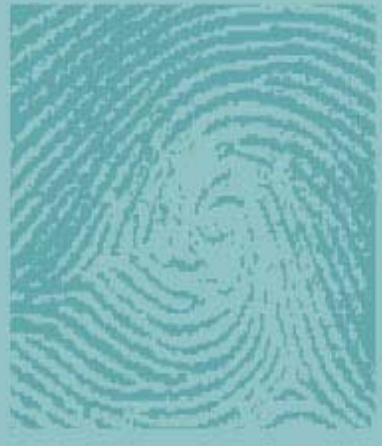


Information resource Community & Women's Health Program

June 2004



Health Promotion Planning and Reporting 04-06

This information resource focuses on Health Promotion Planning and Reporting 04-06 for Community and Women's Health Program funded agencies. This document is a complement to the recently released information resource *PCP Strategy 2004-2006 Implementation Plan Update*.

Both these resources will be available from the Primary Health Knowledge Base at <http://www.dhs.vic.gov.au/phkb>

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1. Integrated Health Promotion Framework

Intersectoral action and partnerships are widely supported as a strategy for improved effectiveness and quality practice. The Department has sought to strengthen and emphasise the need for inter- and intra-sectoral action by introducing the term '**integrated health promotion**'. This is defined as:

'agencies & organisations, from a wide range of sectors, and communities in a catchment, working in a collaborative manner, using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues.'

There are three key features of the Integrated Health Promotion Framework including:

- An effective integrated approach requires effective **partnerships**. Inter and intra agency integration can be presented as a continuum where integration intensifies from networking through to formalised collaborative partnerships.
- The evidence in health promotion practice tells us that to maximise health outcomes a **mix** (encompassing a balance of both individual and population wide) of health promotion interventions and supporting capacity building strategies, is required. In order to develop a systematic approach to integrated health promotion, a **common planning framework** has been introduced across the Primary Health Care sector. This common planning framework stresses the interrelated set of actions including:
 - Planning- Vision setting, Priority setting and Problem Definition, Solution generation, Capacity building support and resourcing for quality integrated health promotion action, Planning for evaluation and dissemination
 - Implementation
 - Evaluation and Dissemination
- The third feature considers the membership of the actual partnership. Involvement and integration across a broad range of sectors, including non-government organisations and community groups, is essential, to address the determinants of health. Other organisations outside the 'traditional' primary health care sector – such as schools, housing, recreation clubs, and commercial businesses are therefore seen as key partners in the development of effective approaches to improving health outcomes.

2. The Statewide objectives of Integrated Health Promotion are to:

- Reorient the primary health care system to be population focussed and underpinned by the social model of health.
- Consolidate and enhance health promotion infrastructure and resources thus reducing duplication and fragmentation of effort.
- Contribute to the health promotion evidence base on specific priority issues and population groups.
- Increase the potential for sectors other than health in to be involved in quality health promotion service delivery.
- Strengthen the capacity of the service system in Victoria to plan, implement, and evaluate integrated health promotion (IHP) programs.

3. Catchment planning

To support IHP the Department is keen to work in partnership with PCP key stakeholders, including agencies funded for health promotion from the Community and Women's Health program, to implement catchment planning for key priority topics and settings, using the IHP common planning framework. Catchment planning aims to:

- Move towards a population health approach for health promotion program activity.
- Strengthen collaborative partnerships.
- Improve the quality of integrated approaches to health promotion planning, implementation, evaluation and dissemination.

The pace at which this is implemented by each alliance of PCP key stakeholders will vary depending on the existing working relationships and levels of integration experienced across the key stakeholders. Working towards the highest level of integration- **collaboration**, the Department's expectations on the timeframe for introduction of catchment wide planning is outlined in Table 1 (Adapted from Department of Human Services (2003) Integrated Health Promotion Resource kit, Section 1, page 4, available at www.dhs.vic.gov.au/phkb under Health promotion publications).

