

Evaluation Report
May 2023

Singing for Health Program

University of Canberra and The Circle Foundation

Eurobodalla, NSW South Coast

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Singing for Health Program

Data Summary Report

Introduction and Background

Between February and May 2023, four occupational therapy students (two separate groups) from the University of Canberra have been working with The Circle Foundation as part of their work integrated learning. The students were involved in developing an evaluation framework for the 'Singing for Health' program. The Circle Foundation (The Foundation, CF), is a not for profit organisation founded in 2022 (<https://www.circlefoundation.coop/>), structured as a community-operated social enterprise primarily encompassing the Eurobodalla and surrounding area of the NSW South Coast. The aim of the foundation is to reduce the burden of chronic disease in rural communities, strengthen social connections and grow vibrant and resilient communities.

In 2023, The Foundation coordinated and ran their first community health program, 'Singing for Health' (The program), targeting adult residents typically living with chronic health conditions who may benefit from weekly singing in a group of 10 to 20 participants. Participants were sourced by word of mouth and promotional material posted in Eurobodalla public areas including GP clinics. The Program was free of charge and voluntary. Sessions ran for one hour, once per week on a Tuesday morning for 10 consecutive weeks at the Country Women's Association premises in Moruya NSW. The Program was led by a qualified music therapist with the assistance of a program coordinator and concluded on 24 May 2023.

The occupational therapy students assisted with program planning and evaluation. This included the use of face to face discussion, telephone survey and questionnaire research tools prior to and upon completion of the program. The evaluation targeted feedback from participants, the music therapist and the program coordinator.

Deliverables

1. Written hard copy report of data analysis and optional UC student reflective commentary.
2. Raw evaluation data imported onto CF online database intranet.
3. Raw evaluation data hard copy documents returned to CF.

Notes Related to Data Collection and Analysis

The evaluation design and outcomes were not intended to be formal research, and the data has limitations in terms of its statistical significance. However, the data provides baseline information that may be useful for future planning of this program or similar types of programs.

Some answers to questions about a participant's health or mental health may be influenced by immediate factors such as having a cold, the flu, a bad cough, or personal problems at the time the evaluation was conducted. This may not be attributed to participation in the program, rather factors which can be expected of any person.

The post program evaluation interviews and surveys were conducted in Week 9 of the program, not the final week 10, as the UC students were unavailable to conduct any project work after Week 9.

From observations and attendance records, approximately 8 participants attended the group regularly. The maximum number of prospective participants was 20, who communicated their intentions to attend the program prior to commencement. During the pre and post-program evaluation process 14 participants took part in the initial interviews and surveys, 4 participants joined the singing group after week 5 of the program, and approximately 11 participants took part in both the pre and post-surveys. Participants that

did not take part in both the pre and post surveys were removed from the data used in the figures, as well as participants that did not provide an answer to a question in either the pre or post survey. This led to fluctuations in the total number of participants' data that were used in the figures.

Data Summary

Due to inconsistencies outlined above, data collected is affected by statistical bias and therefore cannot provide conclusive statistically proven information. Nevertheless, the following relates to the overall differences observed between the pre-survey and post-survey responses. As shown in figures 1 and 2, there was a slight increase in participants' reported physical and mental health. There was no change in the overall reported pain levels, but there was a slight reduction in reported fatigue (figures 3 and 4). Figure 5 shows an increase in reported satisfaction with social activities and relationships, and figure 6 shows a slight decrease in how often participants felt bothered by emotional problems. Additionally, there was a decrease in how often participants felt a lack of companionship, but there was an increase in the reported feeling of being left out, and no change in the reported feeling of isolation from others (figures 7, 8 and 9).

The following relates to the data collected from participants reported in the pre-interviews. Word of mouth, and posters in Moruya were the most common forms of how participants found out about the singing program (figure 10). The most common reasons for joining the program were the possible health benefits; the fact participants liked to sing; being involved in the community; past experiences of singing; and getting out of the house (figure 11).

The majority of participants drove their cars to attend the program, with travel times to the venue taking 15 minutes or more for the majority of the participants (figures 12 and 13). Finally, half the participants reported having one health condition, and half the participants reported having two or more health conditions (figure 14).

Most program participants were female with ages ranging from the youngest, a 49 year old male to the oldest being an 82 year old female. The majority of participants were aged between 61 and 75 years of age.

Participants Narrative

The following comments were collected during post evaluation interviews and questionnaires. The raw data collected includes participant responses as collected and can be viewed on the CF intranet. The below are direct quotes or summarised responses from quotes, noted by the telephone interviewer.

Female participant when asked about her favourite moment:

“The moment that Katrina noticed and dealt with my anxiety upon me arriving, and needing a chair near the exit, through fear and anxiety. I almost left that morning without participating. She was a great help”.

Female participant when asked about any suggested changes to the program and any further comments:

“No changes. I’d like to keep Kim as the music leader”; “I’ve had a hoot. It’s been unexpectedly pleasurable”.

Male participant when asked about any health benefits from his participation in the Program:

“Breathing is improved because I am recalling how to breathe well, properly. Using my diaphragm and taking good breaths”.

