



# PASSPORT TO HEALTH

*celebrating lifestyle change*

## EVALUATION REPORT

MARCH 2021

Detroit Area Agency on Aging

Funded by



Program Partners

# EXECUTIVE SUMMARY

## Introduction

The Passport to Health program aimed to promote wellness (physical, emotional, social, spiritual, intellectual, and occupational) among older adults in two Detroit-based Community Wellness Service Centers. This innovative evidence-informed model empowered participants in a person-centered process that addressed their individual health needs. Core components were:

- **One-on-one health assessments** led by nursing students or staff that incorporated health screenings, SMART goal setting, and recommendations for classes to address identified needs and reach personal health goals.
- **Attendance at classes and activities** offered by the sites to earn points.
- **A structured rewards program** based on points to incentivize the incorporation of wellness into participants' daily lives.

## Project Evaluation





The RE-AIM framework was used to examine the process of program implementation and the impact of Passport to Health on participants. Data sources included health assessments, in-depth interviews with a subsample of participants and key program staff, and surveys of nursing students.

## Key Findings

- The Passport to Health program engaged **nearly 200 older adults** in health and wellness programming, before the Covid-19 pandemic halted enrollment.
- **Important workforce development** occurred, as nursing students engaged in program delivery acquired **skills for working with older adults**. Students also increased their **interest in working in geriatrics**, from 25% who had considered it before their Passport experience to almost 60% afterwards.
- Program participants ranged from **60 to 92 years** (mean age 72). More than half of participants had arthritis, high blood pressure, and/or high cholesterol. Most individuals reported at baseline that they were **already active or very active**.
- Participants most often set SMART goals for **exercise and healthy eating**.
- Participants reported a variety of benefits from the program, including **being more informed about their health, staying on track with their health goals, being more physically active** and **increased socialization**.
- From baseline to quarter 2, about **50% of participants reported engaging in more physical, social, cognitive, and/or wellness activities**. From baseline to follow-up, almost **one-third improved self-rated healthy eating**.
- **Improvements from baseline to follow-up were not seen in loneliness, depression, or fatigue**. The lack of improvement was likely due the Covid-19 pandemic, which halted most site programming and severely limited participants' ability to engage in physical and social activities.
- The **incentives system was an effective incentive** for many. However, some participants said they were more motivated by health improvement than prizes.



# REPORT OUTLINE

	<b>Project Overview</b>	4
	A. The Passport to Health Program	5
	B. Project Partners	5
	C. Program Logic Model	6
	D. Evaluation Goals	7
	<b>Evaluation Methodology</b>	8
	A. The RE-AIM Framework	9
	B. Baseline, quarterly, and final assessments	10
	C. In-depth participant interviews	13
	D. Nursing student experience surveys	13
	E. In-depth staff interviews	14
	F. Data analysis	15
	<b>Results</b>	16
	A. REACH: Program participants	17
	- Health and demographic characteristics	17
	- Recruitment and advertisement strategies	19
	- Participants' reasons for joining program	20
	B. EFFECTIVENESS:	21
	- SMART goal setting and goal achievement	21
	- Self-reported change in activities	23
	- Changes in health and health behaviors over time	24
	- Staff perceptions of program impact	27
	- Impact of program on nursing students	28
	C. ADOPTION	30
	- Staff and resources used to implement the program	30
	D. IMPLEMENTATION	31
	- Participants' perspective on program	33
	- Focus on the incentives system	34
	- Staff perceptions on implementation	35
	- Covid-19 and Passport to Health	36
	E. MAINTENANCE	41
	- Site plans for sustainability	41
	<b>Conclusions and Recommendations</b>	42



# PROJECT OVERVIEW

*it's a wonderful program.*

It helps the psyche as well to know that seniors are not sitting here to become mush. It keeps us active socially and physically. There's always something everyone can do.



**PASSPORT  
TO HEALTH**  
*celebrating lifestyle change*



# PROJECT OVERVIEW

## A: Program Description

The goal of the Passport to Health program (2019-2021), funded by the Michigan Health Endowment Fund and implemented by the Detroit Area Agency on Aging, is to **promote improved health and quality of life** for older adults in Region 1-A (Detroit, Hamtramck, Highland Park, Harper Woods, and the five Grosse Pointes) to manage chronic conditions and prevent the onset of new health challenges. This program was designed to address the findings from the award-winning Dying Before Their Time Report that found older adults in the Detroit area to be dying at over **two times** the rate of older adults in the rest of the state.

To see the most recent **Dying Before Their Time Report**, visit: [detroit seniorsolution.org/demographics-research](http://detroit seniorsolution.org/demographics-research)

The program was implemented at two of five Community Wellness Service Centers: **St. Patrick Senior Center (SPSC)** and **Neighborhood Service Organization (NSO) Northwest Wellness Center**. Students from the Nursing Colleges at Madonna University, Michigan State University, and Wayne State University took part in program activities.

The program aimed to engage older persons to promote healthy eating, physical activity, and social engagement. This innovative model focused on empowering participants in a person-centered process that addressed their individual health needs.

Passport to Health had **three** main components:

- **Quarterly one-on-one health assessments** with nursing students or staff that incorporated health screenings, SMART goal setting, and recommendations for activities and classes to address identified needs and reach goals.
- **Attendance at classes and activities** offered by the sites that promoted wellness (physical, emotional, social, spiritual, intellectual, and occupational) to earn reward points.
- **A structured rewards program** based on earned points to incentivize the incorporation of wellness into participants' daily lives.

