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REPARABLE HARM:

ASSESSING AND ADDRESSING DISPARITIES FACED BY
BOYS AND MEN OF COLOR IN CALIFORNIA

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Summary

Boys and Men of Color in California

An expanding body of literature has documented that racial and ethnic disparities exist across a broad array of domains (Williams and Collins, 1995; Krieger et al., 1993). The literature also addresses how racial and ethnic disparities have developed and persisted over time in the context of historical and structural racism that has shaped policies, practices, and programs in ways that create disadvantage for certain groups (Aspen Institute Roundtable on Community Change, 2004; Hofrichter, 2003). This history and institutionalization of disadvantage has meant that “inequities that exist at all levels of society have persistent, profound, and long-lasting effects” (King County Equity and Social Justice Initiative, 2008). Within this context, boys and men of color are particularly vulnerable. The literature has found that inequities exist for boys and men of color across multiple domains. For example, boys and men of color have lower high school graduation rates, a greater likelihood of going to prison, and higher mortality rates from homicide (Dellums Commission, 2006).

Given that many of the inequities are especially great for boys and men of color, The California Endowment commissioned this report to examine and document racial and ethnic disparities for boys and men of color in California. This report provides detailed information on areas where the greatest disparities for boys and men of color exist identifying possible starting points for addressing these disparities. We worked with The California Endowment to identify four broad outcome domains—socioeconomic, health, safety, and ready to learn—and to select specific indicators within each domain from a range of possibilities. We then analyzed available data to quantify the magnitude of the disparities.

A Standard Metric for Capturing Disparities

For each indicator in each of the chosen outcome domains, we use a standard method for comparing the data and measuring the disparities. This method involves calculating the “odds” for boys and men of color—in this case, Latino and African-American boys and men—compared with white boys and men. What are the odds, for example, that an African-American or Latino boy will be arrested relative to a white boy, and how great is the disparity? By expressing the disparities in terms of odds, we provide a simple way to quantify the increased risk of one group over another. If one group has higher odds than another, then

that means there is a disparity between the groups for that indicator. We calculated the odds by dividing the rate or percentage for boys and men of color by the rate or percentage for white boys and young men. While any disproportion in odds is a concern, we focus on those indicators where the odds are *two times greater or more* for boys and men of color relative to their white peers. Specifically, we report on those indicators for which at least one of the groups (Latinos or African Americans) met the threshold of 2.0 higher odds than whites. Although this cut-off point is somewhat arbitrary, we believe that it serves as a useful starting point to help policymakers prioritize policy actions. Whenever possible, we provide male-only statistics, in keeping with the intent of The California Endowment. However, for some indicators, data by gender are simply not available. Likewise, we provide the odds for California only, unless only national data are available. In cases where such national data are available and where the differences provide a meaningful contrast, we compare California with the rest of the nation.

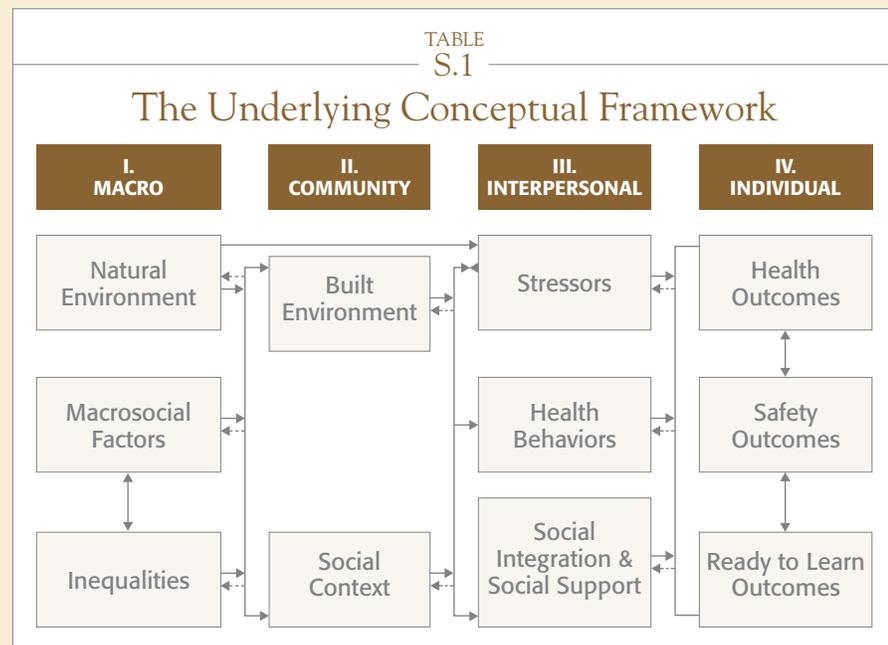
Disparities in a Social Determinant Context

