



Issue Brief

Health Promotion for Youth

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Introduction

At the March 5, 2003 Program and Grants Committee meeting of the Missouri Foundation for Health (MFH), a question arose concerning effective health promotion programs targeted at youth. The MFH Policy group has produced this paper to outline the basic premises on which health promotion is founded. This document provides a brief overview of the issue, key elements of success, definitions and explanations of concepts used within the field of health promotion, a discussion of general concepts that lead to effective programming and specific examples of successful health promotion programs targeted to youth.

Overview

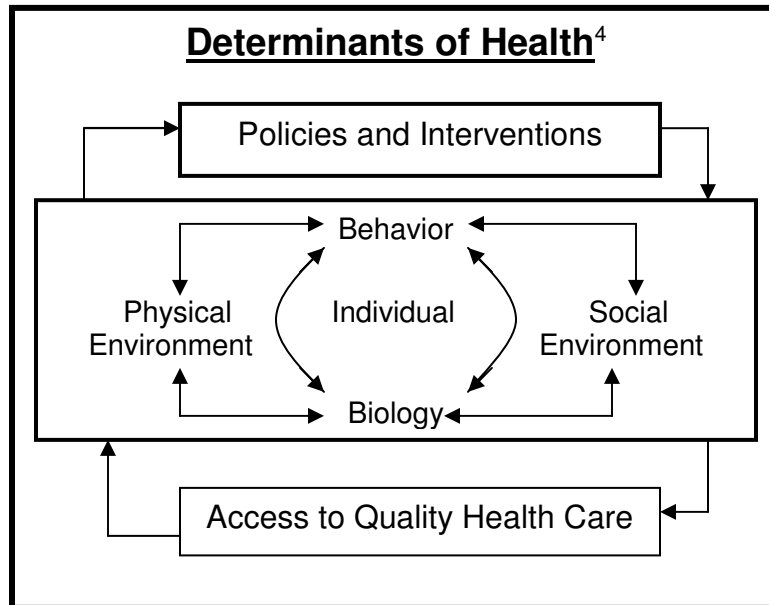
History of Health Promotion

During the twentieth century the field of medicine experienced a revolution in the understanding and treatment of disease. Advances in biochemistry led to the development of antibiotics and vaccines, while improvements in surgery, radiology and drug therapy provided effective treatment for health problems that were once considered untreatable. These health innovations caused a shift to occur in the leading causes of death away from infectious diseases to chronic diseases. Research has revealed a link between chronic diseases (such as heart disease, cancer and stroke) and individual lifestyles and specific health behaviors.¹ Awareness of this linkage has led to a change in public health efforts in the last 30 years from a focus on infectious disease towards preventing death and disability through health promotion programs.

What is Health Promotion?

The American Journal of Health Promotion defines health promotion as “the science and art of helping people change their lifestyle to move toward a state of optimal health....Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices.”² The World Health Organization defines health promotion simply as “the process of enabling people to increase control over, and to improve their health.”³ The

central theme found in both of these definitions is that health promotion seeks to create healthier individuals, communities and societies through impacting the determinants of health.



Influencing the Determinants of Health

The Healthy People initiative⁵, developed by the Surgeon General and the U.S. Department of Health and Human Services, first began in 1979. This initiative produces sets of goals and objectives in ten year increments designed to improve the health of the Nation. Healthy People 2010 describes six determinants of health, these are: biology, behavior, social environment, policies and interventions, physical environment and access to quality health care. The model above shows the interaction of these determinants in relation to an individual. **Biology** refers to the genetic factors with which an individual is born, family history which may imply disease risk and any physical or mental health issues that occur during an individual’s lifetime. Factors such as aging, smoking and physical activity can contribute to a “new” biology for an individual at different times. **Behavior** and **Biology** tend to have a give-and-take relationship with one another. For example, a family history which includes diabetes (biology) can motivate an individual to incorporate healthy eating habits and an active lifestyle (behaviors), which may prevent the onset of diabetes (biology). The **Social Environment** refers to components such as family, culture, community, social institutions and religion that have a profound effect on individual health. The **Physical**

Environment is a major determinant of the health of individuals; it includes exposure to elements such as toxins, infectious agents, physical hazards and radiation. **Policies and Interventions** are determinants that affect health at both a macro (community/state/national) and micro (individual) level. Examples include policies that mandate smoke-free restaurants, campaigns promoting sexual health and immunization services for children. The final determinant is **Access to Quality Health Care**, which plays a significant role in the health of both individuals and communities.⁶ Health promotion programs that address these determinants of health can effectively improve the health status of the target population and correspondingly reduce the rates of morbidity and mortality from preventable injuries and diseases.

