# Ballarat Community HEALTH



**Research, Innovation and Evaluation** 

Issue 3, June 2019

# Implementing Healthy Choices Guidelines at Basketball Ballarat



# Welcome

This is my first edition of ReNews since I took over the CEO position in December. Like my predecessor Robyn Reeves, I am a passionate advocate for research and evaluation. As our region faces increasingly complex health and wellbeing issues, local research is vital to build understanding and find sustainable solutions. I therefore look forward to building on Robyn's good work in this area.

Regular readers will notice the addition of 'Innovation' to our newsletter's focus. This small change will enable us to showcase new and creative responses to improve health, including the collaboration with Monash University to introduce Healthy Choices at a major Ballarat sports facility.

Many BCH programs are evaluated internally, however we are increasingly also engaging with external evaluators to ascertain and strengthen the impact of our programs and services. In this edition you will find a discussion of an external evaluation of the MAC program for people who are recovering from drug and alcohol issues. Also included is an introduction to Results Based Accountability which has recently been adopted by BCH; providing an exciting opportunity to strengthen evidence around the organisation's impact and outcomes.

And of course our Methodology focus returns, this time showcasing Action Research which is being used across a number of BCH projects, including the Elder Abuse Prevention project. I hope you will enjoy reading this issue which highlights BCH's strong focus on research, evaluation, innovation and university collaborations.

#### Sean Duffy

2 Welcome 3 **RBA at BCH Healthy** 4 Choices Action 6 Research **Elder Abuse** 7 **Prevention** MAC 10 **Evaluation** Conference 12 Presentations

**Inside this** 

issue:

## BCH is moving to Results Based Accountability

## What is Results Based Accountability?

Results Based Accountability (RBA) is not a research methodology and it's not simply an evaluation methodology, although it's certainly used for evaluation.

It's more of a continuous improvement methodology designed to assist us in monitoring and taking action to improve the wellbeing of communities at a population level and the wellbeing of clients at a program or organisational level.

	Quantity	Quality
Effort / Process	How much did we do? (#)	How well did we do it? (%)
	Is anyone better off?	
	How much	What quality of
ct	change did we	change did we
mpa	produce?	produce?
Effect / Impact	Can we do more? (#)	Can we do more? (%)

#### How does it work?

RBA starts with ends and works backward step by step to means. How that translates at an organisational level (or in RBA terms at a performance accountability level) is the end Katherine Cape General Manager Prevention and System Development

point is defining how our clients/participants are better off by participating in our programs or services, if the program or service works the way it should.

Drilling this down further it means measuring three things:

- How much did we do?
- How well did we do it?

#### And MOST IMPORTANTLY

• Is anybody better off?

### Why should we be interested in it?

Well RBA is coming to a Community Health Centre near you...

The Leadership Group have agreed that the key ways we can know that our clients/participants are better off is that:

- Their health and/or wellbeing has improved from their participation in our service,
- They feel more supported by and more able to contribute to their community through their involvement in BCH,
- and that our workforce and broader service systems support good health and wellbeing.

The next step is agreeing on how we will measure these outcomes. That will be work for next year and staff, clients, Board reps and managers will be involved in this process.

# Implementing Healthy Choices

BCH's Health Promotion and Dietetics Teams have been working with Masters of Dietetics students from Monash University to implement Healthy Choices at Basketball Ballarat's stadium canteens. Created by the Victorian Government, the Healthy Choice Guidelines (HCG) aim to improve the availability and consumption of healthier foods and beverages in settings where foods are sold or catered.

