

Integrated Health Promotion

Reporting Measures

Information Resource for the Primary Health Funded Sector

July 2009

1.0 PURPOSE

The purpose of this Information Resource is to provide background on the Integrated Health Promotion (IHP) reporting measures project, to inform organisations funded by Primary Health Branch and Primary Care Partnerships (sector) of the suite of reporting measures identified and to describe the core measures DHS has selected for reporting.

More detailed information will be provided over the next six months to support implementation of the new health promotion reporting requirements.

2.0 IHP REPORTING MEASURES PROJECT

2.1 Aim

The overall aim of the project was to develop a suite of improved IHP reporting measures for the sector to improve accountability through the health promotion reporting system and support continuous quality improvement of health promotion practice.

2.2 Background

The sector has been informed by the IHP Framework (resource kit) since 2003 in its approach to health promotion. The IHP Framework is built on the social model of health and social determinants defined in the Ottawa Charter (World Health Organisation, 1986).

IHP refers to organisations, including state-wide organisations, working in a collaborative manner using a mix of health promotion interventions and capacity building activities, to address priority health and wellbeing issues for a particular catchment. Substantial efforts have been made by the sector to implement IHP over recent years and there are now many examples of good practice that embrace the principles of the Ottawa Charter. Building the evidence of good practice through improved reporting systems will support continuous quality improvement of the planning, implementation and evaluation of health promotion.

Many organisations already undertake detailed evaluations to measure the impact of health promotion activities. Together, DHS and the sector identified the need to develop common reporting measures to better measure the impact of health promotion interventions and capacity building activities. Some process measures have also been included within the scope of this project so that knowledge can also be generated about how programs achieved their objectives.

In 2008, DHS contracted I & J Management Services to develop improved IHP reporting measures to capture information on the impact and process of IHP interventions and capacity building activities. This work is now complete.

All organisations funded for IHP are currently developing their three year plans for 2009-2010 to 2011-2012. All planned IHP activity during 2009-2010 will be reported using the new reporting measures for the first time.

2.3 Approach

The IHP reporting measures project was conducted between June 2008 and February 2009, and included extensive consultation with over 200 sector and stakeholder representatives, as follows:

- Focus groups with representatives from Community Health Services and PCPs were held in each DHS region.
- Staff from remote areas were linked into focus groups through video conferencing or were consulted separately using phone interviews.
- Sessions were held with staff from DHS, other State Government Departments, VicHealth, statewide organisations and Women's Health Services.
- An Expert Project Advisory Group comprising a range of health promotion experts, DHS and academia provided advice on the suitability and relevance of performance measures, on ways to test the draft measures and on implementation strategies.
- A Project Board provided advice on engagement of stakeholders and the relevant policy context. The Project Board also reviewed drafts of the performance measures.

Integrated health promotion work already undertaken by the sector, as well as international and national literature also informed the development of reporting measures.

2.4 IHP reporting measures

A conceptual framework based on the principles and practices described in the IHP Resource Kit was developed to define impact and process measures for IHP interventions and capacity building activities (Attachment 1). The framework specifies measures for IHP interventions which are consistent with health promotion actions identified in the Ottawa Charter, but slightly modified to reflect practice in Victoria.

DHS understands that the implementation of reporting measures will be an iterative process over the next few years to allow for learning, reflecting and continuous improvement of the measures over time. DHS will review the reporting system annually to ensure accuracy and specificity of data and information collected. This will help to build an evidence base for IHP in the state.

The full framework of IHP intervention and capacity building measures developed through this project is attached (Attachment 2: DHS core measures are shaded). The sector can choose to use parts of, or the entire framework to guide IHP planning, implementation and evaluation. It is expected that organisations will want to capture a wider array of information on the impact and process of their IHP programs for their own internal, catchment and regional planning and review processes.

DHS has selected nine core reporting measures based on the usefulness of the measures to reflect areas of process and impact change in IHP interventions and capacity building activities. Five reporting measures focus on IHP interventions; four focus on capacity building. The nine selected measures have been shaded on the framework (see Attachment 2).

The five core IHP intervention measures are:

- Reach
- Increased knowledge
- Change in health related behaviours
- Social action and influence
- Reoriented health services

The four core capacity building measures are:

- Increased organisational commitment to make health promotion a priority
- More effective targeting of health promotion investment through evidence-based practice
- Enhanced organisational learning and improved practice through evaluation
- Greater proportion of planned health promotion initiatives delivered in partnership with local community and other organisations

A common reporting framework allows for consistency in data collection which forms the basis for state-wide analysis. For the first time, DHS and the sector will have a view of the impacts of IHP interventions and capacity building activities across the state. Primary Health Branch will use this information to demonstrate to other DHS programs and government departments, the impact of IHP within individual program areas and, more importantly, the impact of the integrated approach in Victoria.

Although DHS has selected core reporting measures, the reporting framework may be developed to allow for the optional reporting of non-core impact measures, if desired by organisations. Primary Health Branch will consult with organisations on reporting of non-core measures.

More detailed information about IHP reporting measures will be released in the future to support implementation. The IHP Resource Kit provides information on measuring health promotion impacts and planning for effective evaluation.

2.5 Benefits of adopting consistent reporting measures for IHP

Information gathered by using the new reporting measures will benefit the sector, the Department and other government departments.

Benefits for the sector include:

- Driving continuous quality improvement in practice by using standardised feedback reports to support development and annual review of IHP plans by assessing the effectiveness of health promotion efforts, identifying gaps and building on initiatives.
- Using reporting measures and evaluation findings to link practice to policy.
- Common reporting measures will consolidate IHP reporting within PCPs.
- Primary Health, DHS will compile information into an annual report for dissemination to the sector that can be used to support continuous quality improvement.
- Dissemination of findings will contribute to health promotion knowledge in the sector and can lead to improved practice.
- Implementing reporting measures for health promotion is still relatively new in Australia and overseas. The sector can lead change in this area and contribute to the evidence-base of health promotion.

Benefits for Primary Health Branch DHS include:

- A common reporting framework provides standard reporting to DHS on IHP processes and impacts. Primary Health Branch will use results to build evidence of successful health promotion initiatives in Victoria and disseminate findings to the key stakeholders.
- Data collected in a consistent way can be aggregated, and therefore a state-wide view of health promotion in Victoria can be mapped.
- Primary Health Branch will promote the conceptual framework to other DHS programs and government departments to advocate for a consistent approach to the reporting requirements of organisations.

Benefits for other DHS programs and government departments include:

- Other DHS programs and government departments can be encouraged to structure their reporting requirements on the measures identified in the framework leading to a consistent approach with the sector.
- A state-wide view of the impact of IHP interventions and capacity building activities can assist governments to identify the value of an integrated approach and to identify areas for further action.

3.0 NEXT STEPS

- More detailed information about IHP reporting measures will be released to the sector to support implementation.
- A data collection tool and implementation guidelines will be developed in first half of 2009-2010.
- Primary Health Branch will develop a reporting structure and templates for IHP that links with the PCP Planning and Reporting Guidelines 2009-2010 to 2011-2012 and reduces unnecessary duplication with individual member organisations reporting requirements.
- Primary Health Branch will continue to work with DHS program areas and other relevant government departments to work towards a consistency of reporting approach with the sector.

4.0 CONTACTS DETAILS

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