2015 Profile of the OACAO's Member Centres and an Examination of Evaluation Capacity

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OACAO

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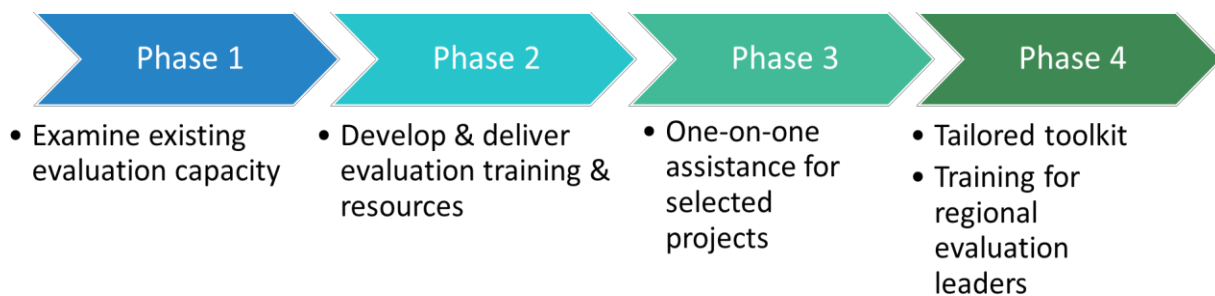La voix des centres pour aînés

Ontario

March 31, 2016

Executive Summary

Background: In collaboration with evaluation consultants from the University of Waterloo, the Older Adult Centres' Association of Ontario (OACAO) submitted an application to the Ontario Ministry of Citizenship, Immigration and International Trade's Partnership Grant Program (PGP) and was awarded a 25-month grant (beginning March 2015) to build evaluation capacity at the local, regional and organizational level. The aim of the project is to enhance the ability and confidence of older adult centres (OACs) to undertake evaluation activities that are both credible and feasible. As shown in **Figure 1**, this project is comprised of four sequential phases:

Figure 1. Four-Phase PGP Project on Building Evaluation Capacity

Phase 1	Phase 2	Phase 3	Phase 4
• Examine existing evaluation capacity	• Develop & deliver evaluation training & resources	• One-on-one assistance for selected projects	• Tailored toolkit • Training for regional evaluation leaders

Purpose: The primary activity of Phase 1 was to conduct a Member Profile Survey (MPS) to update the profile of older adult centres (OACs), since the last MPS was conducted by the OACAO in 2013. The 2015 MPS, the focus of this report, also examined the extent of evaluation activities and existing capacity at the local centre level, including resources (e.g., staffing, budgets), data collection and tracking practices, use of standardized measures, strategic planning, and interest in evaluation training and resources.

Methods: The 2015 MPS was developed in collaboration with the Project Advisory Committee and involved several, sequential steps, including pilot-testing with eight OACs. The survey, distributed using SurveyMonkey™, was available for an eight-week period from mid-August to mid-October 2015. A total of 71 invitees (56%) completed the survey (60 full and 11 associate members); 48 (38%) did not respond. Seven others started but did not finish the survey. Responses were exported from SurveyMonkey™ and the coded data was entered into SPSS™ (Statistical Package for the Social Sciences) for descriptive and comparative analyses.

Follow-up telephone interviews were conducted with a sample of 16 centres that were purposefully selected to represent varying levels of evaluation capacity. The purpose of the interviews was to obtain a better understanding of: 1) existing evaluation activities and

confidence; 2) perceived need and interest in evaluation training and resources; and 3) factors that might inform the development and delivery of evaluation related training and resources.

Survey Sample: The sample came from all eight OACAO regions. Respondents (n=71) and non-respondents (n=48) did not significantly differ by region, type of centre (not-for-profit [NFP] versus municipal), EPC funding or number of members. As the eight pilot centres did not differ from the 71 centres with respect to operating budget and number of staff, volunteers and members, analyses were conducted on a total sample of 79 centres. Staff and volunteers who completed the 2015 MPS on behalf of their centre worked in a variety of positions, with nearly half (48%) in a managerial or supervisory position.

Survey Findings: Profile of OACs

1. Operational characteristics: The sample (n=79) comprised a mix of **municipal** (34%) and **NFP** (60%) centres; five centres (6%) checked both. Centres also described themselves as: charitable (47%), **stand-alone** (38%), part a community centre (24%), part of a community support agency (18%), and an EPC (77%). All the findings were compared by type of centre (municipal versus NFP), stand-alone status (yes/no) and proportional size: small (1 to 300 members), medium (301 to 1000 members) or large (1000+ members).

Centres had been operating on average for 30 years; the oldest opened in 1953 and the newest in 2013. All centres were open at least four days per week. **Four centres (5%) had no paid staff**, though all had at least 10 volunteers. The average operating budget was $361,497, ranging from $13K to over $3.6 million; larger centres had higher budgets. Centres received funding from a variety of sources over the past fiscal; primarily membership fees (89%) and EPC funding (89%). Funding sources differed by centre type, stand-alone status and size of centre. Membership fee structure varied across centres:
- 47 centres had **one annual membership fee** for all members; the average fee was $36.02 (range: $5.00 to $285).
- 22 centres **had annual membership fees that varied** based on type of membership (38%), age (29%), length of membership (14%) and/or residency (19%).
- Eight centres had **no annual membership fee**, half of whom charged no fees at all.

2. Programs, Services and Facilities: While several centres offered night (73%) and weekend (65%) programming, night programs were less likely to be offered by NFP and small centres. 94% of centres offered programming in **English**, 11% in **French**, and 20% in **other languages** (such as Portuguese, Spanish, Mandarin, and Cantonese).

Three-quarters of centres (75%) reportedly **started new programs** in the past fiscal year, while one-quarter (25%) **discontinued programs**. The most common programs implemented were health clinics (e.g., blood pressure clinic), exercise (e.g., outdoor walking group) and nutrition programs (e.g., lunch programs), while the most frequently discontinued programs were cards (e.g., euchre) and certain fitness classes due to low enrollment.

Centres offered a variety of **programs, on-site services, and support services**, and offerings differed by centre type, size and stand-alone status:

- **Programs and Services** most commonly included fitness classes (95%), group games (96%), lectures/seminars (91%), arts & crafts (89%), and congregate dining (82%).
- **On-Site Services** most commonly included health promotion (73%), foot care (60%), and falls prevention (51%), chronic disease management (42%) and elder abuse prevention (43%). On-site services were often offered in partnership with other organizations, and the frequency of offerings ranged from weekly to yearly.
- **Support services** most commonly included information and referrals (46%), transportation (27%), telephone reassurance (25%) and friendly visiting (22%).

Nearly 80% of centres (n=63) reported having **access to facilities** such as a cafeteria (87%), weight room (32%), swimming pool (18%), gymnasium (16%), walking track (11%), library (6%) and auditorium (6%). Access to facilities differed by centre type, size and stand-alone status.

3. Centre Usage and Users: Various indicators of centre usage are detailed in the report. Of particular interest, 54% knew how many new people joined or started using their centre over the past year, but only 32% knew how many left or stopped using their centre (i.e., drop-outs). Only 25 centres (32% of the sample) knew both their number of joiners and drop-outs, which is necessary for calculating membership growth (Myers, 1999).

Over 80% of centres had a minimum age requirement, ranged from 18 to 60. Centre participants were predominately over age 65 (78%) and female (68%). Centres were asked identify where participants came from (i.e., **catchment areas**). The most frequent response selected (34%) was small towns (defined as populations between 1000 and 9999). Participant catchment areas varied by centre type but not size or stand-alone status.

Respondents were also asked whether they had up-to-date information on the **ethno-cultural breakdowns in their centre's catchment area** and whether there were any predominant ethno-cultural groups or minority older adult groups in their catchment area that were not well represented at their centre. The majority of centres (71%) did not have up-to-date information on the ethno-cultural breakdowns in their catchment area. For those centres who did (29%),

the most common ethnic groups were Chinese, European, and Latin American. Nearly a third of centres also reported that there were ethno-cultural groups or minority older adult groups in their catchment area <u>not well </u>represented by their centre population; the most common groups being LGBTQ seniors, Aboriginals, and Asians.

4. Promotion and Communication Strategies: The most common methods used to engage with centre participants <u>and</u> promote programs and services in the community were: centre website (77%), posters (76%), and monthly calendars/activity schedules (75%). The least common methods included YouTube (9%), automated phone calls (4%) and Instagram (0%). Promotion and communication strategies did not differ by centre type, size or stand-alone status.

5. Issues Faced by Centres: Centres were asked to rate how concerned they were with various issues (refer to report for details). Concern differed by centre type, size, stand-alone status and position of respondent for some issues.
- **FUNDING:** Sustaining and obtaining core funding, and obtaining funds for capital improvements were of greatest concern for centres.
- **INFRASTRUCTURE:** Finding space within the centre for programs and centre maintenance or repairs were of greatest concern for centres.
- **PROGRAM AND SERVICE DELIVERY:** Attracting volunteers and committee members, as well as attracting and paying for quality instructors were of greatest concern to centres.
- **PARTICIPANT RELATED CONCERNS:** Attracting younger participants, including baby boomers, was of most concern for centres.

The majority of centres (80%) also reported that the structure of their building limited their growth (this was especially true for stand-alone centres); 73% reported having to share space with other organizations and community groups (no group differences emerged).

6. Use of OACAO Resources: The most common resources were the quarterly newsletter (82%), OACAO website (80%), Seniors Information and Active Living Fairs funding (68%), reports (66%) and the listserv (63%). Use of resources differed by centre type, size and stand-alone status.

Centres also indicated their interest in learning about various topics. Overall, interest differed by centre type, size, and stand-alone status; the topics generating the most interest across the full sample were: attracting younger seniors, innovative programming, attracting male participants, fundraising, and general topics on aging. Preferred modes of delivery were typically webinars and regional workshops.

Respondents were also asked what would increase the likelihood of their centre and its staff/volunteers attending the OACAO regional meetings and annual conference. **Content** (71%) was most likely to increase attendance at regional meetings, while **relevance** and **location** (51% each) were most likely to increase conference attendance.

7. Comparisons to the 2013 Profile of OACs: A number of descriptive comparisons were made to examine whether the profile of OACs had changed between 2013 and 2015:
- With respect to **sex**, the 2015 MPS found that centre members were predominately female (68%), similar to what was reported in 2013 (70%).
- With respect to **age**, the largest group was still those between 65 and 74 years (40% in 2015 compared to 37% in 2013). In 2013, only 14% were under 65. In 2015, this had increased slightly to 19% (5% of whom were under 55 years of age).
- Some OACs still report having **difficulty attracting diverse seniors** (in terms of ethnicity, languages spoken, sexual orientation, and aboriginal populations).
- Centres continued to report issues with attracting male participants and younger seniors, as well as with securing funding and having enough space for programs.
- Use of OACAO resources remained largely unchanged, with the most popular resources being the newsletter and the website. In both years, OACs wanted resources on fundraising, programming, and attracting younger seniors.
- The percentage of centres that had developed a **strategic plan** increased from 45% in 2013 to 66% in 2015.

Survey and Interview Findings: Evaluation Activities and Beliefs

The examination of evaluation activities and beliefs of OACs was unique to this project. Evaluation questions were embedded throughout the 2015 MPS, and 16 follow-up interviews were conducted to further examine evaluation capacity. Key findings are highlighted below. Differences by centre type, size and stand-alone status are detailed in the report.

1. **Routine Data Collection and Tracking Practices:**
   - Apart from age and sex, centres collected limited information on their participants.
   - Only half compared participant data over time.
   - 80% reported tracking the number of people who attended their centre each day.
   - 67% tracked attendance for all programs; 24% tracked attendance for some.
   - Only one third of centres overall tracked number of program drop-outs.
   - 70% of centres with membership fees tracked number of non-renewals.

Centres need to collect data on both new members and drop-outs in order to determine whether their membership is growing or declining. Both the survey and the interview findings indicated that many OACs desired assistance with data collection and tracking.

2. Participant Feedback and Use of Standardized Measures:
- Feedback was most often through suggestion boxes (70%) and in-person surveys (67%).
- 70% had never used standardized measures.
- Over half the sample was interested in learning more about standardized measures.

It is important for centres to understand the limitations of satisfaction surveys, particularly when used as a proxy indicator of participant benefits (Myers, 1999). Standardized measures administered pre and post participation are required for credible outcome evaluations.

3. Planning and Decision Making: Evaluation is an integral component of planning and is necessary for informed decision-making (Myers, 1999; Patton, 2012; Rossi et al., 2004).

- Nearly half did strategic planning; 66% of plans were created in the past three years.
- Only 23% of centres had logic models. These tended to be developed in-house, with only three centres using the logic model developed by the OACAO in 2013 for EPCs.
- Centres involved various personnel in planning, decision-making, and preparing grant applications and reports.

4. Evaluation Beliefs, Confidence and Perceived Abilities: Generally, respondents were **positively predisposed** towards evaluation.

- 79% believed evaluation was integral to planning and decision-making at their centre.
- 68% felt that evaluation was integral to routine management practices.
- 63% reported that everyone at their centre believed program evaluation is essential.
- 54% reported that funding proposals submitted on behalf of their centre included plans for evaluation, performance indicators, and a budget for collecting that data.
- Only 7% felt that evaluation was not worth the time, effort, or money.
- Only 11% believed that their centre ran effectively and efficiently without evaluation.

Centres were also willing to **acknowledge challenges and voice concerns about evaluation.**
- 22% reported not having the time to do program evaluation.
- 25% felt they did not have the expertise and experience in-house to do evaluation.
- About 20% were hesitant to ask participants for information, and ask staff or volunteers to collect evaluation data.
- 26% found funders' requests for evaluation data confusing.
- 44% reported not having the money to pay for data collection, entry, and analysis.

- 55% were concerned about their ability to conduct routine evaluation activities; this jumped to 70% with respect to conducting in-depth evaluation studies.
- 57% were confident in their ability to conduct evaluation and present credible results.
- Only 38% had a designated person at their centre tasked with overseeing evaluation.
- 66% expressed interest in doing more evaluation but were unsure how to get started.

Similarly, the interviews yielded mixed findings; 30% reported that they were currently not doing a good job of collecting, interpreting, and reporting evaluation data. Conversely, 70% felt they were doing a good job, but there was room for improvement.

5. Interest in Evaluation Training and Resources: Centres were asked which types of resources would help them conduct program evaluation. Templates (71%) were of most interest, followed by strategies for engaging volunteers and participants (62%), funding (60%), guidelines for data collection (56%), training on how to do evaluation and interpret results (52%), and technical assistance (40%). Seven centres (9%) said they had everything they needed.

Interviews provided further insights; as one interviewee noted: *"we have all this information but I'm not sure how to get the best usage out of it."* Interviewees also explained that templates would help ensure that they *"were asking the right questions [in a way] that makes the information easy to gather and easy to analyze."* Most expressed excitement about evaluation training workshops. Webinars were seen as a way to involve more staff and board members.

Study Limitations: Limitations are discussed in the report, some of which are noted below.
- For the most part, questions on the 2015 MPS deliberately **focused on the centre level**. Nonetheless it is still important to **consider the broader context**. Centres that are part of a larger organization and/or municipality may have guidelines and regulations they must follow, including those pertaining to strategic planning, and data collection.
- While there was a fairly even distribution of small, medium, and large centres using our cut-points, there were proportionately more NFPs and proportionately fewer stand-alone centres. Ideally the sample would comprise relatively equal proportions.
- While the electronic survey allowed us to reach the full OACAO membership, some had problems accessing SurveyMonkey (e.g., due to slow internet). Some respondents also skipped open-ended questions. Interviews allowed us to gather in-depth information; however, we were only able to conduct brief telephone interviews with 16 centres, limiting the content that could be covered and the generalizability of the findings.

Conclusions: The 2015 MPS and follow-up interviews provided a profile of OACs, and included an overview of evaluation practices and beliefs. The survey captured centres from all eight

OACAO regions and respondents did not differ from non-respondents. Notwithstanding, the **response rate was only 59%, limiting the generalizability of the findings**.

Together, the findings show that OACs **vary widely** with respect to existing evaluation **capacity,** based on the extent to which they were doing evaluation, had mechanisms in place, and integrated evaluation into planning and decision-making. Fostering commitment throughout the organization, particularly when based on success (e.g., demonstrating participant benefits or obtaining and reporting on funding), is known as building a **culture of evaluation.**

As a first step, the 2015 MPS provided a cursory examination of evaluation practices across OACs as opposed to a thorough **evaluability assessment**. Fortunately, **Phase 2** of our project (i.e., the live training workshops) presents the opportunity for our team to visit several different centres and interact face-to-face with attendees from multiple centres. In **Phase 3**, we will work closely with the centres involved with selected evaluation projects, while in **Phase 4,** we will work with the individuals who choose to become regional evaluation leaders.

Implications: Implications are discussed in the report, summarized below:
- *Information, advocacy and opportunities:* This report provides an up-to-date profile of OACs, including who they serve, programs/services, evaluation activities and beliefs, use of OACAO resources and desire for further support. Centres can use the report to compare and learn from each other, and the OACAO may use it to advocate on behalf of OACs. The findings also identified opportunities for the OACAO to support OACs.
- *Revisions to the OACAO membership application & renewal form.* Questions from the 2015 MPS that were useful are being added to this form. A more detailed membership directory will enable the OACAO to more fully respond to requests for information.
- *Developing evaluation training and resources.* Findings from the 2015 MPS and interviews will assist the project team in developing evaluation workshops, webinars, and toolkits (e.g., data collection templates and guidelines) for OACs.
- *Advancing knowledge.* Throughout this report, definitions and explanations of key methodological, statistical and evaluation concepts are provided (often in distinct boxes). We hope that *all readers* will gain a better understanding of what is involved in collecting, analyzing and interpreting survey and interview data.

One of the goals of this four phase project is to increase the capability and commitment to evaluation within and across OACs. The pilot projects are key to demonstrating the feasibility of planning and conducting evaluation studies at OACs, as well as applying the findings to make informed decisions on program improvements, and/or demonstrate participant benefits.

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1. Introduction

1.1 Partnership Grant Program

In 2014, the Government of Ontario's Ministry of Citizenship, Immigration and International Trade (MCIIT) launched a Call for Proposals for the Partnership Grant Program (PGP). This program supports projects that provide *"substantive impact on improving the ability of not-for-profit organizations to advance their mandates and operate effectively in communities across Ontario."* The Ministry was interested in projects that addressed one of three areas: program evaluation, inclusive leadership and volunteer management.

Sue Hesjedahl (Executive Director [ED] of the Older Adult Centres' Association of Ontario [OACAO]), with the assistance of Dr. Anita Myers (Credentialed Evaluator) and doctoral students Christine Sheppard and Lise Dubé from the University of Waterloo, submitted a proposal on behalf of the OACAO. The application was successful and the OACAO received a $265,000, 25-month grant (beginning March 2015) to build evaluation capacity at the local, regional and organizational levels. The aim of the **four-phase project** (see **Figure 1.1**) is to enhance the ability and confidence of older adult centres (OACs) to undertake evaluation activities that are both credible and feasible.

Figure 1.1 Four-Phase PGP Project on Building Evaluation Capacity

Phase 1	Phase 2	Phase 3	Phase 4
• Examine existing evaluation capacity	• Develop & deliver evaluation training & resources	• One-on-one assistance for selected projects	• Tailored toolkit • Training for regional evaluation leaders
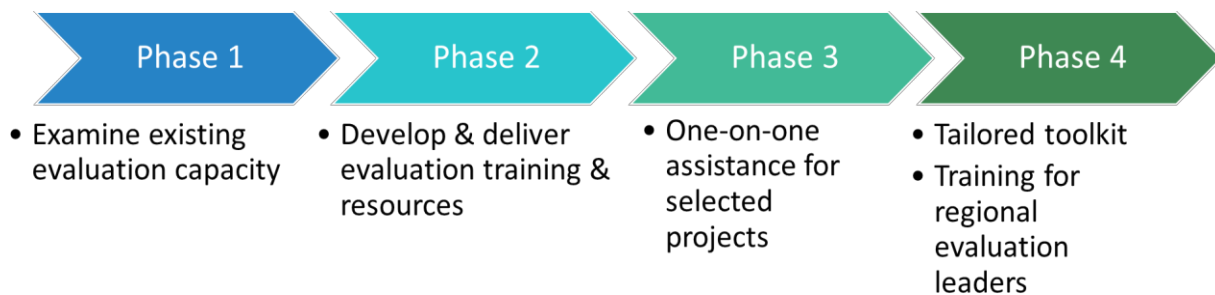
The primary activities in **Phase 1** were to: 1) revise and re-administer the Member Profile Survey (MPS) to profile OACs; and 2) assess the extent of evaluation activities and capacity at the local centre level, including resources, data collection, tracking, use of standardized measures, strategic planning, and interest in evaluation training and resources. The 2015 MPS, including assessment of evaluation capacity, is the focus of the present report. Other activities that took place in Phase 1 included: updating & tracking usage of OACAO website, consulting with the OACAO Board of Directors, and conducting an environmental scan of organizations similar to the OACAO and evaluation tools and resources that may be relevant for OACs. The methods and findings of the environmental scan are presented in a supplementary report.

A **Project Advisory Committee** (PAC) was assembled early in the project, consisting of six individuals who have substantial experience with the OACAO. They have served as board members, and/or been involved in major OACAO projects (such as the 2010 Building Bridges project, the 2013 Elderly Person Centre [EPC] Impact Survey, and/or prior Member Profile Surveys). The role of the PAC is to advise and assist the evaluation team on project planning and activities (for example, assisting with surveys development and providing suggestions for sample recruitment and strategies to promote the project to OACs across Ontario).

1.2 Centre Profile & Examination of Existing Evaluation Capacity

The OACAO has been conducting a survey of their member centres about every two years since 1998. The last MPS, conducted in spring 2013, consisted of 72 questions developed by the OACAO Board's Executive Committee. SurveyMonkey™ was used for ease of distribution and data collection. The next MPS, scheduled for summer 2015, was included in the PGP project.

We also needed to examine evaluation capacity. The evaluation team, in consultation with the PAC, decided that in order to reduce time and burden on OAC staff, a **single on-line survey combining questions to profile centres AND examine evaluation capacity** (hereafter simply referred to as the "2015 MPS") was the best approach, along with follow-up interviews with a sub-sample of centres.

In August 2015 the MPS, which included questions pertaining to evaluation, was sent to 126 full and associate OACAO members, 71 of whom completed the survey by late October. **Follow-up telephone interviews** were conducted in December, 2015 with a sub-group (n = 16) of survey respondents in order to examine program evaluation successes and challenges in more depth.

1.3 Report Structure and Style

A complete description of the **methods**, including development and pilot-testing, distribution, completion rate, and analyses of the 2015 MPS, as well as sample selection and protocol for the follow-up interviews, is presented in **Section 2** of this report.

Section 3 presents the **survey results**, beginning with sample representativeness and characteristics of respondents. As no significant difference were found between the main survey sample (n=71) and the pilot sample (n=8), the two samples were merged for further analyses. A profile of OACs (total N=79) is then provided, including: operational characteristics and comparisons based on centre type (municipal versus NFP), stand-alone status, and centre size. The profile also addresses sources of funding, programs and services delivered, indicators

of usage and centre users, promotion and communication strategies, use of OACAO resources and issues faced by centres. Results pertaining to evaluation activities and beliefs are also presented, including data collection and tracking practices, use of standardized measures, planning and decision-making, evaluation beliefs, confidence and abilities, and interest in evaluation training and resources.

Box 1.1 For the survey results, all the **main findings are presented in the body of the report.** <u>Tables</u> and <u>Figures</u> present an overview of the data, while differences by centre type, size and stand-alone status are presented in the text. Further results (i.e., detailed group comparisons and/or non-significant *p* values) are available in the supplemental appendices.

Section 4 presents the primary findings of the **follow-up interviews.** The interviews helped expand on survey responses (e.g., confidence ratings and challenges with evaluation). They also examined experience and comfort with funding applications and reporting, as well as perceived needs for evaluation training and resources. Strategies for engaging participants and volunteers in evaluation, and sharing knowledge from workshops were also explored.

Section 5 presents a **general discussion** of the study, including **limitations** in sample size (i.e., response rate), methods, and analyses that must be considered when interpreting the results. Although the 2015 MPS differs from the 2013 MPS in several important respects, we make some general comparisons between the two surveys as the OACAO was interested in learning what has changed over the past two years. A short synopsis of the key findings for comparisons by centre type (municipal versus NFPs), stand-alone status, and size are summarized and discussed, as are associations found with respect to staff levels and positions. The main findings pertaining to evaluation confidence, beliefs, and activities are also summarized.

The **conclusions and implications** (i.e., what we have learned and how this information will guide the next phase of this project) are presented in **Section 6.** Specifically, opportunities for advocacy, changes to the OACAO membership application and renewal form, the development of evaluation training and resources, and ways to advance knowledge are discussed.

With respects to **style**, we have attempted to present the key information as simply and clearly as possible so that it is understandable to all readers, including those with limited experience in research and/or evaluation. Moreover, we have provided definitions of key concepts (often in distinct, shaded boxes), as well as explanations of why we used particular statistical analyses and how we interpreted the results. By providing this information, we hope that all stakeholders will gain a better understanding of what is involved in collecting, analyzing, interpreting, and reporting survey and interview data.

2. Methods

2.1. Survey Development and Pilot Testing

The development of the 2015 MPS involved several <u>sequential steps</u>:
1. Shortening the 2013 MPS and incorporating evaluation questions based on a review of the literature and the expertise of the consultants from the University of Waterloo (AM, CS, LD), who worked closely with the OACAO ED and the PAC.
2. Selecting and recruiting pilot sites.
3. Pilot-testing.
4. Survey modification based on the pilot findings.