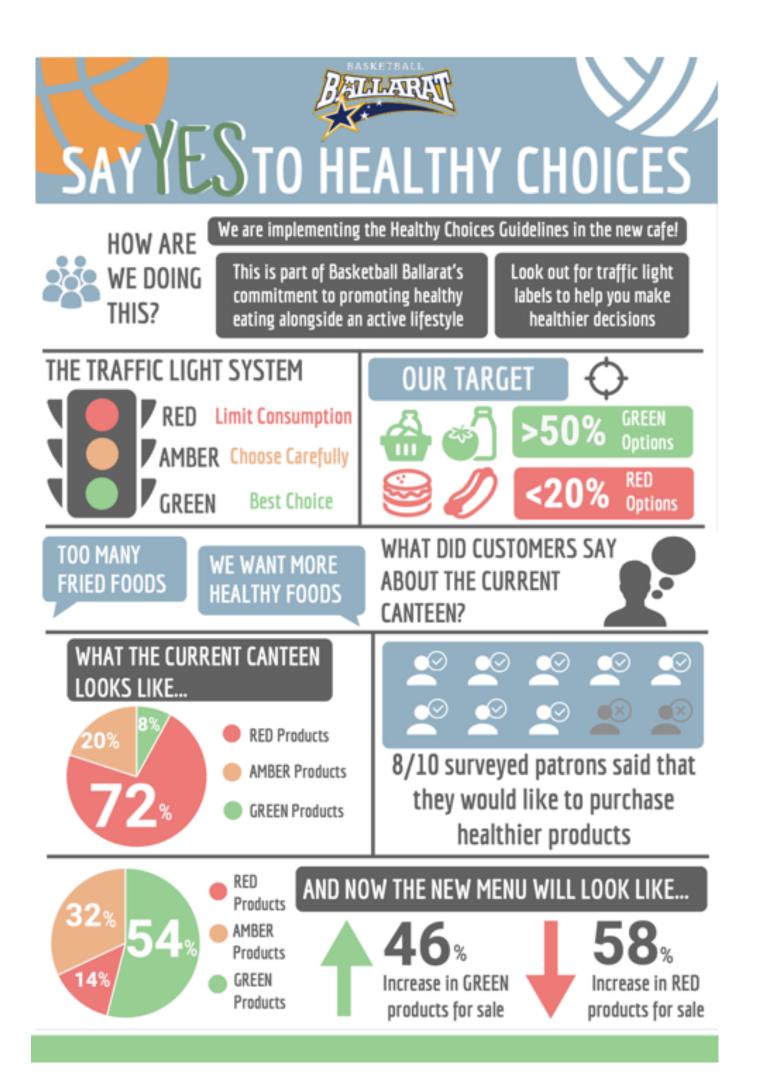
With over 60 000 individuals from around Victoria predicted to attend Basketball Ballarat each year, including 33 000 young people, modifying the stadium's food environment to align with the HCGs has great potential to increase the purchasing of healthy food within this healthpromoting setting. Healthy Choices uses traffic light colours - green, amber and red to help guide customers. Green food and drink are more prominently displayed in cabinets and in eye-sight for children. Under the changes, healthier options will be "subbed in" across Basketball Ballarat food outlets and red category items will be cut back and be less prominently displayed.

During a seven week placement with BCH, the Students produced a number of tools to facilitate the introduction of the HCGs including: an implementation guide, a new food and drinks menu, evaluation guidelines to the ensure the cafés are HCG-compliant in the long term, and a range of promotional material.

The Students also surveyed patrons and audited the current menu at the Minerdome Bistro; revealing 75% of customers would like to see more healthy options on the menu. In response to this

research, recommendations and recipes have been provided to improve the availability of healthy foods. These include: recipes for a new 'Kids Menu' with healthier options, recipes for new healthy items to be added to the Member Specials menu, and alternative cooking methods and ingredients for items on the current menu.

A Policy proposal has also been provided for consideration by the Basketball Ballarat Board. This Healthy Choices Guidelines Policy seeks to establish Basketball Ballarat's commitment to healthy eating alongside their long-standing commitment to active living. In addition, the Healthy Eating Advisory Service have indicated that they found the resources produced by the students useful to inform improvements of the HFC guidelines and implementation.



## Methodology Focus

# Action Research

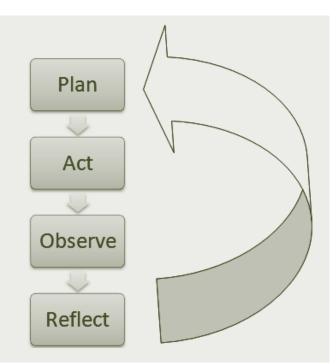
### Woody Boyce

PhD Candidate, Federation University and Central Highlands Children and Youth Area Partnership Research Collaboration.

Although there are variations to how action research can be defined and conducted', one key point of difference from other research methodologies is that action researchers use a range of practices that not only produce knowledge, but also aim to bring about practical improvements to the problem being researched<sup>2</sup>.

