Human Services

People*first*

Strengthening Systems for Health Promotion

Strategic Agenda for Health Promotion Development in Victoria 2000–2004

Public Health Division

Key Stakeholder Forum for Health Promotion and Disease Prevention

Strengthening Systems for Health Promotion

Strategic Agenda for Health Promotion Development in Victoria: 2000–2004

February 2000

ISBN 0 7311 6015 0

Produced by Public Health Division,
Department of Human Services, Melbourne

For more information contact:
Manager, Health Development Section
16/120 Spencer Street
Melbourne
Tel: (03) 9637 4023
Fax: (03) 9637 5435
This publication is also available on the Internet:
http://www.dhs.vic.gov.au/phd/9903034/index.htm

(0340399)

Contents

Acknowledgement by the Forum Chairperson

This document is a prime example of successful collaboration and demonstrates the power of partnerships in order to enhance and construct effective supportive systems for health promotion in Victoria.

The following pages list the members of the Forum who played an active role in the development of the Agenda and contributed their expertise, knowledge and resources to the successful completion of this document.

Members have now ratified the document and are seeking your cooperation to ensure that the directions and strategies outlined are considered in business plans and the work of those in the field. I, along with my fellow members, look forward to your input and working with you to further develop health promotion in Victoria.

Professor John Catford
Director, Public Health
Department of Human Services

Membership of the Key Stakeholder Forum for Health Promotion 1998

Dr Michael Bartos
Research Fellow
The Australian Research Centre in Sex, Health and Society

Mr Ron Borland
Deputy Director, Centre for Behavioural and Research in Cancer
Anti-Cancer Council of Victoria

Mr Alan Brown
Chief Executive Officer
Victorian Aboriginal Community Controlled Health Organisation

Ms Meredith Carter
Director
Health Issues Centre

Professor John Catford
Director, Public Health & Development Division
Department of Human Services

Ms Robyn Charlwood
Executive Director
Heart Foundation

Ms Shirley Freeman
Health Manager
Malmsbury Juvenile Justice Centre

Ms Mirta Gonzales
Director
Centre for Culture, Ethnicity and Health
23 Lennox Street
Richmond Vic 3121

Mr Vic Gordon
Assistant Director, Aged, Community & Mental Health
Department of Human Services

Ms Trish Greenaway
Liaison Manager, Access & Equity
The Arthritis Foundation

Dr Robert Hall
Senior Lecturer, Rural Health Traralgon
Monash University

Dr William Hart
Assistant Director, Intelligence & Disease Control
Public Health & Development Division (DHS)

Dr Philip Hegarty
Chair
Northwest Division of General Practice

Dr Bridget Hsu-Hage
Senior Lecturer, Department of Medicine
Monash University

Mr Gary Irving
Services Manager
Asthma Foundation of Victoria

Ms Kathy Johnson
Executive Officer, Community health
Victorian Hospitals Association

Mr Ray Judd
Assistant Director, Social & Environmental Health
Public Health & Development Division (DHS)

Professor Vivian Lin
Executive Officer
National Public Health Partnership

Dr Rob Moodie
Chief Executive Officer
VicHealth

Ms Trish Mundy
Group Leader, Health Education & Emerging Settings
VicHealth

Dr Mark Nelson
Associate Professor
Department of Community Medicine & General Practice

Mr Bill Newton
Director, General Practice Division Victoria
Department of Public Health &
Community Medicine

Professor Terry Nolan
Head, Clinical Epidemiology & Biostatistics Unit
Royal Children's Hospital

Ms Jan Norton
Assistant Director, Public Health &
Development Division
Department of Human Services

Ms Gill Parmenter
Assistant Director, Youth, Family &
Community Services
Youth & Family Services (DHS)

Ms Karen Passey
Chief Executive Officer
Diabetes Australia

Professor George Patton
Director
Centre for Adolescent Health

Ms Dorothy Reading
Director, Cancer Education unit
Anti-Cancer Council of Victoria

