

## Promoting Healthy Energy Balance Behaviors and Freedom from Addictive Behaviors in Middle School and High School Populations





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## Acknowledgements

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Results of a multi-media multiple behavior obesity prevention program for adolescents

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Health in Motion (PI: Mauriello) Funded by National Heart, Lung, and Blood Institute Grant # R43 HL074482



**ORIGINAL RESEARCH** 

Multiple behavior interventions to prevent substance abuse and increase energy balance behaviors in middle school students

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> Project BEST (PI: Velicer) Funded by NIDA RO1 Grant #: DA 020112





























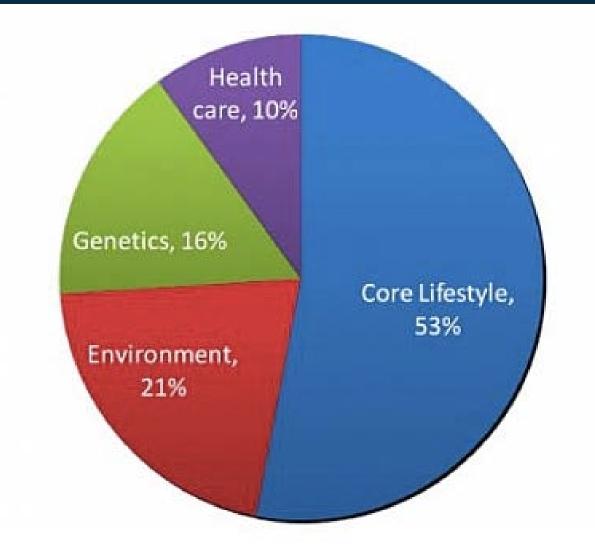






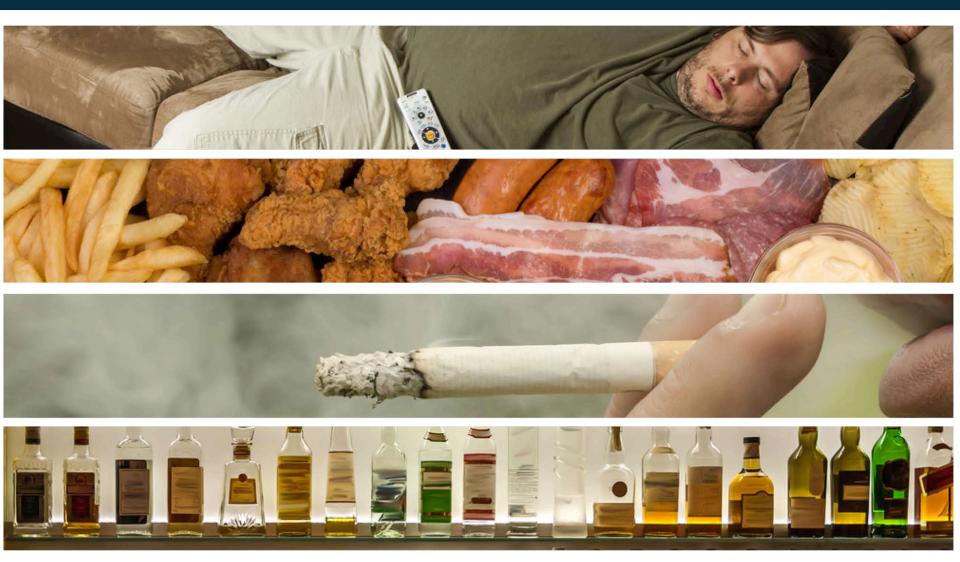


### Determinants of Health





# Four behaviors cause much of the illness, suffering and early death related to chronic diseases and conditions:





## **Multiple Behavior Change**





### Promoting Healthy Lifestyles Requires

- Population-based
- Prevention targeted at youth
- Scalable
- Cost effective
- Personalized and relevant
- Address multiple behaviors
- Facilitate sustained behavior change



## **Digital Therapeutics**













Youth LifeStyle

👩 Health In Motion

#### Your Stage of Change

First, we'll tell you what Stage of Change you're in when it comes to eating enough fruits and vegetables. That means eating 5 or more servings each day. Here's what the stages mean:

