

highlights

Winter, 2002

Highlights of the Heart Health Resource Centre 2000-2001 Evaluation

Right up front

THANK YOU

to all of the people who contributed to the evaluation of the HHRC this year. We know it was more involved than previously and there is never a good time to ask for more information. The results are extremely valuable as we, just like community coalitions, plan our future. We also hope that you, our primary audience, also find them of interest. Again, our thanks!

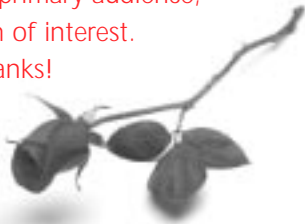


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Introduction

A formal evaluation of the HHRC products and services has been conducted every year since 1997-98 by VIRGO Planning and Evaluation under the management of Dr. Brian Rush.

This evaluation report covers the fiscal year 2000-2001.

The feedback questionnaire addressed:

- the core set of accountability questions about usefulness, satisfaction with, and perceived impact of HHRC products and services.
- some issues concerning the consultation service versus the new coaching program*
- the role of the HHRC as a point of access to the provincial resource centre system and other national or international initiatives.
- perceived support for continuation of a resource centre dedicated specifically to heart health and future needs with respect to a potential shift of the OHHP to more of a chronic disease prevention focus.

* The **consultation** service is available as a support service to the local heart health coalition as a whole, while the **coaching** program is available specifically to the Heart Health Co-ordinator.

Data collection strategies

A questionnaire was developed for distribution to each Heart Health site for completion by the site Co-ordinator (or his/her designate) and the survey was conducted between May and August 2001. Forty-one surveys were distributed (37 communities but 4 additional Coordinators in Toronto). A very high response rate of 90.2% was achieved. Our lips are sealed as to who the four non-respondents were – YOU KNOW WHO YOU ARE!

Individual site data is not provided to the HHRC. Results are reported in grouped format, supplemented by themes drawn from open-ended comments.

To supplement the quantitative information from the site questionnaires, ten semi-structured telephone interviews were conducted with Heart Health Co-ordinators or their designate in August and early September 2001.

The interviews covered the following topics:

- services most highly valued
- the coaching program and consultation service
- the listserv and potential use of searchable databases
- perceived support, risks and challenges for a potential shift to a chronic disease prevention focus

Results

a) Usage of HHRC products

Previous years' evaluations have shown a high level of use of the products and services offered by the HHRC. This year was no exception, with each site/community accessing that which is most practical and useful to them at their particular stage of development. The most frequently used services were the regular mailouts (83.6% "used frequently"); the newsletter (75.7%); and the listserv (73.0%). Workshop manuals and workbooks were also popular and are reported on separately below.

The increased use of the listserv is noteworthy (up from 60.0% to 73.0% for the "using frequently" category). This confirms the trend that had been previously established toward increasing comfort level and use of electronic means of communication.

With respect to specific workshop manuals, the results show varying levels of use. The workbook on Planning for Sustainability was the most frequently used (64.9%), followed by Evaluation – Objectives and Indicators (45.9%) and Comprehensive Program Planning (43.2%).

Results (Cont'd)

b) Dissemination Strategies:

With respect to the strategies by which the HHRC disseminates reports and other print material, two related themes have emerged consistently in previous years - the increasing use of electronic means of communication through the Internet, and the difficulty the Co-ordinators have managing and getting through the volume of material sent out. This year the Heart Health Co-ordinators were asked to rank order their preference for the manner in which they receive reports or written material. Interestingly, email attachments were clearly preferred, followed by print/hard copies.

c) Searchable database:

Based on feedback obtained in last year's evaluation, and follow-up focus groups with local Coordinators, the HHRC is currently developing a searchable database as a means of extending their reach through electronic dissemination strategies. This database will summarize the heart health activities across the province and their respective resources.

Summary:

To summarize the evaluation findings with respect to strategies used by the HHRC to disseminate its products and service, data indicates:

- a continuation of the marked trend seen over the last two years in the comfort level and almost universal usage of computers by local Co-ordinators, in particular using email and the listserv as communication tools. While the majority now prefer receiving materials as e-mail attachments, some still prefer more traditional print materials.
- continued interest and participation in workshops, particularly those held regionally rather than centrally;
- a high interest in the soon to be released searchable databases of both local project activities and resource materials.

Satisfaction and Perceived Impact of Individual HHRC Products and Services

a) Satisfaction

There was a very high level of satisfaction expressed toward the work of the HHRC, with percentages ranging between 75% to 99% for almost all services and products. An exception was the HHRC website (45.0% were "very" or "somewhat" satisfied). The satisfaction ratings for the Current Abstracts and the Best Practices Resources were also quite low compared to the other products and services (14.7% and 15.2% "very" satisfied, respectively).

The consultation service and the coaching program, received very high satisfaction ratings. The Newsletter has consistently been identified as a highly valued product in previous years' evaluations.

