

Together is better: integrating and consolidating health promotion efforts in rural Victoria

Renata Spiller¹, Nicole Dalle Nogare¹, Rebecca Murphy², Clare Schultz³, Jay McGough⁴

¹Goulburn Valley Primary Care Partnership; ²Lower Hume Primary Care Partnership; ³Central Hume Primary Care Partnership; ⁴Upper Hume Primary Care Partnership

Abstract

Background: Primary Care Partnerships, a Victorian State funded framework, support agencies to deliver the Integrated Health Promotion program. A 2009 audit of 62 health promotion plans across Hume Region, encompassing four Primary Care Partnerships, identified 13 different health promotion priorities. Findings reported a lack of integrated planning between agencies and limited use of evidence, evaluation and strategic targeting of interventions.

Methods: The Regional Health Promotion Strategy was developed in 2011 to maximise health promotion outcomes in rural communities through a focused and integrated approach. The main objective of the strategy was to consolidate resources through the identification of a single priority for the Hume region. The Regional Health Promotion Strategy supports the sharing of resources and knowledge across a large rural area, reducing duplication of activities. Primary Care Partnership staff display leadership in integrated planning and implementation by working together to provide capacity building opportunities for the geographically isolated workforce.

Results: Introduction of Regional Health Promotion Strategy reduced the number of health promotion plans from 62 to four, reflecting a single health promotion priority across four Primary Care Partnerships (12 local government areas). Working together using a coordinated planning process has seen agencies increase the use of evidence based interventions and plan comprehensive evaluation measures. An integrated approach across the four Primary Care Partnerships strengthens ability of agencies to adopt a 'big picture' understanding of health promotion sector. Resources have been consolidated under one health promotion priority reflecting a commitment from agencies to work together in delivering integrated health promotion across a large rural region.

Conclusion: This strategic approach to health promotion has been a strong catalyst for regional consolidation of resources, improved planning process, and greater focus on evidence based practice. This presentation identifies the leadership capacity of Primary Care Partnerships in working together to strengthen and facilitate a consolidated approach to best practice health promotion in a rural context.

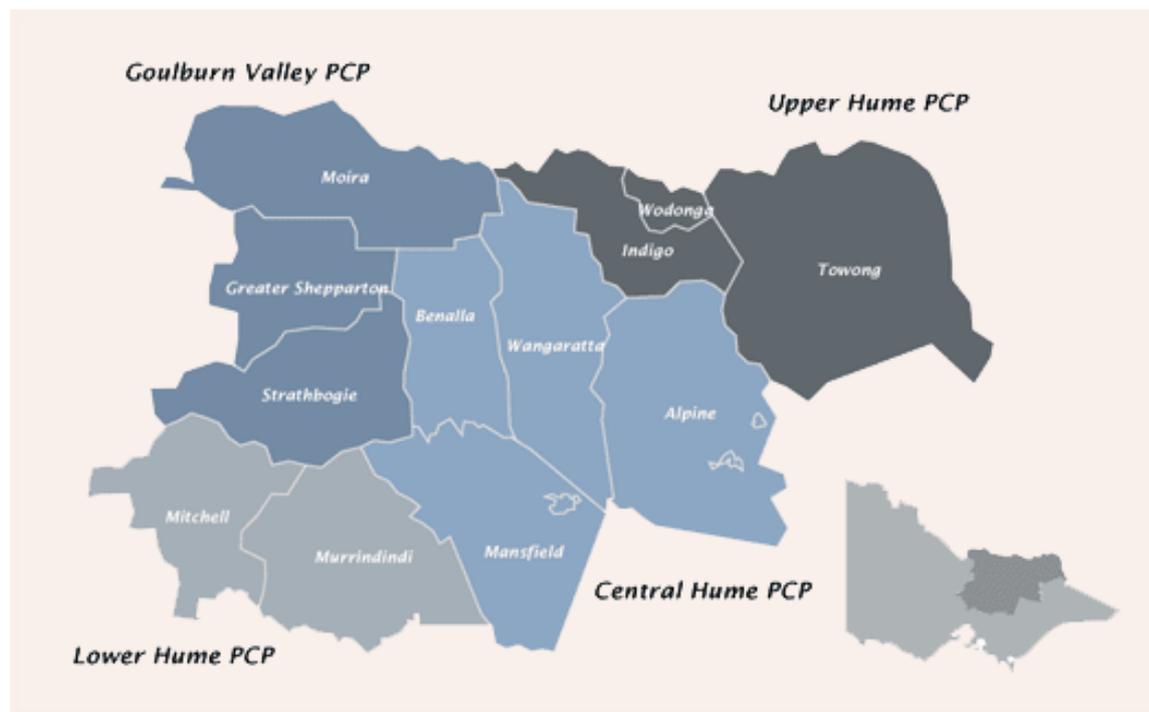
Background

In Victoria, community and women's health services are funded by State government to deliver the Integrated Health Promotion (IHP) program. The term 'integrated health promotion' is defined as a collaborative approach undertaken by agencies in a catchment to address priority health issues through implementation of a mix of individual and population-based interventions¹. Developed in 2000, Primary Care Partnerships (PCPs) are a Victorian State funded framework. A key deliverable of PCPs is to support agencies to deliver the IHP program by building effective partnerships, utilising a common planning framework, and engaging a broad range of sectors in effective health promotion².

