Evaluation of

Healthy Aging by United Way:
Integrated Community-Based Programs for Older Adults with Higher Needs Program

Applications must be submitted via email to:

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by 4PM SEPTEMBER 30, 2019

Issue Date: August 22, 2019

The Integrated Community-Based Programs for Older Adults with Higher Needs Program is funded by the Government of BC and managed by the United Way.
Purpose and Background

The United Way of the Lower Mainland invites applications from qualified evaluators to conduct a summative evaluation of a 2.5 year demonstration project focused on integrated community-based programs for older adults with higher needs.

Over the last year, Healthy Aging by United Way has been engaged in local, regional and provincial consultations with the Community-Based Seniors’ Services (CBSS) and partner organizations. The focus of these discussions has been to ascertain how the health promotion and prevention programming offered by this sector could be enhanced to support the growing needs of BC’s aging population in ways that are both cost effective and have the greatest potential to improve health trajectories of older adults. An emergent theme was the growing number of higher needs older adults, who want to continue to live in their own homes and the challenges in providing programming appropriate for this population due to funding limitations and the lack of integration with the health system.

**The goal of this program is to address the gap by scaling-up local innovations and promising practices and encouraging new partnerships and more integrated programming strategies.**

**The Province of British Columbia has provided funding to support the delivery of demonstration projects over a 2.5-year period.**

During the period January 2020 to June 2022 (2.5 years) funding will be available to support new programs throughout BC across 3 independent program streams focused on integrated community-based programs for older adults with higher needs (“Higher Needs”) and their family and friend caregivers. The goals and objectives of each of these streams are as follows:

**Stream 1: Social Prescribing Programs for Older Adults at Risk of Frailty**

**Goal:** Provide social prescribing programs for older adults at risk of frailty

**Objectives:**

1. Increase older adults’ utilization of community-based wellness supports (e.g. physical activity, social activity, mental health, nutritional support, etc.)
2. Improve older adults’ quality of life (e.g. improved physical health, improved mental health, ability to choose to live at home, etc.)
3. Increase older adults’ sense of social connectedness
4. Improve older adults’ confidence and ability to use the community-based seniors’ services in their community
5. Decrease older adults’ use of health care services (e.g. acute and emergency resources, home health services, physician services, etc.)
6. Increase linkages between primary care, health authorities and community resources
Stream 2: Therapeutic Activation Programs for Seniors (TAPS)

Goal: To support older adults at risk of frailty to stay in their own home for longer

Objectives:
1. Increase older adults’ access to social, physical, and nutritional supports
2. Improve older adults’ quality of life (e.g. improved physical health, improved mental health, ability to choose to live at home, etc.)
3. Increase older adults’ sense of social connectedness
4. Reduce and/or delay older adults’ use of home health, adult day care, assisted living and/or resident care services

Stream 3: Family Caregiver Support Programs

Goal: Enhance the wellbeing of caregivers supporting older adults living at home with higher/complex needs.

Objectives:
1. Increase psychosocial support for caregivers
2. Increase caregivers’ skills, knowledge and confidence to care
3. Increase caregivers’ sense of social connectedness
4. Improve caregivers’ connections with health care teams as a partner in care
5. Increase caregivers’ regular use of formal and informal respite (breaks that provide relief from caregiving duties)
6. Reduce health care utilization related to caregiver burnout

Note that Family Caregivers of BC is providing backbone support for this stream and will be involved in all aspects of the evaluation.

Monitoring, evaluation, research and learning

Healthy Aging by United Way has an embedded system of monitoring, evaluation, research and learning in all of their funded programs. This approach supports accountability, program quality improvement, and helps to assess the impact of the program from the perspective of multiple stakeholders including lead organizations, service providers, seniors in local programs, other local community stakeholders, and overall project leaders. There are four major points that form the overall evaluation for this program. This RFP, for a summative evaluation, is one of these four components:

1. Summative Evaluation (basis of this RFP)
2. Formative Evaluation
3. Healthcare Utilization Research
4. Program Annual Reporting

An Evaluation Advisory Committee will provide oversight and guidance to ensure the project(s) remains aligned with the overall program objectives.

UWLM is requesting proposals to evaluate the impact of the Higher Needs programs across British Columbia. We anticipate that there will be between 40-50 new programs starting in January 2020.
**Project and Evaluation Objectives**

The evaluation framework will focus on 40-50 Higher Needs program sites, and where necessary the associated sub-communities, and be designed to examine and report on the context, implementation, service delivery model and overall impact(s) of *Higher Needs programs* on older adults, family/friend caregivers, organizations and communities they serve. The overarching objective is to see and communicate the effects and changes resulting from the *Higher Needs* Program on the people and communities it is designed to serve. A 3-phased approach will be used to 1. Assess effects, 2. Undertake inquiry, and 3. Communicate implications.