Mirroring this emphasis on collaboration, the Department will be undertaking a **phased approach** to:

- Introducing common planning and evaluation reporting mechanisms, using the IHP common planning framework, for departmental community-based health promotion funding.
- Reviewing and minimising accountability requirements for Departmental community-based health promotion funding where relevant.

For agencies funded from the Community and Women's Health program this phased implementation started with the primary health funding approach and introduction of the organisational health promotion planning/reporting in 2002.

Table 1 A phased approach to collaborative catchment planning

PCP strategy Timeframe	Level of Integration
2000 – 2003	Networking
	Coordination
2004-2006	Cooperation
2006-2009	Collaboration

4. IHP Priorities 2004-2006

From 2004 to 2006, to provide greater direction and leadership for health promotion, the Primary and Community Health Branch is establishing key topics and one setting as **Priorities for IHP**.

4.1 The **five key topics** are:

- Physical Activity
- Food and Nutrition
- Mental Wellbeing and Social Connectedness
- Tobacco, Alcohol and Other Drug issues
- Healthy Weight

The **one setting** is **neighbourhood renewal sites** (where applicable to the service area).

These five topics capture the most commonly identified priorities from agency needs assessments and the majority of current health promotion activity implemented by agencies funded from the Community and Women's Health program.

Consolidating IHP to focus on these priorities will enable agencies to align their local health promotion program activity to contribute to state-wide and national directions. This includes the:

- Victorian Government's obesity and diabetes prevention strategies
- Victorian Government's emphasis on neighbourhood renewal, community building and municipal public health planning
- Victorian Health Promotion Foundation Strategic Directions 2003-2006 and
- Australian Government's National Health Priority areas.

Recognising the need for a continuous quality priority setting process, the priorities will be reviewed by the Public Health Group in partnership with other key Departmental program areas leading up to 2006-07 so as to establish DHS Statewide priorities for 2006-2009.

5. 2004-06 Planning and Reporting Requirements for Health Promotion

Sections 5 and 6 provide detail about the planning and reporting requirements. In summary all agencies, that receive over \$20 000 of health promotion funding from the Community and Women's Health program, are required to:

- Develop and submit an Organisational Health Promotion plan by **September 30 2004** (see Attachment 1 for the 2004-06 Organisational Health Promotion planning proforma), which includes priority activity at the organisational level and at the respective PCP catchment level. Each agency is required to negotiate with their regional office to whether they will submit a one-year or two-year organisational health promotion plan.
- Provide leadership and support as appropriate for integrated approaches to quality health promotion practice in their PCP catchment.
- Actively contribute to health promotion priority setting, planning and implementation as summarised in the catchment integrated health promotion plan and the organisational health promotion plan.
- Contribute to and participate in the evaluation, monitoring and reporting against the catchment health promotion plan and organisational health promotion plan. This will include evaluation reporting to DHS Regional offices by **July 30th of 2005 and 2006**.
- Provide quarterly data collection through SWITCH or AIMS.

5.1 Development of the 2004-06 Organisational Health Promotion Plan

In 2004-06 agencies, in receipt of greater than \$20 000 of health promotion funding, from the Community and Women's Health program, are required to submit an Organisational Health Promotion Plan that includes 100% of their health promotion budget. Each agency is required to negotiate with their regional office about whether they will submit a one-year or two-year organisational health promotion plan. By 2006-07 all agencies will be required to submit three-year health promotion plans, aligned with their respective PCP HP catchment planning and with three-year service agreement cycles. In response to suggestions from the sector, an optional column in the proforma is also included to delineate funds from other sources (see Attachment 1 for the 2004-06 Organisational health promotion planning proforma).

As part of the 2004-2006 PCP catchment wide planning, each agency funded from the Community and Women's Health Program for health promotion, is expected to participate in **at least one of their respective PCP HP catchment priorities**. This should represent a minimum of 25% of the agency funding from the Community and Women's Health Program for health promotion. (Please refer to Table 2 for Agency categories). The **detail** of this catchment activity should be provided in the Organisational Health Promotion Plan, with a **summary** required in the PCP HP catchment plan for 2004-2006 (variations on this require negotiation with the regional DHS office).

