

Strong Rural Communities Initiative

Year One Evaluation Final Report

Sara Karon, Ph.D.
Brenda Ryther, M.S.

Center for Health Systems Research and Analysis
University of Wisconsin - Madison

January 2008

Table of Contents

Section	Page
1. Executive Summary.....	1
A. Purpose.....	1
B. Approach.....	2
C. Key Findings.....	3
D. Recommendations.....	4
2. Introduction.....	6
A. Overview of the SRCI Program.....	6
B. Western Regional Communities.....	6
C. Evaluation Activities.....	7
D. Report Structure.....	8
3. SRCI Conceptual Model.....	9
4. Evaluation Approach.....	13
A. Formative Evaluation.....	13
B. Outcomes Evaluation.....	14
5. Evaluation Findings by Community.....	20
A. Black River Falls: The proActive Wellness Initiative.....	20
B. Hayward: More Energy/Energy At Work.....	33
C. Sauk Prairie: The FIT Program.....	47
6. Outcomes Evaluation by Affiliation.....	61
7. Discussion.....	71
A. Key Findings.....	71
B. Recommendations.....	76
Appendix A: Interview Guide.....	78
Appendix B: Example of Evaluation Questionnaire.....	
Figures and Tables.....	ii

List of Figures and Tables

Figure 1: SRCI Conceptual Framework for Evaluation.....	11
Figure 2: Perspectives on Organizational Relationships and Collaboration.....	12
Figure 3: Rating Scales for Importance and Achievement	19
Table 1: Concepts Important to All Communities	15
Table 2: Number of Votes Received by Each Concept.....	16
Table 3: Percent of Votes for Each Concept by Community.....	18
Table 4: Black River Falls Coalition Process Measures	23
Table 5: Black River Falls Coalition Outcomes.....	27
Table 6: Black River Falls Community Outcomes	28
Table 7: Black River Falls Hospital Outcomes.....	29
Table 8: Black River Falls Public Health Outcomes.....	29
Table 9: Black River Falls Business/Worksite Outcomes	31
Table 10: Hayward Collaborative Process Measures.....	36
Table 11: Hayward Coalition Outcome Measures	40
Table 12: Hayward Community Outcome Measures.....	41
Table 13: Hayward Hospital Outcome Measures	42
Table 14: Hayward Public Health Outcomes.....	43
Table 15: Hayward Business/Worksite Outcomes.....	44
Table 16: Sauk Prairie Coalition Process Measures.....	51
Table 17: Sauk Prairie Coalition Outcomes.....	56
Table 18: Sauk Prairie Community Outcomes.....	57
Table 19: Sauk Prairie Hospital Outcomes	57
Table 20: Sauk Prairie Public Health Outcomes	58
Table 21: Sauk Prairie Business/Worksite Outcomes.....	59
Table 22: Collaborative Process Measures by Affiliation	62
Table 23: Collaborative Outcome Measures by Affiliation	66
Table 24: Community Outcomes by Affiliation	67
Table 25: Hospital Outcomes by Affiliation	68
Table 26: Public Health Outcomes by Affiliation.....	69
Table 27: Business/Worksite Outcomes by Affiliation	70

Section 1 Executive Summary

A. Purpose

The Strong Rural Communities Initiative (SRCI) is a program of the Wisconsin Rural Health Development Council (RHDC). The purpose of the SRCI program is to promote the health of rural communities through collaborative relationships and, in so doing, create an environment that is more attractive to business. In order to accomplish this, the program takes an innovative approach that seeks to simultaneously strengthen relationships among key community organizations (hospitals, public health departments, and businesses/worksites), improve the health of local residents, and create an environment that is attractive to business.

This model was implemented as a pilot program in a number of rural communities throughout Wisconsin, 3 located in the western part of the state and 3 in the eastern part of the state. Communities were recruited for participation through a call for proposals, issued in 2005. The eastern communities were funded and coordinated by the Medical College of Wisconsin (MCW), with a grant from the Wisconsin Partnership Fund. The western communities were funded and coordinated by the Office of Rural Health (ORH), which is part of the Medical School of the University of Wisconsin – Madison. The ORH had sought funding from the Wisconsin Partnership Fund, but did not receive it. They used other sources of funds available to them to support the first year of the SRCI program. A re-application to the Wisconsin Partnership Fund in the fall of 2006 was successful, and is being used to continue supporting the western regional SRCI programs.

The evaluation described here was designed to assess the initial success in implementing the model, particularly the development of a collaborative approach to improving health in the community. The evaluation also was designed to assess initial outcomes, for each of the partnering organizations, the collaborative, and the community as a whole. The evaluation was conducted for three communities operating SRCI programs in the Western part of the State.

Black River Falls. The proActive Wellness Initiative (pAWI) in Black River Falls was developed in response to a needs assessment conducted through a previous project of the Black River Memorial Hospital. The coalition's central committee includes representatives from the Black River Memorial Hospital; the local public health department; a dietitian from the Ho Chunk nation, the other major health care provider in the area; and business/worksites partners. The first worksite to be involved was a local manufacturing plant, D&S Manufacturing. The second program was conducted with the local school district, which included teachers and bus drivers. At the end of the first year of implementation, the pAWI collaborative worked together with the Jackson County Health Alliance to develop a community-wide celebration, "A Healthy Taste of Jackson County." This program involved nine local restaurants in identifying and serving healthier foods at a celebratory event. The event also included motivational speakers and formal recognition of those individuals who had taken part in the SRCI programs. It was estimated that somewhere between 350 and 400 individuals took part in the celebration. At the time of the evaluation, plans were being

made for future rounds of pAWI programs, most likely to include others in the school district and, somewhat later, people from the Ho Chunk nation.

Hayward. The Hayward Area Memorial Hospital, the Duluth Clinic (located adjacent to the hospital), and the public health department worked together to develop and promote the More Energy and Energy At Work programs. These two programs were developed as spin offs of a very successful hospital program, known as ENERGY. The original program was designed as a fitness program for people with cardiac health needs. The More Energy program was an expansion of that program within the hospital, and was targeted at people with cardiac or other health problems who wanted a supervised fitness program. The Energy At Work program integrated the SRCI model of collaboration to take a health and wellness program out to the community. At the time of the evaluation, three programs had been completed: one at a small, local manufacturing business; one with county employees; and one with staff at the Lac Courte Oreilles Community College. Representatives of these businesses/worksites were invited to work on the collaborative, but had relatively little involvement.

Sauk Prairie. Prior to the SRCI program, the Sauk Prairie Community Hospital and Clinics had implemented a fitness program in conjunction with the local police department. In response to the SRCI call for proposals, the hospital established the FIT program, with involvement from the Sauk Prairie public health department, Sauk Prairie Police Department, Sauk Prairie School District, Sauk Prairie Community Education Center, Sauk Prairie Memorial Hospital Foundation, a local physician, Village of Prairie du Sac, Village of Sauk City, and Sauk County Development Corporation. At the time of the evaluation, the collaborative was in the process of selecting a second worksite, with the most likely candidate being a small, local manufacturing plant.

B. Approach

In Spring 2006, The Center for Health Systems Research and Analysis (CHSRA) at the University of Wisconsin – Madison was selected as the project evaluator for the SRCI programs coordinated by the ORH. The evaluation was designed to accomplish the following:

1. Develop a set of common measures to be used in the current and future evaluations of the SRCI program
2. Work with the ORH to develop a conceptual framework for understanding the SRCI program and to guide the evaluation
3. Conduct an evaluation of the western regional communities' SRCI programs, using both the measures developed and case studies

A formative evaluation – i.e., evaluation of how the programs were formed and developed – was conducted using in-depth interviews with key informants in each community. Additional information was gained from participation in a meeting of the three communities held in February 2007. The impetus for this meeting came from the communities themselves. It provided a useful time for them to share experiences, resources, and ideas generated through the

initial phase of the project. The meeting also provided an opportunity to inform the communities of the timeline and plans for the evaluation, both in terms of the interviews and the questionnaire.

Outcomes evaluation was conducted through a mailed questionnaire, which asked each participant to rate a series of measures in terms of importance and achievement. People who received the questionnaire were identified by the lead contact from each community based on the following criteria:

- All people who were actively involved in the local SRCI committee (planning, oversight, coordinating, etc).
- A senior level person at the hospital (CEO, CFO, other) who has some decision-making authority with regard to the SRCI program
- A senior level person from the local public health department (whoever would have to sign off on any project activities)
- A key HR person from each participating business
- A senior level person from each participating business (CEO, CFO, other).

C. Key Findings

Findings for each community are presented in detail in Section 5 of the report. While each community approached the design and implementation of its SRCI program slightly differently, evaluation of each community highlighted similar sets of key issues.

- Each of the communities developed a program based on an existing program of the hospital. It is not necessary for this to be the case, but it can provide for efficiencies in start up.
- The design of each program was driven, in part, by the dictates of the contract which required a collaborative inclusive of the local hospital, public health department, and one or more businesses/worksites. Absent that requirement, it is not clear how programs might develop or how they might evolve over time when SRCI funding (and associate requirements) is no longer in place.
- The collaboratives varied in how broadly they represented the communities. Sauk Prairie had representation from the greatest number of organizations. All communities had difficulty engaging representatives from minority communities (Native American and Hispanic) with significant populations in their regions.
- The health and wellness programs offered varied in length of program (ranging from 6 weeks to unlimited), the program location (worksite or hospital), methods of motivating individuals (including competitions, incentives, group support and accountability), and program content (including information and exercise in varying combinations). Without exception, the key informants agreed that a combination of education and activity worked best. Those that began with only one of these, whether that was information or activity, found that they eventually added the other to respond to requests from participants.
- Development and implementation of the SRCI programs were more costly than anticipated. The biggest challenge was having adequate staff time (usually one or more hospital staff persons) to manage the project. Additional costs included incentives to encourage individual participation and repeated Health Risk Assessments.

- Leadership was found to be key, both for the collaborative and at each worksite. Buy-in and commitment from others also was essential.
- Turnover in key collaborative members was a challenge in all communities. Not only did loss of individuals result in discontinuities, it also disrupted trust that had been developed over time.
- Scheduling of session with program participants was a common challenge. With the exception of Hayward's More Energy program, the intention was to conduct all program activities at the worksite, usually during work hours. Although leadership at the participating worksites generally was amenable to this, there were practical challenges. Participants needed to complete their work, and often had to arrange to have coworkers cover for them while they were engaged in the program. There also were conflicts with other work activities and meetings.
- Communities used various approaches to encourage individuals to participate and remain motivated. Some communities changed their approaches over time. Both Black River Falls and Hayward used a variety of methods of rewards and competitions to encourage participants to set and strive for personal goals. Key informants in Sauk Prairie spoke at length about the importance of motivation, but expressed a belief that motivation comes from within.
- Trust was an important theme, both among members of the working collaboratives, and between trainers and program participants. It is important to recognize the importance of this and to provide adequate time to develop trustful relationships.
- Communities experienced improved communication among the organizations participating in the collaboratives. This typically resulted in increased opportunities for individuals to work together on projects in addition to SRCI.
- The impact on the business climate in the communities was unclear. Several of the participating worksites (schools, police department, county government) would be unlikely to leave the community in any case. Additionally, some of the impacts that would attract businesses (e.g., reduced health care costs) will take time to be observed. Nonetheless, surveys completed by members of businesses/worksites reported very positive results, including increased productivity.

D. Recommendations

As a result of the evaluation, we made three recommendations to the RHDC and ORH.

- Programs would benefit from on-going support from the RHDC or its agents (ORH, others). Technical assistance, as would support to facilitate the sharing of ideas, challenges, and strategies across communities. Financial support will be important to help communities firmly establish their SRCI programs as self-sustaining programs.
- The SRCI model should be refined, to take into account learning from the early phase of implementation and to increase the likelihood of on-going success. Model refinements should emphasize the active engagement of businesses and the general community.
- RHDC and ORH should support on-going evaluation activities. We recommend repeated surveys of participants using the tool developed for this evaluation, as well as the addition of cost-benefit analysis. This will be important to help communities target areas

for improvement, to demonstrate the concrete benefits of the program, and generate on-going support for it.

Section 2 Introduction

A. Overview of the SRCI Program

The Strong Rural Communities Initiative (SRCI) is a program of the Wisconsin Rural Health Development Council (RHDC). The purpose of the SRCI program is to promote the health of rural communities through collaborative relationships and, in so doing, create an environment that is more attractive to business. In order to accomplish this, the program takes an innovative approach that seeks to simultaneously strengthen relationships among key community organizations (hospitals, public health departments, and businesses/worksites), improve the health of local residents, and create an environment that is attractive to business.

This model was implemented as a pilot program in a number of rural communities throughout Wisconsin, 3 located in the western part of the state and 3 in the eastern part of the state. Communities were recruited for participation through a call for proposals, issued in 2005. The eastern communities were funded and coordinated by the Medical College of Wisconsin (MCW), with a grant from the Wisconsin Partnership Fund. The western communities were funded and coordinated by the Office of Rural Health (ORH), which is part of the Medical School of the University of Wisconsin – Madison. The ORH had sought funding from the Wisconsin Partnership Fund, but did not receive it. They used other sources of funds available to them to support the first year of the SRCI program. A re-application to the Wisconsin Partnership Fund in the fall of 2006 was successful, and is being used to continue supporting the western regional SRCI programs.

A SRCI Steering Committee was created, which includes representatives from the RHDC, MCW, ORH, and each of the six communities. The Steering Committee meets regularly to enhance communication across the programs, and to permit each to learn from the others. In general, each community has operated independently to develop its own program, with some support and technical assistance from MCW and ORH. The eastern and western regional communities have each operated as a cluster, with some shared communication and networking within each region. The Steering Committee provides a way for all six communities to talk together, and for the RHDC to provide oversight and guidance to the program as a whole, largely through sharing resources of interest.

B. Western Regional Communities

The evaluation described here was limited to the three communities in the western region. The programs in these three communities, each of which had its start in an existing program of the hospital, are described briefly here, and at length elsewhere in this report (Section 5).

Black River Falls. The proActive Wellness Initiative (pAWI) in Black River Falls was developed in response to a needs assessment conducted through a previous project of the Black River Memorial Hospital. The coalition's central committee includes representatives

from the Black River Memorial Hospital; the local public health department; a dietitian from the Ho Chunk nation, the other major health care provider in the area; and business/worksites partners. The first worksite to be involved was a local manufacturing plant, D&S Manufacturing. The second program was conducted with the local school district, which included teachers and bus drivers. At the end of the first year of implementation, the pAWI collaborative worked together with the Jackson County Health Alliance to develop a community-wide celebration, “A Healthy Taste of Jackson County.” This program involved nine local restaurants in identifying and serving healthier foods at a celebratory event. The event also included motivational speakers and formal recognition of those individuals who had taken part in the SRCI programs. It was estimated that somewhere between 350 and 400 individuals took part in the celebration. At the time of the evaluation, plans were being made for future rounds of pAWI programs, most likely to include others in the school district and, somewhat later, people from the Ho Chunk nation.

Hayward. The Hayward Area Memorial Hospital, the Duluth Clinic (located adjacent to the hospital), and the public health department worked together to develop and promote the More Energy and Energy At Work programs. These two programs were developed as spin offs of a very successful hospital program, known as ENERGY. The original program was designed as a fitness program for people with cardiac health needs. The More Energy program was an expansion of that program within the hospital, and was targeted at people with cardiac or other health problems who wanted a supervised fitness program. The Energy At Work program integrated the SRCI model of collaboration to take a health and wellness program out to the community. At the time of the evaluation, three programs had been completed: one at a small, local manufacturing business; one with county employees; and one with staff at the Lac Courte Oreilles Community College. Representatives of these businesses/worksites were invited to work on the collaborative, but had relatively little involvement.

Sauk Prairie. Prior to the SRCI program, the Sauk Prairie Community Hospital and Clinics had implemented a fitness program in conjunction with the local police department. In response to the SRCI call for proposals, the hospital established the FIT program, with involvement from the Sauk Prairie public health department, Sauk Prairie Police Department, Sauk Prairie School District, Sauk Prairie Community Education Center, Sauk Prairie Memorial Hospital Foundation, a local physician, Village of Prairie du Sac, Village of Sauk City, and Sauk County Development Corporation. At the time of the evaluation, the collaborative was in the process of selecting a second worksite, with the most likely candidate being a small, local manufacturing plant.

C. Evaluation Activities

In Spring 2006, The Center for Health Systems Research and Analysis (CHSRA) at the University of Wisconsin – Madison was selected as the project evaluator for the SRCI programs coordinated by the ORH. The evaluation was designed to accomplish the following:

1. Develop a set of common measures to be used in the current and future evaluations of the SRCI program

2. Work with the ORH to develop a conceptual framework for understanding the SRCI program and to guide the evaluation
3. Conduct an evaluation of the western regional communities' SRCI programs, using both the measures developed and case studies

In addition, CHSRA was to develop some evaluation training materials for use in assisting communities in understanding how evaluation can be helpful to them, and how they can build it in to their own programs. The training was developed as a PowerPoint presentation, which ORH can make available through its website or other means.

