

CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES



*“All Our Brothers and Sons”*

# Serving Latino Men and Boys through an Innovative School-Based Program





*“All Our Brothers and Sons”*

# **Serving Latino Men and Boys through an Innovative School-Based Program**

Produced by:

Sara Geierstanger, Shelly Kaller, Sandy Ng  
Philip R. Lee Institute for Health Policy Studies,  
University of California, San Francisco

Paul Flores, Executive Director  
Latino Men and Boys Program

Naomi Schapiro, Clinical Professor  
Department of Family Health Care Nursing,  
University of California, San Francisco

# Table of Contents

Introduction.....	4
The Center for Healthy Schools and Communities.....	4
Purpose and Overview of this Brief .....	4
Latino Men and Boys Program Overview .....	5
LMB Program Strategies.....	5
School Sites.....	6
Participants .....	6
Health Care Needs of the Latino Male Youth Population.....	6
Use of the School Health Center .....	7
Impact on Risky Health Behaviors .....	8
Impact on Personal and Social Development.....	8
Impact on Academics and Career Development .....	9
Summary and Recommendations .....	11
References .....	12

# Introduction

## The Center for Healthy Schools and Communities

Alameda County Center for Healthy Schools and Communities (CHSC) recognizes the inseparable link between health and education; and that we must address the inequities in access and utilization of both health and educational supports to ensure that every child succeeds in school and life regardless of race, immigration status, gender or socioeconomic status. Many times, young people are described as potential victims of their environments – yet we know they have skills, talents, families, peers and other resources to help them handle the risks of poor and unsafe neighborhoods. CHSC embraces youth development as a process to actively seek out and acquire personal, environmental and social assets for youth, building blocks for their future success. For over 15 years, the Center has invested in **School Health Centers** to improve health equity by increasing access to health care. School Health Centers play a vital role in creating universal access by providing a range of integrated medical and behavioral health, health education, and youth development services in a safe, youth-friendly environment at or near schools throughout Alameda County.

In February 2012, CHSC awarded a pilot grant to the Unity Council's Latino Men and Boys Program (LMB) to provide youth development, health and wellness promotion, and community outreach activities for young men of color at five Oakland public schools, in collaboration with school health centers. The program currently serves 130 young men. The intention was to improve health and education outcomes through a comprehensive approach to mentoring and supporting male youth of color. The program has demonstrated impact on participants' personal accountability, attendance and discipline, academic achievement, health, and health access. Our vision is to expand the program to all 26 Alameda County school health centers in six different school districts.

For more information about the LMB Program and the most recent evaluation report, visit [www.unitycouncil.org/lmb](http://www.unitycouncil.org/lmb).

## Purpose and Overview of this Brief

The purpose of this brief is to provide a deeper understanding of the health needs of the young Latino male population of Alameda County and to describe the LMB program, one strategy to address these health needs. The University of California San Francisco's School Health Services Evaluation Team conducted *Focus Groups* and administered a *Questionnaire* and *Youth Program Survey* to LMB Program participants.<sup>1</sup> The team also analyzed clinic data from their broader Alameda County School Health Center evaluation<sup>2</sup> to describe clinic use by Latino male students in Oakland Unified School District. This brief provides an overview of the LMB Program, and describes the LMB Program's impact on overcoming barriers to healthcare access, as well as on health behaviors, and personal, social, academic and career development. It concludes with recommendations for strategies to better serve the LMB population in Alameda County.

---

<sup>1</sup> Focus Groups and Questionnaire administered to LMB Program participants at Fremont (n=11) and Castlemont (n=9) High schools. Youth Program Survey administered to 6<sup>th</sup>-8<sup>th</sup> grade LMB Program participants at United for Success (n=16).

<sup>2</sup> SHC staff complete evaluation encounter forms and enter them into the Efforts to Outcome database. More information on the 2012-13 School Health Center evaluation can be found at [www.acschoolhealth.org](http://www.acschoolhealth.org).

