CLASP Middle School/High School Boys of Color Policy Scan and Information Gathering

Ivory A. Toldson, Candice Crowell Howard University

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CLASP Middle School/High School Boys of Color Policy Scan and Information Gathering

Purpose

The purpose of this project is to provide an analysis of policy issues affecting middle school and high school-aged boys and young men of color in the areas of education, health, and pathways to employment. This policy scan and subsequent recommendations will provide valuable background knowledge to inform the future direction of policy efforts for the target population. In addition, findings from this analysis will be used to inform the framing of future policy discussions and implementation at the national, state, and local level.

Men and boys of color: culture and nomenclature

Minority males represent more than 20 percent of the preschool through high school students in the United States. See Table 1.1 for a complete picture of the racial and gender diversity in the U.S. school system. Research suggests that boys' transition to and through the ninth grade shapes their future odds of graduating from high school (Cooper & Liou, 2007). For example, today, approximately 258,047 of the 4.1 million ninth graders in the United States are Black males. Among them, about 23,000 are receiving special education services, more than 37,000 are enrolled in honors classes, and for nearly 46,000, a health care professional or school official has told them that they have at least one disability. If black male ninth graders follow current trends, about half of them will not graduate with their current ninth grade class (Jackson, 2010), and about 20 percent will reach the age of 25 without obtaining a high school diploma or GED (Ruggles, et al., 2009).

Table 1.1: Preschool through 12th Grade Students in the United States by Race and Gender								
	Preschool and	Elementary						
	Kindergarten	and Middle	Secondary	Total	Percent			
White male	2,683,523	9,341,655	5,019,202	17,044,380	29.15%			
White female	2,490,077	8,795,371	4,724,365	16,009,813	27.38%			
Hispanic male	1,004,956	3,655,710	1,705,159	6,365,825	10.89%			
Hispanic female	961,659	3,449,045	1,620,313	6,031,017	10.32%			
Black male	641,253	2,318,737	1,359,292	4,319,282	7.39%			
Black female	602,753	2,208,981	1,302,542	4,114,276	7.04%			
Asian male	220,511	696,654	353,993	1,271,158	2.17%			
Asian female	213,176	679,030	327,046	1,219,252	2.09%			
Other male	206,907	605,737	255,785	1,068,429	1.83%			
Other female	203,517	567,032	254,257	1,024,806	1.75%			
Total	9,228,332	32,317,952	16,921,954	58,468,238	100%			

African American Males

With an estimated population of 38.9 million, 12.6 percent of the total population African Americans constitute the second largest non-White ethnic group in the United States (Ruggles, et al., 2009; United States Census Bureau, 2003). Today, most Black people in the Americas are the progeny of victims of the transatlantic slave trade. From 1619 to 1863, millions of Africans were involuntarily relocated from various regions of West Africa to newly established European colonies in the Americas. Many different African ethnic groups, including the Congo, Yoruba, Wolof, and Ibo, were casualties of the transatlantic slave trade. The Black American population is the aggregate of these groups, consolidated into one race, bound by a common struggle against racial oppression and distinguished by cultural dualism (Toldson, 1999).

Black peoples' collectivist orientation is evident in their healing preferences. Specifically, persons of Black African ancestry are more likely to rely on family and friends to cope with personal difficulty (Logan, 1996; Ruiz, 1990). The 'brotherhood/sisterhood' concept among African Americans elevates family extensions to the status of core family members, and solutions to personal difficulties often involve meaningful exchange throughout the extended family. Sue's (1998) finding that African Americans prefer service providers of the same race or ethnicity likely reflects the collectivist orientation, in which Black people will disclose more readily when they feel a certain kinship with the caregiver. Thus, Black males in schools, heath settings and afterschool programs may feel compelled to elevate the status of the service providers to an extended family member, before actively engaging in the educational or health process.

According to the ACS, in the U.S., 80 percent of Black males, and 83 percent of Black females, age 25 and older, have completed high school or obtained a GED. Forty-five percent of Black males and 53 percent of Black females have attempted college, and 16 percent of Black males and 19 percent of Black females have completed college. When restricting the age to 25 to 35, 15 percent of Black males and 22 percent of Black females have graduated from college, indicating a recent uptick in degree production among Black females and a small downtick among Black males (Ruggles, et al., 2009).

Latino Males

The Latino population in the United States increased 58 percent between 1990 and 2000. With current population estimates of 50.7 million (16.4 percent of the U.S. population), the Latino population is now larger than the African American population in the United States (U.S. Census Bureau., 2010; United States Census Bureau, 2003). As ethnonyms, the terms Hispanic and Latino are often used interchangeably and are confused by service providers. Originally, Hispanic denoted the mostly white Iberian Peninsula, including Spain and Portugal, while Latino

described indigenous people of Mexico, Central America, and South America. "Latino" was not included in the U.S. Census Bureau until 2000.

Latino Americans descend from more than 20 different countries with distinct sociocultural backgrounds and dialects of the Spanish language. Sixty-six percent of Latinos in the United States descend from Mexico, with most others from Puerto Rico, Central America, South America, Cuba, and Dominican Republic (United States Office of the Surgeon General, 2001). Issues related to bilingualism often emerge when providing services for Latino males (Rothe, 2005). Historically, the Latino American's experience in the United States has been similar to African Americans. Latino males may present with a variety of issues related to underrepresentation and racism that present challenges with navigating a social environment.

Like other cultures, Latinos have distinct traditional beliefs that have implications for service providers. First, they tend to have rigid and separate roles for males and females. The "Machismo" belief views ideal male behavior as hard-working, decisive, and able to protect and provide for his family (Andrés-Hyman, Ortiz, Añez, Paris, & Davidson, 2006). Like other codes among men in disenfranchised communities (e.g. Black male 'thug life' and post civil war Southern White male code of honor), Machismo beliefs are vulnerable to corrupt associations including, heavy drinking, risk taking, and physical violence. However, service providers should refrain from imposing their values on clients, and dysfunction should be assessed based on cultural standards and clients' needs.

According to the ACS, in the U.S., 59 percent of Latino males, and 63 percent of Latino females, age 25 and older, have completed high school or obtained a GED. Thirty-three percent of Latino males and 37 percent of Latino females have attempted college, and 12 percent of Latino males and 14 percent of Latino females have completed college.

American Indian and Alaskan Native Males

In 2009, about 5 million American Indians and Alaska Natives lived in the United States (U.S. Census Bureau., 2010). The federal government recognizes 565 American Indian tribal nations in the United States, and this number does not include the 70 tribal nations recognized by state governments (Bureau of Indian Affairs, 2011) Moreover, these tribal nations speak over 300 different languages. American Indians and Alaska Natives are established tribal nations that are sovereign entities who receive health care and education benefits from the Federal Government as affirmed by the United States Constitution, U.S. Supreme Court decisions, treaties, Federal statutes, and Executive Orders, in exchange for land once occupied by indigenous peoples.

As the indigenous population of the Americas when Western Europeans arrived, American Indians suffered greatly from colonialism. Between one and ten million Native Americans were

in America when Columbus arrived, but by 1850 the population decreased to 250,000; primarily due to foreign diseases, displacement, and extermination (Lewy, 2004). According to a recent report released by the US Census, by 2050, the projected population is expected to be about 8.6 million, including those who are more than one race.

Walker and LaDue (1986) recommend that service providers who work with American Indians become familiar with historical events that have strained their relationship with White Americans. Since American Indians have a strong reverence for the past, they are likely to be distrustful of many White service providers. Creating an experience that is culturally reaffirming in collaboration with elders and community leaders has been effective in building rapport with American Indians in educational and health settings. Credibility-building is an important initial phase of engagement, which involves discussing any "homework" done to become familiar with American Indian culture, exhibiting a willingness to incorporate community and family into the therapeutic process, and being candid about any lack of expertise (Walker & Ladue, 1986).

According to the ACS, in the U.S., 75 percent of American Indian/Alaskan Native males, and 78 percent of American Indian/Alaskan Native females, age 25 and older, have completed high school or obtained a GED. Forty-three percent of American Indian/Alaskan Native males and 50 percent of American Indian/Alaskan Native females have attempted college, and 12 percent of American Indian/Alaskan Native males and 14 percent of American Indian/Alaskan Native females have completed college (Ruggles, et al., 2009).

Southeast Asian and Pacific Islander Males

The 2010 U.S. census estimated almost 17.2 million (5.6 percent, Pacific Islander and Native Hawaiian- 1. 2 million, 0.4 percent) people in the United States reported themselves as having either full or partial Asian heritage (Ruggles, et al., 2009; United States Census Bureau, 2003). The largest ethnic subgroups in order of size in the U.S. population are Chinese, Filipinos, Asian Indians, Vietnamese, Koreans, Japanese, Cambodians, Pakistanis, Laotians, Hmong, and Thais (United States Office of the Surgeon General, 2001). Currently, over 60 percent of Asian American and Pacific Islanders were born outside of the United States, and represent 43 different ethnic groups and over 100 different languages and dialects.