D. Report Structure

This report describes the design, implementation, and findings of the evaluation of the first year's activities of the western Wisconsin SRCI programs. The conceptual framework that was developed for the evaluation is presented in Section 3. In Section 4, we describe the evaluation approach. Section 5 presents the evaluation findings for each community; and Section 6 presents evaluation findings by affiliation, comparing the perspectives of people affiliated with their local SRCI programs through connections with participating hospitals, public health departments, businesses/worksites, and other community organizations. In the final Section of the report, Section 7, we discuss the evaluation findings and highlight lessons for the future.

Section 3 SRCI Conceptual Model

The first challenge facing the evaluation was the development of a conceptual framework or model. This provides the structure necessary to understand the program and to guide the evaluation. The SRCI program is sufficiently complex that this was no simple task. The framework was developed through a series of meetings and discussions that included the evaluation team, Maureen Kartheiser (then director of the ORH), and John Eich (then SRCI program coordinator for the ORH, now director of the ORH). Additional input was received at some meetings from Tim Size (Executive Director, Rural Health Development Council), Byron Crouse (UW Medical School Academic Partner), and Stacey Lindenau (a student working with Tim Size). The resultant model is shown in Figure 1.

Each of the circles represents a participating organization. The overlapping circles represent the coalition, in which each of the organizations participates. Thus, each set of overlapping circles represents a distinct community. Within the SRCI program, there are six participating communities. Three of them, located in the western part of the state, are supported by the Office of Rural Health (ORH), and three located in the eastern part of the state are supported by the Medical College of Wisconsin (MCW). The conceptual model shows arrows linking three communities together, illustrating that within the SRCI program the two sets of communities, eastern and western, have shared information, strategies, and resources, to learn from each other's experiences and improve the success of their own programs. Each of these two sets of communities is further supported by the Rural Health Development Council (RHDC) through an SRCI Steering Committee that meets quarterly. The RHDC developed the concept for the basic, community-level SRCI model (organizations working together to improve health of individuals), and guided the development and release of an RFP to identify communities in which the model could be tested. The RHDC and Steering Committee are represented by the large oval, which encompasses each of the six community programs, and their regional groupings.

As illustrated, the conceptual framework suggests that a process in which organizations work together in close collaboration results in improved outcomes for individuals who participate in the health improvement programs of the SRCI, each of the collaborating organizations, the target audience, and the coalition itself. Some outcomes can be observed in the short-term, while others take a longer time to occur. In the long run, outcomes also are improved for the broader community in which the coalition is based.

This simplified model omits other collaborators in the SRCI program, specifically the two medical schools and the Office of Rural Health, which were providing technical and financial support to the communities. Future evaluations may address the extent to which collaborations between these schools is increased through the work of the SRCI program.

While the conceptual model shows a high degree of overlap among each of the participating organizations in a community, in practice this may not be the case. Figure 2 illustrates several different ways in which the participating organizations may relate to each other. Alternative A shows that each organization remains distinct from the others. This assumes that, while the

organizations work together to present the SRCI project, the organizations do not influence each other. Each continues to operate as an independent organization, doing business as usual.

Alternative B shows a situation in which two of the partners¹ have a close collaboration, but the third does not. The visual overlap shown implies that the partners affect how the other works. Such impacts can include changing communication between the partners, increasing joint projects, or other ways of altering previous relationships. An example of this type of situation is increased collaboration between a public health department and a hospital that may jointly develop the intervention, while the business partner is a more passive recipient of the intervention.

Alternative C shows the situation in which one of the organizations forms close collaborations with each of the others – but the others do not have significant interaction with each other. Such a situation could result when one organization is perceived as the leader, and provides the central point of communication, but does not actively engage the others. For example, a hospital and public health department could develop an intervention together, and one of those organizations could engage closely with a business/worksite, while the business/worksite has little or no involvement with the other partner.

Alternative D shows a situation in which all organizations approach each other, there is contact or communication among all of them; but the lack of overlap indicates that none of them change their means of operation, communication, or activities as a result of the collaboration. Each organization behaves as it has always behaved prior to the collaboration. While this arrangement may result in positive outcomes for the target audience, it does not create a sustained change in the organizations or alter the outcomes that they experience.

Alternative E shows the situation in which all organizations are actively engaged and impacted by the collaboration. Not only does each organization communicate with each of the others, but all organizations work together (illustrated by the 3-way overlap). This situation is the ideal goal of the SRCI model, as illustrated in the conceptual framework. Evaluations, as reported here and as likely will be done in the future to assess long-term outcomes, can shed light on the ways that each of these different approaches to collaboration affect outcomes.

¹ The examples presented here all assume three partners. The SRCI model calls for a minimum of three partners: hospital, public health, and a business/worksite. In practice, there may be multiple business/worksite partners or other community organizations. The general model holds regardless of the number of partnering organizations involved.

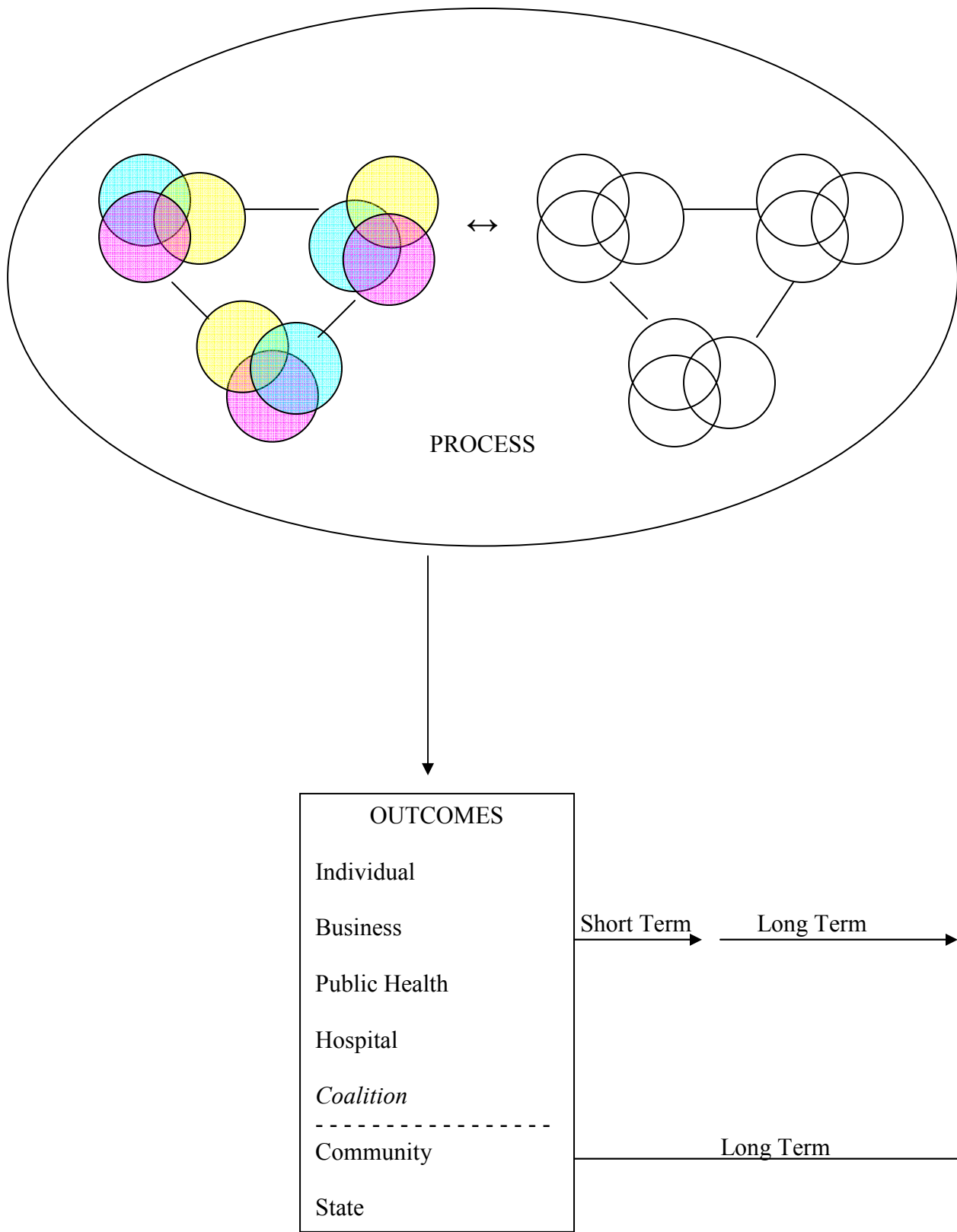
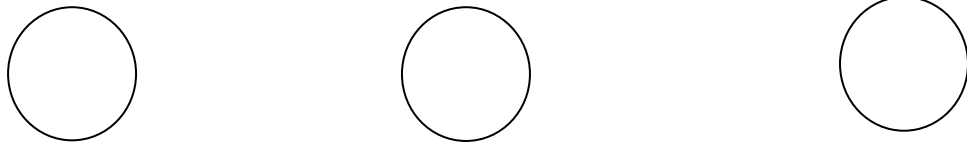
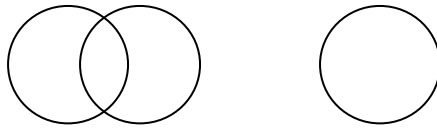


Figure 1. SRCI Conceptual Framework for Evaluation

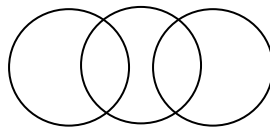
(A) Independent organizations



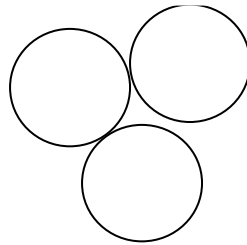
(B) Two engaged partners, one peripheral



(C) One central partner



(D) Partners communicate, but no change in operations



(E) Partners are actively engaged with each other

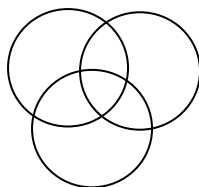


Figure 2. Perspectives on Organizational Relationships and Collaboration

Section 4 Evaluation Approach

Evaluation of the first year of the SRCI program in the three western Wisconsin communities included both formative and outcomes evaluation components. Our approach to each of these types of evaluation is described here.

A. Formative Evaluation

A formative evaluation – i.e., evaluation of how the programs were formed and developed – was conducted using in-depth interviews with key informants in each community. Additional information was gained from participation in a meeting of the three communities held in February 2007. The impetus for this meeting came from the communities themselves. It provided a useful time for them to share experiences, resources, and ideas generated through the initial phase of the project. The meeting also provided an opportunity to inform the communities of the timeline and plans for the evaluation, both in terms of the interviews and the questionnaire.

The person who acted as the connection to the Office of Rural Health and SRCI Steering Committee was asked by the evaluation team to identify people to take part in the formative evaluation interviews. We specified that the people to be interviewed should include those who met the following criteria:

- Person identified as the “leader” of each project.
- Person most involved from the hospital.
- Person most involved from the public health department.
- Person most involved from each participating business.
- Person most involved in coordinating and/or conducting the health education activities – i.e., the person with the most face-to-face experience with the people participating in the activities.
- Person most involved from the local community, not otherwise affiliated with one of the partnering organizations (if any such person).
- Person who had a significant involvement early in the project’s history who has since left the project (if appropriate).

Each person so identified was contacted and, whenever possible, interviews were scheduled. Most of the people identified were interviewed; a few people, primarily those who had moved out of town, could not be interviewed, despite efforts to locate them and schedule interviews by telephone.

Interviews were designed to elicit each person’s understanding of the structure and design of the SRCI program in their community, the ways that the organization with which they were affiliated had benefited from participation in the program, the benefits of the program to the community, challenges faced by the SRCI program, and lessons learned that could be of use to their own future efforts and to other communities. The interview guide is provided in **Appendix A**.

B. Outcomes Evaluation

Outcomes evaluation was conducted through a mailed questionnaire, which asked each participant to rate a series of measures in terms of importance and achievement. People who received the questionnaire were identified by the lead contact from each community based on the following criteria:

- All people who were actively involved in the local SRCI committee (planning, oversight, coordinating, etc).
- A senior level person at the hospital (CEO, CFO, other) who has some decision-making authority with regard to the SRCI program
- A senior level person from the local public health department (whoever would have to sign off on any project activities)
- A key HR person from each participating business
- A senior level person from each participating business (CEO, CFO, other).

The measures used in the questionnaire were developed with the input of the communities, to ensure that they were reflective of the things considered most important to them. Because of the importance of these measures, we provide a fair amount of detail here in how they were developed and how data were collected.

Development of common measures

A key task of the evaluation was the development of a set of common measures and an approach to collecting data, for use both in this evaluation and for on-going evaluation to assess change and progress over time. It was important that the measures developed be meaningful and useful to the communities that would be using them. In order to achieve this, we convened an SRCI Regional Meeting on June 26, 2006. This meeting included members of the evaluation team, staff from ORH, and key participants in each community's SRCI program. The meeting was held at a location central to the three communities.

The communities were encouraged to bring as many individuals as they liked, with at least one representative from each of the participating organizations. It proved difficult for business/worksite partners to participate, a theme that was repeated throughout the project. One community was represented by only a single individual (hospital representative), another by multiple hospital representatives and a public health representative, and the third by several representatives from the hospital and a community representative.

The meeting began with an overview of the conceptual framework and discussion of evaluation. This was followed by a self-reflective exercise, in which people were given a list of measures of coalition process that others have found helpful and were asked to rate the importance of these measures. The ratings were not collected or tallied in any way. The exercise, combined with the overview of the conceptual framework, was simply used as an orientation and to help people begin thinking about what a successful collaboration might look like.

We then began the process of developing a set of common measures. Using techniques of Appreciative Inquiry (AI), people were asked to break into groups of two and to partner with

someone from a community other than their own. Each person then had approximately 5 minutes to describe a collaboration that they had participated in previously and which they felt was successful, and to identify the factors that they believed made it a success. After that initial exchange, the partners repeated the exercise, this time describing a collaboration that had not worked well and identifying the factors that contributed to its lack of success.

After everyone had had a chance to describe these situations to their partners, we asked each group to report on the factors that they had identified as contributing to successful collaborations. Each person was then given 10 colored dots, and instructed to use 5 dots to indicate the positive factors that they believe are most important and 5 dots to indicate the inhibitory factors that they believe are most important. Different colored dots were used for each county, in order to determine issues of importance to all of the communities.

Table 1 shows those concepts that received votes from at least one member of each community, and so could be considered as the basis for common measures. There were three factors that all communities agreed supported collaboration, and five that communities agreed could undermine successful collaboration.

Table 1	
Concepts Important to All Communities	
Support Collaboration	Hinder Collaboration
Mutual gain	Lack of leadership/shared vision
Trustful relationships	Lack of trust
Members committed from beginning to end	Lack of resources
	Lack of direction/achievement
	Lack of needs assessment

Table 2 shows the total number of votes each concept received. It was possible for an individual to have given more than one vote to a single concept. Those concepts that had few or even no votes are not necessarily unimportant. They simply are less important than some of the other concepts, at least in the minds of those people who participated in the exercise. However, they were important enough concepts to have been identified during the first small group exercise.

Table 2 Number of Votes Received By Each Concept			
Support Collaboration		Hinder Collaboration	
Concept	Votes	Concept	Votes
Mutual gain	6	Lack of trust	6
Trustful relationship	6	Lack of resources	5
Clear purpose	5	Lack of direction/achievement	5
Leadership	5	Lack of leadership/shared vision	4
Members committed from beginning to end	4	Lack of needs assessment	4
Clear communication	4	Turf wars	3
Passion/Pride	3	Failure to define outcomes	3
Follow-through	2	Lack of open communication	3
Critical mass	1	Inadequate knowledge	1
Structure	1	Lack of clear expectations	1
Shared governance	1	Failure to invest	0
Recognize strengths	1	Wrong people	0
Outside input, energy, and ideas	0	Lack of facilitation	0
Transparency	0		
External rewards, shared success	0		

Table 3 shows the ranking of each item by community. Votes were tallied separately for the factors that support versus hinder successful collaboration. The total number of votes possible differed for each community, depending on the number of people present from the community. Rankings were calculated based on total votes cast within the community. The item with the greatest number of votes in a community was given a rank of “1”; the item with the next greatest number of votes was given a rank of “2”; and so on. Items that had the same number of votes cast were assigned the same value. For instance, in Hayward, there were five items supporting collaboration that each received the same number of votes, each of which was more votes than received by any other item. All of those 5 items were given the rank of 1, within Hayward.