UWLM anticipates that at the end of the evaluation, we will be able to:

- Examine promising practices used to serve older adults and family/friend caregivers in Higher Needs funded (and other) programs.
- Test new approaches for delivering services to Higher Needs older adults and family/friend caregivers in communities across the province.
- Learn about the quality of service provision through self-reported and anecdotal feedback.
- Recommend best practice approaches for services for older adults and family/friend caregivers in BC.
- Understand which approaches are effective for providing services to older adults and family/friend caregivers in their own communities, to enable them to remain independent and connected to their community.
- Document the changes and effects the Higher Needs program has had on:
  - Older Adults
  - Family/friend caregivers
  - Volunteers
  - Organizations
  - Local communities where there is a Higher Needs program

The evaluation design should ensure that recommendations can be made for local and provincial improvements to the Higher Needs Programs, and should use hybrid methodologies in order to capture the needed and relevant data.

**Oversight & Accountability**

The successful evaluator will work closely with members of the UWLM Population Health team, and will be accountable to the Assistant Director. An Evaluation Advisory Committee made up of different stakeholders and regions in British Columbia will guide the evaluation.

**Evaluator Roles & Activities**

- Design and implement the Higher Needs evaluation.
- Provide regular updates to UWLM’s Population Health team and Evaluation Advisory Committee on progress and issues.
- Produce draft and final reports with recommendations.
- Produce a video of the evaluation activities, utilizing those who participate in the evaluation to visually communicate the effects of the program.
- Generate a catalogue of photographs and quotes/anecdotes from each program.
Deliverables
- Evaluation work plan
- 2 Interim progress reports
- Final aggregate evaluation report
- Any other materials or presentations required to successfully implement the evaluation work plan
- A high-resolution 2-minute video of evaluation activities
- Catalogue of photos and quotes

Timeline

The dates for this project run **October 2019 to June 2022 (data collection ends March 2022)**. The evaluation report will be finalized by May 2019. This must include a draft report for feedback by the Evaluation Advisory Committee, and UWLM’s Population Health Team.

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<tr>
<th>Action</th>
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<tr>
<td>Release of RFP</td>
<td>August 2019</td>
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<tr>
<td>RFP closing date</td>
<td>September 30, 2019</td>
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<tr>
<td>Applicants notified of funding decision</td>
<td>October 14, 2019</td>
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<tr>
<td>Draft of Evaluation Framework</td>
<td>December 2019</td>
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<tr>
<td>Research / data collection</td>
<td>January 2020 – March 31, 2022</td>
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<td>Interim progress reports</td>
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<td>Draft evaluation report submitted</td>
<td>April 2022</td>
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<td>Final report submission</td>
<td>May 2022</td>
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Budget and Payment

The contract will be between $150,000 - $200,000 inclusive of all taxes and travel expenses (**Please note**: travel to all sites will not be required; the selected evaluator will recommend strategic visits until data saturation is reached). Compensation will be made monthly, paid within fourteen (14) days after the submission of an invoice and description of the work completed to date.

Proposal Format

The proposal should be no longer than **10 pages** in length. Required proposal components are as follows:

- Name, or organization name, and contact information.
- Explanation of your interest in the Higher Needs evaluation, demonstrating your understanding of the requirements.
- Experience relevant to undertaking this assignment, including highlights of relevant projects/experience.
- Work plan linking deliverables with anticipated hours required, consultant fee, and deadlines.
- Resumes/CVs for all proposed members of the evaluation team (in an appendix) – **not inclusive of the 10 pages**.
- Client list.
- Three references.
- Detailed, all-inclusive budget (including meeting costs, travel expenses, etc.).
- Conflicts of interest: Please disclose any potential conflict of interest including direct or perceived personal benefit, or benefit to an organization with which you are affiliated.
- One example of previous work completed.
Selection Process

Review of all proposals will commence the first week of October. Proposals will be reviewed and evaluated according to the degree to which requirements and priorities are met. Once the successful applicant has been notified and contracted, their contact information will be published on Healthy Aging CORE and shared with project stakeholders to facilitate widespread community involvement in the evaluation process.

Proposal Deadline

Please email your proposal no later than 4PM on SEPTEMBER 30, 2019 to:
Bobbi Symes, M.A., C.P.G.
Assistant Director, Population Health
United Way of the Lower Mainland
bobbis@uwlm.ca

Thank you for your interest.