

Healthy Living Initiative

Evaluation Report:

Get Out and Live (GOAL) Pilot Results

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Prepared for:

Healthy Community Coalition, Franklin County
Healthy Living Initiative

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Executive Summary

Purpose of the Report

The report is intended to be used to inform Advisory Committee members, program staff, and other stakeholders about the progress, achievements, gaps, and limitations of the pilot stage of this initiative. This evaluation report is issued in that spirit.

It is our hope that information provided herein will be seen as an invitation to celebrate the successes and that it will serve as the impetus to make improvements that will ultimately strengthen the initiative. The findings of this evaluation should be viewed as a learning opportunity and one of several tools utilized to ultimately help strengthen the efforts to improve the health of those living in Franklin County.

Background Information

In response to the health risks of their community, the Healthy Community Coalition (HCC) of Franklin County has proposed their *Healthy Living Initiative* in order to encourage healthy living through nutrition and physical activity.

The pilot initiative, named *Get Out And Live* or *GOAL*, was conducted with 12 community members during an 8-week period of October 3 – November 21, 2006. The pilot included an eight-week healthy living curriculum focused around reducing stress, increasing physical activity, and improving nutritional choices. Based partially on the LEARN curriculum, the GOAL curriculum included hands-on and practical approaches to the three topic areas, including but not limited to, portion size control, reading food labels, stretching exercises, and creative ways to increase physical activity. In addition, each week the group participated in a healthy potluck dinner for which they brought in their own dish and recipes and grocery store gift cards were provided for one additional dish each week. Finally, the participants were shown how to set realistic goals for each week and tracked these goals through the use of a participant survey. The GOAL groups were conducted by a facilitator from the HCC with the ultimate goal of having “peer leaders” run subsequent GOAL groups in the community.

The purpose of the pilot was to test the curriculum design as well as evaluate its potential impact on participants. This report covers the major findings from the pilot including process and initial outcome evaluation.

Pilot Evaluation Design

Participants were recruited from Franklin Health Access adult members (i.e., over the age of 18) from Wilton and Farmington. All members in this population were sent a letter asking them to come in for an annual health screening and were offered an incentive to be screened. Out of a total of 218 people contacted, 70 people (32%) made appointments to be screened. Approximately 77% ($n = 54$) showed up for their screening.

Screening participants ranged in age from 20 – 70 with the majority (44%) between the ages of 40 and 59, 33% between the ages of 60 and 70 and the remaining 22% between the ages of 20 and 39 years old.

From this sample ($N = 54$), 15 people were randomly selected to be in the comparison group and the remaining 39 people were asked to participate in a GOAL group, 16 (41%) of which agreed initially. Out of the 16, 7 people, along with a partner, attended the first session.

Results: At-a-Glance

Participant Characteristics

A total of 12 participants took part in one of two GOAL groups. Group 1 consisted of four members with an average age of 66.3, with an even distribution of male to female participants. Group 2 consisted of 8 members with an average age of 51.4 with a majority female (75%). All participants were recruited through Franklin Health Access, thus the sample was made up primarily uninsured, low-income residents of Franklin County.

Participant Satisfaction

Participants were asked to rate their satisfaction with each session. Using a 5-point scale (1 = not at all; 4 = very) participants rated the overall session, the usefulness of each topic area, the quality of the program, if the material was presented in an organized fashion, if it was interesting and relevant to them, how much they learned from the program and the usefulness of the material in the future. Average ratings across all weeks ($n = 90$ ratings) ranged from 2.83 to 3.82, indicating that overall participants were satisfied with the sessions.

Goal Achievement

Weekly participant surveys indicated that most participants reported setting goals on a weekly basis. The majority set nutrition and physical activity goals; however, less set stress-related goals. In addition, overall the results indicate that all participants who responded to the survey reported achieving at least some of their goals.

Health Outcomes

The initial outcomes as measured by a Health Survey included GOAL participants' increased quality of life, decreased stress and increased readiness to change physical activity and nutritional habits.

Quality of Life. Participants were asked to rate their satisfaction (1 = extremely dissatisfied; 9 = extremely satisfied) with 12 areas related to their quality of life. Pre/post comparisons were conducted on the group means of both GOAL groups. The results indicated a significant ($p < .05$) increase on several of the quality of life measures including: body image, physical mobility/physical activity, social life, and energy or feeling healthy. While these were the only *significant* increases, participants' quality of life increased in all areas.

Mean comparisons conducted on each group indicated that group one significantly increased their satisfaction with their social life, whereas group 2 significantly increased their satisfaction with physical mobility/physical activity. In addition, average satisfaction

with mood, confidence in social situations and leisure activities significantly ($p < .10$) *decreased* for the comparison group

Perceived Stress. Participants were asked the degree to which situations in their life are perceived as stressful (0 = never; 4 = very often). There were no statistically significant changes in terms of GOAL participants' stress; however, the group means indicate a slight improvement of participants' perception of their lives as controllable and manageable.

Breaking down the means by group further delineated participants' perceived stress. Group 2 significantly increased how much they felt things were going their way. Moreover, the group means for the comparison group indicated a significant increase in how often the group felt they were "unable to control important things in their life" and there was little change in stress levels in all other areas.

Readiness to Change. To measure readiness to change, participants were asked on a 5-point scale (0 = not at all; 4 = very) how important they felt it was and their confidence in increasing their physical activity and improving their nutritional choices. There were no significant increases in GOAL participants' readiness to change; however, the average baseline readiness was already relatively high.

There were no significant changes in readiness for the comparison group. The group means slightly increased for the importance of nutrition and physical activity but slightly decreased for confidence in improvement in these areas.

ScoreHealth Screenings. Participants were screened using ScoreHealth at initial recruitment into the pilot and at a 10- 12 week follow-up. Participants in both GOAL and comparison groups were given an incentive to participate in both screenings. While approximately 87% of the comparison group members returned for their screening, to date only 56% of the GOAL participants who participated in an initial screening have returned for a follow-up screening.

No significant differences were found between GOAL and Comparison groups at Pre and post screenings.

Thirteen comparison group participants and 5 GOAL group participants were included in paired comparisons of pre and post means. There were significant differences ($p < .05$) detected for Diastolic Blood Pressure (DBP) for the comparison group and HDL and BMI for GOAL group participants. The average DBP decreased for comparison group members. Additionally, the average HDL level and BMI significantly increased for GOAL participants included in the analysis.

Limitations

The findings presented in this report are intended to provide a snapshot of the GOAL pilot program and to help guide future program planning and implementation. There are, however, several caveats to the results that warrant attention.

1) Sample size

- The small sample size limits the reliability of the results in that it is likely that the statistical tests are **not** capturing an effect of the program.

2) Participant Selection and Characteristics

- While the design employed random selection of groups, the GOAL group participants were self-selected as they had to agree to participate in the group.
 - The Health Access sample represents a specific population of Franklin County, thus, cannot be generalized to the larger community.

3) Participant Response Bias

- The majority of the data collected was self-reported, thus the responses are likely to represent a certain level of social desirability bias or the tendency for one to report what is socially acceptable rather than one's true feelings.

4) Incomplete data

- Follow-up health screenings for GOAL participants has been particularly difficult, thus the results represent a small percentage (42%) of the participants.

Recommendations

Based on the results of the first GOAL pilot, the following recommendations have been made:

- 1) Enhance and expand participant recruitment
- 2) Review and revise curriculum based on participant outcomes and feedback
- 3) Develop timelines for GOAL group implementation
- 4) Review and revise evaluation to respond to emerging needs

Background Information

In response to the health risks of their community, the Healthy Community Coalition (HCC) of Franklin County has proposed their *Healthy Living Initiative* (HLI) in order to encourage healthy living through nutrition and physical activity.

Greater Franklin Country has an escalating rate of obesity and overweight with approximately 60% of adults and 15% of children being clinically obese or overweight.¹ Contributing to the high prevalence in this area of Maine are the realities of rural poverty, being uninsured, and less educated, factors that have all been associated with risk factors for overweight and obesity. According to the 2000 BRFSS, residents of the Franklin County region are less likely to be uninsured and to have a college degree as compared with the overall population of Maine.

The HCC has identified additional barriers to maintaining an active lifestyle such as the accessibility of fitness facilities, limited after-school activities, and dependence on private vehicles to get around. In response to these barriers and the escalating rate of obesity in Franklin County, the HCC and its *Healthy Living Initiative* developed a pilot intervention designed to provide community members with the knowledge and skills to make changes in the behavior to positively affect their health.

Pilot overview

The pilot, named *Get Out And Live* or *GOAL*, was conducted with 12 community members during an 8-week period of October 3 – November 21, 2006. The pilot included an eight-week healthy living curriculum focused around reducing stress, increasing physical activity, and improving nutritional choices. Based partially on the LEARN² curriculum, the GOAL curriculum included hands-on and practical approaches to the three topic areas, including but not limited to, portion size control, reading food labels, stretching exercises, and creative ways to increase physical activity. In addition, each week the group participated in a healthy potluck dinner for which they brought in their own dish and recipes and grocery store gift cards were provided for one additional dish each week. Finally, the participants were shown how to set realistic goals for each week and tracked these goals through the use of a participant survey. The GOAL groups were conducted by a facilitator from the HCC with the ultimate goal of having “peer leaders” run subsequent GOAL groups in the community.

The purpose of the pilot was to test the curriculum design as well as evaluate its potential impact on participants. This report covers the major findings from the pilot including process and initial outcome evaluation. The results are intended to provide formative feedback on the curriculum and program design in order to make improvements or adjustments as needed. They are not intended to provide an assessment of the efficacy of the program overall.

¹ According to the 2000 Maine Behavior Risk Factor Surveillance System (BRFSS)

² CITE SOURCE

Evaluation Overview

The evaluation framework includes two components. The first component was designed to assess the process of the pilot including the implementation of activities that collectively and theoretically result in improvements in health outcomes for the participants. The second component attempts to determine the initial outcomes or impact of the initiative. For more information about the evaluation design, please refer to the *Healthy Living Initiative Evaluation Components Overview*.

Data Collection

Quantitative and qualitative information were collected as part of this evaluation. Table 1 depicts the data sources for each component of the evaluation for the pilot. All tools developed by the Maine Center for Public Health were done so using a collaborative process with the HLI program staff.

Table 1. *Overview of Data Sources*

<i>Evaluation Component</i>	<i>Source</i>
Process Evaluation	
<ul style="list-style-type: none"> • Weekly satisfaction survey - Paper/pencil, completed after group session; feedback and goal tracking 	<ul style="list-style-type: none"> • Developed by the Maine Center for Public Health
<ul style="list-style-type: none"> • Project Insight form - Open-ended filled out weekly by session leaders tracking barriers & facilitators of implementation 	<ul style="list-style-type: none"> • Developed by the Maine Center for Public Health
<ul style="list-style-type: none"> • Observation Form - Paper/pencil rating form filled out by outside observers covering all activities of each session; tracking fidelity of implementation 	<ul style="list-style-type: none"> • Developed by the Maine Center for Public Health
<ul style="list-style-type: none"> • Follow-up interviews with participants - Telephone, feedback from participants on curriculum design and impact 	<ul style="list-style-type: none"> • Developed by the Maine Center for Public Health
Outcome Evaluation (short-term only)	
<ul style="list-style-type: none"> • Participant Health Survey - Paper/pencil, 17-item including Quality of Life, stress, and readiness measures; administered pre/post; distributed to both intervention and comparison groups 	<ul style="list-style-type: none"> • Developed by the Maine Center for Public Health
<ul style="list-style-type: none"> • Participant Survey (Post) - Paper/pencil, 11-items administered as part post-survey for intervention group. Measuring knowledge skills and behavioral intent of core topic areas. Also includes goal setting, achievement and participation motivation. 	<ul style="list-style-type: none"> • Developed by the Maine Center for Public Health

<ul style="list-style-type: none">• ScoreHealth©- computer-based system measuring health status, (e.g., BMI, blood pressure, cholesterol diet, activity, tobacco use, stress, depression, diabetes)	<ul style="list-style-type: none">• Developed by....
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Results Part I: Process

Process evaluation

Understanding the contextual factors (e.g., environmental, organizational, human, etc.) that either hinder or facilitate a program's success provides important information that can be used for program replication and improvements. Moreover, the evaluation of process includes the documentation of the extent to which the implementation has taken place, the nature of the people being served, and the degree to which the program operates as expected³ (e.g., fidelity of the curriculum).

In addition to gathering demographic information on GOAL and comparison groups, process data collection was conducted using weekly participant surveys and participant observation with each intervention group to document the contextual factors and participant feedback related to the implementation of the 8-week program.

Pilot Design

Methods and Procedure

The following descriptions detail the original research design for the GOAL pilot. Revisions to the design are noted.

Participant Recruitment

Participants were recruited from Franklin Health Access adult members (i.e., over the age of 18) from Wilton and Farmington. All members in this population were sent a letter asking them to come in for an annual health screening and were offered an incentive of a **gas card** to be screened. Out of a total of 218 people contacted, 70 people (32%) made appointments to be screened. Approximately 77% ($n = 54$) showed up for their screening. Fifty-six percent of those who were screened were women and the remaining 44% were men. Screening participants ranged in age from 20 – 70 with the majority (44%) between the ages of 40 and 59, 33% between the ages of 60 and 70 and the remaining 22% between the ages of 20 and 39 years old.

From this sample ($N = 54$), 15 people were randomly selected to be in the comparison group and the remaining 39 people were asked to participate in a GOAL group, 16 (41%) of which agreed initially. Additional information on the selection and final sample of participants is provided in a subsequent section.

Selection Criteria. Attempts were made to have equivalent comparison and intervention groups based on readiness to change, gender, and health status. In other words, while there was a mix of readiness and health status, the goal was to prevent the comparison group from being significantly different on these variables (e.g., consisting of

³ Posavac, E.J. & Carey, R.G. (1997). *Program evaluation: Methods and case studies*, (5th ed). Upper Saddle River, NJ: Prentice Hall.

only those individuals with a low level of readiness). This was controlled by using random assignment into groups.

In the initial pilot design, there was to be two types of intervention groups, two same sex groups and two coed couple groups. The only selection criterion for each group was gender with the goal of having equal numbers of males and females in each group and the comparison. The final composition of the groups included only co-ed “couple” groups.

Random Assignment. Participants were randomly assigned into either an intervention or comparison group, stratified by gender. Following their Scorehealth screening, participants were asked to draw a card that indicated either “comparison” or “intervention.” The cards were color-coded by gender. Once the participant chose a card, the health screener viewed the card and placed the participant in the appropriate group. If the participant was chosen for the intervention group, they were asked if they prefer the same sex or coed group. If they chose the mixed group, they were to be asked to bring their partner or friend with them to the GOAL group. During this stage all of those participants who agreed to participate chose the “mixed” group, thus there were not enough participants to form same-sex groups.

Participants were given the following incentives for participation:

Goal Group:

- \$5 weekly gas card (each participant)
- \$25 weekly drawing
- \$10 weekly food certificates (1st group received one \$10 and the 2nd group received two \$10) Volunteer basis for the pot luck dinner
- Weekly food basket with recipe card - Pot luck dinner
- Grand prize drawing
 - 8 out of 8 week participation - eligible for a 100 gallons of oil drawing
 - 6 out of 8 week participation - eligible for a 50 gallons of oil drawing

Comparison Group & Goal Groups: ScoreHealth assessment:

- **\$? (Pre)**
- \$30 gas card (post)

The following table outlines the subsequent procedure for each group.