## Latino Men and Boys Program Overview

The LMB Program provides comprehensive support and mentorship for young Latino males in Oakland Unified School District in collaboration with the School Health Centers. The goal is to increase high school graduation and career options by connecting young Latino males with positive male role models and culturally relevant programs that improve their attendance at school, improving behavior, academic engagement, grades, and overall health and wellness.



### LMB Program Strategies

**Mentorship:** Latino male mentors are on campus daily to support a cohort of youth at risk of disengaging from school. The Academic and Career Mentors guide young men through school and class, advocating on their behalf to teachers, administrators and service providers, while offering the support of a caring role model who has shared the same lived experiences of the young men in school and at home.

**Group Discussions:** Using the *Joven Noble* curriculum, which is based on Native American and Latino rites-of-passage traditions, the LMB Program introduces concepts of manhood and provides social and emotional support to help youth deal with trauma. The staff facilitates discussions and restorative practices, including “healing circles,” that address harmful behavior and hold youth accountable to the group and to their word. These techniques address certain trauma in boys and men of color, including abandonment, loss, drug abuse, gun violence, racism and cultural genocide.

**Individual Academic Support:** The staff also meets with participants individually to provide academic advising and counseling, which includes in-class and after school tutoring as well as proficiency and college prep support.

**Employment Counseling:** Participants receive individualized employment and career counseling, which often leads to health-related internships and summer job opportunities.

**Health Services and Education:** Mentors work directly with school-based center staff to set up tours and individual appointments, and escort individual students to the health center. LMB mentors are also de facto health “promotores”, encouraging health consciousness, referrals, and introducing more traditional healing techniques to youth through the curriculum. Full health screenings and consultations are provided by the School Health Centers, which also provide service referrals as needed. In addition, health education workshops are provided to the participants who then become peer health educators to other students.

**Parent Support:** The LMB Program offers support services for parents through engagement activities that help address discipline techniques and strategies to mediate family conflicts.

*“Recognizing that [it] cannot serve every Latino male student in OUSD, the program strives for a community-wide ‘ripple effect’ that impacts school climate by teaching the guiding programmatic values of ‘keeping your word’ and ‘not bringing harm to others.’”*

– Paul Flores, Program Manager

*“They tell us that if something bad happens to us, it’s not just us, it harms other people. Like, if I’m in a gang and I die, not only is it going to harm me, it’s going to harm my family and my friends and everyone near me. So we gotta think more.”*

– Youth Participant

## School Sites

The LMB Program is staffed by six Spanish/English bilingual Latino male mentors and overseen by a Program Manager. The three sites include:

**United for Success Academy (UFSA)** is located in the Fruitvale District of East Oakland and serves 420 6<sup>th</sup>-8<sup>th</sup> grade students, 69% of whom are Latino. During the 2012-13 school year, 17 participants met at school daily and received class credit.

**Fremont High School** is also located in Fruitvale. Its “9<sup>th</sup> Grade House” feeds into the Architecture Academy, Mandela Law & Public Service Academy, and Media Academy for 10<sup>th</sup>-12<sup>th</sup> grade students. It serves approximately 800 students, 50% of whom are Latino. During the 2012-13 school year, 21 participants met at school twice a week and received class credit.

**Castlemont High School** is located in the Toler Heights neighborhood, just west of the Oakland foothills. It serves 641 8<sup>th</sup>-12<sup>th</sup> grade students, 53% of whom are Latino. During the 2012-13 school year, 19 participants met at school daily, but received no class credit.

## Participants

Participants are recruited through school-based Coordination of Services Team (COST) referrals, as well as through health and school staff referrals. The youth referred are often struggling academically, demonstrating behavioral problems, and/or dealing with life trauma and/or violence. They are in need of the support and social and connectivity skills offered by the LMB Program. *Focus Group* participants explained that they decided to join because they thought it would help them academically and socially. Some also expressed interest in learning something new about themselves and Latino culture and that these insights and values could help guide them through “*real life*”.

