



STUDENT EVALUATION CASE COMPETITION
CONCOURS DE CAS EN ÉVALUATION POUR LES ÉTUDIANT(E)S

2022 Competition Preliminary Round

Links2Wellbeing

Older Adult Centres' Association of Ontario

OACAO

The Voice of Older Adult Centres
La voix des centres pour aînés

February 5, 2022

The Request for Proposals in this document was developed for the Student Evaluation Case Competition for educational purposes. It does not entail any commitment on the part of the Canadian Evaluation Society (CES), the Canadian Evaluation Society Educational Fund (CESEF), Older Adult Centres' Association of Ontario (OACAO), or any related sponsor or service delivery partner.

We thank the Older Adult Centres' Association of Ontario for graciously agreeing to let us use *Links2Wellbeing* for the preliminary round of the 2022 competition. We also thank Sue Hesjedahl and Pat Spadafora, for their input in preparing this case.

The Case Competition is proudly sponsored by:



Canadian Evaluation Society
Société canadienne d'évaluation



CANADIAN EVALUATION SOCIETY
EDUCATIONAL FUND
FONDS DE LA SOCIÉTÉ CANADIENNE D'ÉVALUATION
POUR L'ÉDUCATION

Introduction

Welcome to the Preliminary Round of the 2022 CES/CESEF Student Evaluation Case Competition! Here is the scenario for this round:

Your consulting firm has been invited to respond to the attached Request for Proposals (RFP) to prepare an evaluation plan for *Links2Wellbeing*, a social prescribing program for older adults being implemented by the [Older Adult Centres' Association of Ontario](#) (OACAO).

This program aims to increase social inclusion by fostering connectedness, engagement, and belonging for older adults who may be socially isolated through an evidence-informed, structured referral process to connect older adults to social and recreational opportunities in local communities. As part of the 3-year implementation of *Links2Wellbeing*, the OACAO would like to (1) determine the level of uptake of the program (e.g., referral patterns, participation patterns); (2) document the benefits of social prescribing for all stakeholders; (3) identify factors that support or create barriers for implementation; and (4) determine how to promote sustainability and spread on a national level.

Your proposal should demonstrate (i) your understanding of the program, including a description of main objectives and tasks, a logic model, and an evaluation matrix; (ii) describe the proposed methodology; and (iii) identify possible risks and challenges and indicate mitigation strategies to address these. You are also required to identify key evaluation competencies and related domains that are important for the successful evaluation of this program and explain how they are demonstrated in your proposal.¹ Your evaluation framework and proposed methodology should also apply a lens of equity, diversity, and inclusion.

Section 2.2 of the RFP describes the proposal requirements in more detail. The assessment criteria for the proposals are identified in section 2.3. Three proposals will be short-listed to select the teams to participate in Round 2 of the case competition.

We look forward to your submission at the end of your 6 hours.

Organizing Committee

The members of the 2022 CES Student Case Competition Working Group and Case Selection Sub-Committee are Kathryn Radford, Brian McGowan, Christine Sheppard, Micheal Heimlick, Tin Vo, Michelle Naimi, Samantha Inwood, Janine Badr, and Marla Steinberg.

¹ [Competencies for Canadian Evaluators](#) is posted on the CES website under Designations. [Compétences pour les évaluateurs canadiens](#) sont affichées sur le site Web de SCÉ, sous « Titres ».

Case Competition Rules

1. On February 5, the team's designated contact person will receive an e-mail from Case Competition organizers indicating a website and team identification number for retrieval of the case (in both English and French).
2. Teams can begin work upon receipt of the document from the contact person.
3. Submissions may be in either official language.
4. The submission must be uploaded to the same website **no later than 6 hours** after initial download. (Recognizing that due to COVID-19, most if not all teams are not able to work in a single location, therefore we have allotted an **extra 30 minutes** to submit proposals. This year, instead of 5.5 hours, all teams have a total of **6 hours**).
5. Coaches must not communicate with their teams once the case document has been downloaded and distributed to the team.
6. Submissions must be non-identifiable. Teams should refer to themselves only by an imaginative, non-revealing code name, such as Noble Consultants. **Do not identify the university, city, or province/territory where your team is located.** This is a key point to be kept in mind when writing your submission.
7. Do **not** use the word 'evaluation' or a variation of it in your team name, as it is confusing for the judges if teams have chosen similar names.
8. Your submission should be prepared following the guidelines on page 9 and saved as **[your team name].pdf**, e.g. Noble Consultants.pdf. The submission must be submitted as one **PDF** file (not a zipped file of multiple documents).
9. Judges may take up to six weeks to select the three best submissions. All teams will receive feedback.