The number of possible levels of rankings varied by community, depending on how many items received how many votes. In Hayward, for example, there were a total of three levels rankings for concepts that support collaboration. In Sauk Prairie, there were five levels; and in Black River Falls, only 2. In each community, the lowest ranking (3, 5, or 2, respectively) indicated

items that received no votes at all. Again, those concepts that had no votes are not necessarily unimportant. However, because each person could only vote for five concepts, some items received no votes.

This table shows the relative importance of the concepts to the different communities. For example, in Hayward, the most important concepts appear to be mutual gain, trustful relationships, commitment of the partners, clear communication, and follow through, while in Sauk Prairie the most important concepts appear to be having a clear purpose and leadership, with mutual gain and trust also highly rated. It is helpful to understand that different communities may have different values and goals that help shape their collaborations.

There were no concepts that were rated as most important to supporting successful collaboration in all three of the communities; but there were several concepts that received the lowest rating in all three of the communities. All communities agreed that a lack of trust and a lack of resources were important hindrances to successful collaboration.

Based on the results of this exercise, the evaluation team developed a set of common measures to capture the dimensions identified as important to successful collaboration and to each type of partnering organization. We also added a few measures that others have found to be useful, that were not identified at the June meeting.

This draft set of measures was shared with each of the communities and their input was obtained during a conference call discussion involving all of the communities. Input and review was also obtained from Eric Gass, staff person at the Medical College of Wisconsin, who shared comments made by the three eastern communities. A final meeting was held with John Eich, Byron Crouse, Tim Size, Eric Gass, and Syed Ahmed (Medical College of Wisconsin Academic Partner), in which the measures and comments were reviewed and discussed. The measures were then finalized based on that conversation.

Each measure was designed to be rated as to its importance and to the local SRCI program's level of achievement in the area described by the measure. Both importance and achievement were assessed using 5-point Likert type scales, as shown in Figure 3.

An example of the final questionnaire is provided as **Appendix B**. The questionnaire was customized to use the specific name the program in each community.

As is often the case with the Likert-type scales used in assessing these measures, results tend to cluster at the upper end. It was rare for any individual to rate either importance or achievement as less than a 3. In interpreting the average ratings reported here, a rough guideline is to think of scores greater than 4.5 as being very positive; scores between 3.8 and 4.4 as moderately positive; scores between 3.2 and 3.7 as relatively low; and scores 3.0 or less as being quite poor.

Table 3
Percent of Votes for Each Concept by Community

Concept	Hayward	Sauk Prairie	Black River Falls
<i>Concepts that Support Successful Collaboration</i>			
Mutual gain	1	2	1
Trust relationship	1	2	1
Clear purpose	2	1	2
Leadership	3	1	1
Members committed throughout	1	4	1
Clear communication	1	3	2
Passion/Pride	3	3	1
Follow through	1	5	2
Critical mass – positive/optimism	2	5	2
Structure	2	5	2
Shared governance	2	5	2
Recognize strengths	2	5	2
Outside input/energy/ideas	3	5	2
Transparency	3	5	2
External reward/shared success	3	5	2
<i>Concepts that Hinder Successful Collaboration</i>			
Lack of trust	1	1	1
Lack of resources	1	1	1
Lack of direction/achievement	1	2	1
Lack of leadership/shared vision	2	2	1
Lack of needs assessment	1	3	1
Turf wars	2	2	2
Failure to define outcomes	1	3	2
Lack of open communication	2	2	2
Inadequate knowledge	2	4	2
Lack of clear expectations	3	3	2
Failure to invest	3	4	2
Wrong people	3	4	2
Lack of facilitation	3	4	2

Figure 3. Rating Scales for Importance and Achievement

Rating	Importance	Achievement
Ratings Used for Process Measures		
	<i>In my opinion, this is . . .</i>	<i>Our [local SRCI program name] collaborative . . .</i>
5	Very important	does this very well
4	Somewhat important	does this well, but could do even better
3	Neither important nor unimportant	does this only some of the time
2	Somewhat unimportant	is trying to do this, but is not doing well
1	Not at all important	has not considered doing this
Ratings Used for Outcome Measures		
	<i>In my opinion, this is . . .</i>	<i>This goal is being achieved . . .</i>
5	Very important	Very well
4	Somewhat important	Well, but could do even better
3	Neither important nor unimportant	Only partially
2	Somewhat unimportant	Not at all, but efforts are being made to improve
1	Not at all important	Not at all, and no efforts are being made to improve

Outcomes evaluation data collection

The questionnaires were customized for each community, and formatted as a booklet. These were sent to the individuals previously identified by each community’s SRCI program leader, along with a cover letter from CHSRA, a cover memo from the local SRCI program coordinator, and a self-addressed, stamped envelope for return. A second mailing was sent approximately two weeks later, to encourage response. Because the questionnaires were returned anonymously, everyone received a second questionnaire whether or not they had returned the first. We included a cover letter with the second booklet in which we thanked people who had returned materials and asked those who had not done so yet, to take the time to do it.

During the interviews, which took place a few weeks after the questionnaires were distributed for the second time, some people reported difficulty completing the questionnaires. People whose involvement in the collaborative activities was limited in scope felt that there were several questions that they could not answer. Although the questionnaire permitted people to respond “don’t know,” some people were not comfortable using that option. To encourage these individuals to return the questionnaire, we suggested that they complete only those sections of the questionnaire with which they felt most comfortable. This increased the willingness to participate, and a few additional questionnaires were received.

Section 5

Evaluation Findings by Community

This section presents key evaluation findings separately for each community, integrating information from the formative and outcome evaluation. We describe the SRCI program developed and implemented in each community, issues affecting the collaborative process, challenges faced by the coalitions, and outcomes associated with the coalition, community, hospital, public health, and business/worksites. We conclude the section for each community with that community's recommendations for others wishing to enact similar programs.

A. Black River Falls: The proActive Wellness Initiative

Interviews were conducted with seven individuals involved with the Black River Falls pAWI program, including individuals affiliated with the hospital, public health department, and participating worksites. Questionnaires were received back from 11 of 16 individuals (response rate of 69%).

Project Description

Black River Falls is a community of just under 4,000 people and serves as the county seat of Jackson County, Wisconsin. It is located in west central Wisconsin. The proActive Wellness Initiative (pAWI; pronounced "paw – wee") project emerged from a previous project, led by the Black River Memorial Hospital. That project, known as the CRUNCH Campaign, conducted a community needs assessment, with separate surveys done with elders, people with disabilities, children, and working adults. The needs assessment identified a need for wellness programs. In its initial response to that need, the CRUNCH Campaign committee developed a booklet called "Proactive- A Resource Guide for Health and Wellness in Jackson County," which was widely distributed through businesses and worksites. The SRCI call for proposals provided an opportunity for Black River Falls to pursue additional efforts to promote wellness among working adults. Liz Lund, business manager for the hospital, worked with a professional grant writer to pursue this opportunity. The resultant program was pAWI.

The pAWI program was administered at the worksite. Participants completed an initial health risk assessment (HRA), along with a health and wellness survey. The HRAs were reviewed by a nurse, and individuals were encouraged to talk with their own physicians about any issues identified through the review. A ten-week educational program was provided at the work-site, as well as opportunities for one-to-one meetings for goal setting and support (if desired). Weekly "challenges", with incentives, helped to keep participants motivated and accountable. All participants who completed the challenge were entered in drawings to win prizes.

D & S Manufacturing was the first worksite in which pAWI was implemented. Although the plan had called for a limit of 25 participants, 65 of D&S' 150 employees expressed interest in the program. The hospital provided staff to support two sessions, and D&S provided financial

support for the additional 40 HRAs. A second pAWI program was provided to employees of the Black River Falls School District, including teachers and bus drivers.

At the end of these first two programs, the pAWI coalition joined with Jackson County Health Alliance to produce a program called “A Healthy Taste of Jackson County.” This program engaged 9 restaurants in preparing samples of healthier menu options. In addition, the program included motivational speakers and an awards ceremony to recognize those people who had completed a pAWI program.

Coalition Structure and Process

Coalition membership included representation from the hospital, public health department, Ho Chunk Nation, participating businesses (D&S Manufacturing, Black River Falls School District) and, initially, a physician from the primary care clinic. That physician left the committee when organizational changes in the relationship between the hospital and clinic changed her role and time available. An additional business partner (Regal Beloit Motor Technologies) had just been added at the time the evaluation data were being collected. Initially, the pAWI coalition met weekly to develop the program. Once the initiative was underway, the frequency of meetings decreased to approximately once per month. Meeting frequency increased to plan the Healthy Taste of Jackson County program.

Liz Lund, Hospital Business Manager, served as the leader of the pAWI coalition from its inception. She played a lead role in the coalition meetings, which included developing the agendas, gathering information to share with the group, and presenting information for discussion. Although there was a position for a project manager to do many of these coalition management tasks, there was frequent turnover in this position, which led to Liz playing a larger role than she had intended initially. It was hoped that, with stability in the project manager, Liz could reduce the time spent in leading meetings.

Coalition meetings were held at noon, by design, so that people could combine meeting with a lunch break. It was believed that this helped to keep attendance high, as it did not create additional time demands for busy people. Members were expected to attend meetings, listen to updates and provide input, as needed. Meetings often included a lot of brainstorming. People were not expected to take on a lot of extra work between meetings (with the exception of planning for the “Tastes of Jackson County”). The work was carried out primarily by Liz Lund and the project manager. It was felt this was a successful way to keep members involved, without demanding too much of their time. Liz expressed a belief that people who were asked to do too much work for the project would not remain committed, and that their commitment and input at meetings was the most valuable use of their expertise and time.

Beliefs about successful collaborations were identified and rated by each community during the evaluation planning meeting with the western communities in June 2006. Only one individual from Black River Falls was able to attend that meeting. She believed that mutual gain, trustful relationships, leadership, long-term commitment and pride were the most important factors underlying a successful collaboration; and that a lack of these things, plus a lack of resources and lack of a needs assessment were the most important barriers to successful collaboration. The

structure of the coalition meetings, as described above, was designed to help encourage long-term commitment. The pAWI project's roots in the CRUNCH Campaign's needs assessment also were consistent with these values.

Similar themes were identified through the questionnaires as the most important measures of collaborative process (Table 4). The aspects of process that were reported to be least well achieved (average scores less than 4.0) were the presence of an effective governance structure, which also was rated as the least important measure; the recruitment and integration of new members into the collaborative; and a change in the operations of the partnering organizations.

Table 4. Black River Falls Coalition Process Measures

Measure	Importance	Achievement
Members feel comfortable being open and honest	4.7	4.4
There is clear and open communication among partners	4.8	4.4
Leadership is open to perspectives, viewpoints, and suggestions of all participants	4.8	4.4
Leadership includes high-level, visible leaders	4.2	4.4
The collaborative has an effective governance structure	3.8	3.7
The collaborative has clearly articulated goals, strategies, and indicators of progress that provide a sense of direction and	4.6	4.1
The collaborative has a clear (written) mission statement	4.2	4.2
Partners agree on the goals of the collaborative	4.6	4.4
There is a process for integrating new members into the group	4.3	3.8
New members are actively recruited	4.2	3.9
The collaborative includes representatives from local health care organizations, businesses, government, and residents	4.8	4.4
Membership in the collaborative reflects the diversity of the community's population and organizations	4.7	4.2
Partners actively participate in meetings and provide input during discussions	4.4	4.0
The partners all have something to gain from a successful collaboration	4.7	4.4
Partnering organizations change the way they operate as a result of the collaborative	4.3	3.4
Tasks are completed on schedule	4.4	4.4
The collaborative has identified ways to measure progress	4.4	4.0
The collaborative has a way to measure progress in achieving its desired outcomes	4.5	4.1
The collaborative is achieving its short-term goals	4.6	4.6
The collaborative is achieving its long-term goals	4.5	4.1
Learning generated from projects and processes can be used to enhance future efforts	5.0	4.4
The collaborative has adequate resources (people, funds, other resources) to achieve its goals	4.6	4.4

Challenges

Key informants reported several challenges both to the work of the coalition, and to the successful implementation of the pAWI program. Challenges that affected the program implementation included the following.

- It was difficult to find a meeting time that worked well for the program participants. Programs that were conducted during work hours placed a burden on participants to find coverage for the work they normally would do during that time. For example, teachers needed to arrange for coverage for their responsibilities during the lunch hour; and substitute drivers had to be scheduled and paid, to permit bus drivers to participate. Although the participants' supervisors were supportive of their participation and agreed to help find coverage, this was not always easily done. Participants felt pressure to help find coverage for themselves, and felt guilty about putting an extra burden on their co-workers week after week.
- A second scheduling issue concerned the timing of program events relative to other occurrences, such as winter holidays. The follow-up HRA was scheduled to take place in the post-new year period. Increases in participants' weight and cholesterol that were found at that time may not have been present, had the HRA been done at a different time of year.
- Completion of the follow-up HRAs presented additional challenges. First, a change in the technology used to take blood pressure readings at the initial and follow-up HRAs resulted in inconsistent blood pressure readings and an inability to accurately determine the impact of the program on blood pressure. The pAWI coalition rectified this problem by going back to obtain follow-up blood pressure readings using the same technology as was used in the initial HRAs. This resulted in additional cost to the project.
- The program also experienced difficulty in getting participants to complete the follow-up HRA. Participants had received a \$20 incentive for completing the initial HRA. Upon reflection, the coalition members believed it would have been useful to hold the incentive payment until after the follow-up HRA.
- The program also faced challenges in identifying and presenting topics in ways that were meaningful and engaging to participants. Some topics were presented in ways that seemed to be intimidating or off-putting to individuals, and so were less well attended. The session on depression was one such topic, as was the session on smoking cessation. The latter topic attracted only those who were smokers. The non-smokers did not find it relevant to their lives, and so did not attend. Plans are being made to switch the focus of that session to "Hazards of Smoking," to extend the relevance to people who live with, work with, or care about people who smoke.
- Worksite coordinators reported challenges in communicating with the program participants. Communication with schoolteachers tended to be through e-mail. For other participants, information about upcoming sessions and schedules was usually provided by posting notices in high traffic areas. When participants worked in multiple locations (e.g., D&S had 6 buildings), this became a challenge for the coordinator.

Additional challenges were faced by the coalition.

- The coalition struggled to find the resources to do the job. Several of those interviewed reported that the work took much more time than they had initially anticipated. This was true for those leading the coalition, those presenting programs, and the worksite coordinators. While these people expressed concern at the amount of time required, they also reported that the results were worth the effort. Several people expressed the belief that some of the time required was in the nature of start-up efforts, and future pAWI programs would be less demanding.
- Turnover in the program manager position required Liz to expend more time over a longer period than had been anticipated. It was difficult to identify the right person with the right combination of skills, and took time to determine exactly what the optimal combination of skills was.
- The coalition had difficulty obtaining and maintaining physician participation. The committee originally included a physician from the local primary care clinic. When the organizational relationship between the hospital and clinic changed, this physician's position also changed and she was no longer able to take part in the coalition. A second problem with physician participation arose in relation to interpretation of the completed HRAs. A physician at the hospital had been recruited to review and interpret HRA results. After some time, the physician admitted that he was uncomfortable in this role, as he did not know the individuals and did not want to overstep his bounds with their personal physicians. The role of HRA interpretation was then taken over by a nurse.
- At the time of the evaluation, the coalition was working to develop resources and strategies to maintain and expand the pAWI program into the future. Sustainability of the program was viewed as desired, but difficult.

Program Impacts

The impacts of the program on the coalition, partnering organizations, and surrounding community, were identified through interviews and by the questionnaire items on outcomes.

Coalition Outcomes

The coalition outcomes all were rated as being quite important (Table 5). The least important outcomes were evidence of affecting public policy (4.1) and indirect improvement of other issues (4.3). Levels of achievement tended to be lower, significantly so in some cases, than the levels of importance. The lowest levels of achievement were for those outcomes related to developing a strategy and obtaining resources to sustain the coalition into the future. This is consistent with the challenges identified through the interviews.

Several of those interviewed described the importance of collaborating in a small community. Consistent with this, the greatest level of achievement was found in believing the coalition was accomplishing more than the partners could accomplish individually. A high level of pride in achievement also was reported. As one coalition member expressed it, "This project has made relationships stronger, better, because they are part of a winning team. When you can accomplish things, people look up to you; they want you on their team. Trust is built."

Community Outcomes

The community outcomes were rated as very important, for the most part (Table 6). A notable exception was making the community more attractive to businesses. Although this outcome was not regarded as very important (3.7), it was reported to have a relatively high level of achievement (4.5). The outcome related to community pride in the pAWI program also was rated as more successful than important. This high level of achievement may have stemmed from the Healthy Taste of Jackson County. This community-wide event drew over 300 participants and increased awareness in the community of the pAWI program.