*“I thought that it would be a great experience and help in my classwork and homework.”*

*“I decided to join this program because it was going to help me to be a better person and I feel like I would meet more persons who would care for me!”*

*“I just wanted to get out of trouble.”*

– Youth Participants

## Health Care Needs of the Latino Male Youth Population

Health inequities are particularly evident for youth of color.<sup>i, ii</sup> Nationally, African American and Latino youth have higher risks of obesity, asthma and sexually transmitted infections than their white peers.<sup>iii, iv, v</sup> Latino youth face significant barriers to receipt of health care, including being under or uninsured and lacking access to consistent care. African American and Latino youth in need of mental health care are more than two times less likely to receive this care than their white peers.<sup>vi</sup> Most (62%) 15-24 year old Latinos were uninsured in 2008. This is partly due to the fact that 24% lived below the federal poverty level.<sup>vii</sup>

The Castlemont and Fremont *Focus Group* participants reported that young men in their communities generally get health care information from family members at home, from teachers, from friends, through the internet, or directly from health clinics. Half (50%, n=8) of the United for Success *Youth Program Survey* respondents reported that their usual source of health care is a community health clinic, while 31% (n=5) use the School Health Center, and 17% (n=3) use Kaiser. Four participants either had no place to go or did not respond.



Castlemont and Fremont *Focus Group* participants reported that although health care services were generally available, many of their peers do not access them because they are not aware of them, are concerned their parents or peers will find out, are not sure how they will pay for the care, and/or are nervous about what the providers will tell them, and possibly worried about being judged. They also said students have anxiety and apprehension about seeking health care, in many cases because they do not live with their parents or because their parents also do not understand how to navigate the health care system.

## Use of the School Health Center

Participants reported that the LMB Program helped **connect them with health information and resources, including their School Health Center**. Nearly all (94%, n=15) of United for Success *Youth Program Survey* respondents and 70% (n=14) of the Castlemont and Fremont *Focus Group* participants reported having used the School Health Center at their school. Some reported that learning about the School Health Center through the LMB Program had made them feel more comfortable using the health center.

According to 2012-13 OUSD School Health Center evaluation data:

- 42% of the school population was Latino, which is the same percentage of School Health Center clients who were Latino.
- Latino clients were the most likely ethnic group to not have a primary care medical home (42%) or a regular dental provider (51%).
- 5,508 School Health Center visits were made by 1,323 Latino male clients.

When asked what they think stops some young men, and males of color in particular, from going to the School Health Center, most of the Castlemont and Fremont *Focus Group* participants said that students might be **scared** of what they would hear or **worried** that their parents or friends would find out, particularly given perceived male stereotypes that men do not need help.

Others said some students do not feel comfortable going to the School Health Center and would **prefer to go elsewhere** to have their health care needs met. “They might not think that it’s the same as other clinics. It’s a school, not the clinic.” Still others said students might feel they are “being judged” or do not “have trust.” The Youth Uprising respondents explained that students simply **might not feel like it** because they are “lazy”, would “rather smoke and chill”, or would “just rather drive around in their car.”

“[The program] took us to the [School Health Center], we talked to the nurses. They said if you need counseling, we could come, make an appointment with them. They gave us information like where we can get support. If we have any problems, we can come and talk to them or talk to one of the teachers that teaches the program.”

– Youth Participant



## Impact on Risky Health Behaviors

Focus Group participants explained that the LMB Program **changed how they think about substance use**, given the serious consequences. Some mentioned that substance use is not an effective way to solve problems and they should act responsibly and not influence their peers to use.

*“If you get caught drinking, the problems you’re trying to escape will just become more difficult problems.”*

– Youth Participant



Participants talked about how the LMB Program addressed involvement in **violence**, including fights, family or partner violence, weapon use, and gangs. They learned to think carefully about the consequences of being involved in violence, how to find non-violent solutions to conflict, how to be a positive example and make responsible choices to avoid violence.

