



2

## **Starting a Community Health Promotion Program: Step-by-Step Guidelines for Organizers**

You, the chief organizers of this program, will need to have some basic ideas firmly in mind as you set out to launch the first post-polio wellness program in your community. Potential supporters will want to know why such a program is being held and who will benefit. As the program planners, you will need to be prepared to answer all possible questions and then move forward to create a well-received and effective wellness program that will be a model to other communities. You can make it happen--one step at a time...

### **STEP ONE: KNOW WHY THIS PROGRAM IS GOING TO BE HELD**

**This program focuses on staying well for years to come.**

It's important to know "the whys" as you begin to make this program happen so you can share that mission with others. This program focuses on staying well for years to come. Its goal, therefore, is to promote wellness behaviors by sharing information, including long-term follow-through techniques, and practicing new

wellness tactics and strategies in an enjoyable environment of group support. This program should not dwell on explaining the past. Instead, it is action-oriented and positive, focused on the "here and now" as well as a health-filled future. People should feel refreshed and enlivened when they leave for home, not overwhelmed, drained or more disabled! The entire experience should be FUN for everyone.

### **STEP TWO: FIGURE OUT WHO WILL BE INVOLVED**

Who will be the chief organizers? It is highly recommended that a team or central steering committee comprised of persons from the community with various areas of expertise be formed so that organizational tasks can be divided. The steering committee might consist of several polio support group members, an individual from a local service club, a local physician or other health care professional, a representative of the facility where the program is being held, a representative from the local business community and from a center for independent living, Easter Seal Society or March of Dimes. For practical workability, it is recommended that the central steering committee consist of no more than eight members. Once the steering committee is in place, it will be important for members to agree upon the committee's goals. With overall program goals in mind, the committee will need to decide upon the frequency of regular meeting times, as well as tasks to delegate that will be necessary to get the program started.

Who will the program target as participants? Will it be limited to people who had polio or will those with other disabilities be included? If so, which disabilities? What levels of locomotor disability will participants have? Mild, moderate, severe? How many will be wheelchair-users? Will they be mostly men or women? How old will they be? What type of medical clearance will individuals need to participate? How will they be recruited? How will they find out about the program? What are minimal and maximal number of participants?

Who will lead/teach/facilitate the program activities? How will facilitators be recruited and prepared? Would there be a training workshop for them before the

program? Who would qualify to be a facilitator? Who would not qualify? Facilitators for most sections or units need a professional background in that particular subject area. Since the participants' health is at stake, all facilitators must be carefully selected and screened for professional knowledge and willingness to learn new information about people with a history of polio. The introduction to the curriculum in Chapter 3 will give facilitators who have general knowledge and experience in their field the necessary special information about the post-polio issue so they can be effective in guiding participants through program ideas and activities.

The following national associations would be good contact resources for potential professional program facilitators in your area. You may write to them for more information:

-to facilitate Nutrition Unit:

American Dietetics Association  
216 West Jackson Blvd. Ste. 800  
Chicago, IL 60606-6995

-to facilitate Sections D, E, F of Lifestyle Enhancement Unit:

American Occupational Therapy Association  
1383 Piccard Drive  
Rockville, MD 20850-4375

-to facilitate Exercise Unit:

American Physical Therapy Association  
1111 North Fairfax  
Alexandria, VA 22314

-to facilitate Sections A, B, C of Lifestyle Enhancement Unit:

American Psychological Association  
1200 17th Street N.W.  
Washington, D.C. 20036

-to facilitate Sections A, B, C, D of Lifestyle Enhancement Unit:

National Association of Social Workers  
7981 Eastern Avenue  
Silver Springs, MD 20910

### **STEP THREE: DETERMINE WHERE THE PROGRAM CAN BE HELD**

**"Accessible" means entree can be accomplished anywhere in a wheelchair.**

Where will the program be held? Is it within reasonable driving distance for participants? What community facilities have a heated pool, floor area appropriate for exercising, and two conference rooms? How accessible are these facilities? "Accessible" means entree can be accomplished anywhere in a wheelchair. In other words, there is close parking with curb cuts; barriers such as ice, snow, and debris are vigilantly removed; there are elevators or no stairs. The facility should have a warm-water pool with a lift, ramp, or available personnel to manually assist individuals into the pool; and a shower room that people with slippery crutch tips can walk through or access by using an extra available wheelchair that can get wet. The facility should also have bathrooms that are large enough to accommodate wheelchair entry, use, and exit.

