

An Evaluation Plan for the Achieving Whole Health Program

Designed for Asian Women for Health (Boston, Massachusetts)

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Photo: <https://www.asianwomenforhealth.org/>

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Background of the Achieving Whole Health Program

This plan is designed to evaluate Asian Women for Health's (AWFH) Achieving Whole Health program. Executive Director Chien-Chi Huang and Community Engagement Manager Rachel Park would like to see how effective the delivery of the program has been and how it can be improved. COVID-19 has presented AWFH with both new challenges and opportunities for the Achieving Whole Health (AWH) Program, which the organization has been able to carry out online.

Achieving Whole Health is an eight-week program designed to help women improve their health in the realms of mind, body, and spirit ("Asian Women for Health", n.d.). It fills a critical need by drawing on the strengths of paraprofessional staff and community members to train them to become Wellness Coaches. Participants learn how to take an active role in improving their own health as well as learning ways to help others. Specifically, Wellness Coaches work with community members to improve their health by reducing stress, improving diet and exercise, learning important self-care skills, and building personal resiliency by addressing not only physical needs but also the needs of one's mental health and communication skills. Achieving Whole Health sessions can be delivered by Wellness Coaches through group sessions and one-on-one peer support that help individuals prioritize and focus on achieving their health goals.

The target population of Achieving Whole Health includes those who identify as Asian Americans, women or girls of varying age groups, women who have had cancer or mental health conditions, and individuals who are isolated due to cultural and language barriers.

Context for the Evaluation

AWFH has not yet formally evaluated the Achieving Whole Health Program. The program is in the full implementation stage, having gone through multiple cohorts of participants by now, so the primary goals are to evaluate the outputs of the program and the long-term effects it has among the target population. Typically the program is targeted toward one particular demographic group, such as older women, women who have had cancer, or teenagers. For the first time, AWFH is bringing together an intergenerational cohort for the program. Previously, AWFH had distributed surveys to program participants but did not get a high response rate. AWFH would benefit from a summative evaluation now because they would like to understand the external perception of their program in order to improve their marketing.

AWFH has been forced to adapt its programs, like most other non-profits, during the COVID-19 pandemic. Fortunately, the organization has been able to implement AWH online over the past few months. In some ways, this is an advantage for participants, as they aren't subject to transportation barriers that otherwise might have prevented them from joining. On the other hand, using programs like Zoom is not as easy for older participants who are not

comfortable or knowledgeable using newer technologies to communicate. The newly adopted online format of the program and the new mixed range of ages of participants are important contextual factors to consider when we evaluate the program.

The organization would like the AWH program to be evaluated to determine how effective it has been in encouraging participants to recruit their own cohorts and run the program on their own after attending AWFH's training workshop. Specifically, the organization would like to understand participants' thoughts on the curriculum content and delivery and to measure which of the resources that AWFH provides prove to be most useful for participants to use in their own future replications of the program. They would also like to know how participants perceive the program one to two months after completion to get an idea of the long-term value that Achieving Whole Health brings to participants.

Program Description and Logic Model

The accompanying logic model, as shown in Figure 1 in Appendix A, aims to assess the Achieving Whole Health program from AWFH. This logic model shares the resources of AWFH and AWH as inputs and how they specifically relate to the activities of this evaluation. These activities lead to specific outputs that will enable AWFH to achieve their outcomes of increasing "Achieving Whole Health" youth enrollment by 15% in 2 years and expanding the "Achieving Whole Health" program to other locations by 25% in 10 years. All outcomes from Achieving Whole Health will allow for the impacts mentioned in the logic model.

The stakeholders involved in this evaluation plan include Chien-Chi Huang, Rachel Park, and other staff of AWFH. Additionally, program participants and coaches from the "Achieving Whole Health" program have a stake in this evaluation. Past participants will be interviewed about their experiences, and any changes made to the program will affect current and future participants. More broadly, the community of Asian women and their families in the Boston area whom AWFH serves have interests that will be affected by the evaluation of Achieving Whole Health as well.

