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At Direct Results, we are the gold standard of high-quality evaluation products to suit your every need. We are a client-driven group of professionals, with a priority to prepare results that are ready for you to implement into your strategy and decision making for the future. We have varied skills as a team that allow us to work on any project with which you seek direction; from the implementation stage to the impact evaluation, Direct Results is ready to produce results.

We are pleased to submit our response to the Request for Proposals from the Older Adults Centres' Association of Ontario for their project: *Links2Wellbeing*. We feel confident that we will be able to deliver what you seek in your evaluation needs and have outlined below what you can expect in this package:

- An overview of the program and key stakeholders
- A draft logic model and logic model narrative
- Evaluation approach and data collection methods
- An evaluation matrix with proposed activity timestamps
- Mitigation strategies for anticipated challenges
- Canadian evaluation practice competencies

Through the evaluation process, Direct Results is dedicated to abiding by the Canadian Evaluation Society competencies, and ethical protocols and the safety of participants is our highest priority. We are confident our proposal will encompass all your needs and we look forward to working with you on this evaluation project.

Thank you,

The Direct Results Team

Evaluation Proposal

Prepared for:

OACAO

The Older Adults Centers' Association of Ontario

Prepared by:

Direct Results

Direct Results Ltd.

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Program Overview

Background

The Older Adults Centres' Association of Ontario (OACAO) is a not-for-profit organization that brings together many Seniors Active Living Centres (SALCs) from across Ontario. These centres provide programs and services with the objective of enhancing health outcomes of senior citizens.

In light of the growing recognition of the risks associated with social isolation among older adults living in the community, the OACAO has piloted a three-year project, *Links2Wellbeing*, to support the identification of and engagement with older adults at risk of loneliness through Health Care Providers (HCPs). The program objective is to increase social inclusion for older adults at risk or currently experiencing social isolation by connecting them to programs of interest at their local SALC. Health care providers refer seniors as needed to the SALC, whereby an SALC Volunteer Link Ambassador (VLA) reaches out to the individual to connect them to applicable programs. This program also provides access to the centres' programs at reduced or no cost to the referred older adults. Initiated in April 2021, the program is currently operating at 30 SALCs, with additional SALCs being added annually.

The COVID-19 pandemic has also placed renewed focus on mental health and well-being of older adults, given the extended lockdowns and limited ability to gather in-person. Further analyses of the impact of the COVID-19 pandemic on older adults are likely over the coming months and years. As such, this evaluation will provide results at a critical time when there is potential for synergies with political and civic priorities to examine and invest in programs that address these important areas.

Stakeholders

In the figure below (Figure 1), key stakeholders of *Links2Wellbeing* are identified based on Direct Results initial understanding. Key internal stakeholders include the community-based older adults, staff, Volunteer Team Leaders, and VLAs at SALCs (hereafter referred to SALC staff), staff at the OACAO, and HCPs who are providing referrals. External stakeholders include local health care providers not engaged in the program, families of community-based adults, other community based adults, other local, regional and national organizations representing and serving older adults, and the Ontario Ministry for Seniors and Accessibility. Typically, the program funder would also be identified as a stakeholder, however given that this individual has opted to remain anonymous, it is assumed that they will not be engaged in the evaluation process. This initial overview will be elaborated and confirmed once the evaluation process begins.

