



Culturally Responsive Community-Based Healthy Brain Program Pilot Design Tool

May 2020

This tool is developed as part of Developmental Evaluation of Culturally Responsive Community-Based Healthy Brain program. Our goal is to help community stakeholders in developing their model of Healthy Brain program which will be added to the pool of pilot programs. This is a live document and will be updated and modified as we receive feedbacks.

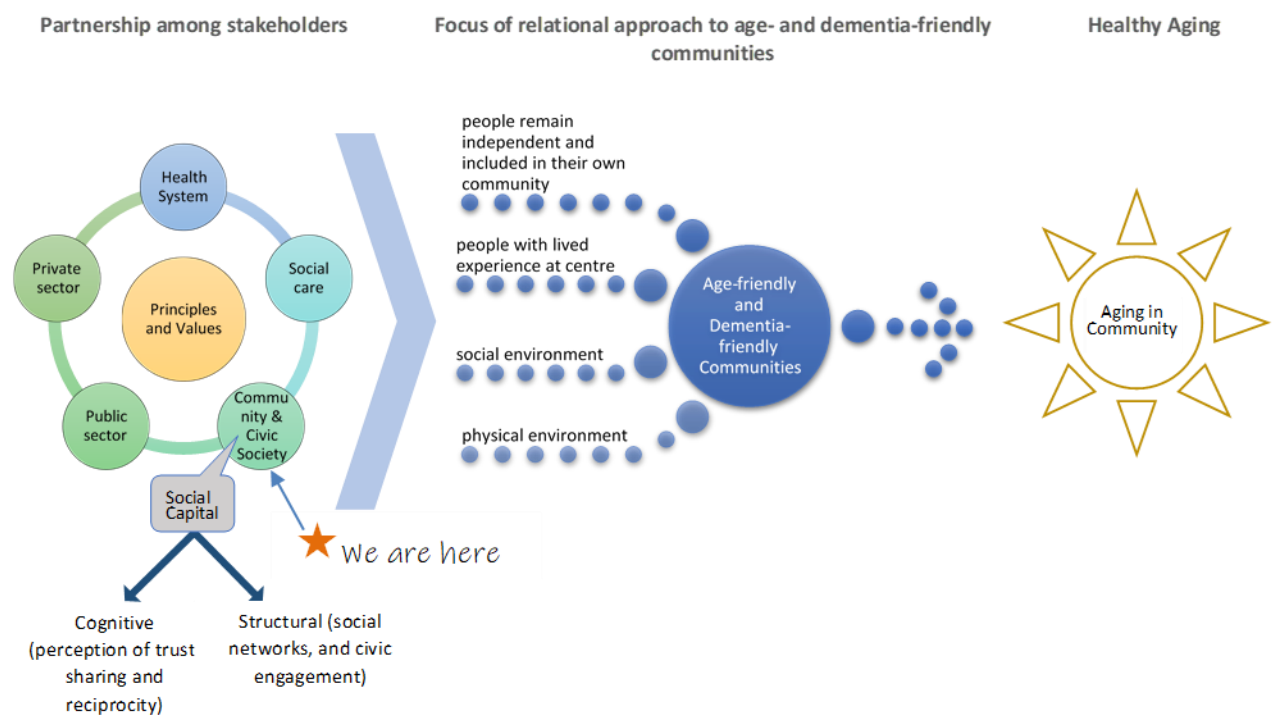
CONTENTS

1	Goal and expected outcomes	2
2	Design.....	3
2.1	Logic Model.....	3
2.2	Action plan	4
2.3	Topics for consideration	5
2.4	General topics	7
2.4.1	Feedback processes	7
2.4.2	Partnerships, governance, and relationships.....	7
2.4.3	Partnership with Mainstream Dementia Services	8
3	Questions- process and outcomes.....	8
3.1	Process	8
3.1.1	Implementation (structure, relationships, resources).....	8
3.1.2	Lessons learned- implementation.....	8
3.1.3	Design and pilot	8
3.1.4	Relationship with Community Stakeholders.....	9
3.2	Outcomes.....	9
3.3	Unexpected outcomes	9
	Appendix 1- Logical Model.....	10
	Appendix 2- Action Plan.....	11

1 GOAL AND EXPECTED OUTCOMES

The goal is to design and build an infrastructure of supports for aging in community and meet the needs of Ottawans for age- and dementia-friendly communities by building social capacity and enabling social support networks of ethnocultural groups.