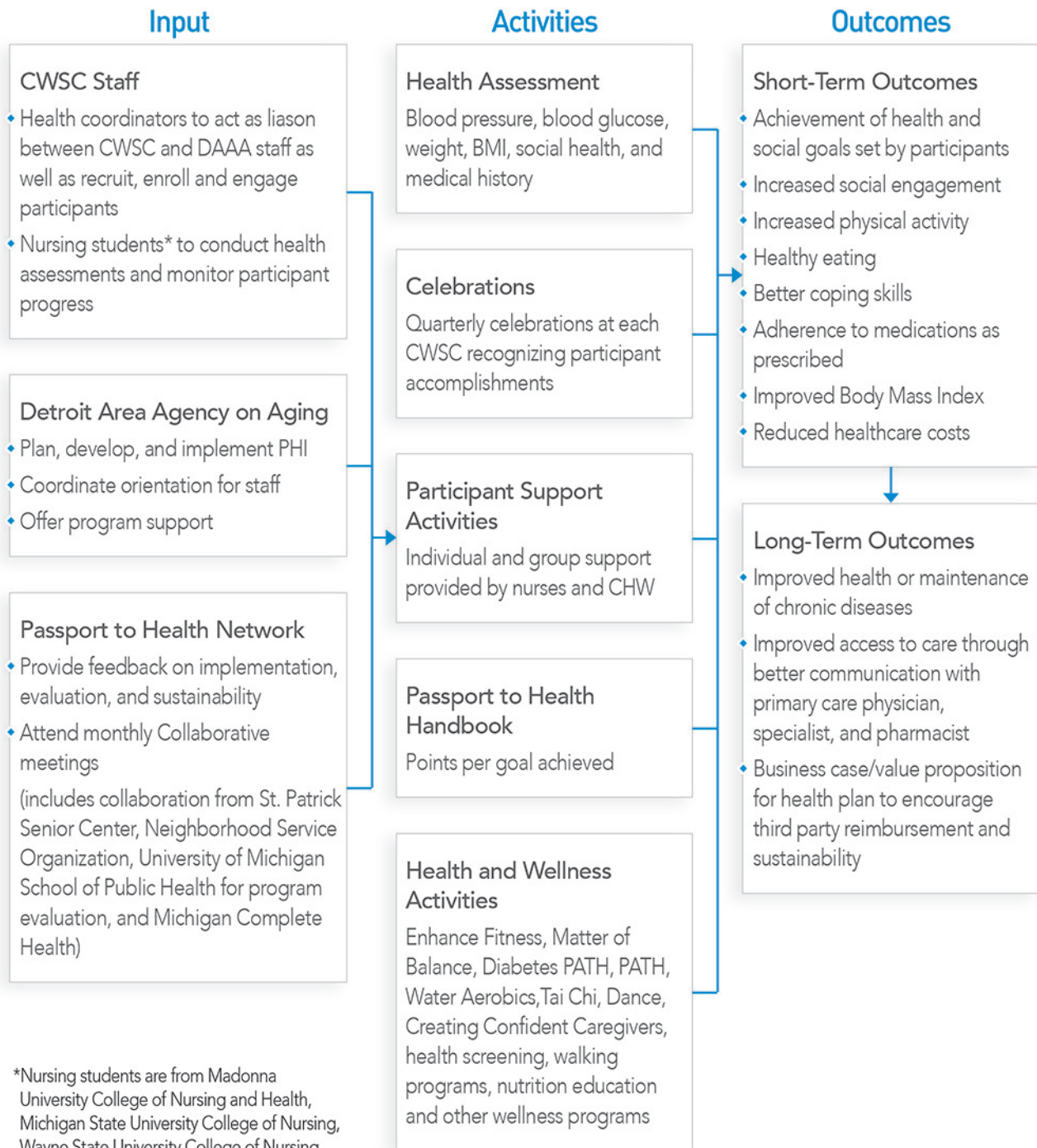
## B: Project Partners

				
Detroit Area Agency on Aging	Neighborhood Service Organization	St. Patrick Senior Center	School of Public Health University of Michigan Ann Arbor	Michigan Complete Health
Coordinating Center	Implementation Site	Implementation Site	Project Evaluators	Integrated Health Organization Partner

# PROJECT OVERVIEW

## C: Passport to Health - Evaluation Logic Model

A project promoting improved health and quality of life for older persons in Detroit through health assessment, goal setting, and wellness activities.





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## D: Evaluation Goals

The overarching goals of the Passport to Health evaluation were to:

1. **Explore** the process of program implementation, and identify barriers, facilitators, and best practices for program delivery. This information will be used to develop a toolkit for implementation that can be used by senior centers or other agencies serving older adults.
2. **Assess** the impact of participation in the Passport to Health program on senior center clients, as well as on the participating nursing students, who represent the emerging health care workforce.

The RE-AIM framework was used to structure the evaluation, as described next.





# METHODS

*it makes you more conscious  
of your health,*

what you eat, how active you are, lifestyle changes you can make to become healthier if you wish to [do so]. It was a good program, hit on all the components of wellness geared towards the senior population, backed it up with programs put in place to keep you active and healthy.



# EVALUATION METHODOLOGY

## A: The Re-AIM Framework

The evaluation was informed by the widely used RE-AIM framework developed by Glasgow and colleagues (Reach, Effectiveness, Adoption, Implementation, and Maintenance) (<https://www.re-aim.org/>). The table below shows how we collected data for each RE-AIM dimension.

Phase	Evaluation Questions	Data Sources
Reach	<p>How many people take part in the program, and what are their demographic and health characteristics?</p> <p>How are participants recruited? How is the program advertised/offered at each site?</p> <p>Why do participants join - what is appealing to them about the program?</p>	<p>Baseline assessment</p> <p>Staff qualitative interviews</p> <p>Participant qualitative interviews</p>
Effectiveness	<p>How do people report their change in activities (physical, social, cognitive)?</p> <p>To what degree do participants achieve their goals?</p> <p>Do participants have improved health-related behaviors and outcomes?</p> <p>What is the perceived impact of program, from the perspective of participants and staff members?</p> <p>How did playing a role in program delivery impact nursing students?</p>	<p>Baseline, quarterly, &amp; final assessments</p> <p>Participant qualitative interviews</p> <p>Nursing student experience surveys</p>
Adoption	<p>How were participants recruited, and what were barriers and facilitators?</p>	<p>Staff qualitative interviews</p>
Implementation	<p>What are participants' most and least preferred program elements?</p> <p>What are staff perceptions about barriers and facilitators to implementation?</p> <p>What adaptations were made to the program?</p>	<p>Staff qualitative interviews</p> <p>Participant qualitative interviews</p>
Maintenance	<p>What are site plans for sustainability?</p> <p>What are core elements to include in toolkit?</p>	<p>Staff qualitative interviews</p>

## B: Health Assessments

**Schedule:** Assessments were administered in person to participants at up to **5 different time points**: a baseline assessment upon program entry; at 3, 6, and 9 months; and a final assessment at approximately 12 months. The table on page 12 shows the topics in each type of assessment. The Appendix contains more detailed information about measures.



Due to factors including participant availability and preference, the actual number of completed assessments varied by participant. After the closures in March 2020 due to the Covid-19 pandemic, a modified version of the final assessment was developed for phone administration. This version omitted the health screening and physical function tests that had to be completed in person, and added several items relevant to the Covid-19 pandemic; e.g., changes in activities, worry about the Covid-19 pandemic, and missed medical appointments.

*“They [the assessments] were absolutely essential. I really miss those and looked forward to them. That was very important to me. The fall risk and balance they assessed you on, glucose, blood pressure. Those were really important, I learned a lot from those.”*

**Assessments served two primary purposes.** First, they were a **core program activity**, and provided an opportunity for participants to learn about their psychosocial and physical health as well as their physical functioning; set health-related SMART goals; and learn about relevant class and activity offerings, based on the results of their health screenings and their personal goals. Second, the data collected in the assessments could be used to **track changes over time**.

**Participants met one-on-one with a staff member or a nursing student** at the program site (SPSC or NSO) to complete the assessments. Information was recorded on a paper copy of the assessment form, and later entered into REDCap (a secure, cloud-based research database; <https://www.project-redcap.org/>).

*“They [the assessments] were beneficial, kept you motivated to lose weight, encouraged you to exercise on a regular basis, set goals and [made] you want to make sure you reached those goals by the time you come back at the end of the period.”*

The **first part** of the assessment consisted of **health, psychosocial, and demographic items**, which participants completed on their own, or with assistance if needed.

The **second part** of the assessment was led by the staff member or nursing student and consisted of **clinical measures and physical performance tests**.

The **final part** of the assessment focused on **goal-setting**. With a staff member or student, the participant identified 1-2 health goals based on what the participant wanted to achieve or change and developed a specific action plan for reaching the SMART goal(s).



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## Action Plans

Action plans used a standard formula:

**What** the participant is going to do (a specific action)

**How much** the participant is going to do (time, distance, portions, repetitions, etc.)

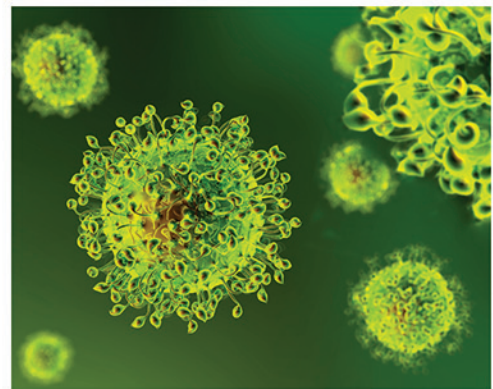
**When** they will do it (time of day or day of the week) and

**How often** or how many days a week they will do it.

At the next assessment, participants were asked about progress on their SMART goal and approximately what percentage they achieved (0, 25, 50, 75 or 100%). They were then able to modify their goal to make it easier or more challenging, keep it the same, or set a new goal entirely. Assessors could also suggest new activities to form goals around, or to help with goal achievement.

### Changes to Assessments during the Covid-19 pandemic:

After the closures in March 2020, staff at both sites continued to work with Passport to Health participants, but in modified ways. To make adjustments for Covid-19, the DAAA ordered weight scales, blood pressure cusps, glucometers and oximeters for older adults who did not have access to these items at home so they could self-report these health measures. As reported elsewhere, both sites conducted telephone wellness checks, offered a variety of virtual activities, and, in the case of SPSC, some outdoor activities during warm months. Follow-up assessments were conducted over the telephone. For this reason, health screenings and physical function tests could not be performed. Questions were added to the assessment to better gauge the impact of the Covid-19 pandemic on participants and to screen for urgent needs that could be addressed. These included questions about worry, changes in activities, difficulty getting groceries, and a screener for elder abuse.



**How Assessment Measures were Selected:** The measures used on the assessments were selected at the beginning of the project period in a collaborative process led by the evaluation team. Input on domains and specific measures, as well as on the formatting and data collection process, was decided by the group members.

