

# Creation and evaluation of an intensive health education camp intervention for adolescents living in temporary housing



**THE FLOATING HOSPITAL**

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# Homeless youth statistics: New York

New York City, Washington, DC and Massachusetts are the only places that have right to shelter mandates

<b>Total number of homeless students</b>	<b>148,485</b>
Total number of unaccompanied homeless students	10,643
Nighttime residence: unsheltered	5,460
Nighttime residence: shelters	40,822
Nighttime residence: hotels/motels	2,989
Nighttime residence: doubled up	99,034





# Runaway youth

- **1 in 10 young adults** ages 18-25, and at least 1 in 30 adolescents ages 13-17, experience some form of homelessness unaccompanied by a parent or guardian over the course of a year
- **29% of homeless youth** report having substance use problems
- **69% of homeless youth** report mental health problems
- **33% of homeless youth** had once been part of the foster care system
- **50% of homeless youth** have been in the juvenile justice system, in jail or detention





# Runaway youth

- **27% of homeless LGBTQ youth** reported exchanging sex for basic needs compared to 9% of non-LGBTQ youth who reported having to exchange sex for basic needs.
- **62% of LGBTQ youth** report being physically harmed while experiencing homelessness while **47% of non-LGBTQ youth** reported being physically harmed while homeless.
- **The lack of a high school or GED is the number one correlate for elevated risk of youth homelessness.**





# Youth health risk: New York-unstably housed

Indicator	NYC (%)	Home-less (%)	Times more likely
Physically forced to have sex	7.3		
Experienced sexual violence	12		
Experienced sexual dating violence	7.3	10.2	1.4
Experienced physical dating violence	10.6	28.3	2.67
Attempted suicide	9.2	27.7	3
Currently drank alcohol	24.6	32.7	1.3
Currently used vapes	22.4	27.9	1.2
Currently used marijuana	7.3	28.6	1.5

Indicator	NYC (%)	Home-less (%)	Times more likely
Ever had sex	7.3	31.6	1.04
Had sex before age 13	12	21	6.8
Been pregnant in the last 12 months	7.3	8.9	4.5
Had sex with 4+ people	10.6	10.1	1.4
Currently sexually active	9.2	25.9	1.2
Did not use condoms at last sexual intercourse	24.6	37.3	1.1
Never tested for HIV	22.4	48.8	1.7





# Higher risk for unstably housed youth

- According to the Youth Risk Behavior Survey, unstably housed youth are **more likely to use drugs and alcohol, have sex before age 13, and enter into abusive relationships** when compared to their stably housed peers.
- They are slightly **more likely** to use condoms and be tested for STIs/HIV





# Homelessness and mental health

- School-aged homeless children are more than 1.5 times as likely as housed children to experience mental illness
- Over 40% of homeless teens struggle with depression, compared to 28% of housed peers
- Homeless teens consider suicide more often and are three times more likely to attempt suicide than housed teens (19% to 6%)
- Lifetime prevalence of exposure to potentially traumatic events is over 70%





# Adverse childhood experiences (ACEs)

## Abuse

Physical  
Emotional  
Sexual

## Neglect

Physical  
Emotional

## Household challenges

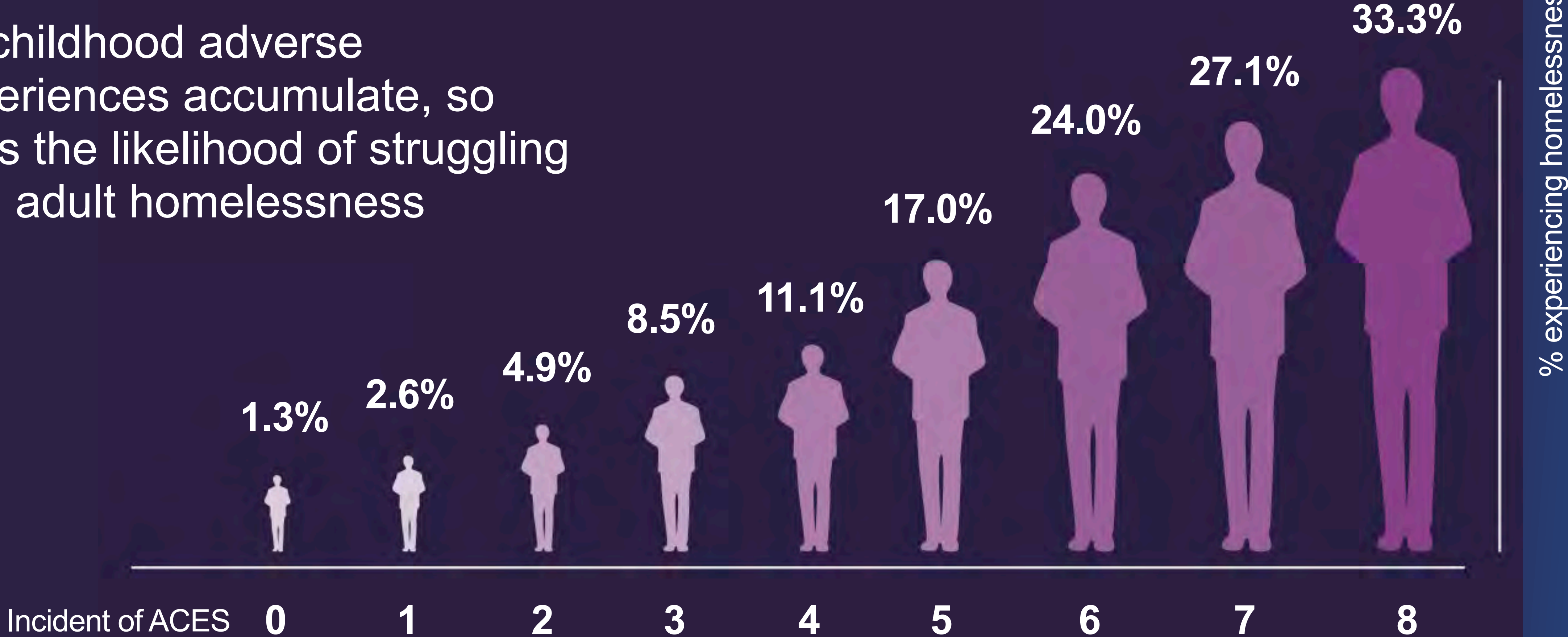
Mental illness  
Parent treated violently  
Divorce  
Incarcerated relative  
Substance abuse