Context

Located in north-eastern Victoria, the Hume Region encompasses four PCPs – Central Hume, Goulburn Valley, Lower Hume and Upper Hume – covering 12 local government areas, and includes major regional centres of Wangaratta, Shepparton, Seymour, and Wodonga (Figure 1). A total of 19 agencies are funded to deliver the IHP program in Hume Region, including hospitals, community health centres, small rural health services, multipurpose services, and a rural women's health service.

Figure 1 Map of Hume Region, Victoria



Catalyst for change

Despite the emphasis on collaboration promoted through state-wide IHP and PCP structures, a 2009 audit of health promotion plans conducted by Hume Region Department of Health suggested a different story at the local level. Key findings identified:

- 62 health promotion plans were being used by 19 agencies
- 13 different health promotion priorities were being addressed across the region
- Individual agencies were working on up to five different health promotion priorities

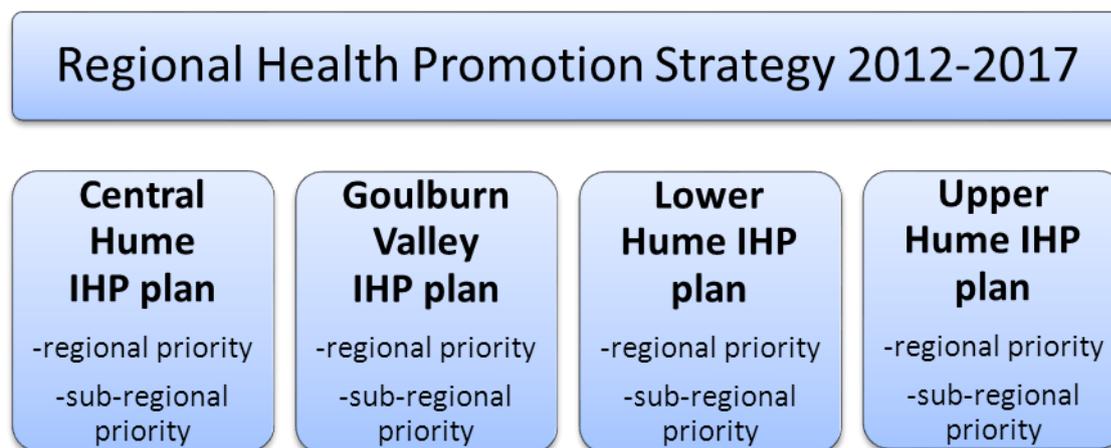
Audit findings highlighted the lack of integrated planning between agencies and within PCPs, and there was little evidence that best-practice health promotion and evidence-based approaches were being utilised³. Duplication and fragmentation of IHP program across agencies was a clear barrier to effective and efficient health promotion delivery across Hume Region.

A new approach to IHP planning was necessary and in July 2011 the Department of Health Hume Region released *Integrated Health Promotion Strategy: Developing a Hume Region approach to preventive health 2012-2015*. This report outlined the development of a Regional Health Promotion Strategy (RHPS) that would serve to reduce duplication and fragmentation of IHP program by consolidating resources in a coordinated approach³. At the same time, changes to state-wide planning cycles were enacted that saw IHP program plans aligned to Victorian Local Government Municipal Public Health and Wellbeing four-year planning cycle. This created a bridging year in 2012, which allowed appropriate planning time to implement RHPS and prepare for the 2013-2017 cycle.

Methods

The aim of RHPS was to reduce the number of health promotion priorities being addressed by agencies to ensure more efficient use of limited resources. Instead of agencies working on individual health promotion plans, RHPS requires agencies to collectively work on one health promotion plan within their PCP catchment. Within each PCP plan, a maximum of two health promotion priorities were selected; a regional priority shared by all four Hume Region PCPs and a sub-regional priority decided by agencies at individual PCP level (Figure 2)³. For the purposes of this paper, only the regional priority planning process and outcomes will be discussed in detail.

Figure 2 Regional Health Promotion Strategy planning structure



A common planning framework was adopted in order to guide agencies through a consistent process to develop catchment plans. Based on best-practice health promotion guidelines¹, plans were developed through two separate phases; **1) priority setting**, and **2) planning workshops**. The priority setting phase was facilitated by external consultants utilising a decision making tool that allowed for objective comparison of state health promotion priorities. Healthy Eating was selected as the regional priority for Hume Region. Details on process and results of priority setting process are reported elsewhere⁴.

