Researchers have developed community-based workshops that improve health and well-being of participants, but are not available everywhere.

While efforts have been made to train workshop leaders in several counties, those efforts were not resulting in more programs being offered.

We wanted to investigate ways to help counties overcome barriers to running these workshops.

**OUTCOMES**

- Counties with NIATx Coaches held more workshops and reached more participants.

<table>
<thead>
<tr>
<th>Year 1 Average change</th>
<th>Counties with coaching (n=8)</th>
<th>Counties without coaching (n=8)</th>
<th>Two-sample Mann Whitney Test p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshops</td>
<td>1.4</td>
<td>0.5</td>
<td>p=0.05</td>
</tr>
<tr>
<td>Participants</td>
<td>14.2</td>
<td>3.0</td>
<td>p=0.06</td>
</tr>
<tr>
<td>Completers</td>
<td>10.3</td>
<td>2.6</td>
<td>p=0.05</td>
</tr>
</tbody>
</table>

**LIVING WELL**

- Living Well participants had an average age of 73 and completed an average of 4 sessions.

<table>
<thead>
<tr>
<th>Living Well Participants</th>
<th>Number</th>
<th>Before workshop</th>
<th>After workshop</th>
<th>Significant Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Role Limitations</td>
<td>79</td>
<td>1.66</td>
<td>1.47</td>
<td>p=0.17</td>
</tr>
<tr>
<td>Medical Communication</td>
<td>80</td>
<td>2.82</td>
<td>3.09</td>
<td>p=0.04</td>
</tr>
<tr>
<td>ER Visits in past 6 months</td>
<td>76</td>
<td>0.41</td>
<td>0.25</td>
<td>p=0.15</td>
</tr>
<tr>
<td>Hospitalizations in past 6 months</td>
<td>78</td>
<td>0.17</td>
<td>0.05</td>
<td>p=0.09</td>
</tr>
</tbody>
</table>

**IMPLICATIONS**

- Coaching counties to use the NIATx quality improvement approach can enhance their abilities to provide effective health promotion programs in their counties.

- Lessons learned from our project can help spread effective health programs to other areas where they are not currently available so that everyone can benefit from them.

**METHODS**

- We selected 16 Wisconsin counties that were not consistently offering Living Well or Stepping On workshops.
- We gave each county $2,500 to assist in organizing workshops.
- We randomized 8 counties to receive coaches who helped implement the NIATx quality improvement model from August 2012 – August 2013.
- The remaining 8 counties served as a wait list control group and tried to hold workshops on their own.
- We collected outcomes on number of workshops, number of participants, and self-reported participant outcomes for Living Well and Stepping On.

**LESSONS LEARNED**

1) Keep mission front and center
   "I chose to really focus on Stepping On because . . . When I ask: ‘Who’s had a fall?’ nearly every hand goes up."

2) Choose an effective project leader
   - Collaborator, connector, communicator
   - Passionate and enthusiastic about workshops
   - Resourceful and creative

3) Set clear expectations for workshop leaders and partners
   "[We didn't keep] some of the people on the team because they didn’t have the time to commit to a long-term process."

4) Develop partners to overcome resource limitations
   "At first I was a little overwhelmed . . . we were able to partner with another county . . . It wasn’t just on my shoulders to bring the change team together."

5) Engage stakeholders
   "A big piece of the value of these classes is the relationships that we build with hospitals and clinics, senior centers. . ."

6) Strive to retain workshop leaders
   - Engage retired professionals
   - Reduce barriers to training
   - Be prepared to deal with leader turnover

7) Promote word-of-mouth as a powerful marketing tool

Funding for this project was provided by the UW School of Medicine and Public Health from the Wisconsin Partnership Program.