Community awareness and pride also was generated through extensive promotion of the pAWI project. Articles were written for local papers (e.g., “D&S Employees Complete Wellness Program”). Presentations were made to the Rotary club, and the pAWI program was discussed informally among the coalition member’s networks (e.g., at the local Curves fitness center). The Healthy Taste of Jackson County was widely promoted, and prizewinners from among pAWI program participants received jackets with a pAWI logo. This provided on-going advertising.

Although improvement of participants’ health received only a modest rating for achievement, anecdotal evidence was reported to show large benefits for some individuals. The HRAs identified previously undetected, serious health problems for 3 individuals, who then were able to get help for these concerns. Other participants reported seeking help sooner for health concerns that they previously would have ignored.

Hospital Outcomes

The most important outcomes for the hospital were the commitment of hospital leaders and recognition of the hospital for its role in promoting healthy lifestyles. Other outcomes also were rated highly in levels of importance (Table 7). The commitment of hospital leaders to the program also was rated most highly in terms of achievement. This commitment was described during the interviews, as well. Several hospital staff emphasized that, although the program took more time than had been anticipated, the hospital leadership was willing to make the necessary commitment. The program was viewed as being in keeping with the hospital’s mission and good for public relations. There also was discussion of the pAWI project as the foundation for growth in wellness-oriented programs within the hospital.

The hospital staff were acutely aware of competition from other nearby communities for health care business. Programs such as pAWI was seen as a useful tool to keep health care dollars in the community.

Public Health Outcomes

The outcomes for the public health department were rated very highly in terms of importance, with many rated at 4.8 or higher (Table 8). Levels of achievement tended to be more modest (4.0 – 4.4).

Table 5. Black River Falls Coalition Outcomes

Measures	Importance	Achievement
The collaborative has the resources necessary to continue when the current grant funding ends	4.7	3.2
The collaborative has an effective strategy for generating the resources needed to be self-supporting	4.8	3.4
Partners are committed to making the collaborative an on-going effort	4.6	4.0
The collaborative is involved in promotional activities	4.6	4.4
Outcomes of the project are being measured	4.7	4.1
The targeted issues improve as a direct result of the collaborative	4.8	4.3
Other issues improve indirectly as a result of the collaborative	4.3	3.8
The collaborative has evidence of affecting public policy	4.1	3.7
Outcomes of the project demonstrate the value of continuing the collaborative	4.7	4.4
Partners feel pride in what the collaborative is accomplishing	4.8	4.6
The collaborative is accomplishing more than the partners could accomplish individually	4.7	4.9
The public is aware of the collaborative	4.6	3.6
Other businesses/worksites have asked to join the collaborative	4.8	3.4

Table 6. Black River Falls Community Outcomes

Measures	Importance	Achievement
New relationships have been created among the collaborative partners.	4.8	4.4
The community is more attractive to businesses as a result of collaborative.	3.7	4.5
Businesses involved in the collaborative remain in the community.	4.4	4.7
There is an increased awareness of fitness, nutrition, and other healthy lifestyle issues in the community.	4.9	3.8
There are new community programs focused on healthy lifestyle choices.	4.7	3.9
There is a sense of community pride in the collaborative project.	4.2	4.6
The community promotes itself as being a healthy place to live.	4.4	3.3
There are local policy changes to support healthy lifestyles.	4.5	3.5
The SRCI program improves the health of participants.	4.8	4.2
The SRCI program improves the health of participants' families.	4.7	4.1

Table 7. Black River Falls Hospital Outcomes

Measures	Importance	Achievement
Hospital leaders are committed to the SRCI program	4.8	4.6
Hospital staff are aware of and involved in the SRCI program	4.6	4.4
Hospital staff are involved in promoting the SRCI program	4.6	4.4
Hospital staff make referrals to the SRCI program	4.5	3.6
The hospital has created new programs promoting a healthy lifestyle.	4.6	4.3
There is growth in hospital programs promoting a healthy lifestyle.	4.6	4.3
Hospital employees are making healthy lifestyle choices.	4.3	4.1
The hospital has promoted the SRCI program in its publications.	4.6	4.6
The hospital is recognized by the community for its role in promoting healthy lifestyles.	4.7	4.4

Table 8. Black River Falls Public Health Outcomes

Measures	Importance	Achievement
Public health leaders are committed to the SRCI program	5.0	4.2
Public health staff are aware of and involved in the SRCI program	4.7	4.3
Public health staff make referrals to the SRCI program	4.9	4.0
There is growth in public health program promoting a healthy lifestyle	4.9	4.1
Public health employees are making healthy lifestyle choices	4.6	4.0
The public health department has promoted the SRCI program in its publications	4.8	4.4
The public health department is recognized by the community for its role in promoting healthy lifestyles	4.9	4.2
The public health department has increased the number of people it serves through its participation in the SRCI program	4.9	4.3

Business/Worksite Outcomes

Participation in the pAWI program at D&S was much higher than anticipated. Although participation in the pAWI program was voluntary, all employees at that site were required to attend an informational presentation about the program. This may have resulted in the high rate of interest. A second factor supporting the high rate of participation at this site was the company's strong commitment to support it. Employees were paid for the time spent participating in the program.

The outcomes for the participating businesses and worksites all were rated as being quite high (Table 9), with the exception of the use of the pAWI program as a tool to recruit new employees. This measure was received the lowest ratings for both importance and achievement. This may reflect the design of the SRCI program as a time-limited program, so that it may not be in effect when new employees are recruited. Levels of achievement of other outcomes tended to be modest. The most successful outcome was the commitment of leadership of the participating businesses to the program. This commitment was described by those interviewed as an essential component for continuation of the program and future success.

Although the ratings of the outcomes did not reflect it, one informant reported anecdotal evidence of an impact on employee health. Three of the program participants quit smoking in one month. The program seemed to improve employee morale as well, and to reduce absenteeism as employees enjoyed coming to work. There was an expectation that the observed increase in awareness of health issues among employees would reduce health care costs in the future.

Table 9. Black River Falls Business/Worksite Outcomes

Measures	Importance	Achievement
Leaders of participating businesses are committed to the SRCI program.	4.7	4.3
Employees at participating businesses are aware of the SRCI program.	4.7	4.1
Participating businesses experience increased productivity.	4.7	4.0
Participating businesses report a decrease in use of sick time.	4.7	4.0
Participating businesses use the SRCI program as a tool for recruiting new employees.	4.0	3.7
Participating businesses report decreased employee turnover rates.	4.6	4.2
Employees at participating businesses are participating in the SRCI program.	4.8	4.2
Participating businesses are promoting their participation in the SRCI program.	4.8	4.2
Participating businesses have experienced a decrease in absenteeism.	4.7	4.0
Participating businesses are viewed as “caring” places to work	4.8	4.3
Employees at participating businesses are making healthy lifestyle choices.	4.9	4.0
Participating businesses have promoted the SRCI program	4.6	4.2
Participating businesses are recognized by the community for promoting healthy lifestyles.	4.7	3.9

Lessons Learned

Those interviewed identified a number of important lessons for what is required to establish a successful SRCI program.

- The composition of the committee was identified as important. It is equally important to have a strong leader and to have “workhorses” to get the job done. It also is important that people be committed to a shared vision. People who come with their own agendas can bring down a committee.
- Trust takes time to build. It can be easy to work with people that are already known to each other; involving others is difficult to begin and to maintain. Make sure that there is some recognized benefit to all coalition members.
- The time required, particularly in the start-up phase, is quite extensive. The development of a “bible,” of lessons learned and approaches to tasks can help reduce the time needed in subsequent rounds, and can provide continuity when there is turnover in the people involved.
- It is important to be flexible and responsive to the needs of the audience. Different approaches may be needed depending on the participants’ gender, educational level, and type of job. Hourly employees can be paid for their participation, but that is not so readily done for salaried employees. Incentives should be appropriate to the audience (e.g., hunting knives vs. cookbooks).
- Scheduling is very difficult. Participation is increased when programs are scheduled during the workday, but participants may have difficulty leaving their tasks behind. Depending on the nature of the job and support of the employer, people may need to find others to cover their work while they participate in the program; this can be an uncomfortable thing for people to ask of their co-workers.
- It is important to recognize the full costs of the program. In addition to the time spent meeting with the coalition members and presenting the programs, costs are incurred for work to plan, coordinate, and communicate throughout the program. The HRAs are costly, but may be covered by participants’ health insurance. Costs also exist for meeting spaces (which may be donated by the worksites), and for incentives. While incentives may be donated by local businesses, that also imposes a cost in time spent soliciting these donations.
- Programs are most successful when they include information and opportunities for “hands-on” activities.
- The creation of a “finale” program (e.g., Healthy Taste of Jackson County) is one way to engage the broader community and to provide recognition to program participants. It also can provide incentive for participants to continue making healthy lifestyle choices in the future by making them “accountable” to the community.

B. Hayward: More Energy/Energy At Work

Interviews were conducted with seven individuals involved with the Hayward More Energy/Energy At Work programs. These included two people from the hospital, two from the Duluth Clinic, one from the public health department, and one each from the first two work sites. Questionnaires were received back from seven of the twelve individuals to whom they were sent (response rate 58%).

Project Description

Hayward, located in Sawyer County, is a community of about 2500 people. Two wellness programs are operating in tandem. One is known as “More Energy” and the other as “Energy At Work.” Both of these programs evolved from an earlier project, which continues to operate, known as “Energy.” The Energy program was begun as a time-limited cardiac rehabilitation program, consisting of supervised exercise program at the Hayward Memorial Hospital. The program proved to be extremely popular. Participants did not want to leave at the end of the program, which left no room for new people to join the program.

The More Energy and Energy At Work programs began at the same time. The More Energy program was begun as an expansion of the Energy program, with a similar target audience (primarily elders with multiple chronic conditions) and similar approach (hospital-based, supervised exercise). The availability of funds through the SRCI call for proposals from the Office of Rural Health provided the impetus to add a community-based wellness initiative.

The More Energy program meets three days a week for about an hour each time. As of Spring 2007, there were three sessions operating, one each at 4:30, 5:30, and 6:30. Sessions were overseen by Pam Stoutenberg, the More Energy/Energy At Work program coordinator. Pam is a Registered Nurse and has a degree in dietetics. Over time, the program has evolved to include written health tips and consultation about health conditions and treatment options.

The Energy At Work project targets working adults, and takes the services out to people at their worksites. Three work sites completed Energy At Work programs during the first year of operation. The first program was conducted at a local business employing 62 people, six of whom participated in the program. The business is primarily a manufacturing plant. Most of the six participants came from office staff, rather than people working on the production line. The first program was six months long, for about 45 minutes per week. The sessions were conducted during the lunch hour, to minimize disruption to the workflow. This initial program was nearly entirely educational in nature. The content of each session evolved over time, with input from the participants. It was recognized by both the participants and the organizers that this was a test run and the participants were “guinea pigs.”

The second program was conducted with county employees. This also took place at the work site, once a week, during the lunch period. The program was much shorter in duration, only 16 weeks instead of six months. The program combined education with activity. While some activity occurred during the meeting time, program activities were designed to get people moving during the week. Beginning in the fourth week, a “challenge” was posed each week.

People made a commitment to try to meet the challenge, and reported back to the group at the following session about how well they had succeeded. People received points for their progress on each challenge and prizes were awarded based on points. There were twelve individuals who signed up for this program, five of whom attended on a regular basis.

The third worksite was faculty at the Lac Courte Oreilles Community College. The program was designed similarly to the second site: a 16-week educational program with weekly challenges designed to get people to make changes in their lives. Six people were signed up for this program and half of those attended on a regular basis.

Coalition Structure and Process

Daily operation of the More Energy and Energy At Work programs is under the direction of Pam Stoutenberg, who is employed by the hospital. Laura Unold, a Public Health nurse, works closely with Pam to do much of the day-to-day work of the program. Laura is the primary liaison with the community groups (Energy At Work), while Pam plays a stronger role in the hospital-based groups (More Energy). These two individuals meet weekly with each other.

An advisory group meets quarterly. During the start-up of the projects, they met more often. Members of the advisory group include representatives of the hospital, the Duluth Clinic, and the Department of Public Health. A physician member of the group has provided assistance with identification, measurement, and interpretation of outcomes measures. A unique aspect of the coalition is the participation of physical therapists who are enthusiastic supporters of the More Energy program.

Meetings are coordinated by Pam Stoutenberg. She prepares the agenda, organizes materials to be shared, and leads the meeting. Others attending the meeting offer input and advice. The meetings often are used to discuss progress of each of the programs (what is working well, what challenges are encountered, how to collect participant data and how to interpret the data once collected). Meetings rarely address the day-to-day operations of the programs.

Representatives of businesses/worksites have not been involved in the operation of the coalition, although participants in the programs have had much opportunity for input into the program design. Individuals from the first worksite reported as they could make requests each week and have a response by the following week. "We asked for information about healthy lunches, and the next week they brought us recipes for healthy lunches." Pam Stoutenberg believes it would be difficult to have representatives from the worksites on the committee. Because each business' involvement is time limited, and the program is on-going, Pam feels that there is not a natural way to get the businesses involved.

At the evaluation planning meeting in June 2006, individuals from Hayward identified that mutual gain, trustful relationships, on-going commitment, clear communication, and follow-through were the most important aspects of a successful collaboration. Factors that were believed to be the most important barriers to success were a lack of trust, lack of resources, lack of direction and achievement, lack of needs assessment, and failure to define outcomes. The coalition process developed in Hayward reflected these beliefs. Several of the people

interviewed described the positive working relationships among the principals of the coalition. Efforts were made to define and measure outcomes through health assessments and the Dartmouth Coop measures of quality of life. At the time of the interviews, discussions were on-going within the group about ways to improve the measurement of outcomes for program participants.

The coalition process also was consistent in its reflection of concepts judged to be less important to successful collaboration: leadership, outside input and ideas; transparency; and external rewards. Leadership in the More Energy/Energy At Work programs was more diffuse than in the other communities, with different individuals responsible for leading different aspects of the programs. Participating business/worksite participants were viewed more as consumers of a program than as partners, and were not actively engaged in the coalition. At the time of the evaluation, the coalition was just beginning to work on publicizing the program more broadly, in ways that could bring greater participation and recognition from the community.

Results of the questionnaire generally (Table 10) were consistent with these values and findings from the interviews. The most important process measures, based on the questionnaires returned, were related to openness of the leadership to suggestions from others, clear communication, having ways to measure progress, achieving long-term goals, and learning to enhance future efforts. These findings are generally consistent with the values expressed, which emphasized communication, follow-through, and measurement of outcomes.

The levels of achievement of coalition process measures were relatively modest, with most ranging from 3.0 to 4.4. The few measures that exceeded 4.4 were related to clear communication among partners (4.9), openness of leadership to suggestions from others (4.6), visible leadership (4.7), high-level leadership (4.7), shared benefit to all partners (4.6), and learning from past efforts (4.6). The measures where there were the greatest levels of achievement were consistent with the values expressed, particularly in terms of the openness of leadership, communication among partners, and learning from current efforts for the future. The latter outcome was abundantly evident in the on-going modifications to the Energy At Work program to be responsive to partner's suggestions and find ways to maintain participant motivation, and in the evolution of the More Energy program through the addition of health information to the exercise program.

Table 10. Hayward Collaborative Process Measures

Measure	Importance	Achievement
Members feel comfortable being open and honest	4.6	4.3
There is clear and open communication among partners	4.8	4.9
Leadership is open to perspectives, viewpoints, and suggestions of all participants	5.0	4.6
Leadership includes high-level, visible leaders	4.7	4.7
The collaborative has an effective governance structure	4.6	4.3
The collaborative has clearly articulated goals, strategies, and indicators of progress that provide a sense of direction and consensus among members	4.7	4.1
The collaborative has a clear (written) mission statement	4.1	3.9
Partners agree on the goals of the collaborative	4.6	4.4
There is a process for integrating new members into the group	4.1	3.9
New members are actively recruited	3.7	3.6
The collaborative includes representatives from local health care organizations, businesses, government, and residents	4.6	4.4
Membership in the collaborative reflects the diversity of the community's population and organizations	4.6	4.3
Partners actively participate in meetings and provide input during discussions	4.4	4.1
The partners all have something to gain from a successful collaboration	4.7	4.6
Partnering organizations change the way they operate as a result of the collaborative	4.1	3.0
Tasks are completed on schedule	4.7	4.0
The collaborative has identified ways to measure progress	4.9	4.0
The collaborative has a way to measure progress in achieving its desired outcomes	4.9	4.4
The collaborative is achieving its short-term goals	4.6	4.4
The collaborative is achieving its long-term goals	4.9	4.4
Learning generated from projects and processes can be used to enhance future efforts	5.0	4.6
The collaborative has adequate resources (people, funds, other resources) to achieve its goals	4.7	4.0

Challenges

The program has faced several challenges, none of which have been experienced as significant, but rather just as learning experiences.