It is also important that all of a facility's areas be close together so participants can move from one room to another in a few minutes and with ease. The room temperature should not be too cold and furniture needs to be comfortable. There should be a convenient room for participants' traveling companions to relax in or to participate in organized activities, if they wish, during the scheduled program time. A room to prepare refreshments would also be a plus. Organizers could also ask if the facility will need to have a security guard hired to open and close it. If so, what would be the added hourly expense to consider?

#### **STEP FOUR: DECIDE WHAT THE PROGRAM'S CONTENT WILL INCLUDE**

**Use this manual's curriculum guide as a planning tool, but also be encouraged to leave room for any alterations within those guidelines.**

What, generally, will be covered in this program? Which of the following areas should be included? Nutrition, water exercise, floor exercise, positive self-esteem (ego-fitness), stress management, assertiveness skills, community resource utilization, leisure activity planning, personal resource management, other? Identify and prioritize targeted topic areas early in the planning process. Use this manual's curriculum guide as a planning tool, but also be encouraged to leave room for any alterations within those guidelines. For example, you may want to only use a few units or sections of the curriculum. Perhaps nutrition, aquatics and stress management seem to be most suitable and applicable topics for your group after you have surveyed their needs. Perhaps they want to create an entirely different section than any of the ones presented in this manual. That can be an appropriate variation, also. The most important factor to consider when choosing curriculum is **relevance**. Targeting activities for participants with relatively similar severities of locomotor disabilities is another way to insure relevance when all topics are not included. Of course, organizers must also consider availability of well-trained facilitators when selecting content. An unavailability of highly qualified facilitators should weigh very heavily as a factor when omitting program content. Content should not be covered if there is not a qualified facilitator to present it.

Once the basic curriculum is chosen and facilitators are hired, it is the task of the facilitators for each section to create plans for the exact content that will be covered in each program session. Facilitators must be allowed to use professional judgement to adapt the content material to their presentation styles and to the needs of group members. Program organizers and facilitators need to define their independent roles as they work together as a team. These roles should be determined and clarified from the very beginning of the programming process.

Also decide if you, as an organizer, want to arrange special presentations for participants' traveling companions, who may be spouses, children, significant others, friends, or personal care attendants. These activities could include rap sessions, videotape presentations, or special topic presentations by guest speakers.

## **STEP FIVE: DESIGNATE WHEN THE PROGRAM ACTIVITIES WILL OCCUR**

**Program activities can be scheduled whenever they are most convenient for everyone...**

Program activities can be scheduled whenever they are most convenient for everyone--organizers, facilitators, and participants. The proposed schedule that follows is a six-month activities plan that takes place once a week, either on a weeknight or on a Saturday morning, for three hours each time. Please note that this is just one example of a program schedule--organizers may create any schedule that works well. The schedule for program activities will also depend upon group size. Eight to 12 persons is the ideal enrollment size for any group of participants. If more than 12 people enroll, it is recommended that two groups of six or more revolve simultaneously during the course of the scheduled meeting time. The proposed schedule illustrates how two groups of 8 to 12 participants could be scheduled at one facility for a three-hour meeting time.

**It is recommended that the program be at least 12 weeks in duration and that participants meet at least once per week and have at-home activities taking place between meetings.**

Alternate schedules could be planned for a shorter duration two or three times per week, for a longer time on Saturdays (perhaps for five hours with lunch in the middle), and/or for a fewer number of weeks. It is recommended that the program be at least 12 weeks in duration and that participants meet at least once per week and have at-home activities taking place between meetings. Exercise sessions could be at least 90 minutes long to allow for changing clothes and some post-session time to relax. Nutrition and Lifestyle Enhancement sessions could be at least 45 minutes long to allow for adequate presentation and activity development time.

## A Proposed Schedule of Program Activities

Activities could occur once per week for 12-24 weeks and follow a weeknight or Saturday morning schedule.

