diet are positively related to cancer risk in adult life [1,2]. Reviews of studies on the effect of child and adolescent physical activity, weight, and diet on cancer risk in later life show evidence for high weight leading to increased risk of colon cancer and physical activity in adolescence reducing risk of breast cancer and the

risk of rectal, colorectal, and renal cancer [2]. In the United States, inactivity is a public health problem among males and females of all ages and all racial or ethnic groups [3], and one in six children are estimated to be obese [4]. According to the 2011 U.S. Youth Risk Behavior Survey (YRBSS) of ninth- through 12th-grade students 18.2% of black, 14.1% of Hispanic, and 11.5% of white students are obese [5]. Lack of physical activity and poor diet are the major causes of this epidemic of obesity, and research suggests risk of obesity is related to individual socioeconomic status (SES) as well as race and/or ethnicity with children from disadvantaged backgrounds at highest risk [6–10]. Black and Hispanic students are more sedentary than white students. They are less likely than white students to participate in 60 minutes of

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physical activity on any day in the past week and more likely watch television for 3 or more hours on a school day (YRBSS).

Although fewer black students (15.4%) than Hispanic (20.5%) or white students (26.5%) report smoking tobacco in the past 30 days (YRBSS), there is a relationship between SES and tobacco use with low-SES adolescents having higher rates of cigarette use [10,11]. Low-SES students also have lower rates of consumption of fruits and vegetables and higher rates of consumption of fats [10,11]. Similarly although fewer black (30.5%) than Hispanic (42.3%) or white students (40.3%) report drinking in the past 30 days, neighborhood deprivation, easy availability of alcohol, peer support of alcohol use, and home access to alcohol is correlated with increasing alcohol use [12].

Stress is a major reported problem for low-SES adolescents. Being socially disadvantaged is related to increased stress regardless of whether being socially disadvantaged is defined in terms of race and/or ethnicity or SES [13]. Black and Hispanic students are more likely than white students to report physical fights or injuries from physical fights in the past year as well as more likely to report not attending school in the past month because of feeling unsafe going to or from school [5]. These factors, in addition to living in more disadvantaged areas during adolescence, are also precursors to major adult diseases including subsequent cancer risk in adulthood [6,10].

Adding to the complex relationship of low SES and chronic disease development is the propensity for youths to engage in risky behaviors. Adolescents, because of their increased desire for stimuli and to their undeveloped ability of self-regulation, are likely to engage in risk behaviors, especially when accompanied by peers [14]. Theoretical and empirical work suggests that multiple domains contribute to the potential onset of risk behaviors, from the social environment to personality to biology/genetics [15]. Studies indicate that both risk and protective factors influence whether youth engage in risk behaviors and the more protective factors present, the less likely the adolescent will be to engage in risk behaviors [15]. Strategies to reduce the likelihood that youth engage in risk behaviors include decreasing risk and encouraging protective factors, addressing the social environment [15], limiting the availability of engaging in risk behaviors [14], and comprehensive risk behavior interventions that teach youth positive skills and behaviors that encourage healthy lifestyles [16].

The plethora of negative health outcomes for low-SES adolescents, combined with adolescent risk behavior prevention theory, indicates that a multibehavior intervention might be appropriate as a tool for improving the health of low-SES children and adolescents and for reducing their risk for cancer as adults.

This article describes a feasibility evaluation of a mentorship basketball league for adolescent males living in inner city public housing. The program aimed to engage young men in a competitive recreational sport and to provide educational sessions on life skills and methods for resolving conflicts without resorting to violence. Such programs have the potential to engage adolescent males living in public housing in activities that reduce cancer-related behaviors and increase protective behaviors.

Methods

Background to the project

To prevent youth violence and substance use, Metro Boston Alive, a community organization, and the Boston Housing

Authority sponsors a summer basketball league titled Educating the Minds and Leaving Drugs and Violence Behind Youth Basketball League (ETM) for boys aged 14–17 living in Boston public housing developments. Investigators at the Partners in Health and Housing Prevention Research Center evaluated this program to assess level of participation, short-term effects, barriers and facilitators to program implementation, and best practices.

Description of intervention

The ETM basketball league includes weekly games and educational workshops on topics such as violence prevention, overcoming substance use, leadership skills, and nutrition. In 2009, league teams were organized at housing developments with games and workshops held at a local Boys and Girls Club. The league has a zero-tolerance policy for violence and drugs during the games and at team practices, with rules including technical fouls for players heard swearing, dismissal from the league for fighting, game forfeiting if fewer than five players per team attend, and points given to the opposing team for team lateness. A van transported players and coaches from their developments for the basketball games and workshops.

The Boys and Girls Club athletic director was responsible for overseeing the games and daily management. At the start of the summer, the director of the Metro Boston Alive met with all the volunteer coaches to review the rules and ensure their enforcement. Coaches were also responsible for ensuring that players, fans, and parents behaved respectfully during the games. League plans included an awards ceremony and barbecue at the end of the summer as the culmination of the league with each player accompanied by an adult. In addition, parents and guardians of the players were invited to participate in aerobics classes at the Boys and Girls Club and asked to attend at least one workshop.

Evaluation

In 2009, we conducted a feasibility evaluation of the league using both qualitative and quantitative methods. Two randomly selected housing developments were selected from the eight league developments to participate in the evaluation. The evaluation was designed using a community-participatory approach: the director of the basketball league assisted in planning and implementing the evaluation. We presented findings to a coalition of residents living in the housing developments, and their feedback was considered during the final analysis.

Survey measurements

Players from the selected housing developments completed a self-administered quantitative questionnaire, with items adapted from the 2008 Boston Youth Survey [17]. Race and ethnicity were assessed by asking respondents if they were of Hispanic or Latino descent and which of the following categories best described their race: white, black/African American, American Indian or Alaska Native, Asian, Native Hawaiian, or Pacific Islander. Respondents of Hispanic or Latino descent were classified as Hispanic. Participants had the option of marking multiple racial groups. Additional characteristics measured included age, grade level (9th–12th), whether the student lived with one or two parents, the number of other children living in the household, and reasons for being in the league (increase basketball skills, parents suggestion, meet new people, knew the

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