

2008

A review of the evaluation of healthway sponsorships

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Rosenberg, M., Mills, C., Granich, J., Ferguson, R., French, S., & Wood, L. (2008). *A review of the evaluation of Healthway sponsorships*. Perth, Australia: Health Promotion Evaluation Unit, School of Exercise, Biomedical and Health Sciences, Edith Cowan University.

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**A Review of the
Evaluation of Healthway
Sponsorships**

HEALTH PROMOTION EVALUATION UNIT



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September 2008

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Citation

The citation below should be used when referencing this work:

Rosenberg M, Mills C, Granich J, Ferguson R, French S & Wood L. A Review of the Evaluation of Healthway Sponsorships. Health Promotion Evaluation Unit, School of Exercise, Biomedical and Health Sciences, Edith Cowan University, Perth, 2008.

ISBN: 978-0-7298-0660-2

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EXECUTIVE SUMMARY

- This study reviewed the methods used by Healthway to assess sponsorship implementation/value and to explore complimentary or alternative evaluation measures.
- A total of 14 face-to-face interviews, one telephone interview and four focus groups were conducted.
- The target group consisted of key stakeholders involved in sponsorship (1) within Healthway; (2) externally through health agencies and (3) via Sports, Arts and Racing sponsored organisations.
- Interview questions related to sponsorship activities, procedures, requirements and evaluation. Suggestions for practical and alternative ways of assessing sponsorship implementation and conducting evaluations were also asked. In addition, the perceived value of sponsorship investments to Healthway and satisfaction with the existing evaluation framework were also sought.
- Overall, 25 stakeholders participated in this study and included the Executive Director of Healthway; the Healthway Director of Health Promotion; Healthway Sports/Arts/Racing Program Managers; the Healthway Sponsorship Coordinator; Healthway Sports/Arts/Racing Committee Members; Healthway Sponsorship Officers; Health Agency Sponsorship Officers and Sports/Arts/Racing sponsored organisation representatives.

Contractual Evaluation Score (CES)

- The CES is a measure of how outputs from a sponsorship project measure up against expectations documented in the contract between Healthway and the sponsored organisation.
- The CES is awarded by Healthway Program Managers and is informed by the evaluation reports provided by sponsored organisations and Sponsorship Officers.
- The CES is made up of a seven point scale. Each scale has a descriptive interpretation. The large majority of sponsorships are awarded a CES near the middle of the scale (i.e. 3.5 or 4).
- Both internal and external stakeholders expressed frustration with the CES. They did not think that the CES adequately described the activities or outcomes of a sponsorship and did not adequately contribute to the assessment of the sponsorship.

Recommendations - CES

- It is recommended that the CES rating scale and the descriptive interpretation of the scale be reviewed so as to more adequately describe the activities and outcomes of a sponsorship.
- It is recommended that the CES be split into two scores. The first score would rate the sponsorship in terms of the 'achievement of contractual obligations' while the second score would rate the sponsorship in terms of 'value for money'.

Sponsorship Applications

- Some organisations (particularly those new to Healthway) found it difficult to complete some parts of the sponsorship application form and were unsure how the information provided on the application form was incorporated into the funding process.
- Committee members evaluating applications found the process overwhelming in terms of the number of applications and therefore relied on the knowledge and assessments of Healthway Program Manager.
- Healthway Program Managers, faced with the need to provide guidance to their committees, were frustrated with the evaluation information available to assess applications.
- Although applying for Healthway funding via a grants assessment process was supported by stakeholders, there was agreement that the application process needed to be made more efficient and transparent.

Recommendation - Sponsorship Applications

- Healthway should explore further the creation of a sponsorship sub-committee to review applications and sponsorship outcomes.
- Healthway should consider differentiating grant applications into (1) a group of applications that are evaluated only by the Healthway Program Manager and (2) a group of applications that are evaluated by the committee only if issues arise regarding project appropriateness and/or the benefits of the application to Healthway.

Evaluation Reports

- Sponsored organisations routinely report on their activities. For sponsorships over \$5000 the evaluation report comprises two sections. In Section A, the organisation comments on sponsorship activities, sponsorship implementation and whether or not sponsorship objectives have been met. In Section B, the organisation provides Healthway with statistical information. For sponsorships over \$5000, the Health Agency/Sponsorship Officer assigned to manage the sponsorship also completes an evaluation report about the sponsorship.
- For sponsorships under \$5000 the organisation completes a project report, a financial statement and a statistical evaluation form. The Health Agency/Sponsorship Officer completes a one-page 'Sponsorship Kit' evaluation summary.
- Stakeholders recognised the importance of and supported the use of evaluation reports, however, problems relating to the statistical section of these reports were evident and questions arose about how these reports related to Healthway's current strategic plan and sponsorship activities.
- It was apparent that the information contained in the evaluation reports was not being used effectively by Healthway with delays of up to two years in the data entry of statistical information and problems relating to the access and use of the data.

Recommendations - Evaluation Reports

- It is recommended that the statistical section of the evaluation report be reviewed to better reflect Healthway's current strategic plan and sponsorship activities. It is suggested that Healthway revise the current format and wording of statistical questions. Attention should also be paid to the response scales, in particular the use of 'not applicable' and 'no effect' as a single response category.
- So that the information collected from paper based evaluation reports can be utilised more effectively, it is suggested that Healthway enter this data in a timely manner and explore more effective methods for storing, extracting and then using the data.
- The process of collecting information via paper based evaluation reports could be made more efficient if this system was put online. The use of online reports would eliminate the need for data entry and allow for data verification. It is recommended that Healthway explore this idea further.

