

Keep ME Active! Maine in Motion

Evaluation Summary

December 1 2005 – November 1, 2006

Prepared for:

Maine Governor's Pedometer Program Committee
Maine Governor's Council on Physical Activity

Prepared by:

Amy N. Black, PhD
Maine Center for Public Health
12 Church Street
Augusta, ME 04330
207-629-9272 ext. 207
ablack@mcphe.org

In collaboration with:

Maine Governor's Pedometer Program Evaluation Committee
Maine in Motion program staff

Table of Contents

| | |
|--|---|
| Table of Contents..... | 2 |
| Project Overview | 3 |
| Report Overview..... | 3 |
| Evaluation Planning..... | 3 |
| Logic Model | 3 |
| Evaluation Plan..... | 4 |
| Recommendations/Next Steps | 5 |
| Appendix A: Program Logic Model..... | 6 |
| Appendix B: Draft Evaluation Plan..... | 8 |

Project Overview

The Maine Governor's Council on Physical Activity contracted with the Maine Center for Public Health (MCPH) to develop an evaluation plan for the ***Maine in Motion, Keep ME Active!*** Program (MIM). In addition, the evaluation consultant participated in the Evaluation Committee of the Pedometer Committee (i.e., Maine in Motion program) provided technical assistance in evaluation planning and measurement development.

The allotted time within the contract covered 5% of an evaluation consultant or approximately 1 day per month (13 days over a one-year period).

Report Overview

This report highlights the major tasks completed by the evaluation committee during the contract period of December 1, 2005 through November 30, 2006. The report is organized in terms of the primary areas of concern for the committee, including evaluation planning, development of evaluation tools, and technical assistance. In the final section of the report, committee recommendations and next steps are provided.

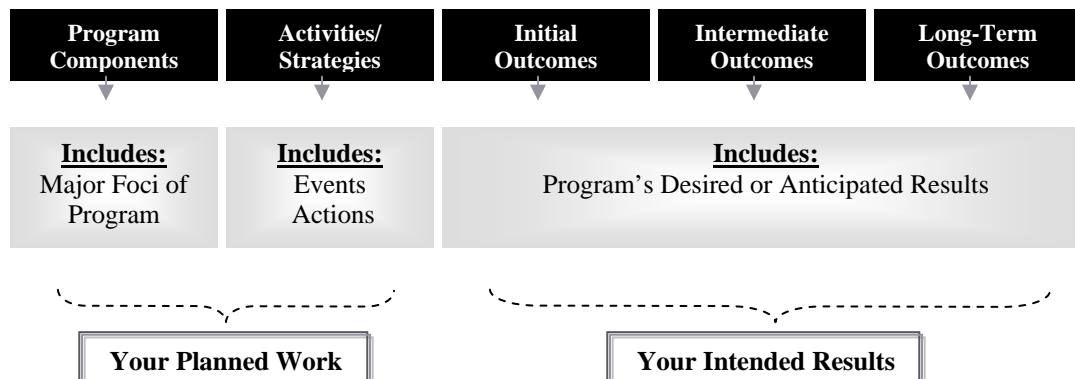
Evaluation Planning

Starting from the beginning of the contract, the evaluation committee set up monthly meetings to develop the evaluation plan and keep track of evaluation tasks. The evaluation planning process included *Maine in Motion* staff members, evaluation committee members and the evaluation consultant. Below is a list of the major tasks completed during the planning stage of the evaluation.

Logic Model

This section provides information on logic models, a tool that is often utilized to help guide the evaluation process. A logic model is a systematic way to visually depict a program including its components, activities, and intended changes or results (Goldman & Schmalz, 2006; Rossi, Lipsey, & Freeman, 2004). The basic logic model components are depicted in Figure 1.

Figure 1. *Basic Logic Model Components*



Based on previous evaluation findings, literature regarding the efficacy of pedometer programs, theory regarding behavior change, and staff members' experience with the program, the committee revised and finalized the program's logic model. See Appendix A for a copy. Below is a summary of the intended results of the program.

The intended short-term results of the program include:

- Participants' increase in motivation, skills, and knowledge related to physical activity
- Increased visibility of the Maine in Motion program

The intermediate outcomes include:

- Participants' continued involvement in Maine in Motion and other physical activity programs
- Participants' improved physical activity, healthy lifestyle behaviors, nutrition and overall health
- Program sustainability

Finally, the long-term intended results of the program include:

- Increased regular physical activity of people in Maine
- Improved and sustained health and well-being of people in Maine

Evaluation Plan

Using the logic model as a guide, the committee worked collaboratively to draft an evaluation plan for the Maine in Motion program. The initial planning process included a review of literature related to the evaluation of pedometer programs, specifically, the use of theory (e.g., Stage of Change) and measurement (e.g., tracking steps) within the evaluation. A summary of this literature was provided in the evaluation plan. See Appendix B for a copy of the draft evaluation plan.

The evaluation framework used within the evaluation plan includes a set of sequential but interrelated activities that combined create the formative, process, and outcome evaluation. Within this framework, the primary goal of the evaluation is to *inform* the program by examining the process, contextual factors and potential impact of the program.

The evaluation plan includes quantitative and qualitative measures with the major activities including:

- **Focus Groups:** As part of the process evaluation, focus groups with worksite and school group coordinators will be used to identify specific issues for program improvement and implementation and to ascertain if these methods are an effective engagement strategy. Specifically, the groups will examine the implementation of the program, its strengths and weaknesses, fidelity of implementation, and perceived barriers/challenges to participation.
- **Pre and post participant surveys:** Participants will fill out a survey at time of registration and then again every three months. Surveys will be used to track individual-level outcomes. The newly-revised surveys are available through the Maine in Motion web-site or by paper/pencil copy.

- **Participant activity logs:** Participant logs will be used to track individuals' goal completion. Surveys and activity logs will also be used to track participant drop-out rates.
- **Web-site:** The web-site will play a crucial role in tracking various process measures such as program exposure and participant registrations. Moreover, the evaluation committee consulted with the web designer to establish a data collection process that will make data analysis more timely and efficient.

Finally, the evaluation committee has started to draft an evaluation budget to be included in grant proposals. Implementation of the evaluation is contingent on continued financial support and resources.

