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## Practice Notes

*Health Educ Behav* 2008; 35; 437

DOI: 10.1177/1090198108322447

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## Practice Notes

*The Practice Notes section is intended to keep readers informed about health education practice around the country. It is an attempt to spread the word about exemplary strategies, initiatives, and programs and share successes in overcoming obstacles or challenges. Periodically, articles presenting perspectives on practice-related issues are also included in Practice Notes.*

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### **Program: Alcohol Poisoning: Mobilizing College Students Using Action Research**

**Sponsors: Office of Orientation & Student Success,  
North Dakota State University**

#### *Objective*

The purpose of this program was to engage students in planning, implementing, and assessing an action research project on binge drinking and alcohol poisoning.

#### *Assessment of Needs*

Binge drinking and alcohol poisoning are some of the most serious problems that confront college students, especially in the upper Midwest. North Dakota has the highest rates across all age groups: youth, young adult, and adult (Substance Abuse and Mental Health Services Administration, 2005). North Dakota State University (NDSU), which is North Dakota's land-grant university, is the most populous of all the colleges and universities in the state. The typical NDSU student consumes about

two more drinks per sitting than the national average. Over half (53.5%) of the students report engaging in binge drinking (Bergeron, Oster-Aaland, & Thompson, 2006). NDSU students have participated in various alcohol use studies (Core Institute, 2003; Lewis, Oster-Aaland, & Neighbors, 2007; Oster-Aaland, 2006; Oster-Aaland & Eighmy, 2007) and many prevention interventions. The present project was different because it used multiple methods and involved communities of students, parents, and university administrators, in the manner of community action methodologies.

#### *Program Strategy*

This educational campaign was designed to be implemented in three phases using the cyclical community action research (CAR) model. The first phase started with an empirical survey of students' perceptions

of binge drinking and whether they would seek help in an alcohol-related emergency (Lewis, Oster-Aaland, & Neighbors, 2007). The second phase engaged a group of undergraduate student leaders from a variety of influential student organizations as core-researchers. This was accomplished by conducting a group discussion with these leaders on the types of educational programming they felt would best resonate with their peers during a student health campaign. The third phase was generated from the group discussion and included a week of active and passive programming that aimed to educate and empower students on campus about the risks of binge drinking. This week was underwritten and endorsed by the key opinion leaders (i.e., students from athletics, Greek life, and student government) who were integrally involved in planning the events. The use of the community action methodology resulted in overall positive acceptance of campus activities and programs, along with students' suggestions for enhancing advertising and awareness in future campaigns.

#### *Evaluation Approach*

The success of this campaign was measured in two ways. First, attendance at the events and the amount of exposure that was given to the week in publications, such as the student newspaper and the local news outlets, was assessed. Second, coresearchers engaged in discussions and reflective exercises to gauge the success of their program and continued in the cycle of action research by discussing future programming options.

#### *Implications for Practitioners*

This project was an innovative approach to designing an alcohol prevention program on a college campus. It utilized the relatively new CAR approach to engage students in the planning stage, so not only were successful events designed, but the CAR approach served as a way to engage and gain buy-in from a broader base of students on a subject that they often hear about and, otherwise, ignore. We recommend that

health and social service practitioners who are working with the public, such as college students, find creative ways to involve them in planning, implementing, and evaluating their intervention programs. This is especially important for behaviors such as binge drinking, which has become entrenched in the social fabric of college campuses and thus particularly difficult to change.

For more information, contact Jane M. Vangsness, Research, Alcohol and Other Drug Prevention Coordinator, NDSU Office of Orientation and Student Success, 211 Ceres Hall, Fargo, ND 58105; phone: (701) 231-5478; e-mail: Jane.Vangsness@ndsu.edu; Erika L. Schuler (Erika.Schuler@ndsu.edu), Michael R. Fowler (Michael.Fowler@ndsu.edu), Charles Okigbo (Charles.Okigbo@ndsu.edu), Department of Communication, North Dakota State University, 321 Minard Hall, Box 5075, Fargo, ND 58105; phone: (701) 231-8209.

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## **Program: St. Vincent Mercy Medical Center's Positive Choices Abstinence Education Program for At Risk Teens**

### **Sponsors: Office of Adolescent Pregnancy Programs**

#### *Objectives*

The Positive Choices sexual abstinence program is designed to influence norms and attitudes about abstaining from sexual activity, self-efficacy in refusing sex, intentions to avoid having sex, and lower rates of sexual activity among high school students in Toledo, Ohio.

