



SEFAC Final Event

# WP3

## Evaluation of the project

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Social Engagement Framework for  
Addressing the Chronic-disease-challenge

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# SEFAC PROJECT EVALUATION FRAMEWORK

## General objectives:

- 1) To ensure that the study design and the methodologies used are adequate to the objectives pursued across all work packages.
  - Achievement of the specific objectives of the project (M1-M48).
  - Time-schedules are met and deliverables are completed following the best quality standards (M1-M48).
- 2) Pilots are implemented according to the common agreed procedures and scientific standards across all implementation sites (M18-M48).



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## SEFAC PROJECT EVALUATION FRAMEWORK

### INTERNAL EVALUATION

**focused on the project  
performance**

**(Evaluation criteria:  
effectiveness  
and quality)**

### EXTERNAL EVALUATION

**focused on project  
outcomes**

**(Evaluation criteria:  
perceived: effectiveness,  
efficiency, utility and  
sustainability)**

# EFFECTIVENESS Evaluation Results

WP	% OBJECTIVES ACHIEVED	DEVIATIONS	% MILESTONES ACHIEVED	DEVIATIONS	% DELIVERABLE ACHIEVED	DEVIATIONS
WP1	100%	non	100%	non	-	
WP2	100%	non	100%	non	100%	Delay D2.1: Dissemination plan (due M4; delivered M10)
WP3	75%	OB3: To ensure that the 4 pilot implementation projects and their evaluation are done according to high standards established for this purpose: No data from Cornwall pilot	75%	• M7 Report of mutual site visitations and M9 Interviews with stakeholders completed, analysed and reported: NO data from Cornwall pilot	100%	non
WP4	Checklist not filled in. Reason: unknown					
WP5	100%	non	100%	non	100%	Delay in D5.1: Train the trainers toolkit (due M14; delivered M16)
WP6	100%	OB1: Delay in the development and specifications of the SEFAC ICT tool	100%	<ul style="list-style-type: none"> <li>• Delay in M14: SEFAC App Service Specification (due M4; achieved M15)</li> <li>• Delay in M15: Train the trainers in the use of the SEFAC ICT Tool (due M14, achieved M21)</li> <li>• Delay in M27: SEFAC ICT Tool first Prototype (due M10; achieved M15)</li> <li>• Delay in M28: SEFAC App User Manual (due M13; achieved M18)</li> </ul>	100%	Delay in D6.1: SEFAC ICT tool (due M14; delivered M20)
WP7	75%	OB2: Produce the data for the evaluation of SEFAC's impact: No data from Cornwall pilot	75%	<ul style="list-style-type: none"> <li>• M19: Inclusion of net 360 citizens in the pilot action completed: NO data from Cornwall pilot</li> <li>• M20: Collection of data for the evaluation completed: NO data from Cornwall pilot</li> </ul>	100%	D7.1: Report regarding the implementation of SEFAC in 4 European pilot area's: Limited information on Cornwall pilot site
WP8	75%	OB1: To evaluate SEFAC model in 4 European pilot area: No data from Cornwall pilot	75%	<ul style="list-style-type: none"> <li>• M21: Collection of baseline data</li> <li>• M22: Collection of follow-up data</li> </ul> No data collected from Cornwall pilot	100%	D8.1: Report with the synthesis of the results of the evaluation: No data from Cornwall pilot
WP9	100%	non	100%	non	100%	non



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## Evaluation of the implementation at the pilot sites

- **Questionnaire of pilot sites particularities** (*internal evaluation*: pilot site leaders)
- **Pilot visits and structured-interviews** (*external evaluation*: end-users, stakeholders)



## Evaluation of the implementation at the 4 pilot sites

### Conclusions of the assessment of SEFAC pilot sites particularities

- **Inclusion criteria** : being 50 years old and older and at risk of developing a major chronic diseases or have a cardiovascular disease and/or type II diabetes mellitus.
- **Recruitment procedures**: in all pilot sites: referral from friends, family and co-workers, SEFAC Alliance + advertising through social media, posters, open events conferences, pitch events, fairs, and exhibitions. In two pilot sites (Rijeka and Rotterdam), referral from health care professionals.
- **Number of participants** ranged from 97 to 150; **average number of participants per workshop** ranged from 11 to 12.
- **Workshops**: 7 workshops were conducted with each group of participants; **average duration of each workshop** ranged from 2 hours to 2.5 hours.
- **Content of workshops**: all pilots started the intervention with an initial orientation workshop on the objectives of the intervention and the use of SEFAC App. The content of the other 6 workshops slightly varied in each pilot site.
- **Professionals and volunteers supporting the implementation of the pilot intervention** varied within pilot sites. In Treviso, volunteers and the trainer as part of social engagement team supported the group in each workshop. In Rijeka, all workshops were led by Rijeka pilot site team members with the support of volunteers and patronage nurses (social engagement). And in Rotterdam, qualified mindfulness trainers led the workshops.

