

AD_____

Award Number: W81XWH-04-1-0159

TITLE: Preventing Health Damaging Behaviors in Male and Female Army Recruits

PRINCIPAL INVESTIGATOR: Cherrie B. Boyer, Ph.D.
Mary-Ann Shafer, M.D.

CONTRACTING ORGANIZATION: University of California, San Francisco
San Francisco, CA 94143-0962

REPORT DATE: January 2009

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

REPORT DOCUMENTATION PAGE				<i>Form Approved</i> OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.					
1. REPORT DATE (DD-MM-YYYY) 01-01-2009		2. REPORT TYPE Annual		3. DATES COVERED (From - To) 1 JAN 2008 - 31 DEC 2008	
4. TITLE AND SUBTITLE Preventing Health Damaging Behaviors in Male and Female Army Recruits				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER W81XWH-04-1-0159	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Cherrie B. Boyer, Ph.D.; Mary-Ann Shafer, M.D. E-Mail: boyerc@peds.ucsf.edu				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) University of California, San Francisco San Francisco, CA 94143-0962				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT Health damaging behaviors of young military personnel are reflections of health problems facing all young people in the U.S. Military life presents opportunities and challenges that may both protect and place young troops at risk for health damaging behaviors. Challenges for maintaining a healthy armed force include high rates of sexually transmitted infections (STIs), unintended pregnancies (UIPs), misuse of alcohol/substances, and personal sexual violence defined as violence within one's personal (dating or marital) relationships. The common thread through these negative health outcomes is volitional behavior. Such behaviors do not only result in illness or injury, but also negatively impact performance of military duties and threaten military readiness. Despite military leadership in setting standards and policies regarding professional behavior and universal health care for preventing and eliminating such negative health outcomes, many health problems remain. Building on our previous military research, we plan to develop and evaluate a cognitive-behavioral, skills-building intervention to prevent and reduce young troops' risk for STIs, UIPs, alcohol/substance misuse, and personal sexual violence. This research also seeks to establish the best training practices for educating young troops about health issues that impact military performance and readiness. Finally, it will have direct implications for health promotion and disease prevention education strategies designed to reach military men and women early in their careers.					
15. SUBJECT TERMS Health Promotion; Disease Prevention; Education and Intervention					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT UU	18. NUMBER OF PAGES 23	19a. NAME OF RESPONSIBLE PERSON USAMRMC
a. REPORT U	b. ABSTRACT U	c. THIS PAGE U			19b. TELEPHONE NUMBER (include area code)

TABLE OF CONTENTS

Introduction.....	4
Body.....	4
Key Research Accomplishments.....	7
Reportable Outcomes.....	7
Conclusions.....	8
References.....	8
Appendices.....	9
Supporting Data.....	9

3. INTRODUCTION

The proposed study will utilize a group, randomized controlled study design to evaluate the effectiveness of a cognitive-behavioral intervention to: (1) prevent sexually transmitted infections (STIs), unintended pregnancies (UIPs), alcohol and other substance misuse, and exposure to or involvement with personal sexual violence among Army recruits; (2) reduce participants' risk for STIs, UIPs, alcohol and other substance misuse, and exposure to or involvement with personal sexual violence by (a) decreasing gaps in knowledge and misperceptions about risk and prevention, (b) increasing motivation to change risk behaviors, (c) building effective skills to engage in health promoting behaviors, (d) decreasing sexual risk behavior; and (3) determine the best strategy for educating participants about the sensitive health matters such as STIs, UIPs, alcohol and other substance misuse, and exposure to or involvement with personal sexual violence. Additionally, all participants will complete self-administered questionnaires and will be screened for STIs (*C. trachomatis* and *N. gonorrhoeae*) at baseline and 12 months post-intervention and will be screened for pregnancy/UIP at 12 months.

4. BODY

Research activities accomplished in calendar year from January 1, 2008 through December 31, 2008 are detailed below under SOW activity 3.

