Evaluation Year One Implementation

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Introduction

Dr. Lesli Johnson at the Voinovich School of Leadership and Public Affairs worked with Dr. Sharon Denham to evaluate the effectiveness of the dissemination of *Diabetes: A Family Matter,* A Toolkit for the Appalachian Region. The focus of the first year evaluation for the project that began September 1, 2009 and continued through August 31, 2010, is the implementation and dissemination of a culturally informed, community-based prevention approach. This evaluation looked at both the implementation and the outcomes of this initiative.

The basic premise of this initiative is that the incidence of type 2 diabetes will decline if community professionals have ready access to tools and training that are culturally relevant and are able to engage volunteers from their communities to promote healthy living, particularly healthy eating and active living at the community andfamily level. This strategy includes four steps and three levels of implementation.

Step One: Develop culturally relevant tools that are easily available to community health professionals, lay volunteers and families.

Step Two: Develop and train teams of local health professionals from eight Appalachian Counties

Step Three: Engage County teams to recruit and train a volunteer corps and develop a plan for community-wide engagement and education.

Step Four- Utilize County teams and their volunteer corps (SUGAR Helpers) to work with families and groups in their communities, using the Toolkit to promote behaviors consistent with a healthy lifestyle.

The three levels include the University Project Team (UPT); County Wellness Teams/ SUGAR Helpers and the community.

The evaluation explores the implementation of all three levels and the outcomes.

Level	Implementation Evaluation	Outcome Evaluation
University Project Team	Is the University Project Team (UPT) able to engage local health provider leaders and then create, train and sustain the engagement of county teams?	Does the dissemination strategy utilizing county teams, local health provider leaders and volunteer groups effectively promote the use of the web-based Toolkit?
County Teams	Are the county teams able to use the training and the toolkit? Are the county teams able to recruit and train a volunteer corps?	Is there an increase in knowledge and awareness about healthy lifestyles, diabetes risks, and self-management among local health providers and SUGAR Helper volunteers? Is there an increase in the utilization of the web-based Toolkit by local health providers and SUGAR Helper volunteers in the eight targeted counties?

Local Community	Do local participants engage in local citizen action activities and utilize the toolkit?	Is there an increase in knowledge and awareness about healthy lifestyles, diabetes risks, and self-management among participants? Is there an increase in the utilization of the web-based tool kits by the general public in these eight counties?

The two outcomes that can be realized during the initial project year include:

- The successful dissemination of information through the use of *Diabetes: A Family Matter* Program and Toolkit.
- Increases in knowledge and awareness about healthy lifestyles, diabetes risks and self-management.

The long term outcomes that are beyond the scope of this evaluation include behavior change at the individual and family level and improved health status for the citizens of the targeted communities.

The initial recruitment of the county teams began through an initial identification of a person and agency in each county to assume leadership and become the fiscal agent for the team. Each county team was provided with $4,000 to budget for their county activities and events. In the fall of 2009, representatives from eight counties (i.e., Athens, Hocking, Lawrence, Pike, Perry, Meigs, Ross, Vinton) in the Appalachian Region of Ohio were invited to participate in two one-day training sessions scheduled in October and November. Eight counties accepted the invitation and sent teams of 4 to 5 health professionals to participate. The trainings introduced the print and web-based tools available to each of the county teams, as well as provided information about diabetes and diabetes prevention. Further, information about how to recruit, train and maintain a corps of community volunteers was discussed. The county teams were mostly comprised of health professionals and had a designated county coordinator; all were charged with the creation and training of local volunteers. Technical assistance was provided by the University Project Team, primarily Dr. Sharon Denham, other nursing faculty and graduate students in nursing.