Table 2. *Procedure by Group*

Group	Women & Men
Intervention Groups	<ul style="list-style-type: none"> • Screened using ScoreHealth • Receive GOAL group information • Asked to participate in GOAL group • Asked if they prefer same or coed group • Telephone follow-up if agreed to participate in GOAL group • Begin 8-week curriculum, complete health questionnaire (weekly incentives) • Complete Score Health post-assessment at completion (incentive).
Comparison	<ul style="list-style-type: none"> • Screened using ScoreHealth (incentive) • Asked to fill out health questionnaire • Scheduled for 8-week follow-up (with incentive) to complete ScoreHealth post-assessment.

Participant Characteristics and Group Composition

As noted previously, in the initial pilot design there was to be two types of intervention groups, two same sex groups and two coed couple groups. The only selection criterion for each group was gender with the goal of having equal numbers of males and females in each group and the comparison. The initial goal was to have a total of 48 participants, 12 participants in each intervention group and 24 in the comparison group.

Despite extensive recruitment efforts, the proposed sample size was not attained due to lack of interest in participation and limited time and resources available for additional screenings. Of those chosen to be in a GOAL group, 16 (41%) people (5 men and 11 women) agreed to participate. After telephone follow-up to confirm participation, 10 (62%) agreed to attend one of two mixed groups.

Group composition

The two groups were held at different times on the same day, thus participants were given the option of two time slots. At the first session, a total of 14 people attended. Half of these ($n = 7$; 44% of those who had agreed at screening) were originally recruited through the screening process and the remaining seven were partners or friends. Finally, two partners dropped out of the second group after the first session making the final sample 4 in Group 1 and 8 in Group 2 for a total of 12 participants.

Demographics

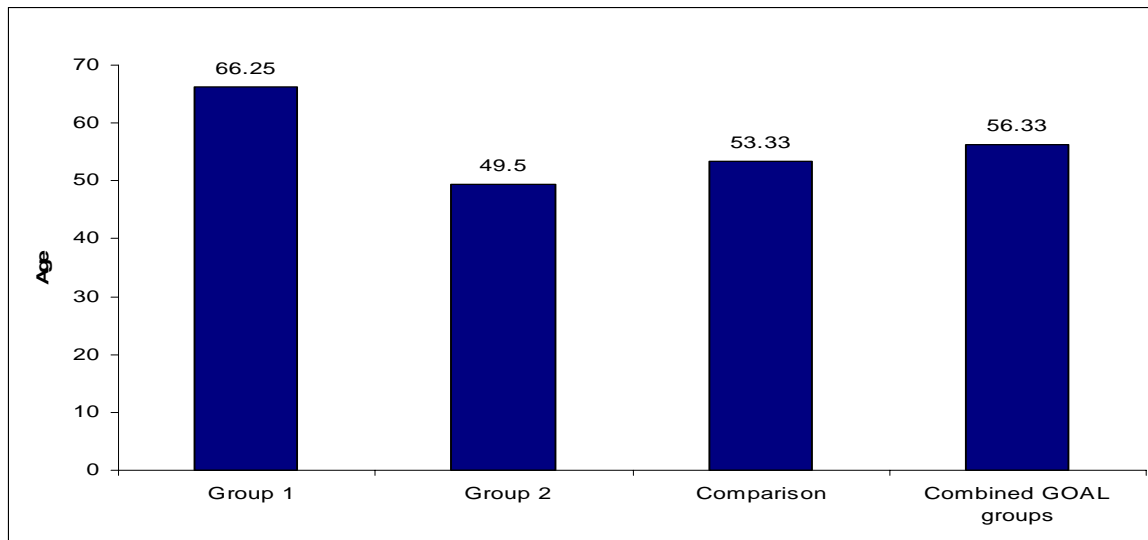
Table 3 provides additional information on the demographics of the GOAL and comparison groups. As noted in this table, there were a disproportionately higher number of females than males due in part by the lower number of males who initially agreed to participate in a GOAL group.

Table 3. *Demographics: Comparison and GOAL Groups*

Variable	Group			Total
	Group 1 (n = 4)	Group 2 (n = 8)	Comparison (N = 15)	
Type of Recruitment				
<i>Partner, spouse, or friend</i>	2	3	N/A	5
<i>Agreed at FHA screening</i>	2	5	14	21
Sex				
<i>Female</i>	2	5	9	16
<i>Male</i>	2	2 (1 missing)	6	10
Age				
<i>Range (Mean)</i>	61 -71 (66.3)	34 – 65 (51.4)	26-79 (53.3)	(54.7)
Town of Residence				
* <i>Farmington</i>	4	5	12	22
<i>Wilton</i>	--	2	3	5
Live alone	0	2	6	8
Live with				
<i>Spouse/committed partner</i>	4	4	6	16
<i>Roommate/friend</i>	--	1	--	1
<i>Family member</i>	--	--	3	3
Education				
<i>Some high school</i>	--	--	2	2
<i>High school or GED</i>	--	5	10	15
<i>Some college/professional school</i>	4	1	2	7
<i>College graduate</i>	--	1	--	1
<i>Graduate degree</i>	--	--	1	1
Employment Status				
<i>Retired</i>	2	1	5	8
<i>Disability</i>	--	1	--	1
<i>Employed</i>	--	2	7	9
<i>Self-employed</i>	2	3	3	8
Household Annual Income				
<i>Less than \$9,999</i>	2	1	11	14
<i>\$10,000 to 14,999</i>	2	2	2	6
<i>\$15,000 to 19, 999</i>	--	1	1	2
<i>\$20,000 to 29,999</i>	--	3	1	4
Health Insurance				
<i>Yes</i>	1	3	1	5
<i>No</i>	1	--	--	1
<i>Member of Health Access</i>	2	4	14	20
Additional/Insurance Coverage				
<i>Anthem/Blue Cross</i>	--	1	1	2
<i>Medicare/Mainecare</i>	2	2	3	7
<i>Other</i>	--	--	1	1

The intervention groups are equivalent on all demographic information except for age (see Figure 1). With a mean of 66.3, Group 1 was significantly⁴ older than Group 2 ($m = 51.4$) and the comparison group ($m = 53.3$).

Figure 1. *Average Age by Group*



Baseline Assessments

In addition to participating in a ScoreHealth screening, all groups were asked to complete a Health Survey to gather baseline information. Participant pre and post responses were tracked using a code that would protect the participants' anonymity and confidentiality.

The survey consisted of 17-item health questionnaire (see Appendix A) including the 12-item *Quality of Life* survey, a 4-item survey measuring their current stress level, and an item measuring their perceived importance to change. The scales used are detailed below:

- The *Quality of Life* survey measures self-reported satisfaction with overall quality of life, mood, self-esteem, confidence, energy, general appearance, body image, social life, physical activity, and eating habits. Participant responses based on a 9-point scale (1 = extremely dissatisfied; 9 = extremely satisfied).
- The *Perceived Stress Scale*⁵ (PSS) is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to examine how unpredictable, uncontrollable, and overloaded respondents find their lives. For the purpose of this project, the short version (4-items) was used. Participant responses based on a 5-point scale (0 = never; 4 = very often).

⁴ "Significantly" indicates a change that would be expected to occur by chance alone less than 5 times in 100. Significance level, ($p < .05$).

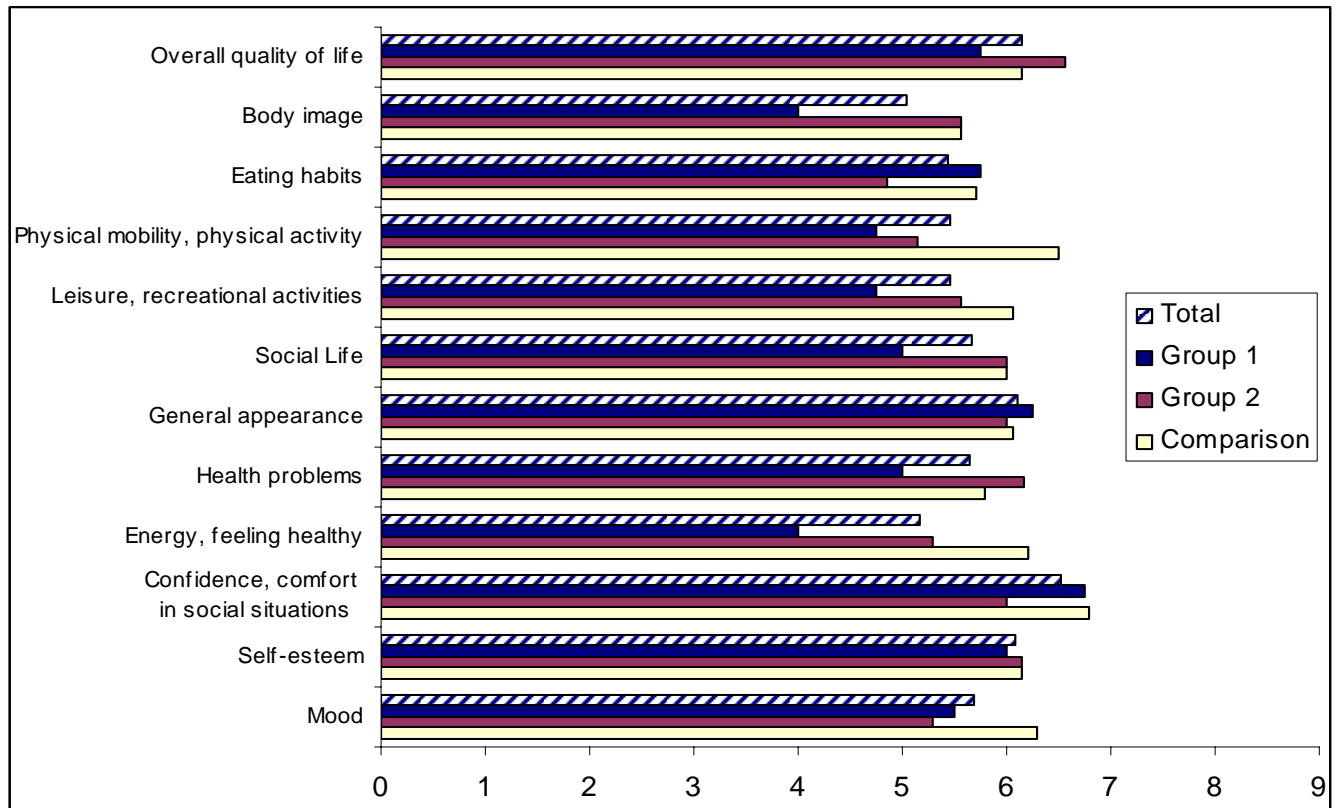
* Includes the towns of West Farmington and Farmington Falls.

⁵ Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396

- *Readiness to Change*. Adapted from the *12-item Readiness to Change Questionnaire*⁶ to measure the importance of changing nutritional choices and physical activity and participants' confidence in changing their behavior. Participant responses based on a 5-point scale (0 = not at all; 4 = extremely).

As shown in Figures 2 – 5 and Table 4, the intervention groups were equivalent on all baseline assessments from the Health Survey and significantly differed from the comparison group only on the importance of changing nutritional choices (see Figure 4).

Figure 2. *Quality of Life Survey: Average Scores by Group*



⁶ Rollnick, S., Heather, N., Gold, R. and Hall, W. (1992) Development of a short 'Readiness to Change' Questionnaire for use in brief, opportunistic interventions among excessive drinkers. *British Journal of Addiction* 87, 743–754

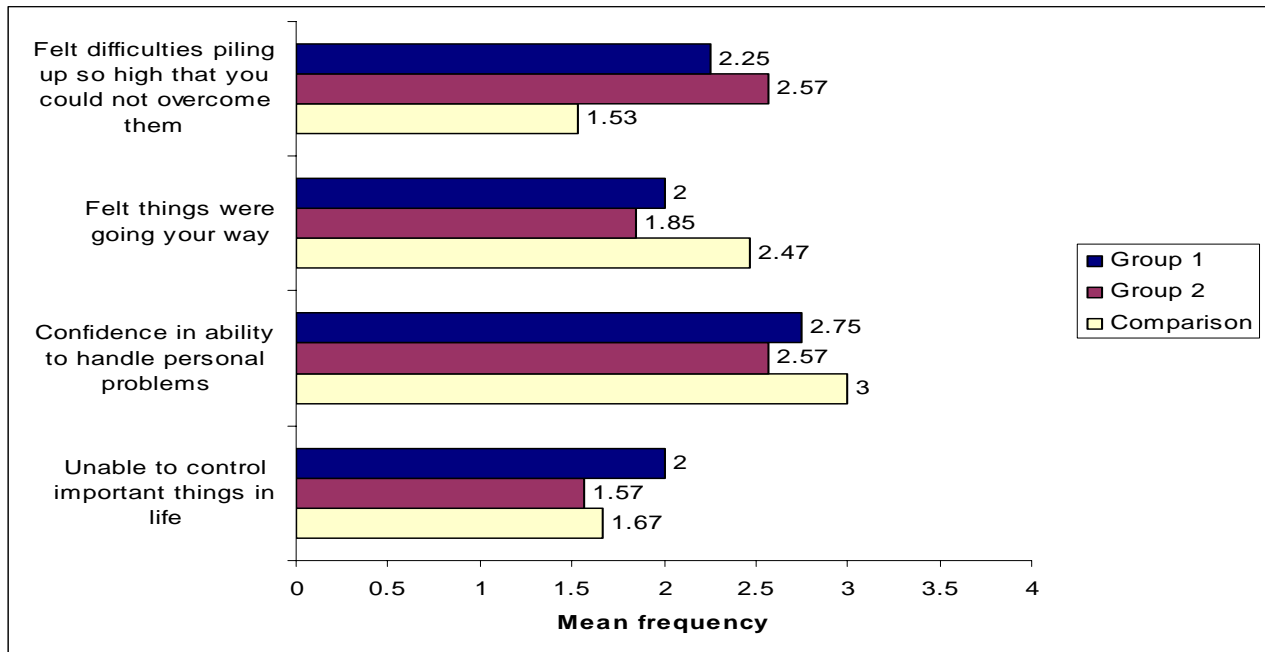
Table 4. Mean Quality of Life Ratings by Group

Quality of Life Item 1 = extremely dissatisfied 9 = extremely satisfied	Group			
	Group 1	Group 2	Comparison	Total
Mood	5.5	5.3	6.3	5.7
Self-esteem	6.0	6.1	6.1	6.1
Confidence, comfort in social situations	6.7	6.0	6.8	6.5
Energy, feeling healthy	4.0	5.3	6.2	5.2
Health problems	5.0	6.2	5.8	5.6
General appearance	6.2	6.0	6.1	6.1
Social Life	5.0	6.0	6.0	5.7
Leisure, recreational activities	4.7	5.8	6.1	5.5
Physical mobility, physical activity	4.7	5.1	6.5	5.5
Eating habits	5.7	4.9	5.7	5.4
Body image	4.0	5.5	5.6	5.1
Overall quality of life	5.7	6.6	6.1	6.1

As shown in Figure 2 and Table 4, participants were least satisfied with their body image (*Mean* = 5.1) and most satisfied with their confidence and comfort level in social situations (*Mean* = 6.5).