Questions or Problems

To communicate with organizers on the day of the competition, please email casecomp@evaluationcanada.ca, or call one of the following individuals:

Name	Phone Number	Availability (EST)
Micheal Heimlick (<i>enquiries in English</i>)	1-306-361-5904	8:00 am to 6:00 pm
Kathryn Radford (<i>demandes de renseignements en français</i>)	1-613-558-6457	8:00 am to 6:00 pm

Have fun and good luck!

Request for Proposals: *Links2Wellbeing*

1.0 Older Adults Centres' Association of Ontario and Program Profile

1.1 About the Older Adults Centres' Association of Ontario

Established in 1973, the [Older Adults Centres' Association of Ontario](#) (OACAO) is a non-profit agency that represents over 200 non-profit and municipal older adult centres and other organizations serving more than 200,000 older adults (50 years and older) in Ontario. The mission of the OACAO is to be a recognized leader in the development of quality services, resources, and supports for their network of older adult centres.

Older Adult Centres (OACs) are community-based facilities, often referred to as Seniors Active Living Centres (SALCs) that provide programs and services tailored to the needs of local older adults. There are almost 300 SALCs in Ontario, but not all SALCs are members of the OACAO. These agencies offer a variety of programming all focused on promoting social wellness, including social opportunities, recreation activities, and volunteerism.

The OACAO provides a range programs and projects, including but not limited to professional development and educational programs; networking through regional development; advocacy with various levels of government; and capacity building initiatives.

The goals of the OACAO are:

1. To be a trusted, credible, well respected, efficient, and effective organization.
2. To be a self-sustaining/stable funded organization.
3. To be a recognized leader in resources/supports for community-based older adult centres.
4. To be an effective advocate to all levels of government on the issues of older adult centres.
5. To support centres in meeting government reporting requirements and to set standards to ensure that OACAO members deliver quality experiences to older adults in the community.

1.2 Social Isolation and Loneliness

Reduced participation in social activities has been linked to social isolation and loneliness in older adulthood. Social isolation occurs when there is a lack of social relationships and/or a low level of engagement in social activities, while loneliness reflects an overall dissatisfaction with the level and perceived quality of social opportunities.

In Canada, 16% of older adults feel isolated and 17% feel excluded either often or some of the time, equating to almost 800,000 older people across Canada.² Loneliness and social isolation contribute to higher risk of depression, cognitive decline, frailty, heart attack and stroke, increased health care utilization, and premature death.³ In fact, social isolation may be worse for health than obesity or physical inactivity, and is as detrimental to health as smoking 15 cigarettes per day.⁴ Conversely, individuals who lead happy, active lives with meaningful social connections enjoy improved health outcomes and live longer compared to those who are socially isolated.

Older adults are at risk of social isolation and loneliness because of a range of factors, including but not limited to retirement and the corresponding loss of social network, loss of a spouse, illness or disability that makes them housebound, distance from family members, deteriorating mental and physical health, lack of disposable income, and transportation barriers. Furthermore, racialized, Indigenous, those with mobility challenges, and 2SLGBTQ+ older adults are all more likely to face social isolation and loneliness.

Social prescribing has emerged as a promising practice to address social isolation and loneliness among older adults.⁵ This evidence-informed approach encourages healthcare providers (e.g., family physicians, nurse practitioners, and other allied health providers) to make referrals to SALCs to address the social determinants of health, including mental health, health promotion, social isolation, and loneliness. Some work has been completed in Ontario to demonstrate promising outcomes of social prescribing as an intervention.⁶

1.3 Links2Wellbeing

Links2Wellbeing is a 3-year initiative that began in April 2021 to transform how healthcare providers connect socially isolated older adults in Ontario to social and recreational opportunities that promote holistic health via community programs and services offered by SALCs. The purpose of *Links2Wellbeing* is to increase social

² Statistics Canada (2010). Cycle 4.2 of Canadian Community Health Survey – Healthy Aging. Cross tabulations undertaken by the NSC.

³ Tanskanen, J., & Anttila, T. (2016). A prospective study of social isolation, loneliness, and mortality in Finland. *American Journal of Public Health*, 106(11), 2042-2048.
<https://doi.org/10.2105/AJPH.2016.303431>

⁴ Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227-237. <https://doi.org/10.1177/1745691614568352>

⁵ Hamilton-West, K., Milne, A., & Hotham, S. (2020). New horizons in supporting older people's health and wellbeing: Is social prescribing a way forward? *Age and Ageing*, 49(3), 319-326.
<https://doi.org/10.1093/ageing/afaa016>

⁶ <https://www.allianceon.org/Social-Prescribing>

inclusion through connectedness, engagement, and belonging for older adults who may be socially isolated or at risk of social isolation.

Social prescription is facilitated through a structured and supported pathway between healthcare providers and local SALCs across Ontario. SALCs connect with local healthcare providers in their region through their own outreach strategy. This engagement is supported by the OACAO through common promotional materials.

