Jessica Goldberg:

Thank you today's call, it's so wonderful to have you joining us today. My name is Jessica Goldberg and I'm a training and technical assistance provider with the Northeast and Caribbean Prevention Technology Transfer Center, or the PTTC for HHS region two, which is the group that's hosting this call, or coordinated out of Rutgers University School of Social Work Center for Prevention Science. And it's my pleasure to welcome you here today. So, as you're entering the room, we see folks are joining us now, we're going to ask you to do a couple of things and some of you have already found our first ask, it is to, I'd like to draw your attention to the poll question on the screen and ask you to share your experience there. Get you thinking a little bit about today's topic. And so, just please choose the answer that best represents your experience, and having whether or not you've had to adapt your prevention efforts in response to the COVID-19 pandemic.

Jessica Goldberg:

We think we can guess how most folks on the line will respond, but we're really asking this question to get you thinking a little bit about what you can offer by way of perspective and experience, what you can share or need to ask on the call. And if like so many, you have been adapting your strategies, your programs, your processes, and plan due to the pandemic, then you have something to say on this call and then others will likely very much benefit from hearing your perspective. And so, we hope you've come today really ready to learn from one another and also to share of your own experience. So, as you're coming in the room, yes, sign that poll question at the bottom of the screen, and let us know what whether or not you've had to adapt any of your efforts in response to the pandemic.

Jessica Goldberg:

And I know we've prompted you also to please put your contact information into our chat box at the lower left hand side of the screen, many of you have already found that, have begun doing it. So, thank you very much, and we'll just continue welcoming folks to the line as they join. Today's conversation is about adaptation and follow up to the webinar that we hosted last week. And this is really an opportunity to look a little more deeply, and a little more closely at the topics we discussed last week, and to ask your perspective and your experiences with regard to adaptation. We know we're all in different boats in the same storm when it comes to the COVID-19 pandemic, and so, we feel like there's a lot of rich experience out there in the field that we're hoping to crowdsource today, so that you can get talking to one another, learning from one another, and we can really build upon that collective wisdom on the call to hear what it's been like out in the field to be adapting your prevention strategies and in response to this changing context in our world.

Jessica Goldberg:

So, if you're just joining us welcome, we're going to ask folks to please weigh in on the poll at the bottom of your screen as to whether you've adapted any of your prevention efforts, their response to the pandemic, and also put your contact information into the chat box at the lower left of the screen. Welcome again, and not surprisingly, those that have had a chance to weigh in have had to adapt to COVID-19 and a giveaway question. But we just thought it might be powerful to see just how common and across the board this experience has been. And also to see if there were folks on the line that hadn't, had to adapt their efforts in here a little more about what they're doing and maybe learn from that experience as well.

Jessica Goldberg:

So if you're just joining us, we're just about to start our session and ask you to put your contact information into the chat box on the left of the screen. And also take a minute. Now we're going to close that poll and in just a few seconds, but, so far those have had a chance to sign are all in that same storm of adapting to what is going on in our world via the COVID-19 pandemic. And I think in the interest of time, we'll bring anyone who joins in a few moments along with us, but I think we'll move into our main slides and we'll start today's session. So again, welcome. It's my pleasure to welcome you here today. My name is Jessica Goldberg. I'll be one of your facilitators for today's call. I'm joined today by my colleague, Ivy Jones-Turner, and one of our guest speaker Sam Harries, from the New Jersey Prevention Network, who are very grateful too for joining us, and who I would both introduce in just a few moment. Just to let you know a little bit about today's call, it is going to be recorded, and we will be making the recording available to anyone that registered for the call after the session ends.

Jessica Goldberg:

And we're also going to be sharing out our contact information at the end of the presentation. So, if you have any concerns or questions after the fact, you can feel free to reach out to us. We're also going to encourage and invite you to ask your questions throughout today's conversation. And so, you can always feel free to put any questions or comments into the chat box. We're going to do our best to respond to them in turn, and to also ask you for your perspective on the questions or comments that we receive to really make this more of a dialogue than a didactic presentation. And so, that's just a little bit about what you can expect. And let me tell you who you'll be hearing from. And so, first my core presenter, Ivy Jones-Turner. So, Ivy has provided training and technical assistance on the promotion and prevention of behavioral health issues with nonprofit, state and community-based organizations, faith-based agencies and school districts for more than 15 years. Her capacity building skills include formative and summative program evaluation, program design and implementation, organizational development in partnerships and collaboration building.

Jessica Goldberg:

In addition to working with us at the PTTC, Ivy also provides technical assistance to substance misuse prevention providers as part of the Massachusetts Center for Strategic Prevention Support System. And she's assisted both urban and rural school districts with implementing and sustaining school and community interventions to prevent youth violence, and to promote social, emotional, learning in mental health. She's also a certified prevention specialist, and it's wonderful to have her here with us today. We're also going to be hearing from Sam Harries, director of operations at the New Jersey Prevention Network. So, Sam has been in the field of prevention for over 20 years, and has been involved in providing evidence-based programs at the local community, regional and statewide level. Before joining NJPN, she's director of a County based prevention agency in Northern New Jersey. And so, really understands deeply the value of collaboration and partnership, and also the need to be flexible and adaptable, which makes her the perfect speaker for today's call. And we're so happy to welcome Sam here with us today as well.

Jessica Goldberg:

And then quickly, I'm just Jessica Goldberg, I'm a prevention specialist, trainer, and TA provider as well. And I've been working for more than a decade, building capacity to improve mental and behavioral health. So, I design and deliver trainings, and TA consultations for the PTTC, and support state agencies and community based organizations in using evidence-based strategies to address behavioral health related challenges and I'm very happy to be here today as well.

Jessica Goldberg:

So, here is our roadmap for the rest of the call. And we're going to be talking through the steps that we would take to bring up prevention adaptation from concept to fruition. And so, you want to begin with making that decision as to whether to make an adaptation. Once we've determined whether or not to proceed, we'd want to be ticking steps to decide what we're going to adapt with regard to the program or strategy that we mean to make changes in. And then once we made that decision, we have to be seeking the help that's needed from key stakeholders in making the adaptations before implementing and evaluating their impact. And so, what we've heard from our colleagues and prevention practitioners around the region is that the opportunity to come together and to share experiences and resources is really invaluable. During our current situation particularly, and then under these new and virtual working conditions, although maybe not feeling quite as new they continue to be challenging in many ways.

Jessica Goldberg:

And so, we've all had some time to adjust and are still getting adjusted to the circumstances. And we just want to say that we're really, really grateful to you and glad that you're joining us for the call, and we hope we can invite you to participate actively, sharing resources, questions, and concerns, and really talking to one another for the duration of our time together. And so, without further ado, we'll get into that roadmap around adaptation. And this is going to back us up right here. On The beginning of the adaptation process to think about that decision making process that I just mentioned. Because it isn't a given and it definitely shouldn't be, that we're going to move forward with making adaptations to our various strategies. And so, the best way to ensure we know this, that we're going to ensure achieving positive outcomes is to select evidence-based interventions that are known to achieve those outcomes through rigorous evaluation, right?

Jessica Goldberg:

So, programs that reach these outcomes over and over again, and are reliable in that way, that can be very reasonably expected to achieve the same outcomes when you implement them under similar conditions, right? So the success of our efforts is most likely, or we're most likely to be successful when we choose interventions that have that rigorous evidence-base, that are a good fit for our community in the first place, that fit our logic model, right? Meaning that they are addressing the factors, the risk or protective factors that are contributing to or mitigating the substance use and misuse issues that you're encountering in your community, and that are feasible to your community, meaning that you have the resources to pull them off and it can do so in such a way that really fits with your community culture and settings. So, that's best case scenario, but we all know that we live in the real world.

