An Evaluation of RAISE Families for Health: A Program to Support Intergenerational Health and Wellness

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The RAISE Families for Health Program was developed by the Behavioral Health & Wellness Program.

This program evaluation and report was written by the Behavioral Health & Wellness Program:
Christine Garver-Apgar, PhD
Teresa Mescher, MPH
Ashley Kayser, MS
Jim Pavlik, MA
Alan Martinez
Chad Morris, PhD

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Laurie Klith
Shelley Bogus

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Cindy Morris, PsyD
Derek Noland, MPH
Kathleen Moreira, BA
Nayeli Cisneros, BA

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For further information about this program or report, please contact the Behavioral Health and Wellness Program:
Email: bh.wellness@ucdenver.edu
Phone: 720.724.3713
Executive Summary

With funding from the Colorado Department of Public Health and Environment, the Behavioral Health and Wellness Program (BHWP) partnered with Sheridan Health Services, integrated care clinic (Sheridan) to implement and evaluate a new program, RAISE Families for Health. The RAISE program seeks to provide integrated tobacco cessation and prevention services within a whole-health framework and to target efforts toward the family system.

Developed by BHWP in 2018-2019, RAISE Families for Health is tailored for low-income parents and caregivers and is designed to interrupt the intergenerational transmission of poor health and disease within the most vulnerable populations. The program includes a 2-day training on health change strategies for coping with stress, maintaining tobacco-free families, healthy sleep, healthy eating, and physical activity as well as ways to promote positive behavior change through motivational engagement and behavior change strategies. In addition, the program includes a manualized, 8-week curriculum designed for parents and caregivers, along with the handouts and resources for providers to flexibly administer sessions in either English or Spanish, in-person or virtually, and in a group setting or individually.

Eleven Sheridan staff members were trained in the RAISE Families for Health Program in June and July of 2019, which included 12 hours of training in nutrition, stress management, sleep hygiene, physical activities, nicotine addiction, tobacco treatment, and motivational interviewing strategies for health behavior change. Four of these staff members additionally completed a 4-hour training on how to facilitate an 8-week RAISE curriculum designed for parents and caregivers. RAISE Families for Health sessions for parents and/or caregivers were offered and facilitated from March of 2020 through August of 2021.

In total, 65 unique individuals participated in the RAISE program during the demonstration period. Of RAISE participants, 90% identified as Hispanic/Latino, and 56% attended sessions facilitated in Spanish. Compared to the broader patient population, a disproportionate percentage of participants identified as Hispanic/Latino, suggesting that the program was particularly successful at engaging this population. In addition, 20% of the sample reported housing insecurity, 28% reported food insecurity, and 42% reported a personal history of tobacco use in their lifetimes. A single facilitator at Sheridan Health Services conducted a total of 136 RAISE sessions, and 75% of participants completed at least 6 out of the 8-session curriculum.

A comprehensive evaluation of program outcomes revealed self-reported improvements in health behaviors among program participants including significant improvements in sleep quantity and food quality. Of four participants who disclosed tobacco use at the beginning of the program, one participant quit, one participant started using NRT and reduced her number of cigarettes to 1-2 per week, and a third participant also started on NRT. Participants also reported increased confidence to “raise a healthy family” over the course of the program. When asked to reflect on the goals set during the program, the majority of participants across all goal areas indicated high levels of progress meeting goals, as well as personal and family impacts.

Through separate funding from Larimer Behavioral Health Services, RAISE Families for Health was expanded in 2021 to two additional demonstration sites – social service agencies in Fort Collins, CO. To leverage the opportunity to compare implementation processes across different organizations, CDPHE funded an expanded process evaluation and additional data collection activities across all three demonstration sites including a participant feedback survey, focus groups with former RAISE participants, and key informant interviews with program facilitators and organizational leaders. Key findings included:
1) RAISE Families for Health successfully led to positive behavior change among participants and families across all sites, and participants appreciated the relationships and support that developed with both facilitators and other participants.

2) The virtual RAISE program, developed in response to the pandemic, was successful across all sites, appreciated by participants, and increased access to services for hard-to-reach populations. However, program facilitators should be prepared to spend significant time with non-technologically savvy participants to help them navigate unfamiliar platforms.
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Background and Rationale

Tobacco use, and smoking in particular, remains the leading contributor to premature mortality and preventable morbidity in the United States.\(^1\) Second hand smoke (SHS) also remains a major public health issue, affecting 58 million nonsmokers.\(^2\) Two out of every five children 3-11 years old are exposed to SHS, and while policies have reduced SHS exposure in workplaces and restaurants, children continue to be exposed to smoke in homes and cars.\(^3,4\) Increasingly, the burden of tobacco disproportionately affects certain populations and demographics. In Colorado, the smoking prevalence rate for those living with a low income is 26%, which is nearly 3 times as high as the smoking rate among those who are not low SES (9%).\(^5\) Additionally, low SES smokers in Colorado continue to be less likely to have a successful quit attempt than non-low SES, and when low SES smokers do attempt to quit, they are less likely to achieve and maintain abstinence.\(^6\) Furthermore, smoking rates remained unchanged in the low SES population between 2012 and 2015, indicating a disparity that is substantial and persistent.

Effectively reaching and providing tobacco cessation services to health disparity populations is a perennial issue. One promising means of reaching some of the most at-risk smokers is to integrate cessation services into a community-based, whole-health intervention. Tobacco use often carries stigma. By approaching tobacco treatment through the ‘side door’ of general health and wellness, treatment stigma may be lessened. For those with complex needs, a broad focus on health behavior change has unique benefits that extend to tobacco cessation. A whole-health perspective is inherently person-centered in that it meets patients where they are and supports their readiness for change as they identify individual wellness priorities. Studies indicate that attention to exercise, stress, and metabolic syndrome are all associated with tobacco cessation-related outcomes. Attending to multiple wellness domains allows individuals to develop generalizable motivation, coping skills, and self-efficacy. And while individuals may not choose to start their wellness journey with a focus on tobacco cessation, they often build confidence and motivation to do so as they work on other wellness dimensions.

Health and wellbeing are shaped from an early age. Factors such as stress, tobacco use, sleep, nutrition, and physical activity play a role in determining how children grow and develop, their health as adults, and even the health of future generations. It is now well established that genetic risk factors contribute to the onset of tobacco use and play a significant role in the transition from use to nicotine addiction.\(^7\) As such, children of tobacco dependent parents are at elevated risk for repeating this cycle of health risk behavior. Their biological vulnerability is compounded when children are raised in an environment where tobacco use is modeled and normalized. This familial transmission highlights the critical need to direct tobacco cessation and other health behavior change efforts at the family system, rather than any one individual within the family. This approach must include family policies about protecting youth and other non-tobacco using household members from exposure to SHS.

The RAISE Families for Health Program was developed to meet the pressing challenge of interrupting the intergenerational cycle of poor health and disease within the most vulnerable populations. The goals of the Program were to:

- Create “buy-in” from parents and caregivers by integrating tobacco education and treatment into a whole health curriculum more broadly focused on creating healthy families.
- Foster trust among priority populations and healthcare providers by implementing the curriculum onsite at Sheridan Health Services, a familiar hub of culturally competent patient care for the target population.
- Identify factors to increase sustainability, quality, and future program implementation among other potential sites across Colorado.
- Support health systems change efforts at Sheridan Health Services through quality improvement activities focused on organizational self-assessment.
Project Overview

Sheridan Health Services’ Community Clinic served as the primary partnering organization and demonstration site. Sheridan is a 501(c)(3) nurse-managed FQHC focused on a patient-centered medical home philosophy. The mission of Sheridan is to provide an integrative model of care offering primary preventative health and counseling services to the community with a special emphasis on the underserved population. Sheridan serves a predominantly low-income population who identify as people of color. Sheridan has a fifteen-year history of embracing a person-centered philosophy recognizing a person and their health as dynamic amidst complex social, behavioral and familial realms. Sheridan’s services include substance use treatment, oral health, perinatal care, and pharmacy services. The integrated care delivery model strategically focuses on social determinants surrounding critical health issues. Prevalent disparities encompass childhood obesity, tobacco use, lack of preventive care utilization, and barriers to accessing care. Sheridan is targeting social determinants to create health equity in the community by increasing access to quality, culturally competent, integrated care at affordable costs while testing evidenced based care models towards this end. Sheridan is focused on overall sustainability through diversifying revenue streams, optimizing clinical quality using data driven strategies, and service expansion. Sheridan’s clinical scholars have extensive experience with translating research into practice, evaluating outcomes, and creating high quality, replicable care delivery models.

The first year of the project was devoted to two primary activities: 1) facilitating a comprehensive organizational self-assessment for Sheridan Health Services related to best practice tobacco cessation and wellness service provision and 2) developing the RAISE Families for Health curriculum. Sheridan staff were trained in the RAISE curriculum at the beginning of Year 2, followed by marketing and recruitment efforts in the Sheridan community in Fall of 2019. Following intensified marketing efforts, expanded eligibility criteria, and a new incentive program, the first RAISE group for parents and caregivers was launched at Sheridan in Year 2, March of 2020. The pandemic necessitated pivoting to a virtual platform, after which RAISE Telehealth sessions were successfully facilitated through the remainder of Year 2 and 3 (through August of 2021). At the end of Year 3, the organizational self-assessment was repeated to examine health systems change over the course of the project. The final months of the project focused on an expanded process evaluation with the goal of comparing RAISE implementation outcomes at Sheridan Health Services with those at two additional demonstration sites in Larimer County.
RAISE Program Development and Training

RAISE Families for Health integrates best practices for whole person wellness into a comprehensive tobacco cessation training curriculum tailored for low-income families. The intent is to provide administrators, healthcare providers, and peer specialists the necessary knowledge and skills to help parents and caregivers envision a healthy lifestyle for their families and achieve their personal wellness goals. The program provides training on health change strategies for coping with stress, maintaining tobacco-free families, healthy sleep, healthy eating, and physical activity as well as ways to promote positive behavior change through motivational engagement and behavior change strategies. In addition, the program includes a manualized, 8-week curriculum designed for parents and caregivers, along with the handouts and resources for providers to flexibly administer sessions in either English or Spanish, in-person or virtually, and in a group setting or individually (See Appendix A for complete Program Description).

Staff training in the RAISE Families for Health Program took place over three separate days in June and July of 2019 following a year of program development. Eleven staff members participated in 12 hours of training covering didactic material related to nutrition, stress management, sleep hygiene, physical activities, nicotine addiction and tobacco treatment, and motivational interviewing strategies for health behavior change. Four of these staff members additionally completed an additional 4-hour training on how to facilitate the RAISE Families for Health 8-week curriculum with parents and caregivers (See Appendix B for Training Agenda).

Trainees (N = 12) were invited to complete a brief survey to solicit feedback after each training module and again at the conclusion of the entire training. We received feedback from between 9 and 11 trainees on each of the 3 training modules (tobacco treatment, motivational interviewing, and well body). Across all modules, every respondent either agreed or strongly agreed that “In general, I am satisfied with this module.” As well, six individuals provided overall feedback on the RAISE training at the conclusion of the entire training. All six respondents agreed or strongly agreed with the following statements:

“Throughout the training, modules and concepts were presented in a logical order”
“Overall, I am satisfied with the pace of the training”
“The materials provided as part of the training were comprehensive, informative, and practical”
“As a result of the training, I feel more knowledgeable about general wellness and tobacco treatment”
“I believe my patients/clients will benefit from the time I spent completing the training”
“I would recommend the training to others”

Five out of six trainees agreed or strongly agreed with the following statements:

“I am satisfied with the balance of didactic instruction, hand-on activities, and group activities during the training”
“As a result of the training, I feel more prepared to address general wellness and tobacco treatment with my patients/clients.”

Trainees were also invited to describe the parts of the training they liked best and found most helpful and those they would change or found least helpful. They were also asked to describe how they would use what they learned during the training with patients/clients in the future. Below is a sample of responses by topic.
**MODULE**

<table>
<thead>
<tr>
<th>Tobacco Treatment</th>
<th>Please describe the parts of the Well Body module you liked best.</th>
<th>Please describe the parts you would change or add to improve this module.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“Its applicability to our practice, concise but thorough”</td>
<td>“More interactive group exercises”</td>
</tr>
<tr>
<td>Well Body</td>
<td>“Engaging speakers. The &quot;class&quot; seemed to enjoy their content and feel of the course. Contents and books and speaker expertise were excellent”</td>
<td>“Provide more suggestions for families w/in the population. Allow more time for team members to discuss/brainstorm”</td>
</tr>
<tr>
<td>Motivational Interviewing</td>
<td>“Very engaging and interactive. I loved the hands-on approach”</td>
<td>“Follow-up later after [we have been] doing [MI] for a while”</td>
</tr>
</tbody>
</table>

**OVERALL TRAINING**

<table>
<thead>
<tr>
<th>What portion(s) training did you find most helpful?</th>
<th>Were there any topics NOT covered by the that you wish had been?</th>
<th>In what ways will you use what you have learned with patients/clients going forward?</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I loved the hands-on activities regarding MI and the handouts. This gave us skills and materials to provide better care for our patients. I also loved how up-to-date all the material is. There is a big shift in our approach to nutrition and it was wonderful to acknowledge it”</td>
<td>“More information with regards to social determinants of health and information for the adolescent population (18-20 yo)”</td>
<td>“I have already discussed nicotine salts in Juuls and have been able to discuss, with more confidence, the different NRTs” “Will probably think more about exposure to 2nd hand smoke &amp; explore that more with the little kids.” “Diet and nutrition will be part of educational discussion w/ patients and families” “Using MI to elicit change talk”</td>
</tr>
</tbody>
</table>

**RAISE Demonstration Project**

**RAISE Implementation and Pandemic-Driven Pivot to Telehealth**

From August 2019 through February 2020, implementation activities were largely centered on Program marketing and participant recruitment. Efforts included placing flyers throughout all wings of the Sheridan clinic as well as throughout the community (e.g., recreation center, schools, library), presenting on RAISE during All-Staff meetings at Sheridan as well as personal outreach to Sheridan providers, and email outreach to area school social workers, liaisons, and nurses. *RAISE Families for Health* facilitators followed up personally by placing phone calls to individuals referred by Sheridan providers.

For the first few months of recruitment (i.e., pre-pandemic), challenges centered around Sheridan’s electronic referral system. During this time, Sheridan transitioned to a new EMR, which necessitated designing a new system for referrals and more generally introduced enormous staff burden related to the transition. As well, we learned that focusing specifically on recruiting caregivers who use tobacco and who also had young children (initial criteria
for participation) was limiting referrals and hampering recruitment efforts. In response, we broadened the eligibility criteria to include any adult interested in improving their own health and that of their family, as well as learning about living tobacco-free. Including those who do not use tobacco is in keeping with the spirit of the program – to approach the idea of living tobacco-free through a “whole health” lens. Through a separate funding source, we also implemented an incentive program in which participants were paid for attending sessions via a Target gift card: $20 for the first session, and $10 for each subsequent session. These efforts were very successful in assisting with recruitment efforts, and the first official RAISE group began on March 13, 2020, which is approximately the same day Sheridan closed in-person operations at the clinic due to the COVID-19 pandemic.

