PROMOTING HEALTH WITH YOUTH

Planning Health Promotion Initiatives With Youth

Youth Strategy Steering Committee
Healthy Living
May 2004
Acknowledgments

The development of **Promoting Health with Youth** document and framework would not have been possible without the contribution and support of the members of the Health Promotion/Disease Prevention Youth Strategy Steering Committee.

Thanks are extended to Latasha Brothers, Sally Ng and Don Casson for their support with the formatting and design of this document.

This project would not have been possible without the enthusiasm and creative ideas generated by the youth who so graciously took part in the consultations for this project.

Partners from various agencies provided time and expertise for document review. Thanks to Roxanne LeBlanc - Communities in Action with Children and Youth, Jane Skeans – Calgary Children’s Initiative, Brigitte Edwards and Nancy Brakke – YMCA Calgary.

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Chapter One: Youth Involvement

Before You Begin: Overview

Key Messages

Essential Elements of Success

Taking Action
Youth Involvement

OVERVIEW

Young people are the future of our city and of our country. Helping our young people grow into healthy, productive adults will have great positive impact on the well-being of our society in years to come, not to mention benefits to health outcomes and health status in the future. It is in our best interest to create opportunities to preserve and promote the health of young people now.

The period of adolescence is an opportune time to promote health because young people are forming lifelong health behaviours, exploring their own identity and learning to make decisions on their own. There is also recognition that youth have sometimes been considered a challenging and exceptional population to work with while promoting health and healthy lifestyles. This may be in part because the personal and social developmental characteristics of this stage of life support experimentation with a wide range of behaviours, many of which may predispose adolescents to disease, injury or negative social consequences.

Promoting Health with Youth is a framework to guide health promotion planning for the 9 to 24 year old population. Health promotion is described as the process of enabling people to take control over and improve their own health. The Framework is intended to offer a common language, focus, and philosophy, which may be used to identify gaps and advocate for increased programs and services. Those interested in this document may represent any on the following types of organizations:

- health Promotion and/or Disease Prevention units
- health departments
- community service groups and youth serving organizations
- youth council/advisory groups
- individuals interested in health promotion and youth development

Promoting Health with Youth can be used in a variety of ways, depending on your community, your situation and the objectives of your organization or group. Consider using Promoting Health with Youth as

- an advocacy tool
- for reference, research and information gathering
- a resource for front-line staff and youth leaders
- a community workshop resource
- a policy development tool
- a guide to youth committee organization, discussion and planning
- a guide to taking action on community youth issues
Youth Involvement

Promoting Health with Youth is about you. Whether you are a front-line worker focusing on youth, program planner or administrator, your role is vital. Promoting Health with Youth is designed for what you all have in common: an interest in how health promotion can contribute and compliment positive youth development.

It is our intent that after reading this document you will be convinced of the need to consider the following points as critical in any program or service that strives to promote the health, development and well-being of youth:

• Emphasize the positive - focus on the assets and protective factors that youth already possesses, not just risks.

• Shift from only trying to fix problems to providing opportunities and environments that promote youth development while addressing their issues.

• Foster supportive social and physical environments within families, schools, communities, workplaces and neighbourhoods and encourage healthy social connections.

• Create opportunities to build personal competency with experiential and guided learning opportunities rather than lecture style, didactic approaches.

• Incorporate self-help, self-esteem, self-efficacy and empowerment into health promotion initiatives.

• Build on the young person’s search for self-identity and autonomy, incorporate opportunities for decision making in health promotion programming while engaging youth in the planning and implementation of health promotion.

• Recognize the strong attachment youth have to their peer group(s) and consider this in health promotion planning.

Depending on your role, responsibilities and interests, you may choose to use Promoting Health with Youth as a resource in a variety of ways. The following summary of the contents may help you determine where you want to start and how you can best use Promoting Health with Youth.

KEY MESSAGES

How does health promotion benefit youth?

How can we use a positive and preventative approach?

What trends are shaping the lives of youth?
Youth Involvement

This section talks about the issues facing youth in today’s society. It introduces a positive approach to use when working with youth and defines the role of health promotion in helping to build healthier communities for all youth.

Promoting Health with Youth focuses not only on preventing problems but also on creating opportunities to develop youth potential. This means supporting positive conditions that foster resiliency factors and offset risk factors. We explain this approach in “Using a Positive Approach” as part of the key messages section.

You will also find benefit statements on the role of health promotion to help you promote your programs and projects to decision-makers.

ESSENTIAL ELEMENTS OF SUCCESS

Are youth involved?

Are you working together with youth?

Now we get down to what works with some practical “how-to” information on how to achieve success!

We will introduce in this section the importance of working with partners for your youth initiative and recruiting the right facilitators for your projects or programs. This section focuses on two guiding principles for planning programs and services for youth: Involving Youth and Working Together.

INVOLVING YOUTH

Effective youth participation is more than simply fitting young people into adult structures. It is recognizing and nurturing the strengths, interests and abilities of youth. It is providing real opportunities for youth to become involved in decisions that affect their health and their lives.

WORKING TOGETHER

Youth do not live in isolation. They grow up in environments that include their family, peers, school and community. Because of the complexity of these influences on youth, there must be a joint-effort by families, schools, health, government and other community organizations to ensure healthy youth development.

TAKING ACTION

Are your programs and services accessible to youth?

Are you taking a broad approach to health?

Are you getting your messages to the right people?

If you are already offering youth health programs and services, use this section as a guide to ensuring you are on the right track. If you are about to form a group to address youth issues in your community or embark on a new program
Youth Involvement

or service for youth, this section will provide practical information to help you take action.

We are pleased to present this guide as a tool to help foster awareness about challenges facing youth and the lifetime benefits of their participation in community health promoting opportunities. We hope that *Promoting Health with Youth* endorses innovation, communication, partnership and cooperation and that it encourages you to act towards creating environments that foster equal access to participation by all youth.

Above all, we hope that this guide helps you to have fun with youth. When you work with youth you are working with exceptional creativity, initiative and energy. Celebrate this – and together make a difference.
Chapter Two: Key Messages

What is “Promoting Health with Youth” About?

Using a Positive Approach to Healthy Youth Development

Health Promotion

Canadian and Calgary Youth: A Complex Issue
Key Messages

What is “Promoting Health with Youth” About?

When we refer to “youth” in this guide, we are referring to adolescents 9 – 24 years of age. We also include data from the consultations of young people as young as 9 years of age. This guide may be relevant for young people of that age group.

When we refer to “youth-at-risk” we are not referring to ‘a bunch of kids in trouble’ or ‘juvenile delinquents’. The general consensus is that all youth are exposed to some degree of risk in their lives depending on their socio-economic status, environment, friends, family situation and health status. No one, including adults, are immune from risk.

Hence there is a necessity for more than risk intervention for youth according to Dr. Michael Resnick in the article “Protective Factors, Resiliency, and Healthy Youth Development”. This article says research has found that protective factors have great potential to prevent health-jeopardizing behaviours across gender, racial and ethnic groups. Some protective factors Dr. Resnick lists are

- connection to parents;
- connection to family;
- connection to school;
- connection to community institutions;
- connection to adults outside of the family;
- development and enhancement of academic and social competence; and

Research is now recognizing the importance of combining factors/programming that not only reduce risk but help promote healthy choices (Resnick, 2000; Lerner & Thompson, 2002). Flexible environments supported by parents, peers, schools and communities are believed to help promote and maintain easy access of resources and knowledge in order to build adolescent assets (Federal/provincial/territorial Advisory Committee on Population Health, 2000).

Many of the principles and preventative solutions found in this guide can and should be applied to children and pre-teens. The Carnegie Council on Adolescent Development explains why:

“Many of the problems of adolescence begin to surface in the turning point years of ten through fourteen….the phase when young people begin to adopt behaviour patterns in education and health that can have lifelong consequences. At the same time.....(they) still need special nurturing and adult guidance. For these reasons, early adolescence offers a unique window of opportunity to shape enduring patterns of healthy behaviour” (1995, www.carnegie.org).
Using a Positive Approach to Healthy Youth Development

In the past, approaches to youth development often focused on preventing negative behaviours (e.g. smoking, crime). Programs were specifically targeted at youth-at-risk in an effort to reduce such negative behaviours.

A more positive approach, which views youth in a different light, is now becoming more acceptable and effective in developing youth potential. Rather than focusing on negative behaviours, programs encourage all youth to build on their strengths and improve their skills in a wide range of areas.

Youth development is an approach that builds on what we know about adolescent development. It is an intentional shift to thinking about what youth need in terms of competencies, opportunities, relationships, social supports, values and self-perceptions to become healthy and well adjusted adults. There are at least six models of youth development:

1. Youth Needs & Competencies (Academy for Educational Development);
2. Developmental Assets (Search Institute);
3. Support and Opportunities (Institute for Research and Reform in Education);
4. Social Developmental Strategies (Resiliency);
5. Risk and Protective Factors (Benard, Hawkins & Catalano); and
6. Youth Leadership (Youth Leadership Institute).

While all adolescents are vulnerable to risk because of the life transition that they are experiencing, some are at greater risk of poor health outcomes because of the cumulative impact of multiple risk factors (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 1998). While there are factors in a youth’s environment and background that increase the risk of a young person running into difficulty (e.g. poverty, family violence), there are also factors that protect and support the young person to overcome these odds (e.g. positive relationships with parents, positive peer relations). Some say providing youth with supportive opportunities for “healthy youth development” is just as crucial for human development as providing conditions for growth during early childhood (Konopka Institute, 2002).

Many studies confirm that most health risk behaviours among adolescents are interrelated. Likewise, many protective factors are interrelated. There is a strong link between the number of risk and protective factors to which our young people are exposed within their communities, families, schools and peer/individual groups and their involvement in problem behaviours such as substance abuse, antisocial behaviour and mental health (Bond, Thomas, Toumbourou, Patton & Catalano, 2000). If we are to really understand how to promote healthy behaviours among our teens, we need to understand underlying causes and motivations in youth and what circumstances make unhealthy behaviour seem attractive.
Key Messages

Effective programs attempt to target risk and resiliency factors in all elements of a youth's life, including at an individual, family, peers, school and community level. Efforts that focus on a single risk factor to the exclusion of other known risk factors are not as effective. For instance, a program designed to educate youth on the dangers of drug use will not be as effective as a program that provides opportunities to develop creative interests and positive friendships as an alternative to drug use. Cooperation and collaboration are essential for this multi-faceted approach.

Clarifying Terms

The following are definitions of terms that will be used throughout this document.