# ACES and homelessness

As childhood adverse experiences accumulate, so does the likelihood of struggling with adult homelessness



Created by Seattle University's Project on Family Homelessness with information from Harvard • <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/> and SAMSA • <http://1.usa.gov/1ttTi65>. Infographic adapted from "Factors Associated with Adult Homelessness in Washington State: A Secondary analysis of Behavioral Risk Factor Surveillance System Data (Final Report)" by Cutuli, Montgomery, Evans-Chase & Culhane (University of Pennsylvania, 2013). • <http://bit.ly/1xbGqDW>



# ACES types and classifications

Family-level ACES*	Community-level ACES**
Emotional abuse	Economic hardship
Physical abuse	Community violence
Sexual abuse	Bullying
Emotional neglect	Foster care
Physical neglect	Discrimination (e.g. racism, homophobia, etc.)
Household domestic violence	
Household mental illness	
Household substance use	
Parental separation or divorce	
Having a parent or family member incarcerated	

**\*Family-level ACES:** these are the ACeS from the 1998 Kaiser Permanente Study that are sometimes referred to as conventional, original or traditional ACES. These ACES are experienced within the home or family.

**\*\*Community-level ACES:** These are adversities experienced outside the home. They often refer to structural and social adversities





# Homelessness and physical health

Health conditions among the homeless population versus the general U.S. population

**Homeless**

**Housed**

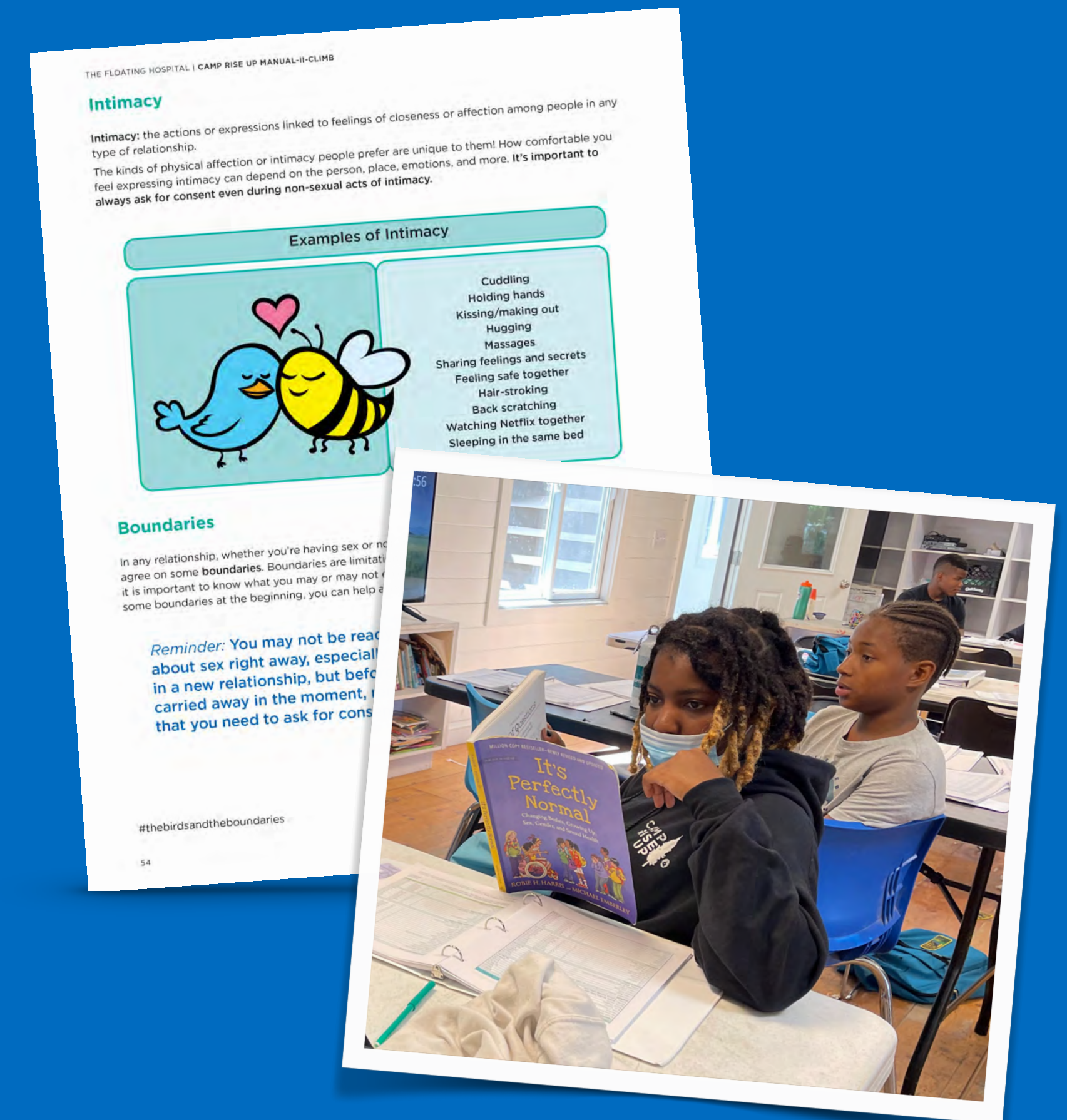
18%	.....	Diabetes	.....	9%
50%	.....	Hypertension	.....	29%
35%	.....	Heart attack	.....	17%
<b>20%</b>	.....	<b>HIV</b>	.....	<b>1%</b>
<b>36%</b>	.....	<b>Hepatitis C</b>	.....	<b>1%</b>
<b>49%</b>	.....	<b>Depression</b>	.....	<b>8%</b>
<b>58%</b>	.....	<b>Substance use disorders</b>	.....	<b>16%</b>

Source: Health Center Patient Survey (HCPS) 2009



# “Below the belt” versus comprehensive sexual health

- “Below the belt” sex education focuses only on what happens below the belt—just the sex! Sexually transmitted infections, unplanned pregnancy, reproductive anatomy, etc.
- Comprehensive sex education usually means that contraception is taught in addition to abstinence
- However, ideal, and fully **comprehensive** sex education includes social-emotional skills that are necessary to have effective conversations and healthy relationships before, during, and after sexual encounters (or other risky behaviors)







