

OPPORTUNITY YOUTH AND THE INFLUENCE OF SOCIOECONOMIC STATUS

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Abstract

Opportunity Youth and the Influence of Socioeconomic Status is a comprehensive literature review. Approximately, 1 in 9 adolescents and young adults ages 16-24 in the United States is disconnected from school and employment. These young people are referred to as Opportunity Youth. They experience higher risks for emotional and behavioral health issues. Opportunity Youth face many health disparities and it is important to recognize and address these issues to better assist the youth. From a public health perspective, this thesis provides insights on youth re-engagement, reaching optimal health, and intervention methods. Included in this discussion are the social determinants of health, health disparities, and barriers that Opportunity Youth experience. This thesis was chosen to present the influence of socioeconomic status and the factors that affect Opportunity Youth as documented in the professional literature. The thesis provides important data and perspectives that indicates the need for supports and services for successful youth re-engagement.

Introduction

In the United States, a rather large and rising issue of which many are unaware, is the Opportunity Youth. Opportunity Youth were previously referred to as at-risk youth but are now defined as a group of young adults between the ages of 16-24 who are currently disconnected from employment and school. These youth also struggle with a higher risk of emotional, mental, and behavioral health issues. Recent data has shown that approximately 1 in 9 youth fall under the category of Opportunity Youth (Belfield, Clive, Levin, Rosen, 2019). It is important that the public becomes educated on who Opportunity Youth are and the potential barriers that the youth face. Public health professionals also play a role in remaining culturally competent of the youth's needs and environmental risks. While working with Opportunity Youth, remaining sensitive to potential risks the youth may face is an important part in bridging the gap to assess and fulfill these youths' needs.

A large number of Opportunity Youth have fallen out of the education system or have been out of work for an extensive period of time. With this in mind, not every youth has the same educational background or work skills once they are reconnected to re-engagement opportunities. While some youth only have the equivalence of a GED or high school diploma, those youth with inadequate educational and work experiences present challenges when seeking employment opportunities from reliable employers. As a result of this issue, many of the youth are more likely to form dependence on government-assisted payments rather than reliable employment. Additionally, these barriers also hinder the health status of Opportunity Youth (Belfield, Clive, Levin, Rosen, 2019).

Population

Opportunity Youth are youth between the ages of 16-24 who are not in school or working due to social and economic barriers. Specifically, Black, Latinx, and Native American youth experience disconnection at higher rates than their white peers. (UYLC, 2018). In Pima County, there are approximately 16,800 Opportunity Youth who are not in school or working, the hope is to keep young people connected to education and build career pathways as they progress towards education and the workforce. “The Opportunity Youth in Pima County represent a large source of potential for the community itself, but they face challenges which create a barrier for re-engagement opportunities” (Cradle to Career, 2020). It is important to remove barriers to equitable access to community resources, flexible pathways to education and career credentials that meet youth where they are and strengthen this population to ensure every youth is connected.

When looking at Opportunity Youth, there are many important factors that come into play. Some important factors that influence Opportunity Youth are their specific social determinants of health. Social determinants of health are classified as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes (CDC, 2021). For Opportunity Youth, this includes their environment, living situation, education, familial support, and basic needs. Environmental factors consist of the issues such as the safety of the neighborhood the youth live in, whether or not the crime rates are high, and their transportation resources. Transportation barriers heavily effect the youth’s ability to access re-engagement

services as well as other community services. Another important factor is the youth's educational progress. Many youths have issues with educational progress due to lack of motivation, having other priorities, or simply drop out due to unawareness of academic assistance and credit recovery.

In terms of familial support, it is important to note whether or not the Opportunity Youth live in group homes, have previously been engaged in the foster care system, whether or not they have the presence of caring family members, and the possible impact of teen pregnancy. All these factors impact the social development and health aspects of Opportunity Youth and whether or not they are able to overcome the barriers working against them.

