

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

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## **Name of Program/Strategy: SPORT**

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### **1. Overview and description**

SPORT is a brief, multiple behavior program integrating substance abuse prevention and fitness promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-promoting habits. It is based on the Behavior-Image Model, which asserts that social and self-images are key motivators for the development of healthy behavior. The intervention promotes the benefits of an active lifestyle with positive images of youth as active and fit, and emphasizes that substance use is counterproductive in achieving positive image and behavior goals. SPORT involves a short, self-administered health behavior screen survey measuring physical activity and sport behaviors and norms, healthy nutrition, sleep, and alcohol use. Participants then receive a 10- to 12-minute personally tailored consultation from a written script, along with a key facts handout. A simple fitness prescription goal plan is completed by participants to motivate positive behavior and image change. In addition, parent/caregiver communication cards addressing key content are provided during the consultation and then sent or mailed home to adolescents for 3 to 5 consecutive weeks.

### **2. Implementation considerations (if available)**

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## **3. Descriptive information**

<b>Areas of Interest</b>	Substance abuse prevention
<b>Outcomes</b>	1: Substance use 2: Substance use risk and protective factors 3: Physical activity
<b>Outcome Categories</b>	Alcohol Drugs Education Family/relationships Tobacco
<b>Ages</b>	13-17 (Adolescent)
<b>Gender</b>	Male Female
<b>Races/Ethnicities</b>	Black or African American White Race/ethnicity unspecified
<b>Settings</b>	Home School Other community settings
<b>Geographic Locations</b>	Urban Suburban Rural and/or frontier
<b>Implementation History</b>	Since it was first implemented in 2002, SPORT has been used in 10 sites in the United States, with approximately 2,500 individuals receiving the intervention. Four evaluation studies have been conducted.
<b>NIH Funding/CER Studies</b>	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: Yes
<b>Adaptations</b>	No population- or culture-specific adaptations were identified by the applicant.
<b>Adverse Effects</b>	No adverse effects, concerns, or unintended consequences were identified by the applicant.
<b>IOM Prevention Categories</b>	Universal

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## **4. Outcomes**

### **Outcome 1: Substance use**

<p><b>Description of Measures</b></p>	<p>The following substance use outcomes were measured using the Youth Alcohol and Health Survey:</p> <ul style="list-style-type: none"> <li>• Frequency and quantity of use in the past 30 days</li> <li>• Heavy use in the past 30 days</li> <li>• Initiation of use (how long the respondent has used the substance)</li> <li>• Stage of initiation (intention to use the substance in the future)</li> </ul> <p>Outcomes were measured at baseline and at 3- and 12-month follow-up.</p>
<p><b>Key Findings</b></p>	<p>Findings were based on a comparison of outcomes of students randomly assigned to either the SPORT intervention or a minimal-contact control group that received a wellness brochure (provided in school) and a pamphlet about teen health and fitness (mailed to the home).</p> <p>At 3-month follow-up, students who participated in SPORT reported lower frequency and quantity of alcohol use and less heavy use of alcohol in the past 30 days compared with the control group (<math>p &lt; .002</math>). In addition, students who participated in SPORT reported having been drinking for shorter periods of time and had less intention to use alcohol in the future compared with students in the control group (<math>p &lt; .002</math>). Students who participated in SPORT also reported less frequent cigarette use in the past 30 days compared with students in the control group (<math>p = .01</math>).</p> <p>At 12-month follow-up, students who participated in SPORT reported shorter duration of alcohol use (<math>p = .03</math>) and less intention to use cigarettes in the future (<math>p &lt; .001</math>) compared with students in the control group.</p> <p>Drug-using students who participated in SPORT showed significant positive effects at 3-month follow-up compared with drug-using control students in alcohol consumption (frequency, quantity, heavy use), current drug use (cigarette smoking, marijuana use), and past drug use (cigarette smoking, marijuana use), <math>p &lt; .005</math> for all findings. Positive effects for past cigarette and marijuana use continued through 12-month follow-up (<math>p &lt; .003</math> for both findings).</p>

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<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	3.0 (0.0-4.0 scale)

## **Outcome 2: Substance use risk and protective factors**

<b>Description of Measures</b>	<p>Substance use risk and protective factors were measured using the Youth Alcohol and Health Survey and the Youth Risk Behavior Survey (YRBS). Measures of risk factors associated with alcohol use included positive expectancy beliefs (perceived benefits of alcohol use), perceived prevalence of alcohol use by peers, influenceability by peers, subjective norms, environmental opportunities for alcohol use, and environmental availability of alcohol. Measures of protective factors associated with alcohol use included negative expectancy beliefs (perceived harm or "cons" of alcohol use), behavioral capability, self-efficacy, self-control, perceived susceptibility to alcohol use, parental monitoring, parent-child communication, parent-child communication about alcohol, value incompatibility, school bonding, and bonding with parents. Substance use risk and protective factors were measured at baseline and 3- and 12-month follow-up.</p>
<b>Key Findings</b>	<p>Findings were based on a comparison of outcomes of students randomly assigned to either the SPORT intervention or a minimal-contact control group that received a wellness brochure (provided in school) and a pamphlet about teen health and fitness (mailed to the home).</p> <p>At 3-month follow-up, compared with students in the control group, students who participated in SPORT demonstrated greater protection from alcohol use on measures of negative expectancy beliefs, behavioral capability, perceived susceptibility to alcohol use, parental monitoring, and parent-child communication (<math>p &lt; .05</math> for all findings) and less risk on measures of intentions to use alcohol in the next 6 months, attitudes toward alcohol, perceived prevalence of alcohol use by peers, and influenceability toward alcohol use (<math>p &lt; .02</math> for all findings).</p> <p>At 12-month follow-up, compared with students in the control group, students who participated in SPORT demonstrated greater protection from alcohol use on measures of parent-child communication (<math>p = .006</math>) and positive parent-child relationship (<math>p =</math></p>