The participants also learned effective methods for **preventing pregnancies** such as abstinence and contraception and talked about how to handle situations like being at a party with alcohol and making decisions about sex. Several young men mentioned that the LMB Program focused on “*responsibility*”: making careful and thoughtful choices, being respectful in relationships, and being accountable as young fathers. Participants commented: “*We talk about how to be responsible, how what to have kids mean, how what to have relationship means*”; and “*Stay protected at all times, like if you go to a party... don’t have sex while you’re on drugs or drinking.*”

## Impact on Personal and Social Development

Castlemont and Fremont *Focus Group* participants said that the LMB Program **helped them meet new people and think about with whom they choose to spend time**. Participants reported that they learned valuable new communication skills. They commented that the best part of being in the LMB Program was “*talking and being with friends and learning everything*” and “*getting to know people better.*” They appreciated having mentors and peers with whom they could talk openly about values, culture, and issues important to them.

Nearly half (44%; n=7) of the participants at United for Success reported that adults from the LMB Program **helped them deal with personal issues or problems**. One participant said, “*You trust the people there with you. You have more confidence with who you’re talking to. You’re not shy to say what’s on your mind, like right there, as a group. You can talk about whatever we want and come up with solutions together. I think it’s very helpful.*”

When asked about whether the LMB Program has made a difference in how they talk about health with peers and adults, Castlemont and Fremont *Focus Group* participants said they talked about health matters about as often as they did before the LMB Program. Some did recognize the importance of talking with parents about health, but thought it would be strange to talk to other male peers outside of the LMB Program about health. The LMB program addressed this issue by (1) working very close with Health Educators who have done multiple visits to JOVEN NOBLE circles to discuss health issues; (2) having developed a leadership circle of 14 boys, four or five from each site who do peer health and speaking engagements about the program (such as the conference



on immigrants health issues); and (3) increasing the number of program participants to 130, which increases connectivity and confidence by having all 130 members experience the same rites of passage and going on educational and health related activities together.

Another important outcome is development of peer support and exchange between English-language learners, newcomer immigrants and native-born Latinos. Each of the five sites has a mixed group of native-born and immigrant Latinos who are learning from each other's experience. Newcomers share their experiences of their country of origin, teaching native-born Latinos a different perspective on values, culture and economics. Native-born Latinos create space within the social arenas of school and community for newcomers to feel welcomed and increase social-emotional development and wellbeing. This integration is not happening in other school tracts where newcomers are isolated and culture is not prioritized. This healing circle method of group and collective accountability is extremely effective in battling isolation.

## Impact on Academics and Career Development

According to the *Focus Group* participants, some of the strongest impacts of the LMB Program have been on their grades, attendance, and experiences at school. The LMB Program provides tutoring and has helped students feel motivated to focus on schoolwork. As a result, they report having **fewer discipline problems, improved attendance, and better grades**. Many reported coming to school every day, even early, and often staying after school to participate in specific activities and projects, like soccer or working on cars. Nearly all (94%; n=15) *United for Success Youth Program Survey* respondents reported that LMB Program staff helped them with homework. After participation, the majority reported receiving mostly A's or B's (77%), never/rarely missed school (71%), and felt very satisfied with their school experience (71%).

