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(Original Signature of Member)

111TH CONGRESS
1ST SESSION

H. RES.

Fostering resilience in African American youth.

IN THE HOUSE OF REPRESENTATIVES

Mr. HASTINGS of Florida submitted the following resolution; which was referred to the Committee on _____

RESOLUTION

Fostering resilience in African American youth.

Whereas all children around the world are born with the right to human dignity and the potential to realize their full capacities;

Whereas approximately 29 percent of the American children under age 18 are African American;

Whereas 34 percent of African American children under age 18 were living in poverty in 2007 compared with 10 percent of White children;

Whereas African American children and youth are disproportionately affected by a wide range of health conditions, including poor oral health, asthma, violent injury, sickle cell anemia, pediatric diabetes, poor mental and behav-

ioral health, HIV/AIDS, and health risks associated with obesity;

Whereas compared to Whites, African American children are 12 percent less likely to have a consistent primary care provider and 26 percent less likely to have a physician visit during the year;

Whereas increased physical activity, better nutrition, and regular oral care results in optimal physical development for African American children and youth in the face of various health risks;

Whereas African American children and youth are disproportionately exposed to risk factors including poverty, failing schools, and neighborhoods plagued by violence, which often serve as precursors to unhealthy outcomes;

Whereas African American children and youth who develop a positive racial identity have a healthier self-esteem, which can serve as a buffer for acts of racism, discrimination, or prejudice, and reduces levels of depression, anxiety, anger, and participation in risk-related behaviors;

Whereas supportive parents and caregivers, school, and community environments are critical in the promotion of peace and reduction of violence among African American youth, as well as promoting the development of emotional skills to handle the diverse feelings that come from multiple stressors;

Whereas African American children and youth with a strong belief in their own academic competence, with high levels of parental involvement, and with engaging education professionals exhibit higher rates of academic achievement;

Whereas communities that provide structured activities and positive adult interactions, such as access to high-quality child care and afterschool programs, lead to positive behavioral outcomes and better social adjustment in African American children and youth;

Whereas African American children and youth benefit from holistic youth development programs that acknowledge the relationship between physical health and mental health and risk behaviors and attitudes;

Whereas programs that build upon the cultural strengths and experiences of African American children and families, and which acknowledge the importance of the family's cultural frame of reference, have resulted in improved health and well-being;

Whereas resilience is a dynamic and multidimensional process consisting of the interaction of strength, resources, and risks factors within multiple contexts, such as family, peers, school, community, and society, across space and time; and

Whereas although a national legacy of slavery, cultural oppression, and ongoing racial discrimination places African American youth at risk, they possess protective factors in their families, peers, schools, and communities and more importantly within themselves, including positive racial identity, self-esteem, and emotional regulation, that prove critical in terms of fostering their healthy development and encouraging resilience: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) encourages research that promotes health

3 and well-being among African American youth and

4 seeks to understand the relationship between resil-

1 ience and the various types of development including
2 physical, identity, emotional, social, and cognitive;

3 (2) supports research that is integrative, inter-
4 disciplinary, and informed by the diverse cultural
5 traditions and socioeconomic and sociopolitical expe-
6 riences of African American communities, families,
7 children, and adolescents;

8 (3) endorses the development of centers on re-
9 silience that target optimal functioning and use
10 basic research to identify processes that promotes
11 resilience;

12 (4) encourages incorporation of culturally rel-
13 evant guidelines and recommendations into requests
14 for proposals for research and programming tar-
15 geting African American youth and families by local
16 and national funding agencies;

17 (5) encourages increased collaboration across
18 federal funding agencies involved in resilience re-
19 search such as but not limited to, National Institute
20 for Mental Health, National Institute of Child
21 Health and Human Development, Centers for Dis-
22 ease Control and Prevention, Substance Abuse and
23 Mental Health Services Administration, and Insti-
24 tute of Education Sciences; and

1 (6) promotes interdisciplinary partnerships
2 among physicians, mental health practitioners, edu-
3 cators, schools, community leaders, government
4 agencies, and families to ensure adaptation, dissemi-
5 nation, and implementation of culturally relevant,
6 evidence-based treatments that incorporate resilience
7 strategies in community settings for African Amer-
8 ican youth, families, and communities.