Collectively Asian Americans outperform Blacks, Latinos, and Whites on many socioeconomic indicators including household income and college graduation rates. Some consider them to be the "model minority" (Hwang, 2006; McGowan & Lindgren, 2006). However, many Asian Americans report incidence of prejudice, stereotypes, and discrimination. In addition, aggregated data often conceals social concerns for segments of the Asian American and Pacific Islander population. Southeast Asians, particularly those with refugee experience, have the highest high school dropout rates in the country, in addition to problems with crime, poverty and drug abuse (Coloma, 2006; Liu & Iwamoto, 2007).

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Asian American and Pacific Islanders are less likely to use mental health services than any other ethnic population (United States Office of the Surgeon General, 2001). The low utilization of mental health services has been attributed to stigma and shame, or "loss of face" as noted in Asian culture. Other barriers include differences in language, culture, and ethnicity, tendency to endorse somatic rather than emotional and interpersonal problems, and having conceptions of mental health disorders that differ from Western views (United States Office of the Surgeon General, 2001).

According to the ACS, in the U.S., 88 percent of Asian American males, and 84 percent of Asian American females, age 25 and older, have completed high school or obtained a GED. Seventy-one percent of Asian American males and 66 percent of Asian American females have attempted college, and 52 percent of Asian American males and 46 percent of Asian American females have completed college. These figures compare favorably to all other race groups, including White males (32 percent of White males have graduated from college). However, several Asian American ethnicities have the much lower rates of college completion. Twenty-seven percent of Vietnamese males, 13 percent of Cambodian males, 12 percent of Hmong males, and 11 percent of Laotian males have completed college. Among males of Pacific Islander ethnicities, including Samoan and Tongan, 12 percent have graduated from college.

Method

Procedures

Participants were recruited from email lists shared by organizations such as CLASP and the Congressional Black Caucus Foundation. Additionally, roundtable participants were asked to disseminate the surveys on listervs of which they were a part. Members of these lists had identified interest or expertise in the fields related to the survey subjects, such as health, employment, and education. Surveys were created using Survey Monkey. An email with links for all surveys was sent out to the participants. Participants were asked to choose a survey in their area of specialization. The information gathered was anonymous and not linked to individual respondents. The survey was strictly voluntary in nature and all respondents had the opportunity to end their participation at any time without the risk of reprisal.

Description of Surveys

The purpose of the CLASP survey for the Robert Wood Johnson Foundation's new initiative -Forward Promise: Promoting Opportunities for the Health and Success of Young Men of Color, was to identify and expand education, employment and health policies and programs serving middle and high school aged boys of color, around ages 12-18. Results from the survey will be used to inform the future direction of the initiative. CLASP designed four surveys to gather data about policies and programming affecting these demographics. Participants were instructed to select a survey to complete based on their area of expertise. If participants had expertise in multiple areas, they were encouraged to complete multiple surveys. The target audience included anyone involved with providing services, programming, research, or policy on education, employment, and health for males of color. The four surveys included: (1) Middle School Aged Boys; (2) High School Aged Young Men; (3) Health; and (4) Out-of-School Young Men

Each survey consisted of demographic questions that detailed participants' sex, city and state of residence, industry, and position type. Ten issues were listed for participants to rank according to their level of importance. Volunteers were then asked to answer open-ended/qualitative questions about the top three issues they chose. The open-ended questions included assessing whether they knew of local or national agencies working to address the issues and whether policy supported initiatives around those issues.

Survey Results

Health Survey

Participant Demographics

Participants who took the Males of Color Health survey were largely female, with 60.5 percent of the respondents being women. Seventy-six percent of the participants work in non-profit agencies, while 20.9 percent work for the government. Those in business and industry represented 2.3 percent of our sample, and participants working in for-profit agencies were 0.8 percent. The primary field of the respondents was education, at 27.1 percent, followed by health care at 22.5 percent. Those who worked in community service/advocacy jobs represented 14.7 percent of the sample. Participants in youth development represented 11.6 percent, and people working in research/policy represented 10.1 percent. Those working in law/juvenile justice and workforce development were only 3.1 percent and 2.3 percent, respectively. Participants in other fields came in at 8.5 percent. The majority of the participants held positions in administration (48.1 percent), followed by direct services (20.9 percent), research (16.3 percent), advocacy (7 percent), and other (7.8 percent).

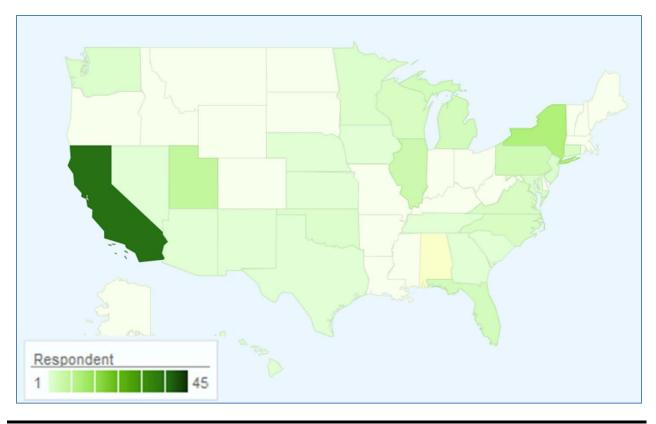


Figure 1: Intensity map representing the number of respondents of the health survey by state. Participants from 29 U.S. states and the District of Columbia took the health survey, with the largest number of respondents in California, New York, Utah, Illinois, Massachusetts, and Pennsylvania.

State and Local Needs

Participants were asked to rank a series of statements according to their importance in their state or local community, 1 being least important and 10 being most important. The survey only allowed one item to be ranked 10, one to be ranked, 9, etc. For participants who took the Health Survey, "Often experience exposure to violence within their communities," was the top rated response. Notably, all items receive the top rating from at least one of the respondents, and the mean rating was similar across items. Table 3.1 displays the range, mean and standard deviation of each response in order of its collective rating.

order of its collective rating of importance				
Item	Min	Max	Mean	Top 3
1. Often experience exposure to violence within their communities	1	10	7.5	50
2. Have limited access to culturally competent medical and/or	1	10	6.0	33
mental health providers				
3. Lack appropriate access to health care services	1	10	6.3	29
4. Have inadequate health care coverage	1	10	6.2	28
5. Lack sufficient mental and behavioral health services	2	10	6.1	24
6. Lack access to physical activity, exercise initiatives, and non-	1	10	4.6	20
school based sports				
7. Have limited access to mental and behavioral health screening	1	10	5.8	16
8. Have limited access to affordable healthy eating options	1	10	5.0	15
9. Lack sufficiently targeted early health screening programs	1	10	4.8	13
10. Have limited access to comprehensive sexual health education	1	10	4.5	13

Table 3.1: Number, range, mean and standard deviation of items on the health survey in order of its collective rating of importance

Note: N=Number, Min=Minimum, Max=Maximum, Top 3=Number of participants who placed item among their top 3 concerns.

Table 3.2 provides contextual responses that represent the participants' responses to openended questions based on the issues they ranked the highest. These responses capture the participants' impressions of the accessibility of data related to health issues for boys and men of color. Their responses ranged in perspectives, from statements that data was readily available to statements that called for more data to be more organized and accessible.

Table 3.2: How accessible is HEALTH data to policy makers?

Contextual responses

- 1. There is no shortage of statistics which bear-out the reality that violence is a daily, on-going occurrence- it is documented by newscasts, police calls and incidents, and local community-based organizations, churches and funeral homes.^a
- 2. Not very accessible and those who know don't tell and those who tell don't really know.
- 3. I think the data tends to be piecemeal and anecdotal, or so far removed from the lives of actually people that it does not relate to real issue.^a
- 4. Several studies have been done to collect data to show the rates of violence in Sacramento among youth and it is accessible.^a
- 5. Given police reports, school incident reports, and client self-reporting, I would think the data could be reasonably accessible.^a
- 6. Very accessible. There's been much attention to the issues of violence that predominantly is affecting BMoC's.^a
- ^a Often experience exposure to violence within their communities
- ^bLack appropriate access to health care services
- ^c Have inadequate health care coverage

Key Organizations

This Table 3.3 presents a list of organizations engaged in health-related work, as identified by the participants. Over 30 organizations were reported to be serving boys and men of color around health issues, include mental and sexual health.

Table 3.3: What are the key organizations involved with health-related work?