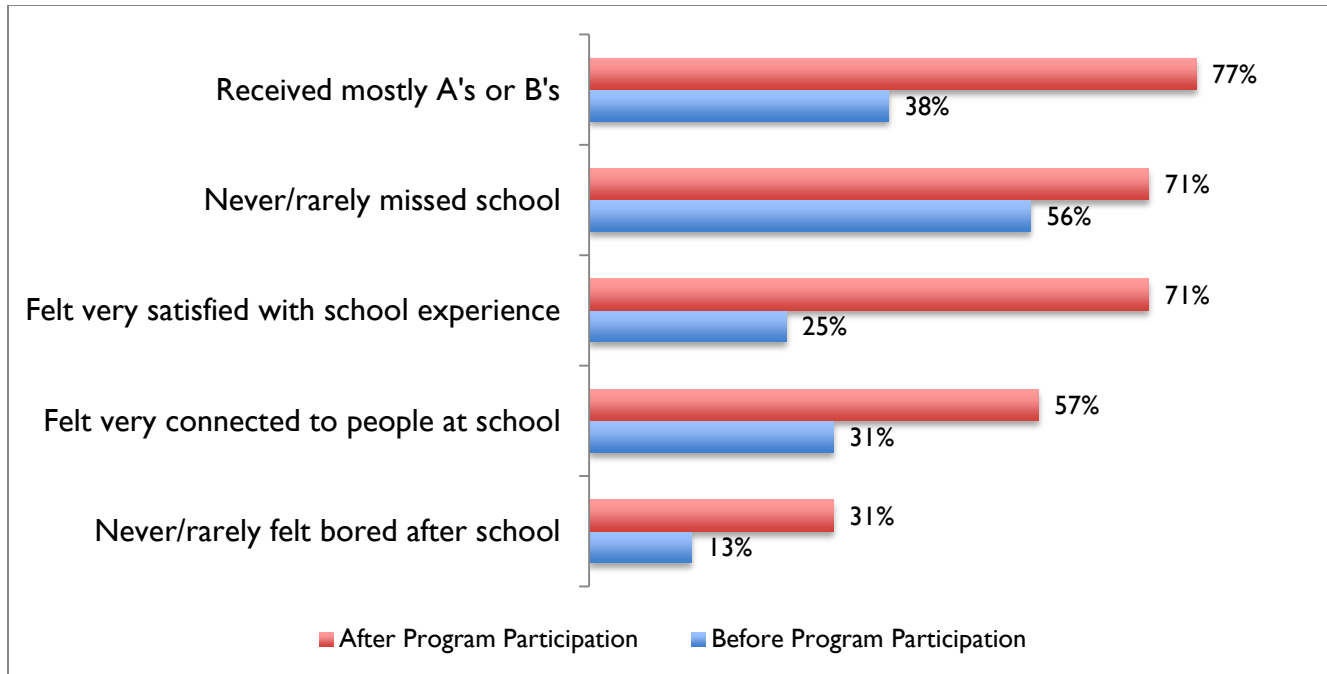
*"I used to always get into trouble because I get bored in class...or on purpose just to get kicked out, but then they would talk to us and be like 'if you get bored just don't talk at all, just pay attention and don't talk at all'."*

*"They actually help us and they won't give up on us. They are really cool. They give us tutoring; they talk to our teachers so they'll give us extra credit work so our grade would go up."*

*"They give us a lot of advice with school, outside of school, help come up with solutions. I wasn't doing well in school but they ...helped me a lot and that's why I'm improving now."*

– Youth Participants

*Focus Group* participants reported that the LMB Program helped them with career development, higher education and internships, as well as motivation and resources for college. One explained, *"They bring us internships so we have something to do in the summer and not just be around the streets."* Nearly all (93-94%) of the *United for Success Youth Program Survey* respondents reported that they *"learned a lot"*, *"can reach their goals"*, *"have stronger college applications"*, *"enjoy coming to school more"*, and *"learned skills that will help me in the future"*. In addition, most reported that they *"feel more like a leader"* (88%), *"feel capable of teaching others"* (81%), and *"made my school a better place"* (81%).



## Summary and Recommendations

Young Latino males face increased health risks and decreased health access. During the 2012-13 school year, the **LMB Program** provided OUSD Latino males with valuable, culturally based support and activities. Overwhelmingly, participants felt it was a good experience that they would recommend to their peers.

*“This is an opportunity to really turn the results around for Latino youth with concentrated resources and efforts focused on their developmental needs culturally, academically, and health. Given the demographic shift in the community towards more Latinos, it’s important to create a cultural shift and develop Latino leaders in our schools. This is what we need. This inspires me.”*

– Paul Flores, Program Manager

The LMB Program helped participants:

- Connect to health information and services, including their School Health Center
- Focus on “responsibility” when it comes to relationships, sexual activity and substance use by better understanding the risks and how to be a positive example for their peers
- Talk openly with their mentors and fellow participants and reflect more deeply on whom they chose to spend time with
- Improve grades, attendance, and feelings of school connectedness
- Focus on career development and higher education

Several recommendations emerged:

### **Expand the number of schools and participants served through the LMB Program.**

Participants strongly recommended that the LMB Program increase its reach and scope. Working in conjunction with community programs such as the Unity Council allows School Health Centers and the school community to better serve specific high-risk populations. As one participant said, *“It should be put in more schools. It helps kids get out of the street and prevent violence.”* Expansion would require additional OUSD financial support as well as in-kind donations of facility space.