In trying to understand where disparities come from and how to address them, we grounded our research in the context of a conceptual framework based on the Northridge, Sclar, and Biswas (2003) model, which describes the contextual factors that interact to promote or inhibit individual health outcomes. This model highlights the multiple pathways by which factors in the physical, social, economic, and family domains contribute to individual well-being. We modified their framework to include safety and education (or ready to learn) outcomes at the individual level. See **Table S.1**. A more detailed version of the framework is provided in Chapter Two of this report.

At the macro level, social factors, such as cultural institutions, economic and political systems and ideologies, interact with inequalities in wealth, employment and educational opportunities and political influence. These inequalities, in turn, also influence the social context in which a child develops. At the community level, the built environment includes such factors as land use, availability of services and transportation, recreational resources (such as parks), and the type of housing and schools available. A community's social context takes into account the quality of education, local policies, political

influence and the amount of community investment. At the micro/interpersonal level, stressors can include such factors as violent crime, unsafe housing, financial insecurity and unfair treatment. In terms of social support and family assets, neighborhood social cohesion, family, social support, and parent education are also important contributors to an individual’s development and well-being. In addition, individual health behaviors, including substance use, dietary practices, and physical activity, also are important influences on outcomes.

Three key aspects of this framework are important in considering the results we present. First, individual outcomes and behavior are not generated in isolation but rather are embedded in a social and economic environment. Second, the individual-level outcomes are likely to be related, because they are produced in the same underlying context. Third, this framework captures the complex set of factors that contribute to disparities in the odds for boys and young men of color.



The Findings

For the four sets of outcomes, we find that the odds for boys and men of color are far worse (more than two times worse) than they are for white boys and men across a number of indicators. In the following sections, we present those indicators within each of the outcome areas, and in each table we highlight in grey the outcomes for which the results are two times worse, or greater, for either Latinos or African Americans. Below, we highlight indicators with some of the largest disparities within each outcome area.

Socioeconomic Disparities

California has experienced higher child poverty rates than the country as a whole since the early 1980s. Between 2002 and 2005, the child poverty rate remained about 19 percent overall. African-American and Latino children in California experience the highest rates of child poverty—each at about 27 percent. As **Table S.2** shows, African-American and Latino children are 3.4 times more likely than white children to live in poverty. California poverty rates are associated with family structure, parental education and parental work status. Families with a single mother have the highest poverty rates, at 42 percent, while married-couple families have a rate of only 12 percent. About half of the poor children in California live in families in which neither parent finished high school; the rate of poverty in these families is 44 percent (Public Policy Institute of California, 2006).

TABLE
S.2

Socioeconomic Disparities

Odds for Boys and Men of Color Relative to White Boys and Men

Indicator	Latino	African-American
Children living in poverty	3.4	3.4
Maternal education (less than high school)	10.2	2.0
Children in single-parent households	1.1	2.5
Children living with unemployed parents	1.6	2.4

In terms of maternal education, white and African-American mothers in California tend to be more educated than their counterparts in the rest of the United States, but this advantage is not as great for Latino mothers. In California, African-American mothers are two times more likely than white mothers to have less than a high school education, while Latino mothers are more than ten times more likely than white mothers to have less than a high school education (**Table S.2**). Several decades of research have demonstrated strong links between maternal education and a range of child outcomes (Coleman et al., 1966; Leibowitz, 1977; McLanahan, 2004; Carneiro, Meghir, and Parey, 2007). Such research has argued that maternal education may improve children's well-being, both because maternal education is highly correlated with other socioeconomic determinants of children's outcomes—such as family income and neighborhood quality—and also because maternal education is associated with better caregiving, resulting in better health practices, home literacy, and other behaviors that promote child development (Desai and Alva, 1998).