Sponsorship Monitor and Key Performance Indicators (KPIs)

- In addition to the evaluation reports and CES, all sponsorship projects that receive \$25,000 or more and are allocated a Health Agency support budget of at least \$7,000 annually for arts/racing or at least \$12,000 annually for sports are included in the sponsorship monitor.
- The sponsorship monitor was designed to track the effectiveness of Healthway's overall sponsorship program in terms of cognitive impact.
- Both Healthway staff and Sponsorship Officers were aware of the limitations of using sponsorship monitor results to evaluate individual contracts and realised that the sponsorship monitor methodology was not designed with this purpose in mind.
- Sponsorship Officers and sponsored organisation representatives commented on the inclusion of KPIs in their Healthway contracts. Both sponsored organisation representatives and Sponsorship Officers expressed concern that sponsorship monitor results were being used to evaluate individual contracts and whether or not KPIs had been achieved.
- Sponsorship Officers also expressed concern that having to pay for the sponsorship monitor out of their support budgets left them with less money to spend on activities to promote a health message.
- Some Sponsorship Officers indicated that they were often unaware of the final details of a sponsorship contract and if a KPI had been assigned. Sponsorship Officers felt that this disadvantaged both the organisation and themselves in determining how best to invest sponsorship resources.
- Organisation representatives felt that gathering information about KPIs at only one event and surveying only a few patrons was unfair as was having sponsorship payments withheld on the basis of this process.

Recommendations - Sponsorship Monitor and Key Performance Indicators

- It is recommended that the process of evaluating contractual KPIs be separated from the implementation of sponsorship monitor activities.
- Rather than relying solely on cognitive impact measures (i.e. message awareness) Healthway should consider the use of evidence of sponsorship implementation e.g. sponsorship audits or contract delivery checklists.
- For those sponsorships that include significant non health promotion message activities or KPIs, it is suggested that Healthway use project specific program evaluations and sponsorship audits to assess if contractual obligations have been

met. This especially applies to multi-year sponsorship projects funded at \geq \$100,000 per year (GPE level 4). It is also suggested that program evaluations be paid for directly by Healthway and not be deducted from a projects support budget.

- It is suggested that if KPIs are inserted into a sponsorship contract that Healthway advise the assigned Sponsorship Officer of their inclusion. This could be done via the 'umbrella support sponsorship letter' sent by Healthway to Sponsorship Officers once the contract has been finalised.
- Finally, Healthway should explore opportunities to use Sponsorship Officers more effectively in the evaluation process.

Other Methods of Evaluating Sponsorships

As part of this study, complimentary as well as alternative evaluation measures were considered by participants and by the research team.

- The use of **sponsorship audits** to measure the implementation of sponsorship activities at events received support from Healthway staff, Sponsorship Officers and sponsored organisation representatives. Audit summaries were considered to be easy to interpret and understand, however, they were not considered to be a substitute for measures of cognitive impact.
- There was support for a **contractual delivery checklist** that linked an evaluation directly to the contract/sponsorship plan. This checklist could be supplemented with photographs or other types of supporting documentation (e.g. newspaper articles, educational material, etc) that provided evidence of sponsorship implementation.
- Finally, it is suggested that Healthway implement the use of **program evaluations** if information is required to assess sponsorship implementation or project KPIs. In this way an appropriate sample size or range of events can be selected. It is also suggested that program evaluations be paid for by Healthway and not come out of a projects support budget.

INTRODUCTION

Since 1992, Healthway has provided sponsorship funding to sports, arts and racing organisations in Western Australia. In return for funding, sponsored organisations have promoted health messages, introduced health policies and implemented environmental/structural change at venues. Since its inception, Healthway has demonstrated a commitment to the evaluation of its sponsorship program.

Graduated Project Evaluation

Evaluating the effectiveness of sponsorship projects and determining where to invest sponsorship funding has been an integral part of this program. In 1992, the Graduated Project Evaluation (GPE) system was established to evaluate the effectiveness of Healthway's sponsorship activities (Holman et al 1994). The GPE system aims to:

- (1) match an appropriate level of evaluation to each sponsorship project, and
- (2) generate a statistically tractable set of measures that can be used to describe project outputs according to several key result areas.

The GPE structure consists of four evaluation levels and ten output measures (Table 1). The main criterion for the assignment of a GPE level to a sponsorship is the dollar amount of the sponsorship grant. The GPE is described in detail elsewhere (Holman et al 1993).

Table 1: GPE Structure

Level	\$ Amount of the Grant	Evaluation Type	Output Measure
Level 1	≤ \$10,000	Basic	Contractual Evaluation Score Population Measures Publicity Measures Publication Measures Structural Measures Development Measures
Level 2	\$10,001 to \$25,000	Process	Promotional Measures Educational Measures
Level 3	\$25,001 to \$100,000	Impact	Target Measures Cognitive Impact Measures
Level 4	≥ \$100,001	Outcome	Outcome Report

Contractual Evaluation Score

The Contractual Evaluation Score (CES) is an independent measure of how outputs from a project measure up against expectations documented in the contract between Healthway and the sponsored organisation. The CES is made up of a seven point scale. Each scale has a descriptive interpretation (Table 2).

Table 2: Contractual Evaluation Score (CES)

Score	Interpretation	Numeric Interpretation
6	The outputs of the project exceeded those required by the contract to a very substantial degree. The project delivered outstanding value for money.	150% +
5	The outputs of the project exceeded those required by the contract to a very large degree. The project delivered excellent value for money.	120% to 149%
4	The outputs of the project were consistent with or in the vicinity of those required by the contract. The project delivered good value for money.	100% to 119%
3.5	The outputs of the project were in the vicinity of those required by the contract. However, the project experienced some difficulties.	90% to 99%
3	The outputs of the project fell short of those required by the contract, but were still within the bounds of acceptability. The project delivered marginally adequate value for money.	75% to 89%
2	The outputs of the project fell well short of those required by the contract. The project delivered poor value for money.	50% to 74%
1	The outputs of the project fell short of those required by the contract to a very substantial degree. The project delivered completely unacceptable value for money.	< 50%

The CES is awarded by a Healthway Manager and is informed by the evaluation reports provided by the sponsored organisation and Sponsorship Officer. For projects over \$5000 two CES are awarded, these being a CES(O) using information received in the organisation evaluation report and a CES(H) using information received from the Health Agency/Sponsorship Officers evaluation report. For projects under \$5000 only a CES(O) is awarded. The large majority of sponsorships are awarded a CES near the middle of the scale (i.e. 3.5 or 4).

