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I study the positive development of youth and communities. Before my RWJ HSS postdoc, my work focused on understanding civic engagement (individual and collective actions designed address issues of public concern) as an outcome. Who participates in civic life, how, and why? How can we create opportunities for young people to constructively engage in civic life? During my postdoc years, I have expanded to thinking about civic engagement more dynamically, as both a process and a predictor. Now I ask: What implications does civic engagement have for healthy youth development and for the communities that youth are a part of?



Previous work: Why do youth become civically engaged?

Civic engagement emerges at the intersection of structural (e.g., civic opportunities in schools and communities) and individual (e.g., personal motivations) factors (**Ballard, Pavlova, Silbereisen & Damon, 2015**) [1]. Youth civic participation is shaped by the contexts of youth development; for example, young people in high and low socio-economic contexts face very different civic circumstances. In socioeconomically privileged contexts, youth are often encouraged or even required to give back through community service (**Ballard, Caccavale, Buchanan, 2014**) [2]. In less affluent contexts, youth often have fewer civic opportunities (Levinson, 2010) but find their way into different types of civic engagement; for example protesting, oftentimes driven by negative personal experiences like being victimized by police brutality or facing discrimination (**Ballard, 2014**) [3]. However, even powerful contexts are not deterministic. Individuals within various contexts become engaged citizens and internal motivations drive civic participation: Some youth are motivated to be the kind of person who helps people, others want to solve pressing social problems, and others want to build their resumes (**Ballard, Malin, Porter, Colby, & Damon, 2015**) [4].

New Work: What does civic engagement have to do with health?

Many people claim that civic engagement is good for both individuals and communities. I believe this can be true, but there is a lot of room for evidence to understand how, why, and for whom. I am tackling this question by thinking about links between civic engagement and individual and community health. Although not traditionally framed in terms of health, civic

engagement is a population health issue for two main reasons.

First, civic engagement might contribute to healthier lives. Civic engagement can be considered an asset to positive health with an important role in people living healthy lives. Social epidemiologists have established that social affiliation relates with physical health; for example, loneliness and social isolation contribute to health problems among adults through biological mechanisms such as immune system dysregulation. At the community level, social capital has been linked with better health (Kawachi & Berkman, 2014). Together, this work suggests that positive social connections can modulate biological functioning and affect health. Civic engagement is a special kind of social connectedness. People who are civically engaged are more optimistic, empowered, and report higher feelings of competence; these experiences are related to better psychological health and physical health outcomes such as less cardiovascular disease. At the same time, civic engagement can be stressful, difficult, and frustrating and can expose people to social problems and inequalities that are alarming and uncomfortable. The critical question is for whom civic engagement affects health.

Second, a civic engagement disparity exists whereby poorer, minority, immigrant and non-college bound youth participate less in civic activities than wealthier, White, non-immigrant and college bound youth (Levinson, 2010). This disparity is present early in adolescent development and persists into adulthood. This population level civic engagement gap deserves attention in health research for its policy implications. Not only does it imply that segments of the United States youth population have less access to the individual health benefits of civic engagement, but this civic engagement gap contributes to unequal civic and political representation across race and socioeconomic status.

My (ongoing) Postdoc Work

As a Robert Wood Johnson Foundation Health and Society Scholar, I have embarked on a multi-approach multidisciplinary, multilevel, and multimethod to understand the bi-directionality between individuals and communities and the implications it has for synergizing efforts to promote youth and community health. I am conducting two studies to investigate whether, and how, civic empowerment relates to health among marginalized youth. Together, these two studies ask: If disempowerment and hopelessness are bad for health, can programs aimed to empower young people improve health?

In a study with Dr. Wendy Mendes, we are using psychophysiological methods to look inside the body during a civic engagement activity. In this lab experiment, we are trying to understand physiological responses to lab-simulated civic empowerment and to test whether civic empowerment moderates the link between experiencing discrimination and subsequent physiological, psychological, and behavioral outcomes among young adults.

In a second study, I am partnering with a national organization, **Generation Citizen** [5], to test the longitudinal links between a civic empowerment intervention and self-reported health among middle and high school students. Generation Citizen is an innovative semester-long action civics course in which students assess community needs, collectively choose a civic issue to address, and take action toward addressing it. I am examining the links between the civic empowerment program and self-reported civic and health outcomes over time.

During my wonderful two years as an RWJ HSS postdoc, I have also kept busy applying my child development background to raising this fine young citizen.



References

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