

INTEGRATED HEALTH PROMOTION

IMPACT REPORTING MEASURES 2009-2012

INFORMATION RESOURCE TO SUPPORT PLANNING

OCTOBER 2009

1.0 PURPOSE

The main purpose of this document is to provide detailed information on the new Integrated Health Promotion (IHP) reporting measures to support IHP planning. This includes the framework for the reporting measures, and rationale for selecting the nine mandatory measures (see [Attachment 1.doc](#)). Examples of IHP interventions and capacity building impact measures have been included to assist and guide organisations and consortia to plan, implement and evaluate Integrated Health Promotion (IHP). These examples have been drawn from national and international literature, current practice identified through IHP plans and sector consultations, and measures used in state data collections (see [Attachment 2.doc](#)).

A secondary purpose is to recommend a tool to support continuous quality improvement of IHP practice within organisations and consortia (see [Attachment 3.doc](#)).

The new reporting measures are applicable to all organisations and consortia funded for health promotion through the Primary and Dental Health Output Group. See Primary Health Branch: Funded organisations requirements <http://www.dhs.vic.gov.au/rrhacs/businessunits/primaryhealth> for more information.

All IHP plans should reflect the nine mandatory reporting measures. Annual review of the measures, as part of continuous quality improvement, will support implementation and ensure health promotion evidence continues to build in Victoria.

This Information Resource should be read in conjunction with *Planning for effective health promotion evaluation* and *Measuring health promotion impacts: A guide to impact evaluation in integrated health promotion*, which are both included in the IHP Resource Kit.

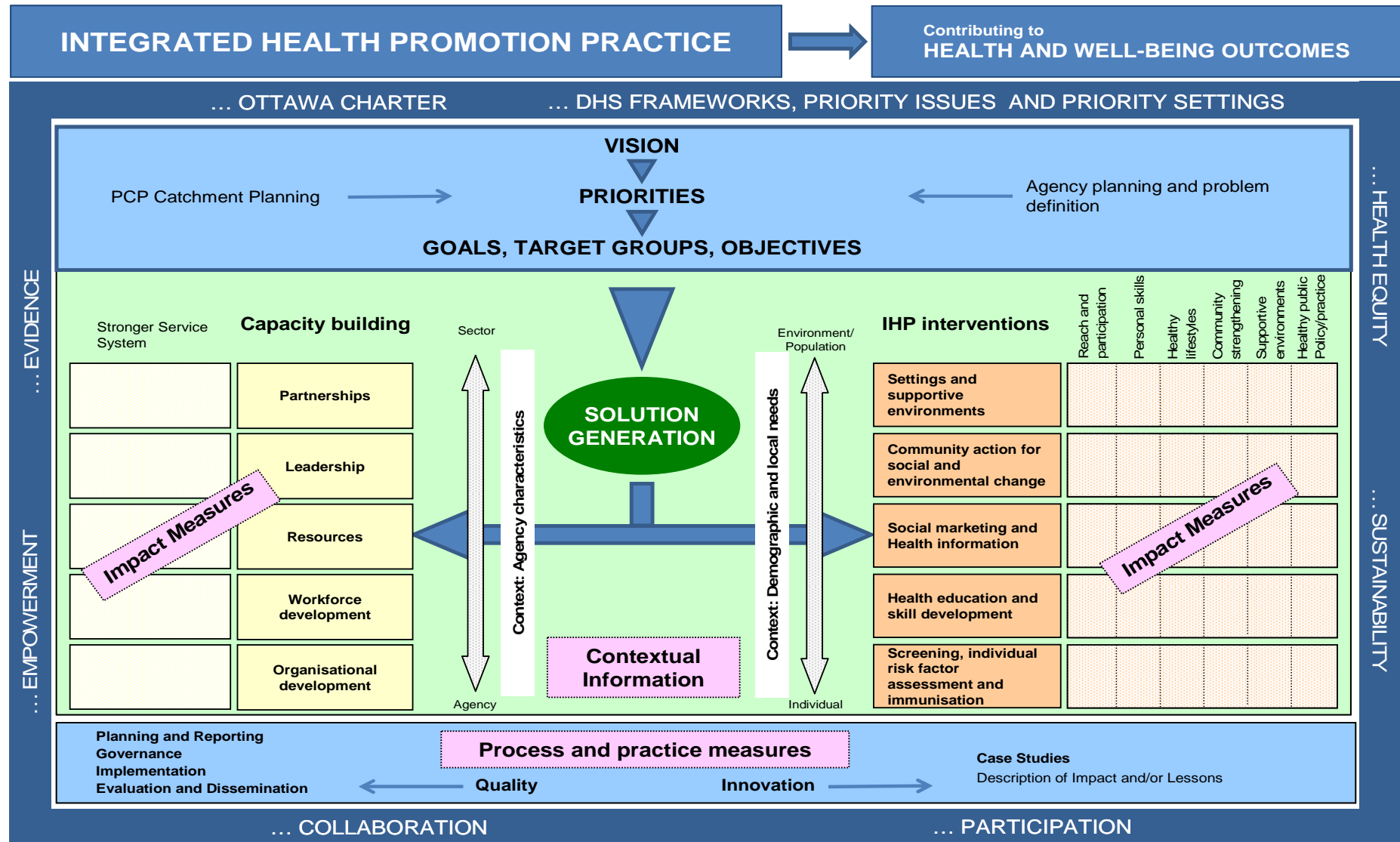
This Information Resource does not include details of the data collection tool. The data collection tool will be released to the sector in early 2010 along with user guidelines.

