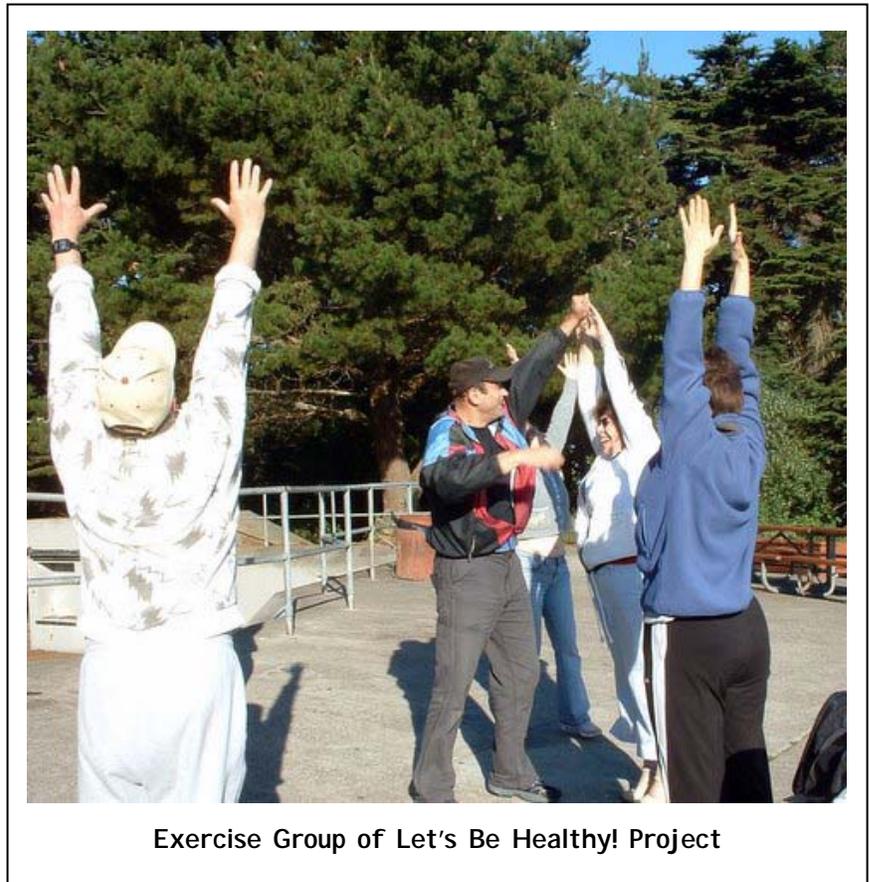


Evaluation Report
Let's Be Healthy! Project
July 1, 2005 to June 30, 2006



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This project is collaboration between Bay Area Community Resources and San Francisco Department of Public Health – Newcomers Health Program.

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Summary of Findings and Recommendations

The Let's Be Healthy! Project is a collaborative effort between Newcomers Health Program and Bay Area Community Resources. Designed to change norms around health within San Francisco's Russian-speaking immigrant community, the project focuses on newcomer adults who are middle-aged and older and at risk of living with chronic health conditions and on the Russian – speaking community at large. It combines community-based prevention and education efforts with innovative patient-centered care based on the Chronic Care Model. *

This report is the result of the first annual project evaluation conducted by Gibson & Associates. The following section is a brief summary of the findings and recommendations under each of the project objectives. Section II of the report provides detailed explanations and supporting documentation.

Objective 1: Recruitment and Training of Pomoshniks

- ❑ *Eight Pomoshniks have been recruited in two cycles during the first project year, and five are currently working as Pomoshniks. The first year of recruitment and orientation was a learning experience for the project staff.*
- ❑ *Within the second group of Pomoshniks there were more individuals with professional and paraprofessional skills relevant to their role with the Let's Be Healthy! Project. While they could clearly describe what they would do in their role as Pomoshniks, they have not yet developed action plans.*
- ❑ *Staff involved the first group of Pomoshniks in a training program conducted by Kaiser Permanente, on chronic disease management. The training yielded mixed results.*
- ❑ *Pomoshniks report that the best part of the Kaiser Permanente training was the information on the topics of developing action plans, dealing with anger and fear associated with chronic health conditions, and the opportunities they had to discuss things in a group.*
- ❑ *The participants enjoyed and benefited most from the interactive aspects of the training.*
- ❑ *While Pomoshniks report that more knowledge about medical issues would be helpful, they suggested that the training was uncritically focused on allopathic medicine and did not provide a balanced approach to prevention vs. intervention.*
- ❑ *Staff have substantially revised the training program, incorporating many of the former Pomoshnik and evaluation recommendations related to role orientation and content information. The second group of Pomoshniks received the first segment of the revised training and they will receive ongoing training through the fall of 2006.*

* The Chronic Care Model identifies the essential elements of a health care system that encourage high-quality chronic disease care.

- ***Recommendation #1: In the first six months of the project, the evaluator recommended that the Pomoshniks be provided with both a job description and project work plan highlighting the tasks and timing of the different project activities they were expected to undertake. Though this group of Pomoshniks left the project, the recommendation should be followed for the next group.***
- ***Recommendation #2: Offer the revised training program to the Pomoshniks and extend the idea of training to include outside conferences, and a learning exchange with people who work in similar fields.***
- ***Recommendation #3: Incorporate role playing, discussions, concrete plans and timeframes for completion of activities into the training series. The content information on health issues should be expanded as well. Involve the evaluator in developing ways to assess the effectiveness of the training.***

Objective 2: Outreach to Russian-speaking Newcomers

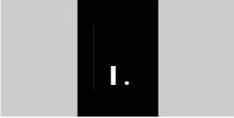
- ❑ ***The community education campaign is being conducted through cultural events, distribution of project outreach materials and a press release to a newspaper with a circulation of 9000.***
- ❑ ***Outreach to newcomers is multi-faceted, and most people who participate in project activities indicate that they first heard of the project from staff, a friend or media (radio or newspaper).***
- ***Recommendation #4: Continue planning large thematic cultural events to attract 100+ people, where participants and volunteers staff tables (possibly in regional attire, offering healthy regional cuisine, informing about project activities). Engage community musicians and poets and advertise in Russian media-newspapers, radio and through community events calendars.***
- ***Recommendation #5: Project staff should use a phone log when people call in for information about the services, a log which records how the person heard about the project. This will facilitate tracking the relative success of outreach materials and other efforts worked to capture their attention.***
- ***Recommendation #6: Follow the plan to have Pomoshniks distribute promotional materials in a variety of venues (grocery stores, pharmacies) and conduct intercept surveys to see if the materials were taken by clients or customers.***

Objective 3: Newcomer Participation in Healthy Living Activities

- ❑ *While the overall number of newcomers who have received the project's health messages is in the thousands, a core group of 182 of Russian-speaking newcomers have participated in activities. Many of them attended weekly sessions of health education activity groups that they report have positively influenced them to make lifestyle changes.*
- ❑ *Though more of the participants report having enjoyed the yoga class, more report having increased their knowledge in the cooking class.*
- ❑ *Because of the yoga class 84% of the participants report being likely to engage in physical activity most days.*
- ❑ *The classes positively affected participants' intention to manage stress and eat more healthfully; this was truer of the yoga than the cooking class.*
- ❑ *These group activities are the basis upon which participants are forming community as newcomers in San Francisco.*
 - *Recommendation #6: Project staff or Pomoshniks should consistently administer the participant evaluation of activities after these and other ongoing classes.*

Objective 4: Addressing Chronic Health Conditions

- ❑ *Project staff have worked with health service providers at San Francisco's Ocean Park Health Clinic and Family Health Center to develop culturally sensitive protocols and practices for delivering chronic care management services to Russian-speaking newcomers.*
- ❑ *Health service providers found the project - sponsored conference to be useful and appropriate to their needs for knowledge about metabolic syndrome management.*
- ❑ *Nine newcomers attended the first session of the first group medical visit series thus far, the majority of whom express some concerns about their health maintenance.*
- ❑ *The majority of newcomers who attended the first group medical visit report that they are more likely to adopt healthy lifestyle habits and choices as a result of the visit.*

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Introduction and Methods

The Let's Be Healthy! Project is a joint project of Newcomers Health Program and Bay Area Community Resources. The Newcomers Health Program has been serving refugees and immigrants in San Francisco since the late 1970s through community collaborations and a range of clinic-and community-based programs and services. Bay Area Community Resources (BACR) was founded in 1976 to promote the healthy development of individuals, families and communities through direct services, volunteerism, and partnerships in the San Francisco Bay Area.