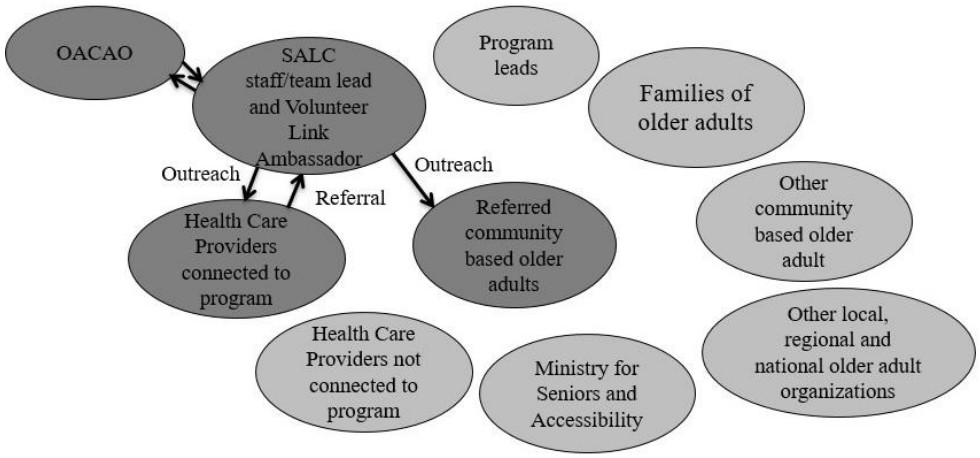


Figure 1. Map of Key Stakeholders of the *Links2Wellbeing*

Stakeholder Engagement

We recommend that members of the internal stakeholder groups be involved in the evaluation through an **Evaluation Advisory Committee** (EAC). Each internal stakeholder group should have at least one representative present in the EAC to provide feedback and advise on evaluation plans and findings. In addition, there should be representation from another seniors' organization with experience delivering programs across the province or nationally. It is proposed there would be bimonthly meetings of the EAC. The EAC structure and stakeholder representation will be reviewed and finalized with the OACAO at the beginning of the evaluation process.

To support a participatory approach, broader stakeholders (e.g. older adults referred to the SALCs, SALC staff and volunteers, and health care professionals) from the selected sites will be engaged at key points in the process, including at the beginning of the evaluation or when individuals are first referred to the program, and with the evaluation results. Additional opportunities to engage in the process will be provided to stakeholders at the selected sites, including participating in the bi-monthly EAC meetings as well as outlining the opportunities to contribute to the data collection.

Program Logic Model

A draft program logic model is presented in **Appendix A** has been developed to demonstrate how program activities relate to program outcomes. While the linear presentation of the logic model may not convey program complexity, it is an important evaluation tool to help visualize the link between program activities and expected outcomes and help identify areas of evaluation focus.

The logic model is a visual representation of program inputs e.g. SALC staff and other resources used to conduct program activities, including outreach to HCPs and connecting referred older adults to relevant program offerings at the SALC to achieve desired program outcomes. These include, on a short-term basis, improved knowledge among HCPs about the program offerings

and increased referrals into the *Links2Wellbeing* program along with improved access to community services among older adults in the medium-term. Long-term program outcomes are expected to reduce social isolation and resultant ill-health among older adults.

The program is driven by the underlying assumption that there is a need to reduce loneliness among older adults and that social prescribing is an effective model to link them to supportive community services. Further, the involvement of HCPs is necessary as they serve as an entry point for service access and have deep and long-lasting connections with their clients.

The logic model presents some external factors influencing the program, program assumptions, and risks as identified by Direct Results, these are however not meant to be an exhaustive list. There may be other issues identified in collaboration with the EAC, which would be included in future iterations of the logic model to ensure fidelity with program operations and enhance utility of evaluation findings.

Evaluation Design

Evaluation Purpose

The purpose of this evaluation is to understand the implementation and benefits of *Links2Wellbeing* and to formulate a framework to scale and sustain the initiative by the end of year 3 of the project and beyond.

Evaluation Approach

At Direct Results, we recognize the importance of social interaction as a large determinant of health outcomes in older adults (Gilmour, & Ramage-Morin, 2020). We commend the OACAO for their efforts to better engage older adults in activities in their communities to create stronger social bonds and improved mental and physical wellbeing.