Ms Yvonne Robinson
Director
North East Community Health Centre

Mr Michael Scavone
Government Liaison Office
Pharmaceutical Society of Victoria

Ms Jan Shields
Child Safety Consultant
Royal Children's Hospital Safety Centre

Mr Craig Sinclair
Manager, SunSmart Campaign
Anti-Cancer Council of Victoria

Mr Colin Sindall
Primary Prevention Section
Commonwealth Department of Health &
Aged Care

Ms Franca Smarelli
Chief Executive Officer
National Stroke Foundation

Professor Lawrence St Leger
Dean, Faculty of Health & Behavioural Sciences
Deakin University

Dr Roger Strasser
Director, Rural Health Traralgon
Monash University

Mr Bill Stronach
Chief Executive Officer
Australian Drug Foundation

Mr Peter Thompson
Director, International Development
VicHealth

Mr Martin Turnbull
Manager, Health Promotion Strategy Unit
Public Health & Development Division (DHS)

Ms Margaret Wagstaff
Assistant Director, Child Protection &
Juvenile Justice
Youth & Family Services (DHS)

Dr Rae Walker
Senior Lecturer, School of Public Health
LaTrobe University

Ms Judith Watt
Executive Director
QUIT Victoria

Ms Jenny Wills
Director, Social & Cultural Policy
Municipal Association of Victoria

Summary

The health promotion field in Victoria has expanded in recent years as its importance to improving population health has been increasingly recognised. Policies on health promotion exist at state, national and international levels. A predominant theme of these policies is the development of an effective and coordinated infrastructure in order to enhance the capacity of health promotion systems.

In recognition of the advantages of a collaborative approach to developing this infrastructure, a number of key stakeholders in health promotion and disease prevention were brought together in 1998 to consider how Victoria can best strengthen its capacity to undertake well targeted and planned health promotion. This group became known as the Key Stakeholder Forum for Health Promotion and Disease Prevention ('the Forum'). This document is the product of their deliberations and provides an integrated plan for the development of health promotion infrastructure in Victoria over the next three years.

The Forum identified Recommendations for Action in eight key areas:

- Strategy Coordination and Prioritisation
- Financing the Health Promotion System
- Program Planning and Delivery Structures
- Data Collection, Analysis and Dissemination
- Research, Evaluation and Evidence-Based Practice
- Workforce Training and Development
- Communication Systems
- Rural Health Promotion.

The Forum also recognised that attention will need to be given to a number of issues to support development in these areas. These issues are:

- Investing in Health Promotion
- Advocating for Health Promotion
- Strengthening Community Participation
- Developing Partnerships for Joint Action
- Advancing Health Promotion Research and Development
- Building Local Health Promotion Infrastructure.

This Agenda presents the strategies and action plans developed by the Forum to drive the strategic development and address these issues. Successful implementation of these action plans relies on a coordinated approach by all those currently and potentially involved in organised health promotion in Victoria, particularly those in leadership, planning and program development roles. It is hoped that everyone in the health promotion field in Victoria will give serious and sustained consideration to this Agenda when they are reviewing their own strategic development plans and incorporate it where appropriate.

Further work is needed to refine the strategies, build broader consensus, expand the statewide leadership network for health promotion, and to assist in facilitating the implementation of this Agenda. To this end, organisations and individuals are invited to provide feedback on the Agenda and identify areas where they may be able to contribute to its implementation.

Feedback Process

The success of this Strategic Agenda in developing the health promotion field in Victoria depends on all stakeholders giving serious and sustained thought to the directions and actions proposed in this document. The types of partnerships, communications links and more structured mechanisms proposed require commitment at many different levels, as well as strong leadership and support from the major State health promotion agencies.

We are keen to know your response to this Agenda overall and the specific proposals for action. This will help us to continue the process of refining strategies, building consensus and expanding the statewide leadership network for health promotion. It will also assist in facilitating the implementation of particular actions.

