

# Evaluation of the Community Health and Social Services Network's Senior Wellness Centre Program



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# Highlights of the Evaluation Findings

Prepared for the CHSSN  
By VANASTAS

The SWC Program builds capacity among community organizations in Quebec to operate wellness centres for English-speaking seniors and optimize health aging in community.

Its' evaluation spans the first two years of the program (2021-22 to 2023-24).

## Program administration

CHSSN has effectively established and nurtured the delivery of **province-wide, coordinated, community-based services** for English-speaking seniors.

Increase in # of community organizations offering SWCs

18 → **30** orgs

Increase in # of SWCs

42 → **70** SWCs

Extended coverage of SWCs across Quebec

11 → **16** regions

CHSSN has also effectively **increased capacity to service English-speaking seniors** in Quebec through the development of a SWC Community of Practice for funded organizations and the sharing of resources, training, and project management tools.

Serving English-speaking seniors

 **5,343** participants

Enhancing services for seniors

 **2,434** SWC sessions

Engaging SWC staff and volunteers

 **584** volunteers

Building SWC partnerships

Provincial & municipal services, NFP orgs, businesses & retired professionals

## SWC delivery and impacts

Funded organizations have delivered SWC health education and health prevention activities that are **greatly appreciated by English-speaking seniors** for being (1) fun and informative, (2) in a friendly environment, and (3) in English.



**Recommended by 95% of seniors**

SWC services provide English-speaking seniors with **clear health and wellness benefits**, notably including reduced social isolation and improved health-related attitudes, knowledge, and skills. Participating seniors also gain better access to services and information in English. Consequently, they develop the enhanced wellbeing and positive health outcomes needed to continue living independently in their communities.

**Reaching and engaging vulnerable and isolated seniors remains a challenge.** Almost all community organizations conduct outreach activities, despite these not being funded by the program. Still, the number of seniors per SWC session is lower than expected because of participation barriers like lack of transportation and virtual session options. In addition, gaps remain in engaging marginalized subgroups of English-speaking seniors.

## Improving the SWC Program

In the next phase of the SWC Program, CHSSN should focus on:

1. Ensuring that the distribution of funds serves to better sustain the activities of existing SWCs and meet those program targets that have yet to be fully achieved.
2. Providing additional capacity-building supports to funded organizations.
3. Ensuring that the selection of new SWCs considers both extended geographic coverage and representation of marginalized groups of English-speaking seniors.
4. Convening SWC staff annually at in-person capacity-building events.

## Lesson learned

The largest obstacle hampering SWC Program effectiveness is insufficient funds for both CHSSN and community organizations' SWC activities. CHSSN drew on partner collaborations and other funding sources to provide capacity-building supports for community organizations, as well as to undertake the current evaluation.

For SWCs, lack of funds resulted in (for example):

- Difficulty engaging the targeted number of seniors
- Difficulty delivering enough sessions per SWC
- High staff turnover
- Fewer professionals bringing their expertise to seniors
- Limited services for diverse groups of seniors

# Acronyms

<b>CHSSN</b>	Community Health and Social Services Network
<b>CISSS</b>	Centres intégrés de santé et de services sociaux
<b>CIUSSS</b>	centres intégrés universitaires de santé et de services sociaux
<b>CoP</b>	Community of Practice
<b>EAC</b>	Evaluation Advisory Committee
<b>NPI</b>	Networking and Partnership Initiative
<b>SHARP</b>	Services for Health Aging in the Right Place videos produced by CHSSN (formerly referred to as CHEP)
<b>SRQEA</b>	Secretariat for Relations with English Speaking Quebecers
<b>SWC</b>	Senior Wellness Centre

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# 1 | About this report

The SWC Program and its evaluation

# The SWC Program

## The SWC Program

Over a three-year period (2021-22 to 2023-24), the Secretariat for Relations with English Speaking Quebecers (SRQEA) provided the Community Health and Social Services Network's (CHSSN) with a \$2.7M grant to develop and manage the new Senior Wellness Centre (SWC) Program.

**The SWC Program's goal is to support the capacity of English-speaking community organizations in Quebec to operate wellness centres for English-speaking seniors.**

More specifically, the program aims to:

- Maintain and improve the health and wellbeing of English-speaking seniors
- Improve access to and knowledge of health and social services
- Decrease social isolation through purposeful and informed programming

**CHSSN provides participating English-speaking community organizations with funding to coordinate and deliver health education and promotion activities to English-speaking seniors through SWCs.**

Though not funded through the SWC Program, the SWC model also encourages funded organizations to engage in the following **supplemental activities** that support healthy aging in community:

- Provide outreach to isolated seniors and remove participation barriers
- Provide program staff and volunteers with training and capacity building
- Build partnerships with health and social services professionals

**CHSSN builds a SWC Community of practice (CoP)** and knowledge hub by offering networking opportunities, training, and support to participating community organizations.

The SWC Program **logic model** illustrates the program's inputs, activities and outputs, and expected results, accompanied by a text-based **narrative** that describes each component of the logic model.

## Background

Since 2011, CHSSN's **Networking and Partnership Initiative (NPI)** has supported English-speaking community organizations across the province of Quebec to improve the health and wellbeing of English-speaking seniors. Part of this support (funded by Health Canada) included the piloting of centres for seniors led by 12 community organizations and delivered across multiple sites, particularly in isolated and rural regions.

Most of these community-led programs created partnerships with health and social service providers to break down social isolation and provide health promotion activities for English-speaking seniors.<sup>1</sup> However, they encountered two main challenges:

- Sustaining annual operations
- Connecting with socially or geographically isolated seniors through outreach activities.

With the advent of the COVID-19 pandemic in 2020, another common challenge was the need to transition to primarily virtual programming.

# The program evaluation

## Purpose

This report presents evaluation findings of the first two years of the SWC Program (2021-22 to 2022-23), with the goal of:

- Identifying opportunities for program improvement
- Communicating demonstrated impacts
- Supporting CHSSN's accountability and reporting to the SRQEA
- Positioning the program for long-term sustainability

## Approach

A participatory and utilization-focused approach was employed, whereby an Evaluation Advisory Committee (EAC) comprised of funded organization representatives were involved throughout the evaluation process to ensure that its design was tailored to the SWC Program and that it produced relevant, valid, and useful information. The EAC:

- Reviewed the evaluation plan
- Provided feedback on data collection tools
- Validated and helped to interpret evaluation results, alongside CHSSN staff
- Provided feedback on this evaluation report

The CHSSN was also responsible for some data collection and administrative data analysis, with guidance from VANASTAS.

## Analysis and interpretation

Evaluation data were analyzed using Excel, Airtable, MAXQDA, and ChatGPT-3.5, and then triangulated to identify cross-cutting evaluation findings.

Methodological limitations that may influence data interpretation are identified in the Appendix.

## Evaluation Questions

The evaluation focused on program implementation and effectiveness.

Evaluation questions included:

1. Have the SWC Program's activities and outputs been implemented as planned?
2. To what extent has the SWC Program achieved its immediate, intermediate, and ultimate expected outcomes, as depicted in the program's logic model?
3. Has the project resulted in favorable and/or unfavorable unanticipated outcomes for English-speaking seniors in Quebec?
4. What changes to the program's implementation would support program improvement and growth?

# Evaluation methods



**Document review:** The SRQEA grant agreement and other program-related materials were reviewed to anchor the evaluation design and the interpretation of evaluation results in the realities of the SWC Program.



**Administrative data:** Information about the funded SWCs, CoP activities, and other administrative data collected by CHSSN were analyzed to assess program implementation.



**Session & year-end reports:** The reports completed at regular intervals by funded organizations provided information about the activities they delivered, the challenges they faced, and their accomplishments.



**Survey of participating seniors:** 1,030 seniors provided information about their SWC participation through online surveys, paper-and-pencil surveys, in-person interviews, or telephone interviews. These data were collected by funded organizations, who selected the data collection method(s) best suited to reach participating seniors in their local context.

**19% response rate among participating seniors**

Though below the targeted response rate, 19% is nonetheless an acceptable response rate by social science research standards



**Survey of funded organizations:** 29 funded organizations completed an online survey about their experiences participating in the SWC Program.

**97% response rate among funded organizations**



**Focus group with funded organizations:** 11 funded organizations (all of those invited) participated in an online focus group\* to build upon their survey data with richer, qualitative information. Participants represented a mix of (a) urban, suburban, and rural locations, and (b) SWCs previously funded and newly funded by CHSSN.

\* 1 of the 11 organizations responded in writing rather than during the focus group in real time.



**CoP post-event survey:** Staff and volunteers from funded organizations were invited to provide feedback on CoP learning activities via a brief online survey.



**Interviews with CHSSN staff:** All 4 CHSSN staff with responsibilities pertaining to the SWC Program shared their experiences with and opinions of the Program via semi-structured telephone interviews.



**Literature review:** Academic literature pertaining to outcomes for seniors achieved by similar programs was reviewed.



## 2 | CHSSN's activities and their effectiveness

- Extent to which CHSSN has provided financial and capacity-building resources as planned
- Extent to which these activities have achieved expected outcomes, including:
  - Extended SWC coverage
  - Increased SWC capacity to serve English-speaking seniors
  - Improved SWC sustainability
  - Established provincial coordination and development of SWCs

# SWCs funded by CHSSN



By Year 2 of the SWC Program, the financial resources provided by CHSSN notably increased the:

1. # of funded community organizations delivering services to English-speaking seniors in Quebec
2. # of SWCs across Quebec

**Funding agreements with 30 organizations**

Most of the 30 community organizations had not received prior CHSSN funding for seniors centres

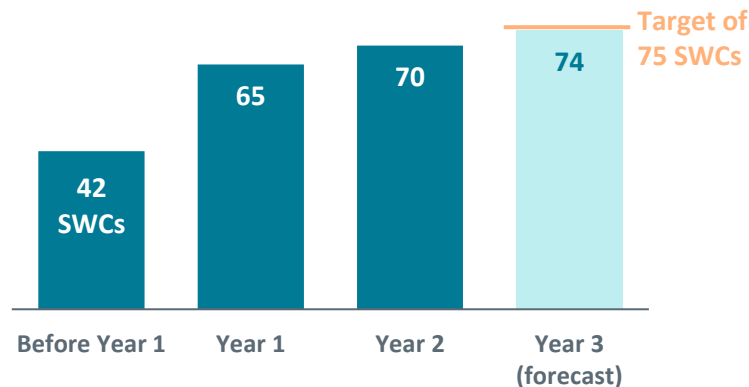


**Unanticipated support**  
 In addition to providing financial resources, CHSSN partnered with Concordia University’s recreational therapy program to supply SWCs with 15-20 full-time student interns. They brought to SWCs a systematic process for needs assessment, planning, and evaluation. At least 5 interns were then hired into SWCs.