At the workshop training sessions, all participants were instructed to use the Diabetes Educator manual for planning their training sessions. It was recommended that they consider having about 20 hours in training over 3 to 5 meetings. Additionally, all county teams were told that they need to have monthly support meetings with the teams and also provide some ways to celebrate successes at the end of the programThe teams were provided hard copies of the Toolkit materials for use in their county as they desired. Additional encouragement and support was provided to each team through visitation from the project director at county team meetings and other arranged meetings during the course of the year. Additionally, regular emails and phone calls were made to county team leaders and members to provide on-going information and respond to questions and needs The teams reconvened for a final event in mid-August 2010, where they shared their experiences and insights. Four of the eight county teams have elected to continue in the second year.

Methodology

Using a mixed methods approach and collecting data from multiple perspectives, this evaluation addresses the questions outlined in the evaluation plan. The following table explains the data collection:

Respondent	Data	Purpose	Time
Dr. Sharon Denham	Interview	Perception of implementation from the project purveyor	Ongoing
UPT team members County Health Professionals	*Diabetes: A Family Matter* PRE TEST Health Professionals	Knowledge about diabetes and diabetes prevention. Items to measure self-efficacy related to recruiting/retaining a community volunteer corps	Prior to the initial workshop
UPT team members County Health Professionals	Monthly Involvement Questionnaire for Health Professionals	Survey of actions taken with self, family, friends, neighbors, community and organizations	Monthly Oct-May
County Team Coordinators	Personal Interviews	Report on their efforts to recruit, train and develop a volunteer corps. Discussion of Toolkit materials and community activities.	May/June
SUGAR Helper Volunteers	*Diabetes: A Family Matter* PRE TEST SUGAR Helpers	Knowledge about diabetes and diabetes prevention. Items to measure self-efficacy related to talking with others about diabetes and diabetes prevention	Beginning of the first training by the county teams
SUGAR Helper Volunteers	Monthly Involvement Questionnaire for SUGAR Helpers	Survey of actions taken with self, family, friends, neighbors, community and organizations	Monthly Jan-May
County Coordinators SUGAR Helper Volunteers Health Professionals from the County Teams	Focus Group	Report on the initiative and how it was implemented in their county - successes, opportunities and challenges	Final Training in August
UPT team members County Health Professionals	*Diabetes: A Family Matter* POST TEST Health Professionals	Knowledge about diabetes and diabetes prevention. Items to measure self-efficacy related to recruiting/retaining a community volunteer corps	July/Aug
SUGAR Helper Volunteers	*Diabetes: A Family Matter* POST TEST SUGAR Helpers	Knowledge about diabetes and diabetes prevention. Items to measure self-efficacy related to talking with others about diabetes and diabetes prevention	July/August

Additionally, participant evaluations were obtained at the end of the two one-day trainings for health professionals and documentation, such as the county team training schedule and plans for community activities were obtained from the UPT and reviewed for inclusion in this evaluation. Finally, data about website usage was also analyzed.

Findings

Step One: Develop culturally relevant tools that are easily available to community health professionals, lay volunteers and families.

Evaluation questions:

Does the dissemination strategy utilizing county teams, local health provider leaders and volunteer groups effectively promote the use of the Diabetes: A Family Matter web-based Toolkit?

Are the county teams able to use the training obtained in two workshop days and the Toolkit?

Do local county team participants engage in local citizen action activities and utilize the Toolkit?

One of the initial goals of the initiative was to develop and make available to the health professionals, the county teams and the SUGAR Helpers, materials that were factual, useful, culturally relevant and accessible. The website: *Diabetes: A Family Matter*, http://www.diabetesfamily.net was a central vehicle for making information and resources available to the participants. Additionally, a number of educational print materials, including brochures, posters, pamphlets, novellas and other items were produced and available to the county teams for use as they chose in their counties. All of these resources comprised the Family Matters Toolkit.

An assessment of the Toolkit was completed by 30 health professionals at the end of the second training in fall 2009. At this point, they had been exposed to the resources over the course of two trainings a month apart during which different components of the Toolkit were presented and demonstrated. Generally, they rated all the resources very positively. The website was the most highly rated followed by the Educator's Manual and the fotonovellas.