The COVID pandemic disrupted and delayed participant recruitment throughout much of 2020. Sheridan staff were placed on furlough for 4 months and the behavioral health care team lost 2.5 FTE, including administrative support. Technological literacy challenges within this population further hampered Sheridan’s ability to recruit individuals to a group-based virtual format. Many sessions were initially run one-on-one, limiting the number of participants who could participate in the program at any one time. Social distancing orders additionally diminished the power of “word of mouth” to engage new participants. As patients no longer went to the clinic or other partner organizations in-person, there was little opportunity for them to see recruitment flyers, advertisements played in the waiting room lobbies, etc.

RAISE was well-positioned to transition to a virtual format in response to the pandemic, a process that happened relatively quickly. Participant workbooks were mailed to individuals’ homes in advance, and the RAISE facilitator conducted sessions via Zoom. Assisting RAISE participants with various technological issues required significant administrative time and flexibility on the part of the RAISE facilitator, as many participants had never used similar online platforms, and some individuals experienced initial struggles and reservations. Evaluation tools were similarly formatted for completion using online platforms so that participants would not be required to return their workbooks to the clinic for analysis after the sessions concluded. However, uptake of online assessments was extremely low, likely due to similar technological literacy challenges experienced by this population. Participants instead chose to continue completing the hard copy versions of the evaluation assessments provided in their workbooks. After the group concluded, participants were mailed a pre-paid envelope in which to return their workbooks to Sheridan Health Services.

*For in-depth discussion, tips, and expert recommendations for transitioning clinical programs to virtual formats, please see BHWP’s A New DIMENSION: Virtual Groups presentation here: https://youtu.be/50Zs27Xd8sg. The presentation features (among others) Sheridan’s RAISE Families for Health facilitator, Nadyne Montiel De Gagnier, as an expert panelist.

**Participant Attendance, Conversion Rates, and Data Capture**

RAISE Families for Health sessions for parents and/or caregivers were offered and facilitated from March of 2020 through August of 2021. In total, 65 unique individuals participated in the RAISE program during the demonstration period. A single facilitator at Sheridan Health Services conducted a total of 136 RAISE sessions during this time. Only the first session on March 13, 2020, took place in-person onsite at the Sheridan clinic. All other sessions were conducted virtually. In total, 58 sessions were run individually (43%), whereas the remainder were facilitated in a group-based format. Most of the sessions that were facilitated individually with a single parent or caregiver occurred in the first year of recruitment. By the final 6 months of the demonstration phase, nearly every session was facilitated in a group-based format. It is likely that as word of the program spread throughout the community and recruitment became less challenging, it became easier to fill a group and less necessary to run sessions with a single individual.

Overall, session attendance and engagement were very high; 75% of participants completed at least 6 out of the 8-session curriculum (see figure below). One advantage of facilitating the RAISE curriculum in a one-on-one format with a single parent or caregiver is that missed sessions can typically be rescheduled – something that is logistically more difficult when a person misses a session facilitated in a group-based format. Thus, attendance
rates were higher among those who completed the RAISE curriculum individually with the facilitator. For priority populations who often struggle to make appointments for a variety of reasons, this programmatic continuity is likely meaningful.

As noted, RAISE participants were recruited via multiple routes: advertisements, word of mouth from community members and prior participants, brief presentations and direct outreach to other community organizations, etc. One of the largest sources of referrals to the RAISE program was through Sheridan healthcare providers. To examine conversion rates of referrals to actual participation, we calculated the percentage of individuals referred to the program who went on to participate in RAISE. Out of 84 referrals throughout 2020 and 2021, 41 individuals participated in at least one RAISE session (49% conversion rate).

Of 65 participants, 40 returned their participant workbooks in various stages of completeness. Another 6 participants completed at least one online survey, resulting in evaluation data received from 46 individuals (71%).

Participant Demographics and Health Indicators

In the year before the project began (2017), Sheridan reported that 63% of their patient population identified as Hispanic/Latino, and 40% were best served in a language other than English. In this sample of RAISE participants, 90% identified as Hispanic/Latino, and 56% attended sessions facilitated in Spanish. That a disproportionate percentage of participants in the RAISE demonstration project at Sheridan identified as Hispanic/Latino compared to the broader patient population indicates that the program was particularly appealing and successful at engaging this hard-to-reach population. Perhaps not surprisingly, given the program’s focus on “raising healthy families,” 64 out of 65 RAISE participants were women. Approximately 20 men were referred to the RAISE program by Sheridan providers, and several expressed interest, agreed to join, and were mailed participant workbooks. However, only one man ended up participating in the program. A survey assessing household demographics revealed that 20% reported housing insecurity at the time of the first session as defined by responding ‘yes’ to the question, “Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?” In addition, 28% reported food insecurity as
defined by responding ‘yes’ to one of the following 2 questions: “Within the past 12 months, we worried whether our food would run out before we got money to buy more” or “Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.” A similar percentage (30%) reported receiving benefits from WIC, SNAP, or a similar food assistance program. One-third of the sample (33%) reported that no one living in their household had finished high school or attained a GED.

To better characterize this sample of participants regarding the health behaviors targeted by the RAISE program, participants completed surveys throughout the program assessing relevant domains. Toward the end of each session, participants completed a brief survey that related to the following session’s topic. In addition to providing valuable data, these surveys helped participants reflect on their and their family’s current health behaviors. In this way, participants could arrive at the following week’s session having already considered their family’s strengths and weaknesses related to a particular health topic (e.g., sleep habits) and better prepared to set meaningful goals. As surveys were completed throughout the entire program, these should not be considered “baseline” health indicators. Rather, these results reflect a snapshot of participants’ health-related behaviors or indicators (and family histories in some cases) on the week just prior to the session intended to delve further into a particular topic.

**Tobacco History**

Relatively few RAISE participants disclosed current tobacco use at the beginning of the program, either directly to the RAISE facilitator or by endorsing current tobacco use on a survey assessing personal and familial tobacco history – only 4 out of 54 possible participants. (Note: 11 participants were currently enrolled in a tobacco-free residential addictions program and could not have been using tobacco at the time of their RAISE participation. Two of these participants reported using nicotine replacement therapy.) Another three participants reported that someone other than themselves smoked in their household, however none of these individuals reported having children in the home. Overall, this is fewer tobacco users than expected, given EMR-derived tobacco use rates across Sheridan’s total adult patient population (23% in 2017). Nevertheless, of those who completed the tobacco history questionnaire, 59% reported growing up in a household with people who smoked or used tobacco, and 42% reported using tobacco for more than one year during their lifetimes. Tobacco use was a salient feature of participants’ personal and familial histories within this population.

**Healthy Sleep**

Fewer than half of participants (41% on workdays or weekdays and 46% on non-workdays or weekends) reported typically getting the recommended number of hours of sleep per night (7-9 hours). Over half of the sample (54%) reported that poor sleep had affected either their mood, energy, relationships, parenting, concentration, productivity, or ability to stay awake, or trouble them in general “somewhat” or “very much” over the past month. Of 14 individuals who reported the sleep habits of a child in their household 10 years of age or younger, 50% reported their child was usually getting less than 8 hours of sleep on weekdays.
Nutrition and Overall Health

Participants were asked to report their general health, “Overall, I believe my health to be…” on a 0 to 10 scale (“very poor” to “very good”). Of 30 respondents, mean self-reported health was 7.1. Roughly 2/3 of the respondents reported that they were the person in the family who did most of the meal planning (70%), most of the grocery shopping (67%), and prepared most of the meals (67%). Responses to items assessing household dietary habits revealed that while this population exhibited numerous strengths in this regard, such as cooking and preparing meals at home and eating fruits and vegetables, there were also clear areas for targeted improvement for many families (e.g., reducing soda and sweetened beverages).

<table>
<thead>
<tr>
<th>Percentage of families who “often” or “almost always”…</th>
</tr>
</thead>
<tbody>
<tr>
<td>ate fast food: 17%</td>
</tr>
<tr>
<td>drank soda or sweetened beverages: 28%</td>
</tr>
<tr>
<td>cooked or prepared meals at home: 92%</td>
</tr>
<tr>
<td>ate fruits/vegetables with meals or snacks: 72%</td>
</tr>
</tbody>
</table>

Physical Activity

To assess general physical activity, participants were asked to report how many hours each week they were physically active, how many hours per day they spent sitting down, and how much time they typically spend per day watching TV, playing video games or being on a computer for the internet, social media, or other non-work-related reasons. Of 32 respondents, just under half of the sample (47%) reported less than 3 hours of physical activity per week, with 22% reporting less than 1 hour per week. However, only 19% of the sample reported sitting down for 5 or more hours per day, and a majority (58%) reported spending less than 1 hour watching TV or using a computer for personal enjoyment.

RAISE Participant Outcomes

I’m taking the time to talk to my daughter more about her day and trying to help her take time to calm herself, too. It just seems like a ripple effect—when I’m taking good care of myself, she mirrors that.

- RAISE Participant

Multiple sources of quantitative and qualitative data were collected from participants to inform whether the program was successful at fostering positive health behavior change for participants and their families. Data sources include surveys completed at every session to track progress over time, surveys completed at the conclusion of the program to assess progress meeting goals and family-level impacts, notes from follow-up calls with participants focused on tobacco support, and recordings of focus groups with RAISE participants.

Health Behavior Change

At the beginning of every session, participants completed a brief Personal Progress Form (see Appendix C) designed to track changes in program-targeted health behaviors from week to week. As well, the form assessed participants’ self-reported success working on goals as well as their attitudes (i.e., importance, motivation, and confidence) to take steps to improve their family’s health, raise a healthy family, and maintain a tobacco-free environment for their family. A total of 42 participants completed at least two personal progress forms and are included in analyses examining change over time.
Tobacco Use

As noted earlier, four people disclosed tobacco use at the beginning of their participation in the RAISE program. By the end of the program, one of these women had successfully quit tobacco, and two other women started on nicotine replacement therapy, one of which successfully reduced her tobacco use by the end of the group from 6-10 cigarettes per day on some weeks down to only 1-2 cigarettes per week. It is important to note that these successful tobacco treatment outcomes were realized despite that none of these participants originally joined the RAISE Families for Health program explicitly for the purpose of tobacco treatment. After RAISE groups concluded, efforts were made to offer additional support for tobacco cessation to those who disclosed tobacco use during groups. Specifically, four brief, follow-up interview calls were successfully conducted with participants in the months following their final RAISE session to check in on progress with tobacco-related goals and offer additional support (See Appendix D for RAISE Participant Follow-Up Assessment). (Note, if any participant disclosed that a child in the home experienced second-hand smoke exposure, even if the participant themselves did not disclose tobacco use, additional support would also been provided to these participants. However, this situation did not arise in this sample.) Follow-up calls generally revealed that participants had maintained the level of tobacco use they had achieved at the end of the group, that they were still either actively working on reducing tobacco use further or interested in learning more about cessation strategies for the future, and that they generally appreciated the support and personal check-ins from the group facilitator, whom they had developed a comfortable relationship. One participant indicated that although she wasn’t currently ready to quit smoking due to new and significant stressors in her life, the check-ins were helpful to her for keeping tabs on her tobacco use.

Healthy Sleep

To examine changes in sleep patterns, we compared participant responses on their first and last completed progress forms. For participants who completed all 8 sessions, this meant comparing Session 1 responses with Session 8 responses. For other participants, this could have meant comparing Session 2 responses with Session 6 responses, or even Session 7 responses with Session 8 responses. Between the first and the last session, participants (N = 40) significantly increased their sleep by an average of one-half hour per night (6.9 hours/night at the first session and 7.4 hours/night by the last session). Of 23 respondents reporting about their children, we did not detect meaningful changes in the number of participants reporting that their young children (6 and under) got at least 10 uninterrupted hours of sleep at night between the first and last session (roughly 2/3 of the sample endorsed ‘yes’ in both cases).

Average Sleep Gain:

*Denotes a statistically significant difference between the first and last session
Nutrition

Participants were asked to report the quality of their diets using the item, “The quality of the foods my family ate during the past week was typically:” on a 0 to 10 scale (“very poor quality” to “very good quality”). Between the first and the last session, participants (N = 42) significantly increased their self-reported food quality by an average of 1.1 point on the scale (6.0 at the first session and 7.1 by the last session).

Average Food Quality Improvement:

Physical Activity

Each week, participants reported how much physical activity they usually did per day ("None," “0-30 minutes,” “31-60 minutes,” or “Over 60 minutes”). We examined the number of participants who reported getting more than 30 minutes of physical activity per day and those who reported getting 30 minutes or less at the first and last sessions. At the first session, less than half of the sample (45%) reported getting more than 30 minutes of physical activity per day, whereas by the last session, 55% reported getting more than 30 minutes of physical activity per day (N = 42). Though this percentage change was not statistically significant given the small sample size available for this demonstration project, movement between activity categories may reflect meaningful change and should be evaluated in future studies of program effectiveness.

Perceived Stress

Participants were asked to report their level of stress over the preceding week with the item, “How stressed did you feel during the past week” on a 0 to 10 scale (“Not at all stressed” to “Extremely stressed”). Between the first and last session, participants (N = 42) decreased their self-reported stress levels by an average of .6 points on the scale (6.0 at the first session and 5.4 by the last session). As with physical activity findings, observed decreases in self-reported stress levels were not statistically significant in this sample.

Changes in Stress:
Changes in Perceptions and Attitudes

To assess changes in participants’ perceptions regarding their own intrinsic “readiness to change,” participants reported the extent to which they ‘agreed’ or ‘disagreed’ with three items assessing their Importance, Motivation, and Confidence to improve their family’s health on a 0 to 10 scale. Between the first and last session, participants (N = 39) increased their confidence to “raise a healthy family” by an average of .6 points on the scale (8.2 at the first session and 8.8 by the last session).

We saw no meaningful shifts in how ‘important’ or how ‘motivated’ they were to take steps to improve their family’s health between the first and last session, possibly because participants arrived at their first session already scoring even higher on these two dimensions, (9.3 for ‘importance’ and 8.9 for ‘motivated’).

