LIVING WELL WITH A DISABILITY CURRICULUM ADAPTATION EVALUATION PLAN

H18234

2-13-18

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Objectives

1. Adapt the Living Well in the Community peer led health promotion program to address the needs of families caring for adolescents living with a disability in rural, southeast Georgia.
2. Implement the adapted Living Well in the Community program in southeast Georgia.
3. Evaluate the adapted Living Well in the Community program.

Investigators will provide technical assistance to local Peer Facilitators and develop a Parent Facilitator Guide to accompany the Living Well in the Community program. A local community partner will recruit 20 families to participate in the pilot of the adapted program. Four members of the Navigator Team will serve as Parent Mentors and lead 5 families through adapted Living Well in the Community program. Investigators will 1) matching parent facilitators with families, 2) scheduling and confirming weekly meetings, 3) scheduling and confirming bi-weekly workshops and 4) leading bi-weekly workshops that will include extended programming for parents and children.

Hypothesis

We hypothesize that families in participating in the program will experience increases in health-related quality of life, mental health, and physical activity.

Design

Investigators will conduct a mixed-methods evaluation of the adapted curriculum including both children and youth participants to measure changes in outcomes and consumer satisfaction with the program.

Methods

First, parent facilitators will be recruited and matched with their peers. Parent facilitators will be community members with a child with a disability. The peer matching resembles the community lay health worker model. The community lay health worker model will reduce the amount of time needed to meet face to face with families. To begin adapting the facilitator training and curriculum, the program directors will work with investigators to review and update training materials. Parent facilitators will undergo an online, intensive facilitator training. The facilitator training is approximately 15 hours long. The training includes three major components: peer training, facilitator training, and Master “Train the Trainer” training. Five parent facilitators will work together with investigators to deliver the adapted curriculum to participating families. With bi-weekly meetings for 10 weeks between parent facilitators and family participants in the home or another desired location. The investigators have already participated in the facilitator training and will serve as mentors to newly trained facilitators. At the end of the online training session, the parent facilitators will be equipped to successfully implement the Living Well curriculum. The investigators will schedule a working meeting before and after the facilitator training to discuss curriculum changes. Changes in readability are anticipated since the target audience includes adolescents. Curriculum delivery methods will need tailoring to match a family-based approach including activities to be completed at the home at the family and individual levels for parents, siblings, and children. Both investigators and parent facilitators will lead monthly summary meetings to review the adapted content. These meetings will take place at a convenient location in the community. Pre and post focus groups will take place before and after these monthly meetings at a convenient locale in the community.

Instrumentation

Quantitative. The Patient Reported Outcomes Measurement Information System (PROMIS; see attached) will be used to examine mental health and physical activity. PROMIS has 4 unique features: comparability, reliability/validity, flexibility, and inclusiveness. Its measures have been standardized, allowing comparisons across subpopulations and with the general population. Recently, pediatric versions have been adapted for proxy reporting in the areas of mental, physical, and social health.

Qualitative. The project directors will conduct face to face interviews with the children living with disability participants and focus groups with the parent/caregiver participants to explore program effects and collect feedback on the adapted program. The project directors will aim to recruit 8-10 participants for the face-to-face interviews and 8-10 focus group participants from the families who participated in the curriculum. Both interviews and focus groups will last approximately 60 minutes. Interview and focus group guides will be developed and used to guide each interview and focus group. Interviews and focus groups will be recorded. Audio recordings will be transcribed verbatim. Transcripts will be analyzed using content analysis to identify codes and emergent themes.

The evaluation team will collect questionnaires pre and post implementation. Each facilitator will have an envelope to return to the evaluation team. The evaluation team will enter the data into a SPSS database and analyze the results. A Multivariate analysis of variance (MANOVA) will be conducted for each survey with appropriate post hoc tests. Interview and focus group guides will be developed and used to guide each interview and focus group. Interviews and focus groups will be recorded. Audio recordings will be transcribed verbatim. Transcripts will be analyzed using content analysis to identify codes and emergent themes.

Only data will only be presented in aggregate post analysis.

Statistical Analyses

All data will be analyzed by paired t-tests/Friedman's test. To accommodate multiple comparisons, all p-values will be adjusted using Hochberg's adjustment.

Statistical Analysis Overview

The evaluation team will collect questionnaires pre and post implementation. Each facilitator will have an envelope to return to the evaluation team. The evaluation team will enter the data into SAS database and analyze the results. We will evaluate differences between pre and post measures using a paired t-test for normally distributed data and Friedman's test for non-normally distributed scales.

Comparison Group Selection

Each subject will serve as their own control.

Comments

A 5% increase in subscales are considered meaningful. With a 5% increase with a standard deviation of 0.1 and alpha = 0.007 (to account for multiple tests) power at N = 20 ranges from a low of 0.84 to a high of 0.99 calculated using SAS proc power.

Type of Statistical Test

Superiority

Statistical Test of Hypothesis

Null: There is no differences in scale and subscale measures between pre and post outcome measures.

Alternative: There are differences in scale and subscale measures between pre and post outcome measures.

All data will be analyzed by paired t-tests/Friedman's test. To accommodate multiple comparisons, all p-values will be adjusted using Hochberg's adjustment.

P-Value

p = .05

Comments

Hochberg's adjustment

Method

t-Test, 2-Sided

Other

Other Method Name

Friedman's test

Estimation Parameter

Mean Difference (Final Values)

Median Difference (Final Values)

Parameter Dispersion Type

Standard Error of the Mean