Step 1: The 2013 MPS was sent to the PAC, as well as three members of the OACAO executive committee and the ED. Individuals were asked to independently review the 2013 survey, noting any questions they felt should be <u>removed</u> (i.e., did not yield useful information), <u>modified</u> (i.e., asked in a different way), or <u>added</u> (i.e., questions they wished they had asked). Additionally, each person was asked to reflect on the main purposes of the survey. Responses were anonymized and organized into one document. The team used this feedback, together with draft evaluation questions, to begin constructing the new survey.

The pilot survey was **organized into eight sections**: 1) general information; 2) overview of the centre; 3) centre funding and participant fee structure; 4) participant information; 5) program and service information; 6) planning and decision making; 7) issues faced by centre; and 8) use of OACAO resources. The process took about two weeks and was completed in June 2015.

Step 2: Eight pilot centres were purposively selected from the OACAO membership list to represent the diversity of OACAO membership. Centres were contacted in early July 2015 by members of the evaluation team (CS & LD) to see if they were willing and able to participate. Two centres declined our invitation due to lack of time, thus two other centres with similar characteristics were approached (both of whom agreed to participate).

The pilot sample consisted of eight centres from five of the OACAO designated regions; the Eastern, North West, and Grand River regions were not represented. The sample included a mix of small (1 – 200 members), medium (201 – 1000 members) and large (more than 1000 members) centres; municipal (n=2) and NFP (n=4) centres; as well as stand-alone (n=4) and not stand-alone (n=4) centres, the latter being part of a larger community centre, community health centre, or community support agency. Half the sample had completed the 2013 MPS. Except for one, all were EPC funded. Most (n=6) were full member centres, with one associate member, and one senior club (run entirely by volunteers). Two members of our PAC worked at

pilot centres and completed the survey on behalf of their centre. This was done purposefully as another mechanism to receive feedback from the PAC.

Step 3: The pilot survey was formatted and entered into SurveyMonkey™. All pilot sites were sent an e-mail with a link to the survey, instructions for completion and suggestions for documents that may be helpful (e.g., recent financial reports). Respondents were also encouraged to consult with others at their centre if they were unsure how best to answer a question. Included in the e-mail was a time sheet for respondents to indicate the start and end time for each of the eight sections of the survey; prompts were included at the beginning and ending of each survey section to remind participants to record the time.

The survey was distributed in mid-July 2015 and respondents were given two weeks to complete; one centre required more time due to computer issues. Once the survey was completed, respondents were contacted by CS or LD to schedule a brief-follow-up interview (20 to 30 minutes in length). All interviews were completed by mid-August 2015. Survey responses for each site were reviewed by the project team prior to the interview. The interview included general questions (such as how long the survey took to complete and whether specific documents or staff members were consulted), as well as questions specific to each of the eight survey sections, including whether any questions or response options were unclear or confusing, and if there were any other questions that should be included. All pilot sites were given a $25 Tim Horton's gift card as a token of appreciation, and were not asked to complete the finalized 2015 MPS.

Step 4: Only about half of the pilot sample completed the time sheets provided. Of those that did, the time ranged from 32 to 77 minutes (average 56 minutes). The remainder were asked to estimate the time it took during the interview, and estimates ranged from 30 to 75 minutes. Together, the **average time for completion was about 45 minutes.** Those who were more prepared (e.g., had financial reports in front of them) took less time. Other reports commonly used included outputs from client management systems, such as MySeniorCenter or CLASS. Information from the pilot testing led to some modifications in the survey, including SurveyMonkey™ formatting (e.g., modifying error messages and skip options), as well as the following question and instruction modifications:
- 6 questions removed as they were answered the same way by all respondents.
- 7 questions were added based on suggestions from the pilot respondents.
- 4 questions were reworded to improve clarity.
- 11 response options were reworded to improve clarity.
- Instructions were altered to note the documents (i.e., recent financial reports and client management system outputs) the pilot sample reported as being most helpful.

2.2 Survey Distribution and Completion

The final 2015 MPS contained 99 questions, organized into eight sections as described above.

The survey, distributed using SurveyMonkey™, was available for an eight-week period from mid-August to mid-October 2015. Excluding the pilot sites, the ED invited (via e-mail) 126 OACAO full (n=100) and associate members (n=26) to complete the survey. The e-mail invitation contained a link to the survey, along with instructions for completion (including recommended documents to have available). Invitees were also encouraged to consult with others as needed. Those completing the survey by the beginning of September 1, 2015 (i.e., 2 weeks after distribution) were entered into a draw for a $50 Tim Horton's gift card, while the remaining respondents were entered into a draw to win one of two $25 Tim Horton's gift cards.

A total of 71 invitees (56.3%) completed the survey (n=60 full and n=11 associate members); 48 (38.1%) did not respond. Seven others (5.6%) started the survey but did not finish it. Sample representativeness, including comparisons of respondents to non-respondents, as well as to the full OACAO membership, is presented in **Section 3.2** of this report.

2.3 Data Handling & Analyses

A **codebook** was developed in order to denote missing values and assign variable names and codes. Survey responses were exported from SurveyMonkey™ into Microsoft Excel™ in order to make coding easier. During the coding process, all survey responses were examined and those that were unclear or confusing were excluded. For the variable "region," all responses were verified and corrected by the ED based on the OACAO's membership directory. All open-ended responses were examined individually by two members of the team, who then discussed and reached consensus on the assigned codes. The coded data was entered into SPSS™ (Statistical Package for the Social Sciences), Version 23. The rationale for using SPSS is explained in **Box 2.1.**

> **Box 2.1** SurveyMonkey™ provides an output of aggregate responses (across the sample); however, only n's and %'s are shown. SurveyMonkey™ does not calculate means (averages), medians (mid-points) and other basic descriptive statistics. Although one can sort the data further (e.g., by region), one cannot do statistical comparative analyses (explained below) to determine if differences are statistically significant. While excel can calculate many of these statistical tests, SPSS is better designed for this purpose and has greater capabilities.

Descriptive statistics were then generated for all variables. For **continuous** variables (such as age), the average, standard deviation (SD), median, and range were computed. For **dichotomous** (two category responses, such as sex) and **categorical** variables (more than two category responses, such as region), n's and percentages were computed. Results were examined prior to comparative analyses <u>to ensure sufficient n's</u> in the groups we wanted to compare. **Box 2.2** presents definitions of all descriptive statistics used in the current report.

Following the descriptive examination, we proceeded to **comparative analyses**. Specifically, we wanted to examine differences between municipal and NFP centres, stand-alone and not stand-alone centres, and small, medium and large centres. For selecting the pilot sample, we arbitrarily chose the cut-offs shown in **Section 2.1**. With the full sample (n=79), we chose the following categories: small (1 – 300 members), medium (301 – 1000 members) and large (1000+ members). This categorization produced roughly equal group sizes; only one centre fell on the boundary or cut-off point of 300. This will be explained further in **Section 3.3.1.**

The four main analyses conducted for these comparisons were as follows:

- **Chi-Squared Analysis** was used to examine whether distributions (proportions) in dichotomous (such as sex) or categorical (such as region) variables differed between groups (such as type of centre, stand-alone status, or centre size). Chi-squared results are reported as a chi-squared value (χ^2), degrees of freedom (df) and level of significance (*p*-value).
- **Independent Samples T-Tests** were used to compare the means (averages) of continuous variables (such as age) between two groups (such as municipal versus NFP centres, or stand-alone versus not stand-alone centres). The t-test results are reported as the value (t), degrees of freedom (df), and level of significance (*p*-value).
- **One-Way ANOVA** was used to compare the means (averages) of continuous variables (such as age) between three or more groups (such as small, medium and large centres). The one-way ANOVA is reported as the test statistic (F), degrees of freedom (df), and level of significance (*p*-value). If the overall test statistic was statistically significant, pair-wise comparisons were then made to determine how groups differed from one another.
- **Correlations** were used to examine the relationship between two continuous variables. For the purposes of this report, selected variables (e.g., issues faced by centre) were correlated with total staff (full time plus part time) and total operating budget. Pearson's correlation statistic (*r*) was reported as a positive or negative value between 0.0 and 1.0. Values closer to one represent stronger correlations, while the sign indicates the direction of the relationship. Only significant correlations are reported.

For all comparative analyses, **level of significance was set at *p* < .05**. Values that were greater than 0.05 but less than 0.09 were reported as trends towards significance if the results were viewed as possibly meaningful or useful.

For more information on developing codebooks, data coding and entry, and analyzing and interpreting qualitative and quantitative data (including descriptive and comparative statistics), see Chapter 7 of *Program Evaluation for Exercise Leaders* by Myers (1999).

Box 2.2. Below is a definition for all <u>descriptive statistics</u> used in the report.

n shows the total number of responses to a particular question. As people sometimes miss or skip a question, it is important to show the actual number who answered (valid n) in order to calculate an accurate percentage (frequency) or mean, median and standard deviation.

Mean refers to the 'average' score for a particular question or rating; it is calculated by adding up all the individual scores and dividing by the total number of people who answered the question or provided a rating.

Median refers to the mid-point of the data; it is calculated by ordering all the scores from lowest to highest, and finding the middle score.

Standard Deviation (SD) refers to the standard (average) difference (deviation) of a particular score from the mean in a set of scores. A larger SD indicates greater variation in responses.

Range shows the minimum and maximum score for a particular question.

2.4 Follow-Up Interviews

2.4.1 Rationale and Purpose

We conducted follow-up telephone interviews with a **stratified sample** of centre contacts that had completed the 2015 MPS. The purposes of the interviews were to obtain a better understanding of: 1) existing evaluation capacity, including confidence; 2) perceived need and demand (interest) for evaluation training and resources; and 3) other factors that might inform the development and delivery of evaluation related training and resources.

2.4.2 Sampling Pool & Selection of Interview Sites

Of the 71 respondents, 60 (84.5%) gave permission for the project team to contact them to *arrange a follow-up interview to discuss certain topics in more depth.* We began with a list of 28

centres compiled prior to the pilot phase. Excluding the 8 pilot sites, 16 of the remaining 20 centres completed the 2015 MPS and gave permission for follow-up contact. We purposefully selected six of these sites in order to represent the diversity of the OACAO membership according to: region, size (number of members), type (NFP versus municipal); stand-alone versus part of a larger community centre or support agency; EPC funding status (yes/no).

We also wanted the selected interview sites to reflect different levels of evaluation capacity. For this purpose, we examined the remaining sample of 40 survey respondents that agreed to follow-up and selected 10 additional centres whose survey responses indicated different levels of evaluation confidence and interest in evaluation training and resources. This resulted in a total of **16 centres** selected for interview. **Table 2.1** shows profiles the interview sample. Centres came from all OACAO regions, except Grand River.

Table 2.1 Profile of 16 Centres Participating in Follow-Up Interviews

Centre ID	Position	Region	Size	Type	Stand Alone	EPC status	OACAO Membership
1	Centre Coordinator	GH	545	M	No	Yes	AM
2	Executive Director	CEN	2863	NFP	Yes	No	FM
3	Assistant Executive Director	MTO	2754	M/NFP	No	No	FM
4	Administrator	SW	350	NFP	Yes	Yes	FM
5	Supervisor	CEN	4000	M	Yes	Yes	FM
6	Manager	ESTRN	200	NFP	No	Yes	FM
7	Manager	GH	275	M	No	Yes	FM
8	Manager	NC	913	NFP	No	Yes	FM
9	Treasurer	NW	201	NFP	No	Yes	FM
10	Coordinator	SW	570	NFP	No	Yes	Club
11	Program Coordinator	CEN	920	M	No	Yes	FM
12	Director	SW	145	NFP	No	Yes	FM
13	Executive Director	ESTRN	550	NFP	Yes	Yes	FM
14	Program Coordinator	GH	1268	M	Yes	No	FM
15	Administrator	SW	220	NFP	Yes	Yes	FM
16	Director	MTO	1003	NFP	Yes	Yes	FM

Legend: Region: Golden Horseshoe (GH), Central (CEN), Metro (MTO), South Western (SW), Eastern (ESTRN), North Central (NC) and North Western (NW); size: # of members; type: municipal (M) or not-for-profit (NFP). Centres were either stand-alone or part of a larger community centre / support agency. EPC: Elderly Person Centres funded by Ontario Seniors' Secretariat. OACAO membership: full-members (FM), associate members (AM) or clubs.

2.4.3 Interview Protocol

The selected centres were invited via e-mail to participate in the interviews, which took place during the first two weeks of December 2015. All centres agreed to participate. Two members of the team (CS and LD) each conducted half (eight) of the interviews. Survey responses were reviewed by the evaluation team prior to the interview, and all centres were given a copy of their completed 2015 MPS.

Interviews were 15 to 20 minutes in length, and all participants gave permission for audio-recording. The interview focused on five topics: (1) confidence in their centre's ability to conduct program evaluation and present credible results; (2) level of comfort with evaluation language used by funding bodies; (3) ability to collect, interpret and report evaluation data (such as program tracking); (4) training and resources needed to conduct program evaluation; and (5) promoting attendance and learnings at evaluation training workshops. The centres with a logic model (n=2) were asked how it was developed and used. Interview sites were offered a $15 gift card to Tim Horton's or Michael's Craft Store as a token of appreciation.

3. Survey Results

3.1 Sample Representativeness

Comparative analyses were conducted in order <u>to examine whether centres who completed the 2015 MPS (n=71) differed from those who did not (n=48).</u> The seven centres who did not fully complete the survey and the eight pilot sites were <u>not</u> included in these comparisons. Comparisons were limited to the information regularly collected by the OACAO, namely: region, type of centre (NFP versus municipal), EPC funding status, and size (i.e., number of members).

As shown in **Figure 3.1**, the sample came from all eight OACAO regions; the proportion of survey respondents and non-respondents from each region was <u>not</u> significantly different (χ^2 = 6.479, df = 7, p = 0.485). Overall, the regional distribution of respondents was reflective of the full OACAO membership for both associate and full members (refer to **Appendix A**).

Figure 3.1 Regional Distribution of MPS Respondents (n=71) **and Non-Respondents** (n=48)
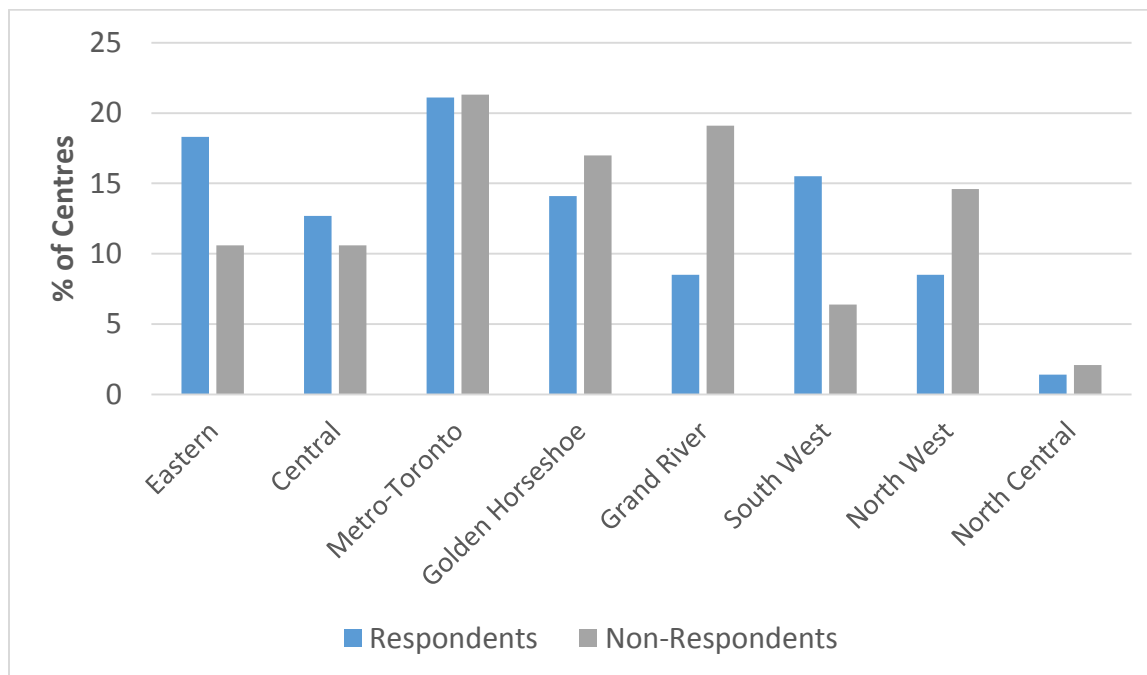
Overall, there were no significant differences between respondents and non-respondents (see **Appendix A**). The proportion of NFP centres was greater than the proportion of municipal centres in both groups (61% and 52% respectively), as was the proportion of EPC funded centres (76% and 78% respectively). Average number of members did not differ, although there was a somewhat higher proportion of medium sized centres (i.e., 301 – 1000 members) for the non-respondents (42% versus 36%), but this difference was not significant.

3.2 Characteristics of Respondents

As described in **Section 2.1**, the pilot sample (8 centres) completed much the same survey as the primary sample (71 centres). Before merging the two samples, we compared them on key characteristics. Our analyses showed that there were no significant differences with respect to hours of operation, staff, volunteers, operating budget or membership size. **Therefore, the samples were merged and all analyses moving forwards were conducted on a total sample of 79 centres.** The number of valid responses (out of 79) are shown for each analysis. Any value less than 79 indicates that respondents either failed to answer the question or the question was not applicable to their centre.

As shown in **Figure 3.2,** staff and volunteers completing the 2015 MPS on behalf of their centre worked in a variety of positions, with nearly half (48.1%) in a managerial or supervisory position. Responding individuals (n=79) had been employed or volunteering at their centre for an average of 10 $\pm$ 7.9 years (range: 0 – 30 years).

Nearly two thirds (n=47; 59.5%) of respondents indicated that their centre had participated in the 2013 MPS; 40.5% (n=32) completed the 2013 MPS on behalf of their centre, while 19.0% (n=15) indicated another staff member completed the survey. The remaining centres (n=32) either did not complete the 2013 MPS (n=10; 12.7%) or were unsure (n=22; 27.8%).

Figure 3.2 Title or Position of Survey Respondents (n=79)
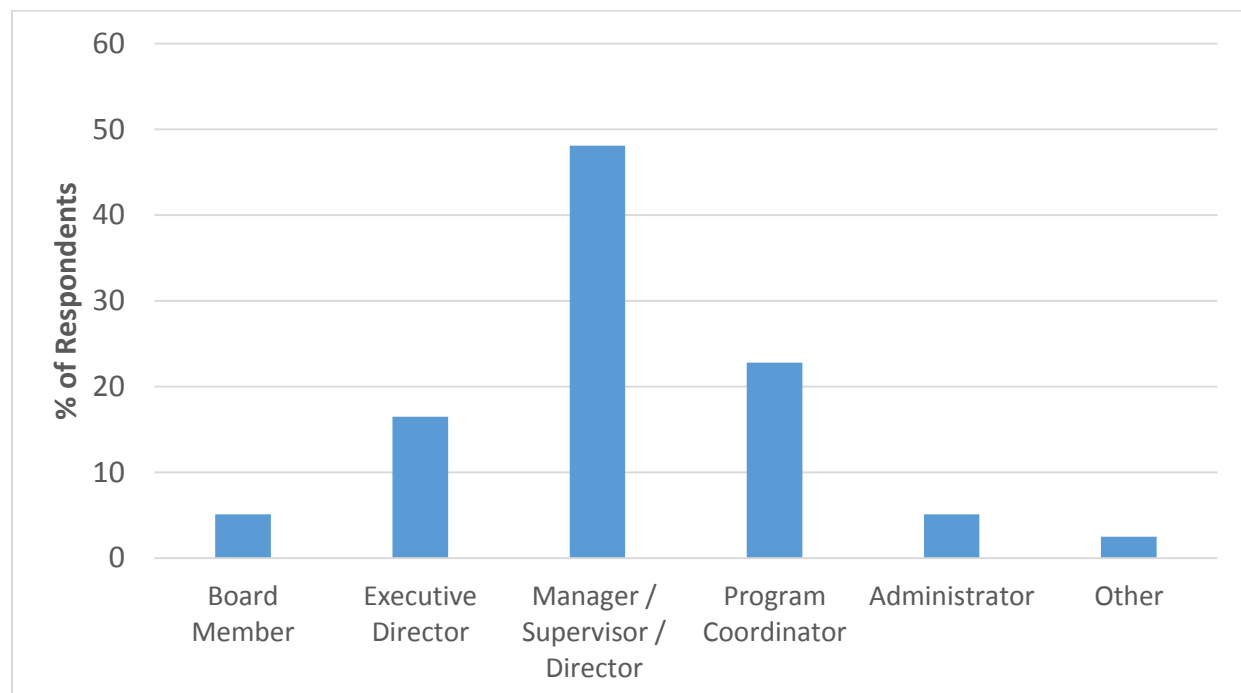
3.3 Profile of Older Adult Centres

3.3.1 General Characteristics

The total sample (n=79) comprised a mix of <u>municipal</u> (n=27; 34.2%) and <u>NFP</u> (n=47; 59.5%) centres; five centres (6.3%) checked both, suggesting they were municipally operated with a NFP board of directors. Centres also described themselves as: charitable (n=37; 46.8%), <u>stand-alone</u> (n=30; 38.0%), part a community centre (n=19; 24.1%), part of a community support agency (n=14; 17.7%), and an EPC (n=61; 77.2%).

Table 3.1 displays operational characteristics including**:** age of centre, hours of operation, staffing levels, volunteerism, and size. Centres had been in operation for about 30 years; the oldest centre opened in 1953 and the newest in 2013. All centres were open at least four days per week, for an average of 293 days per year. **<u>Four centres (5.1%) had no paid staff</u>**<u>, though every centre had at least 10 volunteers</u>. The number of older adults served by each centre ranged from 60 to 7115, with over 55,500 older adults being served across the province.

Table 3.1 Operational Characteristics

	Average	SD	Median	Range
Age of Centre (years; n=67)	30.8	13.7	30	3 - 63
Days/Week (n=77)	5.8	0.9	6	4 - 7
Days/Year (n=76)	293.2	47.4	299.5	176 - 365
Full-Time Staff (n=76)	2.9	3.7	2	0 - 27
Part-Time Staff (n=77)	4.1	7.2	2	0 - 57
Paid Instructors (n=77)	11.3	14.4	7	0 - 85
Volunteers (n=74)	151.5	133.4	120	10 - 730
Volunteer Hours (n=64)	13,195.3	14,966.4	7526	400 – 70,000
Membership Size (n=64)	888.3	1137.9	585	60 - 7115

- *Note: The n's in the first column indicate the number who provided the specific information.*

As explained in **Section 2.3**, centres were classified as small (1 to 300 members), medium (301 to 1000), or large (1000+ members; see **Table 3.2**). The majority of large centres (80%) had between 1000 and 2000 members; only one had more than 5000 members.

Table 3.2 Membership Breakdowns for Small, Medium and Large Centres (n=64)

	Average	SD	Median	Range
Small (n=23)	213.3	61.8	220	60 - 300
Medium (n=21)	626.2	203.9	600	350 - 920
Large (n=20)	1939.7	1566.7	1284	1003 - 7115

Municipal versus NFP Centres: Overall, municipal (n=27) and NFP (n=47) centres <u>did not differ</u> in age of centre, total days open per week or per year, number of paid instructors, full-time or part-time staff, number of volunteers or volunteer hours, average number of members, size or stand-alone status.

Stand-Alone versus Not Stand-Alone Centres: Overall, stand-alone (n=30) and not stand-alone (n=47) centres <u>did not differ</u> in number of days open per week or per year, number of full-time staff, part-time staff or paid instructors, number of volunteers or volunteer hours. There was a **significant difference in centre age**, whereby stand-alone centres (35.37 $\pm$ 13.49 years, range: 16 – 63 years) were significantly older than not stand-alone centres (28.33$\pm$12.66 years, range: 3 – 61 years); $t(65) = -2.177$, $p = .033$. There was a **trend** ($t(62) = -1.779$, $p = .080$) for stand-alone centres to have more members (1189.12 $\pm$ 1458.07, range: 60 – 7115) than not stand-alone centres (682.50 $\pm$ 813.23, range: 120 – 4800). Similarly, stand-alone centres were more likely to be classified as "large" ($\chi^2 = 7.181$, df = 2, $p = 0.028$; see **Table 3.3**).

Table 3.3 Proportion of Small, Medium and Large Centres by Stand-Alone Status

	Not Stand-Alone (n=38)		Stand-Alone (n=26)	
	n	%	n	%
Small (1 – 300 members)	16	42.1	7	26.9
Medium (301-1000 members)	15	39.5	6	23.1
Large (1000+ members)	7	18.4	13	50.0

Small versus Medium versus Large Centres: Except for centre age and number of days open per year**, the three groups differed on all operational variables**, as follows:
- Number of days open per week differed ($F(2,60) = 4.167$, $p = .020$), whereby small centres were open fewer days per week than large centres ($p = .017$).
- Number of full-time staff differed ($F(2,58) = 11.960$, $p < .0001$) whereby large centres have more full-time staff than small ($p < .0001$) and medium ($p = .004$) centres.
- Number of part-time staff differed ($F(2,60) = 8.825$, $p < .0001$) whereby large centres had more part-time staff than small ($p < .0001$) and medium ($p = .021$) centres.
- Number of paid instructors differed ($F(2,59) = 10.206$, $p < .0001$) whereby large centres had more paid instructors than small ($p < .0001$) and medium ($p = .010$) centres.
- Number of volunteers differed ($F(2,58) = 21.198$, $p < .0001$) whereby small centres had the fewest , followed by medium, then large centres ($p < .05$ for all group comparisons).
- Number of volunteer hours differed ($F(2,52) = 12.304$, $p < .0001$), whereby large centres reported more hours than small ($p < .0001$) and medium ($p = .011$) centres.
- Number of members differed ($F(2,61) = 21.826$, $p < .0001$) whereby large centres had more members than small ($p < .0001$) and medium ($p < .0001$) centres.