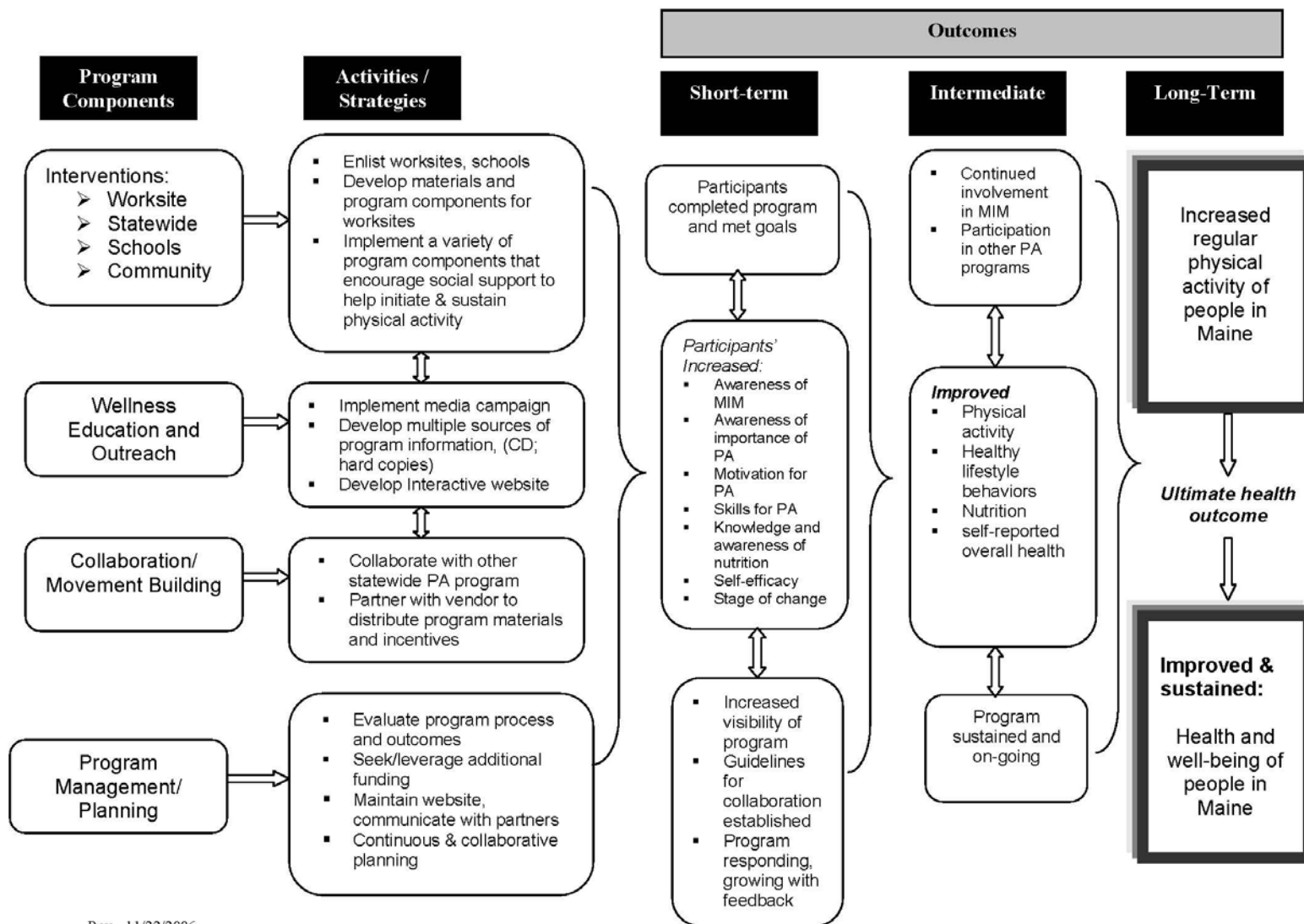
Recommendations/Next Steps

The following recommendations and next steps have been identified by the Evaluation Committee:

1. Continuation of current evaluation efforts:
 - a. Complete data analysis of quantitative measures of participant, individual outcomes and process evaluation (registration and participant surveys). Analysis to be conducted at 3-6 month intervals.
 - b. Develop and complete qualitative, process evaluation of program every 6-12 months.
 - c. Develop and complete qualitative or quantitative formative evaluation to assist in program design and development
2. Develop sustainability plan for the evaluation, including but not limited to:
 - a. Identification of additional evaluation committee members
 - b. Securing funding for future evaluation efforts. The process of developing an evaluation budget is underway, but this budget should be reviewed and revised as necessary when new evaluation needs arise.

Appendix A: Program Logic Model

Maine in Motion Program Logic Model



Rev - 11/22/2006



Appendix B: Draft Evaluation Plan



Draft

Maine in Motion Program Evaluation Plan

Prepared for:

Maine Governor's Pedometer Program Committee
Maine Governor's Council on Physical Activity

Prepared by:

Amy Black, Ph.D.
Research Associate
Maine Center for Public Health
21 Church Street
Augusta, Maine 04330
207-629-9272

In collaboration with:

Maine in Motion Program Staff
Karen Croteau, Ed.D.
Kathy Low, Ph.D.
Malisa Hafner Blessington



Table of Contents

| | |
|--|----|
| Background and Context..... | 11 |
| Guiding Principles of the Evaluation Plan..... | 11 |
| Organization of the Plan | 11 |
| Introduction..... | 12 |
| Benefits of Physical Activity | 12 |
| Physical Activity in Maine..... | 12 |
| Literature Review..... | 13 |
| Effectiveness of Walking Interventions..... | 13 |
| Pedometers as Motivational Tools..... | 14 |
| Theoretical Considerations | 14 |
| Program Overview | 15 |
| Governor’s Council on Physical Activity..... | 15 |
| The <i>Maine in Motion</i> , Keep ME Active! Program | 16 |
| Evaluation Approach | 17 |
| Evaluation Framework..... | 17 |
| Evaluation Design..... | 18 |
| Logic Models | 18 |
| Process Evaluation | 19 |
| Evaluation Questions | 19 |
| Data Collection | 19 |
| Outcome Evaluation..... | 21 |
| Evaluation Questions | 21 |
| Data Collection | 21 |
| Contextual Factors | 23 |
| Proposed Evaluation Questions | 24 |
| Data Collection | 24 |
| References..... | 25 |
| Appendix A: Program Logic Model | 27 |
| Appendix B: Strategy Status Worksheet..... | 29 |

Background and Context

The Maine Governor's Council on Physical Fitness contracted with the Maine Center for Public Health (MCPH) to develop an evaluation plan for the *Maine in Motion, Keep ME Active!* Program (MIM). Multi-year funding for this initiative was provided through private donations and various foundations.

The intended audience for this plan includes:

- The Maine Governor's Council on Physical Fitness, Sports, Health and Wellness
- Maine in *Motion* program staff
- Maine in *Motion* pedometer committee
- Others interested in supporting wellness efforts

The purpose of this evaluation is to assess the effectiveness of the program and to track process and outcome measures related to knowledge, skills and behavior change. This plan describes how the Maine in Motion program will assess the efficacy of the program design, collaborative process and the degree to which the initiative achieved the desired outcomes.

Guiding Principles of the Evaluation Plan

The Maine Center for Public Health recognizes that well-designed program evaluations have the ability to highlight accomplishments, reduce uncertainties, improve effectiveness, and ultimately influence programmatic decisions. This plan is issued in that spirit.