Affiliates of The Pico National Network; American Civil Liberties Union; Aspira; Bloomberg Administration Center For Economic Opportunity; Building Healthy Communities Sun Street Centers; California Black Health Network; California Dept of Mental Health; California Endowment; California Endowment; California Institute For Mental Health; California Pan-Ethnic Health Organization; California Select Assembly Hearings On The Status of Men of Color; California Teachers Association; Casp Alliance On Aging; Concerned Men; County Probation; Ctri Uw Madison-Milwaukee; David Richardson Rites of Passage; Families Coalition of Utah; Father's Day Rally Committee Inc; Hands Across Cultures Corp.; Hawaii Youth Coalition; Hawaii Youth Services Network Planned Parenthood of Hawaii; Healthiest Wisconsin; Wisconsin Tobacco Prevention and Control Programs; Hijos Del Sol; House of Umoja; Hue-Man Partnership; La County Board of Supervisors; Los Angeles Unified School District; Mothers In Charge; National Strategy For Black Gay Youth In America; Nuestra Escuela; Open Society/ Soros Bloomberg; Optum Health New Mexico Public Health Division; Philadelphia School System; Police Department; Policylink; Restorative Justice Groups; Restorative Justice Groups; Sacramento Building Healthy Communities; Sacramento Community Gang Task Force; Salinas Schools ; Seanyc Sexual Education Alliance of Nyc; Second Chance; Social Services; Southside Community Health Services; State Government; Taller Salud; The Black Male Donor Collaborative; United Way of Salt Lake; Unity Council; Urban Strategies; Utah Health Policy Project; William Barney of The Empowerment Network; Yu

Obstacles to Policy Change

This Table 3.4 offers sample statements that represent the participants' responses to the openended question "What are the obstacles to health policy change?" Participants identified a number of issues, such as lack of care, costs/funding, lack of interest, and stigma around health for boys and men of color.

Table 3.4: What are the obstacles to health policy change?

- 1. Officials don't care, racism, lack of leadership and organizing on this issue outside of effected communities.^a
- 2. Lack of understanding about the seriousness of the problem^c
- 3. Lack of adequate funding; Court consent decree that monitored adequacy of services was lifted after it was determined that Hawaii had met the requirements of the decree (which had resulted in a large increase in availability of services). Since then, state funded resources have declined steadily.
- 4. It is hard to attract restaurants that serve healthy fare to low income areas. The healthy prepared food is too expensive.
- 5. Lack of interest from the legislative body to act.^b
- 6. Constitutionality questions around federal legislation, resultant confusion and lack of clarity^c
- 7. Behavioral health services are not easily accessible and many of our BMOC are not insured, there is also a stigma about accessing such services which is a huge challenge in increasing awareness and access. A huge challenge is that there are limited resources in the County and community health centers are ill-equipped to address youth's behavioral health problems
- 8. Too much money being made on the current culture and limited funding to change. Also, there is the huge issue of people's ignorance about proper nutrition and exercise.
- 9. State budgets. Placing blame on parents who struggle to keep families fed and no restricting purchases of large quantities of snack foods with federally funded food programs.
- 10. For most policy-makers, reducing violence and increasing public safety has a law enforcement answer (more cops, gang injunctions, etc.) When they should be looking at nurse-parent partnerships to target the parents of at-risk children^a
- 11. Lack of education and understanding of the issue. Public may not understand the extent to which there is a serious need and how that impacts communalities.

^aOften experience exposure to violence within their communities

^bLack appropriate access to health care services

^c Have inadequate health care coverage

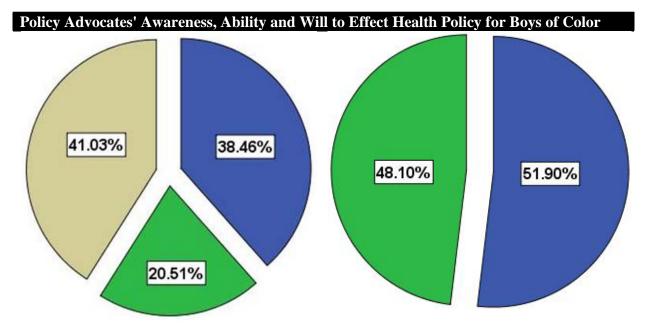


FIGURE 1a: Is data specific to your state or FIGURE 1b: Is there public will in your state community available to measure the extent of or local community to change policy in this *this issue?* $\P = yes; \P = no; \P = unsure$

area? **(** = yes; **(** = no

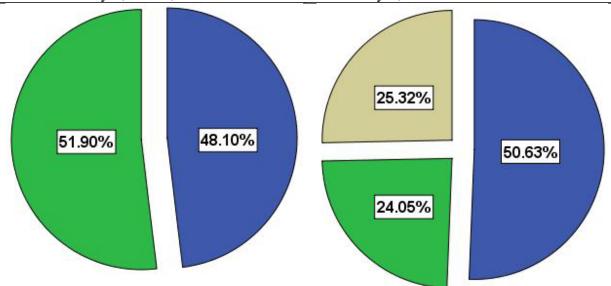


FIGURE 1c: Are you aware of policy discussions happening at the local or state *level to address this issue?* • = yes; • = no.

FIGURE 1d: Are you aware of any efforts to increase awareness and promote changing policy on this issue? $\P = yes; \P = no; \P =$ unsure

The following is a list of the policy advocates' awareness, ability and will to affect policy for boys of color for the top three rated health needs for boys of color.

- Often experience exposure to violence
 - Is data specific to your state or community available to measure the extent of this issue? (Yes – 61.3%; No – 9.7%; Unsure - 29%)
 - Is there public will in your state or local community to change policy in this area? (Yes – 58.1%; No – 41.9%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes – 51.6%; No – 48.4%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes 64.5%; No 16.1%; Unsure 19.4%)
- Lack appropriate access to health care services
 - Is data specific to your state or community available to measure the extent of this issue? (Yes – 22.2%; No - 11.1%; Unsure – 66.7%)
 - Is there public will in your state or local community to change policy in this area? (Yes – 40%; No – 60%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes – 40%; No – 60%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes 40%; No 30%; Unsure 30%)
- Have inadequate health care coverage
 - Is data specific to your state or community available to measure the extent of this issue? (Yes - 55.6%; No - 11.1%; Unsure - 33.3%)
 - Is there public will in your state or local community to change policy in this area? (Yes – 77.8%; No – 22.2%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes – 44.4%; No – 55.6%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes – 22.2%; No – 44.4%; Unsure – 33.3%)

Out of School Youth Survey

Participant Demographic

Participants who took the Out of School Boys of Color survey were mostly male, with 54.4 percent of the respondents being male and 45.6 percent being female. Sixty-six point nine percent of the participants work in non-profit agencies, while 30.6 percent work for the government. Those in business and industry represented just 0.8 percent of our sample, and participants working in for-profit agencies were 1.6 percent. The primary field of the respondents was workforce development, at 28 percent, closely followed by youth development at 27.2 percent. Those who worked in community service/advocacy jobs represented 8 percent of the sample. Participants in education represented 15.2 percent, and people working in research/policy represented 8.8 percent. Those working in law/juvenile

justice and health were only 4 percent and 1.6 percent, respectively. Participants in other fields came in at 7.2 percent. The majority of the participants held positions in administration (54.4 percent), followed by direct services (20.8 percent), advocacy (11.2 percent), research (2.4 percent), and other (11.2 percent).

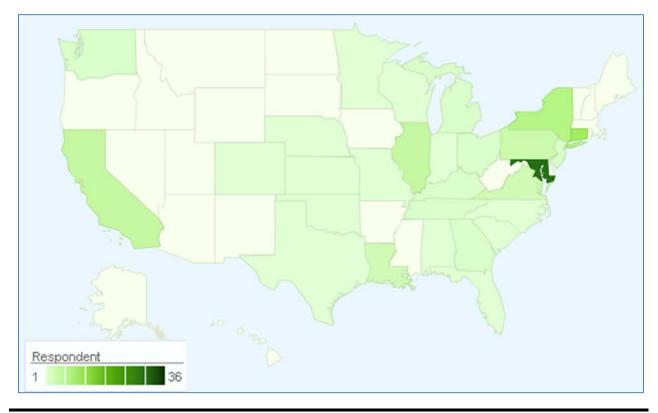


Figure 2: Intensity map representing the number of respondents of the out of school youth survey by state. Participants from 29 U.S. states and the District of Columbia took the out of school youth survey, with the largest number of respondents in Maryland, Connecticut, New York, and Washington, DC.

State and Local Needs

Participants were asked to rank a series of statements according to their importance in their state or local community, 1 being least important and 10 being most important. The survey only allowed one item to be ranked 10, one to be ranked, 9, etc. For participants who took the Out of School Youth Survey, "Have limited exposure to career opportunities through work experiences, internships, apprenticeships, and other work-based activities," was the top rated response. Notably, all items receive the top rating from at least one of the respondents, and the mean rating was similar across items. Table 4.1 displays the range, mean and standard deviation of each response in order of its collective rating.