Planning workshops

Following priority selection, the integrated planning process was initiated by the four Hume Region PCPs. A consistent approach was developed and implemented in each catchment by PCP staff via a series of three full day planning workshops delivered over the period August to October 2012. Agencies that received IHP funding, and other key partners such as local government, participated in workshops. Workshop aims aligned with health promotion planning principles of problem definition, solution generation, and evaluation planning¹:

- **Workshop 1: defining goals, objectives, and population groups**
 - Explore healthy eating as a health promotion priority from a determinants perspective
 - Review current policy and data on healthy eating at Victorian, Hume, and local government area levels
 - Begin to define objectives, population groups, and settings for healthy eating
- **Workshop 2: reviewing interventions, identifying capacity, and selecting strategies**
 - Identify and review a range of evidence based intervention with a primary target group of children 0-12 years
 - Consider local leadership capacity and current capacity of agencies – strengths, weaknesses, opportunities and threats – to implement potential interventions
 - Determine interventions
- **Workshop 3: planning for effective evaluation**
 - Develop program logic models that show links between strategies and impact
 - Identify performance measures and develop key evaluation questions
 - Decide on evaluation methods and tools

Evidence and support resources used in workshops were collected and developed by Hume Region working parties that included representation from Department of Health, PCPs, and agency representatives.

Results

Key achievements of RHPS have been the reduction of health promotion plans from 62 to four based on PCP catchment areas, and the consolidation of resources to focus on a maximum of two health promotion priorities. In addition, a major outcome of RHPS was the identification of one single health promotion priority for Hume Region. A coordinated planning process led by PCPs in each catchment was further supported by overarching networks, involving government, agency, and PCP staff that enabled a consistent approach to IHP plan development. Health promotion principles and best-practice guidelines informed collective decision making. The focus of workshop discussions was on primary prevention, defined as initiatives that target whole populations and aim to prevent health problems before they occur⁵. As a result, all four PCP plans identified children aged 0-12 years as the target group for the regional priority of Healthy Eating.

A strength of RHPS was that planning structures were set up according to existing PCP boundaries. The utilisation of previously developed networks enabled PCP staff to facilitate the integrated planning process more effectively, and allowed all stakeholders to interact and share information. Capacity building initiatives implemented region-wide by PCP staff further strengthened collective understanding of the diverse needs required to collectively develop an IHP plan. Health promotion workforce audits undertaken by PCPs in 2011 and again in 2013 identified a relatively inexperienced workforce where approximately one third of respondents in IHP positions held tertiary health promotion qualifications⁶. RHPS planning workshops therefore, presented an important opportunity for PCPs to guide and support agencies through a planning process that was reflective of best-practice health promotion. Workshop evaluations sought to identify the impact planning workshops had on health promotion practice within agencies, which have been captured in the following participant responses:

More thorough and evidence-based than in the past

It has meant that we follow a structured process with priorities being chosen with evidence and data, there is more communication and collaborative work on the plan, there isn't one person 'just planning'

Different approach involving other agencies and resources through the planning stage

Pooling of scarce resources and avoiding duplication; it should be an ongoing process post this intensive IHP planning period

The sharing of expertise across Hume is valuable and has contributed to a greater awareness of the support and resources available to us

Conclusion

Health promotion in Victoria is strongly underpinned by principles of integration and collaboration, implemented through the IHP program and supported by PCPs. In 2009 a need was identified for a more focused strategic approach that would create a purpose for agencies in Hume Region to consolidate resources towards shared priorities and actively engage in collaborative planning. Hume Region encompasses a total of 12 LGAs with diverse geographical areas. The RHPS has been able to achieve greater consolidation of IHP resources through collaborative planning, implementation, and evaluation of IHP plans. It is anticipated that this consolidation will lead to better health outcomes for Hume Region communities. A considerable change management process was undertaken over a long period of time, and was aided by the alignment of IHP planning cycle with local government municipal and public health planning.

One of the key deliverables of PCPs is to provide support to agencies funded for IHP program. It was clear through the development of RHPS that PCPs were perfectly positioned to lead and facilitate the integrated approach and development of one plan. A regional shared priority and a regional target group provide strong foundations and opportunities for collaboration within and across PCPs. One of

the limitations of RHPS planning process was that it did not include a community consultation component. However development of IHP plans have remained flexible guided by expertise of agencies and have, as part of early implementation, incorporated local data gathering strategies that include involvement of community members.

The consolidated approach undertaken by Department of Health to implement RHPS in Hume Region has important implications for the future of health promotion in Victoria. In particular, RHPS offers insight into the rural considerations and realities of health promotion practice, of which PCPs are a crucial support structure to enable and lead a truly integrated approach.

Acknowledgments

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We would also like to acknowledge the considerable contributions and sustained commitments of agency staff who participated in planning workshops, informed development of IHP plans, and are continuing to implement and evaluate these plans.

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Presenter

Renata Spiller is Health Promotion Coordinator at Goulburn Valley Primary Care Partnership. Renata has four years' experience in health promotion working in regional Victoria across community health, primary care partnership, and women's health sectors; with skills in strategic planning, project management, evaluation and partnership building. Renata is currently completing Master Public Health with Flinders University.