For further detail on the above analyses, including non-significant *p*-values, see **Appendix B.**

3.3.2 Funding and Participant Fees

OPERATING BUDGETS: As shown in **Table 3.4,** the average total operating budget (reported by 70 of the 79 centres) was $361,497 $\pm$ $477,202, ranging from $13,000 to over $3.6 million. Budgets differed significantly by size of centre ($F_{(2,55)}$ = 9.047, p < .0001), whereby large centres had bigger operation budgets than both medium (p < .0001) and small (p < .0001) centres. Operating budgets did not differ by type of centre (i.e., municipal versus NFP; p = .285) or stand-alone status (p = .125).

Table 3.4 Total Funding for Full Sample and by Centre Type, Stand-Alone Status and Size

	Average[1]	SD[1]	Median[1]	Range[1]
Full sample (n=70)	$361,497	$477,202	$266,183	$13,050 - $3,635,005
Small (n=21)	$138086	$91,007	$120,500	$13,050 - $380,000
Medium (n=19)	$274,950	$129,905	$280,000	$15,700 - $450,000
Large (n=18)	$737,396	$799,640	$481,693	$176,100 - $3,635,005
NFP (n=43)	$414,055	$588,797	$280,000	$13,050 - $3,635,005
Municipal (n=25)	$283,135	$184,700	$250,000	$44,500 - $730,000
Stand-Alone (n=29)	$465,725	$662,843	$280,000	$13,050 - $3,635,005
Not stand-alone (n=41)	$287,774	$267,993	$225,555	$15,700 - $1,526,000

[1] – Values rounded to the nearest dollar.

FUNDING SOURCES: As shown in **Figure 3.3**, centres received funding from a variety of sources over the past fiscal, primarily membership fees and EPC funding (n=71; 89% for both). Funding sources differed by centre type, stand-alone status and size of centre.

NFP centres were more likely than municipal centres to be funded by New Horizons (χ^2 = 3.767, df = 1, p = .052) and Canada Summer Jobs (χ^2 = 10.139, df = 1, p = .001), and were also more likely to raise money through fundraising (χ^2 = 4.791, df = 1, p = .029). Stand-alone centres, meanwhile, were more likely than not stand-alone centres to receive funds from Canada Summer Jobs (χ^2 = 5.772, df = 1, p = .016), in-kind donations (χ^2 = 3.366, df = 1, p = .067), sponsorship (χ^2 = 7.627, df = 1, p = .006), as well as to conduct fundraising (χ^2 = 5.781, df = 1, p = .016). A bigger proportion of medium sized centres (compared to small and large) had Seniors Community Grants (χ^2 = 6.117, df = 2, p = .047), while medium and large centres (compared to small centres) were more likely to have EPC special grants (χ^2 = 8.324, df = 2, p = .016) and funding from Canada Summer Jobs (χ^2 = 8.942, df = 1, p = .011). All large centres received EPC funding, compared to 95.2% of medium sized centres (n=20) and 78.3% of small centres (n=18); however, n's were too small for meaningful statistical comparisons.

Figure 3.3 Sources of Centre Funding (n=79)
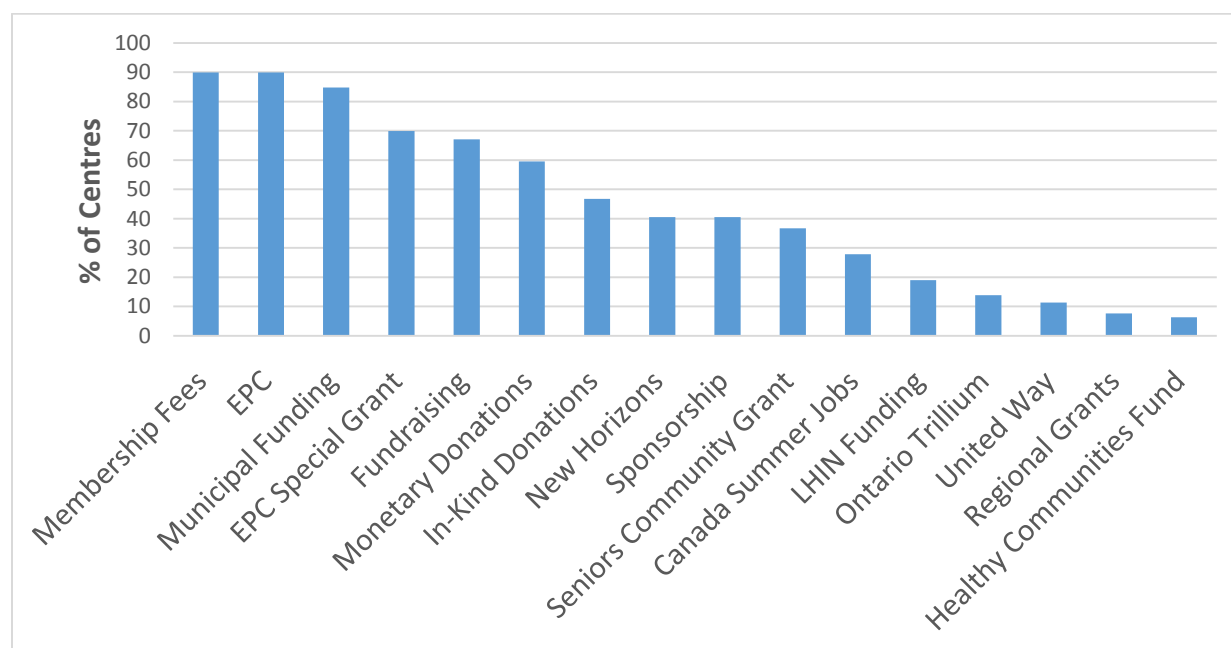
Centres were also asked to identify their **largest funding source** over the last fiscal year. As shown in **Figure 3.4**, the source checked most often (by 38.5%; 30 centres) was municipal funding. Of note, 20.6% of centres (n=16) did not specify, or identified their largest funding source as "other" such as advertisements in newsletters and product sales.

Figure 3.4 Largest Funding Source (n=78)
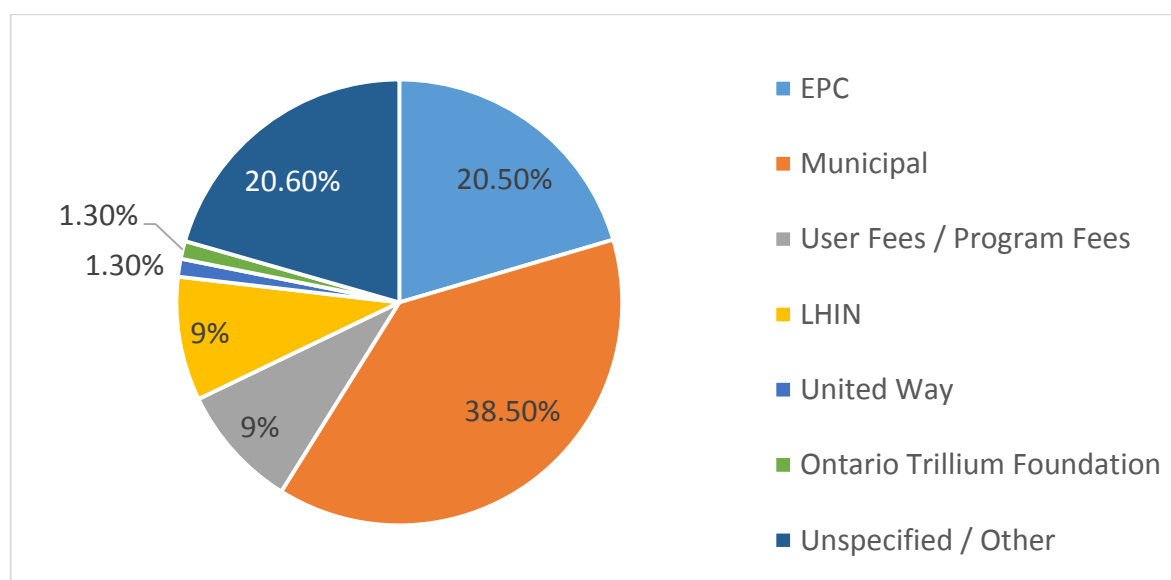
Centres were also asked to estimate the percentage of their operating budget that came from non-governmental sources such as fundraising, membership/user fees, sponsorship, donations and space rentals. As shown in **Table 3.5**, non-governmental funding constituted a greater percentage of operating budgets for NFP than municipal centres ($t(54.908) = 5.843$, $p < .0001$). Results also differed by centre size ($F(2,48) = 8.471$, $p = .001$), whereby small centres reported a lower percentage of non-governmental funding than medium ($p = .007$) and large centres ($p = .001$). The percentage of non-governmental funds did not differ by stand-alone status.

Table 3.5 Percentage of Operating Budget Attributed to Non-Governmental Sources

	Average	SD	Median	Range
Total Sample (n=60)	36.75%	22.95%	33.90	0% - 81%
Not-for-profit (n=37)	47.39%	21.67%	50.00%	3% - 81%
Municipal (n=20)	21.27%	12.08%	20.50%	0% - 42%
Small (1 – 300 members; n=18)	23.66%	17.29%	18.00%	3% - 59%
Medium (301 – 1000 members; n=17)	44.21%	18.99%	42.00%	19% - 75%
Large (1000+ members; n=16)	48.57%	20.87%	46.10%	15% - 81%
Stand-Alone (n=25)	42.13%	20.97%	40.05%	8% - 75%
Not stand-alone (n=35)	32.91%	23.82%	28.00%	0% - 81%

FISCAL YEAR: Approximately half of respondents (n=40) indicated their fiscal year ran from April 1 to March 31, while the other half (n=38) indicated their fiscal year ran from January 1 to December 31. One centre skipped this question. Municipal centres (n=24; 92.3%) were more likely to have an April 1 to March 31 fiscal year compared to NFP centres (25.5%; n=12); $\chi^2 = 29.863$, df = 1, $p < .0001$. Fiscal year did not differ by stand-alone status or size of centre.

PARTICIPANT FEES: The majority of centres (69 of 77; 89.6 %) had an annual membership fee, 61.0% of whom (n=47) reported that their fees were the same for everyone. Eight centres charged no annual fees (10.4%), while 28.6% (n=22) indicated their fees varied.

When examining centres **who had an annual membership fee** (n=69), we found that type of fee (i.e., same for all participants versus a fee that varies) differed by type of centre. Compared to NFP centres, municipal centres were more likely to have a fee that varied ($\chi^2 = 8.825$, df = 1, $p = .003$), as were large centres ($\chi^2 = 5.541$, df = 2, $p = .063$) in comparison to small and medium centres. Annual membership fee structure did not differ by stand-alone status.

Centres with One Annual Membership Fee: For centres with **one annual membership fee** (n=47) the average annual fee was $36.02 $\pm$ $47.04. Fees ranged from $5.00 to $285. Most of these centres (n=38; 80.9%) charged additional fees for programs led by a paid instructor. Two-thirds of centres (n=28; 60.9%) indicated that participants could "pay-as-you go" for at least some programming (see **Table 3.6**), while 43 of 46 respondents (93.5%) further indicated that non-members were allowed to access programs at their centre (see **Table 3.7**).

Table 3.6 Opportunities to "Pay-As-You-Go" at Centres with One Annual Fee (n=46)

	n (%)
No	18 (39.1)
Yes, for instructor-led programs ONLY	2 (4.3)
Yes, for drop-in programs ONLY	12 (26.1)
Yes, for both instructor- led AND drop-in	14 (30.4)

- Data missing from one centre.

Table 3.7 Non-Member Access to Programs at Centres with One Annual Fee (n=46)

	n (%)
No	3 (6.5)
Pay larger fee for classes/programs	14 (30.4)
Attend for a trial period / as a guest	7 (15.2)
Only for specific programs	12 (26.1)
Special events only	2 (4.3)
Pay a larger fee & only for specific programs	3 (6.5)
Other	5 (10.9)

- Data missing from one centre.

Centres with No Annual Membership Fee: Centres **no annual membership fee** (n=8) were asked how participants paid for programs (See **Table 3.8**). Half of centres (n=4) had no fees at all, while the others (n=4; 50%) reported having program registration fees and/or allowing participants to "pay-as-you go."

Table 3.8 Ways Participants with No Annual Membership Fee Pay for Programs/Services (n=8)

	n (%)
No fees at all	4 (50.0)
Daily entry fee	0 (0.0)
Program registration fee	4 (50.0)
"Pay-as-you-go"	4 (50.0)

Centres with a Variable Annual Membership Fee: The 22 centres which charged a **variable annual membership fee** were asked which criteria were used to determine the fee charged. Responses included: type of membership (n=8; 38.1%), age (n=6; 28.6%), length of membership (n=3; 14.3%) and residency (n=4; 19%). All these centres charged additional fees for programs led by a paid instructor. Two-thirds (n=15) indicated that participants could "pay-as-you go" for at least some programs (see **Table 3.9**) and 80% (n=16) indicated that non-members were allowed to access programs at their centre (see **Table 3.10**).

Table 3.9 "Pay As-You-Go" Stipulations for Centres with Variable Annual Fees (n=22)

	n (%)
No	7 (31.8%)
Yes, for instructor-led programs ONLY	1 (4.5%)
Yes, for drop-in programs ONLY	7 (31.8%)
Yes, for both instructor- led AND drop-in	7 (31.8%)

Table 3.10 Non-Member Access to Programs at Centres with Variable Annual Fees (n=20)

	n (%)
No	4 (20.0%)
Pay larger fee for classes/programs	3 (15.0%)
Attend for a trial period / as a guest	7 (35.0%)
Only for specific programs	3 (15.0%)
Special events only	2 (10.0%)
Pay a larger fee & only for specific programs	1 (5.0%)

- Data missing from two centres.

For further details on funding sources and annual fee structure (cross-tabulations or breakdowns by centre type, stand-alone status, and size), refer to **Appendix C**.

3.3.3 Programs, Services and Facilities

Table 3.11 presents various features of program offerings. While several centres offered <u>night</u> (73.4%) and <u>weekend</u> (64.6%) programming, night programs were <u>less likely</u> to be offered by NFP (χ^2 = 8.297, df = 1, p = .004) and small centres (χ^2 = 12.787, df = 2, p = .002). Two other differences approached significance: weekend programs were less likely to be offered by small centres (χ^2 = 5.598, df = 2, p = .061), and stand-alone centres (χ^2 = 3.100, df = 1, p = .078).

Almost all centres (93.7%) offered programming in English, while 11.4% offered programming in French. Overall, 20% of centres offered programming in <u>other languages</u> (such as Portuguese, Spanish, Mandarin, and Cantonese); NFP centres (n=13; 27.7%) were significantly more likely to do so than municipal centres (n=1; 3.7%); χ^2 = 6.416, df = 1, p = .011.

Three-quarters of centres (n=58; 75.3%) reportedly started new programs in the past fiscal year, while one-quarter (n=20; 25.3%) discontinued programs. The most common programs implemented were health clinics (e.g., blood pressure clinic), exercise (e.g., outdoor walking group) and nutrition programs (e.g., lunch programs), while the most frequently discontinued programs were cards (e.g., euchre) and certain fitness classes due to low enrollment.

Table 3.11 Features of Program Offerings (n=79)

	n (%)
Offer Night Programs	58 (73.4)
Offer Weekend Programs	51 (64.6)
Offer Programs in English	74 (93.7)
Offer Programs in French	9 (11.4)
Offer Programs in Other Languages	16 (20.3)

Figure 3.5 shows the proportion of centres offering specific programs and activities. The most frequent offerings were fitness classes (n=75; 94.9%), group games such as Euchre or Scrabble (n=76; 96.2%), lectures / seminars (n=72; 91.1%), arts and crafts (n=70; 88.6%), and congregate dining (n=65; 82.3%). Offerings differed significantly by type of centre (municipal versus NFP) and size, but not stand-alone status. Overall, municipal centres were more likely to offer indoor physical activities (χ^2 = 4.378, df = 1, p = .036), while NFP centres were more likely to offer ethno-cultural programming (χ^2 = 6.236, df = 1, p = .013). Small centres, meanwhile, were less likely to offer indoor physical activities (χ^2 = 8.160, df = 2, p = .017), overnight trips (χ^2 = 5.394, df = 2, p = .067) and intergenerational programming (χ^2 = 8.251, df = 2, p = .016), while large centres were more likely to offer outdoor physical activities (χ^2 = 0.396, df = 2, p = .009) and ethno-cultural programming (χ^2 = 8.709, df = 2, p = .013).

Figure 3.5 Types of Programs and Activities Offered at Centres (n=79)
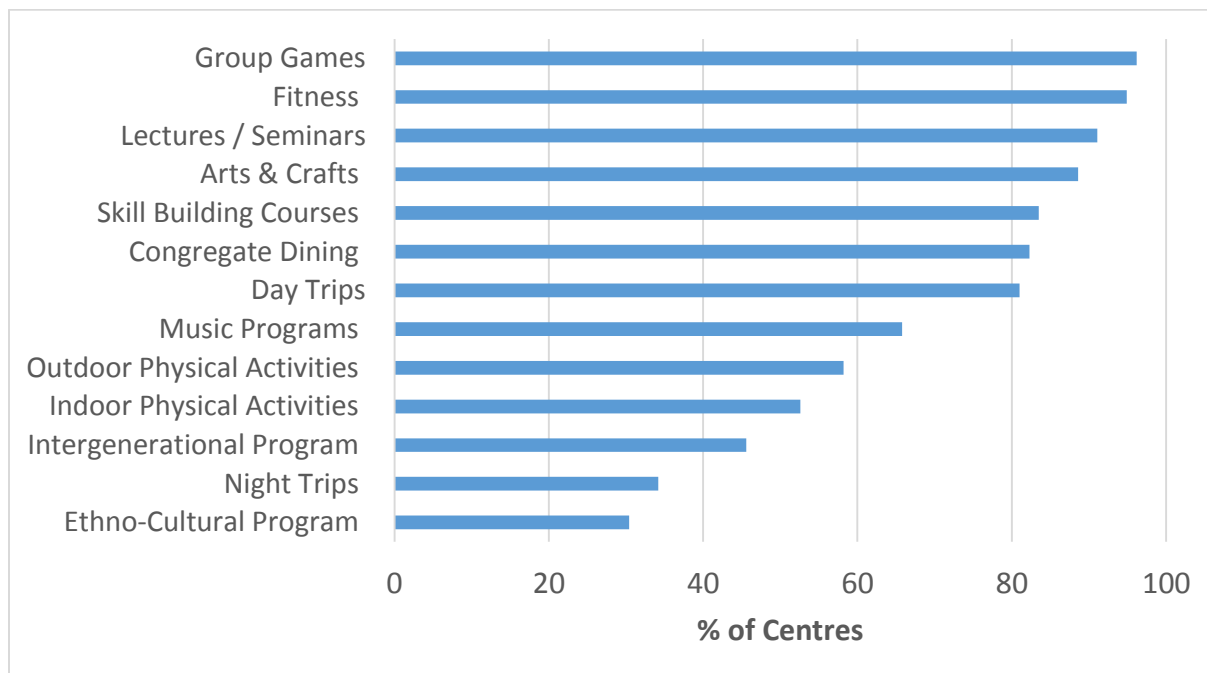
ON-SITE SERVICES: Centres provided various on-site services (see **Figure 3.6**); however, offerings differed by centre type, size and stand-alone status. Compared to municipal centres, NFP centres were <u>more likely</u> to offer alternative health care services (χ^2 = 4.725, df = 1, p = .030) and falls prevention (χ^2 = 11.884, df = 1, p = .001). Large centres were <u>more likely</u> to offer foot care (χ^2 = 13.894, df = 2, p = .001) and hearing clinics (χ^2 = 11.913, df = 2, p = .003), while small centres were <u>less likely</u> to offer blood pressure clinics (χ^2 = 6.557, df = 2, p = .038). Similarly, there was a trend towards not stand-alone centres being more likely to offer hearing clinics (χ^2 = 2.969, df = 1, p = .085).

On-site services were typically offered in **partnership** with community support agencies, public health units, local businesses, or established associations (such as the Canadian Hearing Society). The most common service offered in partnership was health promotion seminars (n=52), with centres partnering with community support agencies (n=17; 32.7%), local businesses (n=15; 28.9%) and public health units (n=13; 25.0%) to deliver the service. Very few services were offered in collaboration with the Local Health Integration Network (LHIN); the most common partnership with the LHIN was for chronic disease management (n=5); for all other services, three centres or less indicated they partnered with the LHIN.

Figure 3.6 Services Provided On-Site (n=79)
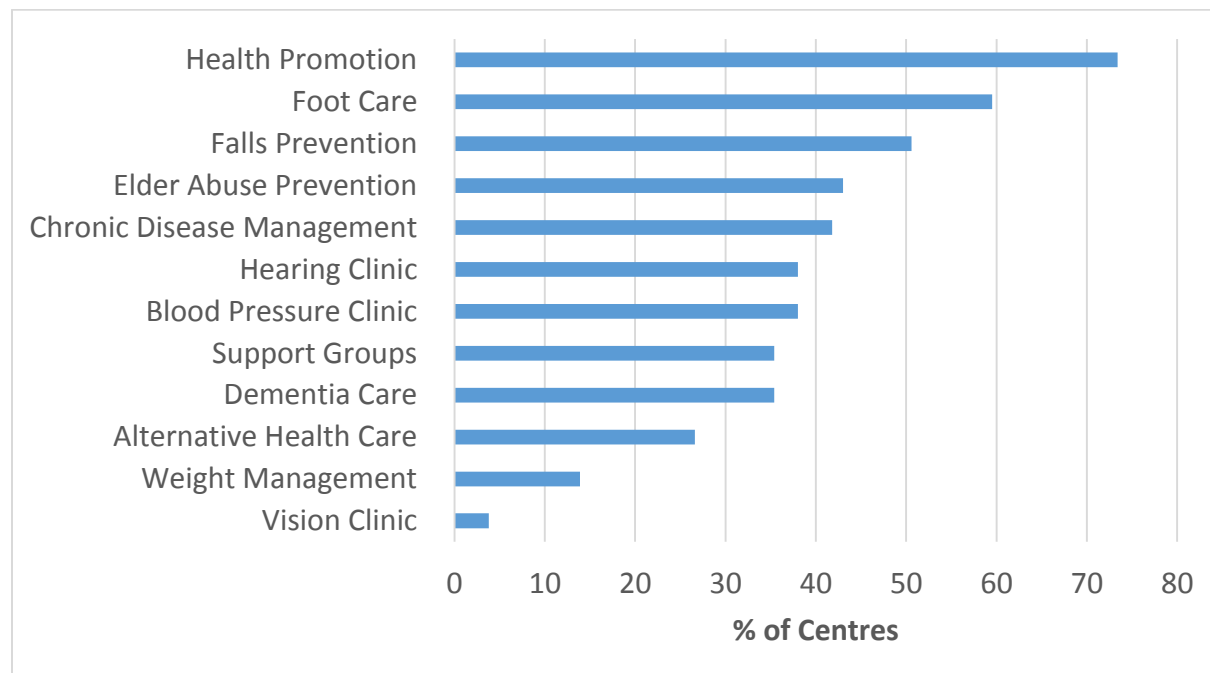
As shown in **Table 3.12**, frequency of service offerings ranged from weekly to annually. The most frequently offered <u>weekly</u> services were weight management, foot care and support groups. Alternative health services, foot care and blood pressure clinics were the most frequently offered <u>monthly</u> services. Services most frequently offered on a <u>quarterly</u> basis included vision clinics and chronic disease management. Very few services were offered on a <u>semi-annual</u> basis. Elder abuse prevention, vision clinics and information/services about falls prevention were most likely to be offered <u>annually.</u>

Table 3.12 Frequency of On-Site Service Offerings (n=53)

	Weekly	Monthly	Quarterly	Semi-Annually	Annually
Foot Care (n=40)	35.5%	50.0%	2.5%	0.0%	2.5%
Hearing Clinic (n=25)	4.0%	24.0%	20.0%	16.0%	28.0%
Vision Clinic (n=2)	0.0%	0.0%	50.0%	0.0%	50.0%
Blood Pressure Clinic (n=29)	17.2%	48.3%	6.9%	6.9%	10.3%
Alternative Health (n=19)	5.3%	52.6%	5.3%	10.5%	15.8%
Weight Management (n=10)	50.0%	10.0%	10.0%	0.0%	10.0%
Chronic Disease Mgmt. (n=29)	13.8%	27.6%	27.6%	13.8%	13.8%
Health Promotion (n=53)	1.9%	41.5%	22.6%	11.3%	15.1%
Falls Prevention (n=35)	5.7%	8.6%	11.4%	22.9%	45.7%
Dementia Care (n=27)	3.7%	7.4%	18.5%	22.2%	40.7%

	Weekly	Monthly	Quarterly	Semi-Annually	Annually
Support Groups (n=26)	34.6%	28.5%	11.5%	3.9%	3.9%
Elder Abuse Prevention (n=35)	0.0%	5.7%	5.7%	17.1%	60.0%

SUPPORT SERVICES: As shown in **Figure 3.7**, a number support services were provided directly by centres, but offerings differed by centre type, size and stand-alone status. Compared to municipal centres, NFP centres were <u>more likely</u> to provide friendly visiting (χ^2 = 5.068, df = 1, p = .024), telephone reassurance (χ^2 = 6.069, df = 1, p = .010), and transportation services (χ^2 = 5.460, df = 1, p = .019). Transportation services were also <u>more likely</u> to be offered by large (χ^2 = 8.815, df = 2, p = .012) and stand-alone centres (χ^2 = 6.673, df = 1, p = .010).

