

Building capacity for effective **health promotion action**



In the Eastern Metropolitan Region

Action Plan July 1999 - June 2002



**Building capacity for
effective health promotion action
in the Eastern Metropolitan Region**

Action Plan July 1999 - June 2002

This document is the compilation of a series of discussion papers and consultation forums held during 1998/1999 to facilitate the strategic development of this action plan - to build regional capacity for effective health promotion action.

Supporting documents:

Discussion Paper One: Health Promotion in Context

Discussion Paper Two: Health Promotion in the Eastern
Metropolitan Region

Regional Health Promotion Forum: Summary Report

Published August 1999 by: Department of Human Services
Eastern Metropolitan Region
Locked Bag 2015
BOX HILL VIC 3128
Phone (03) 9843 6000
Fax (03) 9843 6100

Further information: This report is available on the Department of
Human Services web site at:
[http://www.dhs.vic.gov.au/
phd/9907059/index.htm](http://www.dhs.vic.gov.au/phd/9907059/index.htm)

For further information regarding this document please contact
Andrea Hay: Regional Health Promotion Coordinator
Department of Human Services
Eastern Metropolitan Region
Locked Bag 2015
BOX HILL VIC 3128

Phone (03) 9843 6106
Fax (03) 9843 6118
Email: andrea.hay@dhs.vic.gov.au

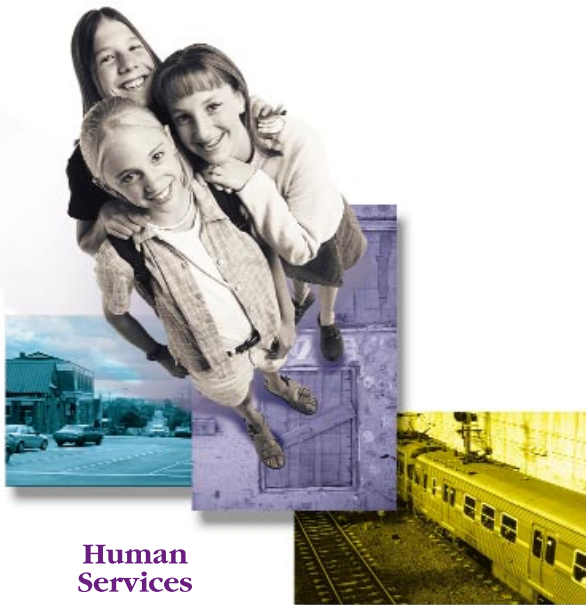


Art & design by Invert Media Pty Ltd
www.invertmedia.com

Building capacity for effective health promotion action

In the Eastern Metropolitan Region

Action Plan July 1999 - June 2002



Human
Services



 ictoria **ON THE MOVE**



This document was written by Natasha Pearce, Regional Health Promotion Coordinator, Department of Human Services, Eastern Metropolitan Region in collaboration with Andrea Hay, Department of Human Services, Eastern Metropolitan Region, The Inner and Outer Eastern Health Promotion Networks, Regional Health Promotion Service Providers and the Regional Department Health Promotion Working Group.

The regional action plan has been informed by the working draft of the Department of Human Services Health Promotion Strategy Statement: *Towards a more health promoting human services system*, developed by the Interdivisional Working Group For Health Promotion (due to be released later this year).

The development of the action plan has been informed by the key findings of workshop activities that were part of the Regional Health Promotion Forum held on 17 March 1999.

a c k n o w l e d g e m e n t s >>

Metropolitan Region



Thank you to all the organisations and individuals who contributed to the development of the discussion papers and regional health promotion action plan. In particular, thank you to...

Inner and Outer Eastern Health Promotion Network Members:

- Karen Steenbergen and Camilla Farchione, Boroondara City Council
- Janelle Russ and Nicole deAraugo, Box Hill Hospital
- Kwai-Chee Ho, Family Planning Victoria
- Liz Clear, Inner-East Community Health Service
- Lisa Lopes and Maria Mathieson, Knox Community Health Service
- Melanie Virtue, Knox Division of General Practice
- Paul Steel, Manningham Community Health Service
- Jan Loughman, Manningham City Council
- Sue Rosenhain, Maroondah Social and Community Health Service
- Jane Judd and Graeme Fletcher, Maroondah City Council
- Nicolette Torcello, Maroondah BreastScreen
- Kerrie Rhodes and Vicki Cowling, Maroondah Child & Adolescent Mental Health Service
- Kris Pierce, Monash City Council

- Anne Leonard, Monashlink Community Health Service
- Frank Wright, Outer-East Council for Developing Services in Mental Health
- Nicola Bruce, Power Neighbourhood House
- Babara Phillips and Kath Jones, Ranges Community Health Service
- Patrice Higgins, Sherbrooke and Pakenham Division of General Practice
- Karen Martin, Wendy Smith and Lyn Dunn, Shire of Yarra Ranges
- Olive Aumann, Whitehorse Community Health Service
- Lien Tan, Whitehorse City Council
- Emma Sutherland, Whitehorse Division of General Practice
- Carmen Heathcote, Women's Health East
- Karolyn Treacy and Louise Farmer, Yarra Valley Community Health Service
- Tina Hambleton, Lilydale & Yarra Valley Division of General Practice

Regional Department Health Promotion Working Group:

- Wendy Power, Manager Health and Community Care (H&CC)
- Natasha Pearce, Regional Health Promotion Coordinator, H&CC
- Melinda Brown, Project Manager, Primary Health and Community Services Reform
- Andrea Hay, Regional Environmental Health Officer, H&CC
- Eugene Bognar, Contract Manager, Community Health and Public Health, H&CC
- Mary Sullivan, Planning Officer, Planning
- Claire McFerran, Contract Manager, Client and Family Support
- Marie Rothman, Sector Manager, Community Residential Services
- Pat Kelly, Unit Manager, Kew Residential Services
- Looi Chong, Unit Manager, Kew Residential Services

Foreword

The Eastern Metropolitan Region, Department of Human Services (the Department), recognises that health promotion is critical to achieving a health care system that supports the population to optimise their long term health and well-being. This action plan provides an overview of the commitment and vision by the Department, in partnership with service providers, to strengthen regional coordination and capacity to prevent disease and injury and to promote good health.

Regional human services in their planning, purchasing and delivery across the broad health care continuum are a critical part of the health system and it is vital that prevention and health promotion objectives are embedded in their overall business. This plan documents current regional health promotion infrastructure, capacity and activity, and the specific actions needed to strengthen and build our capacity to deliver effective health promotion action.

In response to the increased emphasis on prevention and health promotion, the Department has formed a regional public health team including health promotion, health protection, disease prevention and emergency management roles. The health promotion position has responsibility to develop better coordination and capacity for community based health promotion, the basis for the

development of this action plan. In particular, the reform of the primary health and community services system will be supported by this action plan through the development of tools and infrastructure required to move the focus of care to prevention and more sustainable health outcomes.

This action plan is aimed at the various program areas within the Department itself and service providers to support effective health promotion action at the regional and local level. It is an important step in strengthening the effort of those already actively involved in health promotion and in drawing on the potential of a wider range of contributors, both in the mainstream health care system and in other sectors.

I would like to thank all those involved in the collaborative development of this plan which I hope will continue in implementation to make these actions effective in practice at the local level.



Pam White
Regional Director



Contents

Acknowledgements	2
Foreword	4
Table of Contents	5
Glossary of Terms	6
Introduction	6
Development and Review of a Regional Health Promotion Action Plan	7
Purpose	8
An Infrastructure Approach	9
PART 1: Surveying the scene	10
What is health promotion?	10
Approaches to promoting health	11
Health promotion action	13
International, national and state context	15
Health promotion in the Eastern Metropolitan Region	17
Consultation with health promotion service providers	20
Consultation with health promotion practitioners within the community health setting	22
Summary	23
PART 2: Laying the foundations and framework	24
Regional health promotion system	24
Roles and responsibilities in the regional health promotion system	27
Working intersectorally and developing collaborative partnerships	27
Evidence-based planning and practice	28
Working towards improving health outcomes	29
Health outcomes and capacity building	29
A framework for building capacity for effective health promotion action	30
PART 3: The building blocks and mortar	31
Regional health promotion framework	31
Regional health promotion action plan July 1999 – June 2002	32
• Workforce development	32
• Policy and strategic planning	33
• Evidence-based planning and practice	35
• Resource allocation	36
Putting the plan into action	37
References	38
Appendix A: Outcomes hierarchy for health promotion	39
Appendix B: Feedback Form	40

Introduction

The image of the seedling on the front cover symbolises the emergence and growth of health promotion in the region. It needs to be nurtured to enable it to grow into a mature tree.

The framework for effective health promotion offered in this plan combines the imagery of the seedling developing into a tree, as a system, with the concept that an effective regional health promotion system must be built, hence the title "*Building capacity for effective health promotion action*". The foundations for the building are workforce development, policy and strategic planning, evidence-based planning and practice, and resource allocation.

The Eastern Metropolitan Region, Department of Human Services (the Department), recognises that a more integrated and coordinated approach to health promotion and illness prevention is critical to the long term well-being of the community. The Department's Business Plan states the aim 'to enable the people of Victoria to have access to services



that protect and enhance their health and social well-being and to best allocate available resources to meet their needs'.¹

This plan illustrates the Department's commitment to strengthen regional health promotion action in partnership with service providers over the next three years. Health promotion theory and practice are based on the belief that health is 'a positive concept emphasising that health is much more than the absence of disease, it is the attainment of physical, mental, social and spiritual well-being'.² In order to effectively enhance the health of the population, the Department and the services it funds (the region), need to adopt a comprehensive approach to promoting health.

Glossary of Terms

Department of Human Services Eastern Metropolitan Region	The Department
Department of Human Services and Regional Service Providers in the Eastern Metropolitan Region	The region
Program Areas	Program areas within the Department of Human Services at a regional level (Youth and Family Services, Aged, Community and Mental Health, Disability, etc)
Risk/Protective Factors	Factors that are known to protect against or increase the risk of contracting a particular disease

Development and Review of a Regional Health Promotion Action Plan

To date there has been no clear policy or framework to provide regional direction for health promotion action. The Department acknowledges the existence of many excellent health promotion activities in the region and the strong networks built on the foundation of promoting health. However, these efforts have been largely fragmented, unsupported and primarily delivered by a limited range of organisations.³ There is opportunity for all health services to operate within a health promotion framework and provide opportunistic health promotion as well as offering specific health promotion interventions. There is a need to consolidate regional health promotion effort into a strategic and coordinated approach to ensure that health promotion is being planned, purchased and delivered in the most efficient and effective way.