Evaluation Reports

As part of the GPE process, sponsored organisations routinely report on their activities. For sponsorships over \$5000 the evaluation report comprises two sections. In Section A, the organisation comments on sponsorship activities, sponsorship implementation and whether or not sponsorship objectives have been met. In Section B, the organisation provides Healthway with statistical information (i.e. population reach and media publicity measures).

For sponsorships greater than one year in duration, evaluation reports are completed annually and at the end of the project (final acquittal). For sponsorships over \$5000, the Health Agency/Sponsorship Officer assigned to manage the sponsorship also completes an evaluation report annually/at the end of the sponsorship. The Sponsorship Officers are employed through local health agencies and work with the sponsored organisations to develop and implement the sponsorship. The Sponsorship Officer's evaluation report provides Healthway with information about the sponsorship (e.g. sponsorship implementation and financial statements) and with statistical information (i.e. publication measures, community involvement, healthy environment measures, promotional activities, educational activities and an overall project rating).

For sponsorships under \$5000 the organisation completes a project report, a financial statement and a statistical evaluation form (i.e. population reach, media publicity, publications, community involvement and healthy environment measures) and the Health Agency/Sponsorship Officer completes a one-page 'Sponsorship Kit' evaluation summary (i.e. evidence of sponsorship and an overall project rating). The information contained in the evaluation summary varies depending on the Health Agency/Sponsorship Officer.

Sponsorship Monitor

In addition to the evaluation reports and CES, all sponsorship projects that receive \$25,000 or more and are allocated a Health Agency support budget of at least \$7,000 annually for arts/racing or at least \$12,000 annually for sports are included in the sponsorship monitor. The sponsorship monitor was established in 1992 and was designed to track the effectiveness of Healthway's overall sponsorship program in terms of cognitive impact. As shown in Figure 1, cognitive impact is the underlying communication process that explains the effect of health message exposure in terms of participant awareness of a health message through to behavioural action (McGuire 1984).

In each survey period approximately 30 individual projects are included in the sponsorship monitor and depending on the level of support sponsorship a minimum of 50 or 100 respondent surveys completed per project. Using standard survey instruments, information about respondent recognition, comprehension, acceptance, intention and action in relation to a health message is collected. The survey also contains demographic and health behaviour questions.

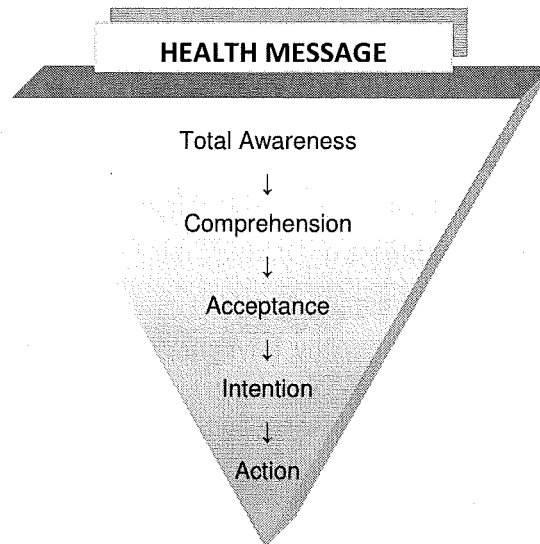


Figure 1: Cognitive Impact Measures

In 2006/7, 34 projects (n=2389) were evaluated in relation to nine different health messages across six health areas (Mills et al 2007). Overall, 71.8% of respondents in the 2006/7 sponsorship monitor were aware of a health message being promoted at a sponsored event. Comprehension of the health message was high at 90.1%, with a similarly high level of message acceptance (92.1%) amongst those who comprehended the message. While intention as a result of exposure to the message was 35.1%, 51.0% of this group took some behavioural action. Multiplying the proportions down the hierarchy of cognitive impact provides an estimate of the percentage of respondents surveyed who were sufficiently stimulated to take some relevant action as a result of exposure to a health message. In 2006/7, 10.7% of respondents surveyed took some relevant action as a result of exposure to a health message (total action).

While the pooled results of approximately 30 projects are used in the sponsorship monitor to track the effectiveness of Healthway's overall sponsorship program, individual project results (at events suitable for the sponsorship monitor) have been used by Healthway to assess specific contracts/projects. It should be noted that the sponsorship monitor methodology was not designed with this purpose in mind. In part, the use of evaluation results at the individual project level has arisen out of a lack of suitable alternatives to evaluate specific sponsorship contracts.

Study Aim

The aim of this qualitative study was to review the current mechanisms used to assess sponsorship implementation/value and to explore complimentary measures of evaluation.

Study Objectives

1. To review criteria for measuring the implementation of Healthway sponsorship activities;
2. To explore criteria used to judge the value of sponsorships; and
3. To propose practical methods for measuring the implementation and value of Healthway sponsorships.

METHOD

A total of 14 face-to-face interviews, one telephone interview and four focus groups were conducted between February and May 2007, using a purposeful sampling method. The target group consisted of key stakeholders who were involved in sponsorship (1) within Healthway; (2) externally through health agencies and (3) via Sports, Arts and Racing sponsored organisations. Individuals were selected on the basis of their position and role with regard to a sponsorship contract, sponsorship implementation, sponsorship activities or sponsorship evaluation. A range of sponsored organisations were represented including one-off events, multi-year sponsorships and multi-tiered organisations (i.e. a governing body with local groups or associations).

A semi-structured interview schedule was developed. Interview questions related to sponsorship activities, procedures, requirements and evaluation. Suggestions for practical and alternative ways of assessing sponsorship implementation and conducting evaluations were also asked. In addition, the perceived value of sponsorship investments to Healthway and satisfaction with the existing evaluation framework were also sought.

The qualitative data were recorded and transcribed verbatim with the consent of participants. A thematic content approach was used to analyse the transcripts.