- · Stage 1-You aren't planning to start eating enough fruits and vegetables.
- Stage 2-You are planning to start eating enough fruits and vegetables.
- Stage 3-You're ready to start eating enough fruits and vegetables soon.
- · Stage 4-You've already started eating enough fruits and vegetables.
- Stage 5-You've been eating enough fruits and vegetables for more than 6 months



















## Population Health Breakthroughs with Youth

- Facilitate Adoption of Healthy Behaviors
- Prevent Acquisition of Unhealthy Behaviors
- Facilitate Multiple Behavior Change



#### **Adolescent Multiple Behavior Interventions**

- Transtheoretical Model of **Behavior Change**
- Basis for **developing interventions** to promote health behavior change, to either:

#### Health in Motion





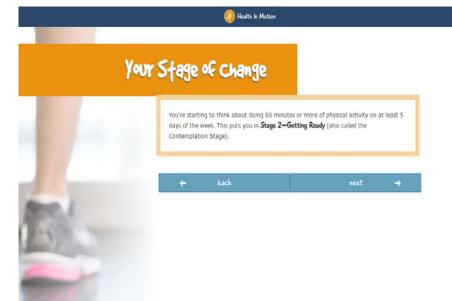


#### Acquire healthy behaviors Prevent Risky Behaviors



### **Target Behaviors**

- Physical Activity getting at least 60 minutes of activity on at least 5 days/week
- Fruit & Vegetable Intake eating at least 5 servings of F & V each day
- Limiting TV Time watching no more than 2 hours of TV each day
- No Smoking
- No Alcohol Use





#### Framework

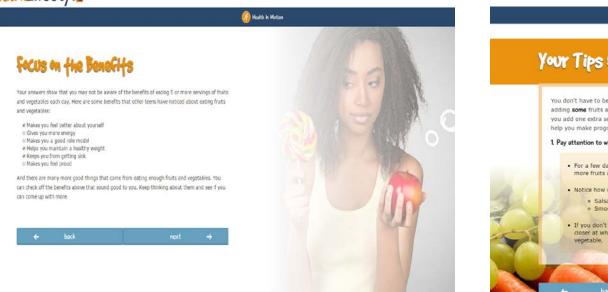
- Built on a foundation of formative research
- Promotes multiple behaviors
- Grounded in theory (Transtheoretical Model)
- Delivers assessments and tailored feedback messages on key change variables on repeat occasions
- Includes multimedia components
- Designed for ease of dissemination

	Your own Experiences How often did you have this experience in the	e la	st m	onth	2				
		a very or			Veryon	a en	1		
	You were inspired by stories about people who got into shape or improved their fitness.	0	0	0	0	0			
Contraction of the second	You noticed that more people are making sure to get enough physical activity.	0	0	0	0	0		alle a	
and the second	You wore sneakers or brought extra clothes with you so you could do a physical activity.	0	0	0	0	0			
	You paid attention to the information you heard about how getting enough physical activity can help you maintain a healthy weight.	0	0	0	0	0		-	-
			105	-	-		-	-	



#### **Delivery Channel**

- Computer tailored interventions delivered in schools
- Required limited school staff training and involvement
- Population based: relevant for all





#### Youth LifeStyle



### Health in Motion Baseline Sample

1800 high school students from 8 schools located in RI, MA, NY, and TN

- 50.8% female
- 71.5% White, 10.5% Black, 5.5% Hispanic, 12.4% Other/Combination
- 21.5% 9<sup>th</sup>, 24.7% 10<sup>th</sup>, 51.8% 11<sup>th</sup>, 2.1% 12<sup>th</sup>
- 2.2% underweight, 74.7% normal, 7.6% at risk, 15.5% overweight
- Mean age = 15.97
- 65.7% retention at 12 months (no difference by group)