The following diagram illustrates the conceptual underpinning of a community-based Healthy Brain Program and what it hopes to achieve. The star shows where the program is situated in the wider social and political landscape.



Long term outcome (Impact):

- Enhanced and satisfying quality of life for ethnocultural seniors, living in community with brain health issues, and their caregivers.

Medium outcomes:

- Promote social connections and reduce social isolation among ethnocultural seniors and their caregivers by providing programs and services that are accessible, affordable, and account for brain health, mobility and cultural considerations.
- Enhanced respite programs for caregivers.

Immediate outcomes:

- Increased respite opportunities for caregivers
- Increased culturally responsive brain health programs for older adults
- Increased access to mainstream support services for ethnocultural seniors and their caregivers
- Raise awareness of mainstream health care providers about gaps in service delivery and cultural competence

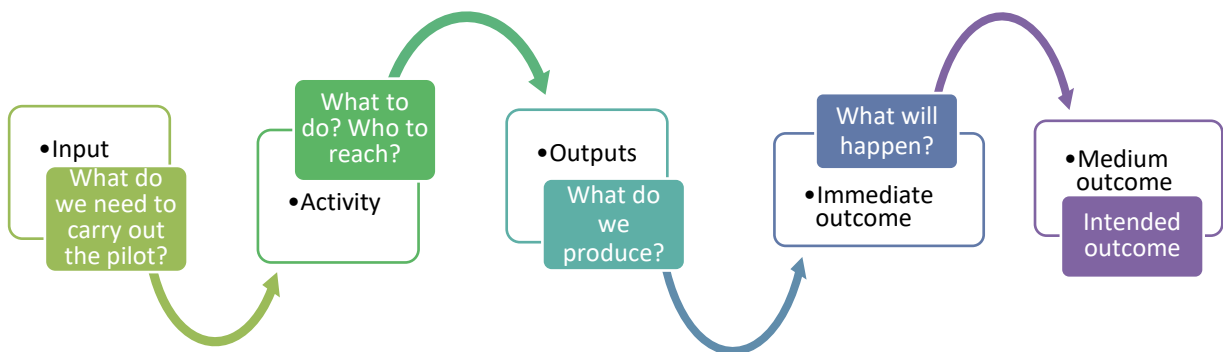
2 DESIGN

We encourage you to think about your model as a coherent system that is being developed to reach the main goal of the initiative and contribute to the common vision illustrated above.

2.1 LOGIC MODEL

The following table would be useful to plan your model. We recommend using the long-term outcome (Impact) as given above, however you may modify the medium and immediate outcomes. For the medium-term and immediate outcomes, we need to have three elements in mind: people living with brain health issues, caregivers, and culturally appropriate programs. The following table is a good tool to create a road map for your model. This road map will help you to:

- plan the pilot’s services and identify the resources or inputs that are necessary, and
- build consensus and clarity among your group members and other stakeholders about your essential program activities and expected outcomes.



Planning & implementing		Products	Results	
Input	Activity	Output	Immediate outcome (change in knowledge, attitude, awareness, skills, and ability)	Medium outcome (change in behavior, Practice, and service)
Resources or materials necessary to	Any services provided or action taken by the program. Start	[# What] Quantify tangible products and services as a result of activities.	[Adjective]+[What will change]+ [Who will change]	[Adjective]+[What will change]+[Who will change]