With respect to individual workshops, and workshops in general, the satisfaction ratings were also quite high. They typically ranged from 30% to 50% "very satisfied", with an additional 40% to 60% "satisfied". The workshops on "Planning for Sustainability", "Policy and Heart Health" and "Volunteers in Heart Health" and the "Orientation to Heart Health (03/01)" received the highest "very satisfied" ratings.

b) Impact

Also considered was the respondents' perceptions of the impact on local capacity for heart health programming. The value of individualized support to the Co-ordinators is clearly shown in the impact ratings provided by those who accessed the consultation service and the coaching programs (e.g., 77.7% considered the impact of the consultation service as "very high" or "high", and 80% [8 of 10 people] provided these high ratings for the coaching program). The services and products with the lowest impact ratings were those for which this might be expected based either on their more limited nature (e.g., Current Abstracts (9.1%)), or lower levels of utilization (e.g., web site 9.5%).

The workshops and related materials considered to have had the highest impact were "Planning for Sustainability" and "Evaluation and Heart Health Objectives/Indicators".

Overall impact on different aspects of community capacity:

- The overall pattern of responses suggests that the perceived impact of the HHRC is not dependent on any one or two products and services. Rather, it is the range of products and services that is the key to the success of the HHRC.
- When asked to cite any specific product/service having a particularly low impact no one product or service was singled out.

A broad range of HHRC products and services were cited by the people interviewed as "most helpful". These included:

- mailout packages
- support to the Heart Health Network
- the newsletter
- (regional) workshops and workbooks
- consultation services
- listserv
- Current Abstracts
- telephone support (i.e. "just contact when needed")
- the orientation workshop and packages

Of these, the workshops, the consultation service and the listserv were the most consistently identified.

Moving beyond the perceived impact of specific HHRC services and products, respondents were also asked to think about the total bundle of services and products and rate their overall impact on local capacity for heart health programming. Consistent with last year's evaluation findings, the highest ratings were given for the overall impact on learning and developing new skills. Impact on time spent on programming was also notable (24.3% "very high impact"). The perceived impact on the comprehensiveness of local programs and quality of work of the coalition were comparatively low.

Resource Centre 2000-2001 Evaluation

Special Topics

a) Consultation Service ~ Rated Highest for "Impact"

The consultation service, now in its third year of operation, was accessed last year by about two-thirds of local Co-ordinators and coalitions (67.6%). The satisfaction ratings for the consultation service were second only to the ratings offered for the coaching program. This is a marked increase over last year and these impact ratings are the highest ratings given to any individual HHRC product or service.

b) Coaching ~ Rated Highest for "Satisfaction"

During the past year the HHRC launched a new "coaching program" that provides one-on-one support to the local heart health Co-ordinator. This supplements the support available to the overall coalition through the consultation service. In this first year of the program, it was accessed by 10 Co-ordinators. The support helped with such things as review of the local sustainability plan, and advising on strategies for conflict resolution or other issues around coalition building. Eight of these 10 individuals were "very satisfied" with the program and the reported impact ratings were second only to that offered for the complementary consultation service.

Summary of Consultation and Coaching Services

This positive feedback on the coaching program and consultation service notwithstanding, some important issues arose in the responses to specific questions about the coaching program in the survey questionnaire and during the follow-up evaluation interviews. First, the distinction between the two types of support was not clear to about one-third of Co-ordinators responding to the survey. When asked in the survey why they had not accessed the program, four themes emerged:

- they were not aware of the program
- they were too busy on a daily basis to reflect and think about what it could do for them specifically
- they were new to the position and still identifying areas of support needed
- they felt they did not need this level of support either due to their own experience or having access to this type of support locally

When asked if the two coaches (Nancy Dubois and Dave Courtemanche) had the necessary skills to provide this service for the HHRC, the majority of survey participants were in agreement.

Future Support Needs:

Local heart health Co-ordinators were also asked to rate each of several areas of support that they envisioned needing over the next 2-3 years; that is beyond this last official year of the Ontario Heart Health Program.

The perceived need for two types of general support stand out

- 75.6% "very high" or "high" for information exchange
- 67.5% "very high" or "high" for networking

With respect to the perceived need for supports specific to heart health, four of the more notable areas include coalition building/maintenance (81% "very high" or "high"); sustainability (65.2%); program evaluation (67.5%) and local policy development (64.8%). These findings echo the results from last year's evaluation and are consistent with the ongoing support needs for maturing health promotion programs.

Finally, some Co-ordinators went beyond what kind of supports were needed and commented on how support might be better provided. Suggestions ranged from more centralized product development and dissemination, to ensuring there are multiple methods for accessing supports, resources and information.



Potential Shift Toward a Broader Chronic Disease Prevention Focus:

Reflections of the Co-ordinators on the core supports from a dedicated resource centre that have helped build community capacity for heart health promotion provide some further insight into the most valued supports from the HHRC. Among 37 respondents, 22 (59.5%) cited the training opportunities, 14 (37.8%) mentioned the networking and provincial coordination activities (e.g., support to the OHHN, "making connections", listserv); 12 (32.4%) noted the consultation and coaching supports; 10 (27.0%) cited information dissemination such as the mailouts and newsletter; and 9 (24.3%) noted the resource materials (e.g., tools, Best Practice materials). Other services and supports were also mentioned, including "everything"; "being there when needed over the phone" and just being a "dedicated support service".