Clearly, there are multiple approaches to conducting a multi-year, statewide evaluation of an evolving program. This plan is based on Valente's (2002) framework for evaluating public health promotion programs and it serves as starting point for organizing the evaluation design and associated activities. Modifications to the plan will likely be necessary as new goals, foci, and data sources are developed. As such, this plan and evaluation team supports an evolving and participatory approach that allows flexibility for responding to emerging needs or particular contextual circumstances. This plan, therefore, is the result of a participatory and collaborative effort between the Maine Center for Public Health, Maine in Motion program staff and committees, and evaluation consultants Drs. Karen Croteau and Kathy Low. This collaboration will work closely to create an evaluation design, measures and feedback reports which emphasize measurement of objectives, useful content, timely delivery and sensitivity to cultural, age and readiness level. Both quantitative and qualitative approaches will be employed. Often qualitative data will be used to either understand more fully the "context" of the intervention or allow participants to elaborate on quantitative data.

Organization of the Plan

In order to provide context for the evaluation, this document provides justification for the program through a brief overview of the status of physical fitness in Maine, the Governor's Council and the Maine in Motion program. In addition, the document provides an overview of literature relating to the effectiveness of pedometer-based and walking interventions.

The major portion of this document describes the evaluation approach and design. Specific evaluation questions are addressed, existing data sources are included, and strategies for implementing evaluation activities are provided. The activities are separated into two sections, one detailing process measures and one focusing on outcome measures. As with many comprehensive evaluation efforts, consideration of contextual factors is also addressed.

The final section of this plan proposes dissemination strategies regarding the evaluation findings. Several avenues for sharing program evaluation results are discussed.

Introduction

Benefits of Physical Activity

The body of evidence supporting the benefits of regular physical activity is rapidly growing. According to the CDC (2005, October 28) regular physical activity substantially reduces the risk of dying of coronary heart disease, and decreases the risk of stroke, colon cancer, diabetes, and high blood pressure. It has numerous health benefits including weight control, bone, muscles, and joint health, and psychological well-being. Finally, physical activity need not be strenuous to be beneficial, the US Surgeon General recommends 30 minutes (60 minutes for children and adolescents) of moderate physical activity several days of the week to help prevent chronic disease and promote health. The benefits of physical activity for adults and youth are well documented, as is the need to promote and support programs that promote physical activity.

Despite the proven benefits of physical activity, more than 50% of American adults do not get enough physical activity to provide health benefits. Twenty-five percent of adults are not active at all in their leisure time. Insufficient physical activity is not limited to adults. More than a third of young people in grades 9–12 do not regularly engage in vigorous-intensity physical activity. Daily participation in high school physical education classes dropped from 42% in 1991 to 32% in 2001 (CDC, 2002).

Physical Activity in Maine

According to a report issued by the United Health Foundation, Maine improved to the eighth healthiest in the country, up from the 10th spot in 2004, in America's Health Rankings ("Progress on Obesity is Possible," 2005, December 14). According to the report, however, the number of obese people in the state increased 17 percent in the last year. While the state has taken a hard line on smoking, it's been slower to recognize the dangers of obesity.

In addition, according to the CDC¹, in 2003 a little over half (53.6%) of Mainers are getting the recommended amount of physical activity in week², 33.5% are getting insufficient

¹ Findings from the Behavioral Risk Factor Surveillance System (BRFSS) surveys for 2003

² **Recommended physical activity** is defined as reported moderate-intensity activities in a usual week (i.e., brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate) for at least 30 minutes per day, at least 5 days per week; or vigorous-intensity activities in a

Larson, & Havens, 2003). As part of this trend, researchers have examined the effectiveness of minimal-contact interventions on sedentary adults (Chan et al., 2004; Croteau, 2004) and their effectiveness in interventions with sub-populations including youth (Schofield, Mummery, & Schofield, 2005), women (DuVall et al., 2004; Heesch et al., 2005; Koffman et al., 2001) older adults (Croteau & Richeson, In press) and those with diabetes and other chronic diseases (Tudor-Locke, Myers et al., 2002). Pedometers have been well established as objective measures of physical activity and have been shown to be reliable and valid (Tudor-Locke, Williams, Reis, & Pluto, 2002; 2004).

Pedometers as Motivational Tools

While pedometers have traditionally been used for objective *measurement*, recent studies have suggested using pedometers as motivational tools by allowing for “open feedback.” To this end, pedometers have allowed individuals to monitor their step-count, set goals, and therefore, can be seen as short-term motivational tools (Baker & Mutrie, 2005). For example, Rooney, Gritt, Havens, Mathiason, and Clough (2005) found that setting daily step goals, keeping a log of steps, and wearing a pedometer all the time predicted significant increases in level of awareness and amount of physical activity, self-efficacy, increased energy, ill less often and weight loss. Moreover, Baker and Mutrie (2005) found that the use of a pedometer, open for feedback, provided an additional motivation for participants as compared to those in a closed pedometer intervention. They found that by allowing participants to monitor their walking level (through step-count), they were more motivated and better able to meet their set goals (Baker & Mutrie, 2005). Finally, in a recent qualitative examination of women’s experiences in a minimal-contact pedometer-based intervention, researchers found that women described the pedometer as most useful in helping set goals and motivating them to increase their physical activity whereas submitting step logs made them accountable (Heesch et al., 2005). It is important to note, however, that the effectiveness of pedometers is most seen in interventions that include healthy living tips, goal setting, and other components

Theoretical Considerations

Although the majority of studies have measured success through step counts and behavioral intention (i.e., post-program walking intentions), these methods offer only a snapshot of behavior and attitudes. In order to illuminate the ways in which a walking program can achieve intended effects some researchers have begun using a particular theory as a framework for their evaluation (Baker & Mutrie, 2005; Burke et al., 2005). One the most dominant theoretical models used to predict health behavior, including physical activity, is the Transtheoretical or Stages of Change Model (TTM; Prochaska & DiClemente, 1982).

The evaluation of the Maine in Motion will use the stages of change model as a framework for measuring success, specifically to identify participants’ level of and readiness for physical activity. Moreover, the model will be used as a way to compare group differences based on stage and provide a deeper analysis of factors that affect behavior (Valente, 2002).

In addition, the model may be used for formative purposes or to inform programmatic changes. A brief overview of the model is provided below.

The TTM, often used as a framework for physical activity interventions (e.g., Koffman et al., 2001), focuses on the decision making of the individual structured around five *readiness to change* stages.

The stages include:

- *Precontemplation* is the stage at which there is no intention to change behavior in the foreseeable future.
- *Contemplation* is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it.
- *Preparation* is a stage in which individuals are intending to take action in the next month and have unsuccessfully taken action in the past year.
- *Action* is the stage in which individuals modify their behavior, experiences, or environment in order to overcome their problems.
- *Maintenance* is the stage in which people work to prevent relapse

The evaluation will also consider participants' [self-efficacy](#) (confidence in one's ability to perform physical activities regularly) a central tenet within many behavior change models and health promotion activities.