Three focus groups were held at the closing workshop (August, 20100 of the initiative in order to gauge the participants' opinions of the resources and training they received as well as the overall effectiveness of the program's approach. Separate focus groups were conducted with county coordinators, professional team members, and SUGAR Helper volunteers. On the subject of the training, the response from coordinators, health professionals, and volunteers was almost entirely positive. All felt that they gained the diabetes-related knowledge they required, and some expressed that the workshops were helpful for making connections with other team members.

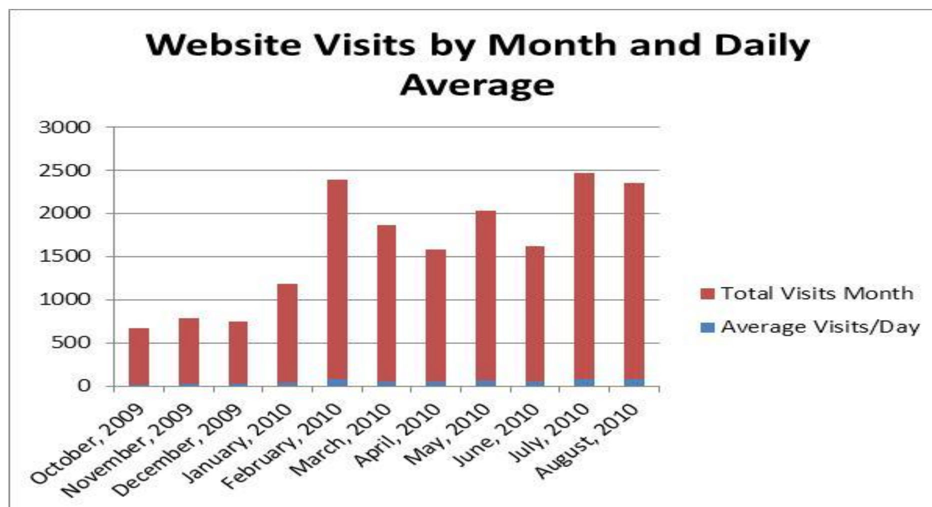
All participants spoke positively of the resources provided to them. The professionals reported satisfaction with the flyers, posters and website, while the SUGAR Helpers noted that the SUGAR Helper manual, posters and handouts were most beneficial. Each county found different resources useful. Those who were initially confused by the website appreciated the changes which were made

to it over time. A number of the county teams developed their own materials, using the information and resources from the website. One volunteer created a word search to hand out at health fairs, and another health professional created a magnet. One county developed their own handout with bullet point information, the website URL, and a list of healthy foods, while another team created a questionnaire about diabetes risk factors to use at various community gatherings. Several of the teams have shared their materials and their use has been adopted by other groups.

County coordinators participated in individual interviews after the project had been implemented for about eight-nine months. Several noted in these conversations that the website was initially hard to utilize; however, they had observed several improvements and felt that the website was now a much more user-friendly interface and source of information and tools.

Statistics regarding website hits, visits and general use were collected monthly. Examination of website visits, a more conservative measure of website use illuminates the pattern of increased website traffic with monthly increases when training or other team activities are taking place. Website usage was modest in October, 2009 when the program began. This modest usage continued until the county teams began to train their SUGAR Helpers in January and February. There was a dramatic increase in website visits beginning in February with site visits totaling 2313, and an average of 82 visitors per day. While there was some decline in March, April and June, usage increased again in July and August, with visits in July reaching an all-time high at 2387 during the month.

Diabetes Web Statistics Overview		
Month	*Average Visits/Day*	*Total Visits Month*
October, 2009	20	650
November, 2009	25	761
December, 2009	23	723
January, 2010	37	1150
February, 2010	82	2313
March, 2010	58	1810
April, 2010	50	1529
May, 2010	63	1975
June, 2010	52	1575
July, 2010	77	2387
August, 2010	73	2283



Step Two: Develop and train teams of local health professionals from eight Appalachian Ohio Counties

Evaluation questions:

Is the University Project Team (UPT) able to engage local health provider leaders and then create, train and sustain the engagement of county teams?