Figure 3.7 Available On-Site Support Services (n=79)
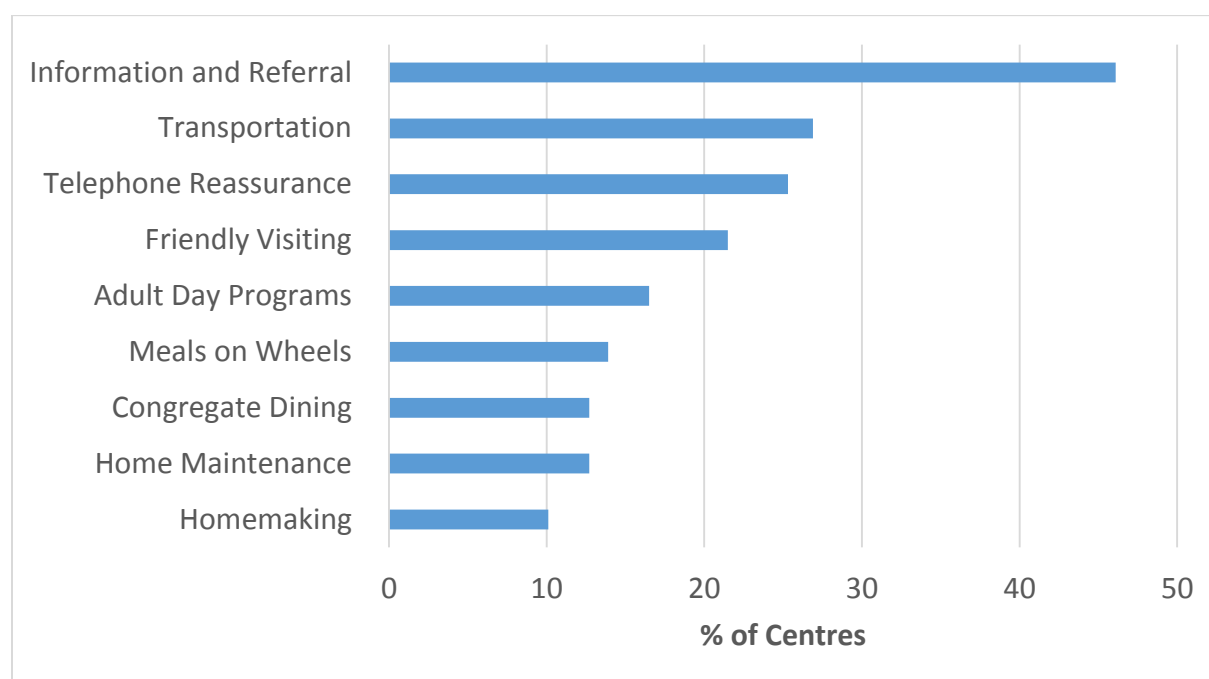
ACCESS TO FACILITIES: Nearly 80% of centres (n=63) reported having access to a cafeteria (n=55; 87.3%), weight room (n=20; 31.7%), swimming pool (n=11; 17.5%), gymnasium (n=10; 15.9%), running track (n=7; 11.1%), library (n=4; 6.3%) and auditorium (n=4; 6.3%). Other facilities mentioned were wood working shops, games rooms or multi-purpose rooms.

As shown in **Table 3.13,** compared to NFP centres, municipal centres were <u>more likely</u> to report having access to a swimming pool (χ^2 = 10.084, df = 1, p = .001) and to an auditorium (χ^2 = 3.298, df = 1, p = .069). Stand-alone centres, meanwhile, were <u>more likely</u> to have access to a gymnasium (χ^2 = 3.979, df = 1, p = .046). All large centres (n=19) had access to a cafeteria.

Table 3.13 Facility Access by Type of Centre and Stand-Alone Status

		No		Yes	
		n	%	n	%
Swimming Pool	NFP (n=35)	33	94.3	2	5.7
	Municipal (n=23)	14	60.9	9	39.1
Gym	Not Stand-Alone (n=39)	20	76.9	9	23.1
	Stand-Alone (n=24)	23	95.8	1	4.1
Auditorium	NFP (n=35)	35	100.0	0	0
	Municipal (n=22)	20	90.9	2	9.1

Detailed breakdowns (cross-tabulations for centre type, stand-alone status and size) for several of the variables in this section are provided in **Appendix D**.

3.3.4 Centre Usage and Users

CENTRE USAGE: Indicators of centre usage are shown in **Table 3.14.** Most centres were able to report the average number of daily users (n=68; 86%) as well as the total number of users (members) over the past fiscal year (n=64; 81.0%). However, only 62% (49 of 79) were able to identify how many non-members used their centre over the past year. Just over half (n=43; 54.4%) knew how many new people joined or started using their centre over the past year, but only one third (n=25; 31.6%) knew how many left or stopped using their centre (i.e., drop-outs). Only 25 centres (31.6%) knew both their number of joiners and drop-outs, which is necessary for calculating membership growth (Myers, 1999).

Table 3.14 Indicators of Centre Usage (n=79)

	Mean	SD	Median	Range
Average # of Daily Users (n=68)	136.6	124.4	97.5	12 – 750
# Members Attending Centre (n=64)	888.3	1137.9	585	60 – 7115
# Non-Members Attending Centre (n=49)	645.9	1196.2	125	0 – 5000
# New People Attending Centre (n=43)	178.7	313.1	85	12 – 1968
# Centre Dropouts (n=25)[1]	100.1	124.6	45	2 – 448

[1] *8 centres do not have a membership and therefore reported all participants as 'non-members.'*

Centre usage did not differ by centre type or stand-alone status for any of the indicators. Size of centre, however, was important. Average daily usage differed by centre size ($F_{(2,55)}$ = 19.847, p < .0001), whereby large centres had more daily users on average than small (p < . 0001) and medium (p < .0001) centres. Larger centres also reported more attendees over the past year ($F_{(2,61)}$ = 21.826, p < .0001) compared to both medium (p < .0001) and small centres (p < .0001) and had more new members ($F_{(2, 35)}$ = 8.617, p = .001) than small (p = .001) and medium (p = .008) centres. Not surprisingly, large centres also had more dropouts ($F_{(2,19)}$ = 4.901, p = .019), but only in comparison to small centres (p = .019).

Associations also emerged with total number of staff and size of operating budget. Total number of staff (full- and part-time combined) was positively correlated with average daily usage (r = .51, N = 68, p < .0001), number of members using centre in the past year (r = 0.84, N = 78, p <.0001), and number of new people joining the centre in the past year (r = .83, N=43, p < .0001). Similarly, annual operating budget was positively correlated with average daily usage (r = .81, N = 40, p < .0001), number of members using centre in the past a year (r = .90, N = 58, p < .0001), and number of new people joining the centre in the past year (r = .91, N = 40, p < .0001).

CENTRE USERS: Similar to the 2013 MPS, descriptions of centre users focused on age and sex distribution, minimum age requirements to participate at the centre, catchment areas (i.e., where participants came from) and ethno-cultural diversity.

Over 80% of centres (n=64) reported having a minimum age requirement for participation, which ranged from 18 to 60. The average minimum age was 49.87 $\pm$ 9.75 years, with a median of 50 years.

Centre participants were predominately over age 65 (78%) and female (67.5%), as shown in **Figures 3.8 and 3.9** below). The proportion of participants aged 65-74 was larger for municipal (42.4% $\pm$ 13.8%; median = 39%; range: 20% - 80%) than NFP (34.6% $\pm$ 15.2%; median: 34%; range: 1% - 79%) centres (t(62) = -2.058, *p* = .044). Age distribution did not differ by stand-alone status or size of centre. The proportion of male and female participants also did not differ by centre type, stand-alone status, or centre size.

Figure 3.8 Proportion of Participants in Each Age Category (n's = 52 to 68)
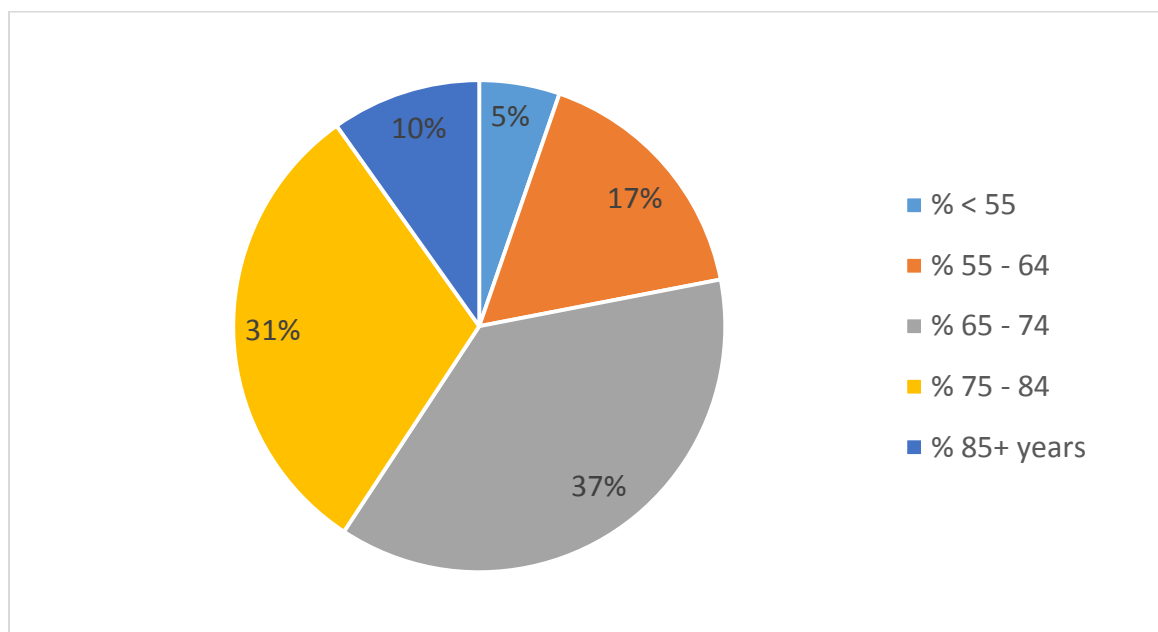
Figure 3.9 Proportion of Male versus Female Participants (n=77)
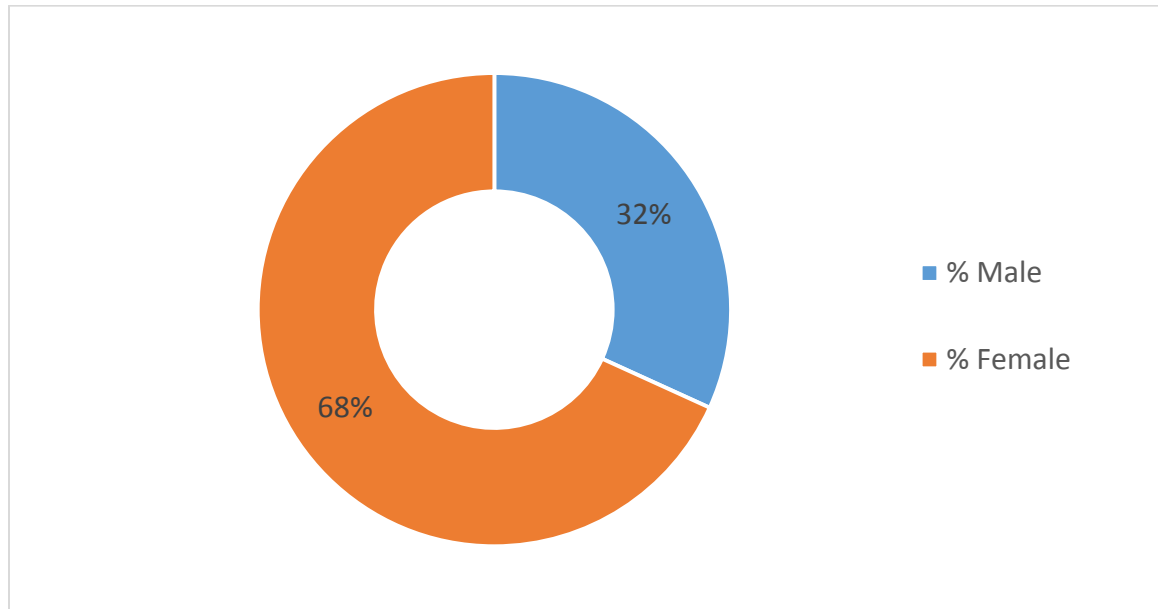
CATCHMENT AREAS: Centres were asked identify where participants came from. The response options were: villages or rural areas (less than 1000); small towns (1000 to 9999); large towns (10,000 to 24,999); small cities (25,000 to 49,999); medium cities (50,000 to 99,999); large cities (100,000 to 499,999); and metropolitan city centres (500,000+).

The breakdowns provided by respondents are shown in **Figure 3.10.** Overall, the most frequent response (n=27; 34.2%) was small towns (populations of 1000 to 9999). In general, NFP centres were more likely to attract participants from locations with populations of 500,000 or greater (χ^2 = 5.821, df = 1, p = .016). Municipal centres, on the other hand, were more likely to draw participants from medium sized (populations of 50,000 – 99,999; χ^2 = 13.066, df = 1, p < .0001), and large cities (populations of 100,000 – 499,999; χ^2 = 3.196, df = 1, p = .074).

ETHNO-CULTURAL INFORMATION: Respondents were asked whether they had up-to-date information on the ethno-cultural breakdowns in their centre's catchment area and whether there were any predominant ethno-cultural or minority older adult groups (e.g., LGBTQ) in their catchment area that were not well represented at their centre. For these questions, 'ethno-cultural' referred to languages spoken (apart from English), and ethnic, racial or cultural groups (apart from being Canadian) that people identify with (e.g., Aboriginal, Latin American, etc.).

Overall, the majority of respondents (n=56; 70.9%) reported that they <u>did not have</u> up-to-date information. For those centres who did (n=23; 29.1%), the most common ethnic groups reported in their centre's catchment areas were Chinese, European, and Latin American. Overall, NFP centres (n=18; 38.3%) were more likely to have up-to-date information on ethno-cultural breakdowns compared to municipal centres (n=4; 14.8%); t(67.453) = 2.349, *p* = .022.

Nearly one third of centres (n=23; 29.1%) reported that there were ethno-cultural or minority older adult groups in their catchment area <u>not well represented</u> by their centre population; the most common groups not well represented included LGBTQ seniors, Aboriginals, and Asian (e.g., Chinese, Vietnamese, etc.). Representation of ethno-cultural groups was not related to centre type, stand-alone status, or centre size.

Figure 3.10 Percentage of Centres Drawing Participants from Different Sized Municipalities (n=79)
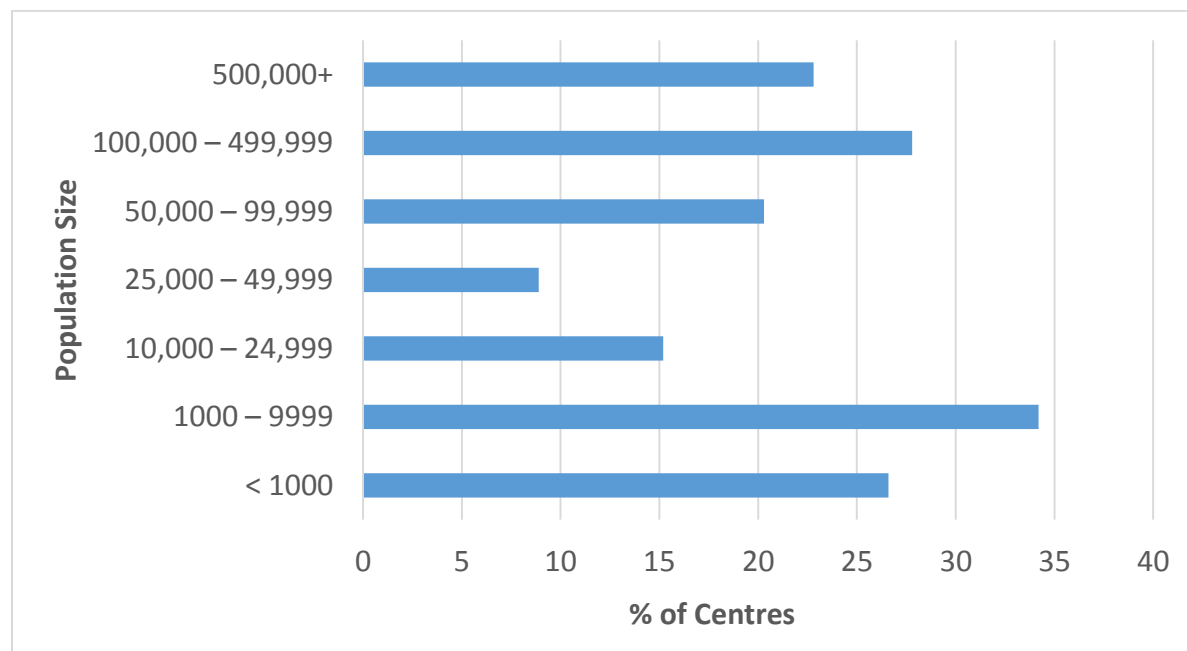
Additional information collected from participants and how centres collect and store various types of information (including attendance and drop-outs) is detailed in **Section 3.4.1**.

3.3.5 Promotion and Communication Strategies

Strategies centres used to a) engage or communicate with their participants; and/or b) and promote their programs and services in their community were examined. As shown in **Figure 3.11,** the most common strategies used for both purposes were: centre websites (n=61; 77.2%), posters (n=6-; 75.9%), and monthly calendars or activity schedules (n=59; 74.7%). Conversely, the least frequently used strategies were: YouTube (n=7 8.9%), automated phone calls (n=3; 3.8%) and Instagram (n=0). To engage or communicate with participants, centres (n=79) reported using email blasts (n=13; 16.5%), newsletters (n=12; 15.2%), offering free classes or trial periods (n=11; 13.9%), posters (n=9; 11.4%), or automated phone calls (n=9; 11.4%). To promote programs and services in the community, centres (n=79) reported using brochures (n=14; 17.7%), partner websites (n=12; 15.2%), and centre websites (n=9; 11.4%). Nineteen centres reported using other communication strategies such as advertisements in newspapers, television or radio, or outdoor portable signs.

Promotion and communication strategies did not differ by centre type, size, or stand-alone status.

Figure 3.11 Promotion and Communication Strategies used by Centres (n=79)
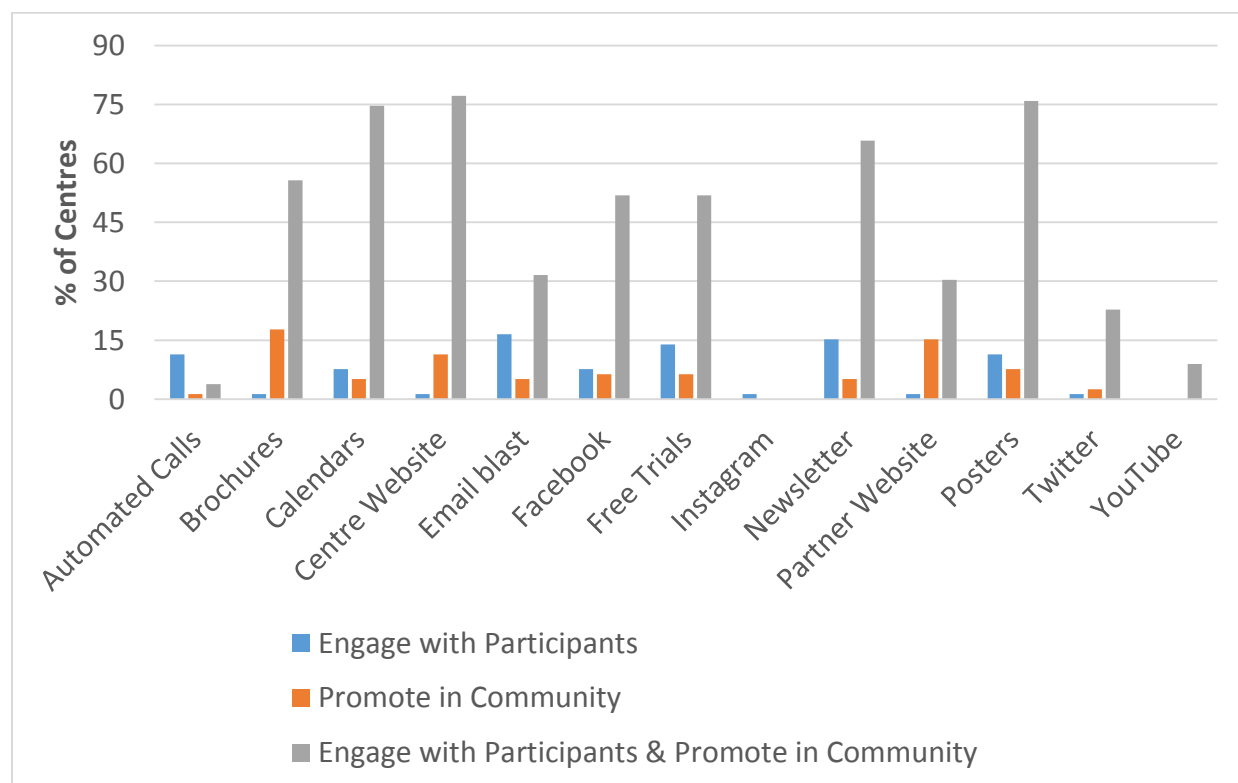
3.3.6 Issues Faced by Centres

Centres were asked to rate the extent to which various issues within the following areas represented a concern for their centre: funding, infrastructure, program and service delivery and participants. Concerns were rated on a scale of 0 to 4 (0 = not at all concerned; 2 = somewhat concerned; 4 = very much concerned). For all issues, the minimum rating provided by respondents was "0" and the maximum rating was "4."

For all issues, level of concern was compared by: type of centre, stand-alone status, size of centre, and position of survey respondent (i.e., board of directors/executive director/manager versus program coordinators). Concern level was also correlated with number of staff and operating budget. Significant findings and meaningful trends are presented below.

FUNDING: The average concern level across funding issues was 2.82 ± 1.26. Sustaining and obtaining core funding, and obtaining funds for capital improvements were of greatest concern for centres. See **Table 3.15** for mean ranked order concern levels.

Table 3.15 Funding Concerns (n=75)

Funding Issues	Average	SD
Sustaining current core funding	3.01	1.20
Obtaining funds for capital improvements (n=68)	2.97	1.17
Obtaining core funding where core funding is defined as stable, annual funding	2.95	1.31
Securing cash donations (n=69)	2.80	1.28
Obtaining one-time funding (n=71)	2.63	1.33
Securing in-kind or non-cash donations (n=69)	2.55	1.24

- *Sustaining Current Core Funding:* Concerns tended to be higher for NFP (3.23 ± 1.08) than municipal centres (2.65 ± 1.39); t(42.850) = 1.814, *p* = .077.
- *Obtaining Capital Improvement Funds:* No significant group differences emerged.
- *Obtaining Core Funding:* Concerns were greater for NFP centres (3.34 ± 1.10) than municipal centres (2.42 ± 1.42); t(42.723) = 2.834, *p* = .007.
- *Securing Cash Donations:* Concern tended higher for stand-alone (3.15 ± 1.17) than not stand-alone centres (2.57 ± 1.31); t(67) = -1.861, *p* = .067.
- *Obtaining One-Time Funding:* Concerns tended to be greater for NFP (2.89 ± 1.19) than municipal centres (2.13 ± 1.62); t(30.469) = 1.885, *p* = .069.

- *Securing In-Kind / Non-Cash Donations:* Concern tended to be higher for those in the position of program coordinator (3.14 $\pm$ 1.17) than those in a board/executive director/manager position (2.45 $\pm$ 1.23; t(61) = -1.887, *p* = .064.

INFRASTRUCTURE: The average concern level for all infrastructure issues was 2.16 $\pm$ 1.49. Finding space within the centre for programs and centre maintenance or repairs were of greatest concern for centres. See **Table 3.16** for ranked order concern levels.

