

The Youth Choices and Change Model

The Youth Choices and Change Model has been developed by the Pan American Health Organization to identify the most effective theoretical frameworks for health promotion and prevention programs that are tailored to the distinct developmental goals, needs, and wants of young people at different ages, and that take into account gender and cultural background considerations.

The following steps will help developers of adolescent health programs enable young people to master the developmental goals appropriate for their age group, strengthen their ability to make conscious decisions for health, and achieve their self-set goals for the future.

STEP 1: IDENTIFY TARGET GROUP: ADOLESCENT STAGE AND GENDER.

Identifying developmental stages:
Preadolescence refers to girls who are ages 9–12 and boys who are ages 10–13;
Early Adolescence refers to girls ages 12–14 and boys ages 13–15;
Middle adolescence refers to girls ages 14–16 and boys ages 15–17;
Late adolescence refers to girls ages 16–18 and boys ages 17–18;
youth refers to boys and girls ages 18–21; and
Young adult refers to boys and girls ages 21–24.

PAHO recommends that program designers begin by identifying the specific adolescent stage(s) and gender(s) they are going to target, given the stated needs and goals of the different actors involved.

The authors of the book consider that the single-most important of all these groups to be targeted by health promotion and prevention programs is the preadolescent period (girls 9–12, and boys 10–13). In this stage there is an increase of sexuality and intimacy development, which will continue through early, middle, and late adolescence.

STEP 2: IDENTIFY ADOLESCENT NEEDS AND WANTS.

NEEDS	WANTS
Love, ongoing nurturing relationship	Autonomy
Acceptance	Social interaction
Developmentally appropriate experiences and success	“Grown-up” experiences
Opportunities and guidance	Novelty
Expectation, limits, and values	Humor and fun
Safe and supportive environments at home, school, and neighborhoods	Music, television shows, and movies, video and computer games, magazines and books, hang out with friends at social places, parties
Structures that provide healthy nutrition, physical activity, and proper sleep	Fast foods, sports, stay up late

In order to help adolescents take an active interest in optimizing their own health, it is necessary to understand the needs and wants, within the cultural context of the community itself, the development as adolescents progress through the different developmental stages and begin identifying the choices that they can safely make on their own, the limits that they still need, and the healthy but enjoyable and challenging activities they can participate in.

STEP 3: IDENTIFY LEVELS OF INTERVENTION.

Adolescents live in a complex environment in which they are subject to multiple levels of influence for health-related behaviors: individual, interpersonal, institutional and/or organizational, community, and public policy. Therefore, PAHO recommends that interventions calling for positive change be incorporated at each ecological level rather than focusing exclusively on changing individual behavior.

STEP 4: IDENTIFY OTHER ACTORS' NEEDS AND WANTS.

In a multilevel approach, the needs and wants of the other actors involved in promoting healthy adolescent lifestyles—parents, other family members, caregivers, teachers, peers, community leaders, and others—will need to be taken into account in order to secure this group's active support of and participation in the interventions and programs created.

- Several studies support the important role that effective parental monitoring and parenting styles play in serving as a protective factor to promote the adoption of healthy lifestyles and prevent risky behaviors among adolescents.
- Community-organizing efforts involving local government officials, enforcement agencies, alcohol retailers, the media, schools, and other community groups can be an effective strategy to reduce youth access to alcohol products.

STEP 5: IDENTIFY THE THEORIES THAT WILL SUPPORT THE DESIGN OF THE INTERVENTION.

This Model proposes that at least one theory be selected at each level (individual, interpersonal, community, and policy) to guide the design of interventions.

THEORIES AND MODELS FOR HEALTH PROMOTION AND BEHAVIOR CHANGE APPROPRIATE FOR APPLICATION TO ADOLESCENTS

Individual	<ul style="list-style-type: none">— The Health Belief Model— The Transtheoretical Model and Stages of Change— The Theory of Planned Behavior— The Goal-Setting Theory— The Self-Regulation Theory— The Sensation-Seeking Theory
Interpersonal	<ul style="list-style-type: none">— The Social Cognitive Theory— The Social Networks and Social Support – Theories— The Authoritative Parenting Model— The Resiliency Theory— The Stress and Coping Theories
Community	<ul style="list-style-type: none">— The Community Organization Models— The Diffusion of Innovations Theory, Behavior Change Communication Models, and Social Marketing
Policy	<ul style="list-style-type: none">— Models of Policy and Legislation Development

STEP 6: TRANSLATE THEORY INTO PRACTICE.

The challenge is to translate the theoretical constructs, which have been chosen into measurable variables before the intervention, so that changes may be measured after the intervention.

Conceptually, the work on resilience suggests that we need to move positive goals front and center.

- A number of promising programs have helped Mexican adolescent immigrants living in the United States to increase their resiliency: one example is a study in which some students from low-income, ethnic, and linguistic minority backgrounds were placed in college preparation classes along with high-achieving peers. The results were higher college enrollment compared with the school district and national averages.