

Integrated health promotion

A practice guide for service providers



4. Integrated health promotion planning and implementation

4.1 A common framework

This section provides a common planning framework for integrated health promotion, both at the partnership and individual agency level.

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The key features of program management are:

- A constantly evolving and interrelated set of actions, including planning, implementing, evaluating and ensuring the quality and effectiveness of practice. This is reflected in Figure 3.
- The collection of data, or evidence, at each stage of the cycle of planning, implementation and evaluation.⁵⁹

Figure 3 The cyclic nature of program management for integrated health promotion

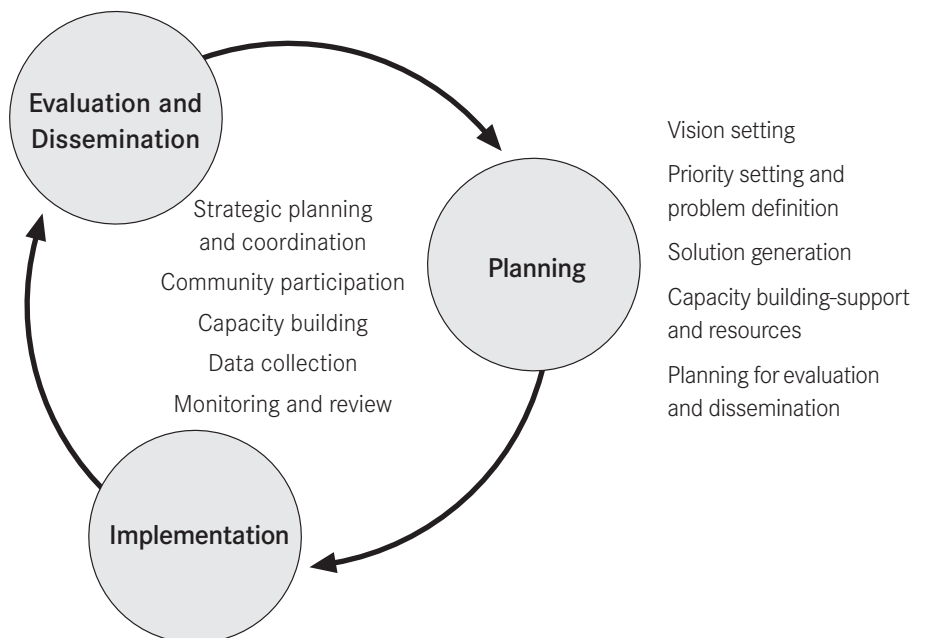
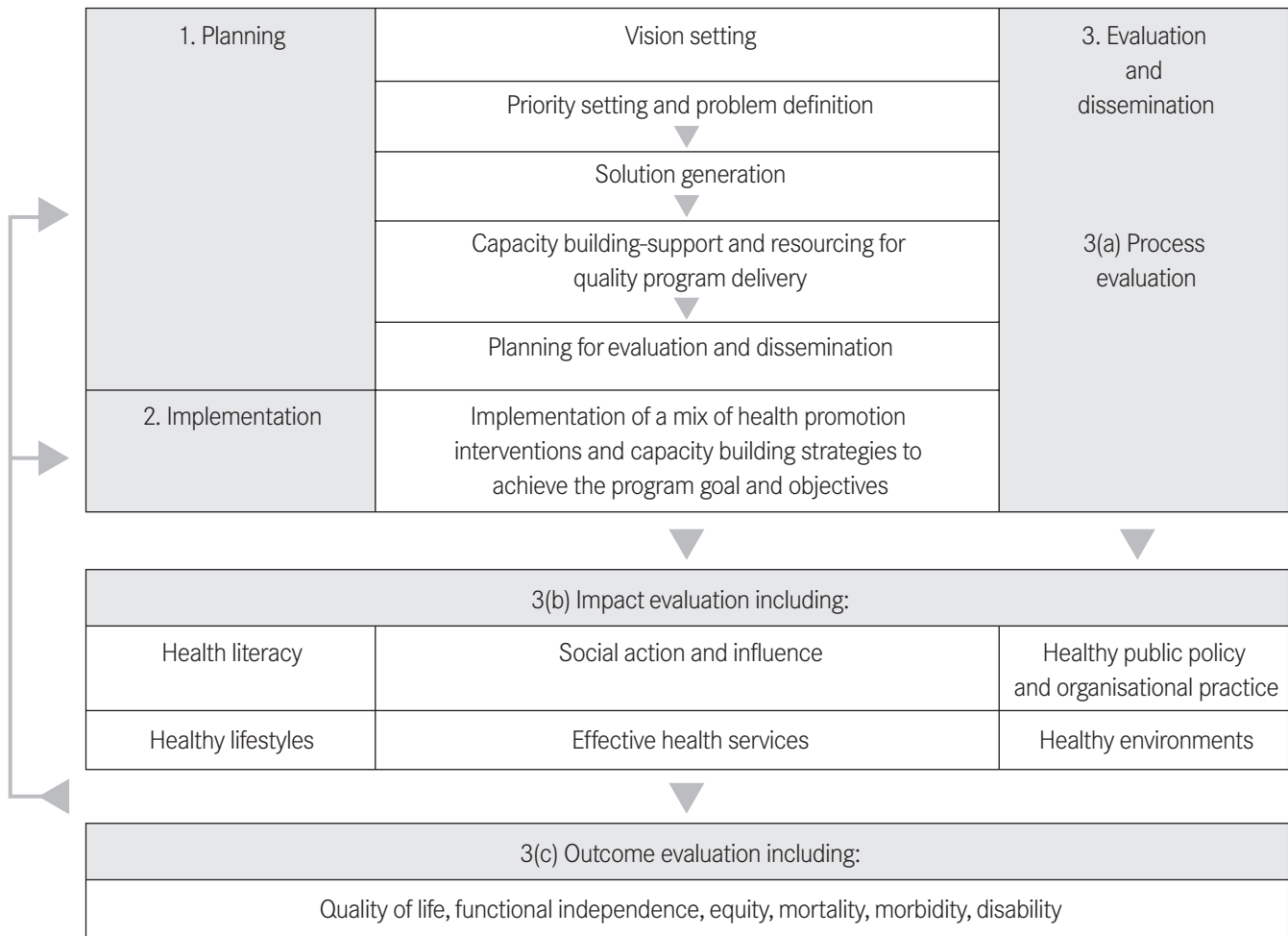