This document is the compilation of a series of regional discussion papers and consultation forums held during 1998/99 to facilitate the strategic development of this action plan. The plan will be monitored and reviewed annually in order to evaluate the progress of the planned actions in building regional health promotion capacity.

Strategic Development Timeline

January - October 1998	Investigative projects and literature review conducted
November 1998	Discussion Paper 1: Health Promotion in Context Discussion Paper 2: Health Promotion in the Eastern Metropolitan Region
December 1998	Consultation forums with Regional Health Promotion Networks and Regional Department Health Promotion Working Group
January 1999	Review of discussion papers and development of draft action plan
March 1999	Regional Health Promotion Forum
April/May 1999	Review and development of final regional action plan
July 1999	Distribution of Regional Health Promotion Summary Report
August 1999	Launch and distribution of Regional Health Promotion Action Plan

Glossary of Terms

Direct delivery of health promotion action

Examples of direct program delivery include the delivery of QUIT courses, one off education sessions or festival events

Indirect delivery of health promotion action

Examples of indirect delivery of health promotion include strategic planning, community action and organisational development activities that build capacity but are not delivered as a discrete program



The purpose of this action plan is to:

- establish a common understanding of the principles and frameworks that support health promotion development and action
- document the current regional health promotion system, capacity and activity
- present a framework and action plan for building regional health promotion capacity.
- that opportunities for health gain are maximised through evidence-based investment of current health promotion and prevention resources
- that national, state and local priorities are considered in the development of regional priorities
- that a range of health promotion strategies are employed to achieve sustainable health outcomes
- that a balance between best practice and innovative health promotion action is achieved
- that links between programs and partnerships between sectors, organisations and communities are created and enhanced.



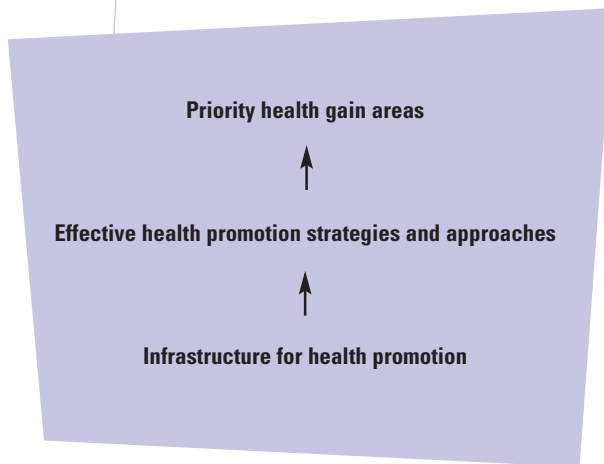
This plan aims to facilitate the integration of health promotion principles and practice into the region's core activities and to strengthen regional coordination and capacity to prevent disease and injury and promote good health. The Department aims to facilitate action in a number of key outcome areas through the implementation of the plan. These are:

- that investment in population-based activities is strengthened by the shift of resources to prevention and health promotion interventions

This action plan is intended to be of particular use to staff involved or interested in the planning, purchasing and delivery of health promotion. This includes state and local governments, hospitals, community health services, divisions of general practice, specialist agencies and settings for health promotion such as schools and workplaces to increase regional health promotion capacity. It is essential that strategies are implemented collaboratively between the state and local governments, regional and local service providers to establish an integrated and comprehensive approach to promoting health in the region.

Introduction : An Infrastructure Approach

This plan is primarily focused on the foundations or infrastructure required for the region to effectively plan, purchase and deliver health promotion action. This is based on the knowledge that if the region does not have the necessary capacity (skills, knowledge and resources) it cannot effectively impact on population health.



Initially this plan will be used as a step towards strengthening practice in the twelve health promotion action areas for Victoria and the five national health priority areas as listed below, as well as supporting locally identified priorities.

Five National Health Priority Areas ⁴

- Cancer
- Cardio Vascular Disease
- Injury Prevention
- Mental Health
- Diabetes

Twelve Health Promotion Action Areas for Victoria ⁵

- Cancer Prevention and Early Detection
- Heart Disease and Stroke Risk Reduction
- Preventing Injuries
- Mental Health Promotion
- Diabetes
- Asthma
- Physical Activity
- Healthy Nutrition
- No Smoking
- Responsible Drinking
- Reproductive and Sexual Health Promotion
- Oral Health

Through this action plan, it is intended that a range of supports will be identified to facilitate the future development of regional health promotion priorities. For example, reviews of demographic, socio-economic and health status data as well as reviews of national, state and local priorities, will enable the region to make informed decisions in selecting future priorities for action. This work will also be important to support the implementation of the Primary Health and Community Services Reform (PHACS). As this action plan adopts an infrastructure approach, it is envisioned that specific regional plans in priority health areas (eg. women's health, mental health, etc) will be developed and supported by this action plan.

What is Health Promotion?

If the region is to integrate health promotion principles and practice into its core activities, a clear and common understanding of health and health promotion must be achieved. Health promotion theory and practice is based on the belief that health is far more than the absence of disease or illness. Health is 'a positive concept emphasising social and personal resources, as well as physical capacities'.² This broad perspective of health means that we must



encompass what it means to be healthy as well as ill, and assess the factors which determine health in order to enhance the health of individuals, communities and populations.

For example, the social model of health, a core foundation of the PHACS Reform, concentrates on improving the health and well-being of a population through addressing the social and environmental determinants of ill-health in tandem with biological and medical factors which influence health and well-being.⁶

Health promotion is the action taken to solve public health problems. Health promotion is defined as '**the process of enabling people to increase control over, and to improve, their health.**'⁷ The National Health and Medical Research Council (NH&MRC) Health Australia Report (Discussion Paper) stated the goals of health promotion in Australia to be:

Healthy Society

- develop settings and structures that promote health and sustain health

Healthy Communities

- improve the physical environments within which people live, work and play

Healthy Individuals

- improve people's capacity to become and stay healthy
- reduce the number and proportion of people who are at risk of illness, injury or premature disability
- improve the health and quality of life of people who experience disease, injury or disability.⁸

Although health promotion theory and practice can be clearly defined, it is often criticised for being vague and unclear. This may be due to the fact that health promotion is a diverse area which is guided by a set of concepts and principles, draws on a range of disciplines and knowledge (social, political, medical and environmental) and responds to a large range of issues. Health promotion is shaped from the experience of many people working to promote health in various settings (medical, community, organisational and educational).⁹



Underlying all health promotion initiatives are five key principles that guide efforts to enhance the health of the population.¹⁰

*Health promotion is based on the concept of **empowerment** which refers to the capacity of individuals and communities to improve their health by increasing their control over the determinants that are important to their health.*

*Health promotion emphasises active **public participation** in processes that encourage and enable individuals and communities to define, analyse and act upon events affecting their lives and living conditions.*

*Health promotion is committed to **addressing the impact of broader determinants of health**, recognising that health is influenced by more than genetics, individual lifestyles and the provision of a health care delivery system.*

*Health promotion is committed to **reducing social inequities and injustice** so that every individual family and community member may benefit from living, learning and working in a health supporting environment.*

*Health promotion seeks to **facilitate intersectoral collaboration** and initiate coordinated efforts to promote individual and community health.*

These key principles should guide not only health promotion effort but also the core operations of the Department and the services it funds. These principles in operation should be applied together to effectively strengthen the health promoting mandate of the region.

Approaches to Promoting Health

Contemporary health promotion has been built from two key foundations that have strengthened over time to address population health. Firstly, what is known as the 'old public health' involving regulation and monitoring of the natural environment and infectious disease control, and secondly, health education.¹¹ Early public health initiatives were successful because they tackled health problems at a population rather than an individual level by putting regulations into place which ensured safe water, food supplies and housing, and organised initiatives to control the spread of communicable diseases through immunisation programs.¹¹

Later in the twentieth century, concern shifted from infectious diseases to 'diseases of affluence' related to lifestyle which took on a health education approach to encourage individual responsibility for maintaining health. Health education then broadened to include 'health literacy' which stressed the need for individuals to have the skills and self-efficacy to take action for



their own health as well as being informed about health matters.¹¹

To effectively impact on the health outcomes of the regional population today, a range of approaches that address the many determinants of health need to be integrated into the region's core services and activities. The region must balance attention and resources amongst a preventive medicine, lifestyle/behavioural and socio-environmental approach within a social model of health, to effectively impact on population health as outlined on the following page.

Approaches to Promoting Health

• The preventative medicine approach

Traditionally, the health service system has understood health to be the absence of disease or illness and therefore has focused on the curing, treatment and more recently the prevention of disease. Preventive medical efforts have been directed towards individuals whose genetic, behavioural or family history places them at greater risk of developing specific diseases.^{10, 12}

This approach promotes health by trying to prevent disease (eg. immunisation, periodic health screening, prenatal care), keep disease from getting worse (eg. early cancer detection and screening for high blood pressure and cholesterol), and alleviating the disability caused by established disease and enhancing quality of life (eg. monitoring diabetes, advocating for nutrition and exercise regimes for people with heart disease).¹³ Health promotion in this context is commonly referred to as primary, secondary and tertiary prevention.

• Lifestyle / behavioural approach



The lifestyle or behavioural approach promotes health by trying to give people the knowledge, attitudes and skills that will help them to adopt healthy lifestyles. It also includes the development of public policies to support healthier choices and reduce individual risk factors.¹⁰ These efforts are supported by a population approach. Actions used in this

approach include health education (individual, professional and community), social marketing, self help, self care and public policies to support healthier lifestyles. Examples of behavioural risk factors include: to improve nutrition, encourage physical activity, reduce the use of tobacco, alcohol and other drugs, reduce sun exposure and prevent injuries.¹²

• The socio-environmental approach

The socio-environmental approach promotes health by addressing the broader determinants of health (eg. ensuring that people have access to food, housing, income, employment, education, social support and equity) and creating healthy environments.¹⁰ Strategies used in this approach involve creating environments that are supportive of health, strengthening community development and advocating for supportive public policy that addresses the risk conditions in which people live and work.

Recognising that the health system alone cannot effectively address the many determinants of health through these approaches, it should be accountable for developing partnerships and working collaboratively with other sectors.

In practice, there is much overlap between actions which promote the health of the population and those which address specific risk factors for particular diseases. The region must utilise a combination of these three approaches to have the maximum impact on the health of the regional population.