provide services and activities	with a verb in the present tense (e.g. provide, train, produce, hire, conduct, prepare, develop, etc.)		Use adjectives e.g. increase, improved, reduced, enhanced	
<p>Example:</p> <ul style="list-style-type: none"> • Volunteers • Supplies • Bus tickets • Food 	<p>Example:</p> <ul style="list-style-type: none"> • Recruit volunteers • Train a coordinator • Develop training modules for volunteers • Provide food for the program • Develop program content • Gather impact stories 	<p>Example:</p> <ul style="list-style-type: none"> • Training material on caregivers' health • A developed website • # of training sessions for volunteers • # of people served, • # of hours for outreach • # of referrals from the program to mainstream resources 	<p>Example:</p> <ul style="list-style-type: none"> • Increased awareness of Caregivers about available resources • Increased access to mainstream support services for the seniors and their caregivers. • Increased awareness of mainstream care providers about gaps in service delivery to ethnocultural seniors and cultural competence. 	<p>Example:</p> <ul style="list-style-type: none"> • Promote brain health and wellness of ethnocultural seniors • Enhanced respite opportunities for caregivers of ethnocultural seniors

We encourage you to fill in the table given in Appendix 1.

2.2 ACTION PLAN

An action plan will help you improve the quality of your project implementation. An action plan contains enough details of the work that must be done from the beginning of your project to the end to achieve your goal. You need to identify tasks, timeline, required resources, and partners. Action Steps in this plan is similar to the Activity column in the Logic Model and Resources and Support column is similar to the Input column of the logic model. You can use the following table to develop your action plan. A copy of this tool is given in Appendix 2. This matrix is intended to help you implement your project and is not a bureaucratic tool. However, if you find it a burden then try to use a simplified version which includes Action Steps, By Whom, Timeline, Resources needed, and Partners (see Appendix 2).

Example: In the logic model above, the first activity is recruiting volunteers. This activity requires multiple tasks to be carried out.

Action Steps	By Whom	Timeline	Resources and Support Available/Needed (financial, human, political, and other)	Potential Barriers or Resistance	Communication Plan for Implementation
--------------	---------	----------	---	----------------------------------	---------------------------------------

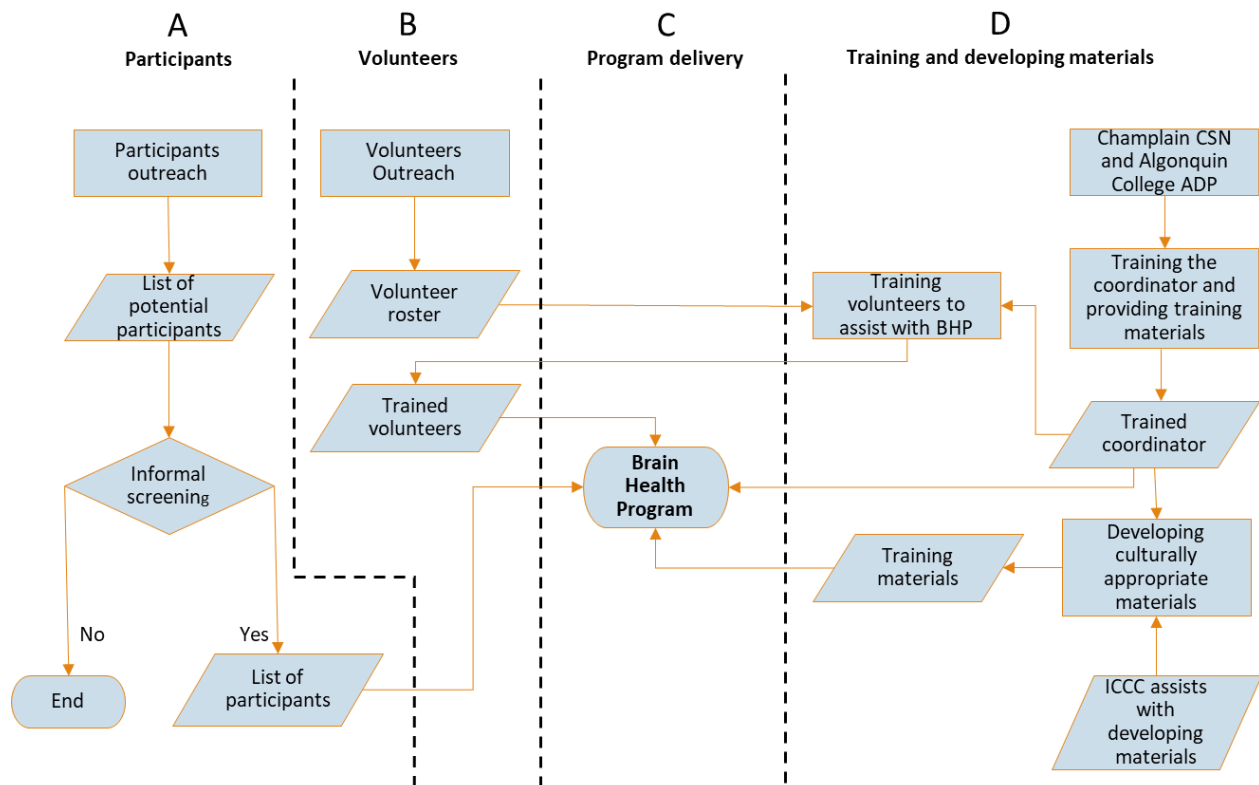
What needs to be done?	Who will take actions?	By what date will the action be done?	Resources Available	Resources Needed	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
EXAMPLE						
Activity 1: Recruit Volunteers						
Task 1.1- Develop criteria						
Task 1.2- Develop a job description						
Task 1.3- Create a post content for recruitment						
Task 1.4- Post the ad online						
Task 1.5- Screen volunteers						
Task 1.6- finalize the list of volunteers						
Activity 2: –						