Given the complexity of this program in terms of the number of important actors, reliance on volunteers throughout the various activities, and the need for this program to work for beneficiaries, we feel this evaluation is best suited to a **Participatory Approach with an Equity Lens**. A participatory approach is beneficial for many different reasons. It builds stakeholder engagement and ownership of the program, creating a deeper involvement and investment into the success and outcomes of the program. It also has the potential to yield better data with more involvement from stakeholders, and a stronger interpretation of this data allowing for better recommendations for the future (Guijt, 2014). This is pertinent to the goal of OACAO to continue rolling out this program to greater communities in subsequent years. You will find that through a strong commitment to an EAC and participatory style methods such as data parties and arts-based methods, the participatory approach is embedded in this evaluation's framework. Also find our commitment to appropriate participation within CES competency 3.2.

In addition, we understand there is a large diversity of geographic locations, cultures, genders, languages, and identities among staff, volunteers, and participants within this program. Indeed, there is extra concern surrounding racialized, Indigenous, those with mobility challenges, and 2SLGBTQ+ older adults and their increased vulnerability to loneliness and isolation.

In this sense we understand the utmost prioritization of Diversity, Equity, and Inclusion (DEI) within this program and the evaluation framework which has been included in our approach through an Equity Lens. Within our methods you will find a demographic and geographic analysis to better understand the population base, which is being served, and each participatory method will include strategies to ensure a strong representation of an equity population base. It is also our commitment to communicate appropriately with diverse cultures and groups within our interpersonal practice and CES competency 5.1. For more details on our commitment to DEI and strategies surrounding its uptake, please see the methods and challenges and mitigation sections.

Assumptions

In this evaluation we are assuming the program began in April 2021, and therefore Direct Results will be starting this evaluation almost a year into the program's implementation. This means there will be almost 2 years for the evaluation to be conducted to acquire the desired results by the end of the 3 years post implementation timeline. We are also assuming that the estimated 30 days of consultant time for the evaluation are not consecutive and can be used throughout the 2 years Direct Results will be involved in the evaluation. These days will be used as seen fit once methods have been finalized and approved by the EAC and stakeholders.

Evaluation Questions

Based on the objectives outlined in the RFP, Direct Results is proposing a hybrid process and outcome evaluation to help direct an evaluation congruent with the needs of OACAO as clients, and have identified the following overarching questions:

<u>Process evaluation</u>

1. What is the uptake of the program?
2. What have been barriers and facilitators for program implementation?

<u>Outcome evaluation</u>

3. To what extent has the initiative contributed to intended and unintended outcomes for program stakeholders (clients, SALC Staff and health care providers)?
4. To what extent is there evidence of program sustainability and spread?

In consultation with the EAC, the above evaluation questions will be appropriately refined to ensure that we are meeting the evaluation needs of OACAO for *Links2Wellbeing*.

Evaluation Methods

Direct Results proposes a mixed-method evaluation design with integrated innovation, which involves a multidisciplinary team using elements of both quantitative and qualitative data collection and analysis (Bamberger & Mabry, 2020). We recommend this approach as it tends to produce more comprehensive coverage and more valid findings than either quantitative or qualitative methods alone (Bamberger & Mabry, 2020). As well, Direct Results will be employing an intersectional approach to data collection and analysis, as outlined in Christoffersen, 2017. See Appendix B for the Evaluation Matrix.

Data Collection

Document Review

A document review will be used at various stages of the evaluation. During the process evaluation documents such as the intake form and attendance records will be used to compile information about participants' demographics and participation in activities to support the evaluation of program uptake. During this intake and attendance record taking, we will suggest an evaluation information sheet be given to participants to ensure their understanding that an evaluation is taking place and their participation is encouraged. Stakeholders can participate in the bi-monthly EAC meetings, as well as in participatory methods.

A focus of this analysis will be to assess the extent to which program reach is diverse, equitable and inclusive, by focusing on demographic characteristics related to race/ethnicity, gender, sexual orientation, and mobility. The intake form will also be used to gather information about referral sources and perceived barriers and strategies to overcome those barriers as they relate to program participation and implementation. During the outcome evaluation the document review will allow for the analysis of the Assessment of Loneliness that is completed at 3-, 6-, and 12-months, to understand how the program has impacted clients. Finally, a document review from sources such as budget, spending and funding reports, as well as literature review of the costs associated with loneliness, can support the analysis of cost-effectiveness.