Participants

Overall, 25 stakeholders participated in this study (Table 3), and included the Executive Director of Healthway; the Healthway Director of Health Promotion; Healthway Sports/Arts/Racing Program Managers; the Healthway Sponsorship Coordinator; Healthway Sports/Arts/Racing Committee Members; Healthway Sponsorship Officers; Health Agency Sponsorship Officers and Sports/Arts/Racing Sponsored Organisation Representatives.

Table 3: Study Participants (Focus Groups & Interviews)

	Number of Participants
Healthway Staff	7
Healthway Committee Members	6
Health Agency Sponsorship Officers	4
Sponsored Organisation Representatives	8
Total	25

RESULTS

(1) Healthway Staff

The evaluation of sponsorship contracts was established early in Healthway's existence, when the type of activities undertaken were largely related to the replacement of tobacco advertising and focused almost exclusively on health message promotion. While the types of sponsorship activities undertaken by Healthway have changed since that period, the evaluation of sponsorship activities has remained relatively consistent. When asked how changes to Healthway's strategic directions have influenced the evaluation process, Healthway staff acknowledged the importance of the historical evaluation, although, they were unsure that it remained entirely relevant to current sponsorship contracts, particularly with the more recent focus on health policy and structural environmental supports.

Sponsorship Applications

Healthway Program Managers, through their respective committees, are required to assess applications for their suitability to receive Healthway sponsorship funding. Healthway Program Managers expressed frustration at the limited amount of information beyond the application form that they could use to assess these applications. While it was outside the scope of this study to investigate the decision making processes, it was evident that these decisions relied upon the Managers ability to compile information on each application and present this in the form of a recommendation to the relevant Sports/Arts/Racing committee.

Healthway Program Managers felt that the information available about sponsorships was often insufficient to assess the applications properly and to make a comparison between sponsorships in terms of value. Even for organisations that had previously received sponsorship funding the existing evaluation information around these programs was not always enough or suitable.

This has resulted in Healthway Program Managers relying on the CES(H) as the best available mechanism to assess value for money and whether a sponsorship should be funded/refunded at the expense of another sponsorship. This is problematic for sponsorships that receive \leq \$5000 as Sponsorship Officers do not complete a formal evaluation report, therefore a CES(H) does not exist. Overall, Healthway staff felt that there was no easy or available mechanism to assess value for money.

The Contractual Evaluation Score and Evaluation Reports

Due to time constraints, Healthway staff were unable to attend all sponsored activities. Therefore, the Sport/Arts/Racing Program Manager assessment of a sponsorship relied to some degree on the self-report indicators contained in the annual evaluation reports completed by sponsored organisations and Sponsorship Officers. Healthway Program Managers reviewed the information provided in these reports and then formulated an overall CES(O) and if relevant a CES(H) (i.e. sponsorships \geq \$5000). Overall, Healthway staff expressed frustration with the CES as:

- The measure did not capture the activities or outcomes of all sponsorships;
- The seven point scale used to award a score limited their ability to distinguish between sponsorships (i.e. the large majority of sponsorships were awarded a CES of 3.5 or 4). In particular Healthway Program Managers felt that the CES limited their ability to judge the true value/worth of a sponsorship. This had ramifications if an organisation reapplied for sponsorship funding and resulted in Managers seeking alternative information on the outcome of sponsorships to judge if contractual obligations had been met. This was especially the case if key performance indicators existed; and
- Healthway staff were unsure what specific aspects of the sponsorship the CES score should be based upon.

Considering the importance of the evaluation report in assigning a CES to a project, Healthway staff were not at all confident in the validity of the data provided by sponsored organisations as the evaluation forms:

- Contained too many questions;
- Contained questions that were not relevant to the sponsorship;
- Contained questions which were often misinterpreted;
- Were time consuming for organisations to complete; and
- Required details that many sponsored organisations did not have.

As the organisation evaluation report is a self-complete document, Healthway staff believed that there was a temptation for sponsored organisations to report positively on the outcome of their sponsorship activities, particularly if they intended to seek further funding. The overall level of trust in relation to the validity of the data reported by sponsored organisation was not high and this impacted upon how the CES(O) was awarded, interpreted and used.

Healthway's ability to assess their sponsorships relied heavily on the feedback provided by Sponsorship Officers. When asked if they believed that Sponsorship Officers could provide an objective assessment about the success of a sponsorship project, Healthway staff felt that Sponsorship Officers were 'very trustworthy' and did not misrepresent sponsorship activities. Overall, Healthway trusted the Sponsorship Officers assessment of their sponsorships and relied on them to communicate how the sponsorship was being implemented. Healthway staff believed there may be more opportunities for Sponsorship Officers to assist in the evaluation of sponsorships in addition to providing formal evaluation reports (sponsorships \geq \$5000), informal evaluation summaries (sponsorships \leq \$5000) and overall project ratings.

Healthway staff felt that there was little incentive (apart from administrative requirements) for Healthway Program Managers to complete their sponsorship evaluations in a timely manner. In recent years there has been up to a two year delay in the data entry of statistical information contained within the evaluation reports received from organisations and Sponsorship Officers. It should also be noted that once the data is entered (by an external agency), the information is placed onto a statistical database (SPSS for Windows) that Healthway staff cannot easily access, extract data from or use. Furthermore, in recent years there has been infrequent use of the statistical data by Healthway staff (apart from information entered into the internally administered electronic Grants Management System). Overall, there was a general view amongst Healthway staff that the statistical information contained in the evaluation forms was not contributing to the sponsorship program.

Cognitive Impact of Sponsored Events

A core component of the evaluation of Healthway is the measurement of cognitive impact at sponsored events. Healthway staff was asked if measuring cognitive impact in relation to health messages remained relevant to evaluating sponsorship activities, as the nature of sponsorships had changed to include a greater focus on structural/health policy changes and community participation. Overall, it was clear that all Healthway staff felt that it was important for Healthway to measure cognitive impact at sponsored events.