-	outh survey in order of its collective rating of importance	M		M	— — — —
	m			Mean	
1.	Have limited access to mentors, advocates, or counselors to help them navigate to get back on track	1	10	6.5	41
2.	Have limited exposure to career opportunities through work experiences, internships, apprenticeships, and other work-based activities	2	10	7.1	32
3.	Are far more likely to be placed in the juvenile justice system, despite the level of infraction	1	10	6.7	30
4.	Lack sufficient options for school recovery or re-engagement programs	1	10	6.1	27
5.	Who have been remanded to the juvenile justice system receive limited exposure to education or training that prepare them for successful community re-entry	1	10	6.3	26
6.	Have limited access to high quality GED preparation or alternative education programs that lead to secondary or postsecondary credentials	1	10	6.0	24
7.	Often experience unfair hiring practices when seeking employment	1	10	5.7	21
8.	Who are young fathers are often not targeted for teen parent development and training programs	1	10	4.8	19
9.	Are less likely to have access to online or other community resources to assist with housing, transportation, health, child support, or other issues	1	10	5.0	15

Note: N=Number, Min=Minimum, Max=Maximum, Top 3=Number of participants who placed item among their top 3 concerns.

Accessibility of Data to Policy Makers

Table 4.2 provides contextual statements that represent the participants' responses to openended questions based on the issues they ranked the highest. These responses capture the participants' impressions of the accessibility of data related to issues for out of school boys of color. Their responses ranged in perspectives, from statements that data was readily available to statements that called for more data to be more organized and accessible.

Table 4.2: How accessible is OUT of SCHOOL YOUTH data to policy makers?

Contextual responses

- 1. Not all the services collaborate or share data.^a
- 2. Fairly available. What is not easily available is disaggregated data that would show intersections with dependent and delinquent care systems, parenting statistics, homelessness, etc... in order to design appropriate wrap-around supports or intentionally design educational options to meet very specific needs.
- 3. I'm sure that this data can be accessed through courts or other public record^c
- 4. I don't believe data is sorted by race and gender.^b
- 5. Fed./State funded programs collect demographic data for participants. However mandated review/oversight is not required. For example, the state of California has very clear guidelines for diversity and goals for apprenticeship. Lack of enforcement is not reported or analyzed by policymakers. Conflicting policies such as Proposition 209- anti-affirmative action legislation-- suppresses political will when it comes to race-base goals and guidelines.^b
- 6. It is available but folks choose not to access it; adult unemployment takes precedent and not enough policy makers are focused on incredibly high unemployment for men of color- both youth and adult!^b

^aHave limited access to mentors, advocates, or counselors to help them navigate to get back on track ^bHave limited exposure to career opportunities through work experiences, internships, apprenticeships, and other work-based activities

^cAre far more likely to be placed in the juvenile justice system, despite the level of infraction

Key Organizations

This Table 4.3 presents a list of organizations engaged in work focusing on out of school boys of color, as identified by the participants. Over 20 organizations were reported to serve school-aged boys who are currently out of school.

Table 4.3: What are the key organizations involved with out of school youth work?

Baltimore City Schools; Children's Defense Fund - Southern Regional Office; Committee Against Segregation of Temp Employees (CASTE); Court Support Services Division; Healthy Fathering Collaborative; The Center for Fatherhood and Family Dynamics; Ohio Practitioners Network for Fathers and Families (OPNFF); Preventing Premature Fatherhood; NLC summit in Denver on Black Males; Sin Fronteras; Project YES; Project Uplift; Puget Douns Educational Service; School Board and CBOs; The LA Black Worker Center; The integrated Justice Alliance; Family League of Baltimore City; Disproportionate Minority Contact (DMC) Reduction Initiative; YouthBuild USA Corps Network ; California Association for Local Conservation Corps

Obstacles to Policy Change

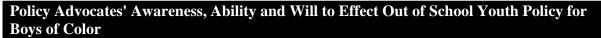
This Table 4.4 offers sample statements that represent the participants' responses to the openended question "What are the obstacles to out of school youth policy change?" Participants identified a number of issues, such as lack of leadership, costs/funding, lack of awareness, and racism.

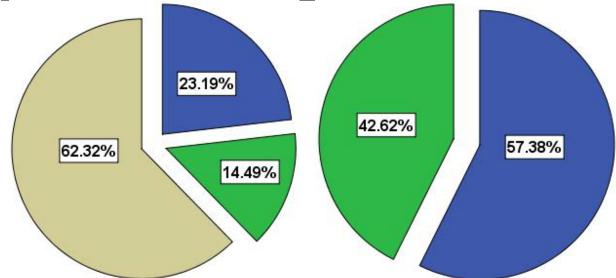
Table 4.4: What are the obstacles to out of school youth policy change?

- 1. There is a lack of understanding of how many of our teens are living, i.e. Households, housing, health, cultural differences, and inadequate parenting skills.^a
- 2. Lack of resources^a
- 3. Lack of community involvement and no pressure being placed on policyholders
- 4. Institutional racism, denial, capacity to affect change^a
- 5. High unemployment rate for adults. The needs of young people get pushed to the side^b
- 6. Suburban/rural communities often associated truancy/high school dropout rate with the inner city; however, it is a growing challenge throughout York County. In addition, poverty is equally distributed throughout the county and is not solely an inner city issue. School districts such as York suburban and red lion have a growing number of students who are eligible for free/reduced lunch based upon household income.^b
- 7. People's unwillingness to recognize how the inequities of the zero tolerance policy affects youth of color along with a reluctance to change zero tolerance policies which were developed to resolve specific issues.^c
- 8. More money to be made for the prison industrial complex when boys of color are tracked to the prison system.^c
- 9. Lack of people able to take the lead.^a
- 10. Lack of funding, buy-in from both sides of the political fence.
- 11. Lack of awareness, limited funding, no value given to youth leadership^a
- 12. Creating the sense of value and urgency in the youth, getting them to ""buy in"" to investing time, also the lack of community between agencies can hinder progress.^a
- 13. Community lack of awareness
- 14. Commitment to involvement of municipal and state legislative representation as partners. Broader leadership supports. An action plan on reforms of the juvenile detention system committed to by state leaders. Funding for prevention and intervention resources to reduce juvenile arrests, and to support community-based programs for diversion and youth development.^c
- 15. Baltimore city is willing and eager to provide opportunities; funding limitations reduce the level of opportunities for young men of color.^b
- 16. A general attitude of holding these young men ""responsible"" for their acts, whern a vast majority of the young men affected are low-income, low skilled and undereducated. Which inhibits their ability to ""respond"" appropriately to their predicament
- 17. A gap in leadership development for power-building and social change for black men; courage; political will and commitment; framing of black men/work ethic; lack of organization community organizations.^b

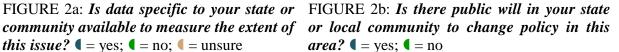
^aHave limited access to mentors, advocates, or counselors to help them navigate to get back on track ^bHave limited exposure to career opportunities through work experiences, internships, apprenticeships, and other work-based activities

^cAre far more likely to be placed in the juvenile justice system, despite the level of infraction





this issue? $\P = yes; \P = no; \P = unsure$



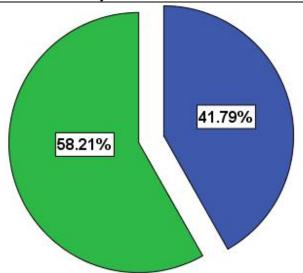
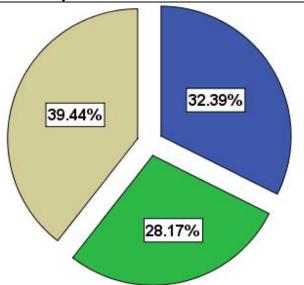


FIGURE 2c: Are you aware of policy FIGURE 2d: Are you aware of any efforts to discussions happening at the local or state *level to address this issue?* $\P = yes; \P = no.$



increase awareness and promote changing policy on this issue? \P = yes; \P = no; \P = unsure

The following is a list of the policy advocates' awareness, ability and will to affect policy for boys of color for the top three rated out of school needs for boys of color.