Female participant, when asked for any further comments about her participation in the group:

‘I would not have come along if it had not been for a friend who wanted me to support her attendance in the program, as this friend is extremely anxious in social situations. Now I love it and it forms part of my weekly regime of social participation and volunteering in the community’; “Like to keep Kim as the music leader”.

Recommendations

The recommendations below are sourced primarily from analysis of the evaluation data collected and also UC student observations and informal discussions with participants.

1. Use of a music therapist who understands how to support participants living with chronic health conditions is retained to lead singing groups. Participants have reported that the skills and knowledge of the music therapist has supported their engagement and performance in the group.
2. Use of a program coordinator, ideally with piano playing skills, retained to coordinate the program.
3. Be considerate of the start time, with session commencement time no earlier than 9am and perhaps between 9:30 and 10am. A later time would benefit participants with severe chronic health conditions that have specific routines and may take longer to get ready for the day or require transport assistance from others.
4. Retain the session length of 45-60 minutes, with the potential for a social gathering following the session to increase social engagement.
5. The program to remain on a Tuesday (or early in the week) and not later in the week.
6. The CWA venue was suitable, however a more sound/noise friendly venue would be beneficial. Some participants reported the echo of the venue affected their ability to engage with the singing.
7. Gather information on where participants live and find a venue that is closer to where participants live to reduce their travel time.
8. Increased focus on attracting males and residents from culturally and linguistically diverse backgrounds.
9. Group focus on preparing for a 'performance', such as a charity event, Christmas carols, Moruya markets, aged care homes or regular events. This will provide further occupational meaning and purpose to the participants. Word of mouth was a common way people learnt about the singing group, so community presence could increase the number of participants.

10. Focus promotion on the target audience and who you wish to attend based on community need. Clear identification of target audience impacts the delivery of marketing and communications, and the program planning and delivery. For example, if you want more males to attend consider putting flyers where this demographic might frequent such as the men's/community shed.

Marketing Communications

The following chart depicts a possible marketing approach that The Foundation may employ to promote future programs within the NSW South Coast region.

What	When	Where
2023 Program Launch	Pick a date when you are launching the promotion. 6-8 weeks out from commencement.	Create an event in the town you are holding it in e.g. Recital of XYZ songs in Moruya town centre at lunch time, invite Council staff and Counsellors, media, friends of participants, prepare key messages and a media release and stay 'on message'.
Media Release	At launch date and at intervals closer to commencement	All media outlets with an interest in the same regional audience as CF. CF media channels and assets e.g. website.
A4 & A5 flyer - hard copy (include QR scanner, email, mob and website contacts)	6-8 weeks prior to commencement	All GP clinics, allied health clinics, hospital, therapy centre's, Community notice boards.
A4 & A5 flyer - digital (include QR scanner, email, mob and website contacts)	6-8 weeks prior to commencement	Direct email to GP clinics, allied health clinics, therapy centre's, school online newsletters/emails, websites, social media.
CF Website - News Item	Once start date is known. Capture contacts.	CF Website Home page. CF website Media page. Cross promote to CF Singing for Health web page.
CF Website - EOI	Once start date is known. Capture contacts.	Singing for Health web page.
Email database - Create database and capture all	ASAP and ongoing.	CF intranet or specific software.

prospective and current participant, plus network of channels e.g. GPs, clinics, schools etc. If personal or business include opt out of future emails		
Email database - use contacts and email alert for new Program	When date is known and weekly thereafter until commencement.	Email addresses. Include testimonials, images of Program etc, new info every week demonstrating the benefits.
Privacy and Confidentiality - CF data process and policy development - Ensure participant registration includes option to use their images/etc for CF purposes so they consent from the start.	ASAP	Post on CF website and use every day.
Radio - 2EARFM. Podcast and/or interview. Ask for regular spots on 'community health' and have CF speakers on topics of community interest in which CF contributes to improving such health issues. It's a branding exercise for CF over the year and ongoing.	Upon launch date.	Invite to launch date. Send media release. Send reminder to 2EARFM closer to the commencement date.
TV - WinTV/ABC Local/Sky Regional.	Upon launch date.	Invite to launch date. Send media release.
Social Media - Facebook/LinkedIn	Upon launch date.	CF Facebook and LinkedIn pages.
Social Media - Create new Singing for Health FB page	Ready by launch date.	Programs will develop their own identity and prospective participants will search under the Program name, so create a FB page for it and link to CF FB page. People care less for CF, more for the Program they are considering.
Newspaper - send media release and image.	1-2 weeks prior to launch date.	Seek free advert in the community section or 'what's on' section. If able to, place a small advert and they may cooperate with some editorial.

Data Analysis

Participant attendance varied greatly (See above Notes Related to Data Collection and Analysis) and pre-program surveys did not capture participant age or gender.