# METHODS

**Data Collected** The following data was collected at the timepoints depicted in the table below.

Assessment Topic	Baseline	Quarterly	Final	Covid-19 Final
Demographics	◆			
Health insurance	◆		◆	
Medical History/Chronic Conditions	◆			
Tobacco Use	◆		◆	◆
Physical Activity	◆		◆	◆
Falls	◆			◆
Loneliness	◆		◆	◆
Medication Adherence	◆		◆	◆
Communication with Providers	◆		◆	◆
Depression	◆	◆	◆	◆
Worry about Covid-19 pandemic				◆
Fatigue	◆		◆	◆
Wellness exam in last year	◆		◆	◆
Nutrition	◆		◆	◆
Ability to get groceries	◆			◆
Caregiving status	◆		◆	
Blood pressure	◆	◆	◆	
Blood glucose	◆	◆	◆	
Height	◆			
Weight/BMI	◆	◆	◆	
Type 2 diabetes risk score	◆		◆	
Timed Up and Go (TUG) test	◆		◆	
Four-stage balance test	◆		◆	
30-second chair stand	◆		◆	
Goal-setting and Action Planning	◆	◆	◆	◆
Self-reported change in exercise, wellness, social, cognitive activities		◆	◆	◆
Changes in activities due to Covid-19 pandemic				◆
Elder Abuse Suspicion Index				◆



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## C: In-Depth Participant Interviews

To achieve a better understanding of the participant experience in the Passport to Health program, we conducted a total of 40 in-depth interviews with participants (21 from NSO and 19 from SPSC). We attempted to reach a total of 55 participants (33 at NSO and 22 at SPSC), resulting in a 73% response rate for these qualitative interviews.

These interviews were conducted over the telephone between July 2020 and January 2021 by the evaluation team. The evaluation team worked with site staff to apply a **purposive sampling strategy** to reflect a diversity of program experiences. To this end, we invited a range of participants, including those who had been more or less actively engaged in the program, and both longer-term and more recent members of the two community wellness service centers.

Interviews were **semi-structured**, meaning that interviewers worked from a list of specific questions and probes but could also modify questions to maintain a natural flow to the interview. Most interviews lasted about 30 minutes. A small monetary incentive in the form of a gift card was offered to interviewees to thank them for their time.

Interview questions elicited information about participants' reasons for joining the program, the role of prizes in motivating participation, which activities the participant engaged in, and the perceived effect on health and well-being, among others. We also asked questions about the Covid-19 pandemic and its effect on activity, health, and well-being. A copy of the complete interview protocol can be found in the Appendix.

## D: Nursing Students Experience Surveys

Closely aligned with the Michigan Health Endowment Fund goal of **Workforce Development**, an important feature of the Passport to Health program was the involvement of approximately 160 nursing students from Madonna University, Wayne State University, and Michigan State University. These students played key roles in the delivery of the Passport to Health (including conducting health assessments and developing programming) while at the same time increasing their skills and confidence for working with older adults.

*“I enjoyed seeing the students, too, coming out and talking to them, they were all so nice and kind with me, and helpful.”*

We evaluated the role of nursing students in Passport to Health in two ways. First, in Spring of 2020, we administered an online survey using Qualtrics to nursing students at both sites who had completed rotations working at Passport sites. This survey included items about the **perceived value of this experience to their training, what they learned about working with older adults, and their potential future work in the geriatrics field.**

Second, themes related to the role of nursing students emerged from in-depth interviews with Passport to Health participants as well as staff at implementing sites.

# METHODS

## E: In-Depth Staff Interviews

In-depth interviews were conducted with staff members at SPSC (n=3) and NSO (n=2) who were most involved with the implementation of Passport to Health, as well as the Detroit Area Agency on Aging (n=2), who led the project.

The goal of these interviews was to collect information pertinent to the “Reach” “Adoption” “Implementation” and “Maintenance” dimensions of RE-AIM. The interviews were semi-structured and conducted by the evaluation team over Zoom. A copy of the interview questions can be found in the Appendix.

Organization	Staff member	Title
St. Patrick Senior Center 	SaTrice Coleman-Betts MA	Executive Director
	Anita Kanakaris MA	Health Coordinator
	Lisa Saigh BSN, RN	Health Coordinator
Neighborhood Service Organization 	Renee Kotzan BSN, RN	Health Coordinator
	Laurie Yorke BS	Wellness Center Navigator Lead
Detroit Area Agency on Aging 	Aida Domazet BS	Community Wellness Program Coordinator
	Anne Holmes Davis MUP	Vice President, Planning & Program Development



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## F: Data Analysis

### Qualitative

The evaluation team recorded participant and staff in-depth interviews, with permission. Interviewers also took notes during the interviews and recordings were used to expand these notes and fill in details. Using standard qualitative analysis procedures, all meaningful text in interviews was assigned a code(s) representing a theme (e.g., Program Benefits) or subtheme (e.g. social benefits). We then reviewed the content of each theme or subtheme in order to describe the contents and develop an overall understanding of the participant (or staff) experience, as well as the specific dimensions. Two evaluation team members reviewed codes and their application for consistency.

### Quantitative

All participant assessment data were entered into REDCap, a HIPPA-compliant cloud database (<https://www.project-redcap.org/>), after first being recorded on hard copy during the assessment (Part 1 by the participant and Part 2 by staff or nursing student, as described above). Assessment data was downloaded into Stata, a statistical software program. We obtained descriptive statistics (frequencies and means) at baseline and examined change over time (from baseline to final survey) in selected measures. Wilcoxon rank-sum tests were used to examine change in continuous variables over time and chi-square tests for categorical variables. For the Nursing Student Survey, frequencies of all variables were calculated within Qualtrics.



