LENS CONSULTING

February 5, 2022

Older Adult Centres' Association of Ontario (OACAO)
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Phone: (905) 584-8125

RE: Evaluation of *Links2Wellbeing* Program

To Whom it May Concern:

We at LENS Consulting have developed an evaluation proposal for the *Links2Wellbeing* Program as per the materials provided. In doing so, we have made it our priority to analyze each item with an equity-driven perspective to ensure that all stakeholders and community members are involved in the entirety of the evaluation process. We are eager to present a proposal that we believe will evaluate all aspects of the *Links2Wellbeing* Program and we are confident that by incorporating our suggestions into your pre-existing model, all involved parties will find an inclusive model that encourages diversity and welcomes all to participate and benefit.

Please find our suggestions via our proposal below, which provide:

- A brief synopsis and breakdown of the *Links2Wellbeing* Program and all current and prospective stakeholders;
- Thorough acknowledgment of the importance and benefit of the program;
- Our logic model for the *Links2Wellbeing* Program as well as a logic model narrative;
- An evaluation matrix along with key evaluation questions for each relevant section;
- Evaluation approach & our various data collection methods;
- Expected program challenges and a string of solutions, as well as key suggestions to move this program to a national level; and
- Key Credentialed Evaluator competencies necessary for a successful evaluation.

Our diversity is our strength. As a team of individuals with various cultural roots and lived experiences, we are proud to incorporate the aspects of our learning into this proposal. We strive to ensure that our core pillars are structured around equity, fairness, and inclusion from every perspective, and the social determinants of health are implemented within each decision.

We hope that you benefit from our proposal and we are eager to work together in the near future.

Warmly,
The LENS Consulting team

Evaluation Proposal for the Older Adults Centres' Association of Ontario

Prepared for:

Older Adult Centres' Association of Ontario (OACAO)
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OACAO
The Voice of Older Adult Centres
La voix des centres pour aînés

Prepared by:

LENS Consulting

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1. Our Understanding

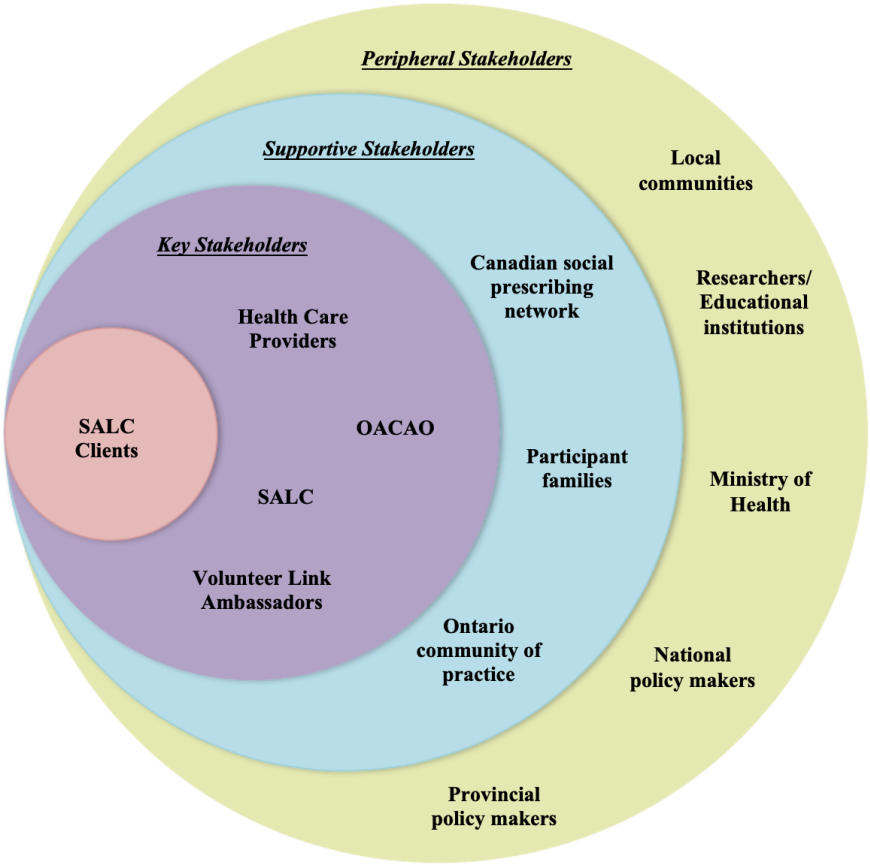
1.1 Program Overview

Older Adult Centres' Association of Ontario (OACAO): OACAO is a non-profit organization established in 1973 to represent the non-profit and municipal older adult centres located in Ontario, servicing over 200 centres and more than 200,000 older adults. Seniors Active Living Centres (SALCs) are spaces in which programming is offered for seniors that promote social wellness through social, recreational, and volunteer activities. While there are close to 300 SALCs in Ontario, not all are under the umbrella of OACAO. OACAO's mission is to be a trusted leader in the development of resources, quality of services, and support for the SALCs under their jurisdiction.

Links2Wellbeing: Evidence has demonstrated the detrimental effects of social isolation, particularly among seniors; including higher rates of depression, cognitive decline, and premature death. In order to address the increased risk and negative impacts of social isolation among older adults, OACAO developed the *Links2Wellbeing* program in April 2021. This program was designed to improve the referral pathway between health care providers (HCP) and SALCs through the use of social prescriptions. The pathway begins with the healthcare provider sending a referral to a local SALC for a client. Once the referral is received, the Volunteer Link Ambassador (VLA) connects with the client to discuss the various activities within the centre that they could benefit from. At this point, routine data is collected on demographics, loneliness levels, barriers, and facilitators to access the SALC. The *Links2Wellbeing* program plans to engage with at least 30 SALCs in the first year of its implementation and plans to expand to include at least an additional 20 SALCs in each of the following years.

1.2 Program Stakeholders

After a review of the information provided by OACAO, we have identified the key stakeholders involved in the *Links2Wellbeing* planning and evaluation process. These stakeholders are engaged at three different levels as outlined below; leading, supportive and peripheral. Leading stakeholders are those who are consulted with on a regular basis, supportive stakeholders should provide support for the evaluation and peripheral stakeholders are not routinely involved in the evaluation process, but are involved on an as-need basis. OACAO can advise LENS Consulting on the best practices to effectively engage with the identified stakeholders throughout the evaluation process.



1.3 Evaluation Purpose

The main purpose of the evaluation is to:

① Assess the program uptake through analyzing referral and participation patterns;

② Document benefits of social prescriptions for stakeholders;

③ Identify barriers and facilitators to implementation; and

④ Determine how to support sustainability and expansion on a national level.

1.4 Evaluation Scope

The *Links2Wellbeing* Program is a 3-year program that has been implemented throughout 30 SALCs across Ontario and will grow by minimum of 20 additional SALCs annually for a total of at least 70 by the end of the 3-year period. While it can be implemented elsewhere, the focus of the proposal will only analyze the data of the regions the program was intended for. The

evaluation will take place over a 30-day period where we will engage various stakeholders (i.e., disseminate surveys, conduct focus groups and art-based discussion sessions), and analyze routine data collected during the baseline, 3-, 6- and 12- month periods. Conducting the evaluation in May of 2022 will allow us to analyze the 12-month data collected from clients who were referred in April of 2021. Results from this evaluation will allow us to provide evidence-informed recommendations on improving program uptake, reducing barriers to implementation, and scaling the program to a national level.

2. Logic Model Narrative

Our team created a logic model for the *Links2Wellbeing* based on the current program structure and project vision. A logic model is a graphic depiction that outlines the relationships between resources, activities, outputs, outcomes, and scope of impact for the program. Additionally, logic models layout core assumptions used to implement solutions as well as potential risks and external factors that may influence causal linkages.

This logic model operates under the assumptions that all key stakeholders buy into the *Links2Wellbeing* program, that participating SALCs have sufficient resources to operate and that social prescriptions have proven benefits to all key stakeholders. LENS Consulting identified two potential risks with the *Links2Wellbeing* program: (1) a lack of understanding of social prescription by HCPs or older adults and (2) the comfort level of older adults in regards to in-person social engagement, influenced by COVID-19. There are external factors that influence this logic model, particularly related to the unpredictability in funding, COVID-19 public health guidelines, and ability to maintain the social prescription referral pathway.

Please see Appendix A for our proposed logic model.