STATEMENT OF WORK (SOW)

1. Brief commanding officers of the Department of the Army, Headquarters, U.S. Army Training Center and Fort Jackson, Fort Jackson, SC.
 - a. We have briefed COL Thomas Hayden, COL James Mundy, COL Dunemn, LTC Larry Andreo, and LTC Sonya Corum. **This activity was completed in May 2006.**
2. Conduct focus groups to assist in the development of: (1) comparable gender-specific interventions to reduce health damaging behaviors associated with sexually transmitted infections (STIs), unintended pregnancies (UIPs), alcohol and other substance misuse, and personal sexual violence; and (2) pre- and post-intervention self-administered questionnaires to assess knowledge, attitudes, and beliefs, and behaviors associated with STIs, UIPs, alcohol and other substance misuse, and personal sexual violence. **This activity was completed in September 2007. See a detailed summary below.**
 - a. Institutional Review Board (IRB) approval to conduct focus groups was received from the United States Army Medical Research and Materiel Command (USAMRMC) Human Research Protection Office in May 2007 and the University of California, San Francisco, Committee on Human Research, initially in March 2007 and re-approved with modifications requested by the USAMRMC Human Subjects Research Review Board (HSRRB) May 2007.
 - b. The primary purpose of the focus groups (anonymous small-group discussions) was to determine the best intervention strategy to affect behavioral change among soldiers in

Advance Individual Training (AIT) at Fort Jackson, the group who will be the focus of this intervention research to prevent sexually transmitted infections (STIs) and unintended pregnancies (UIPs). Another purpose of the focus group discussion was to better understand AIT soldiers' knowledge, attitudes, beliefs, and behaviors related to risk and prevention of STIs, UIPs, and alcohol and substance misuse. In addition, the information gathered from the focus group discussions was to better understand the Army-specific context in which health behaviors occur. For example, we were interested in learning how a recent or impending deployment may influence risk for STIs, UIPs, and alcohol and substance misuse.

- c. Six separate male and female focus groups were conducted at Fort Jackson in Columbia, SC on September 28-29, 2007. Four groups were among soldiers in AIT (two male and two female groups) and two groups among junior enlisted personnel (one male and one female).
- d. Results of the focus group discussion indicate a clear need for Army-specific interventions to prevent the risk of behaviors related to the acquisition and transmission of STIs and UIPs by increasing accurate knowledge, improving protective attitudes, enhancing motivation to enact behavior change, increasing communication, problem-solving, and decision-making skills to reduce STI- and UIP-related skills. Specifically, three major areas of potential risk were identified:
 - a.) In male-female soldiers social interactions during periods of leave
 - b.) During weekend leaves male and female AIT soldiers socialize at clubs, malls, and other places. While all do not engage in activities that may increase their risk for STIs and UIPs, some do drink and engage in unprotected sexual behavior.
 - c.) Although some indicated knowledge regarding methods of reducing risk, including abstinence from drinking or drinking in moderation and/or abstinence from sexual activity or using barrier methods to reduce risk during sexual behavior, some reported limited or incorrect knowledge, negative attitudes, a lack of motivation and skills to reduce their risk while engaging in these behaviors.
 - d.) Both male and female soldiers indicated that STIs and UIPs are of concern for them and heard of instances where these negative health outcomes have occurred.
 - e.) Some soldiers reported that going to the Troop Medical Clinic is a great place to go for reproductive health concerns such as STIs or pregnancy, some indicated concern that their health information would not be kept privacy, which may prevent them from seeking healthcare in a timely manner or for prevention purposes.
 - f.) When transitioning from AIT training to first duty station, especially on a new post
 - g.) Junior enlisted soldiers, especially female soldiers, reported knowledge of instances when soldiers first arrive to a new duty station, they receive a great deal of attention from male soldiers. It was reported that some soldiers are motivated by genuinely helping the "newbie" and some are motivated by possible opportunities for selfish reasons such as garnering attention or even dates. Some soldiers perceived this to be a particularly vulnerable time for female soldiers, especially those who are naïve or unsuspecting of the other the person(s) motives.