## 70 SWCs

- Up to 10 SWCs per funded organization
- 80% of organizations operate between 1 and 3 SWCs

CHSSN will closely meet its targeted number of funded SWCs by the end of the funding period



**CHSSN staff’s takeaways**  
 “We were expecting 75 sites, but 1 org didn’t have the capacity to open another site and we had a plan, approved by the SRQEA, to use that money to support an org’s pilot project.”  
 “We were able to achieve 74 sites! It seemed like an unattainable goal at first... and we did it! We knew what we were getting into: we gave [SRQEA] numbers about the 22 NPIs; we estimated our capacity. But it felt big.”

## Extended SWC coverage

By Year 2, CHSSN extended SWC coverage to include **28 new sites** that had not received CHSSN funding for senior centres prior to the SWC Program.

- 18 are led by community organizations that were part of CHSSN's NPI but did not have SWCs.
- 10 are led by Montreal-based organizations that already offered activities for seniors but were not part of CHSSN's NPI.

New SWC sites were selected based on the following considerations:

- **Led by organizations with a history of and capacity** to address English-speaking seniors' health needs
- **Located where there are underserved English-speaking seniors** to increase geographic representation

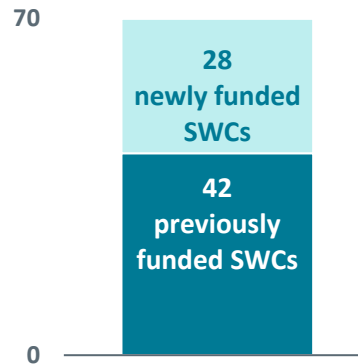
The **increase in geographic coverage** is extensive, with 16 of 17 regions in Quebec now offering SWCs. In its next phase, the SWC Program will expand to 125 sites, thereby reaching underserved seniors in even more locations.

### CHSSN staff's remarks about site selection

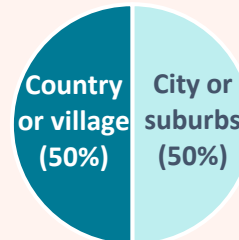
"In Montreal, we had to bring in other players. There's an important existing network working with English-speaking seniors, which you don't have in the regions... an opportunity to help them bring health and social services into what they can offer to seniors."

"We had to stagger the start of the funding over the years of the project because not every group was ready to expand in Year 1."

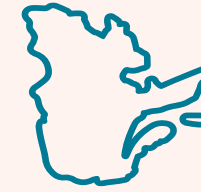
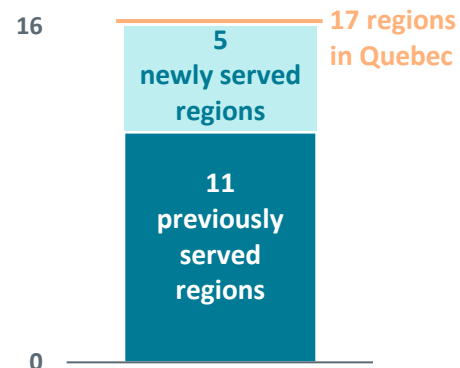
40% of SWCs funded by Year 2 were new sites



Half of the 70 SWCs are rural and the other half are urban



The SWC Program has expanded SWC coverage across regions in Quebec by 31%



**16 regions**  
in Quebec

### Funded organizations' reactions to the extended coverage

"[Our region] is very divided geographically: there are so many barriers in terms of social isolation. The funding from CHSSN has given our organization the ability to secure human resources in each of the communities to better serve the vulnerable population."

### CHSSN staff's reactions to the extended coverage

"I'm very pleased with the openness and proactiveness of the organizations who went into new territories and opened new sites with very little money: they did it!"

"The geographic coverage is impressive, but ideally you want to be as close to the population as possible. Some people have to go to the SWC in the next town because we don't have one in every village in Quebec."

"As we expand, we are encouraging orgs to go to regions and areas that they haven't been in before."

"We don't have any SWC in the Nord du Quebec region, even though there are English-speakers there, but we will open one in the next phase."

# SWC Community of Practice and Knowledge Hub



To support SWC capacity building, **CHSSN built a Community of Practice (CoP)** for funded organizations that meets regularly to share promising practices, lessons learned, etc., among the coordinators who deliver SWC services to seniors. CHSSN further supports funded organizations by **sharing project management resources and training opportunities** through an online **SWC Knowledge Hub**. CoP members can also communicate with each other through a SWC Facebook page.

CHSSN developed most of the resources and training opportunities using **funding from sources other than SRQEA**, with collaboration from its **30+ SWC partners** (government bodies, foundations, research centres, etc.).

**In addition to limited funding** for SWC Program delivery, **CHSSN staff report having faced challenges** with:

- Providing support to a wide variety of organizations with different realities, capacities, and needs
- Ensuring that SWCs have risk management procedures in place to keep participating seniors safe
- Regularly needing to onboard new SWC coordinators (due to high turnover)



## 80+ resources

shared in Years 1 & 2

Information, tools, funding opportunities, workshops, etc.

- **Double the targeted # of resources**
- Some resources were created by CHSSN (e.g., an onboarding guide, checklists for risk management & reopening after COVID, a SWC scorecard)
- CHSSN also created Services for Health Aging in the Right Place (SHARP; formerly CHEP) videos and Health Education Modules for seniors that are used as SWC activities



## 4 project management tools

- 2 report forms (session & year-end)
- 2 templates (budget & workplan)



## 25+ workshops for SWC staff

Topics: Mental Health First Aid, Resiliency Training, Aging Gayfully, Ageism at a Glance, Outreach Strategies, etc.



## 10 CoP sessions

+1 in-person retreat

24 to 48 participants per session in Year 2, **aligned with Program targets**

### Types of CHSSN support deemed most helpful by funded organizations



### Funded organizations' takeaways

"CHSSN is an active partner that boost us to ensure the best outcomes for our participants."

"The CHSSN SWC Program Manager is always available for support, information, and anything else we need."

"I really enjoyed building personal connections with other orgs at the retreat. We have always worked along side one another, but to really bond and share resources and information face to face makes such a difference."

### CHSSN staff's takeaways

"There's a very experienced person running the CoP, which makes a lot of difference."

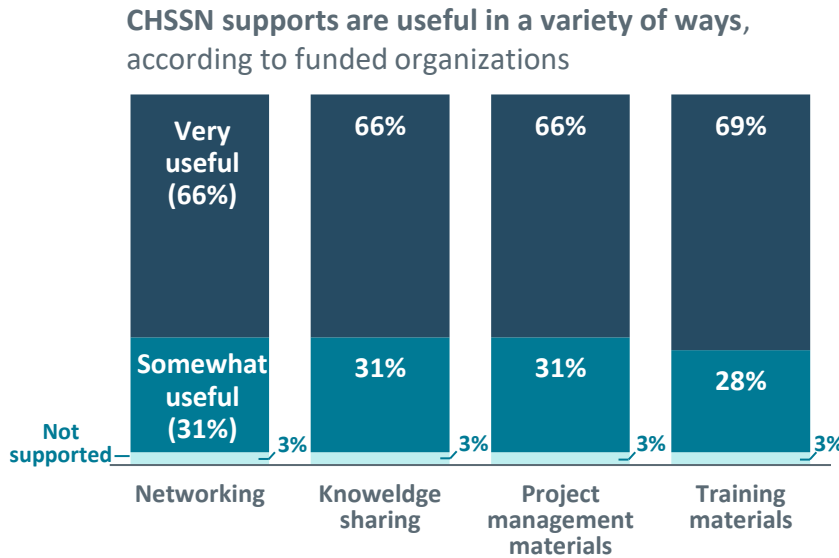
"The connection of the orgs with each other happened more than expected. They share and learn collectively, and then they reach out to each other and ask for tips, resources, advice. That's what makes the program work so well."

"The in-person retreat brought coordinators together; gave them a space to reflect on their own programs and hear about others' programs. The CoP is different than a regular funding program: orgs are part of something bigger."

# SWC capacity to service English-speaking seniors

The combination of (1) funding for health education and promotion activities and (2) CoP and Knowledge Hub supports has **notably increased community organizations' capacity**.

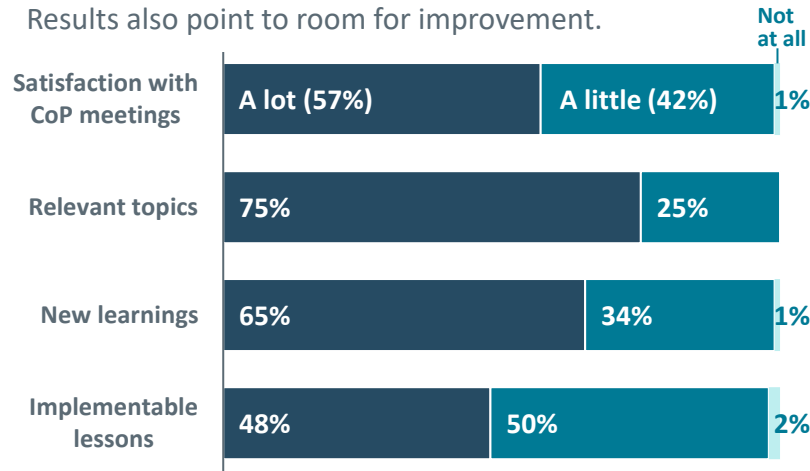
Nonetheless, organizations need to continue growing this capacity to help English-speaking seniors age healthily in community.



“The program gave organizations structure. The funding has helped, but the connection to expertise and experts is also important.” – CHSSN staff

**Unanticipated program outcomes identified by CHSSN staff**  
 “A lot of our SWCs are overachieving because they are so passionate about the work that they do. **SWCs are recognized within their communities as experts** and important players on the local level as far as seniors go. They are being asked to sit on consultation tables and other local initiatives. The SWC Program is giving SWCs more leverage and making them look more professional.”  
 “**The program strengthens community vitality** in giving organizations the ability to outreach and engage in programming.”

**CoP events were relevant, fostered new learning, and provided implementable lessons learned**, according to most funded organizations who completed post-event surveys. Results also point to room for improvement.



According to all surveyed community organizations, their **capacity to service English-speaking seniors increased because of the SWC Program\***, with room for continued capacity-building

Category	Percentage (%)
Considerably	61%
Somewhat	31%

- To further increase community organizations' capacity**, they suggested that CHSSN could provide:
- More opportunities for SWC coordinators to meet in person
  - A SWC coordinators directory and a monthly calendar of events
  - A more user-friendly version of the Knowledge Hub (Google Drive), accompanied by a navigation guide
  - More small-group discussion opportunities among SWCs with similar realities/challenges
  - Volunteer recruitment training
  - Statistics on the aging population in Quebec to support awareness-raising
  - Training tailored to specific SWCs' needs and realities

\* Increases in capacity did not differ significantly by type of organization (by geographic location, number of SWCs, or newly vs. previously funded by CHSSN).

