



CHILDHOOD RESILIENCE

Positive Adult Mentor

INDICATOR

Percent of youth who have a positive, non-parent, adult mentor they can talk to.

Numerator Number of children with one or more adult mentors

Denominator Children aged 6-17

DESCRIPTION

This metric identifies youth who have a mentor. This measure changed in 2016 to define mentor, now asking parents "Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood, or community who knows this child well and who he or she can rely on for advice or guidance?"

IMPORTANCE

The National Scientific Council on the Developing Child (NSCDC) reports that, "[the] single, most common finding is that children who end up doing well have had at least one stable and committed relationship" (NSCDC, 2015). Though parents can fulfill the role of mentor, this metric specifically asks about a mentor from within the child's community. Strong relationship between mentor and mentee additionally correlate with increased positive outcomes for youth who have faced past adversity (Dubois, 2015). Ensuring that every youth has a positive, supportive adult is also one of the US governments Healthy People 2020 goals (<https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>).

LIMITATIONS

- This metric is reported by parents and may over-estimate their children's positive relationships with adults.
- This metric groups younger children with teens together; Youth-reported data for high school students shows a lower percent of youth with a strong adult relationship (71.6% of youth report having at least one teacher or other adult in their school to talk to), however there is no national comparison for this data (WI DPI, 2017).

ADDITIONAL ANALYSES

Wisconsin Analyses

Health Care Needs	% Children with Mentor
Data not available.	

National Analyses

Health Care Needs	% Children with Mentor
Children with emotional, behavioral or developmental (EBD) need	84.2%
Children with any other special health care need (not EBD)	92.4%
Children with no special health care needs	88.6%

YEAR:		2016	
WI	US	Best	Worst
94.1%*	88.7%	96.6% ND	80.4% NV
PAST YEAR:		2011/2012	
WI	US		
94.2%*	89.4%		

* Indicates a statistically significant difference from the US value at $p < 0.05$.

SOURCE

Child and Adolescent Health Measurement Initiative (CAHMI). 2016 National Survey of Children's Health Indicator Data Set. Data Resource Center for Child and Adolescent Health. www.childhealthdata.org.
 DuBois, David L., et al. (2002). Effectiveness of mentoring programs for youth: A meta-analytic review. American Journal of Community Psychology, 30(2), 157-197.
 National Scientific Council on the Developing Child. (2015). Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13. <http://www.developingchild.harvard.edu>.
 Wisconsin Department of Public Instruction. (2017). Youth Risk Behavior Survey (YRBS): Wisconsin 2017 Summary Tables.