Geographic Analysis

Geographic Information Systems (GIS) such as ArcMap or GeoDa, will be used for both the process and outcome evaluations, to create multilayered maps to support the identification of patterns or relationships between the program's environment and the effectiveness of their implementation and performance. This will provide a more holistic view of the program, its context and the evaluation results (Azzam and Robinson, 2013). In the process evaluation the focus will be on identifying patterns in referral sources which can inform more tailored and targeted outreach strategies with local healthcare providers. The focus will also be on identifying patterns of participation which can help inform how equitable the uptake of the program is. Both foci can support decision-making about which sites to interview for both process and outcome evaluations, by allowing evaluators to choose a handful of programs that vary in referral and participation rates, as well as demographic make-up and rurality/urbanity.

GIS is a tool that can be used for program planning and decision-making, in this case around sustainability and spread, as it allows for a deep understanding of conditions and factors that may impact the program and its objectives (Moise, Cunningham and Inglis, 2015). This can help to inform the evaluation of the extent to which the program is reaching its objectives through the observation of patterns of participation changing over time, while also assessing the potential scalability and sustainability of the program. A final look at equity can be assessed by examining patterns of participation and comparing it to the Ontario Marginalization Index (Matheson & van Ingen, 2016). This can help to assess the relationship between area-level marginalization and participation, which can support future strategies to promote a diverse, equitable and inclusive spreading of the program.

Interviews

As part of the process evaluation, interviews will be conducted with VLAs, SALC staff and healthcare providers to understand their perceived barriers and facilitators of the initiative implementation. As part of the outcome evaluation, interviews will be conducted with SALC staff, healthcare providers and families to understand the benefits and unintended outcomes of the program. The interviews with VLAs, SALC staff and healthcare providers will also encompass what environmental factors influence the spread of the program. Interviews allow evaluators to gather in-depth information to gain a deep understanding of the program and its impact through multiple perspectives (Bamberger & Mabry, 2020). Interviews are helpful when combined with quantitative methods as they can provide clarification of quantitative data (Bamberger & Mabry, 2020), such as the data that will be collected and analyzed through the document review and geographic analysis. Although interviews require more time than other methods, this burden will be mitigated through short interviews, and the use of snowball sampling, whereby those who are interviewed first will be asked to provide suggestions for other interviewees to keep the numbers low.

Participatory

Arts-Based Methods

As part of the outcome evaluation a qualitative arts-based approach will be used to understand the perceived physical and mental wellbeing and social connectedness of participants through a participatory drawing method. Research by Noice et al. (2014) highlights the benefits of older adults' participation in arts, including positive cognitive, affective, and quality of life outcomes. These benefits extend not only to participation in visual arts (painting/drawing), but also to dance, creative writing, singing, instrumental music, and theatre. As generally low-cost endeavors, participatory arts-based activities have been associated with documented improvements in memory, creativity, and problem-solving (Noice et al., 2014).

In order to decrease burden on clients and facilities, these evaluation activities can be incorporated as part of the Centres' regular programming taking place over a few sessions. In this way, this method will benefit both the participants through social activity, expressiveness, and connectedness, while also eliciting information helpful to the evaluation of the program. Participants will be informed that this group is part of an evaluation and will provide informed consent. As a suggested activity in this regard, participants will be asked to create drawings related to their perceived physical, mental wellbeing and social connectedness, with drawings related to before their participation and after they enrolled with the program. Pre-post intervention participatory arts-based studies with seniors have been conducted by Beauchet et al. (2020), finding positive impacts on older adults' physical and mental health.