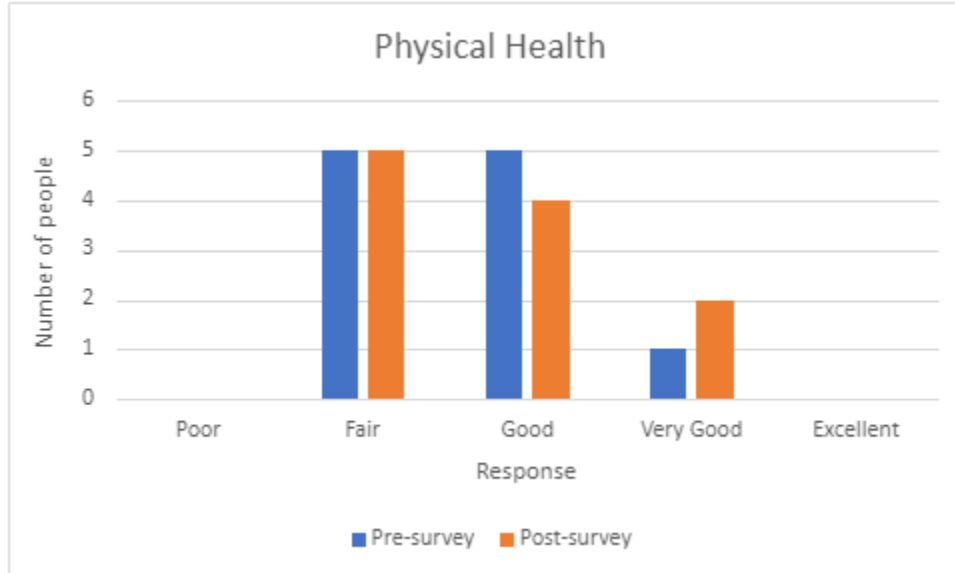
At the post-evaluation stage there were 7 females and 2 males (total n=9) participants interviewed and asked their gender and age. Ages ranged from the youngest being a 49 year old male to the oldest being an 82 year old female. The majority of participants were female aged between 61 and 75 years of age.

Twenty (n=20) names have been captured by the CF contact list as having expressed interest in attending, including participants who may not have attended at all, or did attend at least once, and/or attended regularly.

Anecdotally, it appears that a rate of approximately 50% regular attendance can be expected from the total number of prospective participants who express initial interest.

The data below (figures 1 to 9) were sourced from up to 14 participants between March and May 2023 and relate to the data collected from the pre and post surveys.

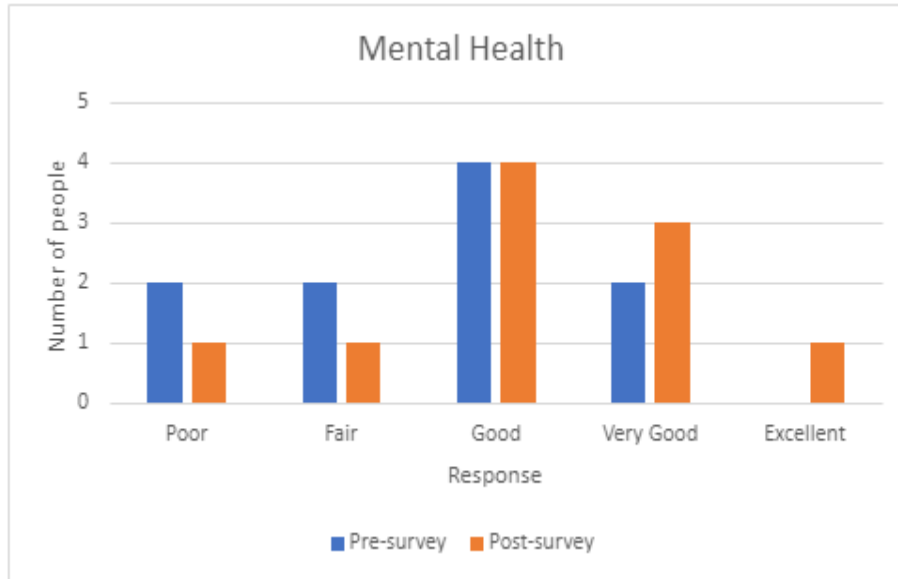
Figure 1. *In general, would you say your physical health is?*



11 participants provided a pre-survey response and post-survey response describing their physical health. The weeks between the responses varied from 9 weeks to 3 weeks. The number of singing sessions the participants attended varied. As seen in figure 1, there is a slight increase in the physical health of participants, however, this is not statistically