### **Integrate the LMB Program more deeply with OUSD and School Health Centers.**

This could include more transparent sharing and discussion between school and LMB Program staff of student achievement plans and disciplinary actions. It could also extend to integration with School Health Centers by creating easier systems of referrals to services. It would also improve the LMB Program if School Health Center staff more actively participated in their activities. Another suggested strategy is to offer young Latino males paid internships to work in the School Health Centers.

### **Increase awareness and utilization of the School Health Centers by Latino males.**

In addition, the adolescent health care field needs new strategies to reach young men of color, and School Health Centers are well situated to address the physical and mental health needs of this population. Information about the services could be shared through the school P.A. system and through classroom workshops, explaining that the services are confidential, and by providing free condoms. To help more young men use the School Health Center, participants suggested providing incentives and expanding the opening hours to include lunchtime so that a pass would not be required. Other ideas included offering Plan B (emergency contraception) to male clients, and providing prescription medications. Another recommendation is to increase the availability of School Health Center behavioral health services to reduce the wait time for services. Finally, SHC staff should be bilingual in English and Spanish to best serve the Latino students population and their families.

### Develop school-based strategies to improve student physical activity and nutrition.

To reduce obesity among students, schools could offer more physical activity opportunities by expanding access to the weight room and making Physical Education classes more active. One participant said, “We don’t do anything [in PE], we just walk around.” Another suggested that students should be allowed to use the parks, the pool and/or participate in physical activity programs during lunch, “instead of people just standing around lunch and eating.” In addition, participants felt that schools should offer healthier food options, instead of only “sandwiches, pizza or burgers.” One participant said, “A lot of students don’t eat. They don’t like the food. They should cook better healthier food for the students.” Finally, having fewer liquor stores in the community and instead more grocery stores that sell healthy foods would help improve the health of the students. One student explained, “There’s two liquor stores right down the corner, there’s another one down the street so we’re surrounded by liquor stores and don’t have any healthy food...”



**Recommendations for future evaluation** include conducting pre/post surveys that would include the existing questions of the *Focus Group Questionnaire* and *Youth Program Survey* but also ask about the last time they went to see their regular health care provider and other questions that track access to care. In addition, consent procedures should be developed to allow the evaluation to track academic outcomes of participants over time, as well as School Health Center utilization and health outcomes.

### Contact Information

Alameda County Center for Healthy Schools and Communities  
1000 San Leandro Blvd., Suite 300  
San Leandro, CA 94577-1675  
(510) 618 3425  
[www.acschoolhealth.org](http://www.acschoolhealth.org)

### References

---

- i Phillips CD. *The Health Home: An Approach for Improving Health Outcomes for Boys and Young Men of Color*. Berkeley, CA: Berkeley Center on Health, Economic & Family Security, University of California, Berkeley School of Law.
- ii Davis L, Kilburn MR, Schultz DJ. *Reparable Harm: Assessing and Addressing Disparities Faced by Boys and Men of Color*. Santa Monica, CA: RAND Corporation; 2009.
- iii Centers for Disease Control and Prevention (CDC). *Sexually Transmitted Disease Surveillance, 2008*. Atlanta, GA: DHHS; 2009.
- iv Ogden C & Carroll M. *Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963–1965 through 2007–2008*. Atlanta, GA: CDC, National Center for Health Statistics; 2010.
- v Centers for Disease Control & Prevention. *Youth Risk Behavior Surveillance System: Selected 2011 National Health Risk Behaviors and Health Outcomes by Race/Ethnicity*. Atlanta, GA: DHHS; 2011.
- vi Kodjo CM, Auinger P. [Predictors for emotionally distressed adolescents to receive mental health care](#). *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*. 2004 Nov 0; 35(5): 368-73.
- vii *America’s Tomorrow: A Profile of Latino Youth*. National Council of La Raza Statistical Brief. Marguerite Moeller; 2010.