Health Promotion Action



Health promotion action encompasses a range of activities to achieve population health gain.⁹ These activities can be implemented in the context of the three approaches to promoting health described above.

• Health information

This aims to improve knowledge and understanding about the causes of health and illness and to give health advice and support to help people manage their own health issues. Improving people's ability to access health information will increase

their capacity to make informed choices about their health-related behaviours including preventive care. Empowering individuals and groups through knowledge is an important health promotion objective.

• Screening, individual risk assessment and immunisation

This offers screening of individuals without symptoms for the presence of risk factors. Risk assessment of heart, stroke and vascular disease is generally undertaken by evaluating all risk factors, often by general practitioners or allied health professionals. Appropriate follow-up includes personal counselling

and monitoring (behavioural changes) for individuals to adopt healthy lifestyles with supportive management by health professionals where necessary. This also includes the prevention of disease through immunisation programs.

• Health education, counselling and skills development

This includes providing education and skills development to individuals (eg. through clinical contacts) as well as groups. Education may be offered pro-actively as part of a planned program, opportunistically, or reactively in response to client

requests. This action can also include skill development and training in prevention and health promotion for professional groups and educators.

• Social marketing

This seeks to raise public awareness of health issues and create a climate of opinion for the need for community action at the local, state and national levels. It also aims to offer health advice and triggers for personal behavioural change. Approaches include the use of literature and pamphlets, as well as paid advertising, news stories and educational entertainment through newspapers, magazines, local radio and television.



Health Promotion Action

- **Community action (including social and environmental change)**

This seeks to encourage and empower communities (both geographical areas or social groups) to use their own resources to develop and sustain improvements in the social and physical environments. For example, encouraging smoke free areas, better recreational facilities for the elderly and disabled and more fundamental measures such as good transport, housing and food sources. It includes the training of

community leaders and volunteers who can act as mentors and develop support groups with a focus on specific health issues and risk behaviours. Community programs such as health weeks, festivals, expos and exercise events can form part of a more comprehensive community action strategy.

- **Organisational development**

This seeks to shift program and service directions and priorities to accommodate health promotion activities through service agreements, policies and procedures. For example, ensuring smoke free facilities, improved nutrition in organised care settings, introducing stress

management into organisations and physical exercise opportunities in workplace settings. Staff education and development in health promotion concepts and methods is also critical.

- **Economic and regulatory activities**

This includes the development and application of incentives and disincentives that encourage individuals, groups and organisations to adopt healthier practices or make healthier choices more available. These approaches focus on pricing, availability and restrictions. Health services have an important role in monitoring the availability of controlled substances such as alcohol and tobacco; controlling communicable diseases (eg. immunisation); monitoring product safety laws (eg. drugs and poisons, food, child restraints). Encouraging and supporting government, local providers and the community through advocacy

work to adopt healthier practices to provide healthier choices is another example of a regulatory activity.

There is significant evidence to show that best results in health promotion are achieved through interventions which utilise a combination of the above actions. While health and human services have a clear role in providing some of these elements, others are the responsibility of other sectors with which partnerships must be developed.



Health Promotion Works

The National Health and Medical Research Council (NH&MRC) report 'Promoting the Health of Australians - Case studies of achievements in improving the health of the population' clearly gives evidence of the important contribution made by health promotion to population health gain.¹⁴ Over the past 30 years, the health of Australians has improved significantly in a number of major diseases including circulatory diseases, injury (particularly road trauma), infectious diseases, some cancers and dental health. In 1988 it was estimated that these improvements had resulted in a greater than 30 percent decrease in all-cause mortality since 1960 which represents more than 56 000 premature deaths delayed and savings of almost \$8 billion in health care costs (1988 dollars).¹⁴

The recent Jakarta Declaration on Health Promotion into the 21st Century states the following as a clear acknowledgement of the effectiveness of health promotion.¹⁵

'Health promotion makes a difference. Research and case studies from around the world provide convincing evidence that health promotion works. Health promotion strategies can develop and change lifestyles, and have an impact on the social, economic and environmental conditions that determine health. Health promotion is a practical approach to achieving greater equity in health.'

International, National and State Context

• International context

The World Health Organisation (WHO) has been an international leader for health promotion. In particular, three key documents developed out of a number of WHO conferences have influenced health promotion practice over the years. The Declaration of Alma Ata (1977) provided a platform for the development of health promotion which was further defined in the Ottawa Charter (1986). Recently, the concepts of these policies have been built upon in the Jakarta Declaration (1997) which articulates future challenges for health promotion.

Health promotion today largely depends upon the Ottawa Charter to guide planning and action. The Charter states that the fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity.⁷

To achieve this, health promotion must occur on five fronts:

- Develop personal skills to enable individuals to take informed action for health
- Strengthen community action for health
- Create supportive environments where people live, work and play which offer protection from threats to health and enable people to lead healthy lives
- Build public health policy in all sectors, so that there is explicit concern for health impact and equity
- Reorient health services towards a more explicit concern for the achievement of population health outcomes.⁷

The recent Jakarta Declaration developed at the fourth international conference on national health promotion in 1997 confirms that these actions are still relevant and that the future challenges for health promotion needed to address emerging health issues into the 21st Century are:

- promote social responsibility for health
- increase investments for health development
- consolidate and expand partnerships for health
- increase community and empower the individual
- secure an infrastructure for health promotion.¹⁵

International, National and State Context

• National context

Federal Government initiatives have included the development of National Health Priority Areas and Better Health Outcomes for Australians¹⁶ in recognition of the need to have a coordinated approach to five priority health issues: cardiovascular disease, cancer, mental health, injury and diabetes. Asthma is soon to become the sixth national health priority area.

The National Health and Medical Research Council investigations have also influenced health promotion, such as the Health Australia Review. In 1996, the Health Advancement Standing Committee of the National Health and Medical Research Council was commissioned to undertake a comprehensive review and analysis of past and current health promotion initiatives in Australia and of the systems that are responsible for implementing

action to promote health.¹⁷ In recognition of the need for a more systematic national approach, an agreement was made by all Australian Health Ministers in October 1996 to enter into a National Public Health Partnership to strengthen public health coordination, infrastructure and capacity. Health promotion, being the action taken to solve public health problems, plays an integral part in this partnership.¹⁸

The establishment of peak professional associations, such as the Australian Association of Health Promotion Professionals (AAHPP) and the Public Health Association (PHA), peer reviewed journals and an increasing number of undergraduate and post-graduate degrees has contributed greatly to the increasing sophistication of the health promotion profession.

• Victorian context

Health promotion in Victoria developed from the 1960s, building on the activities of non-profit organisations like the Heart Foundation and the Anti-Cancer Council which have contributed greatly to the body of knowledge about the effectiveness of health promotion interventions. The medical profession and the community health movement have also influenced the development of health promotion. The establishment of the Victorian Health Promotion Foundation, established under the Tobacco Act 1987, has further contributed to the expansion of health promotion since 1987, developing a strategic approach to health promotion based on population groups and settings.¹⁹

The Department of Human Services, Public Health and Development Division, has taken a leadership role for health promotion action in Victoria and is responsible for delivering improved health outcomes in the National Health Priority Areas. Responsibility also lies in addressing social, physical and

environmental determinants of health in areas such as youth, disability and aged care services.⁹

In its mandate to move towards a more integrated system for prevention and health promotion, the Department has expanded its role in planning and purchasing of health promotion through a number of initiatives.^{20,21}

- The establishment of an Interdivisional Health Promotion Working Group (central) in June 1997 with representation from all program areas across the Department of Human Services to identify ways to optimise health promotion investment through existing program structures and ensure cross-divisional linkages. The working group has developed a health promotion strategy statement titled 'Towards a more health promoting human services system'.⁹ This is a significant health promotion policy direction for the whole of the Department of



Human Services and is due to be released shortly (The regional action plan is consistent with the principles and directions presented in this statewide policy document).

- The initiation of a project in 1998 called 'The key stakeholder forum for health promotion' aims to bring together leaders from health promotion organisations, academic, professional bodies and consumer groups to collectively strengthen the organisational capacity for health promotion within the human service system, in partnership with other sectors. This has resulted in the formation of 'Strengthening Systems for Health Promotion', a document which sets strategic directions and plans for health promotion development in Victoria (forthcoming).²²
- The appointment of a Regional Health Promotion Manager in 1998 in each of the nine health regions across the state to support the coordination and integration of health promotion at the regional and local level.
- The reform of the primary health and community support system (PHACS) where greater emphasis is being placed on health promotion, evident by its inclusion as an integrated component of the primary care system.⁶



Health promotion in the Eastern Metropolitan Region

• Current health promotion investment, activity and capacity

In surveying the regional and local health promotion scene, a number of investigative activities were undertaken during 1998. These aimed to assess the current level of regional health promotion investment, activity and capacity prior to the development of the action plan. This included a Departmental audit at the regional level to determine current investment in health promotion action,

consultation with health promotion service providers to determine the current level and types of health promotion activity occurring, and a specific consultation with community health practitioners around issues of infrastructure requirements to support effective health promotion practice.

• Regional department health promotion audit

A Regional Health Promotion Working Group was formed in March 1998. The working group aimed to identify opportunities to strengthen health promotion action through existing structures and to facilitate the integration of health promotion principles and practice into the Department's core services and activities. The regional working group included representatives from various program areas across the Department.

The first task of this working group was to conduct an audit of the Department's current program funding policies and activities to provide an insight into existing purchasing capacity and to identify gaps and opportunities to strengthen regional health promotion effort.

Health promotion in the Eastern Metropolitan Region

• Investment in health promotion activity

With an overall budget of \$5.3 billion, the Department at a state level conservatively estimates that \$100 million each year is spent on discrete, planned prevention and health promotion activities.²³ This is less than 2% of the total health care budget. It can be presumed that this is also reflected at the regional level, as much of that budget allocation to prevention and health promotion is distributed to purchase services at a regional and local level. The small amount of funds invested in prevention and health promotion activities can perhaps explain the limited capacity that services have had in delivering effective health promotion action in the past.

For those program areas within the Department which could be identified as funding discrete health promotion activity, an audit form was completed to provide details of target populations, policies, targeted health gain areas, settings, intervention types and monitoring methods



employed as part of that activity. Services that are provided directly by the Department itself, such as juvenile justice, child protection, school nursing and a range of disability services, were also audited and a number of common themes emerged.

