Promoting Healthy Families and Communities for Boys and Young Men of Color

Nan Marie Astone, Susan J. Popkin, Heather Sandstrom, and Lisa Dubay

February 2015

Boys and young men of color are at risk for poor health and developmental outcomes beginning at birth and persisting through childhood, adolescence, and young adulthood. As a result of household poverty and residence in segregated neighborhoods of concentrated disadvantage, they are disproportionately bombarded by environmental threats—often without the benefits of supportive systems of prevention, protection, and care. This exposure to chronic stress undermines cognitive, social-emotional, and regulatory human development as well as the immune system. The parents of boys and young men of color are similarly affected,[1] which affects boys directly in utero and interferes with their parents' abilities to promote their health and development and to protect them from harm as they mature.

There are no simple or inexpensive solutions to these challenges. But investing in promising strategies now will have long-term benefits for both the boys and young men themselves and for society as a whole. The types of strategies it will take include

- improving the social and economic resources that are available to boys and young men of color in the households and communities where they live, thus enabling their parents to use those resources in culturally specific ways to promote their health and well-being and to protect them from harm;
- eliminating major stressors in the communities where boys and young men of color live;
- preventing, identifying, and treating the consequences of trauma and chronic stress; and
- focusing solutions in all three of these areas on both boys themselves and their parents.

These solutions should be enacted through systemic and institutional reforms, community change, and family-level and individual-level interventions.

Systemic and institutional reforms include policies to buttress household economic stability, most importantly through the expansion of job opportunities. They also include expanding housing, child care, and health care subsidies and facilitating the involvement of noncustodial parents in all aspects of their children's lives, including their financial support.

Community change solutions include making sure that boys and their parents have access to community resources such as high-quality child care, libraries, and health clinics to the same extent as other families. Options include facilitating mobility to places where these resources are plentiful or enhancing the resources in the places boys and their parents currently live. Multisector efforts to foster positive developmental settings for children across the full range of environments where children spend time are one promising strategy for community change.

Family- and individual-level interventions should focus on boys and young men of every age from before birth to early adulthood. These interventions should include programs to improve birth outcomes, home visiting for parents of infants and toddlers, comprehensive early education, elementary school–based interventions, mentoring for young adolescents, and comprehensive reproductive health care (including preconception care). By targeting the entire life course (from before birth to old age), these interventions will not only serve boys of color when they are children and adolescents, but will also serve their parents and young men of color in their roles as parents of the next generation.

The Problem

Levels of racial and ethnic segregation in the United States remain stubbornly high 50 years after the Civil Rights movement. Given the high poverty rates for people of color, racial and ethnic segregation means that they are much more likely to grow up and reside in profoundly different—and much more challenging—social and physical environments than their white counterparts (LaVeist 2005; LaVeist et al. 2007). As discussed in the accompanying paper on environmental contexts of boys and young men of color, this means that poor children of color are in "double jeopardy" from both household poverty and community risk (Acevedo-Garcia et al. 2008). These communities include severely distressed central-city neighborhoods, chronically poor rural areas, and Native American reservations. The latter have some of the highest rates of poverty and distress in the nation. The extreme level of racial segregation affects all people of color, however, not just the poor. Even the most affluent African American communities, like Maryland's Prince George's County, lack the services and amenities that comparable white communities enjoy (Turner, Popkin, and Rawlings 2009). Urban Institute data show that extreme levels of segregation also characterize schools in the United States.[2]

In distressed segregated communities, residents are exposed to risks from the physical environment, such as lead in cities and pesticides in rural areas. The poor quality of buildings can exacerbate pulmonary conditions, such as asthma, and cause injury. The absence of basic amenities (e.g., grocery stores, banks, and self-service laundries) makes everyday activities difficult, time-consuming, and anxiety-ridden. High levels of violent crime and drug trafficking lead to pervasive fear and limited mobility.

Ethnic hostility and discrimination affects children before they are born. For example, in a path-breaking study, Lauderdale (2006) demonstrated that birth outcomes in California were worse for Arab mothers from October 2001 to March 2002 than they had been a year earlier, a worsening that occurred for no other racial or ethnic group. Living in a hyper-segregated city is also associated with preterm birth and low birth weight among African Americans (Osypuk and Acevedo-Garcia 2008). In immigrant families, there is often separation of parents and children that can be very traumatic for both. On Native American reservations, young people are negatively affected by "historical trauma," which is persistent stress that results from a group's collective experience of an existential trauma (Mohatt et al. 2014; Walls and Whitbeck 2012). These environmental risks add to the economic and residential instability that characterize poor households generally. Exposure to so many disparate risk factors that persist over time is called *chronic stress* (Thompson 2014).[3]

There has been an explosion of research on the physiological consequences of childhood adversity such as chronic stress in the past decade. Much is still unknown, but the outlines of a general model of how childhood adversity affects people's health and well-being has begun to emerge. Chronic stress in childhood has negative influences on the body's stress response system, specifically the hypothalamic-pituitary-adrenal (HPA) axis (Gunnar and Quevedo 2007). The HPA axis changes in turn have negative consequences for brain development (McEwen 1998, 2006, 2007, 2010). These neuroendocrine consequences of childhood adversity have been linked to a host of mental and behavioral conditions including both physical and relational aggression among preschoolers (Cullerton-Sen et al. 2008) and various mental health problems in adulthood (Heim et al. 2008). They are also linked to poor physical health, specifically to high allostatic load (Geronimus et al. 2006). The wear and tear of chronic stress on physical health is a process that is sometimes referred to as "weathering" (Astone, Ensminger, and Juon 2002; Geronimus 1994). To compound the problem, there is some evidence that people have differential levels of genetic susceptibility to the negative physiological effects of chronic stress, but some of the genetically based resilience to chronic stress requires positive environmental stimuli to in order to be activated (Mitchell et al. 2014).

An example of such a stimulus is adult caregiving that buffers the child from chronic stress. There is substantial evidence, largely from animal studies (but some from human studies), that positive adult caregiving can interrupt the negative effects of chronic stress on the HPA axis, which sets the chain of atypical brain development and weathering in motion (Aiyer et al. 2014; McCrory, De Brito, and Viding 2010). Under conditions of high ethnic segregation and concentrated poverty, however, it is difficult for adults in the community to promote children's health and well-being and to buffer children from stress. In fact, the adults with responsibility for children in these communities are often experiencing the consequences of chronic stress themselves, having been born into and raised within similar environments. Moreover, these neighborhoods often lack the institutional resources that facilitate human development across the life course such as high-quality child care, good schools, safe parks, libraries, recreational opportunities for adolescents and adults, physical and mental health care—and, of highest importance, access to economic opportunities. In communities with many undocumented immigrants, fear of interaction with authorities can interfere with accessing what resources are available.

Of course, girls and young women of color also grow up in these circumstances. As a result, they fare worse than their white counterparts. But, on average, their educational and health outcomes as they become adults are better than those of their brothers. Why?

First, boys of any race/ethnicity are more likely to have—or at least to be diagnosed with—a number of conditions such as socioemotional problems, activity limitations, ADHD, externalizing problems, and physical health challenges like asthma. Boys are more likely to be victims of crimes as youth and much more likely to experience adolescent injury and death (Federal Interagency Forum on Child and Family Statistics 2013). Therefore, across the early life course, boys and young men of color are at risk because of their race/ethnicity, their neighborhood context, **and** their gender. Published statistics often do not break tabulations down by both race/ethnicity and gender, so it is difficult to know the extent of the inequities between young men and young women of color for many of these outcomes, but there is no a priori reason to suppose they are smaller than those that characterize the entire population. For some outcomes, we have data from nationally representative surveys. These estimates show that racial and gender disparities occur very early in infancy. A larger percentage of boys of color are born preterm than girls of color, and high rates of preterm birth and low birth weight characterize infants (especially boys) of color across the socioeconomic spectrum, not just among the poor. Achievement gaps in language, reading, and mathematics between boys of color and white boys diminish by kindergarten when controlling for socioeconomic status, but African American boys continue to have lower scores than white boys on indicators of socioemotional development even after controlling for socioeconomic status and other demographic characteristics (Aratani, Wight, and Cooper 2011). There is intriguing evidence to suggest that the neuroendocrine effects of chronic stress unmitigated by protective caregiving might have **different** effects on boys and girls (Aiyer et al. 2014; Cullerton-Sen et al. 2008) owing to sex differences in brain structure and sex hormones (Kudielka and Kirschbaum 2005).

Second, because of the circumstances discussed above, it is difficult for adults in residentially segregated, high-poverty communities to create culturally specific opportunities for children and youth to collectively learn and enact the values and identity the adults want to pass on. This vacuum is easily filled by negative stereotypes that pervade the larger culture. Pernicious stereotypes about boys and young men of color—that they are badly behaved, unambitious for mainstream success, and dangerous—are widespread and are as likely to be held by adults who interact with children and youth (day care providers, teachers, scout leaders, coaches, police officers) as other people. Experiencing prejudice from the adults who are charged with fostering their development and protecting them from harm can lead to downward spirals and self-fulfilling prophesies.

Third, father absence, particularly for African American and Native American boys, the dearth of male teachers of color in elementary and high schools, and negative images of men of color in the media may be more detrimental to boys and young men of color than to their female counterparts (Banks and Oliveira 2011; DiPrete and Buchanan 2013). Hispanic and Asian boys are more likely to grow up in two-parent homes, but they also face negative media stereotypes and a paucity of men like themselves in the out-of-home environments where they spend time as children. Particularly as these young men enter adolescence, when identify formation and sexual development are in the foreground, a lack of positive

male role models may make boys and young men of color particularly vulnerable to gender role attitudes and gendered behavior that place their health (and sometimes the health of others) at risk. In one study of a largely African American sample, negative endocrine effects of exposure to violence were mitigated among boys whose fathers were highly involved; this buffering effect did not exist for girls, and mother involvement did not buffer the effect for either boys or girls (Aiyer et al. 2014). Hispanic immigrants face different issues; sometimes they live in neighborhoods that are male dominated because men have come to the United States to find work and left their families behind in their home countries. Boys in these communities experience strong norms that pull them into work early, domestic violence, and alcoholism. For many the stress from constant fear of police intervention that may lead to deportation—and further instability—is a powerful presence in their lives.

Overview of the Solutions

It is necessary to work on many fronts to improve the health and developmental outcomes for boys and young men of color from before birth to young adulthood. The first line of attack should be structural and institutional efforts to increase the human development resources where boys and young men of color live. This may be accomplished in several ways. First, we can provide tools to families of color so they can access the resources that are available to others who live in what Acevedo-Garcia and colleagues (2008) call "opportunity neighborhoods."

Second, we need to focus on reducing the sources of chronic stress and trauma in the neighborhoods of boys and young men of color. We can invest in high-poverty neighborhoods to improve the quality of services and provide the environments that help children thrive. We need to remove the environmental hazards that have the most severe consequences on childhood development.

