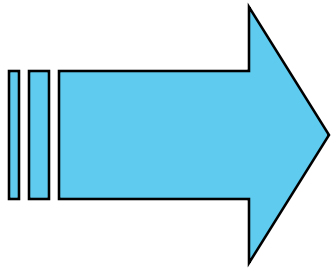


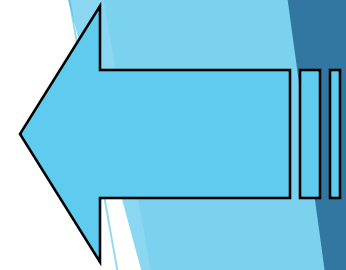
Steps for Implementing Prevention Plus Wellness Programs



Prevention Plus Wellness™



Video Objectives



To describe:

1. The epidemic of multiple, co-existing health risks among American youth.
2. Brief, integrated prevention with wellness programs as a cost-effective and practical solution.
3. The steps for implementing and evaluating your Prevention Plus Wellness (PPW) program. (10.5.15)

Epidemic of Multiple & Co-Existing Risks among Youth

- ▶ **Bad News**: Common risks among American youth include ATOD use, as well as physical inactivity, unhealthy eating, lack of sleep and uncontrolled stress.
- ▶ **Bad News**: Many risk behaviors are established during adolescence, are correlated, and increase throughout early adulthood.
- ▶ **More Bad News**: The majority of US youth (53%) experience two or more co-existing risk behaviors, and over a third (36%) experience three or more (Fox, et al, 2010).

Compound Effects of Multiple Health Risks

Alcohol Use

- Injury
- Disease
- Death
- Social problems
- Sadness

+

Phy. Inactivity

- Injury
- Disease
- Death
- Social problems
- Sadness

= ?

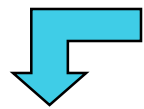
The Solution to Multiple Health Risks?

1. Cost-effectively bundle (i.e., integrate) health risk and health enhancing behaviors in single programs.
2. Brief integrated programs are even more cost-effective and practical in time-strapped settings.

What are PPW Programs?

1. **PPW Programs** are single-lesson and other very brief cost-saving prevention AND wellness interventions.
2. **PPW Programs** holistically link increasing physical activity, healthy eating, and other health enhancing habits and images with avoiding alcohol, tobacco, marijuana and other drug use.
3. **PPW Programs** are customized to each youth's health habits, and scripted to increase fidelity.





What are PPW Programs?



- 4. *PPW Programs*** can be implemented in nearly any setting in one-on-one or group formats.
- 5. *PPW Programs like SPORT and InShape*** are listed in NREPP, and have been proven to influence both health enhancing and risk behaviors for up to one year.
- 6. *All PPW Programs*** are based on the Prevention Plus Wellness (PPW) Approach using evidence-based theory and practices models.

The Behavior-Image Model (BIM)

- ▶ BIM is a road map for developing integrated multiple health behavior interventions emphasizing positive behaviors and self-identity content.
- ▶ BIM was used to develop over a dozen brief PPW integrated interventions, including:
 1. *SPORT PPW for adolescents,*
 2. *InShape PPW for college aged adults,*
 3. *SPORT 2 PPW for youth, and*
 4. *In God's Image (IGI) for youth.*

PPW Programs are Based on the Proven Four Step SFGF Model

- 1) **Screen** youth for their current health habits,
- 2) **Feedback** and wellness image communication is provided to youth in individual or group formats integrating ATOD use and healthy behaviors,
- 3) **Goal-setting** and monitoring of multiple behavior goals is conducted so youth avoid ATOD use while increasing their health and fitness habits, and
- 4) **Follow-up** strategies and support are provided to maintain effects.

Pre-Implementation Steps

1. Select two individuals per site to serve as implementers.
 2. Practice implementing the screening survey, program scripts (individual and group versions), and goal plan two or more times with each other.
- ▶ Practice is critical to becoming familiar and comfortable with the format and content prior to implementing with young people.

Step #1: Screening

- ▶ Implement the screening survey in a private setting.
- ▶ Read the directions to the screening survey aloud and ask the participant to answer the questions about their health and fitness habits honestly.



SPORT® Prevention Plus Wellness
Older Adolescent Version
The Health and Fitness Screen

Directions: The purpose of this survey is to determine what you are doing about your health. Your answers will be confidential. **DO NOT PLACE YOUR NAME ON THIS FORM.** The code number on the top of this page will allow us to keep your name secret. We want to know what you really think, so please answer all questions honestly. Thank you.