As previously indicated, the intention of this summative evaluation is to assess the effectiveness of the AWFH Achieving Whole Health program. Specifically, the evaluation is used to demonstrate whether this program achieves its goals of improving both health and mental health outcomes for Asian Americans. Also, it makes a case for additional funding, revisions, expansions, and replications. Most importantly, it helps the participants and the potential clients to understand the differential effectiveness with different groups in the community.

In this case, the AWFH staff, including the Program Coordinator, Community Engagement Manager, and Executive Director are some of the intended users of the evaluation. Program participants including coaches-in-training and community members seeking to improve their mental health count as additional intended users of the evaluation. For AWFH managerial

staff, the evaluation provides evidence of outcomes and enables them to receive additional funding. It also evaluates essential conditions for program expansion and replications in the future. For the program participants, the evaluation shows the effectiveness of the program within different communities of Asian Americans and allows them to understand the extent to which this program can help improve their health outcomes and in turn prepare them to become health educators.

As depicted in the logic model, we are hoping that this evaluation will help to determine if the Achieving Whole Health program is producing its intended impact on participants. The three impacts that have been identified are:

- 1) Providing lifelong health resources for Asian American women,
- 2) Building leadership skills for health educators, and
- 3) Improving the overall health of Asian American women.

These impacts are planned to be measured through the corresponding activities that have been identified in the evaluation. There will be survey and interview questions regarding social media outreach, demographics, the curriculum, the leader-mentee relationship, and the ease of access to the program. The data collected from these questions will then help drive the outputs and resulting outcomes included in the logic model.

Evaluation Design, Data Collection, Analysis Plan

Questions and Evaluation Design

This evaluation will be a mixed-methods summative evaluation that will attempt to answer the following questions, that are also detailed in the chart in Appendix B:

- 1) To what extent is AWFH able to increase its youth enrollment in the Achieving Whole Health Program by 15% over a two-year span?
- 2) How can AWFH increase its social media engagement?
 - a) To what extent can AWFH increase youth engagement in social media, through platforms such as Instagram over the next two years?
 - b) To what extent can AWFH continue to engage the aging population in social media content, such as Facebook in the next two years?
- 3) To what extent do participants interact with the social media content posted by AWFH on their Facebook, Instagram, and Twitter, based on site engagement data?
- 4) To what extent do program participants feel prepared to take on leadership positions one month after participating in the Achieving Whole Health program?
- 5) To what extent do participants experience a change in their overall health a month after the end of the program?

Data will be collected through two surveys as well as individual qualitative interviews. The first survey will be a social media survey that is designed to understand how participants feel about AWFH's social media presence and gather feedback for the organization on how many participants follow them on their respective accounts (see Appendix C). The second survey will be administered to participants after they have completed the Achieving Whole Health program (see Appendix D). It includes a variety of questions about respondents' satisfaction with the program content and format, and it will give participants the option to sign up for follow-up interviews. These interviews will allow respondents to give more open-ended answers than they can in the survey, and they will provide the organization with in-depth qualitative data on how they can improve their program.

Since the average cohort size for the Achieving Whole Health program is about 20 participants, AWFH will not need to select a sample population to send the survey to. This population size is small enough that the organization can easily reach each participant via email. Ultimately, some who receive the survey may choose not to complete it, so the entire population of program participants might not be included in the data. However, surveys can be repurposed and sent to future cohorts of the Achieving Whole Health Program.

Measures and Indicators

As discussed, the evaluation will apply a mixed-methods design, which means that there will be both quantitative and qualitative data collected. First, the post-program survey uses the Likert scale to provide an analytical, quantitative assessment (see Appendix D)(Losby, 2011). It asks participants about their overall perception of the program, their preparedness to become wellness coaches, and their own personal health improvements. Survey questions about health benefits participants have gained are based on the curriculum topics from the program.

Second, interviews with program participants include deep conversations with the interviewees and a complete record of their feedback. The qualitative data from interviews will be recorded and then be organized through coding. This method allows for the collection of detailed, specific feedback from participants about their perceptions of the program and how they think it could be improved. These interview questions can be found in Appendix E.