Healthway staff believed that message awareness was the best indicator of whether the organisation had implemented appropriate sponsorship strategies. When asked if the current system for collecting awareness was satisfactory, Healthway staff felt that it was the best available option. The use of audits to describe observable sponsorship activities (i.e. health message signage, announcements, campaign clothing and materials) was also

considered important and useful in terms of assessing sponsorship implementation. It was noted however, that it was not possible to observe all events and that sponsorship audits were not considered a substitute for information about health message awareness levels.

Sponsorship Monitor

Due to a lack of awareness of suitable evaluation alternatives, Healthway Managers have used the data intended for sponsorship monitor to evaluate individual sponsorships. As mentioned previously, the sponsorship monitor methodology was not designed with this purpose in mind therefore the results contained within individual project reports are not always appropriate for other evaluation purposes.

Key Performance Indicators (KPIs) have been used to provide a financial incentive to organisations to promote a health message effectively. KPIs require that an organisation achieve a pre-determined level of health message awareness amongst event participants. This is especially the case with the Healthway sport and racing programs. Healthway staff felt that individual sponsorship monitor project reports were the best indicator available to them of how a sponsored organisation was implementing a sponsorship and used the awareness levels stated within these reports to determine whether or not a KPI had been achieved. Healthway staff were aware of the limitations of this methodology, although, they were unsure of how to introduce alternative methods of evaluation.

Multi-Year Sponsorships (Large Contracts)

Healthway staff raised the issue of multi-year sponsorship contracts funded at more than \$100,000 annually. This type of sponsorship represented a wide range of activities, including health message sponsorship, structural and health policy changes. These sponsorships often involved state based organisations being responsible for 'grass roots' clubs/associations. Healthway staff realised that measuring health message awareness at a single event via a single intercept survey was not a fair or suitable evaluation of the overall multi-year sponsorship as the sponsorship strategy was often multi-tiered. Other limitations that were highlighted were the inadequate size of the evaluation budgets allocated to a project (i.e. too low) and not knowing what other options were available for evaluation when a sponsorship was multi-tiered.

(2) Healthway Committee Members

The Contractual Evaluation Score

A selection of Healthway Sports, Arts and Racing committee members were asked about their role on committees that award sponsorship funding to organisations. Most committee members did not fully understand what the CES(O) or CES(H) meant or how it was derived and unless they had been involved in a sponsorship acquittal process, were unsure of how projects were evaluated. Members who had been on Healthway committees for a number of years were familiar with the use of the CES at meetings and in sponsorship assessments. Most committee members felt the Healthway Program Managers were responsible for understanding the CES and making recommendations on the sponsorship that reflected the awarded score. In general, committee members had not considered either the CES(O) or CES(H) beyond what was explained to them at committee meetings.

Sponsorship Applications and the use of Evaluation Information

When committee members were asked about their experiences of the decision making process around the funding of sponsorship applications, the general reaction was that this process was very efficient. However, most committee members felt overwhelmed with the number of applications processed at each committee meeting, particularly for sport and the arts. The result was that they were unable to always provide close scrutiny to all sponsorship applications. Committee members recognised the considerable work of the Healthway Program Managers in assessing all the applications prior to the meeting. Several committee members felt that for many of the applications, there was no need for them to review the documentation, as the Manager was in the best position to assess these applications. As a result there was little discussion around funding decisions.

Overall, Healthway committee members were content with the way the grant assessment process operated. When asked how closely committee decisions were in line with the strategic direction of Healthway, members were less certain although confident that the Healthway Program Manager was ensuring that they were considered. When explored further, committee members expressed their isolation from the activities of other committees that made decisions on Healthway funding and on how their decisions were contributing to the overall strategic plan. When again invited to reflect on the CES and the evaluation information provided, almost all committee members suggested that their committee may not be the best mechanism for sponsorship decision making. They proposed differentiating

grant applications and creating (1) a group of applications that are assessed by the Managers and dealt with internally such as occurs with the \leq \$5000 grant applications and (2) a group of applications that are assessed by the committee (i.e. applications that required greater consideration with regard to project appropriateness and benefit to Healthway). Two committee members also suggested that it might be useful to form a joint sport/arts/racing 'sponsorship sub-committee' to review funding applications and sponsorships at the end of a funding/refunding period. While these suggestions were not directly related to the CES, they were nonetheless conceived when considering it.

(3) Sponsorship Officers

Sponsorship Officers hold a unique position within Healthway's sponsorship program. The majority are employed independently through several health agencies (e.g. Cancer Council WA, National Heart Foundation, Drug & Alcohol Office, Sports Medicine Australia, etc) to provide support in the promotion of health messages by Sport, Arts and Racing organisations in receipt of Healthway funding.

Sponsorship Officers were generally very positive about their sponsored organisations and felt that the majority of organisations tried to deliver on what they had agreed to in their contract. Overall, Sponsorship Officers felt that they were in a good position to assess the level of commitment and engagement shown by sponsored organisations.

Sponsorship Contracts and Key Performance Indicators

As shown in Figure 2, once an application for funding is accepted by Healthway a health message and health agency is assigned to the project. The Sponsorship Officer appointed to the project then develops a sponsorship plan in collaboration with Healthway and the sponsored organisation. Once the plan is drafted, the Sponsorship Officer forwards the plan to the Healthway Sponsorship Coordinator who liaises with other Healthway staff for comment and final approval. Once the plan is finalised, the contract (in which the sponsorship plan is imbedded) is drawn up and if relevant Key Performance Indicators (KPIs) inserted. The contract is then sent to the sponsored organisation for signing. This is followed by an 'umbrella support sponsorship letter' that specifies when the sponsorship funding is to be paid to the health agency and highlights important reporting dates.