Additionally, youths are facing difficulties gaining work experience "the percentage of overall youth population with a job was less than 50%, a decline of 7 percentage points since 2008, and among African Americans only about a third had jobs (Mendelson, 2018). Many of the youths who are unemployed were not looking for a job or engaged in training or education. Many of the youth made the decision to end their educational pursuit, many dropped out of high school without transitioning to work or the labor market. Youth who fail to participate in educational and job training opportunities are often associated with negative consequences for the future. This is not only an issue for youth but also for society as a whole. When youth are not involved in work or school, "they are more likely to get involved in alternatives to work such as criminal activities as well as rely on public assistance and government health programs" (Mendelson, 2018). Criminal activities have high costs to victims and society beyond the criminal justice system.

Typically, Opportunity Youth are defined by their daily activities and what they are doing. They do not accumulate capital in school or college, nor do they accumulate labor market skills by working. A lot of youth struggle with balancing education and work in addition to familial responsibilities. The youth who are in school or work still have the issue of outside influences and behaviors such as criminal activity, drug use, and risky sexual activity (Mendelson, 2018).

Social Determinants of Health

Social determinants of health are defined as conditions in the environment in which people are born, live, learn, work, play, worship, and age that affected a wide range of health functioning, and quality-of-life outcomes and risks. Some of these conditions include environments and settings like school, church, work, and neighborhood. Examples of social determinants of health include availability of resources to meet daily needs (safe housing, accessible food markets, etc), access to healthcare services, access to education, economic, and job opportunities. Other examples related to the social aspect are social support, social norms and attitudes (discrimination, racism, distrust of government. Physical examples include exposure to toxic substances and other physical hazards, physical barriers, built environment (sidewalks, bike lanes, roads) (Healthy People, 2021).

Additional determinants that apply to Opportunity Youth are environment, their living situation, education, family support, basic needs and resources, and intersectionality. Many youth experience hardships which include homelessness, education barriers and involvement in the criminal justice system. Youth unemployment is typically associated with negative outcomes, while employment for youth serves as a

way to help youth with their social and emotional development (Spievack, 2019). Employment history for youth showed a positive association with future employment. Youth who have longer employment histories are more likely to keep the employment for the following year (Spievack, 2019).

Income is also an important aspect when identifying whether or not youths are in stable environments. Specifically, a program in Chicago showed that youths' wages were over 78.5 percent of their overall household incomes. Opportunity Youth who are employed have a lower association with or involvement in the criminal justice system. Data from 2011, showed arrest records for over 1.5 million people under the age of 18, which included 69,000 who were held in residential placement facilities (Mendelson, 2018).

Lack of access to healthcare is also a barrier for these youth. Because of this, many youths are unable to reach self-sufficiency. Many Opportunity Youth are uninsured and have health care needs that remain unmet. As a result, unmet healthcare needs can impact their education and employment (Youth Government, 2020). Access to economic, social and employment opportunities are important determinants of health. For example, youth who are unemployed will not have access to employer-based health insurance. Employment offering employer-based health insurance would be a large contribution to a youth's sense of security and overall wellness. Employment is a huge factor in one's overall mental and physical health. Youth that have managed to take care of their health needs have also progressed in increasing their transitional skills. This includes higher forms of self-advocacy, informed decision making, and career development (Warland, 2015).

In 2016, it was estimated that “disconnected youth compose a sizable portion of the US population of teenagers and young adults” (Mendelson, 2018). A project of the Social Research Council used data from the American Community Survey (ACS) to form reports on disconnected youth (Mendelson, 2018). The data revealed that “young adults between the ages of 16-24 who were neither employed nor in school 3 months before each survey declined from 14.7% in 2010 to 11.7% in 2016” (Mendelson, 2018). The 20% decrease in the percentage of Opportunity Youth from 2010 to 2016 displays progress, but there are still over 4.6 million youth who are disconnected. The probability of disconnection was affected by income, residential environment, and race/ethnicity” (Mendelson, 2018). Additionally, the majority of Opportunity Youth are born into poverty and raised in hard-pressed communities. Opportunity Youth grow up in environments which include, poor housing conditions, areas of concentrated poverty, high crime rates, and low performing schools which make it difficult to set life goals, complete their education and achieve gainful employment (Bridgeland JM, Ingram ES, Atwell M, 2016).