CAMP  
RISE  
UP

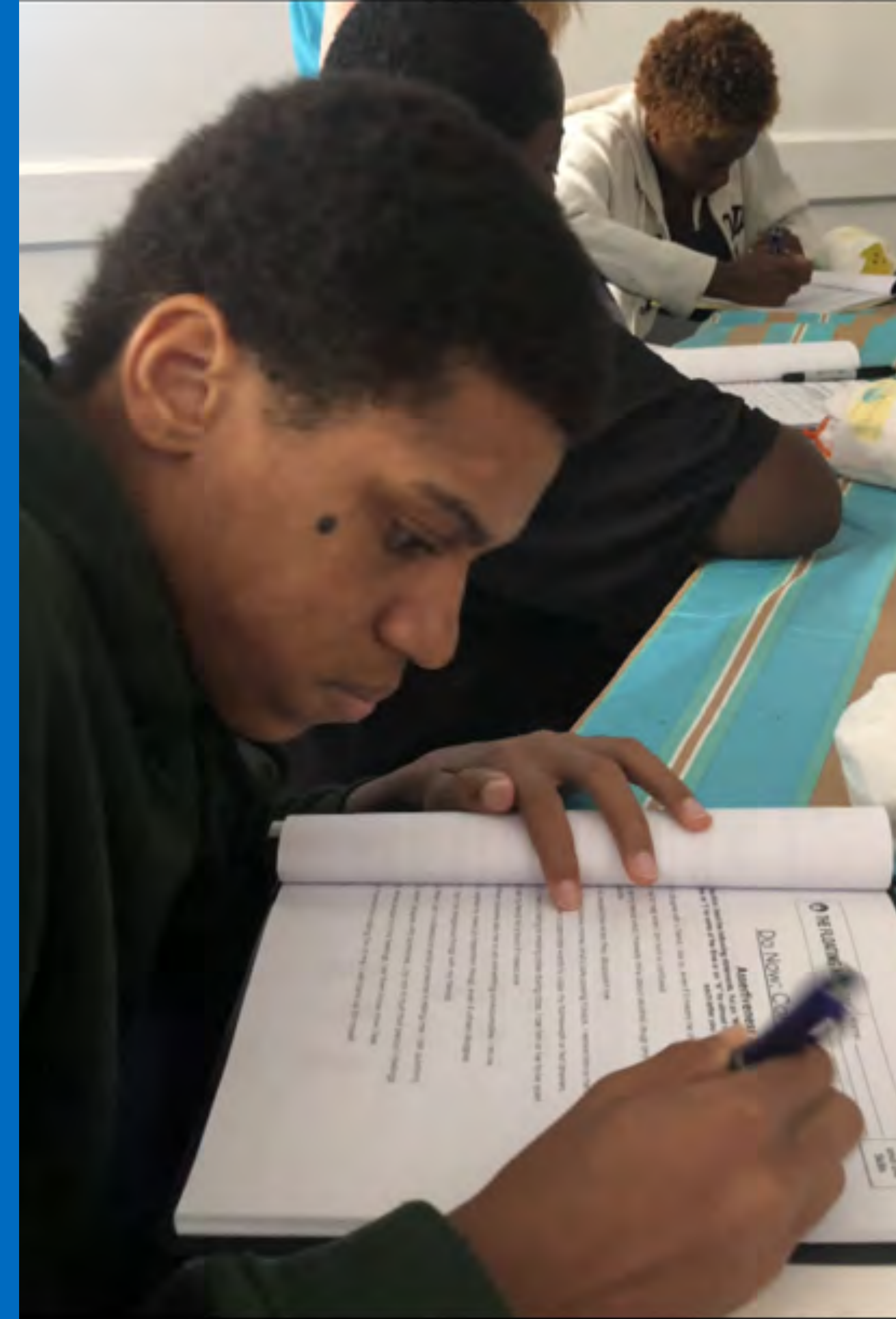


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# 2018: year 1 • pilot

- Day camp: 2 separate weeks, 25 kids
- 15 topics
  - Day 1: identity & self-esteem, goal setting, reproductive anatomy
  - Day 2: communication, puberty, sexuality
  - Day 3: managing emotions, gender, pregnancy
  - Day 4: healthy relationships, STIs/HIV, contraception
  - Day 5: peer pressure, consent, drugs & alcohol
- Evaluation: pre-test/post-test on knowledge and attitudes only
- Campers wanted to come back!





# 2019: year 2 • sleep away!

- One week, 26 kids
- 14 topics
  - Removed *goal setting*
  - Added *conflict resolution to managing emotions*
  - Combined *gender and sexuality*
  - Added *media literacy*
- New evaluations
  - Stage of change
  - Self-efficacy
  - Knowledge
  - Social support
- Post-test camp evaluation: lesson and activity ratings, teacher and counselor ratings and overall experience





# 2020: year 3 • COVID

- Back to a day camp
- 2 separate weeks: 25 kids
- Added a second curriculum for returning campers: 11 topics
  - Day 1: body image, mental health, bullying
  - Day 2: decision-making, stress management
  - Day 3: sexual health II, leadership
  - Day 4: financial literacy, contraception II
  - Day 5: social justice, media literacy





# 2022 & 2023: years 4 & 5

- Back to sleep away!
- Added third curriculum for returning campers
  - Counselor in training program
- Topics
  - Day 1: empathy & compassion, behavior management
  - Day 2: basic counseling skills, bias/judgement
  - Day 3: facilitation skills I, critical thinking
  - Day 4: facilitation skills II, shadowing
  - Day 5: Camp wrap-up, shadowing
- New evaluation for year 3: relevant to their curriculum
- Added a new question for evaluation years 1 and 2
  - Assertive communication





# Current curriculum: minor tweaks

## Trek (year 1): 14 topics

- Self-esteem
- Anatomy
- Communication
- Managing emotions
- Puberty
- Gender
- Peer pressure
- Pregnancy
- STIs/HIV
- Healthy relationships
- Consent
- Contraception
- Sexuality
- Drugs & alcohol