1. What sports or physical activities did you play in the last year? (Check all that apply)

- a. Baseball or softball
- b. Basketball
- c. Riding a bicycle
- d. Dance/Cheerleading/Gymnastics
- e. Football
- f. Golfing
- g. Horseback riding
- h. Running or walking
- i. Rollerblading
- j. Skateboarding
- k. Soccer
- l. Surfing
- m. Swimming
- n. Tennis
- o. Track
- p. Volleyball
- q. Wrestling
- r. Weight lifting
- s. Others (list) _____
- t. I do not play any sports or physical activities

2. Do you participate in any physical activity for at least 30 minutes four or five times a week? For example, riding a bike, running, walking, swimming, or playing a sport for 30 minutes or more on most days.

- a. Yes
- b. No

3. Do your friends influence you to participate in regular physical activity?

- a. Yes
- b. No

Step #2: Providing Feedback

- ▶ Select the participant's screen responses and then “read” the brief one-on-one lesson script.
- ▶ During each lesson the implementer maintains good eye contact with the youth, does not ad lib, and uses an upbeat and varied voice while following the script.



***SPORT® Prevention Plus Wellness
Older Adolescent Version
Fitness Consultation***

Date: _____

Code: _____

(Show slide). Hi, _____ (Youth's name) . My name is _____ (Fitness Specialist's name) . I'll be your personal Fitness Specialist during this brief fitness and health talk. I'm going to talk to you about habits that can make you look better, feel better, and improve your performance in physical activities, school, and relationships.



Screening Survey

Please take out your copy of the *SPORT* Health and Fitness Screen. The purpose of this survey is to determine what you are doing about your health. Your answers are private. **DO NOT PLACE YOUR NAME ON THE SURVEY.** We want your answers to be a secret. Please answer all questions honestly. Thank you. (Wait until everyone has completed the survey).

1. Sports/Physical Activity Last Year

Note: If youth checks any sport or physical activity in question 1 on screening, read "Yes" response. If youth answers "t" for question 1, read "No" response.

(Yes) Sports/Physical Activity

- (Show slide). I see that you participate in: _____
(name of sports/physical activities)
Good for you! Sports and physical activities are a great way to get regular exercise.
Sports and physical activities are fun, help you look trim and strong, feel good about

First Provide Positive Image Health Enhancing Behavior Messages

Example:

“Young people who engage in regular physical activity tend to feel energetic, sleep better, and look more active, fit and confident.”

Next Provide Health Risk Behavior Messages

Example:

“Alcohol use can get in the way of participating in moderate exercise and achieving your fitness goals of being in-shape, looking good, and feeling fit and active.”

While providing feedback, show the colorful slides highlighting wellness behaviors and image terms, and positive models.



SPORT



The Group Feedback Option

- ▶ The group lesson script can be used to implement your PPW Program in a classroom setting rather than one-on-one.
- ▶ After completing the script, you can use the optional group exercise to increase interaction and discussion among participants.



Dairy products
Click for food types

- Milk
- Cheese
- Cream
- Yogurt
- Ice cream
- Butter

Breakfast
Lunch
Supper
High fibre
High protein

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108
109	110	111	112	113	114	115	116	117	118	119	120

Fractions • Decimals & %

Fraction	Decimal	Percentage
1/2	0.5	50%
1/4	0.25	25%
3/4	0.75	75%
1/10	0.1	10%
9/10	0.9	90%

NUMERATOR = the number of equal parts
DENOMINATOR = the number of equal parts the whole is divided into

1/2 = 1 ÷ 2 = 0.5 or 50%
3/4 = 3 ÷ 4 = 0.75 or 75%

Relative Clauses

A relative clause is used to provide extra information about a noun. It usually comes after the noun it describes.

Example: The car **which is red** is mine.

A relative clause is used to provide extra information about a noun. It usually comes after the noun it describes.

Example: The man **who is wearing a hat** is my father.

A relative clause is used to provide extra information about a noun. It usually comes after the noun it describes.

Example: The book **which is on the table** is mine.

Personalisation

Personalisation is when you use words to describe things that are not the same as the others.

Example: My dog is **very friendly**.

Similes are comparisons

They use words such as like or as to compare things.