Is there an increase in knowledge and awareness about healthy lifestyles, diabetes risks, and self-management among local health providers and SUGAR Helper volunteers?

Is there an increase in the utilization of the web-based tool kit materials by local health providers, SUGAR Helper volunteers in the 8 targeted counties?

Representatives from eight counties initially accepted the invitation to participate in the Family Matters Initiative. All sent representatives to the initial training for health care providers. Thirty-eight county team participants attended the October 2009 training, and 29 county team participants attended the second session in November 2009. Workshop evaluations from both workshops indicate that participants were pleased with the workshop content and presenters, with the vast majority of the ratings falling into the "agree" or "strongly agree" categories.

Comments from the focus groups and coordinator interviews echo the importance of the initial training and suggest that future training may include additional information about volunteer recruitment and engagement. These comments from local coordinators are typical; "*The training was important and I felt well-versed in what the tools were, but how I was going to recruit people and exactly what I was going to ask them to do, that was more of a challenge.*" "*We got some good basic information at the training, but still didn't get everything we needed. How are we going to recruit these people? What are we going to tell them and how do we get them to work together along the way.*" Other health professionals commented that the training helped them to deal with the aspects of diabetes that were not clinical or medical: "*It served as a good reminder of the importance of involving family and culture.*" Further, working with the tools and the website was frequently cited as a positive aspect of the trainings.

Each county had a designated coordinator and a core of committed health professionals as the beginning infrastructure to their county team. Typically, the county coordinators were public health professionals employed by local health departments and federally qualified health centers.

At the initial training, participants were asked to complete a questionnaire regarding their knowledge about diabetes and diabetes prevention, as well as their sense of self-efficacy relative to successfully recruiting and training a group of community volunteers, called SUGAR Helpers.

Thirty-eight health professionals completed the pre-test at the beginning of the first workshop. Since this group was primarily comprised of nurses, dietitians and certified diabetes educators, their initial knowledge about diabetes and diabetes prevention was relatively high. On the first section of general diabetes knowledge, the average score was 7.5 out of 8 for the group.

Diabetes prevention knowledge was also high with a group average of 9.5 out of 10, while the group average dropped slightly on the section regarding diabetes and the family with an average score of 6 out of 7. Most of the errors resulted because respondents believed that family members usually receive training about diet and nutrition when someone is diagnosed with diabetes.

There were a number of questions about the health professionals' confidence in their ability to create a viable county diabetes team. Participants expressed the lowest level of confidence in their ability to recruit, maintain and manage a volunteer corps and the greatest level of confidence in their ability to help people create a physically active lifestyle, promote healthy eating and maintain active living.

Fifteen health professionals completed both the pre-test survey and the post-test survey after nine months of program participation. Significant changes were observed in two components, knowledge about diabetes and the family and self-efficacy related to creating a viable county team (see table). Further, Cohen's D and the effect size were calculated on these differences, and both demonstrated moderate effect sizes (.43 and .49 respectively) indicating that the changes were both statistically and practically significant. On the sub-scales examining knowledge about diabetes in general and knowledge about diabetes prevention, there were no significant changes from pre-test to post-test, in part because this group of participants entered the initiative with a fairly high level of knowledge in these areas.

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	General Knowledge - post General Knowledge	-.133	.834	.215	-.595	.328	-.619	14	.546
Pair 2	Diabetes & Family - post Diabetes & Family	-.733	1.100	.284	-1.342	-.124	-2.582	14	.022
Pair 3	Diabetes Prevention - post Prevention	.067	.961	.248	-.466	.599	.269	14	.792
Pair 4	I Can! - PostI Can!	-.6503663385	.7072877596	.1961663295	-1.0777760E0	-.2229566230	-3.315	12	.006

Step Three: Engage County teams to recruit and train a volunteer corps and develop a plan for community-wide engagement and education.