The project aims to equip Russian immigrants in San Francisco with the resources they need to maintain healthy lives. These individuals from the former Soviet Union (FSU) have very high rates of chronic health conditions, lower life expectancy and lifestyle-linked conditions such as obesity, hypertension, diabetes and heart disease – the spectrum referred to as the metabolic syndrome. This accounts for over half of all diagnoses among the estimated 700+ Russian-speaking patients seen annually at San Francisco's public health clinics.

The project builds upon the strengths of Russian-speaking newcomers - the enjoyment and comfort they take in doing things in groups is evoked by the many group health activities structured for them. Even medical visits are structured as group medical visits, tapping into their existing cultural norms. The challenges are many, as Russian-speaking newcomers are often unsettled by what they see as the impersonal nature of the U.S. system (e.g., need to make appointments, being given little time with their primary care physician, being referred to specialists). The clash of cultures goes deeper, as the Russian medical model is based on treatment of symptoms through a combination of medication and alternative healing and the newcomers often find that far too little attention is paid in the U.S. on prevention and alternative medicine. The project is meeting these challenges head on, and this year's evaluation report addresses the way staff have regrouped to confront the difficulties posed.

The evaluation is being conducted by Sandra Meucci, Senior Associate at Gibson & Associates, in concert with the project staff. During this first of four project years in this grant cycle the following data collection activities were performed: focus groups with each of the two cycles of Pomoshniks; evaluation of Kaiser Permanente Training on Chronic Disease Management; participant evaluations of activity groups; pre-test and evaluation for group medical visits; and evaluation of the Metabolic Health Conference for clinical staff.

This evaluation report is structured by each of the project's funded objectives, and data from 2005-06 is presented, analyzed and reported out as findings and recommendations under each section.

II.

Objectives and Progress

II.a

Recruitment and training of Pomoshniks

Objective #1: By 6/30/2009 a minimum of 8 – 15 Pomoshniks will be recruited, trained and take an active leadership role in Lets Be Healthy! Activities.

Finding #1: Eight Pomoshniks have been recruited in two cycles during the first project year, and five are currently working as Pomoshniks. The first year of recruitment and orientation was a learning experience for the project staff.

The project staff refer to the health advocates within their program as 'Pomoshniks', a Russian word meaning 'helper.' As a community-driven health promotion program, Let's Be Healthy! (LBH) identifies and trains natural helpers who then seek to improve the health of individuals and their communities. By understanding the community's health belief system Pomoshniks can better facilitate individual Russian-speaking newcomers in a move toward lifestyle changes without threatening their cultural values. By October 2005 the project director, Laura Diamondstone and staff Sasha Mosalov and Olga Radom recruited three Pomoshniks - all Russian – speaking immigrants interested in becoming more embedded within the San Francisco Russian community and playing an important role as health educators and promoters. This first cycle of recruitment brought in the following three Pomoshniks who described their reasons for joining LBH in a focus group with the evaluator:

Angela, a young woman in her thirties, emigrated from the Ukraine when she was five years old and since living in the U.S. she has been isolated from her Russian community. Attempting to re-connect with her culture of origin, Angela joined a group called the "79rs" where childhood émigrés from Russia came together regularly. The Let's Be Healthy! Project is another opportunity for Angela to re-connect with Russian émigrés, one which allows her to share what she has learned about health. Angela reported that she was hoping to develop her leadership, public relations, and marketing skills in her role as youth outreach worker with this project.

Iradia, a mature woman in her forties, emigrated from the former Soviet Union in the 1990s after the military coup, and has lived in neighborhood in San Francisco populated mostly by Chinese émigrés. She claims that she doesn't feel like an "American" partly because of this and she wants to make connections within the Russian community in San Francisco. For that reason she joined the Russian SUNSET Tobacco Education Project (another community public health effort to bring Russian immigrants together). This was her way of continuing to keep her Russian language skills and a connection with her

culture of origin, without which she felt like *"a plant without water."* There she received counseling, acupuncture and most important of all, an opportunity to renew her acquaintance with Russians. Iraida reported that she was hoping to develop her English language skills, learn about medical terminology and develop professionalism along the way.

Illia, a young man in his twenties, immigrated to San Francisco with his mother and also participated in the Russian SUNSET project. He also attended acupuncture sessions and was a participant in numerous programs. He says he joined the Let's Be Healthy! Project because he is extremely motivated to make a difference right away.

There was a difference in the way project staff prepared the Pomoshniks for their role in the project. Only one of the three received a job description and talked with the Project Director about the expectations the role s/he would perform. Not surprisingly. This was the only one of the Pomoshniks who was able to describe her plan for conducting the activities leading to the outcomes she was working toward.

The other two Pomoshniks had been participating in the project as volunteers for over a year, but received no systematic orientation to the expectations of the role they would perform as Pomoshniks. Rather they report having received some very general information about health outreach work from one of the staff, who recruited them to be a Pomoshnik. Feeling that they would learn as they went along with the project, they also expressed that their approach to making contact with the Russian community has to be *"individual."* They expected to learn about what the job entailed mostly by observing staff but they couldn't express what that would entail, except in broad contours (i.e., facilitating workshops, getting people to come to the project events and generating a level of excitement about what the project is trying to accomplish). While these activities are indeed some of the expectations of their role, the Pomoshniks could not identify the next steps or how they were going to work on these tasks.

The project's approved work plan calls for the Pomoshniks to develop written plans for outreach, recruitment and other health education activities with the Russian newcomers in the first year of the project.

- **Recommendation #1:** In the first six months of the project, the evaluator recommended that the Pomoshniks be provided with both a job description and project work plan highlighting the tasks and timing of the different project activities they were expected to undertake. Though this group of Pomoshniks left the project, the recommendation should be followed for the next group.

Finding #2: *Within the second group of Pomoshniks there were more individuals with professional and paraprofessional skills relevant to their role with the Let's Be Healthy! Project. While they could clearly describe what they would do in their role as Pomoshniks, they have not yet developed action plans.*

The second group of Pomoshniks was recruited across several months beginning in February 2006. In a focus group conducted by the evaluator in June 2006 after they received an initial training session, they reported information about how they were recruited and oriented to their role and what their skills are. Overall, they bring professional and paraprofessional skills relevant to their role as Pomoshniks.

Anatoly began with Let's Be Healthy as a volunteer in February of 2006. His profession is as an Information Technology Specialist and he is not looking to make a career of his work with this project. He is attracted, however, to the social environment created by the project and feels he can make a contribution. He was recruited by staff member Olga Radom. He has enjoyed helping with filing, computer work, mailings and feels that his professional skills will continue to be beneficial to the project. For example, he plans to develop more multi-media presentations including a video on the project and he has converted all the photographs from the project to electronic media so that they can be shared. He is in the process of creating a website for the project.

Inna attended several classes sponsored by the project (e.g., cooking) and she liked them. She was recruited to work as a Pomoshnik by both Olga and Sasha. She reports that the first social program that she got involved with is the In Home Support Services program where she still works. This job gave her experience with clients much like the experience she is expecting to have with the newcomers at Let's Be Healthy! Project.

Lilia had been a volunteer with the Newcomer Health Programs for the Russian-speaking immigrants for several years. She worked in the Refugee Clinic, for example, and she took a lead role in the development of the training curriculum for the Pomoshniks. She has an MA in Linguistics, got her Community Health Certificate three years ago, and talked about wanting to help "our people." The people she works with (Sasha, Olga and the other Pomoshniks) she describes as "my friends." She hopes to make more presentations on health, because she says, "our people could use more of this type of information."

Nicolai has been a volunteer with the newcomer's projects for the Russian-speaking immigrants for two years and recently (June 1st) agreed to become involved with Let's Be Healthy! Project as a Pomoshnik. He came to the U.S. from the FSU 14 years ago where he was a physics scientist. When he met Sasha, who told him about the health program for Russian-speakers, he understood its importance, especially for older people who immigrate from FSU and don't speak English. "The point of the program," he says, "is that it helps people overcome the cultural barriers they face when they come to a new place." He works with the staff to develop the cooking and other education classes to help create an environment for people to come together in this new culture to ease their transition.

There is an additional Pomoshnik who had not yet been trained nor was he in attendance at the focus group, but has since joined the group.

