Fact sheet: 4

Promoting the health of older people: evaluating approaches and methods

Background

This fact sheet is designed to provide an introduction to evaluation approaches and methods. Its aims are:

- to help you choose the evaluation approach most suited to your project and to the resources at your disposal
- to assess the possibilities for conducting the evaluation yourself.
Introduction

This fact sheet has been produced as part of the Health Education Authority's Older People Programme. Despite many examples of health promotion interventions targeted at older people, evaluation of projects is lacking and many projects and programmes are being mounted and replicated without any real evidence that the project will achieve its objectives (Ashton, 1998).

The evaluation approaches and methods introduced in this fact sheet are not exclusive to working with older people; the points made are general. It is also important to note that the term 'older people' covers a wide age range, often from age 50 upwards. It is difficult, therefore, to give any precise guidelines specific to the evaluation of projects targeted at a heterogeneous group of older people. However, the following questions indicate some of the issues, which are worth exploring in the course of planning evaluation of interventions for groups of older people.

- What scope is there for involving older people in setting the evaluation questions and in participating in the evaluation process? How can this be achieved?

- Will the evaluation include the views of hard-to-reach groups? (Depending on the project being evaluated, this might be ethnic minority groups, people who have hearing impairments, frail or housebound people, etc.)

- Do any potential respondents have health-related needs? (For example visual or hearing impairment, problems of physical access to a venue, mental health problems, etc.) What steps can be taken to include such groups?

In the sections which follow, we will look at:

- the reasons why evaluation is useful and worth spending your time on
- how you can develop a simple evaluation plan
- a range of methods and approaches to carrying out an evaluation
- some of the main issues and problems you will have to think about.
Why evaluate?

There are many good reasons for evaluating your projects and programmes. For instance:

- to assess whether you have achieved your aims and objectives
- to find out what went wrong if some, or all, of your objectives have not been met
- to monitor progress throughout the project and make any necessary changes before things go wrong
- to feed back information to everyone participating in the project, including older people
- to use the final results to inform the planning and implementation of future work (in your own organisation/local area and elsewhere)
- to indicate to funders the best use of resources.

*Evaluation helps you to measure efficiency, progress and effectiveness throughout the life of your project and to share that information with other people.*

How do I evaluate?

There are many ways to carry out evaluation and a wide range of methods to choose from. What you do will depend on the type of project you plan to evaluate, your resources (for example time, money, skills), who will conduct the evaluation, and what you want to achieve from the evaluation. Whatever you decide to do, it is necessary to plan your evaluation, to begin at the start of the action project or programme and to keep careful documentation throughout of all the decisions and all the evaluation activities taken by you (and your collaborators).

The evaluation plan

1. Identify the aims of the evaluation.
2. List available resources.
3. Identify individual(s)/agencies responsible for conducting the evaluation.
4. Draw up procedures to address ethical concerns.
5. List process indicators and outcome indicators.
6. Define what measures you will use.
7. List the range of possible methods for gathering information.

It is worth noting right away that evaluation takes a lot of time – planning it, choosing appropriate methods, collecting the information, analysing the results and interpreting the findings. But it can be rewarding as well!
Definitions

Aim: The aim of the programme or project is a broad statement of the strategic purpose or intent of the project, for example to improve the quality of life of older people in a residential home/housing estate/geographically defined area; to reduce accidents among older people; to increase knowledge among older people and their carers of the benefits of, and opportunities for, physical activity. Part of the evaluation will be to assess the extent to which the aim has been achieved.

Objective: Programme or project objectives are more specific goals, which are seen as contributing towards the broader aim, for example to provide transport and opportunities for regular outings; to provide older people, their carers and relevant professionals with information about possible hazards in an older person’s environment. Evaluation will help you to assess whether objectives have been met.

Evaluation aims: These are not the same as programme or project aims, for example the evaluation of a project to improve access to leisure facilities in a local area might have the following aims: 1. to assess whether the project aim (to improve access) has been achieved; 2. to assess whether project objectives have been achieved (for example increase range and frequency of transport; improve access for wheelchairs and install lifts in leisure centres; provide the target group with more information about leisure possibilities); 3. to assess and explain uptake or lack of uptake of different leisure facilities.

Indicator: Data (or information) which allow you to measure the extent to which you have met (or failed to meet) your objectives, for example the number of outings (and number of people going on outings) before and after a project to improve transport and opportunities for regular outings. There are different types of indicators and in the sections below two types will be introduced:

Process indicator: This provides data which help you to understand the process of the work, why the project might have failed or why you may have had to make changes to the projects, for example if there is poor uptake of additional transport and opportunities for outings, what is the explanation? Interviews with groups of older people might reveal problems with the type of outings arranged, the days or times when transport is available, the approach of project workers, etc.

Outcome indicator: Short-term indicators show the immediate effect of a project on the target group, for example the satisfaction rating which older
people give the transport facilities at their disposal before and after the project; the extent to which there is an increase in knowledge about the benefits of physical activity after an information campaign. Long-term indicators might include data on health or functional improvement over a period of time; sustained participation in an activity; and sustained improvements in a service.