Example: My dog is **as fast as a cheetah**.

***SPORT® Prevention Plus Wellness
Older Adolescents Version
Group Fitness Lesson***

Introduction

- (Show slide). Hello. For the next several minutes I will be talking with you about *SPORT*, an exciting new fitness and health program. Together we will look at habits that can make you look better, feel better, and improve your performance in physical activities, school, and relationships.



Screening Survey

- Please take out your copy of the *SPORT* Health and Fitness Screen. The purpose of this survey is to determine what you are doing about your health. Your answers are private. **DO NOT PLACE YOUR NAME ON THE SURVEY.** We want your answers to be a secret. Please answer all questions honestly. Thank you. (Wait until everyone has completed the survey).

Sports/Physical Activity Last Year

1. (Ask class members to raise their hands and respond). What sports or physical activities did you play in the last year?
 - a. Baseball or softball
 - b. Basketball
 - c. Riding a bicycle
 - d. Dance/Cheerleading/Gymnastics
 - e. Football
 - f. Golfing

SPORT Prevention Plus Wellness

Group Interactive Exercise

When: Implement this exercise after the group presentation and before the goal setting strategy.

Length: 45 minutes.

Materials: paper, pencils, white board, marker.

Goals:

- 1) To cue positive peer images and future self-images associated with being physically active and exercising regularly.
- 2) To link concrete health enhancing behaviors and behavior goal setting with achieving positive health images and behaviors, and health damaging/risk behaviors with interfering with positive image and behavior achievement.

Objectives:

At the end of the lesson, youth will be able to:

- 1) List 5 positive characteristics of peers and 5 of themselves in the future, associated with exercising regularly and being physically active.
- 2) Identify 3 specific behaviors that help to achieve an active lifestyle and image.
- 3) Describe 3 specific behaviors that hinder or interfere with achieving an active lifestyle and image.

Activities:

- 1) Ask each youth to list on a sheet of paper 5 characteristics of youth their age who exercise regularly and are physically active.
- 2) Next, ask them to list on a sheet of paper 5 words or phrases describing how they would feel and look if 10 to 20 years from now they were physically active and exercised regularly.
- 3) Make two columns on the white board and list peer images associated with being physically active in one column, and future self-images in the other.
- 4) State the Main Conclusion: We all have positive images of peers and of ourselves in the future associated with being physical active and exercising regularly.
- 5) Now, ask the group what specific health enhancing behaviors come to mind that would help achieve an active lifestyle. Mention: Participating in sports, eating healthy foods like vegetables and fruit, getting plenty of sleep, and setting behavior improvement goals.
- 6) Lastly, ask the group what specific health damaging/risk behaviors would hinder or interfere with living an active lifestyle and engaging in regular exercise and describe how. Mention: Excessive or heavy alcohol use, drug abuse, drunk and drugged driving, and tobacco use.
- 7) State the Main Conclusion: Engage in habits that support positive images and behaviors, while avoiding those that interfere with obtaining your positive image and behavior goals.

Step #3: Goal Setting

- ▶ Read the goal plan aloud and help participants complete it.
- ▶ You and the participant date and sign the contract.
- ▶ Encourage participants to complete each goal plan for their benefit, but don't try to force them.
- ▶ Ask them to post their plans at home.
- ▶ You can keep a copy for follow-up.

SPORT® Prevention Plus Wellness: Older Adolescent Version
Fitness Goal Plan

As your fitness specialist, I recommend you set the following goals:

- get 8 or more hours of sleep each night;
- eat a healthy breakfast every day, such as nutritious cereal and low fat milk, whole wheat toast, oatmeal, eggs, yogurt or fruit, and eat a daily variety of other healthy foods, such as fruits and vegetables, while limiting junk food;
- participate in some fun physical activity, such as riding a bike, running, swimming, or walking, at least 30 minutes a day four or five times a week; and
- most importantly, avoid alcohol, tobacco and drug use.

To help you achieve these goals, I'd like for you to make the following commitment:

I, _____,
(Youth's name)
will avoid alcohol and drug use each day
during the next 30 days in order to
maintain an active, healthy lifestyle. In
addition, the one other health habit that I
select to improve during these 30 days is:

(List specific health habit, amount & how often here)

(Youth's signature) (Date)

(Fitness Specialist's signature) (Date)

IF NO:

You should really reconsider! Think about making a pledge to keep yourself healthy, and that means avoiding negative events that occur when you drink and use drugs.