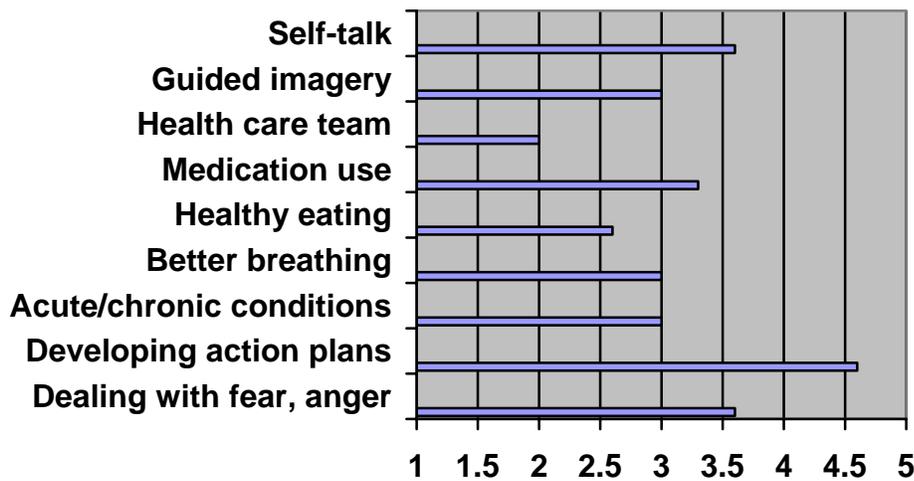
Finding #3: Staff involved the first group of Pomoshniks in a training program conducted by Kaiser Permanente, on chronic disease management. This was the only training the group received and it yielded mixed results.

Three first three Pomoshniks of the Let's Be Healthy! Project attended a mandatory training on Chronic Disease Self Management conducted by Kaiser Permanente in October 2005. The training was four full days long and all the participants attended the whole training. However, it was later revealed by senior managers of the LBH program that there was an expectation that this Chronic Care Management training through Kaiser Permanente would only be supplemental to a more broad training on leadership and community health education, which the Pomoshniks had not received.

Many issues surfaced during the evaluation of the Kaiser training. This training was a considerable investment in time and though Pomoshniks found the interactive elements of the training informative, they did not receive the type of information they expected. They were not aware of the degree to which allopathic medicine was to be the model for chronic disease health management, both in the training and in the project itself. The Pomoshniks asked for more training seminars dealing with alternative medicine, perhaps naturopathic medicine and preventative health maintenance.

Finding #4: Pomoshniks report that the best part of the Kaiser Permanente training was the information on the topics of developing action plans, dealing with anger and fear associated with chronic health conditions, and the opportunities they had to discuss things in a group.

Informativeness of Training Topics



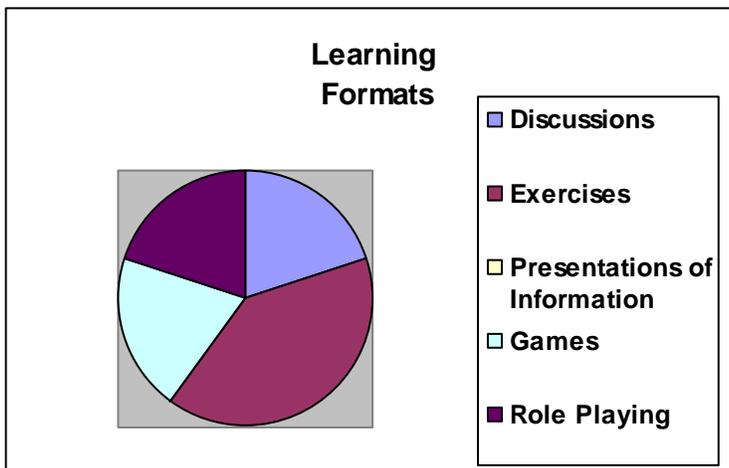
The chart is a display of the averaged scores among the three participants on each topic, rated for its informativeness. 1 represents the lowest and 5 the highest possible scores for each item. It shows that the sessions on developing action plans, dealing with anger, fear, and chronic conditions

and self-talk were reported as the most helpful while the session on the health care team

concept was reported as the least informative. One of the three respondents also suggested that she would like more information on the health care team concept.

While the average or "mean" score on each rating above is useful to examine, there was a wide variance in responses on two topics in particular. For example, though the average rating for the topic "differences between acute and chronic condition" was 3 (somewhat helpful) the answers ranged considerably, with one person saying "most" and one saying "least" helpful. This same pattern of responses occurred with the "healthy eating" topic; that is, someone rated it most (5) while another person rated it least (1) with the third person rating it somewhat helpful (3). What does this mean? The variance in ratings on these two health topics is likely due to the fact that the respondent's had very different levels of knowledge to begin with on these topics and that their needs for additional information were very different, one from the other.

Finding #5: The participants enjoyed and benefited most from the interactive aspects of the training.



The group sessions were the favorite part of the training for the Pomoshinks. When asked about the most important things they learned overall in the training session, they focused on the power of support and group dynamics, and role playing in particular, in actualizing change.

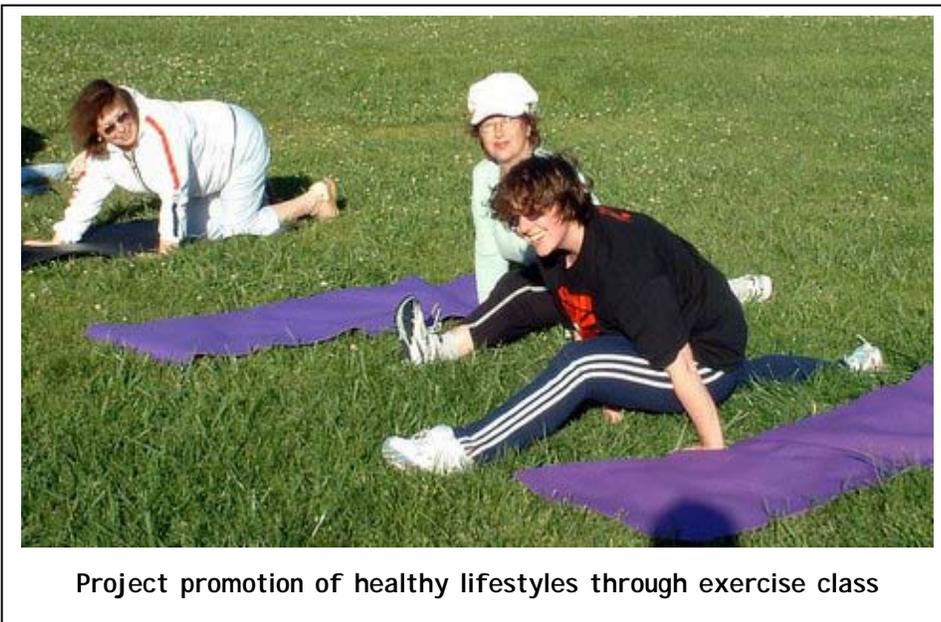
Finding #6: While Pomoshniks report that more knowledge about medical issues would be helpful, they suggested that the training was uncritically focused on allopathic medicine and did not provide a balanced approach to prevention vs. intervention.

Trainees specifically requested more in depth research on diet, exercise and the mind/body connection. One respondent wrote: "they just scratched the surface and therefore didn't impart useful information. I would like to see a segment about alternative medicine and healthcare as an option."

Finding #7: Staff have substantially revised the training program, incorporating many of the former Pomoshnik and evaluation recommendations related to role orientation and content information. The second group of Pomoshniks received the first segment of the revised training and will receive ongoing training through the fall of 2006.

The revised training program is designed to be conducted as an ongoing series, beginning with a clear elaboration of the role of the Pomoshnik, focused on the facilitation of the Let's Be Healthy! Project goals. The new curriculum integrates the importance of lifestyle in chronic disease management and also important health content information (e.g., on high blood pressure and diabetes). Planned activities include interactive exercises on how to deal with a particular health issue. Clear learning objectives are outlined for the first three sessions that have been developed thus far. These objectives include:

- ☐ Understanding the importance of their roles as professionals in helping to educate patients/participants to prevent and self-manage chronic diseases
- ☐ Realizing the need to incorporate culture in the delivery and facilitation of health promotion to Russian-speaking participants
- ☐ Learning the skills to become a successful facilitator
- ☐ Learning about primary risk factors of chronic diseases
- ☐ Learning about the importance of healthy lifestyle in disease prevention and health promotion



Project promotion of healthy lifestyles through exercise class

- ☐ Learning about health behavior models
- ☐ Learning about effective health communication
- ☐ Participating in culturally appropriate and linguistically competent community health promotion programs
- ☐ Identifying and accessing health

information resources

- ☐ Teaching community members concrete skills to maintain good health

- ***Recommendation #2: Offer the revised training program to the Pomoshniks and extend the idea of training to include outside conferences and a learning exchange with people who work in similar fields.***

- ***Recommendation #3: Incorporate role playing, discussions, concrete plans and timeframes for completion of activities into the training series. The content information on health issues should be expanded as well. Involve the evaluator in developing ways to assess the effectiveness of the training.***

II.b**Outreach to Russian – speaking Newcomers**

Objective #2: By June 30, 2009 at least 7,000 Russian-speaking newcomers will have been reached by a community education campaign.