In particular, we would appreciate your feedback on the following:

1. Does this Strategic Agenda encompass the full range of development needs for health promotion in Victoria? If not, what are the key gaps and what action is needed to fill these?
2. What are the priorities for you, your organisation or your community across the range of issues identified in this document?
3. How can your organisation contribute to the implementation of the Agenda and what areas are you most interested in having continued involvement in?
4. What kind of overall support, information or resources would be most effective to assist you in participating in strategies outlined in the Agenda?
5. What needs to be done to link the proposals in this Agenda to other policy and strategy development processes occurring at local, regional, statewide, national and international level?

Please direct your feedback to:
Manager, Health Development Section
Public Health Division
Department of Human Services
Level 16, 120 Spencer Street
Melbourne, Vic 3000

phone: (03) 9637 4023
fax: (03) 9637 5432

Abbreviations

WHO	World Health Organisation
NH&MRC	National Health & Medical Research Council
NPHP	National Public Health Partnership
DHS	Department of Human Services
VicHealth	Victorian Health Promotion Foundation
NGO	Non-Government Organisation
GP	General Practitioner
MPS	Multi-Purpose Service
PHA	Public Health Association
AHPA	Australian Health Promotion Association
MPHP	Municipal Public Health Plan
AIHW	Australian Institute of Health and Welfare
VISS	Victorian Injury Surveillance System
ELVIS	Extended LaTrobe Valley Injury Surveillance System
HIV	Human Immunodeficiency Virus
STD	Sexually Transmitted Disease
RWAV	Rural Workforce Agency Victoria
RHPDP	Rural Health Promotion Development Program

Introduction

Health promotion provides enormous potential for public health improvement. Its importance is recognised in international, national and State policy frameworks and in the mission statements and strategic plans of many organisations in the human services sector. An increasing number of organisations beyond the human services sector are also recognising the role they may have to play in this area.

The Key Stakeholder Forum for Health Promotion and Disease Prevention was established in 1998 to bring together a number of influential people with key roles in the expanding field of health promotion in Victoria. These individuals brought a wide range of skills and expertise to discussions on the key strategic directions that Victoria should follow in the next three years. This document presents the Agenda for strengthening systems for health promotion that developed out of these discussions.

This Agenda presents an integrated set of proposed actions to support health promotion in Victoria. It focuses on key elements of the infrastructure needed for effective and sustainable health promotion effort, rather than on specific health issues. In short, it is concerned with how Victoria can best strengthen its capacity to undertake well-targeted and planned health promotion.

At the heart of the Agenda is a vision for a health promotion system that makes optimal use of the skills, organisational capacity and commitment available in this State. This vision positions health promotion as a central plank of health policy and local service systems, underpinned by a health promotion field that is mobilised to lead focused and strategic approaches to priority issues and respond effectively to new opportunities.

While not directly addressing specific health issues or risk factors, the Agenda responds to recent advances in the understanding of determinants of health and critical elements of effective interventions. In particular, it recognises the need to address established risk factors in more integrated ways, and to pay more attention to social and environmental determinants that operate independently of behavioural factors. The Agenda acknowledges that health promotion needs to move beyond its traditional base of the human services sector to include players in a broader range of sectors.

The Agenda has been developed in the context of a range of developments including:

- Reform of key parts of the human services delivery system relevant to health promotion.
- Changing agency roles and emergence of new providers of health promotion.
- Growth of regional and sub-regional planning and funding structures.
- Proliferation of statewide health promotion strategies with overlapping priorities.
- Increased recognition of generic capacity building needs for health promotion.
- A more collaborative and inclusive approach in the public sector, designed to improve efficiency and effectiveness.
- A recognition that health promotion competes for limited public and private sector funds and so needs to justify the resources spent on it.
- The development of an evidence-based health system.
- A recognition that health promotion policy and practice will need to continually evolve to meet the challenges of changing demographic, social and behavioural trends and the emergence of new diseases.
- Increased effort in national coordination of public health strategies.
- Increasing globalisation of information transfer and the need to establish links internationally.