Jessica Goldberg:

We did see our poll on the first slide, and we've all had to do things differently than we've attended. And so, for those of you that joined us on that webinar last week, you may have heard us say that adaptation is really common, knowing that researchers who study this agree that departures from evidence-based interventions, original designs and delivery are almost inevitable at one point or another. And so, you know it's unrealistic to expect that perfect implementation in the real world setting, and achieve 100% positive outcomes. When our implementation levels are well below 100%, right? And the fact of the matter is that some changes or adaptations are made because we know that they can improve the potential of an evidence-based intervention to produce positive outcomes, to make them more positive,

right. Especially when these adaptations are carefully planned and executed. So, in prevention what do we adapt?

Jessica Goldberg:

And you all I'm sure are well aware of this, but we adapt there universally, and it can adapt anything from our strategic or action plans that we have planned to put into implementation. So, here you see programs, practices, and processes on the screen. And there's a question mark for anything that you could argue wouldn't fit into those three categories, though I could argue that almost everything we do in prevention could fit into one of those three. So, a program just so we can define our terms, is a set of predetermined, structured, and coordinated activities. A practice if they take an approach or technique or strategy. So, a program can incorporate different practices and guidance around implementing a particular practice can be developed and distributed as a program. So, there's a lot of back and forth between those two. And then in prevention we use lots of different processes for things, anything from developing a logic model, a sustainability plan, to guiding our recruitment efforts in recruiting new partners or coalition members, or even our best process in making data informed prevention plans, like the overarching process that guides many of our efforts, the strategic prevention framework.

Jessica Goldberg:

And so, programs are going to have more prescribed activities. Very often adapting them can have ramifications on the outcomes that we hope to achieve. Whereas practicing the processes may vary in different agencies or coalitions may do them differently, and adapting them may or may not have a direct impact on your outcome. But the key takeaway here is that, in prevention we are called on to be flexible and responsive to changing community conditions and often in doing so we're adapting our activities in ways that may or may not change the outcomes relating to them. So, why is this such a big deal? Does it really matter if the outcomes are jeopardized? And I know I'm not telling you anything new when I say yes, it does. The field has come leaps and bounds over time, and operating from a place of evidence.

Jessica Goldberg:

And so, we want to build upon the information available to us to ensure that we're selecting and implementing strategies with the greatest likelihood of having positive impact. And as a way of using scarce resources wisely, and then maximizing the positive changes to our communities. So, if all that is true, why not avoid adaptation, right? Why not simply replicate programs of high fidelity and thereby avoid the risk of compromising their effectiveness. So again, this is not always possible, right? And sometimes our hands are forced into adaptation. So, particularly due to unforeseen circumstances, similar to the one that's currently underway and then COVID-19 pandemic. But when it does come down to choice, you have to weigh and balance the pros and cons between replicating programs and strategies as intended or adapting. And so, there are pros and cons with either decision. If you attempt to replicate, you're generally working from this clear set of guidelines and activities, like I just said, and you follow those, right?

Jessica Goldberg:

But the program in question may not have been designed for your population. It might be a design of different populations or settings in mind, and thereby may not meet the needs that you've identified for your population of focus. And you also have to consider whether it's even feasible for you to implement the intervention as designed, for example, you might have a program or a strategy that's just too

expensive to implement as is. So, unless you're willing to consider adapting,, it might effectively rule out going down that road. Without a patient you could very well enhance feasibility, better meet the needs of your intended audiences, but then you might jeopardize that likelihood of achieving the expected outcomes with the program. So, it all comes back to what your goals are, and whether you can achieve them by implementing the program or strategy as it is, or are there some change that needs to be made.

Jessica Goldberg:

And this is the weighing on the pros and cons and the balance between the two that we ask or suggest that you make before you come to the table, ready to make an adaptation. Okay. So, now we want to hear from you on the line about your experiences with this first step of the process. And so, we're going to bring out a layup or bring it up a lay out for you to respond to these two questions. I want to hear, you can feel free to speak from your own experience in making the decision to adapt or if you haven't had experience with this we're going to ask you to imagine, let's say you're in a position to go through this process, as a thought experiment, weighing the pros and cons. So, in either case, how did you or would you go about the process of deciding to make an adaptation to one of your programs or practices?

Jessica Goldberg:

So, we'll ask you to put your responses into the chat boxes at the bottom of the screen. That first question is really around how to go about making the decision. And, we'll ask you to respond to that at the bottom left of the screen. And then the second question is about who are you involved in the decision-making. And here we want to know if this is a decision that was something you just made yourself on your own, if you had other staff in your agencies helping you to make the decision, if you brought it to a coalition or prevention steering committee or leadership team, or with other key stakeholders in your community. So, how did you make the decision, let us know in that lower left-hand chat box and then who you involved can let us know in that lower right hand chat box as well.

Jessica Goldberg:

And so, we'll see some responses already starting to come in, thank you for putting your answers and appreciate. It can be a lot to type in the chat box. We appreciate seeing them here. And let me see what's coming in. So, basing decisions on other partners, so the school's decision whether or not to be in a hybrid learning model or E-learning model taking those other contextual issues into effect. This is really excellent. This can reflect your experiences right now under the COVID-19 circumstances, or also just any adaptations you've made in the past as well when you made the decision to adapt. So, I see Mike saying culture and COVID restrictions, Tyler saying, having discussed the possibilities of doing too good for drugs virtually and what platforms we could use in order to do so, and what we would do differently if we were able to teach in person, right?

Jessica Goldberg:

So, exactly that decision-making process looking at weighing those pros and cons, and looking at what information and decisions has to be made before you can determine whether it'll go down this road. So, basing the decision on client participation, right? So, I think there was something said on the webinar, but that was so profound to me. It's just like, it doesn't matter to me to choose the perfect adaptation, if you can't get the people that you're hoping to reach to the table. So, that's a great observation. So, once in person outreach became impossible online options has to become the default. So, this is a case in which you made the decision even but it looks like your hand was forced into that. I see quite a few

people saying they took the school's lead in terms of what their decision was and then we had to adapt, not only our strategies, but just our thinking and our plans, because our partners were in a different position than they were when we first put our plans on paper maybe months beforehand.

Jessica Goldberg:

We do wonderful responses. I see in collaboration with the office of the student superintendent. And so, I mean, I don't believe many of us do this passively, right? Like we hear what the school's decision will be. And some of us are in close enough conversations with the schools that we are part of the decision making process for them and with them. So, looking at other responses coming in, providing virtual group counseling, sessions school-based coalition, restrictions for COVID requiring adaptation. So, quite a few themes coming up, making PowerPoints and doing too good for drugs virtually. I've actually heard that a number of times is that outside of the developers actually providing adapted materials that some coalition, some groups are taking matters into their own hands and bringing some of those materials and resources online.

Jessica Goldberg:

These are wonderful responses. So, thank you all for putting them in. As I catch up with the chat, it's moving quickly, I see Margarita deciding to involve community members in a program, just given the difficulty in working with students. Safety and collaboration for the interest of all making that case from Monica around the importance of adaptation and collaboration during these time. These are wonderful examples. We have these, and maybe we'll be able to make a list of these examples so others can reference them as far as what's going on across the region. Taking classroom activities online, able to access online adaptations that the curriculum creators provided and continuously adapting patients to fit with each individual class. And I think that's a really nice point as well in that we're not necessarily adapting across the board for every audience, but sometimes our adaptations are even more micro, in for different microcosms of the populations that we're trying to reach, but such a great thing to hear starting with what the curriculum developers have provided and then making what adaptations we can make carefully.