2.0 REPORTING MEASURES PROJECT CONCEPTUAL FRAMEWORK

Background on the reporting measures project, undertaken in 2008-09, is contained in the Information Resource: IHP Reporting Measures June 2009 which can be found at http://www.health.vic.gov.au/pcps/downloads/ihp_information.pdf

A conceptual framework, based on the principles and practices described in the Ottawa Charter and the IHP Resource Kit, was developed to scope and define impact and process measures for IHP interventions and capacity building activities (see overleaf).

CONCEPTUAL FRAMEWORK



The conceptual framework comprises the following five broad elements that in combination shape 'what' and 'how' health promotion programs are delivered and their expected impacts:

Health promotion policy, priorities and guidelines

The Ottawa Charter, the statewide health promotion priorities and priority settings, the primary health funding approach provides the backdrop for the conceptual framework.

Catchment and organisational planning processes

The planning framework specified in the IHP Resource Kit is reflected in the conceptual framework.

The community context, including demographic and organisation characteristics

Consortia and individual organisational planning processes occur within a broader community context and recognise the uniqueness of the population, setting and socio-political environment. To properly interpret performance information we must understand the environment in which health promotion is delivered.

Local data is critical for goal setting and solution generation. It is also essential background information for the analysis and interpretation of reporting measures data.

Organisational characteristics also shape the type and nature of health promotion interventions and capacity building activities. Factors such as size, location or auspice body can impact on what activities are delivered and how they are delivered. For example, health promotion delivered through an integrated community health service might focus resources towards capacity building across health service providers in the entire organisation.

Capacity building objectives

The conceptual framework incorporates the key action areas for capacity building (identified in the IHP Resource Kit) that will create optimal internal conditions and structures for organisations to improve their capacity to build successful health promotion programs that address the underlying determinants of health.

Fifteen impact reporting measures have been developed under the following key action areas identified on the left hand side of the framework:

- Organisational development
- Workforce development
- Resources
- Leadership
- Partnerships

IHP interventions and impact areas

The conceptual framework incorporates five categories of health promotion interventions (identified in the IHP Resource Kit). These categories, identified on the right hand side of the framework, are: settings and supportive environments; community action for social and environmental change; health education and skill development; social marketing and health information; and screening, individual risk factors assessment and immunisation.

Eighteen measures assessing the impact of IHP interventions on individuals, population groups and communities have been developed under the following six key result areas:

- Reach, participation and satisfaction
- Personal skills
- Healthy lifestyles
- Community strengthening
- Supportive environments
- Healthy public policy and practice.