Such developments offer significant potential for health promotion. They also raise many issues relating to the position and resourcing of health promotion activity throughout the system, about coordination, linkages and the need for sophisticated priority setting processes. While the Agenda focuses on the leadership role of the

human services sector, it acknowledges the critical importance of partnerships with other sectors.

The Agenda is aimed at those involved in organised health promotion in Victoria at all levels, particularly those in leadership, planning and program development roles. It also aims to influence those who may not currently be actively engaged in health promotion but have potential to play a role. Achieving the outcomes promised by this Agenda will depend on all key agencies rethinking aspects of the way they do business and the way they relate to other parts of the system. Key agencies are encouraged to consider how the way they currently operate and relate to others could be enhanced or altered to help achieve the outcomes proposed in this plan.

The Policy Context

The Ottawa Charter[1] defines health promotion as:

> The process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change and cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living.

A good understanding of why differences in health exist is critical for effective health promotion.[2] A challenging task for public health decision makers and advocates is to address the social and economic determinants of health. Poor social and economic circumstances affect health. People's lifestyles and the conditions under which they live and work strongly influence their health and longevity. For this reason, and to achieve health gains in the population as a whole, it is crucial that policy and action for health be geared towards addressing the social and economic determinants in order to assail the causes of ill health before problems arise.

Securing an infrastructure for health promotion is a predominant theme in recent international, national and State level policy. The 1997 World Health Organisation (WHO) Jakarta Declaration on 'Leading Health Promotion into the 21st Century' calls for greater attention to be paid to creating a sustainable organisational base for health promotion at global, national and local levels. This means mobilising resources, building new alliances, developing leadership skills and creating effective structures through which strategic approaches to health gain can be pursued.

At a national level, a major review of infrastructure support for national health advancement was undertaken through the National Health and Medical Research Council (NH&MRC). The report of this review, *Promoting the Health of Australians* (1997), sets out a large number of recommendations in areas including policy and program linkages, good practice dissemination, resource allocation, research and evaluation and training. While focusing mainly on national action, these recommendations carry significant implications for State and local responsibilities.

Subsequent to this review, the National Public Health Partnership was established to provide a coordinating force for public health development across jurisdictions. A substantial work program has been initiated to enhance policy and practice in areas such as public health information, workforce development, legislative reform and strategy coordination. Health promotion remains a central focus of the Partnership.

At a State level, the Department of Human Services is committed to developing a more coherent and integrated approach to health promotion and disease prevention. This entails activity on three levels: the Department's lead role for Government across a range of intersectoral health promotion strategies, central departmental policy and program structures, and regional planning and funding. More detail on the Department's own approach to health promotion is contained in the Department of Human Services Health Promotion Policy document (2000).

The Victorian Health Promotion Foundation (VicHealth), an independent statutory authority, has a commitment to supporting key aspects of capacity building and infrastructure development. VicHealth therefore has a major role to play in health promotion development. VicHealth's new strategic directions position the authority as a central partner in health promotion development. VicHealth and the Department of Human Services will work in close collaboration to ensure that activities are undertaken in a coordinated and complementary way.

1 World Health Organisation (1986), *Ottawa Charter for Health Promotion.* International Conference on Health Promotion: The move towards a new public health.

2 Social Determinants of Health, (1998), *The Solid Facts*, R Wilkinson & M Marmot (editors)

The Key Stakeholder Forum

This project was initiated by the Department of Human Services, in collaboration with VicHealth, in recognition that while consultation processes existed around specific health issues, there was no effective means for the health promotion field to engage collectively. This was seen as an important gap given the need for a more holistic approach to health promotion strategies and greater emphasis on enhancing the capacity of the system to be health promoting.