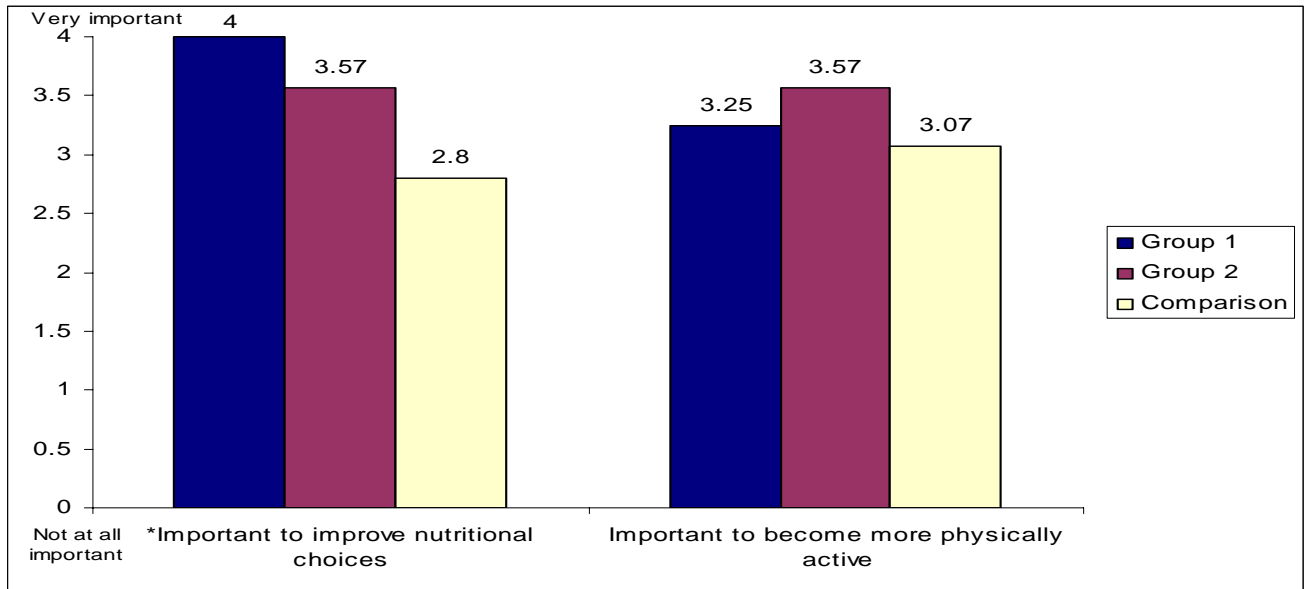
As seen in Figure 3, participants across all groups indicated an intermediate level of stress with all groups indicating confidence in ability to handle personal problems “fairly often.” However, both groups 1 and 2 most often indicated they “sometimes” felt things were going their way.

Figure 3. Perceived Stress Scale: Average Scores by Group



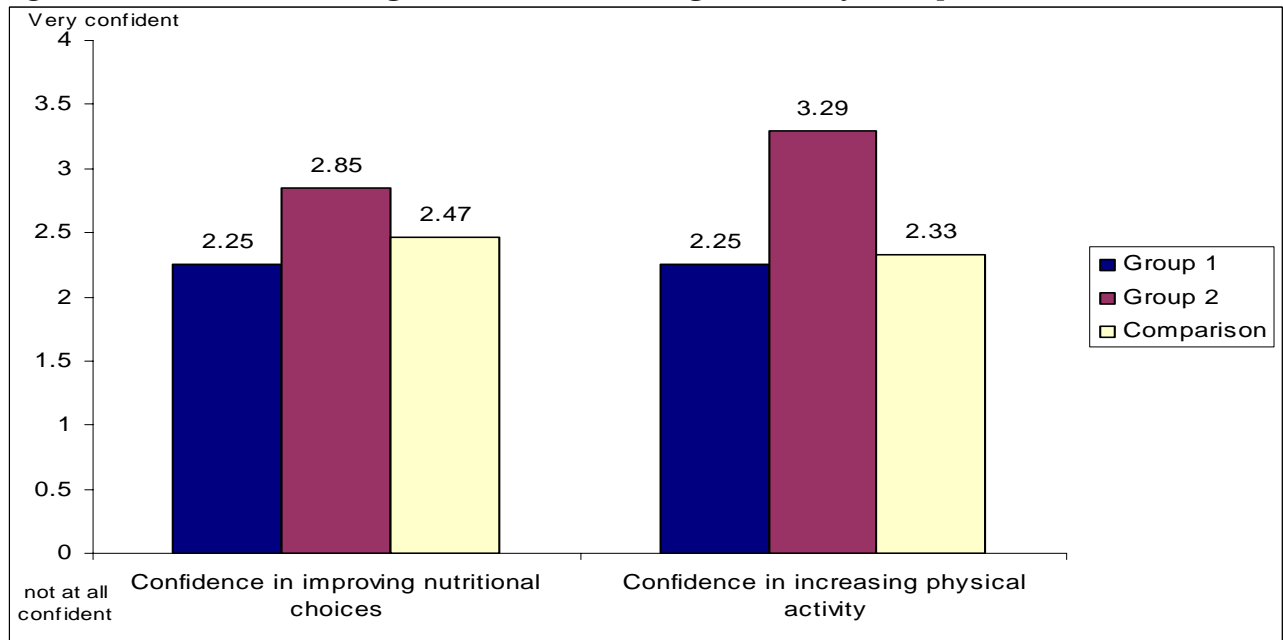
Finally, as shown in Figures 4 and 5, participants rated importance of changing behavior higher than their level of confidence in changing their behavior. As noted previously, the comparison group had a significantly lower average rating of the importance of improving their nutritional choices. This is not surprising as those participants who agreed to participate in a GOAL were expected to have a somewhat high level of readiness.

Figure 4. *Readiness to Change, Importance: Average Scores by Group*



*Note. Significant at ($p < .05$).

Figure 5. *Readiness to Change, Confidence: Average Scores by Group*



Participant Feedback and Satisfaction

Participants were asked to fill out a weekly satisfaction survey following each session. The survey was anonymous; however, surveys were coded for matching purposes. The identities of the participants were not known to the evaluation consultant. This data provides not only attendance records, but also participants' general feedback on the curriculum, satisfaction with the weekly topics, and weekly goal tracking. These results are summarized in the following sections.

Weekly attendance

Attendance was tracked using the participant satisfaction survey (Appendix B). As shown in Figure 6, attendance to each session was quite high with an average of only one person absent per week. As indicated in Figure 7, the average attendance overall was 7.33 out of a possible 8 sessions. While Group 1 had a slighter higher attendance rate, both groups had average attendance rates of over 7 out of 8 sessions. It should be noted that participants with perfect (8 out of 8) or good (6 out of 8) attendance were entered into a raffle for an additional incentive, thus adding an extra incentive for participation.

Motivation to Attend

On the post-Health Survey (Appendix C), participants were asked to indicate which aspects of the GOAL group motivated them to participate and attend the sessions. As shown in Figure 8, most participants noted that it was their desire to learn more about how to improve their health and not the gas card incentives or weekly potluck dinners.

Figure 6. *Number of Attendees by Weekly Session*

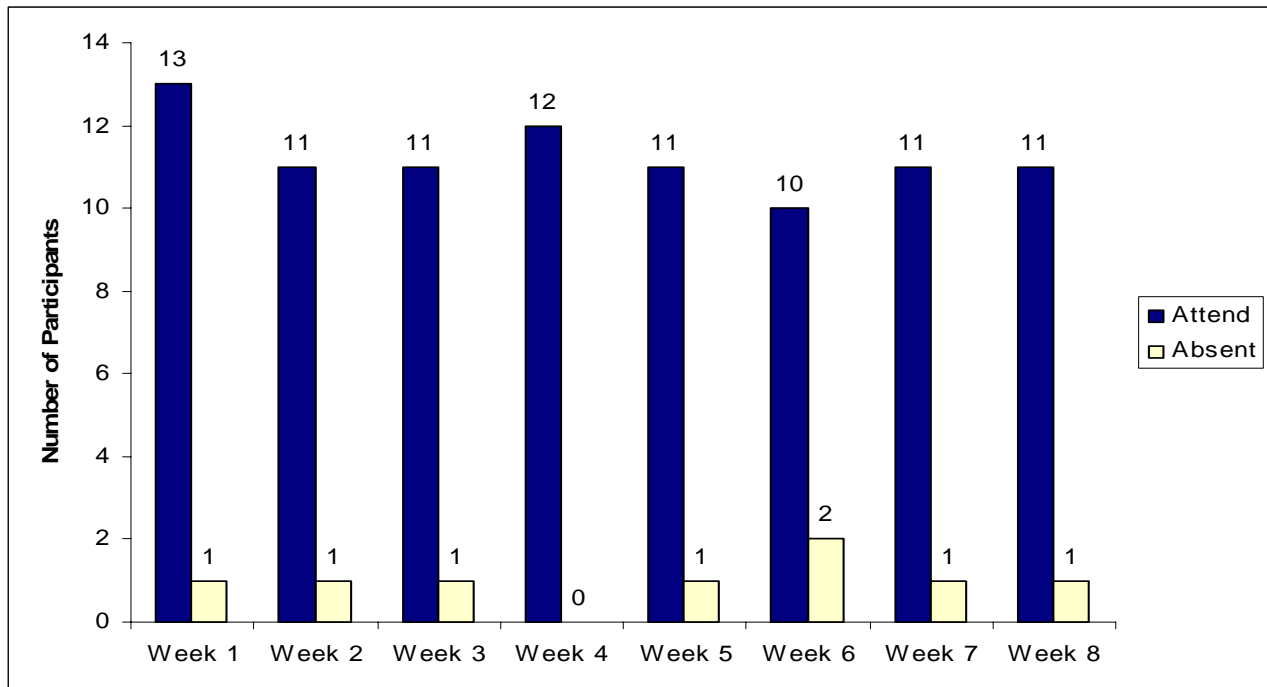


Figure 7. Average Overall Attendance by Group

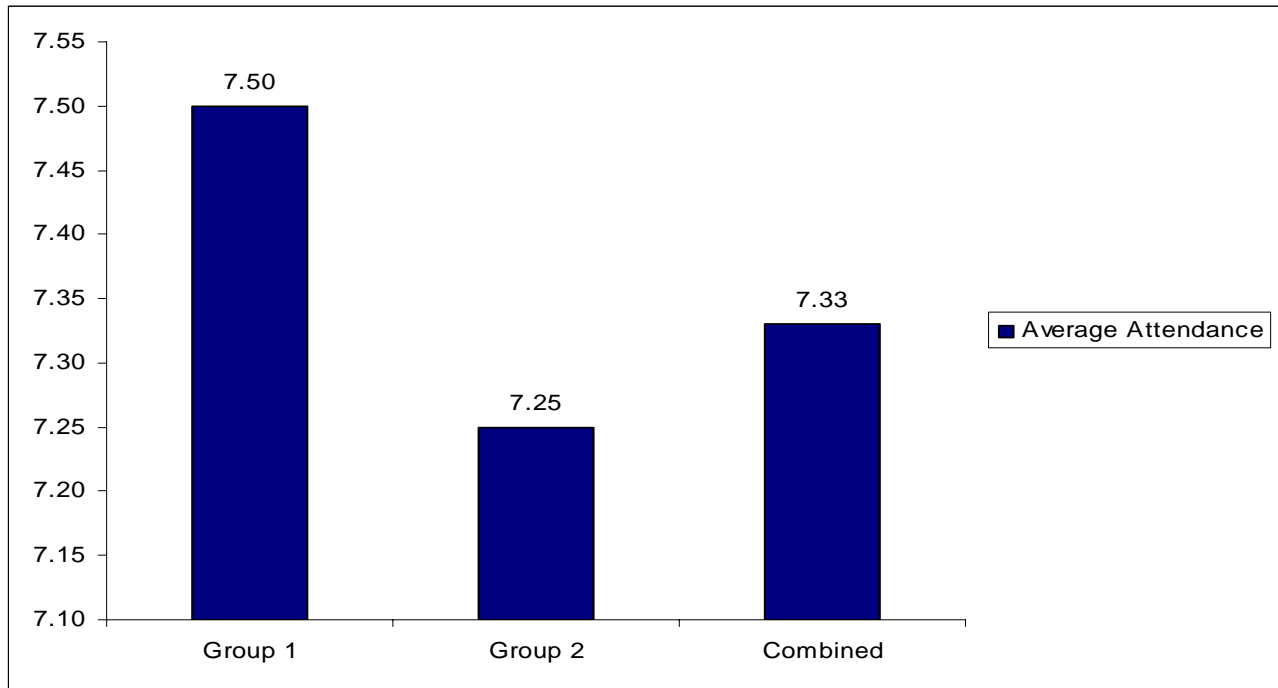
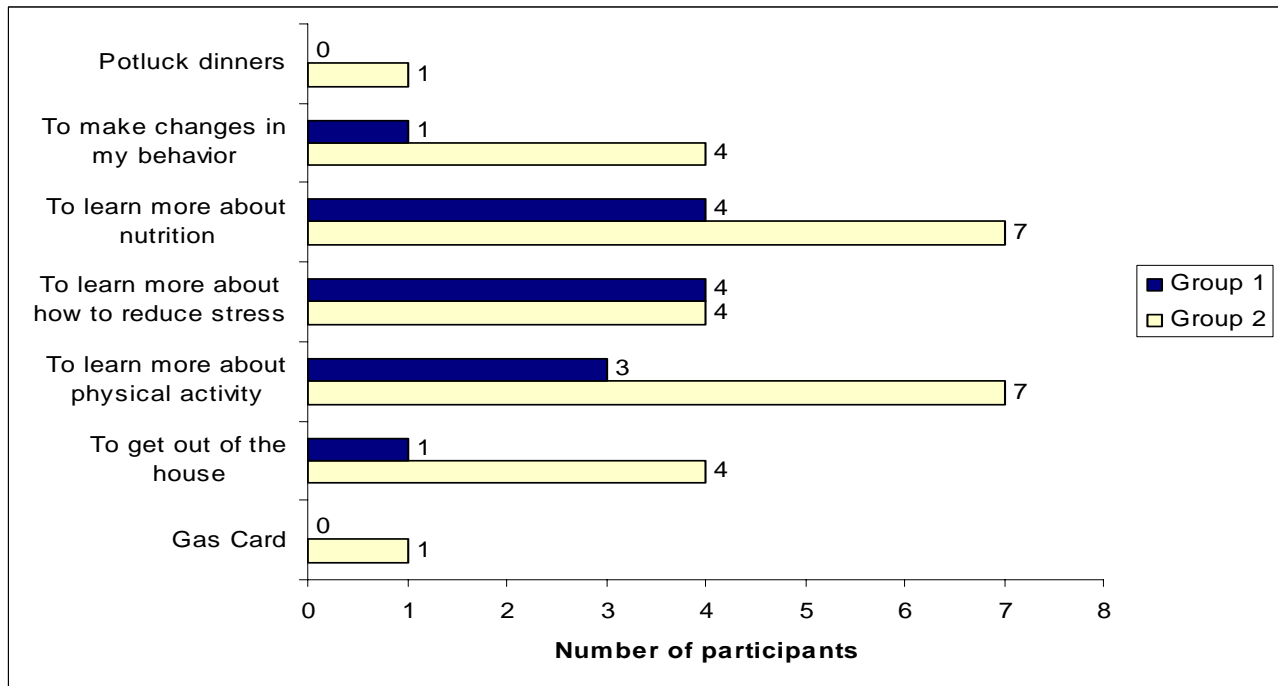


Figure 8. Motivation to Participate by Group



Satisfaction Ratings

Participants were asked to rate their satisfaction with each session. Using a 5-point scale (1 = not at all; 4 = very) participants rated the overall session, the usefulness of each topic area, the quality of the program, if the material was presented in an organized fashion, if it was interesting and relevant to them, how much they learned from the program and the usefulness of the material in the future. Average ratings across all weeks ($n = 90$ ratings) ranged from 2.83 to 3.82, indicating that overall participants were satisfied with the sessions. Not surprisingly, week 1 had the lowest overall rating and participants felt they learned the least from this session. These ratings were significantly lower than weeks 5 and 7 as shown in Table 5. Rated the highest by both groups in the above mentioned areas, Session 5 included information about stretching, the inner psyche, how to incorporate fruit into your diet, and physical activity intensity levels and target heart rate.

