



INTERVENTION EVALUATION FORM



Please submit completed evaluation form to – sheila@5healthytowns.org
cc – matt@5healthytowns.org

NAME OF THE INTERVENTION	My Choice...My Health Diabetes Prevention Program
Current Wellness Plan Year for which this intervention is included	Plan Year 4
Intervention Contact (s)	Leigh Vogelsong
Contact(s) phone and email	734-222-9800 lvogelsong@nkfm.org
Name of Fiscal Agent (include contact phone and email)	National Kidney Foundation of Michigan
Date Funding Received	To be received 6/2017
Intervention Start Date	5/4/2016
Intervention End Date	4/12/2017
Total Amount granted from SHF	\$5,500
* If the full amount of the grant was not necessary to provide the approved services, a check from the fiscal agent must be enclosed for any unused funds over \$100 – Please make check payable to 5 Healthy Towns Foundation **Include a Final Expense Report	0

1. INTERVENTION INFORMATION	DESCRIPTIONS
<p><u>Please provide the following information for this intervention:</u></p> <ol style="list-style-type: none"> 1. Primary goal 2. Brief description 3. Target population 	<ol style="list-style-type: none"> 1. Achieve and maintain a weight loss of 7% per participant 2. Weight loss can lower the risk of developing Type 2 diabetes in those who have been diagnosed or are at risk. 3. Adults age 18 and above in the Grass Lake Community who are at risk for developing Type 2 diabetes.
<p><u>If this was a continuing intervention:</u></p> <ul style="list-style-type: none"> • How many years has this intervention been funded by the coalition? 	<input type="checkbox"/> Plan 1 - Enter amount funded. <input type="checkbox"/> Plan 2 - Enter amount funded <input type="checkbox"/> Plan 3 - Enter amount funded <input type="checkbox"/> Plan 4 - Enter amount funded



INTERVENTION EVALUATION FORM



Please submit completed evaluation form to – sheila@5healthytowns.org
cc – matt@5healthytowns.org

<ul style="list-style-type: none"> • <i>Has the intervention made any improvements from past year(s)?</i> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * <i>Please explain.</i> • <i>Has the amount requested for this intervention increased or decreased?</i> <ul style="list-style-type: none"> <input type="checkbox"/> Increased <input type="checkbox"/> Decreased * <i>Please explain</i> 	<p>This is a first year intervention.</p> <p>N/A this is a first year intervention.</p>
<p>2. KEY EVALUATION DATA</p>	<p>DESCRIPTIONS</p>
<p><u>Please record and include the key evaluation data collected for this intervention.</u></p> <ul style="list-style-type: none"> • <u>Units of engagement</u> <ol style="list-style-type: none"> 1. Number of participants (P) 2. Time each participant worked on or spent at event (T - in hours) 3. Number of classes/events held (N) <p><i>*P x T x N = units of engagement</i></p> • <u>Other measures may include but are not limited to:</u> <ol style="list-style-type: none"> 1. miles of trail maintained, number of people that use the trail per day/weekend (<i>for infrastructure interventions</i>) 2. number of books/maps distributed 3. Number of surveys collected 	<p><u>Units</u></p> <ol style="list-style-type: none"> 1. 11 2. 1 hour session + 2 hours physical activity 3. 22 sessions + 50 weeks for physical activity 4. * 242 + 1100=1342 units of engagement <p><u>Other measures</u></p> <p>Average weight loss first 6 months: 4.8%</p> <p>Total pounds lost at the end of 1 year: 90</p>
<p>*Please Include the key evaluation data collected for this intervention:</p> <ul style="list-style-type: none"> • Survey templates & combined results • Program evaluations and reports from coordinators, volunteers, instructors, teachers, facilitators, etc. • Testimonials 	<p>See attached slide deck for outcomes and evaluation information.</p>



INTERVENTION EVALUATION FORM



Please submit completed evaluation form to – sheila@5healthytowns.org
cc – matt@5healthytowns.org