The social prescribing pathway is depicted in **Figure 1**. In essence, a healthcare provider refers a client to a SALC by providing the client with a prescription. In instances where in-person appointments are not possible (i.e., due to the COVID-19 pandemic), the healthcare provider sends a referral by fax or email directly to the SALC. Each SALC has their own customized prescription pads that they distribute to healthcare providers as part of their respective outreach and engagement strategy.

A staff member or volunteer leader at the SALC connects the client to a volunteer link ambassador (VLA). The VLA helps the client access a variety of social and recreational programs at the centre that are of interest to them. These might include arts and crafts activities, social activities, sports and physical activities, educational activities, and health and wellness programs. Appointments with VLAs to discuss program options may be held virtually, over the telephone, or in-person, depending on regional public health guidelines during the COVID-19 pandemic.

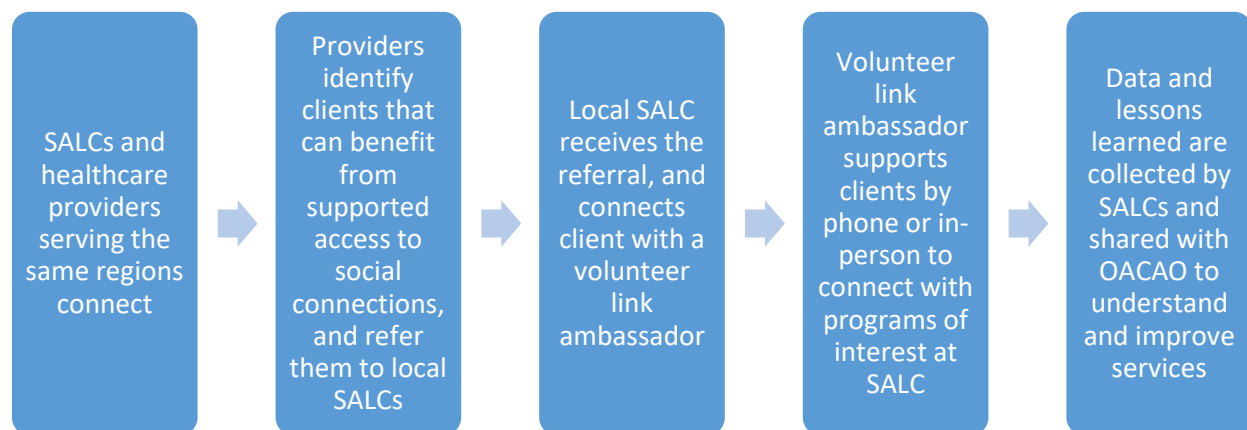


Figure 1: Social prescribing pathway

The anticipated benefits of social prescribing include:

- Clients experience improved physical and mental health and increased social connectedness.
- Healthcare providers can better meet their clients' needs and use their time more efficiently by using the standard referral process.
- New social connections are created, strengthening the community, and building the clients' network of peer support.
- Barriers to connecting older adults to community-based resources might be reduced by making direct links between primary healthcare providers and resources provided by SALCs.

Based on the OACAO's resources and capacity, the program will start with engaging at least 30 SALCs in the first year who will work with healthcare providers (e.g., family health teams, community health centres, nurse practitioner led clinics, community paramedics, Aboriginal Health Access Centres), and will grow to include a minimum of 20 SALCs in each subsequent year. Participating organizations and individuals will have the opportunity to join an Ontario community of practice and a Canadian social prescribing network to share learnings and develop best practices together. The OACAO would like to formulate a framework to scale and sustain the social prescribing initiative by the end of year 3 of the project.

2.0 Scope of Work

2.1 Evaluation Services Required

The Older Adults Centres' Association of Ontario (OACAO) is seeking a consulting team to conduct an evaluation of the *Links2Wellbeing* program over the 3-years lifespan of the program to:

1. Determine program uptake (e.g., referral patterns, participation patterns);
2. Document the benefits of social prescriptions for all stakeholders (including clients, SALC staff, and healthcare providers);
3. Identify barriers and facilitators for implementation; and
4. Determine how to support sustainability and spread on a national level.

SALC volunteers and staff have committed to collecting some routine data, including:

- Client intake forms, which collects information on referral source, demographics, current involvement in social activities, barriers that could be faced by participating in the centre, and strategies to overcome barriers.
- Assessment of loneliness at 3-months, 6-months, and 12-months;
- Tracking aggregate program participation.

This data collection, driven by participating SALCs, requires significant support from the OACAO to ensure records are complete. There is little capacity for centres to collect further data, and all other data will have to be collected by the evaluators.