Table 5. *Average Satisfaction Ratings by Week, GOAL Groups Combined, (n = 90)*

Week	Rating overall	Useful: stress session	Useful: Nutrition session	Useful: PA session	Quality of program	Material presented in organized fashion	Material interesting to you	Material relevant to you	How much learned from program	Usefulness of material in the future
1	*3.15	3.15	3.25	3.25	3.31	3.5	3.58	3.31	*2.83	3.23
2	3.63	3.73	3.64	3.45	3.5	3.86	3.82	3.64	3.27	3.36
3	3.55	3.55	3.68	3.36	3.64	3.72	3.64	3.64	3.55	3.45
4	3.42	3.25	3.5	3.33	3.33	3.5	3.67	3.5	3.42	3.33
5	*3.82	3.64	3.73	3.55	3.45	3.7	3.82	3.55	*3.73	3.55
6	3.5	3.5	3.7	3.5	3.5	3.6	3.8	3.6	3.6	3.6
7	*3.82	3.55	3.82	3.55	3.73	3.82	3.82	3.73	3.64	3.73
8	3.57	3.49	3.61	3.45	3.52	3.67	3.73	3.56	3.45	3.49
Total	3.57	3.49	3.61	3.45	3.52	3.67	3.73	3.56	3.45	3.49

*Note: Weeks 5 and 7 were rated significantly higher than week 1 on these areas, $p < .05$.

Participant Qualitative Feedback

On a weekly basis, participants were asked to indicate what they liked best about the program. Over the 8 weeks, participants made 74 comments about what they liked best. As shown in the following table, participants most commonly mentioned the social aspect and group dynamics of the program.

Table 6. *Participants' Positive Feedback about Program*

Category	Frequency	Sample Quote
Social/Group Dynamic:	42	
<ul style="list-style-type: none"> Participation, group discussion, interaction with others 	29	<p><i>"Everyone participates."</i></p> <p><i>"Interaction about plans to improve oneself."</i></p> <p><i>"Smaller group, more discussion."</i></p>
<ul style="list-style-type: none"> Meeting others, support, laughter 	13	<p><i>"Meeting again, I really look forward to it – the food, fellowship and recipes are great. Sharing and learning new things on how to live a healthy lifestyle."</i></p> <p><i>"Getting to meet other people."</i></p>
All of it/everything	12	<i>"Everything!"</i>
Nutrition	7	<p><i>"Nutritional information."</i></p> <p><i>"The discussions on eating habits and how to change."</i></p>
General (information, etc)	7	<p><i>"Very informative, casual."</i></p> <p><i>"The information package."</i></p> <p><i>"Just good! Too bad to end."</i></p>
The food	3	<i>"Food of course!"</i>
Stress reducing activities (stretching)	2	<i>"Stretching"</i>
Physical Activity	1	<i>"Exercise."</i>

Over the 8-week period, 61 comments were provided regarding areas for improvement. As shown in Table 7, an overwhelming majority of these comments were that "nothing" needed to change. Participants did note, however, that they would like to see a change in exercise, more on nutrition, and had specific suggestions for structural changes to the curriculum. Finally, as most of the comments were specific to that week's session, the session number is provided for reference.

Table 7. *Participants' Suggestions for Improvement*

Category	Frequency	Sample Quote
Nothing	49	<i>"Nothing, it is running smoothly"</i>
Curriculum Topic Changes	7	
• Exercise	3	<i>"Exercise first, then eat." (Session 4)</i> <i>"More exercise." (Session 8)</i>
• Nutrition	3	<i>"Getting idea on how to eliminate salt, fat, sugar." (Session 1)</i> <i>"More on food, what to eat!" (Session 1)</i>
• Stress	1	<i>"More on stress." (Session 2)</i>
General structure	5	<i>"...Few instructors or professionals giving ½ hr to 1 hr seminars." (Session 1)</i> <i>"Each week everyone gets different responsibilities – food, exercises, etc..." (Session 1)</i> <i>"Longer session period, month-wise." (Session 8).</i> <i>"Have papers collated in order of use, page numbers." (Session 4)</i>

Program Fidelity

Program fidelity, or the extent to which the program as implemented matches the program as intended, was measured by weekly check-lists filled out by outside observers (Appendix D). Organized by the weekly session topics, observers indicated the extent to which each area was covered (1 = not covered; 5 = fully covered). Observers were also asked to write comments regarding each topic area and additional observations (e.g., *Were there any significant interruptions or barriers that affected the session or activity? Did the participants seem responsive?*)

The following two tables include the findings based on the observers' completion ratings for each area of the weekly sessions. As shown in these tables, observers reported that most of the topic areas were somewhat to fully covered in each session. Based on qualitative comments from the check-lists, time constraints was the primary reason given incomplete topic coverage.

Table 8. *Percentage of Sessions with Section Completion*

Section	Percentage of Sessions		
	Not covered	Somewhat Covered	Covered Fully
Introduction/Pep Talk	0%	7%	93%
The Warm-Up; Stretching	7%	14%	79%
The Time Out, Stress	0%	7%	93%
The Play book, Nutrition	14%	14%	72%
Take Time	0%	14%	86%
The Scrimmage, Physical Activity	7%	21%	71%
The Huddle, Check Out, Setting Weekly Goals	0%	7%	93%

Table 9. *Mean Ratings of Section Coverage for All Sessions*

Section	Average Coverage Rating
	1 = not covered; 5 = fully covered
Introduction/Pep Talk	4.9
The Warm-Up; Stretching	4.5
The Time Out, Stress	4.9
The Play Book, Nutrition	4.3
Take Time	4.4
The Scrimmage, Physical Activity	4.4
The Huddle, Check Out, Setting Weekly Goals	4.9

Observer Feedback

As noted previously, observers were asked to make additional comments regarding factors potentially affecting the implementation of the session. As shown in Table 10, the most commonly noted barriers to the implementation of the curriculum included lack of participant motivation and engagement and not having time to discuss all of the topics in depth. Conversely, the common facilitating factors included participant engagement and bonding and interest in a specific topic.

Table 10. *Barriers and Facilitators Noted by Session Observers*

Barriers	Session	Group	Comments
Lack of group engagement/bonding	Week 1	1	“difficult drawing the group out in terms of discussion”
	Week 2	2	
Lack of motivation/goal achievement	Week 4	2	“It is tough to motivate people even with incentives”
	Week 5	1	
	Week 7	2	
Topics not covered/not discussed fully <i>Stress/Stretching</i> <i>PA</i> <i>Nutrition</i> <i>Goals</i>	Week 5	2	<ul style="list-style-type: none"> • Lack of time • “Asked them to look at it at home”
	Week 3	1	
	Week 1/Week 8	2/1	
	Week 1	2	
	Week 4	2	
	Week 8	1	
	Week 1	1	
Facilitators	Session	Group	Comments
Group engagement/bonding	Week 1	2	<ul style="list-style-type: none"> • Group “truly bonded” • “loved to laugh” • “fully engaged”
	Week 3	1	
	Week 7		
	Week 8		
Topic interest	Week 3 (PA/labels)	1	“Good discussion of labels, interchange and examples from group”

Group Leader Feedback

Group leaders from the Healthy Community Coalition staff were asked to fill out weekly *Project Insight Forms* (Appendix D) designed to capture their thoughts about the factors that assisted and limited their ability to conduct that week’s session. A summary of the identified factors are listed in Table 11⁷. As shown in this table, group size, physical barriers or limitations and session organization were the most commonly noted barriers. Congruent with the observers’ feedback, group engagement was considered a facilitating factor for the session. Moreover, the curriculum design and organization, including specific topic areas, positively impacted the ease of implementation.

Table 11. *Barriers and Facilitators Noted by Group Leaders*

⁷ Most of the results are based on feedback provided by Group 1 as to date, there is incomplete data for Group 2.

Barriers	Group	Comments
Group size	1	<p>“Limited number of people... limited extent of discussion.”</p> <p>“Potluck difficult with only 2 couples.”</p>
Session organization	1, 2	<p>“Some materials were missing out of the packets. Materials were not in order. Men were not interested in doing hand massage....”</p> <p>“...I was confused about the timing of food and breaks. Room set-up around a table was not ideal, so we switched to U-shape...”</p>
Participant differences	1	“One couple exercises daily and eats plenty of fruits and vegetables. Other couple is not motivated.”
Physical barriers	1	<p>“Group wasn’t interested in getting up and doing stretch or chair exercise.only want discussion about what to do on their own.”</p> <p>“Two participants did not want to participate in the physical activity ...due to personal physical limitations.”</p>
Topic complexity	1	“Could have had a more simple way to talk about food labels. ...may be difficult for the lay person to teach...”
Facilitators	Group	Comments
Group engagement	1, 2	<p>“Group seemed relaxed in second week. The first week people were not sure what to expect or who they would be interacting with.”</p> <p>“My group is extremely committed and enthusiastic. They prefer the small group atmosphere.”</p> <p>“...The group was great. Taking the approach of learning from people turned out to be helpful...”</p> <p>“Group is excited about making changes.”</p>
Session organization/curriculum	1,2	<p>“Binder listing sections individually with all the topics that needed to be covered in each section.”</p> <p>“The notebook was well organized and easy to follow. Humor was very important.”</p> <p>“Great curriculum. We had fun....”</p> <p>“This week’s topics helped them see that they can take alternatives when available and not to get discouraged...”</p>
Nutrition topic	1	<p>“Nutrition is a hot topic. Healthy meals that participants cooked were popular.”</p> <p>“Participants are extremely interested in nutrition topics and serving portion information.”</p>
Leader experience	1,2	<p>“Past experience with community health courses and teaching groups”</p> <p>“I felt more confident in my role”</p>
Realistic goal setting	1	“Goals were reached now that we dropped back to smaller incremental steps.”

Results Part II: Outcome

Outcome Evaluation

Outcome evaluation is an important component of any evaluation plan. Outcome evaluation can play an important role and can serve many purposes throughout the program. For example, it can help to:

- Determine outcomes
- Demonstrate effectiveness
- Answer program questions
- Elucidate program strengths
- Expose program weaknesses

Because this project is in the pilot stage, the outcome evaluation measured the short-term or initial effects of the pilot. The initial outcomes were assessed primarily through the use of surveys. The program staff and evaluation consultant were responsible for carrying out the evaluation activities related to the initial outcomes.

This section includes an overview of the expected initial effects of the program, including:

- Participants' completion of the program
- Participants' goal attainment
- Increase in knowledge among GOAL group participants regarding:
 - Physical Activity
 - Nutrition
 - Stress
- Increased readiness to change
- Improved self-reported health outcomes among GOAL group participants

Program Participation and Individual Goals

As noted in the process results, there were only two participants who dropped out of the GOAL pilot program. Of the 12 remaining participants, the average attendance rate was 7.3 sessions out of 8, indicating a high level of participation. Only one participant missed the final session.

A crucial component of the GOAL curriculum was the setting of weekly personal goals. Starting at week 3, participants were asked to indicate if they set and achieved their personal goal for that week. These results are delineated in the following sections.

Goal Setting

As shown in Figure 9, weekly participant surveys indicated that most participants reported setting goals on a weekly basis. The majority set nutrition and physical activity goals; however, less set stress-related goals. In addition, overall the results indicate that all participants who responded to the survey reported achieving at least some of their goals.

Figure 9. *Percentage of Participants who Set Personal Goals by Week*

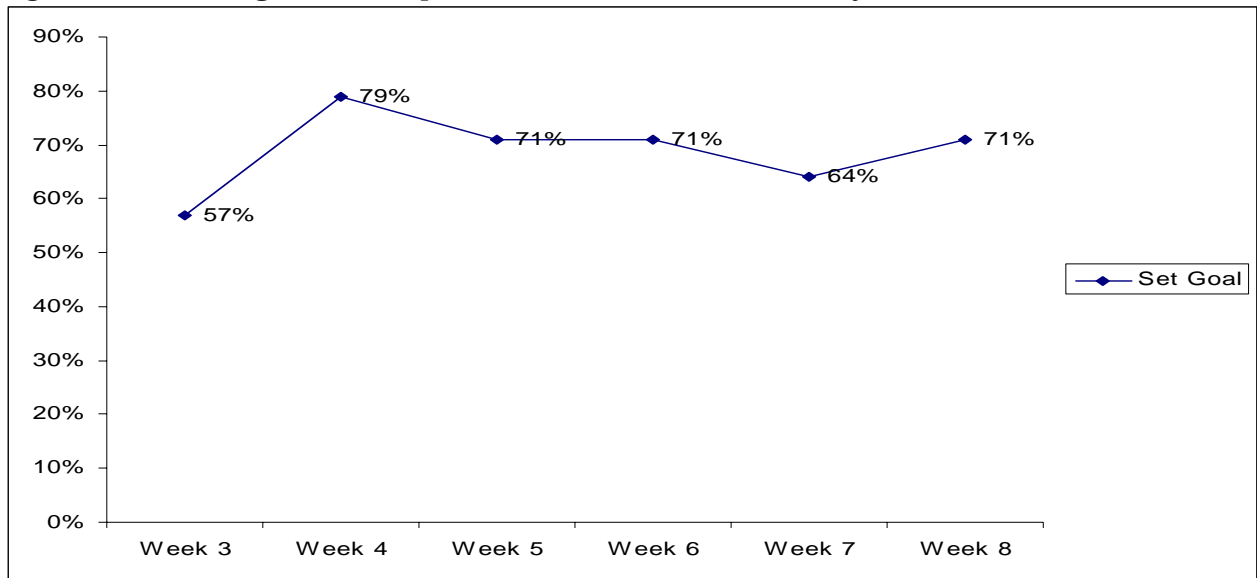


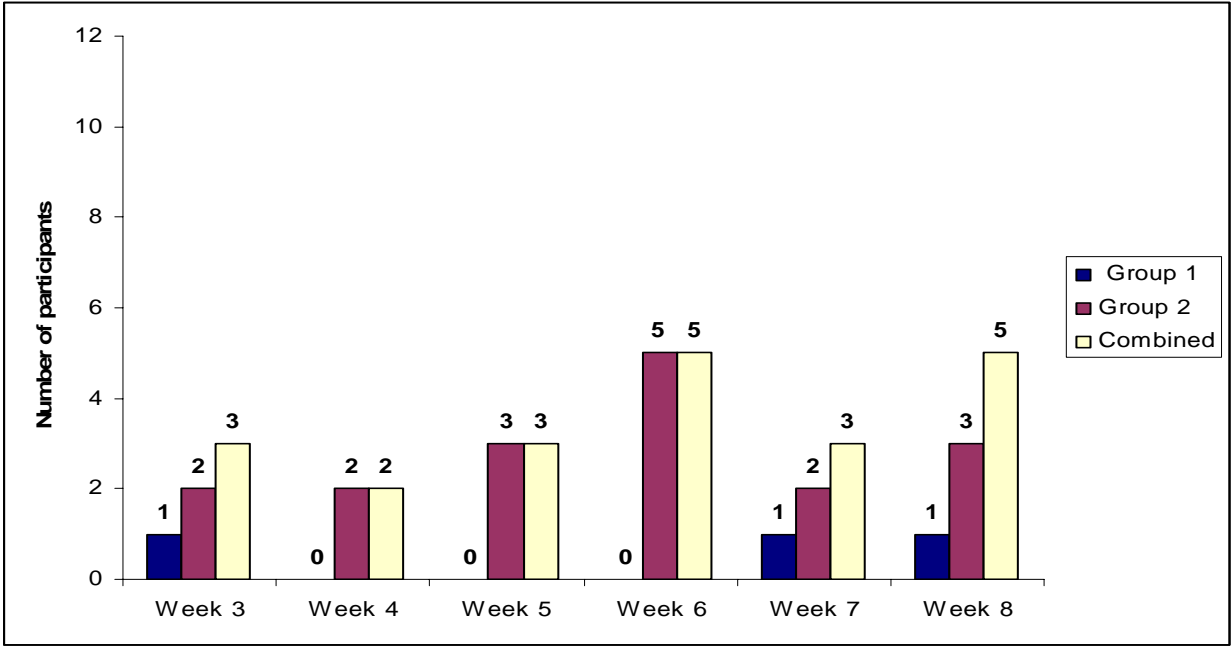
Table 12. *Number of Participants who Set Goals by Group*

Goal item:	Group 1		Group 2	
	Yes (#)	Percent	Yes (#)	Percent
Throughout the program did you set personal goals?	4	100%	7	87.5%
Did you set physical activity goals?	2	50%	7	87.5%
Did you set stress goals?	2	50%	3	37.5%
Did you set nutrition goals?	4	100%	7	87.5%
Did you reach (at least some) your goals?	4	100%	7	87.5%

Goal Attainment by Week

Beginning at week 3, the weekly participant satisfaction survey included a question regarding personal goal achievement. For the 6-week period, an average of 3.5 participants per week indicated that they had reached their personal goal. The weekly results by group are delineated in Figure 10. It should be noted that these results are based on only those participants who *reported* their goal achievement.