- Limited access to mentors
 - Is data specific to your state or community available to measure the extent of this issue? (Yes - 0%; No - 11.1%; Unsure – 88.9%)
 - Is there public will in your state or local community to change policy in this area? (Yes – 66.7%; No – 33.3%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes – 27.8%; No – 72.2%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes 23.5%; No 29.4%; Unsure 47.1%)
- Limited exposure to career opportunities
 - Is data specific to your state or community available to measure the extent of this issue? (Yes – 28.6%; No - 14.3%; Unsure – 57.1%)
 - Is there public will in your state or local community to change policy in this area? (Yes – 84.6%; No – 15.4%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes – 35.7%; No – 64.3%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes – 21.4%; No – 35.7%; Unsure – 42.9%)
- Far more likely to be place in juvenile justice system
 - Is data specific to your state or community available to measure the extent of this issue? (Yes – 62.5%; No - 0%; Unsure – 37.5%)
 - Is there public will in your state or local community to change policy in this area? (Yes – 44.4%; No – 55.6%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes – 37.5%; No – 62.5%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes 33.3%; No 22.2%; Unsure 44.4%)

High School Boys of Color Survey

Participant Demographic

Participants who took the High School Boys of Color survey were mostly male, with 51.7 percent of the respondents being male and 48.3 percent being female. Sixty-eight point nine percent of the participants work in non-profit agencies, while 27.7 percent work for the government. Those in business and industry represented just 1.7 percent of our sample, and participants working in for-profit agencies were 1.7 percent. The primary field of the respondents was education, at 36.1 percent, closely followed by youth development at 28.6 percent. Those who worked in community service/advocacy jobs represented 8.4 percent of the sample. Participants in workforce development represented 13.4 percent, and people working in research/policy represented 2.5 percent. Those working in law/juvenile justice and

health were only 3.4 percent and 1.7 percent, respectively. Participants in other fields came in at 5.9 percent. The majority of the participants held positions in administration (42.5 percent), followed by direct services (31.7 percent), advocacy (8.3 percent), research (2.5 percent), and other (15 percent).

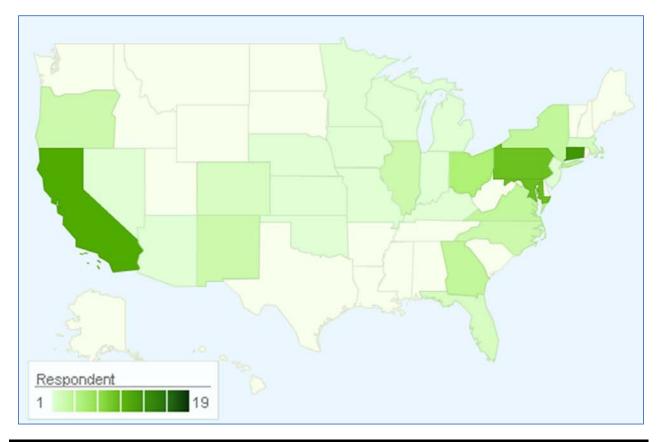


Figure 3: Intensity map representing the number of respondents of the high school survey by state. Participants from 29 U.S. states and the District of Columbia took the high school survey, with the largest number of respondents in Washington, DC, Connecticut, California, Pennsylvania, and Maryland.

State and Local Needs

Participants were asked to rank a series of statements according to their importance in their state or local community, 1 being least important and 10 being most important. The survey only allowed one item to be ranked 10, one to be ranked, 9, etc. For participants who took the High School Survey, "Exhibit many early warning signs of high school dropout, yet fail to receive the services needed to keep them connected to school," was the top rated response. Notably, all items receive the top rating from at least one of the respondents, and the mean rating was similar across items. Table 5.1 displays the range, mean and standard deviation of each response in order of its collective rating.

su	survey in order of its collective rating of importance						
Ite	m	Min	Max	Mean	Top 3		
1.	Exhibit many early warning signs of high school dropout, yet fail to receive the services needed to keep them connected to school	1	10	7.2	37		
2.	Have the highest rates of suspension and expulsion from school	2	10	6.7	30		
3.	Are far more likely to be placed in special education, particularly in categories such as "developmentally delayed" and "emotionally disturbed"	1	10	5.8	29		
4.	Have limited exposure to opportunities to develop employment skills	1	10	6.3	26		
5.	Often encounter teachers who lack cultural competence to educate them effectively	1	10	6.1	26		
6.	Face more punitive punishments for school infractions, often resulting in placement in the juvenile justice system	1	10	5.9	19		
7.	Who have been remanded to the juvenile justice system receive less rigorous education and return to school even more behind	1	10	5.8	19		
8.	Are less likely to have experienced, qualified teachers in their classrooms	1	10	5.5	16		
9.	Lack sufficient age-appropriate out-of-school time programming opportunities	1	10	5.4	15		
10.	Are much less likely to be enrolled in gifted and talented classes in school	1	10	3.7	6		

Table 5.1: Number, range, mean and standard deviation of items on the High School

Note: N=Number, Min=Minimum, Max=Maximum, Top 3=Number of participants who placed item among their top 3 concerns.

Accessibility of Data to Policy Makers

Table 5.2 provides contextual statements that represent the participants' responses to openended questions based on the issues they ranked the highest. These responses capture the participants' impressions of the accessibility of data related to high school boys of color. Their responses ranged in perspectives, from statements that data was very accessible to statements that called for more data highlighting achievement.

Table 5.2: How accessible is HIGH SCHOOL data to policy makers?

Contextual responses

- 1. Very difficult for the average person to get. Certain advocates could get access.^a
- 2. Very accessible. We have several advocacy groups focused on this issue and are actively engaging key decision makers in the process.
- 3. The data is unreliable^b
- 4. Partial data is available to show that Southeast Asian American (Laotian, Hmong, Cambodian, Vietnamese) students are not achieving HS and college degrees at the rate of the general population in the Census data. Yet, in federal data, these newer American community groups are lumped into the broader "Asian" category, which portrays that Asian students are excelling. ^a
- 5. There needs to be more accessible data from the Department of Education on the achievement data of students from diverse ethnic backgrounds. Without this information, whole communities of students, and in many of these cases, young boys, are going without the needed resources to succeed.^a
- 6. Not very accessible. Usually attainable through private services.^a
- 7. It is not easy to dig through all of the state-wide data on the website, but it is there. Each school district also has this data on their websites, but it is usually not clearly linked. To find it, I had to click multiple links. It seems to be hidden.^b
- 8. I believe data is more accessible to decision-makers and advocates, the issue is that there are not enough advocates and the ones unaware are parents and the young men themselves.^b

^aExhibit many early warning signs of high school dropout, yet fail to receive the services needed to keep them connected to school

^bHave the highest rates of suspension and expulsion from school

^cAre far more likely to be placed in special education, particularly in categories such as "developmentally delayed" and "emotionally disturbed"

Key Organizations

Table 5.3 presents a list of organizations working on issues relevant for high school boys of color, as identified by the participants. Over 25 organizations were reported to serve high school boys of color.

Table 5.3: What are the key organizations involved with high schools?

Criminal justice advisory board; ACLU; Workforce Development Boards Commission on Youth; Wicomico County School System; W. Haywood Burns Institute Youth Law Center; Youth Justice Coalition Community Coalition; Children's Defense Fund ; School Board of Broward County; Philadelphia Education Fund; Philadelphia Youth Network; United Way of Southeastern PA; Our Piece of the Pie Inc.; CONNCAN Capital Workforce Partners; Open Society Foundation; Congressional Black Caucus Foundation; Office of the Superintendent of Public Instruction Educational Service Districts; OSPI; PTA; School districts; Men and Boys of Color Work- Mitchell Kapor Foundation; East Oakland Youth Development Center; Many Languages One Voice; CT Juvenile Justice Alliance; City of Portland Office of Equity ; BLU Educational Foundation; Congregations Organized for Prophetic Engagement; Westside Action Group; Concerned African American Parents Alliance.; Advocates for Children's Service-Legal Aid of NC

Obstacles to Policy Change

Table 5.4 offers sample statements that represent the participants' responses to the openended question "What are the obstacles to high school policy change?" Participants identified a number of issues, such as lack of understanding, parent demands, dated approaches to education, and lack of leadership.

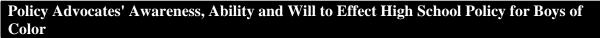
Table 5.4: What are the obstacles to high school policy change?

- 1. Lack of understanding and/or awareness; lack of availability of appropriate alternative services or supports^b
- 2. Authoritative figures in school, how to manage school settings appropriately. There must be consequences for youth disobedience, but why do they have to go so far?
- 3. The main obstacles that hinder a policy change is the demand from parents of the youth.^a
- 4. The main obstacle is the public stigma attached to offenders, i.e., not being worthy of support. There is not as much empathy extended to offenders as other vulnerable sub-groups.
- 5. Some will say that it's to racially charged, and that this is not the problem. I believe that if the person who teaches the class understands the student population, communication can be enhanced, thus getting more productivity. In addition, (culturally speaking) this population needs to learn more about themselves, in that, they need African history courses, along with contemporary issues, taught in a way that's interesting to them. State officials, however, would not allow this to take place, which ends up being the obstacle.
- 6. School administration, unions, teachers and parents who are trying to solve 21st century problems with 1960's thinking.^a
- 7. Poor quality education, lack of parent engagement in education, general attitude about the population^b
- 8. Policy makers and collaterals refusing to face reality and deal with the realistic matters at hand. Not enough parent, community, school board advocates^b
- 9. Not enough of the general public is aware of this issue, policymakers are either unaware also, or do not wish to extend political capitol to challenge the status quo.
- 10. Not enough community organizing, need for data to be easily accessible, needs to be linked to college and career ready policies^b
- 11. No one provides data to try and get funds. The people from the school system who need to sit on the committees aren't available.
- 12. Lack of leadership to take the issue on. Training for teachers in low-income schools to effectively deal with discipline and classroom management.
- 13. Lack of available and consistent data on diverse communities. Lack of political will to make changes to these policies. Ignorance of the diversity that makes up our communities.^a
- 14. I think there is a deep, unconscious fear of black men in this society, which makes it very difficult to get sustained support for programs that will truly help them. To the idea promoted by many charter school folks, for example, that the circumstances people find themselves in have no bearing on their school success (i.e., that schools can cure inequality), which is false and discouraging to young people who know in their bones that deep economic and social injustice is a major barrier to success.
- 15. Budget issues and current closure of schools^b
- 16. An unwillingness to hold parents accountable for their children between the ages of birth and 18 yrs. Of age. An unwillingness to acknowledge prejudice in the job-markets, and colleges.