Risk Factors
Things or experiences in a young person’s life that increase the chances of being victimized or of developing one or more problem behaviours. Risk involves experiencing a number of stressful life events (e.g. moving, life transitions) or a single traumatic event (e.g. divorce, witnessing a parent’s death). A comprehensive approach to risk also considers characteristics of the individual as well as the individual’s environment such as family and neighbourhood.

Protective Factors
Influences or conditions that reduce the effects of exposure to risk factors and thus lower the chances of a youth developing serious anti-social or other problem behaviours. Protective factors can be defined as the skills, personality factors and environmental supports which contribute to resiliency. They provide a buffer as well as a reservoir of resources to deal with adversity.

Resilience
Resilience has its roots in psychological and human development theory. There are slight variations on the definition of resiliency. For the purposes of this report, we have chosen to adopt the following definition:

*Resiliency is the capacity of individuals and systems (families, groups and communities) to cope successfully in the face of significant adversity or risk. This capability develops and changes over time, is enhanced by protective factors within the individual/system and the environment and contributes to the maintenance or enhancement of health to recover and maintain adaptive behaviour even after insult or trauma* (Mangham, McGrather, Reid & Stewart, 1995).

Resiliency is a positive process that is conducive to health. Resiliency has a positive role to play in health status and health behaviour and hence in health promotion as shown by the correlation’s between number of protective factors and the reduction in negative health behaviours or the correlation between protective factors and adoption of positive health behaviours. Building upon factors emanating from a resiliency framework, some of these most commonly cited cross-cutting protective factors include (Resnick, 2000, p.160)

1. a strong sense of connectedness to parents, family, school and community institutions and adults outside of the family;
Key Messages

2. the development and enhancement of academic and social competence and programs that encourage independence, decision making and provides appropriate role models; and
3. involvement in extracurricular activities that create multiple friendship networks.

Health Promotion: Youth Development Concepts

There are a number of concepts which have been examined within health promotion that are relevant to resiliency and the developmental assets (Mangham et al., 1995). The concepts provide points of intersection between youth development and health promotion and perhaps a base on which to position a youth health promotion strategy. A brief overview of these variables is presented below. Most of these variables may be viewed as protective factors.

Coping appears to be an important component of resilience and coping skills have been identified as a determinant of health in the Population Health Promotion Model. “Furthermore, enabling coping is a key mechanism of health promotion, yet these links are virtually ignored in the resilience and health promotion literature” (Mangham et al., 1995, p. 3).

Self-Help is a key concept in health promotion and is less frequently discussed in the resilience literature. However it has been proposed that people's own actions can shape environments and that interventions which enable self-help can foster resilience. This link could benefit from additional research.

Social Support is an important coping resource and is stressed in the health promotion premise of supportive environments. Supportive environments in turn are recognized as major protective factors in promoting resilience.

Empowerment is a concept that frequently appears in health promotion and prevention documents. Few contributors allude to its potential importance in terms of interventions which promote resilience, the exception being nutritional resilience (Mangham et al., 1995). It is a key concept found within the developmental assets. Empowerment is used in the context of youth being regarded as resources within their communities. Overall, it seems like an important concept particularly in terms of its relevance to self-esteem, self-efficacy and perceived competence.

Self-Esteem is related to health status, outcomes and can be a mediator of life stress or alternatively, a risk factor. According to Raphael (1993), in Mangham et al. (1995), self-esteem by itself is not a promising target of health promotion; it should be linked to resilience and has been cited in recent health literature concerning drug and alcohol prevention. Self-esteem has been included as one of the developmental assets by the Search Institute.
Key Messages

Self-Efficacy is a social learning concept recognized by Labonte in his health promotion paper (1993 cited in Mangham et al., 1995). Like self-esteem and competence, it is enhanced by supportive environments and could be conceptualized as an outcome or long-term effect of resilience. Self-efficacy has been mentioned in preventive programs that focus on resilience (Mangham et al., 1995). Health promotion interventions encompassing education and support promote social learning and hence could enhance self-efficacy and resilience.

Competence is not a common term in the health promotion literature but is recognized by many as an important focus of programs that foster resilience. Many regard the acquisition of social competence as a protective factor in resilience and the developmental assets have included social competence as an internal asset category. Social competencies include planning and decision making, interpersonal competence, cultural competence, resistance skills and peaceful conflict resolution. Competence can be fostered by social skills development and programs to promote social competence in schools, which are assumed to promote resilience (Mangham et al., 1995).

Table 2.1 on the next page outlines risk and resiliency (protective) factors, along with the role of health promotion in five areas representing five elements of a youth’s life.
## Table 2.1: Risk and Resiliency Factors In The Role Of Health Promotion

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>RISks</th>
<th>RESILIENCY FACTORS</th>
<th>ROLE OF HEALTH PROMOTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>anti-social behaviour</td>
<td>social/cooperation skills</td>
<td>increase confidence and sense of accomplishment for positive health behaviour</td>
</tr>
<tr>
<td></td>
<td>alienation</td>
<td>intellectual abilities</td>
<td>build on capacity and strengths of youth</td>
</tr>
<tr>
<td></td>
<td>boredom</td>
<td>positive self-esteem</td>
<td>involve youth in helping decide what personal skills they need to develop</td>
</tr>
<tr>
<td></td>
<td>early substance abuse</td>
<td>personal responsibility</td>
<td>develop skills in addition to knowledge as knowledge based didactic programs have little or no effect on behaviour</td>
</tr>
<tr>
<td></td>
<td>biological or physiological factors</td>
<td>spirituality</td>
<td>encourage Interactivity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>adaptability to change</td>
<td>appeal to youth</td>
</tr>
<tr>
<td>FAMILY</td>
<td>lack of consistent parental discipline</td>
<td>attachment to parent/s or surrogate parents</td>
<td>endorse social support networks and development of personal relationships with family and adults</td>
</tr>
<tr>
<td></td>
<td>poor or inconsistent parental communication and inter-relations</td>
<td>close, personal relationships with adults</td>
<td></td>
</tr>
<tr>
<td></td>
<td>low parental expectations and aspirations</td>
<td>close bond with at least one caregiver</td>
<td></td>
</tr>
<tr>
<td></td>
<td>parental involvement in crime, substance abuse</td>
<td>high, yet realistic, aspirations for children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>family history of behavioural problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEER</td>
<td>attitudes of peers (peer pressure)</td>
<td>friendships with others engaged in healthy lifestyles</td>
<td>create opportunity to develop association with those involved in healthy lifestyle activities</td>
</tr>
<tr>
<td></td>
<td>association with peers engaged in self-destructive behaviour</td>
<td>commitment to family values</td>
<td>create opportunity for youth to talk about health issues with their peers to get a sense of prosocial norms, healthy beliefs and clear standards</td>
</tr>
<tr>
<td>SCHOOL</td>
<td>school transitions</td>
<td>positive experiences (not just academic) in at least three areas</td>
<td>foster the formation of healthy beliefs and standards</td>
</tr>
<tr>
<td></td>
<td>poor academic performance</td>
<td>involvement in extra-curricular activities</td>
<td>consider the social and physical environments at school and how they positively or negatively affect a young person’s health</td>
</tr>
<tr>
<td></td>
<td>lack of commitment to school</td>
<td>bonding to adult figures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>unclear school policies and guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNITY</td>
<td>low socio-economic status/poverty</td>
<td>belonging to supportive community</td>
<td>encourage social connections between young people and the community</td>
</tr>
<tr>
<td></td>
<td>high community mobility</td>
<td>bonding to family, school, other institutions</td>
<td>provide ways that youth can get involved in health projects in their community</td>
</tr>
<tr>
<td></td>
<td>community disorganization</td>
<td>strong cultural identity</td>
<td>if the program targets youth – youth should be involved</td>
</tr>
<tr>
<td></td>
<td>availability of drugs, firearms</td>
<td></td>
<td>consider building youth capacity for policy change</td>
</tr>
<tr>
<td></td>
<td>lack of recreation facilities and programs</td>
<td></td>
<td>ensure availability and accessibility of youth health programs/services</td>
</tr>
<tr>
<td>IN GENERAL</td>
<td>competitive culture</td>
<td>cooperative culture</td>
<td>avoid the “fixing the problem” approach as an exclusive strategy</td>
</tr>
<tr>
<td></td>
<td>racism, oppression</td>
<td>unconditional acceptance</td>
<td>create environments for cooperation and participation for health promotion</td>
</tr>
</tbody>
</table>

Adapted with permission from Parks and Recreation Ontario, 1999, Together with Youth.
Key Messages

What Works? – In Health Promotion

Health Promotion and Youth

A lot of health promotion work has been conducted at the individual level. Health education has been a central strategy of many health programs targeted to youth. Results have been modest. Since factors that affect health are wide-ranging, it is logical to assert that health promotion activities must extend beyond health education. The revised goal may be to build capacity within youth to make healthy decisions and to strengthen capacities of families, groups, organizations and communities to address the social, economic and physical factors that affect the health of youth. This document will examine the evidence for health promotion strategies that are most relevant to youth.

Adolescent Growth and Development

Adolescence is a time of remarkable growth. Everyone goes through it; yet many of us do not understand the profound impact these physical, cognitive and social-emotional changes have on behaviour. Understanding these changes and the needs which arise from them is key to understanding why adolescents act as they do and gives us insight into how we might use our understanding of adolescent development to best tailor health promotion strategies to suit youth.

Adolescence can be further divided into early, middle and late adolescence with the major developmental tasks being different depending on each stage. Redefining adolescence into distinct stages of development allows an enhanced understanding of how early adolescence differs from middle and late adolescence.

Adolescents’ risk taking behaviour is a normal part of development and can be understood in terms of the need it satisfies. The adolescent’s emotional,
Key Messages

cognitive and physical struggles are some of the ways they reach out to other people in search of ideas and values that they can incorporate into their own.

Although there are unique aspects to each stage of adolescent development, there are also commonalties that cut across stages. Dangerfield and Shaffer (1979) in Aggressive Adolescents identify four descriptive characteristics that personify adolescence and each characteristic has implication for health promotion:

1. preoccupation with bodily changes associated with puberty
2. search for self-identity and autonomy
3. strong attachment to the peer group
4. changing dynamics with family

Definition of Health

It is important to identify our working definition of health for the purposes of this report. Therefore we have adopted the following:

Health is a state of “complete, physical, spiritual, social and emotional well-being and is not merely the absence of disease or infirmity” (World Health Organization, 1948). This definition of health “corresponds more to the notion of being able to pursue one’s goals, to acquire skills and education and to grow. In addition, this broad notion of health recognizes the range of social, economic and physical environment factors that contribute to health” (Health Canada, 2000).