Personal and Family Impacts

During the final RAISE session, participants completed a “My RAISE Results” survey, in which they were asked to reflect on each goal they set throughout the program and to consider how they and their family had been impacted by working toward these goals (see Appendix E). For each topic, participants were asked to report on how much progress they made working on their goal and the extent to which working on the goal had impacted themselves and their families. Additionally, they were asked the extent to which participating in the program increased their commitment and confidence to help their families attend to healthy living in the future. Finally, participants were invited to write down their thoughts about working on each goal in an open-ended format. The figures below show the percentages of participants who endorsed each response option related to progress and impact across all five targeted health topics. Overall, the majority of participants indicated high levels of progress, personal impacts, and family impacts across all goal areas. In particular, 85% of participants reported “good” or “excellent” progress working on goals related to Coping with Stress, and high numbers of participants reported that working on these goals had “big” or “medium” impacts both for themselves and also for their families.
The following table displays participants’ responses regarding whether their participation increased their commitment and confidence to help their families improve their health in each of the targeted health domains. Responses were very high overall, with participants reporting that the program most strongly increased their commitment and confidence to help their families “live tobacco-free.”

<table>
<thead>
<tr>
<th>Cope with stress</th>
<th>Has participating in RAISE increased your commitment to help your family...</th>
<th>Has participating in RAISE increased your confidence that you can help your family...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(0 = “no more committed” to 10 = “much more committed”)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.87</td>
<td>0.89</td>
</tr>
<tr>
<td></td>
<td>N = 34</td>
<td>N = 34</td>
</tr>
<tr>
<td>Live tobacco-free</td>
<td>9.2</td>
<td>9.3</td>
</tr>
<tr>
<td></td>
<td>N = 22</td>
<td>N = 23</td>
</tr>
<tr>
<td>Get healthy sleep</td>
<td>8.9</td>
<td>8.9</td>
</tr>
<tr>
<td></td>
<td>N = 33</td>
<td>N = 33</td>
</tr>
<tr>
<td>Eat nutritious food</td>
<td>8.9</td>
<td>9.0</td>
</tr>
<tr>
<td></td>
<td>N = 28</td>
<td>N = 27</td>
</tr>
<tr>
<td>Be physically active</td>
<td>9.0</td>
<td>9.0</td>
</tr>
<tr>
<td></td>
<td>N = 30</td>
<td>N = 30</td>
</tr>
</tbody>
</table>
RAISE Program Feedback

Within a few weeks of the final session, all RAISE participants were invited to share their feedback on the program by completing an anonymous online questionnaire (See Appendix F, Participant Feedback Survey). In addition to perceptions of program effectiveness and overall satisfaction, the survey solicited participants’ feedback regarding other aspects of the program including social support, incentives for participation, components and activities, and experiences with virtual participation. Initial engagement with the feedback survey was low. Post-intervention follow-ups are challenging in many circumstances, and as already mentioned, technological literacy challenges made this population particularly reluctant to complete online surveys. Starting in June of 2021, a $10 incentive was offered in an effort to bolster participation. However, survey completion rates remained somewhat low. To ensure participants had a variety of ways to share feedback on the program, two focus groups were facilitated, for which participants were compensated $30 (see Appendix G, Focus Group Guide). Focus groups had several advantages. They allowed participants who were less comfortable with online surveys a chance to share their experiences, they allowed for the collection of qualitative data collection that could supplement quantitative data collection, and they allowed participants to share feedback on topics that were more difficult to assess using only structure quantitative formats (for example, thoughts on the inclusion of tobacco as a session topic). (Note: Focus group data from Sheridan RAISE participants were additionally utilized in the expanded process evaluation; see next section.)

Overall, 18 former RAISE participants completed the online feedback survey, and 12 joined one of two focus groups facilitated in Spanish. In the table below, we present the percentage of survey respondents who endorsed “Strongly Agree” or “Agree” on survey items in one of several categories. For each category, we present an illustrative quote from the focus groups that are representative of key themes identified from the focus group data and that mirror the feedback received from the survey data.

RAISE Results: In Participants’ Words*

“Excellent because I no longer smoke cigarettes, I feel really good.”

“It helped me understand that I cannot control everything and that is okay.”

“We are doing excellent. My family and [I] are [hiking], and also my kids are going to the gym. I feel great”

“If I cook [vegetables] at least 2 times a week…..I feel good. And my son eats what I cook, and he likes it a lot. We feel better about his health.”

“Since I started to set a schedule in the house everyone is resting more. I feel like my brain is rested, and my days last longer. I have noticed better grades in my kid’s school, and we have more energy to work out.”

*Quotes were selected and translated where necessary from participant responses to the open-ended items on the “RAISE Results” assessment.
## PARTICIPANT FEEDBACK (N = 18)

### OVERALL

<table>
<thead>
<tr>
<th>% Endorsing “Strongly Agree” or “Agree”</th>
<th>Illustrative Quote*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m glad I participated in RAISE.</td>
<td>100%</td>
</tr>
<tr>
<td>I think one of the benefits was to learn from each other and create a community because we would help each [other], give each other advice, support each other...so giving each other motivation to continue as a community, and I feel like together we can just accomplish more and influence our families more. I was able to influence my family with these classes, like my nieces, nephews, children, and siblings to do more physical activity, to eat healthier...simply create healthier habits overall.”</td>
<td></td>
</tr>
<tr>
<td>As a result of this program, I’m motivated to make healthy changes.</td>
<td>94%</td>
</tr>
<tr>
<td>My family will benefit because I participated.</td>
<td>78%</td>
</tr>
<tr>
<td>I feel supported by the RAISE facilitator.</td>
<td>94%</td>
</tr>
<tr>
<td>There was always a person that would give you advice or a technique on how to exercise and how to relieve stress. How to relax, it was...it was all connected. There was always someone in the group that had advice that would help.”</td>
<td></td>
</tr>
<tr>
<td>My family will benefit because I participated.</td>
<td>94%</td>
</tr>
<tr>
<td>I feel supported by the other participants in my group.</td>
<td>88%</td>
</tr>
<tr>
<td>It was helpful to hear perspectives and ideas from other participants in my group.</td>
<td>69%</td>
</tr>
<tr>
<td>I would recommend this program to my friends or family.</td>
<td>89%</td>
</tr>
<tr>
<td>I was able to influence my family with these classes, like my nieces, nephews, children, and siblings to do more physical activity, to eat healthier...simply create healthier habits overall.”</td>
<td></td>
</tr>
</tbody>
</table>

### SOCIAL DYNAMICS

<table>
<thead>
<tr>
<th>% Endorsing “Strongly Agree” or “Agree”</th>
<th>Illustrative Quote*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt supported by the RAISE facilitator.</td>
<td>94%</td>
</tr>
<tr>
<td>“There was always a person that would give you advice or a technique on how to exercise and how to relieve stress. How to relax, it was...it was all connected. There was always someone in the group that had advice that would help.”</td>
<td></td>
</tr>
<tr>
<td>I felt supported by the other participants in my group.</td>
<td>88%</td>
</tr>
<tr>
<td>It was helpful to hear perspectives and ideas from other participants in my group.</td>
<td>69%</td>
</tr>
</tbody>
</table>

### INCENTIVES

<table>
<thead>
<tr>
<th>% Endorsing “Strongly Agree” or “Agree”</th>
<th>Illustrative Quote*</th>
</tr>
</thead>
<tbody>
<tr>
<td>The gift cards I received were a big part of why I chose to participate.</td>
<td>17%</td>
</tr>
<tr>
<td>“Yeah, for me the incentives were always so helpful because there was always some motivation for participating. But even without them It was a way for my family and I to feel well....I joined for my health”</td>
<td></td>
</tr>
<tr>
<td>I would have participated even if there were no gift cards.</td>
<td>89%</td>
</tr>
<tr>
<td>I would not have participated if I had not received gift cards.</td>
<td>11%</td>
</tr>
</tbody>
</table>

### GROUP ACTIVITIES

<table>
<thead>
<tr>
<th>% Endorsing “Strongly Agree” or “Agree”</th>
<th>Illustrative Quote*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I received a lot of practice in setting healthy goals during the program.</td>
<td>89%</td>
</tr>
<tr>
<td>“Yes, I am working on all the goals we have talked about in these groups...I work on them with my family to make sure that we are all trying to implement these new habits. And with every goal I set for myself I always like to make sure that I am the first one to implement the goal so that my family can see me do it and then they can take me as an example.”</td>
<td></td>
</tr>
<tr>
<td>I learned things I didn’t know about health-related topics during this program.</td>
<td>94%</td>
</tr>
<tr>
<td>The activities were useful.</td>
<td>100%</td>
</tr>
</tbody>
</table>
VIRTUAL PLATFORM

<table>
<thead>
<tr>
<th>% Endorsing “Strongly Agree” or “Agree”</th>
<th>Illustrative Quote*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating virtually...made it possible for me to participate.</td>
<td>100%</td>
</tr>
<tr>
<td>If the program had required me to attend in person, I would still have participated.</td>
<td>69%</td>
</tr>
<tr>
<td>I was easily able to follow along from my computer or smartphone during activities.</td>
<td>94%</td>
</tr>
<tr>
<td>I was less engaged in activities than I would have been if I had attended in person.</td>
<td>25%</td>
</tr>
<tr>
<td>I was able to attend more sessions than if I had been required to attend in person.</td>
<td>69%</td>
</tr>
<tr>
<td>I had technical difficulties that made it difficult for me to participate.</td>
<td>19%</td>
</tr>
<tr>
<td>I would have preferred to attend this program in person.</td>
<td>61%</td>
</tr>
</tbody>
</table>

* Most quotes have been translated from Spanish to English; although we made every attempt to accurately convey the speaker’s intention, small deviations from the original meaning may still be present.

Fidelity to the RAISE Model

To assess fidelity to core RAISE program principles and delivery of key program components, the facilitator was asked to complete a brief Facilitator Assessment (see Appendix H) immediately following as many RAISE sessions as possible starting in April of 2021. By this time in the demonstration project, the RAISE facilitator had completed multiple rounds of the entire curriculum, giving her an opportunity to become familiar with the material. Recruitment for the RAISE program had also become less challenging as word of mouth spread throughout the Sheridan community, and there were several ongoing RAISE groups throughout late spring and summer of 2021. From late April through July, we received 15 completed self-report fidelity checklists from the RAISE facilitator. The checklist assessed whether the facilitator met logistic goals for running the session, completed required activities associated with a particular session, delivered key educational messages associated with each week’s topic, and facilitated the session using techniques for participant engagement.

Logistics

Across all 15 sessions, the Sheridan RAISE facilitator reported “YES” that she “provided group materials or encouraged participants to locate materials at home,” “ensured participants completed today’s Personal Progress Form,” and “avoided bringing in external material.”

Required Activities

For each session, there were either four or five key activities to facilitate with participants. Across all 15 sessions, the RAISE facilitator reported successfully completing 64 out of 70 key activities (91%).
Key Messages

Each session had three core educational messages related to that week’s topic. For example, a key message from the “Tobacco-Free Families” session is, “One of the best ways parents and caregivers can raise tobacco-free families is to talk to their children about nicotine, tobacco, and vaping from a young age.” The facilitator was asked to report the extent to which she delivered each key message on a 5-point scale: (“Not at all,” “A little,” “Somewhat,” “Mostly,” or “Completely”). Across 15 sessions (for a total of 45 key educational messages), the RAISE facilitator reported “Completely” delivering 38 key messages and “Mostly” delivering 7 key messages.

Participant Engagement

The RAISE facilitator was also asked to report the extent to which she helped create a positive experience for attendees, for example by “encouraging participation” or “fostering a supportive atmosphere” (see figure below). Overall, the facilitator indicated she was successful at creating a beneficial environment for program participants.

[Graph showing participant engagement]

RAISE Process Evaluation

A second demonstration project funded by Larimer Behavioral Health Services was initiated in October of 2020 at two social service agencies in Fort Collins, CO. The Matthews House and The Center for Family Outreach are non-profit organizations serving at-risk youth and families by providing education, prevention, and early intervention programming. These additional demonstration sites presented an opportunity to conduct a more expanded evaluation of the implementation process of the RAISE Families for Health Program across different types of agencies. With funding from the Colorado Department of Public Health and Environment, a series of focus groups and key informant interviews with former RAISE participants, individuals in relevant organizational leadership positions, and RAISE facilitators across all three sites took place from June 2021 through October 2021. Specifically, the expanded evaluation sought to compare implementation processes, successes, challenges, and lessons learned across sites in a way that would inform key recommendations for future program scaling and sustainability in Colorado.
Focus Groups and Key Informant Interviews

In total, three focus groups were run with 15 participants; two were facilitated in Spanish with 12 RAISE participants from Sheridan, and one was facilitated in English with three participants from The Center for Family Outreach in Fort Collins. Focus groups were conducted via Zoom and recorded conditional on participants’ permission. Recordings were transcribed and translated by a bilingual research assistant. A second bilingual research assistant reviewed the original recording and translation for accuracy, and a third bilingual research assistant resolved the few remaining discrepancies. Semi-structured interviews were conducted with seven key informants (RAISE facilitators and/or individuals in other leadership positions) across all three participating organizations (see Appendix I for Key Informant Interview Guide). Interviews were conducted in English via Zoom, either individually or in small groups, and were either recorded or documented with detailed notes if interviewees declined to have the interview recorded.