At least one of the agency priorities should be from the IHP key topics listed in 4.1. All health promotion activity should incorporate action in neighbourhood renewal sites (where applicable).

Specific agency priorities may also be pursued (up to a maximum of 45% of the agency funding, from the Community and Women's Health program, for health promotion), as part of an Organisational Health Promotion Plan. These should be negotiated with regional offices to achieve a balance between:

- Allowing a phased approach to catchment planning, which reflects the varying levels of readiness for collaborative action amongst PCP agencies and organisations; and
- Ensuring individual organisational activities does not undermine the potential of comprehensive collaborative action on the catchment priorities.

The budget levels and guidance on the number of priority areas as described in Table 2 applies also for **Regional and Statewide services**. The role that services play in catchment planning, implementation and evaluation is dependent on the priorities and population groups identified, and

will vary depending on each PCP context. This should be negotiated directly with your regional office.

Agencies that receive **IHSY, Family Planning and/or FARREP** program funds above \$20,000 are required to submit an Organisational Health Promotion plan. Where an agency receives a mixture of **Community Health, Women's Health, IHSY, Family Planning and/or FARREP for health promotion activity** then the agency should articulate the planning processes for **IHSY, Family Planning and/or FARREP** in their Organisational Health Promotion plan, within the broader organisation priorities if these are common or as a separate priority. For example if one of the organisations' priorities is social connectedness and young people then health promotion activity specific for IHSY can then be represented as one of the objectives under the program goal related to young people.

5.2 Flexible component

Up to a maximum of 30% of health promotion funds can be used more flexibly to respond to health promotion issues that are not identified as priorities. This flexible component should be used for new and/or emerging issues that arise in the local community and for transitional changes happening within the organisation, to ensure future good practice in quality health promotion service delivery. The 2005 and 2006 evaluation reporting against the organisational health promotion plan must include details of the way in which the flexible component was expended.

Table 2 shows the program requirements as per Agency budget.

Table 2: Program requirements as per Agency budget

1. HP funding C&WH program	2. 2004-2006 Planning requirement	3. No. HP priorities and size of the Org. HP plan	4. Flexible component	5. Notes
Up to \$20K	Whilst a plan is not formally required Agencies in this budget category are encouraged to participate and contribute in PCP HP catchment planning, implementation and evaluation using the integrated health promotion common planning framework.			
\$20 – 50K	↑ 1. Required to submit an organisational health promotion plan detailing organisational and catchment HP activity (Attachment 1)	<ol style="list-style-type: none"> 1. A maximum of 2 HP priorities 2. At least 1 priority must be a PCP HP catchment priority and the agency resource contribution should represent a minimum of 25% of the agency HP budget 3. Up to 1 other agency priority that represents a maximum of 45% of the agency HP budget 4. All activity should include action in the priority setting of neighbourhood renewal sites (where applicable) 	↑	<ol style="list-style-type: none"> 1. Discussion is required at the regional level to determine whether the agency will submit a one or two year plan 2. Opportunity for agency to negotiate with regional office /relevant PCP to use the PCP HP catchment plan/ reporting to describe all agency activity (Responsibility for this part of PCP catchment plan/reporting however remains with agency, this does not transfer to PCP staff).
\$51-100k	2. Required to provide a summary of catchment planning activity within the respective PCP HP catchment plan	<ol style="list-style-type: none"> 1. A maximum of 3 HP priorities 2. At least 1 priority must be a PCP HP catchment priority and the agency resource contribution should represent a minimum of 25% of the agency HP budget 3. Up to 2 other agency priorities that represents a maximum of 45% of the agency HP budget. One of these must include a key topic area from section 4.1 4. All activity should include action in the priority setting of neighbourhood renewal sites (where applicable) 	Up to a maximum of 30% of agency HP budget	↑
\$101-\$300k		<ol style="list-style-type: none"> 1. A maximum of 4 HP priorities 2. At least 1 priority must be a PCP HP catchment priority and the agency resource contribution should represent a minimum of 25% of the agency HP budget 3. Up to 3 other agency priorities that represents a maximum of 45% of the agency HP budget. At least 2 of these must include a key topic area from section 4.1 4. All activity should include action in the priority setting of neighbourhood renewal sites (where applicable) 	↓	<ol style="list-style-type: none"> 1. Discussion is required at the regional level to determine whether the agency will submit a one or two year plan 2. Catchment priority can be summarised in catchment plan and evaluation reporting. 3. Organisational plan to provide detailed planning of both catchment and agency priority. 4. Variations on these points requires negotiation with the regional office
\$301 and above	↓	<ol style="list-style-type: none"> 1. A maximum of 5 HP priorities 2. At least 1 priority must be a PCP HP catchment priority and the agency resource contribution should represent a minimum of 25% of the agency HP budget 3. Up to 4 other agency priorities that represents a maximum of 45% of the agency HP budget. At least 3 of these must include a key topic area from section 4.1 4. All activity should include action in the priority setting of neighbourhood renewal sites (where applicable) 	Up to a maximum of 30% of agency HP budget can be used for flexible funds. This is capped at \$150 000. Anything above this figure must be used towards the 5 HP priorities (column 3)	↓