### WEEKNIGHT SCHEDULE

Time	Group 1	Time	Group 2
6:00	<b>EXERCISE</b> - Arrive and change clothes - Swimming Pool/Gym	6:00	<b>NUTRITION</b> - Arrive and weigh in - Presentation - Personal planning
6:20		6:45	
7:10	- Change clothes		<b>LIFESTYLE ENHANCEMENT</b> - Presentation - Discussion - Personal sharing
7:30	<b>NUTRITION</b> - Arrive and weigh in - Presentation - Personal planning	7:30	<b>EXERCISE</b> - Arrive and change clothes - Swimming Pool/Gym
8:15		7:50	
	<b>LIFESTYLE ENHANCEMENT</b> - Presentation - Discussion - Personal sharing	8:40	- Change clothes
9:00	Depart	9:00	Depart

or

### SATURDAY MORNING SCHEDULE

Time	Group 1	Time	Group 2
9:00	<b>EXERCISE</b> - Arrive and change clothes - Swimming Pool/Gym	9:00	<b>NUTRITION</b> - Arrive and weigh in - Presentation - Personal planning
9:20		9:45	
10:10	- Change clothes		<b>LIFESTYLE ENHANCEMENT</b> - Presentation - Discussion - Personal sharing
10:30	<b>NUTRITION</b> - Arrive and weigh in - Presentation - Personal planning	10:30	<b>EXERCISE</b> - Arrive and change clothes - Swimming Pool/Gym
11:15		10:50	
	<b>LIFESTYLE ENHANCEMENT</b> - Presentation - Discussion - Personal sharing	11:40	- Change clothes
12:00	Depart (option: group lunch)	12:00	Depart (option: group lunch)

## **STEP SIX: WRITE UP HOW THE PLAN WILL HAPPEN**

How will the program be initiated? What needs to happen first, second, third, etc? Who will do what? How will this program be funded? How much financial support will be needed to hold an effective program? What are reasonable costs for participants to assume? What hourly fees will qualified facilitators expect?

Create a step-by-step action plan. Oftentimes, using a written plan clarifies the program development process and it can be utilized as a springboard for even better ideas as you go along! The "Organizer's Action Plan" is an idea for a form that can help you get started. It is divided into the following nine sections:

Phase One--Establish a Working Core

Phase Two--Design the Program

Phase Three--Create a Program Budget and Plans for Funding

Phase Four--Publicize the Program

Phase Five--Select and Prepare Facilitators

Phase Six--Select and Prepare Participants

Phase Seven--Conduct the Program

Phase Eight--Evaluate the Program's Success Level

Phase Nine--Inform and Help Others Succeed in Conducting  
a STAY WELL! Program



**STAY WELL!  
ORGANIZER'S ACTION PLAN**

**Phase One--Establish A Working Core**

Task	Notes/Ideas	Person Responsible	Deadline
<p>1. See the need. -Are there polio survivors in your community who need to stay fit? -How many? -Would they come to a program?</p>			
<p>2. Seek a facility. -Is there an accessible place to hold a program such as this? -Is it available? -Is it convenient?</p>			
<p>3. Share your ideas with others. -Are there friends/ leaders in the community who are also interested in the idea? -Who are they? -How and when will you contact them?</p>			

**Phase One--continued**

Task	Notes/Ideas	Person Responsible	Deadline
	<p>4. Offer others the opportunity to help.            -Invite other people to be on the Steering Committee.            -As a group, they should have skills that include:            --fundraising            --publicity            --health care            --hospitality/public relations            --organization/administration            --teaching            --experience with polio's late effects            --other _____</p>		
	<p>5. Establish the Steering Committee.            -Choose committee members.            -Invite them to the first meeting.            -Designate roles: will there be a program/activities coordinator to oversee STAY WELL! events? Will this person also attend each program meeting in addition to the facilitators?            Will there be an elected chairperson for the Steering Committee?</p>		
	<p>6. Meet as a committee.            -Call for ideas.            -Set goals for program.            -Establish time lines &amp; deadlines.            -Delegate responsibilities.</p>		