Third, as AWFH would like to better understand the reach of their social media accounts, the record of social media engagement is essential to evaluate their current outreach. The social media survey contains more open-ended questions (see Appendix C). It collects demographic information as well as a subjective assessment of the AWFH social media platform. Specific measures to be collected through the survey are the number of participants who read the AWFH newsletter and the platforms that are most commonly used by participants. Recommendations for how AWFH can improve their online presence will also be solicited. Outside of this survey, AWFH will internally take an inventory of their social media accounts and how many followers they have through each.

Definition of Metrics and Indicators

The quantitative metrics will be defined through the use of validated methods including the Likert scale. For example, in the section on the satisfaction of the program, we state *“Please indicate your agreement with the following statements on a scale of 1 to 5, with 1 indicating strongly disagree and 5 indicating strongly agree,”* followed by corresponding statements. We have decided to use a Likert scale because it is a commonly used evaluation tool that can easily provide measurable, quantitative data. Likert scales typically contain a declarative statement, an ordered continuum of response categories, a descriptive label for each category, and a corresponding numerical value (Losby, 2011). The scale is useful for this evaluation because it can be adapted for future surveys and it can be easily applied to a range of topics (Losby, 2011). In addition, this scale allows for the uniform collection of data throughout the evaluation that can be easily compared later on. To keep answers consistent across all of the survey sections, statements are designed so that higher response values correspond with higher satisfaction levels with the program. Lower values correspond with less positive experiences.

Having a numeric value attached to the survey questions expands the potential for analysis. AWFH can perform simple summary statistics on the data, such as the mean satisfaction level across participants. They can also compare responses to specific questions to identify which aspects of the program respondents are most satisfied with, and which receive the lowest satisfaction levels (with the mean response value closer to 1 than 5.) Additionally, the surveys collect discrete data on age, ethnicity, and whether or not this was the respondent’s first time participating in an AWFH program. This will help give the organization a clear picture of who participates in the program and which subpopulations are not enrolling in the program. Importantly, it will also allow them to analyze satisfaction levels across age ranges and demographic groups. Finally, having numeric data allows AWFH to visualize it through simple charts to deepen their understanding of trends in program satisfaction.

A different approach will be used for the analysis of qualitative interview data. Using the questions as a guide, we recommend that evaluators at AWFH create a codebook that will then be used to organize the data. From there AWFH will be able to analyze the qualitative data and identify common responses and themes among participants. Although this method is more complicated than the Likert scale, it is a good way to extract data from the interviews. The Centers for Disease Control and Prevention provides some steps that can be taken when analyzing qualitative data:

- 1) Review your data
- 2) Organize your data
- 3) Code your data
- 4) Interpret your data (CDC, 2018).

The organization will likely conduct a manual analysis of the data, meaning organizing and labeling the data by hand since computer programs can be expensive and we are unclear about

the resources available for this evaluation. For the coding process, we will be using structural coding since we will be following the existing structure of the interview guide. However, we may end up doing thematic coding if it is determined that it will better answer the evaluation questions. We have decided to use this analysis in addition to the quantitative data because it may provide insight that is not captured through the survey and add overall depth to the program (CDC, 2018). It will be particularly helpful for understanding participants' ideas of how the program could be improved.

Plan for Dissemination

We recommend that AWFH produce a final evaluation report to be distributed internally among staff and the Board of Directors. This report should be in the format of a memo that is easy to understand. It should include graphic visualizations of the quantitative findings from the surveys and discuss the main qualitative findings as well. Since the primary purpose of this evaluation is to measure how effective the Achieving Whole Health Program is, it is most important to ensure that staff can access the report and understand it easily, since any recommended changes to the program will ultimately be carried out by these stakeholders. The Board of Directors should also access the findings since they have a stake in the overall success of AWFH and it is in their interest to determine if the organization is meeting its mission through its programs. Further, the Wellness Coaches and their trainers should have access to the evaluation memo as well. Any recommended changes to the implementation of Achieving Whole Health affect them, as they are crucial players in the operations of the program.