#### *Assessment of Needs*

According to Ohio's 2005 Ohio Youth Risk Behavior Survey (Ohio Department of Health, 2006), 53% of the teens reported having had sexual intercourse, with 5% having sexual intercourse before age 13. The Positive Choices in-school program was designed for students attending three Toledo public schools encompassing a large, heavily populated, racially diverse, urban area. Across the three schools, from 28% to 41% of the families live below the Federal poverty level. Most importantly, the birth rate to teenagers in the three districts ranges from 93 per 1,000 to 150 per 1,000.

#### *Program Strategy*

The Positive Choices sexual abstinence education program is consistent with Ajzen and Fishbein's (1973) Theory of Reasoned Action (TRA) and the Social Learning Theory (SLT) construct of self-efficacy (Bandura, 1977). TRA suggests that intentions are immediate predictors of behavior. Intentions, in turn, are predicted by attitudes about the beliefs of consequences, as well as the subjective norms of peers with respect to those beliefs and behaviors. In addition, SLT's construct of self-efficacy, consistent with

TRA, refers to an individual's belief in his or her ability to successfully complete a specific, intended behavior. These theoretical models were integrated to study the norms, attitudes, self-efficacy, and intentions of adolescents to abstain from sexual behavior, as well as their self-described past and current sexual behavior.

Students participate in the Positive Choices during their 4 years of high school. For each of the 4 years of the program, Positive Choices provides eight in-school educational sessions based on *Choosing the Best Path* abstinence until marriage curriculum (Weed, Ericksen, Lewis, Grant, & Wibberly, 2008). The curriculum meets the A-H requirements for abstinence education and is culturally appropriate and age-specific. In addition, an after-school program was developed to provide an opportunity for ongoing participation and support, as well as a summer program with a more informal atmosphere involving abstinence education and creative activities.

Positive Choices incorporates after-school and summer programming in order to provide additional opportunities for positive peer interaction and mentoring. The informal atmosphere outside of the school setting enables the educators to establish relationships with every teen and their families. The curricula and data mean nothing to the youth compared to the caring relationships with the educators.

#### *Evaluation Approach*

The Sexual Risk Behavior Beliefs and Self-Efficacy scales (Basen-Engquist and Parcel, 1992) were adapted for this study to assess student's perceptions of attitudes,

norms, and self-efficacy (intercourse involvement scales). Items adapted from the 2001 Youth Risk Behavior Survey (National Center for Chronic Disease Prevention and Health Promotion, 2001) were used to assess student's sexual behavior. Approximately one half of the students are assigned to receive abstinence education each year while the other half are nonabstinence education controls. Data from both control and intervention students are gathered prior to and following the intervention program each year. Process evaluation that includes student and parent assessment of the sexual abstinence education programs is also conducted.

### *Implications for Practitioners*

Because this project was designed as a long-term, longitudinal panel study, there is continued concern that the school administrators may close some schools and reassign students. This plus parental options for using alternate charter schools provides an unstable environment for involving students in a longitudinal program.

Positive Choices program is unique in many ways. The staff's experiences, gender, and cultural appropriateness contribute to the development of rapport and their ability to be a mentor and role model to the youth. The educators also work in teams with both a female and male group leader in every school to increase the chances that even the most reticent student is able to find someone with whom to connect. In addition, the program provides individualized attention.

The biggest challenge for abstinence education may be the ideological difference between this approach and other intensive efforts by other organizations for school-based contraceptive education.

Before Positive Choices begins programming, the educators make visits to every home. This provides the opportunity to meet the parents and explain abstinence education and the Positive Choices program. It also provides an opportunity for the educators to develop relationships with the parents and engage them in understanding the approach of abstinence until marriage.

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### SUBMISSION INFORMATION

Abstracts for Practice Notes and all correspondence concerning abstract review should be sent to Lisa D. Lieberman, Healthy Concepts, 29 Ardsley Drive, New City, NY 10956. Submissions can be mailed (include one hard copy and disk in Word format or Word Perfect) or sent by e-mail attachment to [llhealth@optonline.net](mailto:llhealth@optonline.net) in Word format. Published manuscript length is approximately 300 words (excluding headings and contact information). Submitted manuscripts may be up to 700 words and will be edited for length and clarity. Include the following: name of initiative or program, contact person, sponsoring agency or agencies, address, and phone number. The program description should include the following headings: Objectives, Assessment of Needs, Program Strategy (e.g., risk reduction, community organizing, media advocacy, disease management, policy advocacy, coalition building, social support, etc.), Evaluation Approach, and Implications for Practitioners (including descriptions of any special challenges or unique circumstances that the project has overcome). Authors should not include evaluation results because Practice Notes is intended to describe processes and programs, not to assess outcomes. Submissions will be judged on applicability and utility to the health education practitioner, clarity of objectives, innovativeness and creativity, existence of evaluation plan, and potential replicability. Additional artwork, graphs, or tables may be submitted in camera-ready form.

