

4-H Healthy Living Logic Model – Social-Emotional Health and Well-Being

SITUATION

The link between physical and emotional health is clear. Young people who have good physical health are more likely to also have good mental-emotional-behavioral health, and young people with special health care needs or chronic health problems are at greater risk for mental-emotional-behavioral disorders. Consequently, it is important that social-emotional health and well-being be among the aims of comprehensive healthy living initiatives (National Research Council and the Institute of Medicine, 2009).

Those who live with young people, along with those who work with them or on their behalf, have long expressed concern about the negative outcomes and challenges that many youth encounter related to their social and emotional health and well-being. In 2007, slightly more than 5 percent of children ages 4 to 17 were reported by a parent to have serious difficulties with emotions, concentration, behavior or being able to get along with other people (Federal Interagency Forum on Child and Family Statistics, 2009). A significant minority of preteens and teens suffer from anxiety disorders, depression, behavior problems, negative or unhealthy relationships with peers and adults, substance use and addiction, difficulty coping and low self-esteem (Zaff, Calkins, Bridges, & Margie, 2002). The roots of these health issues are complex and involve the multiple domains in which young people grow and develop. For example, over 14 million U.S. children live in families with incomes below the federal poverty level, placing these young people at higher risk of developing social and emotional health problems such as anxiety and aggression (Moore, Redd, Burkhauser, Mbwana, & Collins, 2009). While there has been much research done on the presence of these kinds of negative outcomes and challenges, work in addressing these issues has been complicated by a lack of clarity related to indicators and measures of positive outcomes for social and emotional health (Moore, Lippman, & Brown, 2004).

There are many opportunities for organizations and agencies across communities to work with young people and their families to enhance their positive social and emotional development. This may be especially beneficial for families that are struggling with stressors such as conflict, strained parent-child relations, dysfunction, temporary or long-term poverty, or impacts of “isms” such as racism, sexism or classism. For example, parent education programs have been designed to help families develop skills and competencies that prevent the development of problematic social-emotional behaviors. Some out-of-school time programs involving younger youth have featured age-appropriate strategies for dealing with stress, while some programs for teens have used a social justice youth development approach in which participants explore the sociopolitical and economic factors that influence the quality of their health. Many programs like 4-H have integrated life skill development into content specific youth projects with the intent of helping youth develop skills that will influence multiple aspects of their health and well-being.

Specifically acknowledging that no one organization or network can be solely responsible for the mental-emotional-behavioral health of children and youth, the National Institutes of Health/National Research

Council (2009) recommends that networked systems involve “families, schools, organizations, health providers and the justice system” in efforts that improve social-emotional health (NCR/IOM, pp. 206). This can be particularly relevant for issues related to social and emotional well-being that benefit from the purposeful redundancy of messages and opportunities for skill development across a community’s youth networks (Benson, 1997). Since most 4-H and Extension community-based programs emphasize supportive environments and “nurturance,” 4-H can successfully foster positive development and social-emotional health. This approach can be augmented by 4-H staff and volunteers who have a strong presence within and contribution to community networks, resulting in the broader sharing of 4-H resources and the ability to connect youth and families to pertinent community health resources.

Social-emotional health and well-being involves the social, mental, and psychological aspects of an individual’s life including forming and maintaining satisfying and healthy relationships, being able to take another perspective, being able to resolve interpersonal conflict, feeling capable and complete, being able to express emotions, being able to handle normal levels of stress, having supportive relationships, and having a positive sense of self, including developing a healthy sense of identity around aspects related to race and ethnicity, gender, sexuality, spirituality and abilities/disabilities. With the support of significant adults from multiple domains of their lives (including within families, schools and youth groups), children and youth can actively contribute to and enhance their social-emotional health and competence within the following areas that build on the five core groups of social and emotional competence espoused by CASEL, the Collaborative for Academic, Social, and Emotional Learning (CASEL, n.d.):