Jessica Goldberg:

And in response to the more nuanced needs that different subpopulations have. Changing activities is one of those potentially green-lighted adaptations depending on what activities are changing and whether or not their core components of the particular program, switching out one activity for another that might be more appropriate or relevant to the population you're working with, can be something that can be done with relatively little risk of jeopardizing outcomes. But, it's hard to make that blanket statement without knowing more about the specific programs, specific adaptations made. And so, just turning our attention to the other chat question about who was involved, looks like lots of themes coming out here as well. So, program participants and prevention professionals, school personnel, all coalition leaders, organizational leaders, other community-based organizations, police department, for some decision is made for us.

Jessica Goldberg:

So, it's not feeling as much like an active decision making process as it is more reactive to circumstances, which is real, very real. Parents, superintendents, clergy, community outlets, other preventionists, principals counselors. It feels like I'm looking at the 12th sector wheel. The names all of the different community sectors that we engage. And this is great to see how wide and varied the participation in the

decision-making process has been. School and site managers, funders, staff, parents, parents again, coalition members and leadership folks from the recovery community. So, all varied. And this is true no matter what strategy we're implementing or what adaptation that we're planning to make is that, our stakeholders shifts depending on the content, and we might need them at a different level of involvement, depending on their role in particular strategy. If you're doing, for example, compliance checks, you have your police departments front and center as a partner.

Jessica Goldberg:

But if you're doing provider education in hospitals either, you may not need the police quite as actively involved with that. You probably don't. Right? So, the level of involvement among our partners varies in shifts depending on what it is we're asking of them and what type of strategy we're going to plan to implement. So, thank you so much for sharing your responses here. There's a lot of great insights, and we want to keep the conversation going. So, now I'm going to turn this over to my colleague Ivy for the next-

PART 1 OF 4 ENDS [00:23:04]

Jessica Goldberg:

step in the process, once your decision to adapt is made. So Ivy, over to you.

Ivy Jones-Turner:

Okay. Thanks, Jess. And as Jess has noted very clearly, there's so many reasons and so many situations that might drive us to consider adaptation, both the things that we've seen in terms of COVID, but also just in terms of making sure that our interventions and programs are really tuned to our selected audiences. So part of that is also just making sure that the fit of our program practices and processes, as so many of you have noted in the poll, really respond to both some of the cultural, or maybe even some of the contextual needs of your populations. And you've done that, working beautifully with so many of your stakeholders. I saw law enforcement, I saw school staff. I saw community members, just community organizations. Great examples of engaging all of those in your coalition members.

Ivy Jones-Turner:

But once we've identified that some adaptation is justified, of course, the other part is assessing whether the adaptations really maintain the integrity and the fidelity to our program outcomes. What do they do so, so that the program is able to... Or the intervention is able to successfully help lead us to the outcomes that have been identified. And of course, we always want to encourage you, as we've spoken about both last week, and we'll continue to hear some examples about today, to really approach the plan to adapt thoughtfully, by first beginning to review what program elements are more likely to ensure that you still achieve those outcomes for what you selected that intervention.

Ivy Jones-Turner:

And so what we have here listed are a number of the elements of an intervention or a program that can be adapted. They range across very familiar questions, the what, the how, the whom, the where, and the by whom. But it really focuses around a couple of key things. What are the context, the delivery mechanisms, the methods, the audiences that are being served, the settings or the location for the intervention, and then of course, by whom. Who is that, that is delivering the intervention or involved in providing the intervention in the program to our audience?

Ivy Jones-Turner:

As we've noted, yes, these are some of the most common changes made to programs, but these are also some of the most common potential challenges to programs fidelity, to ensuring that the way that we implement the intervention is as designed or intended by the developer and is going to result in those outcomes.

Ivy Jones-Turner:

So we talked about in session one of this series, what some of these changes might be. And for many of you, I think I saw a number of these examples in the poll questions just a few minutes ago. You've explored changes to the content, maybe what's delivered. In some cases, it sounds like a number of you not only considered adding additional components or activities to ensure that there was plenty of opportunity for participants to practice, or to have a reinforcement of the skills, opportunities for reflection and application. There's also the changes that we might do in delivery, how we might have delivered the activities.

Ivy Jones-Turner:

Of course, for many of us, there were the changes in terms of where you were actually delivering, maybe no longer at the school or in-person, but maybe more of a virtual environment, but did you also make some modifications or adaptations to how you delivered the activities by looking at the schedule, changes to the schedule? Did you deliver the activities more frequently or less frequently? Did you also have the same person delivering? Maybe you involved some additional people as the facilitators and the trainers for activities and program events, maybe you also included providing additional training and coaching support or feedback discussions with the facilitators.

Ivy Jones-Turner:

It sounds like for a couple of instances, you may have recognized that while you're no longer working, maybe directly with your teachers and with school staff, there are community members who could then provide some support and be part of the delivery, of the intervention. And so it sounds like a few of you have incorporated that adaptation.

Ivy Jones-Turner:

Were there the changes in the audience, maybe it's in the population that's being served. In some cases, we find that by virtue of the adaptations that we're making, we may slightly adjust the age of the population being served. Maybe the intervention was developed for 13 to 15-year-olds, but in our local community, we know that some of the issues are being addressed. Some of those same issues are being addressed by youth who are between the ages of 12 and 14. And so we might modify the audience being served.

Ivy Jones-Turner:

Of course, it is also the setting. Might be the time or the length of sessions, how frequently, and maybe where some of the sessions are being held. In some cases, you may have been able to, particularly while schools might be closed, shift from delivering curriculum in school settings to maybe an out-of-school setting. Maybe it's hosting the interventions in an afterschool program, or maybe even in a community-based organization, such as your boys and girls clubs or your YMCAs and the interventions or the activities that they're offering with young people there.

Ivy Jones-Turner:

And then of course, considering how the changes to whom is delivering the intervention. Did you maybe include new staff? Did you maybe even include or bring on more experienced staff to help support the implementation?

Ivy Jones-Turner:

So of course, as we think about each of these elements, they not only help us to think or to recognize where and how we might have made or considered adaptation, but also what impact those adaptations might have on the outcomes. And so what we'd like to hear about from you by using the chat is just to hear, particularly in the last several months, when you've made adaptations to your prevention strategies, which elements have you changed? Did you make changes to the content or the delivery, the audience or the setting? Maybe it was some of the people who were actually helping to deliver the intervention.

Ivy Jones-Turner:

We anticipate that for so many of us over the last several months, given the changes in the context in which we've even been operating, we have made changes to interventions. Some of you've maybe even made intervention adaptations prior to COVID, and we'd love to hear about any of those. See several comments are coming in now. We've had folks make changes to the content, the delivery, or method of delivery, and as well the settings. Others have noted implementation. Some have even changed the audience that's being served. Interesting. And Tyler's provided a little bit more detail, noting the delivery has been different and the setting too, not being able to do all the games and certain activities with the students. And so that's definitely an adaptation that's been necessary, both to some of the content and the method of delivery. And maybe even some of the strategies that you've used, maybe even thinking, in particular... Looks like for Julie, she's noted some of the admissions procedures. So changing possibly the audience who's being served as well.