Table 3.16 Infrastructure Concerns (n=76)

Infrastructure Issues	Average	SD
Space within the centre for programs	3.01	1.26
Maintenance or repairs at the centre (n=71)	2.61	1.38
Parking at or near the centre (n=75)	2.48	1.52
Upgrading the centre or the building in which the centre is housed (e.g., reconfigure the physical layout) (n=72)	2.28	1.46
Access to public transit (n=70)	2.13	1.50
Esthetic appearance of centre (n=73)	2.03	1.36
Space in the centre for holding meetings (n=74)	2.00	1.38
Covering utility costs (n=66)	1.80	1.46
Accessibility of the centre (n=72)	1.69	1.57
Finding groups to rent space at the centre when it is not in use (n=65)	1.46	1.47

- *Space Within Centre for Programs:* No significant group differences emerged.
- *Maintenance or Repairs:* Concern were higher for NFP (2.91 $\pm$ 1.24) than municipal centres (2.04±1.52); t(66) = 2.550, *p* = .013.
- *Parking at/near Centre:* Concern was positively correlated with total number of staff (r= .25, *p* = .030, n = 74), and total operating budget (r = .29, *p* = .019, n = 68).
- *Upgrading Centre/Building:* No significant group differences emerged.
- *Access to Public Transit:* Concern differed by size of centre (F(2,57) = 5.616, *p* = .006), whereby medium sized centres (3.05 $\pm$ 1.31) were more concerned than large centres (1.55 $\pm$ 1.43; *p* = .004). Access to public transit also tended to be more of a concern for program coordinators (2.73 $\pm$ 1.58) than for board/executive director/manager positions (1.96 $\pm$ 1.48); t(63) = -1.744, *p* = .086.
- *Esthetic Appearance of Centre:* Concerns were higher for stand-alone (2.45 $\pm$ 1.43) than not stand-alone centres (1.75 $\pm$ 1.26); t(71) = -2.197, *p* = .031.
- *Space in Centre for Meetings:* No significant group differences emerged.
- *Covering Utility Costs:* Concerns were higher for NFP (2.18 $\pm$ 1.48) than municipal centres (1.09 $\pm$ 1.16); t(61) = 3.020, *p* = .004.

- *Accessibility of Centre:* Concerns tended to be higher for program coordinators (2.28 $\pm$ 1.81) than for board/executive director/manager positions (1.45 $\pm$ 1.40); t(24.884) = -1.760, *p* = .091.
- *Finding Groups to Rent Space:* No significant group differences emerged.

PROGRAM AND SERVICE DELIVERY: The average concern level for program and service delivery issues was 2.59 $\pm$ 1.30. Attracting program volunteers, getting committee members, and attracting and paying for high quality instructors were of greatest concern to centres. See **Table 3.17** for ranked order concern levels.

Table 3.17 Program and Service Delivery Concerns (n=77)

Program and Service Delivery Issues	Average	SD
Attracting program volunteers (n=76)	3.08	1.12
Getting people to serve on committees	2.94	1.12
Attracting and paying high quality instructors (n=70)	2.93	1.16
Ability to expand current offerings or offer new programs and services	2.90	1.22
Ability (time and expertise) to conduct marketing	2.84	1.28
Ability (time and expertise) to prepare grant applications (n=75)	2.81	1.44
Level of staffing (n=74)	2.78	1.31
Ability (time and expertise) to report to funding agencies (n=73)	2.60	1.48
Securing partners to jointly offer programs and services (n=75)	2.32	1.31
IT support for data management and analysis (n=73)	2.30	1.42
Ability to purchase supplies (e.g., art supplies) (n=76)	2.18	1.37
IT support for websites, listservs (n=70)	2.17	1.44

- *Attracting Program Volunteers:* Concerns tended to be lower for stand-alone (2.80 $\pm$ 1.16) than not stand-alone centres (3.26 $\pm$ 1.06); t(74) = 1.784, *p* = .079. Concerns also differed by size of centre (F(2,62) = 4.297, *p* = .018), whereby medium sized centres (3.55 $\pm$ 0.76) were more concerned than large centres (2.55 $\pm$ 1.36; *p* = .015). Concerns with attracting volunteers were negatively correlated with operating budget (r= -.26, p = .032, n = 69).
- *Getting People to Serve on Committees:* No significant group differences emerged.
- *Attracting / Paying Quality Instructors:* No significant group differences emerged.
- *Ability to Expand Offerings:* No significant group differences emerged.
- *Ability to Conduct Marketing:* Concerns were negatively correlated with total number of staff (r= -.30, p =.009, n = 76).
- *Ability to Prepare Grant Applications:* No significant group differences emerged.

- *Level of Staffing:* No significant group differences emerged.
- *Ability to Report to Funding Agencies:* No significant group differences emerged.
- *Securing Partners to Jointly Offer Programs/Services:* No significant group differences emerged.
- *IT Support for Data Management / Analysis:* No significant group differences emerged.
- *Ability to Purchase Supplies:* No significant group differences emerged.
- *IT Support for Websites/Listservs:* No significant group differences emerged.

PARTICIPANT RELATED CONCERNS: The average concern for all participant related issues was 2.89 $\pm$ 1.19. Attracting younger participants, including baby boomers was of most concern. See **Table 3.18** for ranked order concern levels.

Table 3.18 Participant Related Concerns (n=78)

Participant Related Issues	Average	SD
Attracting younger participants (i.e., baby boomers) (n= 77)	3.03	1.15
Keeping participant fees affordable (n=74)	2.95	1.19
Attracting new participants	2.82	1.25
Increasing level of participation or attendance for programs and events	2.78	1.17

- *Attracting Younger Participants:* No significant group differences emerged.
- *Keeping Participant Fees Affordable:* Concerns were higher for stand-alone centres (3.33 $\pm$ 0.96) than not stand-alone centres (2.68 $\pm$ 1.27); t(72) = 2.380, p = .020. Concerns were also negatively correlated with number of centre staff (r= -.29, p = .012, n = 73).
- *Attracting New Participants:* Concerns were negatively correlated with the number of staff (r = -.27, p = .018, n = 77).
- *Increasing Level of Participation / Attendance:* Concerns were negatively correlated with the number of centre staff (r= -.33, p = .004, n = 77).

As shown in **Table 3.19**, overall mean ratings for funding, infrastructure, program, and participant concerns differed significantly from one another (F(3,2408) = 32.535, p < .0001).
- Funding and participant concerns did not differ from one another (p = .896)
- Funding concerns were higher than program and service delivery (p = .016) and infrastructure concerns (p < .0001)
- Participant related concerns were higher than program and service delivery (p = .003) and infrastructure concerns (p < .0001).
- Program and service delivery concerns were higher than infrastructure concerns (p < .0001).

Table 3.19 Mean Concern for Funding, Infrastructure, Program and Service Delivery, and Participant Related Issues

Issue Type	Average	SD
Participant Related	2.89	1.19
Funding	2.82	1.26
Program and Service Delivery	2.59	1.30
Infrastructure	2.16	1.49

STRUCTURE OF BUILDING LIMITING GROWTH: Centres were asked whether the structure of their building limited their growth, and the majority (n=62; 79.5%) responded yes (see **Figure 3.12**). Stand-alone centres (n=28; 45.2%) were more likely to report this concern than not stand-alone centres (n=2; 12.5%); χ^2 = 5.732, df = 1, p = .017.

SHARE OR COMPETE FOR SPACE: Centres were asked if they had to share or compete for space with other organizations and community groups within their centre, and the majority (n=57; 73.1%) responded no (see **Figure 3.12**). No significant group differences emerged.

Figure 3.12 Additional Concerns Reported by Centres (n=78)
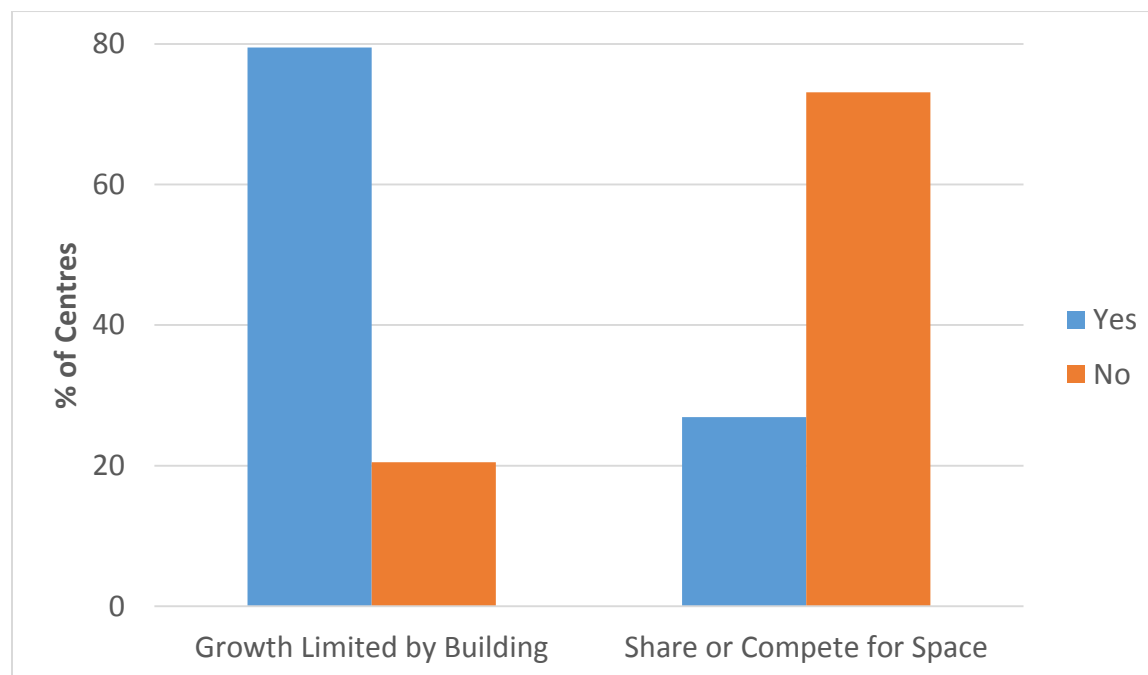
Detailed breakdowns (cross-tabulations for centre type, stand-alone status and size) for all variables presented in this section are provided in **Appendix E**.

3.3.7 Use of OACAO Resources

USE OF OACAO RESOURCES: Centres were asked whether they had used any of the 10 listed OACAO resources in the past year. The findings, rank ordered with respect to frequency, are displayed in **Table 3.20**. The most frequently used resource was the quarterly newsletter (82.3%), followed by the OACAO general website, oacao.org (79.7%).

Table 3.20 Use of OACAO Resources in Past Year (n=79)

OACAO Resource	n (%)
Quarterly newsletter	65 (82.3)
OACAO general website	63 (79.7)
Seniors Information and Active Living Fairs funding	54 (68.4)
OACAO Reports	52 (65.8)
Listserv	50 (63.3)
OACAO Toolbox website (n=78)	43 (55.1)
Advice / expertise from ED / Board	40 (50.6)
OACAO Business Partners	31 (39.2)
Other resource documents (n=78)	20 (25.6)
OASSIS Employee Benefit Package	14 (17.9)

Stand-alone centres <u>were more likely</u> to use the OACAO Listserv (χ^2 = 3.724, df = 1, p = .054) and OACAO reports (χ^2 = 9.341, df = 1, p = .002). NFP centres <u>were most likely</u> to access Seniors Information and Active Living Fairs (ALF) funding (χ^2 = 4.791, df = 1, p = .029), while small centres were less likely to use ALF funding (χ^2 = 13.933, df = 2, p = .001) or seek advice from the OACAO ED or Board (χ^2 = 6.280, df = 2, p = .043).

INTEREST IN LEARNING ABOUT VARIOUS TOPICS: Respondents were also asked to rate their centre's level of interest in learning about various topics. Each topic was rated on a scale from 0 to 4 (0 = no interest; 2 = somewhat interested; 4 = very interested), and respondents indicated their preferred mode of delivery (i.e., annual conference, regional workshops, webinars, manuals) to learn about each topic. **Figure 3.13** shows the average rating for each topic, presented in order from most to least interest.

Table 3.21 provides the average level of interest, standard deviation and the preferred mode of delivery for each topic of interest, rank ordered from highest to lowest interest. Attracting younger seniors generated the most interest, followed by innovative programming. Webinars was the preferred mode of delivery selected for 15 out of the 17 topics listed.

Figure 3.13 Level of Interest in 17 Topics (n=79)
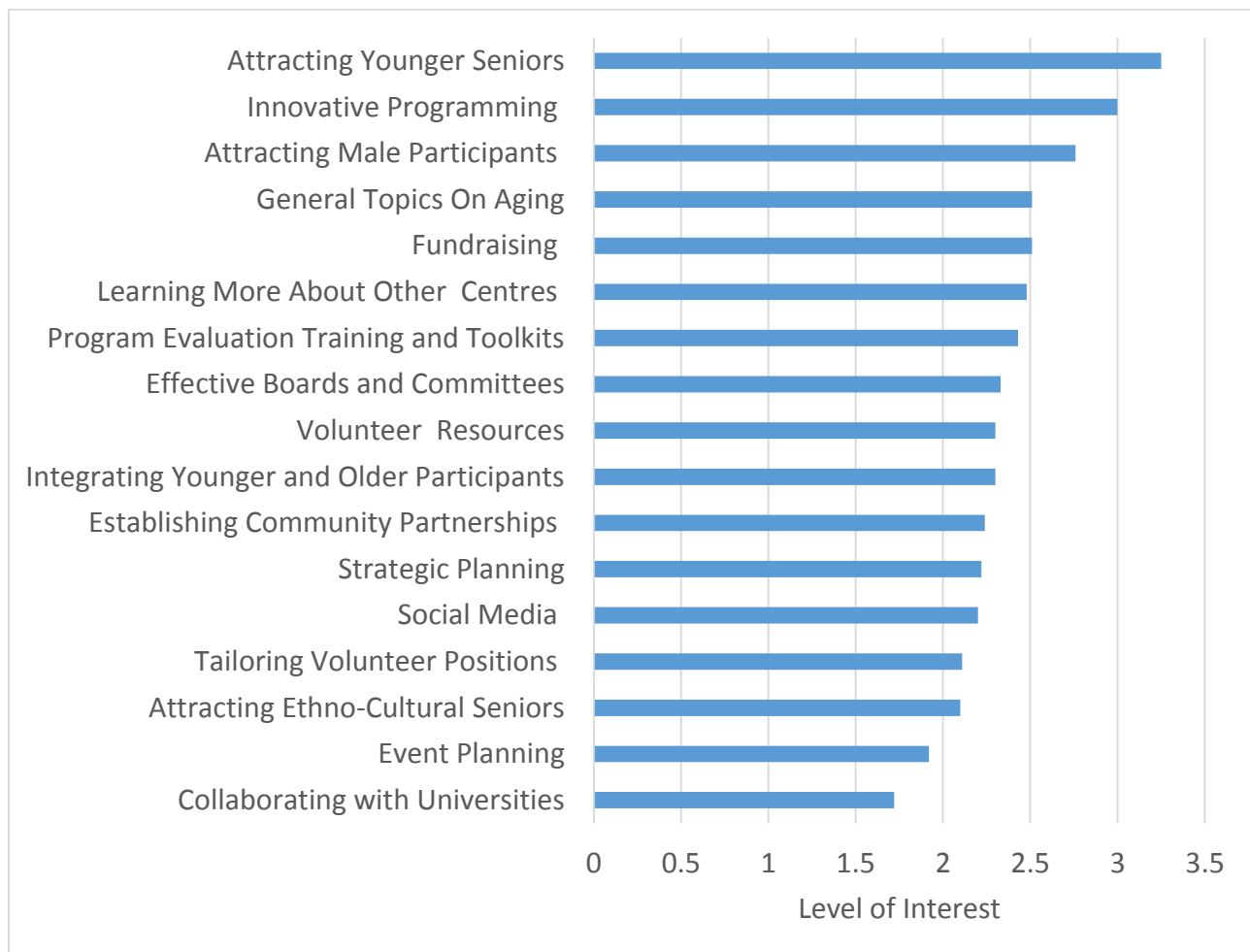
Table 3.21 Average Level of Interest in 17 Topics and Preferred Mode of Delivery (n=79)

Interest Topic	Average	SD	Preferred Mode of Delivery (n; % of Centres)
Attracting Younger Seniors	3.25	1.07	Webinars (n=22; 27.8%) Regional Workshops (n=22; 27.8%)
Innovative Programming	3.00	1.23	Webinars (n=19; 24.1%) Regional Workshops (n=19, 24.1%)
Attracting Male Participants	2.76	1.29	Webinars (n=23, 29.1%) Regional Workshops (n=23; 29.1%)
Fundraising	2.51	1.50	Webinars (n=21; 26.6%)
General Topics On Aging	2.51	1.31	Webinars (n=21; 26.6%)
Learning More About Other Older Adult Centres	2.48	1.31	Annual Conference (n=20; 25.3%)
Program Evaluation Training and Toolkits	2.43	1.40	Webinars (n=17; 21.5%) Regional Workshops (n=17; 21.5%)
Effective Boards and Committees	2.33	1.41	Webinars (n=21; 26.6%)
Integrating Younger and Older Participants	2.30	1.50	Webinars (n= 21; 26.6%)
Volunteer Appreciation and Recognition Resources	2.30	1.47	Webinars (n=19; 24.1%)
Establishing Partnerships with Community Organizations	2.24	1.41	Regional Workshops (n=23; 29.1%)
Strategic Planning	2.22	1.36	Webinars (n=20; 25.3%)
Social Media	2.20	1.42	Webinars (n=25; 31.6%)
Tailoring Volunteer Positions	2.11	1.42	Webinars (n=19; 24.1%)
Attracting Ethno-Cultural Seniors	2.10	1.48	Webinars (n=20; 25.3%)
Event Planning	1.92	1.29	Webinars (n=21; 26.6%)
Collaborating with Universities On Research/Evaluation Projects	1.72	1.39	Webinars (n=19; 24.1%)

Note: The range was 0 to 4 for each topic.

- Interest in *attracting male participants* was greater for stand-alone (3.13 ± 1.07) than for not stand-alone centres (2.53 ± 1.37); t(72.258) = -2.175, *p* = .003.
- Interest in *integrating younger seniors* differed by size of centre (F(2,61) = 3.097, *p* = .053), whereby interest was greater for medium (2.92 ± 1.32) than for large centres (1.85 ± 1.60), *p* = .042.
- Interest in *establishing community partners* differed by size of centre (F(2,61) = 3.854, *p* = .027), whereby interest was greater for medium (2.71 ± 1.27) than for large centres (1.60 ± 1.43), *p* = .022.

- *Effective boards and committees* was of greater interest for stand-alone (2.70±1.18, n=30) than not stand-alone centres (2.10 ± 1.50); t(72.236) = -1.967, *p* = .053. A trend by size of centre was developing (F(2,61) = 2.940, *p* = .060), whereby interest was greater for medium centres (3.00 ± 1.05) than for larger centres (2.10 ± 1.33), *p* = .059.
- Interest in *event planning* was greater for NFP (2.17 ± 1.19) than for municipal centres (1.44 ± 1.34); t(72) = 2.417, *p* = .018.
- Interest in *fundraising* was also of greater interest for NFP centres (2.98 ± 1.24) than for municipal centres (1.67) ± 1.57); t(44.813) = 3.726, *p* = .001.
- Interest in *strategic planning* differed by size of centre (F(2,61) = 3.462, *p* = .038), whereby greater interest was seen for medium centres (2.90±1.09, n=21) compared to small (2.04 ± 1.22), *p* = .068, and large (2.00 ± 1.45), *p* = .063.

ATTENDANCE AT OACAO REGIONAL MEETINGS OR EVENTS: The majority of respondents (n=58, 73.4%) indicated they had attended regional meetings; 16.5% (n=13) said they did not attend although they had received an invitation. Certain respondents (n=3, 6.3%) were unsure if others from their centre had attended such events, while three respondents (3.8%) said no events were offered in their region.

Respondents were asked what would increase the likelihood of their centre and its staff and/or volunteers attending OACAO regional meetings and events (**Table 3.22**). The majority (70.9%) indicated that **content** was the factor most likely to increase attendance. Only 26.6% of respondents indicated opportunities for networking would increase their attendance at regional meetings and events.

Table 3.22 Factors Increasing Attendance at OACAO Regional Meetings and Events (n=79)

Factor	n (%)
Relevance of content	56 (70.9%)
Events closer to my centre	48 (62.0%)
Offering Webinars or Teleconferences	46 (58.2%)
Relief staff	37 (46.8%)
Money to cover travel costs	29 (36.7%)
Networking opportunities	21 (26.6%)
Ability to attend workshops in another region	11 (13.9%)
Increased frequency	8 (10.1%)
Nothing, we attend regularly	8 (10.0%)
Other	2 (2.5%)

There was a trend for small and large centres to be more likely to attend regional events if they were offered by webinar or teleconference (χ^2 = 5.896, df = 2, *p* = .053) and there was also a trend for small and medium sized centres to be more likely to attend if regional events were held closer to their centre (χ^2 = 5.233, df = 2, *p* = .073). NFP centres were more likely to attend if funding was available (χ^2 = 10.766, df = 1, *p* = .001).

ATTENDANCE AT OACAO ANNUAL CONFERENCE: Respondents were asked what would increase the likelihood of their centre and its staff and/or volunteers attending the OACAO annual conference (**Table 3.23**). **Relevance** of content (50.6%) and **location** of conference (50.6%) were the reasons most frequently identified as increasing likelihood of attendance.

Table 3.23 Factors Increasing Likelihood of OACAO Conference Attendance (n=79)

Factor	n (%)
Relevance of content	40 (50.6%)
Location	40 (50.6%)
Money	36 (45.6%)
Relief staff)	29 (36.7%)
Nothing, we attend regularly	16 (20.3%)
Opportunities for networking)	12 (15.2%)

NFP centres were more likely to attend if the conference was offered in a more convenient location (χ^2 = 7.056, df = 1, *p* = .008), or if money was available (χ^2 = 3.853, df = 1, *p* = .05).

Breakdowns (i.e., cross-tabulations by centre type, stand-alone status and size) are provided in **Appendix F** for all significant relationships.

3.4 Evaluation Practices and Beliefs

This section presents the findings pertaining to evaluation practices and beliefs, beginning with routine data collection and tracking practices. We address how OACs obtain feedback from their participants, as well as their use of standardized outcome measures to assess change. Practices pertaining to strategic planning and decision-making (including the use of logic models) are also presented. Beliefs, perceived confidence and ability in doing evaluation, as well as interest in evaluation training and resources are also presented.

It is important to note that evaluation questions were positioned throughout 2015 MPS. As evaluation activities should be part of routine or everyday program/service planning and delivery, our goal was to normalize these practices. Explanations for key terms were provided in the questions themselves, as will be shown below.

3.4.1 Routine Data Collection and Tracking Practices

General indicators of centre usage (e.g., daily users, and number of joiners and drop-outs) were presented in **Section 3.3.4**, as was basic information on users (age and sex distribution, catchment areas and ethno-cultural diversity). This section outlines participant information routinely collected by centres, as well as data collection and storage methods.

PARTICIPANT INFORMATION: As shown in **Table 3.24**, the most common types of information collected were age and sex (each checked by 85.9% of the sample), followed by questions on health (almost 50%). Of the 78 respondents, only 7 centres (9%) said that they did **not routinely collect any information from their participants**, apart from contact information. The amount of information collected (# of variables) did not differ by centre type, size or stand-alone status.

Centres were asked when they collected this data and how they stored it. Most often, participant data was collected when people registered as new members or renewed their centre membership (n = 58; 74.4%). Other strategies for collecting this information were when people registered for programs or services (n=46; 59%), when people dropped into the centre (n=10; 12.8%), and on the first day of programming (n=3; 3.8%). Participant data was stored in manual folders (n=43; 55.8%) and/or electronic databases (n=64; 83.1%).

Table 3.24 Information Routinely Collected from Participants (n=78)

Variable	n (%)
Age	67 (85.9)
Sex	67 (85.9)
Health	37 (47.4)

Variable	n (%)
Marital Status	30 (38.5)
Languages Spoken	26 (32.9)
Reasons for Attending Centre	19 (24.4)
Food Allergies	14 (17.9)
Activities Outside Centre	10 (12.8)
Living Arrangements	11 (14.1)
Ethnicity	11 (14.1)
Use of Mobility Aids	9 (11.5)
Hearing / Vision Problems	9 (11.5)
Transportation Needs	9 (11.5)
Volunteer Interests	8 (10.3)
Income	8 (10.3)
Employment	6 (7.7)
Falls History	5 (6.4)
Education	5 (6.4)
Other	4 (5.1)

TRACKING PRACTICES: Prior to presenting the results on tracking practices used by centres, **Box 3.1** provides a definition of tracking and ways of using this data (i.e., the value added).

Box 3.1 Collecting and comparing the <u>same data over time</u> is widely known as *tracking* or *monitoring* (Myers, 1999; Rossi et al., 2004; Patton, 2012). Tracking allows programs and organizations <u>to see patterns and trends</u> and adjust promotional materials, service offerings and staffing levels accordingly. Such information can help you make informed decisions.

Tracking Participant Characteristics: Centres were asked if they compare participant data over time (e.g., to see whether the average age has changed over the past five years). Half the sample (39 of 78 centres) said yes. Municipal and NFP centres did not differ on whether or not they compared participant data over time. Stand-alone status was also not a factor. However, compared to medium and large centres, small centres <u>were less likely</u> to compare data over time (see **Table 3.25;** χ^2 = 8.847, df = 2, *p* = .012).

Table 3.25 Comparing Participant Data Over Time by Centre Size (n=63)

	% of Small centres (n=23)	% of Medium centres (n=20)	% of Large centres (n=20)
Do Not Compare Data	73.9	35.0	35.0
Compare Data Over Time	26.1	65.0	65.0

Tracking Centre Attendance: Over 80% of respondents (n=64) reported tracking the number of people who attended their centre <u>each day</u>, most commonly through manual sign-in sheets

(n=21; 26.9%) or electronic sign-in systems (n=17; 21.8%) such as MySeniorCenter™ or CLASS™ (see **Figure 3.14**).