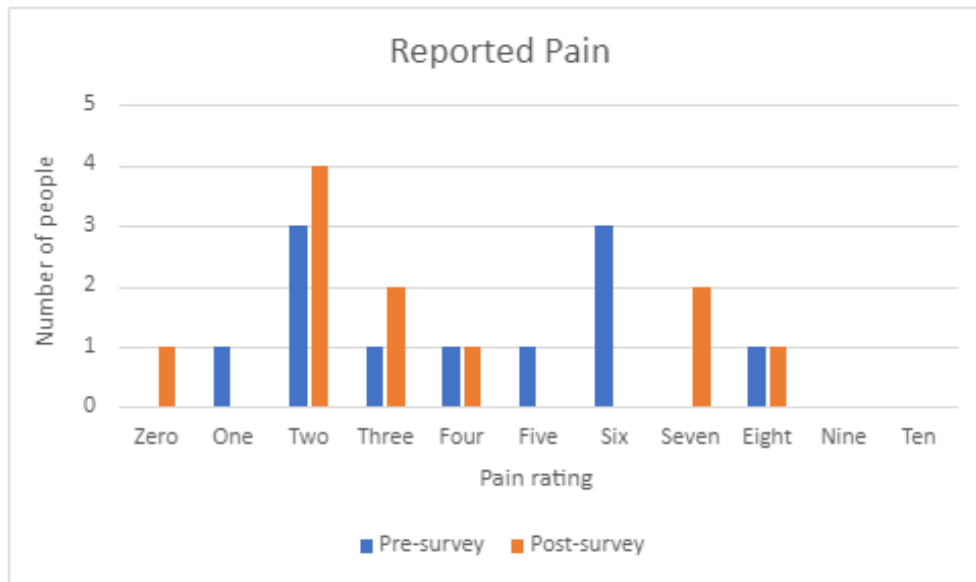
significant. The most common responses were 'fair' and 'good' in the pre-survey, and 'fair' in the post-survey (figure 1).

Figure 2. In general, would you say your mental health is?



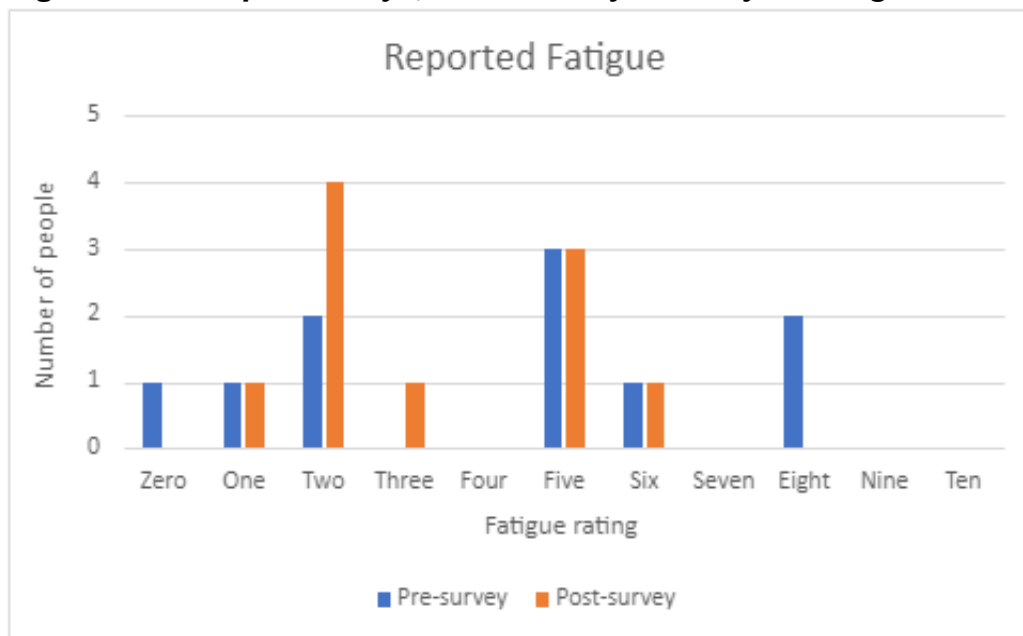
10 participants provided a pre-survey response and post-survey response describing their mental health. The weeks between the responses varied from 9 weeks to 3 weeks. The number of singing sessions the participants attended varied. As seen in figure 2, there is a slight increase in the mental health of participants, however, this is not statistically significant. The most common response was 'good' for both the pre and post surveys (figure 2).

Figure 3. In the past 7 days, how would you rate your pain on average?



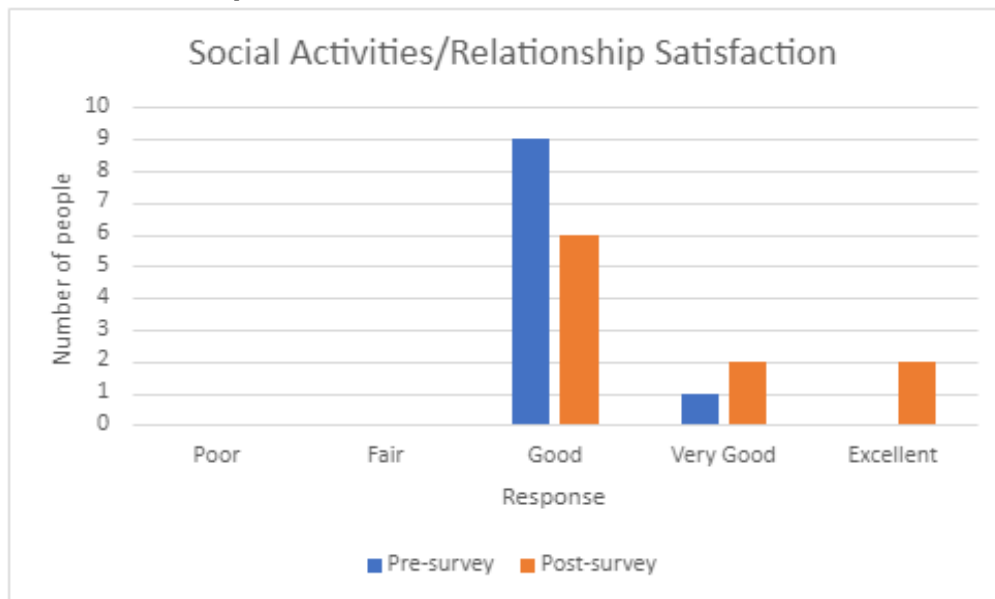
11 participants provided a pre-survey response and post-survey response rating their level of pain in the past 7 days (0 = no pain, 10 = worst pain imaginable). The weeks between the responses varied from 9 weeks to 3 weeks. The number of singing sessions the participants attended varied. As seen in figure 3, overall there was not a statistically significant shift toward either more or less pain from the beginning of the singing program to week 9 of the program.