Health Disparities

Table S.3 shows that, in the area of health, the odds of an infant being born to a teenage mother in California are 3.6 times greater for Latino infants than for white infants. African-American infants are more than twice as likely as white infants to be born to a teenage mother. Children that are born to teenage mothers have a greater chance of repeating a grade, dropping out of high school and being unemployed as young adults. Many of the risk factors for teenage pregnancy are related to socioeconomic status. Poverty, low education level and lack of employment are all predictors of pregnancy for teenagers of all racial and ethnic groups.

Nationally, 9 percent of children 18 years of age or younger have active asthma, compared with 8.6 percent of children under age 18 in California (Bloom and Cohen, 2007; California Department of Health Services, 2007). In California, the odds of having active asthma are 1.7 times higher for African-American children than they are for white children; in addition, 7 percent of Latino children have active asthma (Meng et al., 2007). Disproportionality in asthma burden among California children can be measured by differences in hospitalization rates. As **Table S.3** shows, African-American male children

have asthma hospitalization rates 3.7 times greater than their white counterparts. Risk factors for asthma include living in an urban area (especially the inner city), which may increase exposure to environmental pollutants; substandard housing; respiratory infections in childhood; low birth weight; obesity; having one or both parents with asthma; and exposure to secondhand smoke (Mayo Clinic, 2008; California Department of Health Services, 2007).

Nationally, the risk of contracting HIV or AIDS is 6.9 times higher for African-American male adults and adolescents than for whites (Table S.3). Latinos are 3.1 times more likely than whites to have HIV or AIDS. HIV works against the immune system and allows infections to grow and spread throughout the body; it is most commonly transmitted through sexual contact and injection drug use. In California, HIV-related mortality is the

TABLE
S.3

Health Disparities

Odds for Boys and Men of Color Relative to White Boys and Men

Indicator	Latino	African-American
Very low birth weight	1.0	2.6
Births to unmarried women	2.2	3.0
Births to teen mothers	3.6	2.2
Infant mortality	1.2	2.8
Childhood asthma hospitalizations	1.1	3.7
Childhood obesity	2.0	0.8
Post-Traumatic Stress Disorder (PTSD)	4.1	2.5
Health insurance (lack of) (0-17 years)	4.8	0.6
Access to health care (no usual source of care) (0-11 years)	2.5	1.1
HIV and AIDS	3.1	6.9

eighth-leading cause of death for African-American men and the tenth-leading cause for Latino men (Lee and McConville, 2007).

Safety Disparities

In the area of safety, **Table S.4** shows that, for most of the indicators, the magnitude of the increased odds is highest for African Americans. Nationally, African-American men are 5.5 times more likely than white men to go to prison in their lifetime, and the odds for Latino men for this outcome are 2.9 times higher than for white men. Overall, 1 in 3 African-American men, 1 in 6 Latino men, and 1 in 17 white men are expected to go to prison during their lifetime (assuming current trends in incarceration rates) (Bonczar, 2003). Changes in first incarceration and mortality rates between 1974 and 2001 have had different impacts on lifetime incarceration depending on race and ethnicity. The likelihood of African American men going to prison over their lifetimes has increased more than any other group, with Latino men experiencing the second-largest increase. Based on current rates of first incarceration, an estimated 6.7 percent of African-American men in the United States will enter state or federal prison by age 20, compared with 3 percent of Latino men and less than 1 percent of white men (Bonczar, 2003).