Ivy Jones-Turner:

And we also have, it looks like a number of folks who are also repeating the, the significant changes in terms of the delivery and as well, the settings. We have Cynthia, who's noting a change, an adaptation that was made prior to COVID. One in particular of setting up the delivery in a circle rather than in rows, so that as you move from first responders to communities. Interesting. So Cynthia, it sounds like that's been a way of using an adaptation in the setup, in the format of the delivery of the curriculum, which has maybe made some changes in the results or the outcomes with regards to the experience of participants. So, would love to hear a little bit more about that, as we go through today's session.

Ivy Jones-Turner:

And Corey... I'm sorry, it's Carrie has also noted the true audience that you're finding now is more inclusive of all of the adults in the community and not just the parents. So you're actually seeing, in that case, Carrie, really interesting adaptation moving from a selected population or more selective population of parents to a universal population. Really interesting examples. Great. Thanks so much for sharing those, folks.

Ivy Jones-Turner:

We'll also ask you this question, and we're going to switch over to a slightly different layout now. We'd like to hear from you, what were the most important changes that you've made to your prevention

program, the practices, or the processes in the last six months? What were some of those changes that you've made, that you anticipate might or could, or maybe you've even seen that they've already begun to affect your program outcomes? And for this response, if you'll type in your responses directly to the right of the slide. We'll maintain the chat at the bottom of the screen for those of you who may not have indicated, or maybe this stimulates some thought for you, in terms of additional examples of adaptations that you've made.

Ivy Jones-Turner:

So definitely seeing a few responses come in now, we've definitely seen and heard from folks the virtual environment has been a very important change that so many programs have had to make. But it sounds like we are also seeing that some of that has meant that your virtual operations or your virtual interactions have met virtual appointments, maybe even virtual delivery of the intervention, using a virtual format. And in one case, it looks like someone has noted that the program creators or the developer has actually provided some guidelines or guidance around implementing in a virtual format. That's great to hear. We'll definitely talk a little bit more about that.

Ivy Jones-Turner:

Also seeing that folks are introducing brief interventions as part of some of the important changes that you've made. Would love to hear a little bit more about some of those sessions, and how you're using the brief interventions as part of your important changes to your program practices and processes.

Ivy Jones-Turner:

See that folks are noting also the use of social media more, and others who've noted in particular using tools such as Padlet, Mentimeter, videos and Kahoot. I see in the chat below that Ann's even noted using or developing many webinars, M-I-N-I webinars. We've actually done some of that here at the PTPC, thinking about how we might even use what we're calling podcast or video podcast as another method of how we're delivering our intervention, which is training and technical assistance to you as our audience. So really great examples that we're hearing here.

Ivy Jones-Turner:

We're going to move on to the next section. I know there are a couple of folks who are still typing into both the chat and the poll, but I want to move on to the next slide because it really brings up and builds on so much of what you've noted, that after you've decided whether or not you need to adopt in order to meet the needs of the population and to address the context in which you're operating, you really paid attention to the content and the program activities, the processes, as well as the procedures that need to be adapted, and really working very strategically with both your stakeholders and your partners to identify what are those changes that might need to be made.

Ivy Jones-Turner:

And how do we ensure that we're supporting and continuing to reinforce those core components of the intervention that are really going to help lead to the outcomes that have led us to select this particular intervention. You really are moving towards that next step of getting help. And this is where I think it's so interesting and helpful that we've heard from a couple of folks to share how you're thinking about working in particular and following the guidance that's available.

Ivy Jones-Turner:

There are several areas that we'd like to just highlight for you. And for those of you who joined us in session one, you heard us refer to many of these as important areas of guidance as you consider adaptation. We're going to talk a little bit... I'm going to begin to talk a little bit about these, and Jess is going to come in in just a minute and speak to a little bit more of these in detail.

Ivy Jones-Turner:

But as you think about and as you look for guidance on how you're adapting your interventions and really paying attention to, again, those elements of fidelity, so that you're able to achieve the outcomes, first place to start is really consulting with the developer. Understanding and having a conversation with the developer and looking for resources that they may have provided to help you understand what are those core components? What are those elements of the intervention, that without them, the intervention will not achieve the outcomes that you hope to achieve.

Ivy Jones-Turner:

Fortunately, in the last several months, we see many of our prevention program developers both refer and provide both guidance, as well as additional resources and materials, that help you to understand both what are those core components of the programs that need to continue to be implemented, but also they've maybe even provided something that has been helpful with the next item that's listed on screen, which is building the capacity of your facilitators and your intervention leads.

Ivy Jones-Turner:

And that is really thinking about how you build the capacity before you change the intervention. It's always helpful for program staff who are developing... Excuse me, who are delivering and developing the activities with young people in your interventions, or maybe even other populations that you're serving, to really revisit the training materials, the priorities, and the key components, as they make those adaptations. Understanding what are the priorities of the intervention, and how is the intervention so designed to support and reinforce delivery or ensuring that those activities are continued?

Ivy Jones-Turner:

One thing that we've often encouraged programs to think about is building capacity of your facilitators, maybe to refresh your training, or maybe even additional coaching to support their additional understanding and their facility with delivering the intervention. Particularly when you're changing context or changing the setting in which the delivery of an intervention is being conducted, sometimes it's a little harder, we've all seen this, where young people in particular may not be quite as engaged in a virtual environment as they are in an in-person environment. And it's always helpful for your facilitators to have some additional skills, some additional strategies that they can use, in order to really reinforce and to build on and to incorporate engagement strategies that are really going to keep young people participating, reflecting, and thinking about how they apply the skills that are being taught.

Ivy Jones-Turner:

Again, Jess is going to talk a little bit more about this in a few minutes. I'd also like to just remind you that some of it is also remembering to adhere to the evidence-based principles. We know that there is the knowledge and the evidence behind the particular intervention that was selected. Again, those are really what undergird or form the foundation of why core components are included into intervention

and how those core components lead to the outcomes for which, again, you've selected that particular intervention.

Ivy Jones-Turner:

But we also want to look at some of the evidence-based principles of prevention. Those are the things that are codified in our research on substance abuse prevention, and even in the strategic prevention framework. It ranges from thinking about how we use data, how we use and build on engagement, how we work effectively with partners, and so on.

Ivy Jones-Turner:

We also want to think about what are some of the ways to retain the core components of the intervention. Those are the ones that really lead to the outcomes. As we spoke about in our first session for this series, you may have heard us talk a little bit about omelets and eggs... And eggs, and in particular, heat or cooking as core components of creating an omelet. We know that there are certain things that are core components of making cookies. It's key that we have those components, those core components, in order for the intervention to proceed towards the outcomes for which you selected it.

Ivy Jones-Turner:

And those core components are part of what really build... Maybe it's the skills building activities, maybe it's the instructional activities that help a young person or adults, whoever your population is that you're serving in the intervention, to both learn the skill as well as practice. And that's where the skill practicing activities are so important. Maybe it's a reflection activity to help with the application or applying, and the participants thinking about how to apply that particular skill or that new concept in a new setting or in a new situation.

Ivy Jones-Turner:

We also encourage you to consider about how, as you adapt, that you're looking at adding rather than subtracting the program activities and the processes and practices. Again, we know that while there are some instances, in which you're not able to, for example, right now, deliver a curriculum or deliver an intervention in person in a particular setting. But maybe you're thinking about how you, because you're not able to have those additional sidebar conversations or those additional feedback discussions, that you're maybe thinking about how you incorporate maybe some practicing activities for young people or for the participants, I'm sorry, for the participants in the program intervention.