Participants in the Forum were invited to take part primarily for their knowledge and active involvement in health promotion, rather than as formal representatives of particular organisations. Participants came from a range of areas, including:

- Statewide health advancement organisations
- Peak bodies
- Academic and research bodies
- Divisions of the Department of Human Services
- Local provider organisations
- Professional groups and associations
- Consumer and community groups.

A number of participants brought rural, multicultural and Koori perspectives to the discussions. The National Public Health Partnership was also represented on the Forum. Terms of reference are provided in Appendix 2.

The process for the Forum included three intensive workshop sessions held over the course of 1998. Working groups were formed in eight strategic development areas identified at the first Forum workshop. These groups worked through a range of means to identify key issues and recommend strategies. These were documented in the form of Background Papers and briefer Position Papers which are the basis of the present Agenda. Support and coordination was provided by the Health Promotion Strategy Unit of the Department of Human Services.

A final Forum workshop held in December 1998 and facilitated by Dr Norman Swan—well known for his advocacy of health promotion through the ABC's Health Report—was valuable in achieving a consensus on recommended strategies and in developing an additional set of proposed actions to be taken by the field in the shorter term to initiate progress.

A Vision for the Year 2004

During the workshop process, the Forum articulated a vision for how they would like to see health promotion in the year 2004. A coordinated commitment to implementing the strategies and action plans outlined in this Agenda should go some way towards achieving this vision.

It's three years from now in the Year 2003…

Health promotion has become a core priority for government and the health system generally. There is now close articulation between broad public policy and health policy in the interests of promoting good health. The health promotion field has crystallised into a highly mobilised sector respected for its strategic contribution to health gain, and has a network of powerful advocates in both government and the private sector, including champions from several areas not previously involved (particularly the corporate sector). Politicians are demanding accurate feedback from health promotion programs, not seeing them only as opportunities for good news stories.

There is a clear understanding of roles and responsibilities of key players and this is widely publicised through regularly updated collected statements of intent from agencies. Government leadership is firm and based on a whole-of-government approach which minimises inconsistencies across portfolios, together with a partnership arrangement with major non-government bodies under which there is joint sign-up to a framework for priority action and resource allocation.

Research, policy, practice and training are closely linked, assisted by a cadre of senior staff with cross-over roles between these areas. A consolidated body of evidence-based advice on interventions to guide program planning is available and a much larger proportion of funding is being allocated to well proven types of activities. Innovative practice is receiving a high level of support but within more strategic frameworks for testing ideas.

Turf wars have been largely resolved through formation of coalitions of interest and by shared ownership of strategies. Competition for funds occurs within a framework that encourages cooperation while constantly refining benchmarks for quality and efficiency for specific technical tasks. Units and professionals who define their business variously as public health, primary health care, disease prevention or health promotion have reached agreement on common language and overlapping goals.

As a result, people working in the health promotion field are doing business in different ways…

Less time is being spent lobbying for funds and profile and more time is being spent with the constituency and supporting local communities. On the whole, statewide bodies see themselves as facilitators or brokers rather than service deliverers. Key functions include intervention design, information dissemination, workforce development and supporters of community development.

Much more effort is being made to tailor programs to the needs of different communities and population groups. Issues such as nutrition, safety and tobacco are still being addressed but there is a strong focus on programs to focus on multiple impact priorities and the social and cultural determinants of risk. Strategies to ensure access and equity are explicit requirements, not afterthoughts grafted onto existing programs.

A greater diversity of funding sources is available for health promotion but these have been consolidated into a small number of large pools with clear purposes, minimal overlap and joint management arrangements between the funders. Total resources have increased by more than 200 per cent over the past three years. Three-year funding arrangements are the norm and progressive evaluation is a core component of all projects.

A large proportion of the budgets of key agencies are now allocated to tackle mutually agreed priorities as set down in the Statewide Health Promotion Agenda, with smaller but clearly tagged

components available for additional emerging issues. At the local level, a range of agencies have tagged budgets for organised community-based health promotion separate from other agency funds used for health promoting client services.