# RESULTS

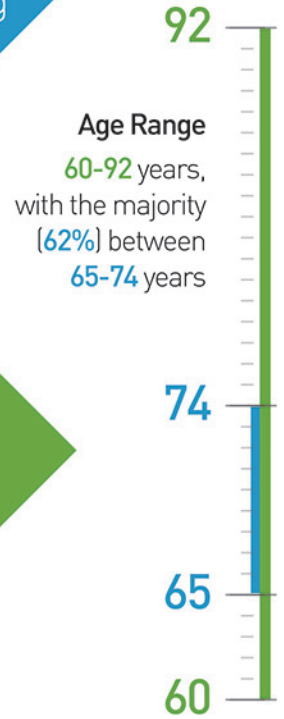
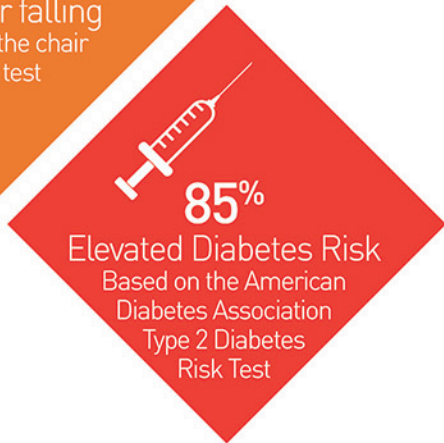
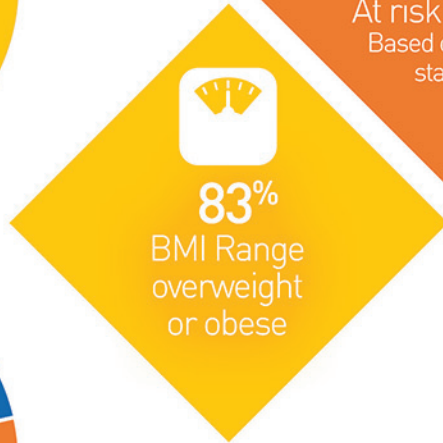
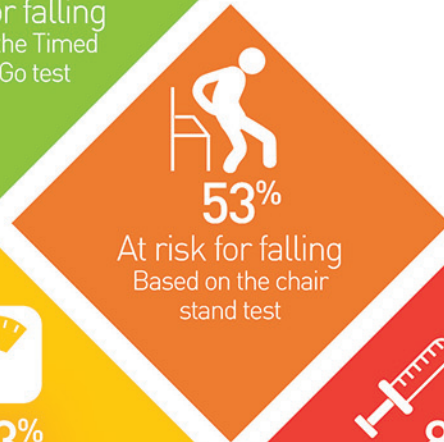
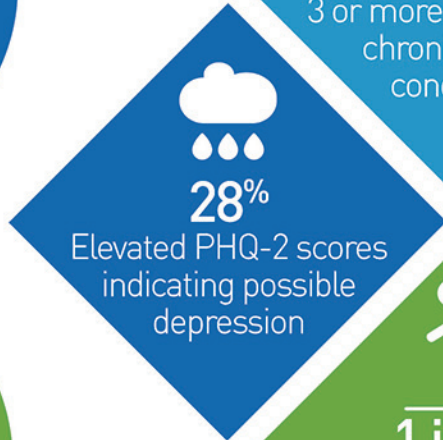
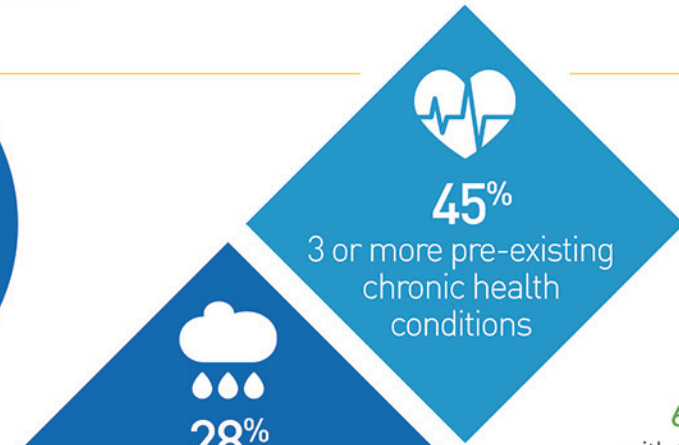
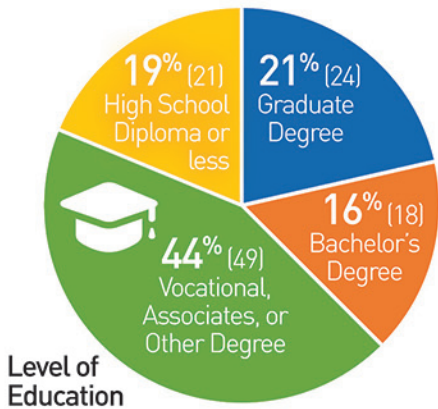
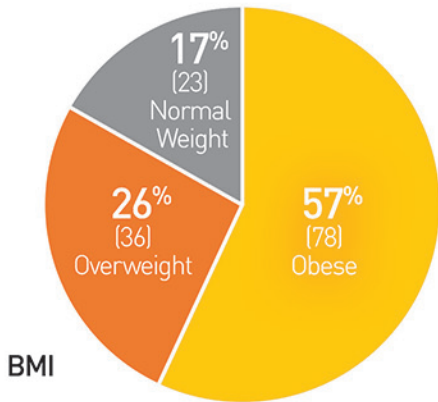
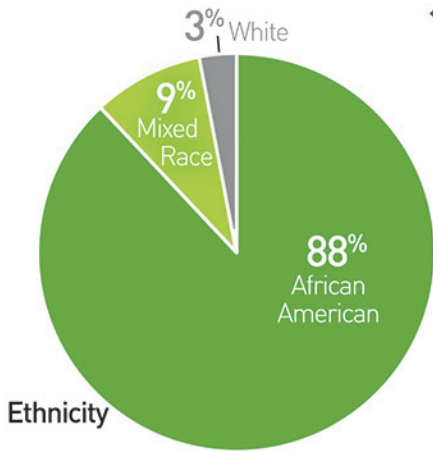
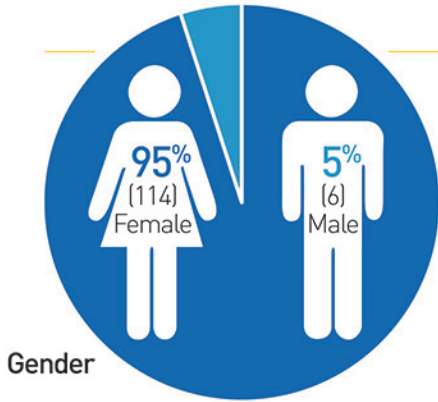
Passport to Health has educated me  
and given me more tools to make  
*better decisions in my life.*



**PASSPORT  
TO HEALTH**  
*celebrating lifestyle change*

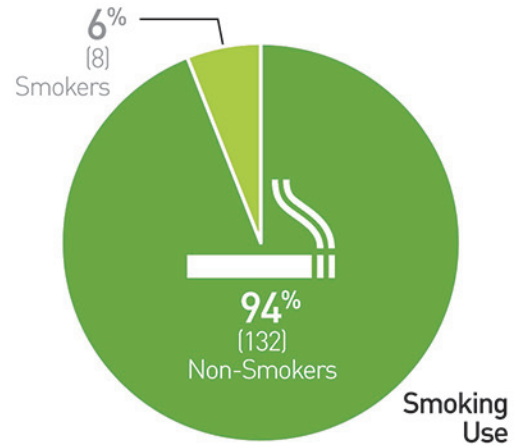
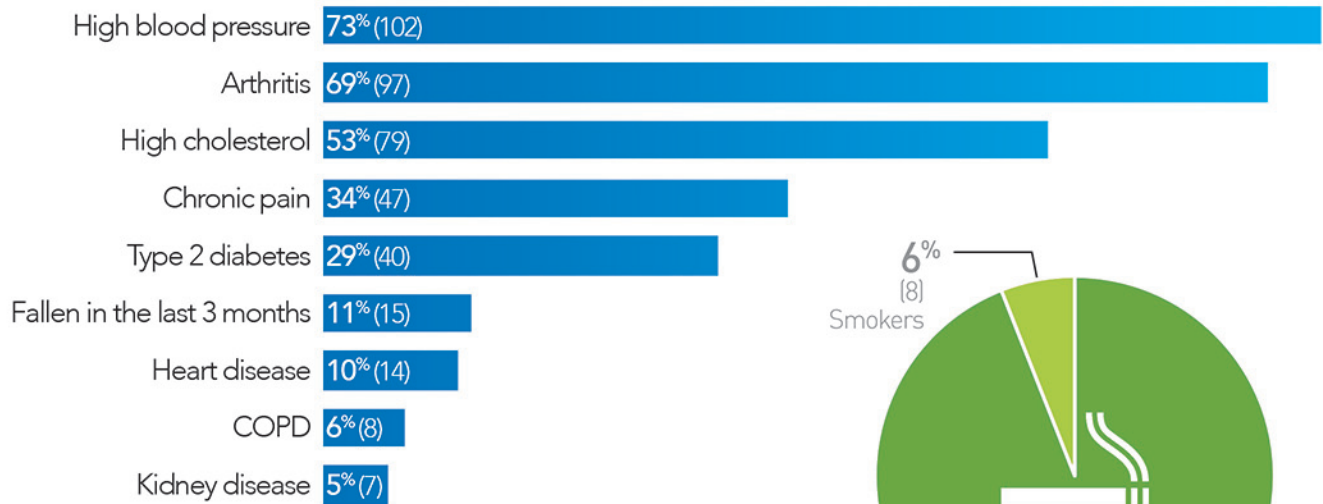