Program Overview

The Maine Governor's Council on Physical Activity

The current overall mission of the Council is *to improve health and wellness for all individuals in Maine by promoting healthy lifestyles through access to physical activity, sports, and related activities*. The Council goals are listed below.

- To increase the health and wellness of Maine citizens through advocacy for physical activity.
- To make recommendations to the Governor's office and the legislature regarding policies to improve access to physical activity at the State level.
- To promote the expansion of professional, community, school, health institution, worksite and other organizations' resources in physical activity
- To collaborate with the Maine Cardiovascular Council and the Maine Bureau of Health, and other partners to achieve council goals.

The Maine Governor's Council has been successful in raising awareness on the importance of health and well-being for its citizens. The Council will continue to create opportunities for active lifestyles while bringing into sharp focus the benefits of physical activity through its various programs, one of which is the Maine in Motion program.

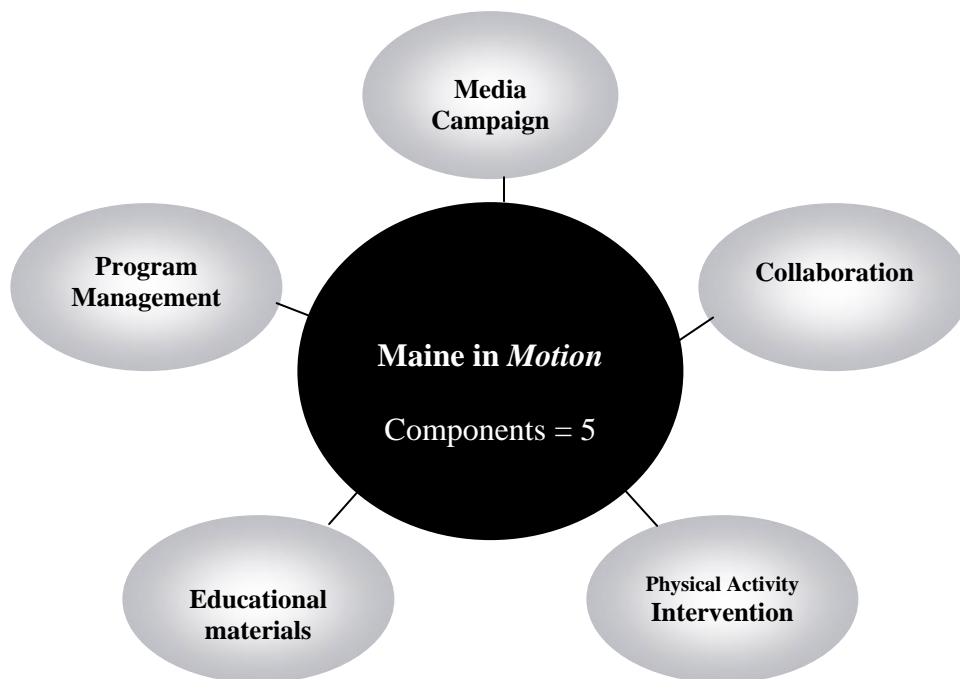
The *Maine in Motion*, Keep ME Active! Program

The *Maine in Motion* Program is a statewide initiative of the Governor’s Council that was launched in 2004 to increase the daily level of physical activity for Maine citizens of all ages. *Maine in Motion* provides a program that facilitates an increase in awareness of how physical activity can improve health across Maine while encouraging social interactions that support ongoing physical activity. The foundation is a free year-round program that uses goal setting, self-monitoring, and pedometer use as a strategy for motivating individuals to maintain active lifestyles. The program also encourages participants in setting realistic goals for physical activity, making healthy choices, and supports self-improvement and building self-esteem.

Maine in Motion encourages participants to follow one of its themed activities or Tours. The Tours will be highlighted at the website and featured at certain times of the year, but participants can pick any of the current tours for benchmarking activities against real-life scenarios. In addition, Nordic walking has been added as a featured activity and opportunities to participate in walking clinics in different areas of the State is part of the program.

Maine in Motion targets schools, worksites, families and individuals. Through the use of motivators such as pedometers, a log, and other supporting materials, participants keep track of their daily activity levels by recording time spent being active or through the use of a pedometer to track number of steps walked. At the end of each session, participants who met their goal of increasing their daily physical activity level will be recognized.