6. Evaluation reporting against the 2004-06 Organisational Health Promotion Plan

Evaluation Reporting by July 30th 2005

1. All agencies, in receipt of health promotion funding from the Community and Women's Health program, will meet with DHS Regional Staff to discuss progress on their Organisational Health Promotion plan. This meeting will also allow Agencies and DHS staff to discuss longer-term planning and quality issues in relation to health promotion development in their catchment.
2. All agencies, in receipt of greater than \$20 000 of health promotion funding from the Community and Women's Health program, will submit a 2004-2005 Health Promotion Evaluation Report (Attachment 2). This evaluation report will indicate actual activity against the 2004-2006 Organisational Health Promotion plan.
3. Provide Quarterly electronic data collection through the usual processes.

Evaluation Reporting by July 30th 2006

1. All agencies, in receipt of health promotion funding from the Community and Women's Health program, will meet with DHS Regional Staff to discuss progress on their Organisational health promotion plan. This meeting will also allow Agencies and DHS staff to discuss longer-term planning and quality issues in relation to health promotion development in their catchment.
2. All agencies, in receipt of greater than \$20 000 of health promotion funding from the Community and Women's Health program, will submit a June evaluation report for health promotion (Attachment 2). This evaluation report will indicate actual activity against the 2004-2006 Organisational Health Promotion plan.
3. Provide Quarterly electronic data collection through the usual process.

Evaluation processes and the subsequent reporting will assist in determining the effectiveness and efficiency of particular strategies and interventions so that effort is not wasted in the future and limited resources can be put to best use. Evaluation that service providers conduct and report will assist in building the evidence base for health promotion. For more information related to Health Promotion Planning for Community and Women's Health Program funded agencies please go to the Primary Health Knowledge Base (www.dhs.vic.gov.au/phkb) and the new DHS Health Promotion website at www.health.vic.gov.au/healthpromotion

Attachment 1: 2004– 2006 Community and Women’s Health Services Organisational Health Promotion Planning Proforma

Introduction

The Organisational Health Promotion planning requirement for 2004-06 involves 3 mandatory components including:

Part 1: Agency vision and priority setting process and description of the 30% flexible component

Part 2: Narrative

Part 3: Summary planning grid

Both part 2 and 3 are **required for** each Priority identified from part 1. Please discuss the length of your plan with the regional office, page limits may apply.

Submission of the Organisational Health Promotion planning requirement for 2004-06

The Organisational Health promotion plan (**with all components compiled into one document**) will be submitted to the relevant Regional office by September 30th 2004. The Agency CEO or Manager should sign off each plan and submit it to the **relevant regional office** electronically by email or on a CD/disk.