## Health in Motion Design

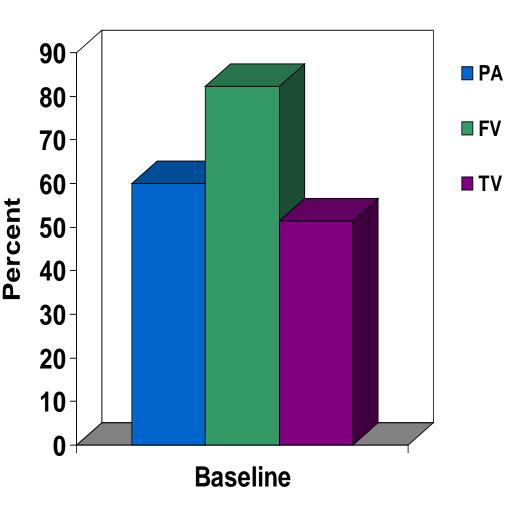
- Treatment group
  - Three intervention sessions (BL, 1 month, and 2 months) and two follow-up assessments (6 and 12 months)
- Control group
  - Four assessment-only sessions (BL, 2 months, 6 months, and 12 months)



## Health in Motion Baseline At-Risk

Students at-risk, or in the pre-action stages:

- 60% at-risk for physical activity
- 82.2% at-risk for fruit and vegetable consumption
- 51.4% at-risk for TV time





## Project BEST (Middle School)

**Goal:** Test middle school as appropriate intervention point for prevention of substance uptake & ability to engage youth at time when majority are not even thinking about using substances

#### **Treatment Group:**

Addictive Behavior Prevention (tobacco & alcohol)

#### **Comparison Group:**

Energy Balance Promotion

(healthy diet, physical activity & reduced TV time)



## Project BEST Baseline Sample

#### N=4153 - 6<sup>th</sup> Grade Students

- Age = 11.4 years
- 52.7% Male
- Race/Ethnicity:
  - 62% White
  - 14.3% Mixed race/ethnicity
  - 12.5% Hispanic
  - 4% Black
- 97.8% Nondrinkers + 2.1% Drinkers
- 98.6% Nonsmokers + 1.4% Smokers

#### **Retention**

12 months (7<sup>th</sup> grade): 82.7%

24 months (8<sup>th</sup> grade): 76.6%

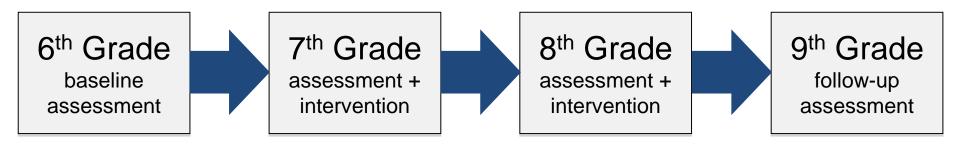
36 months (9<sup>th</sup> grade): 71.1%



## Project BEST Study Design

School-based randomized effectiveness trial targeting multiple health behaviors

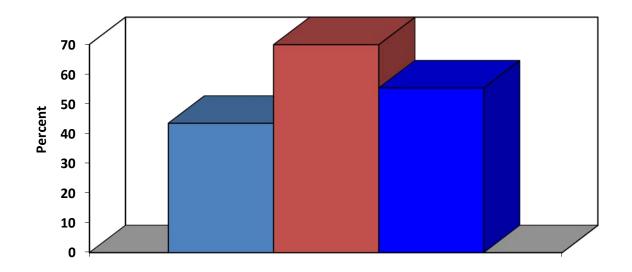
- 2 computer-delivered, TTM-tailored interventions: Energy Balance (EB) + Substance Prevention (SP)
- 20 RI middle schools, matched & randomized (MAUM)
- (N=4158) students were 47.8% female, 65.0% white, 15.6% Hispanic





#### Project BEST Baseline At-Risk

- No differences between randomized groups
- Students at risk/not at criterion (PC, C, PR stages)
  - 44% PA
  - 70% FV
  - 55% TV