A Cost Analysis

A cost analysis will be conducted by compiling and analyzing program documents related to program budget, spending and funding. A comprehensive literature review will also be completed to understand the costs associated with the health outcomes that are impacted by this program. This information can then be used to conduct a cost-effectiveness analysis which would

involve the examination the costs and health outcomes of *Links2Wellbeing* by comparing the program to another program (or the status quo) and estimating the cost of gaining a unit of a health outcome (Cdc.gov, 2022). The result of this analysis would be presented as a cost-effectiveness ratio which is the net cost divided by the changes in health outcomes, with a negative net cost suggesting that the program is less costly and more effective (Cdc.gov, 2022).

Data Analysis

Triangulation will be used to enhance the accuracy of data and the validity of the evaluation findings by comparing multiple sources of information, methods, and perspectives (Bamberger & Mabry, 2020). We will be using triangulation by method (involves using multiple data collection), by source (involves gathering data from multiple data) and by time (involves repeatedly collecting data over time to examine patterns) (Bamberger & Mabry, 2020). In keeping with a DEI lens, an intersectional approach to data analysis will be conducted, whereby examining the multi-dimensionality of identity and its impacts (Unpacking Intersectional Approaches to Data, 2021).

Challenges and Mitigation Strategies

Direct Results has taken care to develop a practical and useful evaluation plan in response to the needs of *Links2Wellbeing* program. We recognize a number of challenges may present themselves throughout the evaluation process. These are identified below, along with proposed mitigation strategies to appropriately respond to and address any such challenges that may arise.

Potential Challenge	Mitigation Strategies
Digital Access and Connectivity	• To optimize participation from rural and remote program participants, Direct Results will work with program staff to identify locations that may have digital connectivity issues and/or technological barriers. Telephone or other communication options will be explored to facilitate participation from individuals affected by this situation.
Accessibility of Evaluation Materials and Processes	• Given the diversity of program participants (e.g. age, abilities/strengths), a thorough analysis will be undertaken to optimize comprehension of evaluation materials. • Readability assessments will be performed for any written materials produced throughout the evaluation process • Innovative methods (e.g. art-based forms) and visual communication tools will be employed to support ease of participation, especially where literacy and/or language barriers may present
Budget and Time Constraints	• To help offset possible time challenges associated with a participatory approach, Direct Results will leverage data that has already been collected and that is available through the program, existing program activities, and other sources that do not require additional draws on stakeholder time. The intent will be to minimize time demands on the various stakeholders, including staff and volunteers, program participants and their families, and healthcare providers • Direct Results is mindful of program resources and stakeholder availability, and a timetable has been developed with these considerations in mind • Staffing shortages or competing demands on time may mean there are constraints on stakeholders' availability to participate in interviews. To address this challenge, Direct Results will utilize an extreme/deviant case sampling strategy (e.g. 1-2 interviews,

	especially for stretched healthcare professionals) and will work with stakeholders to identify most suitable timing for interviews and will be flexible to accommodate staff schedules • Minimal additional ongoing data collection (e.g. log and year-end data) will be required of staff and teams outside of already established practices
Data Collection-Ethics and Confidentiality	• Informed consent will be obtained prior to engaging with participants for the purpose of this evaluation, and Direct Results will ensure all participants are aware that they can stop or pause participation in the evaluation at any time. • Direct Results will de-identify participant information in evaluation results, which will be stored in a secure database. • CES competencies will be upheld at all times. • Data collection methods will be reviewed with the EAC for contextual and situational appropriateness. • Translation services will be available in multiple languages to facilitate interview data collection. • Direct Results will provide coaching to program staff and volunteers on the process of responding to questions and collecting diversity, equity and inclusion data • To help address potential concerns from program participants about sharing information for the evaluation, volunteers will be provided with support from the Direct Results team to explain to program participants from the outset that their data may be collected as part of evaluation. Handouts and resources will be developed to reinforce messaging about participant information being anonymous and de-identified. This information can be provided either in writing or verbally in the language with which program participants are most comfortable.
Ongoing presence of COVID-19	• All interactions necessary to carry out the evaluation will be conducted in accordance with applicable public health guidelines in place at the time of the evaluation • Telephone or virtual interviews through an online platform will be used wherever and to the extent possible