Part 1: Agency vision, organisational HP priorities and description of the 30% flexible component

1.1 Articulate overall organisational vision statement that reflects health promotion principles.

1.2 Identify the organisational priorities for health promotion activity and provide supporting rationales for these priorities. Please indicate which one(s) is a PCP HP catchment priority.

1.3 Give a brief description of the possible areas that a maximum of 30% of the health promotion budget will address. This flexible component covers new and/or emerging issues that arise in the local community and transitional changes happening within the organisation, to ensure future good practice in quality health promotion service delivery.

Part 2: Narrative

Given each of the Priority issues identified from part 1 outline the:

2.1 Problem Definition including the:

- Organisational HP Goal
- Objectives to achieve this goal
- Target Population Groups: Please note all health promotion activity should incorporate action in neighbourhood renewal sites (where applicable).

2.2 Solution Generation including the planned health promotion interventions. Ensure an appropriate mix and balance of both individual and population wide health promotion interventions to address each of the Objectives. A summary of these interventions and the budget is also required in part 3.

2.3 Capacity Building-Support and Resources: Identify the roles and responsibilities of the key stakeholders, including community, consumer and carer representatives; Assess and allocate appropriate resources; Identify key capacity building strategies required to ensure success. A summary of these strategies and the budget is also required in part 3.

2.4 Evaluation and dissemination planning including a summary of the evaluation methods to be used, estimated process and impact measures and the total budget being dedicated to evaluation and dissemination. Summary reach and impact indicators are also required in part 3.

Part 3: Health Promotion Summary planning grid: To summarise this planning process including budget details (for each priority).

Organisational HP Goal:	<i>(links with Priority Issue column in Switch reporting)</i>
Population Target Group/s:	<i>(links with Population Group column in Switch reporting)</i>

Objective 1:				
Estimated Impacts¹ (Qualitative &/or Quantitative) for Objective 1				
Health Promotion Interventions & Capacity Building strategies²	Estimated Reach³	Timelines & by whom⁴	Estimated Budget from C& WH program⁵	OPTIONAL Estimated Other Funding sources⁶
Screening, individual risk assessment and immunisation Social marketing and Health information Health education and skill development Community action Settings and Supportive Environments Organisational Development Workforce Development Resources				
Total Budget per Objective				
Total Budget per Program Goal				

Explanatory Notes for the 2004-06 Organisational Health Promotion Planning Proforma

1. Estimated Impacts (Qualitative &/or Quantitative): Planning requires the development of impact indicators to measure the achievement of program objectives. Agencies are required to identify intended impacts as part of their planning process and report against these in 2003-2004. Please refer to the document "Measuring Health Promotion Impacts – A Guide to Impact Evaluation". This is part of the Integrated Health Promotion Resource Kit. See also www.dhs.vic.gov.au/phkb under Health Promotion publications and resources. Depending on the objective numerous impact statements can be reported here.
2. Agencies are only required to fill in interventions/strategies that are planned for; all other interventions/strategies categories can be deleted. See also the Integrated Health Promotion Resource Kit at www.dhs.vic.gov.au/phkb under Health Promotion publications and resources. This kit describes these interventions and strategy types.
3. Estimated Reach: Planning requires the development of process indicators for each program. However, the Department only one type of process indicator-Reach to be documented in the summary grid.
4. Timelines & By Whom: Estimated timelines for implementation need to be identified as well as whom in the agency is responsible for carrying out the action.
5. Estimated Budget (Staff and consumables): Where possible include the estimate cost per intervention/strategy. Also include estimated total cost per objective and total overall cost per goal.
6. OPTIONAL Estimated Other Funding sources: To support the concept of having an Organisational HP planning process Agencies have the option of including estimated costs derived from other funding sources.