3.0 SELECTING THE SUITE OF IMPACT REPORTING MEASURES

The impact reporting measures were selected based on their usefulness, practicality and functionality and because they will work well for the sector. The following factors were considered when developing the measures:

Factor	Rationale
Utility	The measure helps to answer the planning and evaluation questions at hand.
Validity	The measure provides an accurate means to appraise the question at hand.
Completeness	The group of measures reflect the efforts of catchments and organisations in meeting their goals.
Face validity	The measure appears legitimate to stakeholders and decision-makers. Information on an indicator has face validity if stakeholders view it as a meaningful marker of accountability.
Uniqueness	The data collected for the measure is not supplied by any other data.
Consistency	Measures are consistent with those developed and used in other statewide collections such as the Victorian Population Health Survey and with reporting measures being developed in other areas of the DH. The aim is to promote consistency and comparability of information collected from organisations and consistency of this information with statewide population health and wellbeing data collections. This will facilitate future planning and evaluation processes.

Usability	Stakeholders are able to use the data collected for multiple purposes e.g. mid-year or annual reports, ongoing program planning, or quality improvements efforts.
Practicality	<p>The data to support the measures can be collected, processed and analysed at a reasonable cost without undue strain on resources i.e. funds, time, effort, materials and expertise.</p> <p>The need to understand impacts must be balanced with the resources required to do this.</p>
Motivation and learning	The measures encourage organisations to move in the desired policy direction. The measures should focus on what is important and encourage rather than stifle innovation in the sector.

4.0 NINE MANDATORY REPORTING MEASURES RATIONALE

DH requires organisations to report against nine mandatory impact measures for each priority action area. However, organisations and consortia are encouraged to use the entire framework when planning, implementing and evaluating health promotion programs to adequately reflect the mix of planned health promotion interventions.

Reporting on the mandatory measures will deliver information on:

- the extent to which interventions are reaching intended target groups, specifically those with the poorest health status
- the extent to which IHP interventions are encouraging people to adopt healthier behaviours
- the efficient and effective use of resources
- sustainability of change over the longer term

Rationale for the nine mandatory impact reporting measures has been described in [Attachment 1.doc](#)

The mandatory IHP intervention impact reporting measures are:

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

The mandatory capacity building impact reporting 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

The entire framework of reporting measures, with the nine mandatory reporting measures shaded, can be found overleaf.

Examples of impact measures for the mandatory and non-mandatory measures to assist organisations plan, implement and evaluate activities and to ensure that information gathered meets DH's reporting requirements can be found in [Attachment 2.doc](#).

Summary of IHP intervention impact reporting measures: mandatory and optional. Mandatory reporting measures are shaded.

1. Reach, participation & satisfaction	2. Personal skills	3. Healthy lifestyles	4. Community strengthening	5. Supportive environments	6. Healthy public policy and practice
<p>1.1 Reach The intended target audience participates in the intervention</p> <p>HP interventions reach groups with the poorest health status</p>	<p>2.1 Increased knowledge Increased health related knowledge and awareness, including of where to go and what to do to obtain health services</p>	<p>3.1 Change in health related behaviours Achievement of desired action or behaviour change in areas such as:</p> <ul style="list-style-type: none"> - Physical activity - Healthy eating - Use of tobacco - Use of alcohol and drugs - Adoption of safe sex practices - Utilisation of health services 	<p>4.1 Social capital Better access to supportive relationships, including family relationships, peer support and social networks</p> <p>Increased participation in community life, including social and physical activities</p> <p>Changes in community attitudes regarding diversity and acceptance of difference</p>	<p>5.1 Natural and built environment Improved living conditions that are safe, stimulating, satisfying and enjoyable and promote physical and other healthy activities</p>	<p>6.1 Regulatory and policy environment Health is on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health</p> <p>Implementation of policy statements, legislation or regulations that support healthy choices</p>
<p>1.2 Consumer participation and leadership Community members are actively involved in HP planning and development</p>	<p>2.2 Improved skills Increased health related skills/capability</p>	<p>3.2 Action taken to reduce health risks Appropriate action is taken to reduce health risks following screening, risk assessment or immunisation programs.</p>	<p>4.2 Social action and influence Improved community capacity to take collective action on local determinants of health</p>	<p>5.2 Social, political and economic environment Improved social, political and economic conditions (including safe working conditions) and enhanced access to resources and opportunities</p>	<p>6.2 Reoriented health services Health services have refocused on the total needs of the individual as a whole person and embraced an expanded mandate which is sensitive and respects gender and cultural needs</p>
<p>1.3 Consumer satisfaction Participants are satisfied with their involvement in HP activities and/or with services received</p>	<p>2.3 Changed attitudes Change in individuals' attitudes, motivation and behavioural intentions concerning healthy lifestyles</p> <p>Change in public opinion regarding health issues</p>	<p>3.3 Measurable improvements in participants' physiological and biological risk factors</p>	<p>4.3 Community capacity Development of an independent capacity among community organisations for the delivery of quality HP</p>		<p>6.3 Organisational practice Modification of organisational policies, service directions and practices within community organisations, such as schools and sports clubs to align these with IHP practice</p>
	<p>2.4 Enhanced social skills, self esteem and self efficacy Higher levels of skills, self esteem and self efficacy enable individuals to achieve better health outcomes</p>				