In the table below, we present key themes identified from focus groups and/or key informant interviews. Themes are arranged in categories (1: Program Impacts and Outcomes, 2: Program Concept, 3: Implementation Processes, Workflow, and Feasibility, and 4: Sustainability) along with whether the theme applied uniquely to those who participated through their affiliation with a particular organizational type (i.e., Health Clinic or Social Service), or whether the theme was identified by participants affiliated with both types of organizations. Illustrative quotes and/or summary statements are presented for each theme.
# Key Themes from Focus Groups and Key Informant Interviews

## Program Impacts and Outcomes

<table>
<thead>
<tr>
<th>Agency Type</th>
<th>Theme</th>
<th>Quote or Summary of Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Clinic</td>
<td>Correspondence with primary care providers on participant progress suggested outcomes were positive and families benefited.</td>
<td>In [the key informant’s] care setting, [the key informant] has also had correspondence with primary care providers about their progress and heard more positive feedback from those sources as well, such as better health outcomes. Both families and children have benefited. – Summary of a Key Informant’s Statement</td>
</tr>
<tr>
<td>Social Service</td>
<td>Participants described understanding self-care practices.</td>
<td>Many success stories came through in individual conversations ... [such as,] a grandmother who was recently out of jail and learned a lot about self-care for herself. – Summary of a Key Informant’s Statement</td>
</tr>
<tr>
<td>Both Agency Types</td>
<td>RAISE facilitators taught skills and information about healthy habits, stress management, and smoking that led to positive participant outcomes by improving the lives of participants and their families - now and into the future.</td>
<td>“No one in my family smokes but I just thought it was important to teach the dangers of smoking to my children. But yes, I want to continue teaching them this even though these classes are over I want to continue to implement these changes because for me and my family they have been really helpful sometimes I go outside and work out for up to two hours, I really like it I feel so great and with eating healthier as well. And like for me I really like my bread and coffee but now I feel remorse if do eat it.” – RAISE Participant</td>
</tr>
<tr>
<td></td>
<td>RAISE facilitated relationships and support, especially between facilitators and participants, that bolstered success and helped participants reach their goals.</td>
<td>When the group dynamic was present, [participants] created good, sustainable relationships from the group. Some of the women who attended created an external walking group and support system. Even in [the key informant’s] one-on-one group, [the key informant] developed a nice relationship with the attendee and was able to help to navigate [the participant’s] stress – Summary of a Key Informant’s Statement</td>
</tr>
<tr>
<td></td>
<td>Some participants decreased tobacco use or quit smoking altogether.</td>
<td>“Yes, I know I feel really good, I don’t smoke anymore, I try to eat healthy, [and I] go out to exercise.” – RAISE Participant</td>
</tr>
<tr>
<td></td>
<td>Connections fostered in group sessions continue to flourish post-program.</td>
<td>“I’m not in a group with anyone here, and for me, I liked the group because I was creating an exercise plan with a group member outside of the group meeting, and I started to connect with her.” – RAISE Participant</td>
</tr>
<tr>
<td>Agency Type</td>
<td>Theme</td>
<td>Quote or Summary of Statement</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Health Clinic</td>
<td>RAISE filled a need within the community.</td>
<td>[The key informant] liked that the focus of the program was preventative and feels that there was a real need for that as opposed to acute issues related to [participants’] stress. – Summary of a Key Informant’s Statement</td>
</tr>
<tr>
<td></td>
<td>The program provided an individual approach when needed.</td>
<td>Implementing an individual focus to the extent possible and extending access is very important—[you] can’t just expect people to show up because they are signed up. Took it upon [myself] to figure out exactly what the barrier was and help them to overcome it. – Summary of a Key Informant’s Statement</td>
</tr>
<tr>
<td></td>
<td>Participants were interested in most of the topics covered by RAISE, which increased engagement and improved program results.</td>
<td>The patient/client population found the RAISE program to be enticing in its addressing topics beyond tobacco cessation and enjoyed the opportunity to make their lives as healthy as possible. – Summary of a Key Informant’s Statement</td>
</tr>
<tr>
<td>Social Service</td>
<td>Participants struggled with the more academic aspects of the program and desired more feedback on their goals.</td>
<td>“So…the instructors [should] have some specific instructions or methods or actions that would help us reach the goals instead of [the process of setting goals] just being solely [based] on what the group can come up with.” – RAISE Participant</td>
</tr>
<tr>
<td></td>
<td>Topics were not interesting to participants.</td>
<td>[They key informant] had a hard time getting some people excited about the topics. [It was] challenging to get people to sign up for the program, though [the agency] did a lot of marketing and outreach to other agencies to help. ... Unsure why people were not as excited about some of the topics—perhaps that it did not feel quite relevant to the clients’ lives. – Summary of a Key Informant’s Statement</td>
</tr>
<tr>
<td>Both Agency Types</td>
<td>Opinions on the value of learning about tobacco use regardless of tobacco use status, differed across participants and staff: within the health clinic, participants and program leadership generally viewed this content favorably regardless of smoking status, whereas viewpoints were mixed at the social service agencies.</td>
<td>“My dad smoked a whole life and for that reason my mom has lung problems ... And [now], no one in my family smokes, and I honestly don’t get why people do it ... I really do think it is really important to not smoke. [These] classes have helped us learn that it is not healthy at all as well as knowing the effects that it has. So yes, I do think it is important for society to know the effects it has on the self and on others” – RAISE Participant</td>
</tr>
</tbody>
</table>
Men were difficult to recruit into the program due to sessions being scheduled during work hours and a relative lack of interest in family health promotion.

“Most men don’t really like to join these types of groups [since] they are also not usually home. For example, I don’t work so I am the one that is always home ... It is really important to learn how to manage stress and men are just sometimes not as interested in that... yes so not really interested.” – RAISE Participant

Group sessions gave participants the feeling of support, advice, and connection from other group members that helped them reach their goals.

“I think it was great to doing it in a group because it is helpful to learn from other people and learn from their experience and I know that is not the best way to learn sometimes but it can definitely be of help.” – RAISE Participant

<table>
<thead>
<tr>
<th>Agency Type</th>
<th>Theme</th>
<th>Quote or Summary of Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Clinic</td>
<td>Recruitment and engagement challenges were difficult to overcome.</td>
<td>[The key informant was] struck by how often [the key informant] had to remind clients about the program and to try to keep up interest and recruitment. Covid may have played a role here. – Summary of a Key Informant’s Statement</td>
</tr>
<tr>
<td></td>
<td>Limited staff availability and scheduling issues led to extra work for the agency.</td>
<td>Simply finding the time ... to do the program was hard, and [the key informant’s] Supervisor did not carve out that time. [The key informant] was conscious of carving out time for [the facilitator] to be able to focus on the project. There could be a tendency for the agency to focus people’s time elsewhere, and people get pulled in a lot of directions. – Summary of a Key Informant’s Statement</td>
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<tr>
<td></td>
<td>The program implementation and materials were well received by facilitators and participants.</td>
<td>[The key informant] appreciated the structure of the program, and the SMART goals format, and having a measurable approach to accomplishing goals and outlining how goals will be achieved, anticipating barriers, and using a mindful approach. [The key informant] thinks that those steps can help people to create some structure and carry that format into the future even after they have turned their books back in. – Summary of a Key Informant’s Statement</td>
</tr>
<tr>
<td>Social Service</td>
<td>Well-trained staff and behavior change content were integral to proper implementation.</td>
<td>The program was very reflective for clients and staff to be able to talk about the different topics and to think about why they would want to make behavior changes and what their motivations might be. – Summary of a Key Informant’s Statement</td>
</tr>
<tr>
<td><strong>Both Agency Types</strong></td>
<td><strong>Additional staff allocated to the project would have been helpful.</strong></td>
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</table>

| **Some facilitators did not follow implementation manuals or skipped sessions they deemed unimportant to the participants.** | “Another one that I really wanted to look into more was [sessions on smoking], because I am a smoker, so I am interested in quitting. But they skipped over [smoking sessions]. So [the facilitator] didn’t do that in ours, so I was quite disappointed in that” – RAISE Participant |

| **Challenges with finding a balance between implementing with fidelity to the manual and meeting the needs of every individual participant, which led to some topics being omitted (usually tobacco).** | [The key informant] received mixed feedback on the trainings, [The key informant] heard from many that it felt academic but was harder to apply to the clients, even over their heads at times. It was important to know the background information in the trainings, but it was hard to know how to use the information with the clients. For example, [the key informant] heard from [facilitators], “how to talk about cigarettes when [participants are] trying to quit meth?” More on how to talk to clients would have helped. – Summary of a Key Informant’s Statement |

| **Key project personnel felt that that the facilitator portion of the training was too short and lacked specific information on how to discuss issues with participants leaving facilitators feeling unprepared.** | Making the training easier to absorb [would help]. [It’s a] quick period of time to absorb the training and then implement it. If there could be more time and more conversation about how to weave it into what [the agency is] already doing would have been helpful. Would have liked more time so that [the key informant] could digest the material and then run the program better. – Summary of a Key Informant’s Statement |

| **Telehealth platforms were not only feasible to use, but allowed for increased convenience (fewer schedule conflicts), recruitment and engagement, and many participants preferred telehealth programming to in-person sessions.** | “I really enjoyed [the virtual platform] because we were able to create a community even if it was through a screen. I was able to meet people that have similar thoughts as me and well that no longer makes you feel alone because it helps you realize that other people also think like you. I thought that overall, it was better this way because like my peers mentioned if the classes were in person, I would probably not be able to attend them. I feel that because it is online, I was able to get more involved in what I thought I would not have the chance too” – RAISE Participant |
Telehealth was successful, in part due to technologically savvy facilitators who could assist participants.

“It was very convenient and we didn’t have any technology problems ... [The facilitator] who ran our sessions was very adept with the technology, never had any problems with muting or, you know, she’d do the breakout rooms and stuff. And she- it was always very smooth.” – RAISE Participant

Individual program implementation was also successful across all agencies and in some cases enabled a more personalized and effective program experience.

“I feel like if you get more personal with a facilitator, in like a one-on-one [session], like you could really make more specific goals with them. You know with the one-on-one [sessions].” – RAISE Participant

<table>
<thead>
<tr>
<th>PROGRAM SUSTAINABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency Type</strong></td>
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<td><strong>Social Service</strong></td>
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<td><strong>Both Agency Types</strong></td>
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Process Evaluation Takeaways

Overall, the program had positive impacts on families across demonstration sites, as evidenced by feedback given by both participants, facilitators, and those in leadership positions. As well, project personnel and participants across all sites noted the benefits of gaining support from a group-based context when changing behaviors. Although both types of organizations struggled with some aspects of implementation (e.g., participant recruitment), program integration was generally accomplished with fewer challenges at the integrated care clinic than at the social service agencies. As well, the program was more highly regarded among staff and leadership at the healthcare clinic than at the social service agencies. While staff at the integrated care clinic felt that the program filled an important missing need for their community, staff “buy-in” for the program concepts overall were more variable at the social service agencies. Some staff (though not all) felt that health behavior changes supported by the RAISE program would not be embraced by many clients, given the difficult life circumstances and challenges faced by many of their clients (housing insecurity and poverty, substance use, domestic and family conflicts, etc.). Certainly, clients with more complex and overlapping needs and those in crisis may experience the program differently from those living in relative stability. However, it is also possible that negative or ambivalent facilitator attitudes about the usefulness of certain program topics or about the program overall could have instilled or exacerbated a lack of interest in the program topics for some participants. All demonstration sites saw the value of offering a virtual program for increasing access to services, and the virtual program was highly successful and well-received by participants at all sites. Whereas program staff at the health clinic felt committed to the continuation of the program, program staff at the social service agencies generally felt the program was not sustainable at the level of funding they initially received, given staffing and other challenges.

Lessons Learned and Key Recommendations

A guiding principle of this work is that studies of program outcomes or effectiveness and studies of implementation feasibility happen in tandem. Regardless of a program’s effectiveness, it will not have the desired impact if the people it targets can’t or won’t access it, if the agencies they frequent won’t implement it or can’t fund it, or if the programs are not ultimately feasible or sustainable. Below, we present recommendations for installing similar programs across other organizations in Colorado. These recommendations have been distilled from the findings presented throughout this document and from lessons learned over the past 3.5 years of partnership building and demonstration projects.

Reach Historically Hesitant Populations

- Build strategic partnerships. To close health disparity gaps, services must be readily accessed by populations that have been historically hesitant to receive services. To this end, partnering with an appropriate implementing agency is crucial. Sheridan is a trusted integrative care clinic in an underserved community with prevalent disparities like childhood obesity, tobacco use, lack of preventive care utilization, and barriers to access care. The Matthews House and The Center for Family Outreach are also trusted hubs of care and services for families in North Colorado struggling with poverty, abuse, substance use, and family conflict.

- Build community connections. Each of the implementing organizations has strong connections with other organizations in their communities which were leveraged throughout the program. Sheridan runs a school-based clinic in the community and an early childcare center. They also provide healthcare to

Persistence, designated staff, and flexibility in program delivery (in-person vs. virtual), as well as referrals from trusted clinicians, aid the recruitment process of hard-to-reach populations.

-Organizational Leader from Sheridan Health Services
people served by the University of Colorado’s Addiction Research and Treatment Services, which is located nearby. The agencies in Ft. Collins also had numerous connections with other social service organizations. Our project benefited from these and other connections.

- **Offer tailored programming.** *RAISE Families for Health* was designed for low-income parents and caregivers with attention given to health literacy levels. At Sheridan Health Services, accommodating non-English speakers for all participant-facing materials was crucial. Most of the groups were facilitated in Spanish, and in fact, a larger proportion of Sheridan’s RAISE participants had a Spanish language preference than was expected, given the language preferences of the larger patient population.

- **Be flexible with logistics.** From the patient or client perspective, the more flexibility that is offered within the limits of the clinic or facilitators, the better. This could mean expanding the time of day sessions are offered, using virtual platforms in addition to in-person platforms, or offering sessions in either a one-on-one format or in a group-based format.

- **Accommodate technology limitations.** Implementing a virtual program in a non-technology savvy population required significant accommodations and sometimes internet training sessions prior to program initiation. Plan for patience and allow for additional administrative time to assist patients or clients with unfamiliar technology requirements.

### Integrate into Clinical Workflows

- **Carefully consider personnel.** In addition to the personnel required to facilitate the RAISE curriculum, don’t underestimate the additional administrative time required to assist with communication, logistics, tracking, scheduling, preparing materials, etc. All of the demonstration sites struggled with devoting adequate staff time throughout the project, but the two social service agencies particularly struggled to accommodate the staffing needs required to run the program.

- **Recruit supervisors as program champions.** Otherwise, it becomes difficult for some staff members to carve out time from their other responsibilities. Sheridan was initially slated to have two facilitators, but our key program champion supervised only one of them. The result was that the second facilitator was never able to fully commit to the program. A lesson learned was that staff members who are dedicated to the program should ideally have supervisors who are also dedicated to the program.

- **Support organizational coordination.** Individuals across the entire organization should be made aware of new services and initiatives, even if they are not directly involved. At Sheridan, providers served as a referral source for the program, so all staff members needed to have RAISE top of mind when seeing patients. This referral process also required EMR modifications. Changes to eligibility criteria and incentives for participation had to be conveyed to all staff members on a regular basis. The behavioral health director of Sheridan noted that the extra communication brought on by the new programming ultimately benefited the organization by increasing cross-disciplinary activity and coordination among Sheridan’s sites, along with documenting tobacco use and intervening in these cases. The two sites in Ft. Collins already had established relationships with each other before the demonstration project began, and they were able to learn and collaborate with each other while trouble-shooting issues around recruitment and implementation.

- **Flexible programming helps organizations, too.** *RAISE Families for Health* is designed to be flexibly implemented, depending on an organization’s needs. However, while some flexibility with implementation is beneficial, too much flexibility may introduce additional challenges. At Sheridan, all sessions needed to take place virtually, rather than in person. As well, the facilitator needed the flexibility to run some sessions individually and others in groups. These accommodations were easily met without disrupting the core features of the program. In Ft. Collins, one of the agencies requested the program be shortened from 8 sessions to 5 sessions. A shortened version of the program was created, tested, and found to be less satisfactory for both facilitators and participants who felt “rushed.” Consider developing
a “Standard Operating Procedure” so that partner agencies will have an early and clear understanding of which programmatic components are negotiable or flexible and which are not.

Recruit and Sustain Participants in Services

- Leverage existing programs. The two social service agencies in Ft. Collins were already offering Parent Cafés, groups designed to foster supportive discussions around challenges and victories of raising a family. These groups initially served as a natural way to integrate RAISE Families for Health programming and served as a reservoir of participants. After the initial groups with participants of the Parent Cafés had run their course, recruitment became more challenging, and additional strategies were needed. Sheridan had no similar ongoing groups when the program initially started but later had success tapping into existing groups elsewhere (e.g., those receiving addiction treatment services at a residential facility).