Figure 3. *Components of Maine in Motion Program*



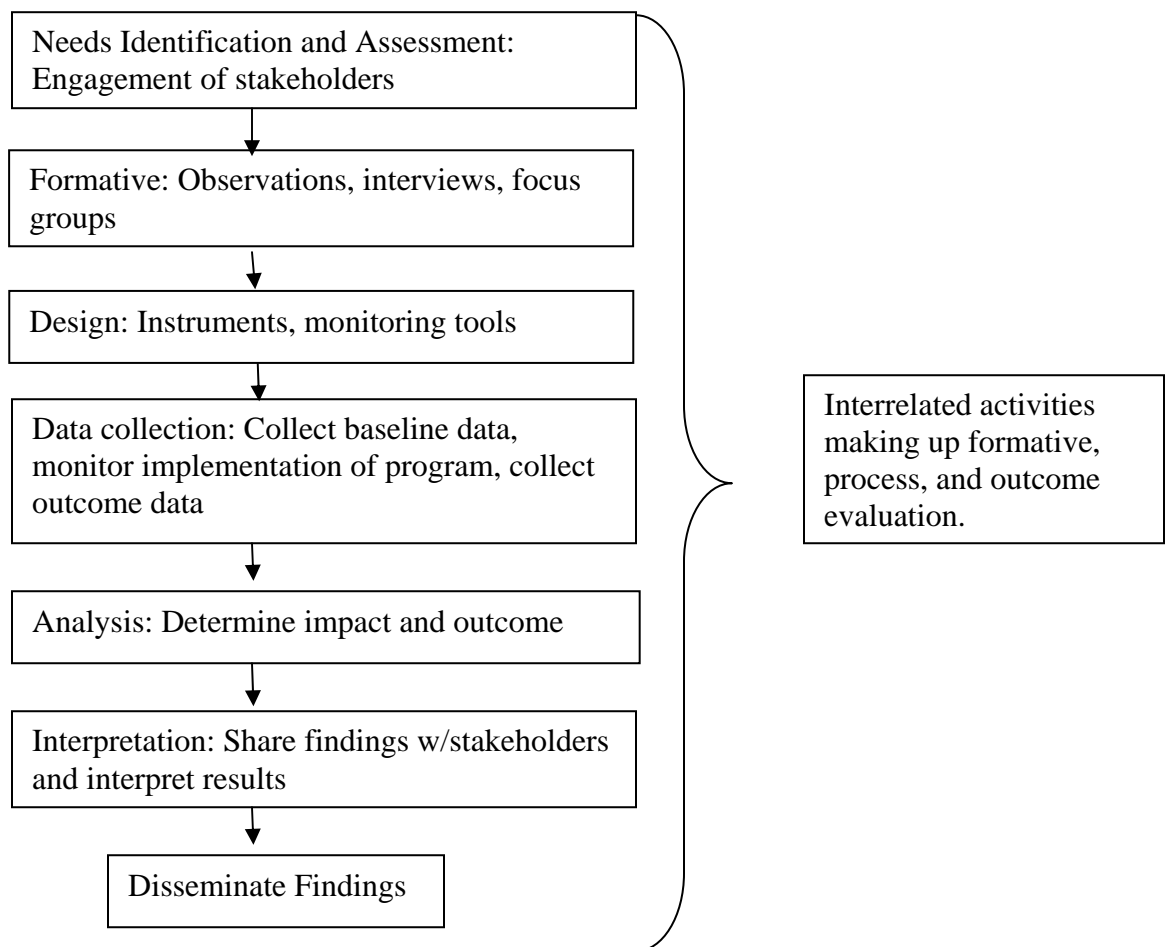
Evaluation Approach

The definition used for this evaluation is based on one proposed by Michael Quinn Patton (1982) in *Practical Evaluation*:

The practice of evaluation involves the systematic collection of information about the activities, characteristics and outcomes of programs, personnel, and products for use by specific people to reduce uncertainties, improve effectiveness and make decision with regard to what those programs, personnel, or products are doing and affecting.

Evaluation Framework

Figure 4. *Proposed Evaluation Framework*



Adapted from: Valente (2002). *Evaluating Health Promotion Programs*.

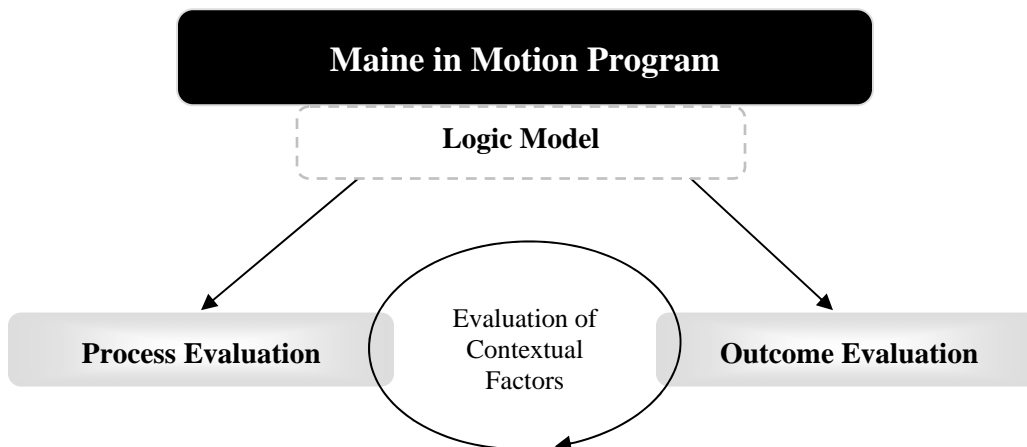
As shown in Figure 4, the evaluation framework includes a set of sequential but interrelated activities that combined create the formative, process, and outcome evaluation. Within this

framework, the primary goal of the evaluation is to *inform* the program by examining the process, contextual factors and potential impact of the program.

Evaluation Design

This section details the proposed methods for evaluating: 1) programmatic activities and process outcome; 2) initial, intermediate, and long-term outcomes; and 3) contextual factors that have the potential to influence both the process and outcome components of the evaluation. This section also provides information on logic models, a tool that is often utilized to help guide the evaluation process. The overarching structure of the evaluation design is depicted in Figure 5.

Figure 5. Maine in Motion Evaluation Design



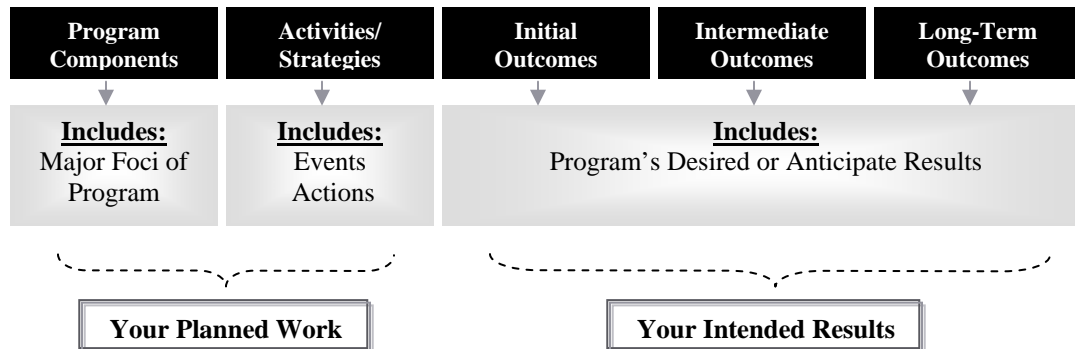
Logic Models

A logic model is a systematic way to visually depict a program including its components, activities, and intended changes or results (Goldman & Schmalz, 2006; Rossi, Lipsey, & Freeman, 2004). The basic logic model components are depicted in Figure 6. The program specific logic model, designed as part of this evaluation, can be found in Appendix A

The literature suggests that developing logic models can help build ownership of the program and the evaluation. In addition, a logic model can:

- Increase awareness of program components and anticipated outcomes
- Serve as an evaluation framework and a management tool
- Delineate program theory used to assess change and monitor progress
- Promote communication among stakeholders
- Enhance participation in the evaluation process
- Help to prevent over-promising
- Identify the limits of a program
- Assist in making evaluations more feasible and effective
- Explicitly identify the intended outcomes

Figure 6. Basic Logic Model Components



Process Evaluation

This component of the evaluation focuses on the implementation of activities and strategies designed to bring about changes that are directly linked to program goals. Process evaluation examines the extent to which implementation has taken place, the people being served and the degree to which the program operates as expected (Posavac & Carey, 1997). As many program managers well know, the implementation process can often be challenging due to contextual issues, organizational dynamics, and programmatic uncertainties. Often, programs need to be fine-tuned and this part of the evaluation provides valuable information that can be used to make improvements along the way (Valente, 2002).

Evaluation Questions

This part of the evaluation seeks to answer:

- Which initial strategies or activities are being implemented?
 - Which of these strategies are *successfully* implemented and why?
- Which initial strategies or activities are not being implemented and why?
 - Are there specific strategies that have been revised or disregarded?
 - What are the potential barriers?
 - What can be done to overcome the barriers?
- What lessons have been learned?
 - What has been done but did not work?
 - How can these lessons be incorporated into the existing program?