**Phase Two--Design the Program**

<b>Task</b>	<b>Notes/Ideas</b>	<b>Person Responsible</b>	<b>Deadline</b>
1. Review Chapter 3 (Curriculum).			
2. Select an accessible facility. -Inquire on rental cost, available office, audiovisual, kitchen, & fitness equipment. -What kind of staff does the facility either provide or require?			
3. Select curriculum sections that would be relevant to prospective participants & possible to do at the facility. -Determine whether participants can join the program anytime or if there should be constraints.			
4. Contact sources of possible facilitators. -Inquire about fees, materials, equipment, or services that you need to provide. This will assist with budget projections.			
5. Set the program's overall time lines (e.g. the program will run January to June) & master schedule for session planning (e.g. sessions will occur every Thursday, 6-9 p.m.).			
6. Estimate target number of participants, enrollment quota and enrollment deadlines.			
7. Contact sources of potential volunteers (colleges, service clubs, etc.) to help facilitators lead sessions.			

**Phase Three--Create a Program Budget and Plans for Funding**

Task	Notes/Ideas	Person Responsible	Deadline
<p>1. Write up a budget.</p> <ul style="list-style-type: none"> <li>-How much will the program cost?</li> <li>-What are facilitator fees?</li> <li>-What will a pre-program training workshop cost?</li> <li>-What are facility rental costs?</li> <li>-What will session handouts/ materials/equipment cost?</li> <li>-What hospitality (refreshments, nametags, etc.) expenses will there be?</li> <li>-What will the pre-program publicity cost be?</li> <li>-What will post-program follow-up mailings/ telephone calls cost?</li> </ul>			
<p>2. Obtain funding support.</p> <ul style="list-style-type: none"> <li>-Private individuals?</li> <li>-Private companies?</li> <li>-Private foundations?</li> <li>-Service organizations?</li> <li>-Local health facilities?</li> <li>-Public educational sources?</li> <li>-Participant tuition?</li> <li>-Other _____.</li> </ul>			
<p>3. Obtain volunteer/in-kind support (use of talent, space, equipment, materials.)</p> <ul style="list-style-type: none"> <li>-Community resource people.</li> <li>-Service organizations.</li> <li>-Health care workers.</li> <li>-Local facilities.</li> <li>-Other _____.</li> </ul>			

**Phase Four--Publicize the Program**

<b>Task</b>	<b>Notes/Ideas</b>	<b>Person Responsible</b>	<b>Deadline</b>
<p>1. Find out what avenues of publicity are available in your community.</p> <ul style="list-style-type: none"> <li>-Contact local radio and TV stations, newspapers, &amp; other sources of advertising.</li> <li>-Is there a cost?</li> <li>-Inquire with local newspapers to see if they will publish a feature article about STAY WELL!</li> </ul>			
<p>2. Disseminate the information.</p> <ul style="list-style-type: none"> <li>-Contact local post-polio support groups.</li> <li>-If your state has a post-polio registry, mail STAY WELL! invitations to registrants within a certain radius.</li> <li>-Contact agencies that serve people with disabilities.</li> <li>-Write letters and mail flyers to physicians, hospitals, and other health care providers for their patients.</li> <li>-Make flyers to post around town (i.e. schools, shopping centers, libraries, community bulletin boards, etc.)</li> </ul>			

**Phase Five--Select and Prepare Facilitators**

Task	Notes/Ideas	Person Responsible	Deadline
<p>1. Recruit potential facilitators.</p> <ul style="list-style-type: none"> <li>-Contact local employers, schools, &amp; professional associations for recruiting recommendations.</li> <li>-Contact/advertise for facilitators &amp; invite them to send resumes.</li> <li>-Qualifications should include:               <ul style="list-style-type: none"> <li>--experience with and/or willingness to learn about polio's late effects.</li> <li>--working knowledge of curriculum sections that they would teach.</li> <li>--availability and sincere commitment.</li> <li>--teaching/facilitation experience.</li> </ul> </li> </ul>			
<p>2. Figure out your screening process.</p> <ul style="list-style-type: none"> <li>-Decide who will interview candidates, where, and when.</li> <li>-Rank qualifications.</li> <li>-Screen resumes.</li> </ul>			
<p>3. Conduct interviews &amp; select most qualified candidates.</p> <ul style="list-style-type: none"> <li>-Be sure to send thank you letters to those who were not selected.</li> </ul>			
<p>4. Decide upon and sign a contractual agreement.</p>			
<p>5. Plan and conduct a pre-program training retreat or workshop for facilitators. This could include guest presentations by regional experts on the post-polio issue.</p>			