^aExhibit many early warning signs of high school dropout, yet fail to receive the services needed to keep them connected to school

^bHave the highest rates of suspension and expulsion from school

^cAre far more likely to be placed in special education, particularly in categories such as "developmentally delayed" and "emotionally disturbed"



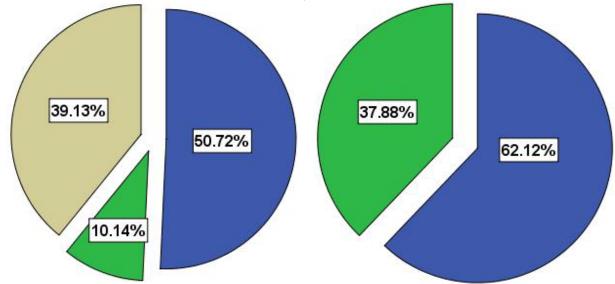


FIGURE 3a: Is data specific to your state or FIGURE 3b: Is there public will in your state community available to measure the extent of this issue? $\P = yes; \P = no; \P = unsure$ FIGURE 3b: Is there public will in your state or local community to change policy in this area? $\P = yes; \P = no$

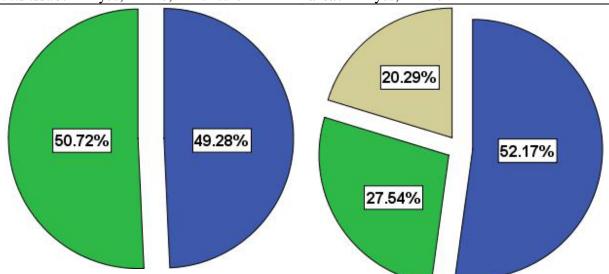


FIGURE 3c: Are you aware of policy discussions happening at the local or state level to address this issue? $\P = yes; \P = no.$

FIGURE 3d: Are you aware of any efforts to increase awareness and promote changing policy on this issue? \P = yes; \P = no; \P = unsure

The following is a list of the policy advocates' awareness, ability and will to affect policy for boys of color for the top three rated needs for high school boys of color.

- Exhibit many early warning signs
 - Is data specific to your state or community available to measure the extent of this issue? (Yes – 64.3%; No - 0%; Unsure – 35.7%)
 - $\circ~$ Is there public will in your state or local community to change policy in this area? (Yes 100%; No 0%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes – 57.1%; No – 42.9%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes – 64.3%; No – 7.1%; Unsure – 28.6%)
- Have the highest rates of suspension and expulsion
 - Is data specific to your state or community available to measure the extent of this issue? (Yes – 62.5%; No - 18.8%; Unsure – 18.8%)
 - Is there public will in your state or local community to change policy in this area? (Yes – 60%; No – 40%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes – 50%; No – 50%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes – 56.3%; No – 25%; Unsure – 18.8%)
- Are far more likely to be placed in special education
 - Is data specific to your state or community available to measure the extent of this issue? (Yes – 100; No - 0%; Unsure - 0%)
 - Is there public will in your state or local community to change policy in this area? (Yes – 50%; No – 50%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes – 50%; No – 50%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes – 25%; No – 75%; Unsure – 0%)

Middle School Boys of Color Survey

Participant Demographic

Participants who took the Middle School Boys of Color survey were mostly female, with 54.2 percent of the respondents being female and 45.8 percent being male. Seventy-two point nine percent of the participants work in non-profit agencies, while 21.5 percent work for the government. Those in business and industry represented just 2.8 percent of our sample, and participants working in for-profit agencies were 2.8 percent. The primary field of the respondents was education, at 40.4 percent. Those who worked in community service/advocacy jobs represented 26.9 percent of the sample. Participants in workforce development represented 2.8 percent, and people working in research/policy represented 2.5 percent. Those working in law/juvenile justice and health were only 5.8 percent and 6.7

percent, respectively. Participants in other fields came in at 20.2 percent. The majority of the participants held positions in administration (34.9 percent), followed by direct services (21.7 percent), advocacy (7.5 percent), research (3.8 percent), and other (16 percent).

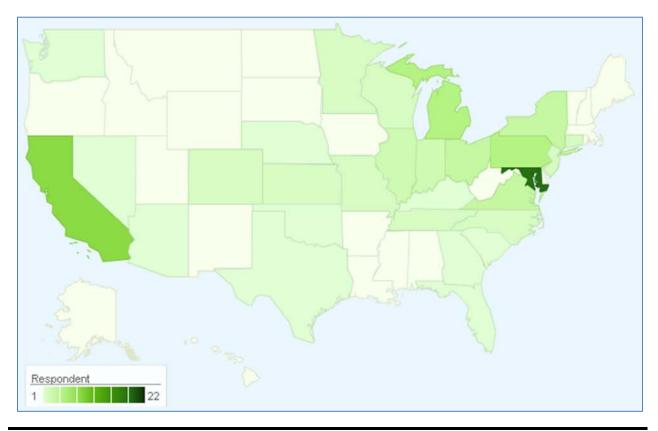


Figure 4: Intensity map representing the number of respondents of the middle school survey by state. Participants from 29 U.S. states and the District of Columbia took the middle school survey, with the largest number of respondents in Maryland, Washington, DC, California, Pennsylvania, and Michigan.

State and Local Needs

Participants were asked to rank a series of statements according to their importance in their state or local community, 1 being least important and 10 being most important. The survey only allowed one item to be ranked 10, one to be ranked, 9, etc. For participants who took the Middle School Survey, "Have the highest rates of suspension and expulsion from school," was the top rated response. Notably, all items receive the top rating from at least one of the respondents, and the mean rating was similar across items. Table 6.1 displays the range, mean and standard deviation of each response in order of its collective rating.

survey in order of its collective rating of importance						
Middle School		Min	Max	Mean	Top 3	
1. Have the highest rates of suspension and expulsion	from school.	1	10	7.0	31	
2. Face more punitive punishments for school infraction	ons, often	1	10	6.8	25	
resulting in placement in the juvenile justice system	1					
3. Exhibit many early warning signs of high school dr	opout, yet fail	1	10	6.2	26	
to receive the services needed to keep them connec	ted to school					
4. Are far more likely to be placed in special education	n, particularly	1	10	5.5	26	
in categories such as "developmentally delayed" an	ıd					
"emotionally disturbed"						
5. Lack sufficient age-appropriate out-of-school time	programming	1	10	5.7	15	
opportunities						
6. Who have been remanded to the juvenile justice sy		1	10	5.7	15	
less rigorous education and return to school even m						
7. Have limited exposure to opportunities to develop	employment	1	10	5.5	14	
skills						
8. Often encounter teachers who lack cultural compet	ence to	1	10	5.1	10	
educate them effectively						
9. Are less likely to have experienced, qualified teach	ers in their	1	10	4.7	9	
classrooms						
10. Are much less likely to be enrolled in gifted and ta	ented classes	1	10	4.9	7	
in school						

Table 6.1: Number, range, mean and standard deviation of items on the Middle School

Note: N=Number, Min=Minimum, Max=Maximum, Top 3=Number of participants who placed item among their top 3 concerns.

Accessibility of Data to Policy Makers

Table 6.2 provides contextual statements that represent the participants' responses to openended questions based on the issues they ranked the highest. These responses capture the participants' impressions of the accessibility of data related to middle school boys of color. Their responses tended to suggest that data was readily available and accessible.

Table 6.2 How accessible is MIDDLE SCHOOL data to policy makers?

Contextual responses

- 1. Very accessible based on data gathered for in-service training needs.
- 2. The data is available via web, however, in Wisconsin, the referral process is not uniform. RTI will help as long as schools comply.
- 3. It is quite accessible, but they do not always try to access it.^c
- 4. It is available if we demand it. This type of information should NOT have to be sanctioned. The urgency of the issue should strike the school systems to be making an outreach!
- 5. It is available but the accuracy of the data is questionable.^b
- 6. I am sure that it is always available throughout Gifted and Talented Department. As long as it does not crop the FERPA guidelines on confidentiality.

^aHave the highest rates of suspension and expulsion from school.