Attachment 2: Organisational Health Promotion Evaluation reporting proforma (for July 2005 and 2006)

Introduction

The Organisational Health Promotion Evaluation reporting requirement for 2005 and 2006 involves using the attached proforma. The same proforma can be used for each reporting period (eg. 2004-2005 and 2005-2006) and requires 2 mandatory components to be completed for each Priority nominated in the 2004 – 2006 Organisational Health Promotion and for the use of the flexible funding component including:

- **Part 1:** Narrative (Please note these narrative prompts may have changed please contact your regional office for final narrative requirements).
- **Part 2:** Summary Reporting Grid

Both Part 1 and 2 are **required for** each Priority and for the use of the flexible funds

The Organisational Health Promotion Evaluation report (**with all components compiled into one document**) will be submitted to the relevant Regional office by July 30th 2005, July 30th 2006 respectively. The Agency CEO or Manager should sign off each report and submit it to the relevant regional office electronically by email or on a CD/disk.

Agency Name: *(insert Agency name)*

Part 1: Narrative

1. TITLE: Eg: identifying PCP HP priority
2. INTRODUCTION Eg: Summary description of problem definition and Organisational HP Goal
3. WHO (and how many) were the key stakeholders (agencies/organisations and consumers)?
4. HOW was the program implemented? Eg: Summary of solution generation.
5. WHAT was revealed ACTUALS vs ESTIMATES? Eg: Process and Impacts achieved, Successes and unexpected outcomes, enablers and barriers, and lessons learned. Review contributions to 2004 – 2006 IHP Catchment Plan and Organisational HP plan, how is what was achieved by July 2005/2006 different to what was planned for in 2004.
6. CONCLUSION
7. ACKNOWLEDGEMENTS

Part 2: Health Promotion Summary reporting grid: To summarise the implementation and evaluation process including actual budget details (for each priority).

Organisational HP Priority Goal:	<i>(links with Priority Issue column in Switch reporting)</i>
Population Target Group/s:	<i>(links with Population Group column in Switch reporting)</i>

Objective 1:				
Actual Impacts¹ (Qualitative &/or Quantitative) for Objective 1				
Actual Health Promotion Interventions & Capacity Building strategies²	Actual Reach³	Timelines & by whom⁴	Actual Budget from C& WH program⁵	OPTIONAL Actual other Funding sources⁶
Screening, individual risk assessment and immunisation				
Social marketing and Health information				
Health education and skill development				
Community action				
Settings and Supportive Environments				
Organisational Development				
Workforce Development				
Resources				
Total Budget per Objective				
Total Budget per Program Goal				

Explanatory Notes for the Organisational Health Promotion Evaluation reporting proforma (for July 2005 and 2006)

1. Actual Impacts (Qualitative &/or Quantitative): Planning requires the development of impact indicators to measure the achievement of program objectives. Agencies are required to report against impacts estimated in their Organisational Health Promotion Plan 2004-2006. Please refer to the document "Measuring Health Promotion Impacts – A Guide to Impact Evaluation". This is part of the Integrated Health Promotion Resource Kit. See also www.dhs.vic.gov.au/phkb under Health Promotion publications and resources. Depending on the objective numerous impact statements can be reported here.
2. Agencies are only required to fill in interventions/strategies that were actually implemented; all other interventions/strategies categories can be deleted. See also the Integrated Health Promotion Resource Kit at www.dhs.vic.gov.au/phkb under Health Promotion publications and resources. This kit describes these interventions and strategy types.
3. Actual Reach: Planning requires the development of process indicators for each program. However, the Department only one type of process indicator-Reach to be reported on in this section.
4. Timelines & By Whom: Actual timelines for implementation need to be identified as well as whom in the agency was involved in this activity.
5. Actual Budget (Staff and consumables): Where possible include the actual cost per intervention/strategy. Also include actual total cost per objective and total overall cost per goal.
6. OPTIONAL Actual Other Funding sources: When reporting against the plan it is not mandatory to report on the activities funded from elsewhere, however to support the concept of having an Organisational HP evaluation process agencies have the option of including actual cost derived from other funding sources.