2.3 TOPICS FOR CONSIDERATION

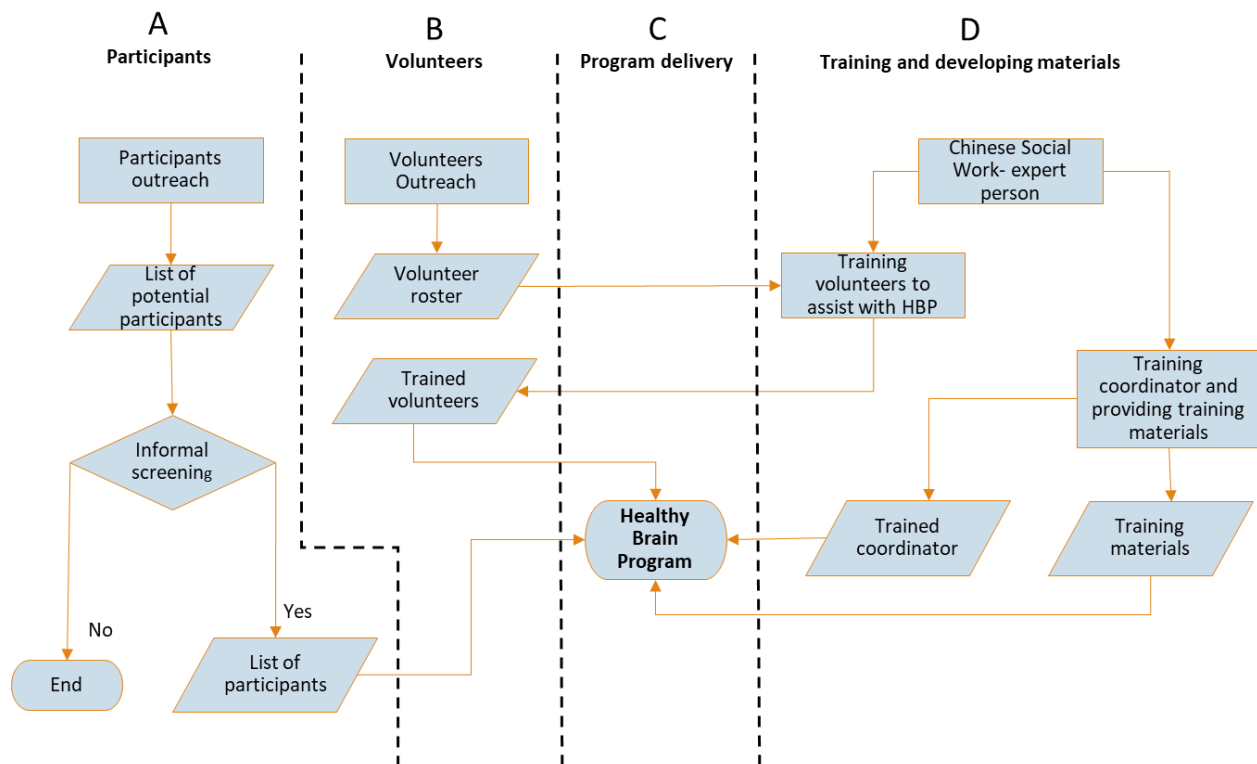
The first two pilots by Indo-Canadian Community Centre (ICCC) and Kanata Chinese Seniors Support Centre (KCSC) are shown in Flowcharts 1 and 2, respectively. Each model is divided into A (Participants),