Besides this internal circulation of findings, it would be beneficial for AWFH to organize a PowerPoint presentation summarizing the results. This would allow the organization to present the findings through a webinar or conference presentation. Webinars are a simple and inexpensive method of sharing findings with other organizations with like-minded missions who would benefit from hearing about the Achieving Whole Health evaluation. Especially now that almost everyone is challenged to adapt to an online format for program delivery, it is important for nonprofits to work together and learn from one another's successes and areas for improvement. Similarly, presenting such findings at a conference would be an appropriate method of sharing experiences with a more academic audience. Relevant conference themes might center around peer-led health programs, nonprofits that promote the well-being of the Asian American community in the U.S., and others. If AWFH is comfortable with sharing their program findings with this larger audience, it would surely benefit others by contributing knowledge to the field of nonprofit community health programs.

Conclusion

Asian Americans continue to experience serious health disparities in the United States. They are often isolated due to language and cultural barriers, and, unfortunately, most intervention strategies still separate mental health and physical health. The Achieving Whole

Health program provides a creative, interactive, and culturally relevant way of improving both health and mental health outcomes for Asian American communities. AWFH accomplishes its short-term goals of drawing on the strengths of paraprofessional staff and community members to train them to become Wellness Coaches and helping participants learn how to take an active role in improving their health as well as learning ways to help others. They are moving towards their long-term goals of expanding the Achieving Whole Health program to more locations.

Findings from this evaluation are important for the continued success of the program and could support future funding mechanisms, timeline development, and resource planning. The surveys and interviews designed in this evaluation plan will provide insights into how to increase the organization's social media presence, how effective the Achieving Whole Health curriculum and content delivery is, and what lasting impacts the program has on the Asian American community. Gauging these measures will allow AWFH to convene internally and develop creative, tailored adjustments to its programming and operations to achieve its enrollment and social media goals. With each new cohort that completes the Achieving Whole Health program comes a network of peers dedicated to uplifting and passing on their knowledge to one another, creating a positive ripple effect throughout the community. Ultimately, the aim is to strengthen this program, ensuring its continued success and benefits for Asian American women in the Greater Boston area and beyond.