Figure 4 shows this common framework linked with a hierarchy of different impacts and outcomes (see Section 6).

Figure 4: Program management for integrated health promotion program – linking to impacts and outcomes⁶⁰

Program management for integrated health promotion involves managing the total set of actions, including:



4.2 Planning for integrated health promotion

Planning for integrated health promotion involves:

- vision setting (section 4.2.1)
- priority setting and problem definition (section 4.2.2)
- solution generation (section 4.2.3)
- capacity building – support and resourcing for quality integrated health promotion • action (section 4.2.4)
- planning for evaluation and dissemination (section 4.2.5)⁶¹

These steps are interrelated due to the cyclic nature of program management. Therefore, each step may need to be revisited several times and the program goals and objectives may also need to be revised.

4.2.1 Vision setting

The vision statement should articulate where the partnership or agency wants to be in respect to their health promotion response within a defined period of time.

The setting of the vision is an essential part of the strategic planning process both at the partnership and individual agency level. The guiding principles for integrated health promotion, as described in Section 1, guide the elements that may form part of the vision statements. However, there is also ample scope for incorporating local perspectives and priorities. The vision statement should articulate where the partnership or agency wants to be in respect to their health promotion response within a defined period of time.

To achieve the integrated health promotion vision, processes need to be established so that:

- all key stakeholders are involved in developing this vision
- all key stakeholders have access to this information and are involved in the implementation process
- there is a link to the broader corporate and strategic planning processes.