PA FV TV



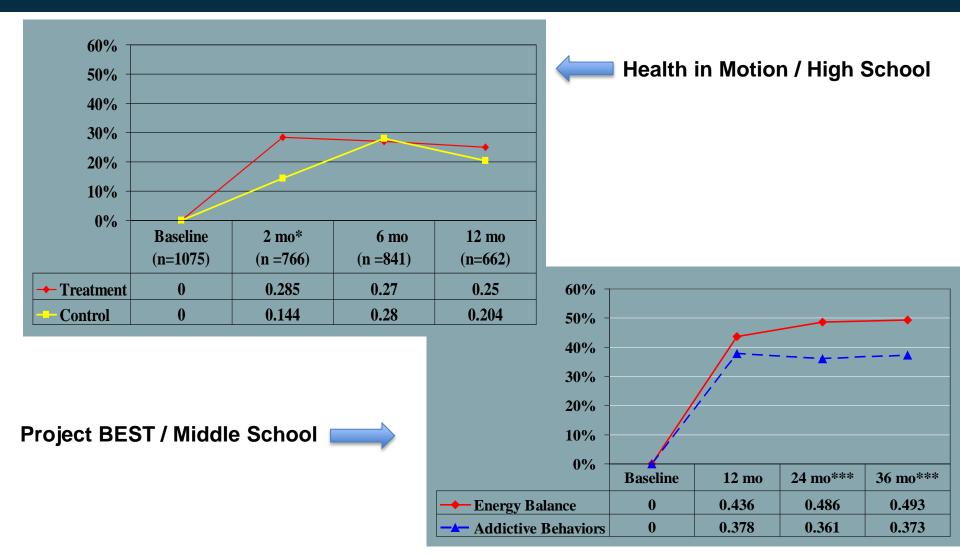
### Breakthrough

#### Facilitate Adoption of Heathy Obesity Prevention Behaviors with Youth



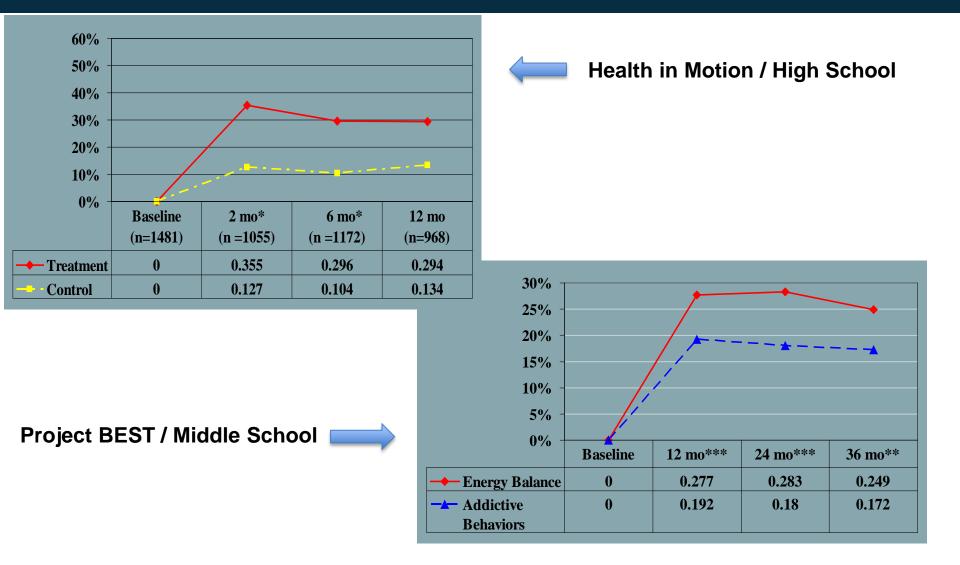


#### Physical Activity: Movement to Action/Maintenance



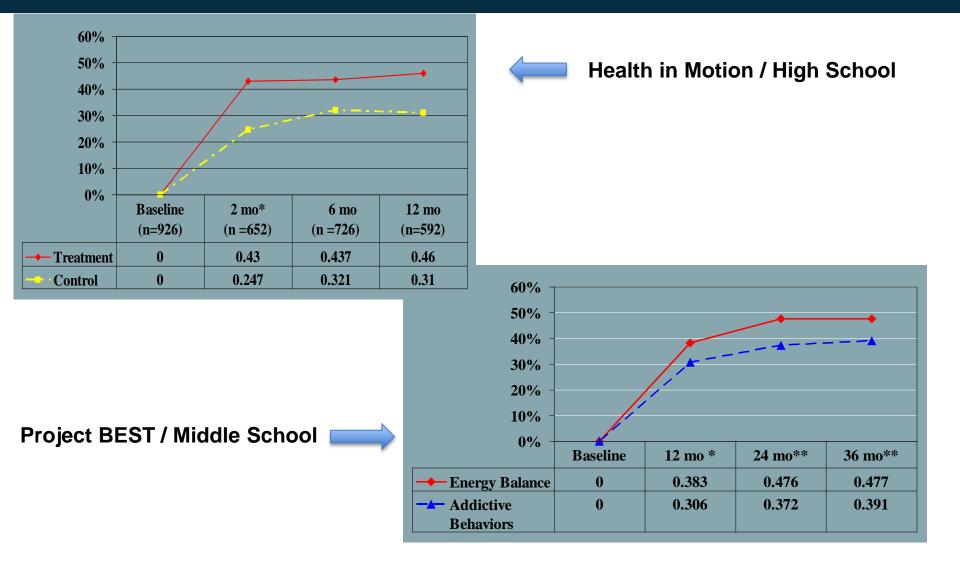


#### Fruit & Vegetable: Movement to Action/Maintenance





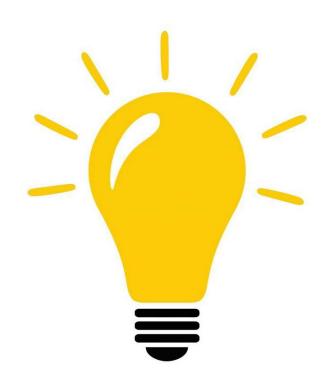
#### TV Viewing: Movement to Action/Maintenance





### Breakthrough

#### Prevent the Acquisition of Unhealthy Behaviors





## Stages of Substance Acquisition

- Precontemplation for Acquisition (aPC):