Figure 10. *Number of Participants Reporting Goal Achievement by Week*



When reporting their goal achievement for the week, some participants noted they had come “close” to or “somewhat” achieved their goal. These results indicate that while few participants fully reached their goals on a weekly basis, more participants were making progress on their goals. Moreover, as reported previously, overall all respondents to the post-survey indicated they had achieved at least some of the goals.

Table 13. *Number of Participants Reporting Weekly Partial or Full Goal Achievement*

Week	Group 1		Group 2	
	Achieve	Somewhat achieve	Achieve	Somewhat achieve
Week 3	1 (25%)	0	2 (25%)	2 (25%)
Week 4	0	0	2 (25%)	1 (12.5%)
Week 5	0	1 (25%)	3 (37.5%)	0
Week 6	0	1 (25%)	5 (62.5%)	2 (25%)
Week 7	1 (25%)	1 (25%)	2 (25%)	2 (25%)
Week 8	1 (25%)	1 (25%)	4 (50%)	0
Total	3	4	16	7

Finally, weekly surveys were tracked by participant, thus measuring individual goal achievement. Table 14 indicates the number of weeks (from week 3 -8) each participant

reported achieving or not achieving their personal goal. On average, participants reported achieving their goal 1.8 out of 6 weeks and not achieving their goal 3.4 out of 6 weeks.

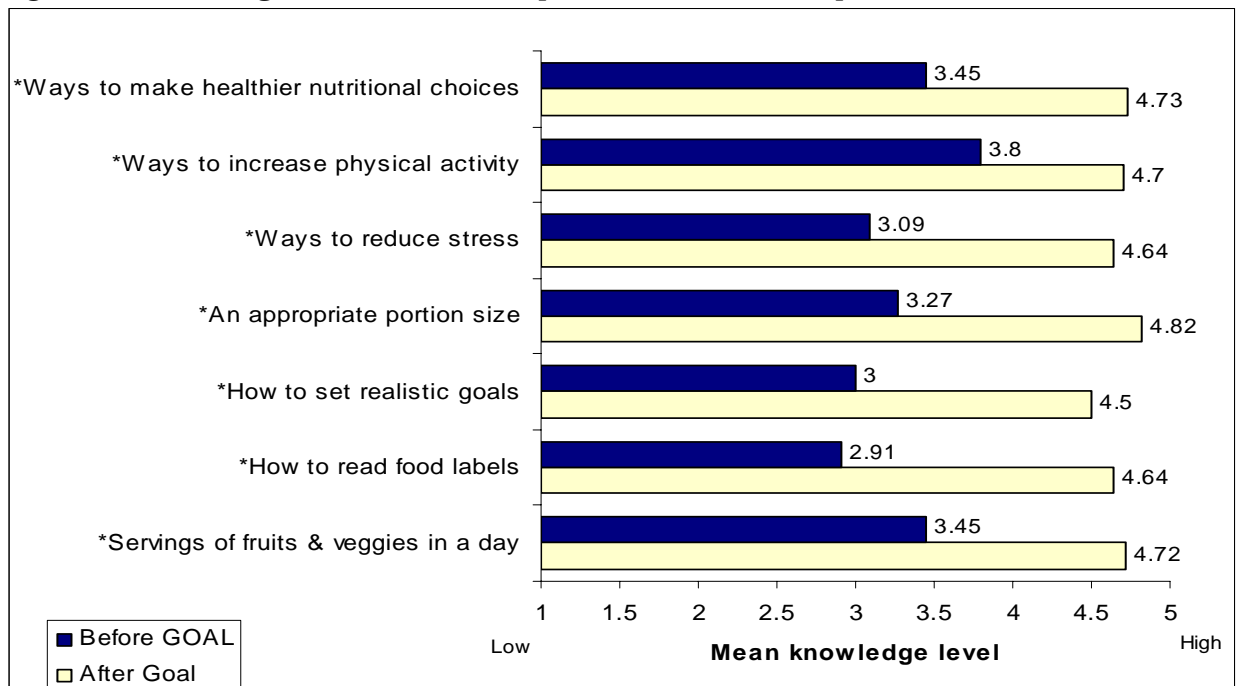
Table 14. *Number of Weeks Goal Achieved by Participant*

Participant	Goal Achievement	
	Achieve goal	Did not achieve goal
Participant 1	0	5
Participant 2	1	4
Participant 3	1	3
Participant 4	3	3
Participant 5	3	2
Participant 6	0	5
Participant 7	2	1
Participant 8	1	5
Participant 9	2	4
Participant 10	4	2
Participant 11	3	3
<i>Average</i>	<i>1.8</i>	<i>3.4</i>

Participants' Knowledge

On the post survey, using a 5-point scale (1 = low; 5 =high) GOAL participants were asked to indicate their knowledge level on key learning objective before and after participating in the program. A total of 11 respondents were included in a comparison of mean knowledge levels. As shown in Figure 11, participants significantly increased their knowledge in all areas.

Figure 11. *Knowledge Levels Mean Comparisons, GOAL Groups Combined, (n = 11)*



*Note: Significant at $p < .05$.

Finally, using a 5-point scale (1 =not at all; 5 = very) participants were asked to indicate how likely they were to use the knowledge to change their behavior in the next 6 months. The average response ranged from 4.36 to 4.64 indicating a high level of intent to use the knowledge from the GOAL sessions. In addition, as shown in Table 15, overall participants reported that they were quite likely to tell their friends and family about what they had learned in the program.

Table 15. *Mean Likelihood of Using Knowledge to Change Behavior*

Behavioral Intent Items:	
How likely are you to use this knowledge to change you behavior in the next 6 months?	Mean 1 = not at all 5 = very
How many servings of fruits and vegetables you need in a day?	4.63
How to read food labels	4.36
How to set realistic goals	4.5
An appropriate portion size of food	4.55
Ways to reduce stress	4.64
Ways to increase physical activity	4.6
Ways to make healthier nutritional choices	4.64
Overall, how likely are you to:	Mean
To use you what you have learned?	4.64
To tell your friends & family about what you have learned?	4.64

Participant Health Outcomes

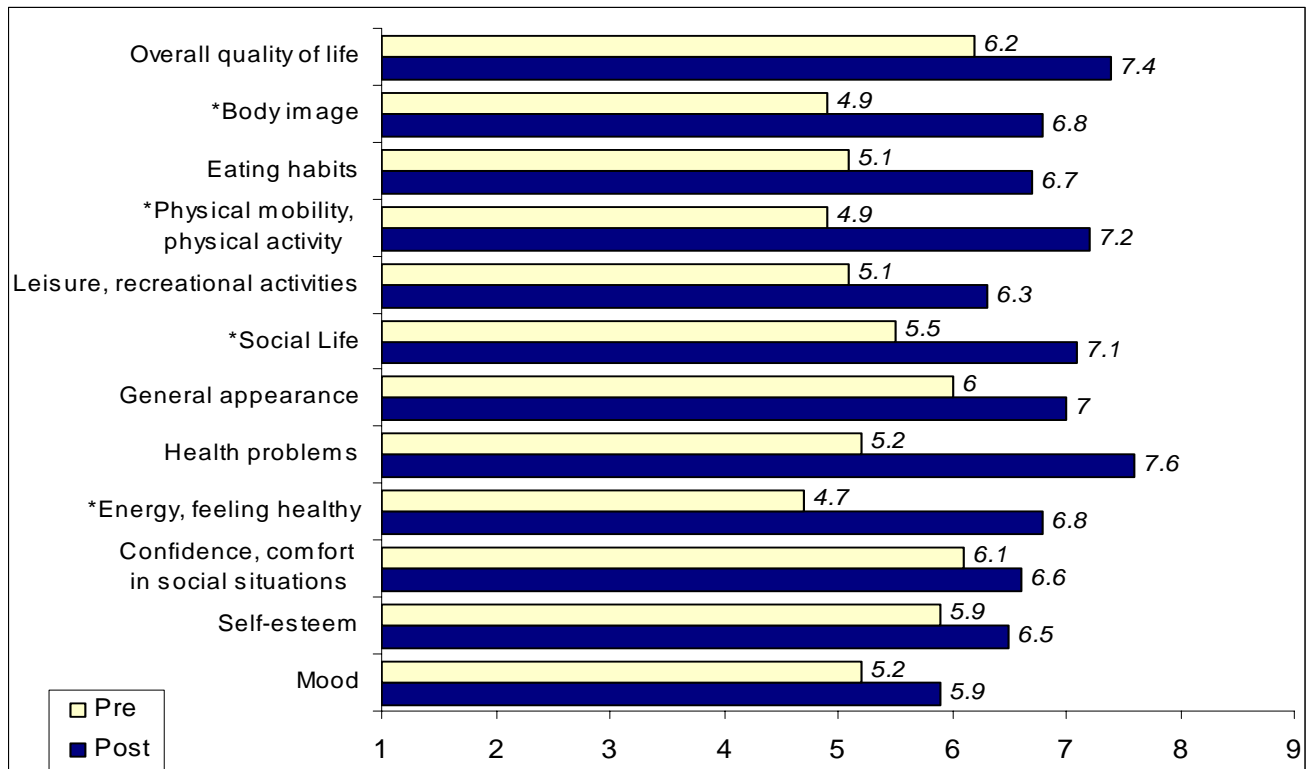
As described in a previous section, participants in the GOAL and comparison groups were asked to complete a pre/post Health Survey as well as a pre/post ScoreHealth screening.

Health Survey

The initial outcomes as measured by the Health Survey included GOAL participants' increased quality of life, decreased stress and increased readiness to change physical activity and nutritional habits. Out of 12 GOAL participants, there were 10 paired pre and post surveys for analysis. Out of 14 comparison group participants, to date there are 11 paired pre and post surveys. It is important to note that the results should be reviewed with caution because of the small sample size. Thus, statistical tests may not have captured all of the effects of the program. The limitations of the results are presented in more detail in the final section of the outcomes.

Quality of Life. Participants were asked to rate their satisfaction (1 = extremely dissatisfied; 9 = extremely satisfied) with 12 areas related to their quality of life. Pre/post comparisons were conducted on the group means of both GOAL groups. The results indicated a significant ($p < .05$) increase on several of the quality of life measures including: body image, physical mobility/physical activity, social life, and energy or feeling healthy. As shown in Figure 12, while these were the only *significant* increases, participants' quality of life increased in all areas.

Figure 12. *Quality of Life Mean Comparisons, GOAL Groups Combined, (n = 10)*



* Note: Significant at $p < .05$

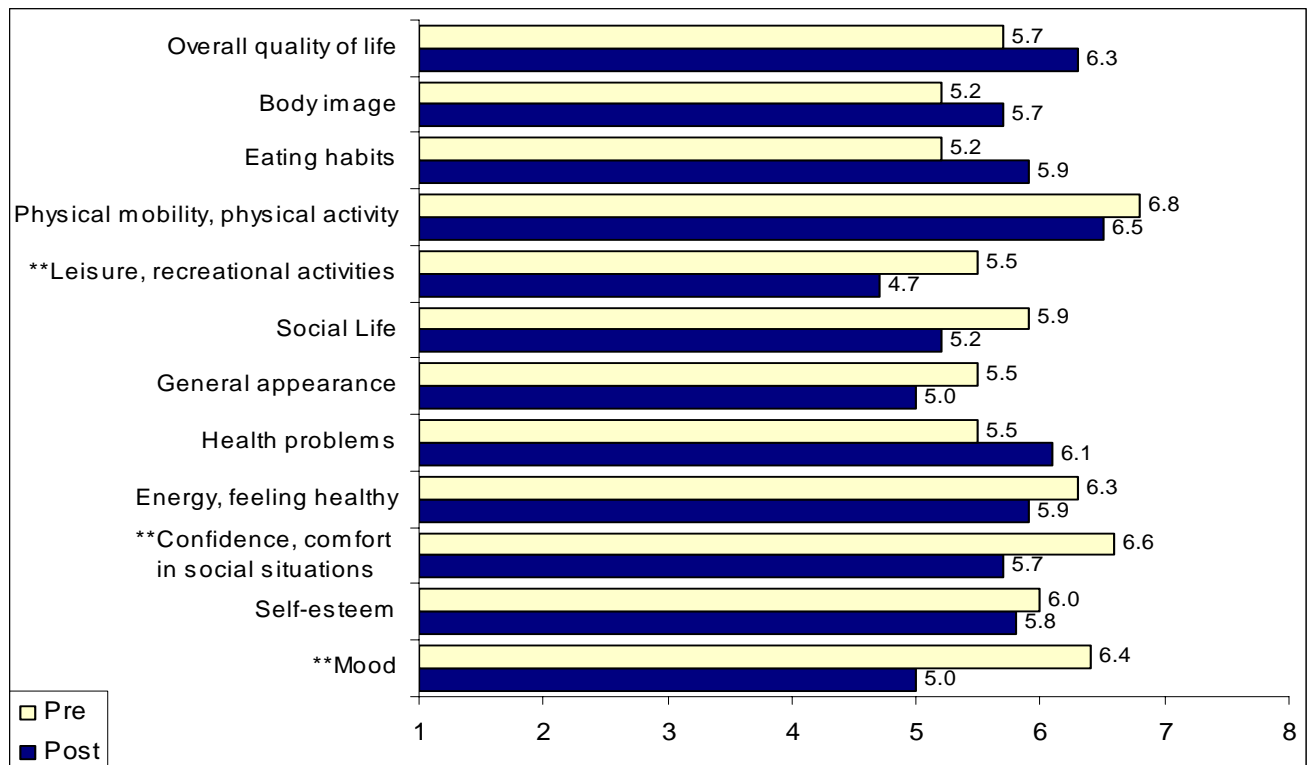
As shown in Table 16, mean comparisons conducted on each group indicated that group one significantly increased their satisfaction with their social life, where group 2 significantly increased their satisfaction with physical mobility/physical activity. In addition, average satisfaction with mood, confidence in social situations and leisure activities significantly ($p < .10$) *decreased* for the comparison group (see Figure 13). Due to the small size of each group, significant changes are hard to detect, thus the results should be interpreted as a snapshot of each groups' improvements.