Evaluation questions:

Are the county teams able to use the training and the Toolkit?
Are the county teams able to recruit and train a volunteer corps?
Is there an increase in knowledge and awareness about healthy lifestyles, diabetes risks, and self-management among local health providers and SUGAR Helper volunteers?
Is there an increase in the utilization of the web-based Toolkit by local health providers and SUGAR Helper volunteers in the 10 targeted counties?

The challenge and the strength in this intervention lie within this step. Creating a county team with involved health professionals and community volunteers has the potential to expand the capacity to educate, inform and promote diabetes awareness, self-management and prevention. Further, the intervention utilizes the informal networks of kith and kin to share the message in a culture that is somewhat distrustful of the formal healthcare system and tends to look to family and friends for pertinent health care information. Additionally, for many residents in the participating counties, access to medical care and diabetes educators is often limited and difficult to obtain. Connecting community volunteers with health professionals in the context of a community team may provide

needed access to accurate information as well as an avenue for accessing the formal health care system when necessary. Further, it provides community volunteers withmeaningful opportunities to make a difference about an issue that they feel passionate.

County teams utilized a variety of strategies to recruit volunteers. Some used flyers and newspaper articles. One of the teams recruited students from a nearby nursing program, while another offered the training along with the Dining with Diabetes program. Word of mouth and encouraging volunteers to bring a friend or family member were among the most successful strategies. Many of the volunteers either experienced type 2 diabetes themselves or had a close family member with the illness. The timing of the initiative meant that the local teams had to begin volunteer training in the winter, and many felt that was a barrier to participation.

Each of the eight county teams successfully engaged and trained a number of SUGAR Helper volunteers who joined the local team along with the trained health professionals. The table below describes the number of health professionals and volunteers who participated in completing at least one of the evaluation tools (pre-test or monthly involvement questionnaire). Completing either of these instruments indicates that the individual was recruited and enrolled in training, it is not an indication that the respondent completed all the training and remains fully engaged in their county team.

Local Coalitions: Initial Participation

County		Health Professionals	SUGAR Helpers	Total
	Athens	5	9	14
	Hocking	3	12	15
	Lawrence	3	15	18
	Meigs	4	15	19
	Perry	7	10	17
	Pike	7	24	31
	Ross	4	11	15
	Vinton	5	7	12
Total		**38**	**103**	**141**

On the local teams, both health professionals and SUGAR Helpers were asked to complete a pre-test, a post-test and questionnaires about their involvement in the team at regular intervals. The results of the health professionals pre-test and post-test were included in the previous section. Pre-test results were collected from 74 volunteers, unfortunately only 8 volunteers completed post-tests. Due to the low response rate, no analysis was conducted on changes in knowledge and self-efficacy. Pre-test results indicated that very few of the volunteers had participated in any previous training about diabetes; however, general knowledge among the group about type 2 diabetes was relatively high with an average score of 6.4 out of 8. Similarly, knowledge about diabetes prevention was strong with the group average of 8.3 out of 10. Information about the role families play in diabetes prevention and self-management was the weakest area. In terms of their sense of self-efficacy, most

expressed confidence in their ability to make changes in their own lives, listen and support others with diabetes and communicate the importance of family in diabetes prevention and self-management.

One measure of involvement was the number of times participants completed a monthly involvement questionnaire, the pre-test and the post-test. The monthly involvement questionnaire asked about personal changes as well as activities, both formal and informal, regarding conversations with others, including family, friends and community members. Not surprisingly, the local team coordinators had the highest average of completed contacts (6.125 out of 8), health professionals had an average of 3.166 and SUGAR Helpers completed on average 2.12 contacts out of a possible 6. Over the course of their participation, SUGAR Helpers report that they are most likely to make a personal change in their diet or activity level. They also report that they make suggestions to family members about healthy eating and active living. SUGAR Helpers report that they are least likely to use one of the films in the Toolkit or conduct an entire program for a community group by themselves.