Action research practices involve collaboration, joint deliberation and joint decision making between the action researcher and the research participants. In an action research project, all parties that are impacted by the research problem are invited to participate, and participants become stakeholders in the inquiry. Stakeholders and action researchers work together to create knowledge that is useful within the local context.

Throughout the action research process stakeholders and action researchers work together to collaboratively identify problems, share knowledge, jointly interpret 'what is



happening', and identify strategies for social change<sup>3</sup>. The success of an action research project is ultimately determined by the willingness of local stakeholders to act based on the research results.

#### Student / Project profile

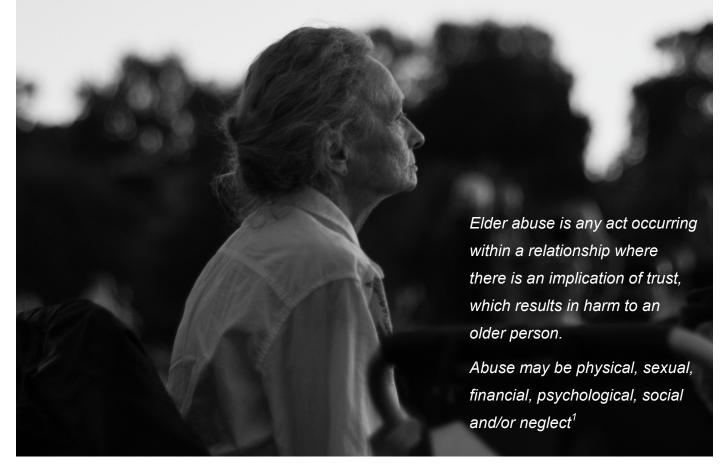
Woody is undertaking his PhD and is researching with young people who currently live in out-of-home care (OOHC), as well as educators and practitioners who work directly with them. The research uses action research methods to provide a space for young people to express their views on education for children in OOHC, then ensuring that their views are listened to and acted upon by the adults that support them.

Woody welcomes any researchers and/or practitioners who are interested in finding more about his research to contact him at w.boyce@federation.edu.au.

<sup>1</sup> Torre, M. E., Stoudt, B. G., Manoff, E., & Fine, M. (2017). Critical participatory action research on state violence. In N. K. Denzin & Y. S. Lincoln (Eds.), The Sage handbook of qualitative research (5th ed., pp. 492-515). Thousand Oaks, California: SAGE.
<sup>2</sup> Kemmis, S., McTaggart, R., & Nixon, R. (2014). The action research planner: Doing critical participatory action research. Singapore:

Springer. <sup>3</sup>Locating the field. (2017). In N. K. Denzin & Y. S. Lincoln (Eds.), The Sage handbook of qualitative research (5th ed., pp. 27-35). Thousand Oaks, California: SAGE.

# How action research is helping address elder abuse



Central Highlands Elder Abuse Prevention Network is one of ten Victorian Government funded Elder Abuse Prevention Networks across Victoria. As the project lead, Ballarat Community Health has been working with project partners to promote seniors rights and raise awareness of elder abuse.

During 2018, Central Highlands Elder Abuse Prevention Network was one of five elder abuse prevention networks invited to participate in an action research project to inform the operation of the Network and share experiences across the sector. Partners received support over a 12-month period to use action research to learn more about the effectiveness of their work across the Central highlands and to develop understanding of the causes of elder abuse and how prevention networks can deliver targeted and inclusive activities to prevent abuse and violence against older people.

Continued over page

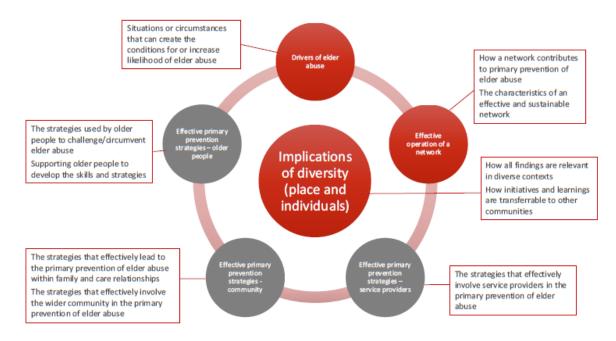
1. Australian Institute of Family Studies (2016), Elder abuse Understanding issues, frameworks and responses Research Report No. 35 – February 2016, Australian Government, Canberra.

