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# Formative Evaluation of the Public Health Unit Youth Engagement Initiative–Brief Report

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## ACRONYMS AND ABBREVIATIONS

|      |                                       |
|------|---------------------------------------|
| CoP  | Community of Practice                 |
| MHPS | Ministry of Health Promotion & Sport  |
| OTRU | Ontario Tobacco Research Unit         |
| SFO  | Smoke-Free Ontario                    |
| TCAN | Tobacco Control Area Network          |
| TCC  | Tobacco Control Coordinators/Managers |
| YATI | Youth Advocacy Training Institute     |
| YEC  | Youth Engagement Coordinator          |
| PHU  | Public Health Unit                    |
| YE   | Youth Engagement                      |

## KEY MESSAGES

The Public Health Unit (PHU) Youth Engagement (YE) Initiative formative evaluation has highlighted that many PHUs are advancing well in Initiative implementation. However, the extent to which PHUs have been able to implement the Initiative and engage core youth leaders has related to a number of facilitators and challenges.

Facilitators include:

- High organizational/management buy-in for the Initiative
- A strong legacy of YE programming within PHUs
- The dedicated Youth Engagement Coordinator position and relationships between staff and youth leaders

Challenges include:

- Perceived limited guidance and direction on implementation and unclear goals and outcomes of the Initiative
- Limited resources/funding, particularly an unpaid youth engagement model
- Engaging youth in the topic of tobacco control
- Geographical challenges

Despite these challenges, a number of examples of successful implementation and perceived early impacts at youth- and community-levels exist. Many of the core youth leaders engaged are passionate about health promotion on tobacco control and are highly motivated to engage with their community. These youth possess and are further developing important skills, such as confidence and self-efficacy through involvement in the Initiative with which to resist and prevent tobacco use, as well as engage others in tobacco use prevention.

A number of challenges need to be addressed in order for implementation to advance in many PHUs. The same level of organizational capacity to implement the Initiative does not seem to exist across PHUs, and this clearly relates to the extent of organizational support and previous experience with the YE approach.



Initiative implementation could be improved through:

- the provision of training on YE at upper levels within the PHU (e.g., boards of health, managers) and clear articulation of goals of the Initiative to all stakeholders to improve organizational support and readiness for implementation
- the provision of clear guidelines for implementation to assist those PHUs with less experience with the YE approach, and clear Initiative outcomes in order for PHUs to guide and inform evaluation of success
- a vision for sustainability for the Initiative is needed to enhance organizational support and investment in the Initiative at the local level
- infrastructure for resource-sharing should be formalized within the Initiative to advance and sustain the sharing of implementation resources so that PHUs less advanced in implementation can learn from PHUs that are more advanced.

## EXECUTIVE SUMMARY

In 2010, the Ministry of Health Promotion & Sport (MHPS)<sup>i</sup> committed funding to a Public Health Unit Youth Engagement Initiative as part of Smoke-Free Ontario (SFO) prevention programming. The Initiative involves the adoption of youth<sup>ii</sup> engagement principles across PHU programs, the recruitment of core youth leaders who will then engage in health promotion on tobacco control and other health topics in the community, the provision of training on the principles of youth engagement to staff and core youth leaders, the funding of youth-led health promotion activities, and opportunities for peer networking and learning (MHPS, 2010). Funding for the implementation of the YE Initiative involves the hiring of one Youth Engagement Coordinator (YEC) in each PHU to support the development and implementation of the YE Initiative. The YEC works collaboratively across various risk factor-related programs within the PHU, externally through community partnerships, and with Youth Development Specialists and other regional stakeholders at the Tobacco Control Area Networks (TCANs) to establish regional plans and priorities for youth engagement (MHPS, 2010). The Ontario Tobacco Research Unit (OTRU) worked closely with MHPS, TCANs, PHUs and youth representatives to conduct a formative evaluation of the PHU YE Initiative.

The focus of this formative evaluation study was to examine the process of implementation of the YE Initiative as outlined in the 2010 scopes of service, and identify facilitators and challenges to this process with the purpose of informing Initiative improvement and advancement of implementation. We also began to assess perceived early and anticipated impacts of the Initiative at youth and community-levels.

Key questions that guided the evaluation included:

- How has the PHU YE Initiative been implemented?
  - Who is being engaged by the Initiative?
- What are the characteristics of the core youth leaders engaged?
- What are the early and anticipated impacts of the Initiative?
- What is working well in Initiative implementation (facilitators)?
- What are the challenges in implementation?

<sup>i</sup> Over the course of the evaluation, the Ontario Ministry of Health Promotion and Sport transitioned into the Ontario Ministry of Health and Long Term Care – Health Promotion Division. Throughout the report, we refer to the Initiative funders as “the Ministry”.

<sup>ii</sup> Youth are defined as between the ages of 10-24.

Various data collection methods were used to capture and assess aspects of Initiative implementation. We conducted a set of provincial level data collection activities to assess progress, facilitators and challenges in implementation of the Initiative across all PHUs. These activities included a series of key informant interviews with stakeholders (N=12), the administration of a survey with YE staff across the PHUs (N=27), and a survey with core youth leaders volunteering in PHUs (N=124). We also conducted a series of case studies with six PHUs in the province. The purpose of the case studies was to corroborate and further explore findings from the province-level data collection activities, and to examine implementation of the Initiative in-depth. The case study data serves to provide rich and detailed information on the workings of the Initiative in local settings and the impact of local context on implementation (see Appendix E for more detailed case study summaries). Participation in all data collection activities was voluntary.

A cluster evaluation design was employed in the study. This design included the evaluation of a cluster of programs or projects that are part of a larger, multi-site program. In this case, each PHU in the province was considered as a site that may be implementing a cluster of various YE activities under the Initiative.

The formative evaluation of the PHU YE Initiative yielded a number of important findings on the process of implementation. The study identified that perceived goals of the Initiative are varying among stakeholders. Stakeholders articulated different goals, but most commonly to integrate the youth engagement approach into internal PHU and community programming, to achieve increased youth development skills and changes in health behaviours such as reductions in tobacco use initiation.

It appears that the way in which the Initiative has been implemented has varied across PHUs and that PHUs were at different stages of implementation of the Initiative over the course of the year in which the evaluation was conducted. Differing approaches to capacity building for YE occurred at early stages of implementation, and PHUs were using various mechanisms to engage youth in the Initiative, such as a paid model, school and community grant competitions, co-op placements, word of mouth and social media.

The profile of core youth leaders involved directly with PHUs includes primarily upper high school aged and post-secondary youth, with relatively high levels of self-efficacy and empowerment to become engaged in health promotion in their communities, but who may also

be at risk for tobacco use through social exposure in peer relationships/networks. Diversity in core youth leaders engaged is viewed as an important component to implementation, and PHUs perceived that they were engaging a diversity of youth leaders across ethnicity, geographic regions, and neighbourhoods and schools. There was some dissent around what constituted ‘at risk’ and ‘vulnerable’ populations; many PHU staff thought all youth are at risk for tobacco use, not just those who are socio-economically disadvantaged.

The extent to which PHUs have been able to implement the Initiative and recruit and engage core youth leaders has related to a number of facilitators and challenges. Key facilitators included high organizational support and management buy-in for the Initiative and a strong legacy of YE programming within PHUs. The dedicated YEC position and staff –youth leader relationships were viewed as key facilitators by many.

A key challenge to implementation related to what was perceived as limited guidance and direction on implementation, as well as unclear goals and outcomes of the Initiative from the Ministry. Many expressed that limited resources, particularly, an unpaid model of youth engagement, and that engaging youth on the pre-assigned topic of tobacco control, challenged implementation. Furthermore, a number of PHUs reported experiencing geographical challenges to engaging youth across vast rural areas, and competing with other youth programs for core youth leaders.

Despite these challenges, a number of examples of successful implementation and perceived early impacts at youth- and community-levels exist. Many of the core youth leaders engaged are passionate about health promotion on tobacco control and are highly motivated to engage with their community. These youth possess and are further developing important skills, such as confidence and self-efficacy through involvement in the Initiative with which to resist and prevent tobacco use and other chronic disease risk factors, as well as engage others in tobacco use prevention. Numerous youth-led activities and projects have been planned and implemented in the community, and there are several perceived early impacts of the Initiative at the community level. These include media attention on activities/events, the establishment of community partnerships and contributions to the sustainability of community youth programs, and increased awareness among the public of the PHU and the YE Initiative. It is also anticipated by stakeholders that awareness of risks associated with tobacco use will increase through the youth-led activities and advocacy work, and that youth will become more involved in the shaping of local tobacco control policy.

The formative evaluation has identified that a number of challenges need to be addressed in order for implementation to continue to advance in many PHUs. The same level of organizational capacity to implement the Initiative does not seem to exist across PHUs, and this clearly relates to the extent of organizational support and previous experience with the YE approach. Initiative implementation could be improved through the provision of training on YE at upper levels within PHUs (e.g., boards of health, managers) and clear articulation of goals of the Initiative to all stakeholders to improve organizational support and readiness for implementation.

The evaluation identified a general need for clear guidelines for implementation to assist those PHUs with less experience with the YE approach, and clear outcomes of the Initiative in order for PHUs to guide and inform evaluation. In addition, a number of participants indicated that a vision for sustainability for the Initiative is needed in order to enhance organizational support and investment in the Initiative at the local level.

Study participants clearly articulated that Initiative related resource-sharing across regions and PHUs was helpful for YE capacity building and implementation. Greater support and formalization of resource-sharing should be incorporated (e.g., technology such as SharePoint; more provincial YE staff meetings) within the Initiative in order to advance and sustain the sharing of implementation resources so that PHUs less advanced in implementation can learn from PHUs that are more advanced.

Overall, the evaluation has highlighted that many PHUs are advancing well in Initiative implementation. Nevertheless, a number of challenges need to be overcome in order to facilitate successful implementation in all PHUs, and to enhance the ability of the Initiative to achieve its goals and objectives for tobacco use prevention among youth in the province.

## BACKGROUND

Adolescence is an important stage of development, and a time in which youth are gaining increased independence and making personal choices. During this time, many youth may adopt unhealthy behaviours such as tobacco use that may put them at risk for the future development of chronic diseases (Norman, Maley, Li, & Skinner, 2008; Paglia-Boak & Adlaf, 2007). There is growing recognition that a youth engagement approach, whereby youth are involved in program planning and implementation, is an important strategy with which to promote positive health behaviour change (Borland & Schwartz, 2010; CDC, 2010; Fiissel, Schwartz, Schnoll & Garcia, 2008; Paterson & Panessa, 2008; Lantz et al., 2000). While an increasing number of youth engagement programs for healthy choices in the prevention of chronic disease are being evaluated, there is a lack of understanding of how best to engage youth and of the mechanisms of change that lead to improved outcomes in these programs. Given that youth tobacco use is a complex issue with a number of individual- and community-level contributing factors, more in-depth evaluation of programs that seek to prevent youth tobacco use is needed in order to inform program improvement and future policy-making.

In 2010, The Ministry of Health Promotion & Sport committed funding to a Public Health Unit Youth Engagement Initiative as part of Smoke-Free Ontario prevention programming. The Ontario Tobacco Research Unit (OTRU) worked with the MHPS, TCANs, PHUs and youth representatives to conduct a formative evaluation of the YE Initiative to describe and assess the Initiative implementation process.