# BASELINE SNAPSHOT

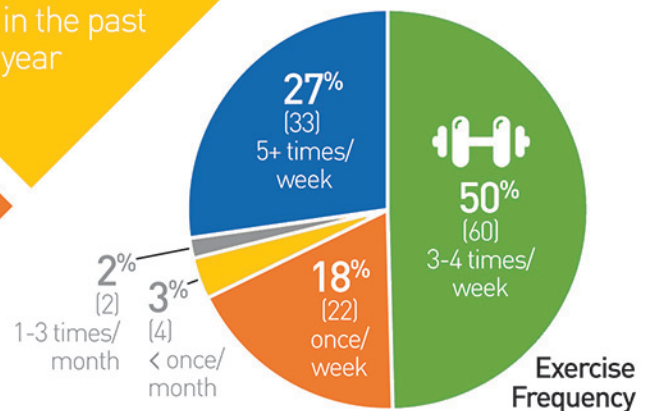
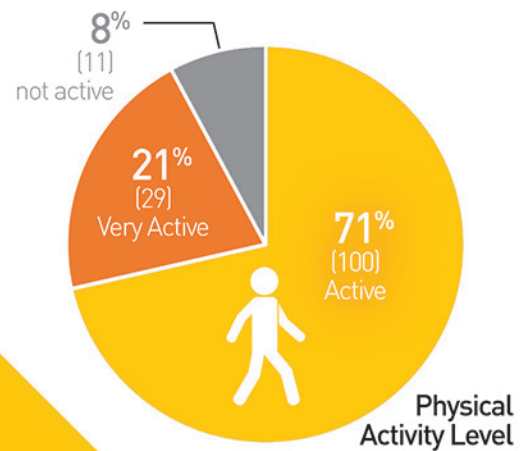
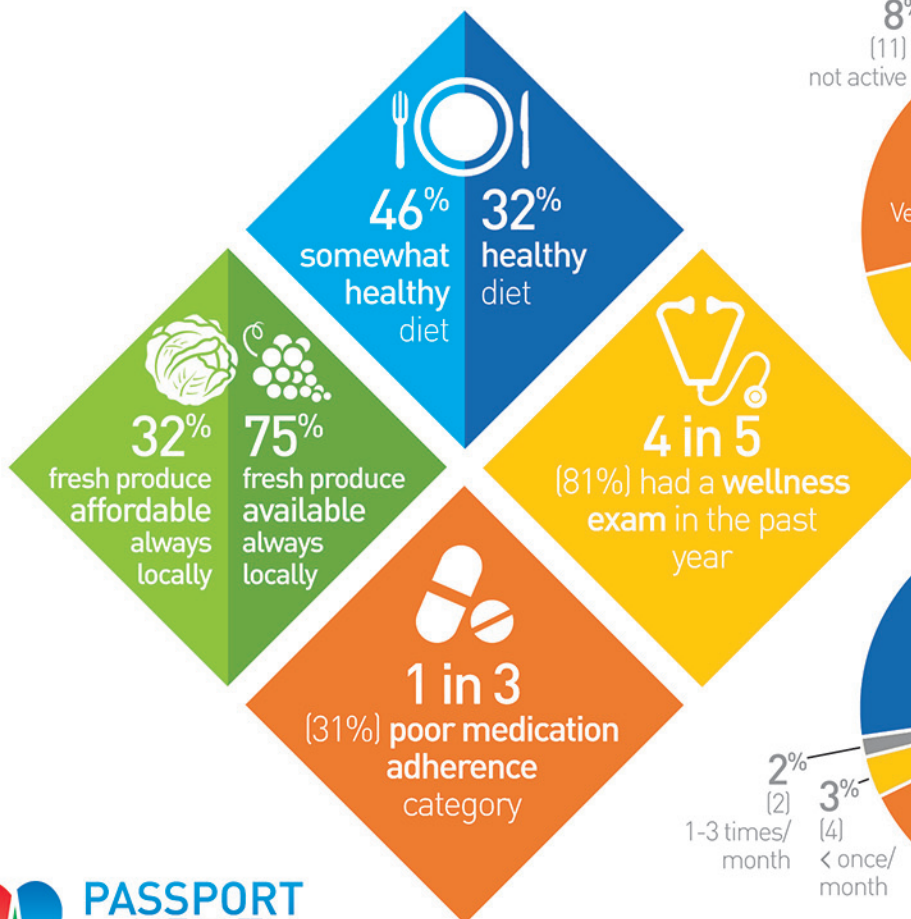


# RESULTS

## A: Health Conditions Experienced by Participants



## Self-Reported Health Behaviors





## REACH - Recruitment and Advertising Strategies

### How was Passport to Health advertised?

Sites engaged in a number of strategies to recruit participants into the Passport to Health program. These included Kick-Off events held at each site during Fall of 2019, making announcements in existing classes, health fairs, flyers, personal recruitment by staff members, and word of mouth among members. Social media, E-Newsletters, Senior Friendship Day, Senior Strides and other marketing and outreach efforts were also utilized to recruit participants.

Each site also employed its own creative strategies to do outreach about the program: For example, NSO had a table in the lobby of the Northwest Activities Center where nursing students took blood pressures and would offer information about Passport to Health. SPSC used the My Senior Center system to advertise the program in mass "robocalls" to members.

### Which strategies worked best?

According to staff, formal events like the Kick-Offs were helpful, but class announcements, personal invitations, and word of mouth seemed to yield the most participants. In participant interviews, a variety of ways of learning about Passport to Health were mentioned, including hearing about it while in another activity there, seeing a flyer, hearing about it from a staff member, or learning about it from friends or other Center clients who were doing it. Some participants explained that they were long-time members of NSO or SPSC, and when they heard about this new program, they decided they might as well join.

**Earn Prizes While You Improve Your Health!**

Passport to Health rewards 60-plus older adults for making lifestyle changes that can improve their health.

*This program helps you achieve health and social goals set by YOU.*

**PASSPORT to Health**

**Where all Paths Lead to a Healthier You**

NSO Northwest | Wellness Center  
18100 Meyers Rd., Detroit, MI 48235  
(313) 397-8227 | www.nso-mi.org

“ I saw a flyer on the bulletin board. I hadn't been doing that much at St. Pat's, but started going more because of Passport. ”

“ I was already involved with the NSO and during the session the Passport to Health program came up, and we were given some background about it, how it worked and operated...and at that moment I thought why not, and decided to sign up for it. ”

“ There was a luncheon that we attended and it was so nice. I invited other people and it drew a lot of people to the Passport program. ”

# RESULTS

## A: REACH - Participants' reasons for joining program

Participants were asked what appealed to them about the Passport to Health program and what they hoped to get out of it. The reason most often mentioned was **wanting to take advantage of an opportunity to improve their health**. Other responses were being able to monitor health, get health information, and increase or maintain physical activity.

Motivating Factor	In Participants' Words
The opportunity to improve my health	<i>"I participated in the program because I'm interested in my health, I'm interested in information. I'm getting older and I want to be able to reach out to all good sources."</i> <i>"I am a member of St. Pat's and I tried to participate in all programs that I thought would benefit my health and well-being."</i> <i>"First of all, my age, I'm 83, wanted better health for myself, want to do better by myself. I plan to live until I'm 105."</i>
Being able to monitor my health	<i>"I was able to get my blood pressure checked. It was one of the many programs that could help me maintain and stay on top of my vital signs."</i>
Get information/learn new things	<i>"I figured if I can learn something else about being healthy, why not?"</i>
Increase activity	<i>"I'm older and I place a lot of emphasis on fitness and staying fit, I figured it'd be beneficial to me."</i>
Prizes	<i>"Passport was a way to earn points and receive gifts for going to the classes."</i> <i>"They had incentives once you added up your points... so that was another great reason to participate."</i>
Socialization	<i>"Getting out of the house, socialization, a sense of community."</i>
Enjoyment, challenge	<i>"It challenged me to do something I wanted to do."</i>



## B: EFFECTIVENESS - SMART goal setting and goal achievement

The most popular topics for the SMART goals set in the baseline, Q2, and final assessments were healthy eating and exercise, as shown in the table below.

SMART goal	Baseline	Q2	Final	Examples of SMART goals set by participants
Healthy eating	31% (n=63)	36% (31)	34% (29)	<p><i>"Over the next 3 months, I will eat better with 1 serving of fruit and vegetables with each meal every day."</i></p> <p><i>"Increase water intake."</i></p>
Exercise	41% (84)	35% (30)	42% (36)	<p><i>"Exercise 3 times per week for 30 minutes, Monday, Wednesday, and Friday."</i></p> <p><i>"I will do balance exercises 2 times a week."</i></p>
Weight loss	19% (38)	16% (14)	17% (14)	<p><i>"Lose 5 pounds."</i></p> <p><i>"Lose weight 10-15 lbs."</i></p>
Quit smoking	2% (3)	--	--	<i>"Quit smoking"</i>
Medication adherence	3% (5)	2% (2)	--	<i>"All medication on time in the morning during the next 3 months - pill box."</i>
Managing chronic conditions	2% (4)	2% (2)	4% (3)	<p><i>"Lower A1C by one point for the first quarter."</i></p> <p><i>"Lower blood pressure. Keep sugars in check."</i></p>
Other	3% (7)	9% (8)	4% (3)	<p><i>"Increase cognitive activities."</i></p> <p><i>"Straighten up/declutter the den for 15 minutes (set a timer) on Monday-Friday in the early afternoon, 5 days per week."</i></p>

# RESULTS

## B: EFFECTIVENESS - SMART goal setting and goal achievement

SMART goal achievement varied considerably among participants, as shown in the table below.