## SWC capacity increased in 4 ways

### 1- Serving more English-speaking seniors

“The capacity to service English-speaking seniors has definitely increased considerably because of this program.” – CHSSN staff

“Over 5,000 seniors have been touched by this program, so they now have a connection to a local English-speaking community org that can help them in lots of different ways.” – CHSSN staff

“There is no way we would have been able to serve the many seniors with life changing activities as we have without CHSSN's funding” – Funded organization



**5,343**

unique senior participants in Year 2



**30,546**

participations in Year 2



On track to meet target of 40,960 annual participations in Year 3

### 2- Enhancing programming diversity, amount, and quality

Being able to take advantage of webinars such as the CHEP and CoP, seniors and SWC staff alike have been able to share information and add to their own best practices ‘toolboxes’. – Summary results from funded organizations’ reports

“CHSSN support has led our org to provide wellness activities that would have otherwise been inaccessible.” – Funded organization

“We have been able to involve English-speaking seniors in high-quality, professionally run activities that better support and address their mental health and physical well-being.” – Funded organization



**2,434**

health education and promotion sessions for seniors in Year 2



Already exceeding target of 2,306 annual sessions in Year 3

### 3- Engaging more SWC staff and volunteers

The program increased SWC capacity by allowing them to hire staff and providing training and professional development opportunities. – Summary results from funded organizations’ reports

“It enabled us to hire a part time person to coordinate and organize seniors' support and outreach activities.” – Funded organization

“The tools and trainings that are available increase the knowledge, skills, and capacity of our SWC team members to work with seniors.” – Funded organization



**584**

unique volunteers in Year 2 (68% women)



**2,297**

volunteering sessions in Year 2

### 4- Building new SWC partnerships

Program funding and support helped SWCs bring in professionals to lead evidence-based activities and speakers to give relevant information sessions. SWCs also embraced opportunities fostered by CHSSN to collaborate with other organizations and partners, learn from each other, instil best practices, and create efficiencies as a result. – Summary results from funded organizations’ reports

“We developed partnerships with public institutions, community organizations, and private residences.” – Funded organization

“We have collaborated with local organizations to reach more seniors and increase visibility.” – Funded organization

“We made links with health professionals, which has led to improved programming and knowledge sharing with the seniors.” – Funded organization

# SWC sustainability

The funding amount provided by CHSSN to community organizations was modelled on funding previously given to an organization with 9 senior centres. This model set a baseline of **\$7,500 annually per SWC to offer 20 sessions**. Other factors influencing funding amounts included the number of new SWCs, the number of staff and volunteers, and session frequency.

Program funding was intended to finance:

- Needed support to offer **dedicated programming** for English-speaking seniors
- **Recurring funding** to continue offering health and social services to seniors
- **Funding to hire** staff, professionals for specific activities, and guest speakers

Funds were not provided for the 3 other needed SWC activities, as per the [program logic model](#).

However, **the amount of funding needed to offer 20 sessions per year was largely underestimated**. In an economy of scale, operating fewer SWCs costs more per site. Unlike the organization modelled upon that had 9 SWCs, 80% of funded organizations only operate 1 to 3 SWCs, which costs more per site.

Some organizations were also challenged by **not being able to claim food costs** for SWC sessions. Meals and gift cards for groceries are participation incentives for seniors facing food insecurity.

The SRQEA has committed additional funds to the next phase of the SWC Program, which will expand to 125 sites. Given the paucity of current funding, funded organizations worry that **opening new SWCs will compromise the delivery of sessions in existing SWCs**. The extent of additional support for existing SWCs has yet to be determined.

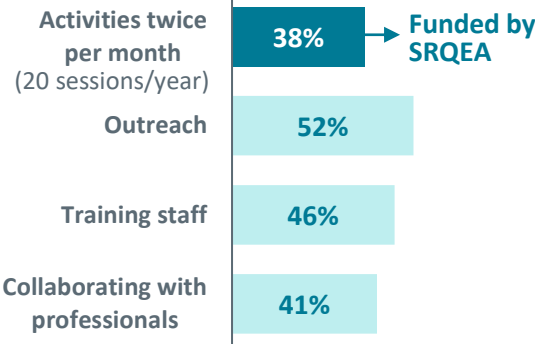


## 97% of organizations receive additional financial support

- Other funding sources (public and corporate grants, donations; 83%)
- In-kind contributions (specialized services, infrastructure, etc.; 62%)

**Organizations lack funds to deliver planned SWC activities**, including funded sessions for seniors & other activities not funded by SRQEA but needed to optimize healthy aging in community

### Insufficient funds for...



### Insufficient funding is the largest challenge in implementing the SWC Program, resulting in:

- Difficulty delivering 20 sessions per year
- Staff turnover due to low, part-time wages
- Inability to cover transportation costs to facilitate the participation of isolated seniors, particularly in rural locations
- Limited services to meet the needs of diverse groups of seniors (e.g., different ages or genders)
- Difficulty renting large enough spaces for SWC activities, sometimes resulting in wait lists

### Funded organizations' takeaways

"Without the support, we would not have a SWC."

"Without the funding, the impact on our older adults would be less."

"It would be helpful if the funding reflected the cost of running the program (i.e., salary & benefits, facilitation fees, materials, creation of resources & tools, costs associated with promoting the program and the activities, etc.)."

"If 20 activities is the benchmark then we will soon need to reduce the number of SWCs that we run."

"We don't have the means to reach isolated seniors and can't transport them."

"More centres being open stretches out the staff and what we can offer. We have to take our attention off the old centre to start a new one because we don't have funds to add new staff. It's a question of quantity vs quality."

### CHSSN staff's takeaways

"We missed the mark in our criteria for funding. Also, inflation has gone through the roof in the past few years."

"Orgs are doing outreach, training staff, and collaborating with professionals even though they are not getting funded. They are leveraging other funding to make that happen."

## Provincial coordination and development of SWCs

In the two years since the SCW Program was launched, **CHSSN successfully implemented a province-wide, harmonized program** to support healthy aging in community for English-speaking seniors, as evidenced by:

- **Central coordination** by an organization (CHSSN) dedicated to health and social services for English-speakers in Quebec
- **Partnerships** and collaborations established with 30+ government bodies, foundations, research centres, etc.
- **A shared understanding of the senior wellness model** across 30 community organizations and their 70 SWCs
- **Standardized project management tools and shared resources and training opportunities** for funded organizations
- **Harmonized delivery** of community-based services for English-speaking seniors across 16 regions, **adapted to local SWC realities**
- Systematic **performance monitoring and evaluation** of the program

CHSSN staff attribute the rapid success to:

- CHSSN's long history of coordinating government-funded and community-based initiatives for English speakers
- The Program Manager's extensive experience and expertise
- A rigorous evaluation plan and data collection strategy

In addition to coordinating the SWC Program, CHSSN also **champions healthy aging in community**.

- In both Year 1 and Year 2, SWC Program **learnings were disseminated to the broader community** of health and social services organizations that work with seniors, as well as to government funders and stakeholders
- The SWC Program Manager sits on **3 provincial and 1 local committees**



CHSSN's coordination of SWCs and its CoP development approach has been recognized by:

1. Centre for Research and Expertise in Social Gerontology (CREGÉS)
2. Knowledge Development Exchange Hub for mental health promotion

“Supporting vulnerable populations with community programs is an excellent model to use in other areas, like youth coming out of youth protection services, people experiencing mental health challenges, or francophones outside of Quebec.” – *CHSSN staff*

**CHSSN lacked sufficient funds** and turned to funding sources other than SRQEA to:

- Develop program tools and resources
- Hire speakers to provide training for the CoP
- Host the in-person CoP retreat
- Undertake the current program evaluation

As the program continues to expand, more support for its administration will be required to ensure community development and support of more SWCs, as well as to accommodate requests to sit on more provincial committees.

### CHSSN staff's observations

“The program's management is professional, well structured, and well implemented. It's got evaluation plans, data collection, reporting, etc., with constant quality improvement along the way.”

“The SWC Program became an entity of its own really quickly.”

“It's harmonized. There's organization behind all pieces of the pie: from the relationship with the funder, to data collection, to the CoP and support to communities and their development.”

“By creating a CoP and communicating how each SWC is part of something bigger, everyone sees themselves within that. The logic model helped people to understand and see what they were part of.”

### Funded organizations' takeaways

“We built our seniors program around the SWC mission, providing activities that focus on senior empowerment and wellness.”

“The program has given a platform and a voice to the seniors and has served as a guide to develop senior services.”

### Opportunity for improvement

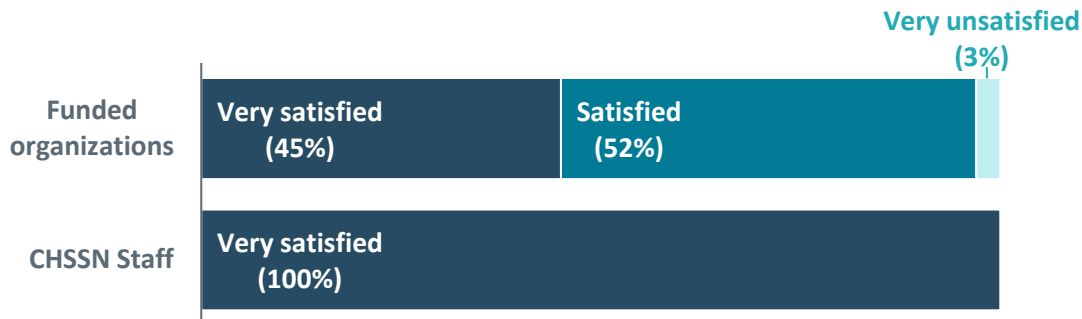
Some of the SWC Program's terminology could be revised to better reflect the diversity among SWCs' local realities.

- “Seniors” does not adequately reflect the younger portion of the 50+ population.
- “Centre” may erroneously imply the existence of one physical location for SWC service delivery.
- It is unclear how long a “session” is and if one session can include multiple activities.

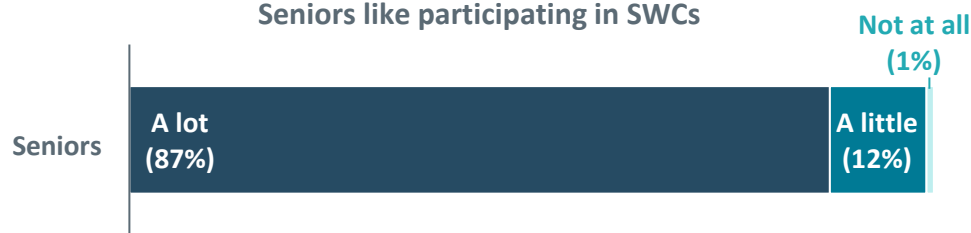


# Overall satisfaction\* with the SWC Program

Funded organizations and CHSSN staff are satisfied with the SWC Program



Seniors like participating in SWCs



**95% of seniors would recommend their SWC to friends and family who are 50+ years old**

Most often...