Third, we need to reform the systems of care and settings for human development that we provide: education, recreation, social services, mental health care, and physical health care. The places where children spend time should have "features of positive developmental settings," including psychological and physical safety, consistent structure and supervision, supportive relationships with adults, opportunities for belonging, positive social norms, and opportunities to experience self-efficacy and build skills (Larson, Eccles, and Gootman 2004).

Simply providing contexts that have such features, however, is insufficient. Systems of care need to be designed to prevent, identify, and treat trauma and chronic stress directly (Bloom 2013). Other systems of care and places where young people spend time should be designed with an awareness that participants may have experienced trauma or chronic stress or both. For example, Raja and colleagues (2014) have promulgated recommendations for the provision of trauma-informed dental care.

Fourth, we need dual-generation strategies to strengthen the caregiving capacities of parents, **including noncustodial parents**. The best asset that a boy or young man can have is parents whose own developmental trajectories and resources are such that they are able to consistently and competently promote his well-being and ensure his safety. We should enhance the financial and residential stability

of the households where boys and young men of color live, support noncustodial parents in their efforts to be actively involved in their sons' lives, and provide **all** adults—not just parents—who care for boys with any social or health service that they need for their own health and development (Thompson 2014). By strengthening the families of boys and young men of color, we can then rely on these families to provide culturally specific guidance for their sons as they grow into manhood.

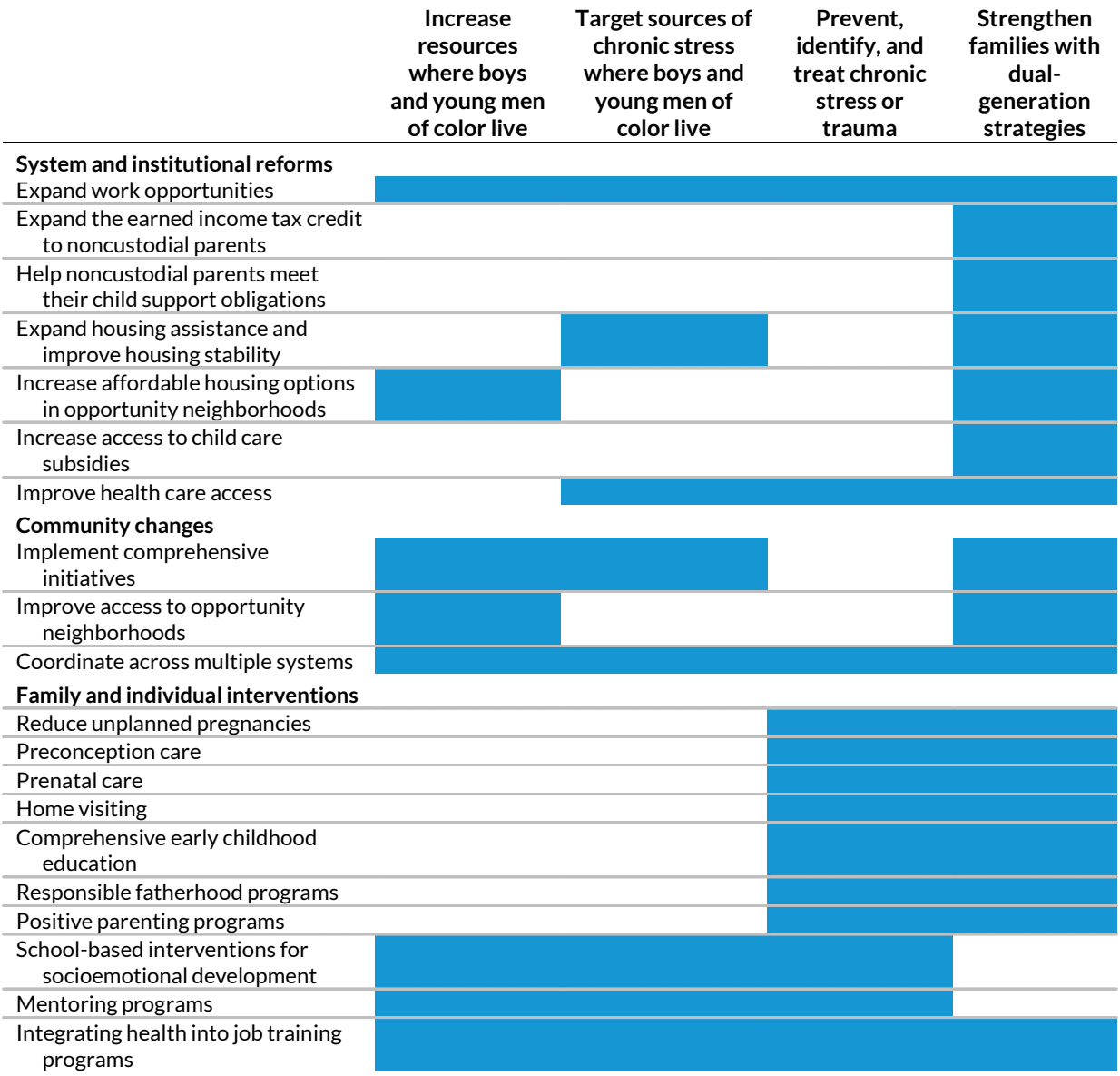
One potentially powerful approach to advancing these solutions is multisystem coordination that is organized locally and supported by philanthropic investment in institutional infrastructure. Coupled with efforts to change local, state, and federal policy, place-conscious efforts to align systems in support of vulnerable populations have demonstrated success in changing the negative characteristics of neighborhoods. In its review of 10 place-conscious, multisystem initiatives aimed at improving the life chances of boys and young men of color, PolicyLink identified broad-based approaches, such as the Young Men's Initiative in New York City, that work across different policy domains as well as specific efforts that focus on violence prevention, workforce development, and community development in other places. All these efforts are in their early stages, so it is too early to assess the overall effectiveness of specific initiatives.

PolicyLink, however, drew some key lessons for implementation of place-conscious approaches to improving environments for boys and young men of color. These include the importance of dedicated and committed leadership, adequate resources, engaging young men of color in the design and implementation of programming, and partnering with strong and effective intermediary organizations in order to create durable and sustainable institutions (PolicyLink 2014). Given the multifaceted nature of the solutions to improving the health and well-being of boys and young men of color, one promising way to advance the solutions discussed in the next section is through the lens of a place-conscious strategy. Coupled with investment in other policy change efforts, a place-conscious strategy may tackle the key determinants of the health and development of boys and young men of color.

Table 1 highlights specific solutions that can help to achieve the goal of improving the environments and the physical and emotional health of boys and young men of color. The solutions we discuss in more detail below are presented in the rows, and the mechanisms for achieving each specific solution are highlighted.

TABLE 1

Solutions for Healthy Children and Families



	Increase resources where boys and young men of color live	Target sources of chronic stress where boys and young men of color live	Prevent, identify, and treat chronic stress or trauma	Strengthen families with dual-generation strategies
System and institutional reforms				
Expand work opportunities	■	■	■	■
Expand the earned income tax credit to noncustodial parents				■
Help noncustodial parents meet their child support obligations				■
Expand housing assistance and improve housing stability		■		■
Increase affordable housing options in opportunity neighborhoods	■			■
Increase access to child care subsidies				■
Improve health care access		■	■	■
Community changes				
Implement comprehensive initiatives	■	■		■
Improve access to opportunity neighborhoods	■			■
Coordinate across multiple systems	■	■	■	■
Family and individual interventions				
Reduce unplanned pregnancies			■	■
Preconception care			■	■
Prenatal care			■	■
Home visiting			■	■
Comprehensive early childhood education			■	■
Responsible fatherhood programs			■	■
Positive parenting programs			■	■
School-based interventions for socioemotional development	■	■	■	
Mentoring programs	■	■	■	
Integrating health into job training programs	■	■	■	■

Targeted Policies, Strategies, and Interventions

System and Institutional Reforms

The most important and fundamental way to support boys and young men of color is to provide economic opportunities to their parents . Parents who are able to earn enough money to directly provide their sons with resources for development in their homes and indirectly provide resources by accessing safe developmental settings for them—child care, schools, recreational places—are key. The partner memo on expanding economic opportunity for boys and young men of color through employment and training describes strategies to increase economic opportunities. Here we discuss other policies to promote the health and development of boys and young men of color.

EXPAND THE EARNED INCOME TAX CREDIT TO NONCUSTODIAL PARENTS

Making noncustodial parents (who are mostly men) eligible for the same earned income tax credit (EITC) benefits that accrue to custodial parents would stretch their paychecks and enable them to better meet their child support obligations, which would enhance the economic stability of their children (Holt 2011). Because payment of child support increases contact between fathers and children (Argys and Peters 2001), extending the EITC would also provide the benefit of father involvement, which is an asset to children and may have a positive impact on men (Astone and Peters 2014). President Obama called for this policy change in his 2014 State of the Union address; barriers to its enactment are the usual problems with new spending in times of fiscal austerity. While this change is not targeted specifically toward young adult men of color, they will disproportionately benefit from it since they have a high probability of being in the group it does target—that is, low-wage workers who are noncustodial parents. For guidance on the possible effect of this policy change on child support and parental engagement, consider the Paycheck Plus program in New York City. In this randomized controlled trial (RCT), an EITC-like supplement is given to low-wage workers who do not live with dependent children to ascertain the effects on employment and earnings.

In addition, the EITC contains a marriage penalty, though it has been reduced recently. A single parent with two children who earns $15,000 enjoys an EITC benefit of about $4,100. The credit decreases 21.06 cents for every dollar a married couple earns above $15,040. Based on that phaseout rate, if the single parent marries someone earning $10,000, for a combined income of $25,000, their EITC benefit will drop to about $2,200. The family faces an EITC marriage tax penalty of $4,100 minus $2,200, or $1,900. No poverty-alleviation policies should differentiate recipients based on their marital status, so this disincentive should be removed.

HELP NONCUSTODIAL PARENTS MEET THEIR CHILD SUPPORT OBLIGATIONS

States should take advantage of assistance from the Office of Child Support Enforcement to broaden their efforts around collecting child support. New types of programming emphasize assisting noncustodial parents with finding work, improving the coparenting relationship between custodial and noncustodial parents, and getting fathers engaged with their children at birth. This programming was developed in order to maximize the possibility that noncustodial parents will support their children

financially, while being realistic about noncustodial parents' job prospects and their sometimes-complex relationships with their children's custodial parents. As in the case of the EITC changes, this policy is not specifically directed at boys and young men of color, it but will disproportionately benefit them. Another important change that states should adopt is to stop the accrual of arrears in child support while a parent is incarcerated (Noyes, Cancian, and Cuesta 2012). This policy only makes it more difficult for parents to gain or regain economic stability once able to work again.