## Youth Engagement and Tobacco Control

The US Centers for Disease Control and Prevention (2010) describe youth empowerment/engagement in tobacco control as (see Figure 2):

*...providing the opportunity for young people to gain the ability and authority to make decisions that help improve the policy environment, change social norms, and reduce smoking initiation and consumption in their communities (pg. 4).*

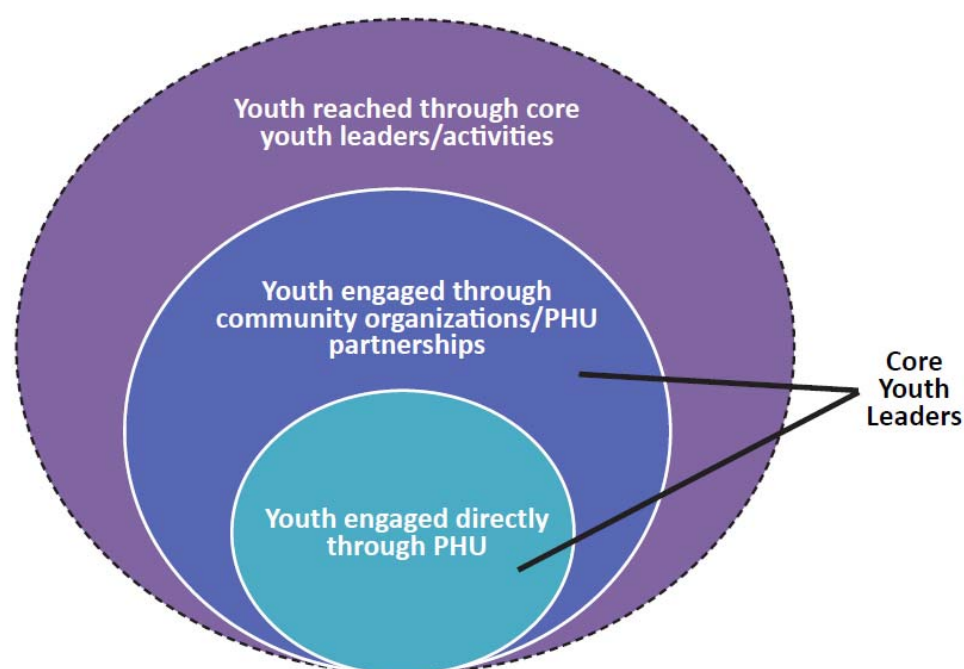
This approach can employ active youth participation to contribute to tobacco control by providing community education about the dangers of tobacco use, developing youth-led advocacy campaigns and activities, as well as contributing to restrict youth access to tobacco (Hamilton, 2007). The literature on youth empowerment/engagement and its use in tobacco

control is growing, but has shown that through youth engagement, youth can realize their meaningful roles in the community, develop resilience and self-efficacy, increase self-esteem and confidence, and empowerment to advocate, and assist in developing a positive identity (Fiissel et al., 2008; Holden, 2004; Montini, 2010; Ribisl et al., 2004). However, there is limited evidence demonstrating impact of such programs on tobacco use-related outcomes (O’Loughlin et al., 2004). The literature also mentions that although there are several positive attributes when implementing a youth empowerment/engagement approach, there are some limitations. There appears to be implications concerning cost and the limited participation of males, as well as vulnerable, and diverse populations (Holden, Messeri, Douglas Evans, Crankshaw & Ben-Davies, 2004; Ross, 2011).

## The Public Health Unit Youth Engagement Initiative

The PHU YE Initiative involves the adoption of youth engagement principles across PHU programs, the recruitment of a group of core youth leaders who then engage in health promotion on the risks and harms of tobacco use and other health topics in the community and advocacy on tobacco control policy (see Figure 1), the provision of training on the principles of youth engagement, the funding of youth-led health promotion activities, and opportunities for peer networking and learning (MHPs, 2010).

Figure 1: Structure of Youth Engagement in the PHU YE Initiative



Funding for the implementation of the YE Initiative involves the hiring of one Youth Engagement Coordinator in each public health unit to support the development and implementation of the Initiative. The YECs are to work collaboratively across various risk factor-related programs within the PHU, externally through community partnerships, and with Youth Development Specialists and other regional stakeholders at the TCAN to establish regional plans and priorities for youth engagement (MHPS, 2010).

Once core youth leaders are recruited into the Initiative, they undergo training on a variety of topics including, how to create health promotion and advocacy campaigns, influencing public policy, and other tobacco-specific topics such as tobacco denormalization and Smoke-Free Movies<sup>iii</sup>. Training sessions are organized by the PHUs or at the TCAN level, and many of these trainings have been provided by the Youth Advocacy Training Institute (YATI).

<sup>iii</sup> These trainings introduce participants to the marketing tactics of the tobacco industry towards youth, and engage participants on the topic of the influence of the tobacco and film industries on youth tobacco use (YATI, 2012).



## STUDY METHODS

### Evaluation Questions

The YE Initiative began in Ontario PHUs in 2010 and as it is a new, evolving Initiative, a formative evaluation was chosen as an appropriate design approach. Formative evaluations involve “*the analysis of program implementation, with a view to providing program managers and other stakeholders with advice intended to improve the program ‘on the ground’*” (McDavid & Hawthorn, 2006; 21). As a formative evaluation, the focus of this study was to examine the process of implementation of the PHU YE Initiative as outlined in the 2010 scopes of service, and identify facilitators and challenges to this process with the purpose of informing Initiative improvement and advancing implementation. We also began to assess early and anticipated impacts of the Initiative at youth and community-levels.

The key questions that guided the formative evaluation included:

- How has the PHU YE Initiative been implemented?
- Who is being engaged by the Initiative?
  - What are the characteristics of the core youth leaders engaged?
- What are the early and anticipated impacts of the Initiative?
- What is working well in Initiative implementation (facilitators)?
- What are the challenges in implementation?

### Design

The design of the formative evaluation study was participatory, as an evaluation advisory group was struck to inform the design, data collection, analysis and dissemination processes involved in the study. Evaluation advisory group members included researchers, Ministry stakeholders, regional stakeholders, YE staff and Tobacco Control Coordinators/Managers (TCC) at PHUs, and youth. We integrated knowledge translation into the advisory group by asking members to provide feedback and input on aspects of the study, as well as share updates on these processes with their communities, and bring updates from their communities back to the group to inform the evaluation.

A cluster evaluation design was employed in the study. Cluster evaluations are well suited for large-scale, multi-site programs and are increasingly being used in the field of health promotion (Worthen & Schmitz, 1997). The cluster evaluation design includes the evaluation of a cluster of programs or projects that are part of a larger, multi-site program. Some of the goals of cluster evaluation include, to: describe the character of the cluster of programs/projects; describe the programs' outcomes in terms of impact; identify prominent lessons learned; provide formative information for program improvement; determine how well the collective cluster of programs has succeeded in achieving funding objectives; enhance quality of evaluation in the individual programs; and engage with program partners in a collaborative way (Worthen & Schmitz, 1997). In this case, each PHU in the province was considered as a site that may be implementing a cluster of various YE activities under the Initiative.

### Data Collection

A variety of data collection methods were used to capture and assess aspects of Initiative implementation. We conducted a set of provincial level data collection activities to assess progress, facilitators and challenges in implementation of the Initiative across all PHUs. We also conducted a series of case studies with six PHUs in the province. See Appendix A for the data collection timeline for the study. A separate appendix of all data collection materials is available upon request. Participation in all data collection activities was voluntary.

OTRU also provided support to PHUs and TCANs in the design of local evaluations. As part of this component, OTRU provided expertise on evaluation design, assisted with the development of measures and tools that sites could use to assess impacts of initiatives in their local settings, and in one case, analyzed data.

### Province-Level Data Collection

We conducted a series of key informant interviews with various YE stakeholders, including Youth Development Specialists, Tobacco Control Coordinators/Managers, and Ministry partners to describe how the YE Initiative has been implemented and what is working well so far. In these interviews, we explored facilitators and challenges to developing and implementing the Initiative in the PHUs and at the regional level. These interviews explored how contextual factors influenced the development and implementation of the YE Initiative. We also administered a

survey to YE staff in September to December 2011 (a critical time in Initiative implementation related to the start of the school year) in all PHUs to capture progress in implementation as well as perceived challenges and facilitators. Please see Appendices B and C for a description of data collection, measures and analysis processes for the provincial surveys.

### Local Level Data Collection

We conducted case studies in which we selected six PHUs<sup>iv</sup> to explore the nature of the Initiative and facilitators and challenges of Initiative implementation in local contexts. The purpose of the case studies was to corroborate and further explore findings from the province-level data collection activities, and to examine implementation of the Initiative in-depth. The case study data serve to provide rich and detailed information on the workings of the Initiative in local settings and the impact of local context on implementation. In order to gather a variety of implementation experiences, case study sites were selected based on urban or rural location, the level of advancement in Initiative planning and implementation, and the number of YE projects/activities being planned/implemented. In case study sites, we conducted a series of key informant interviews with PHU staff including YECs and managers, as well as community partners. We also conducted focus groups with core youth leaders to gather perceptions about the facilitators and challenges of implementation, and to begin to explore perceived early impacts of initiative involvement on youth leaders and their communities. We also visited the case study sites to observe daily operations in order to learn more about the workings of the YE Initiative. See the full report for a description of youth leader focus group and YE staff survey participant characteristics.

<sup>iv</sup> A total of eight PHUs were originally selected and invited to participate in the case study component of the evaluation, however two PHUs declined to participate.

## RESULTS

### Goals of the PHU Youth Engagement Initiative

Deliverables outlined in the Initiative scopes of service include to:

- actively engage youth in taking action to change attitudes towards tobacco use, denormalize the tobacco industry and address other correlated risk factors
- lead and coordinate SFO-funded youth programs within local PHUs
- implement community-based tobacco-focused programming and projects contributing to tobacco use reduction
- initiate linkages across programs to support YE and tobacco use reduction/control efforts

No specific outcomes of the Initiative, with which to operationalize goals and deliverables and measure achievement, were articulated in the scopes of service.

Study participants perceived a variety of goals of the YE Initiative, including meaningful engagement of youth in tobacco control and wider chronic disease projects. Capacity building goals included institutionalizing/systematizing youth engagement principles across the PHU, increasing capacity of community partners to engage youth in YE community programming, increasing awareness around tobacco industry marketing tactics and achieving developmental (building self-efficacy and empowerment) and health outcomes (i.e., reduced tobacco use initiation).

### YE Initiative Setting and Infrastructure

#### Funding and Human Resources

All PHUs received the same amount of funding from the Ministry to support the YEC position as part of the Initiative. According to the Initiative scopes of service, PHUs are expected to provide matched in-kind contributions to support the work of the YEC. Furthermore, Ministry funds could be used to provide incentives to youth leaders, but were not to be used to employ youth as part of the Initiative; PHUs can pay youth leaders through matching in-kind contributions (MHPS, 2010).

The way in which human resources are devoted to youth engagement varies across PHUs. For example, while half of the case study sites had one YEC dedicated to youth engagement and relied heavily on in-kind time from other health unit staff (primarily public health nurses and/or health promoters), some PHUs dedicated 1-2 FTEs to YE, in addition to Ministry resources. Furthermore, one PHU supplemented the YEC position by investing resources to employ youth leaders. Three case study sites have long standing histories of youth engagement and continued to invest organizational resources in YE after the loss of YAA funding in 2009.

Study key informants were generally appreciative of Ministry resources to support YE. As one key informant stated, “...*the distribution of those resources from the Ministry through the region...is phenomenal.*” Importantly, this key informant’s PHU also experienced relatively high management buy-in and invested additional resources for YE. However, many staff survey respondents and case study participants expressed concern about under-resourcing of the Initiative and the need to devote considerable in-kind contributions. There was agreement across most case study sites that limited resources, particularly limited funding to support adequate staffing, was a key challenge in implementation. As one PHU key informant indicated:

*I think they’re under resourced...I mean they give us money for a youth engagement coordinator but really we have thirty youth and that’s too much for one person to handle. And, also the funding that they’ve given us isn’t enough to actually even pay for that position, so we’re actually paying. I know we’re supposed to be matching that but we’re already matching it through in-kind for things like the office space, supervision...we’re beyond our in-kind and then we have to pick up close to twenty thousand dollars of that position to cover off the benefits and the rest of the salary.*

Furthermore, classification of the YEC position varied among PHUs. Some YECs earn significantly more than others, leaving little or no operating budget for YE. One participant expressed that the YEC should be paid a standard salary across all PHUs and that a lower classification of the position might suggest that YE is not valued within the PHU, and may lead to staff turnover.

### Initiative Implementation Processes

At the time of the YE staff survey (September–December 2011), staff were engaged in various types of YE work in their PHUs and in the community under the Initiative scopes of service

agreement. See Appendix D for a discussion of progress in YE Initiative implementation from September-December 2011. These data should be interpreted with caution as they reflect the status of implementation over the course of a specific, three month time period.

### Approaches to Capacity Building for YE

As outlined in the Initiative scopes of service, YE staff were to leverage resources for YE through internal collaboration, leadership and capacity building within the PHU and external capacity building through the development and coordination of community partnerships (MHPS, 2010). PHUs achieved this in a variety of ways. Internal capacity building within the PHU involved a range of activities to raise awareness and adoption of the YE principles, such as: meeting with other program teams who work with youth at the PHU and sharing YE-related resources; conducting internal scans and needs assessments at the PHU about YE knowledge and resources; identifying the evidence base for YE through literature review; and conducting YE training with other PHU programs working with youth. One PHU had established a cross-program YE committee to facilitate the sharing of YE resources across programs.

External capacity building for YE in the community included such activities as: consultations with community partners and enhancement of existing PHU relationships between school boards and other community organizations to promote the integration of a YE approach; the establishment of youth councils and committees in the community; YECs membership on existing youth committees in the community; the provision of funding for YE opportunities in community organizations through grant programs; and youth summits involving training on YE to community partners. One PHU hosts a community of practice (CoP) on YE to connect partners and share resources.

