



**ONTARIO HEALTH PROMOTION RESOURCE SYSTEM
(OHPRS)**

**RESULTS OF A FIVE-YEAR
EVALUATION PLAN (2003-2007)**

(EXECUTIVE SUMMARY)

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**WITH THE SUPPORT OF
OHPRS EVALUATION AND NEEDS ASSESSMENT COMMITTEE**



AUGUST 2007

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OHPRS: RESULTS OF A FIVE-YEAR EVALUATION PLAN (2003-2007)

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TABLE OF CONTENTS

INTRODUCTION AND BRIEF HISTORY OF OHPRS	1
THE OHPRS EVALUATION PLAN	2
FIGURE 2. IMPACT MODEL FOR OHPRS	3
TABLE 1. EVALUATION QUESTIONS AND COMPONENTS IN RELATION TO EACH OF THE THREE PILLARS OF THE OHPRS IMPACT MODEL.....	4
TABLE 2. OVERVIEW OF THE COMPONENTS OF THE MULTI-YEAR OHPRS EVALUATION PLAN	5
SUMMARY AND OVERVIEW OF STRENGTHS AND CHALLENGES IN THE FIVE YEAR EVALUATION PLAN	6
SUMMARY OF EVALUATION ISSUES GOING FORWARD:	8

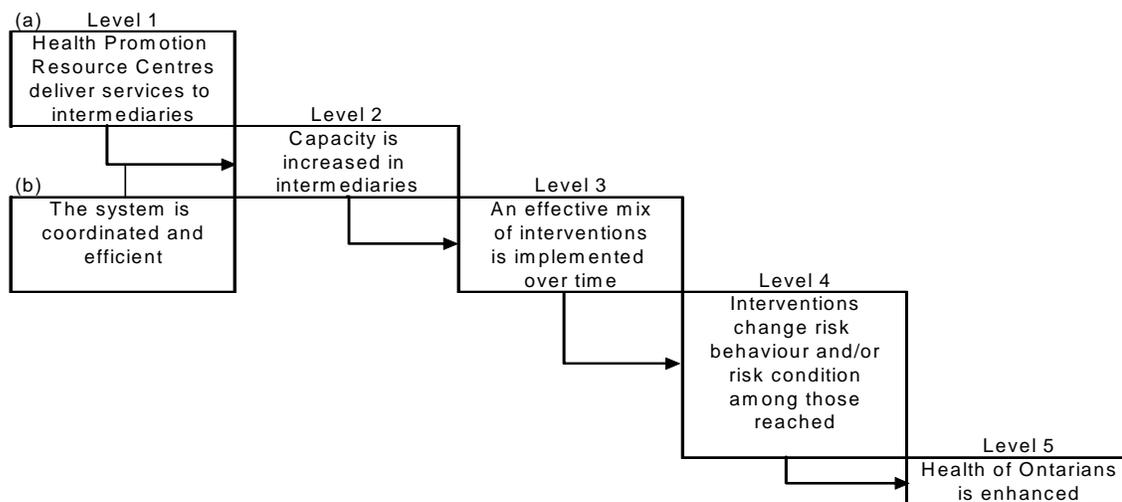
OHPRS: RESULTS OF A FIVE-YEAR EVALUATION PLAN (2003-2007)

INTRODUCTION AND BRIEF HISTORY OF OHPRS

This evaluation report seeks to integrate findings from a range of evaluation projects and activities conducted over the past five years in an effort to both “document the road traveled” and to provide information and insights that may help shape the new horizons that lay ahead for OHPRS.

- Since its inception a variety of conceptual models have been developed to articulate the core functions and expected outcomes of OHPRS collectively. For purposes of evaluation one such model articulated the multiple levels of impact.

Figure 1. Initial impact model and levels of evaluation for OHPRS



In the course of planning and implementing a multi-year evaluation plan for OHPRS, a program logic model was developed to articulate the core functions to be delivered in relation to the overall mission of the network.

The current “OHPRS impact model” is shown in Figure 2.

THE OHPRS EVALUATION PLAN

Working from the initial OHPRS impact model and program logic model, a set of evaluation questions was developed that would guide a comprehensive five-year evaluation plan.

Table 1 shows the various evaluation questions developed as part of the plan, and as they relate to each of the three pillars of the OHPRS impact model.

Table 2 places all the evaluation and needs assessment activities and processes in temporal order over the course of the evaluation plan.