Baseline data: This is information about the target group, the problem you wish to address, or the situation you are aiming to change, as it exists before the start of the health promotion programme or project, for example the number of older people attending physical exercise classes; the availability, regularity, and appropriateness of transport facilities; the number of older people attending a casualty department as a result of falls; the views of older people about services, or leisure facilities or feelings about safety. Without collecting baseline data, it will not be possible to measure the success of the project.

In the sections below, we will take, as an example, a fictitious health promotion programme in a local area, which aims to improve the quality of life for older people. One of the initiatives, Project Safety, is designed to reduce the number of falls among older people. This project involves a trained worker conducting regular safety checks in the homes of older people, discussing hazards with them and advising on safety. We will follow this example through the evaluation steps listed earlier.

1. Identify aims of the evaluation

If you look back at the section on ‘Why evaluate?’ you will see that we have already listed some basic evaluation questions (or aims). The evaluation should allow you to measure the extent to which the project objectives have been achieved, to monitor the progress of the project, and to interpret and explain the findings.

The evaluation of Project Safety would aim to:

(a) assess the extent to which falls have been reduced in the target group
(b) assess the reduction in the extent of hazards in the client group’s environment.

However, you may also want the evaluation to consider a number of other factors, which, in theory, might be important for the success of the scheme, for example:

(c) the extent to which the project is acceptable to the client group
(d) whether the scheme is cost-effective.
And you might want to know whether this particular initiative has contributed to the overall aim of the health promotion programme by helping to improve the quality of life of older people.

Your evaluation might, therefore, aim to assess reduction in falls, reduction in the risk of falls, acceptability of the intervention to older people, cost-effectiveness of the scheme, and the extent to which quality of life has been improved. How much of this can actually be done – and whether you can conduct the evaluation yourself or require specialist support – will depend on the resources at your disposal.

2. List available resources

This will vary enormously but you should consider the following questions:

- Is there money available specifically for evaluation (or can it be raised)?
- Will the evaluation examine short-term outcomes only or longer-term outcomes (over how long)?
- Does the project team have appropriate skills, knowledge, time, incentives, etc. to conduct the evaluation?
- Are there other sources of support or help available (for example students at a local university, volunteers)?
- Do you need specialist input (for example from a health economist if you decide to look at cost-effectiveness, or from a statistician)?

Your answers to such questions will determine, in part, the kind of evaluation you carry out and the kinds of methods you will use.

3. Allocate responsibility for conducting the evaluation

Apart from the problem of resources, there are other issues to think about when deciding who will carry out the evaluation. These include ensuring that the responsible individual or agency is competent, reliable, acceptable to the project team and the client group, etc.

The question most frequently raised concerns objectivity:

- Will the results be reliable if members of the project team conduct the evaluation?
- What might the effects be?
- Will other people accept the results as fair? For instance, if the same worker who carries out safety checks asks clients to complete an evaluation questionnaire can we rely on clients giving honest answers?
Evaluation planners must consider this kind of difficulty and propose ways of ensuring that the evaluation is as sound as possible. For instance, in the example given, colleagues might arrange to visit each other’s clients or clients might be asked to self-complete an anonymous form and return it by post. You might be able to involve older people themselves in collecting some of the information, although this might entail providing training and supervision.

Conducting the evaluation yourself (or with the help of volunteers) is not necessarily a second-best option. Outside help is not always available, is often too expensive or may even be less acceptable to the target group. If you conduct the evaluation yourself, the important thing is to examine all the possible problems, which might compromise the objectivity of the evaluation and propose solutions. In the course of the evaluation, you can also document carefully any evidence or doubts about the data you are collecting and take this into consideration when interpreting the results.

Whoever conducts the evaluation, good liaison and regular discussion between the project team and the evaluation team (who might be the same people) helps to

- develop the evaluation methodology
- understand the evaluation process
- interpret the outcomes
- provide good training for everyone concerned.

4. Draw up procedures for everyone concerned

It is customary to seek consent from clients who are the potential respondents or participants in research and evaluation. This usually entails providing a written or verbal description of the project in language and in a format that can be easily understood, information on what is expected of the respondent, and, in most cases, assurance of confidentiality. You may have to adapt consent procedures or look for alternative procedures and approaches if you want to include people who have visual or hearing impairments, dementia or other mental health problems, language difficulties or other problems which compromise informed consent. But you will also need to consider possible ethical issues and dilemmas, which may arise in the course of the evaluation. What would you do if:

- a respondent disclosed abuse by a carer or relative?
- a respondent provided anecdotal evidence of behaviour by a project worker, which might be regarded as unprofessional or negligent?
- a respondent asks you to accompany him/her to the hospital, Citizens Advice Bureau, an evening class, etc.?
- you observe client behaviour (or indications of behaviour) which you feel is hazardous (for example lots of empty alcohol bottles in the dustbin)?