### Adoption of YE Principles

The YE Principles (see Appendix F for principles) were generally viewed by study participants<sup>v</sup> as a tool that facilitated YE within the PHU – almost all staff survey respondents found the principles helpful in Initiative implementation. Among the case study sites, some were using the principles to advocate for organizational policy change in order to create environments conducive to working with youth and to raise understanding of YE among staff. However, those more advanced in implementing YE activities used the principles primarily as a validation and

<sup>v</sup> The term “study participants” or “participants” refers to all types of participants in the evaluation, including: provincial and regional stakeholders, PHU YE staff and managers, and core youth.

measurement tool and to improve understanding of authentic YE among community partners. While data indicate that the principles are being adopted generally well, some principles seem to be more consistently adopted than others. These include the strengths-based approach, collaboration, inclusiveness, and positive youth development. Others were adopted to a varying degree by PHUs; these were principles around operational practices, sustainability of resources, flexibility and innovation, space for youth and accountability and transparency. Challenges in adoption of many of these principles related to the level of organizational support for YE in the PHU (see the full report for a more detailed discussion of adoption of YE principles).

### **Mechanisms of Core Youth Leader Engagement/Recruitment**

Mechanisms of recruitment and engagement of core youth leaders varied across PHUs. Mechanisms included: community/high school grant programs, honoraria, employment which included applying to a posting on health unit websites or in the local newspaper, word of mouth through parents who worked at the PHU, previous/current volunteers and co-op placement supervisors. School and community events put on by existing core youth leaders were also venues for recruitment. Having a youth-led Facebook group/other social media or website for the YE Initiative was also seen as a facilitator to recruitment, as interested youth could learn more about becoming involved through the website.

### **Engaging ‘At Risk’ Youth**

The majority of PHUs who responded to the staff survey found it very important to recruit core youth leaders from diverse economic ethnic and language backgrounds, and 82% of the 27 staff survey respondents indicated that diverse youth were being engaged either a great deal or somewhat through the Initiative. Staff surveys, focus groups with core youth leaders, key informant interviews and observations as part of the case studies showed that PHUs are engaging a variety of core youth leaders that reflect diversity across age and education, culture/ethnicity, geographic regions, socio-economic status, neighbourhoods and schools. Core youth leader populations engaged in the Initiative, primarily through community partnerships, include: high functioning/leadership-oriented youth, smokers, newcomers to Canada, LGBTQ youth, low income youth, youth in transitions (i.e., middle to high school/high school to university, living on their own), youth experiencing mental health issues, youth experiencing homelessness, and youth working on parole/probation hours.

Finally, while case study sites seem to be engaging a diverse mix of core youth leaders, some key informants highlighted the potential barrier of not reaching those youth considered ‘at risk’ of

becoming adult smokers or engaged in other risk-taking behaviours. However, there was the belief among many study participants that all youth are considered vulnerable, regardless of socio-demographic factors.

*...We feel that yes, there are more vulnerable youth and youth that have different experiences of say like inequality, but in general...we are all at risk because, like adolescence is a very vulnerable stage...So while we do try and reach more disadvantaged populations we still do it with the understanding that all youth in some way are like dealing with their own battles and things that make them more vulnerable so to say that you can only focus on the youth that are like impoverished ignores a lot of other youth. Youth Leader*

Others discussed how the terminology ‘at risk’ itself “casts a stigma” and is “demoralizing”. One PHU key informant thus stressed the importance of avoiding this terminology and to consider all youth as “at promise”.

Finally, some PHU key informants noted that the youth engagement models in which they work are not necessarily conducive to engaging youth who experience deeper vulnerabilities, such as mental health and addiction issues and stressed the importance of working with organizations that already have capacity and structures in place to work effectively with these youth populations.

### Types of YE Activities

Core youth leaders were planning and implementing a variety of activities. Types of YE activities included:

- Campaign development and implementation (e.g., i-THINK and smoke-free movies)
- Holding events in the community (e.g., smoke-free movie nights, safe parties, speaking events, flash mobs)
- Social media (e.g., websites, Facebook pages, videos)
- The development of peer health education resources on tobacco and other health issues relevant to youth (e.g., posters, health promotion displays/booths)
- School-based initiatives (e.g., cessation contests, youth summits, educational activities/events in high schools and colleges/universities)
- Research (e.g., photovoice projects)



Overall, the topics of youth-led activities described above generally focused on tobacco, in particular:

- Tobacco industry denormalization
- Smoke-free movies
- Tobacco-free sports, parks and recreation
- Smoke free spaces/environmental pollution caused by cigarettes
- Chewing tobacco
- Smoking cessation for youth

### **Youth-Led Activity Example: Smoke-free Movie Night**

Youth from one PHU hosted a smoke-free movies night to raise awareness about smoking in youth-rated movies, product branding and to ‘have some fun’. Given the holiday season, the youth screened a Christmas-themed youth-rated movie that did not depict smoking. Popcorn, hot chocolate, door prizes, trivia and free t-shirts further contributed to the friendly, welcoming, supportive and enthusiastic atmosphere.

The level of youth participation was high on Hart’s Ladder as the youth took the lead in planning and running the event. Three adults from the health unit (YEC, manager, and PHN) were also present and provided support when needed.

About 90 youth from the community attended the movie night along with a handful of parents; the room was at capacity. The youth in attendance were engaged throughout the movie as well as the brief opening and closing remarks made by the PHU youth. For these short presentations, the youth spoke about the research they had done on smoking in movies and the need for changing policy to make movies depicting smoking rated 18A.

The community youth also seemed to enjoy and absorb the messaging from a two minute video that preceded the movie. This was a video PHU youth leaders created to show the presence of product branding within society.

At the end of the night, youth and parents had the choice to sign postcards to demonstrate their support for the smoke-free movies campaign.

Core youth leaders were also working on projects beyond tobacco. Topics included:

- media literacy and brand awareness
- food and nutrition
- mental health and bullying
- alcohol and safe parties
- sun safety and indoor tanning
- sexual health
- physical activity
- active transportation
- substance misuse
- injury prevention
- violence against women
- the environment
- dental health
- positive youth development
- community development (e.g., being part of municipal youth councils, arts-based projects to engage community youth in elections)

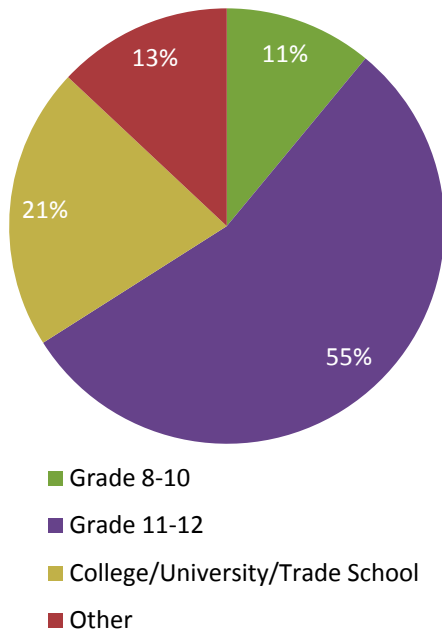
## Who is Being Engaged – Core PHU Youth Leaders<sup>vi</sup>

### Core PHU Youth Leader Characteristics

In order to assess the characteristics of core youth leaders who are being engaged by the Initiative, we administered a survey to youth leaders volunteering directly with PHUs across the province. Responses to the survey were received from 124 core PHU youth leaders (a 47% response rate). The majority of survey respondents were female (73%), and were in grades 11 or 12, or university/college or trade school (76%) (Figure 2). Thirteen percent indicated other, which primarily reflected not currently being in school.

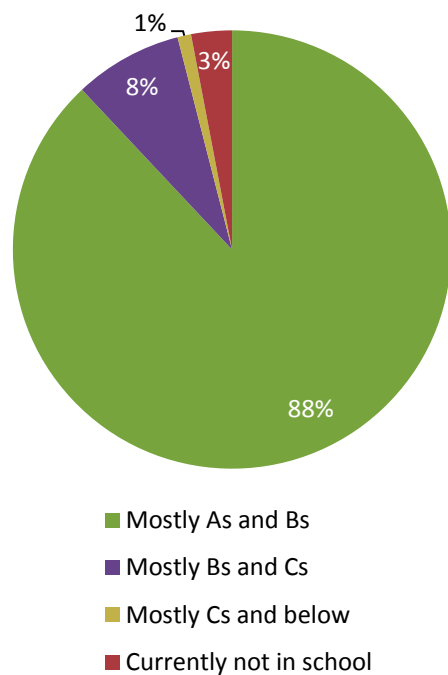
<sup>vi</sup> Core PHU youth leaders are those youth directly engaged at the PHU; it was not feasible within this evaluation to survey core youth leaders who are engaged through community organizations.

Figure 2: Core PHU Youth Leader Education Level



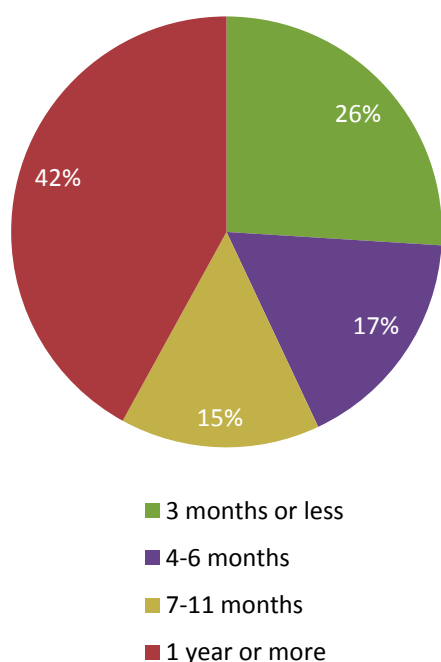
Most of the youth respondents received good grades in school, with 88% reporting receiving As and Bs (Figure 3)

Figure 3: Core PHU Youth Leader Self-Reported Academic Performance



Forty-eight percent had previously participated in groups or activities to promote health, such as YAAs. The majority of youth respondents had been involved with the PHU as part of the Initiative for one year or longer (42%) (Figure 4).

**Figure 4: Length of Core PHU Youth Leader Involvement with PHUs**



Ninety percent of core PHU youth leaders were also currently involved in other extra-curricular activities like sports teams, leadership programs, or service or charity activities like volunteering or tutoring.

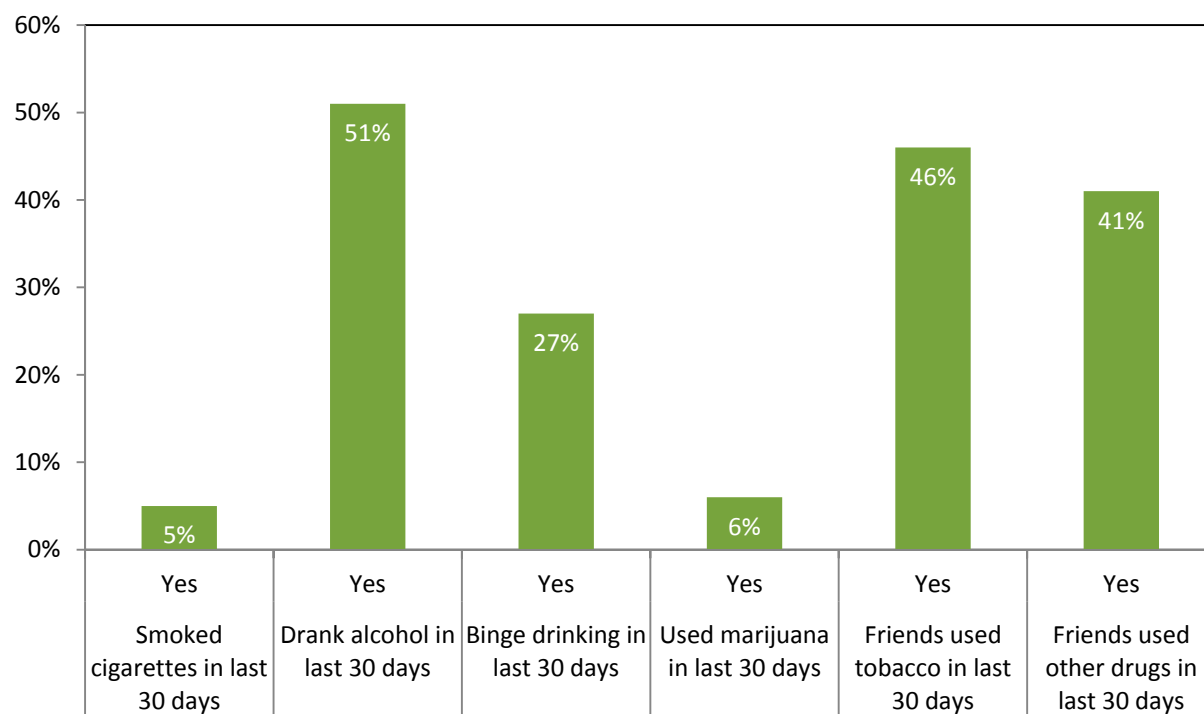
## Core PHU Youth Leader Behaviours, Attitudes and Skills

We assessed core PHU youth leader tobacco and other substance use behaviours, attitudes towards tobacco use and the tobacco industry, self-esteem, self-efficacy and empowerment.