**Funded organizations appreciated:**

- CHSSN funding and other supports
- Their increased capacity to serve English-speaking seniors

**Funded organizations would prefer:**

- More funding for SWCs

Opinions were divided regarding whether the reporting requirements are laborious.

Most often...

**Seniors appreciated:**

- Socializing with others
- Participating in engaging or fun activities
- Staying mentally and physically active

**Seniors would prefer:**

- Greater variety in the activities
- More frequent activities

**Funded organizations' overall impressions**

"We are pleased to be part of this program. The drive to keep our older adults informed and engaged is priceless and they look forward to every session."

"Our SWC agents enjoy the support they receive from the network and other coordinators."

"We feel seniors are just better served through the SWC."

**CHSSN staff's overall impressions**

"It's a good project. It's well structured. If the community themselves are passionate and excited and still want to do it, you know that something is working."

"The provincial government investment in supporting seniors to stay at home was really smart. It's good for everybody."

- The government saves money because seniors aren't going into institutions.
- Seniors have a higher quality of life, and they get connected to the community.
- That personal improvement in an individual's life is very satisfactory to those providing the service."

**Participating seniors' overall impressions**

"It made a big change in my life."

"Keep up the good work. Greatly appreciated especially given the limited resources available."

"Simply thank you to all involved for your dedication, commitment and interest in the community."

"I plan on being a member as long as possible... hopefully, for years!"

"I'm glad I came across your flyer! It's just what I need at this moment in my life! Like a breath of fresh air! Thank you for your kindness and hard work in offering a welcoming place to socialize and learn!"

"We need this! It's our 'home away from home'."

"This is a lifesaver for seniors. Once we stop working, be it for age or sickness, we tend to lose our social circles related to work and the sense of usefulness that comes with it. This is a tough moment in our lives. Your activities are helping mitigate that."

\* Satisfaction levels did not differ across types of funded organizations (geographic location, number of SWCs, or newly vs. previously funded by CHSSN). Among seniors, men were significantly less likely to enjoy SWC participation ( $p < .05$ ), though a full 75% still indicated that they like it a lot.

### 3 | SWCs' activities and their effectiveness

- Extent to which SWCs have delivered activities to English-speaking seniors, engaged in outreach, provided training to staff and volunteers, and collaborated with health professionals as planned
- Extent to which these activities achieved expected outcomes for English-speaking seniors, ultimately leading to optimized healthy aging in community

# SWCs' health education and promotion activities for English-speaking seniors

As a group, **SWCs exceeded the targeted number of sessions per year offered to seniors**, as per program funding requirements. In addition, nearly all SWCs delivered at least 20 sessions per year.

CHSSN's monthly CHEP videos, other CHSSN supports, and collaborations with local professionals provide community organizations with **access to plenty of SWC activity content**.

According to participating seniors and funded organizations, **more than 20 sessions per year are needed** to have a meaningful impact on seniors' health and wellbeing. However, organizations do not have funds to increase the frequency of their SWC activities.



## 2,538

SWC sessions delivered in Year 2

- Exceeding targeted total of 2,306 sessions per year

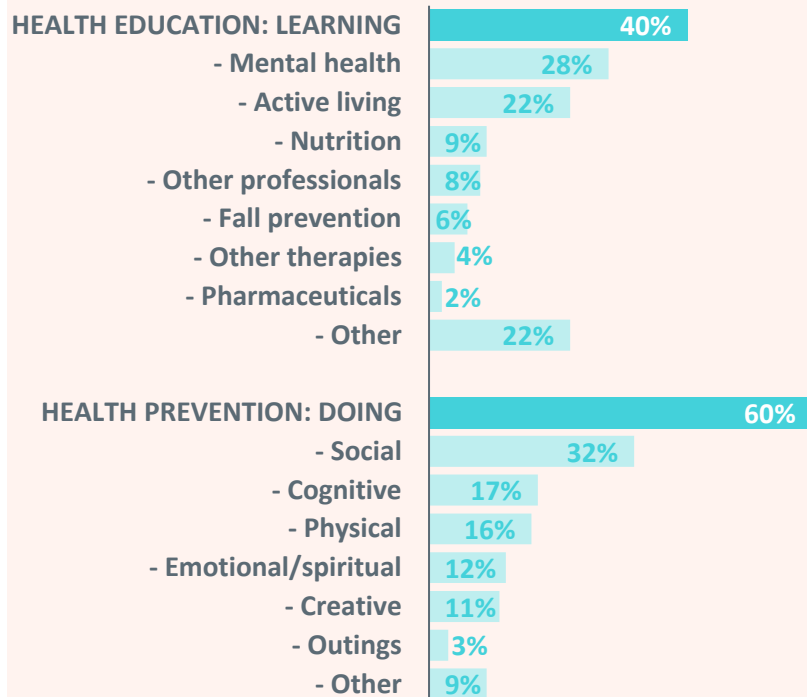


## 90%

of funded organizations offered 20+ sessions in Year 2

- Those who didn't meet the target either lacked capacity or had to outreach to let seniors know about the SWC before offering sessions.
- A wide range of 4 to 144 sessions per SWC were delivered in Year 2.

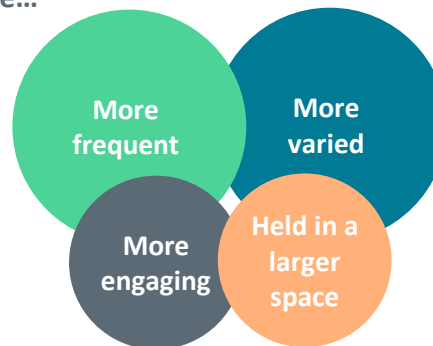
SWCs delivered a variety of both health education and health prevention activities to English-speaking seniors in Year 2



Seniors like that their SWC activities are...



Seniors would prefer their SWC activities to be...



## Funded organizations' takeaways

"We receive constant requests asking if CHSSN-funded activities will continue, whether it is fine motor control exercises that can be done at home to prevent decline, balloon volleyball to prevent falls, discussions with the physiotherapist that promote a mind shift to make easy changes to improve lifestyle habits, and more."

"We are the only org that offers anything in English in our entire region."

"Our org identified more seniors' needs within the community. Due to limited funding, we are unable to properly respond to them."

"The needs are greater than what we have. More program resources equal more support to seniors in community."

## What seniors like

"The activities were diversified, interesting, and fun."

"The ambiance of the group. I love the fun we have with all the activities."

"The only place where I can use my first language, English, and not feel out of place or at a disadvantage to express my ideas and opinions."

## What seniors would prefer

"More activities per week."

"Continuing activities all summer."

"More guest speakers."

"More exercise, physical activities"

"Higher or advanced levels in some sessions, whatever it may be."

"More space and facilities."

# SWCs' outreach to English-speaking seniors & removal of participation barriers

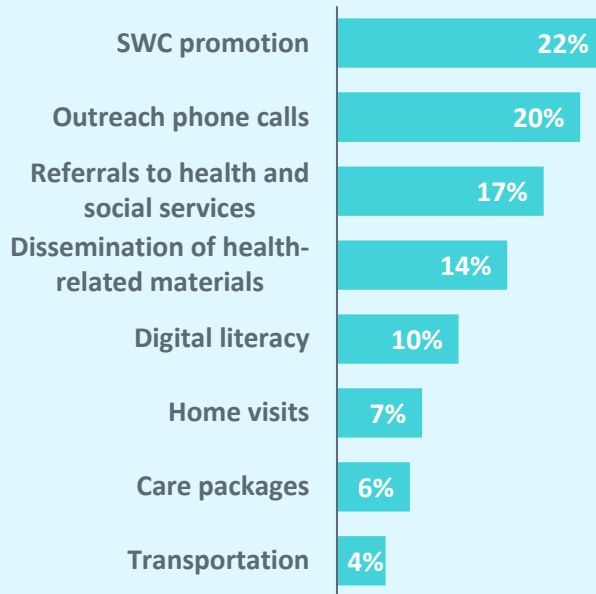


Though not funded by the Program, most funded organizations engaged in outreach to raise awareness about their services and remove participation barriers for English-speaking seniors.

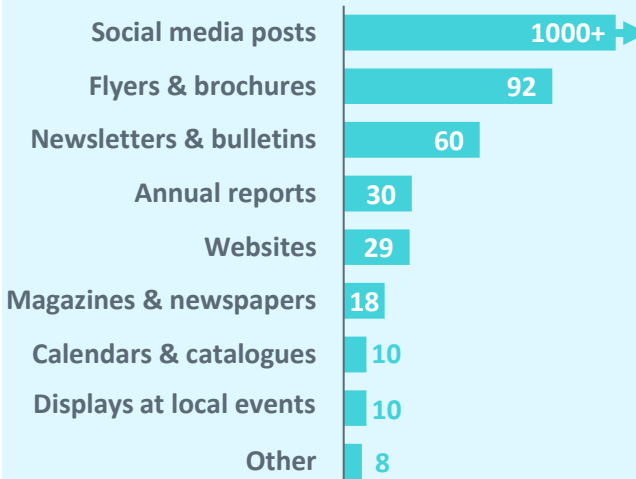
Through outreach, the SWC Program has notably increased capacity to service English-speakers, reaching over 5,000 seniors. However, some SWCs' sessions were attended by considerably more participants than others. Overall, the **average number of senior participants per session was lower than anticipated**. (The next slide shows an analysis of reasons for this lower participation.)

When asked what would make their SWC better, **seniors frequently expressed a strong desire to have more seniors join their SWC sessions**. To this end, seniors recommended increased outreach activities, like advertising. **Similarly, CHSSN staff identified insufficient outreach as a large challenge** facing the SWC Program. However, half of funded organizations lack funds for outreach. Many also wouldn't have the capacity to accommodate more seniors if outreach were successful.