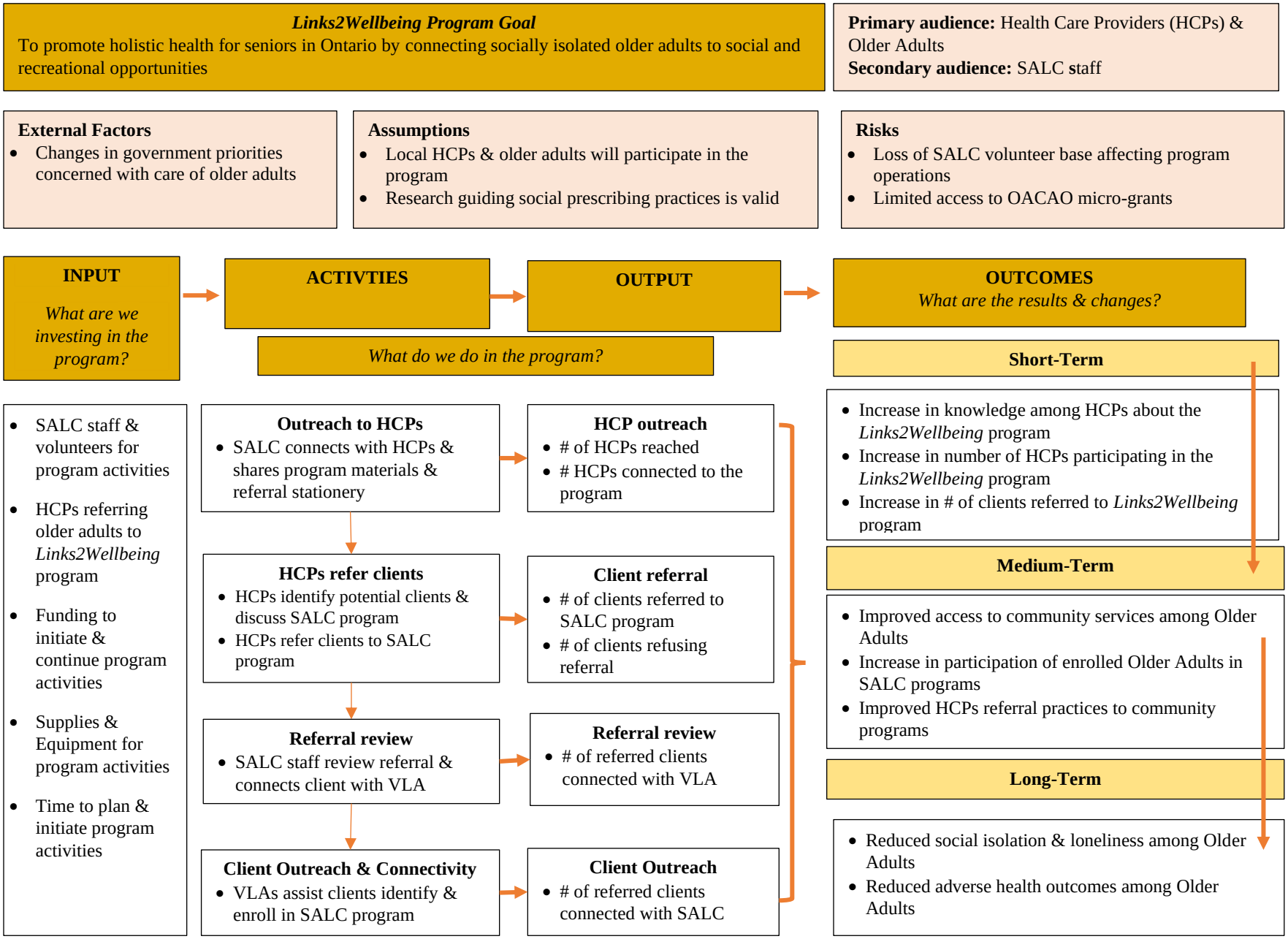
CES Competencies

Direct Results is committed to following the principles and competencies outlined in the Canadian Evaluation Society (CES) *Competencies for Canadian Evaluation Practice.* Direct Results has identified three specific evaluation competencies from which it will draw in conducting the evaluation.