• Summary of issues and recommendations:²⁴

- Confusion around the definition of health promotion was reflected in the difficulties faced in categorising activities. Certain activities were often not considered health promotion due to the variety of interpretations or understandings about what health promotion is. There is a need to raise awareness of health promotion principles and practice within the various Department program areas at a regional level.
- The audit identified that no particular policy drives health promotion activity in the region and each program area has its own policy guidelines and strategy documents which may include statements on health promotion derived from a variety of sources. There needs to be a clear set of references to guide health promotion action in the region and an integral policy formulated.
- Health promotion activities that are discretely funded are focused primarily on information and education activities. They do not encompass the broad range of health promotion strategies. The Department needs to purchase a range of health promotion interventions to effectively improve the health of the population, including environmental and structural change within communities and organisations. There is a need to specify health promotion activities in service agreements to allow for discrete measurement and funding with appropriate targets.
- Health promotion and prevention are being used as a philosophic base in many program areas and featured in their aims and objectives, but they are not followed through into measurable funded activities. Opportunities to strengthen health promotion activity through the implementation of strategies to meet these goals should be developed.

- Services provided directly by the Department itself, such as child protection, juvenile justice, school nursing and a range of disability services, yield a number of common themes. These include the need to create stronger linkages with generic agencies to provide assistance in the planning and delivery of health promotion activities to their client groups, as well as the need for staff training on specific health issues.



• Recommendations:

- That a regional plan for health promotion be developed to provide a strategic approach to investment and coordination of regional health promotion activity that will:
 - Provide a clear policy statement to establish and enhance the understanding of health promotion principles and practice
 - Assist Department program areas to integrate health promotion elements into their planning and purchasing processes
 - Ensure that a balance and mix of health promotion interventions are being purchased across the region which target a range of priority health gain areas
 - Assist with more accountability of health promotion activity.
- That staff development and training in health promotion be provided to regional Department program areas to

establish a clear and consistent understanding and awareness of health promotion principles and practice. That regular updates and training be provided to services directly provided by the Department itself to enhance their capacity to promote the health of their clients.

- That opportunities to strengthen health promotion capacity and coordination through service agreements be investigated, ensuring that a range of health promotion interventions are purchased and measured.
- That a realistic set of indicators or outcome measures be developed to measure health promotion activity more accurately so that they can be incorporated into service agreements. Indicators should measure more than process outcomes such as the number of clients seen, and capture other health promotion activities such as collaboration, networking and advocacy.
- That the capacity for cross-program collaboration be developed and encouraged in the management and coordination of regional health promotion within the Department.
- That those program areas which feature health promotion principles in their aims and objectives are encouraged to fund, implement and evaluate measurable strategies towards the achievement of those aims.
- That an audit or review tool be developed to monitor ongoing investment and capacity to increase and improve health promotion activity.



Consultation with Health Promotion Service Providers

An insight into current regional health promotion activity and capacity was gathered through consultation with a range of service providers.³ Health promotion service providers ranged from organisations in which health promotion was their core business, to organisations in which health promotion was part of their overall work and philosophy. Key health promotion agencies that were visited included Local Government, Community Health and Women's Health Services, Divisions of General Practice, Hospitals and a sample of Neighbourhood Houses.

It is recognised that there are many more organisations outside the health system which



conduct health promotion activities, such as schools, churches and welfare groups, community action groups and private industry, that were not visited as part of this consultation process.

• Priority issues and activities

In general, health promotion activities provided by these services targeted the five national health priority areas (injury prevention, mental health, cardiovascular disease, cancer and diabetes) and the risk factors that contribute to those conditions such as smoking, physical activity, nutrition, alcohol and drug use. Although some services adopted a gender or settings approach by targeting schools or

workplaces or addressing women's or men's health issues specifically, the health promotion action largely targeted national and state priority areas. Often specific activities were based around calendar health weeks. Although the targeting of common health issues was evident, in general, the activity was uncoordinated and not strategic across the region.

• Strategies

Agencies were asked to describe the strategies they used against the Ottawa Charter Action Areas. It became evident that most health promotion activity was based around educative and skills development strategies, some work on strengthening community

action and very little around developing public policy and creating supportive environments. Hence most health promotion activity tended to be individual consultation or group education sessions with opportunities for skills development.

• Health promotion planning and policy

Very few agencies had a recent policy on health promotion, however, planning frameworks were used by many of the organisations whose core business was health promotion such as local government and community health services. These planning frameworks were varied across the region. Municipal Public Health Plans all featured health promotion objectives which were developed through planning and consultation

processes, however, the comprehensiveness of implementation and review varied. Plans and policies that seem to drive health promotion activity included Municipal Public Health Plans, Divisions of General Practice health needs assessments and strategic plans, and individual agency plans and policies on health promotion.

• Networks and collaboration

Although a strong health promotion network existed within the mid-eastern part of the region, it was evident that little networking and collaboration was occurring in other parts of the region around health promotion. It was clear that 'reinventing of the health promotion wheel' was occurring and that valuable time and resources could be further maximised through coordinated networking

in facilitating collaborative activities. Since this consultation, an outer-east health promotion network has been formed which aims to address some of these identified issues in the outer part of the region. As a result of the public health planning process, municipal public health planning networks exist in most of the seven local government areas as well as a number of specific issue based networks, such as youth, alcohol and drug, aged and disability networks.

• Workforce

The region has few solely designated health promotion workers. Those that exist are employed within community health and local government settings. Health promotion is part of many and varied positions, which raises the issue of the need for health promotion workforce training and skills development opportunities across a range of sectors. Particular service providers felt that some health promotion activity occurs because they feel it's important, even though

they are not funded or accountable for doing it. For many practitioners this means health promotion becomes an add-on to their workload and this becomes frustrating because they cannot allocate time to managing it effectively. Where health promotion is part of their core business, workers feel frustrated because they are not given more acknowledgement and accountability for the work they do beyond health information and education strategies. There is limited opportunity to record these actions through the required reporting mechanisms made by funding bodies.



• Recommendations:³

- That a regional policy or strategic plan be developed to establish a clear understanding of health promotion principles and provide direction for health promotion practice.
- That methods for strengthening practice in enabling providers to utilise strategies other than information and education such as environmental and public policy be developed (eg. funding allocation and monitoring mechanisms in service agreements).
- That consistent planning frameworks/tools for health promotion be developed to support health promotion planning and practice at the local level.
- That provider networks be fostered and supported to facilitate coordination, communication and collaboration between providers to reduce duplication in health promotion activity, identify gaps in service delivery and identify emerging issues.
- That staff development and workforce training opportunities be developed for those providing or involved in health promotion activities.
- That existing regional public health planning tools such as Municipal Public Health Plans and Divisions of General Practice Health Needs Assessments and other data be strengthened to support planning of health promotion priorities in conjunction with national and state priorities for action.
- That service providers be provided with health status information to assist in health planning and examples of good practice interventions in order to facilitate 'best practice' planning, implementation and evaluation of health promotion action.

Consultation with health promotion practitioners within the community health setting

Further consultation was sought from a specific group of health promotion providers and community health practitioners who are mandated to plan and implement health promotion activities as part of their core business. This enabled a detailed assessment of regional infrastructure needs and proposed solutions to increase regional health promotion capacity. Although this consultation was conducted with community health

practitioners, the recommendations are applicable to health promotion providers across the region. The working group identified four key areas that need to be addressed in order to build the capacity of health promotion practitioners. They were professional development and training, strategic planning and policy development, collaboration and communication, and resource allocation.²⁵

• Professional development and training

- That a plan for professional development and training be developed and implemented in the region. This would need to include two streams: 'Orientation' training for new and existing staff on the basic principles and practice of health promotion, and an ongoing professional development program for skilled health promotion practitioners.
- That a support system for staff to attend training opportunities be established through service agreements and resource allocation, and that staff are given opportunities to implement new skills within their work environment.

• Strategic planning and policy development

- That a regional strategic plan for health promotion be developed which reflects national, state and local priorities.
- That health promotion practitioners are supported in the implementation of the plan through infrastructure development both regionally and within individual services (eg. consistent policies, planning tools, designated personnel and processes to facilitate effective health promotion planning and practice).
- That planning tools/frameworks be developed for health promotion for consistent utilisation across the region to support collaborative approaches to planning and practice.

• Collaboration and communication

- That structures are established that support collaborative health promotion action such as funding bodies recognising the importance of networking and service development/coordination in the delivery of health promotion.
- That collaborative models be further investigated for the region to support health promotion practitioners in the planning, development and delivery of health promotion strategies.
- That protocols between services be developed to facilitate collaboration, communication and a coordinated approach to the delivery of regional health promotion.
- That systems for communication are reviewed within services to ensure communication around health promotion issues is effective.
- That regional communication tools such as the regional public health newsletter '*Healthy Partnerships*' be more formally utilised and involve peak statewide health promotion organisations.

• Resource allocation

- That resources are allocated to health promotion to support best practice, sustainability and continuity so that real improvement in health outcomes can be achieved and reported.
- That service agreements be structured to require and support indirect health promotion delivery including program planning, evaluation, partnership building, networking and community action strategies.
- That a focal point for health promotion be established within each service to facilitate health promotion planning and action and support organisational change (eg. Working party/committee, designated person or shared positions).

Summary

It is evident from these three investigations that valuable insight has been gained into the issues that need to be addressed in order to build regional health promotion capacity. The need to establish a common understanding of health promotion principles and practice and the need for regional strategic direction is clear. The need to create opportunities for a range of health promotion approaches to be purchased and delivered across the region with accountable indicators and measurable outcomes, and the need to strengthen health promotion practice by supporting practitioners through workforce development and resource allocation are also key issues.

The following Parts 2 and 3 describe the key foundations for building regional health promotion capacity and present a framework for action. The recommendations made through the above consultations have been incorporated into the framework to form the basis of the action plan.





Coordinated infrastructure for health promotion enables organisations to respond to changing public health issues and to efficiently determine the most effective health promotion strategies for intervention², however, the health system cannot work in isolation. The health system must play a leadership role in facilitating change and support for health in other sectors. It can also play a vital role in supporting those organisations that could play an important role in promoting health such as schools, police, road and traffic authorities, recreation facilities and workplaces.¹⁷ The role of health promotion

needs to be nurtured as it emerges and be encouraged to grow, much in the same way as a seedling is nurtured to grow into a mature tree.

There is a need to integrate health promotion and illness prevention more comprehensively into the health sector itself. The following section documents the current infrastructure and capacity within the regional health system acknowledging that health promotion action must be a collaborative and intersectoral effort.