- h.) Some soldiers (especially female soldiers) indicated that there is a need for training to give young male and female soldiers skills about how to handle social transitions to a new post.
 - e. When learning about their initial deployment abroad (e.g., Iraq)
 - a.) Both male and female soldiers reported feelings of being prepared for deployment in terms of their technical skills, but reported apprehension about the unknown and unexpected things to come; concern that family members and other love ones will worry about them; and unease about not having opportunities for rest and relaxation during long periods of deployment.
 - b.) As a result of these concerns, some soldiers reported an accelerated rate of engaging in some behaviors including drinking more and/or engaging in sexual activity.
 - c.) Along these lines some reported (males) wanting to make sure they leave a legacy (child) behind if the event that they do not return from deployment, thus prompting opportunities for engaging in unprotected sexual intercourse.
3. Develop comparable gender-specific interventions for male and female Army recruits to: (1) prevent acquisition of STIs and UIPs; and (2) reduce the risk of STI- and UIP-related behaviors including alcohol and other substance misuse, and personal sexual violence. **This activity was completed in December 2008. See a brief summary below.**
- a. Army-specific interventions were developed on the basis of results of the focus groups and on the basis of current literature in the fields of STI/HIV prevention, nutrition, fitness, and physical injury prevention. Specifically, we developed curriculum, including the training manual for the STI/UIP prevention intervention, and an Army-specific video to reinforce health promotion information. The video is entitled, *Off Post*. The intervention is entitled, *Staying Safe and in Control: Increasing Knowledge and Building Skills to Prevent Sexually Transmitted Infections and Unintended Pregnancies*. See **Appendix 1** for an outline of the modules for each of the five sessions of the intervention's training manual. In addition, for the comparison group, an intervention was developed that focused on nutrition, physical fitness, and injury prevention was developed. This intervention is entitled, *Fit You: Practical Tools for Healthy Eating, Physical Fitness, and Injury Prevention*. See **Appendix 2** for an outline of the intervention's training manual. Finally, based on our focus group discussions, as noted above, it is apparent that due to the manner in which AIT soldiers are trained and the common concerns, the focus of the interventions will be co-ed, but they could be readily administered separately for male and female soldiers. A brief overview of both intervention curricula are outlined below.

The following SOW activities have not been completed, as they are contingent upon activities yet to be accomplished. Specifically, IRB approval from the University of California, San Francisco, CHR and the HSRRB are required prior to the initiation of the following activities. We plan to submit an IRB protocol to the CHR in the next month. Upon approval, we will submit a protocol to the HSRRB for approval to conduct the pilot test of the study's intervention materials including the pre-and post-test questionnaires and specimen collection protocol as noted below.

4. Pilot-test the gender-specific interventions, self-administered questionnaires, and the biological specimen collection protocol for feasibility.
5. Implement the intervention within the context of basic training.
6. Conduct a 12-month follow-up of intervention participants.
7. Evaluate the effectiveness of each gender-specific intervention and compare differences across interventions on study participants' acquisition of STIs and UIPs during their first year of military service.
8. Examine key sub-questions related to STIs and UIPs: (1) assess psychosocial, behavioral, and contextual factors associated with STIs and STI-related risk at baseline and STIs and UIPs at follow-up; (2) document the prevalence of personal sexual violence at basic training entry; (3) examine relationships among personal sexual violence, STIs, and STI-related risk at baseline and STIs and UIPs at follow-up; and (3) determine the relationship between alcohol and other substance misuse and personal sexual violence and the relationship of these factors to STIs and STI-related risk at baseline and STIs and UIPs at follow-up.
9. Disseminate study findings through: (1) briefs given to participating military commands; (2) presentations at military-specific preventive medicine meetings as well as annual scientific meetings; and (3) publications submitted to scientific journals.