Each pilot site presented specific particularities, and the SEFAC interventions were flexible enough to be adapted to each pilot context.

# Evaluation of the implementation at the 4 pilot sites

## Conclusions of the structured-interviews conducted during the pilot visits

### PARTICIPANTS

- Most participants **joined the SEFAC workshops** because of curiosity and interest in improving their health and habits.
- According to **participants' experiences on the SEFAC intervention**, the SEFAC handbook was very useful and most of them use it every day. Half of the participants interviewed stated that they used the SEFAC App for keeping track of their progress or for the mindfulness practices (audios). The other half did not use the App or they just used it sometimes. Regarding the practice of mindfulness, participants informed that they practice it.
- Regarding the **results/changes experienced after the SEFAC intervention**, participants informed of: changing small habits, such as walking more eating lunch with more engagement or better sleep, and also changes in their feeling, as a better emotional control and being more conscious of living in the present. Some of them mentioned that more time is needed to convert these changes into habits.
- After attending the workshops, all of them agreed that they would **recommend the SEFAC intervention** to other people.



## Evaluation of the implementation at the 4 pilot sites

### Conclusions of the structured-interviews conducted during the pilot visits

#### VOLUNTEERS, PROFESSIONALS AND TRAINERS

- Stakeholders involved in the SEFAC reported several kinds of **motivations** to be involved: gratitude, to overcome a negative experience, to help others or to teach mindfulness.
- Their **role** as volunteers or trainers involved in the intervention was serve as support in the sessions, to guide the group sessions. In the particular case of mindfulness trainers, to train participants in mindfulness practice. And in the case of nurses, to check participants' health (e.g. blood pressure).
- Their **communication with participants** was frequent, at least once a week on the workshops. However, some of them reported that after the workshop the contact with most participants was lost.
- Their **opinion on the SEFAC intervention**, most of them agreed that the intervention was too short, and extra time as well as extra support (e.g. family or other organisations) could be helpful to change habits. Moreover, professionals and volunteers involved in the intervention informed that participants were willing to continue the program after 6 weeks.





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## PERCEIVED EFFECTIVENESS, PERCEIVED EFFICIENCY, PERCEIVED UTILITY, PERCEIVED SUSTAINABILITY

**Questionnaire to collect the experiences of professionals and volunteers involved in the SEFAC project (external evaluation)**

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## Perceived effectiveness, perceived efficiency, perceived utility, perceived sustainability

### CONCLUSION ON THE TRAINING EXPERIENCE OF PROFESSIONALS AND VOLUNTEERS

- **Perceived effectiveness**, the extent to which the training achieved its specific objectives and goals, received an average score of 4.4 out of 5, indicating a positive perception of the training effectiveness.
- **Perceived efficiency**, the extent to which the training used its resources efficiently, and provided value for money, received an average score of 4.6 out of 5, indicating a positive perception of the training efficiency.
- **Perceived utility**, the extent to which the training has a potential impact on the main target groups specified, received an average score of 4.6 out of 5, indicating a positive perception of the training utility in the sense of being adequately oriented to the target population.
- **Perceived sustainability**, the extent to which the training offers sustainable changes or benefits that will last after the project has been completed, received an average score of 4.4 out of 5, indicating a positive perception of the training sustainability in the sense of offering an adequate content that can be used after the project.

#### *Open questions*

- No barriers were found in any of the pilot sites for the development of the training, with the exception of one respondent from Treviso pilot site who pointed out that the only barrier was to install the SEFAC App.
- Professionals and volunteers also emphasized the good organisation of the training plan, the support received from the organisers in each pilot site and the access and content of the training resources.

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## Perceived effectiveness, perceived efficiency, perceived utility, perceived sustainability

### CONCLUSION ON THE PILOT INTERVENTION EXPERIENCE OF PROFESSIONALS AND VOLUNTEERS

- **Opinion of professionals and volunteers on the most useful tool of the SEFAC intervention:** training/workshops workshops were the most important and useful tool to help participants/citizens to change their lifestyle into a healthier one; followed by the handbook. The SEFAC App was mentioned only by few respondents.
- **Opinion of professionals and volunteers on the extent to what participants improved their healthy lifestyle after participating in the SEFAC intervention:** most respondents agreed that the SEFAC intervention was efficient in improving the lifestyle among participants. Several participants stated that the intervention was useful to raise awareness among participant on their everyday habits and due to the intervention they were encouraged in changing their habits. Mindfulness was found to be helpful to overcome stress, as provides relaxation.
- **Opinion of professionals and volunteers on the barriers and facilitators in the development of the SEFAC intervention:** several facilitators and barriers were identified. On the one hand, collaboration between different stakeholders and their enthusiasm and willingness to help were mentioned as facilitators. On the other hand, the use of the app, the bureaucratic burden, and the recruitment process were identified as barriers.



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# Thank you!

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