Figure 4. In the past 7 days, how would you rate your fatigue on average?

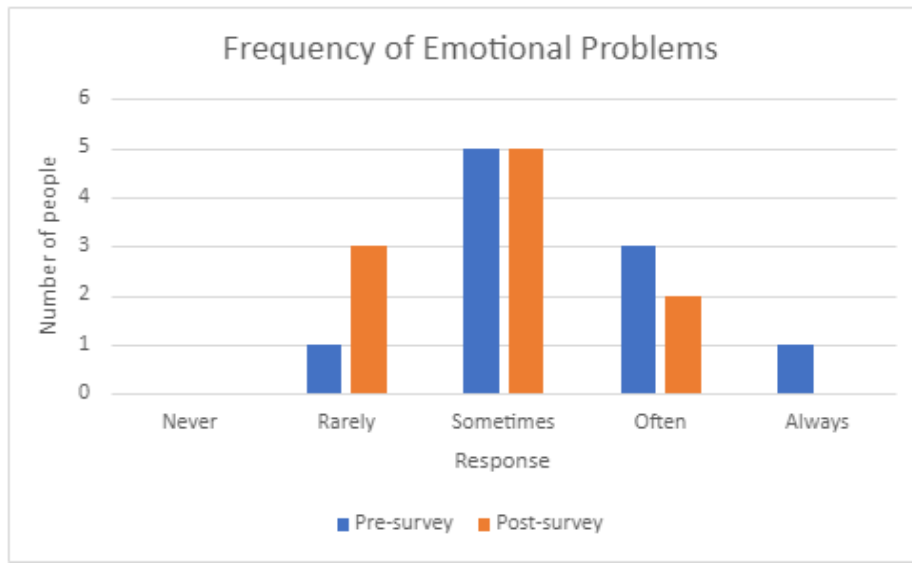


10 participants provided a pre-survey response and post-survey response rating their level of fatigue in the past 7 days (0 = no fatigue, 10 = worst possible fatigue). The weeks between the responses varied from 9 weeks to 3 weeks. The number of singing sessions the participants attended varied. As seen in figure 4, overall there was a slight reduction in the rating of fatigue from the beginning of the singing program to week 9 of the program, however, this is not statistically significant.

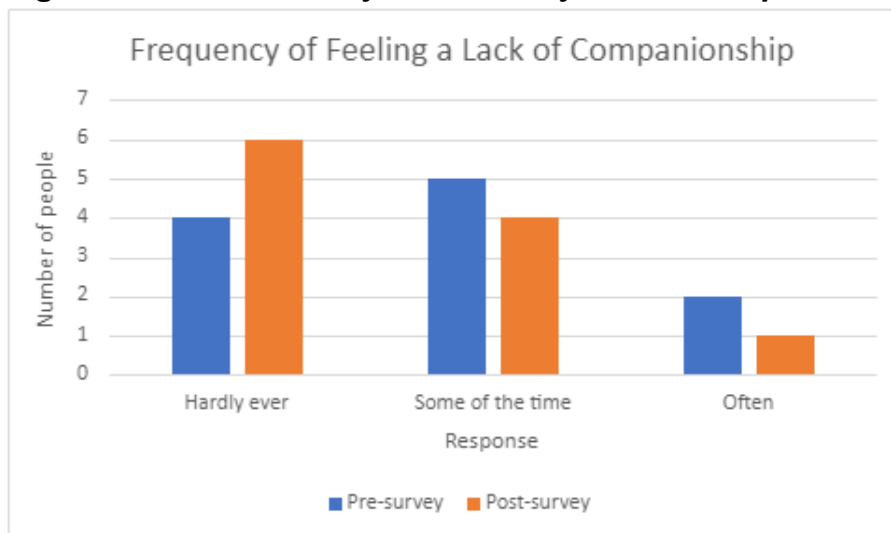
Figure 5. In general, how would you rate your satisfaction with social activities and relationships?



10 participants provided a pre-survey response and post-survey response describing their satisfaction with social activities and relationships. The weeks between the responses varied from 9 weeks to 3 weeks. The number of singing sessions the participants attended varied. As seen in figure 5, there was an increase in the participants' satisfaction with their social activities and relationships from the beginning of the singing program to week 9 of the program. The most common response was 'good' for both the pre- and post-surveys (figure 5).