Currently, mothers applying for Medicaid must attest that they will comply with child support cooperation requirements unless there is a good cause exception to cooperation. While a mother's unwillingness to cooperate will not affect her children's eligibility for Medicaid, it will make her ineligible. This barrier to coverage may mean that more mothers are left out of coverage, which could worsen their physical and mental health and undermine their ability to nurture their children. Moreover, there is little guidance on the good-cause exception, and therefore its implementation quite likely varies across the country. Since children's developmental outcomes are affected by their mother's physical and mental health, no barriers to mothers' access to care should be erected for any reason.

EXPAND HOUSING ASSISTANCE AND IMPROVE HOUSING STABILITY

Expanding federal housing assistance to serve more eligible households—or expanding the availability of affordable housing units in the private market—could improve the stability and well-being of many poor families with children, including children of color. Housing is one of the biggest expenses for families, and low-income families of color often struggle to find decent, safe, affordable housing in most cities. Workers earning the minimum wage cannot afford a standard two-bedroom apartment, where the standard for affordability is spending no more than 30 percent of income for rent (NLIHC 2014). Federal housing programs—most notably public housing and Housing Choice Vouchers (Section 8)—provide poor families with deep subsidies so that they pay only 30 percent of their income for rent. Together, these programs serve only about one in four eligible families, and waiting lists in many cities are very long (Turner and Kingsley 2008).

While federal housing programs have historically contributed to racial and ethnic segregation, housing subsidies are enormously effective in preventing homelessness, promoting stability, and getting families into better quality housing (Mills et al. 2006). Also, a small body of evidence suggests that, relative to other low-income children, children in public housing are better off in food security and health. Children's HealthWatch found that children living in subsidized housing were more likely to be food secure than children on the housing assistance wait list. They also found that food-insecure children living in subsidized housing were 52 percent less likely to be seriously underweight than food-insecure children on the wait list (Children's HealthWatch 2009). Another study found that housing subsidies were associated with improved nutrition in children from low-income families. More broadly, low-income families with affordable housing spend more of their income on food and health care (Joint Center for Housing Studies 2013). A number of smaller, "boutique" programs use federal housing assistance as a way to support families that are homeless or at high risk of homelessness. Examples include the Family Unification Program, which provides vouchers to help families who are at risk of child welfare involvement because of lack of stable housing, and the SHARP program, which offers

housing assistance to families receiving child welfare services. The Urban Institute is currently evaluating both programs.

Some have argued for making the Housing Choice Voucher program an entitlement (like food stamps), or dramatically expanding subsidies (like the Low Income Housing Tax Credit) that support the construction of below-market rental housing. But the very high costs of these proposals make their adoption unlikely in today's profoundly constrained fiscal context. One strategy would be to target an entitlement voucher program more narrowly to the poorest households or to make the subsidy somewhat shallower, so the current federal spending would be spread across a larger number of households (Olsen 2014). Lower subsidy levels, however, might reduce the benefits in family well-being and, as discussed further below, prevent recipients from using their vouchers in safe, well-resourced neighborhoods. Cunningham and colleagues (2014) have proposed a rigorous demonstration to test the effectiveness of a flat, shallow subsidy explicitly targeted to low-income households facing housing instability.

INCREASE AFFORDABLE HOUSING OPTIONS IN OPPORTUNITY NEIGHBORHOODS

Historically, high housing costs have intersected with discriminatory market practices and exclusionary land-use policies to block low-income families and people of color from communities that offer safety, good schools, a healthy environment, and access to jobs. Advocates for fair and open housing have focused on breaking down the barriers that exclude people of color from predominantly white neighborhoods. More specifically, they have worked to combat discrimination against minority home seekers by real estate agents, landlords, and mortgage lenders and to reform suburban zoning and land use regulations that block the development of more affordable housing. And advocates argue for allocating federal housing subsidies (including public housing and Low Income Housing Tax Credits) to produce and preserve subsidized rental housing in higher-income and majority-white communities rather than in poor communities of color.

Regulations recently issued by the Department of Housing and Urban Development (HUD) to advance its mandate to affirmatively further fair housing create a point of leverage for advocates, policymakers, and housing providers at the local, regional, and state levels. State and local governments that receive federal funding through HUD's various housing and community development programs have always been obligated (in principle) to "affirmatively further" the purposes of the federal Fair Housing Act. But to date, efforts to enforce this obligation have achieved only limited success. Under the new regulations, HUD will provide data and a template that states and localities must use to complete a formal, evidence-based assessment of fair housing. These assessments will identify the primary factors affecting fair housing outcomes and set goals for mitigating or addressing them. Subsequent state and local plans for using federal housing and community development funding must link to this assessment and include investments and actions that affirmatively further fair housing.

HUD's guidance for local assessments of fair housing focuses on four primary goals that implicitly connect the work of community development and revitalization with that of combatting discrimination and segregation. Specifically, the new rules define what it means to affirmatively further fair housing: (1) overcoming historic patterns of residential segregation promoting more integrated neighborhoods;

(2) reducing concentrations of minority poverty; (3) narrowing inequities (based on race, ethnicity, and other protected characteristics) in access to community assets (education, transit access, and employment) and in exposure to environmental hazards; and (4) responding to the disproportionate housing needs of racial and ethnic minorities and other protected groups.[4] Advancing these four goals clearly calls for interventions that tackle both residential exclusion and neighborhood distress.

If these regulations are effectively implemented, jurisdictions across the country will be held accountable for identifying and addressing the barriers that exclude and isolate lower-income households and people of color and that undermine the well-being of the neighborhoods in which they live. Advocates will have standing to challenge local zoning, land-use, and occupancy policies, as well as the allocations of federal housing and community development resources. Nonprofit housing developers will be looking for models of how to produce affordable housing in communities that have previously seemed off-limits. And investments that focus on the revitalization of particular neighborhoods will be evaluated in the larger context of opportunities and disparities in the city or region as a whole. There is no guarantee, of course, that HUD will implement its new regulations effectively or that the regulations will survive a change in administration. But they create an important opening for significantly addressing the exclusion of low-income families of color from well-resourced communities.

INCREASE ACCESS TO CHILD CARE SUBSIDIES

Increasing access to child care subsidies and the quality of care that subsidized families can use is another potential strategy to support parental employment and family financial security while promoting child development. Next to housing, child care is one of the biggest expenses for low-income working families. In every state, the average cost of center-based infant care exceeds 25 percent of median income for single parents (Child Care Aware of America 2013). Cost of care is highly correlated with quality, which means parents who can afford very little may have limited and lower-quality care options. The federal child care subsidy program provides financial assistance to low-income families meeting eligibility criteria, including parent employment or participation in an approved education or training activity. Yet these benefits are capped. Only an estimated 18 percent of all eligible children receive a subsidy (ASPE 2012).

For those who can get access, the subsidy program supports parental employment and children's access to higher-quality care. A large body of research suggests a positive relationship between child care subsidy use and parental employment outcomes, including greater likelihood of employment, increased hours and earnings, and greater employment duration and job retention (see synthesis of findings by Shaefer et al. 2006). Also, a recent study suggests that families who move off subsidy waiting lists are more likely to change from informal friend, family, and neighbor care to higher-quality formal child care arrangements, which lead to better child outcomes (Johnson, Ryan, and Brooks-Gunn 2012).

"Churn"—movement in and out of the program for administrative reasons—can disrupt both parental employment and child care arrangements. Part of the challenge is state and local variations in program implementation. As of October 1, 2012, 23 states set eligibility redetermination periods at 6 months, whereas most others have a 12-month period. Additionally, only 21 states and the District of Columbia include job search as an approved employment-related activity for families applying for or

continuing to receive a child care subsidy (Forry et al. 2014). Parents who temporarily lose their job consequently lose their subsidy in states that do not permit coverage during job searches. Strategies to keep eligible families in the program, such as longer eligibility periods and less duplication in reporting, may help reduce churn and stabilize families. The federal Office of Child Care's information memorandum on "Policies and Practices That Promote Continuity of Child Care Services and Enhance Subsidy Systems" (2011) should be supported by states and localities to maximize the utility of this capped benefit program.

IMPROVE HEALTH CARE ACCESS

Full implementation, in every state, of the Medicaid expansion is essential to ensure that more families throughout the United States experience all the benefits associated with the Affordable Care Act, including access to mental and physical health services for parents (especially those exposed to chronic stress) as well as pre-conception care. Given that uninsured rates for children are at their lowest point in decades, the challenge going forward will be to maintain the high rates of coverage and to increase them further wherever possible. A failure to reauthorize the Children's Health Insurance Program beyond 2015 would place millions of children's coverage in jeopardy. It is important for policymakers to address the ACA's "family glitch," which leaves some parents and children ineligible for marketplace subsidies despite not having access to affordable family coverage through an employer. In the absence of fixing this problem, there will be lower coverage rates and higher financial burdens associated with meeting children's health care needs, especially if CHIP is not reauthorized. In addition to closing coverage gaps, in order to effectively address the health needs of minority children, youth and their parents, it will be critical that Medicaid and CHIP providers receive adequate funding levels in order to provide access to high-quality care.

Community Changes

Earlier, we identified the uniquely disadvantaged social contexts within which boys and young men of color are being raised as a major factor that impedes their health and development over the early life course. There are two complementary paths toward intervening in this situation. One is to promote changes in the neighborhoods and communities where the boys and young men are growing up, and the other is to provide families with the means to move to neighborhoods that offer greater opportunity for their children.

IMPLEMENT COMPREHENSIVE INITIATIVES

Comprehensive community change initiatives aim to remove barriers to the human development of adults and children within the community and to spur development and investment to improve community resources. These initiatives generally target struggling low-income communities of color and often include such elements as developing crime-reduction strategies, improving or replacing distressed housing and developing new units, improving neighborhood amenities like parks and libraries, and attracting new investment. These strategies often focus on improving residents' health by, for example, attracting grocery stores, building or improving health clinics, adding recreational facilities, and creating community gardens. And there is an increasing recognition that in order to be successful,

neighborhood improvement strategies must also focus on improving local schools; as an example, the federal Choice Neighborhoods Initiative requires that grantees partner with local schools as part of their comprehensive redevelopment strategy. These initiatives have the potential to improve the circumstances for the families who live in the target communities, reducing the threats that are traumatizing for children and potentially leading to better long-term outcomes. One major challenge for these kinds of strategies, however, is how to spur new development and investment without displacing the families of color that the initiative was intended to benefit (Turner, Popkin, and Rawlings 2009).

Comprehensive community change initiatives range from federal programs like HUD's housing-focused HOPE VI and Choice Neighborhoods programs to foundation-funded efforts in individual cities. There is evidence that these efforts can bring about positive changes in challenged communities, including reductions in crime and improvements in housing and neighborhood amenities. There is less evidence that these changes have led to broader improvements in socioeconomic outcomes for adults or children—or that they have benefited the original residents rather than new residents.