A significant pooling of investment has been made in surveillance, with collaboration resulting in more powerful multi-issue statewide surveys on health promotion in key population groups. At the same time, more flexible rapid response surveying systems are operating and accessible to a wide range of agencies to assess needs, measure baselines and evaluate interventions. Significant efficiencies have been achieved through these developments, freeing resources to allocate to local intelligence gathering processes that focus more on qualitative social, cultural and environmental factors from a community perspective.

Regional and local capacity in health promotion has developed rapidly and there are a number of effective structures for sharing information and resources. Networks of local primary care providers have developed consolidated health promotion units which provide leadership across the network and have close links with other relevant local agencies. Regional or sub-regional coordinating councils provide an effective means to facilitate joint planning and to lend weight to attempts to engage other partners in local strategies.

Areas for Strategic Development

The Forum identified eight key Recommendations for Action:

1. Strategy Coordination and Prioritisation
2. Financing the Health Promotion System
3. Program Planning and Delivery Structures
4. Data Collection, Analysis and Dissemination
5. Research, Evaluation and Evidence-Based Practice
6. Workforce Training and Development
7. Communication Systems
8. Rural Health Promotion.

The strategies proposed to address development in these areas are detailed later in this document. They are the product of the considerable consultation process which took place in 1998 amongst key stakeholders in the working groups and the meetings and discussions that took place within their own organisations. An analysis of the current situation and the opportunities for improvement in each of the strategic development areas is provided, as well as a table detailing the proposed strategies and lead responsibilities. It is envisaged that these plans will act as a vehicle to strengthen organisational capacity and infrastructure and foster partnerships within the health promotion field in Victoria.

Supporting Strategic Development

It was apparent to the Forum that there were a number of common themes to the actions needed to implement the key strategies. The Forum also recognised that focused effort, particularly in the shorter term, needs to be given to a number of issues to support the planned strategic development. These common themes and issues are:

- Investing in Health Promotion
- Advocating for Health Promotion
- Strengthening Community Participation
- Developing Partnerships for Joint Action
- Advancing Health Promotion Research and Development
- Building Local Health Promotion Infrastructure.

The Forum determined practical, measurable and meaningful goals in each of these areas that could be achieved in the next 12 to 18 months and developed action plans to achieve them. In summary, the goals are to:

- Secure greater funds for health promotion and promote effective 'investments' through diversification of funding sources, pooling and/or coordination of funding sources and innovative investment mechanisms.
- Create a coherent and sustainable advocacy capacity for health promotion overall, including a dedicated group and a range of ways to identify and support successful techniques, models and skills for advocacy.
- Support effective consumer and community participation in priority setting, development, implementation and evaluation of health promotion programs.
- Form a health promotion network for Victoria which engages key leaders in particular population groups based on underlying principles such as equity, acknowledgment of indigenous and cultural diversity and clear benefits for the network collectively and as individuals.
- Spearhead a major advance in integrated evidence-based health promotion intelligence incorporating the development of a statewide document which will focus on the current state of play in health promotion and concentrate on issues such as evaluation and quality improvement.
- Increase local organisations' capacity to plan and deliver health promotion and expand the workforce and training for health promotion in Victoria.

A detailed summary of the goals and action plans with the names of those undertaking their implementation is in Appendix 1. A number of these actions have already commenced.

Sharing the Leadership Role

Responsibility for health promotion rests ultimately with every Victorian and the full range of social organisations that impact on the determinants of health. Yet support, leadership and facilitation are vital. As the NH&MRC report states:

> **The promotion of health in Australia depends greatly upon government support, including infrastructure, money and a congenial policy environment. For this reason, this review has focused most closely on the role of government health authorities in leading and guiding action to promote health.**

This Agenda accepts that health promotion is dependent on government support, however, it is also based on the premise that a number of agencies—including non-government organisations, professional associations and consumer and community groups—share the leadership role in the field of health promotion. It also recognises the growing importance of partnerships with the private sector. Coordination of the efforts of all these groups will produce a synergy that will be of advantage to all Victorians.