Health Disparities Among Opportunity Youth

Health disparities are defined as “a particular type of health difference that is closely linked with economic, social, or environmental disadvantage”. Health disparities adversely affect groups of people who have systematically experienced economic or social obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental healthl cognitive, sensory or physical disability, sexual orientation or gender identity, etc (CDC, 2017). Given this definition, it is important to note that not all health differences should be labeled health disparities (Cohen et al.,

2017). Although health disparities are unjust and should be eliminated, the goal is to achieve health equity.

Health equity is defined as “striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions (Braveman, 2014). There are differences in each individual’s social determinants of health. This include socioeconomic status, race/ethnicity or territory, and the underlying causes of health inequities (SES versus features in the health care system) (Cohen, 2014).

For Black and Latinx youth who are at higher risk for negative life outcomes, youth unemployment is a huge driver of disparities and outcomes in a society where socioeconomic mobility is limited (Spievack, 2019). Data from the 2014 Survey of Income and Program Participation shows that Black, Latinx, and Asian youth had lower unemployment rates than their white peers. Black and Latinx youth were paid less than their white peers (Spievack, 2019). These data are alarming, given the importance of youth employment in reaching health equity. Young adults who do not have stable jobs by their early twenties are at a higher risk of joblessness and permanently lower earnings (Spievack, 2019). These youth already face numerous barriers to successfully find and maintain a job such as low literacy and mathematical skills, unstable housing, or discriminatory hiring processes (Schunur, C. et al).

Data in 2010, showed that youth who did not have a high school diploma were four times as likely to not have a job when compared to their counterparts with a bachelor’s degree or higher (Schunur, C. et al). Although Black and Latinx youth are more likely than white youth to live in low income household, the racial and ethnic gap in

employment rates persisted, despite accounting for their income levels (Spievack, 2019). The income based employment gaps were larger among youth of color than white youth. Youth who do not transition smoothly from the education system to the work place do not only suffer the consequences today, but also deal with the effects later in life (Belfield, 2012). Most employers look for applicants with consistent progress and workforce experience. Youth who have large gaps in their education and work do experience issues with pay and employment consistency when they eventually find work (Belfield, 2012).

When youth fail to participate and take advantage of educational training opportunities, this can lead to negative consequences for their future. This does not only affect youth, it affects the entire society and contributions that youth can make to their families, communities, and society. As a result, instead of seeking employment or furthering their education, youth find alternatives such as criminal activity and reliance on public assistance, government health, and welfare programs (Warland, 2015). In other countries like Australia and the United Kingdom, youth who are disadvantaged and disconnected from society are recognized as NEET (Not in Education, Employment, or Training-challenge (Mendelsom, 2018). Education, along with many other factors are important determinants. For instance, the responsibility of being a teenage parent along with trying to transition back into the workforce or school makes it difficult for one to get connected with re-engagement services. These are all important factors that impact the outcome of Opportunity Youth. Teenage childbearing is commonly associated with adverse outcomes among infants born to teenagers. This

includes preterm birth, low birthweight, and infant death (Penman, Carter, Snead, & Kourtis, 2013).