With respect to substance use behaviours (Figure 5), five percent of core PHU youth leader respondents smoked cigarettes in the last 30 days. This rate is consistent with provincial data from the Ontario Student Drug Use Survey which shows that the rate of current 30-day smoking ranges from 2-9% in grades 9-12 (OSDUHS, 2011). Fifty-one percent had drunk alcohol, and 27% had engaged in binge drinking (i.e., drank 5 or more drinks on one occasion). These rates of

alcohol use are higher than those observed among youth in Grades 7-12 in Ontario, with 37.5% having drunk alcohol in the last 30 days, and 22% indicating binge drinking in the last 30 days (Paglia-Boak, Adlaf & Mann, 2011). Six percent of youth leader respondents had used marijuana in the last month, which is lower than provincial estimates of 30-day marijuana use (13% of students in grades 7-12) (Paglia-Boak et al. 2011). Forty-six percent and 41% indicated that they had seen their friends using tobacco and other drugs respectively. This indicates that core youth leaders are exposed to these behaviours through their peers, which could possibly place them at risk for future use. Yet, this could also indicate an opportunity for youth leaders to influence their peers through their tobacco prevention health promotion and advocacy work.

Figure 5: Core PHU Youth Leader and Peer Substance Use Behaviours



### Knowledge and Attitudes towards Tobacco Use, and Social Exposure to Tobacco Use

Core PHU youth leader survey respondents generally had high levels of knowledge of the health harms associated with tobacco use with 95% agreeing that there is any danger to health from an occasional cigarette, 96% agreeing that people can become addicted to tobacco, and 100% agreeing that tobacco smoke can be harmful to the health of non-smokers (see Table 1). None of

the survey respondents thought that smoking was cool. However, youth had a range of attitudes towards the utility of smoking, as 49% agreed that smoking helps people relax, 46% agreed that smokers can quit anytime they want, 21% agreed that smoking helps people stay slim, and 20% agreed that smoking helps when bored.

With respect to attitudes/beliefs about social exposure to tobacco use, only 3% and 4% agreed that smoking should be allowed around kids at home and in cars respectively, 77% agreed that smoking in movies makes young people more likely to smoke, and 78% agreed that smoking should not be allowed around outdoor sports events.

**Table 1: Core PHU Youth Leader Tobacco Use Attitudes (N=124)**

| Agreed with the following statements <sup>a</sup>                            | n (%)      |
|--|------------|
| Can tobacco smoke be harmful to the health of non-smokers?                   | 123 (100%) |
| Can people become addicted to tobacco?                                       | 119 (96%)  |
| Is there any danger to your health from an occasional cigarette?             | 118 (95%)  |
| Is it nicer to date people who do not smoke?                                 | 109 (88%)  |
| Does quitting smoking reduce health damage even after many years of smoking? | 102 (82%)  |
| Does smoking help people relax?  | 60 (49%)   |
| Can smokers quit anytime they want?  | 57 (46%)   |
| Does smoking help people stay slim?  | 26 (21%)   |
| Can smoking help people when they are bored?                                 | 24 (20%)   |
| Do people who smoke become more popular?                                     | 10 (8%)    |
| Should smoking be allowed around kids in cars?                               | 5 (4%)     |
| Should smoking be allowed around kids at home?                               | 4 (3%)     |
| Do people have to smoke for many years before it will hurt their health?     | 3 (2%)     |
| Do you think smoking is cool?  | 0 (0%)     |
| Smoking should not be allowed around outdoor sports events.                  | 97 (78%)   |
| Showing smoking in movies makes young people more likely to smoke.           | 96 (77%)   |

<sup>a</sup>Missing data

## Anti-Tobacco Industry Attitudes

Youth leader respondents had a range of attitudes regarding tobacco industry manipulation (see Table 2). For example, 15% of respondents agreed with the statement that “Tobacco companies should not be blamed for young people smoking”, whereas 82% agreed that “tobacco companies try to cover-up all the bad things they have done” and 88% agreed with the statement that “Tobacco companies use advertising to fool young people into smoking”.

Respondents had relatively high levels of empowerment to fight against the tobacco industry, with 88% in agreement with the statement “I can fight back against the tobacco companies” and only 5% in agreement with the statement “Nothing I do will make a difference in what tobacco companies do”.

**Table 2: Core PHU Youth Leader Anti-Tobacco Industry Attitudes (N=124)**

| <b>Agreed with the following statements:</b>                                      | <b># (%)</b> |
|---|--------------|
| Tobacco companies should not be blamed for young people smoking.                  | 18 (15%)     |
| Tobacco companies try to cover-up all the bad things they have done.              | 101 (82%)    |
| Tobacco companies are evil.   | 85 (69%)     |
| Tobacco companies use advertising to fool young people into smoking.              | 109 (88%)    |
| I can fight back against tobacco companies.                                       | 108 (88%)    |
| Nothing I do will make a difference in what tobacco companies do.                 | 6 (5%)       |
| Groups that are against tobacco are trying to take away people’s rights to smoke. | 17 (14%)     |

## Level of Support/Leadership, Empowerment, Self-Efficacy and Motivation for Health Promotion, and Self-Esteem

Table 3 presents results on core PHU youth leader respondents’ level of support and leadership, integration within the health unit, empowerment, self-efficacy and motivation to engage in health promotion in their communities, as well as self-esteem. Respondents reported high levels of confidence and support for youth involvement in promoting health on a variety of topics, with 96% agreeing that youth involvement in health promotion can cut down tobacco use, 86% agreeing that it can cut down alcohol and drug misuse, and 84% agreeing that it can cut down physical inactivity. Only 65% agreed that youth involvement in health promotion could cut down mental health problems in the community.

Ninety-three percent agreed that they would recommend getting involved in health promotion on tobacco use to others their age. Ninety-one percent agreed with this statement for the topic of alcohol and drug misuse, 81% for mental health and 92% for physical activity.

Ninety-three percent of respondents agreed that they could start up conversations with others on tobacco use, 85% agreed that they could start conversations on alcohol and drug misuse, 67% agreed they could discuss mental health, and 79% agreed that they could talk about physical activity.

Speaking to the perceived level of integration and acceptance of youth leaders within the PHU, 86% of respondents agreed that they felt they were a valuable member of the PHU.

**Table 3: Core PHU Youth Leader Level of Support/Leadership for Health Promotion (N=124)**

| Agreed with the following statement:   | # (%)     |
|--|-----------|
| The involvement of youth in promoting health can help cut down the following health-related issues in their communities. |           |
| Tobacco use  | 118 (96%) |
| Alcohol and drug misuse  | 105 (86%) |
| Mental health problems   | 79 (65%)  |
| Physical inactivity  | 101 (84%) |
| I would recommend getting involved in promoting health about the following health issues to others my age.               |           |
| Tobacco use  | 113 (93%) |
| Alcohol and drug misuse  | 110 (91%) |
| Mental health  | 97 (81%)  |
| Physical activity  | 108 (92%) |
| I can start up conversations with others (who are not involved in promoting health) about the following issues:          |           |
| Tobacco use  | 113 (93%) |
| Alcohol and drug misuse  | 102 (85%) |
| Mental health  | 81 (67%)  |
| Physical activity  | 96 (79%)  |
| I feel I am a valuable member of the PHU   | 106 (86%) |

<sup>a</sup>Missing data

With respect to empowerment and feeling inspired to work with the PHU on health promotion, core youth leaders scored a mean empowerment score of 13, which is relatively high given the score range (3-15) (Table 4).

**Table 4: Core PHU Youth Empowerment and Self-Efficacy for Health Promotion and Self-Esteem (N=124)**

|  | # (%)  |
|--|--------|
| Perceived control empowerment scale (range 3-15) – Mean (standard deviation)                         | 13 (2) |
| Individual mobilization (self-efficacy & motivation) scale (range 10-50) – Mean (standard deviation) | 42 (5) |
| Self-esteem (range 10-40) – Mean (standard deviation)  | 31 (5) |

Individual mobilization reflecting self-efficacy and motivation to be involved in the community was also high among respondents with a mean score of 42 on the scale which ranges from 10-50.



The mean self-esteem score among responding youth was 31, within a score range of 10-40. This assessment of self-esteem is similar to that found in another study of Canadian adolescents aged 12-19 (Bagley, Bolitho & Bertrand, 1997).

We noted earlier that core PHU youth leader respondents had been volunteering with PHUs as part of the Initiative for different lengths of time. We compared attitudes, skills and other outcomes between core youth leaders who had been volunteering with the PHUs for a longer period of time (seven months or more) with those who had been volunteering for a shorter length of time (six months or less). Differences between these groups were detected on only two outcomes. More youth leaders volunteering for over seven months indicated that they felt like a valuable member of the PHU than those volunteering for six months or less (92% vs. 79% ;  $p < 0.05$ ). More youth leaders volunteering for a longer period of time agreed with the statement “*Does quitting smoking reduce health damage even after many years of smoking?*” than those volunteering for six months or less (89% vs. 74%;  $p < 0.05$ ). No other significant differences in these outcomes were detected by volunteer length of time. The absence of differences on other outcomes suggests that duration of volunteering experience may not have an important impact on attitudes, knowledge or skills, and/or that the Initiative is recruiting core youth leaders who already possess these attributes.

## Perceived Early Youth-Level Impacts

### Increased Confidence, Perceived Value, and Other Development Skills

Although the YE Initiative had been implemented for just over a year at the time of the evaluation, many PHU key informants in the case study sites indicated that they had begun to notice significant changes in their core youth leaders. The majority of participants explained that the early impacts experienced by many core youth leaders were predominantly skill development, as the YE program increased confidence levels, leadership, and presentation skills. Among case study sites, key informants in all but one PHU communicated skill development as the prominent early impact on the youth engaged at the PHU, consisting of event planning, media literacy, social marketing, education in technology, and social skills. Two case study sites decided to fund the YE Initiative through the provision of grants to community organizations. Key informants at one PHU indicated that providing these grants is a way to allow more disadvantaged youth to experience the opportunities for youth development through various avenues, cultivating collaboration between the PHU and community organizations.

*... we can do more in depth things with the kids' here and the principles of youth engagement and resiliency and asset building is that when you have kids engaged they're less likely to get into trouble – so if you can make them realize that they have some skills they maybe weren't aware of and that they can make a difference so this is such a rewarding group to try and do different programs with and to see success.*

### Guidance and Support for Career Development

Key informants from some PHUs noted that the interaction of core youth leaders with different sectors, i.e., different levels of government and non-governmental organizations, gave youth more opportunities, such as learning about potential career choices within health promotion, health research, or being an advocate in their community. One community partner mentioned that providing core youth leaders in community organizations with the opportunity to be part of the YE Initiative in turn opened doors to potential employment.

*...So I think on a personal level it has impacted me greatly and like growing my self-confidence and skills--that I think will be very useful in...the future for like jobs--but I really would like to do something on advocacy... Youth leader*

Unfortunately, not all PHUs participating in the case studies had the same level of progress in implementing the Initiative and were not yet been able to comment on early youth-level impacts. At the time of the site visits, two case study sites were beginning to involve core youth leaders within the community and could not comment on early impacts because campaigns and projects were just underway.

### Perceived Early Community-Level Impacts

#### Media Attention on Projects/Activities

Two PHUs participating in the case studies mentioned that the youth leaders had received media attention, in the form of television and newspaper clips, when participating in anti-tobacco campaigns. The youth leaders from one PHU reflected with excitement on the community response that youth in their PHU received from media attention:

*[Name], ... who's been on TV, like, three or four times since he's been here and been on the, you know, radio and then, you know, front page for the glossy...I can't go anywhere now, oh, I saw you in the paper... Yeah. So we're local celebrities...*

Some youth leaders discussed how being involved with the media further supported the development of important skills such as presentation skills and confidence building.