## Climb (year 2): 11 topics

- Body image
- Mental health
- Bullying & violence
- Decision making
- Stress management
- Sexual health II
- Contraception II
- Financial literacy
- Conflict resolution
- Demystifying porn
- Feminine empowerment/  
balanced masculinity

## Rise (year 3): 8 topics

- Empathy & compassion
- Behavior management
- Basic counseling skills
- Bias/judgment
- Facilitation skills I
- Facilitation skills II
- Critical thinking
- Leadership & social  
justice





# Engaging lessons

Educational intervention, but not school

Use as many engaging activities as possible during lessons

- Trivia
- Role plays
- Gallery walks
- Hands-on models/visuals
- Video clips
- Discussion
- Games
  - Obstacle courses
  - Team racing games
  - Jeopardy
  - Candy anatomy
  - Communication puzzle
  - Elephants and lions



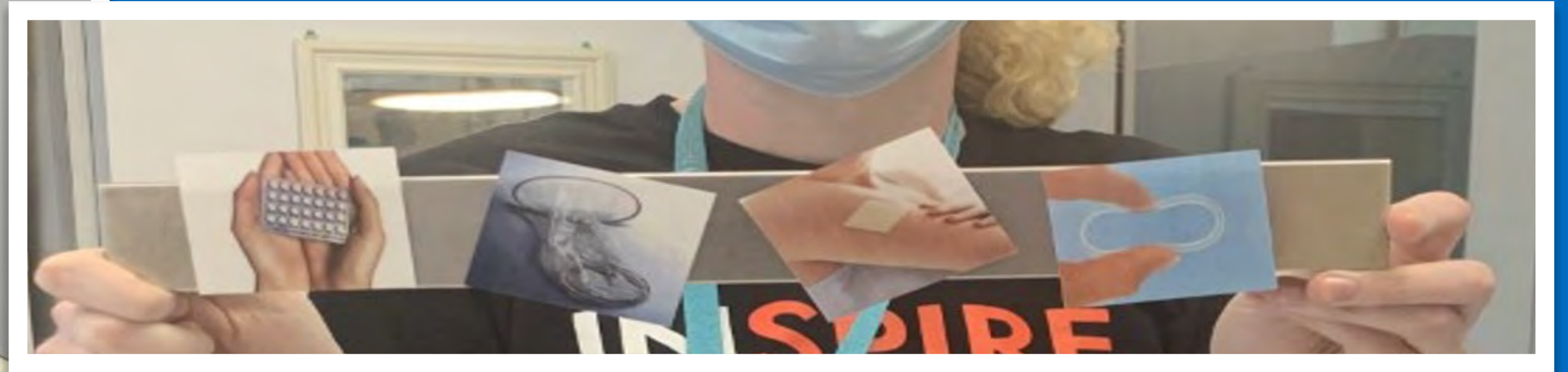


# Contraception kits





# Magnet game





# 2022 demographics

- 65 campers: 26 returning/39 new (2012 total: 59)
- Ages ranged from 12-17 (13.8 average)
- **Gender breakdown**
  - 47% male/47% female/6% other

## Racial breakdown

- 51% Black/African-American
- 22% Hispanic/Latino
- 2% Asian
- 5% other
- 22% 2+ racial identities
- 75% born in the US, 25% outside the US: average age of 8.8 when they moved here





# 2022 housing

## Housing breakdown

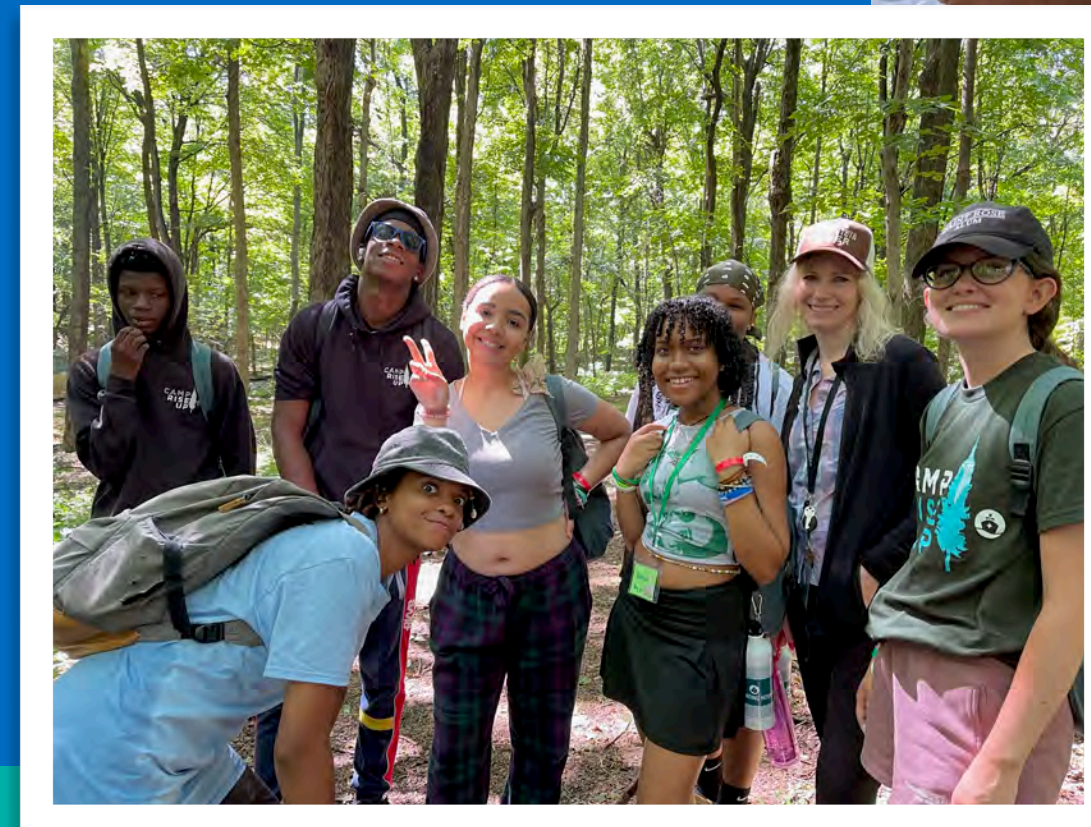
- 48% currently in temporary housing
- 24% currently in public housing
- 16% currently living elsewhere
- .....
- 72% have **ever** lived in temporary housing
- 40% have **ever** lived in public housing
- 5% have **always** lived elsewhere