Figure 3.14 Mechanisms for Tracking Daily Centre Attendance (n=78)
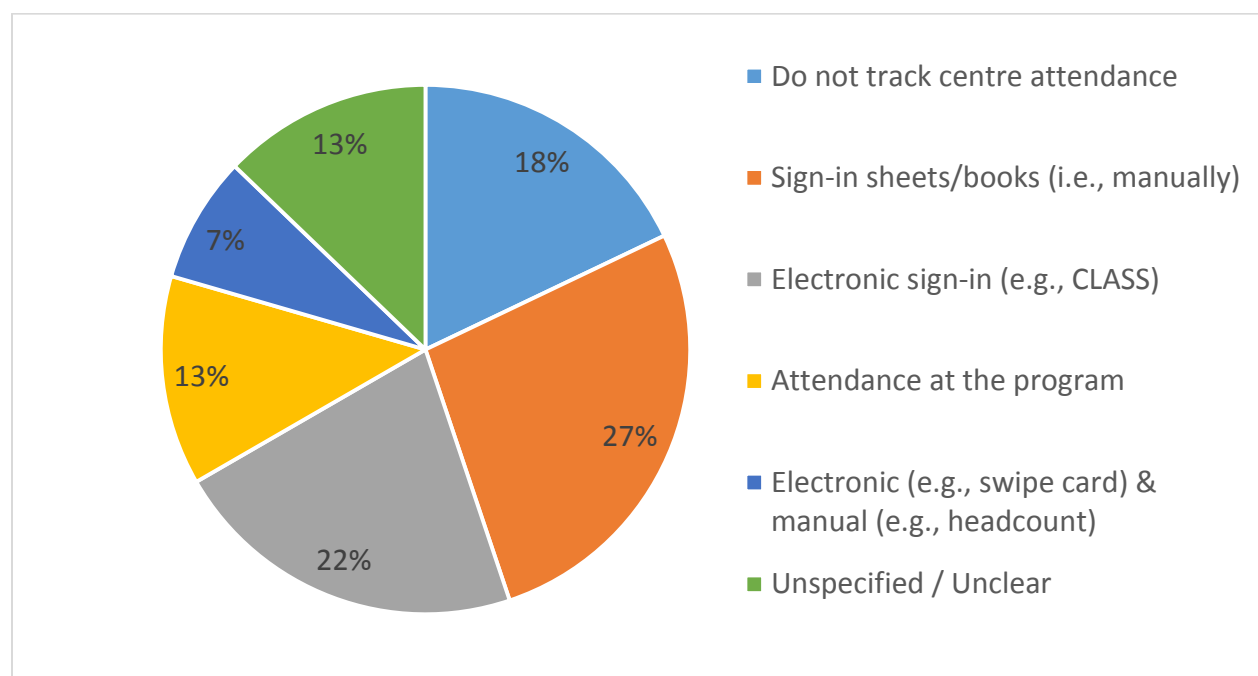
Tracking Non-Renewals: Of the 71 centres who have membership fees (see **Section 3.3.2**), nearly 70% (n=49) tracked individuals who did not renew their centre memberships. As shown in **Table 3.26,** NFP centres were <u>more likely</u> to do so (χ^2 = 8.238, df = 1, p = .004), as were stand-alone centres (χ^2 = 3.726, df = 1, p = .054). Centre size, however, was not a factor.

Table 3.26 Tracking Individuals who do not Renew Centre Membership

		Do not Track	Tracked
Centre Type	Municipal (n=26)	50.0%	50.0%
	Not-for-Profit (n=41)	17.1%	82.9%
Stand-Alone Status	Stand-Alone (n=28)	17.9%	82.1%
	Not Stand-Alone (n=43)	39.5%	60.5%

Tracking Program Attendance: Over 90% (n = 72) tracked attendance for <u>some</u> (n=19; 24.1%) <u>or all</u> (n=53; 67.1%) of their programs. Only 8.9% of centres (n=7) did not track how many people attend programs on a given day. For the 72 centres that tracked individual program attendance, 64 centres described various methods used for tracking, including: individual attendance sheets (n=25; 39.1%), electronic swipe cards (n=13; 20.3%), headcounts (n=4; 6.3%), both individual attendance and headcounts (n=8; 12.5%), or individual attendance collected

manually on a sign-in sheet and electronically via swipe cards (n=5; 7.8%). The remaining 14.1% of respondents (n=9) did not specify the mechanism they use to track program attendance.

Tracking Program Drop-outs: The majority of centres (67.1%) did <u>not</u> track program drop-outs. For those that did, the most common mechanism was through a client management system (12.9%) such as MySeniorCenter™ or CLASS™ (see **Figure 3.15**). Whether or not a centre tracked program drop-outs was not associated with centre type, size or stand-alone status.

Figure 3.15 Mechanism for Tracking Program Drop-outs (n=70)
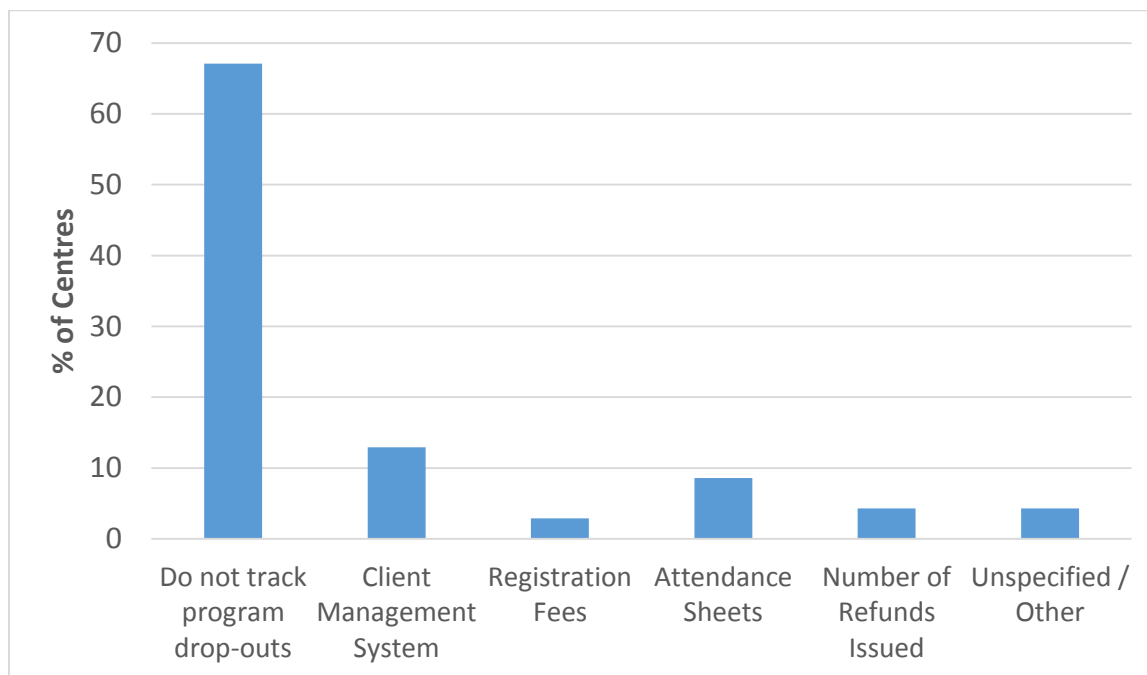
3.4.2 Participant Feedback and Use of Standardized Measures

In addition to collecting background information (demographic, health, etc.), we wanted to examine whether centres obtained feedback from their participants and, if so, when and how. We also wanted to know how many centres used standardized measures and if so, which ones.

PARTICIPANT FEEDBACK: Forty-seven centres reported on whether or not they **followed-up with individuals who did not renew their membership**. While 21.3% (n=10) did no follow-up, 36.2% (n=17) followed-up by phone, 21.3% (n=10) followed up via phone and email, 14.9% (n=7) followed-up with a letter, and 2.1% (n=1) followed up with an exit survey. The remaining 4.3% (n=2) did not specify how they followed up.

Over 90% (n=73) of centres reported **consulting with participants before starting new programs.** This was not related to centre type, stand-alone status, or size.

As shown in **Table 3.27,** the <u>most common methods</u> used by centres (n=79) **to solicit feedback from their participants** were suggestion boxes (n=55; 69.6%) and in-person surveys (n=52; 67%), followed by discussion groups (n=33; 41.8%). Compared to municipal centres, NFP centres were <u>more likely</u> to use discussion groups (χ^2 = 19.360, df = 1, p < .0001) and in-person interviews (χ^2 = 7.434, df = 1, p = .006). Stand-alone centres were <u>more likely</u> to use suggestion boxes (χ^2 = 9.498, df = 2, p = .002), while large centres were <u>more likely</u> to use in-person surveys (χ^2 = 7.226, df = 2, p = .027) and suggestion boxes (χ^2 = 5.934, df = 2, p = .051).

Table 3.27 Methods for Participant Feedback (n=79)

Method	n (%)
Suggestion boxes	55 (69.6)
In-person surveys	53 (67.1)
Telephone surveys	16 (20.3)
Online surveys	21 (26.6)
Mail-out surveys	14 (17.7)
Discussion groups	33 (41.8)
In-person interviews	22 (27.8)
Telephone interviews	14 (17.7)
Talk informally	15 (19.0)
Advisory committees	4 (5.1)
Board meetings	4 (5.1)

Further breakdowns (cross-tabulations for centre type, stand-alone status, and size) on participant feedback methods are provided in **Appendix G**.

USE OF STANDARDIZED MEASURES: The 2015 MPS asked: *"Do you currently use any standardized measures to assess change before and after program participation (e.g., Body Mass Index, Timed Up-and-Go, or scales on well-being, cognition or dietary intake)?"* This question was followed by: *"Would you be interested in learning more about standardized measures and how to examine participant outcomes (i.e., improvement, maintenance or prevention)?"* For an explanation of standardized measures, see **Box 3.2**.

Box 3.2. Standardized measures are often misunderstood as referring to any measure that is the same or used consistently with all clients or participants (such as client satisfaction surveys). While consistency is important, standardized measures have to do with how measures are developed, including evidence for reliability, validity and other psychometric properties. Standardized measures typically have specific instructions for administration and scoring, as well as norms, which will allow you to determine how your participants are performing on the measure in comparison to other people of the same age and sex (Myers, 1999).

Of the 79 responding centres, 69.6% (n=55) said that they had **never used standardized measures**; 6.3% (n=5) had used standardized measures in the past, 16.5% (n=13) were currently using standardized measures <u>for some programs</u>, while only 2.5% (n=2) were using standardized measures <u>for all programs</u>. The remaining 5.1% (n=4) were unsure about whether standardized measures were used in their centre. Over half of centres (51.9%) were interested in learning more about standardized measures.

Sixteen respondents identified the standardized measures that were used at their centre; the <u>Timed Up-and-Go</u> was the most commonly reported (n=5), followed by the <u>PAR-Q form</u> (n=2).

For comparative analyses, data was re-coded as "never used standardized measures" (n=55) and "have used or currently use standardized measures for some or all programs" (n=20). Use of standardized measures was not associated with centre size ($p > .8$) or stand-alone status ($p > .6$). NFP centres were significantly <u>more likely</u> than municipal centres to have used standardized measures currently or in the past (see **Table 3.28**; χ^2 = 5.093, df = 1, p = .024).

Table 3.28 Use of Standardized Measures by Centre Type

	Not-For-Profit (n=44)		Municipal (n=26)	
	n	%	n	%
Never Used Standardized Measures	28	63.5	23	88.5
Have in the Past / Currently Use Standardized Measures	16	36.4	3	11.5

3.4.3 Planning and Decision Making

Evaluation is an integral component of planning (at the organizational/agency and program levels) and informed, evidence-based decision-making (Myers, 1999; Patton, 2012; Rossi et al., 2004). One of the objectives of the 2015 MPS was to learn more about planning and decision-making mechanisms currently in place in OACs. Findings pertaining to accreditation, strategic planning, use of logic models, and planning and decision making are presented below.

ACCREDITATION: Only 8 of the 79 centres in the sample (10.1%) were <u>fully accredited</u>, while six others (7.6%) reported that some of their programs or services were accredited. Five centres noted that while their centre was not accredited, their organization was. The most common accrediting bodies were CARF (n= 5; 45.5%) and Accreditation Canada (n= 4; 36.4%). Four centres reported that accreditation was mandatory; 10 others by choice. Stand-alone centres were <u>less likely</u> (n=2; 6.7%) than those that were not stand-alone (n=2; 6.7%) to be accredited (χ^2 = 4.054, df = 1, p = .004).

STRATEGIC PLANNING: Nearly 50% of centres (n=35) conducted strategic planning, while 21 centres (26.9%) did not. The remaining 22 centres (28.2%) noted that while their centre did not conduct strategic planning, their organization did. Most strategic plans had been created between 2013 and 2015 (65.7%). As shown in **Table 3.29,** a greater proportion of NFP centres conducted their own strategic planning, while municipal centres were more likely to rely on their municipality (χ^2 = 15.020, df = 2, p = .001).

Table 3.29 Strategic Planning by Centre Type (n=73)

	Not-for-profit (n=47)		Municipal (n=26)	
	n	%	n	%
No	17	36.2	3	11.5
No, but our organization does	6	12.8	14	53.8
Yes	24	51.1	9	34.6

Strategic planning at the centre level (in-house) was also associated with stand-alone status (χ^2 = 5.519, df = 1, p = .019) and size (χ^2 = 5.312, df = 2, p = .070), whereby stand-alone and large/ medium sized centres were <u>more likely</u> to have their own strategic plans.

LOGIC MODELS: Only 18 of 79 centres (22.8%) reported having a logic model, primarily developed in-house (13 of 18). Three centres reported using the logic model developed by the OACAO in 2013, one reported using a logic model developed by a consultant, and three used a logic model developed by others. One centre did not indicate how their logic model was developed.

PERSONNEL INVOLVED IN PLANNING, DECISION-MAKING AND REPORTING: The types of personnel involved in centre planning and decision-making are shown in **Table 3.30**; percentages are rank ordered from most to least.

Not-for-profit centres were <u>more likely</u> to involve the executive director (χ^2 = 15.274, df = 1, *p* < .0001) and finance personnel (χ^2 = 5.068, df = 1, *p* = .024) in planning and decision making, while municipal centres were <u>more likely</u> to involve managers/supervisors (χ^2 = 5.918, df = 1, *p* = .015). However, it is important to note that executive directors are much more common in NFPs. Medium sized centres were <u>more likely</u> to involve their board of directors (χ^2 = 10.512, df = 2, *p* = .005), while large centres were more likely to involve managers/supervisors (χ^2 = 9.465, df = 2, *p* =.009) and program coordinators (χ^2 = 8.567, df = 2, *p* = .014) in planning and decision making. Stand-alone status did not impact personnel involved in planning & decision making.

Table 3.30 Personnel Involved in Planning & Decision Making (n=79)

Type of Personnel	n (%)
Board of Directors	55 (69.6)
Program Coordinator	55 (69.6)
Managers / Supervisors	47 (59.6)
Volunteers	44 (55.7)
Centre Participants	33 (41.8)
Executive Director	33 (41.8)
Program Instructors	21 (26.6)
Finance	18 (22.8)
Advisory Committee	4 (5.1)
Other	3 (3.8)

Standing committees: Centres reported having a variety of standing committees (see **Figure 3.16**), most commonly for fundraising (35.4%), programming (26.6%) and finance (25.3%). Compared to municipal centres, NFP centres were more likely to have committees for programming (χ^2 = 5.460, df = 1, *p* = .019), and human resources (χ^2 = 7.219, df = 1, *p* = .007). Meanwhile, stand-alone centres were more likely to have committees for finance (χ^2 = 3.296, df = 1, *p* = .069), property (χ^2 = 8.585, df = 2, *p* = .003), and human resources (χ^2 = 3.813, df = 1, *p* = .051). There were no differences in standing committees by centre size.

Figure 3.16 Types of Standing Committees Found at Centres (n=79)
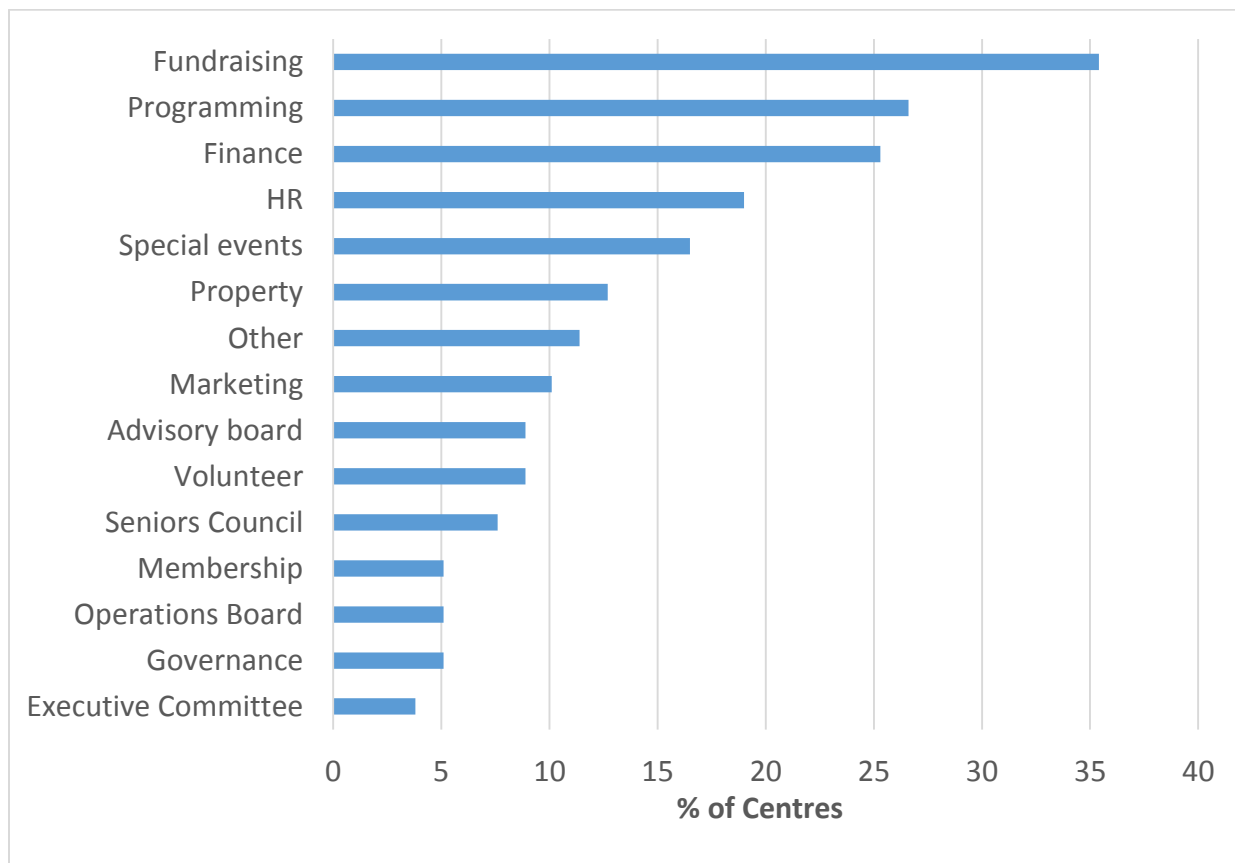
Funding applications and reports: All centres, except one who did not apply for funding, responded to the questions regarding who was involved in preparing funding submissions and reports. As can be seen in **Figure 3.17**, managers / supervisors were most common often involved in preparing funding submissions (54.4%) and reports (46.8%).

Compared to NFP centres, municipal centres were less likely to involve the executive director (χ^2 = 19.715, df = 1, p < .0001), but more likely to involve managers/supervisors (χ^2 = 6.860, df = 1, p = .009), in preparing submissions. However, this finding is expected as municipal centres do not typically have an executive director position. Differences regarding stand-alone status and size were not significant.

Figure 3.17 Staff Involved in Preparing Funding Submissions and Reports (n = 79)
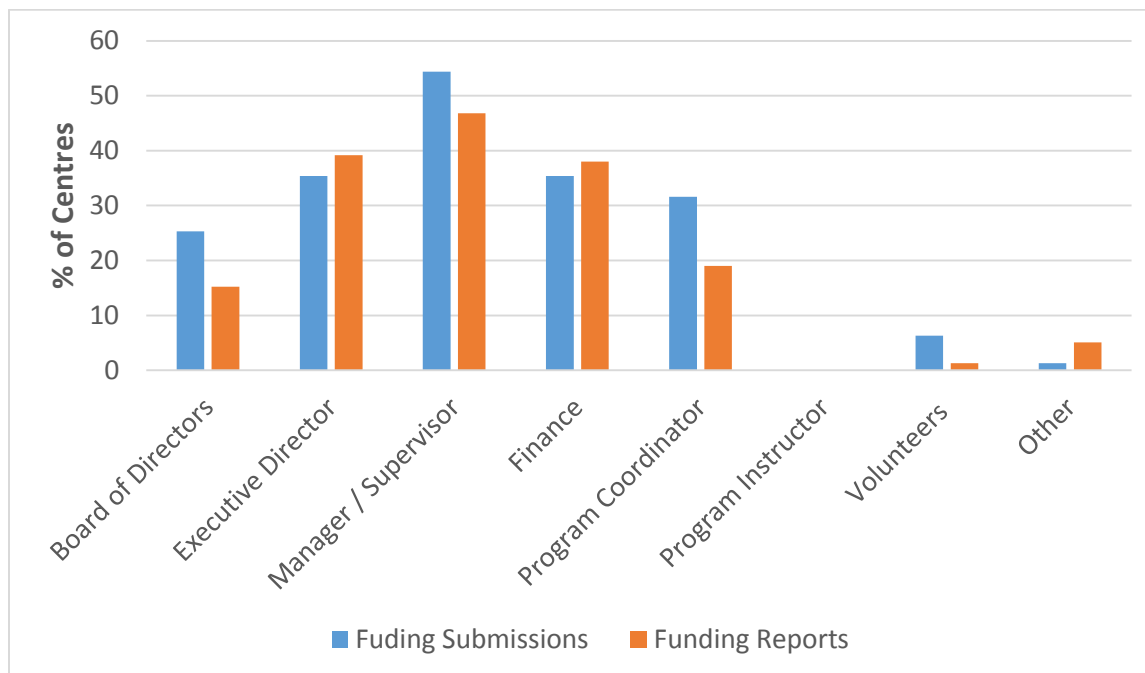
REGULAR PLANNING AND ANNUAL GENERAL MEETINGS: Of the 79 centres, almost 80% (n=62) held annual general meetings (AGMs); only eight (10.1%) did not. An additional nine centres (11.4%) do not hold AGMs, but their larger organization does.

Most centres (68 of 75; 91.7%) held regular planning meetings, typically on a monthly basis (62.7%). A small proportion (7.6%) met weekly, while others met less frequently such as at quarterly, semi-annually (less than 2%) or annually (2.3%).

Breakdowns (i.e., cross-tabulations by centre type, stand-alone status and size) are provided in **Appendix H** for all significant relationships.

3.4.4 Evaluation Beliefs, Confidence and Perceived Abilities

All variables presented in this section were examined according to: type of centre (i.e., municipal versus NFP), stand-alone status, size of centre (small, medium and large), and position of survey respondent (i.e., board of directors/executive director/manager versus program coordinators). Only significant differences ($p < .05$) and relevant trends are noted.

Average ratings and significance levels (p values) for all variables by centre type, stand-alone status, size of centre, and position of respondents can be found in the **Appendix I**.

CURRENT PRACTICES AND BELIEFS: Respondents were asked to rate 16 statements (on a scale of 0 to 4) with respect to how well each reflected current practices and beliefs about evaluation at their centre (where 0 = not at all; 2 = somewhat and 4 = very much so). The average rating for each statement is provided in **Table 3.31.** When interpreting the findings, it is important to consider that not all statements were presented in the same way. To facilitate interpretation, the statements were grouped into four categories as follows:

- **Positive Practices & Beliefs** – Statements 1-5 are worded in a positive direction (i.e., higher rating desired).
- **Negative Practices & Beliefs** - Statements 9-13, 15, 16 are worded in a negative direction (i.e., lower rating desired).
- **External Considerations** – Statements 8 and 14 refer to factors impacting evaluation capacity that are beyond the control of the centre.
- **Other Practices & Beliefs** – Statements 6 and 7 contain two components worded in opposite directions (referred to as "double barrelled" statements), making a single rating difficult to interpret.

Table 3.31 Current Practices and Beliefs about Evaluation

Current Practices and Beliefs	n	Mean	SD
1. Evaluation is integral to our planning & decision making processes	77	3.13	0.95
2. Evaluation is part of our routine management practice	79	2.97	1.05
3. Everyone in our centre believes that evaluation is essential to what we do	79	2.70	1.07
4. We include plans for evaluation, performance indicators, and a budget for collecting this data in all funding proposals	78	2.35	1.32
5. We have (a) designated person(s) tasked with overseeing evaluation	77	1.77	1.48
6. We would like to do more evaluation but are unsure how to get started	76	1.54	1.44
7. We collect information but are not sure what to do with the data we collect	77	1.26	1.20
8. We find requests for evaluation from funders to be vague and confusing	77	1.61	1.23

Current Practices and Beliefs	n	Mean	SD
9. We are hesitant to ask our participants to provide information for evaluation (e.g., due to time)	77	1.21	1.28
10. We are hesitant to ask staff/volunteers to collect evaluation data as they are already busy and this would take time away from service delivery	77	1.32	1.28
11. We are hesitant to collect outcome data as it may show our programs are not "successful" or making a difference	76	0.57	0.93
12. We do not have time to do evaluation	77	1.45	1.30
13. We do not have the expertise and experience in-house to do evaluation	77	1.35	1.38
14. We do not have the money to pay for data collection, entry, and analysis	77	3.04	1.59
15. We do not believe that evaluation is worth the time, effort or money required	76	0.66	1.03
16. Our centre runs effectively and efficiently without evaluation	73	1.03	1.13

The proportion of respondents selecting each rating option (0 to 4) is shown in **Figure 3.18** (Statements 1 through 8) and **Figure 3.19** (Statements 9 through 16). The primary findings are highlighted below. With the exception of Statements 6 and 7, rating categories 3 and 4 were collapsed. For Statements 6 and 7, rating categories 1, 2, 3 and 4 were collapsed.

