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Overview

Practise Health

Quality level

Quality level : 2

Executive summary

Practise Health is a drug prevention program, which aims to provide young people between 12 and 17 tools for positive decision making in the field of health, in particular in six major areas for their development: responsible use of technology (Practica Salut amb les pantalles – practise health with screens), drug use [alcohol and cannabis] (Practica Salut quan ixes de festa – Practise health when going out), food (Practica Salut quan menges – Practise health when eating), responsible driving (Practica Salut quan conduixes – Practise health when you drive), physical exercise (Practica Salut quan faces Exercici – Practise health when you do exercise), sexuality (Practica salut amb respecte quan faces sexe – Practise health having sex with respect). It is a multi-component program with emphasis on community and school environment.

Type of intervention	prevention
Sub-area	universal
Setting	family,party scene,school,community (including i.e.user scene)
Type of approach	community involvement (bottom up),peer
Target group (universal)	children/young people
Age group	the campaign is aimed at teenagers aged between 12 and 17, its target population.
Target group (specific)	children/young people
Annual coverage	12980
Substances addressed	cannabis,alcohol

Evaluation type	evaluation of intervention planning (needs assessment),outcome evaluation (how far are the specific objectives achieved),impact evaluation (how far is the general objective achieved),process evaluation (how far are the operational objectives achieved)
Country	Sa Spain
Start date	2012
End date	2013

Overall objective

The overall objective of the project is "Enhancing positive attitudes towards the model of healthy lifestyle and enhance appropriate behaviours necessary to adapt to situations of risk in the leisure time of adolescents." To achieve this goal several tools to the scientific literature on drug prevention proven evidence considered in the implementation of prevention programs are proposed: - Intervention on the different contexts of socialization of young people, with special emphasis on the leisure (family, school and community). - The actions on school environment are boosted by youth who are previously trained on drug prevention and the implementation of Practica Salut program (peer to peer). - The dynamics designed to be applied in education environment represent their own daily settings depicting scenes of everyday life of adolescents, insisting mainly on the acquisition of social skills own proper handling of peer pressure and the autonomous decision-making. Just as the development of critical thinking skills and assertiveness opposition and necessary for autonomous decision-making.

Abstract

Practica Salut is a multi-component program aimed at promoting health and preventing adolescent attitudes and risk behaviours associated with addictive behaviours. It is aimed at teenagers aged between 12 and 17, and involved in the school, leisure and family environments, with young people themselves as community leaders who act as mediators of the campaign. In the workshops held in the educational context the dynamics of work focus on demystifying misconceptions about health and favouring autonomous decision-making. Although at first six areas are worked, after the first evaluation a new one is going to be included: "emotional health practice". The rest of them are: • Practice health with screens • Practice health when going out • Practice health when you drive • Practice health when eating • Practice health when you do exercise • Practice health when you have sex. Each of these topics has a panel where a situation with young people is represented, with character cards and group dynamics to solve some decisions which the different characters have to make. The classroom work is based on dynamic teams where every small group must agree on the healthier option. In the context of leisure, participation of adolescents is promoted through the community leaders, who are the mediators that have conducted the activity in schools, and who have previously been trained as health workers. These healthy leisure activities organized night time leisure activities. Moreover, in the context of leisure each town through the Consortium Xarxa Joves.net promotes different healthy leisure activities such as hiking, travels... To end the involvement of families is promoted through information talks and information in social media.