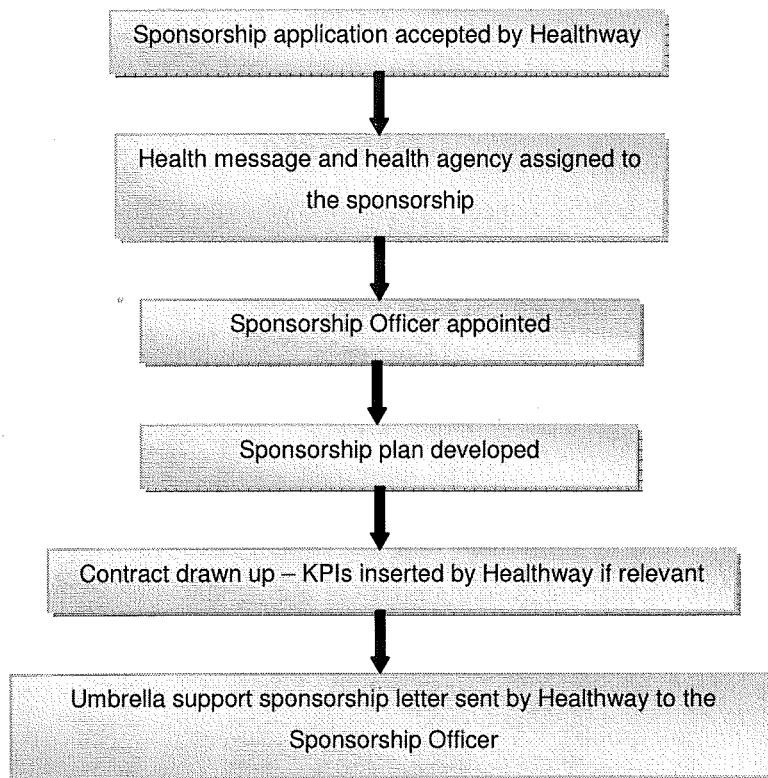


Figure 2: Healthway Sponsorship Contract Process

Some of the Sponsorship Officers interviewed indicated that they were often unaware of the final details of the contract signed between Healthway and the sponsored organisation and whether KPIs had been assigned (i.e. the addition of KPIs was not included in the umbrella support sponsorship letter). They felt that this disadvantaged both the organisation and themselves in determining how best to invest sponsorship resources. Overall, Sponsorship Officers were not convinced that KPIs reflected the efforts of a sponsored organisation to promote a health message. Sponsorship Officers also questioned the 'fairness' of KPIs and suggested that for a KPI to be evaluated properly that individual sponsorship monitor project reports should not be used but that a separate evaluation should be conducted. In this way an appropriate sample size or list of events could be selected. It was also suggested that KPI evaluations should be paid for by Healthway and not come out of a project's support budget.

Evaluation Reports and the Contractual Evaluation Score (Sponsorships >\$5000)

Sponsorship Officers complete evaluation reports about their assigned projects annually and at the end of the sponsorship (final acquittal). When asked about these evaluation reports, Sponsorship Officers indicated that due to the format and types of questions asked, that they found it difficult to fully convey the effort made by the sponsored organisation to deliver on their contract. Some Sponsorship Officers questioned whether Healthway actually read their evaluation reports, especially in cases where they felt that an organisation had not met its commitment to Healthway and yet still received funding via subsequent sponsorship applications. Although some Sponsorship Officers acknowledged that certain projects were re-funded before their evaluation reports were due, they questioned whether their reports were taken seriously by Healthway.

Sponsorship Officers were in agreement that the written section of their evaluation report (i.e. Part A) provided the most valuable summary of the sponsorship. This section provided Sponsorship Officers with the opportunity to detail the sponsorship activities implemented; make comments about whether the sponsorship delivered good value for money and reached relevant target groups. This section also allowed the Sponsorship Officer to indicate which promotional strategies were effective/ineffective; to comment on the suitability of the health message assigned to the event and to comment on co-operation with project organisers. If the sponsorship was included in the sponsorship monitor, evaluation results (i.e. levels of message awareness) from an individual event were also reported.

As Sponsorship Officers were not always able to attend all sponsored events, they were unable to answer with certainty all parts of the statistical section of the evaluation report (i.e. Part B). As a result certain questions prompted a 'best guess' approach if the information could not be easily sourced from the sponsored organisation or resulted in sections going unanswered. This was particularly the case for questions relating to 'community involvement'; 'publications' and 'educational activities'. Sponsorship Officers indicated that they were hesitant to tick 'not applicable' in response to the 'healthy environment' questions in case this was interpreted negatively by Healthway (i.e. 'not applicable' and 'no effect' are one response category). Some questions were also described as ambiguous. Overall, Sponsorship Officers agreed that the statistical section of the evaluation report was an unreliable source of information about sponsorship activities and suggested that the statistical form should be updated so as to make it more reflective of current sponsorships

activities. Sponsorship Officers felt that the most useful evaluation information they could provide Healthway with was:

- whether or not an organisation met their overall contractual obligations to Healthway;
- whether or not the sponsorship provided good value for money; and
- whether or not the specific objectives of a sponsorship plan had been met.

When asked about the 'Overall Rating' of a project, all Sponsorship Officers indicated that the rating scale was inadequate and resulted in most projects receiving a score (from Sponsorship Officers) between 3.5 and 5. The descriptive interpretation of the scale was also questioned, for example, Sponsorship Officers specifically asked how to quantify the difference between a score of 5 (i.e. a sponsorship that delivered excellent value for money) and a score of 6 (i.e. a sponsorship that delivered outstanding value for money). Sponsorship Officers felt that the current rating scale asked them to assess two different outcomes at the same time, therefore, the scale could be enhanced if the 'achievements of the contract/sponsorship plan' and whether or not the sponsorship delivered 'good value for money' were assessed separately. Overall, Sponsorship Officers felt that they spent a lot of time writing evaluation reports but that they did not get enough feedback about these reports from Healthway. As a result they did not know if they were implementing their sponsorships well or if their sponsorships could be enhanced by implementing strategies used by other Sponsorship Officers/Health Agencies.

Sponsorship Monitor

Sponsorship Officers thought that the information provided in individual sponsorship monitor reports was useful as it gave them a 'snapshot' as to the performance of individual projects. However, because of sample size considerations (i.e. sample size too small) and because one event may not be representative of the entire sponsorship, they realised that the results reported should be interpreted with caution. Sponsorship Officers indicated that having to pay for the sponsorship monitor out of their support sponsorship budget eroded the health promotion capacity of the sponsorship. In some cases approximately 20% to 30% of the support budget was used on the sponsorship monitor evaluation leaving less funding for health message signage and other promotional materials. Sponsorship Officers suggested that they should either be provided with more funding, specifically for the sponsorship monitor, or that the sponsorship monitor should be paid for directly by Healthway.