Nationally, African-American children are almost 9 times more likely, and Latino children are more than 3 times more likely than white children to have a parent in prison (**Table S.4**). An estimated 856,000 California children—approximately 1 in 9—have a parent currently involved in the adult criminal justice system (Simmons, 2000).¹ The imprisonment of parents disrupts parent-child relationships, alters the networks of familial support, and places new burdens on governmental services, such as schools, foster care, adoption agencies and youth-serving organizations (Travis, McBride, and Solomon, 2005). Children of incarcerated parents are more likely to exhibit low self-esteem, depression, emotional withdrawal from friends and family, and inappropriate or disruptive behavior at home and in school, and they are at increased risk of future delinquency and criminal behavior (Travis and Waul, 2003).

¹ Calculation of 1 in 9 children is based on U.S. Census Bureau March 1999 Current Population Survey. There were about 9.8 million children ages 0–18 in California in 1999 (Simmons, 2000).

Some of the greatest disparities we observed are for African Americans' homicide-related death rates. Homicide is the sixth-leading cause of death among African-American men and the seventh-leading cause of death among Latino men in California (Lee and McConville, 2007).² Young African-American men (15–24 years) have a homicide death rate at least 16 times greater than that of young white men (Table S.4), and young Latino men have a homicide death rate 5 times greater than that of young white men. In addition, African Americans and Latinos have increased odds relative to whites of being exposed to other forms of violence, such as shootings, bombs or riots.

TABLE
S.4

Safety Disparities

Odds for Boys and Men of Color Relative to White Boys and Men

Indicator	Latino	African-American
Witnessing domestic violence	1.1	2.1
Exposure to other forms of violence (shootings, bombs, or riots)	2.1	3.0
Substantiated child abuse and neglect	1.3	2.5
Disproportional representation in foster care*	.89	4.05
Lifetime likelihood of ever going to prison	2.9	5.5
Disproportional representation in prison population*	1.07	4.3
Incarceration rate	1.5	6.7
Children with incarcerated parents	3.3	8.8
Juvenile arrest rate	1.2	2.5
Juvenile custody rate	2.1	5.7
Firearms-related death rate	3.3	10.1
Homicide-related death rate	5.1	16.4

* This is not an odds ratio, but rather it is a disproportionality index number. For foster care, the index represents the proportion of children in the foster care system compared with that group's overall proportion in the general population. An index number below 1.00 indicates an underrepresentation in foster care compared with the proportion in the general child population, while a number above 1.00 indicates an overrepresentation of children in foster care. For the prison population, the index represents the proportion of African-Americans or Latinos in the prison population compared with each group's overall proportion in the general population. An index number above 1.00 indicates an overrepresentation in the prison population.

² For adult African-American men (25 years and older), heart disease drives much of the mortality disadvantage, followed by homicide. The time period for the death certificate data is 2000–2002.

In California, African-American children are overrepresented in foster care, with a disproportionality index of 4.05 (Table S.4). This index represents the proportion of children in the foster care system compared with that group's overall proportion in the general population. An index number above 1.00 indicates an overrepresentation of children in foster care compared with that group's proportion in the general child population. Children are removed from their home and placed in foster care when they cannot be adequately protected from maltreatment. Maltreated children are more likely to be depressed, abuse alcohol or drugs, engage in risky sexual behavior, perform poorly in school and become involved with the criminal justice system. The risk factors for child maltreatment include such parent, family and community characteristics as poverty, unemployment, teen parents and alcohol or drug use.

Ready to Learn Disparities

In the ready to learn area (Table S.5), the increased odds for Latinos and African Americans are comparable and focused within the achievement and proficiency indicators. African-American Californians over age 25 are nearly twice as likely to be without a high school diploma as whites, while Latinos in California are almost seven times as likely to be without a high school degree (Table S.5). This extremely large gap for Latinos is explained in part by the differences in educational attainment between native-born and other residents. In California, about nine out of ten native-born U.S. citizens have a high school degree, compared with only half of noncitizens and three-quarters of naturalized citizens (California Department of Finance, 2007b). In addition to accounting for earnings differences, high school graduation status is also linked to improvements in other outcomes, such as health status (Smith, 2005) and children's outcomes (Currie and Morretti, 2003).