Context and theory

Initial situation

The area of intervention of this program is the group of sixteen municipalities integrated in Xarxa Joves.net Consortium (Network for Information and resources for youth participation). Currently the towns that make up the consortium are: Alaquàs, Aldaia, Albal, Almussafes, Mislata, Moncada, Paterna, Picanya, Picassent, Pobla de Farnals, Quart de Poblet, Sagunt, Sedaví, Silla, Torrent and Xirivella. Most municipalities are located in the area of L'Horta -except Sagunt and Almussafes- belonging to the metropolitan belt around the city of Valencia. The total population is 471,996 inhabitants, of which 25133 are young people between 15 and 19, representing 6% of the population, final recipients of the Program. The percentage of youth population between 15 and 29 is 24.8 %, two points higher than in the rest of Spain, and 22.4% in the Valencian Community, which represents 22.7%, a fact that underscores the importance that in these municipalities there is a general structure of younger ages. There is a study on health and consumption habits conducted in July 2010 on the youth in the town of Mislata, since municipalities that make up the Network joves.net have a similar socio- demographic reality so these data are used for making them extensible to other municipalities and will complement the information extracted from the school survey by the National Plan on Drugs (ESTUDES 2008) Description of the sample The final sample consists of 176 young people with ages from 12 to 30, both in and out of school in Mislata. 56.7% were female and 43.3% male. By age group, 26.7% were between 12 and 16 years, 43.9% between 17 and 21 years and 29.4% between 22 and 30 years. 11.9% were foreign. 78.4% living with their parents, 6.2% living with their partner and young people living on their own added another 5.7%. Regarding the level of education acquired by young people, 26.8% have the ESO (Compulsory Secondary Education), 26.3% have high school education, 13.9% reached primary education 8.8% obtained job training and 7.7% higher undergraduate studies. Drug Consumption Regarding the experimental use, 9.1% of young people aged 12-30 years in Mislata have tried tobacco in the past 30 days, 52.2% have drunk alcohol in the past 30 days, 10.7 % have smoked marijuana in the past 30 days, 8.6% have smoked cannabis in the last 30 days and one individual has taken cocaine in the last month. The consumption oscillates by age, giving the next highest prevalence at older ages. There are no differences by gender, if we consider all substances. The most consumed drugs by young people under 12 years in Mislata were alcohol, tobacco and cannabis (marijuana and hashish). Those who have consumed daily have had an incidence of 3.4 % (alcohol), 22.2 % (tobacco), 3.4 % (marijuana), 1.7 % (hashish). The consumption of other substances (ecstasy, sedatives or tranquilizers, crystal, cocaine) is minor and is not used every day. Young people from 12 to 30 start using drugs at an early age. In 2010 the substances which began to be consumed earlier were tobacco and hashish, whose average ages of onset were 14 (mean and median of 15). They were followed by alcohol (mean and median of 15) and marijuana (mean 15.29 median 16). Meanwhile, cocaine, ecstasy and crystal are substances that start being used at a later age (median 19 and 20 respectively). Alcohol Consumption In general, boys consume more illegal drugs than girls in the usual consumption. In the case of the usual alcohol consumption, the proportion of consumers is slightly lower among women. The sample reflects the range of 12 to 30 years, within this range are important differences depending on the age of the question are observed.

Basic assumptions/theory

The design of this campaign will focus on four theories that explain their actions: on the one hand, "social cognitive theory" (Bandura, 1986), in the "Theory of the progression of consumption" (Kandel, 1975), "Theory Model health belief" (Becker, 1974) and in the risk factors and protective factors. The social cognitive theory is based on the principles of learning, the person and his cognition with aspects of the environment in which the behaviour takes place. This theory provides a convenient way of conceptualizing the problem of tobacco and cannabis dependence, considering the different factors (age, availability of the substance, risk perception, peer pressure...) leading to

its onset, maintenance or give up. The theory of consumption progression is an evolutionary theory focused on the idea that drug use follows sequential steps, where you start by first initiating substances (tobacco) that serve as facilitator for the subsequent use of other substances such as cannabis. The health belief model (MCS) of Becker (1974) emphasizes the importance of deficits in decision-making processes, and can summarize today that the MCS hypothesis is based on three premises: - The belief that a particular issue is important or serious enough to take this into consideration, - The belief that you are vulnerable to this problem - The belief that taking action will produce an acceptable profit or personal cost. According to the CSM, the simultaneous presence of these three factors favours the adoption of certain patterns of behaviour that would be conducive to maintain and improve health, avoid risks and prevent disease. The theory of risk factors and protective factors explains personal characteristics or environmental conditions that increase (in case of risk factors), or decrease (in the case of protective factors), the probability that a person gets involved on drug consumption.

Objectives and indicators

Process evaluation

Operational objectives

Operational objective 1- Spread the campaign among members of the Consortium Xarxa Joves.net municipalities in order to get their commitment to the program. Operational objective 2- Train young community leaders, belonging to youth associations or to the network of delegate students at Secondary Schools in drug prevention and health promotion, in order that they are transmitters information to other users of the campaign adolescents. Operational objective 3 - Design materials for facilitating the task of prevention in schools to the pre-trained mediators. Operational objective 4 - Sensitize families, by informing them on the development of the activity and training them in promoting adolescent health. Operational Objective 5 - Sensitize schools to participate in the campaign. Operational Objective 6 - Generate tools and protocols to facilitate the coordination of all actors involved in the program and the appropriate application.