**Phase Six--Select and Prepare Participants**

Task	Notes/Ideas	Person Responsible	Deadline
<p>1. Determine the selection criteria for participants.</p>	<ul style="list-style-type: none"> <li>-Can any polio survivor attend?</li> <li>-Define what levels of disability this program will be able to accommodate. (Mild, moderate, severe? Please refer to the introduction in Chapter 3 for definitions.)</li> <li>-Can a person have another disease besides polio?</li> <li>-Can a participant have a locomotor disability caused by a disease other than polio?</li> <li>-Can a person have a mental illness?</li> <li>-Can a participant have a learning disability?</li> <li>-Could a person be too well or too ill to attend?</li> <li>-Should participants have medical clearance from a physician to attend?</li> <li><i>(Note: The editors believe that this is extremely important. A recommended letter of introduction and medical clearance form follow. These may be photocopied and distributed to participants in advance.)</i></li> <li>-Could a participant be expelled from attending program sessions? If so, for what reasons? Should any requirements be contractually agreed upon before the first program meeting?</li> </ul>		

**Phase Six--continued**

<b>Task</b>	<b>Notes/Ideas</b>	<b>Person Responsible</b>	<b>Deadline</b>
<p>2. Prepare participants for program activities. -Send letters welcoming them to the program and explaining what they will need to bring to the first meeting. -Plan a welcome/introductory gathering for the first activity. This can be used for getting to know each other, laying ground rules, and other orientation details. This meeting will set the tone for the entire program, therefore, it will be important to decide how to establish a positive first impression of the program &amp; its leadership.</p>			



**STAY WELL!**  
**A Health Promotion Program**

Dear Physician,

Your patient has expressed an interest in participating in a health promotion program that is specifically designed for people with a history of paralytic polio or other neuromuscular disability. The program will specifically address nutrition, exercise and lifestyle in general terms as they apply to the prevention of secondary conditions among people with disabilities. Since it is recognized that this program cannot treat or cure medical conditions and that individual participants may have unique conditions that could be made worse by the program's activities, you are asked to inform the program's staff of any chronic medical conditions, of prescribed medications or diets, and of activity restrictions.

After completing the attached "physician consent" form, please indicate your approval for this patient's participation in the program, consistent with your restrictions and/or precautions. It is asked that the results of a blood pressure recording and a routine electrocardiogram within the past year be documented. Although not specifically required, you are urged to consider documenting your patient's risk for cardiovascular disease by obtaining a serum lipid profile (total cholesterol and high density lipoprotein cholesterol). Additionally, you are encouraged to consider the need to obtain an exercise capacity or activity stress test for your patient to rule out occult cardiac disease that must be defined prior to his/her engaging in any of the cardiovascular training activities that will be described or demonstrated in the program.

Thank you for your support and encouragement of your patient's desire to maintain and improve his/her health and wellness. Please contact the STAY WELL! program organizers for any further information.

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Co-Editor, *STAY WELL!*  
*The Polio Network's Manual For A Health Promotion Program*

**PHYSICIAN CONSENT FOR PARTICIPATION IN "STAY WELL!",  
A HEALTH PROMOTION PROGRAM**

Participants are asked to return this form to STAY WELL! program organizers.