? Checklist: vision setting⁶²

- What are the partnership's and individual agency's overall beliefs in relation to integrated health promotion?
- Have you shown a clear link between the vision for integrated health promotion and the overall organisational/strategic/corporate plan?
- Does the vision reflect the guiding principles for integrated health promotion?
- What are the governance/management arrangements and organisational structure supporting, driving and resourcing the achievement of the vision? This also links with capacity building discussed in sections 4.2.4 and 6.3.

4.2.2 Priority setting and problem definition

From the outset, it is essential to identify the priority issues related to a defined population group. Through the community health planning process, priority issues, such as mental health or diabetes, and population groups are identified for each of the 32 catchment areas. As part of the CHP, the integrated health promotion strategy for the PCP catchment is articulated. Community and Women's health services, as member agencies within each PCP, develop organisational health promotion plans. These organisational plans should obviously reflect and link with those priority issues and population groups identified in the PCP integrated health promotion strategy.

Sources of data that inform this process include information from ongoing demographic, health surveillance and service data collections; behavioural and social research on the determinants of health; community consultation processes; and information collated in regional health promotion plans, municipal public health plans, Divisions of General Practice plans and statewide and national health priority areas.

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? Checklist: priority setting⁶³

- What are your population health data sources? For example, PCP community health plan, MPHP and national health priority areas, Victorian Burden of Disease data, Community Health Info@mart planning data, Australian Bureau of Statistics population statistics, Jesuit Social Services report: *Unequal for Life*, your organisation's strategic plan, previous community needs assessment reports.
- What issues are important in your community? How do you know these are important?
- Are there additional emerging health and disease issues arising from other types of need identification?

In relation to these emerging issues:

- Who in your community does this most affect? Are there groups within the community whose needs have not been considered (for example, homeless people, young people, people with low English fluency)? How are their needs going to be addressed?
- What can your agency influence and with whom do you need to work? What publicity and resourcing is required to engage community members and other key players in working together?
- Do you have the resources (human, financial, information, technology) or can you get them to do something about any of these issues?

- Who else is doing something about these issues? Is there a gap you can fill, or how could a combined effort enhance the program?
- Would you have to drop something in order to work on this area, or is it something you already had a focus on before? If so, what would you no longer be doing and how will you make a change?
- Based on these, have you now decided which health issues and population groups are your priority? How is this priority setting process being documented? Can the priority setting be justified to community and other stakeholders?

Given the huge number of competing health, wellbeing and disease issues, the priority setting process can be very difficult. It requires a structured process and very good communication with community groups and other key stakeholders, such as boards of management. The document *Deciding and specifying an intervention portfolio*, produced by the National Public Health Partnership, gives a detailed process and a section of frequently asked questions. It also includes other references to assist agencies and organisations in their priority setting process.⁶⁴

Through the priority setting and problem definition process, a series of program goals and corresponding objectives should be developed.

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Program goal

The program goal is a statement about long-term outcomes. These are broad statements that relate to improving health and wellbeing status, through changes in mortality and morbidity, disability, quality of life and equity. The program goal is evaluated in outcome evaluation.

Program objectives

Program objectives elaborate on and restate the goals in operational terms. They state what must occur for the goal to be achieved and what the program is meant to achieve immediately after its completion. The objectives address the factors that cause or contribute to the priority health issue that is covered in the goal. A careful analysis of the determinants of the priority health issue is the starting point for developing objectives.^{65,66} Program objectives are evaluated by impact evaluation.

Specific information relevant to planning an integrated health promotion program needs to be collected to define the issue more clearly, focusing on factors such as the exact priority population group, the causal factors involved, the community settings concerned and the aspects of the problem amenable to effective action.