Focus group and interview responses, along with the documentation from each county provide further illumination related to the recruitment and training of SUGAR Helper volunteers. All of the county teams expressed concern about recruiting volunteers. Recruiting volunteers was a new activity for many of the county coordinators and this may have played a role in their expressed anxiety. As discussed previously, the teams attempted a variety of recruitment strategies, with most finding that personal invitation and word-of-mouth were the most successful. Further, many teams used activities already in place, such as the Dining with Diabetes program sponsored by Ohio State University Extension Services, to find and train volunteers. A number of coordinators note that recruiting people with type 2 diabetes or who have family members with diabetes was very successful, first because participation provided these individuals with more information about self-management and prevention that they could immediately apply to their everyday lives and secondly, they were highly motivated advocates for diabetes prevention and self-management.

All of the county teams implemented SUGAR Helper training, typically four sessions that covered information about diabetes with a focus on healthy eating and active living. Both coordinators and health professionals were initially concerned that lay people could potentially provide misinformation to others; however, the focus on healthy eating and active living, access to the health professionals in the team and an understanding that the medical management of diabetes needed to be referred to appropriate health professionals seemed to address this concern effectively. "*We made it clear to them in the beginning, we didn't expect them to be experts, we just wanted them to talk about making healthy life choices.*" However, others note that seeking health advice from family and friends is a central feature in this region. "*We don't share our "secrets" with strangers, but we do with people we trust and care about. That has not been my experience in Columbus [Ohio], they are far more open as far as speaking to a [health] professional. Here, they want to talk to somebody who understands them, who is like them.*"

Many of the county team members reported that the most powerful impact has been on the SUGAR Helpers themselves. Examples of personal changes, weight loss and increased physical activity dominate the interviews and focus group results.

"*We also had a Sugar Helper who used the education from her training to help her husband who has diabetes, lose 63 lbs., get better control of his blood sugar and [he] is having many positive changes in his overall health. His physician says in a couple of months, if he continues with this healthy lifestyle he may be able to stop his diabetes medications. The whole family is now living a healthier lifestyle*." (County Coordinator).

"*The best change happened in the SUGAR Helpers, now they are connected with a group that supports them*." (Team Health Professional).

"*The people I've talked with are more conscious about their diets and have begun to walk more, join gyms and organize walking groups."* (SUGAR Helper)

Step Four- Utilize County teams and their volunteer corps (SUGAR Helpers) will work with families and groups in their communities, using the Toolkit to promote behaviors consistent with a healthy lifestyle.

Evaluation questions:

Do local participants engage in local citizen action activities and utilize the Toolkit?
Is there an increase in knowledge and awareness about healthy lifestyles, diabetes risks, and self-management among participants?
Is there an increase in the utilization of the web-based Toolkit by the general public in these eight counties?

As reported in team reports, coordinator interviews and focus groups, all eight county teams recruited, trained and engaged SUGAR Helper volunteers in community efforts to increase awareness and provide information about diabetes prevention and self-management. Nearly two-thirds of the counties reported using print materials, such as posters, novellas and brochures to recruit volunteers and raise general awareness. Three of the county teams noted the use of newspaper articles and/or radio programs to promote the message of healthy eating and active living, as well as education about living with diabetes. Half of the county teams used existing programs, such as Dining with Diabetes to extend their reach. Half of the county teams sponsored walking events, both one-time events to raise awareness and on-going walking groups. Presentations at church groups and work settings were conducted by most of the county teams. Nearly all of the county teams participated in county fairs and local health fairs. One of the county teams is developing sources of free or inexpensive diabetes supplies to distribute through a free clinic to those in need. Three of the county teams articulated active strategies for maintaining the group after this initiative is concluded, and four of the county teams applied to participate for a second year.