HOPE VI was a $6 billion HUD program that provided large grants to housing authorities to support the demolition and revitalization of distressed public housing communities. Begun in 1992, the program has provided funding for more than 266 redevelopment efforts nationwide. Unlike previous HUD redevelopment efforts, an explicit goal of the HOPE VI program was to provide residents—mostly very low-income families of color—with an improved living environment and help them move toward self-sufficiency (Popkin et al. 2004). HOPE VI unquestionably benefited neighborhoods, removing the distressed developments that were blighting communities and replacing them with new, mixed-income properties.

The Urban Institute conducted the only multisite longitudinal study on the impact of HOPE VI redevelopment on residents, as well as a 10-year study on the impact of public housing transformation in Chicago. The research showed that most former residents ended up in better quality housing in safer neighborhoods, which could have long-term benefit for children's health and well-being. The research found no evidence that moving to safer communities affected children's behavior or educational outcomes. Qualitative evidence suggested that boys, in particular, were struggling to adjust to their new communities (Hailey and Gallagher 2013; Popkin, Levy, and Buron 2009; Popkin et al. 2013).

The Choice Neighborhoods program replaced HOPE VI, expanding the focus of the redevelopment effort beyond the target development to the broader neighborhood. Choice builds on lessons learned during HOPE VI; it has a greater focus on services and supports for residents, and it fosters partnerships with local schools as well as among organizations, agencies, and institutions working throughout the neighborhood to build affordable housing, provide social services, care for children and youth, ensure public safety, and revitalize the neighborhood's commercial opportunities and infrastructure. The Urban Institute is currently conducting the baseline evaluation of the Choice Neighborhoods program.

In addition to the large, federally funded programs, a number of local comprehensive community change initiatives—often supported by national and local philanthropies—target challenged

neighborhoods to address a broad range of issues including crime, employment, parks and recreation, health, affordable housing, commercial development, and education.

One example is the Harlem Children's Zone (HCZ), a comprehensive effort that oversees a network of educational, social, and community-building programs and services for low-income children and families within a 100-block area in Harlem. The HCZ model, which focuses intensely on the social and educational development of children, is defined by its "cradle-to-career" pipeline—a continuum of targeted educational services for every developmental stage from infancy through college. This pipeline is complemented by comprehensive, coordinated services aimed at supporting healthy and stable families and strengthening community.

Building on principles, a policy framework, and program design recommendations developed by HCZ, PolicyLink, and the Center for the Study of Social Policy, the Obama administration launched its federal Promise Neighborhoods program in 2010 as a key component of its plan to break the cycle of intergenerational urban poverty. The vision for Promise Neighborhoods is to provide all children in targeted low-income neighborhoods with "access to effective schools and strong systems of family and community support that will prepare them to attain an excellent education and successfully transition to college and career" (US Department of Education 2013). Like the HCZ, Promise Neighborhoods are intended to surround children with high-quality, coordinated health, social, community, and educational supports beginning at birth.

Between 2010 and 2012, the US Department of Education funded a series of planning grants (of roughly $500,000 each), followed by implementation grants (of $4 million to $6 million over three to five years) in a subset of these communities—five in 2011 and seven in 2012. A number of other communities across the country are also pursuing this model without federal support. Many of these receive technical assistance and other resources from the Promise Neighborhoods Institute at PolicyLink, an initiative designed to help communities reach their vision by creating a learning community of Promise Neighborhoods and a hub for resources, training, and tools.

It is important that programs such as the HCZ and Promise Neighborhoods be rigorously evaluated. Dobbie and Fryer (2011) argued that for academic achievement, the charter school in the HCZ was the driver of its very substantial success, but they did not study the impact of the associated neighborhood programs on child outcomes. Of course, academic achievement is not the only outcome targeted by comprehensive community change initiatives. To truly understand how these complex, place-based initiatives affect children's health and development, we need carefully designed evaluations that use appropriate methodologies, including rigorous implementation and outcomes studies, cost-effectiveness analyses, and, where possible, embedded experiments to assess the impact of specific program components.

Current thinking is that a child-focused, community change effort should build or strengthen those community assets and links that support families' capacity to meet their children's developmental needs. And it should explicitly address community conditions that threaten or undermine that capacity.

The specific assets and deficits requiring attention will differ from one community to another. Some of the priorities that a place-conscious strategy might address are

- *increasing high-quality educational opportunities*, from early childhood through high school, and including before- and after-school care and enrichment;
- *reducing crime and violence*, so children and their parents feel physically safe and secure and are not subjected to repeated traumas;
- *providing health-promoting services and amenities*, including affordable sources of healthy food, physical and mental health services for children and parents, safe places for children to play, and the absence of environmental toxins;
- *supporting social networks and collective efficacy* by strengthening the capacities of neighborhood residents to work together toward culturally specific shared goals, provide mutual support, and advocate effectively for resources that come from outside the neighborhood; and
- *expanding access to opportunities for financial stability and economic advancement*, ranging from supportive services that strengthen families generally to job training and job placement services and transportation links to regional employment opportunities.

These priorities can be addressed through place-conscious strategies that work at multiple scales, *both* improving conditions and opportunities within a target neighborhood and providing meaningful links to opportunities and resources in the larger city or region.

IMPROVE ACCESS TO OPPORTUNITY NEIGHBORHOODS

Comprehensive community change initiatives seek to improve conditions in the chronically disadvantaged places where poor families of color live. A complementary approach—assisted housing mobility initiatives—uses housing subsidies to help them access neighborhoods that offer greater opportunity: access to better schools, jobs, and community resources (Turner, Popkin, and Rawlings 2009). These initiatives (which have been the focus of considerable federal attention and experimentation over the past two decades) typically provide families with a portable housing voucher funded through the federal Section 8 program, along with help searching for and moving to a better neighborhood (Scott et al. 2013). But some communities also use inclusionary zoning regulations or Low Income Housing Tax Credits to locate affordable housing units in nonpoor neighborhoods, earmarking these units for low-income families (Massey et al. 2013).

The most rigorous evidence about the effectiveness of interventions that help poor families move from neighborhoods of distress to neighborhoods of opportunity comes from the Moving to Opportunity (MTO) demonstration, conducted by HUD in five metropolitan areas to evaluate the impact of relocation for poor families and their children (Briggs, Popkin, and Goering 2010). The evaluation concluded that, as a group, the MTO experimental families do enjoy significantly lower crime rates, improved housing, and—for women and girls—better mental health than the control group but

not higher employment, incomes, or educational attainment (Sanbonmatsu et al. 2011). One reason that MTO gains were limited to health outcomes, however, is that the special mobility assistance provided by the demonstration did not enable the experimental families to gain and sustain access to high-opportunity neighborhoods. Experimental families moved to better-quality housing and safer neighborhoods, but few spent more than a year or two in low-poverty neighborhoods.

Of particular concern in the present context is the finding that, while women and girls experienced gains in mental health, **boys** in the experimental group were actually more likely to report post-traumatic stress disorder and conduct disorders than those in the control group (Kessler et al. 2014; Sanbonmatsu et al. 2011). Girls likely benefited by getting away from gender-based harassment and pressures of distressed neighborhoods (Popkin, Leventhal, and Weismann 2010; Smith et al. 2014), but it is less clear why boys continued to struggle. Potential explanations include that boys were less equipped to form new social connections (Clampet-Lundquist et al. 2011) or that they had more freedom to move around and thus were more likely to maintain connections to their original communities (Briggs, Popkin, and Goering 2010). New analysis finds that the MTO families that lived for longer periods in neighborhoods with lower poverty did achieve better outcomes in work and school, as well as in health (Moulton, Peck, and Dillman 2014; Turner, Nichols, and Comey 2012). These findings argue for investments in programs that help low-income families find and afford housing in high-opportunity neighborhoods, including housing vouchers, mobility assistance and incentives, and targeted housing acquisition and construction programs.

COORDINATE ACROSS MULTIPLE SYSTEMS

One promising approach for integrating needed services and supports across multiple systems uses ***affordable housing as a platform for service delivery.*** To illustrate, Mercy Housing, the nation's largest nonprofit housing developer, pioneered an approach that uses its housing to help low-income families access services that promote better health and financial well-being and increase educational opportunities. Whether these services are provided on site or through a service connector, Mercy staff helps residents navigate the complicated maze of services they may need to stabilize their housing, employment, or finances. Mercy's approach borrows from evidence that finds housing can be an important platform for the take-up of services and an enabling force in helping individuals and families gain footing in a community. With support from the Kresge Foundation, Mercy (as well as other nonprofit housing providers) is tracking the impact of its services on resident outcomes.

The principle of "housing as a platform" for connecting low-income families with needed services and supports also undergirds the Urban Institute's Housing Opportunities and Services Together (HOST) initiative. HOST works in distressed public housing developments to test strategies for delivering intensive services to improve the life chances of vulnerable youth and adults. HOST was launched with funding from the Open Society Foundations' Special Fund for Poverty Alleviation and subsequently supported by the Paul G. Allen Family Foundation, Kresge Foundation, W. K. Kellogg Foundation, and Annie E. Casey Foundation, in addition to the National Institutes of Health and the Department of Housing and Urban Development. The initiative is currently being implemented in

distressed public housing developments in Chicago, Portland, and Washington, DC, and discussions are under way for additional sites in New York, Pittsburgh, Baltimore, and San Francisco.

HOST builds on a pilot demonstration conducted with the Chicago Housing Authority from 2007 to 2010. That demonstration found that parents living in public housing (or in the private market with vouchers) show strong improvements in health, education, and employment when provided with intensive, wraparound case management services. The success of the wraparound service model for parents, however, did not extend to their children, who continued to struggle in school, engage in risky behavior, and have early pregnancy and parenting rates far above average. In response, HOST is testing a dual-generation strategy, seeking to address parents' key barriers to self-sufficiency—such as poor health, addictions, lack of a high school diploma, and historically weak connection to the labor force—while integrating services and supports for children and youth.