Self-reported SMART Goal Achievement at Quarter 2 and Final Assessment			
Self-Reported % Achieved		Quarter 2 (n=58)	Final Assessment (n=54)
0% Achieved	☆☆☆☆	19% (11)	17% (9)
25% Achieved	★☆☆	24% (14)	26% (14)
50% Achieved	★★☆☆	12% (7)	13% (7)
75% Achieved	★★★☆☆	26% (15)	15% (8)
100% Achieved	★★★★	19% (11)	30% (16)

However, as shown on the next page, at Quarter 2 and at the Final Assessment, substantial proportions of participants reported increasing their cognitive, social, wellness, and physical activity.

“All of the classes worked together which helped make me better. Better mentally, better physically. It gave me a lot of hope, a lot of food for thought.”

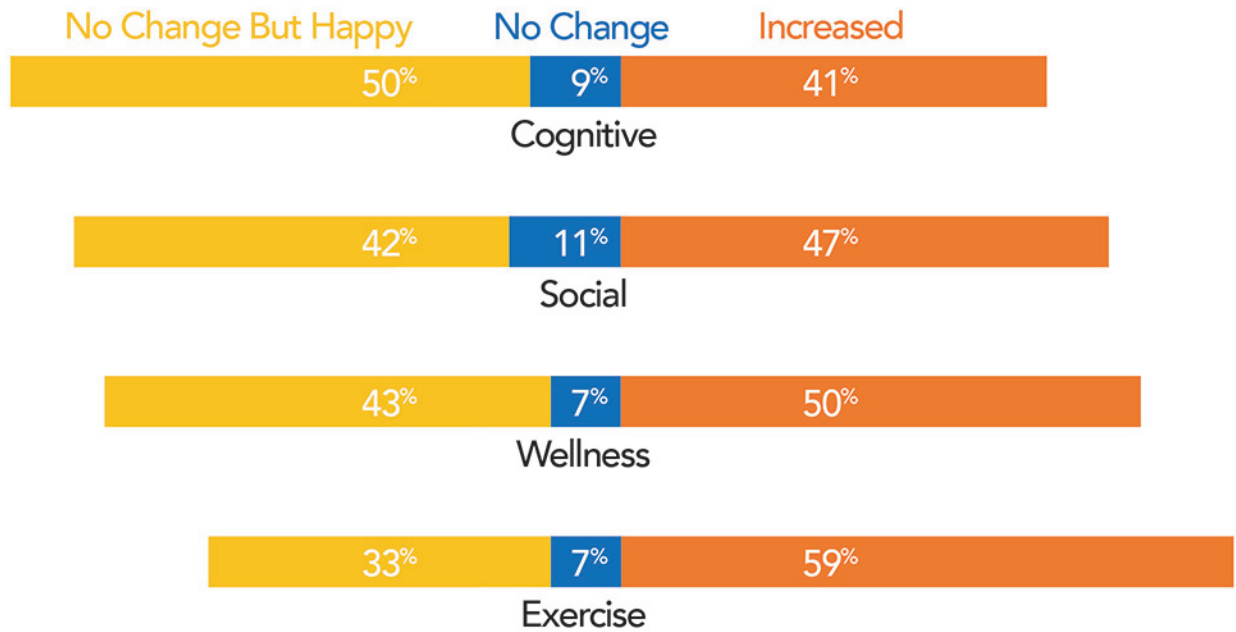
“I got a lot of friends from the classes now.”

“It taught me a lot about my body and trying to stay active and healthy. For me it encompasses goals, Passport to Health”

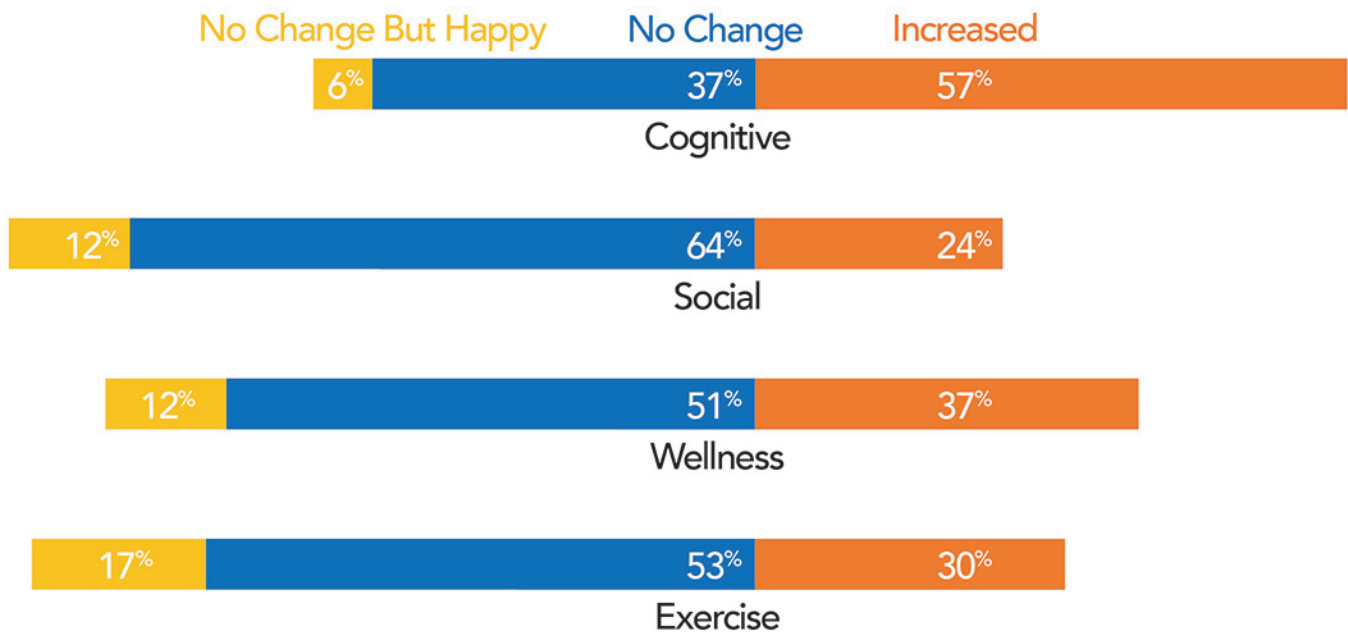


## EFFECTIVENESS - Participants' self-reported change in activities

### Q2 Self-Reported Change



### Final Assessment Self-Reported Change



# RESULTS

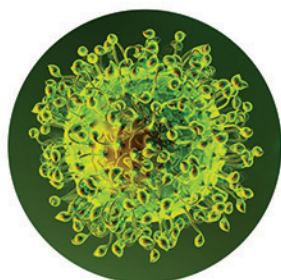
## B: EFFECTIVENESS - Changes in health and health behaviors over time

We used assessment data to examine change over time in selected health behaviors and health outcomes for the subsample of participants who had data on these variables at both baseline and final assessment.

As the table below shows, we did not see statistically significant improvement in medication adherence, depressive symptoms, loneliness, or communication with physicians.

In-depth participant interviews revealed that the Covid-19 pandemic had a strong adverse effect on the physical and social activity of participants and was psychologically challenging for many. Thus, it is not surprising that **loneliness significantly increased from baseline to follow up**, and depressive symptoms increased slightly. Even communication with physicians (in which we saw a slight, non-significant improvement) could be affected by the Covid-19 pandemic, as many appointments switched to telehealth. Fatigue decreased slightly, but not significantly.