Finding #8: The community education campaign is being conducted through cultural events, distribution of project outreach materials and a press release to a newspaper with a circulation of 9000.

Project staff learned early on that health promotional messages are best delivered through cultural activities and events. They began offering monthly cooking classes with former Soviet Union regional cuisines, entertainment and reminiscences. These events consistently draw 20 – 25 people per class and are held weekly. Another innovative approach to these cultural/healthy cooking events was the Borscht Tasting Contest and an event featuring Georgian Cuisine, each commanding 30 – 40 participants.

In October of 2005 one of the San Francisco – based Russian newspapers published the press release announcing the launching of the project. It also provided public education to the Russian – speaking community on the health status of their community, stating that “The economic, social and political upheaval in the Russian Federation has resulted in a decline in life expectancy and an increase in preventable deaths due to cardiovascular diseases. ” Introducing several notable community members (e.g., a poet, a physicist) who joined the advisory council, the project was described as helpful “for those who are overwhelmed with life as immigrants, and as a reminder that without good health it would be impossible to successfully adjust and thrive there.”

- ***Recommendation #4: Continue planning large thematic cultural events to attract 100+ people, where participants and volunteers staff tables (possibly in regional attire, offering healthy regional cuisine, informing about project activities). Engage community musicians and poets and advertise in Russian media-newspapers, radio and through community events calendars.***

From July – December 2005 the project staff developed and distributed informational brochures in Russian and English. These materials were distributed at three community health fairs, to a community cultural service and approximately thirty health – related agencies.

Subsequently they fashioned and bulk-ordered pharmacy bags with messages about healthy eating, the Let's Be Healthy events and contact information for the program. To date 400 of these message – laden pharmacy bags have been distributed to five San Francisco outlets: Discount pharmacy, ITC Medical, Medicare Surgery, Round Medical in two locations.

- **Recommendation #5:** *Follow the plan to have Pomoshniks distribute promotional materials in a variety of venues (grocery stores, pharmacies) and conduct intercept surveys to see if the materials were taken by clients or customers.*

Finding #9: *Outreach to newcomers is multi-faceted, and most people who participate in project activities indicate that they first heard of the project from staff, a friend or media (radio or newspaper).*

When individuals attend an activity sponsored by Let's Be Healthy! Project, they are asked to indicate where they heard about the project. Though we haven't a complete set of data from the over 182 participants, we know that most people indicate they heard of the project from the Russian – speaking staff, a friend of theirs or at a health fair. Word of mouth has been the most effective outreach and recruitment method during the first project year.



Project Yoga Class

- **Recommendation #6:** *Project staff should use a phone log when people call in for information about the services, a log which records how the person heard about the project. This will facilitate tracking the relative success of outreach materials and other efforts worked to capture their attention.*

II.c

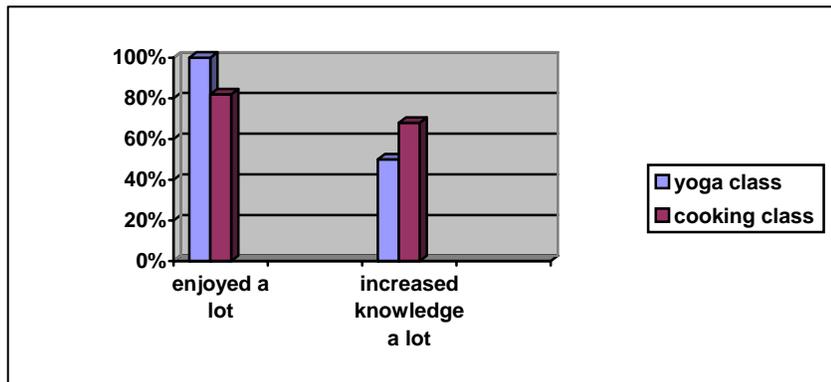
Newcomer Participation in healthy living activities

Objective #3: *By June 30, 2009, at least 1,200 Russian-speaking newcomers will participate in group health education sessions and activity groups.*

Finding #10: *While the overall number of newcomers who have received the project's health messages is in the thousands, a core group of 182 of Russian-speaking newcomers have participated in activities. Many of them attended weekly sessions of health education activity groups that they report have positively influenced them to make lifestyle changes.*

The regularly held sessions include weekly walking, exercise, and yoga sessions; monthly cooking groups as well as bi-monthly "art" of health sessions (i.e., that meet regularly and focus on integrative creative expression and health for seniors) conducted in collaboration with the Institute on Aging. All activities are aimed at promoting healthy lifestyles and adaptive ways of dealing with stress. The project activities also include occasional nutrition seminars and large cultural events organized around healthy eating (e.g., Borscht Tasting Contest and Georgian Cuisine sampling).

Finding #11: *Though more of the participants report having enjoyed the yoga class, more report having increased their knowledge in the cooking class.*



About the yoga class, people reported that it "improved my health," that "I got more energy" and that "I enjoyed the stretching." About the cooking class they reported most enjoying "the healthy warming atmosphere," "the variety in the presentations," "quality and organization," "spirit of creativity and invention," that "all people were involved, that

it was "a combination of entertainment and learning," that they "explored new cooking approaches," "enjoyed the opportunity to meet with other people and speak the same language," and enjoyed the "interactions with Sasha and his presentation."

Specifically they report having learned the "importance of exercise and breathing" in the yoga class and "how to make dishes of Russian food in a healthy way," about "different types of oils, about "how to combine a health approach and joy of eating." Another person reported that she started to pay more attention to the food and new facts about nutrition.

Finding #12: Because of the yoga class, 84% of the participants report being likely to engage in physical activity most days.



Project Exercise Class

usually conducted on Saturdays and members explore various locations at Golden Gate Park and Ocean Park.

Not all the activities were evaluated during this project year, so this report contains results of post activity surveys for only the yoga and cooking class. Remaining to be evaluated are the weekly walking groups and group exercise classes and the occasional activities such as the nutrition seminars.

The yoga class is offered in conjunction with other physical activities such as walking groups and exercise classes. The weekly yoga class has an average of 23 participants; the weekly exercise class averages 12 participants; the weekly walking group averages 51 participants. The walking group is



Project Walking Group

- ***Recommendation#7: Project staff or Pomoshniks should consistently administer the participant evaluation of activities after these and other ongoing classes.***

Finding #12: These activities are the basis upon which participants are forming community as newcomers in San Francisco.



Project Walking Class Maximizes Group Support

"People are working with all their hearts." (NM)

Pomoshniks express that pure health education and health promotion will not work with the Russian-speaking community, without the more hands – on activities because many participants are refugees whose primary needs are to form bonds with other Russians in an emotionally supportive environment.

"We can educate and teach, but they come for emotional support." (LB)

"Depression is common among the refugees. A huge percentage of refugees seen at Ocean Park are clinically depressed." (OR)

"We want to create an environment where people interact and leave people feeling better." (IG)

"The project is trying to 'warm up' the atmosphere in the US to help the immigrants overcome roadblocks." (SM)

The sentiments of the staff and Pomoshniks, about the value of building community through social events they enjoy, are echoed by the newcomers themselves. Participants in the cooking classes, for example report liking "the warming atmosphere", and the "opportunity to meet with other people who speak the same language." They report very high level of enjoyment of the classes (e.g., 82% of the cooking class and 100% of the yoga class participants report having enjoyed it "a lot").

Finding #13: The classes positively affected participants' intention to manage stress and eat more healthfully; this was truer of the yoga than the cooking class.



While there were fewer responses to the yoga survey (6) than for the cooking class (49), for both classes participants reported that they are now thinking about or going to being managing stress and eating more healthfully. Because they have opportunities on a weekly basis to reinforce these health behaviors in the classes conducted by the project, it is likely that they will.