In 2017, data from the CDC showed that 194,377 babies were born to women between the ages of 15-19 years. This is a birth rate of 18.8 per 1,000 women within this age group (CDC, 2021). Additionally, there are disparities in teen birth rates. The birth rates of Hispanic teens (28.9) and non-Hispanic Black teens (27.5) were more than two times higher than the rate for non-Hispanic White teens (13.2). The rate of American Indian/Alaska Native teens (32.9) was highest among all races/ethnicities (CDC, 2021). Additional factors that may contribute to teen pregnancy rates are less favorable socioeconomic conditions such as low education and low income. “For instance, a young teen living in foster care is more than twice as likely to become pregnant than those not in foster care” (CDC, 2021). Factors that contribute to teenage pregnancy include, lack of parental supervision, sexual peer pressure from friends, lack of accurate sexual and reproductive health information, and low community income (Southeastern Idaho Public Health, 2021).

From an educational standpoint, pregnancy and infant birth are significant contributors to high school dropout rates among girls. Data shows that only around 50% of teenage mothers will receive their high school diploma by the age of 22. On the other hand, approximately 90% of women who do not give birth during adolescence will graduate from high school (Perper, Peterson, & Manlove, 2010). Giving birth during adolescence can limit one’s social and financial well being. Opportunity Youth who give birth during adolescence are at a huge disadvantage when trying to obtain their educational diploma.

Youth Re-Engagement Centers

Because of the rising issues for these adolescents and young adults, there are youth re-engagement centers established to assist youth who want to finish their high school diploma or GED or join the workforce. Youth re-engagement centers are collaborative, community responses to the increasing number of local youth disconnected from school or work. Many community resource centers across the nation have dedicated themselves to the Opportunities for Youth Initiatives. The goal is to reconnect Opportunity Youth to education, work, and the wrap around services that will support them (OFY, 2020). Re-engagement centers can help youth reconnect with education system and form community connections. A re-engagement center is an important community resource for reaching out to and re-engaging disconnected youth (USDE, 2014).

In Pima County, through Goodwill Industries of Southern Arizona, there are now two youth re-engagement centers that serve Opportunity Youth. The Goodwill Metro Program serves youth between the ages of 16-24 years seeking employment and education in the community. Goodwill Metro assists youth with their goals, connect them to resources, provide career pathways, and give a sense of purpose for the future.

Goodwill Metro has a partnership with Grad Solutions which allows students to obtain their high school diploma. Grad Solutions offers students classes that are both online and self paced so that students can earn their diploma without stepping into a traditional classroom (Goodwill Industries of Southern Arizona, 2021). In Pima County, there are many factors that influence employment rates among Opportunity Youth. Education is an essential part of attaining a career that is economically stable. Data

from 2019 shows the employment rate for youth between the ages of 20-24 is the highest it has ever been over the last six years in Pima County (Cradle to Career, 2020).

In Pima County, there are also alternative schools which represent an important component in the effort to increase high school graduation rates (Cradle to Career, 2020). Cradle to Career Partnership implemented site based improvement projects to improve the outcomes for students attending these schools (Cradle to Career, 2020). Cradle to Career (C2C) formed partnerships with educational leaders to develop successful alternative options for students who want to move forward in their lives in the right direction after falling behind. This will give students the opportunity to re-enroll in school if the conventional high school route is not a proper fit for their learning style (Cradle to Career, 2020). Since thousands of Opportunity Youth are in need of these opportunities, C2C initiated meetings of alternative school faculty, staff, and administrators to discuss solutions to common barriers. Their collaborative efforts ensure students in the community are given opportunities to graduate high school or other educational and training opportunities and attain success.

In order to reconnect the disconnected youth, it is important to identify youth who have left school without obtaining their diploma. This is the first step in meeting the needs of the student. Many youth are unaware that they can recover their school credits and continue on with their education. When working with Opportunity Youth, it is also important to stay informed of the factors that lead to disengagement. The awareness of such factors can also prove invaluable to planners and practitioners, and may include factors such as: unmet social/emotional needs; homelessness; drug and alcohol

involvement; foster care history; family issues; involvement in the justice system; length of time out of school; pregnancy or parenting; or employment demands (USDE, 2014). The majority of re-engagement centers use data to form reasonable hypotheses about needed services and referrals. While community leaders make an effort to focus on the characteristics of disconnected youth, it is important that young people have the chance to make their voices heard. If a young person feels safe in the re-engagement site, then they will feel comfortable sharing their stories with adult staff members in the space.