In California, both Latino and African-American children are at increased risk for being below basic proficiency in math and in reading. For both African-American and Latino students, the gaps between their scores and those of whites are larger for math than for reading. These gaps shrink between fourth grade and eighth grade for math, but for reading, they grow slightly for African Americans and stay the same for Latinos. California children perform

below the national average on most measures of academic achievement. One way that California differs from the rest of the country is that in the grade 4 tests, Latinos are the most likely to score below basic proficiency, while in the rest of the country African Americans are most likely to score below basic proficiency. However, for the grade 8 tests, the race and ethnicity patterns in California mirror those in the rest of the nation, with African Americans being the most likely to score below basic proficiency.

TABLE
S.5

Ready to Learn Disparities

Odds for Boys and Men of Color Relative to White Boys and Men

Indicator	Latino	African-American
High school noncompletion	6.7	1.9
Student achievement: below reading proficiency (grade 4)	2.3	2.2
Student achievement: below reading proficiency (grade 8)	2.3	2.4
Student achievement: below math proficiency (grade 4)	3.6	3.5
Student achievement: below math proficiency (grade 8)	2.5	2.8
School suspension	1.2	2.4
Grade retention	1.1	2.0

Reducing the Disparities

The conceptual framework in **Table S.1** illustrates that there are multiple pathways through which factors in the physical, social, economic, and family domains contribute to individual well-being. A growing body of research suggests that the disparities in odds for boys and men of color that we summarize here are largely the result of a cumulative set of factors—including adverse socioeconomic conditions and unequal access to health care, quality education, adequate housing and employment—which, together, play large

roles in generating these disparities. Given this broader context, what can policymakers, government agencies, philanthropic foundations, community organizations and service providers do to improve the life chances of boys and men of color in California?

Within this framework of macro-, community, and interpersonal/individual-level factors, national organizations, such as the National Urban League, the Joint Center for Political and Economic Studies, and the Congressional Hispanic Caucus—as well as foundations such as the W.K. Kellogg Foundation and the Ford Foundation—have made major contributions to understanding disparities among racial and ethnic groups and developing an action agenda for addressing these inequalities. The 2006 Dellums Commission report (Dellums Commission, 2006) undertook a comprehensive examination of a range of policies that limit the life chances of young men of color and their communities, and made a number of recommendations for policy change. Collectively, this body of work has led to important steps at the national level, such as federal legislation to establish an Office of Men’s Health within the Department of Health and Human Services (DHHS) to examine the social determinants of health.

At the macro level, the recommendations from various commissions and expert panels often stress identifying and addressing inequities in the systems that provide employment, educational or service opportunities. For example, one policy-level approach for addressing factors that contribute to disparities in foster care is in the area of legal guardianship. In its report, *African American Children in Foster Care* (2007), The U.S. Government Accountability Office (GAO) recommended that Congress consider amending federal law to allow federal reimbursement for legal guardianship in much the same way as it is currently done for adoption. This would assist states in increasing the number of homes available for the permanent placement of African-American and other children out of foster care. To enhance states’ ability to reduce the proportion of African-American children in foster care, the GAO also recommended that the Secretary of Health and Human Services help states understand the nature and extent of disproportionality in their child welfare systems by, for example, encouraging states to regularly track state and local data on the ethnic and racial disproportionality of children in foster care.

Prisoner reentry is another area where policy-level approaches can help improve links between communities and state systems and data analysis can be used for identifying opportunities for improvement. The California Department of Corrections and Rehabilitation (CDCR) Expert Panel, in its *Report to the California State Legislature: A Roadmap for Effective Offender Programming* (CDCR, 2007b), put forth a set of recommendations for improving programming, the parole system, and reentry resources to help in transitioning ex-offenders back into the community. One key recommendation was that the CDCR develop and strengthen its formal partnerships with community stakeholders on reentry, including establishing interagency steering committees at the community and state levels to coordinate the transition of services for those returning from prison back to their communities.

At the community level, more opportunities exist to make changes that are likely to reduce the disparities for boys and men of color. For example, in 1994, Multnomah County, Oregon, addressed the problem of youth of color being disproportionately represented in its juvenile system by implementing a series of reforms that included establishing a Disproportionate Minority Confinement Committee that relied on objective analysis of data to achieve racial parity by 2000 (Dellums Commission, 2006).