3. GOALS & ACCOMPLISHMENTS	DESCRIPTIONS
<p>For each goal provide the following information:</p> <ol style="list-style-type: none"> <i>Did the intervention meet the specific goals listed on the intervention table?</i> <i>State what you tried to accomplish</i> <i>How did you measure progress toward the goal?</i> <i>Was the goal attainable?</i> <i>Describe how the goal was relevant to the coalition and community wellness related needs.</i> 	
<ol style="list-style-type: none"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>GOAL 1</u> Weight loss of 5-10% over a year as well as 150 minutes of physical activity each week have been shown to lower the risk of developing Type 2 diabetes. Beginning and maintaining these lifestyle changes is the goal of the intervention. Weekly weigh ins <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Several participants obtained the goal of an individual basis but as a group, the goal was not attained. The intervention touches on several goals of Grass Lake’s 5 Year Strategic Wellness Plan. Maintaining a healthy weight, engaging in appropriate levels of physical activity and eating more fruits and vegetables are all affected by this intervention. 	<ol style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>GOAL 3</u> Click here to respond to question Click here to respond to question <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain Click here to respond to question
<ol style="list-style-type: none"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>GOAL 2</u> Achieve and maintain at least 150 minutes of moderate physical activity per week. The group as a whole averaged 211 minutes of physical activity each week. Weekly trackers submitted to the coach and incorporated into data collection were used to measure progress. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain The intervention touches on several goals of Grass Lake’s 5 Year Strategic Wellness Plan. Maintaining a healthy weight, engaging in appropriate levels of physical activity and eating more fruits and vegetables are all affected by this intervention. 	<ol style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>GOAL 4</u> Click here to enter text. Click here to enter text. <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain Click here to enter text.



INTERVENTION EVALUATION FORM



Please submit completed evaluation form to – sheila@5healthytowns.org
cc – matt@5healthytowns.org

<p>Overall were there any major accomplishments? <i>*Note – accomplishment is the successful achievement of tasks and goals</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>On a scale of 1 to 5, the satisfaction with the program rating was 4.7.</p> <p>The group averaged 211 minutes of weekly physical activity throughout the program.</p>
<p>4. SETBACKS</p>	<p>DESCRIPTIONS</p>
<p><u>Were there any setbacks encountered during implementation of this intervention?</u></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Describe setbacks 2. How were they addressed? 3. How will you improve or avoid these issues in the future?</p>	<p>1. There was a coaching change during the course of the program that affected the group process. The initial coach who was very involved in the community moved away from the area, and this change to a new coach affected the progress of the group. Despite frequent attempts at contact, attendance dropped during the monthly sessions.</p> <p>2. The new coach was encouraged to develop relationships with the participants by frequent contact and follow up.</p> <p>3. We will continue to provide an NKFM staff member to supervise the coaches and to get to know the group so there is someone who is familiar with the group should there be a coaching change.</p>
<p>5. COLLABORATIONS</p>	<p>DESCRIPTIONS</p>



INTERVENTION EVALUATION FORM



Please submit completed evaluation form to – sheila@5healthytowns.org
cc – matt@5healthytowns.org

<p>Did your intervention involve collaboration with any other organizations? <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No</p> <ol style="list-style-type: none"> Please comment on the value of the collaboration. Will the collaboration continue if the intervention continues? Are there additional collaborators you could work with in the future? 	<ol style="list-style-type: none"> Click here to comment <input type="checkbox"/> Yes <input type="checkbox"/> No Click here to comment <input type="checkbox"/> Yes <input type="checkbox"/> No Click here to comment
<p>6. SUSTAINABILITY</p>	<p>DESCRIPTIONS</p>
<p>Does your intervention have a sustainability plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What steps are being taken to ensure sustainability of the intervention beyond 5HF funding?</p>	<p>The National Kidney Foundation of Michigan has been awarded various grants that may apply to DPP programs that can take place in the 5 Healthy Towns areas, depending on grant funding requirements.</p>
<p>7. FISCAL AGENT</p>	<p>DESCRIPTIONS</p>
<p>Provide the following: Feedback from the fiscal agent organization. (If different from your organization)</p>	<p>N/A</p>
<p>8. MEDIA AND MARKETING</p>	<p>DESCRIPTIONS</p>
<p>Provide media documentation:</p> <ul style="list-style-type: none"> Acknowledgement of your grant from 5HF in any of your organizations publications such as printed programs, news releases, banners, flyers, annual reports, t-shirts, hats, signs, banners, social media, etc. Links to news articles or websites that covered the intervention 	<p>See attached.</p> <p><input type="checkbox"/> Photos have been sent to the Foundation</p>
<p>* PLEASE INCLUDE A FINAL EXPENSE REPORT (NOT BUDGET) THAT ITEMIZES HOW THE GRANT FUNDS WERE USED.</p>	