Programme Evaluation Method

 Health Programmes Evaluation

 The purpose of these different studies was to help patients recovering from Chronic Obstructive Pulmonary Disease (COPD), Huntington’s disease and Stroke in recovering and returning back to their normal living.

 In the study involving patients with COPD, the objective was to explore the determinants of behaviour change maintenance of a physically active lifestyle. Semi structured interviews were conducted by two independent researchers based on three quantitative variables reflecting constant work rate test, health related quality of life and self management abilities. The Huntington’s disease survey measured the motor function of patients including balance and gait, their cognitive functions, anxiety and depression, health related quality of life, activities of daily living and their Body Mass Index (BMI). The stroke study evaluated Reintegration to Normal Living (RNL) index, exercise participation, Activity-specific Balance Confidence (ABC) scale, and goal attainment for the moving on after stroke (MOST) group.

 The stroke evaluation programme compared a new MOST self management program with land and water exercises to living with stroke (LWS), a standard education program. It involved an assessment at baseline, program completion and three months of follow up. Exercise was used in the MOST group to help the participants in dealing with challenges associated with stroke and showed better results than their LWS counterparts. The two independent researchers in COPD study used qualitative descriptive semi structured interviews to categorise the respondents into three groups. The Huntington’s disease study used a two year prospective intervention rehabilitation program of six three-week admissions. There were also two evaluation stays approximately three months after the third and the sixth rehabilitations.

 COPD study used interviews to collect information from the participants. This took place at the assessment centre or at the respondent’s home depending on his/her preference. The Huntington’s study used Time-up-and-go test, ten meter walk test, six minute walk test, Berg balance scale, sixteen item questionnaire describing confidence in undertaking balance control activities. Barthel Index was used to rate on a scale of one to ten how much assistance they needed in performing daily tasks. General cognition was measured by the mini mental state exam. Such examinations involving the participants were used to collect information and better assist them. The stroke study administered a mini-mental state exam, a background questionnaire through interview, RNL Index exams, ABC index exam to check balance confidence in sixteen complex mobility situations and FMI (Geriatric Depression Scale) to check physical and cognitive disability in relation to daily activities. The Chedoke McMaster Stroke Assessment

(CMSA) was based on physical performance; all the other tools were administered by interview.

 The outcome of the MOST study was a twenty eight versus an eight percent in formal enrolment in formal structured exercise programs or exercising by themselves in LWS. There was also a seventy eight percent short goals accomplishment in MOST. These included normal living activities like calling friends and planning for walks and outdoor activities. Six out of ten participants completed the Huntington’s study. Our findings suggest that participation in an intensive rehabilitation program is well tolerated among motivated patients with early to mid stage HD (Piira 6). COPD study showed two to three visits of physiotherapy a week among participants in addition to walking, swimming, cycling and visiting the gym. They also performed household tasks such as vacuum and window cleaning, grocery shopping and gardening (Kelly 3). In general the studies were a success and would set precedence for future research.

 Works Cited

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