### Establishing Community Partnerships and Building Sustainable Youth Programs

Some key informants highlighted increased community connectedness and belonging among youth leaders as a perceived impact of the initiative to date. This was especially highlighted by those from rural and Northern communities, where increased community connectedness might reduce the perceived issue of outmigration of youth and/or encourage youth to reinvest in their communities later in life. Another perceived impact of the Initiative was that community partnerships were strengthened and relationships between community groups and youth became more positive. For example, one rural PHU worked with city management to create a more youth-friendly environment and encourage youth to stay in the community. Another key PHU informant described a significant change in youth-friendliness in their community, noting that these changes helped expand community partnerships and improve resource sustainability for future campaigns: “...we saw a cultural shift within the community in terms of how we approach youth and how we treat youth, how we engage youth just overall as, as adults and as a community.”

### Youth Involvement in Shaping Tobacco Control and Other Policy

Youth leaders from the case study sites were involved in shaping local and provincial policy. Youth were particularly active in advocating to their local governments and communities for smoke-free outdoor policies and smoke-free movies respectively. Core youth leaders at one PHU came together to change a policy at the Food Policy Council. These youth spoke to the individuals at City Council, proposing to protect children from unhealthy food advertisements. Youth leaders in another PHU targeted an alcohol advertisement that reflected poorly on women and decided to advocate for its removal. They advocated for the removal of the advertisements and were successful. The youth leaders explained:

*...They had an ad...displaying three or two women and one beer bottle saying that one girl with every can you would get – and we found that to be a bit offensive... and so we advocated for the ad and we submitted complaints and it was taken down a few days later and that was just like just another example of things that we do.*

Further, youth leaders from one PHU were particularly active in engaging other community youth to advocate for local policy development in order to create a greater youth friendly society.

### Perceived Increased Awareness of the PHU, the YE Initiative, and Awareness of the Health Risks of Tobacco Use

For two PHUs, perceived early impacts at the community level included increased awareness of the YE Initiative and their programs, activities, events, and campaigns. One PHU key informant identified shifts in the attitudes of the youth and parents within the communities when they were given information on the negative effects of tobacco and the influence the tobacco industry has on youth. A core youth leader noted, “...*The incredible feedback we got from how awesome it was from families and...how much positive press...our health unit, you know, very, very, very strongly positive things*”. One PHU key informant commented that the increased awareness of the YE Initiative around the community is creating a larger reach and facilitating involvement of more youth, as he/she stated, “...*I think we’d see more youth involvement in the community increase activity and voice from the youth. I think we’ll see more information be available to different organizations in the community on youth engagement*”.

Another PHU key informant noted that the positive feedback from the community is what provides the youth leaders with confidence and pushes them to continue in their efforts towards advocating against tobacco use. He/she communicated that this confidence creates a connection between the youth and their value and importance within the community.

*...Confidence is huge, feeling connected to their school and connected to their community so school and community connectedness, civic activism, all of those assets have to do with [the community].*

When asked about (anticipated) long-term impacts at the community level, key informants in two case study sites responded that it was too soon to tell. One PHU key informant explained that it was difficult to see tangible results in such a short time span.

*...We’re moving in the right direction. I think it’s, you know with anything in health promotion it takes time to – to, to see impacts and probably in a year or two we might get ...something solid out of that but you know, in its infancy I think we need just to, to keep moving forward and try and break down any barriers.*

### Perceived Negative Youth Experiences

Core youth leaders from some sites expressed disappointment in being unable to advocate for certain ideas because of local PHU policies. One PHU key informant felt these negative experiences might be due to a lack of transparency or communication with youth: “...*some of them they definitely say how they wanted to focus on other issues besides tobacco...I think we probably could have just communicated better to them*”. Another case study site used this situation to explain to the youth leaders that it was necessary to focus on tobacco control topics, as program funding was being provided for this purpose.

Some youth leaders discussed situations in which they had received resistance from parents and teachers when seeking signatures on a petition in support of the Smoke-Free Movies campaign:

*We, we were just trying to get signatures and a lot of times we get negative feedback for when we do things like then and not this particular case but some adults are like no why should I do this and they end up questioning why we're doing things and sometimes it's a bit hard.*

### YE Initiative Implementation Facilitators and Challenges

Study participants reported a variety of facilitators, successes and challenges in planning and implementing the YE Initiative. The following section summarizes key facilitators and challenges and their implications on implementation.

#### Facilitators to Initiative Implementation

##### Organizational/Management Buy-In and Support

A number of staff survey respondents and key informants noted that support for the YE approach at organizational and managerial levels was an important facilitator for planning and implementation of the Initiative. Key informants frequently explained that health units experience different levels of support and excitement from upper management about youth engagement and that this has influenced Initiative implementation in PHUs:

*I went to the strategic planning and then I also went to a youth oriented training in [Health Unit Region] and they literally had a manager from every department there sitting at that table and the other training even had a police officer and the*

*manager of their paramedics department so... if you have one kind of upper management who's gung ho, they all kind of start to go along with it and if you have someone, that champion at that level... you do get buy-ins from a lot of other sources. It was really nice to see so many managers in one room who were dedicated to making their health unit have this youth engagement model.*

Regional stakeholder

Among the case study sites, management buy-in was considered important for sustainability of the initiative and for showing the youth leaders that their work was valued at the PHU. Lack of staff and management buy-in was a particular challenge for one PHU, and a key informant described the arduous task of gaining support from other managers and staff who were skeptical of the YE process. This was due to previous negative experiences implementing a youth program ten years ago. To overcome this challenge, the PHU is developing policies and procedures for youth engagement and is attempting to orient staff to change attitudes about YE.

Bureaucracy, another organizational factor, was frequently described as a challenge by both core youth leaders and key informants. Core youth leaders described the challenges of trying to overcome restrictive policies in PHUs and in schools, and that having to obtain PHU approval on topics, activities and materials slowed YE activity/project progression in some PHUs.

### **Strong Legacy of Youth Engagement at the PHU-Level**

Having a history of YE programming was another key facilitator to implementation. As mentioned earlier, some case study sites had YE programs at the PHU prior to the YAAs and/or maintained YE as an organizational priority after loss of YAA funding. These sites were generally more advanced in YE Initiative implementation. However, it is important to note that after loss of YAA funding, some PHUs that continued to invest in YE experienced delays in program progression which impacted staff and youth morale significantly. Organizational/ management buy-in appears to be a key factor in whether or not a PHU has a longstanding history of YE.

*We have one health unit with complete organizational buy-in from every program and they all want to incorporate youth engagement principles, but we only have one that's totally at that level. And we want all six to be there. So there's a bit of time involved in that. And those that have an active YAA from the old model right in their health unit have the best buy-in and of course understanding of youth engagement.* Regional stakeholder

Some key informants felt that those PHUs that continued to host YAAs experienced greater buy-in because management understood the individual and community benefits of YE and witnessed the impact of youth-led activities on policy change (e.g., smoke-free laws, display bans).

### Community Partnerships

Several participants indicated that the establishment of community partnerships was a success so far, and that these relationships were key to increasing understanding and support for the YE approach in the community. However, at the start of the Initiative, some participants discussed that they had experienced challenges in establishing community partnerships with youth serving agencies in their communities due to capacity issues within those organizations. Among case study sites, community partnerships were considered vital as they provided a venue through which to reach and provide community youth with different opportunities (i.e., presentations in the community, jobs/internships at partnering organizations), complement the YE work already happening at the local level, and connect with youth who experience vulnerabilities.

### The Youth Engagement Coordinator (YEC) Position and Adult-Youth Relationships

Core youth leaders and management spoke very highly of the YECs in the case study sites and the YECs were often viewed as a key factor for success. Core youth leaders valued the YECs for supporting their development of leadership skills and self-confidence, providing opportunities to unique experiences, and championing the youth leaders within the PHU. The core youth leaders valued their relationship with their YECs and felt that their own passion was very much fed by that of their YECs. Similarly, some key informants stressed the importance of the role of the Youth Development Specialist, upon whom YECs can depend for support and encouragement and through which they can learn about youth engagement work being conducted in other PHUs.

*Certainly having every health unit have a youth engagement coordinator at this point is a huge success. How they're able to support each other and learn from each other under the guidance of the youth specialist is key. So, you know, we're talking about a couple of health units that seem to have moved ahead a little more quickly than the other four in the region and the others are trying to learn and figure out how to catch up, what's different about them and how to tweak this to work for their health unit. So, I think that regional support is really important.*

Regional stakeholder

The importance of the youth-adult partnership, especially the role of the 'adult ally' was also stressed by key informants and youth. This adult ally role (whether it be the YEC, management or other staff), was important, especially for youth leaders just starting out and who required

guidance and mentorship in order to build the confidence and skills necessary to complete projects.

### Challenges to Initiative Implementation

#### Limited Guidance and Vision for Sustainability

Many study participants expressed challenges related to what they perceived was a lack of guidance and direction from the Ministry on Initiative implementation, and many indicated that there is a lack of clarity on overall goals and outcomes of the YE Initiative. While many participants appreciated having the scopes of service to guide YE work in PHUs, the necessity of releasing a revised, more specific scopes of service was also frequently stressed in order to continue to inform programming. Furthermore, while some key informants felt that the broad nature of the scopes of service allowed health units to adapt their work to the local context, this was also perceived as problematic due to the lack of direction, which might be needed for those health units that are less advanced.

*I think they've allowed some flexibility for health units to determine how they should roll out these kinds of programs. So that's good because they can do it in a way that makes sense for their region or for their local area. But at the same time if they don't have the capacity to know how to do it...Some of that prescribing can be helpful...To help them get things on the ground and moving.* Regional stakeholder

One regional stakeholder spoke about how this lack of direction has affected his/her work because he/she has not been able to provide the guidance needed at the local level. This has resulted in variation in the work going on in this region and a level of uncertainty among YECs about whether or not their work reflects the scopes of service appropriately. This challenge was recognized by another key informant who spoke about the need for greater clarity on the YEC role but also the importance of reaching a balance between providing the appropriate level of direction and micromanagement.

*Sometimes it does seem that the Youth Engagement Coordinators are all going off in very different directions and doing very different things, you know. We know broadly what we want, but, you know, I think sometimes we need to define it a bit more without micromanaging. I think there's a fine balance to be achieved between giving some very clear directions without holding people to account for every kind of, you know, every penny or whatever.* Provincial stakeholder



Many participants indicated the need for a ‘toolkit’ that would guide implementation, and that this would be particularly helpful for PHUs that were less experienced with YE. Furthermore, many felt that the outcomes and deliverables of the Initiative were unclear, making it challenging to evaluate and report on progress. Many also expressed a concern about limited vision for sustainability of the Initiative and that this often prevented local investment in the YE approach, negatively affecting Initiative implementation:

*Without a final scope or confirmation of youth engagement funding moving beyond planning to implementing projects has been difficult. To ensure sustainability of the programs and energy put into it we need to know that funding will continue so our programs can continue to run.*

### Limited Initiative Resources

Many study participants discussed challenges in Initiative implementation related to perceived limited resources. Some of these challenges related to perceived insufficient funding for staff and subsequent over-reliance on in-kind support. Some participants also indicated that there were insufficient resources to invest in important social media/technology required to engage youth leaders in the Initiative and carry out youth-led activities.

A key resource-related issue for participants involved the operation of the Initiative on an unpaid, volunteer youth leader model and limited resources to pay or provide honoraria to core youth leaders. Varying opinions emerged on the utility of the unpaid model of the current YE Initiative vs. the former paid YAA model. While only one case study site operated under a paid model, key informants from three other case study sites advocated heavily for paying youth leaders. A paid model was considered equitable, attached value to the position, allowed youth leaders to work in a meaningful job and save money for future endeavours, such as education. Furthermore, the paid model was viewed as creating a sense of ownership, sustainability and maintaining momentum of the YE work. Competing with local youth-oriented organizations that pay youth was another concern for recruiting and retaining youth leaders among some participants.

Among core youth leaders, volunteers and co-op students often described being paid as a ‘bonus’ or as something that ‘would be nice.’ However, they generally described their enjoyment and passion for what they did and appreciation for the people they worked with as the main reasons for their involvement. Older youth leaders generally discussed the importance of honoraria and career support as forms of compensation, and they sometimes expressed concern with not being paid.

### Engaging Youth on the Topic of Tobacco Control

The primary focus of the YE Initiative youth-led activities was to be on tobacco-related topics. Some participants, however, were concerned about whether or not assigning tobacco as a primary topic was consistent with authentic youth engagement, given that a youth voice is missing from this overall choice. Many youth leaders also found it challenging that they could not necessarily focus on topics they felt were relevant to youth in their communities.