Population Health Approach

A population health approach is crucial to our work of addressing the key determinants of healthy youth. Population health recognizes that many factors, in addition to the health system itself, exert a strong influence on health. These factors known as the determinants of health include income and social status, social support networks, education, living and working conditions, physical environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender and culture.

The population health approach is desirable as it is health focused but acknowledges the complex interplay between the health care systems, individual factors (i.e. individual health choices) and risk factors that individuals and the health care system have limited control over such as income and social status. The population health approach also recognizes that individual health is not simply a matter of individual choice but is a complex interaction between environmental and social influences. It also encourages a collaborative responsibility towards health, particularly when addressing the multiple determinants of health.
Key Messages

Youth Participation

The importance of working directly with adolescents to improve their health was a key priority identified in the comprehensive report *Toward a Healthy Future: Second Report on the Health of Canadians* (Federal/provincial/territorial Advisory Committee on Population Health, 1999) and is outlined in the document entitled *Youth Involvement in Health Planning* prepared by Healthy Childhood (2000). This document also supports the foundation that is set forth in the Public Participation Framework (Calgary Regional Health Authority Public Participation Advisory Committee, 1999). A theme emerging from the Calgary and nation-wide consultations with youth states youth have a desire to influence planning, programming, policies and services, which are developed to support the safe and successful transition from childhood into adulthood. Experts in adolescent development also support youth involvement and have outlined the benefits to both youth and society when opportunities are provided for youth to contribute to program development, service delivery and policy development.

What Youth Say About Health Promotion

A think tank of youth conducted in Atlantic Canada has indicated that youth recognize their health and well-being is determined by a web of factors (Health Canada, 1998). Youth identified support and encouragement from family, friends and the community as being very important. The need to “fit in” with peers, build caring and sharing relationships with family and be a part of the larger community was evident. Youth stated they want to feel like a part of the community and they want to be involved.

Focus group data (Healthy Childhood, 1999a and 2003) reveal that youth have great ideas about how to promote the health of youth. In particular, youth had something to say about how to deliver health education and health messages.

What “Health” Means to Youth

Three focus groups were conducted by Healthy Childhood in 1999 and 11 consultations in 2003. Youth were asked about what the term “Health” means to them and about factors that determine their health. The following is what the youth reported. A more detailed analysis of the focus groups can be found in the reports by Healthy Childhood (1999b and 2003).

In 1999, when asked to describe what ‘teen health’ meant to them, physical health received less emphasis than **mental** and **social** health (although smoking was given a good deal of attention). One of the biggest barriers to the health of young people, some felt, was stress (they cited stress, and not peer pressure, as the reason that youth start smoking). Another said that relationships are “a big thing in teen health”. This participant suggested that relationships with others affect one’s health and behaviour.

The following Table 2.2 outlines the enabling factors for promoting health, development and well-being as identified by youth in 2003.
### Table 2.2: Youth identified enabling factors/conditions for health and development

#### Physical:
- physical activity
- nutrition
- avoids risky health and lifestyle behaviours (smoking, drugs, alcohol, sex)
- sleep, lack of sleep
- free from illness, diseases
- safety in the city or neighbourhood
- environment (pollution/litter)

#### Emotional / Spiritual:
- stress/too busy (managing stress)
- goals
- self-worth, being happy
- time for leisure activities, recreation, relaxation
- protection from abuse and harm
- religion, spirituality, moral values
- opportunities for expression
- routines and traditions

#### Social:
- social relationships (activities with friends, family life)
- neighbours, neighbourhood
- school (teachers, classes, gym), school relationships (peer, teachers)
- freedom from bullying
- high expectations/structure
- sense of belonging
- positive role models
- social skill training

#### Cognitive:
- opportunities for decision-making
- experience of competence and mastery
- educational opportunities
Key Messages

Strengthening Youth Participation in Health Promotion

Young people also told us about how they would like to become involved in health projects, and what elements would entice them to participate.

The groups highlighted elements that would make participation fun and worthwhile such as physical and material incentives (including physical activity and credits) as well as qualities of the other participants. The importance of non-material personal incentives was also raised, such as teaching younger children, giving valued input and enjoyment of the task at hand.

Enticing Youth

- Enjoyment: It should be fun! (activities, trips, games, sports).
- Incentives: snacks, prizes, school credits, achievement certifications.
- Interactions with other participants: with people we know, friends.
- Positive qualities of participants: cool people, you can look up to them or they can look up to you, chill with other young people, some older people.
- Worthwhile experiences: helping others, physical activities, topics that apply to youth, knowing it will make a difference (see it in the community, positive feedback), feeling valued, teaching younger kids.
- Exposure to new and different experiences.
- Learning new things, having a better understanding of others, of issues and of our surroundings.

Developing Personal Skills

Participants identified personal skills that were important to help them live healthy lifestyles.

Figure 2.1 Developing Personal Skills

Knowledge
Problem solving
Cooperation
Communication
Confidence
Decision-making
Volunteering

- anger management, patience
- stand up to pressure
- making choices, having
- helping
Key Messages

Health Education and Communication

Youth viewed health education as a crucial item in gaining knowledge and developing personal skills. They indicated that it helps to know both the good and bad facts when making health related choices.

Youth reported that they received information about the Calgary Health Region and health issues from a variety of sources: the television news, the newspaper, talking with others (parents, friends), and reading pamphlets. They also mentioned that they received some information at school, but that this information was boring, did not deal with the full truth (human sexuality issues were glossed over, and difficult or controversial questions were ignored), and often came too late in their school career. They suggested several ways that health communication with young people could be improved, such as

- including humor in presentations about health
  
  “It has to be funny and serious at the same time.”

- ensuring that material is appropriate, interesting, well-written and well-presented
  
  “It has to be good information - fascinating ideas.”

- they would be unlikely to seek health information on the Internet unless they were looking for information for a school project
**Key Messages**

**Figure 2.2 Health Education**

<table>
<thead>
<tr>
<th>What Works Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>show videos, commercials and posters</td>
</tr>
<tr>
<td>design exciting advertisements</td>
</tr>
<tr>
<td>feature young people in the ads</td>
</tr>
<tr>
<td>have people speak about personal experience</td>
</tr>
<tr>
<td>have young people create skits to apply facts</td>
</tr>
<tr>
<td>target younger age groups (grade four or older)</td>
</tr>
<tr>
<td>use compelling messages: “Second hand smoke messages are pretty powerful.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What Works Less</th>
</tr>
</thead>
<tbody>
<tr>
<td>using fact sheets</td>
</tr>
<tr>
<td>relying only on a website</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where Would Young People Like To See Health Messages?</th>
</tr>
</thead>
<tbody>
<tr>
<td>at school, at day camps, at home</td>
</tr>
<tr>
<td>on television</td>
</tr>
<tr>
<td>in magazines and textbooks</td>
</tr>
<tr>
<td>on product labels (cigarette packages, milk or food labels)</td>
</tr>
<tr>
<td>include a deeper message than just “don’t do it”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When Would A Website Be Helpful?</th>
</tr>
</thead>
<tbody>
<tr>
<td>research projects</td>
</tr>
<tr>
<td>a personal concern</td>
</tr>
<tr>
<td>participants generally believed that they would not visit a health website for pleasure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who Should Do It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness can depend on the person delivering the information. Someone who is…</td>
</tr>
<tr>
<td>trustworthy</td>
</tr>
<tr>
<td>credible</td>
</tr>
<tr>
<td>respectful</td>
</tr>
<tr>
<td>relates well to the audience</td>
</tr>
<tr>
<td>someone with &quot;real life&quot; experience</td>
</tr>
<tr>
<td>age was not a major factor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How Should It Look?</th>
</tr>
</thead>
<tbody>
<tr>
<td>interactive!</td>
</tr>
<tr>
<td>games, self-assessments, questionnaires</td>
</tr>
<tr>
<td>condensed - short sections</td>
</tr>
<tr>
<td>variety</td>
</tr>
</tbody>
</table>

“If a website is different each time you visit it, then you’re more likely to return.”
Key Messages

The Evidence of Effective Health Promotion for Young People – What the Studies Say

The quest for a Best Practice Approach in health promotion for young people suggests the emergence of a set of principles and strategies for guiding effective health promotion programming. The body of research in health promotion for young people suggests that there is some knowledge about effective strategies to promote the health and well being of adolescents. However, evaluative research is sparse in the area of health promotion with youth in general. Having said that, in the quest for effective health promotion strategies we are committed to ensuring that health promotion policies, programs or initiatives should be grounded in evidence-based research and complimented by knowledge gathered from our areas of practice.

Some have viewed adolescence as a series of problems and adolescents as the source of those problems. Often the proposed solution is a series of strategies focused on individual problems. Research is indicating that such narrow programs may be destined to fail.

It seems that programs, which identify the unmet developmental needs of the young person, set goals for health promotion and consider the developmental characteristics of adolescents, are more likely to be successful. It seems activities that promote autonomy, healthy beliefs, youth participation, healthy relationships, problem solving, support and high expectations are likely to be successful.

Toumbourou, Patton, Sawyer, Olsson, Webb-Pullman, Catalano, & Godfrey (2000) identified and reviewed 178 research articles that met criteria of best practice, theoretical development, effectiveness, cost-effectiveness and outcome focus in the areas of tobacco use, sexual-risk taking behaviour and emotional health (depression and suicidal behaviour). These were chosen as the focus based on evidence of their emergence or escalation in adolescence in Australia. The following strategies (delivery settings) were reviewed based on the 6 health foci mentioned previously with the addition of physical activity, nutrition, injury and dental health as included in the ChildTrends review by Zaff & Moore (2002). The review completed by ChildTrends is based on a review of more than 1,100 rigorous studies regarding adolescent health and well-being. Reviews provided by the Ontario Public Research, Education and Development program (Effective Public Health Practice Project – EPHPP) and Thomas (1999) have also been included when available.

Evidence of effectiveness in the following topic areas of emotional well being, tobacco use, injury prevention, sexual and reproductive health, nutrition and active living are found in Table 2.3. The information has been categorized according to the area of focus and the setting in which the health promotion initiative has been delivered.
Key Messages

Health Promotion and Youth – Beyond the School Setting

The bulk of the evaluation research has been completed in the school setting, looking at both components of curriculum and to some extent the school environment. Less outcome evaluation research has been completed in the family and community context.

The resiliency paradigm which is grounded in knowledge of risk and protective factors has led Australia and the United States to look beyond the individual and set priorities for youth health promotion interventions within other sectors. Priority areas for intervention are identified as family, school and community.

Creating Supportive Environments

Youth identified both supportive physical and social environments as being important to their health, developments and well-being. They identified three main areas of focus being home, school and community. The social environment encompassed the influence of friends, families and support for families and extended into the school and community context.