Based on their experiences in other programs, the OACAO anticipates the following challenges conducting the evaluation and scaling up the *Links2Wellbeing* program:

- **SALCs rely heavily on volunteers, and some are entirely volunteer run.** These volunteers have limited time, resources, and expertise to participate in evaluation activities.
- **SALCs need support to gather data.** Many SALCs do not routinely collect information from their membership beyond basic demographics and emergency contacts. These centres are often uncomfortable asking their older adult members for personal information. For instance, centres in small communities

feel it is too intrusive to request personal information from participants; centres may serve communities that mistrust requests for personal information and are not comfortable filling out surveys or participating in interviews and focus groups.

- **There is uneven digital access among SALCs and its members.** As such, it may be difficult to engage some members in digital data collection (e.g., Zoom focus groups or online surveys) because they do not use or have access to technology. In fact, some centres are located in rural communities where there is poor internet connectivity in general.
- **Participation in SALC programs cost money.** The centres often have a membership fee, program participation fees, and/or fees for program equipment and supplies. Through funding support from an anonymous donor, SALCs participating in this 3-year *Links2Wellbeing* project have access to microgrants through the OACAO to offset or subsidize these costs; however, this has implications for sustainability as these costs would need to be factored into any ongoing funding requirements.

Proposals should include considerations of how to manage these challenges, including an evaluation design that addresses these challenges.

2.2 Proposal Requirements

The Steering Committee expects proposals to include the following components:

1. An overview of your understanding of the *Links2Wellbeing* program and the evaluation requirements.
2. A proposed logic model or alternative description of program flow and logic model narrative for the program, including at least one underlying assumption, one risk and one external factor that may influence the outcomes. These can be part of the logic model figure or explained as part of the logic model narrative. The logic model should also be depicted in a way that is engaging and easy to understand (i.e., accessible) for older adults from diverse backgrounds, as well as healthcare providers, SALCs staff and volunteers, including the volunteer link ambassadors.
3. An evaluation matrix/framework for the *Links2Wellbeing* program, with a list of key evaluation questions and one to three indicators per question, clearly indicating which indicator is linked to which question and the related outcomes.
4. A description of the evaluation approach and data collection methods you recommend. Please ensure the proposed data collection methods address issues of diversity, equity, and inclusion, are appropriate for older adults, respond to the challenges identified, and include plans for collecting information on sustainability and spread.

5. Anticipated challenges to conducting the evaluation (e.g., logistics, methodology, ethics, stakeholder engagement) and how you propose to deal with them (i.e., risk mitigation).
6. The identification of the key Credentialed Evaluator competencies⁷ and the domains into which they fall that you feel is most important for a successful evaluation of this program along with an explanation of why these competencies are important and how they are reflected in the evaluation plan.

The Steering Committee estimates that it will take 30 days of consultant time for this evaluation. **The Committee does not require that proposals include a budget.**

Proposals **must** meet the following technical specifications. **Failure to adhere to these guidelines will result in penalties of up to 5%.**

- Maximum of **12** pages, excluding the cover letter, cover page and table of contents. **Text over 12 pages, including any appendices, will not be read, or scored.**
- Standard paper size (8.5 x 11).
- 12-point minimum font size for text.
- Have 1-inch margins (top, bottom, left and right sides).
- For tables and figures, minimum font size is 10 point and have margins less than 1 inch.

⁷ [Competencies for Canadian Evaluators](#) is posted on the CES website under Designations. [Compétences pour les évaluateurs canadiens](#) sont affichées sur le site Web de SCÉ, sous « Titres ».

2.3 Judging Criteria

The criteria by which submissions will be assessed are as follows:

Criteria	Weight
1. Understanding of the requirement: Demonstration of an understanding of the <i>Links2Wellbeing</i> program and the Older Adults Centres' Association of Ontario evaluation needs (beyond a reiteration of the text provided in the RFP).	5%
2. Logic model and logic model narrative: Clarity, completeness and appropriateness of the proposed logic model, including at least one underlying assumption, one risk and one external factor that may influence whether the outcomes can be achieved. These can be part of the logic model figure or explained as part of the logic model narrative. The logic model should be designed in a way that is easy for key stakeholders (e.g., older adults) to understand.	15%
3. Evaluation approach and methods: Appropriateness of the approach and data collection methods with a diversity, equity, inclusion and sustainability lens, including plans for collecting information on program sustainability and spread.	20%
4. Evaluation matrix/framework: Appropriateness and clarity of evaluation questions, and appropriateness and feasibility of indicators.	20%
5. Challenges and mitigation strategy: Clarity and appropriateness of the assessment of challenges to conducting the evaluation, including issues related to logistics, methodology, ethics, and stakeholder engagement.	15%
6. Competencies for Canadian evaluation practice: Relevance of the competencies identified. And their related domains	5%
7. Innovation: Innovative ideas	10%
8. Proposal: Quality of the proposal (presentation and format)	10%
Total	100%