# 2022 CRU risk behavior

- 22% have used drugs
- 14% have drunk alcohol
- 14% have had sex
- 30% of who either never or sometimes use condoms
- 51% have been in unhealthy relationships





# Evaluations

Trek and Climb both measure behavior change for 6 behaviors related to risky behavior and social emotional skills

- Saying “no” to sex if pressured to have sex
- Talking about the need to use a condom every time you have sex
- Saying “no” to alcohol if pressured to drink
- Ending unhealthy relationships
- Assertively communicating





# Evaluations

Rise measures 5 behaviors related to leadership and other CIT/counselor behaviors

- Applying critical thinking skills every time I encounter a problem
- Being an effective leader
- Effective behavior management
- Providing effective camper support
- Assertively communicating





# Evaluations

Each of these behaviors is measured by asking 4 questions

- **Stage of change:** I am (not thinking at all, thinking about, preparing or planning to, already been for less than 6 months, already been for more than 6 months, I have never) performed this behavior
- **Self-efficacy:** I am (0, 20, 40, 60, 80, 100%) confident I can perform this behavior
- **Knowledge:** I have (no, low, moderate, high, very high) knowledge about how to perform this behavior
- **Social Support:** I have (no, low, moderate, high, very high) support for performing this behavior

All 3 curricula also measure self-reported knowledge gain after each individual lesson topic:

- I rate what I knew about this topic **before** this camp lesson as (very poor, poor, fair, good, very good, excellent)
- I rate what I now know about this topic after this camp lesson as (very poor, poor, fair, good, very good, excellent)





# Impact

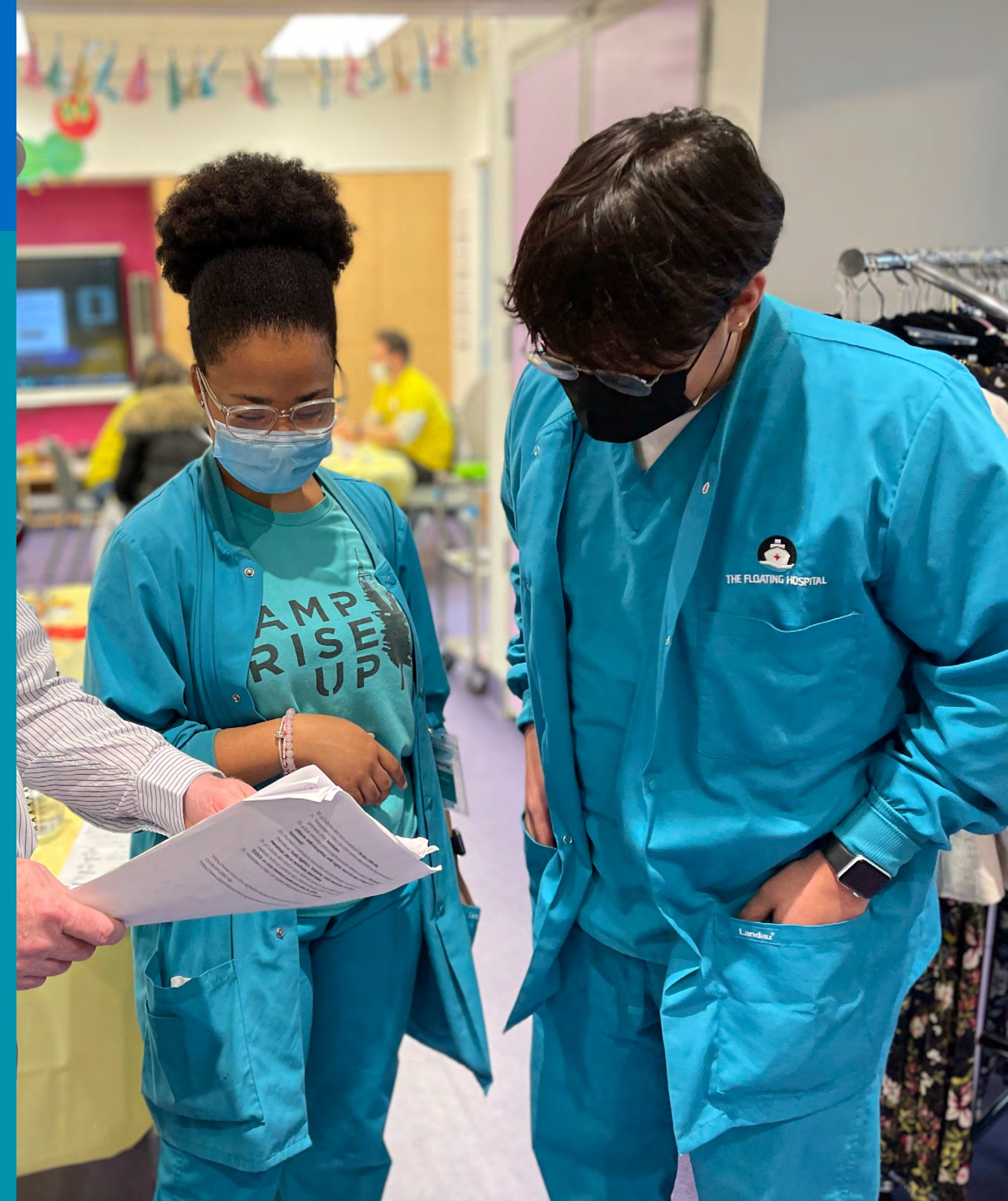
- From the 2019 analysis of data, the paired t-tests showed that camper knowledge ratings for all 14 lessons exhibited a significant increase in mean rating from before/pre-lesson to after/post-lesson
- A significant increase in knowledge of how to say “no” to sex if pressured was shown, and many others had a trend toward significance, meaning their answers changed in a positive direction at the end of camp (more analysis can be found in Miller 2021 dissertation)
- 100% of campers wrote that they would recommend the camp to others
- Activities, lessons, counselors, and staff were all rated between “very good” and “excellent”