- Err on the side of inclusivity. Initially, the program was designed to prioritize parents and caregivers of young children (6 and younger) who were also using tobacco or nicotine. However, these eligibility requirements served as a barrier for recruitment (particularly at Sheridan), as additional decision points complicated the referral process for providers. Rather than determine whether patients met eligibility requirements for the program, providers simply weren’t referring patients to the program at all. Expanding access largely eliminated this process for providers, such that they could broadly share details of the program with patients and families.

- Consider incentives (at least initially). When existing groups of participants are not readily available at the beginning of a new program, offering incentives for participation may be a worthwhile investment. At Sheridan, key project personnel felt that the incentives helped with initial recruitment and continued engagement throughout the program. Consider incentives that will be meaningful for your target population and easy to utilize. For participants at Sheridan, gift cards to Target were preferred over gift cards to Amazon, as many participants preferred to shop in person and were not comfortable creating an account on Amazon.

- Rely on trusted relationships. Across all demonstration sites, there was universal agreement that establishing trusting relationships between facilitators and participants led to participant engagement and appreciation of the program. All three organizations had already demonstrated exceptional competence for establishing trusting relationships between staff or providers and the people who participated in the RAISE program. The importance of these relationships should not be overlooked.

- Offer virtual programming. Key project personnel across all demonstration sites felt that offering virtual programming increased access, convenience, and engagement for many people. Although participants recognized the value of in-person connections, they often reported that they would not have been able to participate without a virtual option. Anticipate that facilitators will need to assist individuals with technology platforms.

Build a “Culture of Data”

- Consider organizational capacity. Realistic, low burden evaluation processes will be specific to the organization. Sheridan Health Services is housed within the College of Nursing at the University of Colorado. As such, the organization is familiar with academic models of data collection and reporting. Furthermore, as an integrated care clinic they are well versed in various EMR platforms, privacy and confidentiality, and other issues surrounding medical data collection and reporting. Social service agencies, by contrast, do not generally share this capacity for data collection and management. Set realistic expectations for evaluation goals and appropriate allocation of workload as a critical component of the partnership development process.

- EMRs may need to be adjusted. When implemented in healthcare organizations, new programming often requires slight shifts in the EMR. At Sheridan, the RAISE demonstration project coincidentally coincided
with not one, but two changes to the entire EMR platform Sheridan was using. Although these shifts presented enormous challenges for Sheridan staff, including to the referral process for RAISE, the evaluation team capitalized on one of the changes to introduce new metrics for assessing tobacco use and tobacco treatment services that were more granular.

- Consider the limitations of virtual platforms. The pandemic-driven shift to a virtual program entailed shifting evaluation activities to a virtual platform, as well. While some program evaluation activities were completed very successfully this way (conducting focus groups and interviews for example), the virtual platform was less successful for other evaluation activities, such as online surveys. Given technology literacy limitations of priority populations, this will continue to be a challenge for evaluations of programming designed to close health disparity gaps during the pandemic era, when in-person opportunities are limited. Such challenges may require creative solutions, staffing, and/or additional funding to fully address.

- Incentivize evaluation activities. When planning an incentive program, don’t forget to offer incentives for completing evaluation activities, as well. In some cases, incentives might be best distributed for evaluation activities, rather than for participation in the new services or program.

- Communicate evaluation goals. It is important to communicate the reasons for the evaluation activities to those who are carrying them out. Make clear links between the data being collected and the information it will provide, both to the organization and to the funder if applicable. If possible, providing interim results can be very motivating and may pave the way for program sustainability and continued services prior to the end of a demonstration project.

**Attend to Billing**

- Consider program sustainability as a core component of partnership development. Often, an analysis of funding options and/or billing for service is a secondary component of a demonstration project. However, this process should take place during the partnership development phase as a critical investment in practice-based success.

- Assess the funder(s) for an implementing organization. It is important to establish whether the work is funded through grants or through state or federal funds. If the work is grant-funded, conduct an up-front analysis to determine if the new services fit a funded line such as, “building greater coping skills through psycho-education or information groups.” If the work will be billed through state or federal funds, what specific codes might be appropriate for these services?

- Examine existing community workflows. It is important to consider where the new services would naturally fit, rather than cause a bottleneck or be considered as “silod” care.

**Maintain a Trained Workforce**

- Prepare for staff turnover. If organizations can bill for services, continued staff training in the case of staff turnover becomes more feasible, even if there is a cost involved for additional training. Train-the-trainer models are helpful for organizations to maintain trained staff, but these models can lead to reduced fidelity to core programmatic features and reduced effectiveness over time.

- Consider an academic pipeline. Partnerships with academic institutions could provide a pipeline of trained service providers in which trainees are placed in internships, fellowships, and residencies. Academic units would provide the skillsets for such trainees prior to placement.

- Consider peer specialists. Peer specialists are able to build rapport with people in priority populations and do so in a cost-effective manner. Research has demonstrated that peers can successfully facilitate similar supportive, health-behavior change curricula in other settings. Hiring peers may help to insure the sustainability of new services.
Health Systems Change

While health systems change efforts were not the primary focus of this initiative, providing staff training on tobacco treatment and wellness services could reasonably be expected to shift an organization’s attitudes, knowledge, and delivery of related services. BHWP routinely supports organizational and health systems change related to tobacco cessation and wellness services as a core component of our work with community organizations. To this end, one of the goals of the current initiative was to support health systems change efforts at Sheridan Health Services through quality improvement activities focused on organizational self-assessment. This work included a comprehensive assessment of the extent to which Sheridan provides best practices, along with an assessment of staff knowledge, behaviors, and attitudes surrounding tobacco cessation and wellness provision. Two surveys*, the Organizational Self-Assessment (OSA) and Staff Attitudes, Knowledge, and Behaviors Survey (AKB) were distributed in the fall of 2018 and again in the fall of 2021 to examine whether Sheridan had adopted any changes related to service provision and whether staff attitudes, knowledge, and behaviors had changed across years. These surveys were not administered at the Larimer sites due to the much shorter period of services.

From data gathered by these assessments, we can provide two things: 1) An analysis of organizational change over time, and 2) A set of key recommendations to assist the organization in prioritizing improvements to service provision and staff development and training. In this case, the results we summarize below related to organizational change over time should be interpreted cautiously for two main reasons. First, of 26 individuals who completed the second survey battery in 2021, only seven had completed the initial survey battery in 2018 AND attended the RAISE training in 2019. This was due to high turnover at Sheridan and the fact that only a small portion of staff were expected to attend the RAISE training. Thus, training-related changes in attitudes, knowledge, and behaviors were not expected for most Sheridan staff who completed the surveys in 2018 and 2021. Second, the impact of the COVID-19 pandemic reorganized medical priorities, disrupted traditional service delivery, contributed to staff furloughs, and affected healthcare delivery staff psychologically. Under these extreme circumstances, interpreting organizational changes in services provided as well as individual-level shifts in attitudes and ability to provide services is exceptionally difficult.

Staff Attitudes, Knowledge, and Behaviors

The years between 2018 and 2021 saw an erosion in sentiment regarding the rationale and provision of tobacco cessation services. For example, in 2018 more than 80% of survey respondents ‘agreed’ or ‘strongly agreed’ with the statement, “Smoking cessation is a reasonable goal for the populations we work with,” whereas agreement with this statement fell to 58% of survey respondents in 2021. Still, most respondents generally agreed with the provision of tobacco services across both survey periods. Respondents from 2021 reported having received more formal training in the areas of Motivational Interviewing and Treatment Planning compared to 2018 and were correspondingly more confident when engaging in these activities. Interestingly, staff reported “asking about tobacco use” and “documenting tobacco use” less frequently 2021 than they did in 2018, despite leadership reporting improvements in these areas for some service lines, as we’ll see below. In fact, the progress reported by agency leadership utilizing the OSA did not match decreases observed in the AKB. Based on these outcomes, resolving possible staff ambivalence regarding agency leadership’s reported goals may be a fruitful area to explore for closing tobacco cessation treatment gaps. However, while some deterioration was noted in both attitudes about and the delivery of tobacco cessation best practices, it bears repeating that the interim between surveys was dominated by the pandemic and the resulting impact on both care providers and their patients. Given competing demands and unexpected agency stressors, a key takeaway is that staff training on best practices and the value of services must be ongoing.
Organizational Service Provision

To illustrate the nature of health systems change efforts Sheridan embarked on from 2018 to 2021, we present changes in Sheridan’s tobacco treatment services, as reported by four key individuals in leadership positions across several of Sheridan’s service lines, including Primary Care, Pediatrics, Behavioral Health, and Case Management.

### CHANGES IN THE DELIVERY OF TOBACCO CESSATION BEST PRACTICES 2018-2021

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0 = Not currently considering/decided against
1 = Considering but not actively planning
2 = Actively planning for 3-6 months from now
3 = Scheduled for implementation in the next 3 months
4 = Currently occurring, but only sometimes or in some cases
5 = Currently occurring consistently across the entire organization

Progress in each domain is measured through multiple items. The averages shown on this table are the mean scores of the items in each domain. Colors on the chart represent improvements (green) or deterioration (red) in the mean scores within those domains.

The table above illustrates overall improvement between the two survey periods across 3 out of 4 respondents. In general, the responses from both survey periods indicate a strong commitment at the organizational and staff levels to provide top-level patient care by attending to their patients’ needs regarding tobacco cessation, exposure to secondhand smoke, and providing screening, education, guidance, and referrals across the spectrum of general wellness categories, including tobacco cessation.

Complete results and key recommendations derived from data collected at Sheridan in 2018 and 2021 using the OSA and AKB are provided in a separate report provided to organizational leadership.**

* The Organizational Self-Assessment (OSA), is completed by a single leadership-level individual at each operating site of an organization. For more information about the OSA, please contact BHWP at bh.wellness@ucdenver.edu. The Staff Attitudes, Knowledge, and Behaviors survey (AKB) is sent to all staff and is shown in Appendix J.

** For information about the full Health Systems Change Report, please contact BHWP at bh.wellness@ucdenver.edu.
Summary and Conclusions

Providing effective tobacco cessation and prevention services to priority populations is critical for addressing tobacco-related health disparities in Colorado. One promising way to provide these services is to integrate tobacco cessation into whole-health programming that is attractive for hard-to-reach populations and that takes a family-centered approach.

The RAISE Families for Health demonstration project showed that this programming was effective at engaging hesitant individuals in setting and reaching tobacco-related goals, even when tobacco cessation was not a primary motivation for participation. As well, self-reported data revealed significant improvements over the course of the program in participants’ health behaviors related to sleep and nutrition. Additional studies are needed to determine whether the smaller self-reported improvements in physical activity and perceived stress observed in this sample are replicable. Participants also reported meaningful impacts of working toward health behavior goals for themselves and their families in addition to significantly increased confidence to raise a healthy family.

Even though the RAISE demonstration project took place in conjunction with the onset of the pandemic, Sheridan and Larimer County project personnel overcame numerous logistical challenges resulting in effective implementation. The transition to telehealth was highly successful and ultimately increased access to services for this vulnerable population. Lessons learned through an expanded evaluation across three demonstration sites provided actionable recommendations for expanding access to whole-health programming throughout the state.

This project’s outcomes and lessons learned reaffirm the overarching premise behind RAISE Families for Health – that a whole-health approach that supports autonomous decision making, meets people where they are, and acknowledges social determinants of health will ultimately interrupt the intergenerational transmission of health and disease among the most vulnerable and underserved populations.
References


Appendices

Appendix A:  RAISE Families for Health Program Description
Appendix B:  Training Agenda
Appendix C:  Personal Progress Form
Appendix D:  RAISE Participant Follow-Up Assessment
Appendix E:  My RAISE Results Survey
Appendix F:  Participant Feedback Survey
Appendix G:  Focus Group Guide
Appendix H:  Facilitator Assessment
Appendix I:  Key Informant Interview Guide
Appendix J:  Staff Attitudes, Knowledge, and Behaviors Survey
Health and well-being are shaped from a very early age. Factors such as stress, tobacco use, sleep, nutrition, and physical activity play a role in determining how children grow and develop, their health as adults, and even the health of future generations. The mission of the Behavioral Health & Wellness Program (BHWP) is to improve quality of life by facilitating evidence-based health behavior change for communities, organizations, and individuals. We developed our RAISE Families for Health Program to meet the pressing challenge of interrupting the intergenerational cycle of poor health and disease within the most vulnerable populations.

Priority Populations

The five behavioral factors listed above impact the health of not only individuals, but families across generations. Poor health and chronic disease tend to run in families for several reasons, including factors such as genetic predispositions, engaging in similar behaviors that increase risk for developing chronic disease, and environmental factors such as availability of nutritious food and stress, which can change how genes are expressed.

Priority populations are especially likely to struggle with attaining healthy lifestyles. People living in poverty, those experiencing racial discrimination, and those struggling with behavioral health conditions are especially vulnerable when it comes to experiencing the burdens of tobacco use, managing stress, and maintaining healthy sleep, nutrition, and physical activity. These challenges place priority populations at greater risk for developing chronic diseases and other health problems.

Program Overview

The RAISE Families for Health Program was developed by the Behavioral Health & Wellness Program at the University of Colorado Anschutz Medical Campus, School of Medicine. It is intended to provide administrators, healthcare providers, and peer specialists the necessary knowledge and skills to help parents and caregivers envision a healthy lifestyle for their families and achieve their personal wellness goals. This innovative program provides training on strategies for coping with stress, maintaining tobacco-free families, healthy sleep, healthy eating, and physical activity as well as ways to promote positive behavior change through motivational engagement and behavior change strategies. In addition to the RAISE Families for Health Training Manual, program participants also receive the RAISE Families for Health Group Facilitator Manual, which provides all of the instructions, handouts, and resources to run the eight-week RAISE group designed for parents and caregivers. The role of the group is to build awareness about the importance of healthy lifestyles, create goals for behavior change, and to create a positive social network.
Training Modules

Module 1: Well Body

Coping with Stress. While stress is a normal part of life, chronic stress and elevated cortisol can have costly consequences for health and well-being. This section covers the concept of stress and the biology of how the stress response system functions in the human body. We explore the physiological connections between chronic stress and chronic disease. We also describe how adversity experienced early in life impacts health and development across generations. Finally, we identify strategies to cope with stress and discuss how healthcare providers can mitigate impacts of early adversity within vulnerable populations.

Healthy Sleep. Researchers are learning more about how poor sleep quality and sleep deprivation affect risk for chronic disease, cognitive function, and mental, emotional, and behavioral health. Poor sleep is now being recognized as a public health crisis by some researchers and medical professionals. This section covers components and impacts of healthy sleep across the lifespan. We explore factors that contribute to healthy sleep, and we examine strategies to promote healthy sleep for both children and adults.