II.d**Addressing chronic health conditions**

Objective #4: *By June 30, 2009 at least 75 Russian-speaking patients with chronic conditions will attend group medical visits; at least 150 Russian-speakers experiencing or at at-risk for chronic disease will participate in a Healthier Living Workshop series.*

Finding #14: Project staff have worked with health service providers at San Francisco's Ocean Park Health Clinic and Family Health Center to develop culturally sensitive protocols and practices for delivering chronic care management services to Russian-speaking newcomers.

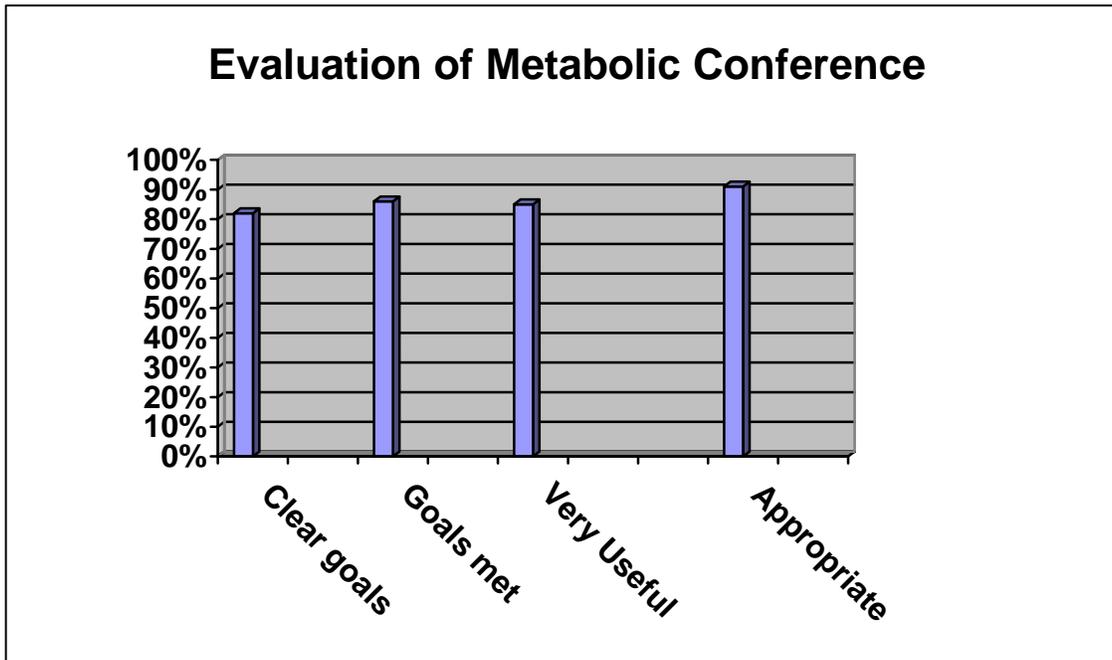
This community experiences high rates of chronic illness linked to lifestyle such as obesity, hypertension, diabetes and heart disease. This spectrum, referred to as metabolic syndrome, accounts for over half of all diagnoses among the estimated 700+ Russian-speaking patients seen annually at San Francisco's public health clinics. The project helps newcomers manage their chronic health conditions by equipping local health care facilities to better provide culturally sensitive clinical care and by working directly with newcomers in workshops and groups focused on patients with metabolic syndrome.

LBH staff are working with the medical leadership at Ocean Park Health Clinic and the Family Health Center during this first project year to adapt their chronic care management system to be more culturally appropriate for use with the Russian-speaking patients. Further, they have been revising tools to extend the chronic care management approach to encompass all the clinical conditions that define the metabolic syndrome, so common among Russian-speaking newcomers.

LBH project staff conducted a conference to explore innovative strategies in patient self-management, prevention and behavior interventions for patients with cardiovascular risk factors. The conference, titled "Metabolic Syndrome and Cardiovascular Risk Reduction in Diverse Populations" focused on risk factor reduction strategies for San Francisco's Russian-speaking communities. Among the 100 conference attendees, nurses providing patient care were the most represented group, followed by physicians and health educators. Also in attendance were administrators, medical assistants and nutritionists, all working at the health delivery sites in San Francisco mentioned above.

Finding #15: Health service providers found the project - sponsored conference to be useful and appropriate to their needs for knowledge about metabolic syndrome management.

Of the 100 conferees 78 completed a post-conference survey. They were asked about the usefulness and appropriateness of the material presented at the conference as well as whether they felt the goals of the conference were clear and were met. Their responses to these survey questions were very positive as shown in the below chart.



Overall the conference conducted by staff to orient the health provider community to the needs of the Russian-speaking newcomers was well-received.

Finding #16: Nine newcomers attended the first session of the first group medical visit series thus far, the majority of whom express some concerns about their health maintenance.

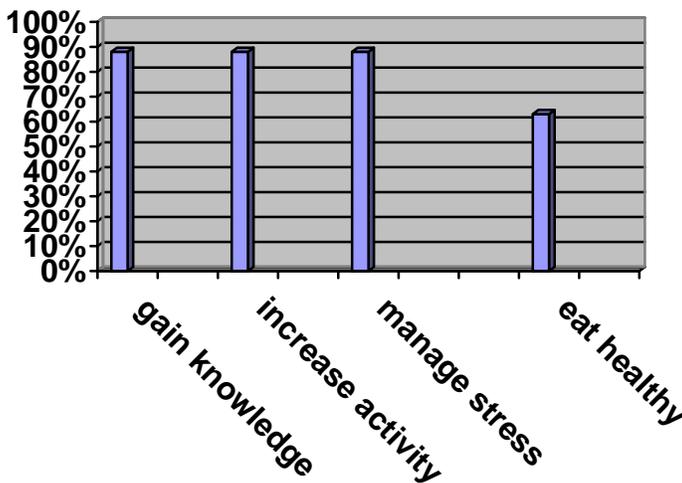
The project is slightly ahead of schedule with this objective, having begun the first group medical visit series in the first year at the Ocean Park Health Center. Nine Russian-speaking newcomers are participating in the first series, all of whom were identified and referred by staff and providers to the Ocean Park Health Center, all of whom were asked to complete a brief pre-visit assessment of their health concerns and habits.

Of the nine group medical participants:

- ☐ Six people (66%) express feeling that their health problems are taking up too much mental and physical energy and that they are feeling burned out by the constant effort to manage their health problems on an everyday basis.
- ☐ Four people (44%) report feeling angry, scared or depressed when thinking about their health and that they will end up with serious long-term complications no matter what they do.
- ☐ Four people (44%) express concern that they are not getting enough exercise.
- ☐ Three people (33%) express feeling that they can not control their eating and six people (66%) report that they are not sticking closely enough to a good meal plan.

Finding #17: The majority of newcomers who attended the first group medical visit report that they are more likely to adopt healthy lifestyle habits and choices as a result of the visit.

Evaluation of Group Medical Visit



The medical visit had a positive impact on the majority of the people's knowledge about their health and intent to eat and manage stress more healthfully, and increase their physical activity. Of those who did not report that

the clinic had beneficial effects in these areas, they said they already had the health knowledge and habits.

III.**Conclusion**

This project has succeeded in supporting healthy living among Russian-speaking immigrants and refugees in the San Francisco/Bay Area. With the help of Let's Be Healthy Project, a core group of nearly 200 older newcomers from the Former Soviet Union (FSU) have overcome their isolation brought on by the conditions of their immigration (many of them are refugees), and have found each other.

Newcomers gather together weekly and through walking groups they explore their new environment. They cook and dine together; they exercise and relax together. They are becoming acquainted with the western medical establishment as they go together for clinical help in dealing with their chronic health conditions. It is in this health-conscious context of a newly burgeoning community, that the newcomers, mostly older men and women, report that they have been influenced to make healthier lifestyle choices. The project provides them with continued venues for gathering to exercise and reinforce these choices.

The project expectations are very ambitious as to the number (1200) of such newcomers to be reached and who are expected to participate in the manner described above. If the staff are going to be able to actively involve substantially more people, some consideration needs to be given as to how they will bring this model to scale with the person power available. Perhaps this objective needs to be revised. Regardless, it is clear that new Pomoshniks need to be continuously recruited (i.e., and retained), and they need to be oriented and trained to bring more people in to existing activities and to organize and conduct more group sessions and activities.