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

Medical Diagnoses: \_\_\_\_\_  
\_\_\_\_\_

Prescribed Medication: \_\_\_\_\_  
\_\_\_\_\_

Activity Restrictions/Precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Date: \_\_\_\_\_

Electrocardiogram: Normal \_\_\_\_\_ Date: \_\_\_\_\_

Abnormal \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~~~~  
I verify that \_\_\_\_\_  
(patient name)

is medically able to participate in a nutritional and exercise educational program to promote wellness, including range of motion/gentle stretching of body parts and mild to moderately strenuous activity consistent with his or her abilities and the above listed activity restrictions/precautions.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Phase Seven--Conduct the Program**

| Task | Notes/Ideas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Person Responsible | Deadline |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|
| 1.   | <p>Organizers should know the program logistics.</p> <ul style="list-style-type: none"> <li>-Does everyone know where to be and when to be there?</li> <li>-Will there be a coordinator to greet people, make sure facilitators have what they need, and that facility preparations are made?</li> <li>-Is the first meeting well-planned?</li> <li>-How should every meeting thereafter run?</li> <li>-Will there be refreshments for everyone at all meetings?</li> <li>-Is time planned/allowed for socializing?</li> <li>-Will the last meeting be "a special event?"</li> </ul> |                    |          |
| 2.   | <p>Facilitators should know the program curriculum based on Chapter 3 of this manual as well as understand program logistics.</p> <ul style="list-style-type: none"> <li>-Handouts, equipment and other materials should be in place.</li> <li>-Follow-up forms for feedback should be prepared.</li> <li>-Volunteer helpers should know what to do.</li> </ul>                                                                                                                                                                                                                      |                    |          |

**Phase Eight--Evaluate the Program's Success Level**

| <b>Task</b>                                                                                                                                                                                   | <b>Notes/Ideas</b> | <b>Person Responsible</b> | <b>Deadline</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|-----------------|
| 1. Meet with entire staff of organizers and facilitators to review all program and section evaluation forms.<br>-Tabulate areas of strength & weakness.                                       |                    |                           |                 |
| 2. Plan to complete long-term follow-up evaluation by using the form found in Chapter 4 within six months to one year. Review the results of the long-term survey with a group of volunteers. |                    |                           |                 |

**Phase Nine--Inform and Help Others Succeed  
in Conducting a STAY WELL! Program**

| Task                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Notes/Ideas | Person Responsible | Deadline |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|----------|
| <p>1. Write up your experience with conducting this STAY WELL! program.</p> <ul style="list-style-type: none"> <li>-Describe what you did.</li> <li>-Comment on what worked and what didn't work.</li> <li>-Discuss the value of starting a similar wellness program for polio survivors in other communities.</li> <li>-You are encouraged to send this report to the Polio Network, Inc. and to the University of Michigan Post-Polio Program in Michigan for their feedback and follow-up purposes; and to The International Polio Network in St. Louis, Missouri as an article for publication in <i>Polio Network News</i>.</li> </ul> |             |                    |          |

## STEP SEVEN: DOUBLE-CHECK YOUR OVERALL PLAN

### A Quick Checklist For Organizers

It is important to review the program from the participant's perspective during the planning process. The following checklist includes items to remember from the participant's point of view:

1. \_\_\_\_\_ The program is going to be held in an accessible facility.
2. \_\_\_\_\_ Transportation options for participants to travel to and from the program have been considered.
3. \_\_\_\_\_ Facilitators and organizers have a clear understanding of the late effects of polio and its complications.
4. \_\_\_\_\_ Facilitators are ready to individualize curriculum content for each participant.
5. \_\_\_\_\_ The selected curriculum will be relevant and applicable to participants.
6. \_\_\_\_\_ Plans have been made to instill a sense of fun and warm hospitality during program meetings.
7. \_\_\_\_\_ Time has been allotted for socialization at program meetings.
8. \_\_\_\_\_ Attending the program will not be a financial strain upon participants.
9. \_\_\_\_\_ Participants will be given freedom to come and go from sessions, attend the program as they choose, and not feel pressured to perform.
10. \_\_\_\_\_ Participants will feel neither smothered nor neglected at program sessions.
11. \_\_\_\_\_ Enough assistance is provided for participants to succeed at what they want to accomplish.
12. \_\_\_\_\_ Participants will be shown and reminded of their progress toward greater wellness.
13. \_\_\_\_\_ Program sessions are so well-planned (i.e. sensitive, interesting, impactive) that participants will not want to miss anything.
14. \_\_\_\_\_ Everyone will be made to feel accepted and respected.
15. \_\_\_\_\_ Participants will leave the program knowing more clearly that it is possible to feel better and **Stay Well!**