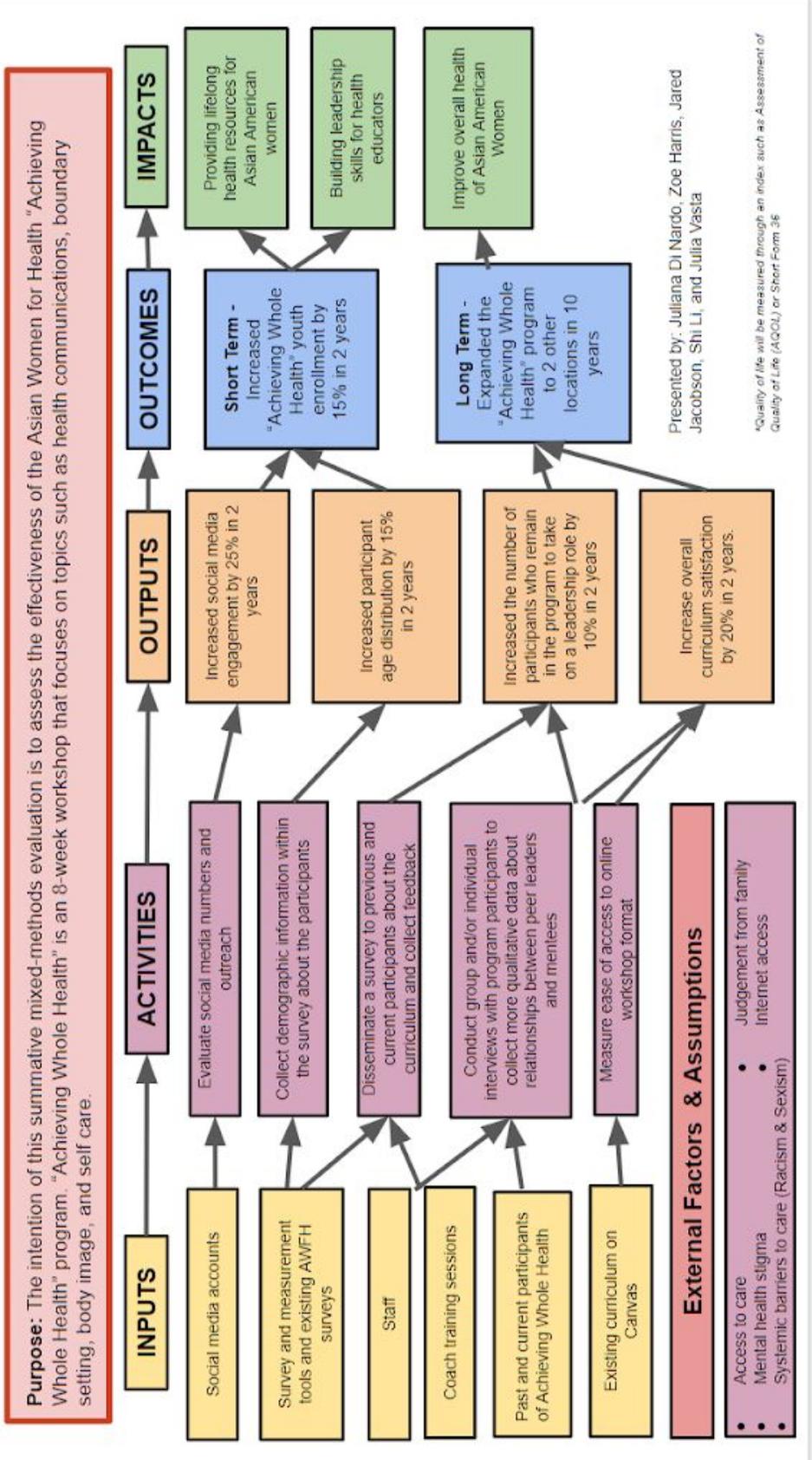
References

Asian Women for Health. (n.d.). Retrieved October 25, 2020, from <http://www.asianwomenforhealth.org/what-we-do.html>.

Losby, J. L. (2011, February 8). How do I develop a survey? *CDC*. Retrieved November 14, 2020, from https://www.cdc.gov/dhdsp/pubs/docs/february_2011_cb.pdf

Center for Disease Control and Prevention. (2018, August). *CDC*. Analyzing qualitative data for evaluation. Retrieved November 14, 2020, from <https://www.cdc.gov/healthyyouth/evaluation/pdf/brief19.pdf>.

Appendix A: Logic Model



Appendix B: Evaluation Plan Design

Evaluation Question(s) <i>What questions will be answered by the data you collect?</i>	Evidence <i>What will be measured to determine if change occurred?</i>	Method(s) & Measurement Tool (s) <i>How will data be collected?</i>	Sample <i>Who will be the source of information and how will they be selected?</i>	Time Frame <i>When will data be collected?</i>
<p>To what extent is AWFH able to increase its youth enrollment in the Achieving Whole Health Program by 15% over a two-year span?</p>	<p>Program participation rates</p> <p>Program participation demographics</p> <p>Social media engagement rates</p>	<p>Post-program Survey results</p> <p>Likert Scales</p> <p>Quantitative Data</p>	<p>The most recent cohort of “Achieving Whole Health” program participants</p> <p>The cohort will be reached out to via email and phone to complete the anonymous survey.</p>	<p>Post-program survey to be administered within 2 weeks of the end of the program and follow-up interviews to be scheduled within the next month. the program end</p>

<p>How can AWFH increase its social media engagement?</p> <p><i>Sub-questions</i></p> <p>To what extent can AWFH increase youth engagement in social media, through platforms such as Instagram over the next two years?</p> <p>To what extent can AWFH continue to engage the aging population in social media content, such as Facebook in the next two years?</p>	<p>Social media engagement rates</p> <p>Participant social media habits</p> <p>Qualitative survey results</p>	<p>Social media survey results</p>	<p>The most recent cohort of “Achieving Whole Health” program participants</p> <p>The cohort will be reached out to via email and phone to complete the anonymous survey.</p>	<p>Social media survey to be administered within 2 weeks of the start of the program</p>
<p>To what extent do participants interact with the social media content posted by AWFH on their Facebook, Instagram, and Twitter, based on site engagement data?</p>	<p>Social media engagement rates</p> <p>Participant social media habits</p> <p>Quantified survey results</p>	<p>Social media survey results</p>	<p>The most recent cohort of “Achieving Whole Health” program participants</p> <p>The cohort will be reached out to via email and phone to complete the anonymous survey.</p>	<p>Social media survey to be administered within 2 weeks of the start of the program</p>