Many of the challenges around Pomoshnik recruitment and training have surfaced this year. These challenges have been compounded by the changes in key project staff (i.e., two project directors left during this first project year). Fortunately a small and dedicated line staff with the guidance and oversight of management staff from SFDPH Newcomers and BACR, have continued to reach out to the Russian-speaking newcomers and provide meaningful health activities for them. Hopefully this evaluation report will help current and new staff and Pomoshniks to continue to focus on the overall goals and specific objectives of the Let's Be Healthy! Project and incorporate the changes necessary to meet them.



Appendix A

Evaluation Protocols

Pomoshnik Focus Group Questions

Participant Evaluation of Activity Groups

Group Medical Visit Self-Assessment (Pre-visit series)

Questions for Focus Group with Pomoshniks

A. Your career path and this project

1. What attracted you to become involved in the Let's Be Healthy Project?
2. What are your own career aspirations – in what areas would you like to be working (and at what level) 5 years from now and 10 years from now?
3. What kind of skills are you hoping to develop and use in the Let's Be Healthy! Project?
4. Do you see this project as advancing your career in the short run, and if so, how?

B. Your role in the project

1. How long have you worked with the Let's Be Healthy Project?
2. How were you oriented to your role in this project? (e.g., *brief discussion, given a job description, given the scope of work*)
3. What do you feel your personal strengths are to fulfill this role?

C. Expectations of you

1. What are the expectations for you to recruit and train Pomoshniks (for *Community Health Workers*)?
2. What are the expectations for you to do outreach to the Russian – speaking community (for both *Pomoshniks and Community Health Workers*)? When will you begin and how will you go about doing this?
3. What are the expectations for you to develop flyers, posters, public service announcements and articles to educate the Russian speaking community on health issues?
4. What are the major activities you have done since you've been hired?

D. Learning and growing

1. In what areas do you feel you need more knowledge to do your job (*developing plans to do outreach, on health topics such as diabetes management, etc*)?
2. What other kinds of support or direction do you need to do your job?
3. Have you been given anything to read or has training been provided thus far to help you do your job? Do you know if there are plans for future training?

Participant Evaluation of Activities

Name of Activity: _____

Today's Date: ____/____/____

1. Did you enjoy this activity? A lot Somewhat Not at all
 1a. What did you enjoy most about the activity/sessions?
2. Do you have any recommendations to improve the activity/sessions? Yes No
3. Has this activity increased your knowledge? A lot Somewhat Not at all
 3a. If yes, please describe what you learned?
4. Because of this activity are you likely to:
 (Please check only one answer for each question that applies to the class/session)

	Not Thinking About it	Was Already Doing This	Now Thinking About it	Yes, I Want to Begin in the Next Month
a. Engage in physical activity most days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat healthier (less fats, less salt, more vegetables) most days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Manage stress in a healthy way? (deep breathing, taking walks, talking with a friend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How did you hear about this activity or series (*check all that apply*)?

- At a health fair or event (*specify*):
- From a Russian-speakers health program staff member (*specify*):
- From a friend or relative
- From the media (radio or newspaper) (*please list sources*):
- From a brochure or flyer (*where was the brochure?*)
- From a worker, health care provider, or at an agency (*which agency?*):
- Other _____



Yoga Class Survey (Administered Prior to the Revision of the Instrument)

1. How many sessions did you attend?
2. Have you taken Yoga before?
3. Would you take these sessions if you had to pay more than \$5 each?
4. What was your reason for attending yoga class?
5. How much did you enjoy the session(s)?
Not at all _____ Very much
6. How confident are you that you will continue this activity on your own or with another group?
Not at all _____ Very much
7. Because of this activity do you feel more or less confident in achieving 30 minutes per day of physical activity?
Not at all _____ Very much
8. What did you enjoy most about the session?
9. Do you have any recommendations to improve the sessions?
10. What other physical activities would you like to participate in if offered?
11. What days and times work best for you to participate in physical activity sessions?

Group Medical Visit Self-Assessment

Name: _____

MR #: _____

Age: _____

Sex: M F
(Circle Answer)

Think about how much these items may have worried or bothered you in the last month and **circle a number**.

Use the following scale: not a problem for you (1 or 2), medium problem for you (3 or 4), serious problem for you (5 or 6).

	Not a Problem	Medium	Serious			
1. Feeling that health problems are taking up too much of my mental and physical energy every day.	1	2	3	4	5	6
2. Feeling that I can't control my eating.	1	2	3	4	5	6
3. Feeling that I don't see my doctor often or long enough.	1	2	3	4	5	6
4. Feeling that I am not getting enough physical exercise.	1	2	3	4	5	6
5. Feeling angry, scared and/or depressed when I think about my health	1	2	3	4	5	6
6. Feeling "burned out" by the constant effort to manage my health problems on an everyday basis	1	2	3	4	5	6
7. Feeling that I will end up with serious long-term complications, no matter what I do.	1	2	3	4	5	6
8. Feeling I am not sticking closely enough to a good meal plan.	1	2	3	4	5	6
9. Not feeling motivated to keep up my health and well being self-management.	1	2	3	4	5	6
10. Feeling that friends or family don't give me the emotional support that I would like.	1	2	3	4	5	6
11. Understanding of what food I am able to eat.	1	2	3	4	5	6

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Appendix B

Pomoshnik Focus Group Results

On November 4, 2005 Sandra Meucci, Project Evaluator, conducted a focus group with two Pomoshniks (Iraida Goldshteyn and Illia Feldman) and one Community Health Worker (Angela Privin) all of whom are Russian immigrants working as Pomoshniks in the Let's Be Healthy! Project.

I. Results – First Focus Group

A. CAREER PATH AND THIS PROJECT

1. How participants become involved in the Let's Be Healthy Project

Angela, a young woman in her thirties, emigrated from the Ukraine when she was five years old and since living in the U.S. she has been isolated from her Russian community. Attempting to re-connect with her culture of origin, Angela joined a group called the "79rs" where childhood émigrés from Russia came together regularly. The Let's Be Healthy! Project is another opportunity for Angela to re-connect with Russian émigrés, one which allows her to share what she has learned about health. In her late 20's Angela developed chronic health problems, which she now associates with her former lifestyle and having made bad food choices. After being unsuccessfully treated with medication she turned to alternative medicine and now wants to be able to share with her community what she has learned about self-management of chronic health conditions.

Iraida, a mature woman in her forties and mother of Illia, emigrated from the Soviet Union in the 1990s after the military coup, and has lived in neighborhood in San Francisco populated mostly by Chinese émigrés. She claims that she doesn't feel like an "American" partly because of this and she wants to make connections within the Russian community in San Francisco. For that reason she joined the Russian SUNSET Tobacco Project (another community public health effort to bring Russian immigrants together). This was her way of continuing to keep her Russian language skills and a connection with her culture of origin, without which she felt like "*a plant without water.*" There she received counseling, acupuncture and most important of all, an opportunity to renew her acquaintance with Russians. She identified the importance of networking and physically coming together as part of the value structure of Russians, who are disinclined to communicate with one another through e-mails. Because of what she learned about health management and her ability to foster community among the Russian immigrants, the staff of the Russian SUNSET project recommended Iraida to work as a Pomoshnik. She readily agreed.

Illia, a young man in his twenties, immigrated to San Francisco with his mother and also participated in the Russian SUNSET project. He also attended acupuncture sessions and was a recipient of numerous programs. He says he joined the Let's Be Healthy! Project because he is "extremely motivated to make a difference right away."

2. Career aspirations

Angela – journalism is her immediate career path and she currently writes for local Russian language print media. She would like to compile stories and accumulate knowledge on health issues within the Russian community and eventually write a book about it.

Iraida – interested in healthy living herself and in promoting health within her community.

Illia – his career path is as yet not well defined, though he has a license in real estate and is in the midst of exploring a career involving health counseling within the Russian community. He is looking forward to the opportunity to channel his passion to make a difference in the lives of the Russian immigrants, especially those with health problems, because he feels he can relate and empathize with them.

3. Skills to be developed and used in the Let's Be Healthy! Project?

Angela – is hoping to develop her leadership, public relations, and marketing skills in her role as youth outreach worker with this project.

Iraida – is hoping to develop her English language skills, learn about medical terminology and develop professionalism along the way.

Illia – didn't identify particular skills in response to this question. He mentioned that he was becoming adept at coordinating activities when he was with the Russian SUNSET project.