The physical environment was about helping to make the healthy choices the easy choices at school, at home and in the broader community. Youth provided the following suggestions:

Home
- wearing a helmet to ride a bike or skateboard

School
- healthy cafeteria
- more gym classes at school/YMCA (set number of hours)
- changing school hours: start school later, end school earlier
- having a nap time, building a nap room
- considering facility quality (quiet, comfortable sleeping area, good equipment)

Community and Neighbourhood
- protecting nature, no littering
- picking up garbage (garbage bins, more garbage pick-ups)
- making more parks
- improving access to parks (if it is too crowded you don’t want to go)
- family activities (free access to family clubs, family food programs)
- walking trails and bike paths
- classes (basketball, dance)
### Table 2.3 Youth Health Promotion Strategies

#### General

Consider factors that are building blocks for development and are protective against risk behaviours
- Have high expectations - focus on the assets and protective factors that youth already possess, not just risks.
- Shift from only trying to fix problems to providing opportunities and environments that promote youth development while addressing the issues.
- Foster supportive social and physical environments within families, schools, communities, workplaces and neighbourhoods and encourage healthy relationships, bonding and social connections.
- Create opportunities to form healthy beliefs and clear standards by building personal competency with experiential and guided learning opportunities rather than didactic approaches.
- Incorporate self-help, self-esteem, self-efficacy and empowerment into health promotion initiatives.
- Building on the young person’s search for self-identity and autonomy, incorporate opportunities for decision making in health promotion programming and engage youth in planning and implementation of heath promotion.
- Recognize the strong attachment youth have to their peer group and consider this in health promotion planning.
- Timing of program implementation is important. Program seems to work best for those who are not yet engaging in the behaviours (grade 6 or 7 with booster sessions) and very high-risk adolescents.
- Consider program length of nine months or more.

#### Develop Personal Skills

- Involve youth in plan of action and decision making and/or behaviour change goal.
- Knowledge based didactic programs have no effect on behaviour.
- Interactive programs are more effective than non-interactive.
- Appeal to youth, use humour and mediums that are youth friendly.
- Future research should focus on behaviour change, not on knowledge acquisition or attitude change.
- Interactive programs based on social learning theory, including skill development, social norms and social reinforcement are most effective:
  - self-efficacy of health enhancing behaviour
  - inclusion of prosocial norms
  - opportunities for prosocial involvement
- Developmentally appropriate activities.
- Target psychological factors related to teens and to reduce peer pressure i.e.) self-esteem, anxiety management, stress, building communication skills, time management, development of personal relationships.
- Enhance perceived self-efficacy and behavioural skills component.
- Concludes that the successful programs do not focus on the problem behaviour per se, but on developmental skills and need to be evaluated.
- The effectiveness of interactive plus community wide programs needs to be assessed.

#### Create Supportive Environments

- Multi – level strategies that work with adolescents themselves, with families, peers and with broader community strategies.
- Consider youth-system processes (competence, nurturing, connectedness, social responsibility) etc.
- Ongoing attention to the role of families, schools and communities in promoting positive youth development:
  - offer opportunities for youth to be engaged in positive activities
  - ensure services in place to treat problems
- School organizational initiatives showing promise in reducing risk behaviours (Gatehouse).
- Consider role of family and involve family.
- Consider role of peer and using peer model.
- Consider larger community as a context to address environmental barriers to making healthy choices the easy choices.
- Mentorship.

#### Strengthen Community Action

- Focus on assets of youth and on the importance of their participation in every facet of a program including needs assessment, design, etc.
- Community mobilization showing positive results for preventing a range of health behaviours including tobacco use, alcohol and drug use, and sexual risk taking, demonstrate potential for integration of community based programs based on similar protective and risk factors (Saturday Night Live).

#### Build Healthy Public Policy

- Build youth capacity for policy change.
- Advocate for youth.
- Evidence supports investment in control strategies for tobacco.

#### Reorient Health Services

- Ensure availability and accessibility of health services where young people live, work and play.
- More research is needed on effectiveness.
### Table 2.4 Evidence Related to Youth Health Promotion in Different Environments

<table>
<thead>
<tr>
<th>Environment</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Setting</strong></td>
<td></td>
</tr>
<tr>
<td>Parent training</td>
<td>Most utilized with drug and alcohol use interventions, untapped area for other areas of focus?</td>
</tr>
<tr>
<td>Family Intervention</td>
<td>Most utilized with drug and alcohol use Interventions, untapped area for other areas of focus?</td>
</tr>
<tr>
<td><strong>School Setting</strong></td>
<td></td>
</tr>
<tr>
<td>School Health Education (curriculum based)</td>
<td>Potential for integrated school based health curriculum based on similar protective and risk factors.</td>
</tr>
<tr>
<td>School Organization</td>
<td>Results promising but caution re: potential for preventing tobacco and drug use, research ongoing in this area.</td>
</tr>
<tr>
<td><strong>Peer Setting</strong></td>
<td></td>
</tr>
<tr>
<td>Peer intervention and education</td>
<td>Peer model has been proven effective with smoking and sexual behaviour interventions, however characteristics of successful model not identified, needs research to delineate.</td>
</tr>
<tr>
<td>Mentorship</td>
<td>Body of evidence in depression, self-harm and crime prevention area.</td>
</tr>
<tr>
<td><strong>Community Setting – local</strong></td>
<td></td>
</tr>
<tr>
<td>Health Education</td>
<td>Evaluation is focused on knowledge outcomes, more research for behavioural outcomes needed.</td>
</tr>
<tr>
<td>Community Mobilization</td>
<td>Showing positive results for preventing a range of health behaviours including tobacco use, alcohol and drug use and sexual risk taking, and potential for integration of community based programs focusing on similar protective and risk factors.</td>
</tr>
<tr>
<td>Health Service Re-orientation</td>
<td>More research needed regarding effectiveness.</td>
</tr>
<tr>
<td><strong>Community Setting- regional</strong></td>
<td></td>
</tr>
<tr>
<td>Policy, Law, Regulation</td>
<td>Evidence supports investment in control strategies for tobacco.</td>
</tr>
<tr>
<td>Social Marketing</td>
<td>Have little impact on their own but potential when coordinated with regional components that involve school and parental components.</td>
</tr>
</tbody>
</table>
Key Messages

Youth Development in the Context of Health Promotion

Are we already applying concepts of youth development and resiliency to our work in health promotion? In some cases we are. However, perhaps learning more about youth development, developmental assets and resiliency provides the catalyst for a shift from a deficit-centered view of youth to a view that promotes the positive assets and protective factors of youth. This can occur individually and within the environments that they live, work and play. Based on the adolescent growth and development and youth development approaches it seems logical to close with the following points for consideration for the promotion of health of young people:

- Emphasize the positive - focus on the assets and protective factors that youth already possesses not just risks.

- Shift attention from only trying to fix problems to providing opportunities and environments that promote youth development while addressing the issues.

- Foster supportive social and physical environments within families, schools, communities, workplaces and neighbourhoods and encourage healthy social connections.

- Create opportunities to build personal competency with experiential and guided learning opportunities rather than lecture style, didactic approaches.

- Incorporate self-help, self-esteem, self-efficacy and empowerment into health promotion initiatives.

- Build on the young person’s search for self-identity and autonomy, incorporate opportunities for their decision making in health promotion programming and engage youth in planning and implementation of heath promotion policy.

- Recognize the strong attachment youth have to their peer group and consider this in health promotion planning.
Key Messages

The Trends

The Carnegie Council on Adolescent Development has identified several recent trends that have had a significant impact on youth development.

The Changing Family
Neighbourhood networks have eroded and divorce has become common. With one or more parents in the workforce and otherwise out of the home, young people are spending less time than they used to in the company of caring adults. More of their time is spent with their peers or in front of the television set and computer screen.

The Shifting Nature of Work
With economic restructuring, the shift to a knowledge-based economy and the globalization of the marketplace, many high school graduates find themselves relegated to low-status, dead-end jobs. For those who are poor, the material deprivation and job instability they face can give young people a bleak sense of the future.

Media
Television, videos, and music, along with personal computers, increasingly pervade the lives of young people. By mid-adolescence when television viewing peaks, young people will have spent more time in front of the television set than with their teachers. Television profoundly influences adolescent fears and expectations about the future, their values and their relationships with others.

Population Diversity
There are fewer youth now compared to 1976 (Canadian Institute of Child Health (CICH), 2000) however this will change as the next cohort of children grow up. One in five youth belongs to a visible minority group. In 1996, there were 157,340 Aboriginal youth between the ages of 9 and 19, which formed about 20% of the total Aboriginal population (Health Canada, 2000). According to the 1996 census, approximately 13% of youth between 9 and 19 were members of a visible minority (Health Canada, 2000). Therefore there is ethnic and racial diversity in the youth population and there is a gap in knowledge about ethnicity and diversity including the impacts these parameters have on health (CICH, 2000). How our communities manage diversity is crucial to the well-being of youth in Canada.
Key Messages

The Statistics

Family Structure
- In 1996, most youth between the ages of 9 and 19 lived with two parents, who were either married or living common-law. Approximately 77% lived with two parents while 17% lived in lone-parent families (Statistics Canada cited in Health Canada, 2000).
- About 30% of Aboriginal children 15 or under live in a lone-parent family (Working group of the National Aboriginal Youth Strategy cited in Health Canada, 2000).

Income
- Aboriginal youth are 1.9 times more likely than any other Canadian youth to live in a low-income household (Working group of the national Aboriginal Youth Strategy cited in Health Canada, 2000).
- In 1997, the poverty rate for young women aged 9 to 24 was 26.6%; for young males, it was 20.2% (National Council of Welfare cited in Health Canada, 2000).
- In 1997, unemployment was the highest among youth between the ages of 15 and 24 (Statistics Canada cited in Health Canada, 2000).
- In 1996, children under the age of 24 were the most likely (21%) to be classified as low-income (Statistics Canada cited in Health Canada, 2000).

Social Environment
- In 1996–97, adolescents and young adults were the most likely age group to report that they had high levels of support.
- In Calgary, 11% of children and youth don’t feel loved, and 1 in every 5 fathers (21%) spend less than 15 minutes per day playing or talking with their children (Calgary Health Region, 2000).
- In Calgary, abuse was identified as an issue (verbal abuse at school most prevalent) (Calgary Health Region, 2000).
- Youth rates of volunteering with charitable organizations have risen substantially, from 24% in 1987 to 33% in 1997 (Health Canada, 2000).
- Although adolescence is characterized by growing independence from parents, the proportion of young adults aged 20 to 24 still living at home increased from 43% in 1981 to nearly 57% by 1996 (Boyd & Norris, 1999 cited in Health Canada, 2000).