Tools from the Toolkit, both print and web-based, were used by local teams in their presentations at churches, work settings, county fairs and local health fairs, as well as in the SUGAR Helper volunteer trainings. Evidence of increased website use, reviewed earlier in this report, shows a continued increase in web site usage. One concern about material use is that the county teams used the Toolkit Materials, but even though told repeatedly by the program team about the availability of the Toolkit Activities through the website, none of the county teams took full advantage of them. Also, none of the county team members described attempts to use the plays available online.

There is anecdotal evidence of personal change among SUGAR Helpers; unfortunately, the low

number of post-tests and scale issues on the monthly involvement questionnaire make it difficult to verify this change across all participants.

Through information gleaned from the county teams' final reports and presentations as well as findings from the focus groups and coordinator interviews, it appears that five of the county teams were very successful in their efforts to recruit, train and engage volunteers and implement a team strategy in their communities, two of the county teams struggled with both recruitment and training and one team participated minimally after the initial training. There were a number of factors that appear to separate the successful participants and those who were less successful. Not surprisingly, having a committed county coordinator or team leader who saw the work of the team and volunteers as consistent with other professional responsibilities and who worked in an environment that allowed time to be committed to team building activities was key. Having a small group of committed health professionals who remained involved after the initial training was another important variable. Finally, county teams that were able to tolerate a certain degree of uncertainty in the beginning about how to recruit and engage volunteers and what the work of their team would look like were better able to navigate these steps, develop a plan for the team with input from all the members, including SUGAR Helper volunteers and then own the work of their county team. The following case studies illuminate these differences. Because these examples illustrate representative experiences, the counties are not named.

County X: A Success Story

The county coordinator from County X is a well-established health professional who works for the county health department. She was excited and pleased to be included in the initial invitation and saw diabetes as a serious concern in the communities she served and furthered, the behaviors of healthy eating and active living were also desired health behaviors to target related to other chronic health issues. She also had the support of three other health professionals who participated in the initial trainings and remained committed to developing and maintaining a local diabetes team.

The group's first task was to recruit and train a group of volunteer SUGAR Helpers. The group decided that they wanted to train a diverse group of volunteers. Initially, they tried flyers and notices in newsletters, but soon they began to use their own personal contacts and word-of-mouth. In the end, they recruited and trained nine volunteers and at the year's end had a county team of thirteen members.

The coordinator described her approach to defining the work of the team as a four step process:

1) Get their attention.
2) Build interest.
3) Engage in challenging activities.
4) Leave them with the "I Rule" feeling.

She saw her role as a facilitator and a resource person, but she really wanted the team to develop its own plan and strategy. Initially, everyone was uncomfortable with such an open-ended agenda.

However, the team engaged in some community activities, did some presentations and learned more about the needs and issues of their community.

In their final report, they cite these accomplishments; having a diverse group of leaders and increased confidence in their ability to effectively increase awareness and promote change. The team made several presentations to various community groups and at a number of events, they talked with friends and family about diabetes, they worked with local nursing homes and they conducted a fund raiser for the group.

County Y-Challenges and Barriers

County Y had a local coordinator who did not work for a local health department. She expressed initial concern after the first training that she did not understand the expectations of participation and was uncertain about proceeding. Further, even though four other health professionals participated in the initial training, the group didn't come together to form the core county team. The coordinator worked hard to recruit and train volunteers but felt squeezed by her other professional responsibilities. In the end, a number of people participated in some local volunteer trainings and some local community programs were held, mostly led by the coordinator. She cites the lack of funding and the difficulty in recruiting volunteers as the reasons that the team did not plan on continuing into the second year.