^bFace more punitive punishments for school infractions, often resulting in placement in the juvenile justice system

^cExhibit many early warning signs of high school dropout, yet fail to receive the services needed to keep them connected to school

Key Organizations

Table 6.3 presents a list of organizations engaged in work around issues for middle school boys of color, as identified by the participants. Over 20 organizations were reported to serve boys of color in middle schools.

Table 6.3: What are the key organizations involved with middle schools?

Detroit area community; Religious advocacy groups; Upstream Investments; The Urban League of Greater Madison; Centro Hispano; The NAACP; The Ann Arbor Chapter of The Links Inc; EdTrust; WestEd; STAND for Children; Northside Achievement Zone; Mayor's office; MCPS Board of Education; Educational Advocates; EPLC State Black Caucus; Consortium of Concerned Organizations CC); Community activists and local officials; Michigan's Children; Black Family Development; National Youth Law Center; CT Juvenile Justice Alliance; The Office of the Juvenile Defender-A part of the Office of the Public Defender

Obstacles to Policy Change

Table 6.4 offers sample statements that represent the participants' responses to the openended question "What are the obstacles to middle school policy change?" Participants identified a number of issues, such as teachers unions, biased beliefs about boys of color, lack of awareness, and minimal community support.

Table 6.4: What are the obstacles to middle school policy change?

- 1. Many in Michigan see Detroit's problems as isolated and racially unique and as a result deny the social, political, environmental, economic, educational system impact over generations.^b
- 2. Willingness for all the stakeholders (clergy, law enforcement, parents/family members, educators, community leaders, etc.) to work for the necessary change. Also, poor African American (not all) must change victim mentally and some European American (White people) have to admit that they have white privilege. All parties have to address the systemic racism without blaming.^c
- 3. There are two major issues. First, there is a fear amongst schools to look at the data and be brutally honest with the results and implications, particular that disciplinary practices may be exclusionary and based in racial undertones. Second, there is an unwillingness for teacher to really reflect on their beliefs about boys of color and how those beliefs influence discipline and instruction.^a
- 4. The unions which support bad teachers and low expectations of black students and policymakers that feel an obligation to the adults in the room and not the children in the classroom.
- 5. The policy holders that lack education in the Educational Field. Many think they understand the day to day issues involved in raising and educating male youth of color, Unfortunately, every male is an individual with a multitude and variety of needs.
- 6. The only obstacle is the idea that it takes more than having school staff trained to work with youth who show signs of having difficulty in school before it presents.^c
- 7. The issue has not hit white, affluent children in the same way and with the same deleterious effects.^c
- 8. The excuse used to maintain the devastating status quo is that schools don't have enough resources (counselors, social workers, extremely high student:teacher ratios) to work with 'problem' kids.^b
- 9. Small marginalized population; lack of representation in state legislature to represent issues; lack of will to address issues and lack of funding that can be directed to address the issues^c
- 10. Political will in face of the issue of the meaning of equitable distribution of educational resources.
- 11. Not enough community interest/support in my opinion to change the issue.
- 12. Money and political power isn't behind the victim on this issue.
- 13. Many non-minorities don't believe there is an issue or that boys of color are at fault.^a
- 14. Lack of focused public policy and allocated resources to support same.^b
- 15. Lack of awareness & an unwillingness to address this issue, especially by the leaders within the sports club which I am a part of.^b
- 16. I believe there has been a collective effort on the part of the State of Maryland to mask the issue of educating Black Boys with propaganda recognizing national standings. The national standings doesn't recognize the failures of a state to provide a quality education for cohorts of groups who continue to lack in academic areas.
- 17. I am not sure how this could change.^c
- 18. A coordinated lack of will to address the issue and the excuse of no available resources.

Have the highest rates of suspension and expulsion from school.

^bFace more punitive punishments for school infractions, often resulting in placement in the juvenile justice system

^cExhibit many early warning signs of high school dropout, yet fail to receive the services needed to keep them connected to school

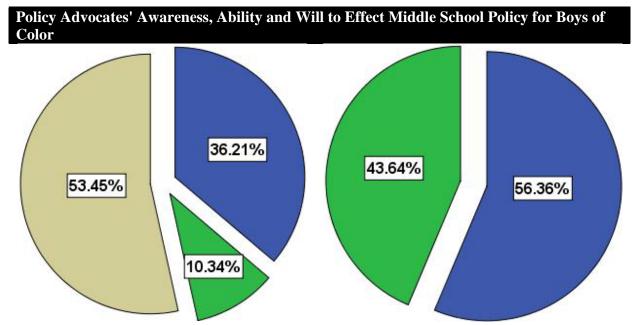


FIGURE 4a: Is data specific to your state or FIGURE 4b: Is there public will in your state community available to measure the extent of or local community to change policy in this *this issue?* $\P = yes; \P = no; \P = unsure$ *area?* $\P = yes; \P = no$

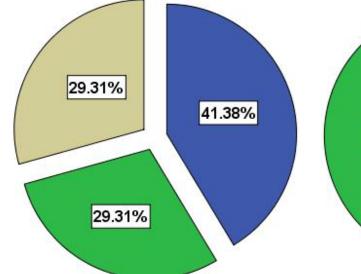
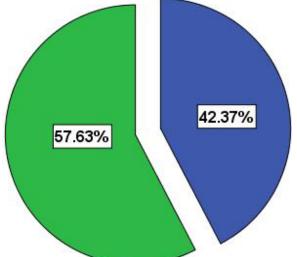


FIGURE 4c: Are you aware of policy FIGURE 4d: Are you aware of any efforts to discussions happening at the local or state *level to address this issue?* • = yes; • = no.



increase awareness and promote changing policy on this issue? \P = yes; \P = no; \P = unsure

The following is a list of the policy advocates' awareness, ability and will to affect policy for boys of color for the top three rated needs for middle school boys of color.

- Have the highest rates of suspension and expulsion
 - Is data specific to your state or community available to measure the extent of this issue? (Yes – 77.8%; No - 0%; Unsure – 22.2%)
 - Is there public will in your state or local community to change policy in this area? (Yes – 44.4%; No – 55.6%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes 55.6%; No 44.4%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes – 55.6%; No – 11.1%; Unsure – 33.3%)
- Face more punitive punishments for school infractions
 - Is data specific to your state or community available to measure the extent of this issue? (Yes - 40%; No - 10%; Unsure - 50%)
 - Is there public will in your state or local community to change policy in this area? (Yes – 44.4%; No – 55.6%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes – 30%; No – 70%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes – 40%; No – 30%; Unsure – 30%)
- Exhibit many warning signs of high school drop out
 - Is data specific to your state or community available to measure the extent of this issue? (Yes – 16.7%; No – 8.3%; Unsure - 75%)
 - Is there public will in your state or local community to change policy in this area? (Yes – 54.5%; No – 45.5%)
 - Are you aware of policy discussions happening at the local or state level to address this issue? (Yes 33.3%; No 66.7%)
 - Are you aware of any efforts to increase awareness and promote changing policy on this issue? (Yes 33.3%; No 33.3%; Unsure 33.3%)

Summary and Conclusions

Boys and Men of Color Health Survey

In a survey of 137 participants, 59.1% identified themselves as females. A large majority worked for non-profit agencies in education and health fields as administrators. They ranked the top three issues affecting the health of boys and men of color as "often experience exposure to violence within their communities," "lack appropriate access to health care service," and "have inadequate health care coverage." Based on these three issues, and another seven issues from which they could choose, they appeared to be mostly unsure or positive that there was data specific to their states/communities to measure the extent of this issue. They declared, by a relatively slim margin, that there was public will in their states/communities to change policy

on the defined issues. A little more than half of the participants were not aware of policy discussions addressing the issues, but that same percentage was aware of efforts to change policy on the issues. They reported that some of the obstacles hindering policy change include racism, lack of resources, and lack of awareness. They suggested that support should come in the form of research, funding, and advocacy efforts.

Out of School Boys of Color Survey

In a survey of 131 participants, 54.2% identified themselves as males. A large majority worked for non-profit agencies in work force and youth development fields as administrators. They ranked the top three issues affecting out of school of boys of color as "have limited exposure to career opportunities through work experiences, internships, apprenticeships, and other work-based activities," "are far more likely to be placed in the juvenile justice system, despite the level of infraction," and "have limited access to mentors, advocates, or counselors to help them navigate to get back on track." Based on these three issues, and another seven issues from which they could choose, they appeared to be largely unsure if there was data specific to their states/communities to measure the extent of this issue. Over 57% declared that there was public will in their states/communities to change policy on the defined issues. Approximately 58.6% of the participants were not aware of policy discussions addressing the issues, and around 40.5% were unsure of efforts to change policy on the issues. They reported that some of the obstacles hindering policy change include lack of awareness, lack of financial resources, and few leaders and mentors. They suggested that support should come in the form of funding, awareness campaigns, and business engagement.