Summary of capacity building impact reporting measures: mandatory and optional. Mandatory reporting measures are shaded.

1. Organisational development	2. Workforce development	3. Resources	4. Leadership	5. Partnerships
1.1 Increased organisational commitment to make HP a priority Includes: - Greater management support for IHP - Inclusion of HP in the strategic plans and policies of organisations - Organisational commitment to ensuring the general workforce have HP competencies	2.1 Gaps in HP skills and training needs have been identified and addressed	3.1 More efficient and effective targeting of resources	4.1 Establishment of specialist positions, such as HP managers or coordinators, to lead organisational change and support other staff in the delivery of HP programs	5.1 Maturing of partnerships from <i>networking</i> , involving the sharing of information, to <i>collaboration</i> where organisations work together to achieve a shared goal
1.2 More effective targeting of HP investment through evidence-based practice Includes: - Increased use of research, evidence and local data regarding health needs and well-being issues - Improved integration of HP planning processes	2.2 Newly acquired knowledge and skills amongst the HP workforce are integrated into their daily work	3.2 Greater success in leveraging financial and other resources for HP from internal and external sources (in addition to Primary Health)	4.2 Organisations take a leadership role in IHP within a sub-region, region or catchment (e.g. leadership of PCP projects)	5.2 Greater percentage of planned HP initiatives delivered in partnership with the local community and other organisations.
1.3 Enhanced organisational learning and improved practice through evaluation and dissemination of findings	2.3 Increased confidence and understanding of HP by the Board of Management and amongst the general workforce in the agency	3.3 A more informed Sector through broader access to knowledge and evidence based information		5.3 Reduction in fragmented and duplicated effort as organisations work together and pool their resources and skills
				5.4 Increased capacity to mobilise around new priority areas

5.0 RECOMMENDED TOOL FOR ORGANISATIONS' INTERNAL CONTINUOUS QUALITY IMPROVEMENT OF IHP

Attachment 3 contains a tool developed as part of the *Reporting Measures* project for organisations and consortia to think about how they work, to reflect on their progress and achievements, to help identify gaps and to assist them to move toward achieving best practice. Systematic use of the tool at the organisational or consortia level will guide planning, implementation and evaluation of IHP practice and support continuous quality improvement. DH recommends the use of this tool to support continuous quality improvement.

Although the tool is intended for internal use, DH regional staff may choose to use the tool in planning discussions with organisations and consortia.

Please see [Attachment 3.doc](#)

6.0 REPORTING

For information on reporting please refer to the Primary Health Branch: Funded organisation requirements 2009-10 to 2011-12.

The DH will develop a data collection tool for release to the sector in 2010. It is anticipated that the development of the tool will be an iterative process refined during the first three years as required. Annual reviews of the data collection will determine whether the questions need to be modified to ensure the quality of data collected. The tool will be web-based and modelled on the Service Coordination Survey and the Chronic Disease Tool. Before the first iteration of the tool is released it will be tested with relevant stakeholder representatives for its ability to capture relevant data, clarity and usability.

7.0 FURTHER INFORMATION AND RELEVANT WEBSITES

For more information contact the DH regional office.

Relevant websites:

IHP in community health

http://www.health.vic.gov.au/communityhealth/health_promotion.htm

Primary Care Partnerships IHP

<http://www.health.vic.gov.au/pcps/hp/index.htm>

IHP Resource Kit

http://www.health.vic.gov.au/healthpromotion/what_is/integrated.htm

Primary Health Branch funded organisation requirements 2009-2010 to 2011-2012

<http://www.dhs.vic.gov.au/rrhacs/businessunits/primaryhealth>

PCP planning and reporting guidelines 2009-2012

<http://www.health.vic.gov.au/pcps/>