Data Collection

An overview of suggested process measures and data sources is located in Table 1. Two key methods include a strategy status spreadsheet and focus groups, both described below. A strategy status spreadsheet has been developed to assist with tracking progress regarding program activities. A copy of this tracking tool and an example of how it is completed is available in Appendix B. This monitoring tool provides a systematic approach and efficient

method for gathering information about specific strategies. The tool is intended to be completed by program staff on a bi-annual basis.

Focus groups with worksite and school group coordinators will be used to identify specific issues for program improvement and implementation and to ascertain if these methods are an effective engagement strategy. Specifically, the groups will examine the implementation of the program, its strengths and weaknesses, fidelity of implementation, and perceived barriers/challenges to participation.

Table 1. *Process Measures and Data Sources*

| Measures by Program Component | Data Source(s) |
|--|--|
| Intervention/Pedometer Program | |
| Documented intervention <ul style="list-style-type: none"> ○ Number of program participants ○ Percentage of participants completed ○ Number of sites ○ Number of materials distributed ○ Number of completed surveys (baseline) Fidelity and ease of implementation | <ul style="list-style-type: none"> ○ On-line survey and registration ○ Activity-monitoring tool ○ Focus groups with worksite and school coordinators |
| Education and Outreach | |
| Documented media outreach: <ul style="list-style-type: none"> ○ # of PSAs developed ○ # of PSAs aired ○ # of viewers Documented communications <ul style="list-style-type: none"> ▪ website, participant guide created ▪ # of web-site hits, CDs distributed | <ul style="list-style-type: none"> • Media reach • Activity-monitoring tool • Web-site tracking |
| Collaboration and Community Building | |
| <ul style="list-style-type: none"> • Documented opportunities to collaborate on PA and N related efforts <ul style="list-style-type: none"> ○ Number of activities tied to other PA programs ○ Documented resources-sharing ○ Common messages, goals ○ Vendor(s) secured ○ Number of incentives distributed ○ Number of sites that provide incentives to employees for increased participation in wellness activities ○ Number of sites with established physical activity and/or wellness programs | <ul style="list-style-type: none"> • Archival data; tracking of meetings; minutes • Activity-monitoring tool • Program Manager interview • Key informant interviews with community members |
| Program Management | |
| <ul style="list-style-type: none"> • Documented funding • Website maintained • Documented planning process • | <ul style="list-style-type: none"> • Grant money received • Activity-monitoring tool • Committee member - planning process survey |

While process measures and data sources are suggested above, survey instruments will be developed in collaboration with the evaluation team and can be provided by request. Additional process measures may be created as needed.

Outcome Evaluation

Outcome evaluation is an important component of any comprehensive evaluation plan. This part of the evaluation is intended to determine short- and long-term results of a program as well as the anticipated and unanticipated changes. 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

Evaluation Questions

Typically, there are two sets of questions that are addressed by the outcome component of the evaluation process. The first set of questions can be addressed during the initial phase using the logic model as a guide. The second set of questions is often dealt with as the program is fully established and implemented. These questions are frequently data driven and include lessons learned throughout the project period.

Initial Outcome Questions:

- What are the important initial, intermediate, and long-term outcomes we are trying to achieve?
- What are our measures of success?
- How do we know when we have achieved the expected outcomes?

Summary Outcome Questions:

- What impact is the program having on the intended audiences?
- Have we achieved our initial, intermediate, and long-term outcomes?
- What, if any, unanticipated impact has the program had? Are these unanticipated impacts consistent with or contrary to Program goals?
- How effective was the program?
- What works, for whom, and why?
- What improvements, if any, can be made?

Data Collection

The data collection techniques utilized in this component of the evaluation are multifaceted. For example, some of the outcomes will be tracked using secondary data sources such as surveillance data (e.g., Behavioral Risk Factor Surveillance System), while other outcomes will be assessed by interviews and self-report surveys. At present, there remain a number of outcomes where existing data sources do not exist. While limited resources may prevent all identified outcomes from being adequately evaluated, every attempt should be made to develop reliable and valid assessment mechanisms for priority outcomes.

The anticipated initial, intermediate, and long-term outcomes for the program and each of its components were: 1) derived from a review of the literature; and 2) based on discussions with program staff. Tables 2-3 highlight the outcomes, the associated measures, and potential data sources, when available.

The following table (Table 2) highlights the major areas that will be assessed under the initial and intermediate outcomes category. Following the nature of the program, outcomes will be assessed on the individual, community and state level. On the individual level, the outcomes reflect: 1) changes in individual behavior; 2) changes in knowledge, attitudes and skills; and 3) improved health outcomes. Community and state level outcomes reflect: 1) visibility of program; 2) collaborative partnerships on the community and state levels; 3) statewide implementation/sustainability of Maine in Motion program; and 4) implementation/sustainability of community-level physical activity efforts.

Table 2. Evaluation of Short-Term and Intermediate Outcome Measures

| Short-Term Outcomes | Data Source(s) | Timeline |
|--|--|--|
| Individual Level | | |
| <ul style="list-style-type: none"> ○ Participation in program, completion of goals ○ Knowledge, attitudes, beliefs, skills (KABS): <ul style="list-style-type: none"> ○ Awareness of MIM ○ Awareness of importance of PA ○ Motivation for PA ○ Skills for PA ○ Facilitators/barriers ○ Readiness to change behavior | <ul style="list-style-type: none"> ○ Participant physical activity logs ○ Participant Pre/post surveys | Pre/post 6, 9, 12 – month intervals |
| Community & State level | | |
| <ul style="list-style-type: none"> ● Increased visibility of program ● Guidelines for collaboration established ● Statewide implementation ● Statewide partnerships | <ul style="list-style-type: none"> ● Key informant interviews ● Reach of media campaign ● Media clippings ● Activity-monitoring tool | 4 th Quarter |
| Intermediate Outcomes | | |
| Individual Level | | |
| <ul style="list-style-type: none"> ▪ Continued involvement in MIM ▪ Participation in other PA programs ▪ Individual health outcomes: <ul style="list-style-type: none"> ▪ Physical activity ▪ Healthy lifestyle behaviors ▪ Self-reported overall health: <ul style="list-style-type: none"> - Weight - Sleep - Energy, etc | <ul style="list-style-type: none"> ▪ Attrition rates ▪ Participant surveys ▪ BRFSS ▪ BMI (pre/post participant survey) | Pre/post 6, 9, 12 – month intervals |
| Community & State level | | |

| | | |
|--|---|--|
| <ul style="list-style-type: none"> Partnerships established/documentated # of sites with established wellness programs Number of participants involved in statewide (local community) efforts Program evaluated, sustained | <ul style="list-style-type: none"> Key informant interviews Focus groups with sites | 1 st and 4 th Quarters |
|--|---|--|

The initial, short-term outcomes will be assessed through the use of self-report surveys, interviews, and a review of documents (e.g. meeting minutes, quarterly reports), activity-monitoring tool and media tracking. Intermediate outcomes will be assessed through self-report program and state-initiated surveys, focus groups, and interviews.