- **Self-awareness**—accurately assessing one’s feelings, interests, values, and strengths; maintaining a well-grounded sense of self-confidence; moving toward a deeper understanding of multiple aspects of one’s identity
- **Self-management**—regulating one’s emotions to handle stress, control impulses, and persevere in overcoming obstacles; setting and monitoring progress toward personal, academic and vocational goals; expressing emotions appropriately
- **Social awareness**—being able to take the perspective of and empathize with others; recognizing and appreciating individual and group similarities and differences while developing a growing understanding of some of the impacts related to group differences; recognizing and using family, school, and community resources; understanding the impacts of media and cultural messages and using media literacy skills to deconstruct harmful messages
- **Relationship skills**—establishing and maintaining healthy and rewarding relationships based on cooperation; resisting inappropriate social pressure; preventing, managing, and resolving interpersonal conflict; seeking help when needed
- **Responsible decision-making**—making decisions based on consideration of ethical standards, safety concerns, appropriate social norms, respect for others, and likely consequences of various actions; applying decision-making skills to academic and social situations; contributing to the well-being of one’s school and community

4-H HEALTHY LIVING LOGIC MODEL DETAILS – Social-Emotional Health and Well-Being

National 4-H Healthy Living Task Force, April 2010

- *Outcomes appropriate for children ages 5-9 are noted as **(child)***
- *Outcomes appropriate for youth ages 10-19 are noted as **(youth)***
- *Outcomes appropriate for family are noted as **(family)***
- *Outcomes appropriate for organizations and communities are noted as **(community)***

OUTCOMES

Short- KASA (Knowledge, Attitudes, Skills, Aspirations)

- (child, youth) increased awareness of one's emotions and behaviors
- (child, youth, family) increased awareness of different kinds of stressors and skills for coping with stress
- (child, youth) increased awareness about personal qualities and external supports that influence choices and success
- (child, youth) increased awareness of goal-setting skills
- (child, youth) increased awareness of the feelings and perspectives of others
- (child, youth) increased awareness of individual and group similarities and differences
- (youth) increased understanding of social factors that have created inequities and how these inequities relate to health issues
- (youth) increased understanding of multiple aspects of one's identity (such as gender, race/ethnicity, class, sexuality, abilities/disabilities and spirituality)
- (child, youth) increased knowledge of interpersonal conflict resolution skills
- (child, youth) increased knowledge of how social norms and media messages can affect one's feelings, decision making and behaviors
- (child, youth, family) increased knowledge of personal and community resources related to social and emotional well-being.
- (community) increased staff knowledge about ways to support the development of volunteers to work with youth around social and emotional health issues
- (community) increased staff and volunteer understanding of their personal and organizational roles in building a community safety net for youth around health issues

Mid – Actions (Behavior)

- (child, youth) increased ability to identify, manage and appropriately express one's emotions and behaviors
- (child, youth) increased feeling of social competence and autonomy
- (child, youth) increased ability to make positive decisions and to access external supports
- (child, youth) increased ability to form and maintain positive relationships, including relationships across differences such as gender, race/ethnicity and class
- (child, youth) increased ability to take another's perspective and demonstrate civility and empathy toward others, including across differences
- (child, youth) increased ability to prevent, manage and resolve interpersonal conflicts in constructive ways

- (child, youth) increased ability to use media literacy skills and to weigh ethical, safety and societal factors in decision making
- (youth) increased exploration of and positive feelings about multiple aspects of one's identity
- (child, youth) increased productive use of non-school time (e.g., reading for pleasure and involvement in extracurricular activities)
- (child, youth, families) increased ability to use coping skills to manage normal levels of stress
- (community) increased staff and volunteer connections to and relationships with other community health resources

Long – Conditions

- (children, youth) increased number of children and youth demonstrating positive contributions to their families, schools and communities and engaging in long-term meaningful relationships with significant community adults
- (children, youth) decrease the number of children and youth engaged in negative health behaviors such as violence, bullying, harassment, substance use and inappropriate sexual activity
- (community) increase in long-term relationships and ongoing connections and referrals among youth-serving organizations and agencies