When asked how supportive they would be to a potential shift from this dedicated resource for heart health to a more chronic disease prevention focus, the survey respondents were overwhelmingly supportive (82.4% "very supportive"). Two main themes around this supportive stance emerged:

1. The most notable aspect of the support for this transition was the extent to which the same risk factors are seen as interconnected and considered to be involved across several areas of health promotion which are now programmatically separate (e.g., heart health, nutrition, diabetes).
2. Secondly, many considered the framework and linkages to now be in place to take the work in heart health to this broader level. Indeed, in many communities, it was the "same people" at the table. There was also the sense that much is transferable from heart health to this broader area of CPD. Many commented further that the shift to chronic disease prevention was already happening in their communities, especially in terms of plans for sustainability.

The potential benefits to broadening the focus from heart health to CDP included:

- preventing duplication
- fragmentation and competition
- achieving higher impact
- creating efficiencies through improved collaboration across the centres or perhaps through merger of selected centres

Support for this change, however, did not come without some perceived risks. The following are some representative concerns:

- "on paper should work - should be easier but only if people really buy in and be less territorial"
- "in order for heart health to expand into CPD more resources will be required and professional development to deal with multiple risk factors"
- "how would they coordinate/integrate with mandatory programs; were seen as needed in terms of this potential shift to a chronic disease prevention focus included information on current research trends and issues (81.0% "very high" or "high"); transitioning the coalition to new thematic areas (75.6%); program evaluation (74.8%); Best Practice programs (72.9%); inclusion of MOHLTC programming in training events (62.1%); and revamping programs to new thematic areas (59.4%)."

Discussions on the Future Direction of the HHRC

The feedback from the Co-ordinators consistently paint a very positive picture – the products and services are frequently used, and, with very few exceptions, very positive ratings emerged in terms of user satisfaction and self-reported impact on several dimensions of individual and community capacity for heart health promotion.

From the perspective of program accountability, these positive results provide ample evidence that the products and services of the HHRC are highly valued at the local level and that, from a provincial perspective, the HHRC has been very effective in fulfilling its mandate with the Ontario Heart Health Program. The data does, however, highlight important challenges for the HHRC, from the perspective of their own planning and ongoing service enhancement.

Given local community dynamics, the individual heart health coalitions remain at quite different stages and "site maturity". Thus, they draw on the products and services of the HHRC in a highly variable manner; using the supports that best meet their local needs. The strength of the HHRC lies not only in the generally high quality of individual products and services, but also the considerable range of supports that they provide – information dissemination, networking, training, consultation and one-on-one coaching, as well as basic telephone support. The old adage "different strokes for different folks" certainly applies and the customer-oriented focus of the Centre underlies the high satisfaction and perceived impact ratings. It may also be the "Achilles heel" of the Centre since their success in so many areas makes for very difficult choices in prioritizing work goals and activities.

This solid performance record with such a broad range of products and services may not be sustainable in a period of rapid change within provincial context, and at a time when the Centre may need to branch out in new directions or seek new opportunities. With the current level of resources some prioritization of current products and services may be required.

With respect to the strategies used by the HHRC to disseminate its products and service, the data indicates a continuation of the marked trend seen over the last two years in the comfort level and almost universal usage of computers by local Co-ordinators, in particular using email and the listserv as communication tools.

Recommendation: Both electronic and print strategies continue to be employed by the HHRC, however time frames and communication strategies within the local sites need to be put in place to facilitate a clear shift to electronic means of dissemination.

In the context of broader strategic planning and consultation, the HHRC development and dissemination of Best Practice resources, for heart health promotion in particular, needs to be critically examined. In the current era of "evidence-based decision making" one can't argue with the Centre's investment in Best Practice material. Although highly valued by some local Co-ordinators and coalitions, this material is not a "stand out" among the range of HHRC products and services.

On the other hand, the high interest in the searchable database of programs suggest that some Co-ordinators and coalitions are still on the lookout for new programs to implement.

Recommendation: The HHRC solicit more feedback from the local sites about the best manner in which to support them with "Best Practice" material.

Among the range of HHRC products and services the Consultation Services (introduced three years ago) and the Coaching Program (introduced this year) received very high satisfaction and impact ratings.

Recommendation: The HHRC consider expanding its roster of consultants and, in particular, consider mechanisms that may allow the more experienced local Co-ordinators to fill this role in other communities".

Recommendation: The HHRC re-advertise the availability of the coaching program to all heart health Co-ordinators and re-emphasize the distinction between the coaching programs and the consultation service.

With respect to the potential shift toward a broader chronic disease perspective, it is difficult to draw a specific recommendation from the evaluation data since there is as yet not a clear statement of direction from the MOHLTC. However, the feedback from the Co-ordinators shows overwhelming support for this shift. A broader strategic planning process for the HHRC, involving the MOHLTC and other key stakeholders, will be undertaken to ensure an effective transition of the HHRC and perhaps other partners in order to address this broader and more challenging role. The evaluation data clearly suggest there will be an ongoing need for support at the local level for sustaining, and further enhancing, capacity for health promotion related to heart-related and other chronic disease.

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