Healthy Eating. Most people understand that a balanced healthy diet is essential to overall family health and well-being. Whereas previously accepted models of obesity led to nutrition advice focused on caloric and fat restriction, more recent advances in our understanding of metabolic syndrome call for a different set of recommendations. In this section, we explain how nutritional choices and recent trends in the U.S. diet have led to a rise in metabolic syndrome, insulin resistance, and associated disease in both children and adults. We discuss nutritional strategies for families to improve health and well-being.

Active Families. Standard advice promotes physical activity as a means to lose weight, despite little evidence that exercise programs support long-term weight loss. Researchers now understand that the truly transformative benefits of physical activity extend to nearly every aspect of physical and mental health and disease prevention. This section covers the benefits of physical activity for adults and children, components of healthy activity, and strategies to support healthy activity in families.

Module 2: Motivational Interviewing

Physical health and well-being within families can be improved through changes in behaviors related to the topics discussed above. However, making behavior changes can be difficult and simply having information about what to do does not necessarily lead to healthy change. The RAISE Families for Health Program incorporates Motivational Interviewing (MI) strategies to enhance motivation and support commitment to change. This section explores
the MI heart set, processes, skills, and strategies. We allow time for trainees to practice engagement and evocation strategies in clinical conversations. Finally, we introduce the RAISE: Tobacco Free & Well Body Motivational Interventions to help individuals set their agenda and goals for behavior change as well as identify personal motivations, challenges, strengths, and resources.

Module 3: Tobacco Fundamentals, Nicotine Addiction, and Cessation Interventions

Tobacco use remains the leading cause of preventable morbidity and mortality in the United States. Although much progress has been made toward decreasing the number of individuals who use tobacco, 20% of U.S. adults still use some form of tobacco, and tobacco-related health disparities continue to worsen within some at-risk populations. This section introduces trainees to the fundamentals of tobacco use: prevalence and patterns of use, tobacco products, health consequences, nicotine addiction, and cessation treatments. We also explore the unique challenges tobacco presents for people in vulnerable populations. Finally, we cover information about tobacco use that is particularly relevant for families: how nicotine addiction is transmitted within families, impacts of second and third-hand smoke on young children, and why early childhood adversity leads to increased risk for tobacco use, nicotine addiction, and difficulty quitting later in life.

Module 4: RAISE Families for Health Group Curriculum

Module 4 introduces trainees to the RAISE Families for Health Group Curriculum and provides step-by-step instructions about how to run the groups at the trainee’s organization. Through wellness education, group discussion, and activities, group facilitators teach participants strategies for goal setting and behavior change. Most importantly, the group provides participants a supportive environment to facilitate their journey of creating healthy families. RAISE Group sessions include:

Session A: RAISE Families for Health. The activities in this section are designed to help participants define for themselves what it means to raise a healthy family. They will explore what a RAISE family means to them, identify current RAISE activities, visualize their ideal healthy family, and create a RAISE vision board.

Session B: My RAISE Journey. The activities in this section are designed to help participants understand the concept of behavior change as a journey and what it takes to change their health behaviors. They will learn how to set goals that are Specific, Measurable, Attainable, Realistic, and Timely (SMART). Group members will explore how triggers, habits, and rewards shape their behaviors and learn how to identify new habits to replace old ones.
Session C: Coping with Stress. The activities in this session are designed to help participants evaluate their stress levels and personal reserves, set their focus and RAISE goal in regard to coping with stress, identify their top 3 reasons to make this change, and consider potential challenges and strategies as well as recognize their strengths and resources for change.

Session D: Tobacco-Free Families. The activities in this session are designed to help participants understand the impact of tobacco on their family, consider both their personal and their family’s tobacco-free journey, set their focus and RAISE goal in regards to tobacco-free families, identify their top 3 reasons for change, and consider potential challenges, strategies, strengths and resources for change.

Session E: Healthy Sleep. The activities in this session are designed to help participants understand the importance of sleep, increase their awareness of activities that support healthy, quality sleep for themselves and their families, set their focus and RAISE goal in regards to healthy sleep, identify their top 3 reasons for change, and consider potential challenges, strategies, strengths and resources for change.

Session F: Healthy Eating. The activities in this session are designed to help participants understand the importance of healthy eating, increase their awareness of facts and myths around healthy eating, set their focus and RAISE goal in regard to healthy eating, identify their top 3 reasons for change, and consider potential challenges, strategies, strengths and resources for change.

Session G: Active Families. The activities in this session are designed to help participants understand the importance of physical activity for families, explore their current physical activities as well as physical activities they want to try, set their focus and RAISE goal in regards to physical activity, identify their top 3 reasons for change, and consider potential challenges, strategies, strengths and resources for change.

Session H: RAISE Up. The activities in this session are designed to explore ways to support participants in their change process beyond their participation in the RAISE group. Group participants will reflect on their experiences and progress throughout the RAISE group, learn how to assess their resources and set healthy boundaries, identify healthy and fun family activities, continue to envision their RAISE family, and compose an encouraging letter to their future self.

For more information on our training programs, please contact:
Behavioral Health & Wellness Program
University of Colorado Anschutz Medical Campus
e: bh.wellness@ucdenver.edu
p: 303.724.3713
RAISE Families for Health

Training Agenda

Day One

Welcome/Introduction (30 minutes)
- Review training agenda
- Program Overview

Module 1 – Well Body
- Coping with Stress (60 minutes)
  - Stress Response System
  - Effects of chronic stress
  - Impact of early adversity
  - Strategies to cope with stress
- Healthy Sleep (45 minutes)
  - Healthy sleep across the lifespan
  - Contributing factors
  - Impact of sleep on health
  - Strategies to support healthy sleep

Break (15 minutes)

Healthy Eating (75 minutes)
- Biology of eating
- Insulin resistance & chronic disease
- U.S. diet trends
- Components of healthy eating
- Strategies to support healthy eating

Lunch (1 hour)

Active Families (30 minutes)
- Benefits of physical activity
- Physical activity guidelines
- Components of healthy activity
- Strategies to support active families

Module 2 – Motivational Interviewing (90 minutes)
- Ways to enhance behavior change with MI
- MI heart set, processes, skills & strategies
- Practice engagement & evocation strategies

Break (15 minutes)

RAISE: Tobacco Free & Well Body Motivational Intervention (90 minutes)

Day Two

Module 3 – Tobacco Fundamentals, Nicotine Addiction, & Cessation Interventions
- Prevalence & patterns of tobacco use (45 minutes)
- Tobacco & nicotine products (20 minutes)
- Nicotine addiction (20 minutes)
- Familial transmission of nicotine addiction (20 minutes)

Break (15 minutes)

Health consequences of tobacco use (15 minutes)
- Tobacco cessation interventions (60 minutes)
  - Pharmacotherapy
  - Counseling

Day Two

Module 4 – RAISE Group Curriculum
- Session A: RAISE Families for Health (45 minutes)
- Session B: My RAISE Journey (45 minutes)
- Session C: Coping with Stress (25 minutes)

Break (15 minutes)

Session D: Tobacco-Free Families (25 minutes)
- Session E: Healthy Sleep (25 minutes)
- Session F: Healthy Eating (25 minutes)
- Session G: Active Families (25 minutes)
- Session H: RAISE Up! (25 minutes)

Close (15 minutes)
- Next steps
- Training evaluation
Please fill out the Personal Progress Form:

**Participant Initials:**

**Birth Date:** __ __ / __ __

**Date of Group:** __ __ / __ __ / __ __ __ __

**In the past week, how many hours of sleep did you usually get per night?**

- [ ]

Did you usually wake up feeling rested?

- [ ] YES
- [ ] NO

In the past week, did your young children (6 and under) usually get at least 10 uninterrupted hours of sleep at night?

- [ ] YES
- [ ] NO
- [ ] Not Applicable

**In the past week, how stressed did you feel during the past week?**

Not at all stressed 0 1 2 3 4 5 6 7 8 9 10

Extremely stressed

**On a scale from 0 to 10, how stressed did you feel during the past week:**

- [ ]

**On a scale from 0 to 10, the quality of the foods my family ate during the past week was typically:**

Very poor quality 0 1 2 3 4 5 6 7 8 9 10

Very good quality

(e.g., highly processed, fast food, high sugar)

(e.g., minimally processed, fresh foods)

**In the past week, did you work on a wellness goal?**

- [ ] YES
- [ ] NO

**If yes, what was the main wellness area you worked on?**

- [ ] Coping w/ Stress
- [ ] Tobacco-Free Families
- [ ] Healthy Sleep
- [ ] Healthy Eating
- [ ] Active Families

**If yes, how successful were you in working on your goal?**

- [ ] Completely
- [ ] Mostly
- [ ] Somewhat
- [ ] Not at all

PLEASE CONTINUE ON OTHER SIDE OF PAGE
**RAISE Families for Health**

**Personal Progress Form (continued)**

**During the past week,** how many cigarettes (or other tobacco or vape products) did you smoke (or use) **in a typical day?**
- None
- 1 - 5
- 6 - 10
- 11 - 20
- 21+

**Have you used over-the-counter nicotine replacement therapy or prescription tobacco cessation medications since the last group you attended?** (Do NOT include vaping and select only ONE)
- YES
- NO
- This is my first group

**Have you made a quit attempt since the last group you attended?** (Select only ONE)
- YES
- NO
- This is my first group
- I do not use tobacco or vape

**IF YES,** what was the longest time you stayed quit since the last group?
- < 1 day
- 1 - 2 days
- 3 - 7 days
- > 1 week

**Please mark one circle on the following questions:**

I believe it is **important** to take steps to improve my family’s health.

- Strongly Disagree
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Strongly Agree

I am **motivated** to take steps to improve my family’s health.

- Strongly Disagree
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Strongly Agree

I am **confident** I can raise a healthy family.

- Strongly Disagree
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Strongly Agree

I believe it is **important** to maintain a tobacco-free environment for my family.

- Strongly Disagree
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Strongly Agree

I am **motivated** to take steps to maintain a tobacco-free environment for my family.

- Strongly Disagree
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Strongly Agree

I am **confident** I can maintain a tobacco-free environment for my family.

- Strongly Disagree
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Strongly Agree
Appendix D: RAISE Participant Follow-Up Assessment

**WHO do I follow-up with?**

**Group 1:** Participants who use tobacco, or who stopped or changed their tobacco/nicotine use either before, during, or after their RAISE group participation

**AND**

**Group 2:** Participants who have or are caring for a child who is exposed to environments in which tobacco/nicotine is used

**WHEN do I follow-up?**

Follow-up conversations and assessments should take place approximately 1 month after the final RAISE session (i.e. between 4 and 6 weeks after the 8th RAISE session)

**WHAT do I assess?**

**For those in Group 1:**

- Is the participant using Tobacco or Nicotine? (This includes vaping.) If so, which product(s), and how much or how often per day?

- Has the participant quit since the last RAISE group? If so, how long were they able to quit for? (Or, are they still quit?)

- Is the participant using any tobacco cessation medications? If so, what medications are they using?
  [*Opportunity to engage in a conversation about medications if the participant is not using any, or how the current medication is working, dosage, barriers, etc.*]

**For EVERYONE:**

- Is the participant currently working toward any tobacco-related goal(s) that would impact themselves or their families? If so, what are the goal(s)? Are these the same goal(s) they set during the RAISE group? Or are they different goal(s)?

- Has the participant made any additional progress on the tobacco-related goal(s) since leaving the group? If not, why not?

- How has setting tobacco-related goals affected themselves or their family? What do they anticipate future impacts of setting tobacco-related goals might be?

- Would the participant like some support to continue working toward either tobacco-related goals or ANY of their RAISE goals? [*Engage in a motivational conversation around RAISE goals*]
RAISE Participant Follow-Up Conversations/Assessments - Template

Date of Follow-up: ________________________
Participant Initials: ____  ____  ____
Participant Birth Month/Day: ___ ___ / ___

Complete the following only for those in Group 1:

Is the participant using Tobacco or Nicotine? (This includes vaping.) If so, which product(s), and how much or how often per day?

Has the participant quit since the last RAISE group? If so, how long were they able to quit for? (Or, are they still quit?)

Is the participant using any tobacco cessation medications? If so, what medications are they using? [*Opportunity to engage in a conversation about medications if the participant is not using any, or how the current medication is working, dosage, barriers, etc.]

Complete the following for EVERYONE receiving follow-up (those in either group 1 or group 2):

Is the participant currently working toward any tobacco-related goal(s) that would impact themselves or their families? If so, what are the goal(s)? Are these the same goal(s) they set during the RAISE group? Or are they different goal(s)?

Has the participant made any additional progress on the tobacco-related goal(s) since leaving the group? If not, why not?

How has setting tobacco-related goals affected themselves or their family? What do they anticipate future impacts of setting tobacco-related goals might be?

Would the participant like some support to continue working toward either tobacco-related goals or ANY of their RAISE goals? [*Engage in a motivational conversation around RAISE goals]
Please take a few minutes to consider how far you have come along your RAISE Journey. This survey is intended to help you reflect on each of the RAISE goals you set for yourself and your family throughout this program, and how you and your family have been impacted by working towards these goals.

**Coping with Stress**

*Please turn to page 29 of your booklet and review your Coping with Stress goal, along with how you thought achieving this goal might impact you and your family.*

Please mark how much progress you made while working toward this goal.

- Excellent progress
- Good progress
- A little progress
- No progress at all

Please mark whether working toward this goal has impacted you in positive ways.

- Yes, big impact
- Yes, medium impact
- Yes, small impact
- No impact

Please mark whether working toward this goal has impacted your family in positive ways.

- Yes, big impact
- Yes, medium impact
- Yes, small impact
- No impact

Please mark whether participating in RAISE Families for Health has increased your commitment to help your family cope with stress in the future?

No more committed

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Much more committed

Please mark whether participating in RAISE Families for Health has increased your confidence that you can help your family cope with stress in the future?

No more confident

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Much more confident

Please share your experiences working on your Coping with Stress goal and how your efforts have impacted you and your family (or not), even if the results were different than what you expected. Write down your thoughts in the space provided.

**PLEASE CONTINUE ON OTHER SIDE OF PAGE**
Please turn to page 41 of your booklet and review your Tobacco-Free Families goal, along with how you thought achieving this goal might impact you and your family.

Please mark how much progress you made while working toward this goal.
- Excellent progress
- Good progress
- A little progress
- No progress at all

Please mark whether working toward this goal has impacted you in positive ways.
- Yes, big impact
- Yes, medium impact
- Yes, small impact
- No impact

Please mark whether working toward this goal has impacted your family in positive ways.
- Yes, big impact
- Yes, medium impact
- Yes, small impact
- No impact

Please mark whether participating in RAISE Families for Health has increased your commitment to help your family live tobacco-free in the future?