- The third worksite had difficulty engaging the participants. The meeting time, although originally suggested by the participants, proved to be inconvenient. It conflicted with numerous other meetings that were requirements of participants' jobs.
- The program staff had thought to offer challenges to the third worksite group similar to those being given the second group, and to create a friendly competition between the two groups. However, staff found that it took several weeks to build trust in the third group, and that challenges could not be begun until trust had been established.
- Space is an ongoing challenge for the More Energy program. The program takes place in the hospital's busy physical therapy department. There is no other space in which to hold the programs. Additionally, the program makes use of the exercise equipment in the PT department. Even if there were other meeting space, the equipment would be lacking. The More Energy times must be scheduled around the needs of the PT department. This has meant that sessions usually are in the late afternoon and early evenings. For many of the elders who take part in this program, that presents a barrier in the winter months, when they prefer not to drive in the dark.
- The More Energy program has had challenges related to managing the number of participants. Once people begin, they do not like to end participation, so new slots do not open quickly.
- The program staff and advisory committee have struggled to identify the best approaches to measuring participant outcomes. For the More Energy participants, who tend to be older and to have significant health challenges, measures such as blood pressure, cholesterol, and BMI have shown little response to the program. The physician advisor believes that is simply a fact of their health conditions, and that such measures miss the important picture. Program staff believe that the high level of continuing involvement of people in this group clearly demonstrate that it is of benefit to them. Anecdotally, staff believe that there are benefits related to social involvement and quality of life. They attempted to measure this using the Dartmouth Coop tool, which provides measures of physical function, emotional status, role function, social function, pain, overall health, and social support. These measures also did not show the expected improvement over time. One possible explanation for this is that people may be more likely to overstate their function early in the program, in an effort to appear socially acceptable, and are more honest about their limitations over time, as trust is established.
- The program requires considerable time. Pam Stoutenberg works full-time coordinating and staffing the two programs, and has significant assistance from Laura Unold with the Energy At Work program.
- The program staff are still learning how best to promote the Energy At Work program in order to engage new business partners. They are working on developing a brochure that could be distributed through the Chamber of Commerce. So far, the business partners have been recruited by public health staff primarily on the basis of pre-existing relationships.

- The worksite partners are challenged by finding a good time to participate. The jobs need to be covered, which makes it difficult to do during work hours. Participants are uncomfortable asking co-workers to cover their jobs for them while they participate in the program. Lost production is a cost to the business. Worksite participants suggested having the program either immediately before or after work, or having some overlap with work hours (e.g., an hour-long program that begins the last 15 minutes of the workday). Another suggestion was to schedule sessions at overlapping two shifts, so that more people could participate and each would lose a shorter amount of time (i.e., some would stay a few minutes late and some would start a few minutes early).
- The program requires significant amounts of staff time, at a high cost. The program, at this time, is not self-sustaining.

Program Impacts

Results from the questionnaires identified the importance and achievement of other outcomes, as described below. There were few outcomes with high levels of achievement. In general, the outcomes identified through the survey were consistent with those identified through interviews.

Coalition Outcomes

Coalition members rated most of the coalition outcomes as being very important, with many having average scores of 4.9 or 5.0. The most highly rated outcomes were those related to having resources and commitment to sustain the program; outcomes demonstrating the value of the program; the added value of working together; and pride in accomplishment (Table 11). Levels of achievement again were relatively low, with achievement of many of the coalition outcomes rated at levels below 4.0. The coalition outcomes with the highest ratings of achievement were improvement in the targeted issues (4.8), pride in accomplishment (4.7), and accomplishment of more through the partnership than could be accomplished alone (4.9).

Several coalition members reported that the most important impact has been the strengthening of the relationship between the Public Health department and the hospital. Hospital staff report a much greater understanding and appreciation for all of the work done by public health. As a result, they have a closer working relationship. For example, Pam Stoutenberg was invited by public health to join in the Healthy Lifestyles 2010 coalition, which is addressing obesity in the community. Without the Energy At Work coalition, Pam doubts she would have known about this project. One hospital employee said, “Now we think of public health first” when thinking about new programs.

Although the More Energy and Energy At Work programs were created at the same time, there was an awareness gap. People involved in the operations of one program were not necessarily aware of how the other program was operating and, in at least one case, did not even know there was another program in operation.

Community Outcomes

The findings from the questionnaire (Table 12) rated many of the community outcomes quite highly in terms of importance, but levels of achievement were again quite modest. Those community outcomes with the greatest levels of achievement were businesses involved in the

collaborative remain in the community (4.7), and improving the health of participants (4.9). The creation of new relationships among collaborative partners, which was identified as an important success through the interviews, received a rating of 4.3. While not an exceptionally high rating, this was one of the more highly rated outcomes for this community.

Although coalition members seemed unaware of this, program participants reported that they were likely to share information from the Energy At Work program with others. Some people were members of other health clubs, and shared information with people there. The participants at the manufacturing plant made informational handouts available to their coworkers who were not taking part in the scheduled sessions.

Hospital Outcomes

The hospital outcomes generally were rated as very important (4.7 to 5.0; Table 13). Interestingly, the levels of achievement were quite close to the levels of importance. The exceptions were two outcomes that were highly valued but had low levels of achievement: hospital employees are making healthy lifestyle choices (5.0 rating of importance; 3.7 rating of achievement) and recognition of the hospital by community members for its role in promoting healthy lifestyles (5.0 level of importance; 4.3 level of achievement).

Hospital-based coalition members reported that the SRCI program was an important tool for promoting the mission of the hospital. “We want to reach people before they’re sick,” said one person. The More Energy and Energy At Work programs provide a way to do that.

Public Health Outcomes

The public health outcomes (Table 14) were rated highly in terms of both importance and achievement. As was true for the hospital outcomes, those outcomes with the lowest levels of achievement were healthy lifestyle choices among employees and community recognition of the organization’s role in promoting healthy lifestyles.

Table 11. Hayward Coalition Outcome Measures

	Importance	Achievement
The collaborative has the resources necessary to continue when the current grant funding ends	4.9	3.2
The collaborative has an effective strategy for generating the resources needed to be self-supporting	4.9	3.3
Partners are committed to making the collaborative an on-going effort	4.9	4.0
The collaborative is involved in promotional activities	3.9	3.8
Outcomes of the project are being measured	4.6	3.3
The targeted issues improve as a direct result of the collaborative	5.0	4.8
Other issues improve indirectly as a result of the collaborative	4.4	4.3
The collaborative has evidence of affecting public policy	4.0	3.1
Outcomes of the project demonstrate the value of continuing the collaborative	4.9	4.1
Partners feel pride in what the collaborative is accomplishing	4.9	4.7
The collaborative is accomplishing more than the partners could accomplish individually	4.9	4.9
The public is aware of the collaborative	4.4	3.3
Other businesses/worksites have asked to join the collaborative	4.6	3.8

Table 12. Hayward Community Outcome Measures

	Importance	Achievement
New relationships have been created among the collaborative partners.	4.1	4.3
The community is more attractive to businesses as a result of collaborative.	4.0	3.8
Businesses involved in the collaborative remain in the community.	4.9	4.7
There is an increased awareness of fitness, nutrition, and other healthy lifestyle issues in the community.	5.0	4.0
There are new community programs focused on healthy lifestyle choices.	5.0	4.0
There is a sense of community pride in the collaborative project.	4.7	4.4
The community promotes itself as being a healthy place to live.	4.9	4.0
There are local policy changes to support healthy lifestyles.	4.9	3.1
The SRCI program improves the health of participants.	5.0	4.9
The SRCI program improves the health of participants' families.	4.4	4.2

Table 13. Hayward Hospital Outcome Measures

	<i>Importance</i>	<i>Achievement</i>
Hospital leaders are committed to the SRCI program	5.0	5.0
Hospital staff are aware of and involved in the SRCI program	4.7	4.5
Hospital staff are involved in promoting the SRCI program	4.8	4.7
Hospital staff make referrals to the SRCI program	5.0	4.7
The hospital has created new programs promoting a healthy lifestyle.	4.8	4.8
There is growth in hospital programs promoting a healthy lifestyle.	4.8	4.4
Hospital employees are making healthy lifestyle choices.	5.0	3.7
The hospital has promoted the SRCI program in its publications.	4.7	4.6
The hospital is recognized by the community for its role in promoting healthy lifestyles.	5.0	4.3

Table 14. Hayward Public Health Outcomes

	Importance	Achievement
Public health leaders are committed to the SRCI program	5.0	5.0
Public health staff are aware of and involved in the SRCI program	4.8	4.8
Public health staff make referrals to the SRCI program	4.7	4.8
There is growth in public health program promoting a healthy lifestyle	5.0	4.5
Public health employees are making healthy lifestyle choices	4.8	4.4
The public health department has promoted the SRCI program in its publications	4.8	5.0
The public health department is recognized by the community for its role in promoting healthy lifestyles	4.8	4.3
The public health department has increased the number of people it serves through its participation in the SRCI program	5.0	4.5

Business/Worksite Outcomes

Outcomes for the participating businesses/worksites showed greater variation (Table 15) in the importance given to them than was the case for outcomes for the hospital and public health department, with ratings ranging from 3.8 to 5.0. The most important outcomes were those related to commitment by leaders and awareness by employees of participating businesses/worksites; healthy lifestyle choices by employees of participating businesses/worksites; and promotion of the SRCI program by participating businesses/worksites.

Levels of achievement were low, ranging from 2.7 (SRCI program used as a tool to recruit new employees) to only 4.2 (employees are aware of the SRCI program). Given that the SRCI programs in each worksite was time limited (4 to 6 months), it is not surprising that the program is not used to recruit new employees.

The difference between the average ratings of importance and achievement for each outcome tended to be relatively large, with many differences more than a full point. The largest difference was in ratings of businesses' promotion of the SRCI program. This outcome received a rating of 5.0 for importance and only 3.0 for achievement. The large differences between importance and achievement indicate an important area for attention and improvement.

Table 15. Hayward Business/Worksite Outcomes

	Importance	Achievement
Leaders of participating businesses are committed to the SRCI program.	4.9	3.3
Employees at participating businesses are aware of the SRCI program.	4.9	4.2
Participating businesses experience increased productivity.	4.5	3.7
Participating businesses report a decrease in use of sick time.	4.7	3.3
Participating businesses use the SRCI program as a tool for recruiting new employees.	3.8	2.7
Participating businesses report decreased employee turnover rates.	4.5	4.0
Employees at participating businesses are participating in the SRCI program.	4.6	3.4
Participating businesses are promoting their participation in the SRCI program.	3.8	3.0
Participating businesses have experienced a decrease in absenteeism.	4.3	4.0
Participating businesses are viewed as “caring” places to work	4.0	4.1
Employees at participating businesses are making healthy lifestyle choices.	5.0	4.0
Participating businesses have promoted the SRCI program	5.0	3.0
Participating businesses are recognized by the community for promoting healthy lifestyles.	4.3	3.5

The first two business/worksite partners were highly committed to the program. The County program obtained funds from the Sawyer County Health Insurance to provide incentives to participants. They believe that supporting the program now was an investment in reduced health care costs in the future. The program was described by informants as having impacts on the worksite. For example, people who previously would bring donuts to meetings began bringing fruit in addition to donuts. The food served at birthday celebrations also was described as becoming healthier.

The manufacturing site supports a variety of health-related activities for its employees. It will pay for half the cost of health club memberships and will provide paid time off to exercise. This business commitment to health preceded the implementation of the Energy At Work program, and is part of what made this a good candidate for the program.

Implementation at the third worksite was more challenging. Cultural gaps were noted, including different levels of understanding of nutritional issues. The coalition was pursuing options to try alternative approaches with that partner, perhaps structuring the program as continuing education course. This could address the differences in knowledge base and improve participation by providing course credit. A class targeted toward health care professionals is hoped to carry lasting benefits by training people who can take the message into their own communities.

Lessons Learned

The coalition members and worksite partners identified several lessons that they would share with others interested in offering similar programs.

- Health information is welcome and useful, but not enough. Participants want specific activities and health information as well. Both are valued by participants.
- It is important for programs to find ways to engage and motivate participants on an ongoing basis. “Challenges” and competitions can be helpful. Check-ins at each meeting also help build accountability to the group, a useful tool for maintaining motivation. Peer group support also is a useful motivator. This can be developed when the same group of people meet together over an extended period of time, as is the case for the More Energy program.
- Participants at the first worksite recommended gender-segregated groups. They believe that men need similar groups, but need a different approach.
- The program coordinator noted that it is “important to know your goals.” That helps determine the nature and number of sessions that are offered.
- Having physician referral (More Energy) is useful, as it can provide good background information about a person’s health status and needs.
- It’s important to have the “right people” involved in the coordinating committee. They are the people doing the work. They need to be involved, to embrace it, and to promote it. The group needs to include people with the right set of qualifications, including a physician. The right coordinator also is important. That person needs to be “someone who lives and breathes it,” who is charismatic, and a good motivator.
- The committee needs to “all work as a piece.” It is important not to have struggles between individuals or strife between organizations.
- It is important to choose the correct outcome measures. The measures chosen should be appropriate, and also should offer encouragement. You do not want measures that could make people “feel like failures.” For example, it might be better to report on the time walked rather than on change in BMI.
- Businesses can be worked with to help them support their employees’ lifestyle changes. Several ideas were offered of how this might be done: remove vending machines; change the types of foods and drinks offered in vending machines and cafeterias; provide

reimbursement for health classes; provide paid time to take part in classes; or establish no smoking policies.

C. Sauk Prairie: The FIT Program

Interviews were conducted with eleven individuals involved with the Sauk Prairie FIT program. These included several people from the hospital, as well as individuals associated with the police department, hospital foundation, school district, public health, villages, and other community organizations. Questionnaires were received from 11 individuals of 15 people to whom they were sent (response rate of 73%).

Project Description

Sauk Prairie operates the FIT Program. The FIT Program had its roots in a conversation between Ken Carlson, Business Manager at the Sauk Prairie Community Hospital, and Jerry Strunz, chief of the Sauk Prairie Police Department. Chief Strunz was interested in acquiring used exercise equipment that could be housed at the Police Station for the use of officers. While the hospital did not have any such equipment at the time, this inquiry led to a discussion of the health and fitness needs of the officers. As a result of this initial inquiry, a group of people including Ken Carlson, Chief Strunz, a representative from the police department's health insurance, a union representative, and others met to discuss ways that the hospital could support the fitness goals of the police department. The result was a program that included a health risk assessment, access to a personal trainer, and fitness classes at the police station. The fitness classes were designed specifically for the needs and interests of the officers, with clear relevance for their professional health demands. An agility course was particularly popular.

This program was in operation when the call for proposals for SRCI was released by the ORH. The possibility of obtaining funding to support continuation and expansion of this program led to the submission of a proposal, which was then funded. This created the need for a structured coalition, to include the public health department as well as others. Each of these organizations was contacted and signed the application. The coalition did not meet as a group, however, until January 2007, quite some time after the initiation of the SRCI project.

An early focus of the active coalition was the identification of a second business/worksites. This was made somewhat easier than it might otherwise be, as a local business had indicated its interest in becoming that partner. The business owner was aware of the FIT program through her participation on the school board. Her business was small (about 30 employees), which felt like a manageable size to the coalition members. The owner had made an initial presentation to her employees about the program, and received only a lukewarm reception. A second presentation, by a FIT program representative, generated more interest. The FIT coalition members were proceeding to work on developing a program at this site.

The FIT program included the following key components: health risk assessment (HRA), personal interpretation of HRA results, access to a personal trainer, group classes, discounted membership at the hospital's Wellness Center, and repeated HRAs. There was no time limit to the program. The discounted Wellness Center memberships were provided by the hospital for the police officers. For the planned second site, the employees' health insurer provides \$200 for individuals attending the fitness center on a regular basis.

Coalition Structure and Process

The coalition includes individuals from the Sauk Prairie Memorial Hospital and Clinics, Sauk Prairie public health department, Sauk Prairie Police Department, Sauk Prairie School District, Sauk Prairie Community Education Center, Sauk Prairie Memorial Hospital Foundation, a local physician, Village of Prairie du Sac, Village of Sauk City, and Sauk County Development Corporation.

The SRCI coalition is coordinated by three hospital employees: Ken Carlson, who is described as the driving force of the project; Linda Bishop, who is responsible for the daily work of the SRCI program and overseeing the work of the coalition, including planning the meetings; and Sandy Scola, who oversees the financial management of the project. Sandy was involved earlier in the project in the role, which was then taken over by Linda Bishop.