Understanding Broad Functions and Relationships of the Key Bodies

The view of the Forum was that while local level roles and responsibilities should not be prescribed too specifically, it is important for broad functions and relationships of key bodies to be better understood. Some of the key elements that will be critical over the next three years are outlined in Table 1.

Commitment to the Agenda

Effective implementation of this Agenda will require a commitment from a wide range of agencies, both those nominated as having lead responsibility for specific strategies and other partners. As noted earlier, all agencies with leadership, planning and program delivery roles in health promotion are asked to review their operations and priorities in the light of the broad direction and particular proposals contained in this document.

Coordination and Monitoring

As part of their commitment to the development of health promotion infrastructure in this State, the Department of Human Services and VicHealth will maintain a coordination and monitoring role with respect to this Agenda in the context of their joint planning processes.

Reviewing Progress and Maintaining Momentum

Following the experience of the Key Stakeholder Forum in 1998, it was agreed that a similar group should be convened in late-1999 and possibly at six-monthly intervals thereafter, to review progress on implementation of the Agenda and ensure that momentum is maintained. Membership of this group will be reviewed according to key players in the various strategies being pursued under the Agenda, and more general developments in the field.

Table 1:

State Government Departments	*Department of Human Services (DHS)* Key aspects of the DHS role will include an enhanced central policy and program development function, more integrated cross-program focus on health promotion, and stronger regional office involvement at a planning and funding level. Major drivers for change will include the Public Health Strategic Partnerships Plan, the primary health sector redevelopment and regional outcomes focused planning processes. Leadership will continue to be provided for intersectoral strategies at a broad policy and major programs level.
Other Government Departments	The health promotion effort of other government departments, such as Education, WorkCover and Sport and Recreation, will be strengthened through more formalised partnerships in issue-specific strategies. At the same time, there is a need to broaden the relationship that DHS has with these departments on preventive health issues and to avoid unnecessary duplication and inconsistency of approach.
Victorian Health Promotion Foundation	VicHealth is consolidating its leadership role in health promotion innovation and development. It will place particular emphasis on capacity building to change community cultures and behaviours and the development of supportive environments for good health and wellbeing.
Local Government	Local government will become more critical to health promotion, particularly as a planner and funder and as a key link between State programs and community structures. This will be achieved through a range of mechanisms including a reinvigoration of municipal public health, social and environmental planning, involvement in collaborative structures and community health plans and development of integrated local approaches to issues such as community safety, social cohesion and sustainable development. Efforts to link local government planning with other aspects of the health promotion delivery system will be important.
Non-Government Organisations (NGOs)	Victoria's statewide NGOs with a preventive health focus will continue to play a vital leadership role, while some are likely to want to refocus aspects of their operations in the interests of collaboration (especially where common risk factors are involved), clearer business relationships with government and other clients, and provision of support to local service systems (including the development of partnerships between NGOs and local services for the purpose of attracting project funding). The advisory role of NGOs to government will be more formally sought and valued, with further efforts made to align the work of NGOs and that of DHS.