No more committed | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Much more committed

Please mark whether participating in RAISE Families for Health has increased your confidence that you can help your family live tobacco-free in the future?

No more confident | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Much more confident

Please share your experiences working on your Tobacco-Free Families goal and how your efforts have impacted you and your family (or not), even if the results were different than what you expected. Write down your thoughts in the space provided.
Healthy Sleep

Please turn to page 53 of your booklet and review your Healthy Sleep goal, along with how you thought achieving this goal might impact you and your family.

Please mark how much progress you made while working toward this goal.
- Excellent progress
- Good progress
- A little progress
- No progress at all

Please mark whether working toward this goal has impacted you in positive ways.
- Yes, big impact
- Yes, medium impact
- Yes, small impact
- No impact

Please mark whether working toward this goal has impacted your family in positive ways.
- Yes, big impact
- Yes, medium impact
- Yes, small impact
- No impact

Please mark whether participating in RAISE Families for Health has increased your commitment to help your family get healthy sleep in the future?

No more committed 0 1 2 3 4 5 6 7 8 9 10 Much more committed

Please mark whether participating in RAISE Families for Health has increased your confidence that you can help your family get healthy sleep in the future?

No more confident 0 1 2 3 4 5 6 7 8 9 10 Much more confident

Please share your experiences working on your Healthy Sleep goal and how your efforts have impacted you and your family (or not), even if the results were different than what you expected. Write down your thoughts in the space provided.
Healthy Eating

Please turn to page 65 of your booklet and review your Healthy Eating goal, along with how you thought achieving this goal might impact you and your family.

Please mark how much progress you made while working toward this goal.
- Excellent progress
- Good progress
- A little progress
- No progress at all

Please mark whether working toward this goal has impacted you in positive ways.
- Yes, big impact
- Yes, medium impact
- Yes, small impact
- No impact

Please mark whether working toward this goal has impacted your family in positive ways.
- Yes, big impact
- Yes, medium impact
- Yes, small impact
- No impact

Please mark whether participating in RAISE Families for Health has increased your commitment to help your family eat nutritious food in the future?

No more committed 0 1 2 3 4 5 6 7 8 9 10 Much more committed

Please mark whether participating in RAISE Families for Health has increased your confidence that you can help your family eat nutritious food in the future?

No more confident 0 1 2 3 4 5 6 7 8 9 10 Much more confident

Please share your experiences working on your Healthy Eating goal and how your efforts have impacted you and your family (or not), even if the results were different than what you expected. Write down your thoughts in the space provided.
Active Families

Please turn to page 77 of your booklet and review your Active Families goal, along with how you thought achieving this goal might impact you and your family.

Please mark how much progress you made while working toward this goal.
- Excellent progress
- Good progress
- A little progress
- No progress at all

Please mark whether working toward this goal has impacted you in positive ways.
- Yes, big impact
- Yes, medium impact
- Yes, small impact
- No impact

Please mark whether working toward this goal has impacted your family in positive ways.
- Yes, big impact
- Yes, medium impact
- Yes, small impact
- No impact

Please mark whether participating in RAISE Families for Health has increased your commitment to help your family be physically active in the future?

No more committed 0 1 2 3 4 5 6 7 8 9 10 Much more committed

Please mark whether participating in RAISE Families for Health has increased your confidence that you can help your family be physically active in the future?

No more confident 0 1 2 3 4 5 6 7 8 9 10 Much more confident

Please share your experiences working on your Active Families goal and how your efforts have impacted you and your family (or not), even if the results were different than what you expected. Write down your thoughts in the space provided.
Please help us learn about your experiences during the RAISE Families for Health Program. Your feedback will help us to improve this program in the future. Your RAISE Facilitator from Sheridan Health Services will NOT see your responses, so please answer honestly. Only program evaluators at the University of Colorado will see your responses.

**Agency/Site Name**

(This field is automatically completed.)

Please indicate whether you participated in this program in person at an organization offering the program or whether you participated in the virtual telehealth program from an electronic device such as a computer or smartphone:

- In person
- Telehealth

Please indicate whether you participated in this program by yourself with only a RAISE Facilitator or whether you participated with other group members:

- By myself
- In a group

### Please indicate whether you agree or disagree with the following statements using the scale below: [1 = Strongly Disagree; 5 = Strongly Agree]

<table>
<thead>
<tr>
<th>Statement</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m glad I participated in RAISE Families for Health.</td>
<td></td>
</tr>
<tr>
<td>The gift cards I received for attending sessions were a big part of why I chose to participate in this program.</td>
<td></td>
</tr>
<tr>
<td>I would have participated in this program, even if there were no gift cards for attending sessions.</td>
<td></td>
</tr>
<tr>
<td>As a result of this program, I am motivated to make healthy changes.</td>
<td></td>
</tr>
<tr>
<td>My family will benefit because I participated in this program.</td>
<td></td>
</tr>
<tr>
<td>RAISE Families for Health was not very helpful for me.</td>
<td></td>
</tr>
<tr>
<td>I felt supported by the RAISE Families for Health Facilitator.</td>
<td></td>
</tr>
</tbody>
</table>

(Responses to the scale are provided for each statement.)
<table>
<thead>
<tr>
<th>Statement</th>
<th>Scale Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>The RAISE Families for Health Facilitator was familiar with the material and well-prepared for our sessions.</td>
<td>1 (Strongly Disagree); 2; 3; 4; 5 (Strongly Agree)</td>
</tr>
<tr>
<td>I received a lot of practice in setting healthy goals during this program.</td>
<td>1 (Strongly Disagree); 2; 3; 4; 5 (Strongly Agree)</td>
</tr>
<tr>
<td>I learned things I didn't know about health-related topics during this program.</td>
<td>1 (Strongly Disagree); 2; 3; 4; 5 (Strongly Agree)</td>
</tr>
<tr>
<td>The activities were useful.</td>
<td>1 (Strongly Disagree); 2; 3; 4; 5 (Strongly Agree)</td>
</tr>
<tr>
<td>I would not have participated in this program if I had not received gift cards for attending sessions.</td>
<td>1 (Strongly Disagree); 2; 3; 4; 5 (Strongly Agree)</td>
</tr>
<tr>
<td>I would recommend this program to my friends or family.</td>
<td>1 (Strongly Disagree); 2; 3; 4; 5 (Strongly Agree)</td>
</tr>
<tr>
<td>I would recommend this program to my friends or family, even if there were no gift cards for attending sessions.</td>
<td>1 (Strongly Disagree); 2; 3; 4; 5 (Strongly Agree)</td>
</tr>
<tr>
<td>Statement</td>
<td>1 (Strongly Disagree)</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>I would have preferred to attend this program in person.</td>
<td></td>
</tr>
<tr>
<td>Participating virtually (rather than traveling to a specific location)</td>
<td></td>
</tr>
<tr>
<td>made it possible for me to participate in this program.</td>
<td></td>
</tr>
<tr>
<td>If the program had required me to attend in person, I would still have</td>
<td></td>
</tr>
<tr>
<td>participated.</td>
<td></td>
</tr>
<tr>
<td>I was easily able to follow along from my computer or smartphone during</td>
<td></td>
</tr>
<tr>
<td>the session activities and discussions.</td>
<td></td>
</tr>
<tr>
<td>I was less engaged in the program's activities and discussions than I</td>
<td></td>
</tr>
<tr>
<td>would have been if I had attended the program in person.</td>
<td></td>
</tr>
<tr>
<td>Because the program was virtual, I was able to attend more sessions than</td>
<td></td>
</tr>
<tr>
<td>I could have if I had been required to attend them in person.</td>
<td></td>
</tr>
<tr>
<td>I had technical difficulties that made it difficult for me to participate</td>
<td></td>
</tr>
<tr>
<td>in RAISE Families for Health Telehealth.</td>
<td></td>
</tr>
<tr>
<td>I would recommend the Telehealth version of RAISE Families for Health</td>
<td></td>
</tr>
<tr>
<td>to friends or family, even if they are reluctant to use this technology.</td>
<td></td>
</tr>
<tr>
<td>I would have preferred to attend this program virtually as a Telehealth</td>
<td></td>
</tr>
<tr>
<td>option.</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Rating Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Traveling to a specific location made it difficult for me to participate in this program. | 1 (Strongly Disagree)  
2  
3  
4  
5 (Strongly Agree) |
| If this program had been virtual, I could have attended more sessions than I did. | 1 (Strongly Disagree)  
2  
3  
4  
5 (Strongly Agree) |
| I felt supported by the other participants in my group. | 1 (Strongly Disagree)  
2  
3  
4  
5 (Strongly Agree) |
| The facilitator was able to keep the group on track throughout the program. | 1 (Strongly Disagree)  
2  
3  
4  
5 (Strongly Agree) |
| It was helpful to hear perspectives and ideas from other participants in my group. | 1 (Strongly Disagree)  
2  
3  
4  
5 (Strongly Agree) |
| I would have preferred to complete this program one-on-one with just myself and a RAISE Families for Health Facilitator. | 1 (Strongly Disagree)  
2  
3  
4  
5 (Strongly Agree) |
| I enjoyed participating in this program with just myself and a RAISE Families for Health Facilitator. | 1 (Strongly Disagree)  
2  
3  
4  
5 (Strongly Agree) |
| I would have preferred to participate in this program in a group setting. | 1 (Strongly Disagree)  
2  
3  
4  
5 (Strongly Agree) |
| I was able to share things with the RAISE Families for Health Facilitator that I might not have shared if I had been in a group. | 1 (Strongly Disagree)  
2  
3  
4  
5 (Strongly Agree) |
| What was your FAVORITE session? | Coping with Stress  
Tobacco-Free Families  
Healthy Sleep  
Healthy Eating  
Active Families |
What was your SECOND favorite session?
- Coping with Stress
- Tobacco-Free Families
- Healthy Sleep
- Healthy Eating
- Active Families

What was your LEAST favorite session?
- Coping with Stress
- Tobacco-Free Families
- Healthy Sleep
- Healthy Eating
- Active Families

Please describe what you found most valuable about the RAISE Families for Health Program.
__________________________________________

Please describe what could be improved about the RAISE Families for Health Program.
__________________________________________

Please share any additional thoughts about the RAISE Families for Health Program.
__________________________________________

Please answer yes if you agree to allow your responses to be used to promote the RAISE Families for Health Program on websites or in printed materials. Your name will not be used.
- Yes
- No

THANK YOU for completing this survey! How would you like to receive your electronic giftcard?
- By text message
- By email
- I am unable to receive an e-giftcard (We are asking for this information again because the rest of your data for RAISE Families for Health is stored separately.)

Please enter your phone number:
__________________________________

Please enter your email address:
__________________________________

Please enter a physical mailing address to receive your giftcard:
__________________________________________
Appendix G: Focus Group Guide

INTRODUCTION

Welcome. Thanks for taking the time to join our discussion today.

My name is________. I am a research assistant at the University of Colorado- Behavioral Health and Wellness Program team and will be your moderator today. I would like to thank _______for helping to organize this session for us today.

The purpose of this group is to get your perspectives on the RAISE Families for Health Program that you participated in through [Sheridan Health Services/The Center for Family Outreach]. The information provided will be used by the Behavioral Health and Wellness Program and the Colorado Department of Public Health and Environment (CDPHE) to improve the program so that we can make sure programs like this continue to be available.

CONFIDENTIALITY

- There is no obligation to respond. You can stop at any point.
- While we will record the conversation, the transcript will not contain any identifiers. No personal data will be shared with others and the information provided will be analyzed anonymously.
- Please leave your camera on, if possible. This makes it easier for us to determine who was speaking when we listen to the recording later.

FOCUS GROUP LOGISTICS

Before we begin our discussion, I’ll briefly review logistics. We have planned this conversation to last for [60/90] minutes. We will end promptly out of respect for everyone’s time. As compensation for your participation, you will each receive a [$30/$10] gift card.

Some quick ground rules for our discussion today. If you want to follow up on something that someone has said, please do so – don’t feel like you need to only talk to me. I’m here to ask questions, listen, and make sure everyone has a chance to participate in the conversation. We’re interested to hear from each of you, so if you are talking a lot, I may ask that you give others a chance. If you aren’t saying much, I may call on you. We want to make sure we hear from all of you.

Do you have any questions before we start?

Recruitment (15 min/25 min)

What motivated you to participate in the RAISE Families for Health groups?

- What did you hope to accomplish during the group when you first decided to join?
- How much did the incentives affect your decision? Would you still have participated in the program if there were no incentives?
- Was there anything that made it difficult for you to participate in the program or attend sessions?

So far, most participants in RAISE Families for Health have been women. Why do you think that is?
How do you think we could get more people to attend our groups?

Program Concept (10 min/15 min)
What did you think about having tobacco and nicotine addiction as part of the RAISE Families for Health group?

- Do you think people who don’t use tobacco themselves can still benefit from a session on creating “tobacco-free families?” [If necessary, prompt with “In what ways?” or “Why not?”]
- Do you think people who use tobacco, but aren’t ready to quit, can still benefit from a session on creating “tobacco-free families?” [If necessary, prompt with “In what ways?” or “Why not?”]

Logistics (10 min/15 min)
How did you like participating in the group on Zoom? Will you share any technology challenges you experienced?

Depending on whether people participated in the program with other group members or one-on-one:
If you participated in the program along with other people, how did you like the experience of participating in this program as part of a group?
OR
If you participated in the program on your own with no other group members, how did you like the experience of participating with only yourself and the facilitator?

Successes/Challenges (15 min/25 min)
What were the benefits of participating in the RAISE program for you? How did this program impact your family?
Was there anything you wanted to get from the program that you didn’t? What stopped you from achieving your goal?
Looking into the future, what are your hopes for raising a healthy family?
Finally, we would like permission to use your feedback from this focus group in marketing materials or in academic publications, but we need your permission to do that. We would not use your name, only your comments. Can each of you tell me whether that would be ok with you? Thank you!
# RAISE Families for Health Facilitator Assessment

Please provide your information in the boxes below.

<table>
<thead>
<tr>
<th>Agency/site name:</th>
<th>____________________________________</th>
<th><em>(This field is automatically completed.)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of session:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many participants were in your session today?</td>
<td>___________________________</td>
<td></td>
</tr>
</tbody>
</table>

**Topic(s) COMPLETED in today's session (select all that apply):**
- RAISE Families for Health
- My RAISE Journey
- Coping with Stress
- Tobacco Free Families
- Healthy Sleep
- Healthy Eating
- Active Families
- RAISE Up!