The public health community has increasingly recognized “social determinants” of health as primary predictors of individual outcomes. Community-level factors include access to *health-promoting* services, such as parks, or to *health-robbing* experiences, such as relentless community violence, exposure to environmental toxins and poor school quality. Actions to improve community-level factors that can improve the odds for boys and men of color encompass a vast spectrum of activities and may use a variety of strategies to address numerous challenges. For instance, zoning laws can have an impact both on access to services and on reducing harmful environmental exposures. In Los Angeles County, the Child Care Planning Committee and the Policy Roundtable on Child Care worked to modify zoning laws so that more children of color will have access to licensed child care settings. To address disparities in environmental exposure, Washington, D.C. lawmakers undertook pollution-reduction measures, such as enforcing

anti-idling ordinances and regulating small-source emissions, and announced reductions in the number of unhealthy air quality days in the District by nearly half (District of Columbia Department of the Environment, 2006). The District had the highest rates of asthma in the country, and reducing unhealthy air quality days was expected to improve asthma outcomes for children, most of whom are children of color (District of Columbia Department of Health, 2000).

Community partnerships – which involve mobilizing resources across community institutions in a coordinated effort to address a particular issue – are increasingly recognized as a promising community-level approach to addressing complex social problems, such as racial disparities, that have multifaceted causes and cross the boundaries of any one organization. The advantages of community partnerships may include increased efficiency gained by eliminating duplicated services, improved service coordination and integration, and modification of community norms and values to promote healthy behaviors. One example of a comprehensive community initiative is the Ford Foundation’s Neighborhood and Family Initiative. Implemented in four cities over a five-year period, the initiative sought to develop and integrate social, physical and economic efforts throughout the community, with a strong focus on community involvement in the change process (Chaskin et al., 2001).

At the interpersonal and individual levels, the most proximate approach generally taken to improve outcomes is to implement “programs,” which operate by changing the intra- and interpersonal factors that affect individual outcomes. One example of a program with a strong evidence base is Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)—a school-based intervention to help children traumatized by violence. In Los Angeles, public middle schools with mostly Latino students received CBITS from school-based mental health clinicians. Students from economically disadvantaged neighborhoods who participated in the program were found to have significantly fewer symptoms of post-traumatic stress, depression and psychosocial dysfunction (Jaycox et al., 2002). Extending the CBITS program to other disadvantaged communities within California may help improve the emotional well-being of boys and young men of color and reduce some of the disparities in this area.

Implementing evidence-based “model programs” is not always practical, because communities vary in their resources, needs and cultural context, As a result, many individual-level interventions adapt the practices of model programs to their own context. Practices are more difficult to evaluate, because there is less information in the scientific literature on which to base effective practice guidelines. Examples of the types of practices widely represented in effective approaches for improving outcomes for children and youth include mentoring, the infusion of behavioral health services, comprehensive or integrative services and learning using non-didactic approaches:

- **Mentoring.** More than a dozen programs listed on the Promising Practices Network (PPN)—a collaboration between the RAND Corporation and public and private organizations to systematically review scientific evidence related to improving outcomes for children and families – use mentoring as one of the primary practices in improving outcomes for young people. From massive nationwide programs to small-scale model ones, programs built around mentoring have been shown to increase the number of youths graduating from high school, reduce conduct problems, improve performance on measures of achievement, and improve other indicators highlighted above. Evidence-based mentoring programs operating in California include Big Brothers/Big Sisters, Achievement for Latinos Through Academic Success, and Multi-Dimensional Treatment Foster Care.
- **Infusion of Behavioral Health Services.** Many of the effective approaches to improving the well-being of young people recognize the need to couple services that target a particular outcome and behavioral health services. For example, programs that are specifically designed to target substance abuse, gang involvement, or violence prevention are increasingly likely to include components to address behavioral health issues, including post-traumatic stress, anxiety and depression. The CBITS program is one example. Another example is Multisystemic Therapy (MST), an intensive, family-based treatment approach for improving the behavior of serious juvenile offenders (Curtis, Ronan, and Borduin, 2004).