Key Elements of Success

Planning Health Promotion Programs

The range of activities found in health promotion programming is seemingly limitless. However, an appropriate planning process must occur before the implementation of a specific program. The development of a plan begins with a thorough needs assessment. This community evaluation collects specific data on the health issue to be addressed, the target population, current resources available and an overview of the physical, social, economic, educational, religious and political environment.⁷ While this needs assessment itself provides essential information, successful programs include key community members both in the planning process and in carrying out the program.

Community Involvement

The earlier the community to be served becomes involved in the phases of creating a health promotion program, the more likely the project is to succeed.⁸ “Community participation allows people, both individually and in groups, to exercise their right to play an active and direct role in the development of appropriate health services and in ensuring conditions for sustained better health.”⁹ To be effective, organizations and health promotion professionals need to work with individuals and communities to determine health priorities and implementation strategies. The inclusion of the community in the process allows for “buy-in” and a sense of ownership. More important, research has shown that programs with strong community involvement are both more successful and longer lasting.¹⁰

Gatekeepers

Assuring community acceptance of a health promotion program means the planning process must recognize and include the **gatekeepers** of the targeted population.¹¹ A gatekeeper is defined as “an individual or group that controls access to somebody or something.”¹² For MFH purposes, we will define gatekeepers as the natural leaders who influence the thoughts and behavior of a community. Gatekeepers include religious leaders, business people, school personnel, influential youth and, sometimes, health professionals or local politicians. Identifying and involving gatekeepers in the planning process and the implementation of the program helps ensure community participation and results in more effective programming.

Theoretical Foundations

Models of Health Promotion

The assessment and planning processes lead to the creation of a health promotion program. In order to be truly effective, a program must utilize a model or theory of health behavior change tested through research and evaluation. Models exist for health promotion programs conducted on the individual, group and community levels. When established utilizing these guidelines, health promotion programs can produce positive health outcomes for the individual and the community.

The following lists some of the more widely used theories and models in the field of health promotion.

- The **Health Belief Model** focuses on the perceptions of individuals in order to explain their health behaviors. It serves as a foundation for programs that cover the entire spectrum of health promotion issues.¹³
- **Problem Behavior Theory** presents the idea that all behaviors whether positive or negative are functional and “assumes that susceptibility to problem behavior results from the interaction of the person and the environment.”¹⁴ Researchers rely heavily on this theory in developing substance abuse and violence prevention programs.
- The **Theory of Reasoned Action** and the **Theory of Planned Behavior** “propose that behavioral intentions and behaviors result from a rational decision

process.”¹⁵ These theories provide the basis for health interventions such as mammograms, smoking cessation and weight control interventions.

- **The Transtheoretical Model** maintains that health behavior change progresses through five unique stages. This theory is especially useful in developing programs that focus on proactive interventions, such as smoking cessation and reducing high-risk sexual behaviors.¹⁶
- **Social Learning Theory** states that “similarities in age and interest between those giving and those receiving educational messages will increase the persuasiveness of the messages.”¹⁷ Peer education programs for youth often utilize this theory as the basis for their intervention.

Related Elements

Imbedded in the preceding theories are three factors whose significance warrants some discussion.

Relevance to Audience

The theory or model to be used as the basis for a health promotion program depends on the health problem being addressed and on the target population to be served. As children grow physically, mentally and socially they move through different stages of human development. Psychologists such as Milton Erickson and Jean Piaget have developed different theories to explain the stages of child development.¹⁸ The significance for the field of health promotion lies in fitting the appropriate theory or model of behavior change to the developmental stage of the target population. A well-organized youth program will be based on a behavior change model that is effective for the population being served.

Empowerment and Self-Efficacy

Successful behavior change programs for youth incorporate the ideas of empowerment and self-efficacy. Empowerment has been described as “the process whereby decisions are made by the people who have to wear the consequences of those decisions.”¹⁹ A health professional fosters participation in order to empower young people both collectively and individually to examine and address the determinants of health within their own community. Through this process the youth served take ownership of and invest themselves in the health promotion program.

Self-efficacy, a more individual concept, involves “a person’s ability to make a particular change.”²⁰ When a person firmly believes in his capacity to change a health behavior, and that the change will result in a favorable health outcome, he has a sense of high self-efficacy. An individual with high self-efficacy is more likely to move forward in the change process and to successfully maintain the behavior change.²¹

Health Promotion for Youth

Need for Programming

Unhealthy behaviors contribute to almost half of all premature deaths in the United States each year.²² Many of these negative health behaviors are established in adolescence, underscoring the importance of well planned health promotion programs for youth.