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	.05). However, SPORT participants showed less protection relative to control group students on measures of perceived susceptibility at 12-month follow-up ( $p = .03$ ). On risk factors, students who participated in SPORT demonstrated lower risk for alcohol use than students in the control group on measures of intentions to use alcohol in the next 6 months ( $p = .05$ ).
<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	2.8 (0.0-4.0 scale)

### **Outcome 3: Physical activity**

<b>Description of Measures</b>	Physical activity was measured using the YRBS, which assesses a student's engagement in moderate and vigorous physical activity. Physical activity was measured at baseline and 3- and 12-month follow-up.
<b>Key Findings</b>	<p>Findings were based on a comparison of outcomes of students randomly assigned to either the SPORT intervention or a minimal-contact control group that received a wellness brochure (provided in school) and a pamphlet about teen health and fitness (mailed to the home).</p> <p>At 3-month follow-up, students who participated in SPORT reported higher levels of moderate physical activity compared with students in the control group (<math>p = .007</math>). No overall effects were found for vigorous physical activity at 3- and 12-month follow-up.</p> <p>Drug-using students who participated in SPORT showed no effects on exercise habits at 3-month follow-up. However, significant positive effects were found for exercise habits (moderate physical activity, vigorous physical activity) at 12 months relative to drug-using control students (<math>p = .01</math> for both findings).</p>
<b>Studies Measuring Outcome</b>	Study 1
<b>Study Designs</b>	Experimental
<b>Quality of Research Rating</b>	2.9 (0.0-4.0 scale)

### **5. Cost effectiveness report (Washington State Institute of Public Policy – if available)**

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## **6. Washington State results (from Performance Based Prevention System (PBPS) – if available)**

## **7. Who is using this program/strategy**

Washington Counties	Oregon Counties

## **8. Study populations**

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
<b>Study 1</b>	13-17 (Adolescent)	56% Female 44% Male	51% White 27.5% Race/ethnicity unspecified 21.5% Black or African American

## **9. Quality of studies**

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

### **Study 1**

Werch, C., Moore, M. J., DiClemente, C. C., Bledsoe, R. & Jobli, E. (2005). A multi-health behavior intervention integrating physical activity and substance use prevention for adolescents. *Prevention Science*, 6(3), 213-226.

### **Supplementary Materials**

Werch, C. (2007). The Behavior-Image Model: A paradigm for integrating prevention and health promotion in brief interventions. *Health Education Research*, 22(5), 677-690.

### **Quality of Research Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures

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3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

<b>Outcome</b>	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
<b>1: Substance use</b>	2.8	3.0	3.0	3.0	3.0	3.0	3.0
<b>2: Substance use risk and protective factors</b>	2.5	2.5	3.0	3.0	3.0	3.0	2.8
<b>3: Physical activity</b>	2.5	2.8	3.0	3.0	3.0	3.0	2.9

## **Study Strengths**

The YRBS is a widely used instrument with strong psychometric properties and has been used with diverse populations. To bolster treatment fidelity, the developers provided systematic training for project staff and a standardized research and data collection protocol. Attrition and missing data were low.

## **Study Weaknesses**

Little information was provided on the psychometric properties of the Health and Fitness Screen or its appropriateness for use with diverse ethnic and gender groups; while not an outcome measure, this screening tool is a core component of the intervention. Given the known health disparities among ethnic groups and differential activity levels by gender, the lack of information provided about group differences at baseline or in the outcomes was a concern.

## **10. Readiness for Dissemination**

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

### **Dissemination Materials**

Brief Programs for Health. (2006). SPORT high school version. Jacksonville, FL: Author. Brief Programs for Health. (2006). SPORT middle school version. Jacksonville, FL: Author. SPORT Web site, <http://briefprograms.com>

Youth Health Survey: Brief Version. (2007).

### **Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

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1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

<b>Implementation Materials</b>	<b>Training and Support Resources</b>	<b>Quality Assurance Procedures</b>	<b>Overall Rating</b>
2.3	1.8	2.3	2.1

## **Dissemination Strengths**

Most of the implementation materials are straightforward and easy to use. Developers are available to provide guidance to interested implementation sites on program implementation and evaluation. An outcome measure and several tools for facilitating implementation fidelity are provided to support quality assurance.

## **Dissemination Weaknesses**

The fitness consultation scripts could be awkward if implemented without training, and additional guidance is needed for adapting these scripts for use with some audiences. Additional information for implementation planning and recruiting participants is needed. The program does not have a standardized training curriculum for implementer training. Additional guidance is needed for administering and using data derived from the outcome measure.

## **11. Costs (if available)**

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

<b>Item Description</b>	<b>Cost</b>	<b>Required by Program Developer</b>
SPORT kit for the individual or group version (includes CD and online training)	\$1,999 for two interventionists, and \$499 for each additional interventionist	Yes
SPORT booklet	\$14.99 each	No
Parent-adolescent flyers	\$2.99 for a set of three for the older adolescent, or \$4.99 for a set of five for the young adolescent	No

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Positive image Webinar	\$199 for two participants	No
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### **12. Contacts for more information**

#### **For information on implementation or research:**

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