Figure 6. How often have you been bothered by emotional problems?

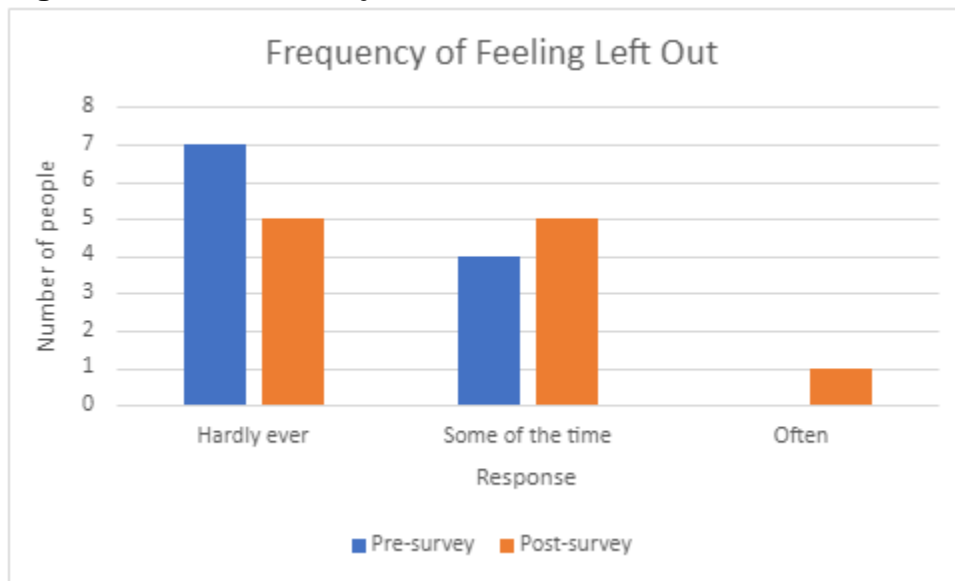
10 participants provided a pre-survey response and post-survey response describing how often they are bothered by emotional problems. The weeks between the responses varied from 9 weeks to 3 weeks. The number of singing sessions the participants attended varied. As seen in figure 6, there was a decrease in how often participants were bothered by their emotional problems from the beginning of the singing program to week 9 of the program. The most common response was 'sometimes' for both the pre and post surveys (figure 6).

Figure 7: How often do you feel that you lack companionship?

11 participants provided a pre-survey response and post-survey response describing how often they felt a lack of companionship. The weeks between the responses varied from 9

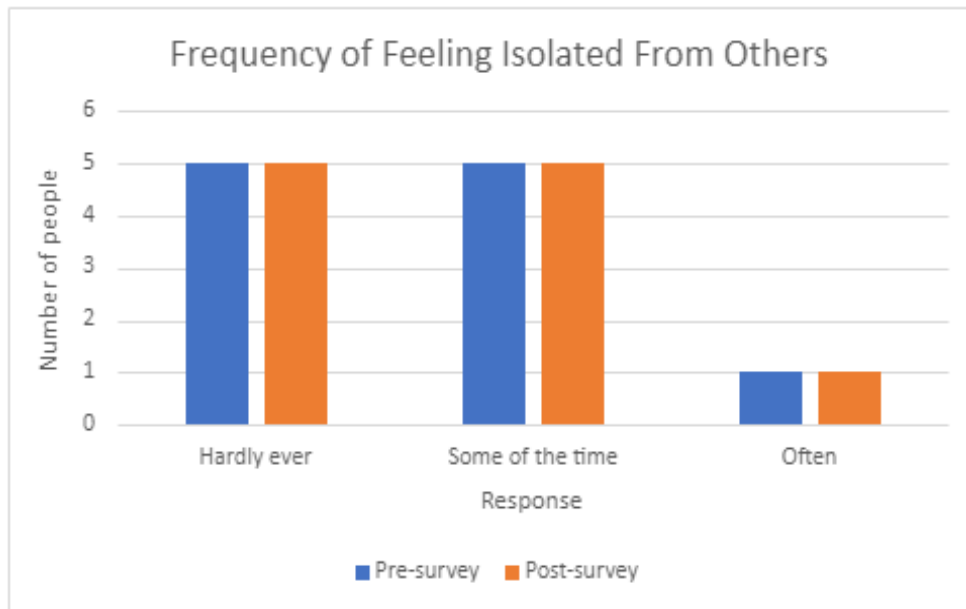
weeks to 3 weeks. The number of singing sessions the participants attended varied. As seen in figure 7, there was a decrease in how often participants felt a lack of companionship from the beginning of the singing program to week 9 of the program. The most common response was 'some of the time' in the pre-survey, and 'hardly ever' in the post-survey (figure 7).

Figure 8. How often do you feel left out?