Regional Health Promotion System

There are five distinct levels in the regional health promotion system that can be identified as essential components in the design, development and delivery of health promotion action to improve health

outcomes. These are the purchasing or funding agency, agency alliances and networks, health promoting agencies and environments, practitioners and the community.⁹

1. Purchasing or funding agencies

These agencies fund or purchase health promotion action. The Department is a key player in the planning and purchasing of regional health promotion action through its regional public health team in conjunction with the Public Health and Development Division. The Department has a mandate to prevent mortality and morbidity, to ensure equity in health and to improve the capacity of the human service system to contribute to improved health outcomes.

VicHealth is also a key funding body for health promotion and plays a vital role in developing strategies and programs targeting specific groups in the community, creating supportive environments and partnerships with other sectors such as industry, sports, arts and racing and providing professional support to

practitioners through forums and publications.²⁶ Other organisations such as local government and statewide specialist health promotion agencies may also offer funding for health promotion and conduct strategic planning, such as local government Municipal Public Health Plans. Key responsibilities of purchasers or funders of health promotion include needs assessments, setting policy and strategic directions, market development, contracting and outcome evaluation.⁹

There are seven local governments in the Eastern Metropolitan Region: Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and the Shire of Yarra Ranges which all have a Municipal Public Health Plan in place.

Regional Health Promotion System

2. Agency alliances

Alliances or networks between health promoting agencies and practitioners are a key component of the regional health promotion system. These forums allow opportunities for partnerships and collaborative planning and programs to be developed and best practice facilitated through sharing of information about what works in the development and delivery of health promotion action at the local level.

The region currently has two strong health promotion networks: the Inner-Eastern (Manningham, Whitehorse, Boroondara and Monash agencies) and the Outer-Eastern (Knox, Maroondah and Shire of

Yarra Ranges agencies). These networks are made up of a range of practitioners from local government, community health services, divisions of general practice, mental health promotion services, neighbourhood houses and some statewide agencies such as Family Planning Victoria and BreastScreen which are located in the region. There are also a number of locally based health promotion networks in various municipal areas across the region.

At a national and state level, professional associations such as the Australian Health Promotion Association (AHPA) and the Public Health Association (PHA) are key networks that provide professional development support to practitioners and avenues for discussion. Other networks such as the Health Promoting Schools Association and Health Promoting Hospitals also exist.

3. Health promoting agencies

The region has many agencies that deliver health promotion action and their activities can be divided into a number of core functions. One agency may perform more than one of these functions.

• Health promoting client services

Mainstream health and community services that are providers of prevention and health promotion as part of their core business can be defined as health promoting client services. Interventions tend to focus on the provision of information and education to individuals or client groups and are commonly linked to treatment services. Examples include opportunistic screening and health counselling in general practice, information and education programs in hospitals, maternal and child health centres, allied health services and community health services and advisory elements of home and community care services. These services may also work with other settings such as schools, workplaces and recreation in facilitating change to promote health.



- **Health promoting human service environments**

Agencies and institutions such as hospitals, universities, supported residential units, hostels and juvenile justice centres can be defined as health promoting human services environments. Health promotion provided in these settings is linked more to change in organisational practice to ensure that the environment is conducive to good health

- **Specialist health promotion services**

Dedicated health promotion agencies (usually non-government organisations) develop and deliver organised and planned health promotion interventions with identifiable resources as part of their core business. Most are structured around specific diseases or health issues

- **Health promotion research and development services**

These are agencies or parts of agencies that provide a focus for health promotion effort in terms of planning and supporting the technical capacity of health promotion delivery. Major tasks include research, program development, capacity building, network development and pilot projects. This work usually

and well-being for patients, clients and staff. It is often other health services, such as community health services, which assist these agencies or institutions to achieve organisational change. A health promoting health service is one where all staff work together to integrate health promotion into all aspects of service delivery.²⁷

(cancer, diabetes, injury prevention) or risk factors (nutrition, smoking, alcohol and drug). There are a number of these agencies located within the region including Family Planning Victoria, Kidsafe Victoria, Brain Foundation of Victoria, BreastScreen, Deafness Foundation, PANDA and Anorexia and Bulimia Foundation.



involves contributions from local agencies such as local government or community health in planning and piloting specific interventions.

4. Health promotion practitioner

The role of designated health promotion practitioners is to build capacity within the health system, the community and other sectors to promote good health and act as a facilitator for change, as well as providing direct program management. It is now thought that a designated health promotion practitioner may achieve more sustainable outcomes through facilitating organisational change and supporting other services provided by that organisation to deliver health promotion interventions to the community, than they can alone in direct program delivery.²⁸

The delivery of health promotion action relies on the knowledge and skills of the practitioners who are responsible for the design, development and delivery of programs. Different skills are required depending upon the role of the practitioners in delivering health promotion, ranging from providing opportunistic advice about health issues to coordinating and delivering sophisticated health promotion programs and capacity building. Workforce development is considered one of the key elements to building the capacity of practitioners to deliver effective health promotion action.²⁹

5. Community

Effective health promotion seeks to involve and empower the community in identifying health issues, defining what needs to be done, in making decisions and implementing health promotion action.⁸ The community must play an integral part in the health promotion system in order to

impact on the health status of the larger population. Health promotion practitioners must be supported in engaging communities as part of health promotion planning, development and practice. This process can also impact by attracting community resources to strengthen health promotion action.

Roles and responsibilities in the regional health promotion system

Clarifying the roles and responsibilities of the various levels of the health promotion system outlined on the previous page is important in ensuring that health promotion is purchased and delivered strategically and effectively. Roles within the regional health promotion system can be separated into three components: design, development and delivery.³⁰



Design work is usually the task of the purchaser or funder of health promotion action. Important contributions come from local government and the non-government sector, charitable and professional associations, but the lead responsibility usually lies

with the state government. Examples of responsibilities include policy and strategic development, agenda and priority setting, advocacy, mobilising key organisations, contract formulation and alliance building.³⁰

Development work involves generalists and specialists in health promotion disciplines (experts in nutrition, injury prevention, cardio vascular disease etc). Health promotion development can be purchaser and provider work which may include

research, evaluation and best practice studies, program development, resource development, mass media engagement, professional development training, capacity building and infrastructure development.³⁰

Delivery work can be undertaken by a range of providers from a range of sectors. Examples of delivery work include public information services,

health promotion training courses and materials, campaigns and program management.³⁰

Working intersectorally and developing collaborative partnerships

Establishing and maintaining working partnerships within and across sectors will help to further build capacity and improve population health status.¹⁷ Responsibility for health promotion action lies across a range of organisations and sectors which in partnership, can ensure a comprehensive approach to promoting health. Each partnership must have shared goals, mutual respect and

understanding, agreed ethical principles and sufficient capacity to provide meaningful contributions to the objectives.³¹ Partnerships to date, such as those created through the development of Municipal Public Health Plans, have been beneficial to both the interest of the involved health services as well as the community.



Evidence-based planning and practice

Requirements to purchase services that are effective, cost-efficient and offer the best investment for health gain means that health promotion interventions must be well researched and evaluated. It must be recognised that, in order to implement or manage health promotion processes to best practice standards, the local delivery system must have the same capacity and level of resource allocation to achieve the

These include:

- Use of theory-based strategies, for example, social learning theory, stages of change.
- Strong emphasis on formative research and systematic needs assessment.
- Use of validated planning models, for example, PRECEDE/PROCEED model.
- Building opportunities for social support.
- Building partnerships and alliances across professional and lay boundaries, and across sectors.³²

In a relatively new field, it must be acknowledged that the issues around evidence-based planning will change. There is still much to be done to develop the base of evidence of 'what works' in promoting health.

Organisations at a regional level can contribute to the knowledge of best practice by:

- recognising the need for evidence-based planning and taking responsibility for ensuring that programs are consistent with the best available evidence.
- sharing current best practice information between providers, policy makers and purchasers of health promotion services.
- contributing to the collation, dissemination and application of health promotion interventions.³²

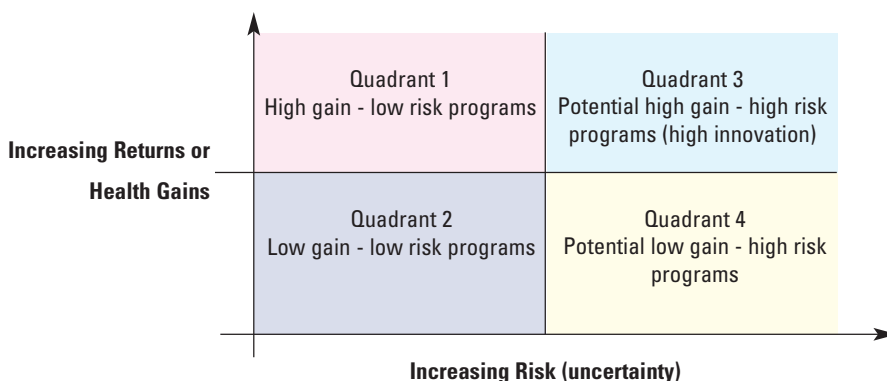
A balance between evidence-based and innovative practice must be found in health promotion.³² The portfolio investment approach suggested by Hawe and Shiell (1996), provides a way of thinking about the total health promotion service mix and

same results from a particular intervention as demonstrated elsewhere.³²

In general, it can be said that an 'effective' health promotion intervention is one that is well designed, evaluated and achieves its desired outcomes. Through analysis of interventions for the report on 'Evidence-based planning in nutrition, physical activity and healthy weight' (April 1998), a number of common elements were found in those effective interventions that could be considered 'success criteria'.

Documentation and dissemination of experiences by service providers through research, project reporting and workforce development opportunities will enhance current planning and practice.

suggests the value in ensuring there is at least some capacity for a balance in investment between innovative and evidence-based interventions. A mix of interventions from these portfolio areas has the potential to spread risks and maximise overall health gain.³³



Working towards improving health outcomes

A health outcome is a change in the health of an individual, group or population which is attributable to an intervention or series of interventions.⁹ The driving force behind the attention to health outcomes is the perceived need to improve the effectiveness and efficiency of investments made by governments in health so that more emphasis is placed on what has been achieved as opposed to what was done. Concentrating on outcomes rather than inputs (eg. number of hospital beds) provides a more rational way of deciding on what interventions achieve the greatest health gain.⁹

Health promotion offers the potential for substantial health gain for relatively modest investment, however, there is a complex relationship between health promotion action and health outcomes when they are expressed in terms of physical change or disease state.⁹ Health promotion can be described as a process, indicating that it is a means to an end

and not an outcome in its own right. It is an activity that enables people to take action, it is not something that is done on or to people.