Family and Individual Interventions

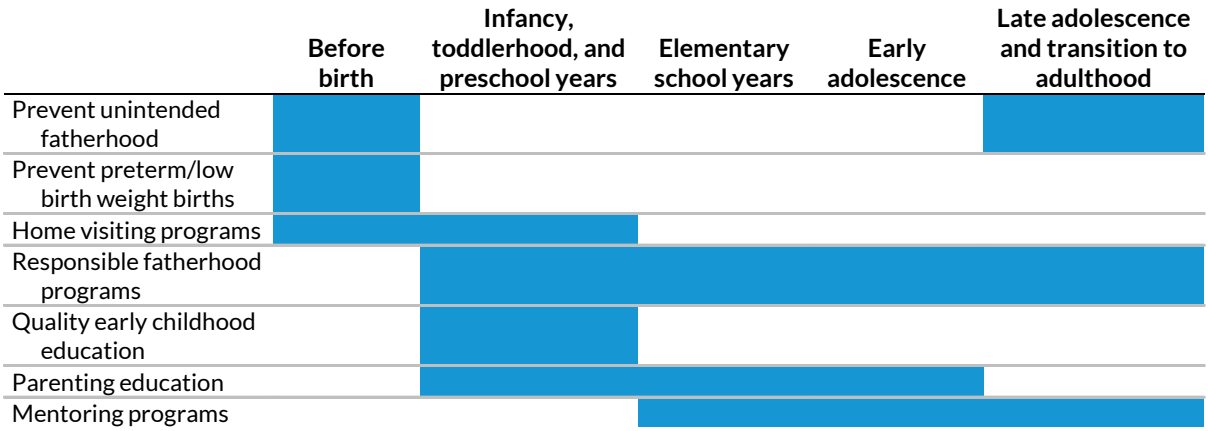
Table 2 identifies promising family- and individual-level interventions. Each row contains an intervention; the highlighting shows what developmental stages are targeted.

BEFORE BIRTH

A number of ***reproductive health interventions*** have been shown to reduce behaviors that lead to unintended fatherhood and sexually transmitted infections (see Ries and Sonenstein 2006 for a thorough review of reproductive health programming for young men). Despite this, efforts to reduce unintended pregnancy and childbearing are still disproportionately focused on young women. One of the most important components of a broad-based effort to ensure that young men of color develop optimally during adolescence and young adulthood is the creation of male-friendly reproductive health interventions and reproductive health clinics that are welcoming to young men in general and young men of color in particular. Making services friendly to young men includes having male staff, the right background music and magazines in the waiting room, and men's rooms that are not three floors away. An important part of reproductive health is preconception care, wherein men and women who intend at some point in the future to be parents attend to those aspects of their own health that are likely to affect their offspring (Casey et al. forthcoming).

TABLE 2

Developmental Stages Targeted by Family and Individual Interventions



One of the highest priorities for promoting the health and well-being of boys and young men of color—most particularly the health and well-being of African American boys—is preventing preterm births. One program, Centering Pregnancy, has been shown in an RCT to reduce preterm birth in a population that was over 80 percent African American (Ickovics et al. 2007; Picklesimer et al. 2012). The Centering Pregnancy model is currently being evaluated in the Medicaid population under the Strong Start II Evaluation conducted by the Urban Institute. Bringing to scale this program and others found effective is critical. Healthy Start, which is the main federal program to improve maternal and child health outcomes in populations with high infant mortality rates, could perhaps integrate Centering Pregnancy and other promising delivery options into its programming. Moreover, best practices from especially successful Healthy Start sites should be examined for their replicability (HRSA 2006). Access to preconception care for both men and women, which was expanded under the ACA, should also help. Not all states have implemented the Medicaid expansion, however, leaving many poor parents in these states without care.

Conventional prenatal care is not effective to prevent preterm birth. Nevertheless, a substantial proportion of low-birth-weight babies are born at term from pregnancies that are not medically complicated, and it appears from rigorous research that prenatal care increases birth weight for these children (Conway and Deb 2005). Every effort to enroll pregnant women in prenatal care in a timely fashion and provide services designed to reduce stress should be availed for this reason.

INFANCY, TODDLERHOOD, AND THE PRESCHOOL YEARS

A number of ***home visiting programs*** have been shown to improve family economic self-sufficiency, maternal and child health, parenting practices, and child development and school readiness, among other outcomes. The home visiting model consists of a trained professional or paraprofessional who visits pregnant women or the parents of young children in the home in order to provide information, referrals, and support for the health and development of the child and parents. Currently, 14 home visiting models have been identified by the Department of Health and Human Services as evidence-

based (http://homvee.acf.hhs.gov). Those models offering the strongest evidence—Nurse Family Partnership, Healthy Families America, Parents as Teachers, and Early Head Start home visiting—are being evaluated in a legislatively mandated, randomized study of home visiting programs funded by the Maternal, Infant, and Early Childhood Home Visiting program authorized under the ACA.

There are new twists on the home visiting model. In one, cognitive behavioral therapy is incorporated into home visiting to reduce maternal depression (Ammerman et al. 2010). Child FIRST is an evidence-based model being implemented statewide in Connecticut, which pairs a master's-level mental health or developmental clinician (a licensed master of social work or other mental health professional) and a bachelor's-level care coordinator who work together with the family one or more times a week over an average period of 6 to 12 months. An RCT of Child FIRST identified positive impacts on both parental and child outcomes, including reductions in maternal depression and parenting stress, less involvement with child protective services, fewer externalizing problem behaviors, and improved child language skills (Lowell et al. 2011).

In addition, some home visiting programs are beginning to implement strategies to incorporate fathers, including noncustodial fathers, into home visits. Parents as Teachers and Healthy Start are two national models that developed "fatherhood toolkits," and many local sites hire male home visitors. Evidence from the Healthy Families America programs shows that families with greater father involvement have better prenatal care, less involvement with child protective services, less intimate partner violence, and greater maternal mental health because mothers are less isolated (Shapiro, Krysik, and Pennar 2011). Expanding the traditional maternal and child health home visiting model to offer home visits to fathers (with or without mothers present) has the potential to improve outcomes for children and for fathers.

Home visiting targets the individual family within the context of the home environment; ***group-based parenting programs*** that occur in non-home sites are designed to improve parenting through both coaching and peer support. These include Effective Black Parenting (Myers et al. 1992), the Chicago Parent Program (Gross et al. 2009), and the Incredible Years (Miller Brotman et al. 2005). All these programs have been shown effective in increasing the use of positive parenting practices as well as related outcomes, such as increasing parental self-confidence, family communication, and problem solving.

The Office of Family Assistance within the Administration for Children and Families provides money for ***responsible fatherhood programs***. These programs aim to improve the relationship between fathers and their children and their children's mothers, increase levels of child support, and promote economic independence. These programs build on basic research that attests to the positive influence of father's involvement in their children's lives and the centrality of the coparenting relationship in promoting father involvement and positive outcomes for children (Cabrera and Tamis-LeMonda 2013). These programs are currently being evaluated.

Other ***dual-generation strategies*** to support parents and their children have more specific foci. For example, the Mississippi Roadmap to Health Equity, which is an obesity prevention program, targets

both parents (with cooking and shopping classes) and children (with fitness activities). Another dual-generation program is CareerAdvance, which targets both the economic self-sufficiency of parents and the well-being of children. Recent federal efforts to strengthen the Head Start program included awarding Head Start–University Partnership Grants to implement dual-generational approaches, which will offer further evidence of effective intervention strategies to promote overall family well-being.

One of the most effective ways to ensure that boys of color develop optimally from birth to age 5 and enter kindergarten ready to learn is ***comprehensive early education*** (Heckman 2000). A number of early education programs have been rigorously evaluated and found to improve children's development, particularly young boys of color. Examples include the Carolina Abecedarian Project (Campbell et al. 2001, 2002), the Perry Preschool Program (Parks 2000), Early Head Start (Love et al. 2002), and the Chicago School Readiness Program (Rave et al. 2009).

For example, according to findings from the Early Head Start Research and Evaluation Project, African American Early Head Start participants demonstrated fewer behavioral problems, greater sustained attention, and stronger engagement in play with their mothers than did the control group. The program improved parenting skills, which indirectly improved child cognitive and social skills (Jones Harden, Sandstrom, and Chazan-Cohen 2012). The Chicago School Readiness Program, which placed mental health consultants in Head Start classrooms as teacher coaches, reduced internalizing and externalizing problem behaviors among a sample of low-income African American and Hispanic children. These comprehensive programs target socioemotional development—in addition to children's educational and physical health needs—an area where boys of color lag behind even after socioeconomic status is held constant (Aratani, Wight, and Cooper 2011).

Expanding access to early education programs like Early Head Start and state prekindergarten is a step in the right direction but must be combined with ongoing quality improvement efforts. In general, black children are more likely to attend preschool than white children but experience lower-quality care; both black and Hispanic children are more likely to attend Head Start than white children, yet Head Start program quality to date has been questionable (Magnuson and Waldfogel 2005). Boosting enrollment in preschool in combination with increases in quality can potentially decrease school readiness gaps. Estimates suggest that making preschool enrollment universal for 3- and 4-year-olds in poverty and increasing the quality of programs could close up to 20 percent of the black-white school readiness gap and up to 36 percent of the Hispanic–non-Hispanic gap (Magnuson and Waldfogel 2005).

THE ELEMENTARY SCHOOL YEARS

Many of the ***parenting programs*** that we referred to above have components that continue into the elementary school years. For example, Positive Parenting Program (Triple P) is a multilevel system of parenting and family support strategies for families with children from birth to age 12.

There are also ***school-based interventions to enhance socioemotional development and self-regulation***. Linking the Interests of Families and Teachers (LIFT) has been shown to effectively prevent conduct problems such as aggressive and antisocial behavior, involvement with delinquent peers, and drug/alcohol use (Eddy, Reid, and Fetrow 2000). The PAX Good Behavior Game is used in the classroom

with young children to create an environment that is conducive to learning. The intervention is designed to reduce off-task behavior, increase attentiveness, and decrease aggressive and disruptive behavior as well as shy and withdrawn behavior. A long-term rigorous evaluation found positive effects of the Good Behavior Game throughout childhood and lasting until at least 19 to 21 years of age, particularly for boys and young men of color, especially those who exhibited impulsive behavior (Kellam et al. 2008).

Promoting Alternative Thinking Strategies (PATHS) is a school-based preventive intervention for children in elementary school (there is also a preschool version). Evaluations show that PATHS produced improvements in emotional knowledge, internalizing behaviors, externalizing behaviors, depression, neurocognitive capacity, learning environment, and social-emotional competence. Fast Track–Elementary Phase is a comprehensive, long-term prevention program that aims to prevent chronic and severe conduct problems for high-risk children, with intensive interventions at school entry and from elementary to middle school. In an RCT, intervention children had significantly lower rates of special education assignment, significantly lower serious conduct problems, and improvement in aggression and oppositional behavior. There is a parent component to Fast Track, and parents participating in the program, compared to the control group, showed more maternal involvement in school activities.

Another set of interventions is designed to provide boys and young men of color with additional role models, particularly models of a positive masculinity. These are ***mentoring programs*** that have been shown in rigorous research to have positive impacts on youth. One of the best known is Big Brothers Big Sisters (Tierney, Baldwin Grossman, and Resch 2000). The Silverback Society, a mentoring program for boys of color in New Orleans that has been active since 2007, uses a "cohort mentoring model" in which all the young men in a grade at a school get mentored. It is designed to avoid the problem with traditional mentoring models, in which boys spend positive time with a mentor one on one but then return to a peer group with values that undermine the mentoring experience.