FIGURE 2. IMPACT MODEL FOR OHPRS

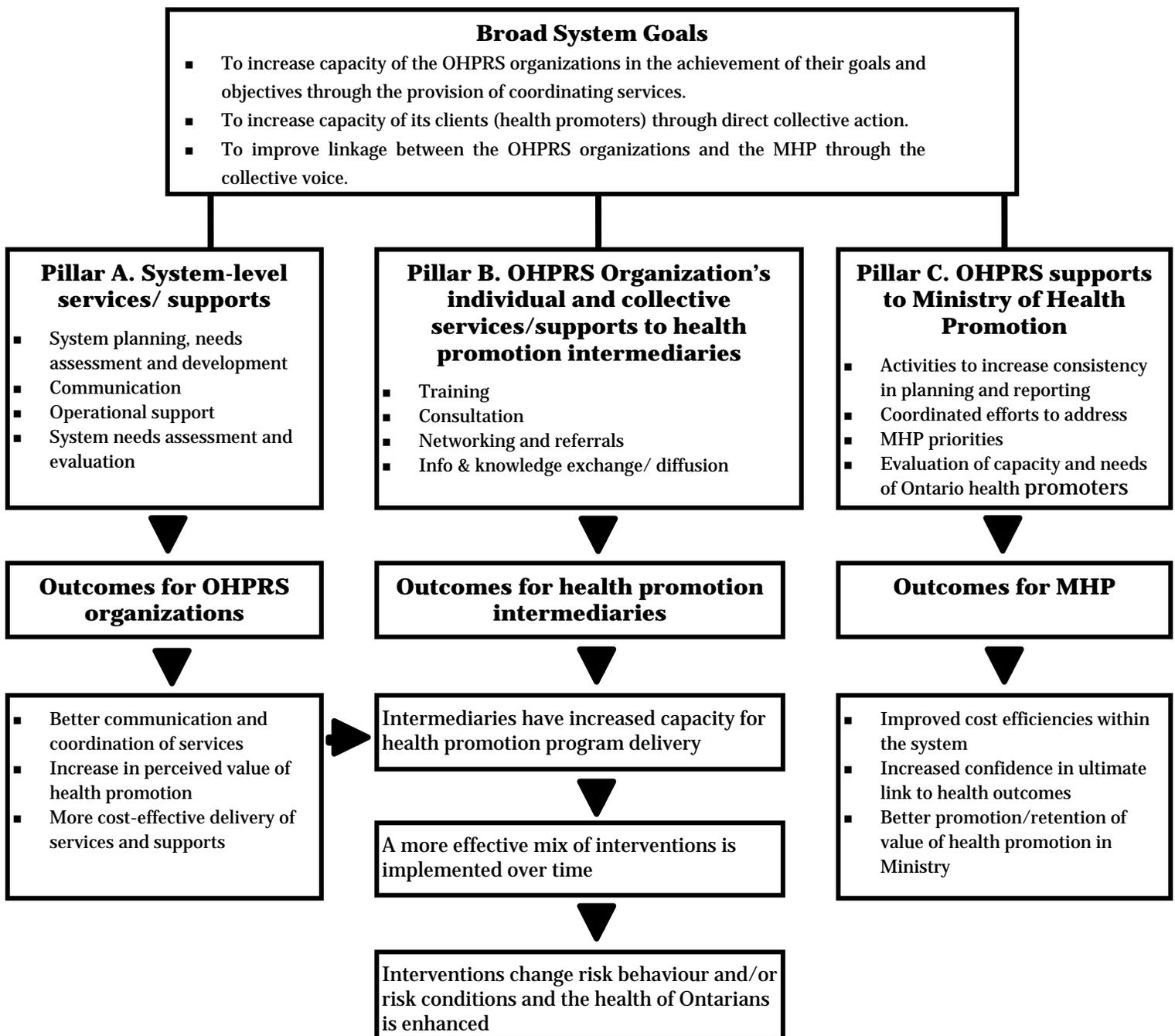


TABLE 1. EVALUATION QUESTIONS AND COMPONENTS IN RELATION TO EACH OF THE THREE PILLARS OF THE OHPRS IMPACT MODEL

Pillar A. System-level services/supports to OHPRS organizations		Pillar B. OHPRS organization's <i>individual and collective</i> services/supports to health promotion intermediaries		Pillar C. OHPRS supports to the Ministry of Health Promotion	
Evaluation Questions	Evaluation Component	Evaluation Questions	Evaluation Component	Evaluation Questions	Evaluation Component
Is there an increase over time in the level of coordination and communication among the organizations?	2002 baseline and 2004 follow-up network survey	What is the nature and extent of services and supports provided on an annual basis to intermediaries by the collective network of OHPRS organizations?	Analysis of system "outputs" in the context of an integrated evaluation report	From the perspective of the MOHLTC, what are the tangible and intangible benefits of the OHPRS coordination activities with respect to the OHPRS organizations ?	Qualitative interviews with Ministry representatives
Among the managers and staff of the organizations do the perceived benefits of network participation outweigh the perceived costs and is there an increase over time in the perceived benefits of participation?	2002 baseline and 2004 follow-up network survey	What is the level of satisfaction with services and supports received from the collective network of OHPRS organizations?	Baseline and follow-up capacity survey	Do the perceived benefits of the dedicated OHPRS funding and the system-level activities outweigh the perceived costs from the Ministry perspective?	Qualitative interviews with Ministry representatives
What services and supports are provided directly to the organizations and what is the perceived level of satisfaction with these services and supports?	2002 baseline and 2004 follow-up network survey	Is there a change over time in the capacity of individual and organizational intermediaries for health promotion?	Baseline and follow-up capacity survey		