Positive Evaluation Practices & Beliefs: The majority of respondents (n=62; 78.5%; believed that evaluation <u>was integral to planning and decision making</u> at their centre. Similarly, 68.3% (n=54) of respondents felt that evaluation was <u>integral to routine management practices</u>, and 63.3% (n=50) reported that everyone (e.g., staff and volunteers) at their centre believed that <u>program evaluation is essential</u>.

More than half of respondents (n=42; 53.8%) reported that funding proposals submitted on behalf of their centre included <u>plans for evaluation</u>, performance indicators and a budget for collecting that data. There was a trend for NFP centres (2.57 $\pm$ 1.33) to do this more often than municipal centres (1.96 $\pm$ 1.22); t(71) = 1.925, p = .058. Ratings were positively correlated with the total number of staff at the centre (r = .238, N = 77, p = .037), suggesting that centres with more staff were more likely to include evaluation plans in funding applications.

Over one-third of centres (37.7%; n=29) reported that they had a <u>designated person</u> at their centre tasked with overseeing evaluation activities; 29.9% (n=23) reported having no staff responsible for overseeing evaluation (i.e., rated as 0). There was a trend (t(71.248) = -1.857, p = .067) for stand-alone centres (2.13 $\pm$ 1.23) to be more likely to have a person designated with overseeing evaluation compared to not stand-alone centres (1.53 $\pm$ 1.57).

Negative Evaluation Practices & Beliefs: Less than 20% of respondents (n=13) reported hesitancy in asking participants to provide evaluation data. Similarly, only 16 respondents (20.8%) reported being hesitant to ask staff and volunteers to collect evaluation data, and less than 5% (n=3) were hesitant to collect outcome data that may show their programs are not "successful" or making a difference.

Less than one-quarter of centres (n=17; 22.1%) reported not having the time to do program evaluation. Similarly, 24.7% of centres (n=19) felt they did not have the expertise and experience in-house to do evaluation. There was a trend for the latter belief to be more pronounced in stand-alone centres (1.73 $\pm$ 1.34) compared to not stand-alone centres (1.11 $\pm$ 1.37); t(75) = -1.975, p = .052).

Only 6.5% of respondents (n=5) felt that evaluation was not worth the time, effort or money. Similarly, only 8 respondents (10.5%) believed that their centre ran effectively and efficiently without evaluation. The belief that the centre ran effectively and efficiently without evaluation was significantly higher amongst program coordinators (0.98 $\pm$ 1.37) than those describing their positions as board of board of directors, executive directors or managers (0.77 $\pm$ 1.67); t(23.326) = -2.557, p = .017).

External Considerations: Twenty-six percent of respondents (n=20) found requests for evaluation data from funders confusing; this was true more so for stand-alone (2.00 $\pm$ 1.20) than not stand-alone centres (1.36 $\pm$ 1.19); t(75) = -2.288, p = .025. Over 40% (n=34; 44.2%) reported not having the money to pay for data collection, entry and analysis. Again, this was especially true for stand-alone (2.55 $\pm$ 1.50) compared to not stand-alone (1.73 $\pm$ 1.58) centres (t(75) = -2.253, p = .027).

Other Practices & Beliefs: More than half (65.8%; n=50) had at least *some* interest in doing more evaluation, but were unsure how to start, with over 10% (n=10) rating this belief and practice as "very much so." Similarly, 66% (n=51) felt that, to varying degrees, their centre collects information but does not know what to do with it.

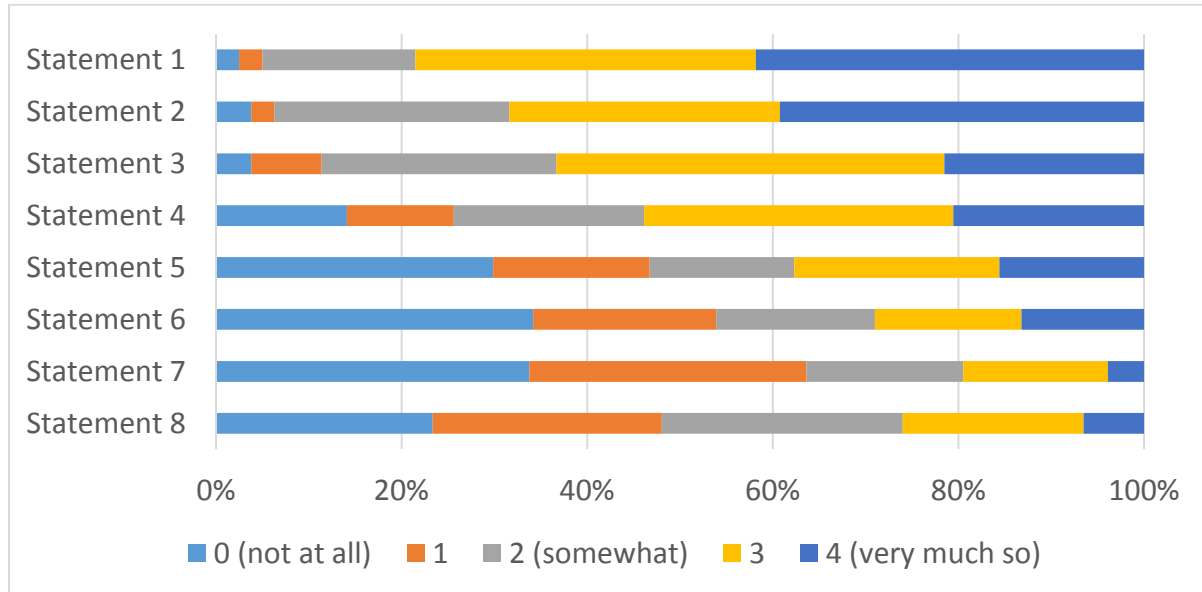**Figure 3.18 Evaluation Practices & Beliefs Statements 1 – 8**

Figure 3.19 Evaluation Practices & Beliefs Statements 9 – 16
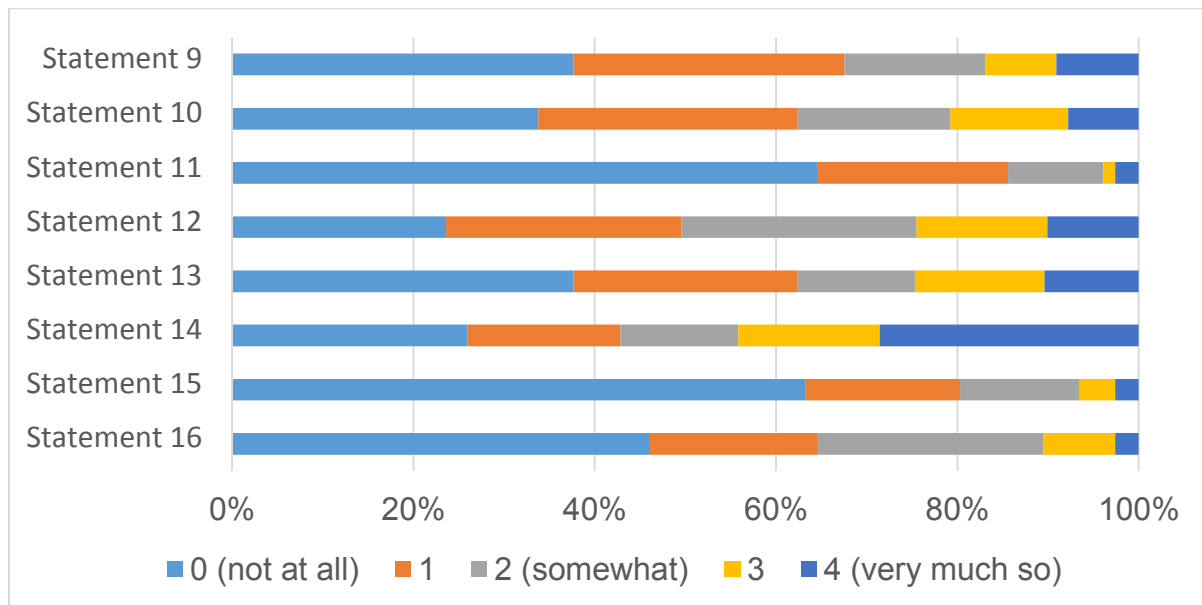
CONFIDENCE: Respondents were asked to rate how <u>confident they were in their centre's ability to conduct evaluation and present credible results</u>. Ratings were provided on a 5-point Likert scale ranging from 0 (not at all confident) to 4 (very confident). The average confidence level was 2.63 $\pm$ 1.02. Over half of respondents (56.6%) were confident (rating 3; n=27) or very confident (rating 4; n=16) in their centre's ability to conduct evaluation and present credible results (Figure 3.20).

Figure 3.20 Confidence in Ability to Conduct Evaluation & Present Credible Results (0 = not at all confident; 2 = somewhat confident; 4 = very confident) (n=76)
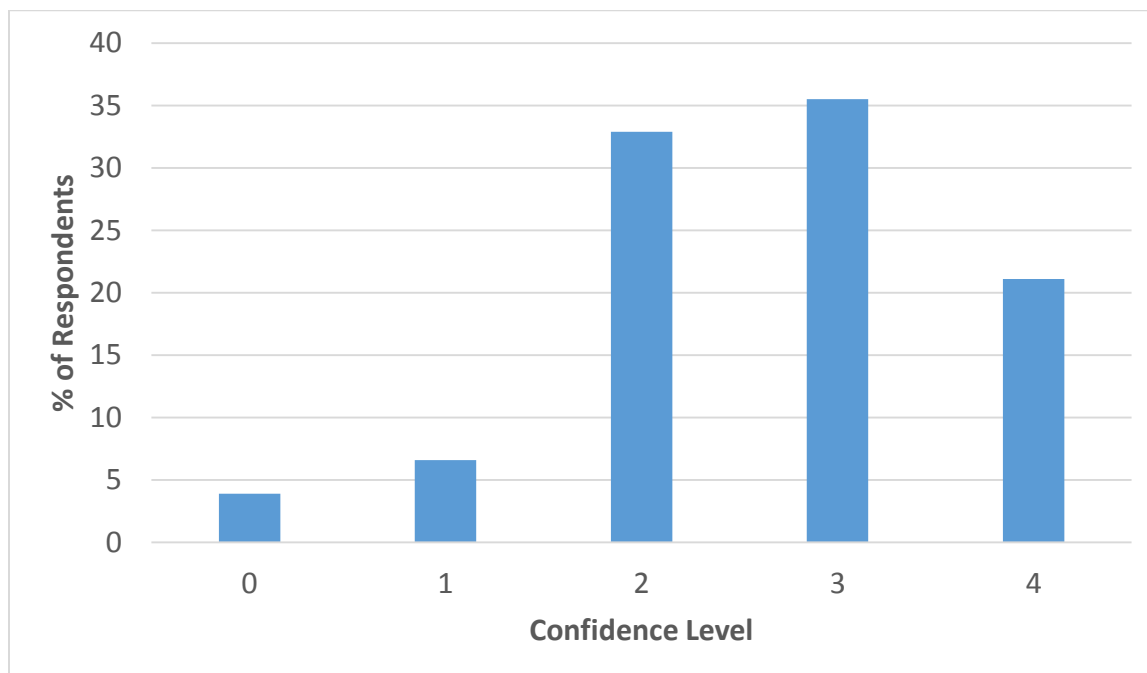
PERCEIVED ABILITIES: Respondents were also asked to what extent they were concerned about their centres' ability to conduct routine evaluation activities and in-depth evaluation studies (shown below). Concern was rated on a 5-point Likert scale ranging from 0 (not at all a concern) to 4 (very much a concern).

- Ability (time and expertise) **to conduct routine evaluation activities**, such as tracking participation and drop-out rates or examining changes in participant profiles.
- Ability (time and expertise) **to conduct in-depth evaluation studies** such as needs assessments, outcome studies or cost analyses.

Ability to conduct <u>routine </u>evaluation activities was a concern (i.e., rated as 3 or 4) for 54.6% (n=42) of respondents, and the average concern level was 2.52 $\pm$ 1.31 (see **Figure 3.21**).

Nearly 70% of respondents (n=53) reported their ability to conduct <u>in-depth evaluation studies</u> was a concern (i.e., rating 3 or 4; see **Figure 3.21**). Overall, the average rating was 2.83 $\pm$ 1.27; stand-alone centres (3.20 $\pm$ 0.93) were significantly more concerned than not stand-alone centres (2.60 $\pm$ 1.41); t(74.916) = -2.272, *p* = .026.

As can be seen from **Figure 3.21**, proportionately, respondents were **more concerned** about their centres' abilities to conduct in-depth evaluation studies than routine evaluation activities.

Figure 3.21 Concern about Evaluation Abilities (n=77)
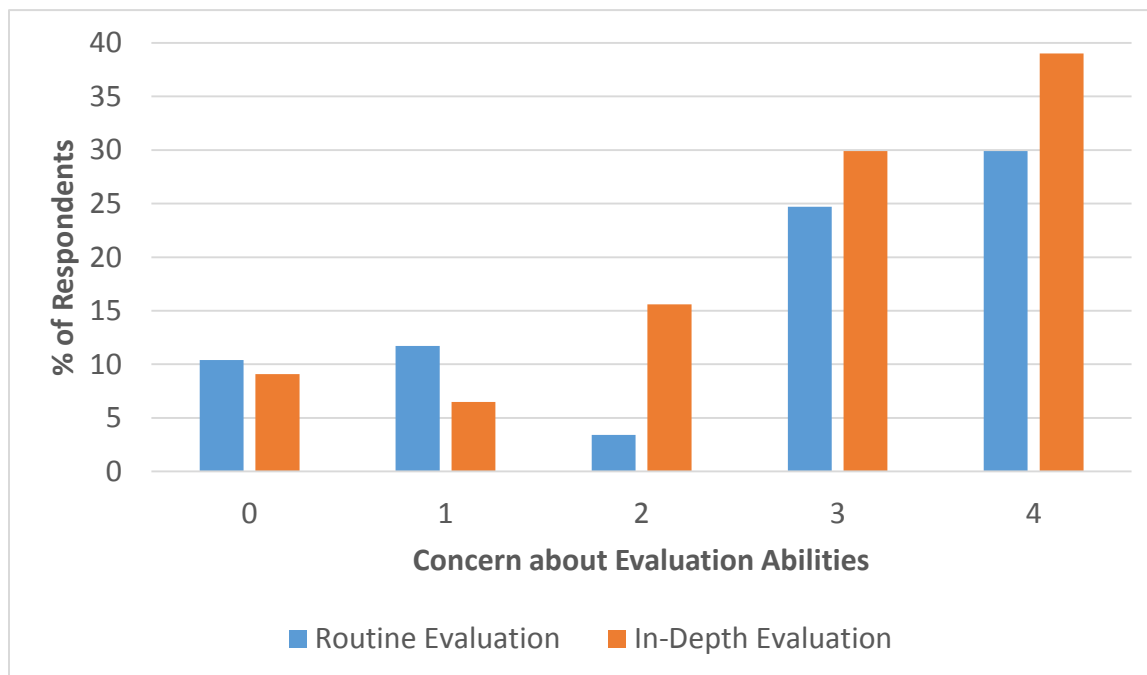
3.4.5 Interest in Evaluation Resources and Training

Centres were asked which types of resources would help them conduct program evaluation. The response options and proportion of the sample that selected each option (rank ordered in terms of frequency) are presented in **Table 3.32.**

Overall, templates (71.4%) were of most interest, followed by strategies for engaging volunteers and participants (62%). Seven centres (9%) said they had everything they needed.

Table 3.32 Interest in Resources for Conducting Program Evaluation (n=77)

Resources	n (%)
Templates (e.g., for collecting participant information)	55 (71.4)
Strategies for engaging volunteers and participants in evaluation	48 (62.3)
Funding	46 (59.7)
Guidelines for data collection	43 (55.8)
Training on how to do evaluation and interpret results	40 (51.9)
Technical assistance	31 (40.3)
None thank you, we have everything we need	7 (9.1)

As shown in **Table 3.33,** NFP centres were more likely to indicate they needed funding for evaluation (χ^2 = 6.612, df = 1, p = .010), whereas there was a trend for municipal centres to want guidelines for data collection (χ^2 = 3.082, df = 1, p = .079). Type of centre was not associated with interest in any other resources. No differences emerged for stand-alone status or size of centre.

Table 3.33 Interest in Guidelines and Funding by Centre Type

		Not Interested		Interested	
		n	%	n	%
Guidelines	Not-for-profit (n=46)	24	52.5	22	47.8
	Municipal (n=26)	8	30.8	18	69.2
Funding	Not-for-profit (n=46)	14	30.4	32	69.6
	Municipal (n=26)	16	61.5	10	38.5

4. Follow-up Interviews

Follow-up telephone interviews were conducted with 16 centres, approximately two months after survey completion. For details on the selection process (including a general profile of participating centres) and structured interview protocol, see **Section 2.4** of the Methods.

All interviews were audio-recorded and partially transcribed following the structured script and prompts. Each interviewer independently examined the eight interviews they had conducted, prior to compiling the results. Verbatim quotes from different centres were selected for illustration purposes.

4.1 Confidence Conducting Evaluation and Presenting Credible Results

As described in **Section 3.4.4,** MPS respondents were asked to rate confidence in their centre's ability to conduct evaluation and present credible results on a scale from 0 to 4 (0 = not at all confident; 2 = somewhat confident; to 4 = very confident). One centre skipped this question but provided their centre's confidence rating in the interview. The follow-up interviews further explored the factors influencing evaluation confidence.

The two centres who reported no confidence (rating = 0) acknowledged they did not do any evaluation. One felt that evaluation *was "not necessary if program attendance was good;"* while the other found evaluation *"quite overwhelming"* and was unsure how to begin. Another centre attributed their low confidence (rating = 1) to their struggle in getting members to complete surveys.

Three centres were somewhat confident (rating = 2). One noted: *"we don't do a written evaluation […] we know we are doing something well because a lot of people attend [and] everybody seems to be happy."* Similarly, the second centre indicated they did not have a formalized structure for evaluation and relied on talking to program participants. The third centre expressed dissatisfaction with how they evaluated their programs, noting that emotion often drove their decision-making.

Six centres who rated their confidence as "3" (38% of the sample) were able to give detailed examples of how they conduct evaluation. For instance, some reported using e-surveys or doing pre- and post-assessments for fitness programs. However, two centres ascribed their confidence level to their ability to increase membership and activity levels.

Centres with the highest confidence (rating = 4) included two of the largest centres both having extensive experience applying for grants and conducting program evaluation activities. One

noted their larger organization offered evaluation support, while the other credited their high confidence to having professional staff trained in evaluation techniques and data collection. Two other centres with the highest confidence (one small and one medium-sized) attributed their confidence to the use of the CLASS system (small centre) and the interviewee's prior training in evaluation (medium centre).

4.2 Comfort with Funding Applications and Reporting

In applications and reporting templates, funding agencies often ask centres to specify "inputs," "outputs," "demonstrable results or outcomes," and "performance indicators." Respondents were asked how comfortable their centre was addressing these specifications, and to what extent this requirement influenced their centre's decision to submit funding applications.

Half of the centres (n=8) were uncomfortable with evaluation-related questions on funding applications and reports for a variety of reasons, including: having never filled out a funding application, fear of misunderstanding the questions and providing incorrect answers, and finding the application process too cumbersome or detailed and thus did not apply. Others had given up filling out grant applications because they had been unsuccessful in the past, while another noted that they disliked applying for funding as it required them to ask intrusive questions of their members.

Conversely, other centres (n=8) were fairly or very comfortable with funding applications, with one centre submitting up to 20 per year. Centres noted that the evaluation questions allowed them to prepare for new programs by creating work plans and had a better understanding of what data needs to be collected and tracked, and how best to do so. As one centre remarked, *"We build our programs around the questions […] if you're thinking of a new program, you need to know what your inputs are, and what your outcomes are going to be, and what the goal of the program is and [how] the goal lines up with the organizations strategic plan or mission."*

However, even some centres who said they were comfortable with funding applications noted that *"tying your [program] goals and objectives into your results is sometimes difficult."* Training and having staff/volunteers experienced in doing funding applications and reports were considered key assets.

4.3 Evaluation Activities

The 2015 MPS contained several questions pertaining to evaluation activities, including: tracking member renewals, attendance and dropouts; collecting participant background information; soliciting participant feedback; and using standardized measures to track

outcomes. Interviewees were asked if they felt their centre was currently doing a good job of collecting, interpreting and, if required, reporting such information.

Five centres reported they were **<u>not</u> doing a good job** of collecting, interpreting and reporting evaluation data. The most common reasons for this included: reliance on manual data collection, challenges pertaining to tracking (e.g., volunteers not logging their hours), lack of time and a systematic process to follow-up with program participants and program dropouts. One smaller centre said that collecting background information on participants was not necessary as everyone knew each other.

Conversely, 11 centres felt that, overall, they were doing a good job with their evaluation activities, although most noted there was room for improvement. Several respondents wanted to learn more about what participant background information was important to collect, and also how best to analyze that data. As one centre stated, they *"would like to improve on the analysis; taking time to go through and review [their data] to see what markets [they are] not hitting."* Another centre, who used a client management system, discussed how *"it has a ton of reports [that are not always used] and there is a wealth of information sitting there."* Some (n=2) spoke of a recent transition from manual data collection to MySeniorCenter and how this transition made it much easier to collect participant information and track program attendance.

4.4 Logic Models

Only two of the 16 centres interviewed had logic models, one of which was developed by their larger organization and reviewed annually. Both centres used their logic models for strategic planning to ensure that new programs aligned with the centre and/or agency's goals. Another centre (who did not have a logic model) felt that logic models were cumbersome; nevertheless, they were interested in how to develop and use logic models.

4.5 Program Evaluation Resources

As shown in **Section 3.4.5,** MPS respondents were asked to identify the types of resources that would help their centre conduct evaluation from a list that included the following options: technical assistance, templates (e.g., for collecting participant information), guidelines on data collection methods (e.g., how to develop surveys, or conduct and analyze focus groups), training on how to do evaluation and interpret results, strategies for engaging volunteers and participants, funding for evaluation, and none thank you, we have everything we need. Eleven interviewees discussed their need for various resources off the checklist, one of whom noted that resources also had to be available in French. Two additional centres noted that while they required resources, they were unsure what they needed.

Technical Assistance was requested to analyze data from client management systems (e.g., CLASS or MySeniorCenter), and produce graphs and charts. Another centre expressed some dissatisfaction with their current data storage practices (using Excel) but felt they did not have IT support to develop a more sophisticated database.

Respondents felt that **templates** would help ensure that they were: "*ask[ing] the right questions [in a way] that makes the information easy to gather and easy to analyze*." Suggestions included templates for specific types of programs (e.g., fitness classes, art classes), as well as a standardized or common membership application form. While most centres felt they would benefit from templates, one noted that their ability to use certain templates would depend on data collection guidelines from their municipality. One of the larger centres with more experience in evaluation noted that they had already created their own templates.

As the examples concerning **guidelines on data collection methods** were surveys and focus groups, not surprisingly respondents focused on these methods. Specifically centres requested examples of well-written survey questions/response options, as well as a guidebook on how to conduct focus groups. One centre wanted assistance with **data interpretation**, stating: "*we have all this information but I'm not sure how to get the best usage out of it.*" Another centre suggested that general resources and support on data collection and analysis would benefit staff. One other recommendation was to have program development guidelines that outline how best to offer specific programs (e.g., a fitness program) and provide suggestions for data collection (including what data to collect and when to do so).

Several centres discussed their need for assistance in **engaging volunteers and participants in evaluation.** Many respondents indicated that participants were reluctant to provide personal information, and they wanted help with explaining the importance of evaluation to both participants and volunteers/staff collecting data. Several respondents further commented on the challenge of involving program facilitators/conveners in conducting surveys and acting on feedback, as many felt that conveners lacked evaluation knowledge. As one respondent remarked: "*getting the importance across to volunteer conveners as to why it is important to evaluate so they can remind the members and explain to them.*"

Although most centres indicated they would like **funding for evaluation**, few specifics were given. One centre wanted funding "*in order to try different approaches to evaluating programs and getting feedback,*" while another said that funding would allow them to hire someone with expertise to assist in conducting program evaluation.

Of particular interest were the three centres who felt that they had **everything they needed to do evaluation**. One qualified that their response pertained only to their registered programs. The remaining two offered their key to success with evaluation activities. One who had done several evaluation projects suggested formulating a "*committee of council"* with stakeholder representatives to serve as a *"gateway into finding out what is going on at the centre."* The final centre indicated that a healthy budget, a client management system, and an open-door policy with members were important for successfully evaluating their programs. This centre also suggested that centre staff should audit (i.e., observe and participate in) programs and build relationships with participants as a way to foster buy-in for data collection activities.

4.6 Participation in Evaluation Workshops

Most centres expressed excitement about the planned upcoming evaluation training workshops. One noted, *"We're not doing much of any of it, so anything is an improvement, so we can get started,"* while another was looking forward to having a tool that all centres could use. For those not likely to attend, location and workshop content were noted as influencing their attendance. Several mentioned that board and staff members were likely to attend, but some were wary of committing board members to a full-day session as they were already contributing a lot of hours to their centre.