B. PARTICIPANTS ROLE IN THE PROJECT

1. Orientation to their role(s) and expectations of their performance in this project

Angela – joined the project this year on September 13th, at which time she received a job description and talked with the Project Director, Laura Diamondstone about the expectations of her in her role as youth outreach worker. She was able to relay that she is expected to recruit youth, ages 13 – 17 years old as community educators on health topics. They will be visiting a targeted population of Russian youth at Club Noon, a meeting place. Their goal is to recruit five to 15 youth to become involved.

Iraida – had been a participant in the Russian SUNSET project for over a year and became involved with Let's Be Healthy as a Pomoshnik when the project began. All together she has been with these projects for two years. She received some very general information about health outreach work from Sasha Mosalov, who recruited her to be a Pomoshnik. She felt that she would learn as she went along with the project and that the approach to making contact with the Russian community has to be "individual." What she learned about her role, she reported, was by observing staff, Sasha Mosalov in particular.

Illia – his former experience was identical to Iraida's and his orientation to his role as Pomoshnik was received through a conversation with Laura Diamondstone, Project Director, whereby she discussed the broad contours of the job. When asked what the job would entail, he mentioned facilitating workshops, getting people to come to the project events and generating a level of excitement about what the project is trying to accomplish.

2. Expectations to do outreach to the Russian – speaking community

Angela – reports having been working on the recent press release for the project. She has contacted Pacific Bay News and talked to people at the Jewish News Bulletin and some Russian newspapers to develop agreements for them to accept outreach and promotional material from the Let's Be Healthy! Project.

Iraida – is a known and respected poet within the Russian community, and has previous experience working with seniors and would like to be able to put her experience into practice doing media outreach to the Russian community. She believes the Russian television is a good medium, but does not have specific plans to do outreach and develop media.

Illia – has been thinking about "messaging" that would be useful in a media outreach campaign to the Russian community. He expressed many ideas about the types of messages (i.e., to include the spiritual side of life to help Russians fill the void left when they left their former life) but has no immediate direction or plan to put the outreach and media ideas into practice through the project.

C. LEARNING AND GROWING

1. Training to fulfill role

The participants all attended a four - day training workshop conducted by health educators at Kaiser Permanente on the topic of chronic disease health management. They reported that the most helpful aspect of the training was the problem-solving or brainstorming session that involved workshop participants, not the didactic information - imparting sessions (on topics such as: diabetes, differences between acute and chronic conditions, development of action plans, medication use, healthy eating, etc.). There was also a uniform sentiment among the participants that the focus on medication management and following doctor's "orders" was not what they expected to learn in the project, since they expected to work more on prevention and advocacy with physicians.

Other of their observations about the training included:

- * The trainees were from two entirely different groups and their needs for information were different (i.e., health care professionals were mixed with people with chronic diseases)
- * The food served was high in sugar (soda), sodium (lots of soy sauce), fried foods and starches, a diet that is not recommended for people with diabetes.

(A complete participant evaluation of the training is written in a separate report).

2. Needs for more knowledge and other support to fulfill role

Angela – reports that she benefited from support from the project director, knows how to access the information she needs to perform her role, but lacks the time, given that she works only eight hours a week to do the level of networking that would be optimal.

Iraida – reports the experience is the best trainer and is reluctant to explore what she calls "artificial knowledge." She does admit that more knowledge about medical issues would be helpful and support and ideas about how to bring information to the Russian community would be welcome.

Illia – reports that he would like more training and knowledge from a naturopathic medical perspective. He believes in and has already educated himself in holistic approaches to health, but feels that the project has not provided a sufficient orientation to non-western medicine. He would like more support in learning to make connections with newspaper publishers.

On June 22, 2006 Sandra Meucci, Project Evaluator, conducted a focus group with four Pomoshniks: (Anatoly Berashtein, Inna Gilchick, Lilia Bogan, and Nicolai Mgelroy); two Project Staff (Sasha Mosalov, Olga Radom). Alex Tereshkia, an independent contractor, served as the Russian Interpreter for the Evaluator.

II. Results – Second Focus Group

A. CAREER PATH AND THIS PROJECT

1. How participants became involved in the Let's Be Healthy! Project

Anatoly began with Let's Be Healthy as a volunteer in February of 2006. His profession is as an Information Technology Specialist so he is not looking to make a career of his work with this project. He is attracted, however, to the social environment created by the project and feels he can make a contribution. He was recruited by Olga.

Inna attended several classes sponsored by the project (e.g., cooking) and she liked them. She was recruited to work as a Pomoshnik by both Olga and Sasha.

Lilia had been a volunteer with the Newcomer programs for the Russian-speaking immigrants for several years. She worked in the Refugee Clinic, for example, and she took a lead role in the development of the training curriculum for the Let's Be Healthy Pomoshniks.

Nicolai met Sasha two years ago and noted what a good influence Sasha had on him. The project, he feels, has many activities that he wanted to experience and he has participated in every one of them. He has been a volunteer working closely with the newcomer's projects for the Russian-speaking immigrants for two years and recently (June 1st) agreed to become involved with Let's Be Healthy! Project as a Pomoshnik.

Olga added that these are all folks who have been doing everything that needs to be done with the program as volunteers, out of the goodness of their hearts and desire to be involved in and help their community.

2. Aspirations and how the Let's Be Healthy! Project fits in with career and life

Anatoly likes to help people in the Russian community; "it makes me feel good," he says. He has enjoyed helping with filing, computer work, mailings and feels that his professional skills will continue to be beneficial to the project. For example, he plans to develop more multi-media presentations including a video on the project and he has converted all the photographs from the project to electronic media so that they can be shared. He is in the process of creating a website for the project.

Inna reports that the first social program that she got involved with is the In Home Support Services program where she currently still works. This job gave her experience with clients much like the experience.

Lilia, who has an MA in Linguistics, got her Community Health Certificate three years ago, and talked about wanting to help “our people.” The people she works with (Sasha, Olga and the other Pomoshniks) she describes as “my friends.” Working with them is really rewarding, and she hopes to make more presentations on health, because she says, “our people could use more of this type of information.”

Nicolai discussed that he came to the U.S. from the FSU 14 years ago where he was a physics scientist. In 1993 when he came to the U.S. his language barrier (lack of English-speaking ability) combined with the transition to put him into a serious depression for three-four years. When he met Sasha, who told him about the Newcomer program for Russian-speakers, he understood its importance, especially for older people who immigrate from FSU and don't speak English. The point of the program, he feels, is that it helps people overcome the cultural barriers they face when they come to a new place. They developed the cooking and other education classes to help create an environment for people to come together in this new culture to ease their transition.

3. Skills the Pomoshniks are hoping to develop and use in the Let's Be Healthy! Project

Anatoly – brings his information technology skills to the project and hopes to develop media.

Inna – brings her social service skills (that she developed working with people through In Home Support Services) and she expects to have with Let's Be Healthy. She expects to do office work, develop communications and advertisements, brochures and fliers.

Lilia – brings her training in community health and her overall education. She wants to contribute to health education.

Nicolai – brings his skills as a researcher, his past volunteer experience with LBH and he wants to contribute to building the community.

B. ROLE, EXPECTATIONS AND PREPARATION

1. Expectations to do outreach to the Russian – speaking community, develop educational materials and presentations

Lilia – From her experience working at the Newcomers program, she sees that pure health education and health promotion will not work with the Russian-speaking community, without the more hands-on activities, the classes and without providing emotional support. “We can educate and teach, but they come for emotional support.” One reason is that the Russian people feel patronized, given that many of them have higher degrees when they leave FSU and when they come to the US, because they do not know the language, they are regarded with disrespect. People come to the Newcomers to talk and find support among others who truly understand them. She does, however, expect to make education presentations, perhaps before the classes, related to the class.

Olga – She emphasized the need for emotional support pointing out that depression is common among the refugees served at the clinic suggesting that over 80% of the new refugees have clinical depression.

Inna – agrees with Lilia about the need Russian immigrants have for emotional support. She wants to create an environment where people interact and has observed how much impact there has been on Russians from the community from such environments. The classes, for example, leave people feeling better and recharged. She wants to develop ideas about how to do better outreach to let people know about the programs.

Sasha – added that the project provides support by trying to “warm up” the atmosphere in the US to help the immigrants overcome the roadblocks. He doesn’t want the project to be a waste of time.

Anatoly – He wants to get feedback from the community members about their needs and what they want to know to feel better. He would like to use his Information Technology skills to get more information from them.

