

## *Ardmore Institute of Health*

# Report Abstract for Awarded Grant

### Organization Name

Community Service Council of Greater Tulsa

### Project Title

A Longitudinal Evaluation of the Healthy Women, Healthy Futures Program (HWHF)

### Amount Awarded

\$16,886

### Project Start Date

March 7, 2017

### Project End Date

December 31, 2018

### Anticipated Number of People Impacted

A minimum of 75 non-pregnant women who were previous participants in HWHF's early childhood education center program.

### Actual Number of People Impacted

Eighty-eight woman who were previous enrolled in HWHF participated in the longitudinal program evaluation.

### Project Overview

The project's purpose was to determine HWHF's long term program effectiveness by obtaining the same measures gathered during women's previous program participation and comparing them to current measures. Oklahoma State University's Center for Family Resilience (CFR) conducted the longitudinal study.

Five assessments and screenings events were held to obtain graduates' weight, BMI, cholesterol measures, glucose and blood pressure. Surveys were used to collect demographic information, the HWHF risk assessment, and lifestyle questionnaire. The presence and level of depression were gathered through the PHQ-9, as well as questions about coping and support. Women completed a questionnaire about any pregnancies that they had experienced since leaving HWHF and their maternal and infant outcomes. In addition, participants were

asked to complete anonymous surveys to report HWHF's impact on their family members, their sustained health practices, as well as their overall program experience.

Focus groups and interviews were conducted in Spanish and English to gain an understanding of participant experiences while in the program, perceived health and lifestyle changes since HWHF completion, and to obtain feedback for future program recommendations. Purposive sampling was used to ensure representation from the different racial and ethnic groups. Overall, twelve graduates participated.

## Results

Comparisons were made of participants' final HWHF measures and the study screening. Time between pre and post examinations ranged from 1.8 to 9 years, averaging 4.6 years. There were improvements in some of the women's social determinants of health from HWHF completion to the study including level of education, employment and adequacy of family income. PHQ-9 post screens revealed an improvement to 83% from 79% of women with no or minimal depression. Women also reported improvements in their levels of coping. Six women who previously smoked had quit and only two of 11 who drank alcohol daily continued.

Participants' BMI increased with 45% now obese compared to 37% ( $t=-5.614$ ,  $p<.001$ ). Fewer women (9%) were hypertensive. High total cholesterol decreased from 22% to 9% of women; 5 women improved their HDL from high to moderate risk: 3 women improved their TC/HDL ratio. Exercise increased from 2.61 to 2.74 days/ week. There was no change in daily servings of fruits and vegetables. Women consumed less fat and simple sugars, but differences were not statistically significant.

Ninety-six percent reported differences in their lives and family's lives since HWHF. They accessed health care more regularly and were teaching their children and others about health.

## Use of Funds

The total budget cost of \$16,886 was utilized for the program as outlined in the projected budget. AIH was the sole funder. Costs were revised with study implementation. Personnel costs were \$1,845, with screening assistant services contracted (\$1,063) and evaluation conducted (\$10,058). Supplies totaled \$1,500 with the majority going to screening costs. Participant incentives totaled \$2,500. Local travel totaled \$20.33.

## Key Challenges

The longitudinal nature of the evaluation study, which required comparison of current data with data that was gathered over an eight-year period, presented some challenges but were resolved in time.

Participant recruitment efforts were extensive in order to reach participants from as far back in time as eight years. Recruitment was facilitated by social media networks, personal networking, and HWHF staff's relationships with participants. If that trusting relationship had not been built during participants' HWHF experiences, recruitment may have been more difficult.

FERPA prevented contact of previous graduates who may have had other children participating at the early childhood education centers.

Because announcements about the screenings were made at existing HWHF classes to facilitate recruitment through networking, some of the current (ineligible) participants attended. Their participation was not caught until HWHF reviewed the screening data and recognized they were not a past participant.

The amount of HWHF coordination time and effort to locate, set up, and conduct screenings was more than anticipated. More screeners were required at events, but former HWHF employees assisted. Once established, processes moved smoothly for each screening.

Women indicated they would attend scheduled focus groups, but often did not, resulting in additional focus groups and/or individual interviews with those who did attend.

## Key Learnings

More frequent in-person contact with those conducting the evaluation during the different phases may have facilitated processes. Coordinated structure for each phase is essential for timely processes for both parties.

Of benefit was having a data gathering and analysis team from a similar culture as the majority of participants (Hispanic). Not only did this factor assist with the qualitative component, but was also helpful in addressing cultural implications of the HWHF that otherwise may have been missed.

Human centered design principals and community involvement facilitate processes when there is subject/participant buy-in to project goals.

## Recommendations for Future Projects

The combination of quantitative and qualitative methods strengthened the analysis and brought to light the impact of HWHF on social determinants of health and women's self-efficacy which were not directly measured. Future projects may want to apply multimethod approaches to evaluation.

Longitudinal program research or time series design has the potential to demonstrate evidence that would otherwise be lost. These types of approaches with appropriate program evaluation processes would assist in possible program recognition as an evidence-based practice without needing a formal research/experimental design.

Future projects should build a research design (descriptive, correlational, experimental or other) into their program evaluation plan so that project outcomes can be effectively measures over time or between groups.

## Contact

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