Webinars were seen as a way to involve more staff and board members, especially for centres with few staff and/or limited travel budgets. Several felt it would be difficult to participate in a live, uninterrupted webinar, thus archived webinars would be of value. One centre did not have the on-site facilities (e.g., fast internet) to participate in a webinar.

4.7 Sharing Knowledge from Evaluation Workshops

Interviewees were asked how they might share knowledge from evaluation workshops with other staff, board members and volunteers at their centre. Suggestions included providing copies of PowerPoint slides, handouts and/or other workshop materials, either hard copies or posts on the OACAO website. Some further suggested distributing materials on USBs or DVDs for those with limited internet access.

Many interviewees noted running training sessions with staff, board members and volunteers at their centre is not always feasible, as there is **"*only so much time when you get back to teach others."*** It was suggested that *"precise and short"* handouts, templates, and tip sheets summarizing the training be available. Summary materials could also refer to more detailed information that could be available online for those who are interested.

5. Discussion

As outlined in the Introduction, the objectives of this project were to:
1. Revise and administer the Member Profile Survey (MPS) to profile OACs; and
2. Assess the extent of evaluation activities and capacity at the local centre level, including resources, data collection and tracking, use of standardized measures, strategic planning, and interest in evaluation training and resources.

We first summarize and discuss the results pertaining to the profile of OACs, beginning with response rate and sample representativeness. Next, we look at changes over the past two years by comparing the 2015 and 2013 MPS findings, and discuss significant differences which emerged with respect to centre type, stand-alone status and size. Associations found with respect to staffing levels and position of respondents are also discussed.

The examination of evaluation activities at the local centre level was unique to this project and has not been previously assessed by the OACAO. Therefore, questions pertaining to evaluation were created and included in the 2015 MPS, and follow-up interviews were conducted with select survey respondents to further examine evaluation capacity. The key findings are summarized and discussed in **Section 5.2.** Prior to presenting the conclusions and implications of this study, **Section 5.3** discusses other important considerations to keep in mind when interpreting the results.

5.1 Profile of OACs

5.1.1 Response Rate and Sample Representativeness

An invitation to complete the 2015 MPS was sent to 126 contacts from an up-to-date OACAO membership directory. A total of 71 (56%) completed the survey. As presented in **Section 3.1**, survey respondents and non-respondents did not differ in any important respects. Although seven questions were added to the survey based on feedback from the pilot sample, the eight pilot sites did not differ from the main sample with respect to operational characteristic, justifying merging the two samples for analyses (refer to **Section 3.2**). **Thus the overall response rate was 59% (79 of 134).**

The response rate for the 2013 MPS (58%) was very similar; 105 centres were invited and 61 fully completed the survey. The 2013 MPS survey contained 77 questions and was conducted between March and May. The 2015 MPS contained 99 questions and was administered between August and October. Similar to previous years, those who completed the survey were entered into a draw for a gift certificate.

In the spring of 2015, the Ontario Seniors' Secretariat (OSS) conducted an extensive survey of EPC funded centres, which may have adversely affected the number of responses to the 2015 MPS. Over three quarters (77%) of the current sample were EPCs, some of who mistakenly believed that they had already completed the same survey for the OSS. Conducting the survey in August was also not ideal as many centres had reduced staffing (due to holidays) or closed during the summer.

5.1.2 Changes in OAC profiles over the past two years

The OACAO was interested in learning how, if at all, OACs had changed over the past two years. Specifically, they were interested in knowing if centres were attracting younger members, more men, or culturally diverse participants. The OACAO was also interested in learning if OACs were experiencing different types of challenges with respect to funding, infrastructure and program delivery, or if they wanted different types of resources.

It is important to note that comparisons of the 2013 and 2015 MPS results were descriptive only. Statistical analyses would entail creating a combined database and entering data from respondents who had completed both surveys. Only 60% of the 2015 MPS respondents had completed the 2013 MPS. Moreover, questions were not identical in the two surveys. The few descriptive comparisons that could be made are described below.

With respect to **sex**, the 2015 MPS found that centre members were predominately female (68%), similar to what was reported in 2013 (70%). With respect to **age**, the largest group was still those between 65 and 74 years (40% in 2015 compared to 37% in 2013). In 2013, only 14% were under 65. In 2015, this had increased slightly to 19% (5% of whom were under 55 years of age). Some OACs still report having **difficulty attracting diverse seniors** (in terms of ethnicity, languages spoken, sexual orientation, and aboriginal populations) and many centres are still reporting issues with attracting male participants and younger seniors.

The primary issues/challenges facing centres (i.e., funding, space for programs, and attracting volunteers and younger participants) were similar to those found in 2013. Use of OACAO resources remained largely unchanged, with the most popular resources being the newsletter and the OACAO website. In both years, OACs wanted resources on fundraising, programming, and attracting younger seniors. In 2013, centres also desired resources on volunteer management, while in 2015, centres desired assistance with attracting male participants.

The percentage of centres who had developed a **strategic plan** increased from 45% in 2013 to 66% in 2015. Twenty-seven percent of 2015 respondents reporting not having a strategic plan,

compared to only 19% in 2013. While this appears to indicate a downward trend, in 2015 we combined the data on centres who did not currently have a strategic plan in place with those who had never developed one.

5.1.3 Differences between centres

We were interested in how differences between centres (e.g., type of centre, stand-alone status and size of centre) may influence the challenges facing OACs and the resources they needed to address these challenges. The 2013 MPS examined some differences by type of centre (i.e., municipal versus NFP), however they did not look at stand-alone status or centre size. A summary of differences is provided below.

Municipal and Not-For-Profit Centres: After removing the centres who checked both, there were proportionately more NFP centres (68%) compared to municipal centres (38%) in the current sample, identical to the breakdown reported in the 2013 MPS. The 2013 MPS report highlighted a few differences between NFP and municipal centres, namely the latter centres tended to be newer and larger in terms of square footage, number of members and volunteer workforce. Funding was also less of a concern for municipal centres.

In comparison, in 2015, NFP and municipal centres did not differ on operational characteristics such as hours of operation, number of staffing and volunteers, or number of members. Operating budgets were identical, however, NFPs relied more on non-governmental sources (e.g., user fees and fundraising) and were more interested in event planning and fundraising.

Similar to 2013, NFP centres were more concerned about obtaining and sustaining core and one-time funding. This may be due to municipal centres relying on their municipality for funding; however, it could also be due to the challenges NFPs face in identifying and applying for one-time grants and core funding. Relatedly, NFP centres were also more concerned about covering utility costs and conducting maintenance or repairs.

While there were no differences with respect to participant age and sex distributions, or types of programming in 2015, municipal centres were more likely to offer evening programs and have access to a swimming pool. NFPs, on the other hand, were more likely to provide support services such as friendly visiting, transportation and telephone reassurance. Municipal centres were also more likely to charge variable member fees, likely because their municipality requires them to charge higher fees for non-residents and offer age discounts (e.g., for those 80+).

Stand-Alone and Not Stand-Alone Centres: The current sample comprised of proportionately fewer stand-alone (39%) than not stand-alone (i.e., part of a community support agency or community centre; 61%) centres. The two groups did <u>not</u> differ on operational characteristics such as hours of operation, staff and volunteer levels; however, stand-alone centres were older and tended to have more members. While total operating budgets did not differ, stand-alone centres were more likely to rely on donations, sponsorship, and fundraising and were more concerned about securing cash donations.

A concern for not stand-alone centre was having to share or compete for space with other groups (e.g., youth programs), while stand-alone centres were more concerned that the structure of their building limited their growth potential (i.e., serving more members and offering more programs), and ways to keep participant fees affordable. Overall, the two groups did not differ with respect to the other challenges examined in the present study.

Stand-alone centres were more likely to offer transportation services and have access to a gymnasium, but less likely to offer weekend programming. The profile of members (i.e., age and sex distribution) did not differ, even though stand-alone centres expressed greater interest in learning ways to attract men and ethno-cultural seniors. Stand-alone centres were also more likely to use the OACAO list serve and reports (e.g., the 2013 MPS report). As well, such centres were more interested in learning how to run effective boards.

Small, Medium and Large Centres: There was an even proportion of small (1 – 300 members; 36%), medium (301 – 1000 members; 33%) and large centres (1000+ members; 31%) in the present sample. While the 2013 MPS used different cut-points (less than 200; 200 – 499; 500 – 999; 1000 – 2000; and more than 2000), the proportion of centres with more than 1000 members was almost identical (30% in 2013 compared to 31% in 2015). The average number of members was slightly higher in 2013 (i.e., 1006) than in 2015 (i.e., 888), although declining membership was viewed as a greater concern in 2013.

As expected, centre size was related to most operational variables (e.g., hours of operation, staff and volunteer levels). Operating budgets also differed, with large centres having bigger budgets. Small centres were less likely to have EPC special grants and Canada Summer Jobs grants, and a bigger percentage of their budget was derived from non-governmental sources (e.g., participant fees, fundraising). They may not apply for summer job grants if they reduce their hours of operation or close for some or all of the summer.

<u>Large centres</u> were <u>less</u> concerned about attracting program volunteers; this may be related to the fact that large centres are more likely to have designated volunteer coordinator positions.

Having more staff also may reduce the dependence on volunteers. They were more likely to offer outdoor physical activities, ethno-cultural programming, foot care, hearing clinics and transportation. Programming differences are likely due to larger centres have bigger budgets and more staff, and thus are more equipped to offer more programming.

Medium sized centres were more interested than larger centres in certain topics (no significant differences emerged for small centres), including: integrating younger and older seniors, establishing community partnerships, and having effective boards. Large centres may be more established in these areas.

Smaller centres generally offered less programming than medium and large centres, including night programs, weekend programs, indoor physical activities, over-night trips, and intergenerational programming.

Staffing Levels and Positions: Some of the issues faced by centres were also related to staffing levels (i.e., total number of staff) and/or the position of the survey respondent (i.e., board of directors/executive director/supervisor versus program coordinators).
Centres with more staff were more concerned about parking at or near the centre (likely due to having more members and thus more demand for parking) but were less concerned with marketing ability, attracting new participants, increasing levels of participation, and keeping participant fees affordable.

Compared to those in other positions, program coordinators were more concerned about centre accessibility and access to public transit. This is likely due to the fact that they deal directly with centre members/participants and are more aware of mobility and transportation needs. Securing in-kind and non-cash donations were also rated as a greater concern by program coordinators compared to those on the board, or in a supervisor or director positions.

5.2 Extent of Evaluation Activities

Section 3.4 contains the detailed survey findings on evaluation practices and beliefs, while **Section 4** contains the follow-up interview results. This section highlights and discusses the primary findings which emerged from the surveys and interviews. Also noted are significant differences that emerged by type of centre, stand-alone status and centre size.

5.2.1 Routine Data Collection and Tracking Practices

- Apart from age and sex, centres collected limited information on their participants.
- Only half the centres compared participant data over time (e.g., to see whether age of members had changed). Smaller centres were less likely to do so.

These findings indicate that many OACs, particularly small centres, could use assistance with data collection and tracking. This finding was supported by the interviews, where some people specifically said that they wanted to learn more about what participant data to collect and how best to analyze the data. Detailed profiles of participants are necessary to: 1) determine the extent to which centres are reaching their intended target audience and whether their client profile changes over time; 2) examine characteristics of high versus low frequency users, as well as adherers versus dropouts; and 3) examine which types of clients benefit most when doing outcome evaluation (Myers, 1999). As well,

- 80% reported tracking the number of people who attended their centre each day.
- 67% tracked attendance for <u>all</u> programs and 24% tracked attendance for <u>some</u> programs, using various methods.
- Only a third of centres overall tracked number of program drop-outs.
- 70% of centres with membership fees tracked number of non-renewals. NFP and stand-alone centres were significantly more likely to report this practice.

Centres need to collect data on <u>both</u> joiners (new members) and drop-outs in order to determine whether their membership is growing or declining. Documenting individual program attendance (versus aggregate attendance or total head counts) and centre usage is also important for several reasons, including: 1) examining patterns of use; 2) monitoring if patterns of usage change over time; and 3) examining benefits relative to rate of participation when doing outcome evaluation (Myers, 1999). Electronic systems are far more efficient that manual record keeping practices, as noted by several interviewees who had switched from a manual process to using a client management system for collecting participant data and tracking program attendance.

5.2.2 Participant Feedback and Use of Standardized Measures

- Suggestion boxes (70%) and in-person surveys (67%) were used most often to obtain participant feedback. This was particularly true for large and stand-alone centres. NFPs were more likely to use discussion groups and in-person interviews to obtain feedback.
- 70% had never used standardized measures. NFPs were more likely to have used standardized measures currently or in the past.
- Over half the sample was interested in learning more about standardized measures.

It is important for centres to understand the limitations of client satisfaction surveys (such as response bias), particularly when used as a proxy indicator of participant benefits (Myers, 1999). Standardized measures administered pre and post participation are required for credible outcome evaluations. These topics will be addressed in the evaluation training workshops and webinars being offered as part of Phase 2 of the PGP project.

5.2.3 Planning and Decision Making

Evaluation is an integral component of planning (at the organizational/agency/centre and program levels) and is necessary for informed decision-making (Myers, 1999; Patton, 2012; Rossi et al., 2004).

- Nearly half reportedly did strategic planning, with 66% of strategic plans created in the past three years. A greater proportion of NFP centres conducted their own strategic planning, while municipal centres were more likely to rely on their municipality's strategic plan. Stand-alone and large or medium centres were also more likely to have their own strategic plans.
- Only 23% had logic models. These tended to be developed in-house with only three centres using the one developed by the OACAO in 2013 for EPCs.
- Centres involved various personnel in planning, decision-making and preparing grant applications and reports. The most common standing committees were for fundraising, programming, and finance.
- Close to 80% held an annual general meeting; 92% held regular planning meetings, typically on a monthly basis.

5.2.4 Evaluation Beliefs, Confidence and Perceived Abilities

Generally, respondents were positively predisposed towards evaluation, as shown below.

- 79% believed evaluation was integral to planning and decision-making at their centre.
- 68% felt that evaluation was integral to routine management practices.
- 63% reported that everyone (e.g., staff and volunteers) at their centre believed that program evaluation is essential.
- 54% reported that funding proposals submitted on behalf of their centre included plans for evaluation, performance indicators and a budget for collecting that data.
- Only 7% felt that evaluation was <u>not</u> worth the time, effort or money.
- Only 11% believed that their centre ran effectively and efficiently <u>without evaluation</u>.

It is important to consider that these findings may be influenced by *social desirability bias* or the tendency for respondents to present themselves in a positive light and/or report what they

think the recipients (in this case the OACAO) want to hear. This is not likely the case here, as centres were willing to acknowledge challenges and voice concerns:

- 22% reported not having the time to do program evaluation.
- 25% (particularly stand-alone centres) felt they did not have the expertise and experience in-house to do evaluation.
- About 20% were hesitant to ask participants for information and ask staff or volunteers to collect evaluation data; especially stand-alone centres.
- 26% found funders' requests for evaluation data confusing, particularly stand-alone
- 44% reported not having the money to pay for data collection, entry and analysis.
- 55% were concerned about their ability to conduct routine evaluation activities; this jumped to 70% with respect to conducting in-depth evaluation studies.
- 57% were confident or very confident in their centre's ability to conduct evaluation and present credible results.
- Only 38% had a designated person at their centre tasked with overseeing evaluation.
- 66% expressed interest in doing more evaluation but were unsure how to get started.

Similarly, the interviews yielded mixed findings, namely some centres were confident in doing evaluation and comfortable addressing such questions from funders, while others were not. Thirty percent of interviewees reported that they were **currently not doing a good job** of collecting, interpreting and reporting evaluation data for a variety of reasons. Conversely, 70% felt that overall they were **doing a good job, but there was room for improvement**.

Together, the findings clearly show that OACs **vary widely** with respect to existing evaluation **"capacity,"** based on the extent to which they were doing evaluation, had mechanisms in place for evaluation activities, and integrated evaluation into planning and decision-making. Fostering commitment to evaluation throughout the organization (all stakeholders), particularly when based on success (e.g., demonstrating participant benefits, securing funding using evaluation data), is known as building a **"culture of evaluation."** As one of the interviewees noted, *"getting the importance across to volunteer conveners as to why it is important to evaluate so they can remind members and explain to them."*

5.2.5 Interest in Evaluation Training and Resources

Centres were asked which types of resources would help them conduct program evaluation. Overall, templates (71%) were of most interest, followed by strategies for engaging volunteers and participants (62%), funding (60%), guidelines for data collection (56%), training on how to do evaluation and interpret results (52%), and technical assistance (40%). Seven centres (9%) said they had everything they needed.

Additional information came out in the interviews. For instance, as one interviewee noted: *"we have all this information but I'm not sure how to get the best usage out of it."* With respect to templates, interviewees explained that these would help ensure that they *"were asking the right questions [in a way] that makes the information easy to gather and easy to analyze."* Suggestions included templates for specific types of programs (e.g., fitness classes, art classes), as well as a common membership application form. One of the larger centres, with more experience in evaluation, noted that they had already created their own templates.

Most interviewees expressed excitement about evaluation training workshops. One noted, *"We're not doing much of any of it so anything is an improvement, so we can get started,"* while another was looking forward to having a tool that all centres could use. Webinars were seen as a way to involve more staff and board members, especially for centres with few staff and/or limited travel budgets. A number of good suggestions were also offered for sharing information with other staff, board members and volunteers at their centre.

5.3 Additional Considerations when Interpreting the Results

Several study limitations (e.g., response rate, potential social desirability bias) have already been discussed. Below is a list of other issues that should also be considered.

1. For the most part, questions on the 2015 MPS (budget, staffing, programming, etc.) deliberately **focused on the centre level**. Nonetheless, it is important to **consider the broader context** in which centres are situated, as shown by the significant differences which emerged between stand-alone and not stand-alone centres, as well as NFP and municipal centres. Centres that are part of a larger organization (e.g., community centre or support agency) or municipality may have specific guidelines and regulations they are required to follow, including those pertaining to strategic planning, programming, and data collection. Larger, multi-service organizations are also more likely to have personnel to assist with marketing, budgeting, grant applications and evaluation.

2. While there was a fairly even distribution of small, medium and large centres using our cut-points, there were proportionately more NFP centres and proportionately fewer stand-alone centres. Ideally, the sample would comprise relatively equal proportions; however, our study used a **convenience sampling approach** (attempting to reach as many OACs as possible) as opposed to a **stratified sampling approach** (aiming for equal distributions of certain types of centres). The latter would have reduced the total sample size. Moreover, we could not determine stand-alone status in advance as the

OACAO does not collect this information on their membership form.

3. When comparing centres on multiple characteristics (i.e., type, stand-alone, status, size), <u>it is critical to examine whether these variables are related.</u> NFPs did not differ significantly from municipal centres with respect to stand-alone status or size (whether quantified by average number of members or proportion of small, medium, and large centres). Stand-alone centres, however, were significantly more likely to be classified as "large." Nevertheless, some differences emerged for stand-alone status where size was not a factor (e.g., concerns about keeping participant fees affordable). This suggests that the influence of stand-alone status may extend beyond size.

4. There are risks in doing a large number of comparisons; specifically, it increases the chance of finding significant differences, some of which may be spurious (i.e., **emerge by chance alone**). Ideally, multiple factors are examined together using regression analyses. Unfortunately, the sample size was too small for such analyses.

5. All methods, including surveys and interviews, have pros and cons (Myers, 1999). While the electronic survey allowed us to reach the full OACAO membership, some had problems accessing SurveyMonkey (e.g., due to slow internet) and others may have felt uncomfortable providing certain information over the internet. Another problem, common to all types of surveys, is that respondents often do not take the time to complete open-ended questions requesting further details. Follow-up interviews allowed us to gather more in-depth information and explanations concerning responses to selected evaluation questions on the survey. However, due to project constraints (time and budget), we were only able to conduct brief telephone interviews (15-20 minutes) with 16 centres, limiting the content that could be covered and the generalizability of the findings

6. Conclusions and Implications

The 2015 MPS and follow-up interviews provided a profile of OACs who were members of the OACAO at the time of the project, and included an overview of evaluation practices and beliefs. The survey captured centres from all eight OACAO regions and respondents did not differ from non-respondents with respect to type of centre, size or EPC funding. **Notwithstanding, the response rate was only 59%, limiting the generalizability of the findings**.

As noted above, this is the first examination of evaluation practices and beliefs of OACs by the OACAO. Only a few prior studies have examined evaluation capacity and challenges in NFPs. For example, Carmen & Fredericks (2010) studied organizations offering social services, services for persons with disabilities, and housing. We did not find any studies in the published literature that focused specifically on OACs. Our environmental scan of older adult centre associations in other provinces and territories found that very few offered evaluation training and resources; none mentioned reports similar to the 2015 MPS on their websites.

Similar to the present study, Carmen & Fredericks (2010) used surveys (albeit by mail) and follow-up telephone interviews with a select sub-sample of organizations. The primary challenges to evaluation identified by their sample were: insufficient resources (e.g., not enough staff, time, money), limited expertise (e.g., technical support), and lack of leadership and support from funders and boards. Similar to the present study, information was gathered from only one stakeholder (i.e., the person who completed the survey and interview on behalf of their organization).

As a first step, the 2015 MPS provided a cursory examination of evaluation practices across OACs. **Box 6.1 describes what is involved in a thorough *evaluability assessment***. Our project timeline and resources did not allow us to travel to every OAC and club across the province to conduct site visits, document reviews, or interviews with multiple stakeholders. Fortunately, **Phase 2** of our project (i.e., the live training workshops) presents the opportunity for our team to visit several different centres and interact face-to-face with attendees from multiple centres. In **Phase 3**, we will work closely with the centres involved with selected evaluation projects for several months, while in **Phase 4** we will work with the individuals who choose to become regional evaluation leaders.

Box 6.1. To determine a program or agency's needs for evaluation (both routine data collection and in-depth studies such as process or outcome evaluations), external consultants often begin with an extensive assessment of existing practices, capabilities and resources, commonly known as an *"evaluability assessment"* (Rossi et al., 2004; Myers, 1999). Evaluability assessments entail: <u>site visits</u> (observations of the facility and programs in action); <u>document review</u> (e.g., strategic plans, logic models, participant forms, record-keeping practices, assessment tools); and <u>interviews</u> with **key stakeholders** (such as board members, directors, program managers or supervisors, instructors or service deliverers, volunteers if applicable, as well as participants or users). One purpose of these interviews is to find out what each of the stakeholder groups would like to know about their programs/services and users. Another is to understand the culture of evaluation and decision-making processes within the unit and the umbrella organization, if applicable.

6.1 Utility of this Report

Information, advocacy and opportunities: This report provides the OACAO membership and Board of Directors with an up-to-date <u>profile of OACs</u>, including where they are located, who they serve, programs and services provided, challenges faced, evaluation activities and beliefs, use of current OACAO resources and desire for further support. Individual centres can use the report <u>to compare with and learn from other centres.</u>

In addition to the funders of the PGP project (i.e., MCIIT), the OACAO may also wish to share some or all of the results with other government bodies such as the Ontario Seniors' Secretariat (OSS), or the Ministry of Health and Long-Term Care (MOHLTC).

The study also identified opportunities for the OACAO to support OACs (e.g., by helping centres gather ethno-cultural information on their communities, working with centres on marketing strategies and grant applications, and encouraging strategic planning). In October 2015, the OACAO introduced its OSS funded Strategic Planning Toolkit. This Toolkit, available online at oacao.org, offers as an easy-to-use guide for OACs, EPCs and seniors clubs/organizations across Ontario that have not yet developed their own plans.

Revisions to the OACAO membership application & renewal form: Questions from the 2015 MPS that were particularly useful in profiling OACs are being added to this form. A more detailed and up-to-date membership directory will enable the Executive Director and Board to easily and accurately respond to requests for information from various bodies including but not limited to OSS or the MOHLTC.

Developing evaluation training and resources: Findings from the 2015 MPS and interviews will assist the project team in developing evaluation workshops, webinars, as well as toolkits (e.g., data collection templates and guidelines) for OACs. For instance, we intend to create and pilot-

test a prototype participant background questionnaire to enable OACs to collect common data (e.g., demographics, health, transportation/mobility needs). The template will include sections for different types of programs (e.g., for participants taking fitness classes) and allow for centres to add their own questions of interest. Interviewees who mentioned that their centres already have templates will be contacted for input. Additionally, the adoption of credible (psychometrically supported) outcome measures (such as the Vitality Plus Scale, which assesses psychophysical well-being), would greatly facilitate the collection of evidence on the benefits of participation in centre programming (Myers et al., 1999).

The interviewees themselves recognized the importance of getting buy-in and support for evaluation from volunteer conveners, program instructors, staff, board members and participants at their centre. This is what is meant by developing "a culture of evaluation." One goal of this four phase project is to increase the commitment to evaluation within and across OACs by showing feasibility and successes, particularly through the pilot projects.

Advancing knowledge: Throughout this report, definitions and explanations of key methodological, statistical and evaluation concepts are provided. By showcasing this information (often in distinct boxes), we hope that *all readers* will gain a better understanding of what is involved in collecting, analyzing and interpreting survey and interview data. These are only two of the methods that will be addressed in the upcoming evaluation training workshops and webinars. Recognizing what you don't know or are unsure about and asking questions (e.g., *what is a standardized measure?*) is often the first step in the learning process. Training workshops and webinars (phage 2 of the PGP project) will provide evaluation training so that OACs can get started and/or improve on upon their current practices.

7. Acknowledgments

8. References

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