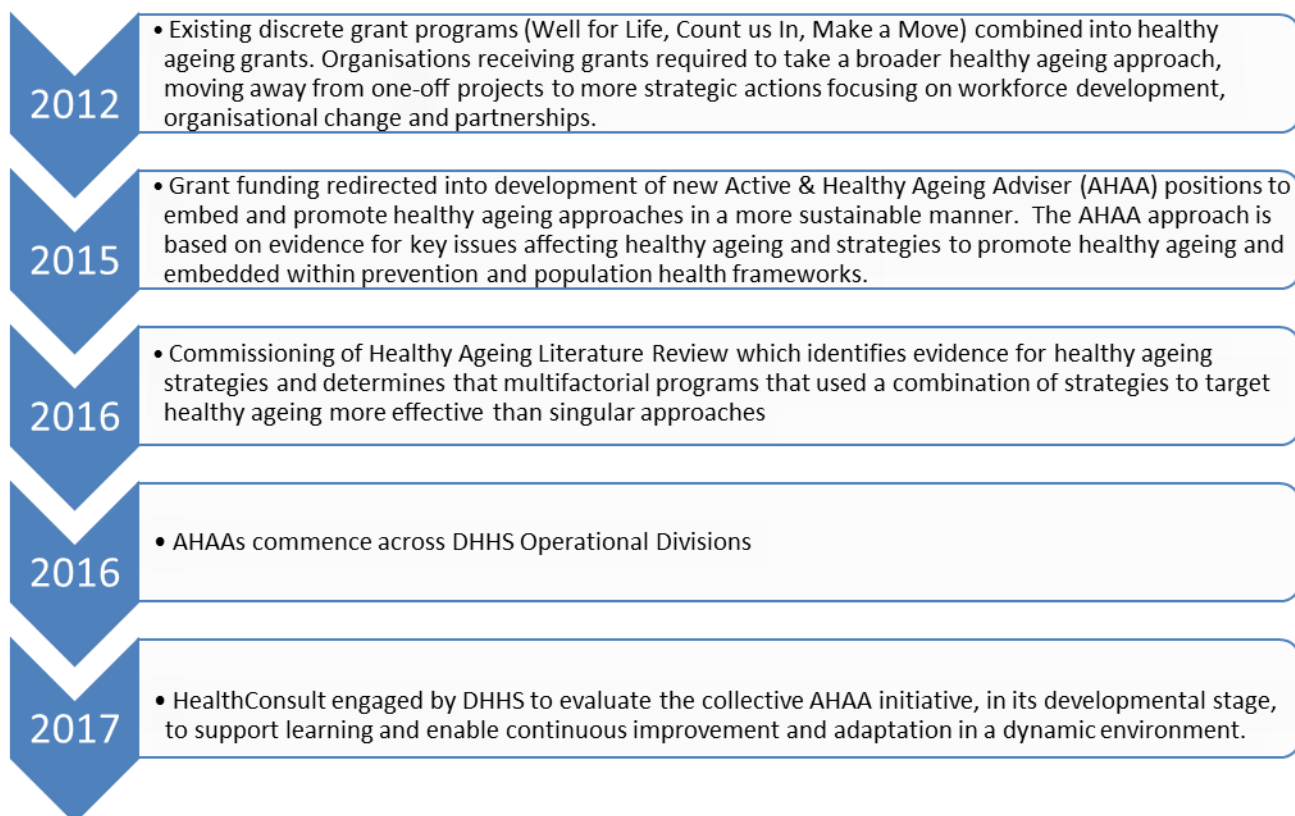


Active & Healthy Ageing Adviser initiative – Evaluation Summary

Context – evolving Department of Health & Human Services (DHHS) approach to healthy ageing



Evaluation – completed November 2017

Purpose

To examine:

- how the initiative is developing
- what is working well
- what changes are starting to be seen in priority areas
- factors limiting progress
- how the initiative has/should be adapted in changing contexts

To develop:

- program logic for the overall initiative and for each DHHS Division
- an evaluation framework for a future summative evaluation
- process and impact measures for the initiative

Method

- documentation review
- semi-structured interviews – 10 AHAA's, 19 stakeholders
- online stakeholder survey – 84 responses

Findings

Early progress: (This progress is commended in the context of significant government reform and restructure and within the first year of a developing initiative)

- AHAA's have extensively scoped local context and needs, gathered evidence and connected with relevant stakeholders;
- Just under a quarter (24%) of stakeholders surveyed reported that AHAA engagement had led to inclusion of active and healthy ageing in their Municipal Public Health & Wellbeing Plan;
- Nearly 50% of stakeholders reported a medium impact level of the initiative on the promotion of active and healthy ageing strategies within their organisation;
- Of the stakeholders who were aware of prior approaches to implementing local active and healthy ageing strategies, over a fifth (21%) believe the AHAA initiative is more effective than prior DHHS funded programs, grants or projects.

Key factors that have assisted progress:

- support infrastructure of the initiative (e.g. monthly AHAA meetings and State-wide coordinator);
- AHAA's that have local knowledge, skills/experience working with stakeholders at a local level;
- having a new dedicated resource creating linkages between key stakeholder organisations that are, or could be focused on active and healthy ageing;
- flexibility of the role to respond to local need;
- the strategic approach of the AHAA initiative.

Key factors that have limited progress:

- large number and broad scope of focus areas in initial AHAA work plan;
- lack of clarity about the role from both an AHAA and AHAA stakeholder perspective;
- insufficient AHAA EFT (including staff turnover) to support the AHAA work;
- DHHS and/or local government restructures, aged care and disability reforms impact on AHAA priorities and focus of stakeholders to engage with the initiative;
- lack of funding to assist in implementing active and healthy ageing programs and/or activities;
- lack of tangible outcomes to date (to be expected at this early stage of the initiative).

Opportunities identified:

- refine focus by reducing number of priority areas in work plans;
- improve clarity about intent and scope of the AHAA role;
- develop individual AHAA work plans that clearly articulate objectives and corresponding actions, process and impact measures and link to an annual state-wide work plan;
- develop stakeholder engagement strategies to support implementation of work plans;
- standardise data collection by the initiative;
- develop an AHAA Communications Strategy and promotional material to support implementation of the collective AHAA initiative through building stakeholder awareness and understanding.

Improvement to AHAA initiative underway

- Increased clarity of role – development of a new AHAA role description; selection of two core priorities for AHAA work plans based on data, evidence, stakeholder priority and opportunity.
- Improved communication to stakeholders – development of a new AHAA presentation, development of State-wide and Divisional program logic.
- Enhanced reporting mechanisms – development of new data collection tools to identify AHAA activity, achievements and impact linked to work plans.
- Continued evaluation – ongoing monitoring and review is planned to identify the impact of the AHAA initiative.