Measure	Mean		P-value
	Baseline	Follow-Up	
Medication adherence (range 4 to 16)	12.40	12.42	0.91
Fatigue (range 3 to 20)	7.34	7.18	0.48
Depressive symptoms (range 2-6)	2.30	2.57	0.22
Loneliness (range 3 to 9)	3.74	4.28	0.00
Communication with physicians (range 0 to 5)	3.21	3.25	0.36

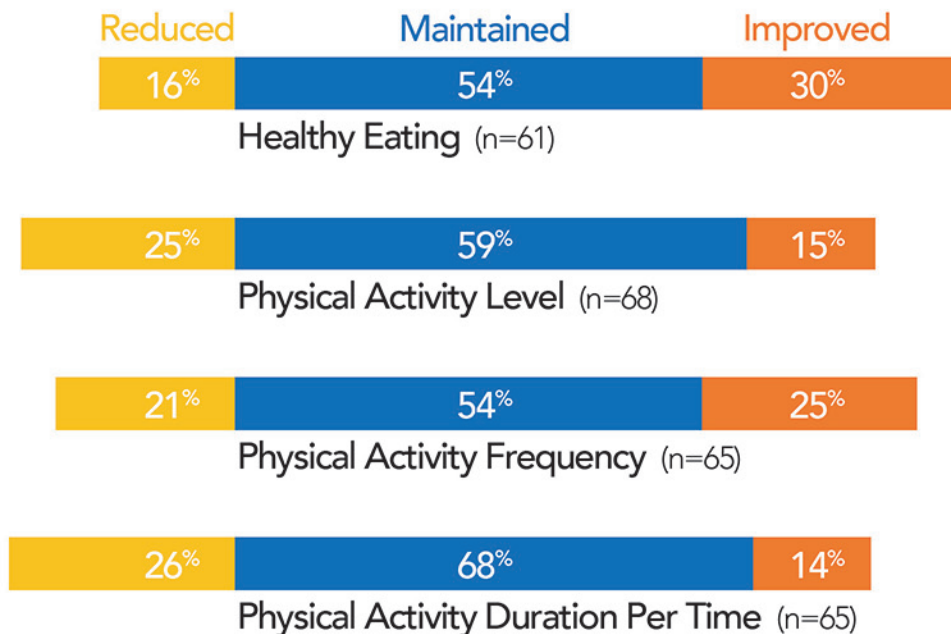


We were not able to measure change in performance on physical function tests or physiological risk factors such as blood pressure and blood glucose, as final assessments could not be done in person, due to the Covid-19 pandemic.

Assessments completed: A total of 196 baseline assessments were completed; 2nd quarter=111, 3rd quarter=55, 4th quarter=42, and final assessment=122. REDCap (electronic) data was available for analysis on a subset of these: 2nd quarter=57, 3rd quarter=13, 4th quarter=5, and final assessment=87.



## Self-Reported Changes from Baseline to Follow Up



Participants self-reported their level of healthy eating and physical activity. As shown in the bar graph above, physical activity levels included overall self-rated activity level (inactive, active, very active); frequency (from less than once/month to 5+ times/week), and duration (from less than 10 minutes to 60+) minutes. We found that the majority of participants either maintained their baseline rating of these behaviors or improved over time. Particularly notable was that **almost one-third of people improved their "healthy eating" rating**. The smaller numbers of physical activity improvement were expected, due to limited physical activity options as a result of the pandemic.



# RESULTS

## B: EFFECTIVENESS - Participants' Perceptions of Program Impact

In in-depth interviews, participants cited a variety of positive impacts of the program on their health. While some participants said that their overall health did not change, most participants were able to name specific ways in which they felt their health or health behaviors had improved as a result of Passport to Health. The most commonly cited benefits were in the areas of **increased physical activity**, especially walking, and **better nutrition** and **weight management**. These are summarized below.

### Increased Exercise / Walking

*"I became more conscious of exercising and walking and it encouraged me to try to continue to do that even without the program."*

*"My walking got better, my diet got better so my blood pressure went down."*

*"I am still walking and trying to keep up with that, I cannot do the water aerobics but I wish I could because of COVID, but I think it's got me started paying attention to goals. I am still trying to reach my goals and the program offered me extra help."*

### Better Diet / Weight Management

*"Because of the information they gave me, I started drinking more water now which improved my immune system. I don't drink a lot of water now, [but] I have reduced my intake of sugary drinks."*

*"I got more limber and lost weight, breathed better. I'm getting around much better."*

*"I've lost weight and I'm really eating differently...much better than I had been before the program."*

*"The weight loss, I kept my weight down then. The classes teach you... the program motivated me to participate in these activities which made me feel healthy."*

### Socialization

*"It drew me more into exercising and socializing. We met a whole new group of friends."*

*"I was very, very lazy before the program, didn't get out very much or socialize with anyone. I gained a sense of community. I got a lot of friends from the classes now."*

### No Change

*"I stayed basically the same, I was doing pretty good, it didn't help me improve, it helped me stay focused on my path."*

*"If I were to take an initial assessment tomorrow, I would be at the same place I was last year. I didn't think it through. If I did I would have kept up the practices, but I just didn't."*



## B: EFFECTIVENESS - Staff Perceptions of Program Impact

Staff are in a unique position to observe how the Passport to Health program impacted the senior center clients who took part in the program. The following are staff observations about program participants:

- Participants enjoyed the education that happened with the assessments and the fact that they could get their weights, blood pressure, and blood glucose recorded.
- It was clear that participants were making lifestyle changes and developing new friendships.
- It was a creative program and provided many opportunities for people to make positive changes.
- It made people aware that they could do something to make a change in their lives, even those with multiple chronic conditions.

*“It was a great program for seniors to get involved, gave a sense of team spirit. People got their friends involved, a little friendly competition. Gave people something to be a part of – the Passport to Health group – they had the tote bags, t-shirts, an identity.” ~ Staff member*



# RESULTS

## B: EFFECTIVENESS - Impact of Program on Nursing Students

A total of 26 nursing students completed an online survey: 15 were from Madonna University, 4 from Wayne State University, and 7 from Michigan State University.

Students rated their Passport to Health experience as valuable to their clinical rotation, giving it an average rating of 4.1 (1=not at all to 5=extremely valuable).



Passport to Health boosted interest in working in geriatrics. Only 27% of students reported that they had considered working in geriatrics prior to their Passport experience, but 58% of students reported that after the experience they became somewhat likely or likely to seek work in geriatrics.

Passport to Health enhanced the skills of nursing students. Some of the most important things students felt they learned were how to better communicate with older adults; important, reachable SMART goals for the geriatric population; and about resources/programming available to seniors.

Percentage of students who agreed/strongly agreed with the following statements:

96% Agreed Passport to Health increased their awareness of challenges faced by older adults

92% Agreed they were given sufficient support and guidance to perform their roles

88% Agreed the training received before delivering the assessments was helpful and that the assessments were easy to complete

85% Agreed that Passport to Health improved their confidence in communicating with older adults

69% Agreed that the practice they gained from taking vitals was very/extremely helpful

Suggestions for improvement: Some students said more implementation and practice with the program would improve their confidence, as would enhanced training.



## Staff Member Feedback on Working with Nursing Students

### Benefits of Student Involvement

- Passport to Health provides an **excellent structure** for involving nursing students in the operations of a senior center. In fact, more nursing colleges have been interested in working with SPSC because of the program.
- Nursing students gained **valuable insights** into working with older adults.
- Students gained **hands-on practice** in height and blood pressure measurements and glucometer readings.
- Aside from the assessments, nursing students provided **well-liked additional programming** for seniors. At SPSC, based on the participation and the interest during Passport to Health, gentle chair exercises (led by students) increased from 1 to 4 days/week. At NSO, students engaged older adults in Lunch and Learns, which older adults really enjoyed, particularly the “fun games with an educational twist”.

*“It was great for them to be able to engage with older adults in a health promotion way, instead of taking care of sick people in the hospital, and to see how important activity is. And that you can be very elderly and have mobility challenges, use assistive devices, but still be very active and have a very fulfilling, rewarding, enjoyable life.” ~ Staff member*

### Areas for Improvement

- Nursing students are a great way to **multiply staff power**, but sometimes need quite a bit of guidance.
- Nursing students were not always familiar with programming at the centers; therefore it was **harder for them to make appropriate referrals** and often staff had to do this.
- Helping participants formulate SMART goals was often challenging. This was both because the **format was unfamiliar** and also because **students did not always know what an appropriate and feasible goal was for an older person**.
- Would be better to have **smaller groups** of nursing students for **longer time periods**.
- Recommend developing a **web-based training** for doing Passport to Health assessments, including videos for SMART goal-setting and performing the physical function tests, in place of, or in addition to, a manual.