Table 16. *Quality of Life Mean Comparisons by Group*

Quality of Life Items	Group 1		Group 2		Comparison	
	Pre	Post	Pre	Post	Pre	Post
Mood	5.5	6.0	5.3	5.9	6.4	**5.0
Self-esteem	6.0	6.3	6.1	6.6	6.0	5.8
Confidence, comfort in social situations	6.7	7.2	6.0	6.1	6.6	**5.7
Energy, feeling healthy	4.0	6.0	5.3	7.3	6.3	5.9
Health problems	5.0	6.7	6.2	8.7	5.5	6.1
General appearance	6.2	7.0	6.0	7.0	5.5	5.0
Social Life	5.0	**6.2	6.0	7.6	5.9	5.2
Leisure, recreational activities	4.7	5.3	5.8	7.0	5.5	**4.7
Physical mobility, physical activity	4.7	6.5	5.1	**7.7	6.8	6.5
Eating habits	5.7	6.8	4.9	6.4	5.2	5.9
Body image	4.0	6.3	5.5	7.0	5.2	5.7
Overall quality of life	5.7	7.0	6.6	7.6	5.7	6.3

** Significant difference from pre-test, $p < .10$

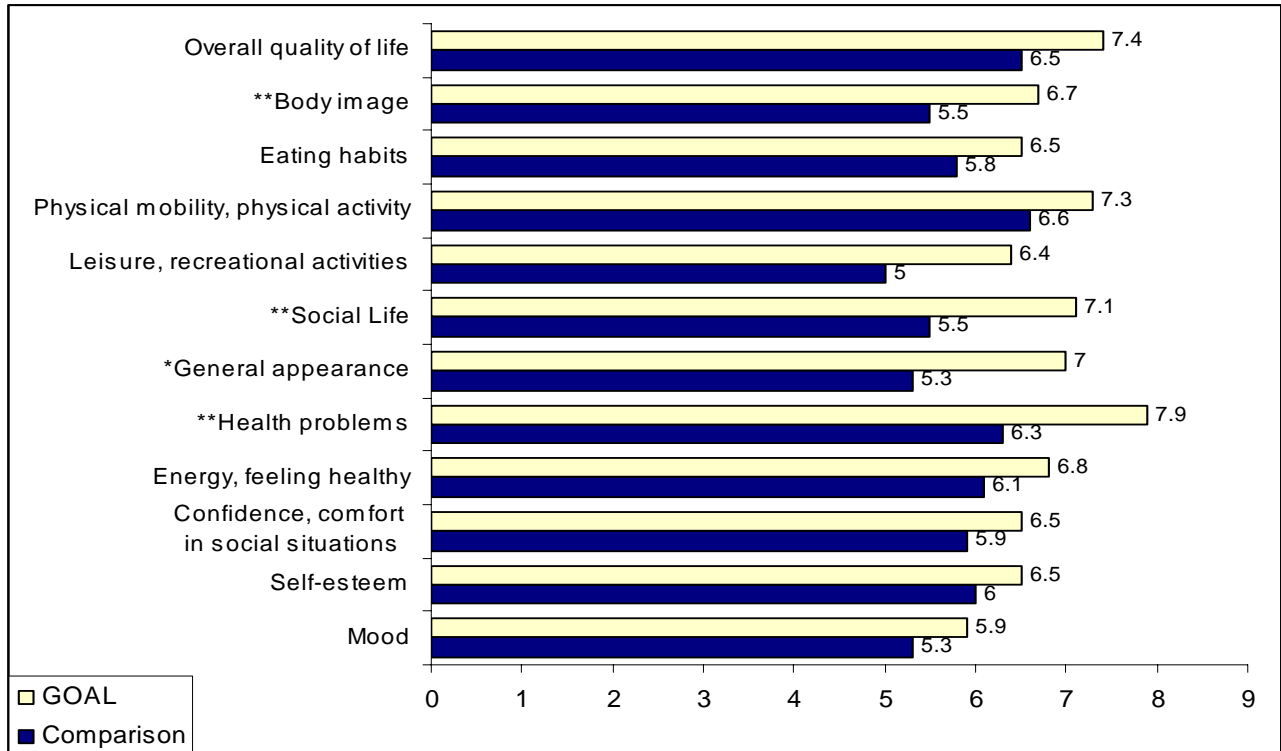
Figure 13. *Quality of Life Mean Comparisons, Comparison Group, (n = 10)*



** Significant difference, $p < .10$

In a comparison of GOAL groups combined and comparison group on *post-test alone*, GOAL participants indicated a significantly higher satisfaction with health problems, general appearance, social life and body image. These findings are presented in Figure 14.

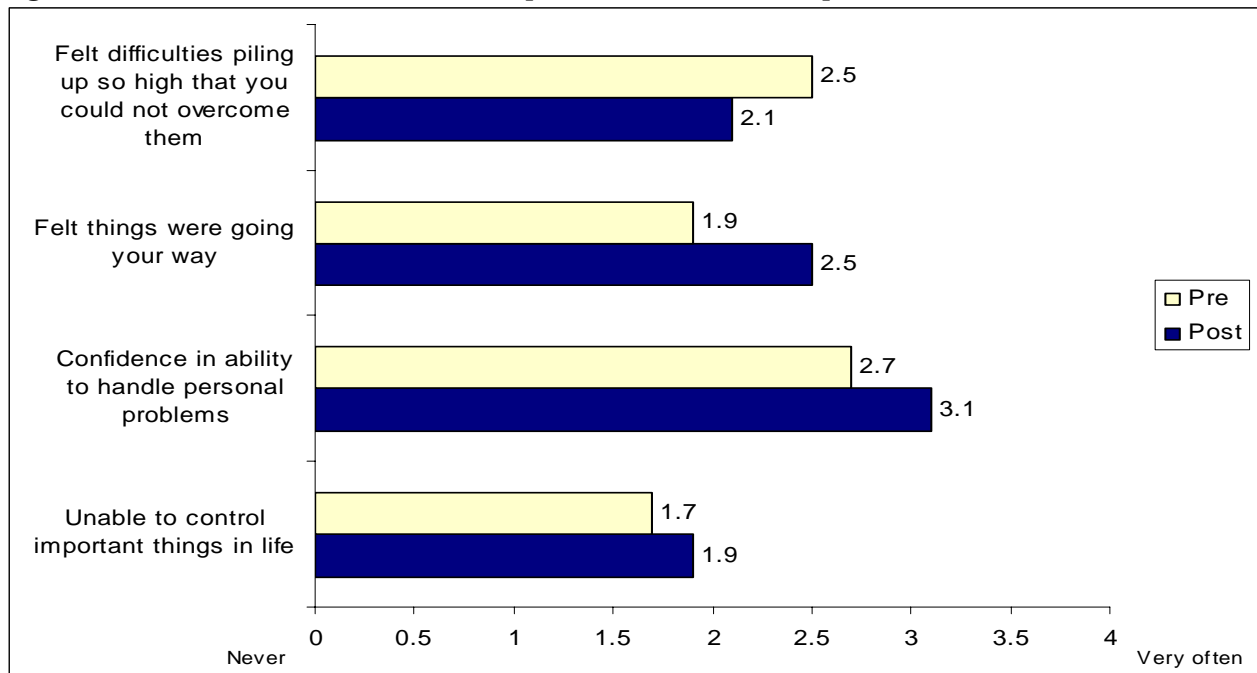
Figure 14. *Quality of Life Post-Test Mean Comparisons, GOAL and Comparison Groups*



* Significant difference, $p < .05$
 ** Significant difference, $p < .10$

Stress. Participants were asked the degree to which situations in their life are perceived as stressful (0 = never; 4 = very often). As shown in Figure 15, there were no statistically significant changes in terms of GOAL participants' stress; however, the group means indicate a slight improvement of participants' perception of their lives as controllable and manageable.

Figure 15. *Perceived Stress Mean Comparisons, GOAL Groups Combined, (n = 10)*



Breaking down the means by group further delineated participants' perceived stress. As shown in Table 17, Group 2 significantly increased how much they felt things were going their way. Moreover, the group means for the comparison group indicated a significant increase in how often the group felt they were "unable to control important things in their life" and there was little change in stress levels in all other areas (see Figure 16).

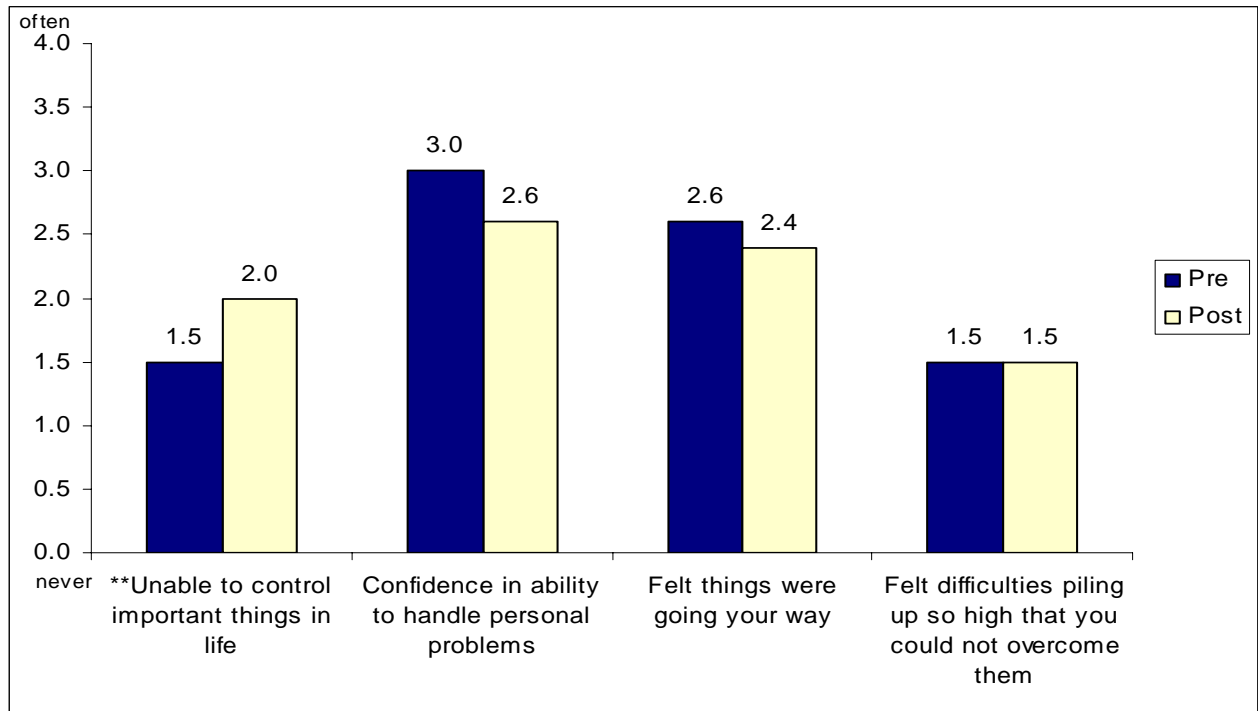
Table 17. *Perceived Stress Mean Comparisons by Group*

Stress Items. In the last month how often have you felt: 0 = never 4 = very often	Group 1		Group 2		Comparison	
	Pre	Post	Pre	Post	Pre	Post
Unable to control the important things in your life?	2.0	1.5	1.5	2.2	1.5	**2.0
Confident about your ability to handle your personal problems?	2.75	3.0	2.7	3.2	3.0	2.6
That things were going your way?	2.0	1.75	1.8	*3.0	2.6	2.4
Difficulties were piling up so high that you could not overcome them?	2.25	2.5	2.7	1.8	1.5	1.5

*Significant difference, $p < .05$

** Significant difference, $p < .10$

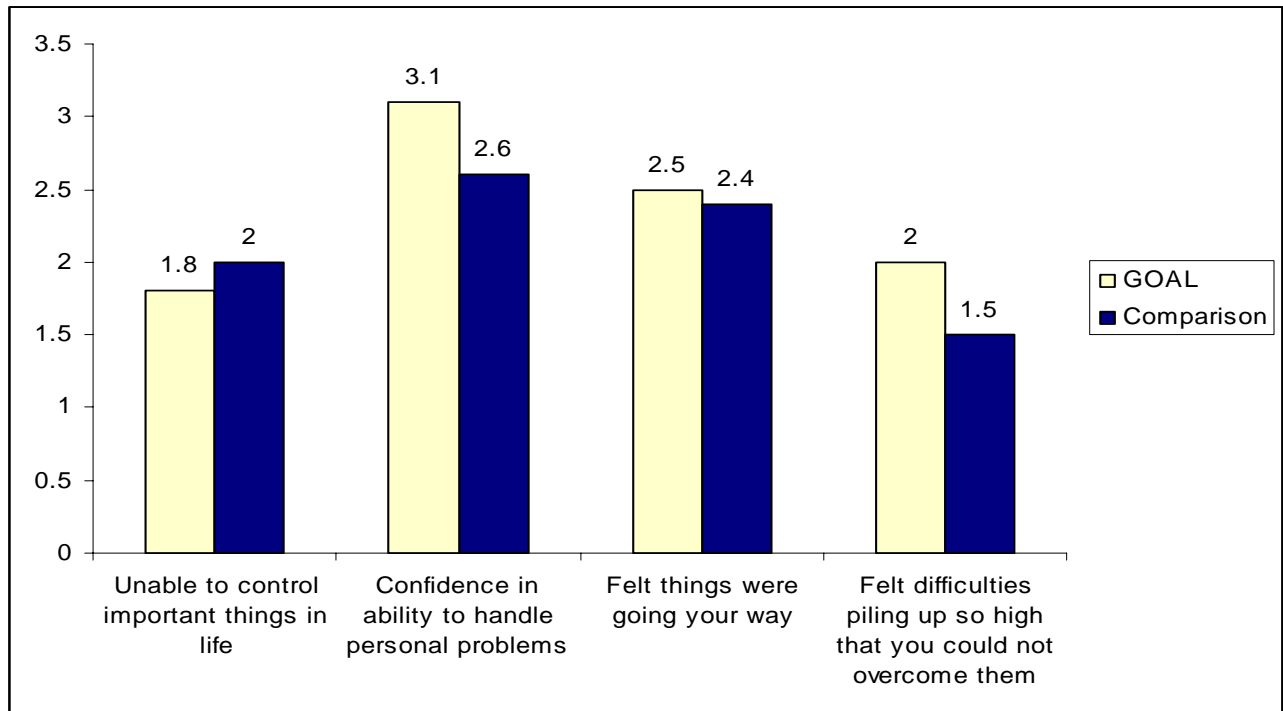
Figure 16. *Perceived Stress Mean Comparisons, Comparison Group, (n = 11)*



**Significant at $p < .10$

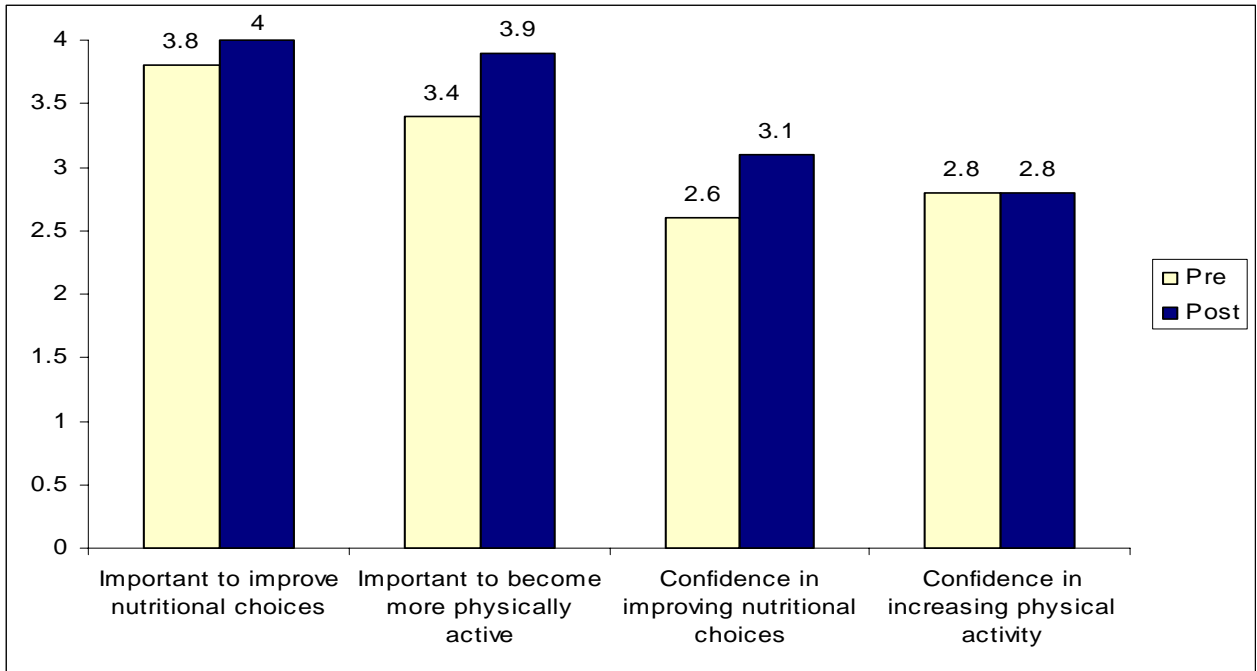
In comparing the post-test perceived stress means of all GOAL participants with the comparison group, no significant differences were found.