EARLY ADOLESCENCE

Many interventions that are targeted to male adolescents and young adult men are focused on cognitive development and justice-related outcomes; we refer the reader to other memos for a discussion of those programs. Here we will focus on interventions that address health, socioemotional development, and sexual development.

Again, ***parenting programs*** continue to be a form of intervention for this age group. Triple P (see above) has an extension for parents with children ages 13 to 16. Strengthening Families Program: for Parents and Youth (SFP 10–14) is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds. Benefits to participants included lower substance use, higher school success, and lower rates of aggression. The Adolescent Transitions Program (ATP) is a multilevel, family-centered intervention targeting children who are at risk for problem behavior or substance use. Designed to address the family dynamics of adolescent problem behavior, it is delivered in the middle-school setting to parents and their children. The outcomes include reduced rates of growth in tobacco, alcohol, and marijuana use between ages 11 and 17, lowered likelihood of being diagnosed with a substance use disorder, and reduced arrest rates.

Strong African American Families (SAAF) is a culturally tailored, family-centered intervention for 10- to 14-year-old African American youths and their parents. The goal of SAAF is to prevent substance use and behavior problems among youths by strengthening positive family interactions, preparing youths for their teen years, and enhancing parents' ' efforts to help youths reach positive goals. SAAF is usually offered at schools and community facilities. Evaluators found that participants had lower alcohol use and fewer conduct problems.

Some ***mentoring programs*** are specifically for young adolescents, in contrast to Big Brothers Big Sisters, which focuses on ages 5 through 18. Becoming a Man was implemented with 2,740 disadvantaged Chicago males in grades 7 through 10. Participation increased schooling outcomes during the program year and in the subsequent year, effects that may translate to a 10 to 23 percent increase in graduation rates relative to the control group once the youth reach graduation age. The intervention also reduced violent-crime arrests during the program year by 8.1 per 100 youth, or 44 percent (University of Chicago Crime Lab 2012). Coaching Boys into Men, a domestic violence perpetration prevention program targeting coaches and high school male athletes, demonstrated changes in intentions to intervene in conflicts compared with control subjects. Intervention athletes also reported higher levels of positive bystander intervention behavior than control subjects (Miller et al. 2012).

As mentioned earlier, a number of reproductive health interventions have been found to improve behavior leading to unplanned pregnancy and sexually transmitted infections. One that deserves to be singled out is Focus on Youth, which was developed specifically for African American young people and includes a parent component. Also, the Centers for Disease Control and Prevention are currently testing a curriculum called Dating Matters in four cities. The curriculum is targeted at high-risk middle-school students and is designed to prevent both perpetration of violence and victimization in dating relationships. It is currently being evaluated.

LATE ADOLESCENCE AND THE TRANSITION TO ADULTHOOD

An innovative strategy to address the health and developmental needs of young men of color in late adolescence and early adulthood is to ***integrate needed services with job training***. For example, a brief three-session curriculum promoting condom and health care use has been proven effective among young men of color in two applications with quasi-experimental designs (Kalmuss et al. 2008; Marcell et al. 2013). In addition, an evaluation of a program integrating mental health services into job training—Healthy Minds at Work, which used a quasi-experimental design—not only improved mental health outcomes among participants, but also increased General Education Development completion, reduced arrest rates, and increased job retention (Latimore, Tandon, and Sonenstein 2014).

In the earlier section on interventions targeting boys and young men of color before birth, we referred to responsible fatherhood programs and their potential positive effects on boys of color by increasing child support and father involvement. We note here that high levels of involvement in their children's lives are positively correlated with health and developmental outcomes in adulthood for men. Intriguing bio-social research has found correlations between interactions with children and hormonal and neurological changes in men that promote health (Dorius et al. 2011). The transition to fatherhood is accompanied by desistance from a number of risky behaviors and an increase in social integration and

social participation (Eggebeen, Knoester, and McDonald 2013). The accumulating science on the positive impact of fatherhood on men's lives led psychologist Richard Settersten to speculate that fatherhood is a "hidden variable" in men's adult development (Settersten and Cancel-Tirado 2010).

Because many young men of color become fathers at a relatively young age, it is important to view ***responsible fatherhood programs as interventions that will enhance the human development of young men*** as well as their sons. This is particularly the case for responsible fatherhood interventions that are aimed at enhancing men's coparenting relationship with their children's mothers and encouraging father-child interaction, not just increasing child support. A promising approach for responsible fatherhood programs is their integration with workforce development programs.

Research and Knowledge Gaps

First, as research on the neuroendocrine consequences of experiencing trauma and chronic stress moves forward, exploration of gender differences in these processes is critical, as is the development of effective strategies for prevention and treatment. Second, it is essential that the impact of interventions be evaluated for subgroups, to ensure that specific programs are effective for boys and young men of color. Findings that Moving to Opportunity may have had differential effects by gender is but one example of the fact that the vulnerabilities brought on by the unique circumstances of boys and young men of color may undermine or, at least interact with, a program's intended effects. Third, the recent resolve on the part of federal agencies to present data on health and human development indicators separately by race/ethnicity and gender is an essential ingredient for the appropriate design of policy and programs to serve the needs of boys and young men of color and will provide some of the measures by which to determine success.

Conclusion

The reasons boys and young men of color are more likely than white boys to exhibit poor health and developmental outcomes do not derive from a single source (e.g., the household or the neighborhood). Nor are they the result of an exposure, insult, or injury that occurs during a sensitive developmental period that, if prevented, can inoculate them from harm thereafter. Rather, the poor health and developmental trajectories of boys and young men of color derive from exposure to environmental insults and injuries across a variety of the contexts where they spend time and cumulate over their lives. These facts support four overarching conclusions about the way forward for promoting their health and well-being and, in so doing, strengthening American society.

First, the origins of most of the problems faced by boys and young men of color are ***facets of the American social and economic structure:*** institutionalized racism, interpersonal class and ethnic prejudice, economic inequality, and gender role stereotypes. A focus on these upstream problems is a necessary part of the solution, though it should not preclude prevention and treatment efforts that are more proximal to the boys and young men.

Second, because the causes are multifaceted, solutions must be ***comprehensive***. Some interventions, such as the Harlem Children's Zone, are literally that. To be sure, there is a place for narrower efforts, such as EITC reform or mentoring programs. The latter, however, must be undertaken with the understanding that whatever factor they are operating on does not occur in a vacuum and that the programs must be coordinated with other efforts. Coordination may take the form of good referrals, staff training on the identification of chronic stress, or simply cultivating awareness that a narrow objective, such as facilitating the development of parenting skills, serves a larger goal such as success in school.

Third, because the stressors that operate on boys and young men of color begin early and are ongoing, ***no aspect of the life course should be emphasized above any other or neglected***. This is not to deny that making the developmental settings of babies, toddlers and preschoolers as positive as possible sets boys on a positive trajectory that facilitates later progress and is highly cost-effective. Rather it is to be aware that negative trajectories can be deflected; positive trajectories can also be deflected by later life adversity and require maintenance; and adolescents and young adults are the parents of the next generation.

Fourth, the highest risk comes when a boy's or young man's parents are unable to buffer him from negative experiences, which occur to everyone to some extent. For this reason ***preventing, identifying, and treating the consequences of trauma among the adults*** a boy or young man lives with—his noncustodial parents, his extended family, and the adults who work in the other settings where he develops (e.g., child care workers, teachers, and coaches)—is as essential as buffering the boys and young men themselves.

Notes

1. The use of the word parent throughout is intended to include nonparental primary caregivers, such as grandparents or foster parents.
2. Reed Jordan, "America's Public Schools Remain Highly Segregated," *MetroTrends* (blog), August 27, 2014, http://blog.metrotrends.org/2014/08/americas-public-schools-remain-highly-segregated/.
3. This is sometimes referred to as "toxic stress," but Thompson (2014, 48) lays out a clear explanation as to why chronic stress is a preferable term.
4. See http://www.huduser.org/portal/affht_pt.html. The new rule also encourages localities to work together to develop regional fair housing assessments, even when regions cross state boundaries. And it creates explicit opportunities for public review and input

References

Acevedo-Garcia, Dolores, Theresa L. Osypuk, Nancy McArdle, and David R. Williams. 2008. "Towards a Policy Relevant Analysis of Geographic and Racial/Ethnic Disparities in Child Health." *Health Affairs* 27 (2): 321–33.

Aiyer, Sophie, Justin E. Heinze, Alison L. Miller, Sarah A. Stoddard, and Marc A. Zimmerman. 2014. "Exposure to Violence Predicting Cortisol Response during Adolescence and Early Adulthood: Understanding Moderating Factors." *Journal of Youth and Adolescence* 43 (7): 1066–79.

Ammerman, Robert T., Frank W. Putnam, Nicole B. Bosse, Angelique R. Teeters, and Judith B. Van Ginkel. 2010. "Maternal Depression in Home Visitation: A Systematic Review." *Aggression and Violent Behavior* 15: 191–200.

Aratani, Yumiko, Vanessa R. Wight, and Janice L. Cooper. 2011. "Racial Gaps in Early Childhood: Socio-Emotional Health, Developmental, and Educational Outcomes among African-American Boys." New York: National Center for Children in Poverty.

Argys, Laura M., and H. Elizabeth Peters. 2001."Interactions between Unmarried Fathers and Their Children: The Role of Paternity Establishment and Child-Support Policies." *American Economic Review* 91 (2): 125–29.

ASPE. 2012."Estimates of Child Care Eligibility and Receipt for Fiscal Year 2009." Washington, DC: US Department of Health and Human Services.

Astone, Nan Marie, and H. Elizabeth Peters. 2014. "Longitudinal Influences on Men's Lives: Research from the Transition to Fatherhood Project and Beyond." *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers* 12 (2): 161–73.

Astone, Nan Marie, Margaret Ensminger, and Hee Soon Juon. 2002. "Early Adult Characteristics and Mortality among Inner-City African American Women." *American Journal of Public Health* 92 (4): 640–45.

Banks, David, and Ana Oliveira. 2011. "Young Men's Initiative: Report to the Mayor from the Chairs." New York: City of New York.

Bloom, Sandra L. 2013. *Creating Sanctuary: Toward the Evolution of Sane Societies*. New York: Routledge.

Briggs, Xavier de Souza, Susan J. Popkin, and John Goering. 2010. *Moving to Opportunity: The Story of an American Experiment to Fight Ghetto Poverty.* New York: Oxford University Press.

Cabrera, Natasha J., and Catherine S. Tamis-LeMonda. 2013. *Handbook of Father Involvement: Multidisciplinary Perspectives*. New York: Routledge.

Campbell, Frances, Elizabeth Pungello, Shari Miller-Johnson, Margaret Burchinal, and Craig T. Ramey. 2001. "The Development of Cognitive and Academic Abilities: Growth Curves from an Early Childhood Educational Experiment." *Developmental Psychology* 37 (2): 231–42.