- **Comprehensive or Integrated Services.** Another hallmark of many approaches is the emphasis on services that cut across outcome areas or bureaucratic functional lines. For example, early childhood intervention services are most often provided using a combination of preschool, home visiting, early screening and case management, rather than one of these alone (Karoly, Kilburn, and Cannon, 2005). An example from the field of juvenile justice is providing wraparound case management services designed to keep delinquent youth at home and out of institutions, where possible. In California, the Repeat Offender Prevention Program (ROPP) (a demonstration program from 1996 to 2002) provided wraparound services to at-risk youth (ages 8 to 15 years), including first-time offenders, youth with chronic truancy problems and gang-involved and substance-abusing youth (California Board of Corrections, 2002).
- **Learning Using Non-Didactic Approaches.** A final example of a practice that is represented among many of the effective program models is the recognition that participant learning should take place through experiential approaches, such as role-playing, rather than through didactic approaches, such as straight lecturing. Examples of this come from the substance-abuse prevention arena, where California interventions, such as *Keepin' It R.E.A.L.* (Promising Practices Network, 2008c) and *Project ALERT* (Promising Practices Network, 2008d), focus on practicing resistance skills, learning the benefits of not using alcohol, tobacco, and other drugs, and recognizing that most people do not use drugs.

What The California Endowment Is Doing

Some other examples of practices in these four areas include ongoing programs funded by The California Endowment that address some of the health and safety issues identified above for boys and men of color. They are summarized on the following page.

Conclusions

In this report, we highlight a number of disparities in four outcome areas: socioeconomic, health, safety, and ready to learn. Although there are large odds working against boys and men of color, there is a growing body of research that identifies approaches at the macro, community, interpersonal and individual levels that can improve those odds. Interventions at these different levels will reinforce and strengthen each other; having an impact

Sample of Relevant Programs Funded by The California Endowment

Program Name	What It Does
Homeboy Industries Mental Health Education and Treatment Assistance Services	Provides jobs and job training to at-risk youth and young adults in its small businesses in Los Angeles. Expanded its mental health and substance abuse counseling services and provided case management services to all participating in their job programs.
San Diego Second Chance Reentry Advocacy Project	Provides a set of comprehensive and integrated services that combines pre-release outreach with drug- and alcohol-free housing, mental health counseling, and job training and placement after release to help released inmates adjust to reentry in San Diego.
Youth UpRising PeaceMaking Program	Provides—as part of Youth UpRising program—a set of cross-cutting, integrative services for at-risk youth in Oakland, including mentoring services and referrals to mental health resources, job training programs and educational opportunities.
The Mentoring Center	Provides a focused group-mentoring program known as Positive Minds Group On Location for youth most at risk of destructive behavior within three Bay Area schools.
National League of Cities Institute’s Gang Prevention Network	Provides a coordinated effort that brings together civic and community leaders to develop and promote new approaches to reducing gang violence in 13 California cities—approaches that innovatively and comprehensively combine intervention, enforcement and prevention.
Healthy Returns Initiative	Provides improved access to health care for young offenders after release from the juvenile justice system in five California counties—Santa Clara, Santa Cruz, Ventura, Humboldt and Los Angeles—bringing together probation departments, health care providers, schools and families.



on the odds for these young people is likely to require a portfolio of strategies. In sum, the unequal chances that boys and men of color face are not immutable, and we know an increasing amount about how to improve those chances.

The California Endowment has taken a leadership role in addressing the social determinants underlying such disparities that exist in California. This commissioned report is intended to contribute to the statewide conversation on this important set of issues by shedding light on key disparities within California for boys and men of color. This report is designed to help readers understand some of the basic facts related to the odds for boys and men of color in the state. But beyond that, we hope that the report will help identify starting points in the policy arena for diminishing the disparities for boys and men of color in California. The disparities in the indicators shown here can be used as a baseline to measure progress in narrowing inequalities over time.