Figure 17. *Perceived Stress Post-Test Mean Comparisons, GOAL and Comparison Groups*



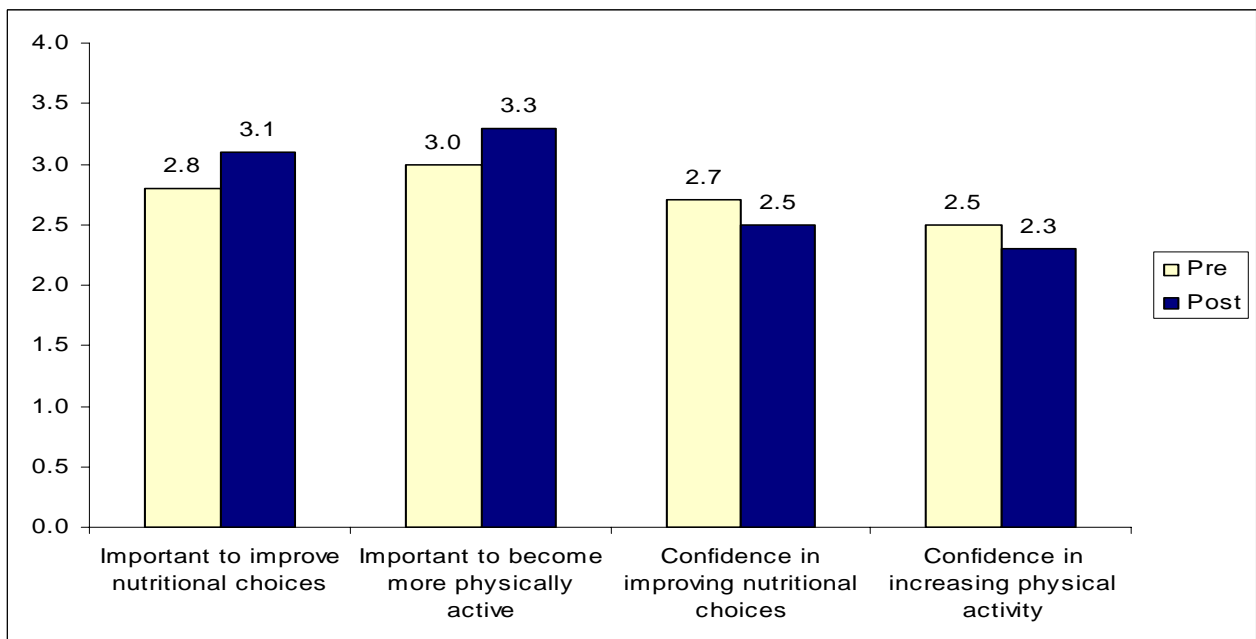
Readiness to Change. To measure readiness to change, participants were asked on a 5-point scale (0 = not at all; 4 = very) how important they felt it was and their confidence in increasing their physical activity and improving their nutritional choices. There were no significant increases in GOAL participants' readiness to change; however, the average baseline readiness was already relatively high. As shown in Figure 18, averages increased for all areas except for confidence in physical activity.

Figure 18. *Readiness to Change Mean Comparisons, GOAL Groups Combined, (n = 10)*



There were no significant changes in readiness for the comparison group. The group means slightly increased for the importance of nutrition and physical activity but slightly decreased for confidence in improvement in these areas.

Figure 19. *Readiness to Change Mean Comparisons, Comparison Group, (n = 11)*



ScoreHealth Screenings

Participants were screened using ScoreHealth at initial recruitment into the pilot and at a 10- 12 week follow-up. Participants in both GOAL and comparison groups were given an incentive to participate in both screenings. While approximately 87% of the comparison group members returned for their screening, to date only 56% of the GOAL participants⁸ who participated in an initial screening have returned for a follow-up screening.

The majority of those screened were female; approximately 80% of the GOAL participants and 60% of the comparison group. In addition, the average age of those screened at pre-test was 61 for GOAL (*Range: 51- 72*) and 54 (*Range: 27 – 79*) for comparison. The average age at post-test remained relatively unchanged.

Table 18 includes the Pre/Post ScoreHealth data to date for GOAL and Comparison groups. No significant differences were found between GOAL and Comparison groups at Pre and post screenings.

Table 18. Average ScoreHealth Results for GOAL and Comparison Groups

Screening	GOAL		Comparison	
	Pre <i>n = 9</i>	Post <i>n = 8</i>	Pre <i>n = 15</i>	Post <i>n = 13</i>
Total Cholesterol	194.8	211.9	208.2	209.3
• HDL	45.11	54.6	44.6	48.8
• Non-HDL	149.67	157.3	162.5	160.5
Systolic BP	123.3	127.6	129.3	124.5
Diastolic BP	77.3	81.1	78.6	73.2
BMI	29.4	28.3	30.3	32.3
Servings fruits/veggies per day	4.75	4.3	3.71	4.1
Days 30 minutes of physical activity	5.6	5.8	4.6	5.2

Figure 20 and Table 19 include the mean scores for both group organized by health guidelines for average adults in each health area. The areas of concern for most participants would be cholesterol and BMI with both areas having means in high risk ranges. In terms of behavior, however, most participants self-reported a moderate to high number of servings of fruits and vegetables, no smoking, and five or more days of at least 30 minutes physical activity. While the behavioral data may be limited in that it is self-report, the participants perceived themselves to be active and eating close to the recommended servings of fruits and vegetables. Moreover, these results indicate that the group selected for this pilot may not be representative of the entire Health Access population in Franklin County.

⁸ Most GOAL participants screened do *not include* partners who attended groups.

Figure 20. Average ScoreHealth Results for GOAL and Comparison Groups

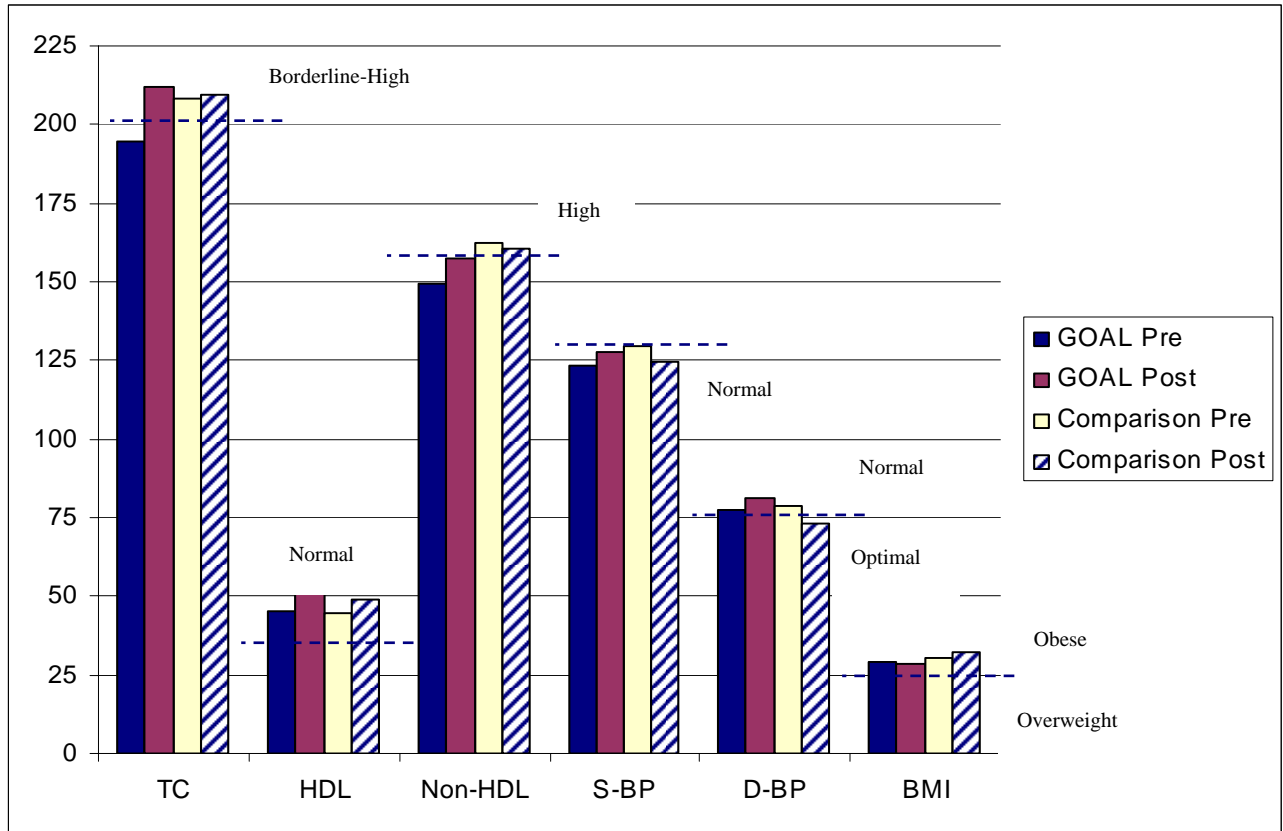


Table 19. *ScoreHealth Results, Percentages by Group*

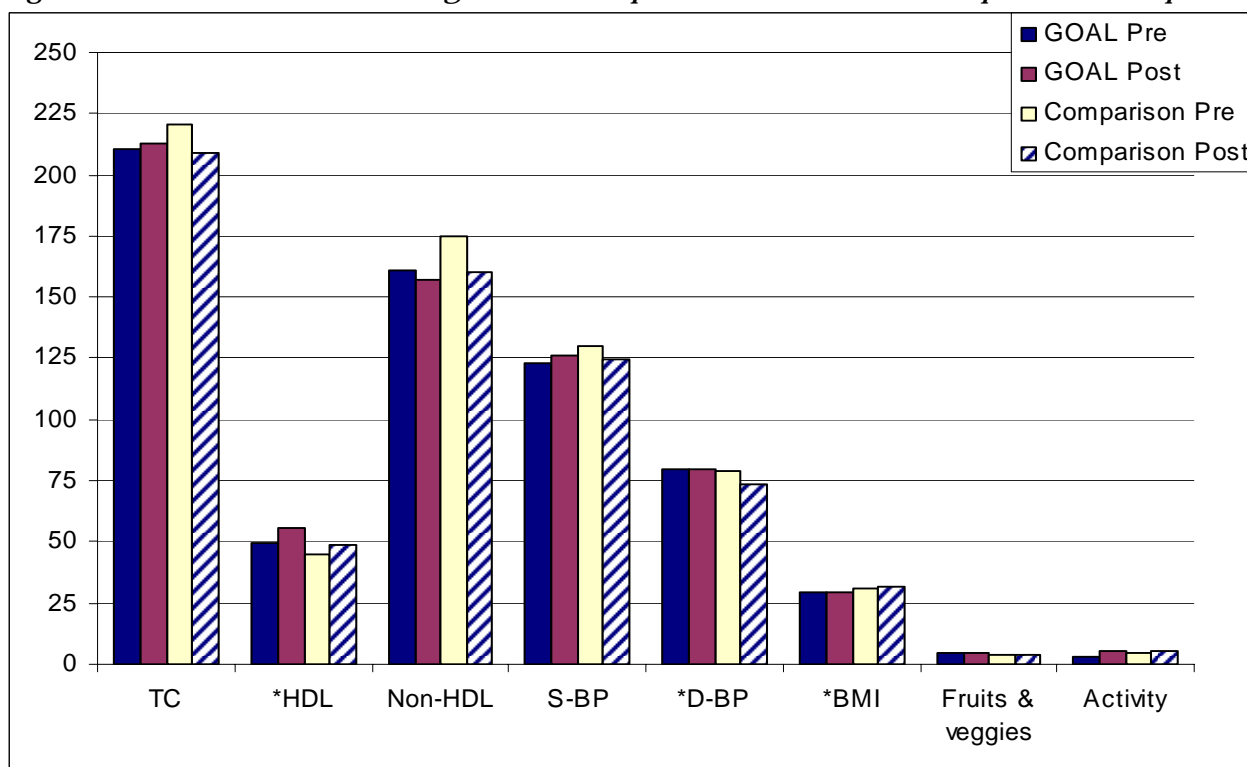
Screening (Range)	GOAL		Comparison	
	Pre n = 9	Post n = 8	Pre n = 15	Post n = 13
Servings of fruits of veggies • 0 to 2 • 3 – 4 • 5 or more	(2 – 6) 12.5% 25% 62.5%	(2 – 6) 25% 0% 75%	(0 – 8) 21.4% 43% 36%	(1 – 8) 23% 31% 46%
Days 30 minutes of physical activity • 0 to 2 • 3 – 4 • 5 or more	(1 – 7) 11.1% 11.1% 77.8%	(3 – 7) --- 40% 60%	(0 – 7) 20% 20% 60%	(0 – 7) 15.4% 15.4% 69.3%
Current Smoker • Yes • No • Quit	11.1% 88.9% ---	20% 80% ---	20% 67% 13.3%	15.4% 69.2% 15.4%
*Total Cholesterol • Optimal (< 200) • Borderline high (200 – 239) • High (\geq 240)	(124 – 285) 55.6% 22.2% 22.2%	(183- 242) 25% 62.5% 12.5%	(100 – 329) 40% 40% 20%	(167 – 320) 38.5% 54% 7.7%
*HDL • Low (< 40) • Average (40 – 60)	(20 -74) 44.4% 55.5%	(37 – 72) 12.5% 87.5%	(31 – 68) 33.3% 66.7%	(26 -97) 23% 77%
*Non-HDL • Optimal (< 100) • Near/Above Optimal (100-129) • Borderline high (130 – 159) • High (160 – 189) • Very high (\geq 190)	(101 – 251) --- 55.6% 22.2% --- 22.2%	(111 – 189) -- 25% 12.5% 62.5% ---	(62 – 261) 6.7% 20% 20% 40% 20%	(121 - 223) 15.4% ----- 46.2% 30.8% 7.7%
**Systolic BP • Optimal (< 120) • Normal (< 130) • High-Normal (130-139) • High (\geq 140)	(104 – 160) 33.3% 66.7% 22.2% 11.1%	(102 – 162) 50% ---- 25% 25%	(110 – 166) 33.3% 53.3% 20% 27%	(96 - 160) 46.2% 61.5% 15.4% 23.1%
**Diastolic BP • Optimal (< 80) • Normal (< 85) • High-Normal (85 - 89) • High (\geq 90)	(60 – 104) 66.7% 88.9% --- 11.1%	(70 – 90) 50% 62.5% 25% 12.5%	(64 – 92) 47% 87% --- 13.4%	(60 – 94) 61.5% 92.3% ---- 7.7%
BMI • Normal (18.5 – 24.9) • Overweight (25 – 29.9) • Obese (\leq 30)	(25.7 – 35) ---- 62.5% 37.5%	(19.5 – 35.9) 14.3% 57.2% 28.6%	(19.8 – 51.7) 31% 27% 33.5%	(20.6 – 51.7) 25% 25% 50%

* Based on American Heart Association guidelines

** According to WHO guidelines for blood pressure in adults

Paired comparisons. Thirteen comparison group participants and 7 GOAL group participants were included in the paired comparisons. There were significant differences ($p < .05$) detected for Diastolic Blood Pressure (DBP) for the comparison group and HDL and BMI for GOAL group participants. As indicated in Figure 21, the mean DBP decreased for comparison group members. Additionally, the average HDL level and BMI significantly increased for GOAL participants included in the analysis. The change in the overall BMI mean was slight, thus, suggesting only a few individuals in this sample significantly increased their BMI. Overall descriptive statistics shown in Tables 18 and 19 may provide a better picture of the GOAL group member's progress.

