

## **Project Management and Evaluation for Health Behavioral Modification of the Organizations in Bangkok Metropolis**

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### **Executive Summary**

The objectives of this evaluative research were: 1) to develop an evaluation and management model for health behavior modification projects of the organizations in Bangkok metropolis, 2) to develop the conceptual framework for health behavior modification base on principles of PROMISE Model and 3 Self, 3) to explore the outcomes of supervision and evaluation for health behavior modification projects conducted by the participated organizations in Bangkok area, according to the project indicators, and 4) to study factors affecting project success and barrier to the project implementation. Totally, 32 health behavior modification projects conducted by 19 organizations in Bangkok area; these were managed and evaluated during May – December, 2008. The sample was 3,665 outpatients and unhealthy lifestyle people who were at risk for chronic diseases. Three study instruments were 1) a 21-item questionnaire, in forms of a 4-point rating scale, 2) a structured interviewing form based on CIPP Model of Stufflebleam & Shinkfield (2007) to collect data from 3 groups of respondents, including 32 project leaders, 29 commanders of project leaders, and 128 clients, and 3) health behavior questionnaires for assessing 3 Self including self-efficacy, self-regulation, and self-care. The reliability of this 3 Self questionnaires was between 0.73 and 0.85. Research findings as follows:

1. During project implementation, it was found that results from supervision and evaluation of the feasibility for project success based on CIPP Model revealed that opinions on the context, input, process, and product were at the very good level in total among 3 groups of respondents; including project leaders, commanders of project leaders, and clients.

2. After the project completion, health behaviors of the participants (in self-efficacy, self-regulation, and self-care) were statistically significant higher than before their participation at 0.001 level.

3. After the project completion, the participants had a better change according to the project indicators which were as follows: 1) bodily exercise behavior, 2) eating

behavior, health knowledge, attitudes toward project, and health behaviors were statistically significant higher than those before participating in the project at 0.001 level, 3) systolic blood pressure, diastolic blood pressure, waist, weight, BMI, fasting blood glucose, and amount of cigarettes smoking per day were statistically significant lower than those before participating in the project, and 4) the indicators revealed a reduction in body fat, but this change was not statistically significant.

4. 76.16 percent of the participants had high satisfaction about attending the health behavior modification projects.

5. Factors affecting project success consisted of budget from the National Health Security Office (NHSO), resources from their institutes, supportive policy, guidelines about project management and behavior change learned from the Behavioral Science Research Institute at Srinakharinwirot University (SWU) supports from commanders; capability and skills of experts; strong staff cooperation, having opportunity to exchange experience with colleagues, clients had awareness in their health problems, trust in physicians, interesting and repeated activities, motivation and rewards, convenience in communication, developing empowerment and self-esteem, applying several behavioral techniques and theories in behavioral science leading to various learning, and thinking that was the results of doing good things and causing their enjoyable mind.

6. Barriers to the project implementation included dropping out of clients during the project, insufficient and delay budget, limitations of BPPDS database program, unchanged lifestyles of clients, too many forms to complete this led to their confusion, and limited staff and time.

7. Suggestions based on the project evaluation were: 1) budget should be allocated in two times, 2) the project should be continually implemented set up as club, 3) client's name should not be shown in the project reports, 4) project implementation period should be extended to 1 year, 5) the BPPDS program should be improved in order to suitably support all age groups, 6) there should be an activity to distribute the learning or experience of succeed clients, 7) only one signing form should be accepted as an evidence, 8) there should be the budget for blood sampling and testing, 9) healthy food should be available in any hospitals/institutes, 10) the training should be provided outside, 11) project staff should be well trained as professionals, and 12) some participated clients should be invited to be a volunteer to further help other people.