Ivy Jones-Turner:

And we heard from several folks earlier, talking about using Mentimeter and Padlet as ways of having young people, maybe share their reflection, share how they're applying. You're adding those additional activities and practice activities as a way of reinforcing the program activities and the practices, as well as the processes that are part of the core components. We also heard some other folks talk about maybe doing more frequent sessions as another strategy of adding rather than doing necessarily fewer sessions.

Ivy Jones-Turner:

And then of course, thinking also, and being very thoughtful about the culturally-based changes that might be incorporated as you make adaptations. For these, we want to encourage you to, as many of you've already highlighted, engaging your partners who are very knowledgeable, both about the

population and your audience, what are those strategies? What are those activities or processes? Maybe what are even some of those practices that will reinforce or allow the population that's being served to both hear and practice a skill, maybe even to consider different contexts in which they might practice the skill. Maybe it's even thinking about how, as they are practicing the skills in the intervention that's being implemented, that those are done in different contexts, in different ways.

Ivy Jones-Turner:

So the number of guidance opportunities that we've highlighted here and in our first session-

PART 2 OF 4 ENDS [00:46:04]

Ivy Jones-Turner:

to really help you to think about what are some of those ways that you want to ensure that the core components of the intervention are continually included in the adaptations that you make as you proceed with your interventions. And lets just talk a little bit more, I'm going to bring it over to Jess, who's going to speak with you a little bit more about some of the guidance with a couple of additional examples in a few key areas. So Jess.

Jessica Goldberg:

Thanks so much Ivy. That was wonderful. I appreciate you running down this list because there's a lot of information here and a lot of specific guidance about how to do these adaptations well. And like you said, we're just going to look kind of narrowing in at a few of these right now and give a little bit more information, but quickly though, because I want to move us along to our next conversation. So changing or building capacity before changing the intervention, it's really about increasing our own local capacity to deliver the intervention as intended either through additional training or TA or mentoring support, it's always going to be the safer choice as related to whether to change the intervention or not. You might've remembered if he joined us on the webinar our colleague Kim Dash [Sing 00:47:25] , it's really something that we want to do anything we can to support the implementation of the program as designed before we start thinking about adaptation.

Jessica Goldberg:

And so, if the program facilitators are uncomfortable or feel unable to deliver some aspect of a curriculum, it's really trying to address that those feelings of discomfort or build that competency and confidence in the curriculum. So there'll be more comfortable in implementing it wholly and as designed rather than letting them skip different types of components. If there aren't funds available to implement a strategy as designed, like let's say alcohol home delivery restrictions for example, they need to be publicized and enforced, both of which require some allocation of funding.

Jessica Goldberg:

You'd want to try to raise the resources that are needed to implement this effectively before foregoing the core components of the strategy. And so if the partner and let's say, it's our police department is not willing or able to enforce certain components of the policy, maybe the limits on the amount of alcohol that could be delivered or minimum age restrictions for delivery drivers that change in capacity here would really be about educating the partners about the importance of these components and the need to implement the strategy of externality in order to build their buy-in and their readiness to carry out the strategy as signed.

Jessica Goldberg:

So it's less about the adaptation process, but goes back to that decision-making process at the very beginning. If the rationale for the adaptation be traced back to a need to develop capacity, then the focus really should be there first. So that's a little bit about building capacity. Now, this idea of retaining core components. I know you've heard this before. So in our webinar we've discussed. So that importance of identifying core components of our strategies to understand what are the most essential and indispensable aspects, core components as those logical mechanism change in the key delivery steps of an evidence-based approach. And so these are the most likely aspects of a program to produce effectiveness, right? And then usually comprise content delivery mechanisms, methods of delivery. And when interventions have clear components like certain curriculum programs, for example, Strengthening Families, again we know what we should be implementing and what we should be or what we could feel more confident in adapting, right?

Jessica Goldberg:

And then with some interventions that are more moderate or fall into a middle ground in terms of having clearly prescribed core components, these might be our environmental strategies. There's a little less knowledge there about kind of what the impact of our adaptations might be. And then there's even those approaches and we talked about this earlier with even more flexibility around core components or less knowledge based around what the core components would be like, partner engagement and coalition building those processes that we talked about before and then we have less knowledge again, of what our outcomes might be related to the adaptations that we make. And so we have to understand the core components of each of our strategies to understand which ones are critical to implementation success. And you need to pay attention to the core components during the planning and while building capacity and not just pay attention to them in the middle of implementation.

Jessica Goldberg:

And so we've used this cookie analogy throughout today and throughout our session before, but to mix it up with another food metaphor, we think about our programs and strategies as we're making an omelet. The core components are going to be most likely if you're like me, eggs and cheese, but you have that flexibility in terms of what else you add, what else you choose not to include, right? But it'll ultimately those core components are going to make our program and strategy what they are, same way, eggs and cheese make an omelet, an omelet. And so you have to know that knowledge, you have to have knowledge of the evidence behind the core components. Why does our training needs so many activities? Well maybe it's part of an afterschool program or it's intended to be implemented in the setting of an afterschool program.

Jessica Goldberg:

And there has to be a lot of movement and a lot of engagement for students to make sure that they're really attentive to the program itself. We have to understand where our core components connect to outcomes and why they're core components. So we can plan for our adaptation or for fidelity to it, right. We want to know what we're doing so we can move away from just doing kind of what we're doing by program developers and have that really firm understanding of what is a core component and what isn't.

Jessica Goldberg:

And then, that peace around knowing why was going to help you figure out what might be a possible substitution. If you do have to switch out some of your ingredients or some of your program components, right? So understanding the relationship to what you're doing in terms of how it drives outcomes, how they relate to other core components and what would be wrong if you weren't going to include this aspect of the program or strategy. And you're finding all of this information out again, and we can't stress it enough so that you can be sure to retain the appropriate components if at all possible.

Jessica Goldberg:

And then finally, so cultural considerations have come up already as important reasons for adaptation. We gave some examples on the webinar, like programs that may have been developed in one setting for one population which isn't compatible for your setting or population, or maybe programs to be implemented by master's level social workers. Whereas, you're relying more on volunteer staff to implement your programs. And so or you might be implementing strategies with new partners, that have these different abilities, like differences in their ability to participate. And so you have to change how you conduct the strategies and adapt to make it so more likely that your partners will be able to implement effectively. Like so many of you mentioned with regard to your school-based efforts. So cultural adaptations are those systematic modifications of a program or evidence-based intervention.

Jessica Goldberg:

That's compatible with cultural patterns and meanings and values of your population of focus. And we know that these as planned adaptations can help improve the potential effectiveness of programs by addressing issues related to fit. So for example, prevention planners may want to implement a program designed to address a community priority problems among members of that different focus population. And they want to look at the ways that they can be improving cultural fit, right? The relevance of the program language, the attitudes expressed, or the beliefs or values expressed within the program and whether the experiences that are reflected back to participants are reflective of their own experiences. So a couple of quick examples of cultural adaptations. So for one, in one American Indian community that was looking to offer a parenting program to prevent youth substance use community members worked in alongside university researchers with strong understandings of evaluation science to culturally adapt an evidence-based program that was originally developed for Latino parents.