*...Sometimes we...cannot do exactly what we want to do like we cannot just focus on specific things so, we were all looking forward to like coming up with our own ideas. And like instead of just doing smoking we can just kind of, we're getting you know...I, I'm really looking to like branching off.* Youth leader

This might also present challenges to engaging those youth not interested in tobacco control. Some youth leaders and PHU key informants indicated ways to overcome this challenge. This included emphasizing the importance of tobacco control by highlighting the global burden of tobacco use and industry tactics that target youth, adopting a general health approach whereby tobacco messaging is woven into activities that focus on related topics (i.e., alcohol, sexual health, mental health, general chronic disease prevention etc.), and demonstrating to youth leaders the skills and experience they would acquire through participation.

### Geographical Challenges

Challenges to implementation specific to the urban and rural context were also raised by PHU key informants. Having a large variety of community stakeholders with which to collaborate was generally considered a facilitator to working in an urban environment. However, as one key informant noted, this might also present challenges as it might lead to duplication of efforts at the local level if one is not aware of another organization. Competing for media attention, far distances to travel for some core youth leaders and trying to recruit to represent an extremely diverse population (i.e., SES, culture, language, neighbourhood) were additional challenges encountered by those working within an urban environment. Geographical vastness and associated transportation issues were a key challenge identified within rural communities. This could be compounded by treacherous weather in the winter time, especially in Northern communities. To overcome this challenge, one rural PHU proposed having groups of core youth leaders located throughout the region and using social media to connect them throughout the year.

### Summary of Findings

The formative evaluation of the PHU YE Initiative yielded a number of important findings on the process of Initiative implementation. The study identified various perceptions of the goals of the Initiative among stakeholders. The most commonly perceived goals included: integration of the youth engagement approach into internal PHU and community programming, and achievement of increased youth development skills and changes in health behaviours such as reductions in tobacco use initiation.

The Initiative has been implemented in different ways across PHUs, and PHUs were at different stages of implementation of the Initiative over the course of the year in which the evaluation was conducted. Differing approaches to capacity building for YE occurred at early stages of implementation and PHUs were using different mechanisms to engage youth leaders such as a paid model, school and community grant competitions, co-op placements, and word of mouth and social media.

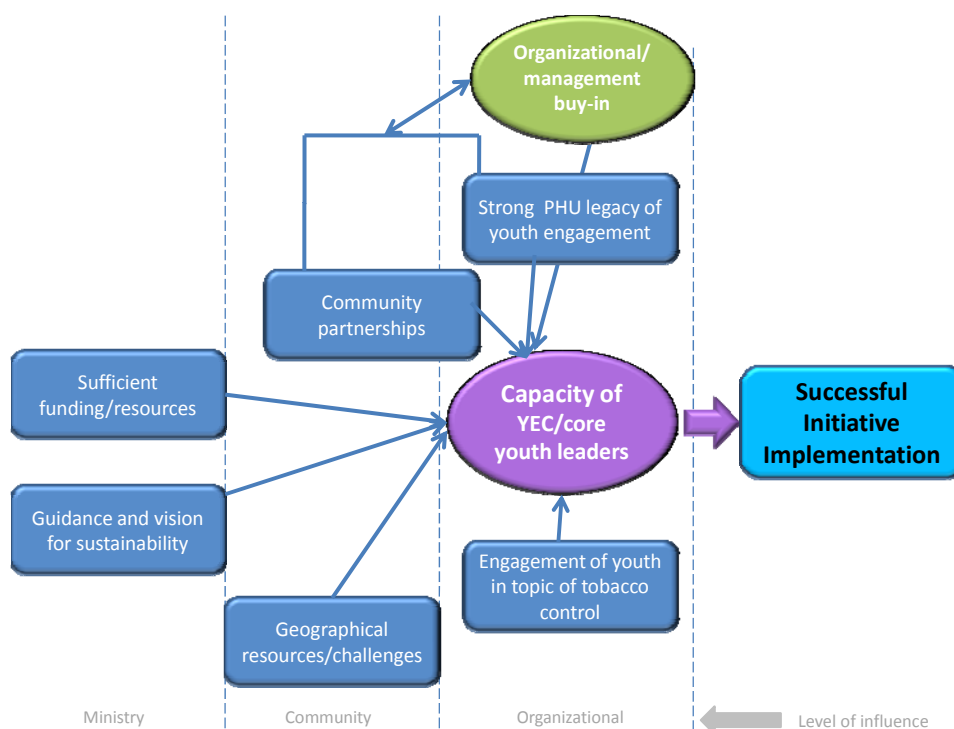
The core youth leaders involved directly with PHUs are primarily female, and youth in upper high school grades and post-secondary schools with high levels of self-efficacy and empowerment. These youth tend to be well positioned to become engaged in health promotion in their communities, but may also be at risk for tobacco use through social exposure in peer relationships/networks. Diversity in core youth leaders engaged is viewed as an important component to implementation, and PHUs perceived that they were engaging diverse core youth leaders of different ethnicities, geographic regions, neighbourhoods and schools. However, the definition of who is considered to be ‘at risk’ and whom the Initiative should be targeting is contentious, as many staff viewed all youth as at risk for tobacco use, not just those who are socio-economically disadvantaged.

The extent to which PHUs have been able to recruit and engage core youth leaders into the Initiative has related to a number of facilitators and challenges. The facilitators and challenges identified are influenced by various factors, reflected in a conceptual model of Initiative implementation (see Figure 6). At the local organizational level, a strong legacy of youth engagement through sustainable YE programming was viewed as a key facilitator for Initiative implementation in a number of PHUs. These PHUs also had existing community partnerships with which to draw from to further engage core youth leaders, and tended to have more resources devoted to YE. PHUs with a strong legacy of YE also had greater organizational and management

buy-in and support for the YE approach which facilitated Initiative implementation. Organizational/management buy-in for YE is perhaps an intervening, contextual factor on implementation, as those PHUs that had organizational buy-in and support also tended to have a strong legacy of YE programming and the institutional knowledge and understanding of YE with which to leverage resources for the Initiative.

A number of challenges that can hinder successful Initiative implementation in the PHUs were also identified. For example, limited organizational/management buy-in and related legacy of YE at the PHU hindered the work of the YEC and youth leaders, and overall implementation. A number of participants indicated that there was difficulty engaging core youth leaders in the topic of tobacco control as this was not necessarily a topic about which they were all interested. At the community-level, a number of PHUs expressed challenges in recruiting and engaging youth across vast rural regions, and competition for youth and resources to support the YE initiative within urban and rural communities. At the Ministerial-level, limited guidance on implementation and vision for Initiative sustainability, as well as limited resources were viewed as challenging the capacity of YECs and core youth leaders to effectively implement the Initiative

**Figure 6. Public Health Unit Youth Engagement Initiative Implementation Conceptual Model**



Despite these challenges, a number of examples of successful implementation and perceived early impacts at youth- and community-levels exist. Many core youth leaders engaged are passionate about health promotion on tobacco control and are highly motivated to engage with their community. These youth possess and are further developing important skills, such as confidence and self-efficacy through involvement in the Initiative with which to resist and prevent tobacco use and other chronic disease risk factors, as well as engage others in tobacco use prevention. Perceived early impacts of the Initiative at the community level include: media attention on projects/events, the establishment of community partnerships and contributions to the sustainability of community youth programs, and increased awareness among the public of the PHU and the YE Initiative. It is also anticipated by participants that awareness of tobacco use risks will increase through youth-led activities and advocacy work, and that youth will become more involved in shaping local tobacco control policy.

### Study Limitations

There are a number of limitations to the study that should be considered when interpreting findings. The case study component of the evaluation sought to explore implementation in select PHUs in-depth, by providing rich descriptions of processes and impact of contextual factors, and by providing corroboration of findings from other components of the evaluation. Some invited PHUs that were less advanced in implementation declined to participate in the evaluation. Thus, our sample of case studies may not have sufficiently captured the implementation experiences of PHUs that are less advanced in implementation. However, we learned about implementation challenges through our provincial surveys and through our work with those PHUs less advanced in implementation that agreed to participate.

The staff survey findings represent only a snapshot in time, which reflects a three month period within the implementation process. Thus, findings do not represent full progress in Initiative implementation that has been achieved in PHUs to date, but only a stage in implementation. In addition, not all PHUs responded to the survey. As a result, these findings are not representative of all PHUs, and must be interpreted with caution.

We administered a survey to youth leaders who are directly volunteering/working with PHUs. While it had been our intention to capture information from core youth leaders engaged in the Initiative through PHU partnerships with community organizations as well, reaching these youth

proved difficult due to less contact between the PHU and youth at these organizations (see Figure 1).

While the purpose of the core youth leader survey was to gather information on attitudes, skills and behaviours of the youth leaders volunteering/working directly with PHUs at early stages of involvement in the Initiative in order to monitor changes in these outcomes over the course of their involvement, many youth leaders had been involved with health promotion at their PHU for long periods of time (> 1 year), thus capturing a true baseline measure was not possible. As with any survey, there is a risk of social desirability responding and response bias, in which respondents answer questions according to what they think is socially acceptable or in a way that they think the surveyor expects, and do not answer according to their true beliefs. Moreover, the response rate to the core youth leader survey was relatively low (47%).

### Suggestions for PHU YE Initiative Improvement

The focus of this evaluation was formative and process-oriented; it is not an outcome evaluation, and thus effects of the Initiative on tobacco use outcomes are not assessed. Furthermore, the extent to which changes in population-level tobacco use outcomes can be attributed to the YE Initiative as part of an outcome evaluation would be limited. OTRU's recent strategy evaluation report (OTRU, 2011) provides a broader view of what intervention strategies are needed to reduce youth initiation of tobacco use.

The YE Initiative formative evaluation has highlighted that a number of challenges need to be addressed in order to improve the Initiative and for implementation to advance in many PHUs. The same level of organizational capacity to implement the Initiative does not seem to exist across PHUs, and this clearly relates to the extent of organizational support and previous experience with the YE approach. Initiative implementation could be improved through the provision of training on YE at upper levels within the PHU (e.g., boards of health, managers) and clear articulation of goals of the Initiative to all stakeholders to improve organizational support and readiness for implementation.

The evaluation identified that there is a general need for clear guidelines for implementation to assist those PHUs with less experience with the YE approach and to move towards more consistent implementation across PHUs. There is also a need for clear and realistic outcomes of the Initiative in order for PHUs to guide and inform evaluation of success. In addition, a number

of participants indicated that a vision for sustainability for the Initiative is needed in order to enhance organizational support and investment in the Initiative at the local level.

Initiative related resource-sharing across regions and PHUs was viewed as helpful for YE capacity building and implementation. Greater support and infrastructure for resource-sharing should be formalized (e.g., technology such as SharePoint; more provincial staff meetings) within the Initiative in order to advance and sustain knowledge exchange across PHUs at different stages of implementation.

Overall, the formative evaluation has highlighted that many PHUs are advancing well in Initiative implementation. Nevertheless, a number of challenges need to be overcome in order to facilitate successful implementation in all PHUs, and to enhance the ability of the Initiative to achieve its goals and objectives for tobacco use prevention among youth in the province.

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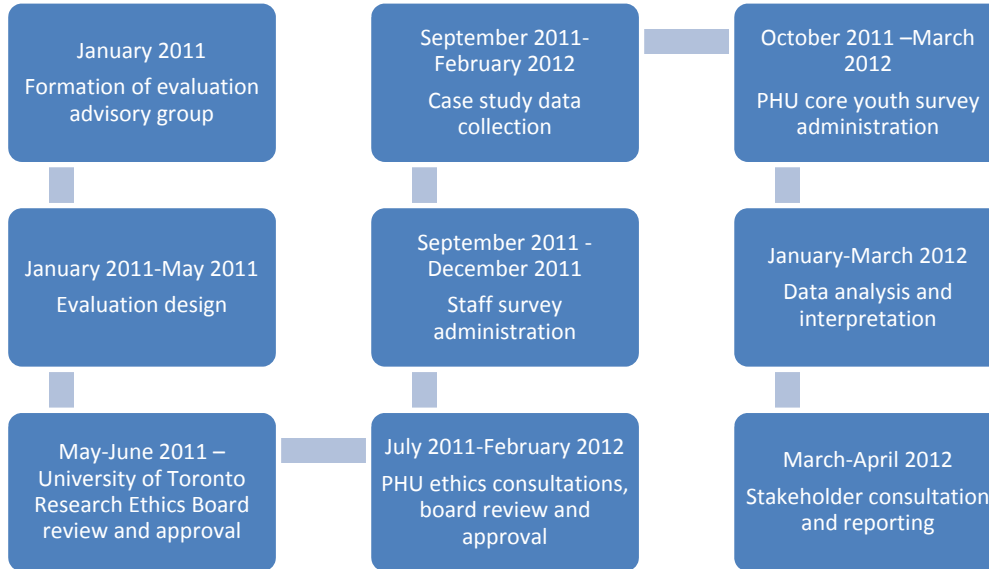
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## APPENDICES

## Appendix A: Evaluation Timeline



## Appendix B: Data Collection Processes and Analysis for Provincial Surveys

### Core PHU Youth Leader Survey

The core youth leader survey was administered to youth leaders participating directly with PHUs. Surveys were distributed to these youth through their YECs. The survey was distributed by YECs in one region in paper format and was administered in the context of a regional youth summit. All other youth received the survey from the YECs through an online link via email. All youth needed to indicate informed consent to complete the survey; parental consent to complete the survey was received for those youth under the age of 16. Survey responses were received from a total of 124 youth leaders, reflecting a response rate of 47%.