Figure 21. *ScoreHealth Screenings Mean Comparisons, GOAL and Comparison Groups*



Limitations

The findings presented in this report are intended to provide a snapshot of the GOAL pilot program and to help guide future program planning and implementation. They are not meant to evaluate the *worth* or *overall effect* of the program, rather the results should be viewed as a first look at the efficacy of the program. That being said, there are several caveats to the results that warrant attention.

1) Sample size

- The small sample size limits the reliability of the results in that it is likely that the statistical tests are **not** capturing an effect of the program.
 - The power for the GOAL group statistics is .35, meaning only a 35% chance that the effect is being identified or the odds of saying that there is a relationship or difference, when in fact there is one

- The ideal total sample size for a power of .90 (90%) is 48 (24 in GOAL; 24 in comparison)

2) Participant Selection and Characteristics

- While the design employed random selection of groups, the GOAL group participants were self-selected as they had to agree to participate in the group.
 - The Health Access sample represents a specific population of Franklin County, thus, cannot be generalized to the larger community.

3) Participant Response Bias

- The majority of the data collected was self-reported, thus the responses are likely to represent a certain level of participant bias in that some of the questions (e.g., importance of physical activity, how often physically active) lend themselves to social desirability bias or the tendency for one to report what is socially acceptable rather than one's true feelings.

4) Incomplete data

- Follow-up health screenings for GOAL participants has been particularly difficult, thus the results represent a small percentage (42%) of the participants.

Recommendations

Based on the results of the first GOAL pilot, the following recommendations have been made:

1) Enhance and expand participant recruitment

- In order to further explore the efficacy and impact of the GOAL program, subsequent pilots should be conducted with various samples. Samples should represent the target audiences for GOAL (e.g., community organizations, clinical referrals).
- Increase the number of groups participating in the pilots in order to increase the statistical power of the analysis

2) Review and revise curriculum

- Based on participant outcomes and feedback, review curriculum and consider revision or enhancement of physical activity and stress topics

3) Develop a timeline for implementation

- Develop a timeline for implementation of future GOAL activities that incorporates the evaluation

4) Review and revise evaluation plan

- Continue to work with evaluation consultant to do the following:
 - Evaluation tools should be revised to further capture participants' acquisition and self-efficacy regarding specific knowledge as outlined in the curriculum.
 - Evaluation plan should reflect the changing audiences of the GOAL program. For example, tools may need to be adapted or removed in order to meet the needs of future GOAL groups.

- **Development of health screening protocol that can be replicated in different settings.**

Appendix A: Health Survey - Pre-Test

Health Questionnaire (Pre)

This survey is collecting information about the health of residents of Franklin County. All information that you provide on this questionnaire is **confidential** and will not be shared with anyone from the project or Franklin Health Access staff. **To preserve your confidentiality, please do not put your name anywhere on this questionnaire.**

Section 1. General Information about You

First letter of your mother's maiden name (or put X if you don't know):

First letter of the **month** of your birthday:

First letter of the name of the **street** on which you live:

Your age:

Please check which best describes how you got involved in this group?

Partner, spouse, friend asked me to come

I agreed to participate at my ScoreHealth screening at Franklin Health Access

Please read all of the questions and responses thoroughly and then check the box (you may use a ✓ or X) that best describes your answer.

1. What is your sex?

- Female
 Male

2. Town in which you live: _____

3. Do you live alone?

- Yes
 No, please answer 3a – 3c

3a. Who do you live with? *Please check **all** that apply.*

- A spouse/committed partner
 A roommate/friend
 A family member
 Other (please describe): _____

3b. How many people do you have living in your household? _____

3c. Of these, how many of them are children? _____

4. What is the **highest** level of education that you have completed? *Please check **one** response.*

- Some high school
- High school graduate or GED
- Some college or professional training
- Bachelor's degree/College graduate
- Some graduate work
- Graduate degree

5. What is your current employment status? *Please check **one** response.*

- Retired
- Disability (insured)
- Unemployed
- Employed
- Self-employed
- Student
- Other (please describe): _____

6. What is your **household** annual income (that is, the total amount of money that all of the adults in your home, including you, earn each year)? **NEED CHANGES FROM LESA**

- Less than \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 or over

7. Do you currently have health insurance?

- Yes, please list _____
- No
- Member of Franklin Health Access

Section 2: Your Health

Quality of Life

For the following 12 questions, please use the following scale to rate how satisfied you feel **today** about different aspects of your daily life. Choose any number from this list (1 to 9) and indicate your choice on the questions below.

- 1 = Extremely Dissatisfied
- 2 = Very Dissatisfied
- 3 = Moderately Dissatisfied
- 4 = Somewhat Dissatisfied
- 5 = Neutral
- 6 = Somewhat Satisfied
- 7 = Moderately Satisfied

8 = Very Satisfied

9 = Extremely Satisfied

1. ____Mood (feelings of sadness, worry, happiness)
2. ____Self-esteem
3. ____Confidence, self-assurance, and comfort in social situations
4. ____Energy and feeling healthy
5. ____Health problems (Diabetes, high blood pressure, etc.)
6. ____General appearance
7. ____Social life
8. ____Leisure and recreational activities
9. ____Physical mobility and physical activity
10. ____Eating habits
11. ____Body image
12. ____Overall Quality of Life

Stress

The next four questions ask you about your feelings and thoughts during the last month. In each case, please choose any number from the list (0 – 4) to indicate how often you felt or thought a certain way.

0 = never

1= almost never

2 = sometimes

3 = fairly often

4 = very often

1. ____In the last month, how often have you felt that you were unable to control the important things in your life?
2. ____In the last month, how often have you felt confident about your ability to handle your personal problems?
3. ____In the last month, how often have you felt that things were going your way?
4. ____In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Your thoughts about changing your behavior

In the following two questions, please choose any number from the list (0 – 4) to indicate the importance of the questions below.

0 = Not at all important

- 1 = Not *that* important
- 2 = Somewhat important
- 3 = Important
- 4 = Extremely important

1. ___ Is it important to you to improve your nutritional choices?
2. ___ Is it important to you to become more physically active?

In the following two questions, please choose any number from the list (0 – 4) to indicate how confident you are.

- 0 = Not at all confident
- 1 = Not that confident
- 2 = Somewhat confident
- 3 = Confident
- 4 = Extremely confident

1. ___ In general, how confident are you that you can improve your nutritional choices?
2. ___ In general, how confident are you that you can become more physically active?

Thank you!!

Appendix B: Satisfaction Survey

PARTICIPANT SATISFACTION SURVEY

We would like your assessment of the program you attended today. Please fill out this questionnaire as completely, carefully, and candidly as possible.

First letter of your mother's maiden name (or put X if you don't know):

First letter of the **month** of your birthday:

First letter of the name of the **street** on which you live:

Age:

Your Thoughts on this Session

1. Overall how would you rate this session [please circle your response]?

1	2	3	4
poor	fair	good	excellent

2. How useful was the session on Stress?

1	2	3	4
Not at all Useful			Very useful

3. How useful was the session on Nutrition?

1	2	3	4
Not at all Useful			Very useful

4. How useful was the session on Physical Activity?

1	2	3	4
Not at all Useful			Very useful

5. Overall, was the material presented in an ORGANIZED fashion?

1	2	3	4
Not at all			Definitely

Appendix C: Health Survey – Post Test

GOAL - Health Questionnaire - Post

All information that you provide on this questionnaire is **confidential** and will not be shared with anyone other than members of research team. **To preserve your confidentiality, please do not put your name anywhere on this questionnaire.**

First letter of your mother's maiden name (or put X if you don't know):

First letter of the **month** of your birthday:

First letter of the name of the **street** on which you live:

Your age:

Please check which best describes how you got involved in this group?

- Partner, spouse, friend asked me to come
 I agreed to participate at my ScoreHealth screening at Franklin Health Access

Section 1: Your Health

For the following 12 questions, please use the following scale to rate how satisfied you feel **today** about different aspects of your daily life. Choose any number from this list (1 to 9) and indicate your choice on the questions below.

- 1 = Extremely Dissatisfied
- 2 = Very Dissatisfied
- 3 = Moderately Dissatisfied
- 4 = Somewhat Dissatisfied
- 5 = Neutral
- 6 = Somewhat Satisfied
- 7 = Moderately Satisfied
- 8 = Very Satisfied
- 9 = Extremely Satisfied

1. ____ Mood (feelings of sadness, worry, happiness)
2. ____ Self-esteem
3. ____ Confidence, self-assurance, and comfort in social situations
4. ____ Energy and feeling healthy
5. ____ Health problems (Diabetes, high blood pressure, etc.)
6. ____ General appearance
7. ____ Social life
8. ____ Leisure and recreational activities
9. ____ Physical mobility and physical activity

- 10. ___ Eating habits
- 11. ___ Body image
- 12. ___ Overall Quality of Life

Stress

The next four questions ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

- 5. In the last month, how often have you felt that you were unable to control the important things in your life?

___ 0 = never ___ 1 = almost never ___ 2 = sometimes ___ 3 = fairly often ___ 4 = very often

- 6. In the last month, how often have you felt confident about your ability to handle your personal problems?

___ 0 = never ___ 1 = almost never ___ 2 = sometimes ___ 3 = fairly often ___ 4 = very often

- 7. In the last month, how often have you felt that things were going your way?

___ 0 = never ___ 1 = almost never ___ 2 = sometimes ___ 3 = fairly often ___ 4 = very often

- 8. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

___ 0 = never ___ 1 = almost never ___ 2 = sometimes ___ 3 = fairly often ___ 4 = very often

Readiness to Change

In the following two questions, on a scale 0 to 10, please rate the importance of the following

- 3. Is it important to you to improve your nutritional choices? [Please circle your response]

Not at all				Extremely
Important				important
0	1	2	3	4

- 4. Is it important to you to become more physically active? [Please circle your response]

Not at all				Extremely
Important				important
0	1	2	3	4

In the following two questions, please choose any number from the list (0 – 4) to indicate how confident you are.

- 0 = Not at all confident
- 1 = Not that confident
- 2 = Somewhat confident
- 3 = Confident
- 4 = Extremely confident

1. ____ In general, how confident are you that you can improve your nutritional choices?
2. ____ In general, how confident are you that you can become more physically active?

Section 2: Your Personal Goal

1. Throughout the program, did you set personal goals? Yes No

If so, in which areas (please check all that apply)?

- Physical Activity
- Stress
- Nutrition

1a. Did you reach your goals?

- Yes, in all areas
- Yes, in some areas. Please list: _____

- No, please comment: _____

2. Using the following scale, how confident are you that you will achieve your goal(s)? ____

- 0 = Not at all confident
- 1 = Not that confident
- 2 = Somewhat confident
- 3 = Confident
- 4 = Extremely confident

Section 3. About the Program and What you Learned

1. Please describe what you believe to be the purpose of the program: _____

2. Overall, what motivated you to attend the GOAL groups (please check all that apply)?

- Gas Card
- To make changes in my behavior
- To get out of the house
- Potluck dinners

- To learn about how to improve my physical activity
- To learn more about nutrition
- To learn more about how to reduce stress
- Other: _____

3. Please circle the response that best represents your how much you know about the topics listed below.

	My knowledge level before participating in GOAL					My knowledge level after participating in GOAL					How likely are you to use this knowledge to change your behavior in the next 6 months?				
	Low		High			Low		High			Not at all		Very		
How many servings of fruits and vegetables you need in a day	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
How to read food labels	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
An appropriate portion size of food for me	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Ways to reduce stress in my life	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Ways to increase my physical activity	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Ways to make healthier nutritional choices	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

3a. Please list the three most important things you have learned about physical activity:

1. _____
2. _____
3. _____

b. Please list the three most important things you have learned about nutrition:

1. _____
2. _____
3. _____

c. Please list the three most important things you have learned about reducing stress:

1. _____
2. _____
3. _____

4. Overall, how likely are you to use what you have learned in your GOAL group?

<u>not at all</u>		<u>Moderately</u>		<u>Very likely</u>
<u>likely</u>		<u>likely</u>		
1	2	3	4	5

5. How likely are you to tell your friends or family about what you learned in your GOAL group?

not at all
likely
1

2

Moderately
likely
3

4

Very likely
5

Appendix D: Program Fidelity Forms

**Project Insight Form
Session Leaders**

DATE:
SESSION #

GROUP LEADER COMPLETING THIS FORM: _____

Please list the factors that were BARRIERS to conducting this week's session

Please list the factors that ASSISTED you in conducting this week's session

Observers [tracking fidelity]
[Based on Program Materials/Curriculum]

SESSION DATE: _____ **(WEEK 1)**

GROUP # _____

PERSON COMPLETING FORM: _____

I. Orientation

- Incentive review
- Health Disclosure
- Quality of Life survey

Did not cover in this session 1	2	3	4	Covered fully in this session 5
---------------------------------------	---	---	---	---------------------------------------

Please explain your rating:

II. Introductions

- Pairing and partnerships
- Group processes and roles

Did not cover in this session 1	2	3	4	Covered fully in this session 5
---------------------------------------	---	---	---	---------------------------------------

Please explain your rating:

III. Stretches (yoga)

Did not cover in this session 1	2	3	4	Covered fully in this session 5
---------------------------------------	---	---	---	---------------------------------------

Please explain your rating:

IV. Stress

- Identifying stress

Did not cover in this session				Covered fully in this session
----------------------------------	--	--	--	----------------------------------

1	2	3	4	5
---	---	---	---	---

Please explain your rating:

V. Nutrition

- Homemade fast food
- Eating out
- Potluck culture

Did not cover in this session 1	2	3	4	Covered fully in this session 5
---------------------------------------	---	---	---	---------------------------------------

Please explain your rating:

VI. Take Time

Did not cover in this session 1	2	3	4	Covered fully in this session 5
---------------------------------------	---	---	---	---------------------------------------

Please explain your rating:

VII. Physical Activity

- Ways to add PA into daily routine

Did not cover in this session 1	2	3	4	Covered fully in this session 5
---------------------------------------	---	---	---	---------------------------------------

Please explain your rating:

VIII. Check out

Did not cover in this session 1	2	3	4	Covered fully in this session 5
---------------------------------------	---	---	---	---------------------------------------

Provide additional comments below. For example, please consider the following questions: Did any of the sections seemed rushed?

Were there any significant interruptions or barriers that affected the session or activity? Did the participants seem responsive?