## During today's session, did you...?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>...provide group materials (for in person sessions) or encourage participants to locate materials at home (for virtual sessions; e.g., pen, copy of PPF, session handouts, extra paper for notes)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...ensure participants completed today's PPF?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...avoid bringing in external material?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## Did you facilitate the following activities for the RAISE Families for Health topic?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is a RAISE Family?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Current RAISE Activities</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My RAISE Visualization</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My RAISE Vision Board</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## Did you facilitate the following activities for the My RAISE Journey topic?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>My RAISE Journey</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>RAISE SMART Goals</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The How of Behavior Change</td>
<td>☐</td>
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</tr>
<tr>
<td>The However Highway</td>
<td>☐</td>
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</tr>
<tr>
<td>Did you facilitate the following activities for the Coping with Stress topic?</td>
<td>Yes</td>
<td>No</td>
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</tr>
<tr>
<td>Coping with Stress</td>
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</tr>
<tr>
<td>Coping with Stress Circles Menu</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My RAISE Goal (specific to Coping with Stress)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My Top 3 Reasons (specific to Coping with Stress)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>RAISE Toolbox (specific to Coping with Stress)</td>
<td>☐</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you facilitate the following activities for the Tobacco-Free Families topic?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco-Free Families</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tobacco-Free Families Circles Menu</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My RAISE Goal (specific to Tobacco-Free Families)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My Top 3 Reasons (specific to Tobacco-Free Families)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>RAISE Toolbox (specific to Tobacco-Free Families)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you facilitate the following activities for the Healthy Sleep topic?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Sleep</td>
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<td>☐</td>
</tr>
<tr>
<td>Healthy Sleep Circles Menu</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My RAISE Goal (specific to Healthy Sleep)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My Top 3 Reasons (specific to Healthy Sleep)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>RAISE Toolbox (specific to Healthy Sleep)</td>
<td>☐</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you facilitate the following activities for the Healthy Eating topic?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Eating</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Healthy Eating Circles Menu</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My RAISE Goal (specific to Healthy Eating)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My Top 3 Reasons (specific to Healthy Eating)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>RAISE Toolbox (specific to Healthy Eating)</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>
### Did you facilitate the following activities for the Active Families topic?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Families</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Active Families Circles Menu</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My RAISE Goal (specific to Active Families)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My Top 3 Reasons (specific to Active Families)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>RAISE Toolbox (specific to Active Families)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Did you facilitate the following activities for the RAISE Up! topic?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Boundaries</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>RAISE Family Activities</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My RAISE Family</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Letter to My Future Self</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### During today’s session, to what extent did you...

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>...elicit participants’ own ideas?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...encourage participation from all attendees?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>...foster a supportive atmosphere?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

### To what extent did you deliver the following key messages related to the RAISE Families for Health topic?

<table>
<thead>
<tr>
<th>Message</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness is more than just the absence of disease.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Being well includes coping with life stressors, living tobacco-free,</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>getting adequate sleep, healthy eating, and regular physical activity.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>When making healthy changes, it is helpful to know where we are now</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>with wellness in comparison to where we would like to be.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### To what extent did you deliver the following key messages related to the My RAISE Journey topic?

<table>
<thead>
<tr>
<th>Message</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing a behavior requires planning, practicing skills, problem solving, and decision making.</td>
<td>[ ]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
</tr>
<tr>
<td>SMART Goals are Specific, Measurable, Attainable, Realistic, and Timely.</td>
<td>[ ]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
</tr>
<tr>
<td>To create a new healthy habit, it is important to find rewards that support a new behavior and practice the new behavior until it becomes a habit.</td>
<td>[ ]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
</tr>
</tbody>
</table>

### To what extent did you deliver the following key messages related to the Coping with Stress topic?

<table>
<thead>
<tr>
<th>Message</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic stress can increase risk for chronic diseases and mental health challenges.</td>
<td>[ ]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
</tr>
<tr>
<td>One of the best ways parents and caregivers can take care of their families is to make sure they care for themselves.</td>
<td>[ ]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
</tr>
<tr>
<td>Healthy eating, restful sleep, and physical activity are all ways to support stress reduction.</td>
<td>[ ]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
</tr>
</tbody>
</table>

### To what extent did you deliver the following key messages related to the Tobacco-Free Families topic?

<table>
<thead>
<tr>
<th>Message</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>If parents and grandparents use tobacco, children are more likely to use tobacco, too.</td>
<td>[ ]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
</tr>
<tr>
<td>The best way parents and caregivers can raise a tobacco-free family is to quit using tobacco themselves, but there are other things families can do.</td>
<td>[ ]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
</tr>
<tr>
<td>One of the best ways parents and caregivers can raise tobacco-free families is to talk to their children about nicotine, tobacco, and vaping from a young age.</td>
<td>[ ]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
<td>[0]</td>
</tr>
</tbody>
</table>
To what extent did you deliver the following key messages related to the Healthy Sleep topic?

<table>
<thead>
<tr>
<th>Message</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep is the single most effective thing people can do to reset the health of their brains and bodies each day.</td>
<td></td>
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</tr>
<tr>
<td>For adults, 7-9 hours of sleep is recommended to stay healthy.</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Developing good bedtime routines is one of the best ways for families to support healthy sleep.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

To what extent did you deliver the following key messages related to the Healthy Eating topic?

<table>
<thead>
<tr>
<th>Message</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is more important to pay attention to whether calories are nutritious than to how many calories a person eats.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Eating fat does not make a person fat.</td>
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</tr>
<tr>
<td>Eating meals that are self-prepared with healthy ingredients is one of the best ways for families to support healthy nutrition.</td>
<td></td>
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</tr>
</tbody>
</table>

To what extent did you deliver the following key messages related to the Active Families topic?

<table>
<thead>
<tr>
<th>Message</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity is an important part of daily self-care.</td>
<td></td>
<td></td>
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<tr>
<td>Even very small amounts of physical activity have been shown to make us healthier.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity can help us cope with stress, improves our sleep, and is important for children's and teens' healthy mental development.</td>
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<td></td>
</tr>
</tbody>
</table>

To what extent did you deliver the following key messages related to the RAISE Up! topic?

<table>
<thead>
<tr>
<th>Message</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting healthy boundaries is important for self-care.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Regular practice of healthy habits can help individuals stay focused on creating a healthy life for themselves and their families.</td>
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</tr>
<tr>
<td>Raising a healthy family is a journey, and participants have the skills to set new goals for themselves.</td>
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</tr>
</tbody>
</table>

Please provide any additional comments on facilitating today's session.
Appendix I: Key Informant Interview Guide

Introduction. Hello! Thank you for meeting with me today. My name is ________________, and I am a program evaluator with the Behavioral Health and Wellness Program. Part of our evaluation process for the RAISE Families for Health Program at ________________ involves conducting brief interviews with people in key leadership positions and program facilitators who have first-hand knowledge of the program. The purpose of today’s interview is to get your perspectives on the RAISE program at ________________, and our conversation will take no more than 30 minutes. Would you mind if I recorded our conversation today? Your name won’t be used in any of our reports, but we may use your title or position at ________________. The recording is just for accuracy purposes, and we won’t share it with anyone outside of our evaluation group. Thank you!

Questions for Organizational Leadership:

1. How has the RAISE program impacted your organization, patient/client population, and the community?
2. What do you appreciate most about the program?
3. What have been your biggest challenges as someone in a leadership position working to support RAISE Families for Health at ________________?
4. What do you think are the biggest challenges faced by the RAISE facilitator(s) in the work they do implementing this program at ________________?
5. What have been the biggest successes of the RAISE Families for Health program at ________________?
6. How could this program as a whole be improved?
7. If you could have any ONE thing to make the program better for the participants or community, what would it be?
8. If you could have any ONE thing to make the program easier to implement, what would it be?
9. What advice would you give to a similar organization looking to implement RAISE Families for Health?
10. What are your thoughts on the future sustainability of RAISE Families for Health at ________________?

Questions for Facilitators:

1. How has the RAISE program impacted people who participate?
2. What do you appreciate most about the program?
3. How do you feel the training you received and the training materials prepared you for facilitating RAISE Families for Health?
4. What have been your biggest challenges as a RAISE Families for Health Facilitator at ________________?
5. What have been your biggest successes as a RAISE Families for Health Facilitator at ________________?
6. How could this program as a whole be improved?
7. If you could have any ONE thing to make the program better for the participants or community, what would it be?
8. If you could have any ONE thing to make the program easier to implement, what would it be?
9. What advice would you give to someone looking to become a RAISE Families for Health facilitator at a similar organization?
10. Do you have any participant success stories you would like to share?
Default Question Block

The following survey assesses your opinions, knowledge, and practices related to tobacco treatment at your organization. Your responses are invaluable, and they will help to improve services offered at SHS. Only program evaluators at BHWP will have access to your individual responses. Results of the survey will be described in reports to CDPHE and/or academic publications.

Thank you for participating!

What is your birth month?*

What is your birth day?*

What is your mother's maiden name?*

*This information is used only for the purpose of linking your survey responses over time. It is not used to identify you.

Were you an employee at Sheridan Health Services in October 2018?
Did you participate in the RAISE Families for Health Training Program during the summer of 2019?

- [ ] Yes
- [ ] No

Age:

- [ ] 18-24
- [ ] 25-34
- [ ] 35-44
- [ ] 45-54
- [ ] 55-64
- [ ] 65+
- [ ] Prefer not to disclose

Gender:

- [ ] Female
- [ ] Male
- [ ] My gender is not listed
- [ ] Prefer not to disclose

Race/Ethnicity (check all that apply):

- [ ] White/Non-Hispanic
- [ ] Hispanic/Latino
- [ ] Black/African American
- [ ] Asian
- [ ] Hawaiian/Other Pacific Islander
- [ ] American Indian/Alaska Native
- [ ] Other (please specify):
  
- [ ] Prefer not to disclose

Role/Position:
Have you ever REGULARLY used any tobacco product(s) in your lifetime? (“Regularly” is at least a few times every few days)

- Yes
- No

In your lifetime, which products have you REGULARLY used (check all that apply)?

- Cigarettes
- Smokeless tobacco (e.g., chewing tobacco, snuff, snus)
- Cigars
- Pipe
- E-cigarettes or vaping
- Hookah/waterpipe

Other tobacco produce (please specify):

Have you used any tobacco in the past 3 months?

- Yes
- No

Which of the follow best describes you? (Check all that apply)

- I have successfully quit within the past 3 months.
- I have tried to quit unsuccessfully within the past 3 months.
- I would like to try to quit over the next month.
- I would like to try to quit over the next 6 months.
Please indicate how much you AGREE or DISAGREE with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given my existing roles and responsibilities as a healthcare provider, supervisor, or administrator, it is feasible to also provide tobacco prevention and cessation services</td>
<td></td>
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</tr>
<tr>
<td>It bothers me that secondhand smoke has a negative impact on the health of my patients’ children</td>
<td></td>
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</tr>
<tr>
<td>I feel rewarded when I help a patient to successfully quit using tobacco</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>We do not have sufficient time during a routine visit to help a client quit tobacco/nicotine</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I believe tobacco companies should be regulated in their business practices</td>
<td></td>
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</tr>
<tr>
<td>Given some of the challenges our patients are facing, I feel that working with them on tobacco cessation would be detrimental to more immediate medical and/or behavioral goals</td>
<td></td>
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</tr>
<tr>
<td>Seeing the health effects of tobacco use on my patients upsets me</td>
<td></td>
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<tr>
<td>Smoking cessation is a reasonable goal for the populations we work with</td>
<td></td>
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</tr>
<tr>
<td>There is no safe level of exposure to secondhand smoke</td>
<td></td>
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</tr>
<tr>
<td>Whether or not our patients use tobacco themselves, I feel it is our clinic’s responsibility to discuss second-hand smoke exposure in the home, whenever it is present</td>
<td></td>
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</tr>
<tr>
<td>Complete abstinence from nicotine (including electronic nicotine delivery products) is a reasonable goal for the populations we work with</td>
<td></td>
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</tr>
</tbody>
</table>
Which category best describes your level of knowledge and/or familiarity with the following strategy, tool, or practice for tobacco treatment? Please answer these questions even if you do not have direct contact with clients.

*Note: If you are completing this survey on mobile and are having trouble seeing all of the answer choices for this question, try rotating your phone.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>I have never heard of this</th>
<th>I have not received formal training, and I do not feel comfortable using this</th>
<th>I have received formal training, but I still do not feel comfortable using this</th>
<th>I have not received formal training, and I still feel [would feel] comfortable using this</th>
<th>I have received formal training, and I feel [would feel] comfortable using this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief, evidence-based tobacco treatment intervention protocols like the 5A’s, 2A’s &amp; R, and/or SBIRT</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Enter tobacco use and history information within our clinic’s EHR</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Administer &amp; interpret validated nicotine dependence instruments (e.g. Heaviness of Smoking Index, Fagerstrom Test for Nicotine Dependence)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>CPT/HCPCS billing codes for tobacco cessation services, intermediate or intensive</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Available web-based or mobile tobacco cessation resources</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Tobacco-free policies for homes and/or vehicles</td>
<td>○</td>
<td>○</td>
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Do you provide direct evaluation, assessment, or clinical services as part of your job?

- Yes
- No

Which category best describes your level of knowledge and/or familiarity with the following strategy, tool, or practice for tobacco treatment?

*Note: If you are completing this survey on mobile and are having trouble seeing all of the answer choices for this question, try rotating your phone.

- I have never heard of this
- I have not received formal training, and I do not feel comfortable using this
- I have received formal training, but I still do not feel comfortable using this
- I have not received formal training, but I still feel [would feel] comfortable using this
- I have received formal training, and I feel [would feel] comfortable using this

Make specific recommendations for FDA-approved pharmacotherapies (NRT, bupropion, varenicline)

Implement Motivational Interviewing techniques with clients to facilitate healthy behavior changes

Assist clients in making a cessation or reduction treatment plan

Assist clients in developing a cessation maintenance plan, including a plan for what to do in the event of relapse

What percentage of the time do you currently provide the below tobacco cessation and prevention services with patients who use tobacco? Please answer these questions even if you do not have direct contact with clients.
Ask about current tobacco use status and history of tobacco use

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Document tobacco use status in client record

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Administer validated nicotine dependence instruments, such as the Heaviness of Smoking Index, the Fagerstrom Test for Nicotine Dependence, or the Hooked on Nicotine Checklist

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Ask all patients (adult and pediatric) about whether any children are exposed to cigarette/vape smoke in homes and vehicles

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Promote tobacco-free policies for the home and vehicles

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Assess interest in quitting/reducing tobacco use

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Refer to the Colorado QuitLine

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Refer to web-based or other mobile phone tobacco cessation programs/resources

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Provide evidence-based messaging around Electronic Nicotine Delivery Systems (ENDS) (e.g., e-cigarettes)

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Arrange for between-visit cessation support

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What percentage of the time do you currently provide the below tobacco cessation and prevention services with patients who use tobacco?

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<td>Arrange for follow-up via future clinical visits, phone, email, or other</td>
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<td>Ask clients about current tobacco status at every follow-up appointment (clinical visits)</td>
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Do you remember completing and turning in a hard copy version of this survey in October 2018?

- Yes
- No