11 participants provided a pre-survey response and post-survey response describing how often they felt left out. The weeks between the responses varied from 9 weeks to 3 weeks. The number of singing sessions the participants attended varied. As seen in figure 8, there was an increase in how often participants felt left out from the beginning of the singing program to week 9 of the program. The most common response was 'hardly ever' in the pre-survey, and 'hardly ever' as well as 'some of the time' in the post-survey (figure 8).

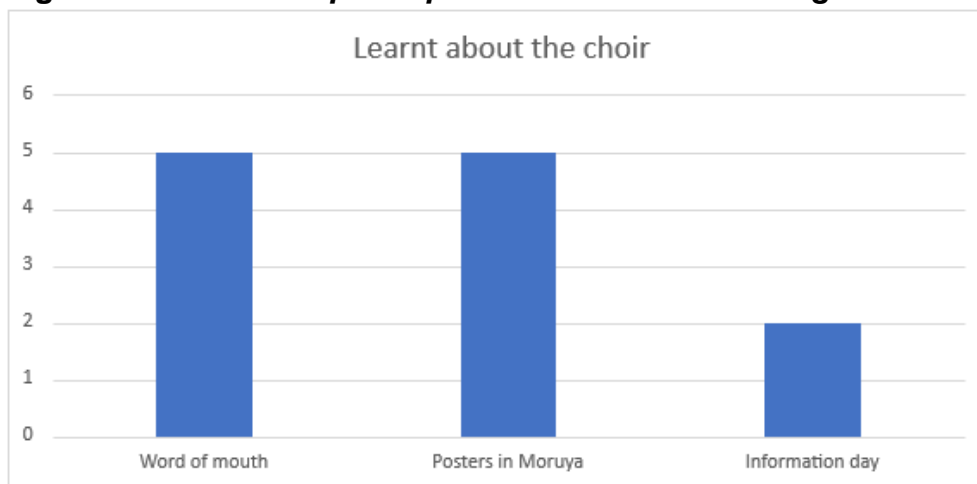
Figure 9. How often do you feel isolated from others?



11 participants provided a pre-survey response and post-survey response describing how often they felt isolated from others. The weeks between the responses varied from 9 weeks to 3 weeks. The number of singing sessions the participants attended varied. As seen in figure 9, there was no overall change in how often participants felt isolated from others from the beginning of the singing program to week 9 of the program. The most common responses were ‘hardly ever’ and ‘some of the time’ for both the pre and post surveys (figure 9).

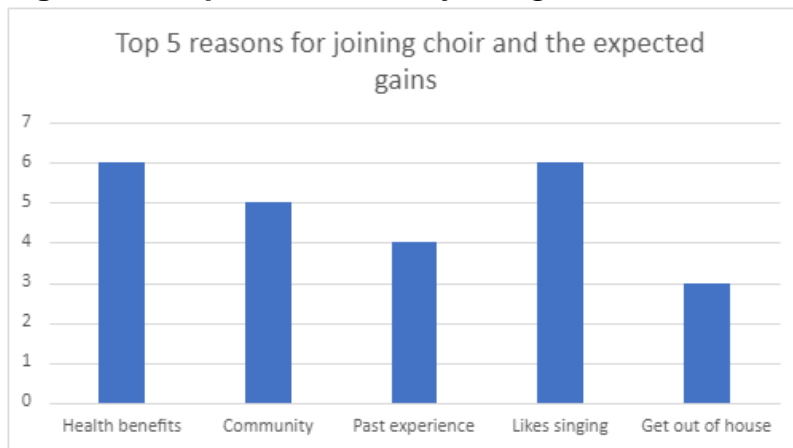
The following figures 10 to 14, are related to the data collected from the pre-interviews completed in person or over the phone.

Figure 10. Where did participants learn about the Program?



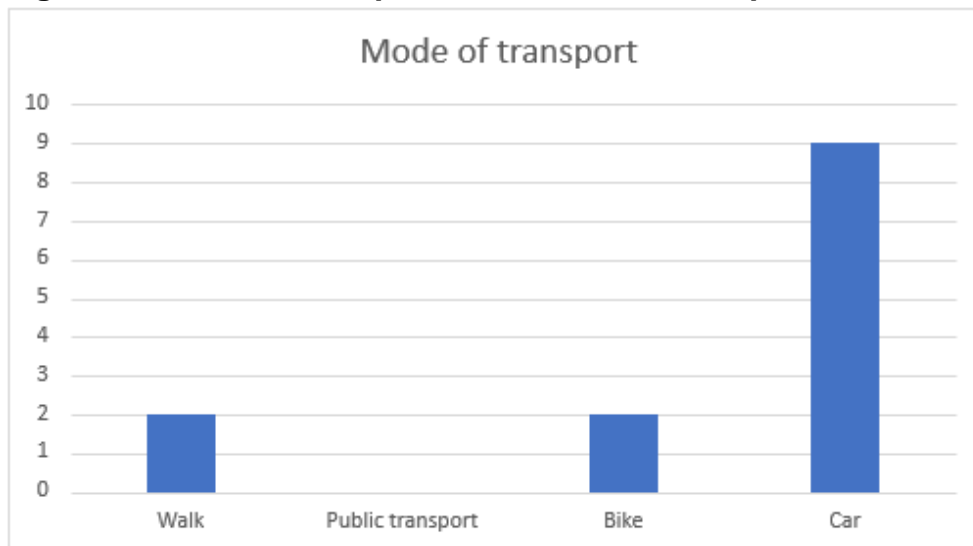
A total of 12 participants reported how they learnt about the program. As seen in figure 10, word of mouth, and posters in Moruya were the most common forms of how participants found out about the program. 2 participants learnt about the program through the information day (figure 10).