  - Not considering trying it within the next 6 months
- Contemplation for Acquisition (aC):
  - Thinking about trying it within the next 6 months
- Preparation for Acquisition (aPR):
  - Planning to try it in next 30 days



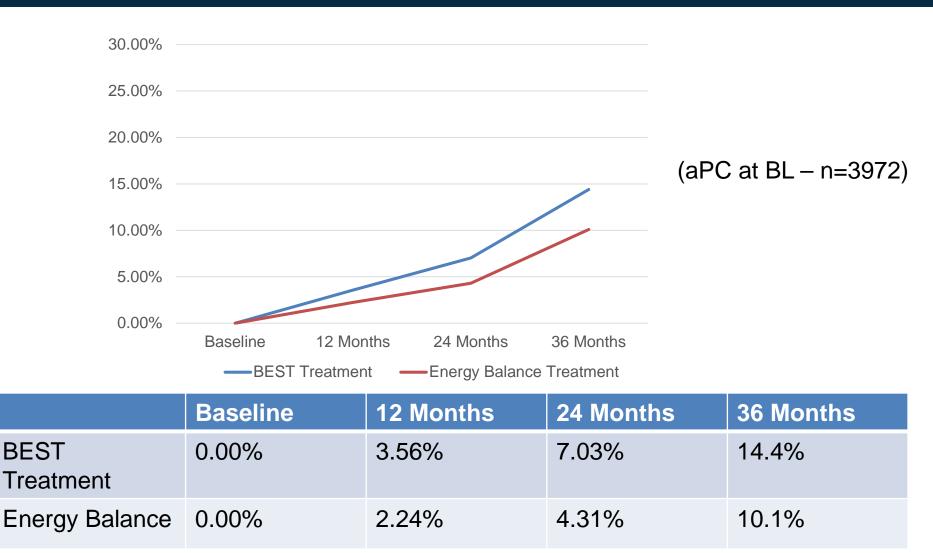
## Project BEST: Middle School

#### **Baseline Stages of Acquisition Among Nonusers**

Acquisition Stage	Smoking (n=4101)	Alcohol (n=4019)
Acq. Precontemplation	99.0%	95.6%
Acq. Contemplation	0.4%	1.3%
Acq. Preparation	0.6%	0.9%