At the time of the evaluation interviews, the coalition had just met for the second time. Many of the coalition members had attended only one of the two meetings. Meetings were held at the hospital. Linda Bishop distributed an agenda via e-mail, prior to the meeting.

The meetings were described as having two key purposes: informing and planning. Many of the individuals interviewed described the meetings as being extremely useful for the sharing information. They appreciated information about the SRCI program, but noted also the value of learning more about other activities and interests of each of the partners. The SRCI coalition was viewed as having value beyond the scope of the FIT program itself. The meetings also served a planning purpose, primarily looking toward the future. Key planning issues were the identification of a second business/worksite partner, development of a program appropriate to that new partner, and development of a strategy for ensuring sustainability of the SRCI program into the future. Those interviewed reported that the meetings were productive.

During the evaluation planning meeting in June 2006, people from Sauk Prairie identified having a clear purpose and leadership as the most important underpinnings of a successful collaboration. Mutual gain and trust also were reported to be very important. A lack of trust and a lack of resources were identified as the largest hindrances to successful collaboration.

Results from the questionnaire (Table 16) were consistent with these sentiments. The most important coalition process measures were described as clear communication, comfort being open and honest, and leadership that is open to the input of others. Active participation, an expression of belief in mutual gain, also was rated as highly important.

The levels of achievement of these measures varied widely. Those process measures with the greatest levels of success reported were related to leadership, relationships among coalition members, participation of coalition members, and representativeness of the coalition. However, while the coalition was successful in its inclusion of local health care organizations, businesses, government, and residents, it was not found to represent the diversity of the community's population. Several of those who were interviewed mentioned the growing Hispanic population in Sauk County, and acknowledged that the committee was lacking those voices.

Challenges

In addition to the lack of diversity on the committee, several other key challenges were identified by those interviewed

Staff turnover. The FIT program experienced turnover in three key areas. The classes taught to the police officers were initially led by a personal trainer who demonstrated understanding of the officers' work lives and needs and who, as a result, was trusted. When he left the program, there was concern among the officers as to whether their needs were truly understood by his replacement. The hospital staff were aware the police officers felt their needs were not being met after the personal trainer left, but were uncertain as to what was desired by the officers. At the time of the interviews, they were trying to learn more about what was wanted.

Turnover and transition also happened within the key coalition staff. The original coalition efforts were led by Ken Carlson and Sandy Scola. When Sandy transitioned to a new position within the hospital, the coalition leadership expanded to include Ken, Sandy (in her new role), and Linda Bishop. It took time for Linda and Sandy to learn their new roles. This time was experienced as stressful for the individuals and the coalition. At the time of the interviews, the individuals felt that things were back on an even keel.

Finally, there was turnover among other coalition members. The coalition representatives from the Village of Sauk Prairie and from the public health department left, one for a new job and one for retirement. The turnover in the Village staff was viewed as less important, because the coalition was only beginning to work together and the Village's role was not a strong one. It was felt that a new person could readily get up to speed. In the meanwhile, the Village sent a representative to coalition meetings. This representative could fill the important role of sharing information, but was not in a leadership position and so could not commit the Village to any activities. The more important loss was the retirement of the public health representative. This loss was viewed as more important less because of the actual activities of the individual, than because the funding from ORH required the

participation of the public health department. FIT coalition members feared that they could lose the SRCI funds if public health representation was not quickly re-established.

Scheduling. The FIT program provides both individual sessions with a personal trainer and group classes. Scheduling the group classes proved to be a challenge for the police officers, due to the nature of their work schedules which are on shifts, and in which officers work six days on and then are off for three days.

Privacy concerns. Program participants had concerns about privacy. This was expressed in two ways. The chief described the challenges that police officers experience in maintaining privacy in the community that they serve. Their desire for privacy meant that they were hesitant to be identified as participants in the FIT program, and this had implications for the coalition's approach to promoting the program within the community. A different type of privacy concern was identified at the second work site, which was just being developed at the time of these interviews. There appeared to be concern there, on the part of the employees, that the results of their HRAs would be available to the company owner and could potentially jeopardize their jobs. Concerns about keeping health information private from the company owner were magnified when the owner made the initial presentation about the FIT program. Having the second presentation to the staff done by a FIT representative appeared to help allay these fears.

Sustainability. A significant challenge for the SRCI project was planning for sustainability. The FIT program was designed to be on-going. There was no time limit to the program's commitment to participating individuals. While there was certainly attrition over time, some individuals demonstrated an on-going commitment, with a desire for continuing support from the personal trainer. The need to continue supporting individuals while adding new people to the program created a strain on resources. The Wellness Center also was operating at capacity, and there were concerns about the ability to continue adding clients.

Balancing individualized and standardized approaches. The FIT program was originally designed to be highly individualized, with each participant having access to a personal trainer. It was recognized that this would be difficult to sustain, and that it would be more cost effective to simply offer a standardized program to each group. However, this was viewed as being contrary to the philosophy of the program. At the time of the evaluation, the FIT coalition members were struggling with how to resolve this tension.

Relationship to the Office of Rural Health. The relationship of the FIT program to the Office of Rural Health and SRCI program was a source of both support and concern. The FIT program was developed prior to the ORH funding. While the funding was appreciated for the stability it added, it also was brought some concerns. The pressure to maintain public health involvement was already noted as one source of concern. Additionally, coalition members were unclear of what the SRCI program required, and how the FIT program related to the SRCI program. There were some concerns that the demands of the SRCI program might impose requirements that were contrary to what the coalition members believed was in the best interest of the community.

Table 16. Sauk Prairie Coalition Process Measures

Measure	Importance	Achievement
Members feel comfortable being open and honest	4.7	4.5
There is clear and open communication among partners	4.8	4.3
Leadership is open to perspectives, viewpoints, and suggestions of all participants	4.7	4.7
Leadership includes high-level, visible leaders	4.3	4.7
The collaborative has an effective governance structure	4.2	3.9
The collaborative has clearly articulated goals, strategies, and indicators of progress that provide a sense of direction and consensus among members	4.4	3.9
The collaborative has a clear (written) mission statement	4.3	4.0
Partners agree on the goals of the collaborative	4.7	4.3
There is a process for integrating new members into the group	4.2	3.8
New members are actively recruited	4.1	3.4
The collaborative includes representatives from local health care organizations, businesses, government, and residents	4.6	4.6
Membership in the collaborative reflects the diversity of the community's population and organizations	4.4	3.7
Partners actively participate in meetings and provide input during discussions	4.7	4.4
The partners all have something to gain from a successful collaboration	4.6	4.1
Partnering organizations change the way they operate as a result of the collaborative	4.4	3.7
Tasks are completed on schedule	4.3	4.1
The collaborative has identified ways to measure progress	4.6	4.0
The collaborative has a way to measure progress in achieving its desired outcomes	4.3	3.3
The collaborative is achieving its short-term goals	4.6	4.0
The collaborative is achieving its long-term goals	4.3	3.3
Learning generated from projects and processes can be used to enhance future efforts	4.6	4.0
The collaborative has adequate resources (people, funds, other resources) to achieve its goals	4.6	3.8

Impacts

The evaluation identified several ways in which the FIT program had impacts on the different partners, the coalition as a whole, and the community.

Coalition Outcomes

All of the coalition outcomes received relatively high ratings of importance. Those most highly rated were the synergistic benefits of the collaboration and the demonstrated value of the program (Table 17). Levels of achievement tended to be more modest. The lowest ratings of achievement were reported in the areas of having resources to continue the program into the future, impact on public policy, and public awareness of the program.

Members of the coalition were strong in their support for its benefits. They described the value of knowing more about what was happening in the community. One individual reported that the coalition meetings were a time to find resources. Others reported that the coalition meetings provided opportunity to further community development in general. “It gets you thinking about other ways you can collaborate for the health of the community.” Although most members of the coalition knew each other before joining the group, they reported that working on the coalition together increased their familiarity and comfort with each other. “You feel comfortable calling on people for help,” said one participant.

Several of the people interviewed reported that they expected the coalition to evolve over time. They thought it would become an on-going resource to promote health within the community.

Community Outcomes

Respondents in Sauk Prairie reported that the most important community outcomes (Table 18) were those related to awareness of healthy lifestyles and improvements in health. Other outcomes also were rated as being quite important. Levels of achievement received more modest ratings. The greatest levels of achievement were found in improvement in the health of program participants, the creation of new relationships among collaborative partners, and business involved in the collaborative remaining in the community.

The first two of these outcomes were emphasized in interviews with the coalition members. The participating police officers showed improved health. Several officers lost more than 40 pounds and sustained the weight loss over time. The police department also had no workers compensation claims during the first year of the FIT program. The chief acknowledged that it was difficult to attribute this directly to the FIT program, especially as the department acquired tasers during that same time frame, which also was expected to reduce injuries.

There also was emphasis given to the creation of new and improved relationships among coalition members. The FIT program provided a means for members of the community to share information about their organizations and a variety of health programs. While several of the coalition members knew each other prior to their membership on the coalition, others were new to the group. Even those who knew each other expressed appreciation of the networking opportunity the regular coalition meetings provided. They viewed that time as an opportunity to

strategize to improve fitness and healthy living throughout the community, whether through the FIT program or other means.

While the questionnaire results showed relatively low achievement in the area of adoption of health lifestyles by community members, interviews suggested that there was a fair amount of success among the police officers. As a result of the FIT program, the police officers as a group developed a stronger commitment to healthy lifestyles. The police officers initiated a change in the vending machines available in the break room. They removed the “snack box” that had been in the break room, and added a water cooler. Changes were observed in the types of food officers ate for lunch. These changes were observed in some who did not participate in the program, as well as those who did.

Sauk Prairie was described by informants as a community with a wealth of resources, including people who are glad to get involved and help out with projects. As one person said, “This is our community; it’s our tribe.” It was believed that, with better public awareness of the program, there would be a number of opportunities to promote the healthy lifestyles of the FIT program.

Hospital Outcomes

Outcomes for the hospital generally were rated as quite important, with the commitment of leaders and recognition by the community rated most highly (Table 19). These two outcomes received the highest ratings for achievement. Other outcomes were not as successfully achieved. In particular, there appeared to be a need for greater involvement of the hospital staff in promoting the SRCI program to the community through referrals and publications.

Hospital staff believe strongly that the FIT program is consistent with the hospital’s mission. Better advertising of the program would help to increase awareness of the hospital’s wellness programs and bring good will from the community. Participation in the FIT program by the hospital also was seen as a potential source of leverage to obtain other funds for wellness programs.

Public Health Outcomes

Although outcomes for the public health department were rated as highly as for the other partners, the levels of achievement tended to be much less (Table 20), with ratings reaching as low as 2.0 for the outcome related to increases in the number of people served as a result of the SRCI program. Members of the coalition recognized that the public health department was stretched thin, with most of its resources committed to emergency preparedness issues. An additional challenge in this community was the fact that the hospital’s catchment area extended into three counties, each with their own public health department. It was difficult to ask the Sauk County public health program to commit its limited resources to a program that could serve people outside of its target population. The imminent retirement of the public health representative to the coalition also limited its involvement. While it was not clear who would fulfill that role after her retirement, it was believed that there was an important role for the public health department and that the FIT program helped to promote the public health department’s mission.

Business/Worksite Outcomes

The business/worksite outcomes all were given fairly high ratings of importance (Table 21); the least important was the use of the SRCI program as a tool for recruiting new employees (4.3). A

decreased use of sick time was among the most highly rated outcomes in terms of importance, and was the most highly rated in terms of achievement. During the first year of the FIT program, the police department reported no workers' compensation claims. It was not possible to attribute this directly or solely to the FIT program, but there was a belief that the FIT program contributed to this success.

Table 17. Sauk Prairie Coalition Outcomes

Measures	Importance	Achievement
The collaborative has the resources necessary to continue when the current grant funding ends	4.5	3.0
The collaborative has an effective strategy for generating the resources needed to be self-supporting	4.6	3.0
Partners are committed to making the collaborative an on-going effort	4.6	3.7
The collaborative is involved in promotional activities	4.3	3.4
Outcomes of the project are being measured	4.6	4.3
The targeted issues improve as a direct result of the collaborative	4.6	4.1
Other issues improve indirectly as a result of the collaborative	4.3	3.8
The collaborative has evidence of affecting public policy	4.4	3.2
Outcomes of the project demonstrate the value of continuing the collaborative	4.9	4.1
Partners feel pride in what the collaborative is accomplishing	4.6	3.9
The collaborative is accomplishing more than the partners could accomplish individually	4.9	4.0
The public is aware of the collaborative	4.2	3.2
Other businesses/worksites have asked to join the collaborative	4.4	4.4

Table 18. Sauk Prairie Community Outcomes

Measures	Importance	Achievement
New relationships have been created among the collaborative partners.	4.5	4.1
The community is more attractive to businesses as a result of collaborative.	4.5	3.2
Businesses involved in the collaborative remain in the community.	4.6	4.3
There is an increased awareness of fitness, nutrition, and other healthy lifestyle issues in the community.	4.8	3.7
There are new community programs focused on healthy lifestyle choices.	4.6	3.7
There is a sense of community pride in the collaborative project.	4.4	3.0
The community promotes itself as being a healthy place to live.	4.4	3.5
There are local policy changes to support healthy lifestyles.	4.5	3.4
The SRCI program improves the health of participants.	4.7	4.1
The SRCI program improves the health of participants' families.	4.7	3.9

Table 19. Sauk Prairie Hospital Outcomes

Measures	Importance	Achievement
Hospital leaders are committed to the SRCI program	4.9	4.6
Hospital staff are aware of and involved in the SRCI program	4.6	4.1
Hospital staff are involved in promoting the SRCI program	4.6	4.0
Hospital staff make referrals to the SRCI program	4.4	3.2
The hospital has created new programs promoting a healthy lifestyle.	4.7	4.3
There is growth in hospital programs promoting a healthy lifestyle.	4.6	4.2
Hospital employees are making healthy lifestyle choices.	4.7	3.3
The hospital has promoted the SRCI program in its publications.	4.5	3.2
The hospital is recognized by the community for its role in promoting healthy lifestyles.	4.9	4.5

Table 20. Sauk Prairie Public Health Outcomes

Measures	<i>Importance</i>	<i>Achievement</i>
Public health leaders are committed to the SRCI program	4.7	3.9
Public health staff are aware of and involved in the SRCI program	4.6	3.8
Public health staff make referrals to the SRCI program	4.3	2.8
There is growth in public health program promoting a healthy lifestyle	4.8	3.0
Public health employees are making healthy lifestyle choices	4.8	4.0
The public health department has promoted the SRCI program in its publications	4.4	2.7
The public health department is recognized by the community for its role in promoting healthy lifestyles	4.7	3.4
The public health department has increased the number of people it serves through its participation in the SRCI program	4.3	2.0

Table 21. Sauk Prairie Business/Worksite Outcomes

Measures	Importance	Achievement
Leaders of participating businesses are committed to the SRCI program.	4.6	4.3
Employees at participating businesses are aware of the SRCI program.	4.8	4.5
Participating businesses experience increased productivity.	4.4	3.8
Participating businesses report a decrease in use of sick time.	4.7	4.7
Participating businesses use the SRCI program as a tool for recruiting new employees.	4.3	3.7
Participating businesses report decreased employee turnover rates.	4.4	3.5
Employees at participating businesses are participating in the SRCI program.	4.6	3.9
Participating businesses are promoting their participation in the SRCI program.	4.4	3.9
Participating businesses have experienced a decrease in absenteeism.	4.7	4.0
Participating businesses are viewed as “caring” places to work	4.6	4.0
Employees at participating businesses are making healthy lifestyle choices.	4.7	4.3
Participating businesses have promoted the SRCI program	4.6	4.5
Participating businesses are recognized by the community for promoting healthy lifestyles.	4.8	3.7

Lessons Learned

Those interviewed identified several things that they believed were important lessons of their experience during the first year of the SRCI program.

Need for the “right” participants (leaders, worker bees, broad representation). Several individual indicated the importance of having the right people involved. Ken’s role as a recognized and trusted leader was highlighted. His deep connections throughout the community enabled the FIT coalition to include a broad range of individuals. Leadership alone, however, was said not to be sufficient. It also is necessary to have a small group of individuals who are committed to doing the day-to-day work of implementing and promoting the SRCI program.

Part of having the “right” participants is having broad representation of the community. At the initial meeting of the SRCI Advisory Group, the participants took time to discuss who was not present that should be included. This type of explicit consideration of missing voices is critical to obtaining broad community representation.

The need for the right participants was described at the business/worksite level as well as the coalition level. As one person said, “Lots of good ideas die at the executive level.” It is necessary to have buy-in and informal leadership at all levels of the organization.