The core youth leader survey included a series of demographic questions concerning respondent gender, grade, self-reported academic performance, reasons for involvement with the PHU, and the length of time they had been involved in health promotion with their PHU. The survey included a series of questions on tobacco use and other substance use behaviours. Surveys included a series of standardized questions on knowledge and attitudes to tobacco use and other health issues. The survey also included questions on important development skill outcomes identified in the youth engagement literature such as self-esteem, self-efficacy, motivation, and empowerment for advocacy and health promotion in the community (See Appendix B in the full report for a description of survey measures). Such development skill outcomes are discussed in the literature as key to building resilience among youth with which to resist tobacco use and other risk behaviours and empowerment and self-efficacy with which to engage in health promotion and advocacy on tobacco control in the community.

### Youth Engagement Staff Survey

The staff survey was developed in consultation with stakeholders to examine the setting, progress and processes of YE Initiative implementation within PHUs. The survey was administered online over the course of September-December 2011. The beginning of the school year (September 2011) marked the start of a critical period for YE Initiative implementation due to increased accessibility of youth. Responses were received from 32 PHU YE staff, however, it is not clear from how many PHUs we received responses as not all respondents identified their PHU. In order to capture progress in implementation across the PHUs, the sample was reduced to 27 – reflecting the number of unique responses from PHUs. Duplicates received from multiple

staff at these PHUs were merged. Qualitative data on perceptions of implementation processes were included from all 32 respondents. It should be noted that implementation of the YE Initiative is ongoing and evolving in the PHUs and the survey responses are reflective of the stage of implementation at the time the survey was conducted. Thus, findings from the survey must be interpreted with caution.

### Data Analysis

Descriptive frequencies on the youth survey and staff survey data were calculated. In the youth survey, variables assessing attitudes towards the tobacco industry, smoke free movies and tobacco free sports and recreation were dichotomized, with 1 indicating those who agreed, and 0 indicating disagreement and neutrality. Differences between newer youth volunteers (volunteering with public health units for less than seven months) and longer-term volunteers (volunteering for longer than seven months) in demographics, knowledge and attitudes, and level of support, self-esteem, empowerment, self-efficacy and motivation for health promotion were assessed through chi-square and t-tests. All survey data analyses were conducted using SPSS version 19 software.

All in-depth key informant interviews and youth leader focus groups were audio-recorded and transcribed verbatim. Transcripts were analyzed using thematic analysis techniques, involving reading, coding and comparing transcripts for theme development (Charmaz, 1990) based on the topics explored in the interview guide. The coding and analysis process was conducted by two researchers in consultation with the evaluation project lead, and was facilitated by the use of QSR NVivo version 9 software.

## Appendix C: Core PHU Youth Leader Survey Measures

### Measures

#### Knowledge and Attitudes

To assess changes in knowledge and attitudes of youth involved in the Initiative, a number of standardized questions were included to explore attitudes towards tobacco use, the tobacco industry, smoking in movies and support for tobacco free sports and recreation. A series of 14 questions were included from the 2010/2011 Youth Smoking Survey to examine attitudes towards harms and social acceptability of tobacco use (Health Canada, 2010). Two questions from the CAMH Monitor were adapted and included to examine support for the smoke-free movies campaign and tobacco free sports and recreation work which seeks to prevent social and physical exposure to smoking at sports and recreation events (Ialomiteanu & Adlaf, 2010). Anti-tobacco industry attitudes were assessed with seven questions developed by Arheart, Sly, Trapido et al. (2004). These questions ask respondents to indicate agreement with a series of statements according to a 5-point Likert scale on the extent to which the tobacco industry is manipulative and to assess individual empowerment to fight against the industry<sup>vii</sup>. The questions can be used as individual items, and have also shown adequate reliability as subscales among youth populations (Cronbach's alpha= 0.63-0.75) (Arheart et al., 2004).

#### Self-Esteem

Self-esteem was measured through Rosenberg's (1965) self-esteem scale (RSES). The RSES is a global self-esteem scale that has been widely used in research with youth populations. The scale includes 10 items, and is scored on a 4-point Likert scale. Total scores range from 10-40, and higher scores on the RSES indicate higher levels of self-esteem. This scale has shown good reliability with youth populations (Cronbach's alpha=0.88-0.93) (Fiissel et al., 2008; Marcotte et al., 2002).

#### Level of Support, Self-Efficacy, Motivation and Empowerment for Advocacy and Health Promotion

A series of three questions from a previous youth survey employed in the OTRU formative evaluation of the Youth Action Alliance (YAA) Program were included to assess level of support and self-efficacy in conducting health promotion work in the community (Fiissel, Schwartz,

<sup>vii</sup>Two items were dropped from the empowerment against the industry series of questions due to lack of applicability to the current initiative.



Schnoll et al., 2008). Respondents were asked to indicate agreement, along a 5-point Likert scale, with the statement “the involvement of youth in promoting health can help cut down the following health-related issues in their communities: tobacco use, alcohol and drug use, mental health problems, and physical inactivity. Respondents were asked to indicate agreement with the statement “I can start up conversations with others about the following health issues: tobacco use, alcohol and drug misuse, mental health and physical activity”, and whether they would recommend getting involved in health promotion to others their age.

The Perceived Control subscale of Menon’s Empowerment Scale was used to assess respondent empowerment. Respondents were asked to indicate agreement with three statements, according to a 5-point Likert scale, with respect to inspiration and enthusiasm to work with the public health unit on health promotion.<sup>viii</sup> The items are summed into a scale, and this subscale has shown strong reliability with youth populations (Cronbach’s alpha =0.84) (Menon& Hartmann, 2002).

Motivation and self-efficacy were assessed with the Individual Mobilization Scale developed by Jakes & Shannon (2002). Items are rated on a 5-point Likert scale to indicate beliefs in one’s abilities to influence change in one’s community and one’s motivation to become involved in community activities. The items are summed to create a scale, and this scale showed strong reliability in a previous formative evaluation of the YAA program conducted by OTRU (Cronbach’s alpha=0.85) (Fiissel et al., 2008).

<sup>viii</sup> Items were adapted slightly from the original subscale to be appropriate for the public health unit context.

## Appendix D: Initiative Implementation Processes—Staff Survey Findings

These staff survey findings represent only a snapshot in time, which reflects a three month period within the implementation process. Thus, findings do not represent full progress in Initiative implementation that has been achieved in PHUs to date, but only a stage in implementation. In addition, not all PHUs responded to the survey. As a result, these findings are not representative of all PHUs, and must be interpreted with caution.

At the time the YE staff survey was conducted (September–December, 2011), staff were engaged in various types of YE work in their PHUs and in the community under the Initiative scopes of service agreement. Ninety-three percent of survey respondents were engaged in capacity building for YE within their PHUs, in order to gain support for youth involvement and begin to promote the integration of youth engagement principles within other PHU programs. Whereas, 82% of respondents were building capacity for YE in their community through the establishment of partnerships with existing youth-service organizations. Ninety-three percent were in the process of building the evidence for YE by gathering and reviewing evidence to support YE planning and implementation in their PHUs.

Some PHUs were first focusing on recruiting core youth leaders through existing youth organizations as opposed to recruiting core youth to work directly with the PHU; 55% of respondents were currently recruiting core youth to volunteer/work with the PHU, while 70% were recruiting core youth through community organizations. Fifty-nine percent indicated that they were in the process of training core youth involved with the PHU on YE, and 56% were training core youth recruited through existing youth organizations. Seventy percent of responding PHUs were at the point of supporting core youth in the planning of projects, activities and/or events, whereas 74% were doing this at the community-level. Sixty-seven percent of PHUs were supporting core youth leaders working directly with the PHU, and 74% in community organizations, in implementing projects/activities.

**Table 5: The Nature of YE Work in PHUs (Sept-Dec. 2011) (N=27)**

|  | # (%) <sup>a</sup> |
|--|--------------------|
| Capacity building in the health unit   | 25 (93%)           |
| Capacity building in the community   | 22 (82%)           |
| Gathering and reviewing evidence to support youth engagement planning and implementation             | 25 (93%)           |
| Recruiting youth to PHU  | 14 (52%)           |
| Recruiting youth in community organizations  | 19 (70%)           |
| Training youth based at PHU  | 16 (59%)           |
| Training youth based in community organizations  | 15 (56%)           |
| Supporting youth based at PHU in planning of projects, activities and/or events                      | 19 (70%)           |
| Supporting youth based at community organizations in planning of projects, activities and/or events  | 20 (74%)           |
| Supporting youth based at PHU in implementing projects, activities and/or events                     | 18 (67%)           |
| Supporting youth based in community organizations in implementing projects, activities and/or events | 20 (74%)           |

<sup>a</sup> Check all that apply option; responses do not add up to 100%

## Appendix E: Case Study Examples

### Case Study One – Rural

#### Background

This case study site has a longstanding history of youth engagement and youth development within the PHU. After loss of YAA funding in 2009, the PHU devoted its own resources in order to sustain the youth engagement coordinator position. During this time, in addition to coordinating youth-led committees, the coordinator undertook significant internal capacity building activities, which resulted in a youth engagement and development model and guiding principles and practices for the agency, a process map for staff to identify opportunities for youth-led work and various other youth engagement and development forms and tools. The goal of the model is, *“to maximize positive youth outcomes by creating meaningful opportunities for youth to contribute to their community in a manner that facilitates the development of competencies, confidence, character and connections to family, peers and community”*. It is noted that the creation of this model emphasizes organizational commitment to incorporating youth engagement and development as a strategy to achieve strategic directions and Ontario Public Health Standard goals. Key components of the youth engagement and development model include a youth-friendly, empowering physical/social environment, youth-adult partnerships, meaningful YE opportunities, positive youth outcomes, and the development of community partnerships.

#### YE Initiative Infrastructure

##### *Human Resources*

The first and most significant human resource involves the YEC who is perceived to go above and beyond the job description. With much travel and the need for flexible hours, the YEC ensures the inclusion of all youth within a number of organizations across the health unit, regardless of their distance. The PHU also receives significant assistance from volunteer adult supports and numerous community organizations for meetings, events, and campaigns. The PHU makes the most efficient use of its internal resources as several PHU staff assist with and attend YE meetings, and the strategy has the support of the Medical Officer of Health, health promotion program directors, Tobacco Control Coordinator and youth alumni.

#### Implementation Processes and Activities

Four youth-led committees dispersed across the Public Health Unit district have planned and implemented a variety of activities. One key informant described how all activities and events are tailored to each region through choices made by the youth leaders involved.

*The activities were very unique across our region. We implemented the project using four separate coalitions who had volunteers... from within their communities and they determined based on the resources in the community and some of the issues that were emerging within the community so in one of the areas, the issue of mental health and bullying, emerged as a significant issue.*

Examples of youth-led activities included holding local sporting events and health fairs to raise awareness and advocate for smoke-free parks and recreation, creating a smoke-free movies ad to run before movies at the local movie theatre, organizing a fashion show to raise awareness about the risks associated with indoor tanning, creating a teen space at a partnering organization and painting an art mural, as well as attending municipal council meetings. Youth leaders also worked on projects about alcohol and brain injuries, substance misuse and destigmatizing youth mental illness.

Community partnership is considered a cornerstone of YE in this PHU. This is demonstrated by the longstanding YE networking group the YEC has created. This group strives to build organizational and community capacity and assists in the development of partnerships between local youth engagement and development initiatives. Partnerships were also considered vital to reaching more vulnerable youth by building capacity for YE among organizations that work with these populations. Furthermore, community partners viewed the PHU as integral to YE capacity building within the community. YE was considered important by community partners to create a more youth-friendly society, and thus reduce out-migration of youth.

The YEC is very active in internal and external capacity building for YE. Examples of these activities include, securing, creating and making available YE resources to PHU staff and community partners, presenting the youth engagement and development model to internal departments, such as the maternal health team, and making presentations at YE conferences and with youth leaders at local organizations, such as a local economic development corporation. The YEC also connects with community partners regularly through the networking group, has hosted training for community partners, attended conferences to build his/her own knowledge and skills, is developing YE indicators for evaluative purposes, and has been instrumental in involving youth on PHU and community organization committees.