SWCs engaged in many activities (4,828 in Year 2) to reach seniors and remove participation barriers



Community organizations promoted their SWCs in a variety of ways



## 12 seniors per session

on average in Year 2

- 5 to 25 seniors per session on average
- Considerably **below the targeted** 16 seniors per session

### Feedback about outreach efforts


"I'd like more people to come." – *Senior*  
 "Advertise in local newspapers to bring in participants for activities that are currently stagnant." – *Senior*

"Fascinating that a lot of the seniors' feedback is about outreach and participation... the idea of bringing in more people, even though they weren't asked a specific question about outreach." – *Funded organization*

"We don't have an outreach program, but we also don't have the capacity to host more seniors in our space. We struggle with staffing too." – *Funded organization*

"Outreach is a big area from improvement. Participating organizations may not have a lot of money to do that." – *CHSSN staff*

"Outreach has to happen in order for the sessions to happen, but it's invisible in the SWC Program. It's not funded." – *CHSSN staff*

 **93%** of funded organizations conducted outreach to seniors

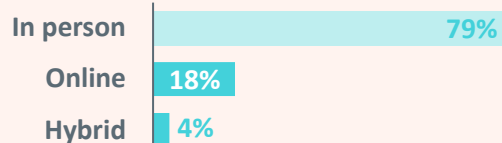
## SWC participation barriers

Several **barriers prevent seniors from participating** in SWC sessions offered both in person (e.g., lack of transportation, fear of catching COVID) and virtually (e.g., few online, hybrid, or recorded sessions).

Those seniors whose SWCs provide virtual sessions or who live close by express strong appreciation for this ease of access. However, **only 22% of SWC sessions are available virtually** and **only 4% of funded organizations can provide transportation** to in-person sessions.

Community organizations explained that transport to and from sessions is not funded by the SWC Program and, in most cases, is well beyond their means. However, offering virtual options to attend sessions allows some SWCs to reach more seniors and meet or exceed their participation targets. With virtual and recorded offerings, a few SWCs' participation rates returned to pre-pandemic levels, despite ongoing concerns about the prevalence of COVID.

### SWC offered relatively few virtual SWC



\* There were more virtual offerings in Year 1, during the height of the COVID pandemic.

### Observations about SWC access

“Transportation is such big a cost and issue.” – *CHSSN staff*

“People love to watch our recordings after live events. We get lots of comments online from seniors who participate on their own time.” – *Funded organization*

“We offer hybrid sessions and the participation numbers have grown. Many of those who cannot come in are able to participate... they want to participate!” – *Funded organization*

### Opportunity for improvement

Provide funded organizations with capacity-building supports for offering multiple access options, like online, hybrid, and recorded SWC sessions.

### Feedback from seniors who have access...

“The activities are local, i.e., within walking distance from my house.”

“I love seeing each other virtually.”

“Helps keep me active from the comfort of my home.”

“Some are on Zoom and I can do them remotely, as I don't have transportation. Others are recorded so I can fit them into my schedule.”

### Feedback from seniors who need better access...

“I don't like it when there are too many people in small place. The COVID fear is still out there for some of us.”

“[SWC sessions] seem interesting, but too far for me to participate.”

“I wish more transport could be available for seniors wishing to leave home and attend places.”

“I find it hard to go to all the workshops as I don't have a car and I can only afford a limited amount of taxis. There are times when I would like it to be offered on Zoom at the same time as in person.”

“I wish we could ‘record’ the Zoom presentation. I'm not always available to participate live.”

“I would like more recordings of fitness classes for the virtual library to have more choices when the Centre is on break from classes.”

Barriers to SWC participation	According to...	
	Funded orgs	Seniors
Lack of transportation to in-person SWC sessions	🚧	🚧
Seniors' reluctance to attend in-person sessions due to COVID	🚧	🚧
Lack of online or hybrid SWC sessions	🚧	🚧
Lack of asynchronous (recorded) SWC sessions		🚧
Seniors' lack of a computer/internet access for online sessions	🚧	
Seniors' screen fatigue for online sessions	🚧	
Ailing health or death of aging seniors	🚧	

# Inclusion and intersectionality



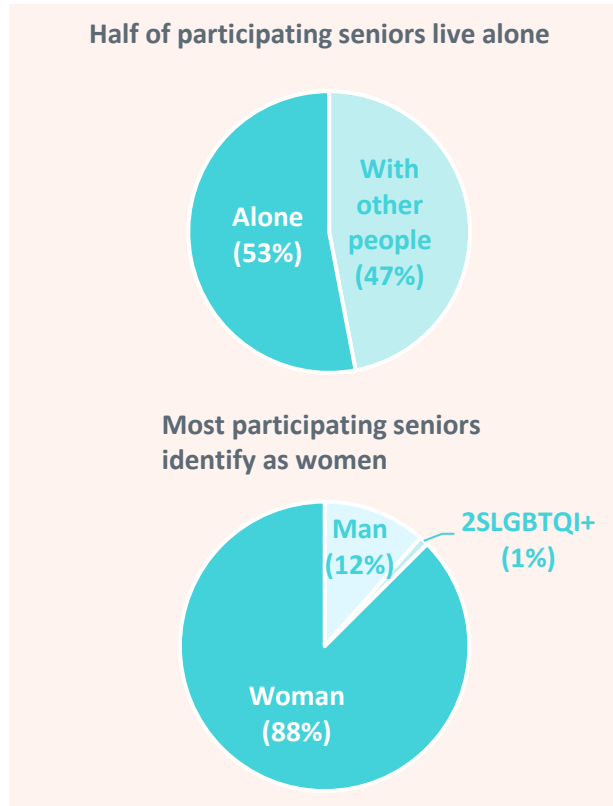
Funded organizations, CHSSN staff, and participating seniors alike pointed to **gaps in reaching marginalized and vulnerable groups of English-speaking seniors**, emphasizing the importance of tailoring specific SWC services to their unique needs. For example:

- Though some seniors applaud their SWCs for offering age-appropriate activities, many want distinct activities for younger and older seniors to better meet their unique needs.
- Most SWC participants are women, though offering men-oriented activities has successfully drawn in more men in some SWCs.

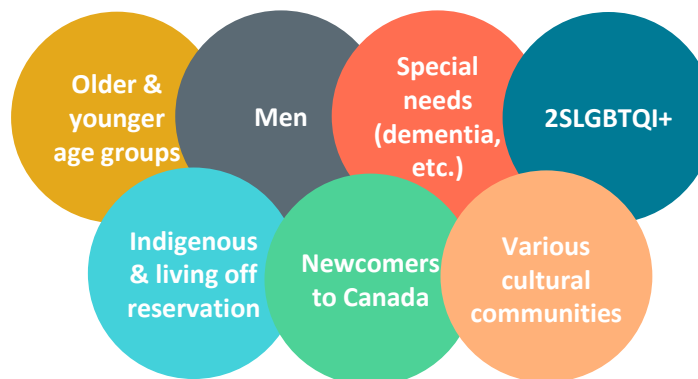
The academic literature also provides strong evidence that **welcoming diverse older adults necessitates customized services**<sup>2,3,4,5</sup>, which is a challenge because senior centers are often tasked with trying to be many things to many people<sup>6</sup>.

Though CHSSN’s support to the CoP has included training on inclusion and reaching diverse groups of seniors, SWCs only have funding to deliver 20 sessions per year, and these are often intended to service all English-speaking seniors in their area.

Of note, **SWC fees were not identified as a barrier** by seniors, suggesting equitable access for low-income seniors.



There are SWC service gaps in meeting the needs of English-speaking seniors who are...



## CHSSN staff’s takeaways

“As seniors become more vulnerable because of the multiple subgroups that they are part of, it becomes more difficult to reach them.”

“It is very hard to be everything to everybody. In the regions, the one SWC has to serve all of the senior populations in that area and that can be challenging.”

“The SWC Program does not address special needs populations within the English-speaking population, like dementia or like more active seniors. With more resources, we could identify needs and offer specialized SWC for those needs.”

“As we expand to 125 sites, we are being conscious of bringing in orgs that serve more marginalized seniors.”

“Caregivers have all kinds of specialized needs. We are looking at their needs too.”

## Funded organizations’ takeaways

“Some health issues and topics don’t resonate with younger seniors.”

“What works for women doesn’t work for men.”

## Seniors’ takeaways

“I like socializing with adults in my age group.”

“I am not so worried that I will hurt myself as the classes are geared to my age group.”

“Offer better variety for all ages and wellness abilities.”

“Have 50+ groups and then 75+ groups for many of us who are older and perhaps less vigorous.”

“Have more activities of interest to men. Very few men are involved and those who are feel somewhat uncomfortable.”

## SWC staff and volunteer training

Though not funded by the Program, SWC staff and volunteers are provided with a wide variety of training by almost all funded organizations.

In addition, through the SWC CoP, CHSSN provides SWC staff with CoP sessions and training workshops for fostering healthy aging in community, as well as with resources and workshops developed both internally and by other organizations.

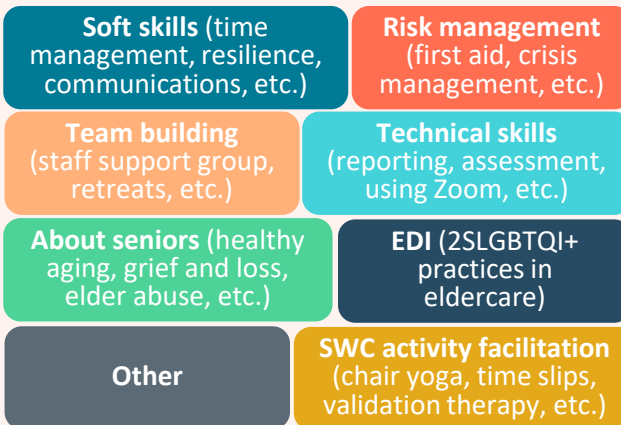
According to participating seniors, the selection and training of SWC teams has been highly effective. **Seniors only have positive things to say about SWC staff and volunteers**, whom they describe as not only competent and knowledgeable but also compassionate, inclusive, and dedicated to enhancing participants' wellbeing.

The academic literature speaks to the importance of this good treatment. Putting wellbeing at the heart of senior centres' practices is key to supporting healthy aging in community.<sup>6,7,8,9</sup>

Seniors describe SWC staff and volunteers as...



SWC staff training\* provided by funded organizations was extensive and varied



\* Organizations made use of trainings from Educaloi, Qu'anglo, Omega, Tamarack, and MSSS, as well as CHSSN.



**96%** of funded organizations train their staff and volunteers

### Seniors' comments about SWC staff and volunteers

"The staff are SO welcoming and warm to ALL the members."

"The staff could not be any friendlier and competent.."

"There are very, very good people taking care of the Wellness Centre. Very friendly. Never ignoring anyone. Always keeping our minds alert."

"Kudos to the amazing team for their kindness and compassion, and for bringing happiness to many seniors!!!! They are to be commended!!!!"

"Everyone is kind and helpful, and this encourages me to attend the classes."

"The staff are pleasant and easy to talk with. Because I have memory problems, I appreciate that they send out reminders."

"The volunteers are very helpful and knowledgeable. They seem to like what they're doing to make our lives have better quality."

