

# Youth Engagement to Achieve Health Equity: Are Healthcare Organizations and Leaders Prepared?



JUST SIX  
QUESTIONS  
RESEARCH  
SUMMARY

*“Notably, one [youth advisory board] member reflected that [anti-racism] should not have to fall on the youth to lead. They shared, ‘I shouldn’t have to be like ‘there are these racist issues or like these race-related things that are occurring within this project’. Like, it should just be the knowledge of the people who are, you know, in those leadership positions” (p. 416).*

## 1. WHAT IS THE RESEARCH ABOUT?

Racialized youth experience significant health disparities across a range of outcomes. The onset of COVID-19 further exacerbated health inequities, exposing racialized communities to a heightened risk of infection, hospitalization, and death. Healthcare systems must be forced to interrogate their existing youth engagement practices, with next steps focusing on actively involving racialized youth in program and policy implementation and evaluation.

Systemic inequities resulting from institutional racism, restrictive policies, and **adultism** (adults’ negative perceptions of youth capabilities and structural barriers that limit youth’s power in society) act as barriers to meaningfully engaging youth and prevent racialized groups from accessing high-quality healthcare services.

Two strategies for youth engagement are **establishing youth advisory boards and engaging in youth participatory action research**. Youth advisory boards hire young people in paid positions and integrate youth voices and experiences in formal decision-making, focusing on research, practice, and policy. Youth participatory action research approaches actively involve youth in all stages of the research process to inform decision-making and foster positive change.

This research is based on data collected from a year-long **process evaluation** (exploring whether activities within a program are going as planned) of a pilot youth advisory board developed and implemented in a large urban *safety net hospital* (a hospital intended to care for historically underserved populations experiencing marginalization). The research examines the barriers and facilitators to engaging racialized youth in the youth advisory board, including both advisory board experiences and experiences in a youth participatory action research project.

## 2. WHERE DID THE RESEARCH TAKE PLACE?

The research took place at the Boston University School of Social Work and Boston Medical Center Family Medicine Department in Massachusetts, United States.

## 3. WHO IS THIS RESEARCH ABOUT?

The research is about eight racialized youth, all members of the youth advisory board, and six adult allies, who brought expertise in youth advisory boards, youth participatory action research methods, group facilitation, anti-racist practice, and health promotion.

## 4. HOW WAS THE RESEARCH DONE?

This process evaluation took place between August 2021 and June 2022. Members of the youth advisory board “elected to act as consultants in the evaluation, as the majority of their time was dedicated to leading the [youth participatory action] research” (p. 413). Their research project focused on youth perceptions of trusting relationships with healthcare professionals, and how healthcare professionals integrate an understanding of intergenerational trauma in their patient care practices with youth.

For the evaluation, the youth advisory board members and adult allies participated in individual **semi-structured interviews** before their project began, mid-project, and after the project ended. These two groups also participated in **two focus groups** at the end of the project — one including both the youth advisory board members and adult allies, and the other comprising only adult allies – that centred on collective learning. The interview and focus group guides were developed by the evaluators, but were reviewed and edited by members of the youth advisory board, and their feedback was both prioritized and incorporated.

The interviews and focus groups were **audio-recorded** and **transcribed** (written out word for word); the transcripts were then coded and analyzed by project staff. Youth advisory board members reviewed emerging findings “to ensure accurate themes were defined, described, and refined as needed” (p. 415).

## 5. WHAT ARE THE KEY FINDINGS?

The evaluation revealed **three key themes** describing the experiences of the young people and adult allies engaged in the youth advisory board and youth participatory action research project:

**i) Anti-racist framework:** The adult allies reported the importance of adults **acknowledging their power and positionality** (where one is located in relation to various social identities). The youth advisory board members stressed the need for adults in healthcare settings who are working with racialized youth to **undergo training focused on institutional racism and equity-focused practice**.

**ii) Organizational readiness:** Examining **organizational culture** to identify structures, policies, and practices that uphold racism and adultism is critical. Organizations must **clearly define expectations for adult and youth roles** and ensure **adequate resources** for youth decision-making. **Bidirectional communication** is important for meaningful inclusion, as is creating **safe spaces** for youth to connect and build peer relationships.

**iii) Adult readiness:** Hiring **trained facilitators with lived experience and intersecting identities** and **intentionally engaging with racialized staff** is important. Adopting a **youth-adult partnership model** that acknowledges and emphasizes **bidirectional benefits** for adults and organizations when there is youth participation was identified as critical.

## 6. WHY DOES THIS RESEARCH MATTER FOR YOUTH WORK?

When we do not include youth voices in decision-making, the healthcare system fails to acknowledge the value of youth’s lived expertise and often misses the opportunity to design program interventions that are responsive to the needs and priorities of diverse youth. **Engaging youth in decision-making** helps to ensure programs and services are assessed for racial and cultural relevance and community specificity.

Including youth in organizational leadership and decision-making not only impacts youth but also adult allies, who benefit from an intersectional lens to policy and practice that includes race, gender, age, and sexual orientation. Youth engagement can facilitate adults’ acquisition of knowledge, skills, and information to promote health equity, especially in racialized communities.

**Youth advisory boards and youth participatory action research are complementary approaches to engaging youth** in healthcare organizations and systems. Practitioners can use the recommendations from this study during their planning processes to assess organizational culture, set clear expectations regarding the roles and responsibilities of youth and adult allies, and determine the extent to which the organization’s engagement with youth integrates a youth-adult partnership model where youth and adults share power.

Q Augsberger, A., Young, A., Toraif, N., Morris, M., & Barnett, K. G. (2023). Youth engagement to achieve health equity: Are healthcare organizations and leaders prepared? *American Journal of Community Psychology*, 73(3-4), 410-422.