Some re-engagement centers reported the youth who are not in school typically disconnect from a traditional high school, because they feel lost or unsupported. This is an important factor as to why the disconnection takes place (USDE, 2014). These youth form a self-perception of inadequacy, their self confidence is shaped through their experiences of being disconnected from school. Students receive implied messages, such as “You don’t belong here.” Their decision to try an alternative method of education is not always supported. “When their out-of-school situations are reinforced negatively by others’ assumptions of their lack of intelligence and ability, youth who participated in focus groups at the re-engagement centers in the study reported feeling discouraged and isolated: they often know what they *can’t* do, rather than what they *can* do” (USDE, 2014).

Re-engagement centers typically contain three components which are: outreach, assessment, and referral. These three factors form the core activities of a re-engagement center. Every, community has its own mix of resources depending on available funding, access to data, availability of services, and other community or school system assets. Some centers can also offer opportunities for credit recovery or

academic tutoring. While others centers might offer career connections or other additional services (USDE, 2014). The outreach component includes “going to the out-of-school youth, entering their world, and persistently, repeatedly, authentically inviting them back” (USDE, 2014). Outreach takes place in many forms, this includes “texting, calling, making home visits, placing signs on buses, going to community centers, engaging social workers, playing pickup basketball, and many other means of communicating with youth in spaces where they are comfortable” (USDE, 2014).

The assessment component includes determining who a student is and what progress they have made towards earning their high school credits. Some centers assess with a social/emotional scale; some employ social workers or other professionals to diagnose mental health or substance abuse issues requiring treatment; others include a career development assessment to potentially give incentive and spur motivation; others evaluate additional dimensions” (USDE, 2014). Lastly, the referral involves making a match between a young person and a school. This is dependent on the local option available.

Once students join re-engagement services there are a few educational services to choose from. These may include: a high school diploma, GED to College and apprenticeships, community college, industry certification, and college/university. The path to achieve these milestones are not always straightforward. The reality of outreach and transition is that the process is nonlinear, with frequent start-stop-restart patterns managed by center staff members as they work with youth facing trust issues, academic challenges, and demanding personal life situations (USDE, 2014). One thing that all re-engagement centers share in common is the goal of reconnecting youth to services in

order to better themselves. Most re-engagement centers serve youth between the ages of 16 and 21. However there are a few centers that have made the exception of serving youth younger than 16 if they have dropped out of school. Some centers target specific populations such as pregnant and parenting, homeless, LGBTQ, and youth with mental health needs. Youth within this group of Opportunity Youth generally need more support and security than a traditional high school can provide for them.

Conclusion

Opportunity Youth are groups of young people who are not a static population. Opportunity Youth represent a vulnerable population and experience barriers that limit them from reaching full self-sufficiency, findings show that Opportunity Youth showed increased progress in re-engagement settings. Youth who get connected with re-engagement services have more access to educational services and employment opportunities. In Pima County, through the efforts of community partnerships and re-engagement centers the amount of Opportunity Youth who are not in school or working has decreased. In 2014, 13.7% of Opportunity Youth between the ages of 16-24 were not in school or working. Data from 2019 showed that now 11.8% of Opportunity Youth are not in school or working. Youth re-engagement is the crucial component in helping Opportunity Youth overcome the barriers set against them.

It is important that society continues to assist Opportunity Youth to help them improve their life circumstances. In 2013, data showed more than 10,000 young people were referred to youth re-engagement centers to further their education. Around 6,000 of the youth enrolled in educational services and pursued a high school diploma. Of this, approximately 73 percent completed a full year of school or graduated (USDE, 2014).

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