5. KEY RESEARCH ACCOMPLISHMENTS TO DATE

Our research accomplishments to date include: (1) Identification of a suitable cohort in which to implement the proposed research (see description of these activities in the Body section above. (2) Examination of scientific literature and published interventions in order to identify elements of effective interventions to prevent STIs, UIPs, alcohol and other substance misuse, and personal sexual violence to guide the development of interventions in the proposed research (see our previous annual report dated January 20, 2006). (3) Completion of focus group discussions served as the foundational material for the development of the intervention to prevent STIs and UIPs in soldiers undergoing AIT trainees. (4) Completion of the curriculum, including the training manuals for both the experimental and control group arms of the study.

6. REPORTABLE OUTCOMES

There are no reportable outcomes to date.

PROPOSED PROJECT ACTIVITIES:

Our plans for the coming year include completing SOW activities outlined in items 4 and 5 above. Specifically, we plan to: (1) complete the self-administered questionnaires that will be used to evaluate the effectiveness and efficacy of the intervention; (2) develop the biological specimen collection protocol; (3) submit IRB protocols to the University of California, San

Francisco CHR and the USAMRMC HSRRB; (3) pilot-test the STI and UIP intervention materials as well as the comparison nutrition, fitness, and injury prevention intervention's materials; and (4) implement the interventions within the context AIT, Fort Jackson, SC.

7. CONCLUSIONS

There are no scientific conclusions that can be made at this time.

8. REFERENCES

1. J.D. Fisher, W. Fisher, in *Emerging Theories in Health Promotion Practice and Research; Strategies for Improving Public Health*. R. J. DiClemente, R. A. Crosby, M. C. Kegler, Eds. (Jossey Bass, San Francisco, 2002), pp. 40-70.
2. T. Baranowski, C.L. Perry, G.S. Parcel, in *Health Behavior and Health Education*. K. Glanz, F.M. Lewis, B.K. Rimer, Eds. (Jossey Bass, San Francisco, 1997), pp. 153-178.
3. J.O. Prochaska, C. A. Redding, K.E. Evers, in *Health Behavior and Health Education*. K. Glanz, F.M. Lewis, B.K. Rimer, Eds. (Jossey Bass, San Francisco, 1997), pp. 60-84.
4. J.A. Catania, S.M. Kegeles, T.J. Coates, *Health. Educ. Q.* **17**, 53 (1990).
5. D.E. Montano, D. Kasprzyk, S.H. Taplin, in *Health Behavior and Health Education*. K. Glanz, F.M. Lewis, B.K. Rimer, Eds. (Jossey Bass, San Francisco, 1997), pp. 85-112.
6. S.E. Hobfoll, *Am. Psychol.* **44**, 513 (1989).
7. R. Alcalay, *Soc. Sci. Med.* **17**, 87 (1983).
8. Heppner, M. J., H. Neville, K. Smith, D.M. Kiviligan, B. Gershuny, *J. Couns. Psychol.* **46**, 16, (1999).
9. P.M. Fabiano, H.W. Perkins, A. Berkowitz, J. Linkenbach, C. Stark, *J. Am. Coll. Health* **53**, 105 (2003).
10. D. Kirby, R. Barth, N. Leland, J,V, Fetro, *Fam. Plan. Perspect.* **22**, 253 (1991).
11. G.M. Wingood, R. J. DiClemente, in *Emerging Theories in Health Promotion Practice and Research; Strategies for Improving Public Health*. R. J. DiClemente, R. A. Crosby, M. C. Kegler, Eds. (Jossey Bass, San Francisco, 2002), pp. 313-346.
12. V.J. Strecher, I. M. Rosenstock, in *Health Behavior and Health Education*. K. Glanz, F.M. Lewis, B.K. Rimer, Eds. (Jossey Bass, San Francisco, 1997), pp. 41-59.
13. G.A. Marlatt, K. Witkiewitz, *Addict. Behav.* **27**, 867 (2002).