Page 7

## How action research is helping address elder abuse

Continued from page 7

Consultants Think Impact worked with the lead agencies, Seniors Rights Victoria and the project funder, the Department of Health and Human Services (DHHS) to identify themes and activities for the action research. Identifying drivers of elder abuse, effective primary prevention strategies and the characteristics of an effective and sustainable network were identified as important areas of focus (see the diagram below).



Project partners continued to work with the consultants to conduct research at the beginning, midpoint and near the conclusion of the project. Data was collected via focus group discussions, group discussions, interviews and an online survey for community members.

The most significant messages identified through this research are:

- Elder abuse is an issue of concern across our society. Whether it's because it's happening more, or because we're now talking about it more, there is momentum behind efforts to understand more about elder abuse and to prevent it before it occurs.
- The reasons for elder abuse occurring are complex and varied, making the task of preventing it challenging.
- Similar to gender-based discrimination being understood to be an underlying cause of violence against women, age discrimination is an underlying cause of elder abuse. Other major factors include perceived or real diminished capacity, isolation, undervaluing or lack of support for carer relationships, lack of clarity about or planning for the future, issues or illness for the perpetrator and tension over assets and other resources.
- Preventing elder abuse is not just about the older person protecting themselves from experiencing abuse, but it is part of the solution. Staying connected and planning for the future are key prevention activities.
- A whole-of-community approach is needed to address the age-based drivers of elder abuse. All segments and settings across the community need to be engaged to challenge age discrimination, promote respect for and valuing of older people, recognise the equal rights of older people and create a society where elder abuse is not tolerated.

Adapted from thinkimpact draft report Older, Better, Together: The primary prevention of elder abuse by prevention networks.

# Central Highlands Elder Abuse Prevention Network

### Louise Feery, Manager Health Promotion

The Central Highlands Elder Abuse Prevention Network (CHEAPN) was officially launched at a one day Elder Abuse Prevention Forum in Ballarat on the 26th Feb 2018. Over 100 people attended from a range of service organisations and community groups from the local government areas of Ballarat, Golden Plains, Hepburn, Ararat, Moorabool and Pyrenees.

Our network model involves a commitment from organisations and community groups to sign up to become a network member and actively promote seniors rights and raise awareness of elder abuse. There are currently 53 members of our network who have pledged to undertake actions to prevent elder abuse. The Central Highlands Integrated Family Violence Network has responsibility for the governance of the network and the project is supported by a small Executive group with organisation and community representation. Both groups have a terms of reference.

Over the past 10 months, there has been 34 workshops, presentations and events to raise awareness of elder abuse and seniors rights, with 1056 people engaged and a current data base of 137 people. A range of local resources have been developed to support the network and the *elder abuse prevention* e3learning *module* has been heavily promoted throughout the catchment area.

This network gives groups an opportunity to start the process to ensure elder abuse is being addressed. By working closely with organisations and community groups, the indirect reach of our network is increased. A local brochure with referral information and support has been developed and disseminated to thousands of people involved either in network organisations (some of which employ over 500 hundred employees) or through rural and regional community groups.



# External Evaluation of the M.A.C. (Making A Change) Program

In 2017, Ballarat Community Health (BCH) was one of nine Victorian services funded under the Victorian Government Ice Action Plan to establish Making A Change (MAC) a new day rehabilitation program for people who are recovering from methamphetamine or alcohol and other drug (AOD) use.

The aims of the program are to reduce or cease the risks, harms and consequences of AOD use and to improve health and wellbeing, social connectedness and daily living skills. Some components of the program are structured as a pre-accredited course with the potential to lead participants on to further education.

BCH provides MAC in partnership with Ballarat Neighbourhood Centre, Ballarat and District Aboriginal Cooperative and Grampians Community Health. The program is mainly facilitated in a group setting and participants are expected to make a commitment to attend three to four days per week for eight weeks. Counselling, individual monitoring, group work and recreation activities are incorporated into the sessions.