Importance of trust. Trust was viewed as important in two key areas. The members of the coalition need to trust each other; and the program participants need to trust the program staff. The latter was described as more challenging. A turnover in staff meant that trust needed to re-established with the program participants.

Need for time to develop a successful program. Several of the coalition members interviewed emphasized that it takes time to develop a successful program. They referred to the time needed for people to be willing to change. The program must be sustained until the people are ready. “Offer the opportunity and keep offering it,” said one person. Other people referred to the “critical mass” necessary for culture change to happen in a worksite.

Importance of motivation. Several of the people interviewed also discussed the importance of motivating people to make changes in their lives. Working one-on-one with a personal trainer was described as a useful way to motivate people, but costly and hard to sustain as the program grows. It is important to think about other ways that individuals can be motivated. To some extent, motivation is something that must come from within. However, the success of some can be motivating to others. Frequent re-assessments also can give feedback that helps individuals remain motivated.

Section 6 Outcomes Evaluation by Affiliation

Individuals who completed the outcomes evaluation questionnaires were asked to indicate whether their association with the SRCI program was through the hospital, public health department, participating business/worksites, or as another community member. In the previous section, we presented findings by community. In this section, we present findings from the survey by type of affiliation of the respondents. Viewing the data in this way can help us to determine the extent to which organizational affiliation affects how individuals viewed the process and outcomes of the SRCI program. Given the small number of respondents, we have combined the results by affiliation across communities.

Collaborative Process Measures

Table 22 presents the measures of collaborative process by affiliation. In nearly all cases, the measures were given higher rankings for importance than for achievement. There were few notable differences in ratings by affiliation. Some of the most notable differences were in the views of recruitment and integration of new members. Community members viewed the recruitment of new members as more important than did business/worksites affiliates (4.7 and 3.4, respectively). Community members also believed that the recruitment and integration of new members (4.0 and 4.5, respectively) were much better achieved than did business/worksites affiliates (2.8 and 3.0, respectively). Given the challenges in integrating business/worksites partners that were identified through the community-level evaluations, these are important findings. It is difficult to recruit and integrate business/worksites partners, particularly when their participation is time-limited in some programs, and these partners are quick to report the weakness in achieving this.

It also is worth calling attention to the measure “partnering organizations change the way they operate as a result of the collaborative.” This measure was reported least likely to occur by hospital and public health affiliates (3.2 and 2.7, respectively). Not only are these scores lower than relative to scores given by other affiliates; the scores are low in absolute terms. It is not known whether respondents thought of their own organizations or of all participating organizations when responding to this item. If respondents rated this item with their own organizations in mind, it suggests that the collaboration is less likely to impact hospitals and public health organizations. Whether these organizations are less susceptible to change in general, as larger entities than the others, or whether the organizations change less because the activities are already in keeping with their mission, is a question that could be explored. If the respondents are considering all organizations when giving their answers, this suggests that hospital and public health affiliates may be less aware of the extent of changes in their business and community partners than they ought to be.

Table 22. Collaborative Process Measures by Affiliation

Measure	Business		Community		Hospital		Public Health	
	Importance	Achievement	Importance	Achievement	Importance	Achievement	Importance	Achievement
Members feel comfortable being open and honest	4.7	4.8	5.0	4.5	4.6	4.2	4.5	4.5
There is clear and open communication among partners	4.5	4.8	5.0	4.0	4.8	4.5	5.0	4.3
Leadership is open to perspectives, viewpoints, and suggestions of all participants	4.8	4.8	4.7	4.7	4.8	4.4	5.0	4.7
Leadership includes high-level, visible leaders	4.7	5.0	5.0	5.0	4.1	4.4	4.7	4.7
The collaborative has an effective governance structure	4.5	4.6	4.5	4.5	4.1	3.7	3.7	3.5
The collaborative has clearly articulated goals, strategies, and indicators of progress that provide a sense of direction and consensus among members	4.7	4.2	5.0	4.7	4.4	3.9	5.0	4.0
The collaborative has a clear (written) mission statement	4.2	4.5	4.7	5.0	4.2	3.8	4.0	4.0
Partners agree on the goals of the collaborative	4.8	4.8	5.0	4.5	4.5	4.3	4.7	4.0
There is a process for integrating new members into the group	4.0	3.0	4.5	4.5	4.2	3.9	4.5	4.0
New members are actively recruited	3.4	2.8	4.7	4.0	4.1	3.7	4.5	4.5
The collaborative includes representatives from local health care organizations, businesses, government, and residents	4.5	5.0	4.7	4.3	4.7	4.4	5.0	4.0
Membership in the collaborative reflects the diversity of the community's population and organizations	4.0	3.8	4.7	3.7	4.7	4.2	5.0	4.0
Partners actively participate in meetings and provide input during discussions	4.5	3.8	4.7	4.7	4.5	4.2	4.7	4.3

Table 22. Collaborative Process Measures by Affiliation (continued)

The partners all have something to gain from a successful collaboration	4.7	4.4	4.7	4.0	4.6	4.4	5.0	4.0
Partnering organizations change the way they operate as a result of the collaborative	4.5	4.0	4.7	4.0	4.2	3.2	4.0	2.7
Tasks are completed on schedule	4.5	4.2	4.7	4.3	4.4	4.1	4.3	4.3
The collaborative has identified ways to measure progress	4.7	4.6	5.0	4.0	4.4	3.8	5.0	4.0
The collaborative has a way to measure progress in achieving its desired outcomes	4.7	4.2	4.7	3.7	4.4	3.9	4.7	4.0
The collaborative is achieving its short-term goals	4.3	4.4	4.7	4.3	4.6	4.3	4.7	4.3
The collaborative is achieving its long-term goals	4.7	4.2	4.7	3.7	4.4	3.9	4.7	4.0
Learning generated from projects and processes can be used to enhance future efforts	4.7	4.6	5.0	4.0	4.9	4.2	5.0	4.7
The collaborative has adequate resources (people, funds, other resources) to achieve its goals	5.0	4.4	4.7	4.3	4.5	3.9	5.0	4.3

Collaborative Outcomes

These measures were generally unaffected by the affiliation of the respondents (Table 23). The most notable differences were found in the reported achievement of the collaborative's engagement in promotional activities. Community affiliates believed this was much less successful (3.0) than did business or public health affiliates (4.3 each). Interestingly, community affiliates gave the highest possible rating (5.0) to the importance of outcomes demonstrating the value of continuing the collaborative, but rated achievement of this outcome lowest of any affiliates (3.7). Affiliates differed greatly in their views of how well outcomes were achieved in accomplishing more than the partners could do individually (business affiliates rated 5.0, community affiliates rated 3.3) and whether other businesses/worksites had asked to join the collaborative (business rated 5.0, public health rated 3.0).

Community members did not report whether the collaborative was successful in affecting public policy; all community respondents gave responses of "do not know." There was a high rate of "don't know" responses among other affiliates as well. Among those who did respond, business affiliates believed that this outcome was being more successfully achieved than did hospital or public health affiliates.

Community Outcomes

There was greater similarity in ratings of importance across affiliates than there was in ratings of achievement (Table 24). Business affiliates believed that the SRCI collaborative was highly successful in making the community more attractive to businesses (5.0), but hospital affiliates did not believe there was the same level of success (3.7); community members reported that they did not know. Community affiliates were much less positive in their view of community pride in the collaborative (2.5) than were respondents affiliated with other organizations (4.0 and higher). These different views suggest not only a lack of shared perception, but perhaps also indicate a lack of communication among partners.

Hospital Outcomes

Interestingly, hospital affiliates rated the hospital outcomes as less important and less well achieved than did those affiliated with the SRCI program in other ways. General community members also tended to view the hospital's role as less important, in many areas, than did those affiliated with business/worksites and public health departments (Table 25). Both community and public health affiliates were unable to report on how successful hospitals were in making referrals to the SRCI program and in promoting health lifestyle choices among their employees, although they rated these outcomes as highly important.

Public Health Outcomes

There were no clear patterns of ratings by affiliation (Table 26). People with different affiliations tended to have very different views of the role of the public health department. Promotion of the SRCI program by the public health department and growth in related public

health programs were most important to business affiliates. Community affiliates also rated growth of related public health programs as being very important, and also believed that commitment of the public health leadership and healthy lifestyle choices by public health employees were very important. Hospital affiliates found commitment of public health leadership to be most important. Public health affiliates shared the view of others in rating commitment by leadership, growth of related public health programs, and promotion of the SRCI program to be very important, but also believed that referrals to SRCI from the public health department and community recognition of the public health department's role in promoting health lifestyles were very important. In most cases, the public health affiliates rated achievement of these outcomes lower than did those affiliated with other entities.

Business/Worksite Outcomes

Business affiliates generally rated the outcomes as being less important than did other affiliates (Table 27). Business affiliates gave the highest achievement ratings to increased productivity, decreased use of sick time, and decreased employee turnover. Public health affiliates were unable to rate the achievement of several of the business/worksite outcomes, and general community members were unable to rate the achievement of some outcomes as well.

Table 23. Collaborative Outcome Measures by Affiliation

Measure	Business		Community		Hospital		Public Health	
	Importance	Achievement	Importance	Achievement	Importance	Achievement	Importance	Achievement
The collaborative has the resources necessary to continue when the current grant funding ends	4.5	3.0	4.7	3.3	4.8	3.1	4.7	3.5
The collaborative has an effective strategy for generating the resources needed to be self-supporting	4.8	3.0	4.3	3.5	4.8	3.3	4.7	3.5
Partners are committed to making the collaborative an on-going effort	4.5	3.2	4.7	3.5	4.7	4.1	5.0	4.0
The collaborative is involved in promotional activities	4.0	4.3	4.3	3.0	4.4	3.9	4.7	4.3
Outcomes of the project are being measured	4.8	4.8	4.7	4.3	4.5	3.6	5.0	4.3
The targeted issues improve as a direct result of the collaborative	4.8	4.8	4.7	4.5	4.8	4.3	5.0	4.0
Other issues improve indirectly as a result of the collaborative	4.4	4.0	4.3	4.0	4.2	4.0	4.7	3.0
The collaborative has evidence of affecting public policy	4.6	4.0	4.3	--	4.1	3.2	3.5	3.0
Outcomes of the project demonstrate the value of continuing the collaborative	4.8	4.6	5.0	3.7	4.8	4.3	4.5	4.0
Partners feel pride in what the collaborative is accomplishing	4.7	4.6	4.3	3.7	4.8	4.6	5.0	4.0
The collaborative is accomplishing more than the partners could accomplish individually	4.8	5.0	5.0	3.3	4.8	4.7	5.0	4.5
The public is aware of the collaborative	4.0	3.4	4.5	2.5	4.6	3.6	4.0	3.0
Other businesses/worksites have asked to join the collaborative	4.5	5.0	4.0	4.5	4.8	3.7	4.5	3.0

Table 24. Community Outcomes by Affiliation

Measure	Business		Community		Hospital		Public Health	
	Importance	Achievement	Importance	Achievement	Importance	Achievement	Importance	Achievement
New relationships have been created among the collaborative partners.	4.0	4.2	4.5	4.0	4.6	4.4	5.0	4.3
The community is more attractive to businesses as a result of collaborative.	3.8	5.0	4.0	--	4.4	3.7	3.0	4.0
Businesses involved in the collaborative remain in the community.	4.6	5.0	4.5	5.0	4.6	4.5	4.3	4.7
There is an increased awareness of fitness, nutrition, and other healthy lifestyle issues in the community.	4.8	3.5	5.0	3.5	4.9	4.0	5.0	3.7
There are new community programs focused on healthy lifestyle choices.	4.8	4.2	4.7	4.0	4.8	3.7	5.0	4.0
There is a sense of community pride in the collaborative project.	4.4	4.2	4.3	2.5	4.6	4.3	3.0	4.0
The community promotes itself as being a healthy place to live.	4.4	4.0	4.3	3.0	4.6	3.6	4.7	3.3
There are local policy changes to support healthy lifestyles.	4.3	3.8	5.0	4.0	4.7	3.1	4.0	3.5
The SRCI program improves the health of participants.	4.8	4.8	5.0	4.0	4.8	4.4	5.0	4.0
The SRCI program improves the health of participants' families.	4.7	4.2	5.0	3.5	4.5	4.1	5.0	4.0

Table 25. Hospital Outcomes by Affiliation

Measure	Business		Community		Hospital		Public Health	
	Importance	Achievement	Importance	Achievement	Importance	Achievement	Importance	Achievement
Hospital leaders are committed to the SRCI program	5.0	5.0	5.0	4.5	4.8	4.7	5.0	4.7
Hospital staff are aware of and involved in the SRCI program	5.0	4.8	4.7	4.0	4.4	4.2	4.7	4.7
Hospital staff are involved in promoting the SRCI program	4.8	4.8	4.7	4.0	4.5	4.2	5.0	4.7
Hospital staff make referrals to the SRCI program	4.7	5.0	5.0	--	4.5	3.7	5.0	--
The hospital has created new programs promoting a healthy lifestyle.	4.8	4.7	4.7	4.5	4.6	4.3	5.0	5.0
There is growth in hospital programs promoting a healthy lifestyle.	4.8	4.5	4.3	4.5	4.6	4.2	5.0	4.5
Hospital employees are making healthy lifestyle choices.	4.8	5.0	4.7	--	4.5	3.8	4.7	--
The hospital has promoted the SRCI program in its publications.	5.0	5.0	4.3	3.0	4.5	4.3	5.0	5.0
The hospital is recognized by the community for its role in promoting healthy lifestyles.	5.0	5.0	5.0	5.0	4.7	4.2	5.0	4.3

Table 26. Public Health Outcomes by Affiliation

Measure	Business		Community		Hospital		Public Health	
	Importance	Achievement	Importance	Achievement	Importance	Achievement	Importance	Achievement
Public health leaders are committed to the SRCI program	4.6	4.0	5.0	4.7	4.9	4.3	5.0	4.0
Public health staff are aware of and involved in the SRCI program	4.8	4.3	4.7	4.0	4.7	4.3	4.7	4.0
Public health staff make referrals to the SRCI program	4.7	5.0	4.3	3.0	4.6	4.0	5.0	3.5
There is growth in public health program promoting a healthy lifestyle	5.0	4.0	5.0	4.0	4.8	3.9	5.0	4.0
Public health employees are making healthy lifestyle choices	4.7	5.0	5.0	--	4.7	4.1	4.7	4.0
The public health department has promoted the SRCI program in its publications	5.0	5.0	4.3	2.0	4.5	4.1	5.0	4.3
The public health department is recognized by the community for its role in promoting healthy lifestyles	4.8	4.0	4.7	3.0	4.8	4.2	5.0	3.7
The public health department has increased the number of people it serves through its participation in the SRCI program	4.7	5.0	4.0	--	4.8	4.4	4.5	3.0

Table 27. Business/Worksite Outcomes by Affiliation

Measure	Business		Community		Hospital		Public Health	
	Importance	Achievement	Importance	Achievement	Importance	Achievement	Importance	Achievement
Leaders of participating businesses are committed to the SRCI program.	4.7	4.0	4.7	4.3	4.7	4.0	5.0	4.3
Employees at participating businesses are aware of the SRCI program.	4.7	4.2	5.0	4.0	4.8	4.3	5.0	4.5
Participating businesses experience increased productivity.	4.3	4.5	4.3	3.0	4.6	3.7	4.7	--
Participating businesses report a decrease in use of sick time.	4.7	5.0	4.7	0.0	4.7	3.7	4.7	--
Participating businesses use the SRCI program as a tool for recruiting new employees.	3.7	3.5	4.0	3.0	4.4	3.2	3.7	--
Participating businesses report decreased employee turnover rates.	4.5	4.5	4.0	3.0	4.6	4.0	4.7	--
Employees at participating businesses are participating in the SRCI program.	4.5	3.8	4.7	4.3	4.8	3.7	4.3	4.5
Participating businesses are promoting their participation in the SRCI program.	3.8	3.6	4.3	4.0	4.6	3.8	4.7	4.5
Participating businesses have experienced a decrease in absenteeism.	4.5	4.5	5.0	--	4.6	3.7	4.7	--
Participating businesses are viewed as “caring” places to work	3.8	4.5	5.0	--	4.6	4.1	5.0	5.0
Employees at participating businesses are making healthy lifestyle choices.	4.8	4.2	4.7	4.0	4.9	4.1	5.0	4.0
Participating businesses have promoted the SRCI program	4.8	4.0	4.7	5.0	4.6	3.8	5.0	5.0
Participating businesses are recognized by the community for promoting healthy lifestyles.	3.8	3.7	5.0	4.0	4.8	3.6	5.0	4.0

Section 7 Discussion

The Strong Rural Communities Initiative (SRCI), an initiative of the Wisconsin Rural Health Development Council (RHDC), seeks to enhance the physical and economic health of rural communities through collaborative efforts of hospitals, public health departments, and local businesses and worksites. Underlying this approach is a belief that such collaborations can strengthen communities by increasing the working relations among community members; improving the health of local residents through participation in wellness programs; reducing health care costs to businesses by improving employees' health; and making communities more attractive to businesses as a result of lower health care costs and improved working relations with other community members. The evaluation results presented here document experiences, challenges, and successes of the first pilot year in three western Wisconsin communities. Particular attention is given to the collaborative process, and to its impact on each of the partnering entities. Impacts on the broader community, while a desired goal of this process, are recognized as long-term outcomes; as such, we would not expect to see significant impacts at this early stage.