Due to limited resources, priority outcomes may be selected for evaluation purposes. The priorities may be established based on existing data sources, baseline data, and other factors.

While several systems or mechanism are available to assess the intermediate outcomes, there remain several areas where existing data collection efforts do not exist. Identifying and developing potential data sources for outcomes will be a priority in year one of the evaluation. The Program staff and evaluation team will be responsible for carrying out the evaluation activities related to the initial and intermediate outcomes.

The long-term outcomes are listed below in Table 3. Again, the anticipated outcomes are based on the results of collective efforts by the Program and others working in the area obesity-prevention and health promotion. Evaluation results should be shared in this light.

Table 3. Evaluation of Long-Term Outcome Measures

| Long-Term Outcomes | Data Source(s) |
|--|--|
| Medical Outcomes | |
| <ul style="list-style-type: none"> Decrease in medical visits associated with obesity Decrease in percentage of adults with Type II Diabetes and other obesity-related illness | <ul style="list-style-type: none"> All claims database BRFSS |
| Quality of Life | |
| <ul style="list-style-type: none"> Increase in reported quality of life | <ul style="list-style-type: none"> BRFSS |

Contextual Factors

Most comprehensive evaluation plans include an assessment of contextual factors that have the ability to either hinder program implementation and outcomes or enhance the activities and results. Contextual factors are important to acknowledge and assess for two main reasons. First, if the impact of contextual factors is well understood, evaluators and program managers are better positioned to explain why progress was, or was not, achieved. They are also better equipped to make generalizations about contributions as a whole, particularly when there are multiple sectors and initiatives whose goals overlap, as is the case with this program. Second, all programs operate in a broader environment (e.g. social, political, economic). Without a solid understanding of what this landscape looks like, program replication is often difficult and lessons learned may not be appropriately transferable.

Proposed Evaluation Questions

- What resources (e.g., funding, staffing, expertise, organizational support) are available and how are these resources used?
- What external factors (e.g., environment, social, economic, political, organizational) can be identified as having been strengths or barriers to the program?
- What situational factors are unique to the *Maine in Motion* program, the Governor's Council, and obesity prevention and wellness interventions in the state?

Data Collection

Contextual information is often garnered through surveys, assessments, or key informant interviews. Once again, limited resources may prevent all potential contextual and situational factors from being adequately addresses, yet an attempt should be made to understand the role these broader issues play in the program's operations and outcomes.

Dissemination Activities

Dissemination is the process of communicating program results, evaluation processes, lessons learned, and recommendations to appropriate audiences in a timely and unbiased manner. This process requires planning effective communication strategies including consideration of the timing, style, tone, message source, vehicle, and format of information products (Patton Quinn, 1982; Posavac & Carey, 1997).

There are several avenues that can be used to disseminate program evaluation results including: 1) formal evaluation technical reports; 2) community-focused evaluation reports; 3) journal articles; and 4) local, regional, and national presentations. In addition, findings can be disseminated by participating in networks of communities that are struggling with similar issues, and by providing consultation and technical assistance to similar programs.

The *Maine in Motion* Program staff and Evaluation Committee have primary responsibility for disseminating the evaluation results to the appropriate audiences in a timely manner.

References

- Baker, G., & Mutrie, N. (2005). Are pedometers useful motivational tools for increasing walking in sedentary adults?, *Walk21-VI "Everyday Walking Culture," The 6th International Conference on Walking in the 21st Century*. Zurich, Switzerland.
- Bjaras, G., Harberg, L. K., Sydhoff, J., & Ostenson, C.-G. (2001). Walking campaign: A model for developing participation in physical activity? Experiences from three campaign periods of the Stockholm Diabetes Prevention Program (SDPP). *Patient Education and Counseling*, 42, 9-14.
- Burke, L., Thompson, J., Evans, J., Austin, S., Heath, N., & Welsh, N. (2005). "It's Easier Than You Think!" A health belief model outcome evaluation of the 10,000 Steps walking program. Geelong West, Australia: Pathways Rehabilitation and Support Services, Inc.
- CDC. (2005, October 28). *Physical Activity for Everyone: The Importance of Physical Activity*. Retrieved January 18, 2006, from <http://www.cdc.gov/nccdphp/dnpa/physical/importance/index.htm>
- Chan, C. B., Ryan, D. A. J., & Tudor-Locke, C. (2004). Health benefits of a pedometer-based physical activity intervention in sedentary workers. *Preventive Medicine*, 39, 1215-1222.
- Croteau, K. A. (2004). A preliminary study on the impact of a pedometer-based intervention on daily steps. *American Journal of Health Promotion*, 18(3), 217-220.
- Croteau, K. A., & Richeson, N. R. (In press). Evaluation of the "Matter of Health" pedometer-based physical activity program for community-living older adults. *Activities, Adaptation, and Aging*, 30 (2), 37-48.
- DuVall, C., Dinger, M. K., Taylor, E. L., & Bembien, D. (2004). Minimal-contact physical activity interventions in women: A pilot study. *American Journal of Health Behavior*, 28(3), 280-286.
- Goldman, K. D., & Schmalz, K. J. (2006). Logic models: The picture worth ten thousand words. *Health Promotion Practice*, 7(1), 8-12.
- Heesch, K. C., Dinger, M. K., R., M. K., & Rice, K. R. (2005). Experiences of women in a minimal contact pedometer-based intervention: A qualitative study. *Journal of Women & Health*, 41(2), 97-116.
- Koffman, D. M., Bazzarre, T., Mosca, L., Redberg, R., Schmid, T., & Wattigney, W. A. (2001). An evaluation of Choose to Move 1999: An American Heart Association physical activity program for women. *Archives of Internal Medicine*, 161, 2193-2199.
- Patton Quinn, M. (1982). *Practical Evaluation*. Beverly Hills, CA: Sage.
- Posavac, E. J., & Carey, R. G. (1997). *Program Evaluation: Methods and Case Studies* (5th ed.). Upper Saddle River, NJ: Prentice Hall.
- Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19, 276-288.
- Progress on Obesity is Possible. (2005, December 14). *Lewiston Sun Journal*.
- Rooney, B. L., Gritt, L. R., Havens, S. J., Mathiason, M. A., & Clough, E. A. (2005). Growing healthy families: Family use of pedometers to increase physical activity and slow the rate of obesity. *Wisconsin Medical Journal*, 104(5), 54-60.
- Rooney, B. L., Smalley, K., Larson, J., & Havens, S. J. (2003). Is knowing enough? Increasing physical activity by wearing a pedometer. *Wisconsin Medical Journal*, 102(4), 31-36.
- Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2004). *Evaluation: A Systematic Approach* (7th ed.). Thousand Oaks, CA: Sage.

Schofield, L., Mummery, W. K., & Schofield, G. (2005). Effects of a controlled pedometer-intervention trial for low-active adolescent girls. *Medicine & Science in Sports & Exercise*, 37(8), 1414-1420.

