## Prevention Plus Wellness, LLC Program Logic Model (3.31.22)

	Outputs		٦ı	Outcomes Impact			
Inputs	Activities	Participation	$ \Gamma\rangle$	Short	Medium	Long	
1. Program manuals or video. 2. Digital downloads of PP slides and program materials. 3. Online or onsite program implementer training workshops (optional TOT and Parent Training). 4. Program implementation support via email, phone and online. 5. Online and paper pretest/posttest surveys, Instructor's Survey, Fidelity Checklist, and evaluation support. 6. Program tailoring and program promotional support and materials.	1. Screening of current SU & healthy behaviors. 2. Feedback on healthy behavior benefits/images & coupled SU costs & SU harms, social norms & myths. 3. Recommended menu of multiple health behavior goals to set & monitor & SU to avoid with signature & cosignature. 4. Follow-up strategies (i.e., repeating the intervention every 6-12 months, repeating weekly goal setting, parent flyers, parent training programs, addition PPW programs).	1. All youth ages 8-18. 2. All young adults ages 18-25. 3. High-risk adolescents and young adults.	<u> </u>	1. Increased awareness of positive images and other benefits of healthy behaviors. 2. Increased awareness of how substance ab/use behaviors interfere with positive image and behavior achievement. 3. Increased peer and future self-comparisons. 4. Increased awareness of discrepancy between current habits and peer and desired future images. 5. Increased multiple behavior goal setting. 6. Increased parent positive behavior-image communication.	1. Increased intentions to avoid or reduce substance use and increase healthy habits. 2. Continued multiple behavior goal setting and monitoring. 3. Increased selfefficacy to avoid or reduce substance ab/use and increase healthy behaviors. 4. Increased similarity to peers practicing healthy habits and decreased similarity to peers using/abusing substances. 5. Decreased peer influenceability to initiate or ab/use substances and increased influenceability to increase healthy behaviors. 6. Decreased peer prevalence of substance ab/use and increased peer prevalence of healthy behaviors. 7. Increased perceived risk of SU to health & health behaviors.	1. Reduced onset and use of alcohol and problems. 2. Reduced onset and use of tobacco and e-cigarettes. 3. Reduced onset and use of marijuana. 4. Reduced onset and use of opioids and other substances. 5. Increased physical activity. 6. Increased breakfast and healthy eating. 7. Increased stress control/relaxation. 9. Increased body image satisfaction. 10. Increased health-related quality of life. 11. Decreased sadness & hopelessness. 12. Increased spiritual practices and racial justice.	

## Assumptions

- 1. Positive images can be triggered with vivid key words and images
- 2. Triggered positive peer and desired future images can integrate and motivate multiple behavior goal setting and behavior change via changes in risk and protective factors
- 3. The Behavior-Image Model can be used to create effective programs influencing various health behaviors and populations

## **External Factors**

- 1. Access to youth/young adult population(s)
- 2. Time availability of participants and implementers
- 3. Space and equipment availability to provide programs to participants