Jessica Goldberg:

And they selected the program because it reflected many of the risks, protective factors that have been prioritized by all of those involved in the prevention planning process, including the need to support youth in different cultural environments. And so the preventionist and the researchers together incorporated native American cultural values, worldviews on parenting, family challenges specific to the native experience as well as cultural elements, like storytelling that are common across diverse tribal communities. And the participants in the adapted program reported increases in their parenting skills and then their native cultural identity, and then decreases in negative behaviors among their children. And another example, and this will be a specific program. Many of you you're probably familiar with at one point in the not too distant past, there actually five culturally adapted version of the Strengthening Families Program, including adaptations, such as culturally relevant examples, being added graphics, being changed stories incorporated and changing the reading level to be more appropriate to certain populations.

Jessica Goldberg:

And so as these different adaptations were evaluated, the original program continued to demonstrate slightly better outcomes than the culturally adapted version, but he would see, or they did see retention among the attending families was 41% better for the culturally adapted versions, right? So it gets back to what we discussed before about really meeting the needs of your audience. And then also making sure that if you're going to implement the program, that you can get your audience to the table virtually in person, whatever the case might be. It doesn't matter if you have the perfect program, if you can't get people in the seats to participate in it. And so that's just a few going a little deeper on a few of these different examples that Ivy shared. And now we're going to have our next discussion question, which is really around that idea of cultural adaptation.

Jessica Goldberg:

So I think we are going to ask you to do this in the chat, and we want to know if you've ever made cultural adaptations in your work large or small, or if not, if not, we want to ask you if you've ever considered making one. So you can use the chat box to let us know if you have, what did you change as a cultural adaptation or if you have not, what would you change if you were thinking about adapting one of your strategies to be more culturally relevant to a community that you're serving. So we'll look to those responses in the chat box, and I see many people are already typing, so we will see what folks are thinking around cultural adaptation.

Jessica Goldberg:

All right. So response is starting to come in. I see Laura, our substance prevention coalition in Las Vegas has been busy moving pack, moved to virtual quickly, offering in person self study, blended trainings, wow. I like that idea of self study blended trainings. We've shared a lot of information with community partners and have used Zoom every day. Thank you for sharing that. I see Cynthia, so in the past added a native lullaby to a parenting program to increase engagement, right? So it doesn't, I mean, and this is a really important point. It doesn't have to be a huge overhaul. And it shouldn't be really a huge overhaul of what you're doing necessarily to make something more relevant for a population that you're looking to engage. Right. But making sure, a lot of what we do in our work is making sure images are really culturally relevant.

Jessica Goldberg:

In my first few months working here, I remember working with a state that said, "houses in our state look different than houses in other states." And I had to Google to see what the person meant. And she was absolutely right. And I knew you'd get Google kind of just the street view in certain communities in her state, you could see there's sort of a design aesthetic that's not present everywhere. And so I went through and just kind of pulled out some pictures of houses or parks and other neighborhood features that would feel more relevant to those participants in my training. And it turned out I got some really positive feedback about how it was customized to really reflect what they see every day. So looking at some of the other examples coming in culturally appropriate names and updated situations, maybe as part of your materials or case studies, it looks like Philip has to change some of the names on worksheets exactly.

Jessica Goldberg:

To kind of not have it necessarily be kind of around maybe a normative view of different first names. As we have our examples, to be more reflective of the diversity in our communities. Looking at other examples, so discussing racism as a risk factor. So making that change to really have a discussion or

dialogue around the role of racism in relation to creating increased risk for behavioral health considerations, changing pronouns, I see risk factors like racism and systemic oppression, school-based and after-school settings. So having to change setting again and maybe what does it mean to go from school-based to afterschool in terms of culture schools kind of school days tend to be more structured than maybe after-school settings, at least those that I'm familiar with. So maybe there's some changes that get made when you decide or are made to decide to change the setting.

Jessica Goldberg:

Other examples, so translation, culturally sensitive language, cultural sensitivity, trainings, not assuming that people celebrate traditional American holidays. I think that's really an important one, right? So kind of having to go back and check our assumptions and in some of the ways that some of the are different worldviews are integrated into our efforts without maybe even us being aware of it, asking clients how their cultural preferences might impact their treatment and then adapting programs specifically to needs focusing in on cultural competence. These are wonderful responses. Thank you so much for these. I wanted to invite you to keep putting them into the chat, but in the interest of time, I'm going to move us on and Ivy will take us through our next decision around adaptation.

Ivy Jones-Turner:

Thanks, Jess. And yes, these are some great responses that we're seeing in the chat, and it looks like many of you have already begun to address some of what we're highlighting in this next section, which is of course, after you've already developed to be decided if and what and how to make the adaptations, you're actually making the adaptation also encouraging folks to think about how you're evaluating those adaptations that are being made. We spoke a little earlier about fidelity, specifically the fidelity to the core components of an intervention. If you're collecting and conducting, or if you have done a fidelity assessment of your programs in the past, you've already assessed some of the processes and practices of the intervention, the content, the delivery mechanisms, the methods and so on. But here now are several questions that we'd like to encourage you to consider as you are both assessing the adaptations that you're going to make during COVID to the interventions that you're implementing, but also some suggestions that we have for moving forward.

Ivy Jones-Turner:

And these are really, keeping in mind that we recognize that some of you may continue using your current interventions, but in some cases you may find that you've had questions about how well your intervention translated to a virtual environment from this spring. And so here are listed a number of questions that you might want to consider as you move forward with either selecting a new intervention or revisiting some of the updates and some of the adaptations that might be made to the intervention. So in particular, what are some of the evidence-based programs that you're looking at adapting for digital delivery? Do you know that the digital adaptation of the intervention is really likely to reach that population of interest? We know that in some cases, interventions that require a lot of online interaction may not work quite as well as adaptation, because of the internet and connectivity challenges that exist in so many parts of our country.

Ivy Jones-Turner:

And so you want to really consider, is it going to be likely to reach that population, as well? Are you finding that maybe the population is going to still engage with the intervention or are they likely to be less engaged? Are you thinking about how the program can be adapted to a virtual environment without

compromising the integrity of maybe it's the interactions, maybe it's the practice for the skills or the activities that need to be incorporated in the intervention. And of course, considering how the digital adaptations might be implemented either in real world conditions that might be unique to your agency or with a minimal burden on the participants and providers. Many of you've probably heard from some of your school partners that youth interventions that require on screen time has been experiencing less engagement of the young people because of the amount of time that they're spending, maybe in online instruction based on what the current situation is or what the recent situation has been with school closures or a hybrid model of education.

Ivy Jones-Turner:

And of course considering how the adaptation might be really seamlessly integrated into some of your existing systems of your program. Some of the things that we've talked about quite a while ago were really recognizing that there may be some other ways that you're interacting with your populations and which the adaptations might be incorporated into that. So for those of you who may be doing interventions, where you are interacting and delivering resources and materials to participants, is there an opportunity to incorporate some of the intervention for the adaptations that are being made as part of that? And then of course, recognizing that it does require some real financial resources to make the adaptations whether it's new software, whether it's new internet capabilities and trainings for your staff, as well as maybe even in those cases where you're going to distribute materials in paper format for your participants, that you have an opportunity to really invest in those materials being photocopied.

Ivy Jones-Turner:

And then of course, we'd like to just highlight a couple of examples of some COVID related adaptations. Many of you are familiar with the Botvin LifeSkills Training Program that has now incorporated a number of adaptions or adaptations to be delivered in an E or online setting as E-LifeSkills. And so the curriculum materials are available for delivery and facilitators online. They're also including a number of guidance, recommendations, and resources to support the web based delivery and interaction with youth in any of those settings, whether they're in home or in a classroom or in a hybrid learning environment. I'll just also note that both BRAVE and Strengthening Families have also done something similarly where they have included an online component to their interventions. And in particular, for some of the developers they've included additional training resources and guidance for the facilitators.