3. Evaluation approach and methods

3.1 Evaluation Design

For this formative evaluation, we propose a mixed process and outcome design to examine the implementation of the *Links2Wellbeing* program. The process evaluation design will be used to determine the program uptake and participation, and identify any barriers and or facilitators to the implementation, including accessibility and acceptability to their target population. The outcome design will be used to identify, document, and summarize the benefits of social prescriptions to various stakeholders (i.e., the effectiveness of the program). We believe a combination of these two evaluation designs will allow us to evaluate the implementation and effectiveness of the program by clients, and contribute to recommendations for the evolution to a national level.

3.2 Evaluation Approach

Utilization-Focused and Collaborative/Participatory

The *Links2Wellbeing* program has specific, intended primary users, stakeholders, and goals. Thus, it will be more likely that the evaluation findings will be used if they are utilization-focused, which our team proposes as our main evaluation approach. We are committed to inclusion and collaborative approaches within any research or evaluation practice, so our collaborative/participatory secondary lens will focus on engaging all stakeholders throughout the process, in order to gain more perspectives and richer findings. Through our participatory and engaging data collection process, we intend to foster true and full participation as best we can.

Diversity and Inclusion

Inclusion is critical to advancing a robust exchange of ideas and supporting problem-solving. Our team believes in and operates on the principles of compassion, ensuring no bias in terms of age, mobility, gender, race, religion, sexual orientation, or culture. The 30+ SALCs included in this evaluation are in diverse regions across Ontario, each with their own needs and differences in terms of engagement. We aim to make human-centered decisions and adaptations to our data collection to ensure we exchange ideas from diverse perspectives, including different life experiences, cultural backgrounds, socioeconomic positionality, and various levels of ability, which will allow us to see the bigger picture in this project.

Indigenous Engagement

Based on the OACAO's involvement with HCPs from Aboriginal Health Access Centres, we are cognizant that many of the clients may have Indigenous cultural backgrounds. We are committed to parallel Indigenous engagement and cultural safety and will work to ensure that all approaches adhere to Truth and Reconciliation Commission's (TRC) Calls to Action. Cultural safety, cultural humility and a reflection on personal biases will be incorporated into the work through mutual accountability with *Links2Wellbeing* and OACAO.

3.3 Data Collection Methods and Analysis

Routine data document review and analysis ①②③

- A review and analysis of the routine data collected by SALC volunteers and staff will be done by our team to inform us on indicators related to program uptake, benefits of social prescribing, and used to determine how to support a national launch.
    - Client intake forms will be analyzed to identify any key patterns or considerations on referral sources, demographics, involvement and buy-in, barriers for participation, and strategies to overcome challenges.
    - The 3-, 6-, and 12-month assessments on loneliness will be used to document the benefits of social prescribing for clients participating in the *Links2Wellbeing*, and

will be cross-tabulated with the demographics and barriers from the intake forms (i.e., assuming the data is linked).
    - Program participation records will be reviewed to identify any patterns in participation drop-out rates and location. Assuming data is linked, we will also cross-tabulate demographics and barriers with drop-out rates.

SALC volunteers and staff, VLAs - Focus groups ①②③

- Our team will conduct in-person focus groups to better understand the barriers and facilitators to program uptake and implementation, as well as the benefits to social prescriptions for SALC staff, volunteers and VLAs (e.g., job satisfaction or improved communication with clients). If COVID-19 restrictions do not allow in-person engagement, the focus groups will take a virtual route and be facilitated on Zoom.
- To increase buy-in, focus groups will include an incentive in the form of a gift card to a local grocery or other frequently visited and accessible establishment, of an amount decided upon with OACAO.
- Participants will also be invited to provide ideas on how to overcome the challenges brought up in the focus group itself, to pave the way to a framework for a national adoption for the *Links2Wellbeing* program.

HCPs - Survey ②

- To understand the benefits of social prescribing for HCPs, we will conduct an online survey for HCPs who have experience with social prescribing, by providing anonymous links to a survey software through hospital/health clinic managers for dissemination. The responses will be analyzed for the evaluation summary as well as to inform the final framework for supporting a sustainable spread to a national level.
- Considering HCP engagement burn-out and survey fatigue, the survey will be easy to navigate and time-efficient, with no more than an estimated 5 minutes to complete.