Young People at Risk²³

- *Every day, nearly 3,000 young people take up daily smoking.*
- *In 2001, only 32% of high school students participated in daily physical education classes, compared with 42% of students in 1991.*
- *Almost 80% of young people do not eat the recommended five servings of fruits and vegetables each day.*
- *Every year, more than 870,000 adolescents become infected with a sexually transmitted disease.*

Sample Programs

The following section provides three examples of projects tailored specifically to this population. The first two illustrate effective, theory-based programs that have been validated by research and evaluation, and incorporate the ideas and opinions of the youth population that they target. The third is an example of an ineffective school-based curriculum which, while popular, has no theoretical basis and does not integrate the diversity of community needs, concerns or conditions in the implementation of the program.

Life Skills Training

The Centers for Disease Control and Prevention (CDC) has produced a national initiative targeted at encouraging and supporting coordinated school health programs. In 1996, Maine had one of the highest smoking rates in the nation for youth aged 14-18. The CDC, in conjunction with all Maine middle schools, introduced the Life Skills Training Program in 1997. This program utilizes the Problem Behavior Theory and incorporates aspects of Social Learning Theory within the curriculum. It combines adult lead activities with peer-based role playing. This combination of approaches channels the leadership qualities of both established and emerging youth gatekeepers to bring about positive change, which the teacher, as an additional gatekeeper, can reinforce. Evaluation studies have shown that Life Skills effectively reduces cigarette smoking and the use of alcohol and other drugs among youth. Since Life Skills was implemented, smoking among Maine high school students has decreased by more than 20%. At the same time that Life Skills Training began in the middle schools, advocates fought to increase the state tobacco excise tax and to introduce community-based tobacco control programs. These successful policy interventions also contributed to the decrease in adolescent smoking rates.²⁴

Teens for AIDS Prevention (TAP)

Research shows that most of what youth learn concerning sexual expression comes from their peers and the media. Advocates for Youth, an organization committed “to creating programs and advocating for policies that help young people make informed and responsible decisions about their sexual and reproductive health”²⁵ designed the Teens for AIDS Prevention (TAP) program. The TAP program, based in Social Learning Theory, employs peer-based interventions to increase knowledge and encourage changes in attitudes and behaviors concerning contraception, HIV and other sexually

Research suggests that when HIV/STI prevention information comes from their peers, adolescents are more likely to participate in discussions about infection and are also more likely to see HIV infection and AIDS as personal dangers than when the same information is presented by adults.²⁶

transmitted infections. One evaluation of a peer education program at a family planning clinic found that youths' contraceptive use increased 40 percent among those counseled by their peers, compared to an increase of only ten percent among youth served by an adult professional.²⁷ Peer-based programs, such as TAP, must engage and involve the youth leaders or gatekeepers of the target population early in the planning process in order to ultimately produce positive health outcomes.

Drug Abuse Resistance Education (D.A.R.E.)

The D.A.R.E. program was created in 1983 under Daryl Gates, former Los Angeles Police Chief, and today is a billion dollar program that reaches close to 80% of school children in the United States. Originally based on an educational philosophy called “values clarification,” D.A.R.E. grew and gained support from the police and federal government. The program quickly became the cornerstone for the nation’s “war on drugs.”

Under scrutiny, the concept of “values clarification” fell apart; researchers and educators soon began to question D.A.R.E.’s effectiveness. Despite the popularity of the program, studies such as those conducted by the Surgeon General and the Center for Education Research and Development have concluded that D.A.R.E does not work in reducing substance abuse among youth. In fact, one study by the Criminal Justice Department at the University of Illinois found that “kids in the suburbs who participated in D.A.R.E. actually had significantly higher levels of drug use than suburban kids who did not get the D.A.R.E. program.”²⁸ In addition, D.A.R.E. uses a standardized curriculum throughout the country. Parents, school personnel and youth have no involvement in the implementation, much less the creation, of the program. D.A.R.E. does not engage community gatekeepers or account for local needs or conditions.²⁹ The continuation of the D.A.R.E. program despite poor results highlights the risk of investing in untested projects that are neither grounded in appropriate health promotion theory nor linked to the community served.

Conclusion

Promoting the health of the youth of today promises to profoundly influence the future health of the Nation. A breadth of activities exists that promote positive health behaviors among young people. The setting for a health promotion program can be a school, a health care site, a community organization or a health department. Programs range from the national and state level to the regional and local level. The targeted population may include youth of different ages and backgrounds, and can address a range of health issues.

A successful youth-focused health promotion program begins with a thorough needs assessment. This process should identify and involve community gatekeepers, and also engage youth and the public in the development process. A health promotion program for youth will focus on the determinants of health and will be based on established health promotion theory. There will be a correlation between the program model, the health problem and the target population. The chosen model should also have proven effectiveness through the use of evaluation and research. Finally, every health promotion project must contain a thorough evaluation process to document the intended health outcomes. When health promotion activities include these elements, they have the best chance of producing positive health results for individuals, communities and society as a whole.

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