## Alcohol Acquisition by Group





## Smoking Acquisition by Group

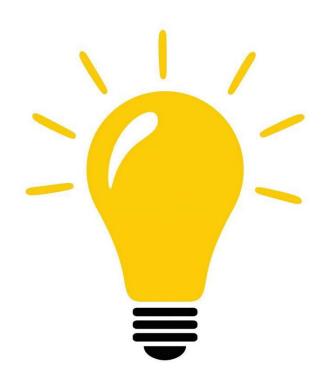
B T E

30.00%				
25.00%				
20.00%				
15.00%			(aPC at Ba	seline – n=4045)
10.00%				3 = 11 = -10 = -0
5.00%				
0.00%		-		
Bas	eline 12 Months	24 Months 36 Mo	nths	
-	BEST Treatment	<ul> <li>Energy Balance Treatme</li> </ul>	ent	
	Baseline	12 Months	24 Months	36 Months
EST reatment	0.00%	2.70%	6.13%	9.2%
nergy Balance	0.00%	1.15%	3.86%	5.7%



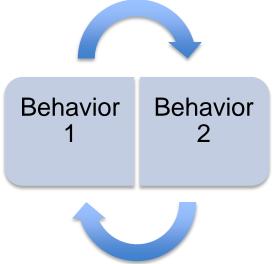
## Breakthrough

#### Facilitate Multiple Behavior Change





# Coaction refers to the increased probability that individuals who adopt a health behavior will adopt another health behavior





## Coaction at 2 months

Odds Ratios							
PA & F	=V	PA &	TV	FV & <sup>-</sup>	TV		
Treatment	Control	Treatment	Control	Treatment	Control		
(N=432)	(N=202)	(N=277)	(N=145)	(N=327)	(N=207)		
4.20***	1.02						
(2.66, 6.65)							
		2.60***	0.513				
		(1.53, 4.43)					
				2.13**	0.969		
				(1.34, 3.37)			



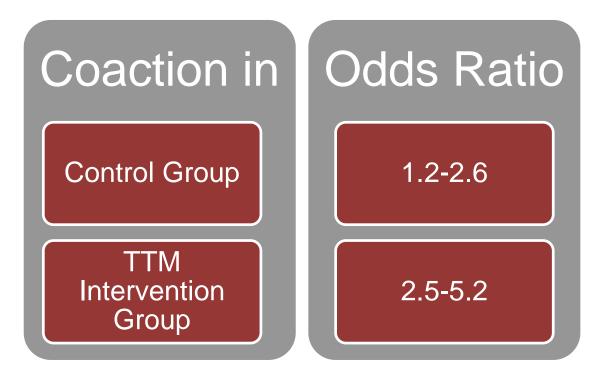
#### Coaction at 6 months

Odds Ratios							
PA & I	=V	PA & TV		FV & TV			
Treatment	Control	Treatment	Control	Treatment	Control		
(N=471)	(N=233)	(N=304)	(N=163)	(N=364)	(N=238)		
3.36***	1.04						
(2.14, 5.28)							
		2.08**	0.498				
		(1.23, 3.52)					
				1.99**	0.906		
				(1.26, 3.15)			



**GG** Studies demonstrate that coaction may not be a naturally occurring phenomenon given that it occurs much more in groups receiving tailored behavior change treatments.

-Johnson, et al. 2015



Johnson, S. S., Paiva, A., Mauriello, L., Prochaska, J. O., Redding, C. A., & Velicer, W. F. (2014). Coaction in Multiple Behavior Change Interventions: Consistency across Multiple Studies on Weight Management & Obesity Prevention. Health Psychology, 13, 475-480.



## Schools for Population Based Programming

- High engagement and retention
- Feasible and easy to deliver
- Reach large number of youth







### Take Away Points

- Important to treat whole populations of youth for prevention
  - Promote adoption of behaviors
  - Reduce risk acquisition
- Multiple behavior change treatment is possible & meaningful
  - Empower people to learn effective change strategies and translate into other areas
- Digital and tailored technologies can reach many and are efficacious = IMPACT





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