<p>To what extent do program participants feel prepared to take on leadership positions one month after participating in the Achieving Whole Health program?</p>	<p>Perceived ability to take on a leadership role in AWH</p>	<p>Individual Interview question results Qualitative coding analysis</p>	<p>The most recent cohort of “Achieving Whole Health” program participants The cohort will be reached out to via email and phone to complete the anonymous survey.</p>	<p>Post-program survey to be administered within 2 weeks of the end of the program and follow-up interviews to be scheduled within the next month following the program end</p>
<p>To what extent do participants experience a change in their overall health a month after the end of the program?</p>	<p>Perceived changes in health (physical, spiritual, mental) status as a result of the program</p>	<p>Individual Interview question results Qualitative coding analysis</p>	<p>The most recent cohort of “Achieving Whole Health” program participants The cohort will be reached out to via email and phone to complete the anonymous survey.</p>	<p>Post-program survey to be administered within 2 weeks of the end of the program and follow-up interviews to be scheduled within the next month following the program end</p>

Appendix C: Social Media Survey

Social Media Survey

Survey for Asian Women for Health

* Required

Age *

Your answer

Ethnicity *

Your answer

Have you participated in an AWFH program before? *

Yes

No

Next

Programs

If yes, which program? Select all that apply.

- Annual Conference
- Asian American Mental Health Forum
- Celebrasians Benefit Fashion Show
- Webinars
- Monthly socials
- Asian Breast Cancer Project
- Other: _____

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Personal

On a scale of 1 to 5, with 1 being a few times a week, and 5 being multiple times a day, how often do you use social media platforms (e.g. Facebook, Instagram, Twitter)? *

	1	2	3	4	5	
A few times a week	<input type="radio"/>	Multiple times a day				

What social media platforms do you use most frequently? Please select all that apply *

- Twitter
- Facebook
- Instagram
- LinkedIn
- Other: _____

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AWFH's Social Media

Do you subscribe to the newsletter? *

- Yes
- No

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If no, why not?

- Too long
- Doesn't interest me
- Other: _____

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Appendix D: Achieving Whole Health Survey

Achieving Whole Health Program Survey

This is an anonymous survey that will help improve the Achieving Whole Health Program for future participants

* Required

Age *

Your answer _____

Ethnicity *

Your answer _____

Was this your first time participating in an AWFH program?

Yes

No

Next

Satisfaction with the program

Please indicate your agreement with the following statements on a scale of 1 to 5, with 1 indicating strongly disagree and 5 indicating strongly agree.

The Achieving Whole Health Program has left me with life-long wellness skills. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

The program covered all of the health issues that are most important to me. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

I wish the program had lasted longer than 8 weeks. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

I wish the program had been shorter than 8 weeks. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

I would prefer to attend this program in-person when possible. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

Overall, I am satisfied with the Achieving Whole Health Program. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

I find the content of this program useful. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

I am able to apply the knowledge I learned in the program to my daily life. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

I am willing to lead similar health workshops in the future using the knowledge I gained. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

I feel prepared enough to lead similar health workshops in the future. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

I feel that I have enough materials to use to teach health workshops to other women. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

I am able to easily access the curriculum materials to use them to teach future workshops. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

I think these health issues are important enough to run future workshops. *

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	Strongly Agree				

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Personal Benefits/Health Changes

Please indicate your knowledge level about the following topics on a scale of 1 to 5, with 1 being not knowledgeable at all and 5 being very knowledgeable.

Healthy eating habits *

	1	2	3	4	5	
Not knowledgeable at all	<input type="radio"/>	Very knowledgeable.				