High School Boys of Color Survey

In a survey of 128 participants, 51.6% identified themselves as males. A large majority worked for non-profit agencies in education and youth development fields as administrators and in direct services (teachers, health care workers). They ranked the top three issues affecting out of school of boys of color as "exhibit many early warning signs of high school dropout, yet fail to receive the services needed to keep them connected to school," "have the highest rates of suspension and expulsion from school," and "have limited exposure to opportunities to develop employment skills." Based on these three issues, and another seven issues from which they could choose, half agreed that there was data specific to their states/communities to measure the extent of this issue. Over 63.8% declared that there was public will in their states/communities to change policy on the defined issues. Exactly half of the participants were aware of policy discussions addressing the issues, and around 54.2% were aware of efforts to change policy on the issues. They reported that some of the obstacles hindering policy change include money, political will, and few leaders. They suggested that support should come in the form of professional development/education, funding, and community engagement.

Middle School Boys of Color Survey

In a survey of 116 participants, 54.4% identified themselves as females. A large majority worked for non-profit agencies in education and advocacy fields as administrators. They ranked the top three issues affecting middle school of boys of color as "have the highest rates of suspension and expulsion from school," "face more punitive punishments for school infractions, often resulting in placement in the juvenile justice system," and "Exhibit many early warning signs of high school dropout, yet fail to receive the services needed to keep them connected to school." Based on these three issues, and another seven issues from which they could choose, they appeared to be mostly unsure if there was data specific to their states/communities to measure the extent of this issue. They declared, by a relatively slim margin, that there was public will in their states/communities to change policy on the defined issues. A little more than half of the participants were not aware of policy discussions addressing the issues, but around 42% were aware of efforts to change policy on the issues. They reported that some of the obstacles hindering policy change include lack of parental involvement, lack of political will, and racial politics. They suggested that support should come in the form of funding, teacher training, and community mobilization efforts.

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Appendix 1: Transcript of Telephone Interviews

The following are reports from telephone interviews with key stakeholders to obtain additional information about the needs of selected subgroups to supplement survey data.

Jerry Tello – Native American and Latino Boys

What are the issues that affect the health of Latino and Native America boys and men?

All issues affect the health. Social issues, issues of poverty, issues of discrimination and racism, general racial issues of genocide, disproportionate incarceration rates, lack of resources and funding, neighborhoods that are high stress and trauma induced, lack of treatment resources for mental health and addiction issues, policies that prevent the true treatment of men and boys, and disproportionate views of them as perpetrators and violators. All of this has affected the health, and it has pushed out healthy men out of the communities and neighborhoods. When we push the healthy men out, we are left with wounded and broken men, and the young boys begin looking at them thinking that's who they are. We tell the healthy men to leave the barrio or the reservation. These things affect the emotional and physical well being, because when your spirit knows that something is wrong, you seek help and they tell you that you are wrong. Then, that get's you angry. I deal with a lot of angry boys and men. It is fermented frustration. Also, the prison system is ill, and we need to do some training in those institutions.

All of the stress goes into the physiological system. We get imbalance, leading to stress related disorders, heart disease and diabetes. When people are not welcomed into programs, people will self-medicate, which may lead to addictive problems. There is a lack of programming that connects to the real need of these demographics. Society does not understand the Latino trauma; it's a Black and White paradigm. The legacy of fear around being deported has never been understood. We have our own healing mechanisms that we use, and many people are not aware of them. People don't understand how we heal. Moving from trauma informed to healing informed work.

Which organizations are leading the work around these issues?

- National Compadres Network healing circles, evidenced-based curriculum, policy information, National Latino Fatherhood Institute
- Joven Noble young men's rights of passage program
- National Men and Boys of Color Institute Healing Generations Project (tapping into the knowledge of elders; asking fathers to stand up; asking youth to show up); We are calling elders from all cultures together to dialogue and build community peace, recognizing that we all need to contribute to peace.

What obstacles hinder policy change on these issues?

When you frame things according to a Western philosophy and tell us to fit in. When you look at things from a Black and White paradigm, we do not fit in. There is a different kind of trauma experienced by Black men and Latino men and Native American men. If the programs we use don't tell the whole story, they do not serve us. You have a tree with flowers, branches, trunk, and roots. Western society deals with the flowers. Culturally informed practices begin with the root, and then tend to the rest of the tree.

What type of support does your state/community need to successfully impact these issues? We need experts and leaders that can guide us and have this information. We need to fund efforts that can really change the national framework of looking at, working with, and building Latino and Native American nations. We need to change policies to fit the people we're working with. We need to reorient the instruction and healing, and the people who the services are for should define it. We need to give multi-year funding to organizations that helps them build the infrastructure to be able to do this. For RWJF specifically, if you want us to be a meeting, give us time to show up, as opposed to it being last minute. We need to re-establish community, as it relates to this work. Include the elders and wisdom keepers. Retrain systems people and build capacity (educators, juvenile justice workers, and other systems workers). Provide a training and capacity building for organizations that are serving Latino boys, so they can know how to have sustainable work that is culturally based. Multi-media efforts that reframe who Latino and Native American people are across the nation.

Sarah Audelo - GBT Boys and Men

What are the issues that affect the health of LGBT boys and men?

There are a few things: the mental health aspect, healthy relationships (dating violence), and sexual health issues. Too many of our GBT boys and men of color are not accepted into their communities. Data from the CDC showed that young, gay men of color increased rates in HIV between 2006 and 2009. Young gay Black men are most affected, seeing growth of 44%. It's because of mental health issues; instability related to housing, that young men are dealing with the higher numbers. Housing is a very important health issue, with some gay men being kicked out of their homes after coming out. They are then forced into sex work and less able to negotiate condom use. Secretary Donavan is highlighting some protective features that they are implementing to protect federally funded public housing from discriminating against GBT males. Trans youth experience these issues in a heightened way, including lack of medical

services, hormone use, and hormones on the black market. Providers and medical schools are not teaching clinicians how to be GBT competent.

Which organizations are leading the work around these issues?

- Advocates for Youth
- Gay Straight Alliance (GSA) Network
- GLSTEN
- NBGMAC National Black Gay Men's Advocacy Coalition
- National Association of State and Territorial AIDS Directors
- CDC is funding a project on schools and school policy
- AIDS Task Force of Greater Cleveland
- Hedrick Martin Institute in NY
- True Colors in Connecticut
- Brown Boi Project (NY and LA) masculine identified youth of color

What obstacles hinder policy change on these issues?

Talking about young gay men and sex is the obstacle. Congress is not talking about it. On the state level, there are a lot of attacks on LGBT issues around sex ed, especially comprehensive sex ed. The best example is the rash of young gay boys committing suicide a few years ago, and the laws have not been passed on the national level. On the state level, the laws do not specify for real or perceived sexual orientation and gender identity. There are "no promo homo" laws (a part of the public health service act), meaning that school personnel are not allowed to talk about being gay, preventing them from stepping in on bullying that centers around LGBT issues.

What type of support does your state/community need to successfully impact these issues?

- Anti-Homophobia campaign works with people of color orgs to make them LGTB friendly (more of this)
- More providers trained on being youth and orientation friendly
- o Confidential services
- More housing for homeless gay youth (Making shelters safe)
- Getting comprehensive sex education in the schools, but implemented in the way it was intended
- Real Education for Healthy Youth Act is a bill in congress they are working on (support around this)

Helly Lee, Director of Policy Southeast Asia Resource Action Center (SEARAC)– Southeast Asian Boys and Men

What are the issues that affect Southeast Asian high school boys?

Issues that affect a lot of young boys, such as developing identity, coming from refugee families. They tend to be negotiating identity. Also, poverty in the communities, drug use, and gang violence. Parents may not be able to engage in the boys' education, based on work schedule or lack of resources. The needs of Southeast Asian populations are masked in the larger Asia data. Refugee education gaps, because of missed opportunities in the classroom. They then age out.

Which organizations are leading the work around these issues?

- Hmong Women's Heritage (California)
- Stone Soup young men's circle (California)
- Vietnamese American Young Leaders Association (VAYLA) in New Orleans

What obstacles hinder policy change on these issues?

Political posturing on the hill, especially since we're in an election year. Comprehensive ideas cannot be moved during this time. The climate is not friendly toward these marginalized communities. We are often asked to soften our language - data disaggregation language to reflect Hmong, Cambodian, and Vietnamese populations. People are concerned about the costs.

What type of support does your state/community need to successfully impact these issues? Huge overhaul of education policy, revisiting what we've done with NCLB, more leadership and courage on behalf of lawmakers. Students face barriers in schools and at home, so systems need to consider them (dropping out to work and support families). Resources to help students stay engaged in the community. Immigration and criminal history resources to assist with deportation. So many systems that it may be hard to know where to begin. Rethinking the paradigm of "Black, White, Latino, Other." The "other" is so diverse, and that needs to be accounted for.