Education
- Adolescents with strong connections to school are least likely to engage in behaviours that increase risks to their health (McCreary Centre Society, 1999).
- Although most students report feeling safe in school, rates of bullying behaviour increased slightly between 1994 and 1998. (King, Boyce & King, 1999).
Key Messages

- Although there are currently no national trend data, skipping classes increases with each grade level. In 1998, 20% of females and 22% of males in Grade 9 skipped three or more days of the current term (King, Boyce & King, 1999).

Do Young People Practice Healthy Behaviours?
Research suggests that many youth practice healthy behaviours. However, youth also take risks with their health. Many try smoking, and drinking alcohol, taking drugs and/or experimenting with risky sexual behaviours. Whereas smoking presents substantial risk of long-term addiction, most youth will not develop a drinking problem or become addicted to drugs. They may however, become injured or pregnant while under the influence of these substances. The bottom line is youth will experiment and they need the guidance, support and respect of caring adults as they navigate their social world, making decisions that can impact their health and well-being.

Personal Health Practices and Coping Skills
- Although there was little increase in the rate of smoking among adolescents between 1994 and 1997, girls between 12 and 17 years of age continued to smoke at much higher rates than boys of the same age during this period (Health Canada, 2000).
- The 1990s saw a resurgence in adolescent multiple drug use, risky sexual activity (i.e. not using condoms) and exploration of sexual identity use (Health Canada, 2000).
- Adolescents on average do not use condoms consistently and many report having unplanned intercourse while under the influence of alcohol or other drugs (Health Canada, 2000).
- The rate of teen pregnancy increased from 41 per 1,000 in 1987 to 47 per 1,000 in 1995 (Health Canada, 2000).
- Though the birth rate among youth is declining, abortions are increasing, and more youth are parenting.
- Since the early 1990s, there have been significant increases in suicide rates among youth aged 9 to 14 (Stephens, 1998 cited in Health Canada, 2000).
- More girls attempt suicide but more males achieve completion.
- Eating disorders, risk of overweight, and/or overweight are also a concern (Health Canada, 2000).

Locally, the Health of the Calgary Region (Calgary Regional Health Authority, 2000) report has identified some factors that have an impact on the health of the youth population:
- The leading cause of death for 9 to 19 year olds is suicide followed by motor vehicle collisions.

Other areas of risk behaviour included in the report are:
- injury
- smoking (girls smoking earlier, more smoking during pregnancy)
- sexual behaviour
Key Messages

- learning or speech language difficulties
- emotional difficulties (17% of 9-17 year olds have 3 or more mental health symptoms) - more common than chronic disease for children and adolescents
- pregnancy

Health Services

- Although health professionals once had a very strong and valuable role within the school environment, the provision of direct public health services to schools has declined significantly (McCall at al, 1999 cited in Health Canada, 2000).
- For many problems (e.g. feeling depressed, problems with drugs or alcohol, problems with friends or family), youth are least likely to seek help from a professional (e.g. health professional or teachers/school staff) (McCreary Centre Society, 1999).
- Only one in six Canadian children with mental health problems receives mental health services (Health Canada, 2000).
CHAPTER THREE:
ESSENTIAL ELEMENTS OF SUCCESS

Involve Youth!

Working Together: Collaboration is the Way to Go!

Consider “Promoting Health With Youth” Framework

Guiding Principles

The Framework Diagram
Essential Elements of Success

Young people in Calgary are seeking meaningful involvement in the issues that concern them. They are giving a clear message. Youth want to take responsibility and ownership for their development, including health. Yet systems, programs and services are often not set up to effectively incorporate youth input.

If our initiatives to meet the needs of young people are to be well used and effective, they need to be created with youth input. Involving youth in the planning process conveys a message that their opinions are valued and that we want to tap into their energy and creativity to find solutions to health issues together.

Including youth in the planning and operation of health promotion helps ensure programs that are relevant and interesting. In addition, we are providing youth with leadership skills, responsibility, an opportunity to contribute to their communities and a positive connection to other youth and adults in the community. These all are health promoting in their own right.

The Benefits of Youth Involvement

Young people are ideal program planning and program implementation partners. Their energy, enthusiasm, commitment and perspective are only a few of the reasons to design health promotion programs with youth, as opposed to designing programs for youth. The most significant reason is program success. Youth participation works. It promotes ownership by allowing young people to participate in decisions that affect their lives.

What are the benefits of youth involvement?

…to the project outcome….

- **Mutual Learning**
  Youth provide a “reality check” for adults. They contribute important and practical information as decisions are made. By learning from each other, youth and adults develop more effective responses to youth issues.

- **Improved Responses**
  Youth bring direct experience with the issues being addressed. Misconceptions and stereotypes are less likely to guide decisions.

- **Leadership**
  Youth can fill the need for competent and qualified leaders.
..to the individual…

- **Choices**
  Provides opportunity to exercise control over their lives and their environment.

- **Supportive Environments**
  Provides an opportunity to meet people and develop relationships while developing self-confidence and having fun.

- **Skill Development**
  Provides meaningful work experience and development of new skills, especially decision-making.

- **Service**
  Offers an opportunity to help an organization and other young people they care about.

### Types of Youth Involvement

There are a number of different approaches to youth participation. It depends on the structure of the organization and on the commitment of your department and staff. The Canadian Mental Health Associations’ Youth Participation Action Research Project identified three basic models for youth involvement:

1) **Short-term Involvement**
   This is often the first step and involves youth around specific issues or events. It can take the form of discussion groups, forums, project development or presentations.

2) **Development Involvement**
   This model provides structured, ongoing ways for youth to be involved. There should be a clear commitment to involving youth on a long-term basis with a continual expansion of youth responsibilities in events, special projects and decision-making. Youth advisory councils are a form of developmental participation.

3) **Consultative Involvement**
   This involves the development of a core group of youth to connect with other youth and organizations in the community. It works well for organizations that want youth input on a regular basis, such as for planning councils and for policy making.

Take a look at your objectives to determine how you should involve youth. In addition to considering these models, you may also want to consider the level at which you are currently involving youth and your goals for increased youth participation. Here is a guideline of typical youth participation levels:
Essential Elements of Success

1) **Engagement**
   Youth accept responsibility for undertaking tasks within an organization, such as research, program planning, programming, project publicity or fundraising. Can be tailored to youth interests and needs.

2) **Ad Hoc Input**
   Youth contribute their idea or information about their needs, through informal discussion or suggestion box. Enables a larger group to have input.

3) **Structured Consultation**
   Deliberately developing a strategy to seek youth opinions and create a two-way flow of information, such as forums, focus groups and surveys. In-depth exploration of issues is possible.

4) **Influence**
   Formal, structured input to ensure a minimum level of influence on the organization, such as advisory groups or councils and youth representatives in management. Provides a direct link with decision-makers.

5) **Negotiation**
   Youth are involved in reaching decisions by consensus: a genuine partnership with developmental benefits for youth. Youth are integrated into existing structures, for example filling a percentage of positions on all committees, and are involved in policy development.

6) **Control**
   Youth make many crucial decisions and have ownership of the processes and solutions (e.g. youth groups where adults provide support roles only).

These levels do not imply that more or less control is better, but that there are different options depending on the situation. A variety of opportunities will ensure that a variety of different youth can participate and Calgary youth told us they wanted a variety of roles to choose from.

(Adapted from *Together with Youth*, Parks and Recreation Ontario, 1995 and *Youth Consultations Report*, Healthy Childhood, 2003)

**Suggestions for Youth Recruitment**

The youth who most readily become involved tend to be the most assertive, confident and outgoing. Those who are disadvantaged or marginalized often hesitate to participate. They typically have been excluded from decision-making for most of their lives and will need a lot of encouragement and support. To ensure meaningful participation, you may need to go to other young people and find strategies that will give them space, time and resources to participate. You may need to advocate for the right to participate, even among youth themselves.
Essential Elements of Success

The following are some suggestions for youth recruitment.

- Talk to youth already involved in your organization.

- Youth to youth recruitment is the most effective. Make sure the recruiting youth are comfortable explaining the goals of youth participation and the benefits of youth involvement.

Take a look at the youth demographics in your community. When you are recruiting youth involvement, make sure you consider the full range of representatives in your school or community.

What makes effective youth participation?

- Establish Respect

  Treat young people as equals and develop a partnership relationship. It is important for both youth and adults to avoid stereotyping. For example, labeling youth as unreliable or untrustworthy reflects a lack of respect and makes partnerships difficult.

- Make it Relevant to Youth

  Involve young people in issues or decisions that they find interesting and stimulating. Roles must be meaningful and must allow youth to develop skills and friendships. Build in time for fun — a social element will increase energy and enthusiasm.

- Provide Resources and Training

  Resource people can directly support youth, identify opportunities for involvement and advocate for youth participation throughout the organization. Avoid placing youth representatives on an adult decision-making body without adequate orientation, support or skill development.

- Prepare for Turnover

  Develop ongoing recruitment methods to minimize the difficulties created by turnover. Involve youth in planning and delivering training and orientation sessions to newer members. Provide levels of involvement that require different degrees of skill and development.

- Be Adaptable and Flexible

  A willingness to listen and adapt is critical for effective youth participation. The more alternatives you can offer youth, the greater the likelihood they will participate. Consider inviting adults to youth meetings rather than always having youth attend adult meetings.
Essential Elements of Success

- **Build on Existing Youth Involvement**
  
  Build on existing involvement rather than reinventing it.

- **Promote Progress**
  
  Start with short-term goals and make sure youth see the outcome of their participation, for example a newspaper article, new event or change in policy. Build in regular ways to keep your school, community or organization informed about youth participation and achievements.

  (Adapted from *Together with Youth*, Parks and Recreation Ontario, 1995 and *Working with Young People*, Canadian Mental Health Association, 1995)

**TEN TIPS for Working with Youth**

1) Share the responsibility for leadership. Provide guidance, but avoid control.
2) Listen carefully to youth and work to understand their perspective.
3) Treat young people as equals and develop a partnership relationship.
4) Share all work activities, even tedious ones.
5) Keep complicated processes and structures, in which most youth have little interest, to a minimum.
6) Keep youth informed about activities, even when problems occur.
7) Be energetic and excited about activities. Have a positive, open attitude.
8) Make activities fun and challenging and celebrate small successes.
9) Be clear about levels of authority for youth and back their decisions when they fall within the agreed upon guidelines.
10) Provide orientation on the process and procedures of formal meetings and hold meetings at times and locations convenient for youth to attend.

**A Youth Perspective – Four ways to empower youth** (from Youth Consultations, Healthy Childhood, 2003)

- get us involved
- help us feel a sense of ownership
- offer us responsibility
- let us know how well we are doing
What Youth Want to Do...