### Perceived Early Initiative Impacts

With the long history of YE, the core youth leaders within the PHU are perceived to have undergone significant development in the short-term as well as long-term. One key informant described the positive transformations experienced by the youth leaders, and the life skills they have gained.

*Well I think certainly that the whole development piece has been a significant accomplishment of our YE work. In particular in the area of empowering youth, self-esteem building and opportunities to learn things that you don't necessarily learn in school such as writing press releases and evaluating projects. We've had young people ...that were initially shy and didn't feel comfortable sharing their opinions. A lot of times these youth would join our coalitions in grade seven and grade eight and continue as a member throughout their high school years. For so many we found by the time they graduated high school they'd undergone a complete metamorphosis and were taking leadership roles on the coalition that included public speaking and articulating themselves well with both their peers and the community.*

In the same vein, another key informant elaborated:

*Oh I think we see tremendous success in the leaders that emerge. They become really the champions for youth and the opportunities are incredible for those who are involved.*

The core youth leaders were perceived to be actively involved in creating a more youth-friendly society that benefited all youth within the community. They provided insight and suggestions for improvement and saw an increase in youth retention in the community. One key informant explained that the youth leaders felt they were valued within their community and that their opinions were essential to the transformational process.

### Facilitators and Challenges to Initiative Implementation

A significant facilitator contributing to implementation of the YE Initiative in this PHU involves the passion and persistence of the YEC. His/her high level of understanding of youth engagement and development is what is pushing the program in a forward direction and assisting in its growth. The core youth leaders and management agree that the YEC deserves the

majority of the credit for Initiative success. The youth leaders elaborated on the importance of the YEC and how his/her role is integral to the success of the PHU and their YE campaigns.

*R: He's/she's very like encouraging and-*

*R: -he/she just gives us the resources that we need to get our ideas out there.*

*R: Yeah encouraging, resourceful.*

*R: Supportive.*

*R: It also seems like [he/she] is our [big brother/sister] too...*

The YEC is also viewed as providing flexibility and transparency to the YE Initiative. The flexibility of the YEC ensures that the core youth leaders are the priority of the Initiative. The YEC has embraced a role that encompasses and balances deliverables within the Smoke-Free Ontario strategy YE Scopes of Service as well as the principles of the Ontario Public Health Standards.

The most significant factor to successful facilitation of the YE Initiative was believed to be management buy-in, which influences the Initiative's sustainability. One PHU key informant highlighted the importance of the support and youth engagement and development vision from the Medical Officer of Health and the management team, who have embraced and supported the youth engagement and development strategy throughout the changes in YE direction by the Ministry.

The challenges in implementation experienced by the PHU involve the demand placed on the YEC, as he/she would prefer a second person to support coordination of activities between the four committees. This assistance would be especially helpful when travelling in the winter. Located in a rural region, geographical barriers are also problematic when attempting to implement activities involving all four areas. Another challenge experienced by the YE Initiative refers to the bureaucratic obstacles that were faced relating to partnerships with community organizations. Resistance was experienced when working with the district-school boards, and loss of funding at the local mental health organization made it challenging to access and build YE capacity among practitioners who work with this vulnerable population.

### Discussion

Overall, this case study site has strong dedication to the YE approach and positive youth development, beginning with the inclusion of the youth engagement and development model within the operational plan of the PHU. A dedicated YEC and supportive management provides strong infrastructure, which assists in facilitating external community partnerships. Although geographical distance appears to be an issue, the PHU utilizes video-conferencing with the four youth committees, ensures adult supports are in place, and the YEC travels when necessary to provide onsite supports. The impacts resulting from the program are significant, and this is due to the Initiative activities being highly youth-led. The PHU has been successful in encompassing and incorporating the YE principles, and continues to strive for further success and growth.

### Case Study Two – Rural

#### Background

This case study site has not had a lengthy history with the youth engagement approach. This PHU contracted out their YAA to a community organization. This choice might have been influenced by a youth-related incident that occurred in a previous youth program prior to the YAA program. One PHU key informant explained that this incident may have caused some hesitation towards establishing another youth program within the PHU. As a result, all key informants articulated that YE was not a current focus of the PHU. A PHU key informant mentioned that the progress of integrating the YE approach into programming was slow because of the negative ramifications of the prior incident: *“It is a very slow process getting moving from and that’s... a direct result of, of the bad experience that happened before.”*

Trying to start fresh, PHU management decided to work as a team to build infrastructure for further youth programming by concentrating on compiling policies and procedures, which utilized most of the staff’s time. Members of the PHU stressed that they were not able to recruit and work with core youth leaders at the PHU until these policies and procedures were developed. In September 2011, the PHU hired a YEC to assist in building PHU infrastructure - he/she went on leave and a second YEC was hired.

A PHU key informant described that the overall goal of the YE Initiative is to have the youth more integrated into the health promotion programming at the PHU, more active in promoting their own health, as well as the health of their family and friends. He/she indicated that the goals of



the Initiative, as well as related policies and procedures, were created with the YE Principles in mind.

### YE Initiative Infrastructure

#### *Human Resources*

Due to the large geographic region the PHU encompasses, all key informants felt there was a need for additional financial and human resources for Initiative implementation. Within the YE Initiative, there is currently a YEC, who is supported by in-kind time from a few public health nurses/health promoters and management. Youth engagement staff meets internally as part of a YE working group. The staff also discussed that they receive support from the YDS, who is easily accessible and participates in YE discussions at least once or twice a week. It appears that the YEC is primarily directly involved in the topic of tobacco, which was perceived to limit campaign and resource potential.

The limited number of staff dedicated to the YE Initiative was viewed as creating difficulty when attempting to foster greater community reach of the Initiative. One PHU key informant described that the reach would not be attainable without supplementary staff, *“...to make it [recruitment] bigger, I think...you need more resources to recruit more staff”*.

#### Implementation Processes and Activities

At the time of the case study site visit (November 2011), the PHU was getting acquainted with newly recruited core youth leaders and had not yet created a youth-dedicated space.

As soon as recruitment of core youth leaders had been completed, the youth leaders were asked to participate in a summit to hone their youth development skills. The youth leaders described the summit as an amazing experience, where they were able to learn about tobacco and its harms in various sessions and activities, as well as develop personal skills and relationships. These relationships were reflected through site visits, where the supportive bonds between the youth leaders were apparent. The youth leaders also spoke highly of their *“laid back”* and *“open”* YEC and one youth leader offered an interesting analogy to demonstrate his/her supportive role: *“He/She’s kind of like a spider...that starts off at the bottom and then he/she lets us take the rest of the way up and do all the rest of the cobweb.”*

The core youth leaders had just come together at the time of the site visit and had already taken part in a few regional activities. These included regional training, distributing smoke-free movie

petitions in their schools, a media literacy event during Action Week and planning a youth-focused quit contest. Further, PHU staff sometimes solicited feedback from youth on public health campaigns. One PHU key informant expressed that he/she was very excited of the progress of the youth in such a short period of time: *“I’m quite impressed...they’re actually doing things, and after only having six weeks of getting together”*. The core youth leaders appeared to be very enthusiastic and have a desire to begin advocating, collaborating with other PHUs, and make others aware of the activities in the PHU through advertising campaigns.

At the time of the site visit, community partnerships had not been established as of yet, due to the program’s infancy. The PHU anticipated partnering with the school boards and individual school districts to promote youth-led campaigns. One key informant perceived that an improvement in communication and an emphasis on the value of youth needed to occur in order to increase community partnerships. He/she also communicated that it was difficult for those in the community to partner with a PHU that did not necessarily see the potential within the core youth leaders for further development.

*I think there needs to be more communication, more of an understanding within the rest of the department of the value of [YE]. Many of us within the health department, see the value in it [YE], and so more education to the larger group about what they can do in addition to some positive experiences would go a long way.*

Furthermore, some key informants viewed potential community partners as competitors, as they are also implementing youth engagement programs, and are paying youth.

### Perceived Early Initiative Impacts

When asked to discuss the early and anticipated impacts of the Initiative, one PHU key informant explained that six weeks was not enough time to visualize any impacts. Another key informant mentioned that there have not been any tangible results to date, but that he/she feels that the PHU is moving in the right direction. The majority of impacts that were discussed related to the altering of the attitudes of PHU staff towards YE. One key informant expressed excitement over the future possibility of several groups of core youth leaders becoming engaged in the Initiative. Internal training within the PHU was perceived as an important factor in assisting the overall atmosphere and attitude of the PHU towards YE. One key informant noted that the staff were becoming more open-minded towards YE and excited about the possibilities of the Initiative:

*...we had had some internal training within our health unit for staff...the impacts of that are...all the staff coming in and saying, “Okay, you know, I’ve been talking with family physicians or teachers and...this is really a great avenue we need to do more of”. So I think that we’re seeing excitement building...coming from the training...learning a bit more about what youth engagement really is.*

### Facilitators and Challenges to Initiative Implementation

Progress in Initiative implementation was heavily influenced by facilitators and challenges in this PHU. Although the PHU began implementing its YE Initiative programming recently following a negative experience from a previous youth program, PHU staff have been making a great effort to move past “*the incident*”. It was perceived that contracting out the YAAs did not prepare the PHU with the appropriate infrastructure both internally and externally, to anticipate the needs of the current youth leaders. In the near future, the YE staff hoped to see further external capacity building, expansion of community partnerships, and the creation of more opportunities and experiences for their youth leaders.

The core youth leaders and YE staff are working together to create a more positive atmosphere for YE. However, implementation has been hindered by limited previous experience with YE, under-staffing, limited youth dedicated space, and limited organizational/managerial support for the YE approach. The PHU is located in a rural region, and another challenge impeding implementation has involved geographical distance, as it has been extremely difficult to involve youth leaders in the surrounding districts. Ideas to overcome this barrier included having youth leaders based in different districts who meet regularly as their own group, and then come together monthly via social media (i.e., Skype). Finally, staff felt youth leaders should be paid for the work they are doing.

### Discussion

Overall, the PHU appears to be progressing in a forward motion but a number of challenges need to be overcome for implementation to continue. This will require continued internal capacity building at the PHU to raise awareness of the Initiative’s goals, and increased devotion of resources to facilitate recruitment and external capacity building. With further support of the PHU, the YE Initiative has the potential for much growth and development in this site.

## Appendix F: Youth Engagement Principles

### Youth Engagement Principles<sup>ix</sup>

**Inclusiveness** – Acceptance and embracing of diversity including opinion, religion, gender, race/ethnicity, sexual orientation, image, ability, age, geography and mental health. This includes the removal of barriers, including economic barriers, to enable youth engagement.

**Positive youth development** – Alignment with a positive youth development approach.

**Accountability** – Developing standards of practice and accountability for youth engagement/development work, including responsibility for reporting back to youth. Include evaluation and monitoring as appropriate.

**Operational practices** – Commitment to operational practices that sustain youth engagement and enable youth development workers – including approaches to meet the needs of youth.

These may include:

- adults as allies/partners with youth
- youth-led and/or peer-to-peer initiatives
- approaches that provide opportunities to youth for meaningful action
- recognition of mutual benefit for adults and youth
- demonstration that youth contribution is valued

**Strengths based approach** – A commitment to working with youth to identify needs and build upon youth assets. This includes skill development and capacity building, i.e., education, training, on-going professional development, opportunities for group knowledge, skills and networks. Also includes a commitment to facilitate/provide opportunities for ongoing feedback, peer-review and self-reflection.

<sup>ix</sup> The YE principles were developed by the Youth Engagement Advisory Group for the Ministry of Health Promotion and Sport (MHPS, 2010).

**Flexibility and innovation** – Commitment of youth and adults working with youth to be open to new ideas, and have a willingness to take risks and challenge existing established processes and structures. Includes flexibility to hear and respond to youth-initiated ideas.

**Space for youth** – Ensuring care and supportive environments where youth feel safe. Includes both policies and practices that make space available to youth and enable youth to feel safe in that space.

**Transparency** – Being clear about the purpose of engaging youth, using youth-friendly approaches when interacting with youth and ensuring youth understand outcomes and products of their engagement.

**Sustainability of resources** – Sustainability of financial resources for best-practice youth engagement initiatives can help to ensure youth engagement initiatives are not limited.

**Cross-sector alignment** – Youth engagement has been embraced across agencies of government at all levels (i.e., federal, provincial, and municipal) and many non-governmental organizations. MHPS is committed to working with other ministry partners and stakeholders to ensure alignment where possible of its youth engagement approach.

**Collaboration** – A commitment to working with others doing similar work to share knowledge and facilitate action while fostering development of strong and lasting relationships. An example could include a youth engagement community of practice.