Clients - Roundtable art sessions ②③

- Roundtable art sessions allow for an opportunity to collect feedback from clients, while also encouraging social engagement. There is a growing body of literature about the use of art with older adults for a variety of purposes including improving health and well-being, addressing challenges related to mood, and promoting cognitive skills (Durocher, 2021).
- Roundtable art sessions will be facilitated in-person by our team in groups of participants from centers in rural and urban areas, with art supplies and mediums (i.e., scrapbooking, collage-making, and or painting) on round tables, and a semi-structured question guide that will primarily look at the benefits of social prescriptions for clients, but also explore any challenges and barriers to attending or participating in the activities led by the

Links2Wellbeing program. Discussions will be digitally recorded and transcribed with the consent of participants.

- Clients and their families, including any personal caregivers, support persons, or language interpreters, will be invited to participate with an incentive in the form of a gift card to a local grocery or other frequently visited and accessible establishment, of an amount, decided upon with OACAO. Special considerations will be made for clients with mobility issues and/or cognition impairment; service animals and care aides will be invited to help clients participate in any way they can, and the in-person venue will be equipped with wheel-chair accessible washrooms and facilities.
- If COVID-19 restrictions do not allow in-person engagement, the roundtable sessions will take a quasi-virtual route and be facilitated on Zoom, with the option for participants to use their own art materials or online painting software. See the challenges and mitigation strategy for more information regarding digital access in rural SALCs.

OACAO Leadership - Key Informant Interviews (KIIs) ③④

- Key informants are individuals who can speak to a larger group of individuals. We think it is important to capture the voices of leadership at OACAO to identify high-level barriers and facilitators and inform the formulation of the framework to scale and sustain the social prescribing initiative.
- Our team will conduct individual key informant interviews that may include, but are not limited to, informants such as Sue Hesjedahl, Executive Director; Dena Silverberg, Project Coordinator; program planners and administrators, and previous evaluators.
- The semi-structured KIIs will ask questions about the implementation of the program for those who may have played a part in organizing, any high-level barriers and facilitators, and the development of the framework to scale and sustain using best practices.

Qualitative data will be thematically analyzed. Through data extraction, coding, and analysis, themes will be developed independently by our researchers. A qualitative data analysis software will be used to efficiently organize the large amount of data; easily sort and categorize data into themes; test ideas and explore emerging patterns; and, via the use of a shared codebook, ensure coding consistency across team members. KIIs and focus groups will be transcribed, and qualitative survey responses will be exported; both will then be thematically coded and analyzed. *Quantitative data* will be analyzed based on the data collection platform. All survey responses will be collected in Qualtrics, hosted on a Canadian server, and exported into Microsoft Excel. Paper copies of surveys will be entered into Qualtrics as independent responses. Descriptive statistics (e.g. frequencies) will be calculated for every variable within the survey; cross-tabbing will be done where appropriate.

3.4 Timeline

	May 2022				
Week	**1**	**2**	**3**	**4**	**5**
Routine data document review and analysis					
Focus Groups - *SALC volunteers and staff, VLAs*					
Survey - *HCPs*					
Roundtable art sessions - *Clients*					
Key Informant Interviews (KIIs) - *OACAO Leadership*					
Qualitative and quantitative data analysis					
Evaluation Report submission					

An overview of the proposed project timeline is outlined above. Project milestones are flexible and subject to change based on advisory team availability and meeting feedback. We will begin our evaluation on May 2nd, 2022 by conducting a thorough document review of the routine data collected by SALC volunteers and staff. Findings will then be analyzed over a three-week period ending on May 20th. Staff focus groups to assess program uptake will take place between May 2nd and May 13th. Concurrently, surveys to assess program uptake, barriers and facilitators will be disseminated to HCPs. Art roundtable discussions will also take place between May 2nd - 13th. Interviews with KIs will take place between May 9th - 20th. Data from focus groups and surveys will be analyzed on an ongoing basis starting on May 9th and ending on May 27th. A 2-day buffer period (May 30th & 31st) was added to the timeline to combat any delays throughout the evaluation.

4. Challenges and mitigation strategy

In the table below, we have identified key challenges that may be encountered throughout the evaluation process and our strategies to overcome them.