**EXAMPLES provided by Calgary Youth**

Youth highlighted key actions that they would be interested in taking when contributing to health projects. These actions are included in the following figure:

**Figure 3.1 Getting Health Messages Across to Youth**

<table>
<thead>
<tr>
<th>How?</th>
<th>How Do Youth Want To Help Get Messages Out?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>Talk to people (door to door, in the community)</td>
</tr>
<tr>
<td>Publications</td>
<td>Advertisements (community bulletin or on a street overpass)</td>
</tr>
<tr>
<td>Advertisements</td>
<td>Present information to a large group in a community centre</td>
</tr>
<tr>
<td>Send mail</td>
<td>Information in malls: talk to people, have a mascot</td>
</tr>
<tr>
<td>Talk to people</td>
<td>Casually talk to friends, no harping</td>
</tr>
<tr>
<td></td>
<td>Create and distribute information</td>
</tr>
<tr>
<td></td>
<td>Hand out information (papers/flyers)</td>
</tr>
<tr>
<td></td>
<td>Stickers on mailboxes</td>
</tr>
<tr>
<td></td>
<td>Make promotion posters</td>
</tr>
<tr>
<td></td>
<td>Information booths (in the community)</td>
</tr>
<tr>
<td></td>
<td>Hand out information at C-train stations</td>
</tr>
<tr>
<td></td>
<td>Mail outs</td>
</tr>
<tr>
<td></td>
<td>Pyramid letters, chain letters</td>
</tr>
<tr>
<td></td>
<td>Getting personal mail rather than e-mail</td>
</tr>
<tr>
<td></td>
<td>Use the media:</td>
</tr>
<tr>
<td></td>
<td>Newspapers – write articles, pictures, editorials</td>
</tr>
<tr>
<td></td>
<td>Go to the local TV or radio station</td>
</tr>
</tbody>
</table>

- presenting the project to those who will be involved and to those who will be affected
- contributing personal talents: music, photography, technology design, make a CD or computer program (for use in the library)
- setting up an event: a play, a sports event or a game
- interacting with others
- organizing new clubs or associations
- expressing opinions
- getting involved with government action: meeting with the government and presenting ideas
- fundraising
- joining a team: sleeping team, sports teams, boxing league
- helping others: young children or seniors
- monitoring: the sleep police force

Communication and spreading a message were highlighted as primary actions of interest. Many suggestions were given regarding how to advertise, such as talking to people either in strategic public locations or through media messages.

Participants had a desire to meet with the mayor or other government members to have input into policy decisions. There was a strong interest in working with younger children by teaching or helping them.
Essential Elements of Success

Young people were most interested in interactive projects but also finding ways of contributing their personal talents. One suggestion was creating a computer program or a CD.

- **AND MORE IDEAS......**

- Organize a youth forum in a school or community to discuss a particular issue or to identify key youth issues.
- Support an existing group of youth to address a mutual health area of interest.
- Invite youth to create health resources and health messages for their school or community.
- Involve youth as committee or task group members in the school or community.
- Mandate a youth member to represent your organization at meetings or conferences.
- Provide opportunities for youth to organize and make presentations to decision-makers at school or in the community regarding health issues.
- Invite youth to attend and participate in conferences, workshops, annual general meetings and open houses to learn more about health.
- Give youth responsibility for a component of an organizational project, such as a health forum, a program or project launch.
- Solicit youth opinions in an ongoing way regarding health topics and projects.
- Form a youth health council with links to decision makers.
- Ask youth to help develop job descriptions or to sit on hiring committees for positions that will have a direct impact on them.
- Develop volunteer opportunities for youth in your business unit.

Establishing effective youth participation is a process that takes time, energy and commitment. Every small success should be valued as you move towards an ongoing partnership. Effective youth participation is more than simply fitting young people into adult structures. It is recognizing and nurturing the strengths, interests and abilities of youth. It is developing respectful relationships between adults and youth to build on the strengths that each have to offer. It is providing real opportunities for youth to become involved in decisions that affect their lives.
COLLABORATION IS THE WAY TO GO!

Government, parents, youths, schools and communities need to work together to support the development of nurturing environments and community spirit to promote well-being in young people.

Since the issues youth face are interdisciplinary and complex, so must be the approach to ensuring their healthy development. Rather than looking to one agency to meet the needs of youth, there should be a joint effort among organizations. The institutions that shape adolescent experiences should all be involved, including family, schools, health, social services, justice and recreation.

What is collaboration?

Collaboration is the highest and most difficult level of working with others. Collaborations are long-term and focus on a wide variety of issues. Organizations in collaborative ventures share resources; develop, implement and evaluate programs together; establish policy; and jointly conduct programs. In achieving collaboration, partners may experience a variety of alliances, such as the following:

- **Communication**
  The development of communication links by individuals to exchange information and resources. Contacts can become long-term with loose agreements to “stay in touch”.

- **Cooperation**
  An informal association, driven by individuals rather than the organizations they represent, for mutual benefit or an easily attainable goal, such as conducting a workshop.

- **Coalition**
  Occurs more typically at the organizational level. The intent is to address a specific need and then disband. A coalition produces synergy, amassing enough influence and resources to have an impact on an issue beyond what one group could do alone.

TIPS for Successful Collaboration

Ensure you have the vital elements of collaboration…

- mutual needs and interests
- shared ownership and commitment by all participants
- agreement to share resources
- communication and openness of collaborators
- broad based representation
Essential Elements of Success

- clearly defined, mutual goals and objectives
- effective group process with clear ground rules and guidelines
- mutual respect
- equality among partners
- rewards for cooperation

While successful collaboration requires shared ownership among partners, leadership is an essential element. The group needs to identify and accept one individual or organization to take a lead role in driving the collaboration process.

Common obstacles to effective collaboration……

- poor communication
- professional territoriality
- ineffective use of local resources
- lack of awareness
- lack of leadership

Consider the “Promoting Health with Youth” Framework

The Model
Youth gave us feedback into how they wanted to see the “Promoting Health with Youth” framework depicted. Each youth consultation group voted on their top choice after the original group provided three suggestions about the depiction. The final decision was the event design, depicting health and development as “web” of many factors (see figure 3.2).

Population Health Promotion
The Population Health Promotion model (PHP) (Hamilton & Bhatti, 1996) has provided a place of grounding for our quest to develop a best practice framework for youth and health promotion (see appendix B). PHP encourages us to look at sectors beyond the individual and consideration is given to the multiple factors that have impact on health. Health is defined in a broad way and considers the five domains of health as being social, emotional, cognitive, physical and spiritual. The consultations with youth gave us insight into the determinants of health that were most relevant for them. In addition the PHP model provides general determinants of health that are applicable to all age groups.

The Partners
In this part of the framework we mention again who might find this tool useful as potential partners for collaboration.
The Enabling Factors To Consider
Statistical information available locally and nationally gives us glimpses into the concerns related to youth today. In addition, feedback from youth has given us insight into the issues and health promotion opportunities that are, from their viewpoint, important. Youth identified key areas of focus depicted as the enabling factors for health and development. These are presented under each different domain of health.

The Health Promotion Strategies
Strategies such as developing personal skills, creating supportive environments, strengthening community (Youth) participation, building public policy and re-orientating health services form the backbone of strategies that can be applied to promote youth health. A mix of strategies may be ideal with the intent of building coping skills, healthy behaviours and self-help skills, social support, empowerment, self-esteem, self-efficacy and competence.

1. Youth told us a lot about health promotion strategies in the previous section.
2. This was combined with evidence from reviewed literature.

The Outcomes
Also included in the framework is some consideration to health and development outcomes. This is discussed in more detail in the last section of the document. Ultimately outcomes will be generated based on the focus and inputs of the health promotion initiative.

And Finally - The Principles that Guide our Work with Youth
Guiding principles reflect what we think is important, what we stand for and define what our health promotion work is about. These guiding principles were generated and validated by the youth that were consulted in 2003.
Guiding Principles

• **Take a Holistic Approach to Health** - It is important to consider health in a broad way. This is consistent with our working knowledge of the health determinants. The holistic definition of health considers the physical, spiritual, cognitive, social and emotional domains.

• **Use Health Promotion Approaches that are Positive, Strength Based and Build Capacity** - We will ask “What is Going Right Already” and build on existing strengths and protective factors within individuals, groups and communities. Emphasis will be on enhancing protective influences and fostering resilience to counter risks to health and behaviour.

• **Involve Youth as Active Participants** - Enabling youth to increase control and improve their own health by building in elements of skill building, empowerment, and decision making into our health promotion programming.

• **Engage Youth as Resources in Health Promotion Planning and Implementation** - Building and improving processes that enable youth to become involved in the planning and delivery of health promotion activities are important in our commitment to responsive and relevant health promotion programming.

• **Focus on Youth and Their Environments** - We recognize that the “socio/ecological perspective is integral to health promotion work with youth. The interconnectedness among different sectors and levels within society and between youth and their physical and social environment is an integral consideration.

• **Collaboration** - Continually explore opportunities for collaboration with other services and sectors.

• **Accessibility and Diversity** - Ensure health promotion activities and programs are relevant for youth and respects their diversity and culture.

• **Outcome Oriented** - Consider evaluations based on health promotion process outcomes, individual behaviour outcomes and long term outcomes related to health status.
Figure 3.2  Healthy Youth Framework

HEALTHY YOUTH FRAMEWORK
(Promoting Health with Youth)

Partners and Strategies

WHO:
Young people in partnership with
- Parents
- Adults
- Educators
- Community and agencies
- Health programs/services
- Government

HOW:
- Develop personal skills
- Create supportive environments
- Reorient health services
- Strengthen community (youth) participation
- Build healthy public policy

Guiding Principles
- Holistic view of health
- Positive, capacity building approaches
- Outcome/results oriented
- Youth in all environments
- Collaboration with others
- Youth as resources and active participants

Youth Outcomes

INDIVIDUAL
- Healthier Lifestyles (Health & Safety)
- Social & Emotional Well-Being
- Educational Achievement & Cognitive Attainment
- Self Sufficiency as a Young Adult

COMMUNITY
- Health Promoting Environments
- Shift in Social Norms & Values
- System Changes
CHAPTER FOUR: TAKING ACTION

How Will We Know if Young People are Doing Well?

Key Outcomes To Consider

Using the Promoting Health with Youth Framework

References

Appendices
Taking Action

Key Outcomes to Consider

At the end of adolescence, young people are expected to take on the responsibilities of adult life. Traditionally, the transition to full adulthood has been marked by the young person joining the workforce. Youth making the transition to adulthood today are doing so in a very different environment than their parents, as access to full-time, meaningful and well-paying employment has been reduced. Consequently, many young Canadians are living at home longer, marrying later and postponing parenthood.