#### Evaluation

Evaluation consultants 360Edge were commissioned to evaluate each of the nine rehabilitation programs funded to determine the effectiveness of the programs in reducing AOD use/dependence; to identify features of successful programs; and to determine whether different models were more effective in different circumstances.

#### Continued from page 10

A number of methods to collect data were utilised including: examining program materials; interviews and focus groups with program staff, clients and other stakeholders; and surveying current and former clients.

The evaluation comprised three stages, commencing with an initial baseline evaluation and an interim evaluation in 2017/2018. These evaluations identified strengths, barriers, and enablers of each program and made recommendations for strengthening program delivery and outcomes.

Staff at BCH have worked closely with the external evaluators throughout the process to identify assessment tools, assist with data collection and implement recommendations.

The final program report is expected to be available in the coming months.

# Working with an external evaluator: A program manager's perspective

The external evaluation of the Making a Change (MAC) Program undertaken by 360 Edge began with a workshop in April 2016 with a meeting of the nine agencies delivering Therapeutic Day Rehabilitation Programs. At this meeting it was explained that the scope of the evaluation included: the rationale for design and benefits effective in achieving client outcomes; and early feedback to address barriers and improve program design and success factors for future service development. The consultants described how the evaluation would be broken into three phases with clear expectations, outcomes and timelines.

Throughout the project, we were guided through each phase of the evaluation by the evaluators with flexibility and an understanding of how facilitating staff and consumer consultations may impact on delivery of the program. Respect and confidentiality was maintained throughout this process and staff and consumers therefore felt comfortable and willing to participate.

Not having the resources or expertise within our program to evaluate a project of this size internally, the opportunity to have our program evaluated externally was very welcome. The initial baseline and interim reports made available to us in May 2017 and April 2018 have enabled us to work on recommendations to strengthen the program. They have also identified positive aspects of the program, encouraging us to continue and build on this work.

The feedback workshops at the end of each phase have enabled us to come together with the other agencies delivering programs across Victoria. This is something which we would not otherwise have done and it provided a valuable opportunity for us to compare programs and learn from each other.

Whilst we are still awaiting the final report, BCH has received notification that funding for MAC will continue.

## **Conference Presentations by BCH staff**

BCH staff regularly present at conferences and forums. This is a snapshot of recent presentations.

## **Grampians Mental Health** Conference

Jane Measday General Manager Social Support

**Rick Corney** Peer Worker (Forensic Mental Health)

**Presentation title:** Development of the Connecting2community program





# STEPMI at a glance

- Long term involvement minimum 12 months Scheduling of regular sessions – fortnightly
- Able to closely liaise with family supports
- Assist in access to additional services as needed Consult with GP's, psychiatrists and allied health
- Prevention of need for area MHS



Janelle Johnson Manager headspace

Michelle Graffeo Volunteer & Student Coordinator

**Presentation title:** Student Led Clinic for Mental Health Assessment

Nathan Broom STEPMI Clinician, headspace

Leanne Duggan STEPMI Senior Clinician, Uniting

#### **Presentation title:**

STEPMI (Services and Treatment for Enduring and Persistent Mental Illness) - Innovation for Enduring Mental Health

## Youth Health Conference

**Tameaka Lakey** Health Promotion Officer (pictured)

#### **Presentation titles:**

1. Collaborating to connect at-risk youth with oral health care

 Adapting program delivery to meet young people's changing needs (Poster presentation)

7-9 November, Surfers Paradise





## **Food Futures Conference**

### Melissa Farrington

Health Promotion Officer

#### Deb Greenslade

Research Coordinator

#### Presentation title:

Building understanding of food insecurity for community action in Ballarat

20-21 November, Brisbane



### **Presentation tweets**

Those who were suffering from food insecurity were asked what they would buy if they had an extra \$20. Answer: Meat, Fruit and Veg- Ballarat Community Health @BallaratCH @\_PHAA\_ #FoodFutures2018



Great to hear from @ballaratch & p'ship with @MonashNutrition. Confronting findings showing people are more seriously food insecure than expected. These findings are used to get more food and more support. Great research showing the importance of partnerships! #FoodFutures2018

Page 13

# Research, Innovation and Evaluation

Ballarat Community Health PO Box 1156, Bakery Hill VIC 3354 Phone: 03 5338 4500 E-mail: deborahg@bchc.org.au www.bchc.org.au