Figure 11. Top 5 reasons for joining the choir and expected gains.



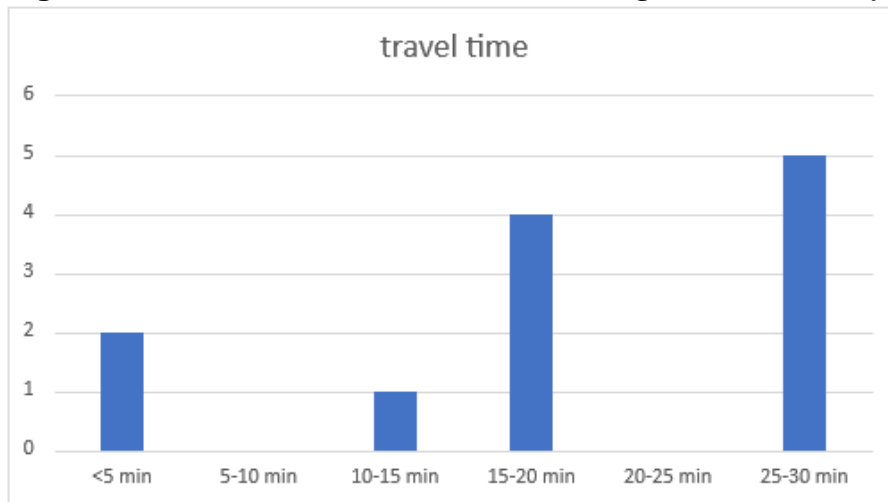
A total of 12 participants stated why they joined the program, in some cases more than one reason was given. As seen in figure 11, the most common reasons for joining the program were the possible health benefits and the participants liked to sing. Additionally, being involved in the community, past experiences of singing, and getting out of the house were also common answers (figure 11).

Figure 12. Mode of transport used to attend Group sessions.



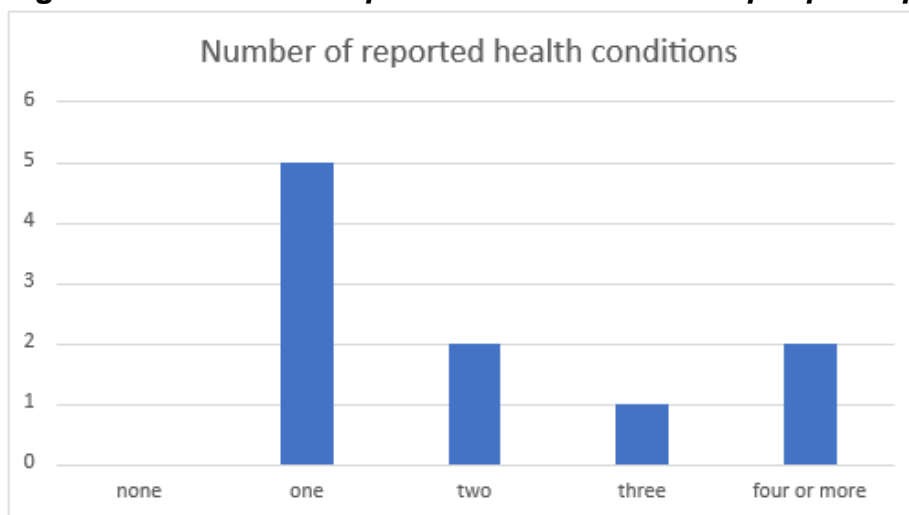
A total of 12 participants reported what their mode of transport to the weekly program was, 1 participant stated both walking and riding their bike. As seen in figure 12, the majority of participants drove their car to the singing group, with approximately 2 participants each choosing to ride their bike or walk.

Figure 13. Travel time taken to attend Program sessions (one way).



12 participants reported the approximate time they spent traveling to the program. As seen in figure 13, the majority of participants spend 15 minutes or more traveling to the singing group, with the most participants traveling 25-30 minutes one-way.

Figure 14. Number of reported health conditions per participant.



10 participants reported the health conditions they had. As seen in figure 14, having one health condition was most common, followed by having either 2 or 4 or more current health conditions. One participant had 3 health conditions (figure 14).

Conclusion

The program has been an enabler for a small group of adults on the South Coast of NSW, living with chronic health issues, to become engaged within their community.

Regular participants have progressively improved their physical health through breathing, a major part of singing, and also their mental health through socialisation and opportunities to overcome personal fears, and anxieties.

The program was expertly led by a music therapist who incorporated a client-centred approach with skills to enhance participants engagement.

It is hoped the program will be repeated in 2023 and further expansion of such programs by The Foundation may benefit residents if focused on where the community identifies demand for such community participation.