Tudor-Locke, C., Myers, A. M., Bell, R. C., Harris, S. B., & Rodger, N. W. (2002). Preliminary outcome evaluation of the First Step Program: A daily physical activity intervention for individuals with type 2 diabetes. *Patient Education and Counseling*, 47, 23-28.

Tudor-Locke, C., Williams, J. E., Reis, J. P., & Pluto, D. (2002). Utility of pedometers for assessing physical activity: Convergent validity. *Sports Medicine*, 32(12), 795-808.

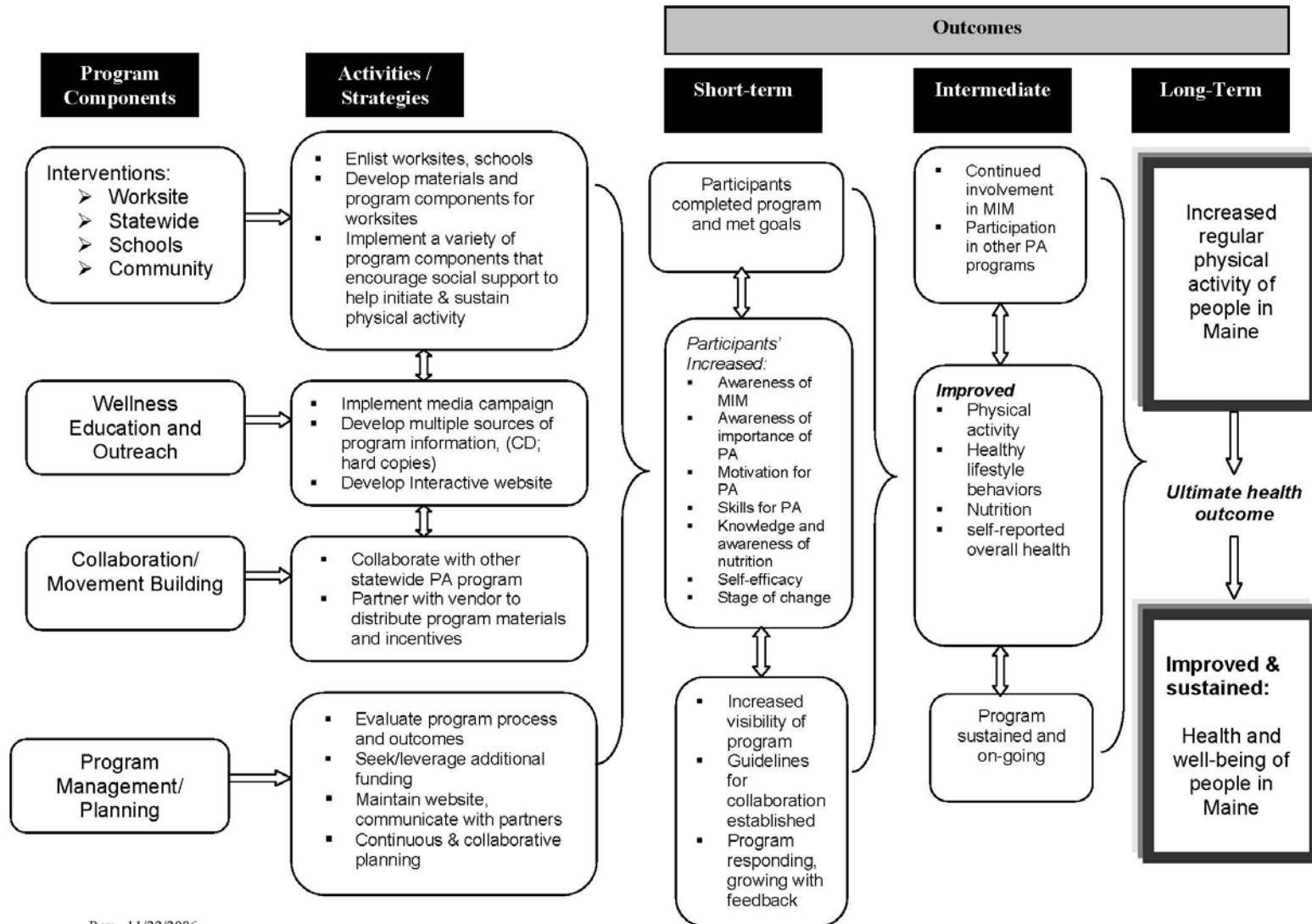
Tudor-Locke, C., Williams, J. E., Reis, J. P., & Pluto, D. (2004). Utility of pedometers for assessing physical activity: Construct validity. *Sports Medicine*, 34(5), 281-291.

Valente, T. W. (2002). *Evaluating Health Promotion Programs*. New York: Oxford University Press.



Appendix A: Program Logic Model

Maine in Motion Program Logic Model



Rev - 11/22/2006



Appendix B: Strategy Status Worksheet

Strategy Status Worksheet

| Strategy | Measure(s) | Timeline | Progress |
|--|--|----------|--|
| Program Component #1: Interventions | | | |
| Example #1: <ul style="list-style-type: none"> ▪ Enlist worksites | <ul style="list-style-type: none"> ▪ # of worksites enlisted ▪ # of participants ▪ % completion | Ongoing | <p>Status: (As of: <u>7/06</u>) <small>MM/YY</small></p> <p> <input type="checkbox"/> Fully achieved <input checked="" type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Ongoing <input type="checkbox"/> Other: (<i>explain</i>) _____ </p> <p>Accomplishments:</p> <ul style="list-style-type: none"> • Enlisted worksites, increase from last year <p>Challenges:</p> <ul style="list-style-type: none"> ▪ Resistance to year-long program <p>Opportunities:</p> <ul style="list-style-type: none"> ▪ |
| Program Component #2: Education and Outreach | | | |
| | | | <p>Status: (As of: _____) <small>MM/YY</small></p> <p> <input type="checkbox"/> Fully achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Ongoing <input type="checkbox"/> Other: (<i>explain</i>) _____ </p> <p>Accomplishments:</p> <ul style="list-style-type: none"> ▪ TBA <p>Challenges:</p> <ul style="list-style-type: none"> ▪ TBA <p>Opportunities:</p> <ul style="list-style-type: none"> ▪ TBA |
| Program Component #3: Collaboration/ Movement Building | | | |
| | | | <p>Status: (As of: _____) <small>MM/YY</small></p> <p> <input type="checkbox"/> Fully achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved <input type="checkbox"/> Ongoing <input type="checkbox"/> Other: (<i>explain</i>) _____ </p> <p>Accomplishments:</p> <ul style="list-style-type: none"> ▪ TBA <p>Challenges:</p> <ul style="list-style-type: none"> ▪ TBA <p>Opportunities:</p> <ul style="list-style-type: none"> ▪ TBA |