When asked to suggest other ways of evaluating sponsorships, Sponsorship Officers were initially unsure of alternative methods. When presented with the idea of linking the evaluation directly to the contract/sponsorship plan via a 'contractual delivery checklist' there was support for this approach. When considering this idea, Sponsorship Officers suggested that a checklist could be enhanced by photographs, as in their experience photographs were an effective form of evidence of how an organisation had used their promotional material (e.g. signage, clothing etc). A further suggestion presented to Sponsorship Officers was the use of an audit tool to measure the implementation of sponsorship activities at events. There was a positive response to this idea. Sponsorship Officers felt that audits were useful to them in understanding the results of their individual sponsorship monitor project reports and useful to show to an organisation as an audit summary was easy for an organisation to interpret and understand. After discussing several other evaluation options, the majority of Sponsorship Officers felt that their written report (i.e. Part A of the evaluation report) remained the best indicator of sponsorship activities.

(4) Sponsored Organisation Representatives

Representatives of eight sponsored organisations were consulted and took part in this study. They represented a range of Sport/Arts/Racing organisations and characterised a variety of funding levels, multiple/single year sponsorships as well as one-off/multiple calendar events.

Sponsorship Applications

Sponsored organisation representatives were asked to reflect upon their experience of applying for Healthway funding. Specifically, they were asked to recall whether the Healthway application process provided clear guidelines as to how their submission would be assessed. While each organisation had its own specific experience of this process, organisations with several years of Healthway sponsorship funding felt more comfortable with the application process and the level of support received from Healthway compared with organisations less familiar with Healthway. Overall, most organisations did not think that the application process was clear and indicated that they required more information on the criteria that their application would be assessed against.

Sponsorship Evaluation and Evaluation Reports

Sponsored organisation representatives viewed the evaluation of their sponsorship as a reporting requirement associated with Healthway's expenditure of government funds.

Although few organisations felt that they fully understood the exact purpose or use of their evaluation reports, they accepted these reports as part of the funding process. For organisations that received both Healthway sponsorship funding and funding from other sources, the completion of Healthway evaluation reports was not considered an onerous task. However, for organisations only in receipt of Healthway funding, the requirements of the evaluation process was seen as burdensome and several felt the information required took too much time to collate.

Most representatives felt the statistical forms were difficult to complete and relied on activity estimates. While doing their best to complete the forms, most representatives found them 'frustrating'. Organisations did not understand the purpose of many of the questions (e.g. media publicity) or how the information was used by Healthway. Apart from data clarification requests, none of the representatives interviewed had received any feedback on the information provided to Healthway. Furthermore, most representatives felt that the evaluation reports, especially the statistical section, had little relevance to their sponsorship.

Key Performance Indicators

Several sponsored organisations represented in this study had KPIs associated with their sponsorship contracts. This required the organisation to achieve a pre-determined level of health message awareness amongst participants/spectators/audience members at an event. Typically, this was measured by researchers attending an event (to conduct the Healthway sponsorship monitor) and asking patrons to complete a survey so as to assess if respondents could recall the health message allocated to the sponsorship. While the representatives interviewed did not have a major issue with this process, they felt that gathering information at only one event and surveying only a few patrons was not a fair representation of their organisations efforts. Also, representatives did not understand why Healthway did not assess their activities at events with the most sponsorship activity. Having sponsorship payments withheld on the basis of this process was disappointing to several organisations, who felt they had delivered on the sponsorship activities that they had agreed to in their contract. Finally, when presented with the idea that an audit tool could be used to independently assess the level of sponsorship activities observed at an event, all representatives agreed that this would provide evidence that they complied with the sponsorship requirements in their contract.

DISCUSSION

The evaluation methods used by Healthway to assess sponsorships were determined early in Healthway's existence, when the type of activities undertaken focused almost exclusively on health message promotion and the replacement of tobacco advertising. While the types of sponsorship activities undertaken by Healthway and the role of sponsorships have changed since that period to include a greater focus on structural/health policy changes and encouraging greater community participation, the evaluation of sponsorship activities has remained largely the same. Therefore, the aim of this qualitative study was to review the mechanisms used to assess sponsorship implementation/value and to explore complimentary or even alternative measures of evaluation.

Contractual Evaluation Score (CES)

The initial focus of this study was to review the CES. The CES awarded by Healthway Program Managers is a measure of how outputs from a project measure up against expectations documented in the contract between Healthway and the sponsored organisation. Overall, both internal and external stakeholders expressed frustration with the CES as it did not adequately describe the activities or outcomes of a sponsorship and did not adequately contribute to the assessment of sponsorship value/worth. Therefore, both the CES rating scale and the descriptive interpretation of the scale should be reviewed. Once reviewed and updated it should be adequately explained to stakeholders (e.g. Sponsorship Officers, committee members, etc).

To better understand how the CES was derived and used within Healthway, this study also explored the sponsorship application process, the reporting/acquittal process and how information is managed and used within Healthway.

Sponsorship Applications

Applying for Healthway funding via a grants assessment process was supported by stakeholders and was considered an appropriate mechanism for assessing applications. However, some sponsored organisation (particularly those new to Healthway) found it difficult to complete some parts of the application and were unsure how the information provided was incorporated into the decision making process. Healthway committee members were also overwhelmed with the application process in terms of the number of applications to review and therefore often relied on Healthway Program Manager

assessments. Healthway Program Managers, faced with the need to provide guidance to their committees, were frustrated with the information available to assess applications. Overall, there was agreement amongst stakeholders that the application process would be clearer if both the process and assessment criteria were made more transparent. It was also suggested that the sponsorship application process could be improved by creating a sponsorship sub-committee to review applications/sponsorship outcomes or by dividing applications into two groups, of which one group of applications is evaluated and approved by Healthway Program Managers and a second group of applications that are assessed by the committee only if there are questions around project appropriateness and/or benefits to Healthway. The exact nature of how applications would be separated would need to be explored further, although the findings of this study suggest that it could be built around the nature of the sponsorship activity or the size/value of the grant application.