TABLE 2. OVERVIEW OF THE COMPONENTS OF THE MULTI-YEAR OHPRS EVALUATION PLAN

Evaluation Projects/Activities	2001/ 2002	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008
OHPRS Evaluation Plan							Update planned
Network Survey of OHPRS Organizations							
Capacity Survey of Health Promoters							
Qualitative Assessment of Capacity of Health Promoters							
Integrated Evaluation Reports (incl. systems 'outputs')						Current report	
Qualitative Interviews with Ministry Representatives							
Literature Review: Establishing the Links Between Health Promotion Capacity Building and Health Outcomes							
Provincial Needs Assessment on Health Promotion							

SUMMARY AND OVERVIEW OF STRENGTHS AND CHALLENGES IN THE FIVE YEAR EVALUATION PLAN

The following synthesis of the key findings is presented, organized by the three pillars of the impact model.

Pillar A: Outcomes for the OHPRS organizations

- Increase over time in perceived benefits of network participation, although perceptions of benefits versus costs remains highly variable;
- Sustained high level of participation in network forums with a high value placed on networking opportunities;
- Mixed findings with respect to inter-organizational connectivity and collaboration within the network;
- Many indicators of separation of the tobacco-related centres from the network as a whole;
- Moderate levels of satisfaction with services and supports provided by the OHPRS Secretariat, although these centralized services and supports may be under-recognized;
- Opportune moment for a “member check” with respect to expectations concerning the Secretariat services and supports, how best to distinguish the work of OHPRS generally from that of its members, and any challenges for OHPRS related to sponsorship within the OPC.

Pillar B: Outcomes for health promotion intermediaries

- Health promoters face significant challenges in their work and have diverse needs for information, services and supports. The majority of health promoters work on multiple topic areas and use multiple strategies;
- The majority of health promoters surveyed also report using more than one OHPRS resource centre and these centres may be accessed simultaneously or sequentially as the needs of the local health promotion programs and activities evolve;
- Consistent with the scope and diversity of community needs the network of OHPRS organizations delivers an extensive and multi-dimensional array of services and supports to health promoters;

- There were no substantive changes between baseline and follow-up in perceived quality and access to health promotion services and supports, although perceptions of quality and access were consistently high;
- Significant challenges remain accessing required information for some aspects of health promotion work, such as that concerned with the determinants of health, very specific topic areas of interest, for many cultural/linguistic groups, or for their specific jurisdiction;
- There was little substantive change in health promotion capacity at the individual, organization or coalition levels. On aggregate capacity was moderately-high to high on all capacity indicators;
- There was strong evidence of qualitative changes in the scope and nature of the work of participating health promoters (e.g., more focus on policy and determinants of health, more diverse community partnerships, more resources dedicated to health promotion in their organization, more emphasis on evidence-based practice and evaluation and increased self-report of knowledge, skills, and collaborative contacts);
- There were large increases in all indicators of French-language health promotion capacity, although perceived needs for FLS services and supports remained high;
- The research evidence establishing the link between health promotion capacity and health outcomes of community members is fraught with methodological challenges that limit interpretation and a stronger “business case” for health promotion is needed in support of the work of health promoters.

Pillar C: Outcomes for the Ministry of Health Promotion

- Concrete examples of collaboration across the OHPRS organizations has a high value, as is gradual improvement in system-level planning and coordination;
- Perceived costs of funding and otherwise encouraging a provincial “system” of health promotion services and supports were seen as minimal compared to the perceived benefits;
- Evidence establishing the “business case” linking community health promotion programs and policies to improved health outcome is also seen as having a high value.

Several *challenges* were identified in the course of implementing the five-year evaluation plan and summarizing the results. Some of these challenges include:

- Challenges in planning the evaluation based on the original impact model and lack of clarity around how OHPRS has an impact as a system;
- Challenges related to measurement strategies, including self-report indicators of network integration; the pre-post nature of the outcome assessment; and lack of guidelines around how much change to be expected in capacity and network integration.
- Challenges in documenting the full scope of OHPRS activities and the relatively narrow target population of the baseline and follow-up capacity surveys, that is, health promoters working for Ontario's public health units and Community Health Centres.

SUMMARY OF EVALUATION ISSUES GOING FORWARD:

- Review and update OHPRS logic model in the context of an OHPRS strategic planning process;
- Establish needs for evaluative information and develop a new evaluation plan. A three-year time horizon for the evaluation plan is recommended;
- In the context of the strategic planning and evaluation planning processes, clarify expectations for the nature and scope of desired inter-organizational coordination and collaboration within OHPRS;
- Improve ongoing process of documentation of system-level activities as well as inter-organizational collaborations;
- Adopt a stronger system approach to the evaluation;
- Clarify and strengthen relationship between the OHPRS evaluation function and structures and processes with responsibility for considering and, where appropriate, actioning the recommendations arising from the evaluation activities;
- Strengthen the link between the OHPRS evaluation activities and results and the MHP accountability processes for the network as a whole.