Technical Practice Domain	**2.8 Collects, analyzes and interprets data using appropriate methods** Leveraging this competency, Direct Results carefully considered the specific characteristics, needs, and strengths of potential informants when designing the evaluation. This meant ensuring Direct Results integrated tailored and, in some cases, unique methods that would be suitable in responding to each evaluation question and that would also be appropriate for the specific evaluation context.
Situational Practice Domain	**3.2 Identifies stakeholders' needs and their capacity to participate, while recognizing, respecting and responding to aspects of diversity** Direct Results took great care to identify and incorporate ways to uphold stakeholder rights, interests, and needs within the evaluation design, while also recognizing the wealth of diversity among and between potential evaluation participants and stakeholders. Direct Results considered ways in which volunteers and staff could build capacity to participate in the evaluation and utilize their skills to contribute to ongoing evaluation activities. The Direct

	Results team took into account intersecting elements of diversity among program participants, including age, culture, ability, and other variables impacting diversity in recognition of multiple factors impacting on individuals' lived experiences.
Interpersonal Practice Domain	**5.1 Uses communication strategies appropriate to the cultural, linguistic, social, and political context** Direct Results crafted elements of this proposal, including the logic model, with an eye toward accessibility and inclusivity for various and diverse stakeholder groups. This approach will be maintained in the development of evaluation communication material, handouts, and final reports generated throughout the evaluation. Any feedback from stakeholders on emerging needs as they relate to communication or presentation of evaluation materials will be swiftly acted upon to ensure usability and respect for all parties involved.

Appendix B: Evaluation Matrix



Appendix B: Evaluation Matrix

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Timeline
Process Evaluation				
1. What is the uptake of the program?	-demographics -# of participants in activities	Program documents (Intake form, attendance records)	Document Review	Start of evaluation (end of yr 1) - Review available data from yr 1 to inform selection of study sites At 2.5 yrs)
	-referral source -aggregate participation rate	Program documents (Intake form)	Geographic analysis	Start of evaluation (end of yr 1) - Review available data from yr 1 At 2.5 yrs)
2. What have been barriers and facilitators for program implementation?	-perceived client barriers to participation - client strategies to overcome barriers	Program documents (Intake form)	Document review	At 2.5 yrs
	-perceived barriers and facilitators to implementation	VLAs, SALC staff, Health care providers	Interviews	At 2.5 yrs
Outcome/Impact Evaluation				
3. To what extent has the initiative contributed to intended and unintended outcomes for program stakeholders (clients, SALC Staff and health care providers)?	-trends of loneliness over time among participating older adults -perceived lack of companionship -perceived feeling of isolation	Program documents (Assessment of loneliness)	Document Review	At 2.5 yrs
	-perceived physical and mental wellbeing -perceived social connectedness	Older Adults (clients)	Participatory Arts-Based Method	At 2.5 yrs

	-perceived benefits of the program -perceived unintended outcomes	SALC staff, health care providers, families	Interviews	At 2.5 yrs
	-changes in referral and participation rates across geographic areas	Program documents (Intake form)	Geographic Analysis	At 2.5 yrs
4. To what extent is there evidence of program sustainability and spread?				
4.1 What environmental factors will influence the spread of the program?	-identified areas with lower referral and participation rates	Program documents (Intake form)	Geographic Analysis	At 2.5 yrs
	-identified factors associated with high levels of referrals and low levels of referrals	VLAs, SALC staff, Health care providers	Interviews	At 2.5 yrs
4.2 What are the costs associated with program sustainability and spread? 4.3 How sustainable is the funding?	-program budget -reported spending -funding	Program documents (budget, spending, funding) Literature Review (related to the cost of health outcomes that are associated with the program)	Cost-Analysis	At 2.5 yrs

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