Ivy Jones-Turner:

So just to highlight a couple of those, what we'd really like to get to now though, is for you to hear an opportunity from one of your fellow implementers, to share a little bit more about how they've very specifically made some adaptation in their interventions. And so we're pleased to have Sam Harries from the New Jersey Prevention Network to share how NJPN and has really made adaptations to their wellness intervention program for seniors. And so I'm going to turn it over to Sam to share a little bit more. So Sam.

Samantha Harries:

Okay. Thank you so much, Ivy. Good afternoon, everybody. Before I tell you a little bit about WISE, I just really want to share that until COVID-19 happened, the way that we would deliver and train other community-based prevention organizations and how to deliver the WISE Program would be, we would fly all over the country. This program has been in existence for about 15 years and we would travel to Indiana, to California, to Oregon and...

PART 3 OF 4 ENDS [01:09:04]

Samantha Harries:

we would work with local community-based organizations and doing their trainings. But as we began to recognize that this may not be our reality for some time moving forward, NJPN underwent a three-month internal process to modify and adapt our curriculum to meet the needs of the new environment that we're all living in. All of the work and time that we spent on this culminated about three weeks ago in our very first 2 day virtual WISE facilitator training. There were individuals representing six different States from all over the country who learned about the program and how they would be able to serve older adults in their respective communities. While this has been an incredibly challenging time, we as facilitators and the agency that developed the WISE program really have looked at this almost as an opportunity to be able to reach out and serve more than we might have been able to in the past, if that makes some sense.

Samantha Harries:

So let me tell you a little bit about WISE. The Wellness Initiative for Senior Education is an evidence-based health and wellness program for older adults. And the curriculum has an emphasis on medication management and the prevention of substance abuse issues because of the unique circumstances that most older adults face as they age, but the program was really truly designed to focus on the overall health and wellness of older adults. The goal of the program is to help our older adults celebrate healthy aging, making healthy life choices, and avoiding substance abuse. Now, a little bit of the history of the WISE program is that WISE was created after a reporter in New Jersey visited his mother and an older adult community on recycling day. As he drove through the community, he noticed that the recycling bins on the curb were filled with beer cans and liquor bottles.

Samantha Harries:

He was struck by this. He wrote an article about his observation and his concerns about the issue. And here we are so many years later with the program. The program, after it was developed, went through many years of evaluation and one of the things that we're really happy to share is that it has been found to positively impact participants, really in three key areas. Knowledge, behavior, and social support. As NJPN started to look at making adaptations, we knew that it was critical to ensure that any changes we made supported those three areas that we know are really the foundation of the program. The goal of the program is not just to increase the knowledge of older adults, but to instead increase their knowledge and cause them to actually make those behavior changes. What we learned through the evaluation process was that as a result of the WISE, program participants that had gone through the curriculum or found to learn more about how their bodies aged, how their bodies processed alcohol and medication, and early signs and symptoms of depression.

Samantha Harries:

In addition, participants made behavior changes having to do with their lifestyle choices, their healthcare empowerment, and their use of medications. These are things that we did not want to lose in any of the adaptations that we are doing. So a couple of statistics that we learned, 84% of the participants who went through the program, within six weeks began to start making some changes. In fact, most of the participants made approximately seven behavior changes. They either reduced or eliminated alcohol use, older adults who went through the program started to use a pill box to organize their medications. They kept a list of medications in their purse or wallet. Maybe they changed doctors.

They felt empowered now to ask their doctors questions or talk to a friend or counselor when they were feeling down.

Samantha Harries:

In addition to these behaviors, participants in the WISE program also indicated that they felt an increase in social support after participating in the program because they gained a network of support and a sense of belonging among the other participants. And during this time of the COVID-19 pandemic, anything that we can do to support our older population to deal with isolation and loss is even more important.

Samantha Harries:

So WISE is comprised of six lessons. The six session program, each of the lessons builds upon the previous one. So lesson one is entitled "Understanding the changes associated with aging." It really sets the stage for the entire program. We look at what contributes to the aging process and how we can live longer and healthier lives. Lesson two is all about aging sensitivity. We discussed the reality of the biological effects, or the physical effects of aging, and we try and help participants understand how aging impacts the body and how being educated about these changes can help prepare for them as well as recognize the positive sides of getting older. So often when we bring our older adults together at first, when you ask them, "Well what's something that's positive about aging?" You hear so many negative comments, but when we put them together and give them an opportunity, really, to start thinking about some of the positive pieces, it really helps to start to shift the mindset. And we start to see some positive changes.

Samantha Harries:

Lesson three is on valuing cultural and generational diversity. In this lesson, we define and discuss diversity, including diversity among older adults, examining similarities and differences within this diverse group. Lesson four covers medication and the older adults. The lesson was recently updated to include the responsibilities of older adults locking up their medications and properly disposing of them if and when they're no longer needed. Many of us in the prevention world don't just work with one age group we work across the continuum of our communities, and we really felt that this was an important message to get across in our curriculum, to not only support our older adults, but also our youth that are coming up.

Samantha Harries:

It also helps adults understand that medication misuse may mean something different than they realize. Lesson five focuses on the addiction of alcohol, tobacco, and other drugs in the older adults. This lesson includes an important discussion on the disease concept, since not everyone, regardless of their age, understands an addiction is a disease. It's not something that affects people who make unhealthy choices, it is in life. A lot of times we still find that our older adults look at addiction as a moral failing or have a lot of judgment about it. So I really actually loved that lesson to open up the conversation and have some of those tough pieces. And finally, lesson six is really a celebration of an enhanced quality of life. This lesson pulls it all together and ends the group on a positive note, reminding our older adults that they have the power to impact their health by lifestyle choices they make. There's a great brainstorm about ideas to help them stay healthy and active at the end of this lesson.

Samantha Harries:

So while we were making adaptations, it was really important that we look at the foundations that the program was built on. And our WISE program is built on the health belief model. The health belief model states that in order to make change, six things need to happen. One is a recognition that health behaviors make a person susceptible to health conditions. Susceptibility. Perfect example, smoking cigarettes can lead to multiple negative health outcomes. The conditions could be severe and can significantly impact the quality of life. Severity. The changes that a behavior will help reduce the risk associated... The benefits of making a change. We ask seniors "Well, what could be the benefits to your health if you make this one behavior change?" We talk about the costs, the benefits outweighing the costs. There's sometimes a cost to behavior change, like an initial discomfort. But those costs are far outweighed by the benefits. We know that there's a cue to action. That situations can prompt a person into action, such as participating on a program, or receiving advice from a doctor. And then their self-efficacy. A person must be confident in their ability to make the changes needed.

Samantha Harries:

And one of the really exciting things about this program is, all throughout the six lessons, not only in the way that the program was developed, but through the adaptations that we've gone through and made, there are opportunities in every single lesson to practice all of the different components that we're teaching. And I'll run through an activity quickly at the end just to give an example of how we've made those adaptations. So in helping participants reach the point of feeling empowered to make a change, the WISE program aims to build a bridge to guide participants through the health belief model. Each WISE activity is designed to build on the activity before it, creating a bridge between the introduction of a new idea or concept and the understanding and ability to act on that concept.