The transition to adulthood is a complex and uncertain phase for adolescents. Some adolescents, because of adverse conditions, will require additional support to develop the social, emotional and behavioural competencies expected of young adults. However, a commitment to creating innovative partnerships that concentrate efforts on developing strengths and assets in youth will build the foundation that young people need. It is recommended that young people who are well prepared to enter adult life have the skills and knowledge to achieve the following outcomes that are grounded in the holistic concept of health (domains) and are given mention because youth identified these as priority areas. Table 4 provides a list of possible outcomes related to the five domains of health and the enabling conditions identified by youth and in reviewed literature.

Chapter 2

Figure 4.1 provides a generic model of youth development highlighting needs, inputs and outcomes as proposed by the Edna McConnell Clark Foundation (2002).

![Figure 4.1: Generic Model of Youth Development Highlighting Needs, Inputs, and Outcomes](image-url)

- **Needs**
  - Material Resources
  - Safety and Security
  - Emotional Support
  - Information
  - Technical and Academic Knowledge
  - Social Support/Interaction
  - Spirituality/Meaning in Life

- **“Constraints” and “Opportunities” for Teens**
  - Characteristics Present at Birth
  - Family SES
  - Residential Location
  - Chronic Health Conditions

- **Resources/Inputs**
  - Adequate Food, Housing, Clothing
  - Health Care, Acute, Maintenance, and Preventive (Physical and Mental)
  - Love, Warm/Close Relationships with Caring Adults
  - Supervision/Monitoring/ Limit Setting, Control/Discipline
  - Positive Role Models
  - High Expectations
  - Education in Academic Skills
  - Training in Life Skills
  - Training in Social Skills
  - Moral Values/ Responsibility/ Character Expectations
  - Gatekeeping/Interface with Schools and other Organizations
  - Routines and Traditions
  - Community Supports and Services, Norms, Opportunities

- **Youth Outcomes**
  - Health and Safety
  - Social and Emotional Well-being
  - Educational Achievement and Cognitive Attainment

- **Young Adult Outcome**
  - Self-sufficiency as a Young Adult
Clearly, it is essential to fulfill the physical needs of youth in terms of food, clothing, and housing. Health needs must also be met, with reliable health care and physical as well as emotional safety. Further, youth are widely acknowledged to need deep and consistent love and nurturance. They also need supervision and monitoring, and they need to have limits established on their activities. Obviously, the appropriate type and amount of supervision and limit setting will vary according to age; but throughout childhood and adolescence, age-appropriate levels are needed.

Positive youth outcomes are the goal, and in Table 4.1 they are accordingly shown in the two columns on the right. Common sense as well as research tells us that it is important to focus on varied outcomes not just selecting a single goal such as high school graduation or the prevention of substance abuse. Thus, positive development implies well-being across a number of outcome domains.

One point illustrated in Table 4.1 needs to be highlighted, namely that youth outcomes, as part of the continuum of young people’s development, are both results of change and then become inputs into further change. In other words, indicators can serve as both youth outcomes and intervening mechanisms that produce subsequent youth or young adult outcomes. For clarity, we are grouping youth outcomes into four separate, broad domains:

- educational achievement and cognitive attainment
- health and safety
- socio-emotional well-being, and, eventually,
- self-sufficiency as young adults

Other Considerations for Outcome Indicators

According to the United States Department of Health and Human Services (1998) outcomes can be grouped into two broad categories: skill development focus and environmental/organizational change. In keeping with the intent of developing a health promotion “Best Practice” framework that calls for not only improvement in the individual outcomes of youth, positive youth development also calls for the intentional organizational shifts of community and organizations to the development of youth. It may be prudent for organizations and/or programs to also look at organizational or community indicators if these sectors are involved in strategies. These community level outcomes are presented in Table 4.1.
### Table 4.1: Possible Health Promotion And Youth Outcomes

<table>
<thead>
<tr>
<th>DETERMINANTS OF HEALTH</th>
<th>ENABLING CONDITIONS (By Domains)</th>
<th>HEALTH PROMOTION OUTCOMES</th>
<th>YOUTH OUTCOME AREAS (For more indicator information see Edna McConnell Clark Foundation, 2002)</th>
<th>POSSIBLE OUTCOME INDICATORS</th>
<th>HEALTH PROMOTION OUTCOMES</th>
</tr>
</thead>
</table>
| **Physical**           | avoid risky lifestyle behaviours  | Individual Level Outcomes | Health and Safety Risky Behaviour  
- drugs/alcohol  
- sexual behaviour  
- violence  
- accidents and injuries, safety habits | does not drink at all or excessively, depending on age  
- does not use illegal substances  
- responsible sexual behaviour | Community Level Outcomes |
|                        | regular health care             |                           | Health Habits  
- adequate exercise  
- adequate sleep  
- healthy diet  
- does not smoke  
- dental hygiene  
- not obese | **Emotional** |
|                        | proper nutrition               |                           | Mental Health  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
|                        | adequate sleep                 |                           | Good Mental Health  
- civic engagement, leadership  
- positive parent-child relationship  
- positive relationship with another adult  
- positive peer relationship, friendship skills  
- behaviour problems  
- risk resistance skills, cultural sensitivity  
- caring and compassion  
- age appropriate cross-sex relationships  
- positive environmental behaviours | **Socio-emotional Well-being/Spirituality** |
|                        | free from preventable diseases and injuries  
- active living  
- safe environment |                           | Emotional/Personal Development/Spirituality  
- productive use of non-school time  
- intimacy, trust  
- adaptable, flexible, emotional coping skills  
- spirituality  
- motivation to do well, sense of personal identity  
- realistic goals, initiative  
- positive risk-taking | **System Changes** |
|                        |                           |                           | Educational Achievement and Cognitive Attainment  
- educational opportunities  
- supportive school and home environment  
- opportunities for decision-making  
- experience of learning, competence and mastery | educational attainment  
- basic cognitive skills  
- higher order thinking  
- good study skills  
- achievement motivation  
- intellectual/academic self-concept  
- curiosity  
- school engagement  
- age appropriate employment  
- work ethic  
- responsible childbearing  
- entrepreneurship  
- responsible management of finances | **Community Promoting Environments** |
| **Social**             |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Emotional** |
|                        |                      |                           | Mental Health  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
|                        |                      |                           | Good Mental Health  
- civic engagement, leadership  
- positive parent-child relationship  
- positive relationship with another adult  
- positive peer relationship, friendship skills  
- behaviour problems  
- risk resistance skills, cultural sensitivity  
- caring and compassion  
- age appropriate cross-sex relationships  
- positive environmental behaviours | **Socio-emotional Well-being/Spirituality** |
|                        |                      |                           | Emotional/Personal Development/Spirituality  
- productive use of non-school time  
- intimacy, trust  
- adaptable, flexible, emotional coping skills  
- spirituality  
- motivation to do well, sense of personal identity  
- realistic goals, initiative  
- positive risk-taking | **System Changes** |
| **Spiritual**          |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Emotional** |
|                        |                      |                           | Mental Health  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
|                        |                      |                           | Good Mental Health  
- civic engagement, leadership  
- positive parent-child relationship  
- positive relationship with another adult  
- positive peer relationship, friendship skills  
- behaviour problems  
- risk resistance skills, cultural sensitivity  
- caring and compassion  
- age appropriate cross-sex relationships  
- positive environmental behaviours | **Socio-emotional Well-being/Spirituality** |
|                        |                      |                           | Emotional/Personal Development/Spirituality  
- productive use of non-school time  
- intimacy, trust  
- adaptable, flexible, emotional coping skills  
- spirituality  
- motivation to do well, sense of personal identity  
- realistic goals, initiative  
- positive risk-taking | **System Changes** |
| **Individual Level Outcomes** | | Healthier Lifestyles | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Health**             |                      |                           | Mental Health  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Psychological**      |                      |                           | Good Mental Health  
- civic engagement, leadership  
- positive parent-child relationship  
- positive relationship with another adult  
- positive peer relationship, friendship skills  
- behaviour problems  
- risk resistance skills, cultural sensitivity  
- caring and compassion  
- age appropriate cross-sex relationships  
- positive environmental behaviours | **Socio-emotional Well-being/Spirituality** |
| **Emotional**          |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Physical**           |                      |                           | Mental Health  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Social**             |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Spiritual**          |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Emotional**          |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Physical**           |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Social**             |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Spiritual**          |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
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| **Emotional**          |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Physical**           |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Social**             |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Spiritual**          |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |
| **Emotional**          |                      | Healthier Lifestyles      | Health Habits  
- not depressed  
- not anxious  
- optimistic | **Enhanced Capacity/Competency** |

Note: The table continues with more detailed information on individual, enhanced capacity, and community outcomes. The focus is on providing a comprehensive view of health promotion and youth outcomes across different domains.
Planning Worksheet: Using the “Promoting Health with Youth” Framework

The following worksheet is designed to assist you in planning services, programs or projects to support and enhance the health of youth aged 9-24. It is not intended to be used to plan interventions for a single youth rather it is designed for groups and is based on a population health promotion approach to planning.

The worksheet is divided into three sections:

1. identifying the target area and setting goals
2. selecting strategies
3. synthesis: pulling it all together

Each section poses questions that will help to organize thinking around the identified health promotion opportunity or issue in order to develop strategies. Specifically, the worksheet is designed to help you

- identify a target area;
- set goals and identify outcomes;
- identify a determinant of health or enabling factor to target;
- develop a strategy (or strategies);
- identify partners; and
- consider the guiding principles when working with youth.

A. Identifying the Target Area and Setting Goals

This section will help you to identify a target area and define anticipated outcomes. You might use the background information offered in the Promoting Health with Youth framework and in adjustment to inform opportunity/issue selection and goal setting. An example is offered at the end of this section for clarification.

1. Based on the background information offered in the Promoting Health with Youth document and framework diagram, what health promotion opportunity or priority would your organization or department like to address?
2. Which domain, or aspect of the young person’s development, is most influenced by this issue/area? (From the Outcomes Table 4.1, page 45 and Healthy Youth Framework diagram Figure 3.2, page 41)

☐ Physical    ☐ Social    ☐ Emotional
☐ Cognitive   ☐ Spiritual

3. Identify the desired outcome(s). First, using the Outcomes Table 4.1 on page 45, identify the youth (outcome area), then refine it further by detailing specific outcome indicator:

   Youth outcome area:

   Youth outcome indicator:

B. Selecting the Strategies

This section is divided into the following categories: What? (what determinant of health will you target?); How? (what strategy or strategies will be most effective?); Who? (who will you work with to achieve your desired outcomes?); Why? (is your program consistent with the guiding principles?) You may wish to take a look at the Population Health Promotion (PHP) model (Appendix B), as well as the Healthy Youth Framework diagram (page 41).