Severity or likelihood					
	High		Moderate		Low

Risk		**Strategy**
Engagement and data collection barriers		
	SALCs do not have the capacity to routinely gather data from clients beyond basic	• Routine, pre-existing data will be analyzed during the document review

	demographics	• LENS Consulting team members will collect and analyze any data gathered from surveys or focus groups
	Certain communities feel that collection of personal information is intrusive, or there is a preexisting mistrust towards requests for personal information	• Clear communication to clients about data usage, confidentiality, and the anonymity of their responses to ensure informed consent • Participation in the roundtable art session will be voluntary and will not impact clients' ability to access SALC programming
	Engaging a population with higher prevalence of physical or cognitive impairments may lead to difficulties participating in evaluation activities	• Accommodation: Enlarged print reading materials, simple language, easy to follow agendas, and time to reflect • Service animals and care aides will be invited to help clients participate in any way they can
Project coordination		
	SALCs rely heavily on volunteers and have limited capacity to participate in evaluation activities	• LENS Consulting will provide a schedule of evaluation activities for all SALC staff and volunteers prior to its start • Focus groups will be scheduled before or after regular shift hours to avoid understaffing and additional travel to the centre; honorariums will be provided for focus groups participation.
	There is a delay in the project deliverables and they do not stay on schedule.	• Before the project starts, we will ensure that we are clear about key dates and requirements from your team, create reminders throughout the project, and schedule regular meetings for our team and with yours regarding the key deliverables.
	Team performance and accountability	• Our team members are held accountable through the project management software and reporting at weekly meetings. • Any deficiencies that may arise are addressed immediately and resolved as a team. • We will maintain close communication with your project lead and team, ensuring that both our teams are aligned to meet all project goals.
External Factors		
	The COVID-19 pandemic continues, and restrictions to in-person gatherings are reinstated.	• As health orders allow, plan to facilitate both in-person and online engagement. • Design any in-person engagement to be easily adapted into a digital format if necessary. • Ensure COVID-19 safety and sanitization protocols are kept in place would in-person engagement be allowed.
	Uneven digital access among SALCs and their members	• If in-person facilitation is not possible, we will maintain engagement with clients, staff, and volunteers by conducting evaluation activities via Zoom. • In areas with poor internet service or a lack of digital resources, we will administer a phone questionnaire

5. Competencies for Canadian evaluation practice

LENS Consulting will ensure that the proper standards of practice, code of ethics, and evaluation competencies set out by the Canadian Evaluation Society (CES) are followed during the development of this solution. To evaluate the effectiveness of the *Links2Wellbeing* program, we have identified the following skills from the CES' evaluation competencies.

CE Competency	Evidence in Proposal
2.6 Uses appropriate evaluation methods.	• Our evaluation model, which combines a utilization focused evaluation approach with collaborative/participatory methods, allows us to produce evidence-informed recommendations while also engaging with key stakeholders.
2.9 Uses findings to answer evaluation questions and, where appropriate, to develop recommendations.	• The evaluation will be informed by existing records and data collected by LENS Consulting. Based on these findings, a summary evaluation report with recommendations will be brought forward. • By conducting the assessment in May of 2022, we are able to include the 12- month loneliness assessment by SALC volunteers and staff for clients enrolled in April of 2021, thus, expanding our evidence base.
3.2 Identifies stakeholders' needs and their capacity to participate, while recognizing, respecting, and responding to aspects of diversity	• The senior population in Ontario is diverse and multicultural. As such, our engagement strategies with clients utilize cross-cultural art roundtable sessions that allow clients to express their feelings, satisfaction, and perception of the *Links2Wellbeing* program. • Acknowledging the limited capacity of HCPs, VLAs and SALCs, we plan to deploy tailored engagement strategies and data collection strategies that do not increase their workload burden.

6. References

Canadian Evaluation Society [CES]. (2018). Competencies for Canadian Evaluation Practice, 2018 Edition. https://evaluationcanada.ca/txt/2_competencies_cdn_evaluation_practice.pdf

Canadian Evaluation Society [CES]. (2014). Guidelines for Ethical Conduct https://evaluationcanada.ca/ethics

Durocher, E., & Njelesani, J. (2021). Art activities in long-term care: A Scoping Review. Canadian Journal of Occupational Therapy. Retrieved January 29, 2022, from https://journals.sagepub.com/doi/full/10.1177/00084174211064497

Truth and Reconciliation Commission of Canada, United Nations., National Centre for Truth and Reconciliation (2015). Truth & Reconciliation: Calls to action.