? Checklist: problem definition – focusing on each of the priority issues:⁶⁷

- What do you know about this issue? Who is affected?
- How do you know this? What have you observed/been told/read about? What are you doing and what changes have you seen?
- What are the broader determinants of health that contribute to this issue? (See Section 3.1)
- What consultation has there been with stakeholders? How are they involved in the planning? Have previous consultations been representative of all target groups and been conducted in, for example, culturally appropriate and gender sensitive ways (for example, were interpreters provided or were gender separate consultations undertaken where appropriate)?
- What might be able to be changed?
- What does the published evidence tell you? How does this apply across different population groups, for example culturally and linguistically diverse groups, Koori populations, women, older persons, people with disabilities, refugees and asylum seekers?
- What would you like to change in relation to this issue – broadly, in terms of a **goal** and more specifically, through a set **of objectives**? How is this problem definition process being documented?
- How will you tell if you've made a difference – what will this change look like? How will you observe and describe this change? What are your evaluation outcome and impact measures?
- How will you get the message out about what works and what doesn't? Who will 'talk up' the project, advocate and lobby?
- How will the impact and outcomes be communicated to target communities and other stakeholders? Have the communication needs of the targeted communities been considered, for example clients or communities with low English fluency?


4.2.3 Solution generation

The next stage in program planning requires analysis of the collected community data, published information, evidence-based research, relevant theory and intervention models and evidence from past programs. The context of your program delivery also needs to be considered to develop a range of health promotion interventions to achieve the objectives.

Health promotion interventions

Health promotion interventions are actions taken to achieve the program objectives. Effective approaches involve a mix of interventions at multiple levels (from the individual through to populations).^{68,69}

Section 5 describes in detail the broad range of health promotion interventions, as a guide for service providers. Further reference to evidence-based health promotion, effectiveness and commonly used models in health promotion practice are in Section 7.

 **Toolkit:** A key requirement of quality integrated health promotion program delivery is the implementation of a **mix** of health promotion interventions (encompassing a balance of individual and population-wide interventions) that contribute to achieving the goals and objectives stated for that priority issue. These interventions need to be supported by evidence-based capacity building strategies.

? Checklist: devising the interventions⁷⁰

- What interventions could be taken to address the specific priority issues and changes defined through the program goal and objectives?
- Which mix of interventions (individual balanced with population interventions) has proved to be effective in achieving desired outcomes and shown potential to produce the largest health gains in terms of the identified goals and objectives?
- Which strategies does the relevant community think would be best? How will you involve community members, in a representative manner, in deciding what to implement? What factors help or hinder people becoming involved in action (for example, timing, physical access, English fluency, information formats, family and work commitments, level of experience in community participation)? How are you addressing these?
- Which mix of interventions address the broad determinants of the issue? Are certain priority population groups (such as children, mothers, culturally and linguistically diverse communities, people with low English fluency, recently arrived communities, older persons or Koori groups) at special risk? Is a need being neglected? How will you involve these particular population groups in the development of the program?
- Where investments are already being made by other agencies, are there benefits in working cooperatively to build on these investments? How will you involve other key agencies in the process?

- ☑ How will you know you have successfully implemented the health promotion interventions and are working towards meeting the program goals and objectives?
- ☑ How will you tell if you've made a difference? What will this change look like and how will you observe and describe it? What are your evaluation measures?
- ☑ How will you get the message out about what works and what doesn't? Who will 'talk up' the program, advocate and lobby?

4.2.4 Capacity building – support and resources

This stage is concerned with obtaining the resources (such as funds and materials) required to implement a program and with building capacity in an organisation or across the PCP catchment to implement and sustain the program. Sustainability, like evaluation, must be planned for in these early stages of program design. This stage is concerned with creating the optimal conditions for a successful program, and includes:

- assessing financial needs
- determining the availability of human resources, skills and knowledge
- analysing how to generate such resources
- building organisational structures, systems and policies necessary to undertake quality integrated health promotion program delivery.⁷¹

Where there are limited resources or limited community and political support, it will be necessary to change the program objectives to better fit the available resources and clarify the types of action that may be required to secure greater community and political support (so as to then build on the resources and opportunities needed).


Failure to give sufficient time and attention to this capacity building phase is the most frequent reason for the failure to achieve or maintain health and wellbeing improvements. This is especially important when working with other sectors, such as schools, workplaces and different agencies of government. Further explanation of the types of capacity building strategies is covered in Section 5.3.