Nicolai – He doesn’t want to stop with the things the LBH project has already accomplished, rather wants to set new goals and add new things. For example, he is working with the staff to create a “chess family club” – which is culturally very attractive to the Russian community members. He is a chess master and can take a lead in this. They are also thinking about ways to get people into group visits at the swimming pool a couple of times a week. They have asked the administration for money for the swimming pool.

2. Preparation and training for their role as Pomoshniks

Lilia – She believes that there is a need both for Pomoshnik training in house (and the curriculum was developed to meet that need) and for people to attend outside conferences.

Inna – She wants to experience a learning exchange with people who work in similar fields.

Olga – It would be good to do initial training with Pomoshniks and then have the more experienced Pomoshniks train newly recruited ones.

Anatoly – The atmosphere is very good for forming a team to make our jobs better. The people who are working for the program are doing it with all their hearts, spending more time than they are compensated for.



Appendix C

Survey Results of Health Activities

Cooking Classes Evaluation Results

Question 1	Total Responses =		49	Comments
Did you enjoy this activity?	A lot	40	82%	
	Somewhat	9	18%	
	Not at all	0	0%	
<p>Liked the healthy warming "atmosphere" (3); the variety in presentation (2); quality and organization; spirit of creativity and invention; all participants were involved; a combination of entertainment and learning; how many things in life depend on the desire to change them; explored new cooking approaches; enjoyed the opportunity to meet with other people who speak the same language; interactions with Sasha; we had a great evening; Sasha's presentation; people learned important things; gathering, atmosphere (5), tasty food (8), emotional feelings, recipes (4).</p>				

Question 2	Total Responses =		43	Comments
Do you have any recommendations to improve the activity/sessions?	Yes	9	21%	
	No	34	79%	
<p>Want to meet with health professionals; invite Russian professionals as guests; increase variety of themes and subjects; to cover many different areas of cooking; get together more often outside of the building, have it more often</p>				

Question 3	Total Responses =		44	Comments
Has this activity increased your knowledge?	A lot (1)	30	68%	How to make dishes of Russian food the healthy way (11); different types of oils (2); how to combine health approach and a joy of eating; I started to pay more attention to the food new facts about arts, nutrition.
	Somewhat (2)	13	30%	
	Not at all (3)	1	2%	

Question 4a	Total Responses =		44	Comments
Because of this activity are you likely to engage in physical activity most days?	Not thinking about it (1)	0	0%	
	Was already doing this (2)	12	27%	
	Now thinking about it (3)	18	41%	
	Yes I want to begin next month (4)	14	32%	

Question 4b	Total Responses =		49	Comments
Because of this activity are you likely to eat healthier (less fats, less salt, more vegetables) most days?	Not thinking about it (1)	0	0%	
	Was already doing this (2)	18	37%	
	Now thinking about it (3)	16	33%	
	Yes I want to begin next month (4)	15	31%	
Question 4c	Total Responses =		49	Comments
Because of this activity are you likely to manage stress in a healthy way (deep breathing, taking walks, talking with a friend)?	Not thinking about it (1)	1	2%	
	Was already doing this (2)	17	35%	
	Now thinking about it (3)	14	29%	
	Yes I want to begin next month (4)	16	33%	
Question 5	Total Responses =		49	Comments
How did you hear about this activity or series?	Health fair (1)	0	0%	Spoke to Sasha (3)
	Russian speaking staff (2)	18	37%	
	friend or relative (3)	16	33%	
	media (radio or newspaper) (4)	15	31%	
	brochure or flier (5)	0	0%	
	worker, health care provider (6)	0	0%	
	other (7)	0	0%	

Yoga Class Evaluation Results

Question 1	Total Responses =		6	Comments
Did you enjoy this activity?	A lot (1)	6	100%	Improving my health, more energy and stretched. I like the teacher
	Somewhat (2)	0	0%	
	Not at all (3)	0	0%	

Question 2	Total Responses =		5	Comments
Do you have any recommendations to improve the activity/sessions?	Yes	0	0%	
	No	5	100%	

Question 3	Total Responses =		6	Comments
Has this activity increased your knowledge?	A lot (1)	3	50%	Importance of exercise and breathing. I learned a lot.
	Somewhat (2)	3	50%	
	Not at all (3)	0	0%	

Question 4a	Total Responses =		6	Comments
Because of this activity are you likely to engage in physical activity most days?	Not thinking about it (1)	0	0%	
	Was already doing this (2)	1	17%	
	Now thinking about it (3)	1	17%	
	Yes I want to begin next month (4)	4	67%	

Question 4b	Total Responses =		6	Comments
Because of this activity are you likely to eat healthier (less fats, less salt, more vegetables) most days?	Not thinking about it (1)	0	0%	
	Was already doing this (2)	1	17%	
	Now thinking about it (3)	0	0%	
	Yes I want to begin next month (4)	5	83%	

Question 4c	Total Responses =		6	Comments
Because of this activity are you likely to manage stress in a healthy way (deep breathing, taking walks, talking with a friend)?	Not thinking about it (1)	0	0%	
	Was already doing this (2)	0	0%	
	Now thinking about it (3)	1	17%	
	Yes I want to begin next month (4)	5	83%	

Question 5	Total Responses =		6	Comments
How did you hear about this activity or series?	Health fair (1)	0	0%	
	Russian speaking staff (2)	1	17%	
	friend or relative (3)	0	0%	
	media (radio or newspaper) (4)	5	83%	
	brochure or flier (5)	0	0%	
	worker, health care provider (6)	0	0%	
	other (7)	0	0%	

Yoga Class Survey Results

Survey Respondents = 6

Female 3

Male: 3

Ages: 53, 61, 66 (3)

How many sessions did you attend? 6(2), 7, 8, 1 year (2)

Have you taken Yoga before? Yes 3 No 2

Would you take these sessions if you had to pay more than \$5 each?

Yes: 5 No: 1

What was your reason for attending yoga class?

- ◆ Good health (2)

How much did you enjoy the session(s)?

Not at all _____ Very much
(1) (5)

How confident are you that you will continue this activity on your own or with another group?

Not at all _____ Very much
(3) (3)

Because of this activity do you feel more or less confident in achieving 30 minutes per day of physical activity?

Not at all _____ Very much
(1) (3) (2)

What did you enjoy most about the session?

- ◆ Teacher was professional and calm
- ◆ Excellent instruction

Do you have any recommendations to improve the sessions?

- ◆ Bigger room

What other physical activities would you like to participate in if offered?

- ◆ Yoga twice weekly

What days and times work best for you to participate in physical activity sessions?

- ◆ Wednesday at 10 am (2)
- ◆ Tues, Wed, Thurs mornings
- ◆ Wednesday mornings

Appendix D

Participant Evaluation of Group Medical Visit

Question 1	Total Responses = 9			Comments
Did you enjoy this activity?	A lot	8	89%	All of them. Discussion and demo.
	Somewhat	1	11%	
	Not at all	0	0%	

Question 2	Total Responses = 8			Comments
Do you have any recommendations to improve the activity/sessions?	Yes	3	38%	
	No	5	63%	

Question 3	Total Responses = 8			Comments
Has this activity increased your knowledge?	A lot	7	88%	Physical activity and food. Physical activity and balance.
	Somewhat	1	13%	
	Not at all	0	0%	

Question 4a	Total Responses = 8			Comments
Because of this activity are you likely to engage in physical activity most days?	Not thinking about it	1	13%	
	Was already doing this	0	0%	
	Now thinking about it	3	38%	
	Yes I want to begin next month	4	50%	

Question 4b	Total Responses =		8	Comments
Because of this activity are you likely to eat healthier (less fats, less salt, more vegetables) most days?	Not thinking about it	0	0%	
	Was already doing this	3	38%	
	Now thinking about it	1	13%	
	Yes I want to begin next month	4	50%	

Question 4c	Total Responses =		8	Comments
Because of this activity are you likely to manage stress in a healthy way (deep breathing, taking walks, talking with a friend)?	Not thinking about it	0	0%	
	Was already doing this	1	13%	
	Now thinking about it	3	38%	
	Yes I want to begin next month	4	50%	

Question 5	Total Responses =		13	Comments
How did you hear about this activity or series?	Health fair	2	15%	
	Russian speaking staff	5	38%	
	friend or relative	1	8%	
	media (radio or newspaper)	1	8%	
	brochure or flier	2	15%	
	worker, health care provider	2	15%	