Campbell, Frances, Craig T. Ramey, Elizabeth Pungello, Joseph Sparling, and Shari Miller-Johnson. 2002. "Early Childhood Education: Young Adult Outcomes from the Abecedarian Project." *Applied Developmental Science* 6 (1): 42–57.

Casey, Frances, Freya L. Sonenstein, Nan M. Astone, Joseph H. Pleck, Jacinda K. Dariotis, and Arik V. Marcell. Forthcoming. "Men Aged 35–39 in Need of Family Planning and Preconception Health, NSAM Wave 4." *American Journal of Men's Health*.

Child Care Aware of America. 2013. "Parents and the High Cost of Child Care 2013 Report." Arlington, VA: Child Care Aware of America.

Children's HealthWatch. 2009. "Rx for Hunger: Affordable Housing." Boston: Children's HealthWatch.

Clampet-Lundquist, Susan, Jeffrey Kling, Kathryn Edin, and Greg Duncan. 2011. "Moving Teenagers out of High-Risk Neighborhoods: How Girls Fare Better Than Boys." *American Journal of Sociology* 116 (4): 1154–89.

Conway, Karen Smith, and Partha Deb. 2005. "Is Prenatal Care Really Ineffective? Or, Is the 'Devil' in the Distribution?" *Journal of Health Economics* 24: 489–513.

Cullerton-Sen, Crystal, Adam R. Cassidy, Dianna Murray-Close, Dante Cicchetti, Nicki R. Crick, and Fred A. Rogosch. 2008. "Childhood Maltreatment and the Development of Relational and Physical Aggression: The Importance of a Gender-Informed Approach." *Child Development* 79 (6): 1736–51.

Cunningham, Mary, Josh Leopold, and Pamela Lee. 2014. "A Proposed Demonstration of a Flat Rental Subsidy for Very Low Income Households." Washington, DC: Urban Institute.

DiPrete, Thomas, and Claudia Buchman. 2013. *The Rise of Women*. New York: Russell Sage Foundation.

Dobbie, Will, and Roland Fryer. 2011. "Are High-Quality Schools Enough to Increase Achievement among the Poor? Evidence from the Harlem Children's Zone." *American Economic Journal: Applied Economics* 3 (3): 158–87.

Dorius, Cassandra, Alan Booth, Jacob Hibel, Douglas A. Granger, and David Johnson. 2011. "Parents' Testosterone and Children's Perception of Parent-Child Relationship Quality." *Hormones and Behavior* 60 (5): 512–19.

Eddy, J. Mark, John B. Reid, and Rebecca A. Fetrow. 2000. "An Elementary School-Based Prevention Program Targeting Modifiable Antecedents of Youth Delinquency and Violence: Linking the Interests of Families and Teachers (LIFT)." *Journal of Emotional and Behavioral Disorders* 8 (3): 165–86.

Eggebeen, David J., Chris Knoester, and Brandon McDonald. 2013. "The Implications of Fatherhood for Men." In *Handbook of Father Involvement,* edited by Natasha Cabrera and Catherine S. Tamis-LeMonda, 338–58. New York: Routledge.

Federal Interagency Forum on Child and Family Statistics. 2013. "*America's Children: Key National Indicators of Well-Being."* Washington, DC: US Government Printing Office.

Forry, Nicole, Paula Daneri, Sarah Minton, and Christin Durham. 2014. "Supporting Continuity through Child Care and Development Fund Subsidies: A Review of Select State Policies." Washington, DC: US Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.

Geronimus, Arline T. 1994. "The Weathering Hypothesis and the Health of African-American Women and Infants: Implications for Reproductive Strategies and Policy Analysis." In *Power and Decision: The Social Control of Reproduction,* edited by G. Sen and R. C. Snow, 75–100. Cambridge, MA: Harvard University Press.

Geronimus, Arline T., Margaret Hicken, Danya Keene, and John Bound. 2006. " 'Weathering' and Age Patterns of Allostatic Load Scores among Blacks and Whites in the United States." *American Journal of Public Health* 96 (5): 826–33.

Gross, Deborah , Christine Garvey, Wrenetha Julion, Louis Fogg, Sharon Tucker, and Hartmut Mokros. 2009. "Efficacy of the Chicago Parent Program with Low-Income African American and Latino Parents of Young Children." *Prevention Science* 10 (1): 54–65.

Gunnar, Megan, and Karina Quevedo. 2007. "The Neurobiology of Stress and Development." *Annual Review of Psychology* 58: 145–73.

Hailey, Chantal, and Megan Gallagher. 2013. "Chronic Violence: Beyond the Developments." Washington, DC: Urban Institute.

Heckman, James. 2000. "Policies to Foster Human Capital." *Research in Economics* 54 (1): 3–56.

Heim, Christine, D. Jeffrey Newport, Tanja Mletzko, Andrew H. Miller, and Charles B. Nemeroff. 2008."The Link between Childhood Trauma and Depression: Insights from HPA Axis Studies in Humans." *Psychoneuroendocrinology* 33 (6): 693–710.

Holt, Steve. 2011. "Ten Years of the EITC Movement: Making Work Pay Then and Now." Washington, DC: Brookings Institution.

HRSA (Health Resources and Services Administration). 2006. "Evidence of Trends, Risk Factors, and Intervention Strategies." Washington, DC: US Department of Health and Human Services, HRSA, Maternal and Child Health Bureau.

Ickovics, Jeannette R., Trace S. Kershaw, Claire Westdahl, Urania Magriples, Zohar Massey, Heather Reynolds, and Sharon Schindler Rising. 2007. "Group Prenatal Care and Perinatal Outcome: A Randomized Controlled Trial." *Obstetrics and Gynecology* 110 (1): 330–39.

Johnson, Anna D., Rebecca M. Ryan, and Jeanne Brooks-Gunn. 2012. "Child Care Subsidies: Do They Impact the Quality of Care Children Experience?" *Child Development* 83 (4): 1444–61.

Joint Center for Housing Studies of Harvard University. 2013. "America's Rental Housing: Evolving Markets and Needs." Cambridge, MA: Joint Center for Housing Studies of Harvard University.

Jones Harden, Brenda, Heather Sandstrom, and Rachel Chazan-Cohen. 2012. "Early Head Start and African American Families: Impacts and Mechanisms of Child Outcomes." *Early Childhood Research Quarterly* 27 (4): 572–658.

Kalmuss, Debra, Bruce Armstrong, Molly Franks, Gabrielle Hecker, and Jessica Gonzalez. 2008. "Evaluation of a Community-Based Sexual Health Intervention for Young Adult Latino and African American men." *Journal of Men's Health* 5 (4): 318–26.

Kellam, Sheppard G., C. Hendricks Brown, Jeanne Poduska, Nicholas Ialongo, Wei Wang, Peter Toyinbo, Hanno Petras, Carla Ford, Amy Windham, and Holly C. Wilcox. 2008. "Effects of a Universal Classroom Behavior Management Program in First and Second Grades on Young Adult Behavioral, Psychiatric, and Social Outcomes." *Drug and Alcohol Dependence* 95 (1): S5–S28.

Kessler, Ronald C., Greg J. Duncan, Lisa A. Gennetian, Lawrence F. Katz, Jeffrey R. Kling, Nancy A. Sampson, Lisa Sanbonmatsu, Alan M. Zaslavsky, and Jens Ludwig. 2014. "Associations of Housing Mobility Interventions for Children in High-Poverty Neighborhoods with Subsequent Mental Disorders during Adolescence. *Journal of the American Medical Association* 311 (9): 937–48.

Kudielka, Brigitte M., and Clemens Kirschbaum. 2005. "Sex Differences in HPA Axis Responses to Stress: A Review." *Biological Psychology* 69 (1): 113–32.

Larson, Reed, Jacquelynne Eccles, and Jennifer Appleton Gootman. 2004. "Features of Positive Developmental Settings." *The Prevention Researcher* 11(2): 8-13.

Latimore, Amanda, Darius Tandon, and Freya Sonenstein. 2014. "Healthy Minds at Work: Addressing the Mental Health Needs of Youth in Job Training Programs." Baltimore: Johns Hopkins Bloomberg School of Public Health Prevention Research Center.

Lauderdale, Diane S. 2006. "Birth Outcomes for Arabic-Named Women in California before and after September 11." *Demography* 43 (1): 185–201.

LaVeist, Thomas A. 2005. "Disentangling Race and Socioeconomic Status: A Key to Solving Health Disparities." *Journal of Urban Health* 82 (2): iii26–34.

LaVeist, Thomas A., Roland Thorpe, Gishawn Mance, and John Jackson. 2007. "Overcoming Confounding of Race with Socioeconomic Status and Segregation to Explore Race Disparities in Smoking." *Addition* 102 (2): 65–70.

Love, John M., Ellen Eliason Kisker, Christine M. Ross, Peter Z. Schochet, Jeanne Brooks-Gunn, Diane Paulsell, Kimberly Boller, Jill Constantine, Cheri Vogel, Allison Sidle Fuligni, and Christy Brady-Smith. 2002. "Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start." Washington, DC: US Department of Health and Human Services.

Lowell, Darcy, Alice S. Carter, Leandra Godoy, Belinda Paulicin, and Margaret Briggs-Gowan. 2011. "A Randomized Controlled Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research into Early Childhood Practice." *Child Development* 82 (1): 193–208.

Magnuson, Katherine A., and Jane Waldfogel. 2005. "Early Childhood Care and Education: Effects on Ethnic and Racial Gaps in School Readiness." *The Future of Children* 15 (1): 169–96.

Marcell, Arik V., Elizabeth Allan, Eric A. Clay, Catherine Watson, and Freya L. Sonenstein. 2013. "Effectiveness of a Brief Curriculum to Promote Out-of-School Young Adult Males' Condom and Healthcare Use." *Perspectives on Sexual and Reproductive Health* 45 (1):33–40.

Massey, Douglas, Len Albright, Rebecca Casciano, Elizabeth Derickson, and David N. Kinsey. 2013. *Climbing Mount Laurel: The Struggle for Affordable Housing and Social Mobility in an American Suburb.* Princeton, NJ: Princeton University Press.

McCrory, Eamon, Stephane A. De Brito, and Essi Viding. 2010. "Research Review: The Neurobiology and Genetics of Maltreatment and Adversity." *Journal of Child Psychology and Psychiatry* 51 (10): 1079–95.

McEwen, Bruce S. 1998. "Protective and Damaging Effects of Stress Mediators." *New England Journal of Medicine* 338: 171–79.

———. 2006. "Protective and Damaging Effects of Stress Mediators: Central Role of the Brain." *Dialogues in Clinical Neuroscience* 8: 367–81.