Evaluation Reports

There was support for the completion of evaluation reports, however, on the basis of feedback from Healthway Staff, Sponsorship Officers and sponsored organisations representatives it is suggested that the statistical section of the evaluation report be reviewed so as to make the evaluation process more relevant and reflective of Healthway's current strategic plan. Although slight modifications and the addition of questions to the statistical forms have occurred over time, it is timely that the form be reviewed so that only information that is useful and relevant to current sponsorship activities be collected. It is also suggested that Healthway explore more effective methods for storing and then using the evaluation report data as the current database cannot be easily accessed and used by Healthway staff.

Sponsorship Monitor and Cognitive Impact

The sponsorship monitor was designed to track the effectiveness of Healthway's overall sponsorship program in terms of cognitive impact. Overall, Sponsorship Officers expressed concern that having to pay for the sponsorship monitor out of their support budgets left them with less money to spend on activities to promote a health message. They suggested that the sponsorship monitor should be paid for directly by Healthway, alternatively, they suggested that they should be provided with more funding to offset the expense of the sponsorship monitor.

As message awareness was considered by Healthway staff to be the best indicator of program implementation, sponsorship monitor evaluations for individual projects have been used to assess specific projects even though the sponsorship monitor methodology was not designed with this purpose in mind. Both Healthway staff and Sponsorship Officers were aware of the limitations of using sponsorship monitor results to evaluate individual contracts. Sponsored organisation representatives and Sponsorship Officers expressed concern that sponsorship monitor results were being used to evaluate individual contracts and felt this was an unfair representation of sponsorship activities at the level of the (individual) project.

Key Performance Indicators (KPIs)

Sponsorship Officers and sponsored organisation representatives commented on the inclusion of KPIs in their Healthway contracts. Some Sponsorship Officers indicated that as they were often unaware of the final details of a sponsorship contract they were also unaware if a KPI had been assigned. They felt that this disadvantaged both the organisation and themselves in determining how best to invest sponsorship resources. While Sponsorship Officers were not convinced that KPIs reflected the efforts of the sponsored organisation to promote a health message, most organisation representatives did not have any major concerns with this process. They (organisation representatives) did however feel that gathering information at only one event and surveying only a few patrons was unfair as was having sponsorship payments withheld on the basis of this process.

Other Methods of Evaluating Sponsorships

As part of this study, complimentary as well as alternative evaluation measures were considered by participants and by the research team. The use of **sponsorship audits** to measure the implementation of sponsorship activities at events received support from Healthway staff, Sponsorship Officers and sponsored organisation representatives. Audit summaries were considered to be easy to interpret and understand, however, they were not considered to be a substitute for measures of cognitive impact.

There was also support for a **contractual delivery checklist** that linked evaluation directly to the contract/sponsorship plan. This checklist could be supplemented with photographs or other types of supporting documentation (e.g. newspaper articles, educational material etc) that provided evidence of sponsorship implementation.

Finally, it is suggested that Healthway implement the use of separate **program evaluations** if information is required to assess the sponsorship implementation or KPIs of a specific project. In this way an appropriate sample size or range of events can be selected. It is also suggested that program evaluations be paid for by Healthway and not come out of a projects support budget.

Recommendations

Based upon the findings of this study, the following recommendations for improving the evaluation of Healthway Sponsorships are proposed:

CES

- It is recommended that the CES rating scale and the descriptive interpretation of the scale be reviewed so as to more adequately describe the activities and outcomes of a sponsorship.
- It is recommended that the CES be split into two scores. The first score would rate the sponsorship in terms of achievement of contractual obligations and the second score would rate the sponsorship in terms of value for money.

Application Process

- Healthway should explore further the creation of a sponsorship sub-committee to review applications/sponsorship outcomes.
- Healthway should consider differentiating grant applications into (1) a group of applications that are evaluated only by the Healthway Program Manager and (2) a group of applications that are evaluated by the committee only if issues arise regarding project appropriateness and/or the benefits of the application to Healthway.

Evaluation Reports

- It is recommended that the statistical section of the evaluation report be reviewed to better reflect Healthway's current strategic plan and sponsorship activities. It is suggested that Healthway revise the current format and wording of statistical questions. Attention should also be paid to the response scales, in particular the use of 'not applicable' and 'no effect' as a single response category.

- So that the information collected from paper based evaluation reports can be utilised more effectively, it is suggested that Healthway enter this data in a timely manner and explore more effective methods for storing, extracting and then using the data.
- The process of collecting information via paper based evaluation reports could be made more efficient if this system was put online. The use of online reports would eliminate the need for data entry and allow for data verification. It is recommended that Healthway explore this idea further.

Sponsorship Monitor and KPIs

- It is recommended that the process of evaluating contractual KPIs be separated from the implementation of sponsorship monitor activities.
- Rather than relying solely on cognitive impact measures (i.e. message awareness) Healthway should consider the use of evidence of sponsorship implementation e.g. sponsorship audits or contract delivery checklists.
- For those sponsorships that include significant non health promotion message activities or KPIs, it is suggested that Healthway use project specific program evaluations and sponsorship audits to assess if contractual obligations have been met. This especially applies to multi-year sponsorship projects funded at \geq \$100,000 per year (GPE level 4). It is also suggested that program evaluations be paid for directly by Healthway and not be deducted from a projects support budget.
- It is suggested that if KPIs are inserted into a sponsorship contract that Healthway advise the assigned Sponsorship Officer of their inclusion. This could be done via the 'umbrella support sponsorship letter' sent by Healthway to Sponsorship Officers once the contract has been finalised.
- Finally, Healthway should explore opportunities to use Sponsorship Officers more effectively in the evaluation process.

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