ACTIVITIES

Who We Target (Audiences)

- Youth (with special focus on new and underserved audiences), families, staff, volunteers, community leaders, partner organizations and collaborators

What We Do (Activities)

- Provide group meetings and educational trainings for youth, families and community partners
- Design and implement programs with multiple components such as using environmental changes, policy changes, social marketing campaigns, curricula that met social-emotional standards, and involve families in meaningful ways

OUTPUTS

What We Produce (Tangible Products)

- Cooperative and experiential learning, peer mentoring, family engagement, nonformal educational programs, projects, trainings, workshops, internships and apprenticeships, applied research, evaluations, convened coalitions, grant proposals developed and awarded, needs assessments and social marketing campaigns
- Programs that have been disseminated and replicated, curricula and peer-reviewed articles/resources that have been published

INPUTS

- Evidence-based and evidenced informed curricula

- The network of Land Grant and Public Universities
- Human resources (paid staff, volunteers, instructors, specialists, leaders and stakeholders)
- Existing 4-H Youth Development and Families curricula, delivery modes and programs
- National reports and standards (e.g., Healthy People 2020) that establish benchmarks for Healthy Living Outcomes
- National partners with interest in supporting Extension's 4-H Healthy Living network
- Published and unpublished research and valid literature focused on health behaviors, health promotion, youth development, family development and community development
- Financial supports such as grants, categorical funding and fees
- Relationships with national, regional, state and local health experts, public health networks and health advocates
- Facilities – local, state and regional
- Youth leaders and partnerships with networks of young people
- Electronic resources (e.g., eXtension, web conferencing, wikis)

ASSUMPTIONS

- The contributions 4-H makes to positive youth development through multi-generational, mixed-gender, family-engaged, nonformal education is valuable to all youth.
- Extension can make unique contributions to the health and well-being of young people and their families through its multi-level network, ability to interpret and appropriately apply research findings to improve human quality of life, and sustained citizen input and involvement.
- Young people and their families need to be involved in meaningful learning experiences.
- 4-H Healthy Living program development and program implementation will focus on the risk and protective factors.
- Health behaviors are complex and there will continue to be risk and protective factors on which 4-H will have little impact. Thus, clearly identifying those risks and protective factors that are related to 4-H programming is critical for demonstrating the effectiveness of the efforts.
- Youth will face an increasing amount of choices and opportunities in all facets of their lives; therefore, 4-H Healthy Living programs will evolve with those choices and opportunities.
- Youth and their families can improve their health through increased healthy living knowledge, use of available resources, and by reducing risk factors.
- Youth and their families have the ability to reach optimal physical, social/emotional health, and well-being.

ENVIRONMENTAL – EXTERNAL FACTORS/ORGANIZATIONAL

- Families will continue to face resource constraints (e.g., time, money, transportation).
- Demands on family time will continue to be a factor in the programs they choose to participate in over time.

- Changes in society and health practices/services/access will impact young people and their families.
- Research will continue to inform the connections between healthy living and positive youth development.
- Health improvements will continue to be a core mission at the USDA/NIFA, state and local Extension systems.

EVALUATION PLAN COMPONENTS

- KASA (knowledge, attitudes, skills and aspirations/intentions) data gathered via surveys, focus groups, interviews
- Health behaviors change and health behaviors maintenance data gathered via surveys, focus groups, interviews, case studies and reports from trained observers
- Learner self-reports focused on outcomes
- Program effectiveness data
- Process evaluations/accomplishments
- Monitor existing trend and surveillance data from other studies and networks
- Youth risk survey, portfolio of activities and life changes
- Monitor (Extension Service data report) ES237
- Review of state Healthy Living plans across regions

RESOURCES

Benson, P. (1996) All kids are our kids: What communities must do to raise caring and responsible children and adolescents. San Francisco: Jossey-Bass Publishers.

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