# SWC staff and volunteer recruitment and retention



As mentioned earlier in this report, a common challenge faced by funded organizations is the need to cobble together funds from different sources to sustain the delivery of SWC services for English-speaking seniors. With limited SWC Program funding that finances only part of the key activities needed to support healthy aging in community, community organizations report that they would not have the capacity to deliver SWC services without invaluable assistance from local volunteers. However, these organizations often **struggle with recruitment and retention of volunteers.**

**High staff turnover** is also an important challenge facing SWCs. According to both funded organizations and CHSSN staff, the program funding for 20 SWC sessions per year doesn't engender an environment conducive to staff recruitment and retention because many workers seek the stability of full-time, higher-wage work.

Over time, **high staff and volunteer turnover has proven problematic for ensuring consistent quality of SWC eldercare,** for example with respect to the systematic application of risk management practices that keep participating seniors safe.

Many community organizations regularly divert efforts to the orientation of new SWC team members. In addition, CHSSN helps funded organizations address this challenge through:

- the development of a SWC Program onboarding guide for new staff
- orientation meetings offered by the CHSSN SWC Program Manager to new staff

Nonetheless, challenges with the recruitment, retention, and orientation of SWC staff and volunteers persist.

## CHSSN staff's takeaways

"It's challenging to find staff willing to work only two activities per month."

"SWC staff are often paid poorly and so turnover is challenging. It's a lot of onboarding to transfer info and make sure that they have all of the knowledge. We invested a lot in them and then we have to start over with new people."

"Bringing in and training volunteers is an area for improvement because we don't train them – that's up to SWC staff. Do volunteers have security checks? Do they have first aid training?"

## Funded organizations' takeaways

"We depend on volunteers to some extent to deliver programming (e.g., running activities)."

"Without the volunteers, we wouldn't be able to survive."

## Opportunity for improvement

Provide funded organizations with more capacity-building supports (training, tools, resources) for:

- recruiting and retaining SWC staff and volunteers
- orienting new volunteers



# SWCs' collaboration with health and social services professionals

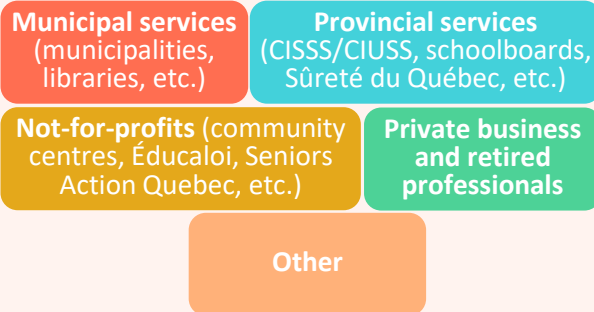
All funded organizations **built partnerships** with a diverse array of health and social service professionals to deliver health and wellness programming to English-speaking seniors living in community. Many seniors who take part in SWC sessions express **strong appreciation for the high-quality information and classes provided by SWC partners**, though they also are requesting access to more and more varied health professionals.

Indeed, funded organizations report having **difficulties finding English-speaking health professionals with whom to collaborate**. In part, this challenge arises because most SWCs don't have sufficient funds with which to pay for professional services. In addition, high turnover both among SWC staff and CIUSSS/CISSS staff makes it challenging for funded organizations to maintain collaborations with public health care professionals over time.



**100%** of funded organizations **collaborate** with health and social services professionals

## SWCs have partnered with...



### CHSSN staff's comments

"It's always a challenge to bring in health professionals from the health system."  
 "Turnover at local CIUSSS makes it hard to have ongoing collaborations. Orgs do have collaborations with retired professionals, schools, and other orgs."

### Opportunity for improvement

Provide community organizations with increased support for building collaborations with English-speaking health and social services professionals.

- Identify ways to better connect funded organizations with local health systems.
- Bolster CHSSN's 'train the trainer' model whereby professionals teach SWC staff to deliver health and wellness programming. In light of high SWC staff turnover, structure this training to ensure continuity (e.g., provide recorded instructions).



### Funded organizations' comments

"At the end of each semester, we are asked if the fitness instructor, physiotherapist or occupational therapists will be returning with more. The reason for this, as expressed by the seniors, is because of the quality of the sessions, the changes that occur."

"[We] have difficulties finding English speaking professionals to lead some of our activities."

"Health professionals don't have time in the day to do a presentation."

"We had a coordinator here who took CHSSN's training on [drumming and yoga] for SWC staff, which was very useful. It would be great if CHSSN could do it again."

### Participating seniors appreciate...

"Access to professionals - wills, finance, nutrition."

"Medical advice from professionals."

"The information provided by experts that pertain to my health, aging healthy, and prevention."

"The important health information disseminated by health professionals."

### Participating seniors are requesting...

"More guest speakers."

"More variety, such as information sessions by doctors, nurses, etc."

"Inviting experts in fields which are related to seniors' interest, i.e. health, financial, travel."

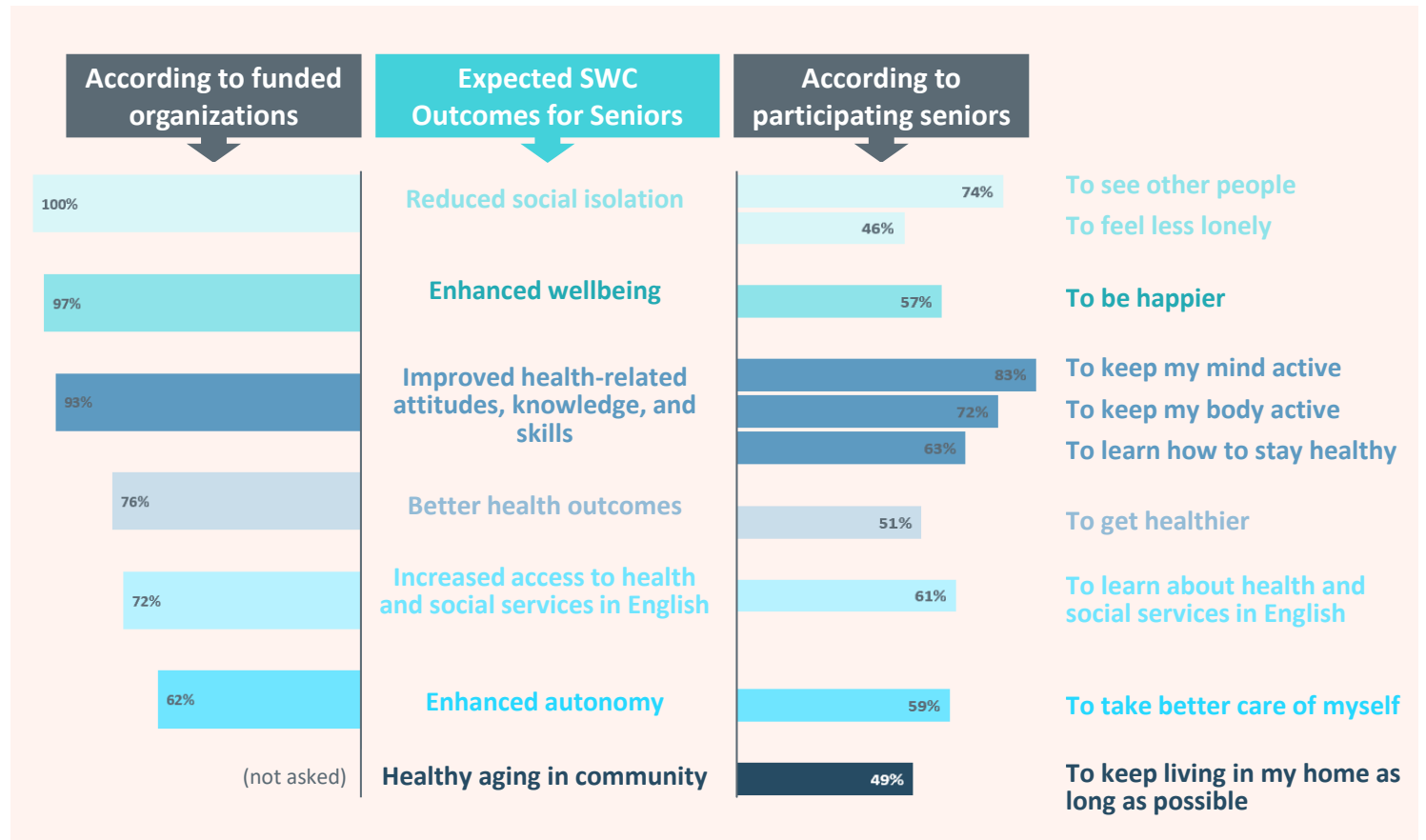
# Health and wellbeing SWC Program outcomes for English-speaking seniors

Funded organizations, CHSSN staff, and participating seniors who took part in this evaluation all indicated that **the SWC Program has important health and wellness benefits for English-speaking seniors.**

Moreover, in the two years since its launch, evidence across evaluation data sources shows that **the SWC Program has realized all its expected outcomes** for participating seniors, often to a great extent.

The most pervasive benefits for seniors include:

- Reduced social isolation
- Enhanced wellbeing
- Improved health-related attitudes, knowledge, and skills



The evaluation findings echo those reported in the academic literature and demonstrate that providing seniors with physical activity, intellectual stimulation, and/or health promotion in a community setting replaces social isolation and loneliness with a sense of belonging<sup>10,11,12,13</sup>. Combined with other program benefits like increased access to health information in English and enhanced health-related attitudes, knowledge, and skills, seniors develop the wellbeing and positive health outcomes they need to continue living independently in their communities<sup>14,15</sup>.

Indeed, evaluation findings show that the SWC Program **effectively achieves its ultimate outcome of optimizing healthy aging in community for English-speaking seniors** – according to most of the funded organizations who took part in the focus group and, importantly, to half of the participating seniors who were surveyed for this evaluation.

The next two pages present excerpts of what program stakeholders have to say about the benefits of the SWC Program for English-speaking seniors, grouped by expected program outcome.

“Funding from CHSSN is an absolute game changer with regard to helping our members access high quality activities with lasting positive outcomes and impact.”  
– Funded organization

# IMMEDIATE program outcomes for English-speaking seniors: Program stakeholders' thoughts



## Enhancing health-related attitudes, knowledge, and skills

### Participating seniors

"They get you up and moving and use your brain."

"I learned how to take better care of my health."

"It helps to learn how to keep my body and mind more active and therefore healthier!"

"It's a nice and very interesting motivation way for the adults +50 to be active and happy working out."

### Funded organizations

"These activities for seniors continually increase their knowledge of how to take preventative measures regarding many different aspects of health and ageing."

"It is a prime and crucial program to reach seniors and share information with them on health and social services, that they would not otherwise have access to."



## Increasing access to information and services in English

### Participating seniors

"It's good to learn about the services for Anglos available to us."