These examples illustrate the value of a committed local coordinator who is employed in a setting where involvement in the county team is seen as consistent with other professional responsibilities and where there is support for continued involvement. Another promising characteristic of successful local coordinators is the ability to lead through facilitation and inquiry, requiring the group to set the agenda and plan the team work. Further, having a group of other health professionals from different settings strengthens the initial team development. As the teams develop, the distinction between the health professionals and the SUGAR Helpers diminishes and all begin to see themselves and each other as members of their local county team, essentially all become SUGAR Helpers, participating in the planning and development of the team's strategy and actions. Finally, using both informal and formal means to recruit a group of diverse volunteers offers teams the ability to reach multiple sectors of their community.

Results

Materials, both print and web-based were provided to the eight county teams. These materials were used in a variety of ways. General perception, based on both quantitative data from the web site statistics and qualitative information from team members is that the materials are useful, relevant

and accessible.

Eight county teams participated in the first year of implementation. County team leaders or coordinators and health professionals participated in the initial training. There is both qualitative and quantitative evidence that this group demonstrated an increase in their knowledge about families and diabetes and an increase in their sense of efficacy related to recruiting, training and engaging a group of lay volunteers.

Each county team recruited and trained volunteers and then utilized the volunteers in a number of formal and informal activities to promote awareness and provide education about healthy eating and active living in their communities. There is initial evidence of personal changes among volunteers and county team members.

Further, there is broad consensus among participants that this approach has relevance within the local culture. In the counties of Appalachia Ohio, there is both a shortage of specialized health professionals with deep expertise in diabetes management and a cultural tendency to seek health information and advice from friends and family. Organizing locally, connecting existing health professionals with lay volunteers, providing the teams with accessible, accurate information and empowering the informal network of kith and kin appears to be a viable strategy for this region.

Recommendations

Efforts are already underway to improve the sensitivity of the evaluation instruments and the data collection strategies, particularly in terms of the post-test with the SUGAR Helper volunteers in year two, so that quantitative findings can be reviewed and compared to qualitative results.

There are continued efforts to make the website more user friendly, engaging and search-accessible. Additionally, the teams value the print and other resource materials provided and this is important to their efforts going forward.

Given the importance of local coordinators, efforts to recruit the right person and insure that individual has the support of others in their community including their employer would be beneficial.

Few of the coordinators or initial team members had previous experience recruiting and utilizing volunteers. Engaging someone with this specific expertise and providing more training and technical assistance in this area would benefit the county teams.

Opportunities for successful county teams to share their strategies, successes and challenges with other teams would provide valuable learning opportunities.

Conclusion and Next Steps

During the initial year of implementation, the Diabetes: A Family Matter Initiative was successful in engaging eight Appalachian Ohio counties in the initial development of local teams, utilizing local health professionals, community persons, and community volunteers to promote diabetes prevention, healthy lifestyles, and self-management. Provided with training, resources in terms of print and web-based materials and a small amount of funding, and project team support, all eight counties successfully recruited and trained health professionals and community volunteers. The majority of the counties created viable and sustainable county teams that continue to promote diabetes prevention and self-management.

In the coming year, a number of improvements are planned to enhance the initiative and the evaluation. First, it is recommended that each team have two co-coordinators, to share the work and to insure that if one person is not able to carry out the work, there is another leadership resource. Further, the distinction between the roles of the SUGAR Helpers and health professionals is minimized, with all participants on the county team being viewed as SUGAR Helpers, each bringing different assets to the team. Finally, Dr. Denham has been more prescriptive about the SUGAR Helper training and some of the recommended county team activities, with the intention of reducing some of the initial concerns about lack of clarity about tasks and goals.

Changes in the evaluation are related to these revisions and lessons learned from year one. First, the pre/post test of knowledge and self-efficacy has been revised and the post-test will be available on line to increase response rates from county team members who are unable to attend the year-end event. Additionally, the monthly involvement questionnaire is being replaced with an involvement questionnaire that is web-based and will be administered twice during the year. The scale has also been revised to more effectively capture behavior changes. Finally, qualitative interview data collection, specifically coordinator interviews and interviews with a selection of the county team members will be conducted at the mid-point and at the end of the project year to better capture the process of implementation as well as the results of the county team's development.