IF YES:

Good for you! You're on the right track to keeping yourself healthy.

Also, to help you be successful in achieving the goals above, check off at least one of the following Fitness & Health Tips that you will use during the next 30 days:

Fitness & Health Tips

- Participate in physical activities and sports, like running, working out in a gym, playing a sport, or riding a bike, instead of drinking alcohol or using drugs.
- Reward yourself with small things you enjoy like magazines, CD's, books, clothing, or a trip to the beach for exercising regularly or avoiding alcohol or drug use.
- Use relaxation techniques like slow, deep breathing, taking a relaxing bath, or listening to your favorite music to deal with stress or nerves.

Congratulations! You have successfully completed this SPORT consultation. Take this contract home and put it where it can be seen all month (i.e., on your mirror, wall or desk). Also, in the next week or so, you will receive a booklet to read and complete with another goal plan, and you may be mailed a flyer on health and fitness to help you achieve your fitness goals.

Fitness Specialist Copy

Step #4: Follow-up

- ▶ Re-administer your PPW Program in one-on-one or group format every 6-12 months as a booster inoculation.
- ▶ Congratulations, you are done implementing your PPW Program!
- ▶ You can also re-implement the goal plan every week/month with youth as a follow-up.
- ▶ Some PPW Programs have optional follow-up strategies, including additional lessons, booklets, flyers and web-resources you may chose to use.

Process Evaluation

- ▶ Ask participants to complete a feedback form immediately after implementing each lesson.
- ▶ Each implementer should complete an implementer's chart to assess the quality of the lesson's implementation.
- ▶ Use the fidelity checklist to ensure you are implementing your PPW program to maximize program effectiveness.

SPORT Prevention Plus Wellness Feedback Sheet

Code: _____

Directions: Please circle one answer for each question below. We really want to know what you think about this part of the SPORT® Program. Please answer honestly. Thank you for your help!

	<u>Not (None) at all</u>	<u>A little</u>	<u>Some</u>	<u>A lot</u>
1) Did you like the <i>SPORT</i> lesson?	1	2	3	4
2) Would you recommend the <i>SPORT</i> lesson to other students?	1	2	3	4
3) Do you think this <i>SPORT</i> lesson will help students make healthy choices?	1	2	3	4
4) Will the <i>SPORT</i> lesson help you increase your physical activity next month?	1	2	3	4
5) Will the <i>SPORT</i> lesson help you avoid alcohol use next month?	1	2	3	4
6) Will the <i>SPORT</i> lesson help you avoid drug use next month?	1	2	3	4
7) Will the <i>SPORT</i> lesson help you avoid cigarette smoking next month?	1	2	3	4
8) Will the <i>SPORT</i> lesson help you increase your healthy eating next month?	1	2	3	4
9) Will the <i>SPORT</i> lesson help you increase your sleep next month?	1	2	3	4
10) In the next 6 months, how willing are you to...				
a) get physical activity most days a week?.....1		2	3	4
b) get 8 hours a sleep most nights?.....1		2	3	4
c) eat a variety of healthy foods each day?.....1		2	3	4
d) drink any alcohol?.....1		2	3	4
e) smoke a cigarette?.....1		2	3	4
f) use any marijuana?.....1		2	3	4

SPORT Prevention Plus Wellness **Implementer Lesson Chart**

Code: _____

Date: _____	Time Begin: _____	Time End: _____
Length of Consult/Lesson: _____	Initials: _____	

Directions: Circle one response for each item and comment.

1. Fitness Specialist's comfort level while providing the lesson:

Very Comfortable Comfortable A little comfortable Not at all comfortable

4

3

2

1

Comments related to Fitness Specialist's comfort level: _____

2. Use of active listening & presenting (I.e., eye contact, body position, changing tone of voice, listening):

Very active Active A little active Not at all active

4

3

2

1

Comments related to use of active listening/presenting during the lesson: _____

3. Smoothness or continuous flow in delivery of the lesson:

Very Smooth Smooth A little smooth Not at all smooth

4

3

2

1

Comments related to smoothness or continuous flow in delivery of the lesson: _____