9. APPENDICES

Appendix 1: An overview of the training manual, *Staying Safe and in Control: Increasing Knowledge and Building Skills to Prevent Sexually Transmitted Infections and Unintended Pregnancies*

Appendix 2: An overview of the manual, *Fit You: Practical Tools for Healthy Eating, Physical Fitness, and Injury Prevention*

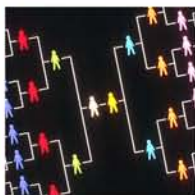
10. SUPPORTING DATA

None.

Appendix 1.

Safe and In Control: Increasing Knowledge and Building Skills to Prevent Sexually Transmitted Infections and Unintended Pregnancies

Session overviews



STAYING SAFE AND IN CONTROL

*Increasing Knowledge and Building Skills
to Prevent Sexually Transmitted Infections
and Unintended Pregnancy*

Cherrie B Boyer, Ph.D.
Regina Firpo-Triplett, M.P.H., C.H.E.S.
Anthony Kung, B.A.

SESSION 1

OVERVIEW

OBJECTIVES:

- Provide basic information on the effects of alcohol.
- Identify personal style of alcohol use
- Teach about styles of alcohol use and their affects on sexual risks
- Identify and set limits for future alcohol consumption

TIME:

120 minutes

MATERIALS:

Computer, LCD projector, Screen (if necessary), Session 1 PowerPoint slide set, "Life Goals" worksheet, pencils, "My Leave Time" worksheet, markers, self-sticking chart paper for listing potential consequences for living in the "Out-of-Control Zone", "Pattern of Alcohol Use" handout, "Alcohol Use and Sexuality" handout, "Saturday Night" handout, five pieces of self-adhesive flip chart paper that states, "Working Together To Drink Safely: Things I Can Do to Stay Safe and in Control while Drinking Alcohol" handout, "My Drinking Assessment" Worksheet

FORMAT:

Interactive PowerPoint slide presentation

INTRODUCTION

Overview of the Program and Session 1

10 MINUTES

MODULE 1

Life Goals

15 MINUTES

MODULE 2

My Leave Time

20 MINUTES

BREAK

5 MINUTES

MODULE 3

Alcohol Effects and Use

20 MINUTES

MODULE 4

Saturday Night

15 MINUTES

MODULE 5

Working Together to Drink Safely

20 MINUTES

MODULE 6

Drinking Styles and Self Assessment

12 MINUTES

WRAP-UP

Summarize Session and Introduce Session 2

3 MINUTES

SESSION 2

OVERVIEW

OBJECTIVES:

- Identify and simulate social and environmental factors that increase and reduce participants' risk for STIs and UIPs during AIT
- Examine strategies for reducing participants' risk for STIs and UIPs during AIT
- Identify factors that make talking about sex with a partner challenging for men and women
- Provide practical tips for making it easier to talk with a sex partner (about risk and prevention of STIs and UIPs)

TIME:

120 minutes

MATERIALS:

Computer, LCD projector, Session 2 PowerPoint slide set, "Off Post" video, TV/DVD player, "Talking About Sex" handout, "Tips for Talking with Your Partner" handout

INTRODUCTION

Review of Previous Session and Overview of Session 2

5 MINUTES

MODULE 1

Video Viewing and Discussion

50 MINUTES

BREAK

5 MINUTES

MODULE 2

Talking About Sex

55 MINUTES

WRAP-UP

Summarize Session and Introduce Session 3

5 MINUTES

SESSION 3

OVERVIEW

OBJECTIVES:

- Provide an overview of basic reproductive anatomy and physiology
- Define vaginal, anal, and oral intercourse (sex)
- Provide an overview of prevalent STIs with a focus on risk, transmission, symptoms, treatment, and consequences
- Discuss concrete and specific strategies for preventing STIs
- Assess risk for acquiring an STI, including HIV
- Identify personal limits regarding their risky behaviors and intentions
- Discuss effective use of condoms
- Examine steps for proper condom use
- Examine and discuss barriers to condom use
- To discuss strategies for talking to their sex partner(s) about condom use