Process indicators

The objective of Process number 1 (“spread the campaign between partner municipalities of the Consortium Xarxa Joves.net in order to get their commitment to the program”) was conducted by a presentation of the program on the day... with the presence of technical and professional staff in the area of drug prevention and youth members of the Consortium municipalities Xarxa Joves.net. The objective of Process number 2 ("train young community leaders, belonging to youth associations or network of delegate students at Secondary Schools in drug prevention and health promotion, in order that they are transmitters of information to other teens who use the campaign"), and the result has been that there have been two training workshops for monitors/mediators, and two follow-up meetings, one on 3 March 2013 and another on 28 June 2013, where both monitors as the coordinators of each municipality have attended to solve any doubts they had in the management, monitoring and evaluation of the campaign. The number of instructors trained for the campaign has been 23 and the number of young technicians 16.

The Objective of Process number 3 is: "design materials that facilitate the task of school prevention to pre-trained mediators", and the indicators are: • Types of materials: - Consumables - Material •

Quantities of each item published "in network " The Objective of Process number 4 is: "sensitize families, informing the development of the activity and training them in the promotion of adolescent health", and the indicators are: • Number of actions for families The Objective of Process number 5 was "sensitize schools to encourage their participation in the school program area", the indicators are: • Participant Towns • Number of Participant High Schools • Number of meetings held • Number of students / participants • Number of participant monitors • Number and percentage panels used • Percentage of participant teachers • Satisfaction with the campaign at High Schools • Satisfaction of the mediators in the development of the campaign in high schools The Objective of Process number 6 is "generate tools and protocols to facilitate both coordination of all actors involved in the program, as the proper application of the same", and the indicators are: • Type and amount of generated tools • Usability of these Tools

Instruments used

Type of evaluation carried out

Evaluation design

evaluation of intervention planning (needs assessment), outcome evaluation (how far are the specific objectives achieved), impact evaluation (how far is the general objective achieved), process evaluation (how far are the operational objectives achieved)

Specific objectives and outcome indicators

Specific objective 1

"Provide to teens involved in the program the acquisition of the skills necessary to make healthy choices and establish the strategies needed to carry them out"

Outcome indicator 1

The indicator for this result is the variation in health beliefs of young people before and after participating in the program, assuming a positive difference in all variables in which the program works

Specific objective 2

"Change attitudes and erroneous beliefs related to the six areas of work that make up the program: "Practise health when you go out", "Practice Health when you have sex", "Practice Health when you do exercise", "Practise Health with screens", "Practise Health when you eat", "Practice Health when you drive"

Outcome indicator 2

Mean scores on the posttest adolescent participants have changed positively, having changed their attitudes and beliefs about risk behaviors in all areas of assessed work, has even increased by 6 points positive attitudes towards health in general.

Specific objective 3

"Generate healthy preventive actions in the field of youth leisure linked to the six subjects included in the program Practica Salut".

Outcome indicator 3

Increased adolescents who participated in healthy leisure activities against data prior to program implementation.

Instruments used

Type of quantitative instrument

Type of qualitative instrument

Action

This campaign works from the idea that programs and more effective prevention campaigns are those carried out from different contexts and multi-component. Thus, the actions developed in the campaign are: -TRAINING AREA: - "Health training workshop for youth mediators". Facilitators of the campaign both in Secondary Schools and not regulated leisure spaces will be the young people themselves, social leaders of their community, who belong in most cases to youth associative movements and are related to success for young people in their environment. - "Training for teachers." Teachers of schools participating in the campaign will have the opportunity to train in "salut Practice", paying special attention to the topics included in the campaign. - AREA ENTERTAINMENT AND LEISURE: - "Alternative Leisure Activities". Several of the participating municipalities have alternative leisure programming managed by the same young people who are mediators in health among these programs include programming specific actions associated with "Practica Salut" program. - Actions for healthy leisure. From Xarxa Joves.net, program manager organization, different measures to promote the health of young people in their leisure time and the management of leisure time in a creative way, and educational values that promote sustainability and environmental protection. ("Horta Neta", "Aneu a la Neu", "Escapa't"...). SCHOOL SETTING: - Workshops in High Schools. 2 hour workshops aimed at raising awareness among teens about the six most important topics related to health which interact with the risks associated with addictive behaviours, "Practise Health when you go out", "Practise health when you eat" "Practise Health when you have sex", "Practise health with screens" " practice health when exercising ", " practice health when driving ." The flash cards and panels that are used to stimulate these activities have been tested and improved by trained health mediators that direct the actions in Secondary Schools. - School Diary. Dispatched among students, with information on the most relevant aspects of the six topics included in the campaign, as well as and social and health and social resources in each municipality, which can protect them from the risks associated to drug abuse. FAMILY SETTING: -Families have the opportunity to attend an informative session on the campaign, so that may affect the proper development of it. COMMUNICATION AREA: -Blog "Practica Salut" <http://practicasalut.wordpress.com>. Facebook page "Practica Salut" <https://www.facebook.com/PracticaSalut> through these tools, prevention and youth technical staff, teachers, family, and mediators can be communicated and share news and materials.