"We often learn about services that we might not be aware of otherwise."

"For me it's a resource for finding out what services are available that I might need at some point."

"Very informative. Educational. Fun."

### Funded organizations

"Seniors now come to us directly for assistance in accessing services. They feel much more at ease and are open to reach out to us now."

### CHSSN staff

"Seniors can get more access to services through their connection with the SWC."

"Seniors have a support network now. They know who to go to to get information."



## Reducing social isolation

### Participating seniors

"I come to speak with others in English and socialize."

"I love the sense of connection. We learn a lot about relevant issues and sharing is the best part."

"It chases away loneliness."

"I live alone so I like to come to my second family."

"Being recently widowed and new to the area, the activities give me the opportunity to get to know other members of my new community and feel a part of something."

### Funded organizations

"[The Program] has shown me how important it is to belong to something, be part of a community, and how much that improves people's quality of life."

### CHSSN staff

"Seniors are more isolated than most age groups, particularly during COVID. Creating something that reduces that isolation has an incredible emotional benefit to the person, as well as a health benefit."

# INTERMEDIATE and ULTIMATE program outcomes for English-speaking seniors: Program stakeholders' thoughts



## Increasing autonomy and wellbeing

### Participating seniors

"It helps me maintain an overall wellbeing, i.e. mentally and physically, as well as enjoying the companionship."

"It helps me to forget my problems and take out stress. It's good for me!"

"These activities have played a significant part in improving my mental health."

### Funded organizations

"I'm surprised by just how much of an impact and value seniors place on coming to the Centre. Sometimes they say, 'I changed my hair appointment to be here'. They tell me, 'Wednesday is my favourite day of the week'."

### CHSSN staff

"[SWCs have] new members who are eager to learn and be empowered."



## Enhancing health outcomes

### Participating seniors

"Keeps you in shape."

"I feel stronger because of taking the dance class and stretching class."

"Since we got a coordinator to do exercises with us, I have seen it REALLY enhance my health and condition."

"I feel so much better after the exercise."

### CHSSN staff

"The Program serves to keep seniors more active in communities so that they are not using the public system, which has over-stretched resources. It's a complementary program to the public system."



## Optimizing healthy aging in community

### Participating seniors

"The activities help me both mentally and physically, which contributes to my being able to live alone and independently."

"It is a great service for our community. A good social network is an important factor in aging well."

### Funded organizations

"We've introduced [seniors] to all types of activities. It's translated into them being able to stay in their community as opposed to an institution because they can come to exercise classes and be social and be integrated back into everyday life."

### CHSSN staff

"Prevention of deconditioning is the most important thing for keeping seniors in community and that's exactly what SWCs are for. We are doing evidence-based programming for seniors that have been shown to slow down decline and maintain their level of functioning."

## 4 | Conclusion and recommendations

## Conclusion and recommendations

The first two years of the SWC Program have been largely successful. CHSSN has effectively **established and nurtured the delivery of province-wide, coordinated, community-based services** for English-speaking seniors in Quebec. Moreover, community organizations have provided **programming for English-speaking seniors that notably enhances their health and wellbeing**, thereby optimizing healthy aging in community.

In addition to flagging the **need for increased funding** to better support both CHSSN and community organizations' SWC activities, the preceding pages of this report contain a number of suggestions geared toward program improvement and growth. Should supplemental funding for CHSSN's activities become available, these suggestions are distilled into four evidence-based opportunities for improvement that fall within CHSSN responsibilities' sphere of influence.

### 1- Distribution of program funds

As the SWC Program continues to expand to new SWCs, ensure that the distribution of program funds also serves **to better sustain the activities of existing SWCs and meet program targets that have yet to be fully achieved**, including:

- The delivery of at least 20 sessions per year by all SWCs. (Often more than this target of 20 sessions is needed to meet English-speaking seniors' needs.)
- The participation of at least at least 16 English-speaking seniors per SWC session and of at least 40,960 seniors per year.

Outreach and removal of participation barriers were not funded in the first phase of the SWC Program, but evaluation fundings show that funded organizations will likely need financial support to reach and increase the participation of vulnerable and isolated seniors.

### 3- Selection of new SWCs

Going forward, ensure that the selection of new SWCs takes into account not only the need to **extend geographic coverage**, but also the need to **close existing gaps in the representation of marginalized groups** of English-speaking seniors.

### 2- CoP capacity-building supports

Provide funded organizations with additional capacity-building supports (**tools, resources, training, etc.**) that will help SWCs to:

- **Remove participation barriers** for isolated seniors by offering multiple access options, like online, hybrid, and recorded SWC sessions.
- **Reach marginalized English-speaking seniors** and increase representation among participants through targeted outreach and activities tailored by age group, gender, cultural community, etc.
- Keep participating seniors safe by systematically **introducing harmonized SWC risk management protocols**, adapted to local realities.
- Implement new strategies for **recruiting and retaining staff and volunteers**, as well as for **orienting new volunteers**.
- **Collaborate with more and more diverse types of health and social service professionals** in the delivery of varied programming for seniors (e.g., by leveraging CHSSN's existing partnerships).

### 4- CoP in-person capacity-building events

Reinforce the province-wide, harmonized application of the SWC Program approach to optimizing healthy aging in community by continuing to **convene SWC coordinators from funded organizations annually** at in-person CoP capacity-building events.

# Appendices

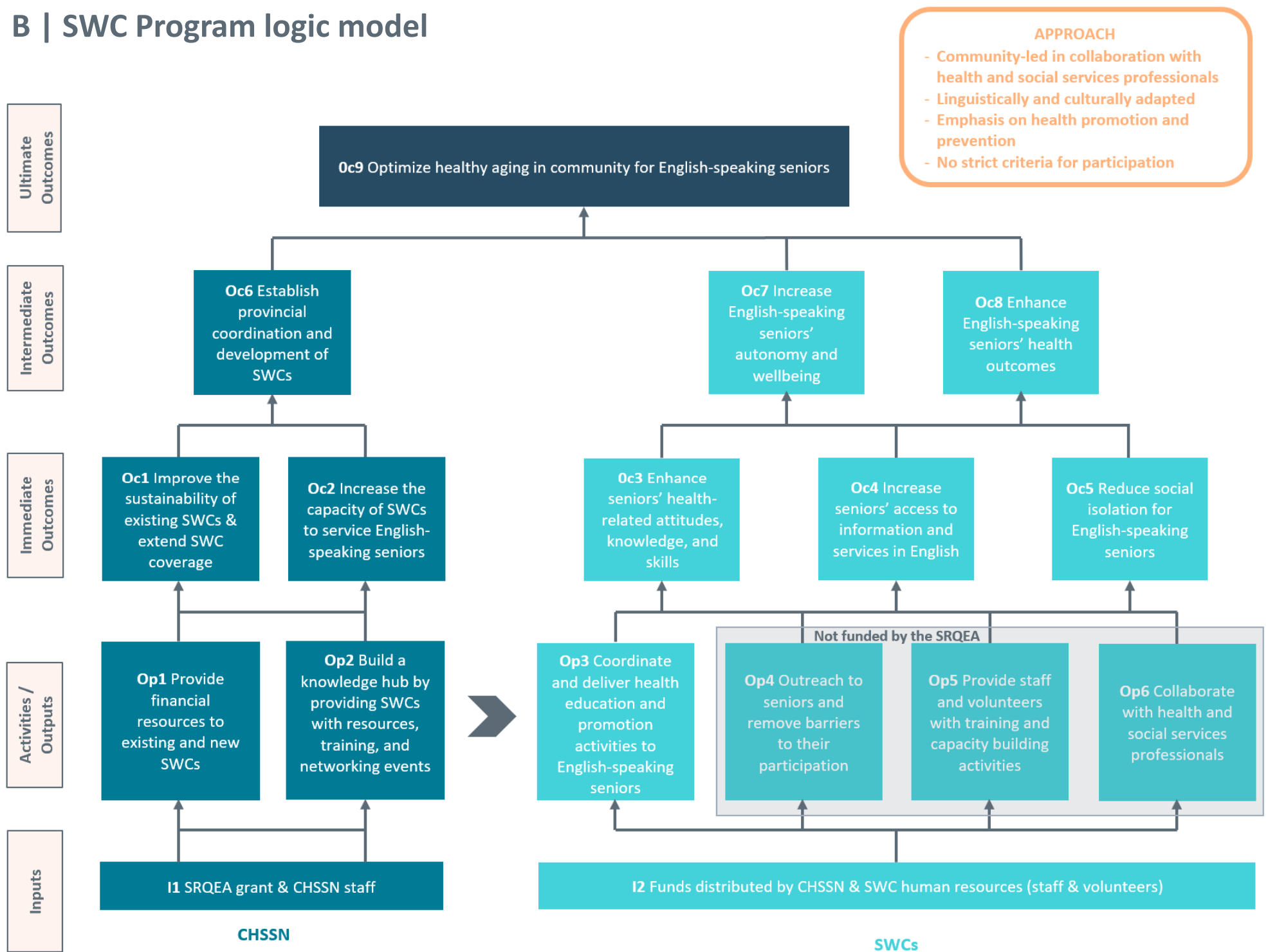
- References
- SWC Program logic model
- Logic model narrative
- About VANASTAS

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# B | SWC Program logic model



# C | Logic model narrative

## OVERVIEW

The Seniors Wellness Centers (SWC) Program logic model illustrates the results that this project is expected to achieve and how it goes about doing so. The logic model is read from the bottom to the top of the page, beginning with the resources invested in the program (inputs), followed by the activities that are carried out using these inputs and the products and services produced (activities/outputs), and then leading to the results that are expected to occur as a result of the production of outputs (outcomes). Three levels of outcomes (immediate, intermediate, and ultimate) depict the logical progression of the changes that are expected to occur over time.

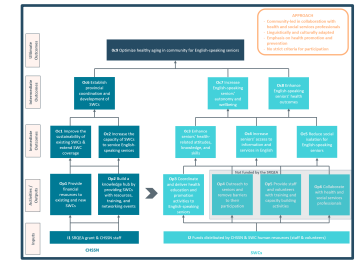
The arrows show the relationships between the components of the logic model (i.e., the boxes) by illustrating how each component is expected to influence one or more other component.

- Grey one-way arrows ( ↑ ) show the primary paths by which program inputs are expected to lead to activities/outputs and then to the three levels of expected outcomes.
- The thick grey chevron ( ➤ ) shows that the activities and outputs undertaken by CHSSN support those carried out by the funded SWC.

The colours of the logic model distinguish between components pertinent to CHSSN, the funded SWCs, or both.

- Dark teal boxes ( ■ ) pertain to CHSSN.
- Turquoise boxes ( ■ ) pertain to the funded SWCs.
- The dark blue box ( ■ ) pertains to both CHSSN and the funded SWCs.