TIME:

120 minutes

MATERIALS:

Computer, LCD projector, Session 2 PowerPoint slide set, STI Fact Sheet Handout series (stapled together to be given to each participant), "Personal Risk Assessment" handout, "Scoring Guide" handout, "Steps to Effective Condom Use: Observer Checklist" handout (with Condom Questions on the back side), Condom Questions For Participants Visiting Stations 3 and 4, 24 condoms (four different brands or types) for the break-out activity, Station 1 and 2 materials: (two penis models, two water-based lubricants and 50 condoms to be split between the two stations), Station 3 and 4 materials: (a variety of water-based lubricants, condoms [50-100], condom carriers, a few dental dams, a few female condoms to be split between the two stations), "I Use Condoms" worksheet, "I Use Condoms" facilitator discussion guide

INTRODUCTION

5 MINUTES

MODULE 1

15 MINUTES

Anatomy and Physiology Basics

MODULE 2

25 MINUTES

Sexually Transmitted Infections: Knowing the Facts

BREAK

5 MINUTES

MODULE 3

15 MINUTES

Assessing Your Personal Risk

MODULE 4

30 MINUTES

Condom Works

MODULE 5

20 MINUTES

"Let's Talk About Condoms"

WRAP-UP

5 MINUTES

Summarize Session and Introduce Session 4

SESSION 4

OVERVIEW

OBJECTIVES:

- Provide accurate information about pregnancy
- Describe basic information about prescription and non-prescription methods of contraceptives
- Increase awareness of the impact of an unintended pregnancy on their lives and careers
- Increase awareness of the impact of an unintended pregnancy on their lives and career
- Give basic information about non-prescription methods of contraceptives, including condoms, spermicides, and the Morning After Pill
- Increase awareness of the impact of an unintended pregnancy on their lives and career
- Describe information on a range of options available to prevent an unintended pregnancy and to explore sources of support
- Analyze and discuss personal preference and lifestyle factors related to preventing unintended pregnancies and STIs

TIME:

120 minutes

MATERIALS:

Computer, LCD projector, Session 4 PowerPoint slide set, two different types of candy (e.g., peppermint and butterscotch), "Myth Or Fact?" handout, "Myth Or Fact?" answer sheet, "Pregnancy Test: Going To The TMC" facilitator Sheet, "Pregnancy Test: Getting The Results" facilitator sheet, "Best Case Scenario" worksheet

INTRODUCTION	Brief Review of Previous Session and Preview of Session 5	5 MINUTES
MODULE 1	Pregnancy Facts	15 MINUTES
MODULE 2	Contraceptive Methods Overview and Prescription Methods of Contraceptives (25 minutes) Pregnancy Test: Going to the TMC (10 minutes) Non-Prescription Methods of Contraceptives (10 minutes) Pregnancy Test: Getting the Results (10 minutes)	55 MINUTES
BREAK		5 MINUTES
MODULE 3	Pregnancy Options and Support	15 MINUTES
MODULE 4	Best Case Scenario	20 MINUTES
WRAP-UP		5 MINUTES

SESSION 5

OVERVIEW

OBJECTIVES:

- Provide information about and practice how to refuse unwanted offers in an effective and assertive manner
- Give an opportunity to learn about identifying and preventing intimate partner violence
- Conclude the program with a visual summary of the program's objectives and activities that were covered and to obtain feedback on the overall program

TIME:

120 minutes

MATERIALS:

Computer, LCD projector, Session 5 PowerPoint slide set, "Observation Checklist" handout, "Assertive Refusal" handout, "Role Play for Skill Practice" Refusal Scenarios (1 page cut into strips for each group), "Intimate Partner Violence" Fact Cards (facts on index cards or strips of card stock), "How to Prevent Intimate Partner Violence" handout, "If Intimate Partner Violence Occurs" handout, large white/chalk board/rolled paper (or four to eight pieces of flip chart paper on the wall in the shape of square or rectangle), different color markers, "Wrap-Up" Questionnaire

INTRODUCTION

5 MINUTES

Review of Previous Session and Overview of Session 4

MODULE 1

55 MINUTES

Saying "No"

BREAK

5 MINUTES

MODULE 2

25 MINUTES

Preventing Intimate Partner Violence

MODULE 3

10 MINUTES

Health Care Access

FINAL WRAP-UP

20 MINUTES

Chalk Talk
Wrap-up Forms

Appendix 2.

Fit You: Practical Tools for Healthy Eating, Physical Fitness, and Injury Prevention

Session overviews



FIT YOU

Practical Tools for Healthy Eating,
Physical Fitness, and Injury Prevention

Cherrie B. Boyer, Ph.D.
Kelli Betsinger, B.A.
Anthony Kung, B.A.

SESSION 1

OVERVIEW

OBJECTIVES:

- Identify individual, cultural, social influences on nutritional choices
- Encourage personal responsibility for setting goals, increasing motivation, and building skills required to meet individualized dietary needs and fitness goals
- Discuss dietary recommendations (introduction to military-based nutrition for physical performance)
- Define nutritional requirements for peak physical performance
- Define basic fitness concepts
- Encourage personal responsibility for setting goals, increasing motivation, and building skills required to meet individualized dietary needs and fitness goals (develop a personal risk assessment)
- Define nutritional requirements for peak physical performance
- Define basic concepts of fitness (set training goals)
- Build skills for developing a personal fitness program for peak performance

TIME:

120 minutes

MATERIALS:

DVD with Supersize Me clip, Laptop, LCD projector, extension cord, and handout of follow-up questions, PowerPoint Files, paper, pencils "Personal Risk Assessment" worksheet.

FORMAT:

Interactive PowerPoint slide presentation

MODULE 1

Welcome and Program Overview

5 MINUTES

MODULE 2

"Supersize Me" – A Film of Epic Proportions

25 MINUTES

MODULE 3

Nutrition and Health for Peak Performance

40 MINUTES

MODULE 4

Personal Risk Assessment

15 MINUTES

MODULE 5

Fitness and Physical Activity

35 MINUTES

SESSION 2

OVERVIEW

OBJECTIVES:

- Discuss dietary recommendations (evaluate daily dietary intake)
- Identify healthier choices of foods when shopping in markets or eating in restaurants and mess halls
- Increase skills in reading and using food labels to meet nutritional needs (introduce food label reading)
- Identify individual, cultural, and social influences on nutritional choices (introduce decision-making skills for eating out, snacking, and shopping)
- Define basic fitness concepts (introduce the concept of working with a training log)
- Develop a personal fitness program for peak performance (introduce practical online tools to aide in developing peak performance)
- Reduce risk of physical training and work place injuries

TIME:

120 minutes

MATERIALS:

Worksheet and pencils, Food labels, TV, Laptop, LCD projector, extension cord, Reading and Understanding the New Food Label DVD, Training Log handouts.

FORMAT:

Interactive PowerPoint slide presentation

MODULE 1

Introduction to the Dietary Recall Worksheet

15 MINUTES

MODULE 2

Food Label Video

30 MINUTES

MODULE 3

Restaurant, Snacking and Shopping Basics Slide Set

40 MINUTES

MODULE 4

Starting and Working with a Training Log

15 MINUTES

MODULE 5

Demonstration of On-line Tools

20 MINUTES

SESSION 3

OVERVIEW

OBJECTIVES:

- Discuss USDA Dietary Recommendations (build knowledge to prevent physical training, sports, and workplace injury)
- Identify healthier choices of foods when shopping in markets or eating in restaurants and mess halls
- Reduce risk of physical training, sports, and workplace injuries (increase knowledge about "First Aid")
- Identify basic physical injuries and initiate care
- Identify healthier choices in markets, restaurants and mess halls
- Define nutritional requirements for peak physical performance
- Develop a personal fitness program for peak performance
- Increase skills in reading and using food labels to meet nutritional needs
- Discuss dietary recommendations for choosing whole grains
- Increase awareness of the importance of taking personal responsibility for goals, motivation and skills required to meet individualized dietary needs and fitness goals

TIME:

120 minutes

MATERIALS:

Examples of completed worksheets, whiteboard, dry erase markers (or butcher paper and markers, if whiteboard is not available), PowerPoint File, Laptop, LCD projector, extension cord (if necessary), Daily Menu and Salad Bar Selection Sheets, pencils, a large selection of pre-collected food labels, Fit You Goal Setting worksheet and pencils

FORMAT:

Interactive PowerPoint slide presentation

MODULE 1

Dietary Recall Worksheet Discussion

15 MINUTES

MODULE 2

Sports and Work Place Injury Prevention and "First Aid"

30 MINUTES

MODULE 3

Selecting the Best Breads

15 MINUTES

MODULE 4

Peak Performance for APFT

20 MINUTES

MODULE 5

But I Eat in the Mess Hall

30 MINUTES

MODULE 6

Healthy Goal Setting Journal

10 MINUTES

SESSION 4

OVERVIEW

OBJECTIVES:

- Discuss USDA Dietary Recommendations (evaluate daily food (caloric) intake)
- Identify healthier choices of foods when shopping in markets or eating in restaurants and mess halls (discuss Army nutritional environments)
- Identify and discuss individual, cultural, and social factors that influence one's food choices and decisions about fitness (offer practical tips for preparing for Army Physical Fitness Test (APFT) Day)
- Develop a personal fitness program for peak performance (establish short- and long-term goal setting skills for healthy food choices and physical activity)

TIME:

120 minutes

MATERIALS:

Examples of completed worksheets, whiteboard, dry erase markers (or butcher paper and markers, if whiteboard is not available), PowerPoint File, Laptop, LCD projector and extension cord (if necessary)

FORMAT:

Interactive PowerPoint slide presentation

MODULE 1

Healthy Goal Setting Journal Discussion

20 MINUTES

MODULE 2

Cultural Influences on Health and Fitness

25 MINUTES

MODULE 3

High Caliber Nutrition

30 MINUTES

MODULE 4

Stress and Stress Reduction Techniques

30 MINUTES

MODULE 5

Online Fitness Communities

15 MINUTES

SESSION 5

OVERVIEW

OBJECTIVES:

- Identify healthier food choices while shopping in markets or eating in restaurants and mess halls (discuss emotional eating choices)
- Take personal responsibility for goals, motivation and skills required to meet individualized dietary needs and fitness goals (encourage self-assessment and goal setting for a healthy lifestyle)
- Provide participants with information about the effects of alcohol use
- Increase participants' skills in taking personal responsibility for goals, motivation and skills required to meet individualized dietary needs and fitness goals (re-affirm personal commitments made over the five sessions)
- Conclude the program and solicit feedback on the materials presented

TIME:

130 minutes

MATERIALS:

PowerPoint File, Laptop, LCD projector and extension cord (if necessary), PowerPoint Presentations: "Pattern of Alcohol Use" and "Alcohol Use and Sexuality" handouts, Wrap-up Questionnaire, pencils

FORMAT:

Interactive PowerPoint slide presentation

MODULE 1

Contemporary Comfort Food

20 MINUTES

MODULE 2

Building on Personal Commitment to a Healthy Lifestyle

25 MINUTES

MODULE 3

Alcohol Effects and Use

55 MINUTES

MODULE 4

Fit You FAQs

15 MINUTES

MODULE 5

Review and Wrap-up

15 MINUTES