Empowerment of individuals and communities are therefore valued outcomes. A hierarchical framework or model has been developed (Nutbeam, 1996) which can be used to describe the relationship between health promotion action and health outcomes.³⁴ (See Appendix A)

The PHACS redevelopment over the next three years requires providers in an integrated system to offer services to achieve improved health outcomes through health promotion action.⁶ Work in developing appropriate indicators leading towards measuring health outcomes is a priority for the Department to achieve more consistent benchmarking and better investment to achieve population health gain.

Health Outcomes and Capacity Building

Health outcomes depend on the success of interventions, the size of effect, the reach or penetration into a population and the sustainability of effect. Hawe, Noort, King, and Jordens (1997) state that 'the last factor of sustainability is crucial



in prolonging and multiplying health effects.²⁸ In recent years, many health promotion practitioners have moved the focus of their efforts away from the direct delivery of targeted population programs towards making other health workers and other organisations responsible for, and more capable of conducting, maintaining and initiating their own health promotion programs. Capacity building by health promotion workers to enhance the capacity of the system to prolong and multiply health effects represents a 'value added' dimension to health outcomes offered by any particular health promotion program.²⁸ Ways of measuring capacity building is a developing field, one in which the region should continue to monitor and invest in to allow the potential for multiplying health gains to be demonstrated, particularly in the review of this action plan.

A framework for building capacity for effective health promotion action

Capacity building is a term used to describe 'a set of different strategies which in combination will enhance an organisation's capability to promote health'.²⁸ Ways to build and strengthen capacity for effective health promotion action can be divided into three components which must be implemented in an integrated way in the context of the broader working environment.²⁸ These are the processes

and systems needed to support key health promotion action (health information, screening, risk assessment, immunisation, health education, counselling, skills development, social marketing, community action, organisational development and economic and regulatory activities).

Workforce Development

The delivery of quality health promotion action requires practitioners with appropriate knowledge and skills in program planning, implementation and evaluation. This can be achieved in a number of ways including training courses, professional development opportunities, on the job training and through regular supervision and support systems.

Organisational Support

Strengthening organisational support is critical to creating opportunities for effective health promotion action. This includes the development of policies and strategic plans that provide frameworks and direction for health promotion delivery, appropriate organisational structures, leadership/management support, recognition and reward systems, information systems, monitoring and evaluation and quality improvement systems. This framework presents organisational support as two categories, policy and strategic planning and evidence-based planning and practice.

Resource Allocation

Ensuring and/or developing resources is also of crucial importance to enable health promotion action. Resources can be defined as financial and human as well as access to information, specialist advice and administrative and practical support. The allocation of resources strategically can be linked strongly to organisational development in terms of strategic planning processes and policy development which should be based on evidence and best practice models to ensure the best investment of these resources is made.

The following framework aims to illustrate the various building blocks required to build an effective and sustainable regional health promotion system, as well as acknowledging that it is also a living and growing system.

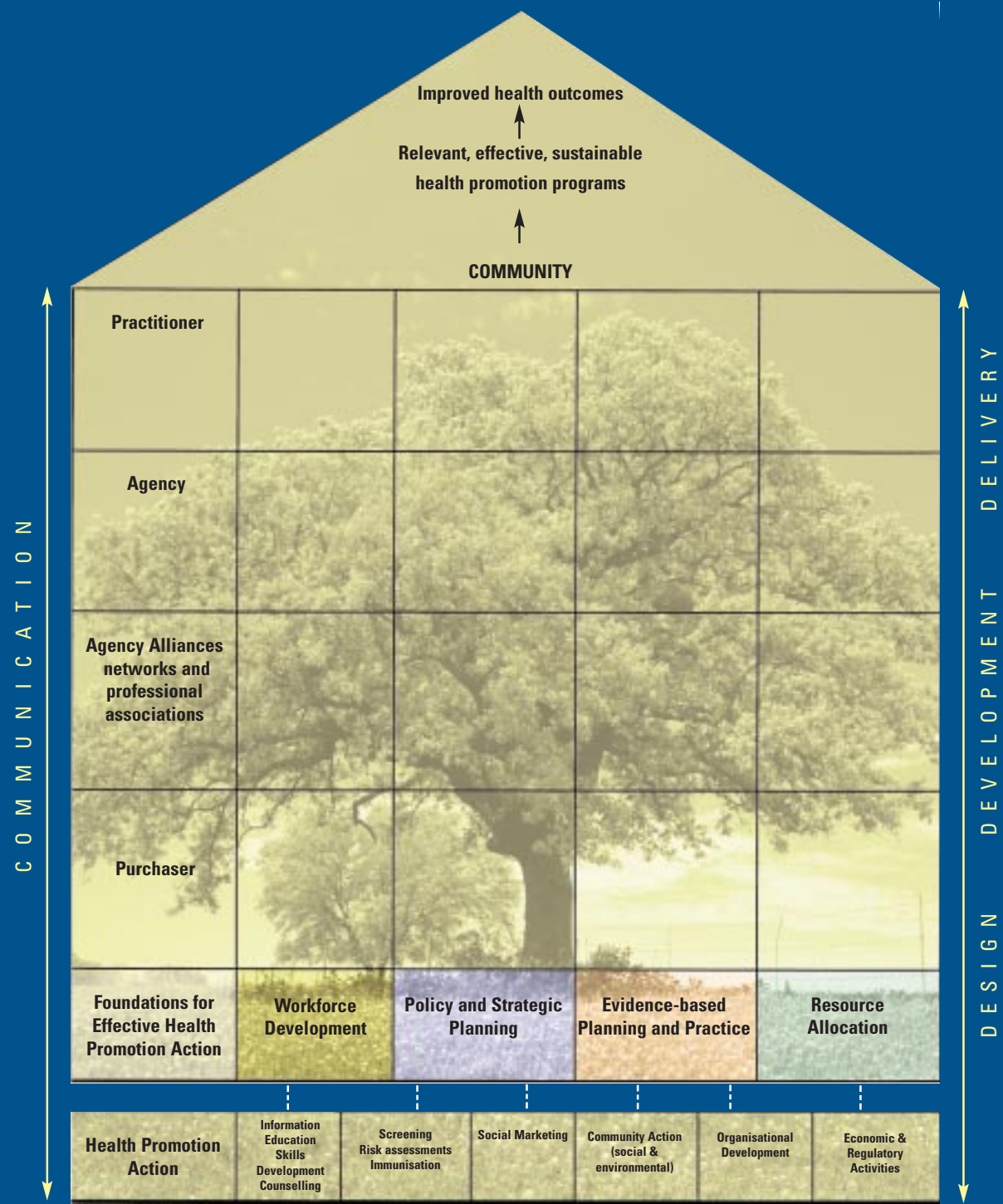
The framework is constructed like a building and unless the foundations are secure (capacity building components), the building will eventually crumble. This construction involves identifying the essential building blocks and mortar that are necessary at each level of the regional health promotion system.

This is supported by the living image of the tree, which is a symbol of both strength and the living and growing nature of health promotion.

The building blocks have been formulated into an action plan, based on an extensive literature review, investigative projects and consultation forums. As a result of the Regional Health Promotion Forum held in March 1999, an action plan has been developed to operationalise the Regional Health Promotion Framework. The successful implementation of the framework strongly relies on a commitment to implement the action plan collaboratively and upon a partnership approach to health promotion.



Part 3: The building blocks & mortar



Regional Health Promotion Framework

Regional Health Promotion Action Plan July 1999 - June 2002

Objective	Priority Tasks	Performance Indicators	Time Line	Responsibility
<p>Workforce Development Vision - To have a knowledgeable and skilled regional health promotion workforce in the design, development and delivery of effective health promotion action</p>				
<ul style="list-style-type: none"> To offer professional development opportunities in health promotion tailored to the regional health promotion workforce (professional development opportunities target those with existing knowledge of health promotion practice with the aim of enhancing those skills) 	<ul style="list-style-type: none"> Identify and select priority professional development topics on the basis of consistency with identified local, regional and state strategic priorities and needs Develop an annual regional professional development program/calendar that complements existing opportunities and professional development initiatives 	<ul style="list-style-type: none"> Regional priority topics selected through consultation with regional health promotion networks and other regional health promotion service providers Professional development program/calendar developed, delivered and attended by a range of regional service providers. A minimum of three professional development initiatives held each year 	<p>July 1999 - December 1999 Ongoing</p> <p>January 2000 - December 2000 Ongoing</p>	<p>Department, Inner and Outer Eastern Health Promotion Networks and other regional health promotion service providers</p> <p>Department to coordinate program/calendar with input and attendance by regional service providers</p>
<ul style="list-style-type: none"> To investigate appropriate options and to provide a regional health promotion training and education program (including both Department staff and service providers at manager and practitioner level) (education and training programs target those with limited knowledge and skills in health promotion with the aim of providing the basic principles and skills required for effective health promotion action) 	<ul style="list-style-type: none"> The region to participate in the Victorian Health Promotion Workforce Development Project (Department and La Trobe University) to ensure consistency and facilitate opportunities for regional piloting Investigate options for the development of a regional health promotion education and training program which targets both managers and practitioners and identifies basic competencies for health promotion action Implement regional health promotion education and training program across service system with opportunity to be tailored to specific service systems where appropriate Implement regional health promotion education and training program tailored to Department staff through the existing Department professional development course/program or as appropriate 	<ul style="list-style-type: none"> Participation in the Victorian Health Promotion Workforce Development Project Options for the provision of a regional health promotion education and training program investigated and suitable option/s recommended Chosen option implemented and evaluated, tailored to specific service systems where appropriate (Community Health, Mental Health and Aged Care service systems to be targeted initially) Opportunities for health promotion training offered to Department staff through the existing professional development program or as appropriate with attendance from a variety of program areas 	<p>July 1999 - December 1999 Ongoing</p> <p>January 2000 - December 2000</p> <p>January 2001 - June 2002 Ongoing</p> <p>January 2001 - June 2002 Ongoing</p>	<p>Department or appropriate regional service provider representative</p> <p>Department in consultation with regional health promotion service providers</p> <p>Department in partnership with service providers (particularly community health, mental health and aged care service systems)</p> <p>Department Human Resources Unit and Program Areas (VAFS, ACMH, Disability, Public Health and Client Services)</p>
<ul style="list-style-type: none"> To develop and implement strategies that aim to support regional workforce development opportunities within agencies currently and potentially providing health promotion services 	<ul style="list-style-type: none"> Development of a register of regional skilled/trained people to act as educators or mentors to enable practitioners to access specialist knowledge and expertise 	<p>Register developed through health promotion network membership details by recording areas of expertise</p>	<p>January 2000 - June 2002 Ongoing</p>	<p>Inner and Outer Eastern Health Promotion Networks</p>