B (Volunteers), C (Program Delivery), and D (training and developing materials) for the sake of easy reference. Your model might be very different from these two pilots, however, it would be useful to be aware of the issues that they dealt with in the process of their work. In the following table we highlight some issues that you might need to consider for the design of your model.

A- Participants	B- Volunteers	C- Program Delivery	D- Training & developing materials
<p>Issues to consider:</p> <ul style="list-style-type: none"> • Outreach plan • Screening criteria • Screening process • Time frame <div data-bbox="233 716 737 947" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>For screening participants and volunteers, we need to consider that a) we can't and shouldn't medically assess participants, and b) volunteers shouldn't be necessarily caregivers. Each one of us can become a caregiver in future.</p> </div>	<p>Issues to consider:</p> <ul style="list-style-type: none"> • Outreach plan • Screening criteria • Screening process • Job description • Time frame 	<p>Issues to consider:</p> <ul style="list-style-type: none"> • Venue (physical requirements) • Frequency of events, agenda & activities • Caregivers' needs • Communication with caregivers • Clarity of roles (who does what) • Suitability of activities and materials 	<p>Issues to consider:</p> <ul style="list-style-type: none"> • Collaboration and partnerships with mainstream services • Developing training materials • Content of the materials • Training coordinators • Training volunteers • Time frame



Flowchart 1- ICCC culturally responsive community-based Brain Health Program



Flowchart 2- KCSSC culturally responsive community-based Healthy Brain Program

2.4 GENERAL TOPICS

2.4.1 Feedback processes

We encourage you to develop feedback processes for learning and sharing experience about key challenges and opportunities, and modification of your process, if necessary. The feedback process can be as simple as monthly meetings with stakeholders.

- Are feedback loop mechanisms or learning frameworks developed?
- Are they co-created with key stakeholders?

2.4.2 Partnerships, governance, and relationships

Collaboration among stakeholders is at the core of Healthy Brain Program. It is particularly important to pay attention to the composition of the partnership i.e. the size, diversity and representation, and identify who needs to come to the partnership table.

- What kind of collaboration is missing?
- What collaboration works what doesn't?
- What collaboration is working, under what circumstances, and for whom? and what can improve?
- Who needs to drive the agenda? who needs to support it? how they can get onboard? and what structures are needed to support the effort?

2.4.3 Partnership with Mainstream Dementia Services

In your approach to mainstream services you might need to find the answers to the following questions:

- What internal or external factors will motivate mainstream dementia services in engaging in community-based ethno-cultural respite services?
- What internal or external barriers will prevent mainstream dementia services from engaging in community based ethno-cultural respite services?
- What are the conditions and/or design factors that ensure an equitable and productive partnership with mainstream dementia services?
- What elements of the partnership with mainstream dementia services are enablers or barriers to the achievement of the pilot's expected outcomes?

3 QUESTIONS- PROCESS AND OUTCOMES

Our goal is to evaluate the collaboration among partners and identify the key factors in the program's environment that are influencing its implementation and achieving its goals.

3.1 PROCESS

We are interested in gathering information on partnerships, governance, and relationships in each model.