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? Checklist: capacity building

Answering these questions will help plan your capacity building strategies but may also require you to revisit your initial program goal, objectives and health promotion interventions.⁷²

- What are the individual and collective skills and knowledge of the key partners in the program? Do staff need further skill development in quality health promotion practice and other topics, such as cross cultural communication training?
- Do you have other resources, including time, infrastructure, personnel and community participation, to implement the integrated health promotion program? If not, do these need to be created or should different interventions, objectives and even program goals be planned for? How have you documented these resources and timelines?
- Specifically related to the budget, has there been an open and transparent process in allocating financial resources to the program?
- Has there been clear definition of roles and responsibilities for integrated health promotion service delivery across the PCP's member agencies and within individual organisations?
- Have all key partners agreed and signed off on the integrated health promotion strategy or organisational plan?
- How are your senior managers, boards and governance committees involved, leading and advocating for the delivery of quality integrated health promotion services?

 **Toolkit:** The Quality Improvement Program Planning System (QIPPS) is a software tool designed by and for community health services to facilitate a more rigorous approach to planning, evaluating and documenting health promotion. Further information about QIPPS can be found at the Victorian Community Health Association (VCHA) website at <http://vcha.org.au> or by emailing qippsinfo@vcha.org.au

4.2.5 Planning for evaluation and dissemination

While Section 6 is dedicated to the different levels of evaluation, it is important to begin planning the evaluation, dissemination and sustainability strategies early in the program management cycle and not at the end of implementation. All the checklists for the planning steps include prompts related to evaluation and dissemination.

? Checklist: questions to ask when planning your evaluation strategies:⁷³

- What is the purpose of your evaluation?
- Who is the evaluation for? What information do they want?
- How will you evaluate? How will the evaluation be coordinated? How will the data be analysed and interpreted?
- How will data be collected?
- What is the format and detail of the evaluation report?
- Is there agreement among the key partners concerning these issues?
- What resources will be allocated to conduct the evaluation? For example, have interpreter costs been considered?
- How will community representation and participation be structured into the evaluation?
- What are the perceived limitations of the evaluation and how can these be overcome?
- How will the results of the evaluation be communicated to key stakeholders, funders and community groups?
- How will the findings be integrated back into the planning for sustainability?

🔧 Toolkit: what to measure?⁷⁴

Health indicators: Characteristics of an individual, population or an environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time).

Knowledge: Gather data using surveys, focus groups.

Attitudes: Gather data using attitude scales, surveys, interviews.

Behaviour: Gather data using self-report questionnaire, use of diary, observation.

Health status: Depends on definition and aspect of health; gather data using questionnaire tools that have been developed, such as routinely collected data (for example, cancer rates).

Social support: A myriad of tools and scales have been developed, also possible to use qualitative methods, for example, interviews, focus groups.

Quality of life: Established quality of life scales have been developed.

Costs: Outcomes achieved, with reference to cost.

Effectiveness: Outcomes achieved, without reference to cost.

Community strength, competence or participation: Observation of community structures and networks, interviews of key community representatives.

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4.3 Implementation

Moving from planning to implementing integrated health promotion programs requires skills to implement the interventions and to manage the actual program. Section 5 describes in more detail the different types of health promotion interventions and capacity building strategies. There are, however, key steps to ensure quality implementation.

? Checklist for quality implementation⁷⁵

- Are you monitoring, collecting and recording quality information about what is happening in the program? How is this information being analysed?
- How are you communicating internally among staff, key partners and across member agencies? How are you communicating externally with broader stakeholders?
- How are program materials being developed and pre-tested? For example, are focus groups being used to test material translations?
- Are decision-making structures clear and functioning? Are you providing enough appropriate and shared leadership?
- Are you addressing and solving emerging problems? Are you making similar decisions over and over again?
- Are you monitoring resources regularly?
- Who is being informed of the implementation and how is this being disseminated to stakeholders? Does this include a range of accessible formats (translations, large print, electronic formats)?
- Have you got your political antennae working? Are you looking for new opportunities and taking them?
- Are you recognising and celebrating progress along the way?