# Impact

- Several campers have since applied to college and started attending when they originally had no interest in going
- Others come to The Floating Hospital to get help filling out college applications
- Two previous campers, and current counselors, are now employees of The Floating Hospital
  - Childcare provider
  - Receptionist





# Combatting barriers

- Free to all participants
- Transport to and from camp (Metrocards to clinic)
- Materials provided
  - T-shirts
  - Sweatshirt
  - Socks
  - Sneakers
  - Blankets
  - Pillows & pillowcases
  - Towels
  - Bookbags
  - Sunglasses
  - Hygiene kits
  - Puberty books
  - Extras
    - Bathing suits
    - Duffel bags
    - Clothing





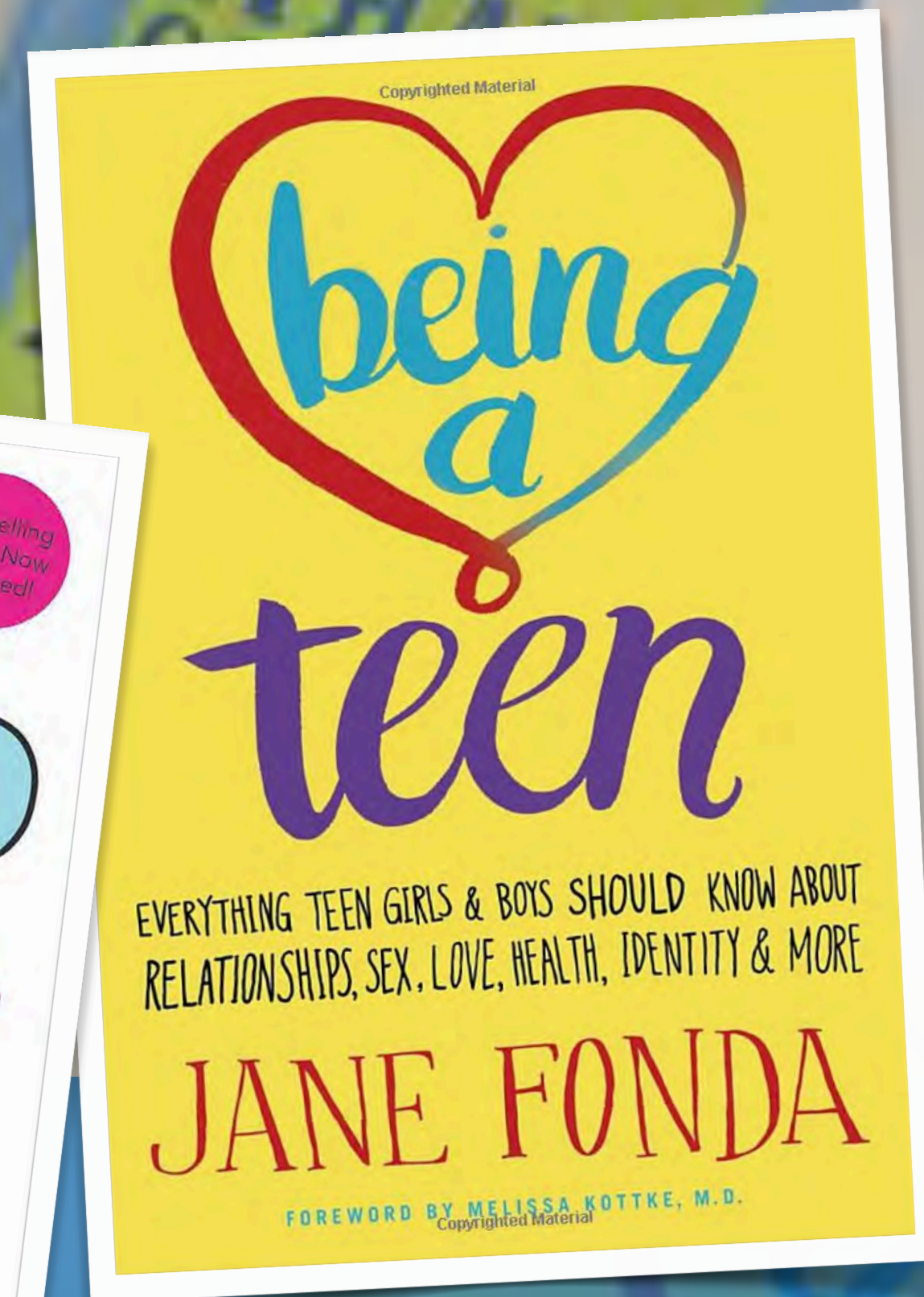
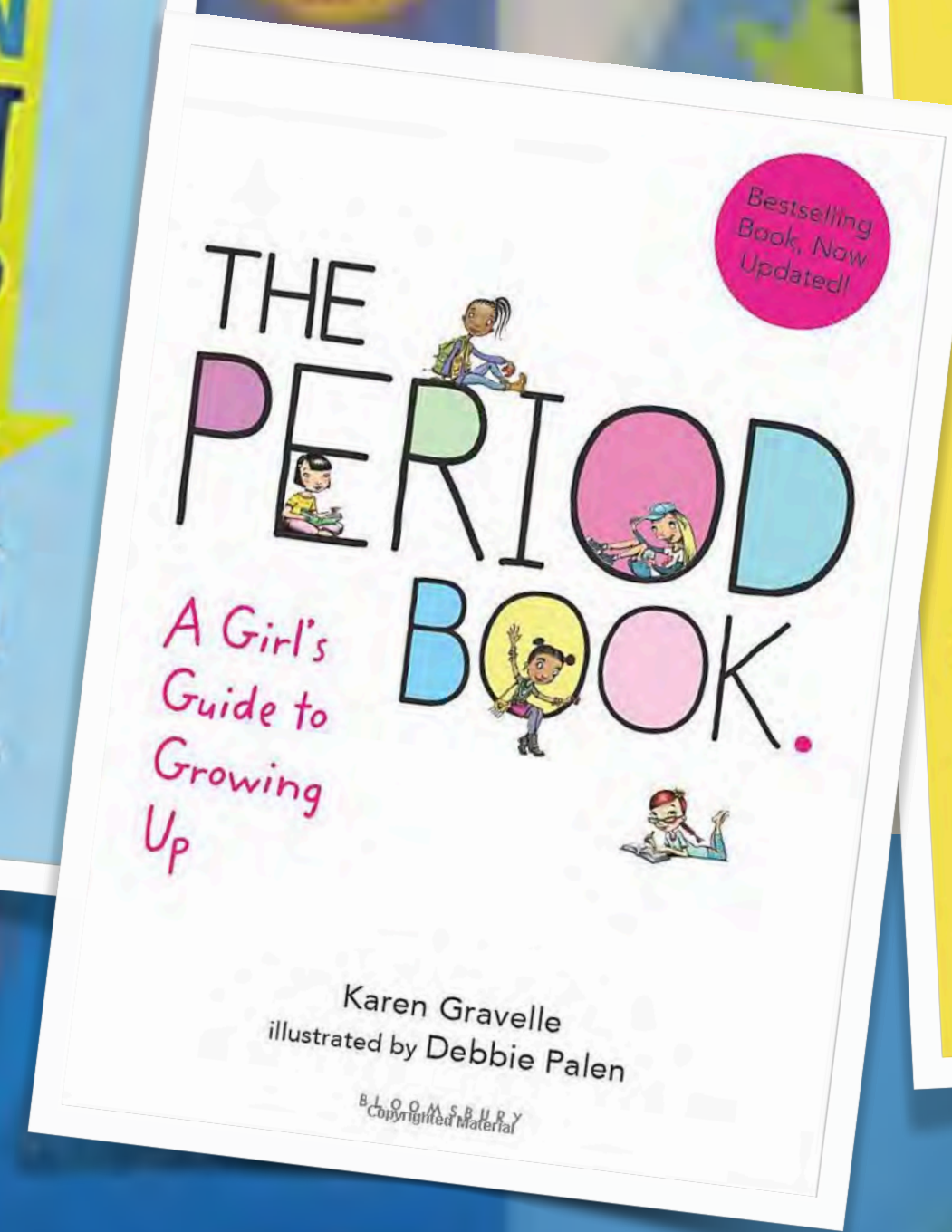
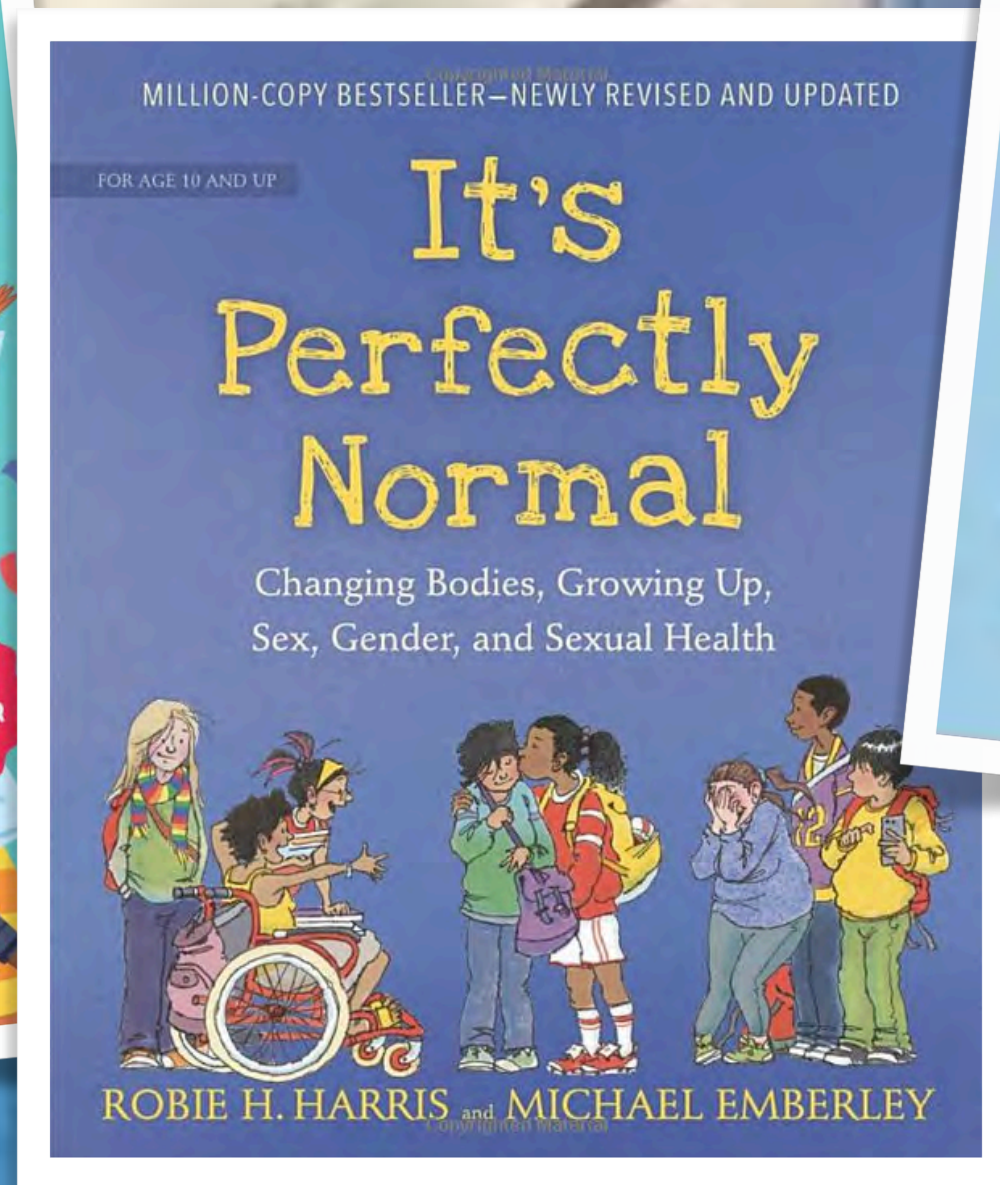
# Hygiene kits

Hygiene kits will often include the following:

- Soap or shower gel
- Shampoo
- Conditioner
- Loofah
- Hairbrush or comb
- Body wipes
- Deodorant
- Toothbrush
- Nail file or clippers
- Mouthwash
- Floss
- Lotion
- Face wash
- Vaseline or chapstick
- Razor (if allowed)
- Shaving cream
- Feminine care items: pads, tampons, panty liners