Regional Health Promotion Action Plan July 1999 - June 2002

<p>Policy and Strategic Planning</p> <p>Vision - To have a strategic, coordinated and collaborative regional approach to health promotion planning, purchasing and practice, supported by consistent policy</p>	<ul style="list-style-type: none"> Options investigated and implemented to support agencies to include health promotion workforce development in their quality improvement processes Continued role of Department Regional Health Promotion Coordinator in facilitating project development and communication mechanisms Promote access to resources such as reading lists, journals, web sites etc through regional newsletter <i>Healthy Partnerships</i> Investigate sustainability of a regional health promotion resource library 	<p>Options investigated, recommendations made and implemented</p> <p>Role of Regional Health Promotion Coordinator continued to provide support to practitioners</p> <p>Resources section featured in <i>Healthy Partnerships</i></p> <p>Investigation undertaken and recommendations made</p>	<p>January 2001 - December 2001 Ongoing</p> <p>July 1999 - June 2002 Ongoing</p> <p>July 1999 - June 2002 Ongoing</p> <p>January 2000 - December 2000</p>	<p>Service providers with support from Department</p> <p>Department</p> <p>Department, Inner and Outer Eastern Health Promotion Networks and other regional service providers</p> <p>Department in partnership with regional service providers</p>
<ul style="list-style-type: none"> To strengthen regional health promotion strategic planning processes to enhance coordination and facilitate collaborative approaches 	<ul style="list-style-type: none"> Identify commonalities between key regional strategic documents such as Municipal Public Health Plans, Divisions of General Practice Strategic Plans and PHACS Demonstration Project Plans, in terms of both planning processes and priorities Develop strategies to strengthen municipal public health planning processes to support local health promotion action Strengthen links with regional and state Divisions of General Practice to facilitate coordinated planning and the development of strategies that aim to support GPs in health promotion action Strengthen links with statewide health promotion organisations through better communication Development of documented strategic planning processes by the Inner and Outer Eastern Health Promotion Networks to support collaborative and coordinated approaches 	<ul style="list-style-type: none"> Analysis of key regional strategic plans conducted and report completed Strategies developed and implementation commenced Strengthened involvement of Divisions of General Practice in regional health promotion planning and strategies developed which aim to support GPs in health promotion action Stronger links with statewide health promotion agencies are developed and maintained Inner and Outer Eastern Health Promotion Networks have documented strategic planning processes that consider local, regional, state and national priorities 	<p>July 1999 - June 2000 Ongoing</p> <p>July 2000 - June 2002 Ongoing</p> <p>July 2001 - June 2002 Ongoing</p> <p>July 1999 - June 2000 Ongoing</p> <p>July 1999 - June 2002 Ongoing</p>	<p>Department in consultation with key regional health promotion planners</p> <p>Department in partnership with Local Governments</p> <p>Department in partnership with Regional Divisions of General Practice</p> <p>Department and regional service providers</p> <p>Inner and Outer Eastern Health Promotion Networks</p>

Regional Health Promotion Action Plan July 1999 - June 2002

Objective	Priority Tasks	Performance Indicators	Time Line	Responsibility
	<ul style="list-style-type: none"> Regional health promotion service providers to develop and strengthen internal strategic planning processes to support health promotion action 	<ul style="list-style-type: none"> Number of service providers which have structured strategic planning processes for health promotion action 	July 1999 – June 2002 Ongoing	Regional health promotion service providers
<ul style="list-style-type: none"> To strengthen health promotion planning and practice through the development of consistent policy across regional planning and purchasing mechanisms 	<ul style="list-style-type: none"> Regional health promotion policy statement produced and distributed as part of the regional action plan consistent with state policy principles That regional health promotion policy principles are adopted in Department program area guidelines, project briefs and purchasing documents That regional alliances and networks adopt consistent health promotion policy principles in the development of terms of reference, protocols and policies That regional health promotion service providers adopt consistent health promotion policy principles in the development of organisational policies, mandates etc Clear links between Department policy directions such as PHACS and YAFS initiatives and regional health promotion plans are established and support both 	<ul style="list-style-type: none"> Regional health promotion policy and action plan developed and distributed to Department program areas and service providers Health promotion policy principles are consistent across relevant key documents within Department Health promotion policy principles are consistent between regional alliances and networks that aim to promote health Number of service providers which adopt consistent health promotion policy principles in the development of organisational policies, mandates etc Health promotion policy directions and requirements are consistent between regional health promotion plans and other Department policy initiatives 	August 1999 July 1999 - June 2002 Ongoing July 1999 - June 2002 Ongoing July 1999 - June 2002 Ongoing	Department Department Program Areas Regional health promotion alliances and networks Regional health promotion service providers Department and relevant program areas
<ul style="list-style-type: none"> That regional communication mechanisms are strengthened to support consistent, coordinated and collaborative approaches to health promotion action 	<ul style="list-style-type: none"> Continue to produce the Regional Public Health Newsletter <i>Healthy Partnerships</i> with strong emphasis on agency/inter-agency health promotion action That the Inner and Outer Eastern Health Promotion Networks continue to meet to share information and knowledge and are supported through Department representation 	<ul style="list-style-type: none"> <i>Healthy Partnerships</i> newsletter produced bi-monthly and distributed widely to service providers across the region and Department program areas Inner and Outer Eastern Health Promotion Networks meet bi-monthly and include membership from a cross section of service providers and Department 	July 1999 - June 2002 Ongoing July 1999 - June 2002 Ongoing	Department in partnership with regional service providers Inner and Outer Eastern Health Promotion Networks and Department

Regional Health Promotion Action Plan July 1999 - June 2002

Evidence-based planning and practice Vision - That effective health promotion action is strengthened through the development of evidence-based, targeted approaches to health promotion planning and practice					
<ul style="list-style-type: none"> • That appropriate guidelines and planning tools are available to support best practice delivery of health promotion action 	<ul style="list-style-type: none"> • Collection, and development where necessary, tools/guidelines/forums that encourage and support local practice to apply principles of best practice • Regional health promotion networks to document local case studies of best practice models to facilitate peer education opportunities and build regional knowledge about effectiveness of different interventions 	<ul style="list-style-type: none"> • Tools collected or developed and distributed to regional service providers and Department program areas • Local example case studies documented and disseminated through network communications and through <i>Healthy Partnerships</i> 	July 2000 - June 2001 Ongoing July 1999 - June 2002 Ongoing	Department in collaboration with regional service providers Inner and Outer Eastern Health Promotion Networks	
<ul style="list-style-type: none"> • To develop strategies that strengthen health promotion action through a settings approach (including health services and other settings) 	<ul style="list-style-type: none"> • Development of projects that support health promoting health services to achieve organisational change to promote health (health promoting hospitals, community health and aged care services) • Department to develop and implement strategies to become a more health promoting setting • Encourage and support health services to target settings where there is opportunity for health gain such as local government, schools, workplaces, recreation centres etc 	<ul style="list-style-type: none"> • Number of projects facilitated in targeting health promoting health services • Strategies developed and implemented • Number of initiatives supported and information disseminated 	January 2001 - June 2002 Ongoing January 2001 - June 2002 Ongoing January 2001 - June 2002 Ongoing	Department and regional service providers Department Department and regional service providers	
<ul style="list-style-type: none"> • To strengthen regional capacity to deliver quality health promotion action 	<ul style="list-style-type: none"> • Identification of quality assurance tools to support the assessment of health promotion practice and development of a consistent utilisation process 	<ul style="list-style-type: none"> • Quality assurance tools identified and distributed to service providers 	January 2001 - June 2002 Ongoing	Department in collaboration with service providers	
<ul style="list-style-type: none"> • To ensure that health promotion planning and practice includes community participation in the development of health promotion action 	<ul style="list-style-type: none"> • Exploration and identification of strategies that can support service providers to engage community members in the planning and delivery of local health promotion action 	<ul style="list-style-type: none"> • Strategies identified and information disseminated to regional service providers 	January 2000 - December 2002 Ongoing	Department in collaboration with regional service providers	
<ul style="list-style-type: none"> • To ensure that health promotion planning and practice includes comprehensive evaluation strategies 	<ul style="list-style-type: none"> • Identification of evaluation tools that can be utilised by service providers to design appropriate evaluation strategies in program delivery 	<ul style="list-style-type: none"> • Evaluation tools identified and distributed to regional service providers 	January 2000 - December 2002 Ongoing	Department in collaboration with regional service providers	

Regional Health Promotion Action Plan July 1999 - June 2002

Objective	Priority Tasks	Performance Indicators	Time Line	Responsibility
<p>Resource Allocation</p> <p>Vision - That opportunities for population health gain are maximised through the strategic and evidence-based investment of health promotion resources</p>				
<ul style="list-style-type: none"> To identify and utilise appropriate information sources to support strategic health promotion planning and purchasing according to state, regional and local needs 	<ul style="list-style-type: none"> Develop a regional health profile including regional demographic, socio demographic and health status information The Victorian Burden of Disease Assessment to be used to ascertain regional information and where appropriate be conducted specifically using regional data sources The CATI data be utilised where relevant to support regional planning and purchasing of health promotion action 	<ul style="list-style-type: none"> Regional health profile report completed and distributed widely across the region Burden of Disease Assessment analysed and utilised where appropriate CATI data analysed and utilised where appropriate 	<ul style="list-style-type: none"> July 1999 - June 2000 July 1999- June 2000 Ongoing July 1999 - June 2000 Ongoing 	<ul style="list-style-type: none"> Department (Planning and Public Health Units) Department (Planning and Public Health Units) Department (Planning and Public Health Units)
<ul style="list-style-type: none"> To strengthen regional health promotion investment and sustainability by facilitating a range of health promotion action to be purchased and measured that aims to achieve a balance between innovation and best practice interventions 	<ul style="list-style-type: none"> Department program areas to strengthen investment and purchasing of health promotion action through identified opportunities in service agreement processes and program purchasing guidelines (eg. Inclusion of health promotion targets) That short and long term outcome indicators for health promotion action are developed to enhance regional capacity to measure effectiveness of health promotion action That the Department provides seeding grants to encourage innovative development in priority health promotion action areas That information about available funding or grants programs is regularly disseminated to regional service providers Inclusion of grant and submission writing skills in the workforce development strategy 	<ul style="list-style-type: none"> Regional service agreement processes and purchasing guidelines reviewed and recommendations made Short and long term outcome measures are developed and adopted into regional purchasing and planning mechanisms Existing and new seeding grant programs offered to regional service providers (Existing grant programs include injury prevention, alcohol and drug prevention and papscreen recruitment) Information disseminated widely across the region to all appropriate service providers through network communications and <i>Healthy Partnerships</i> Training in grant and submission writing is included in regional workforce development strategy and sessions are attended by a wide range of service providers 	<ul style="list-style-type: none"> July 1999 - June 2001 Ongoing July 2000 - June 2002 Ongoing July 1999 - June 2002 Ongoing July 1999 - Ongoing January 2000 - December 2000 Ongoing 	<ul style="list-style-type: none"> Department Program Areas (VAFS, ACMH, Disability, Public Health and Client Services) Department in collaboration with regional service providers Department Department Department and regional service providers

Putting the plan into action...