Appendix A: *Links2Wellbeing* Logic Model

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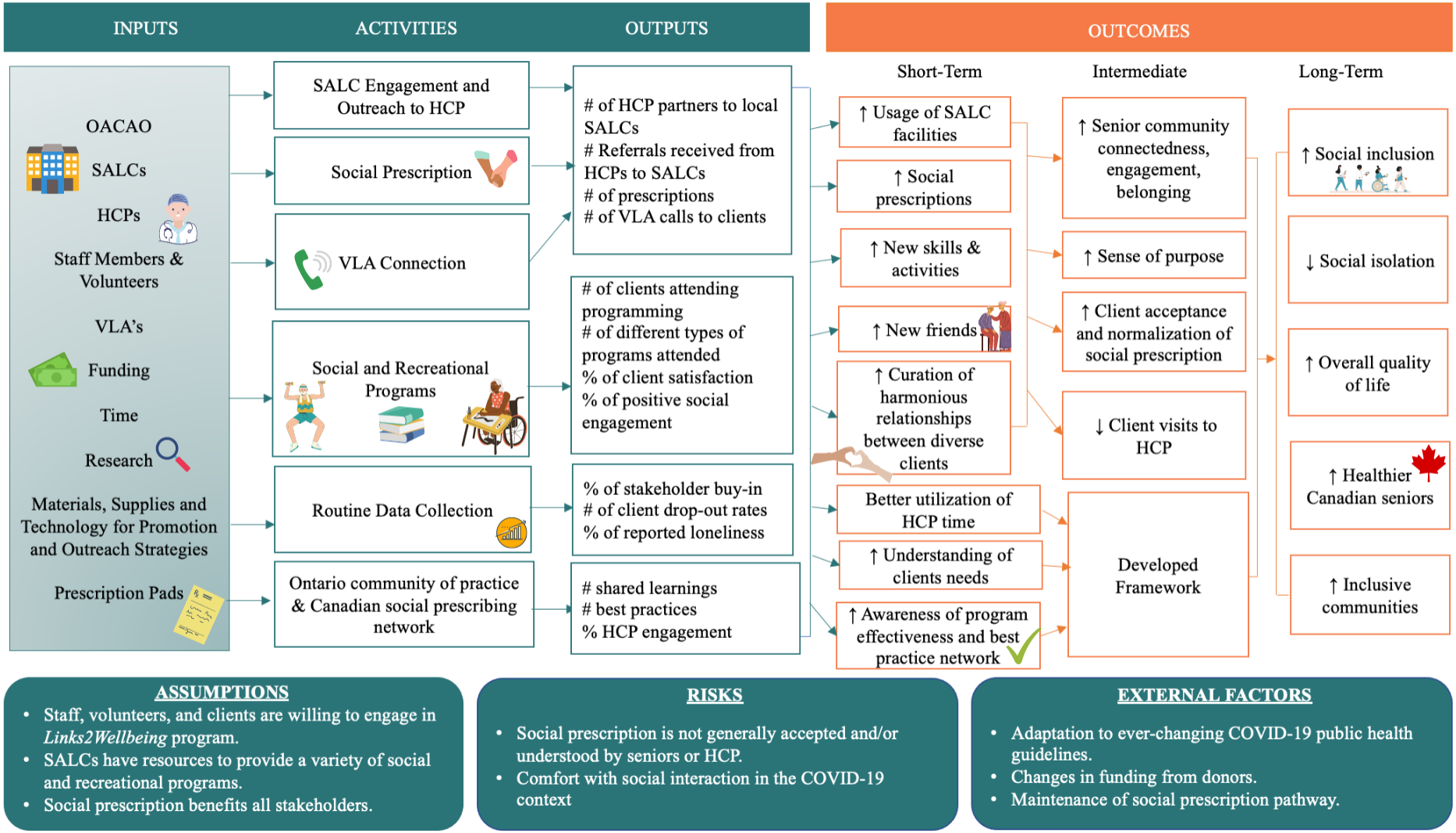

ASSUMPTIONS

- Staff, volunteers, and clients are willing to engage in *Links2Wellbeing* program.
- SALCs have resources to provide a variety of social and recreational programs.
- Social prescription benefits all stakeholders.