Samantha Harries:

Each lesson is begun by introducing the theme and the topic of the day. The goal of this introduction is to help participants believe they are susceptible to a specific condition and that the condition itself can have serious consequences'. Severity. Then through the next few activities, facilitators engage in further understanding of the topic. This includes helping participants understand that they have the ability and the skills to feel empowered to change their susceptibility and severity of the conditions addressed in that week's topic through and by taking action. By directing participants through the activity, facilitators help participants identify the benefits of taking control of their own behavior, which goes back to benefits to action, as well as any barriers that they may encounter.

Samantha Harries:

Each activity provides further resources and information for participants. Facilitators help in providing the tools by teaching participants the skills needed to feel empowered to engage with these resources, essentially prompting them to act, which is our cue to action in order to achieve change. Each activity ends with a reflection on the topic covered, which provides an opportunity for participants to process what they've learned and how they'd like to move forward, gaining the confidence they need to take action. That confidence is what grants participants self-efficacy and allows them to make more positive and healthier behavior changes. Essentially, by introducing the themes of each lesson actively and by facilitating the reflections that take place afterwards, a bridge is being created that helps connect each individual activity to the theme of the overall lesson.

Samantha Harries:

Our WISE theory. In the first component we found that if older adults understand how their lifestyle choices and behaviors impact their health, then they can make more positive choices and as a result experience improved health outcomes. The second component, we found that when older adults have the tools to feel empowered to manage their healthcare, specifically their medications, then they will be less likely to experience, mismanage, or misuse their medications. And the third component, we found that when older adults learn how their changing bodies are affected by alcohol and medication, they're less likely to use alcohol and medications problematically. And then the final component, we found that some of the changes older adults are experiencing can cause isolation and loss, which can lead to depression. Once a person begins to experience the signs and symptoms of depression, we all know it can be much more difficult for an older adult to handle that and reach out and ask for help.

Samantha Harries:

So as COVID has hit and has spread across the country, we at NJPN had been receiving multiple calls asking what can agencies do to make the changes in order to still serve their older adult populations. Some were looking to serve older adult populations virtually, some were looking to serve them in residence where multiple older adults lived, some were looking to do it over the phone. So what we had NJPN did was take all of those calls, all of those questions and we started by developing a survey internally that we sent out nationally to any of the agencies that had been trained over the years, asking for input and what they've been doing since COVID-19 hit. Have they been facilitating it? If they have, what does that look like? If they haven't, what are some of the barriers that they've encountered? What can we do to help them support them? We wanted to know who, what, where and how trained facilitators were able to use or not use the program.

Samantha Harries:

We were very grateful. We received feedback from over 60 different individuals, which was incredibly helpful. We then formed a committee and pulled together the NJPN training team and a couple of key stakeholders in New Jersey that had been delivering the program for a long time. We knew that we needed multiple voices at the table in order to adapt the program in a way that would be meaningful for the older adults that we were serving. Then we went through and we dug into the curriculum. We spent a lot of time on this because we really wanted to make sure, as I stated before, that we stayed true to the foundation and the fidelity of the program with any changes that we made.

Samantha Harries:

And what we did was, we looked at each and every one of the activities. We had to look at how the activity could be delivered in person, as we call it traditional way. How we can deliver it virtually. We had to look at whether or not the older adults would have access to, or were able to take advantage of, Zoom or other technologies and how the program might be able to be delivered over the phone. This was one of the most challenging pieces for multiple reasons. We recognize that the population we're charged with serving with the curriculum isn't one that's always so tech savvy. So before we put out an adapted curriculum, we wanted to make sure that there was more than just the one option, so that people could continue to participate.

Samantha Harries:

So one of the things that we did, one of the activities that we have is called truth or myth. And normally in person there are cards, that if there are 15 or 20 older adults in the room, each one would have a truth card, each one would have a myth card. They would read out a statement. We'd ask them to raise

a card for truth or myth. What we did was, on our facilitator manual now we have not only how to deliver it in person, but we also have virtual experience. Step one, we start talking about Zoom and polling features. We start talking about breakout rooms. We work with the individuals that were training to utilize turning cameras on or off. We work with individuals to either use thumbs up or thumbs down. So we really wanted to try and give the individuals that we were working with, the facilitators, different options that they could utilize.

Samantha Harries:

We mapped out the in-person steps, step one, step two, step three, exactly the same way if it was in-person. If it was a virtual, step one, step two, step three. And then we also have a phone session, step one, step two, step three. So in order to be able to deliver this program over the phone, another positive outcome of COVID-19 was, if there are any and trying to look at the bright side of it, is that NJPN with the help of the committee that was formed developed a participant workbook. This was something that we had talked about for some time. It was just one of those things that we knew we wanted to do we just hadn't gotten around to doing it. So this was a bit of an opportunity.

Samantha Harries:

We now have a workbook that anybody who is looking to deliver the program across the country to older adults, whether it's in-person, whether they are geographically spread out, whether they are individuals living in a senior residence hall, they can actually take that workbook and they can hand it out to their individuals and they can go through it over the phone, in person, or virtually. So we thought that that was a wonderful support and that was something again that we had heard about from people that we had trained for a long time. So we're happy that that is another tool in the toolbox.

Samantha Harries:

One of the things that we're working on is updating marketing materials to share with partners. We're utilizing feedback from those that we trained. We had heard a lot of how can agencies do alternative recruitment because obviously they can't pull seniors together for a while. What kind of incentives could they offer? Usually food and lunch is brought in to serve the older adult population, but that has also changed. We're talking about the length of the program for those seniors that have been served by some of our partner agencies. Normally the program is about two hours in length, and we're looking at adapting that in a shorter timeframe, because we're finding that the older adults are not adept at staying on the computer for two hours as our world has all evolved into.

Samantha Harries:

And lastly, the important component that we're working on is evaluation. We haven't quite stuck that out yet. We definitely want to work with our partners that are delivering the program to ensure that we're still getting consistent results. So we are still in the process of modifying our evaluation component. And that is all that we have from NJPN. Does anyone have any questions?

Ivy Jones-Turner:

Sam, this is Ivy. I'd really like to thank you for such a rich and broad overview of how you've really gone from the very beginning to this point of evaluating your intervention and the adaptations that have been made. I know we're coming up close to the end of our time today. So I'll just ask that if folks do have questions to please put them into the chat, but as we begin to close out our last session... Again, thank you so much, Sam, for this overview of the WISE program and how you've made the adaptation to a

virtual environment and as well in particular providing guidance for the implementers. At this point, what we'd like to do is to invite folks to be sure to share with us some of your comments and questions and ongoing thoughts about the session today, as well as our first session, by completing our brief evaluation form.

Ivy Jones-Turner:

It's really helpful for us to have feedback from you, as well as to hear some of your ongoing questions and comments. As noted earlier, we will be making a recording of this along with the slides available to everyone who's registered, but we'd really love to hear back from you in the meantime, as we develop some additional resources and materials, and we hope to incorporate and highlight a couple of key things that have been shared. The very last thing I'll show is our contact information. And so Sam has been gracious to provide her contact information, but if you would love to share any further ideas or questions or follow up, just in terms of information about her experience with the WISE program, that you can contact NJPN and Sam at the email addresses listed.

Ivy Jones-Turner:

Again, thank you so much, Sam, for such a rich overview and leading us and really walking through the details of the experience that NJPN has had most recently. And then also thank each of you who have been present for today's session. We look forward to hearing from you in your evaluation surveys, and we look forward to hearing from you by email. Thanks so much folks. Have a great afternoon.

Speaker 1:

The meeting is now over. All the participants have-

PART 4 OF 4 ENDS [01:30:42]