4. Accuracy of following the protocol (I.e., adherence to the protocol messages, no ad libbing):

Very accurate Accurate A little accurate Not at all accurate

4

3

2

1

Comments related to accuracy of following the consult/lesson protocol: _____

5. Completeness in covering consultation/lesson content (I.e., reviewed all protocol messages with student):

Very complete Complete A little complete Not at all complete

4

3

2

1

Comments related to completeness of covering the consult/lesson: _____

Prevention Plus Wellness Program

Fidelity Checklist

Implementation

1. Implemented the screen to participants in a private or semi-private setting.
2. Read the screening survey instructions to participants prior to implementation.
3. Implemented the lesson using the script as provided.
4. Maintained good eye contact during each lesson.
5. Did not ad lib during any lesson.
6. Used an upbeat and varied voice during each lesson.
7. Covered all messages in the script during each lesson.
8. Showed the PowerPoint slides during each lesson.
9. Read the goal plan and helped participants complete it.
10. Had participants sign while you co-signed each contract.
11. Asked participants to take home their goal plan and post it.

Outcome Evaluation

- ▶ Administer the outcome survey before and one to three months after implementing the lesson(s) to assess behaviors over time.
- ▶ Including a control or comparison group strengthens your evaluation design.
- ▶ PPW provides price breaks and support in analyzing data and providing program outcome feedback.³³

Youth Health Survey (Brief Version) 1.0 2013-2014

CODE

DATE

--	--	--	--

M	M	D	D	D	D	Y	Y
---	---	---	---	---	---	---	---

DIRECTIONS: The purpose of this survey is to determine what young people are thinking and doing about their fitness and health habits. Your answers will be kept confidential. **DO NOT PLACE YOUR NAME ON THIS FORM.** The code number on this page will allow us to keep your identity confidential. We want to know what you really think, so please be honest with your answers. Thank you for your help.

PLEASE...

1. Make sure to carefully fill in the circles and/or fill in the blanks.
2. Answer each question carefully.
3. Erase completely to change an answer.
4. Mark only one answer for each question, unless indicated otherwise.

- Correct
- Incorrect
- Incorrect
- Incorrect

⊙ ⊙ ⊙ ⊙

⊙ ⊙ ⊙ ⊙ ⊙ ⊙

⊙ ⊙ ⊙ ⊙

⊙ ⊙ ⊙ ⊙ ⊙ ⊙

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⊙ ⊙ ⊙ ⊙

⊙ ⊙ ⊙ ⊙ ⊙ ⊙

1. Are you . . .

- Male Female

2. How old are you?

- 10 years old 16 years old
 11 years old 17 years old
 12 years old 18 years old
 13 years old 19 years old
 14 years old 20 years old
 15 years old Other (list) _____

3. What sports/activities have you played last month?

(Mark all that apply)

- | | |
|---|-------------------------------------|
| <input type="radio"/> Baseball/softball | <input type="radio"/> Skateboarding |
| <input type="radio"/> Basketball | <input type="radio"/> Soccer |
| <input type="radio"/> Biking | <input type="radio"/> Surfing |
| <input type="radio"/> Dance/Cheerleading/Gymnastics | |
| <input type="radio"/> Football | <input type="radio"/> Swimming |
| <input type="radio"/> Golfing | <input type="radio"/> Tennis |
| <input type="radio"/> Weight Lifting | <input type="radio"/> Volleyball |
| <input type="radio"/> Jogging / walking / running | <input type="radio"/> None |
| <input type="radio"/> Rollerblading | <input type="radio"/> Others |

4. During the past 7 days, on how many days did you exercise or participate in a physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bike-riding, fast dancing, or similar aerobic activities?

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |

5. During the past 7 days, on how many days did you exercise or participate in a physical activity for at least 20 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, or skating?

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |

6. During the past 7 days, on how many days did you eat at least five servings of fruits and vegetables? (One serving is equal to one piece of fruit or 1/2 cup fruit/vegetable)

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |

Prevention Plus Wellness Programs & Services

- ▶ *SPORT PPW*
- ▶ *SPORT 2 PPW*
- ▶ *InShape PPW*
- ▶ *In God's Image (IGI)*
- ▶ Lifetime site licenses
- ▶ Online and onsite implementer workshops
- ▶ Online and onsite TOT workshops
- ▶ Data analysis and program effects feedback
- ▶ Grant researching and writing

For More Information on
Brief Evidence-based Interventions
Integrating Prevention With Wellness

Go to:

<http://preventionpluswellness.com>

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Prevention Plus Wellness™