RISKS

- Social prescription is not generally accepted and/or understood by seniors or HCP.
- Comfort with social interaction in the COVID-19 context

EXTERNAL FACTORS

- Adaptation to ever-changing COVID-19 public health guidelines.
- Changes in funding from donors.
- Maintenance of social prescription pathway.

Appendix B: Evaluation Matrix

Evaluation Question	Indicator	Data Source	Data Collection
1. Is the *Links2Wellbeing* program being implemented as intended?			
1.1) How does *Links2Wellbeing* affect participating clients?	• Loneliness measures during 3, 6, and 12- month check-ins. • Volunteer/staff input during focus groups. • Feedback in the roundtable art discussion.	• Clients • Volunteers/staff	• Document review & analysis • Focus groups • Roundtable art sessions
1.2) What are the barriers and facilitators of implementing the program?	• Barriers and facilitators experienced by participants mentioned directly or through feedback & surveys. • Holding frequent meetings with staff/volunteers to check in on the quality of care being provided.	• Clients • Staff/Volunteers • OACAO Leadership • HCPs	• Roundtable art sessions • Staff/Volunteer focus groups • KIIs with leadership • HCP survey
1.3) How is the program bringing in clients and targeting those who require support for social isolation?	• Assessment using all the client intake forms and analyzing the data to look for recurring trends and similarities. • Observing participants who may exhibit strong feelings of isolation or low/no levels of current involvement in social activities.	• Clients • Staff/Volunteers • HCPs	• Document review & analysis • HCP survey
1.4) Are staff and volunteers able to successfully provide the program?	• Staff and volunteer feedback on how they are feeling and if they believe they are adequately trained and prepared to carry out this program.	• Staff/Volunteers • OACAO leadership	• Staff/Volunteer focus groups • KIIs with leadership
2. How effective are the social-prescribing programs being provided to clients? **a. Including accessibility, inclusivity, comprehensiveness, and equity.**			
2.1) How effective is the program in reducing social isolation/loneliness?	• Assessment using all the client intake forms and then comparing with each assessment at 3, 6, and 12 months to look for changes and improvements over time, as well as what is not working.	• Clients • Staff/Volunteers	• Document review & analysis • Staff/Volunteer focus groups

Appendix B: Evaluation Matrix

2.2) How applicable is the program in promoting equity, diversity, and inclusion?	• Assessment of the data specific to EDI-related information that we will include upon initial client intake, and frequent checks via surveys and focus groups. • Client satisfaction with care and respect; and participation rates within specific demographics	• Clients (who are specifically part of minority communities)	• Document review & analysis • EDI-related questions in survey/focus groups
3. What are the benefits experienced by all stakeholders after implementing the *Links2Wellbeing* program?			
3.1) How does social prescribing benefit clients?	• Lower levels of loneliness indicated at 3-, 6-, and 12-month assessments • Qualitative evidence of increased social connection,	• Clients • Staff/Volunteers	• Roundtable art sessions • Staff/Volunteer focus groups
3.2) How does social prescribing benefit HCPs?	• HCPs are able to use their time more effectively by directing clients external support that is not primary-care based • Reduces HCP burn-out and patient overload • Potentially fewer visits to hospital and clinics	• Clients • HCPs • Staff/Volunteers	• Document review & analysis • HCP survey • Roundtable art sessions
3.3) How does social prescribing benefit SALC staff and volunteers?	• Job satisfaction • Lower levels of burnout • Higher sense of social cohesion during *Links2Wellbeing* activities • Skill-building and professional development	• Staff/Volunteers • OACAO leadership	• Document review & analysis • KIIs with leadership • Staff/Volunteer focus groups
3.4) Have aspects of cultural sensitivity/EDI been applicable to all clients and their overall experiences?	• Satisfaction with feeling respected and a sense of cultural sensitivity experienced by the staff. • Noticeable changes in the values of EDI and how they impact the client's experiences.	• Clients • Staff/Volunteers	• Document review & analysis • EDI-related questions in survey/focus groups
3.5) Have we seen clients fostering strong community connections after implementing the program?	• Noticeable changes in data from when the client first entered compared to data after 12 months. • Noticeable changes from the perspective of staff and family members when interacting with clients.	• Clients • Staff/Volunteers • Client families & community	• Document review & analysis • HCP survey • Roundtable art sessions