Department in partnership with other purchasers of health promotion activity (eg. VicHealth, Local Government)

July 2000 - June 2002
Ongoing

• Number of joint initiatives are planned and funded collaboratively between purchasers of health promotion activity

• Additional resources are sought from a number of appropriate sources in the planning and delivery of regional health promotion action

• To develop partnerships between purchasers of health promotion action to support consistent and complementary planning and purchasing of health promotion

The strengthening of the region's health promotion infrastructure by adopting the strategic approach to capacity building outlined in this plan, is the first step in ensuring the design, development and delivery of quality health promotion action across the region. It is intended that the implementation of this action plan will enhance a common understanding of health promotion principles and practice and facilitate its integration into the region's core services and activities.

There are many challenges facing the region in the implementation of this plan and achieving its desired outcomes. Although the Department will maintain a coordination and monitoring role with respect to the implementation of the plan, effective implementation will mean a sustained commitment by the wide range of agencies already involved throughout the development process. It will require commitment from all levels within the system and within agencies from managers to practitioners to ensure that health promotion is integrated across the broad range of services we deliver to the community to enhance their health.

It particularly requires all agencies, including the Department, with leadership, planning and program delivery roles in health promotion to review their operations and priorities in light of the principles and directions outlined in this action plan. For many this will mean

building on existing infrastructure and capacity and for others it will mean taking on new and exciting opportunities and initiatives.

The rationale for the need for prevention and health promotion is clear. Health promotion not only offers a practical approach to achieving greater equity in health gain, it is vital to the long term viability of the



human service system. Collaboratively, purchasers and providers can build regional capacity to promote health through the delivery of quality and effective health promotion action.

Comments and suggestions on this action plan and its implementation are welcome by completing the attached feedback form (Appendix B) or by contacting the Department's Regional Health Promotion Coordinator on 9843 6106.

References



1. Department of Human Services. 1998. *Regional Business Plan 1998: Eastern Metropolitan Region*. Melbourne: Victorian Government.
2. World Health Organisation. 1998. *Health Promotion Glossary*. Geneva: World Health Organisation.
3. Department of Human Services (Eastern Metropolitan Region). 1998. *Consultation with key stakeholders*. Unpublished.
4. Australian Institute of Health and Welfare and Commonwealth Department of Health and Family Services 1997. *First report on National Health Priority Areas 1996*. Canberra: AIHW and DHFS
5. Department of Human Services. 1996. *Guidelines for funding and planning health promotion programs in community health – overview and priorities for 1996-97*. Melbourne: Victorian Government.
6. Department of Human Services (Aged, Community and Mental Health Division). June 1998. *Towards a Stronger Primary Health and Community Support System: A Discussion Paper*. Melbourne: Victorian Government.
7. World Health Organisation. 1986. *Ottawa Charter for Health Promotion*. Copenhagen: World Health Organisation.
8. National Health and Medical Research Council. Dec 1995. *Health Australia - Promoting Health in Australia, Discussion Paper*. Canberra: Australian Government Publishing Service.
9. Department of Human Services. 1999. *Towards a more health promoting human service system*. Melbourne: Victorian Government (working draft).
10. Working Group on Integrated Health Systems. 1998. *The Role of Health Promotion within Integrated Health Systems - A Position Paper by the Centre for Health Promotion*. Canada: Ontario.
11. Department of Human Services. September 1998. *A basis for effective health promotion in the Northern Metropolitan Region, Discussion Paper*. Unpublished.
12. O'Connor, M and Parker, E. 1995. *Health Promotion: Principles and Practice in the Australian Context*. Australia: Allen & Unwin.
13. Centre for Health Promotion's Working Group on Integrated Health Systems. 1999. *Nine Steps to a Health Promoting Integrated Health System*. Canada: Ontario.
14. National Health and Medical Research Council. 1996. *Promoting the Health of Australians: Case Studies of Achievements in Improving the Health of the Population*. Canberra: Australian Government Publishing Service.
15. World Health Organisation. 1997. *The Jakarta Declaration on Health Promotion into the 21st Century*. Geneva: World Health Organisation Europe.
16. Commonwealth Department of Health and Family Services. 1994. *Better Health Outcomes for Australians - National Goals, Targets and Strategies for Better Health Outcomes into the Next Century*. Canberra: Australian Government Publishing Service.
17. National Health and Medical Research Council. 1996. *Promoting the Health of Australians: A Review of Infrastructure Support for National Health Advancement*. Canberra: Australian Government Publishing Service.
18. National Public Health Partnership. 1997. *Memorandum of Understanding between Health Ministers of Australia and Background Paper*.
19. Department of Human Services. 1998. *Improving Health Promotion - Actions for the Southern Metropolitan Region*. Melbourne: Victorian Government.
20. Department of Human Services. November 1996. *Memorandum from Secretary - Health Promotion and Prevention Strategy*. Unpublished.
21. Department of Human Services (Public Health and Development Division). April 1997. *Extra Update No 1 - Health Promotion Strategies*. Unpublished.
22. Department of Human Services. 1999. *Strengthening systems for health promotion: strategic plan for health promotion development and capacity building in Victoria: 1999 – 2002*. Melbourne: Victorian Government. Unpublished.
23. Department of Human Services (Public Health and Development Division). April 1998. *Health Promotion Interdivisional Working Group: Audit Report*. Unpublished.
24. Department of Human Services (Eastern Metropolitan Region). August 1998. *Eastern Regional Health Promotion Working Group: Summary Audit Report*. Unpublished.
25. Community Health and Health Promotion Initiative. November 1998. *Final Report to the Department of Human Services*.
26. Health and Community Services, Victorian Health Promotion Foundation. 1996. *Healthy Victorians 2000 - Towards Victorian Health Promotion Goals and Targets: Discussion Paper*. Melbourne: Victorian Health Promotion Foundation.
27. World Health Organisation. 1991. *The Budapest Declaration on Health Promoting Hospitals*. World Health Organisation.
28. Have, P., Noorte, M., King, L. & Lordens, C. 1997. *Multiplying health gains: the critical role of capacity building within health promotion programs*. Health Policy, 39: 29-42.
29. NSW Health Department. July 1997. *How to apply capacity building to health promotion action: a framework for the development of strategies*. NSW: Health Promotion Strategies Unit, New South Wales Health Department.
30. Catford, J. 1995. *Health promotion in the marketplace: constraints and opportunities*. Health Promotion International, 10 (1): 4150.
31. National Centre for Health Promotion & Commonwealth Department of Human Services. June 1995. *Working together: intersectoral action for health*. Canberra: Commonwealth Department of Human Services.
32. Health Strategies Deakin and The Centre for Development and Innovation in Health. 1998. *An Evidence-based Planning Framework for Nutrition, Physical Activity and Healthy Weight*. Melbourne: Victorian Government.
33. Hawe, P., Shiell, A. 1995. *Preserving Innovation Under Increasing Accountability Pressures: The Health Promotion Investment Portfolio Approach*. Health Promotion Journal of Australia, 5(2): 4-9.
34. Nutbeam, D. 1996. *Health Outcomes and Health Promotion - Defining Success in Health Promotion*. Health Promotion Journal of Australia, 6(2): 58-60.

Outcomes Hierarchy for Health Promotion



Health and Social Outcomes	<ul style="list-style-type: none"> • Quality of life, independence, equity • Mortality, morbidity, disability 			
Intermediate Health Outcomes Indicators	Healthy Lifestyles <ul style="list-style-type: none"> • Physical activity • Tobacco use • Dietary patterns 	Effective Health Services <ul style="list-style-type: none"> • Accessibility of services offering screening • Quality of care in relation to standards of best practice 	Healthy Environments <ul style="list-style-type: none"> • Smoke free workplaces • Healthy food choices in schools 	
Health Promotion Outcomes Indicators	Health Literacy <ul style="list-style-type: none"> • Improved health knowledge • Attitude & behavioural intentions • Self confidence in relation to defined tasks • Participation in programs 	Social Influence & Action <ul style="list-style-type: none"> • Social connectedness • Community empowerment • Community ownership • Peer & community norms 	Healthy Public Policy & Organisational Practice <ul style="list-style-type: none"> • Policy statements • Legislation & regulation • Organisational structures & management procedures • Funding & resource allocation 	
Health Promotion Action	Information Education Skills Development Screening Risk Assessments Immunisation Counselling	Social Marketing Community Action (social & environmental)	Organisational Development	Economic & Regulatory Activities

(Nutbeam, 1996)



Appendix B: Feedback form



Feedback Form

Your ideas and opinions would be appreciated in relation to *Building capacity for effective health promotion action in the Eastern Metropolitan Region*. A number of key questions have been listed below for feedback to be provided to ensure that regional health promotion action continues to be a collaborative effort that will benefit all those working in health promotion and ultimately the regional community.

In what ways will this paper be of use to:

• you? _____

• your organisation? _____

The **most** useful information is:

The **least** useful information is:

Do you have any suggestions for ways to improve or strengthen the action plan?

Other comments:

Contact Details (optional)

Name: _____ Position/Title _____

Organisation: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

Please send your feedback to: Andrea Hay, Regional Health Promotion Coordinator, Department of Human Services, Locked Bag 2015, Box Hill, 3128. email: andrea.hay@dhs.vic.gov.au