What?

4. Referring to the Outcomes Table 4.1 on page 45, consider all determinants of health and enabling factors that affect the domain and outcome(s) you have selected. There may be several. Decide which determinant of health and/or enabling condition your organization will target and record it below.

(Note: Consider your capacity as an organization or department. Which enabling factors /determinant can you most effectively act upon?).

Our organization will target the enabling conditions or determinant of health:

How?

5. What risk factors are relevant to this target area? How might they be reduced? (See appendix A)
6. What protective factors are relevant to this target area? How might they be fostered or supported? These may be similar to the enabling conditions you have identified. Also refer to Appendix A.

7. Referring to the PHP Framework model (Appendix B) and thinking about the evidence presented in terms of effective health promotion strategies, which general strategy or combination of strategies would be most effective in helping you to achieve your desired outcome(s)?

- Strengthen Community Action (youth participation)
- Create Supportive Environments
- Reorient Health Services
- Build Healthy Public Policy
- Develop Personal Skills and Coping Skills

8. The strategies listed above are fairly broad. Brainstorm specific ideas for how your organization or department will approach the target area while considering the information presented in the health promotion evidence section.

Our general strategy or strategies:

Our specific ideas around this strategy or these strategies:

Who?

9. Referring to the Framework model on page 41 who will you work with to achieve the desired outcome(s)? (You may check more than one and it is important to work with youth in order to achieve your desired outcomes).

- Youth
- Parents
- Adults
- Educators
- Social Services
- Health Services
- Government
- Community Supports (e.g. church, community centre, recreational facility)
Taking Action

Why?
10. Think about your strategies, partners, and objectives, and consider whether they are consistent with the Guiding Principles (page 39).

C. Synthesis: Pulling it all Together

11. To review the strategies, partners, outcomes, and determinants of health you have identified, fill in the blanks on the Framework model (next page).

Next steps…
You should now have a general idea of:
- the opportunity or target area you wish to address
- the outcomes you expect
- the strategy or strategies you will use
- the determinant of health you will target, and
- the partners you will involve

You have the beginnings of a plan. Together with your partners, you will now need to further refine the plan. This may involve the planning worksheet again. You will then need to develop action items to determine the steps involved in meeting your objectives. You will also need to consider how you will evaluate your project, and how you will communicate the learning with others.

Example

Example drawn from Health Canada (1999), *Raising the Roof- Developing a Youth Sexuality Education Program while adopting a Mental Health Promotion approach* –

1. Health Promotion Opportunity/Priority
Example:
Mental health promotion and sexual behaviour program in Whitney Pier Youth Club – Cape Breton

2. Domains
Example: Social, emotional and physical domains, however potentially all domains could be impacted

3. Outcomes


Youth outcome area:
- risky behaviour – sexual – responsible sexual behaviour
- age appropriate cross sex relationships
- emotional coping skills, positive risk taking
- selecting the strategies
Taking Action

This section is divided into the following categories: **What?** (what determinant of health will you target?); **How?** (what strategy or strategies will be most effective?); **Who?** (who will you work with to achieve your desired outcomes?); **Why?** (is your program consistent with the guiding principles established in the Framework?) You may wish to take a look at the *Population Health Promotion* model (Appendix B), as well as the *Healthy Youth Framework* diagram (page 41).

4. **What?**

**Personal health practices** – namely safe sex practices **Coping skills** are related to emotional well-being. Basic sense of self-worth, self-esteem and sense of empowerment and ability to make decisions will have impact on choices that the youth will make in their **physical environment** (availability and accessibility of condoms and birth control may have impact on safe sex behaviours). **Social support** from parents and peers may have impact on safe-sex practices of teens.

- social – positive role models.
- high expectations
- training in social skills.
- moral values/responsibility/character, expectations. etc.

5. **How?**

- poor social support network
- diminished or poor sense of self
- no sense of purpose
- inadequate self-esteem
- no access to condoms, birth control
- lack of knowledge

6. **Protective/Enabling Factors Related to Health Promotion**

**Opportunity/Priority**

- feeling a sense of support within family, peer, school and community setting
- adequate and appropriate sense of self
- goals for future and sense of purpose
- appropriate self-esteem
- appropriate access to condoms, birth control
- confidential health services

7. **General Strategy** - What strategies (develop personal skills, create supportive environments, build healthy public policy, strengthen community action, reorient health services)?

Help youth **develop personal skills** and coping skills that will help them make healthy sexual decisions

Create **supportive environment** so youth can ask for the resources they need to make good decisions, develop personal skill and have access to physical supports, such as affordable or free condoms and confidential health services.
Taking Action

Enhance capacity of youth to look at policy change if policy or lack of is impeding their ability to make healthy choices (i.e. price of condoms a barrier so make them available for free in teen centre and school setting)

8. Specifics of Strategies

Specific ideas around this strategy are:
- Consulted with youth to find out their immediate needs and develop programming or intervention with them including the needs assessment, planning, implementation and evaluation phases
  (In this example the five areas that were developed by youth were: birth control, relationships, planning a healthy future, getting to know your body and accessibility to information and services)
- Hire a coordinator who was committed to developing program with youth participating in planning
  - listening and hearing
  - honesty and openness
  - working side by side
  - building relationships with youth
  - respecting the decision of youth
- Mental Health promotion tied into entire program and defined by youth
- Project components:
  - Interactive and educational sessions on sexuality facilitated by project coordinator – used journal writing, and theatre in sessions at request of youth.
  - Each session youth took part.
  - Accessibility to information and services (youth presented what they found to the group.
  - Birth control – for homework youth had to find out where condoms were available in their community.
  - Planning a healthy future – explored positive thinking, personal control, communication and decision making.
  - Relationships – explored what healthy relationships were, dating bill of rights, explored differences between genders.
  - Getting to know your body – physical changes – what is normal and healthy.
  - Information blitz (youth submitted questions in advance so it was interactive and youth got the information they wanted).

9. Who will you work with to achieve the outcomes?

Youth, adults, educators, community support, (potentially parents) – in this case youth requested parents not take part in the program.

10. Why??

Think about your strategies, partners, and objectives, and consider whether they are consistent with the Guiding Principles (page 39).

11. Conclusion

Your are now done the planning worksheet. Good luck with your initiative!
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Appendix A

<table>
<thead>
<tr>
<th>Risk and Protective Factors</th>
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</thead>
<tbody>
<tr>
<td><strong>Family / Home</strong></td>
</tr>
<tr>
<td>- low economic status</td>
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<tr>
<td>- low parental education</td>
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<tr>
<td>- family disruption and conflict</td>
</tr>
<tr>
<td>- lack of parental support</td>
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<tr>
<td>- low parental supervision</td>
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<tr>
<td>- repressive and abusive parenting styles</td>
</tr>
<tr>
<td>- inadequate family problem-solving and coping skills</td>
</tr>
<tr>
<td>- low parental expectations</td>
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<tr>
<td>- weak family bonds</td>
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<tr>
<td>- availability of detrimental products</td>
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<tr>
<td>- family history of criminality, violence, mental illness</td>
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<tr>
<td>- parents and sibling health-compromising behaviours</td>
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<tr>
<td>- family support</td>
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<tr>
<td>- positive family communication</td>
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<tr>
<td>- parent involvement in schooling</td>
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<tr>
<td>- family boundaries (clear rules and consequences, and monitors child’s whereabouts)</td>
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<tr>
<td>- adult and sibling role models (Parent(s) and siblings model positive, responsible, healthy behaviour)</td>
</tr>
<tr>
<td>- high expectations – parent(s) encourage young person to do well</td>
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<tr>
<td>- time spent with families</td>
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<tr>
<td><strong>School</strong></td>
</tr>
<tr>
<td>- academic failure</td>
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<tr>
<td>- students’ health-compromising behaviours</td>
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<tr>
<td>- school Strain</td>
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<tr>
<td>- repressive environment</td>
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<td>- tracking within a school</td>
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<td>- poor classroom management</td>
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<td>- segregated schools</td>
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<td>- commitment to school</td>
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<tr>
<td>- caring school climate</td>
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<tr>
<td>- school boundaries (clear rules and consequences)</td>
</tr>
<tr>
<td>- adult role models (adults model positive, responsible healthy behaviour)</td>
</tr>
<tr>
<td>- young person’s best friends model positive, responsible, healthy behaviour</td>
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<tr>
<td>- high expectations – teachers encourage young person to do well</td>
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<tr>
<td><strong>Community</strong></td>
</tr>
<tr>
<td>- high rates of poverty</td>
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<td>- high unemployment</td>
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<tr>
<td>- high rates of crime</td>
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<td>- high mobility</td>
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<td>- high population density</td>
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<td>- physical deterioration</td>
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<tr>
<td>- low attachment</td>
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<tr>
<td>- availability of detrimental products (e.g., drugs and firearms)</td>
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<tr>
<td>- media promoting health-compromising behaviours</td>
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<tr>
<td>- support provided by adults</td>
</tr>
<tr>
<td>- neighbourhood boundaries (neighbours take responsibility for monitoring your people’s behaviour)</td>
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<tr>
<td>- adult role models (Adults model positive, responsible, healthy behaviour)</td>
</tr>
<tr>
<td>- young person’s best friends model positive, responsible, healthy behaviour</td>
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<tr>
<td>- availability of youth programs</td>
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</tbody>
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Appendix B

Population Health Promotion Model

**WHO:** With whom can we act?
The levels within society where action can be taken.

**WHAT:** On what can we take action?
The determinants of health - areas where action could improve health.

**HOW:** How can we take action to improve health?
The Ottawa Charter Action Strategies

**WHY:** Why take action to improve health?
(Using the best available information to make decisions that are consistent with community needs, values and resources.)

Nancy Hamilton & Tanaz Bhatti
Health Promotion Development Division
Health Canada
February 1998
Appendix C

Youth Resources

Youth Consultation Activities

Building Healthy Lifestyles with Youth, Youth Consultation Report, August 2003, Health Promotion/Disease Prevention, Calgary Health Region.

Contains detailed information regarding the youth consultation process in 2003. Including:
- “What does being healthy mean to me” youth self-assessment
- brainstorming activities
- a modified bingo game called PEHTLY (adapted using the 5 health promotion strategies)
- youth identified opportunities and priorities for health promotion
- youth ideas about health promotion strategies
- detailed information about getting youth involved and roles they see for themselves

Evaluation Indicators


- Contains an overview of Youth Outcomes and includes indicators (variables / measures) that could be used for evaluation of outcome areas.