As shown in the light orange box in the upper right corner of the logic model ( □ ), a core set of approaches guide all facets of the SWCs Program, including how resources are spent and what activities are carried out to provide community-based services for English-speaking seniors, as well as what desired outcomes should result from the infusion of these approaches throughout the project’s design and delivery.



## Inputs

Inputs are the financial and non-financial resources used to carry out activities.

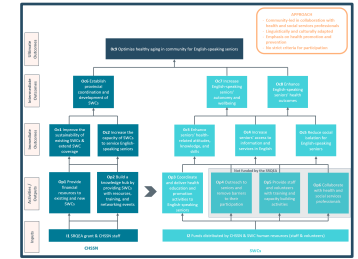
### CHSSN

**SRQEA grant & CHSSN staff (I1):** The resources invested in CHSSN’s SWC Program activities include a \$2.7M grant provided by the Secrétariat aux relations avec les Québécois d’expression anglaise (SRQEA) and human resources in the form of CHSSN staff.

### SWCs

**Funds distributed by CHSSN & SWC human resources (I2):** Each SWC funding recipient receives financial support distributed through CHSSN. Additional inputs include human resources in the form of SWC staff and volunteers.

## Logic model narrative (cont'd)



### Activities and Outputs

Activities are the actions undertaken, using the inputs, to produce outputs. In turn, outputs are the direct products and services generated from program activities. Because the activities carried out for the SWC project are very closely linked with the outputs they produced, they are presented together.

#### CHSSN

**Provide financial resources to SWCs (Op1):** CHSSN provides operational funding to reopen or sustain existing SWCs and to develop and open new SWCs.

**Build a knowledge hub (Op2):** CHSSN provides funded SWCs with project management support (e.g., reporting tools, budget and workplan tools), as well as with training opportunities (resources, information, tools, virtual workshops, etc.) that bridge knowledge gaps and support SWCs' mandates. CHSSN also coordinates networking events and knowledge sharing of promising practices, lessons learned, etc. among SWCs. In addition, CHSSN disseminates program learnings to the broader community of health and social services organizations that work with seniors, as well as to government funders and stakeholders.

#### SWCs

**Coordinate and deliver health education and promotion activities to English-speaking seniors (Op3):** At least two sessions per month are offered to English-speaking seniors at each location of funded SWCs. Activities for English-speaking seniors offered during these sessions focus on health literacy / education and enhancing health outcomes, as well as on the implementation of COVID-19 promising practices, such as the distribution of care packages and the dissemination of COVID-19 information in English. For some SWCs, the coordination of volunteers is integral to deliver activities to seniors. **Among the activities and outputs of the funded SWCs, this is the only one funded by the SRQEA.**

**Outreach to seniors and remove barriers to their participation (Op4):** SWC staff and volunteers identify, recruit, build trust, and build relationships with isolated seniors, as well as remove barriers to seniors' participation in the wellness centre (e.g., provide transportation to the SWC sessions). Outreach activities include, for example, ongoing or sporadic phone calls, home visits, and care packages to engage with seniors differently.

**Provide staff and volunteers with training and capacity building activities (Op5):** SWC staff and volunteers are provided with training and capacity building activities to learn, share, and become more skilled and confident in the delivery of their SWC during the COVID-19 pandemic. In addition, seniors are provided with training to learn how to use technology, such as iPads and Zoom.

**Collaborate with health and social services professionals (Op6):** Each SWC plans and develops partnerships with health and social services professionals based on an assessment of community strengths and needs for the ongoing delivery of SWCs.

# Logic model narrative (cont'd)

## Immediate Outcomes

Immediate outcomes are those that are directly attributable to the outputs delivered. In terms of timeframe, these are short-term outcomes.

### CHSSN

**Improve the sustainability of existing SWCs & extend SWC coverage (Oc1):** Though the funding distributed by CHSSN, existing SWCs are better positioned to maintain their activities for English-speaking seniors. In addition, the creation of new SWCs expands the offer of activities for English-speaking seniors to cover a larger proportion of this population in Quebec.

**Increase the capacity of SWCs to service English-speaking seniors (Oc2):** The knowledge capacity and leadership of funded SWCs is increased to better support the fulfillment of their mandates. This capacity increase includes meeting quality and safety promising practices.

### SWCs

**Enhance seniors' health-related attitudes, knowledge, and skills (Oc3):** English-speaking seniors who participate in SWC health education and promotion activities and/or who are engaged through outreach activities experience enhanced attitudes, knowledge, and skills related to health education and promotion.

**Increase senior's access to information and services in English (Oc4):** Participating seniors in both urban and rural areas have better access to English-language information and services about health and social services.

**Reduced social isolation for English-speaking seniors (Oc5):** English-speaking seniors who participate in SWC activities experience reduced social isolation, including stronger social connections and enhanced sense of belonging.

## Intermediate Outcomes

Intermediate outcomes are those that are logically expected to occur once one or more immediate outcomes have been achieved.

### CHSSN

**Establish provincial coordination and development of SWCs (Oc6):** A coordinated and harmonized approach to the creation and development of SWCs is established by CHSSN to address the community-based needs of English-speaking seniors, including regular monitoring and reporting, as well as program evaluation.

### SWCs

**Increase English-speaking seniors' autonomy and wellbeing (Oc7):** As a result of enhanced attitudes, knowledge, and skills, increased access to information and services, and reduced social isolation, English speaking seniors experience greater autonomy and enhanced wellbeing.

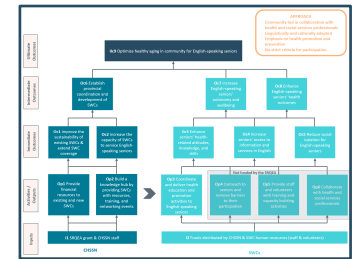
**Enhance English-speaking seniors' health outcomes (Oc8):** English-speaking seniors feel physically, cognitively, and mentally healthier and need to use health and social services less frequently.

## Ultimate Outcome

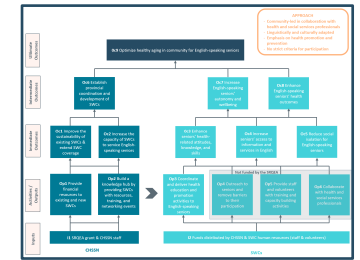
Ultimate outcomes are the highest-level outcomes that can be reasonably attributed to a program once one or more intermediate outcomes having been achieved.

### CHSSN & SWCs

**Optimize healthy aging in community for English-speaking seniors (Oc9):** By establish provincial coordination and development of SWCs that enhances English-speaking seniors' autonomy, wellbeing, and health outcomes, English-speaking seniors will be supported to continue living healthily in their same environment in the community.



## Logic model narrative (cont'd)



### Approach

The following practices and constructs are deliberately embedded throughout all facets of SWC project delivery and guide expectations regarding the program’s expected results.

- **Community-led in collaboration with health and social services professionals:** SWCs are an innovative response by community organizations to address a gap in services for seniors. Formal and informal collaborations are sought out and developed with health and social services professionals.
- **Linguistically and culturally adapted:** SWCs are a specific response to the challenges faced by English-speaking seniors in Quebec living in a minority language situation and there are additional culture and linguistic considerations that need to be taken into account. SWCs are adapted to the regional and local needs and realities of English-speaking seniors. They are flexible, adaptable, inclusive and adopt a broad and multifaceted approach to improving health and wellbeing.
- **Emphasis on health promotion and prevention:** Programs and services in SWCs are designed with the specific goal of improving health and well-being through health information and health promotion and prevention.
- **No strict criteria for participation:** SWCs are inclusive of all seniors and include outreach to vulnerable isolated seniors. There is no specific criteria for participation (which many seniors might not meet).

### Core Values

The core values that guide the SWC Program are based on the “Promoting the Health and well-being of English-speaking Seniors in Quebec: A Community Model”.

1. **Equity** is an important value for English-speaking seniors as they seek to gain a fair share of opportunity, services and support.
2. **Social inclusion** reflects an approach to social well-being that aims to close physical, social, and economic distances that separate people. This can be supported by recognizing differences, nurturing capacities, and involving and engaging seniors in decision making.
3. Many English-speaking seniors wish to remain in their homes and communities for as long as possible. They also seek to be **autonomous** while being supported through family, friends, and community and government services that respects their unique culture, history, and identity.

## D | Methodological limitations

In addition to the factors that generally limit the validity of social science and evaluation studies, the following limitations were specific to the evaluation of the SWC Program and should also be taken into account when interpreting the evaluation results.

### 1. Unreliable quantitative data in Year 1

When completing their session reporting tools in the first year of the SWC Program, some funded organizations inadvertently over-reported the number of:

- Unique participating seniors and their participations in SWC sessions
- Unique volunteers and their volunteering sessions

Consequently, these quantitative data were artificially inflated.

**Session reporting forms were clarified in Year 2** and the current evaluation report drew exclusively from the more reliable Year 2 quantitative data.

### 2. Inconsistent response rates for the CoP post-event survey

Though response rates to the CoP post-event survey were acceptable (approximately 30%) by social science survey standards, only a few of the funded organizations consistently provided feedback after each of the 10 CoP meetings that took place in the first two years of the SWC Program. For example, less than ¼ of the organizations provided feedback on more than half of the CoP meetings. Consequently, the resulting data likely reflects low representativeness and a higher risk of methodological bias.

The online version of the CoP post-event survey questionnaire was also inadvertently programmed without a field for indicating the event date, making it difficult to distinguish between the feedback received about different meetings. For the purposes of the current evaluation, this limitation was mitigated by analyzing post-event data in aggregate form across CoP meetings. However, the inability to link feedback to a specific CoP meeting hinders CHSSN's ability to monitor feedback on an ongoing basis and make timely, event-specific adjustments.

Going forward, a possible solution would be to simply add the date filed to the online version of the CoP post-event survey. However, given the inconsistent response rates, CHSSN may want to **consider reducing funded organizations' reporting burden by replacing these questionnaires with a new set of CoP feedback items in the year-end reporting form.** Though the resulting data would be harder to link to specific CoP events and the risk of recall bias would be higher, the findings would likely be more representative of the views of those community organizations participating in the SWC Program.

## E | About VANASTAS

VANASTAS is an evaluation consulting firm owned and operated by Dr. Vanessa Anastasopoulos, a Credentialed Evaluator with over 25 years of experience in evaluation and applied research.

Our work adheres to the Program Evaluation Standards in professional practice, adopted jointly by the Canadian Evaluation Society and the American Evaluation Association.

A deep commitment to principles of quality, efficiency, trustworthiness, respect, inclusiveness, and confidentiality guides our work.

We abide by the Canadian Evaluation Society's Guidance for Ethical Evaluation Practice.

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