Healthy physical activity routines *

	1	2	3	4	5	
Not knowledgeable at all	<input type="radio"/>	Very knowledgeable.				

Mindfulness *

	1	2	3	4	5	
Not knowledgeable at all	<input type="radio"/>	Very knowledgeable.				

Creating **IMPACT** goals for myself *

	1	2	3	4	5	
Not knowledgeable at all	<input type="radio"/>	Very knowledgeable.				

The effects of language and cultural barriers on health *

	1	2	3	4	5	
Not knowledgeable at all	<input type="radio"/>	Very knowledgeable.				

The role of traditional medicine versus western medicine *

	1	2	3	4	5	
Not knowledgeable at all	<input type="radio"/>	Very knowledgeable.				

Culturally sensitive healthcare services for Asian American women *

	1	2	3	4	5	
Not knowledgeable at all	<input type="radio"/>	Very knowledgeable.				

Lack of adequate treatment for mental health issues among Asian American women *

	1	2	3	4	5	
Not knowledgeable at all	<input type="radio"/>	Very knowledgeable.				

Growth mindset vs. fixed mindset *

	1	2	3	4	5	
Not knowledgeable at all	<input type="radio"/>	Very knowledgeable.				

Body image *

	1	2	3	4	5	
Not knowledgeable at all	<input type="radio"/>	Very knowledgeable.				

Communication in relationships *

	1	2	3	4	5	
Not knowledgeable at all	<input type="radio"/>	Very knowledgeable.				

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I feel the program has improved my overall mental health. *

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	Strongly agree				

I feel that I have a more positive attitude after completing the program. *

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	Strongly agree				

I have made improvements to my physical health after completing the program. *

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	Strongly agree				

I am experiencing better sleep after completing the program. *

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	Strongly agree				

I feel that my communication skills have improved after completing the program. *

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	Strongly agree				

I have a greater sense of my meaning and purpose after completing the program. *

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	Strongly agree				

I feel more confident after completing the program. *

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	Strongly agree				

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Rank the following answers from 1 to 5, with one being the least valuable and 5 being the most valuable.

What are the most valuable takeaways you got from this program? *

	Overall content or resources learned	Peer support	Developed changes in habits	Goal setting	Intergenerational learning
1 - least valuable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 - most valuable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate what other content you would like to have covered in the curriculum: *

Maternal health

Sexual health

Mental health

Nutritional health

Other: _____

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Additional Information

How did you hear about the Achieving Whole Health Program *

- AWFH Website
- Friend
- AWFH Newsletter
- AWFH Social Media
- Other: _____

Would you be willing to participate in a brief interview with a staff member to answer questions about your experience in the program? This will help improve the program for future participants *

- Yes
- No

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If yes, please provide your name, email, address, and availability

Your answer _____

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Would you be willing to become an ambassador for the Achieving Whole Health Program (this may include sharing your health stories or your experience in the program, making a short video, etc.) *

Yes

No

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If yes, please provide your name and email, address,

Your answer

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Appendix E: Interview Questions

1. How did you learn about Achieving Whole Health?
2. Before attending this program, how often did your confidence affect your life and work environment?
3. How did your confidence level change after completing this program?
4. How have your relationships with your coaches and other participants changed throughout this program?
5. How have your relationships with others changed after completing this program?
6. Would you recommend this program to others? Why or why not?
7. What was the best feature of Achieving Whole Health?
8. What were the major challenges for you during participating in the program?
9. During the program, were there any unintended experiences or impacts, either positive or negative?
10. Have you followed any of AWFH's social media? If so, which platforms, and did you find them helpful?
11. What kind of content would you like to see on AWFH's social media?
12. What do you think about the ambassadors who share their health stories and experiences in the program?
13. Provide an example of when you were persistent in the face of obstacles during the program.
14. How would you describe your relationship with your peers in your program cohort?
15. Share a time when you successfully made achievements at the program, and what made you a successful participant?
16. Which elements of the program did you find most beneficial, and which least beneficial?
17. Do you have any other suggestions for improving the quality, relevance, and utility of the program?
18. Do you have any questions, concerns or any points you would like to raise?
19. Who else should we contact as part of this process?