Results

Process evaluation

Results

The Process objective number 1: “spread the campaign among partner municipalities in the Consortium Xarxa Joves.net in order to get their commitment to the program”, was performed using a program presentation briefing that took place in Torrent on 27th September 2012, where youth and drug prevention workers from the municipalities of the Consortium Xarxa Joves.net attended. The objective of Process 2: "train young community leaders belonging to youth associations and network of delegate students at High Schools in drug prevention and health promotion, in order that they are transmitters of information to other teens who are users of the campaign", and the result has been that there have been two training workshops for instructors / mediators, and two follow-up meetings, one on 3rd March 2013 and another 28th June 2013 , where both monitors and the coordinators of each municipality have attended to solve any doubts they had in the management, monitoring and evaluation of the campaign. The number of monitors trained for the campaign has been 23 and the number of youth workers 16. The objective of process 3: "design materials that promote the task of school prevention to trained mediators" "School Diary Practica Salut" 4250 school diaries were printed and 250 have been distributed to each municipality of the consortium. "Didactic sheets, character flashcards, situation sheets and panels Practica Salut" We have been published as many didactic sheets as dynamics on each panel The 6 exhibition panels are issued on laminated posters, four colour printing, with 80 x 100 cm. They have a size and weight suitable for easy transport. Two copies have been published in order to allow two simultaneous exhibitions among participants in the campaign. "Blog and Facebook page Practica Salut" The Practica Salut Facebook page, together with the blog <http://practicasalut.wordpress.com/> were designed in order to be a tool for the dissemination of the campaign and support for parents, teachers and mediators who would continue working "Practica Salut" materials and updated news. The blog has had 29 entries and 6273 visits. Since Facebook page opened, an average of 3 news entries have been uploaded weekly, currently it has 123 fans and it has been visited by our 24594 friends' fans. There have been 2195 comments for the uploaded news, the most visited news had an influx of more than 400 views. There have been 187 interactions with the page, and it has been visited by 771 users (different ones). This year we have uploaded news about the nine subjects of the campaign; however, news concerning social networks were the most frequently shared between our fans and friends. The objective of process 4: "sensitize families, informing of the development of the activity and training them in the promotion of adolescent health" has been carried out with: • Two meetings with School Parents Associations (in Quart de Poblet and Mislata) to explain how the campaign was going to be held • One workshop for parents about social media (Mislata). May 14th The objective of process five: "sensitize schools to encourage their participation in the school program area”, the results of participation were as follows: They involved a total of 16 municipalities, 37 high schools, having conducted 432 interventions in classrooms and 8292 students having benefited. 23 have finally participated mediators. In terms of displays used, power was used 18.68%, 28.16% screens, party (OH and THC) 17.63%, 5.79% driving, sexuality 15,79%, 13,95% active life. Has participated the 50.28% of teachers of high school.

References

Contact

Responsible organisation Consorcio Xarxa JOVES.net
Name of organisation Consorcio Xarxa JOVES.net
Street address c/Ramon y Cajal, 1 46009 Torrent
Postal code 46900
City Torrent (Valencia)
Country Sa Spain
Website <http://www.joves.net/>
Email gestio@joves.net
Partner organisation(s)
Contact Enrique Carratalá Sánchez
Name of contact Enrique Carratalá Sánchez
Email gestio@joves.net; practicasalut@joves.net; lourdesalapont@hotmail.com
Phone 00 34 659705891; 00 34 661457614
Fax

Additional information

Number of staff involved - Technical staff (part time) 16 - Instructors / educators (part time) 15 - Personal advisor / trainer of trainers (part time) 2 - Volunteer staff: peers, young people from school and youth associations. 100
Status/profession of staff involved - Technical staff (part time): Educators, social workers, psychologists, social workers. - Instructors / educators (part time): Technicians socio-cultural, social workers, social workers, teachers, psychologists, pedagogues. - Personal advisor / trainer of trainers (part time): Psychologist, - Volunteer staff: peers and youth from school and youth associations. Youth who are training, leisure time instructors...
Type of evaluator Internal evaluator
Name of external institution(s)
Full reference to evaluation report

Budget

Annual budget Up to 100 000
Sources of funding Non-governmental organisation,Local authorities
Percentage from each source Non-governmental organisation=10%,Local authorities=90%

Additional remarks