

## ATTACHMENT 1

### RATIONALE FOR THE NINE MANDATORY REPORTING MEASURES

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Impact Measure 1.1	Reach, participation and satisfaction Reach
Description	<p>Measuring <i>reach</i> focuses on the percentage of <i>people, organisations and settings</i> targeted by an intervention. <i>Reach</i> is defined as the percentage of the intended target audience that participated in or were impacted by an intervention, and not simply the number of participants attending.</p> <p><i>Reach</i> measures in health promotion also often focus on the extent to which an intervention involves people with the poorest health status. This may include a measurement of the percentage of the intended audience who are from a health promotion priority setting such as a Neighbourhood or Community Renewal area.</p>
Rationale	<p>For an IHP program to achieve its intended impacts it must reach the intended target audience. This measure addresses the essential question of whether organisations are providing IHP activities to priority target populations, or whether their work is influencing and reaching priority organisations. Statewide organisations have a role in advocacy and support. They will measure the extent to which their work is reaching and influencing relevant organisations.</p> <p>Organisations and consortia, and DH regions, will have their own formal planning processes to ensure that groups and individuals experiencing, or are at risk of, poorer health outcomes have been identified and included in the IHP activity.</p> <p>Health promotion aims to reduce health inequities in the community. While it is extremely difficult to measure the impact on inequities, it is possible to identify the extent to which health promotion activities and interventions reach groups with the poorest health status.</p>
Impact Measure 2.1	Personal skills Increased knowledge
Description	Increased health related knowledge and awareness including where to go and what to do to obtain health services.
Rationale	Skill development includes the provision of education to individuals or groups with the aim of improving knowledge, attitudes and self-efficacy to build the capacity of individuals to change. At the basis of behavioural change is knowledge. People will not make changes if they do not have an understanding of why changes are important.

IHP interventions aimed at increasing knowledge can not exist in isolation. Activities must form part of a broader mix of interventions that consider the broader determinants of health.

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Impact Measure 3.1	Healthy lifestyles Change in health related behaviours
Description	Achievement of desired action or behavioural change in areas such as: physical activity, healthy eating, use of tobacco, use of alcohol and drugs, adoption of safe sex practices and utilisation of health services.
Rationale	IHP interventions and capacity building activities are designed to lead to behavioural changes. Increased knowledge is the first step towards behavioural change; however, it is not a measure of behavioural change. Measuring changes to health related behaviours as a result of an intervention measures the success of the approach, and demonstrates to funding bodies and the sector the value of the effort.

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Impact Measure 4.2	Community strengthening Social action and influence
Description	Improved community capacity to take collective action on local determinants of health.
Rationale	Communities working together and empowered to bring about positive change demonstrate local ownership of health problems and, importantly, local ownership of the solutions.  Sustainable health promotion relies on engagement and ownership by local organisations and local people. Targeting and including people from priority groups in planning not only informs the development of the intervention or activity, but also acts to reduce social isolation.

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Impact Measure 6.2	Healthy public policy and practice Reoriented health services
Description	Reorienting health services happens when health services refocus on the total needs of the individual as a whole person and embraces an expanded mandate which is sensitive and respects cultural needs.
Rationale	Governments and health services must create a health system whereby organisations work together to integrate health promotion and improve the health of the population.  IHP activities should focus on individual and population needs and organisations should consider how they can

internally organise and link with other organisations to best address these needs.

Mandatory capacity building reporting measures are as follows:

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Impact Measure 1.1	Organisational development Increased organisational commitment to make health promotion a priority
Description	Health promotion success and sustainability relies on overall organisational commitment and not on the enthusiasm and drive of individuals.
Rationale	Organisations that embed health promotion into all elements of service delivery and build knowledge and skill within its workforce demonstrate commitment to health promotion. Embedding health promotion at all levels of the organisation demonstrates the organisation's focus on health as well as ill health.

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Impact Measure 1.2	Organisational development More effective targeting of health promotion investment through evidence-based practice
Description	More effective targeting of health promotion investment through evidence-based practice means that organisations draw on evidence already gathered about IHP, as well as continue to create evidence about the success of methods and interventions adopted for IHP and capacity building activities.
Rationale	One of the benefits of implementing standard reporting of IHP is that primary health funded organisations will be creating evidence of practice and intervention. Through this data collection process the DH will gather information on the impact of IHP interventions and capacity building activities. Sharing this information will facilitate more effective targeting of health promotion investment through evidence-based practice with the Primary Health sector.

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Impact Measure 1.3	Organisational development Enhance organisational learning and improved practice through planned evaluation and dissemination of findings
Description	Learning organisations evaluate and reflect on IHP practice with the aim of continuously refining, improving and building quality practice.
Rationale	IHP intervention and capacity building impact evaluations are crucial to informing what data is to be collected to measure impact as well as contributing to the next iteration of activities and refining and improving past activities.

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Impact Measure 5.2	Partnerships Greater percentage of planned health promotion initiatives delivered in partnership with the local community and other organisations
Description	As integrated health promotion practices mature, greater understanding and recognition of the value of integrating efforts in health promotion around the needs of populations and individuals is also growing.
Rationale	Health promotion success requires ongoing partnership development within and between a range of sectors and different levels of government. Existing partnerships need to be strengthened and new partnerships explored.

Organisations may choose, and are encouraged if desired, to use more than the nine mandatory reporting measures to capture a wider array of information on the impact of their IHP activities to inform their own internal, catchment and regional planning and evaluation.

For examples of what are widely accepted as impact reporting measures for IHP intervention and capacity building activities – see [Attachment 2.doc](#) These examples serve to assist organisations and consortia when planning and evaluating IHP to ensure that information collected as part of an evaluation helps to measure the impact of the activities and meet the DH’s reporting requirements.