———. 2007. "Physiology and Neurobiology of Stress and Adaption: Central Role of the Brain." *Physiological Reviews* 87: 873–904.

———. 2010. "Stress, Sex, and Neural Adaptation to a Changing Environment: Mechanisms of Neuronal Remodeling." *Annals of the New York Academy of Sciences* 1204: E38–E59.

Miller Brotman, Laurie, Kathleen Kiely Gouley, Daniel Chesir-Teran, Tracy A. Dennis, Rachel G. Klein, and Patrick Shrout. 2005. "Prevention for Preschoolers at High Risk for Conduct Problems: Immediate Outcomes on Parenting Practices and Child Social Competence." *Journal of Clinical Child and Adolescent Psychiatry* 34: 724–34.

Miller, Elizabeth, Daniel J. Tancredi, Heather L. McCauley, Michele R. Decker, Maria Catrina D. Virata, Heather A. Anderson Nicholas Stetkevich, Ernest W. Browne, Feroz Moideen, and Jay G. Silverman. 2012. " 'Coaching Boys into Men': A Cluster-Randomized Controlled Trial of a Dating Violence Prevention Program." *Journal of Adolescent Health* 51: 431–38.

Mills, Gregory, Daniel Gubits, Larry Orr, David Long, Judie Feins, Bulbul Kaul, Michelle Wood, Amy Jones & Associates, Cloudburst Consulting, and QED Group LLC. 2006. *Effects of Housing Vouchers on Welfare Families.* Washington, DC: US Department of Housing and Urban Development.

Mitchell, C., J. Hobcraft, Sara S. McLanahan, S. R. Siegel, A. Berg, Jeanne Brooks-Gunn, Irwin Garfinkel, and D. Notterman. 2014. "Social Disadvantage, Genetic Sensitivity, and Children's Telomere Length." *Proceedings of the National Academy of Sciences of the United States of America* 111 (16): 5944–49.

Mohatt, Nathaniel V., Azure B. Thompson, Nghi D. Thai, and Jacob K. Tebes. 2014. "Historical Trauma as Public Narrative: A Conceptual Review of How History Impacts Present-Day Health." *Social Science and Medicine* 106: 128–36.

Moulton, Shawn, Laura R. Peck, and Keri-Nicole Dillman. 2014. "Moving Opportunity's Impact on Health and Well-Being among High-Dosage Participants." *Housing Policy Debate* 24 (2): 415–45.

Myers, Hector F., Kerby T. Alvy, Angela Arlington, Mark A. Richardson, Marilyn Marigna, Robbin Huff, Michael Main, and Michael D. Newcomb. 1992. "The Impact of a Parent Training Program on Inner-City African-American Families." *Journal of Community Psychology* 2 (2): 132–47.

Noyes, Jennifer L., Maria Cancian, and Laura Cuesta. 2012. "Holding Child Support Orders of Incarcerated Payers in Abeyance: Final Evaluation Report." Madison: Institute for Research on Poverty, University of Wisconsin–Madison.

Office of Child Care. 2011. "Policies and Practices that Promote Continuity of Child Care Services and Enhance Subsidy Systems." Washington, DC: US Department of Health and Human Services.

Olsen, Edgar O. 2014. "Alleviating Poverty through Housing Policy Reform." Paper presented at "Innovating to End Urban Poverty" conference, Los Angeles, March 27–28.

Osypuk, Theresa L., and Dolores Acevedo-Garcia. 2008. "Are Racial Disparities in Preterm Birth Larger in Hypersegregated Areas?" *American Journal of Epidemiology* 167 (11): 1295–1304.

NLIHC (National Low Income Housing Coalition). 2014. *Out of Reach 2014: Twenty-Five Years Later, The Affordable Housing Crisis Continues.* Washington, DC: National Low Income Housing Coalition.

Parks, Greg. 2000. "The High/Scope Perry Preschool Project." Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Picklesimer, Amy H., Deborah Billings, Nathan Hale, Dawn Blackhurst, and Sarah Covington-Kolb. 2012. "The Effect of Centering Pregnancy Group Prenatal Care on Preterm Birth in a Low-income Population." *American Journal of Obstetrics and Gynecology* 206 (415): e1–7.

PolicyLink. 2014. "From Crisis to Change: Changing Policies and Reforming Systems to Improve the Life Chances of Boys and Men of Color." Oakland, CA: PolicyLink.

Popkin, Susan J., Megan Gallagher, Chantal Hailey, Elizabeth Davies, Larry Buron, and Christopher Hayes. 2013. "CHA Residents and the Plan for Transformation." Washington, DC: Urban Institute.

Popkin, Susan J., Bruce Katz, Mary K. Cunningham, Karen D. Brown, Jeremy Gustafson, and Margery Austin Turner. 2004. "A Decade of HOPE VI: Research Findings and Policy Challenges." Washington, DC: Urban Institute.

Popkin, Susan J., Tama Leventhal, and Gretchen Weismann. 2010. "Girls in the 'Hood: How Safety Affects the Life Chances of Low-Income Girls." *Urban Affairs Review* 45 (6): 715–44.

Popkin, Susan J., Diane K. Levy, and Larry Buron. 2009. "Has HOPE VI Transformed Residents' Lives? New Evidence from the HOPE VI Panel Study." *Housing Studies* 24 (4): 477–502.

Raja, Sheela, Michelle Hoersch, Chelsea F. Rajagopalan, and Priscilla Chang. 2014. "JADA Continuing Education: Treating Patients with Traumatic Life Experiences: Providing Trauma-Informed Care." *Journal of the American Dental Association* 145 (3): 238–45.

Rave, C. Cybele, Stephanie M. Jones, Christine Li-Grining, Fuhua Zhai, Molly W. Metzger, and Bonnie Solomon. 2009. "Targeting Children's Behaviors in Preschool Classrooms: A Cluster-Randomized Controlled Trial." *Journal of Consulting and Clinical Psychology* 77 (2): 302–16.

Ries, Amy Vastine, and Freya L. Sonenstein. 2006. "What Works for Boys? A Re-examination of Coeducational School Curricula." In *It's a Guy Thing: Boys, Young Men, and Teen Pregnancy Prevention,* edited by Karen Troccoli, 101–38. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Sanbonmatsu, Lisa, Jens Ludwig, Larry F. Katz, Lisa A. Gennetian, Greg J. Duncan, Ronald C. Kessler, Emma Adam, Thomas W. McDade, and Stacy Tessler Lindau. 2011. *Moving to Opportunity for Fair Housing Demonstration Program: Final Impacts Evaluation*. Washington, DC: US Department of Housing and Urban Development, Office of Policy Development and Research.

Scott, Molly M., Mary Cunningham, Jennifer Biess, Jennifer Lee O'Neil, Philip Tegeler, Ebony Gayles, and Barbara Sard. 2013. "Expanding Choice: Building a Successful Housing Mobility Program." Washington, DC: Urban Institute.

Settersten, Richard, and Doris Cancel-Tirado. 2010. "Fatherhood as a Hidden Variable in Men's Development and Life Course." *Research in Human Development* 7 (2): 83–102.

Shaefer, Stephanie A., J. Lee Kreader, Ann M. Collins, and Sharmila Lawrence. 2006. "Parent Employment and the Use of Child Care Subsidies." New York: National Center for Children in Poverty.

Shapiro, Alyson F., Judy Krysik, and Amy L. Pennar. 2011. "Who Are the Fathers in Healthy Families Arizona? An Examination of Father Data in At-Risk Families." *American Journal of Orthopsychiatry: Interdisciplinary Perspectives on Mental Health and Social Justice* 81 (3): 327–36.

Smith, Robin, Megan Gallagher, Susan Popkin, Amanda Mireles, and Taz George. 2014. "Coercive Sexual Environments: What MTO Tells Us about Neighborhoods and Sexual Safety." *Cityscape* 16 (1): 85–112.

Thompson, R. A. 2014. "Stress and Child Development." *Future of Children* 24 (1): 41–59.

Tierney, Joseph P., Jean Baldwin Grossman, and Nancy L. Resch. 2000. "Making a Difference: An Impact Study of Big Brothers Big Sisters." Philadelphia: Public/Private Ventures.

Turner, Margery Austin, Austin Nichols, and Jennifer Comey. 2012. "Benefits of Living in High-Opportunity Neighborhoods: Insights from the Moving to Opportunity Demonstration." Washington, DC: Urban Institute.

Turner, Margery Austin, Susan J. Popkin, and Lynette Rawlings. 2009. *Public Housing and the Legacy of Segregation.* Washington, DC: Urban Institute Press.

Turner, Margery Austin, and G. Thomas Kingsley. 2008. "Federal Programs for Addressing Low-Income Housing Needs: A Policy Primer." Washington, DC: Urban Institute.

University of Chicago Crime Lab. 2012. "BAM—Sports Edition." Chicago: University of Chicago Crime Lab.

US Department of Education. 2013. "Promise Neighborhoods." Washington, DC: US Department of Education.

Walls, Melissa L., and Les B. Whitbeck. 2012. "Advantages of Stress Process Approaches for Measuring Historical Trauma." *American Journal of Drug and Alcohol Abuse* 38 (5): 416–20.

About the Authors

Nan Marie Astone is a senior fellow in the Center on Labor, Human Services, and Population at the Urban Institute, which she joined in 2013 after serving 24 years on the faculty of the Johns Hopkins Bloomberg School of Public Health. She is a demographer with expertise on reproductive health, the family, adolescence, and the transition to adulthood.

Susan J. Popkin is a senior fellow and director of the Neighborhoods and Youth Development initiative in the Metropolitan Housing and Communities Policy Center at the Urban Institute. A nationally recognized expert on public and assisted housing, Popkin directs a research program that focuses on the ways neighborhood environments affect outcomes for youth and on assessing comprehensive community-based interventions.

Heather Sandstrom is a senior research associate in the Center on Labor, Human Services, and Population at the Urban Institute. Her research focuses on early childhood development and public programs that support the well-being of low-income children and families, such as Head Start/Early Head Start, child care subsidies, and maternal and child home visiting.

Lisa Dubay is a senior fellow in the Health Policy Center at the Urban Institute and a nationally recognized expert on Medicaid and the Children's Health Insurance Program. A health services researcher, she has focused for over 25 years on evaluating the effects of public policies on access to care, health care utilization, health outcomes, and health insurance coverage using quasi-experimental designs.

URBAN INSTITUTE

2100 M Street NW
Washington, DC 20037

www.urban.org

ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector.

Funding for this paper was provided by the Annie E. Casey Foundation, the Atlantic Philanthropies, the Open Society Foundations, and the Robert Wood Johnson Foundation. The views expressed are those of the authors and should not be attributed to these foundations or to the Urban Institute, its trustees, or its funders.

Funders do not determine research findings or influence scholars' conclusions. Urban scholars and experts are independent and empowered to share their evidence-based views and recommendations shaped by research.