A. Key Findings

In this section, we summarize key findings according to the following organization: collaborative structure, program development and implementation, and outcomes. We also present our recommendations of ways to better support the continuation of the SRCI program.

Collaborative Structure

Program Origin and Design. The three communities have some obvious similarities in the origins of their SRCI programs – all are rooted in existing activities or programs of the hospitals -- but also some noticeable differences. Black River Falls' CRUNCH Campaign resulted in a community needs assessment. The pAWI program was designed to meet some of the needs that were identified, specifically for the working adult population. Hayward's More Energy and Energy At Work programs resulted from an overwhelming demand for their ENERGY program and from the SRCI vision of a community-based initiative, respectively. Sauk Prairie's FIT program was an extension of the collaboration between the Police Department and the Hospital, which had its roots in the informal relationship between leaders of those two organizations.

The design of the program in each community was shaped to some degree by the requirements of the SRCI program design. The available funds provided a means for each community to continue or expand existing programs and to develop new programs that met existing needs and organizational goals. The key feature of the SRCI design was the collaborative nature of the program, with the required participation of the hospital, public health department, and participating business/worksites. There was variation in the degree to which this already existed in each community or was a challenge to develop. While some communities had histories of working together across organizations, the requirement for an on-going collaboration and the specified partners was new.

As a community, Sauk Prairie has a long history of working together on other health-related programs. The development of a working collaborative for this project, however, took some time; the group did not meet formally until nearly a year into the project. The focus of the collaborative was less on the development of the SRCI project than on communication about community health initiatives in a broader sense.

Black River Falls had a similar history of close links among many members of the collaborative. These connections tended to be of a more informal nature than in Sauk Prairie. That is, members knew each other prior to the collaborative and had some sense of the work each did; but there was no history of working on projects together. The existing relationships meant that the collaborative was easily formed. The group met frequently in the beginning, to develop and establish the SRCI program; and met frequently at the end of the first program year to develop the Healthy Taste of Jackson County program. The group served primarily as a sounding board and brainstorming group for work undertaken by hospital staff.

The establishment of a collaborative proved most challenging for Hayward, where the pre-existing relationships were weakest. The development of the collaborative had a very positive effect on the relationships between the hospital and clinic, and the hospital and public health department. The business partners were less involved in the collaborative. Businesses were perceived by the hospital staff primarily as recipients of the program, rather than collaborators in its design and implementation. Although program participants had input into the types of programs that they wanted, this was at the individual member level, rather than a matter of the business identifying its needs. Business' participation was seen as being limited to the term of the program at the worksite, and so they were not perceived as being in a position to help develop an ongoing program, and there was little value placed on developing continuing relationships.

Hospital Vision. To some extent, the differences in the collaborative and program designs reflected differences in the hospitals' visions of their current and future roles in their communities. Both the Sauk Prairie and Black River Falls SRCI programs were led by the hospital's business manager, which reflected their view of the SRCI program as a way of furthering the hospital's business interests. Hospital staff in those communities were quick to pinpoint exactly how the SRCI program furthered the hospital's mission.

In Black River Falls, there was an awareness of competition for health care business from other nearby communities. The SRCI program was seen as a way of promoting the hospital's value to the community, and of growing the hospital's role in preventive health. The pAWI staff were the most proactive in publicizing the program and its successes, first through a series of news paper articles, and then through the community-wide Healthy Taste of Jackson County, at which participants in the pAWI programs were recognized.

Sauk Prairie did not identify the same types of competitive pressures. This may partly result from the fact that Black River Memorial Hospital is a critical care hospital, and as such is limited in the ways in which it can grow. Sauk Prairie does not face the same limitations. However, staff at Sauk Prairie were very conscious of the hospital's role in helping to develop a more healthy community. This was rooted in an existing history of other community-wide health events.

The business manager at Hayward Memorial Hospital was aware of the SRCI program, and participated in meetings of the collaborative, but was not actively involved in program leadership. The program was perceived as an extension of an existing hospital program (ENERGY), and less as a means of reaching the community. Some mention was made of developing new programs on the hospital's extensive campus, such as walking trails and perhaps a community pool. This was identified as a way to bring the community to the hospital in the future; but hospital staff interviewed generally did not articulate a desire for the hospital to go out into the community

Representativeness of the Collaborative. As is true for the State of Wisconsin as a whole, the majority of these three communities were white, non-Hispanic. Each, however, had a readily identified minority group presence in the community. Black River Falls included the Ho-Chunk nation, Hayward included the Lac Courte Oreilles, and Sauk Prairie reported a large and growing Hispanic population. In Black River Falls, a dietitian from the Ho-Chunk nation served on the collaborative. The person who originally filled this position left her job, and was replaced. The Ho-Chunk health program was the other large health provider in the county (beside the hospital), and as such it was viewed as important to keep them involved. There was recognition that this was a challenge, and that there were trust issues to be addressed. At the time of the interview, there was discussion of locating the next pAWI program in the Ho-Chunk community. We were unable to interview anyone from the Ho-Chunk nation to obtain his or her insights. The person who we had hoped to interview had moved away, and we were unable to contact another person within the time frame.

Hayward's third Energy At Work program was located at the Lac Courte Oreilles Community College and targeted the faculty and staff working there. In addition to the scheduling problems that occurred across communities, there was some recognition of the challenge of establishing trust. This was not addressed very directly. Hospital staff recognized the challenge, but did not have a well-articulated plan for moving forward, although there was some desire to try again. There was no representative of the college on the collaborative committee, and there was no one identified for us to speak with as part of the evaluation.

Sauk Prairie recognized the presence of the Hispanic population and a need to develop Spanish language skills among the hospital staff as a whole. However, there was belief that most of the Hispanic population sought health care elsewhere in the county. The public health department had connections and had built trust among key members of the Hispanic community. There had been no attempt to use those connections to reach into the community with the FIT program, or to involve community leaders in the collaborative. This was despite the fact that this committee had been the only one to explicitly consider the question of who was missing from the group. It was not clear whether there were businesses with large numbers of Hispanic employees that could be the beneficiaries of a FIT program.

Program Development and Implementation

Program design. Among them, the communities offered a variety of types of health and wellness programs. Variations were observed in length of program (ranging from 6 weeks to unlimited), the program location (worksite or hospital), methods of motivating individuals (including competitions,

incentives, group support and accountability), and program content (including information and exercise in varying combinations). Without exception, the key informants agreed that a combination of education and activity worked best. Those that began with only one of these, whether that was information or activity, found that they eventually added the other to respond to requests from participants.

Resource issues. All three communities shared concerns about the resources required to develop and implement the SRCI program, especially the staff time. Other resources, such as incentives to encourage individual participation, were more readily obtained through community donation. However, staff time was required to solicit those donations. Costs of Health Risk Assessments also were a concern; but communities generally were able to obtain support for the HRA costs through various combinations of coverage by health insurers, businesses, or hospital donation. The key issue remained staffing. Future programs need to allocate adequate time and funding for staff support.

Leadership. Communities were in agreement that a strong and visible leader was important to the success of the SRCI program. The importance of strong leadership was identified for the collaborative, and also for each of the participating organizations. Key informants also agreed that leadership on its own is not enough. At the collaborative level, “worker bees” also are necessary. Part of ensuring adequate staff resources is ensuring that those resources exist at both the leadership and worker levels. At the businesses/worksites levels, workers must buy into the program as well as the business owners.

Turnover. Turnover in key participants in the collaborative proved a challenge for several communities. Turnover can cause down time in a program when key people (e.g., trainers, program coordinators) need to be replaced. More importantly, there can be a need to rebuild trust. This was reported to be an issue both within collaboratives (e.g., loss of Ho-Chunk representative in Black River Falls) and in the relationship with program participants (e.g., the loss of the trainer in Sauk Prairie). Programs need to recognize the impact that loss of a key individual can have on the program. This includes taking time to introduce people who fill those positions in ways that recognize these impacts and actively working to build trust.

Scheduling. Communities reported common challenges in scheduling sessions with the program participants. With the exception of Hayward’s More Energy program, the intention was to conduct all program activities at the worksite, usually during work hours. This was viewed as important, in order to encourage participation. Although leadership at the participating worksites generally was amenable to this, there were practical challenges. Participants needed to complete their work, and often had to arrange to have coworkers cover for them while they were engaged in the program. There also were conflicts with other work activities and meetings. This problem is best addressed with the individual worksites, to recognize their unique situations. It should be addressed from the start.

Incentives. Differences were reported in the approaches communities used to encourage individuals to participate and remain motivated. Some communities changed their approaches over time. Both Black River Falls and Hayward used a variety of methods of rewards and competitions to encourage participants to set and strive for personal goals. Key informants in Sauk Prairie spoke at length

about the importance of motivation, but expressed a belief that motivation comes from within. They did not use any type of external reward, but did believe that it is important to develop a culture within the worksite that values healthy behaviors. This belief leads naturally to an approach that emphasizes having a critical mass of participation in a worksite. Regardless of the approach taken, it is important to give consideration upfront to the role of motivation, and to think about what approach might work best with each target audience.

Trust. There are two levels at which trust is particularly important. First, members of the collaborative working group must trust each other. The original working groups generally were comprised of individuals who knew each other previously and had some level of trust already in place. When new members are brought on board, especially when they represent organizations without a previous history of engagement, trust must be developed. Second, there are issues of trust between the program participants and trainers. Trust at this level is less important for programs with multiple lecturers or instructors each teaching only a small piece of the program. Trust is more important in programs that rely on a smaller number of individuals to guide and motivate exercise and lifestyle change. In these programs, it is important for the trainers to demonstrate an understanding of the lifestyles and work needs of the individual participants.

Outcomes

Increased communication across organizations. An important outcome in all communities was improved communication across the organizations. The way in which this was experienced varied across the communities, depending on the participants and structures of their collaborative committees. In all cases, those who were involved in these committees reported an increased understanding of the activities of their peers, and an improved ability to call upon others for assistance with other projects.

Promotion of hospital mission. The hospital representatives in all three communities reported that participation in the SRCI collaborative was a means of promoting their mission. As a result, hospital leaders generally were committed to supporting the SRCI programs, including making a sizeable commitment of staff. It is not clear whether this level of commitment will remain in the future, without some way of clearly demonstrating the benefit to the hospital. Future evaluation activities can help provide the necessary evidence.

Attractiveness to business. A key goal of the SRCI program is to create a community environment that is attractive to business. Because several of the worksites that participated in the first year were ones that are unlikely to leave the community (schools in Black River Falls and Hayward, county workers in Hayward, and the police department in Sauk Prairie), it is difficult to assess whether these programs are likely to attract businesses to communities (or prevent them from relocating out of the communities). Further, some of the impacts that are likely to attract businesses (e.g., reduced health care costs) will take time to be observed. Whether these impacts can be observed without sustained participation in health and wellness activities – something that is missing from all of these programs, except Sauk Prairie's FIT program with the police department – also is yet to be determined. Despite these caveats, the business participants who responded to the survey reported increased productivity. They believed the SRCI programs resulted in positive outcomes for them.

B. Recommendations

As the SRCI program continues forward, both with the current programs continuing operations and with the possibility of new programs added, we make the following recommendations.

Programs would benefit from on-going support from the RHDC or its agents (ORH, others)

The SRCI programs enacted in these three communities each built upon existing programs and ways of doing business. Participants were challenged to understand how to implement the SRCI model as envisioned by the RHDC, although each made serious efforts to do so. Several types of on-going support could be beneficial. *Technical assistance* could help the communities better understand the model, and to develop creative ways of implementing the program in their communities, rather than continuing to do business as they have in the past. To date, the ORH has primarily taken a hands-off approach, preferring to let each community develop its own approach. Technical assistance could be provided in ways that would continue to respect each community's uniqueness, while also giving needed guidance to understand different options and ways of thinking.

The RHDC and ORH have provided a means of *sharing ideas, challenges, and strategies* across communities, through the SRCI Steering Committee meetings and by other ways of sharing information across the three Western communities. These three communities also have taken it upon themselves to meet and share information. On-going support for this type of sharing could be beneficial. Through it, the communities have learned of strategies each has taken to sustain and promote its SRCI program; and, leaders have spoken of strategies for sharing resources. RHDC and ORH can support these types of communication by the continued activity of the Steering Committee, and by the facilitation of a listserv or other means of electronic communication.

Finally, the communities could benefit from continuing *financial support*, as they seek ways to become self-sufficient. Communities have reported that the development and implementation of this program was much more time-consuming and labor-intensive than was expected. These high costs are common among start-up initiatives. As has been noted previously, some of the anticipated results will take time to be felt (e.g., reduced health care costs, increased attraction to business). Continuing financial support could assist in firmly establishing the SRCI programs in the communities and sustaining them for a long enough period to be able to achieve the desired outcomes.

Refine the SRCI model to enhance sustainability

Related to the recommendation for providing technical assistance is a recommendation to refine the SRCI model, in order to increase its likelihood of sustainability. Specifically, we recommend that the model be refined to make clearer the important roles of business partners and of the larger community. The SRCI model is designed, ultimately, to create healthier communities and, in so doing, to create communities that are more attractive to business. To date, the SRCI programs have been guided primarily by hospitals and public health departments; businesses and community members have played less pivotal roles. Greater engagement by businesses and community

members will make programmatic success more likely and will increase the sustainability of the programs.

Businesses/worksites currently are treated primarily as consumers of programs designed and implemented by hospitals and public health professionals. Although businesses/worksites have had varying levels of input into the structure and content of the programs presented to their employees, they generally have had little input into the program as a whole. Additionally, with the exception of the Sauk Prairie Police Department, the programs have been time limited. This creates little incentive for the business/worksites to feel any ownership of the program. It also is unlikely that the business/worksites will observe significant benefits to their employees' participation in terms of increased productivity or reduced health care costs. It takes effort and support to sustain the types of lifestyle changes desired from the SRCI program. A time limited program is unlikely to achieve that.

The SRCI model could be refined to develop ways for businesses/worksites to become more active partners. Models might be developed that would help businesses/worksites join together to share resources or to jointly sponsor health and wellness programs. Such an approach would build upon the collaborative philosophy of the SRCI model.

Community engagement also should be better supported. In general, the survey results suggested that communities had limited awareness of the SRCI program. With the exception of Black River Falls' Healthy Taste of Jackson County, there were not attempts to engage the community other than indirectly as a result of worksite participation. Community engagement can be increased by promotional materials (e.g., newspaper articles) and activities such as the Healthy Taste of Jackson County. The SRCI approach also could be expanded upon by encouraging restaurants and grocery stores to highlight healthier food choices, or by taking information to schools. Numerous other methods of expanding community involvement and engagement exist. Communities should be encouraged to explore those. The ongoing support recommended above could help them to do so.

Support on-going evaluation to maximize productivity. Finally, we recommend that RHDC and ORH support on-going evaluation activities in order to maximize the productivity of this project. Evaluation provides feedback to communities that can be used to target improvements in their activities and increase the likelihood of achieving the desired outcomes. We recommend repeated surveys of participants using the tool developed for this evaluation. The ability to do repeated measurements over time will be important to determining whether changes in the program are having the desired effects. This tool was developed with extensive input from the communities, and represents their values of what is important. It has been designed so that they may collect and analyze the data on their own, thereby increasing their ownership of the program.

Evaluation also should include cost-benefit analysis. Cost-benefit analysis was not done as part of this evaluation, as the RHDC and ORH were most interested in understanding how well adoption of the model was working (formative evaluation). However, cost-benefit analysis will be important in the future, to demonstrate some of the concrete benefits of the program. Positive cost-benefit analyses could lead to ongoing support for the programs and could help foster economic development of the types envisioned by the RHDC.

In its first year of operation, the SRCI model has shown positive results for individuals' health and increased communication across participating organizations. Whether the model can result in the types of community-wide economic benefits envisioned by the RHDC remains to be seen. Ongoing support and continuing program refinement could lead to the types of successes desired.

Appendix A Interview Guide

Appendix B
Example of Evaluation Questionnaire

The example provided here is for **[what county]**. The questionnaires sent to each community were customized with the name of the community's program inserted where appropriate. Program names were pAWI, FIT, and More Energy/Energy At Work.