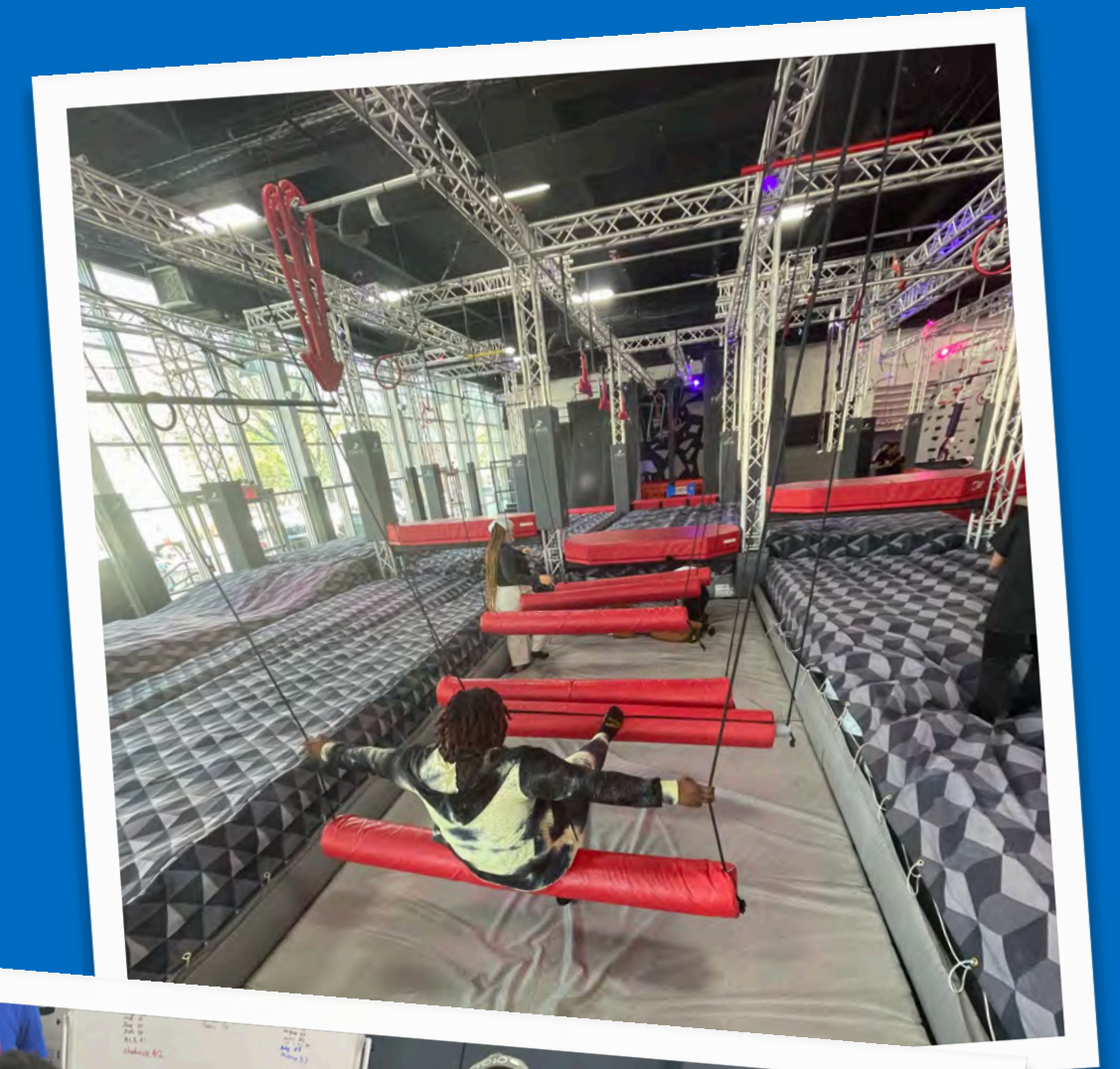


# Great books about puberty



# During the year

- After Camp Rise Up 2020, we implemented camp meet-ups, which were monthly zoom calls where campers could log in and reconnect with other campers
  - Not much success—sick of Zoom from school!
- Have monthly pizza party meet-ups
- Have 2 larger camp reunions
  - February break
  - Spring break
    - 6-month follow-up evaluation
- Camp Instagram account
  - Updates, reunions, CIT and counselor applications, etc.





# Current challenges

- Language barrier: many migrants in the NYC shelter system currently
- Transportation to and from the clinic
- Retention
  - Campers are in and out of the shelter, move in and out of state
  - Phone numbers not working





# Future goals

- 100 campers in 2023
- In development: a pilot parent program for campers' parents to launch in fall 2023
- Three-day “mini-camp” for 10 and 11 year-olds to be a feeder to Camp Rise Up comprised of five lessons
  - Puberty
  - Bullying
  - Self-esteem/identity
  - Managing emotions
  - Building healthy habits
- Extended training for CITs and counselors
  - Potentially a summer internship
- Scholarship program to pay for laptop or books for Camp alumni going to college
- **“Camp Rise Up Beyond”**: Educational public-health focused trips to other countries for cultural immersion and exposure to career opportunities for those expressing interest in public health/medical fields





# References

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National Alliance for the Mentally Ill





# Contact information

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## When asked how the camp lessons will help with life:

I guess you can look at it as a backpack that we can bring with us on our journeys. We have different things in our backpack we can now pull out because we've learned them and we have a better understanding. We're not really by ourselves in this—you know?

*-Isaiah, second year*



## When asked overall how was your experience at Camp Rise Up:

My experience at Camp Rise Up is just honestly wonderful. 'Cause when I first heard of coming, I was like, eh! And then when I came here, it's just like, wow! I'm going to miss it when I transition out. But now? It's just so beautiful to me.

*-Noely, third year*





## When asked about getting health education at other places:

My school offered sex ed classes, and my friends and I didn't learn anything from them. When I came to Camp Rise Up, everything just felt a lot clearer, honestly.

*-Kanish, third year*



## When asked how the staff is:

Even though they teach classes here, even though we do different things that relate to learning, the staff here are more like family members. We come here, they welcome us as family members. We can joke with them. We can play around with them. And they help us—whatever we need, they are always willing to give.

*-Isaiah, second year*