3.1.1 Implementation (structure, relationships, resources)

- What aspects of the partnership structure are fostering the successful implementation of the program?
- What aspects of the partnership structure are preventing the successful implementation of the program?
- What insights did you pick up into how work processes could be improved? Please consider A to D sections of figures 1 and 2.
- What should we start doing? What should we stop doing? What should we keep doing? What's still causing us trouble?

3.1.2 Lessons learned- implementation

- What has been learned about implementation of the pilot that might inform similar efforts elsewhere?

3.1.3 Design and pilot

- Is the pilot feasible, acceptable, and practicable?
- What outcomes can realistically be achieved in what time period?
- How and why will/does it work?
- How should the program be adapted/refined to maximize effectiveness?
- What have we achieved so far?
- Are activities being carried out as expected? Why or why not?
- How could we improve?

3.1.4 Relationship with Community Stakeholders

- What community-level conditions (e.g. organizations, infrastructure, and activities) underpin the pilot's outcomes?
- What are the core supports needed by community stakeholders to participate and/or implement community-based respite programs for ethno-cultural communities or other groups with distinct needs?
- How do community stakeholders see themselves and their role in the development and implementation of the pilot?
- What insights and complementary support can community organizations provide to mainstream dementia service organizations? What's the value-add?

3.2 OUTCOMES

At the end of the program, you need to be able to answer the following questions regarding results and outcomes of your pilot:

- a) The extent to which the program was able to attract, retain and meet the need of seniors exhibiting early signs of dementia;
- b) The extent to which the program was able to provide respite to caregivers;
- c) The extent to which the program was able to increase knowledge about dementia and dementia care among program participants;
- d) The elements of the partnership that were either enablers or barriers to the achievement of the outcomes at (a), (b) and (c).
- e) How did the project evolved in response to progress or challenges in achieving results?

3.3 UNEXPECTED OUTCOMES

Go deeper than just outcomes and results, and reflect on what problems did you encounter and how did you solve them.

- What were unintended adverse/favourable consequences?

As a result of participating in this initiative:

- What changes are you most proud of/not proud of?
- What has happened as a result of your activities/the program?
- What difference did it make for you? For your community?
- What real difference has the activity made to the beneficiaries?
- Have you shared your knowledge with other service providers/organizations?
- What connections with others, new and/or deepened, have you made as a result of your project?
- How well have you met your expected outcomes?
- What were the unexpected outcomes?

APPENDIX 1- LOGICAL MODEL

Healthy Brain Program

Pilot Logic Model

Your organization:	
Collaborating Organization(s) Group(s):	

Input	Activity	Output	Immediate outcome (change in knowledge, attitude, awareness, skills, and ability)	Medium outcome (change in behavior, Practice, and service)
Resources or materials necessary to provide services and activities	Any services provided or action taken by the program. Start with a verb in the present tense (e.g. provide, train, produce, hire, conduct, prepare, develop, etc.)	[# What] Quantify tangible products and services as a result of activities.	[Adjective]+[What will change]+ [Who will change] Use adjectives e.g. increase, improved, reduced, enhanced	[Adjective]+[What will change]+[Who will change]
•	•	•	•	•

APPENDIX 2- ACTION PLAN

Healthy Brain Program Action Plan for Pilot Projects

Your organization:	
Healthy Brain Program- Immediate change to be sought:	
Collaborating Organization(s) Group(s):	

ACTION STEPS

Action Steps	By Whom	Timeline	Resources and Support Available/Needed (financial, human, political, and other)		Potential Barriers or Resistance	Communication Plan for Implementation
			Resources Available	Resources Needed		
What needs to be done?	Who will take action?	By what date will the action be done?			What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
Activity 1: _						
Activity 2: _						
Activity 3: _						
Activity 4: _						

Simplified Action Plan

Action Steps	By Whom	Timeline	Resources and Support	Who is your partner?
What needs to be done?	Who will take action?	By what date will the action be done?	Resources Needed (financial, human, political, etc.)	What other organizations should be involved?
Activity 1: _				
Activity 2: _				