## C: ADOPTION - Staff Perspectives: Recruitment

Staff at SPSC and NSO discussed their recruitment strategies for Passport to Health, including successes and what got in the way. Some examples in each category are found below:

### Successful Strategies

- The **kickoff events**, including a special luncheon, were successful in generating excitement about the program as well as some participants (*NSO and SPSC*)
- **Announcements** were made during congregate meals (*NSO and SPSC*)
- Staff would make **announcements before or after classes**, would be on hand to talk about the Passport program (*NSO and SPSC*)
- The **tote bags and t-shirts**—prizes with the Passport logo—doubled as recruitment devices, when people wore/brought them to the Center (*SPSC*)
- **Displaying the prizes** got participants excited to join and collect points (*SPSC*)
- ◆ **Flyers and bulletin board notices** were widely used (*NSO and SPSC*) and information was included on the monthly activity calendar (*SPSC*)
- Staff in on-site clinic would tell people about program when they were doing **routine blood pressure checks** (*SPSC*)
- Nursing students in building lobby did **blood pressure checks** and told participants about the program (*NSO*)
- Staff members **individually recruited members** who they thought would benefit (*SPSC and NSO*)
- **Robo calls** from MySeniorCenter.org
- **Word of mouth** among participants was key! (*SPSC and NSO*)

### Barriers to Recruitment:

- With so many competing activities going on, it was sometimes **hard to get people's attention** about a new program
- Sometimes people would express interest but then **wouldn't commit** to an assessment appointment
- Some people may have been **reluctant to give personal data** in the assessments
- Sites were **not able to recruit "external" (non-member) participants** out in the community, in part due to the Covid-19 pandemic



Lisa Saigh, RN, SPSC and Renee Kotzan, RN, NSO



## D: IMPLEMENTATION - Incentives System

### Key Learnings

- In general, prizes were an **effective motivator** for getting people to join Passport to Health. However, because they are not appealing to everyone, other benefits of participation should be emphasized as well.
- More participants wanted to save their points for larger prizes, rather than spending them on smaller prizes. This suggests that organizations implementing Passport to Health should allocate more of their resources to “bigger ticket” prizes.
- Participants sometimes engaged in more or different activities in order to get points for prizes. Others simply did what they were going to do anyway; but enjoyed the fact that they were earning points for it.



### Prizes were effective incentives for many participants

The majority of participants in interviews described the prizes as being **motivating** and enjoyed this aspect of the program. Some participants expressed the idea that they were going to do classes anyway, so they might as well get points for them. Others were incentivized to doing more or different activities.

*“The prizes were a good incentive to make me want to work at getting points.”*

*“I was already doing the activities and the idea of being able to collect points for doing that gave me a little more incentive to do them. I was doing it anyway, but the prizes made it more fun and added a challenge to it of how many points I could get.”*

*“Prizes were exciting and appealing to see what we could win and how far we could go.”*

### Prizes weren't for everybody

Some people said the prizes did not motivate them—either because they were not interested in getting the particular prizes on offer, or because what they really wanted out of Passport to Health was tools to improve their health. A couple people also said that they weren't aware of the prizes.

*“I did hear that there would be prizes, but it didn't really influence my decision.”*

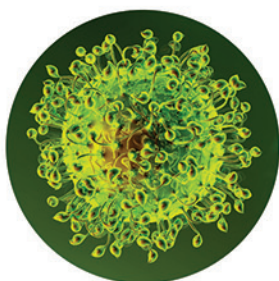
*“Some participants were really excited about getting stamps for prizes but that wasn't for me. I never wanted the prizes. I wasn't stimulated to do something for a prize. Prizes weren't motivating, wanted the knowledge/ information. The information was the real prize for me.”*



## D: IMPLEMENTATION - Incentives System

### Some prizes were more popular than others

According to both participants and staff members, the **bigger prizes** tended to be seen as more desirable and up for. The items people most often described wanting were the camping chair and electronic activity tracker. Other well-liked prizes were t-shirts, umbrellas, and tote bags. T-shirts and tote bags, which had the Passport logo, had the additional advantage of publicizing the program when members wore or brought them to the center, according to SPSC staff. Somewhat less popular were the smaller prizes, such as water bottles, that many people already had a lot of.



### The Covid-19 pandemic interrupted prize winning and distribution

Since the March 2020 shutdowns, few prizes have been distributed. A number of participants noted that they have not yet been able to redeem the points that they had been accumulating.

*"I was saving my points for the chair before the pandemic. But then the pandemic happened."*

### Point-tracking for prizes generally went smoothly but was confusing for some participants

The Passport to Health sites used different methods of tracking points. NSO used **sign-up sheets** for activities and kept track of points manually. SPSC transitioned to an **electronic point-tracking system** using My Senior Center. Staff at both sites reported the point tracking going smoothly, and SPSC staff reported that electronic tracking was much easier than the manual tracking/stamping paper passports they had previously been doing.

The majority of participants did not report any trouble with point tracking systems. Some, however, said that it was not clear to them how this was happening or that they found the system confusing. A few participants said that they chose to not track their points, and one participant was unaware of the possibility of getting points.

*"They kept track of everything. They kept good records."*

*"I didn't follow it myself or check on it on a regular basis. I would sign in but I never went back and said how many points do I have."*

*"I was really kind of wondering if I was even getting credit."*

## D: IMPLEMENTATION - Participants' Perspectives

Participants gave detailed information in in-depth interviews about the activities they engaged in during the Passport to Health program, the extent to which their participation in these activities was motivated by Passport, and which activities were the most helpful.

### Participants continued or initiated new activities while in Passport to Health

All participants were members of either SPSC or NSO, and most were already involved in classes and activities at these sites. Some participants indicated that they would have continued to do the same activities even without the added structure and incentives that Passport to Health offered, but others indicated that they tried new activities because of Passport, or became more engaged in ongoing ones.

*"I started doing more exercise classes, the same ones, just more often."*

*"The Matter of Balance was something I started after the Passport program and I had to wait to get in since so many people signed up."*

*"Diabetes [DPATH] and meditation were new for me. I probably wouldn't have done them if I wasn't in Passport. The interaction made me go to the class."*

*"Meditation and water aerobics and belly dancing. I don't think I would have done water aerobics without Passport."*

### Participants valued the classes and activities that were part of the program

When asked what was helpful about Passport to Health, most participants named specific classes or activities that they did while earning points. Examples are: Walk with Ease, A Matter of Balance, yoga, tai chi, cooking classes, caregiver education, and grief support.

*"Moving in general was helpful and kept my mind good. All of the exercise ones are helpful. everyone that taught was good, we had good teachers that make you feel good."*

*"Walking with Ease was the most helpful because we had to set goals on how far we were going to walk and what we would do and we would complete that goal before coming back to class."*

*"I still remember a lot of things from A Matter of Balance. I fell this past summer and I tried to remember what they told us and had to get myself up off the ground."*



## D: IMPLEMENTATION - Participants' Perspectives

### Health assessments allowed participants to monitor their health and set goals.

The health assessments were cited by a number of participants as being especially helpful; in particular, the **ability to monitor one's vitals** (e.g., blood pressure, blood sugar) and **set individualized SMART goals**. Participants liked that the assessment pointed to specific areas they needed to work on. Assessments were described as providing **motivation, encouragement**, and, in the words of one participant, **"one-on-one problem-solving."**

*"The assessments were a good metric for standing, balance, walking, etc., check-in, something to think about. It was really helpful to me as a starting point. I wasn't aware of those, I wasn't aware that I didn't have the ability to stand on one foot for a certain time so it was helpful with my balance."*

*"The results were helpful, showed what I needed to work on, helped in between appointments. Some of the parts I liked, some of the results I didn't like, which meant I had to work harder, I had to do more."*

*"I enjoyed that they take your weight and check you later on. I wasn't weighing at home like I was there. It made me feel like someone cared about me, not just doing the program."*

*"It kept you on your toes because you wanted to meet your goals and if you didn't meet them you would just try a little harder next quarter."*