Health Providers	• *Community Health/Primary Care* Community health services will remain major contributors to health promotion at a local and regional level, although their role will progressively be within broader planning and service delivery alliances. This will facilitate planning and evaluation of health promotion in a population health framework, encompassing a balance between individual/group client and wider community development approaches. There will be increased recognition of the leadership role of these services in developing community understanding and support for national, State and local priorities, and in strengthening community capacity.
	• *General Practice* The role of General Practitioners (GPs) in health promotion is widely recognised and has been actively supported through the Divisions of General Practice. The task now is to maintain the momentum built through Divisional projects over the past 4–5 years and to capitalise on moves towards better integration between GPs and other parts of the health system.
	• *Pharmacists* As community-based health care professionals who have contact with large numbers of the public, pharmacists are well placed to perform a valuable health promotion role. There is considerable scope to further expand this role and to better link pharmacy activities with other parts of the health promotion system. Initiatives such as the DHS funded Health Development Program at the Pharmaceutical Society need to be built upon.
	• *Hospitals* The hospital system has an important role in health promotion both in the direct context of client treatment (such as through planning pathways of care) and in utilising their specialist knowledge and community interface and profile to contribute to broader preventive health efforts. A clearer set of expectations and commitment of hospitals in Victoria needs to be developed around health promotion, with positive incentives being provided in targeted areas. The developing roles of structures such as Rural HealthStreams and MultiPurpose Services offer new structural avenues to achieve broader preventative health efforts.

Universities and Tertiary Education Institutions	The development over recent years of specialist health promotion units in several Victorian universities sets the scene for enhanced academic input into policy and program development, as well as better education and research opportunities. Evaluation support, best practice advice, and a wider range of workforce development strategies will be valuable roles for universities to develop. There is a need for this sector to strike a balance between healthy competition and a degree of specialisation within a collaborative tertiary education system.
Professional Associations	A range of professional associations such as the Public Health Association, Australian Health Promotion Association, Victorian Community Health Association, and the Medical Colleges will continue to play a role in health promotion, particularly in relation to policy development, advocacy and workforce development. Stronger linkages between these bodies and coordinating structures through DHS and VicHealth will be created.

Recommendations for Action

1 Strategy Coordination and Prioritisation
2 Financing the Health Promotion System
3 Program Planning and Delivery Structures
4 Data Collection, Analysis and Dissemination
5 Research, Evaluation and Evidence-Based Practice
6 Workforce Training and Development
7 Communication Systems
8 Rural Health Promotion.

Recommendations for Action

The following Recommendations for Action were developed after consultation with key stakeholders in 1998. They aim to strengthen organisational capacity and infrastructure and foster collaboration within health promotion in Victoria.

For each of the eight Recommendations for Action there is:

- an analysis of key issues.
- opportunities for improvement and
- proposed strategies, including lead responsibilities.

Development within these areas will build a solid foundation for health promotion. Infrastructure development will ensure that health promotion activities are well-planned, coordinated and prioritised within a system-wide framework. It will support the delivery of health promotion that is informed, up-to-date and effective. It will also build on the excellent skills and knowledge available in Victoria and ensure that expertise is shared and encouraged throughout the health promotion field.

Issue 1: Strategy Coordination and Prioritisation

Key Points

- Victoria has developed a good range of statewide health promotion strategies but some of these have come to the end of their usefulness and require review. We now need to move to a series of 'next generation' strategies that take into account new concepts of partnership and the connection between different health determinants. More integrated population group approaches hold particular promise.
- Many Victorian health promotion strategies share a common theme of having been developed over the years in a somewhat ad hoc manner. They have attracted varying degrees of funding, degrees of responsibilities and mandates for carrying out those priorities and involving a wide range of organisations.
- Statewide strategies will be more important than ever as the basis for coordination of increasingly complex needs and provider systems, and in providing a rational basis for allocation of funds. We need to continue the diversity around the elements of the strategies and strategy formulation itself.
- Leadership should be by nominated coalitions or alliances of key government and non-government organisations but this should not imply privileged access to public funds. More definite leadership is required on generic issues such as cultural diversity in health promotion.
- Collaboration between key players, especially NGOs with lead roles in particular strategies, needs to be actively supported. Expectations in terms of joint acknowledgment, pooling of resources, and input to be made both with and without specific funding, need to be more explicit. Concerns about the viability and accountability of NGOs to their constituencies need to be explicitly recognised.
- The proliferation of health promotion strategies over recent years suggests that there is a need to work towards a smaller number of more integrated strategies which deal with risk factors, socio-environmental and behavioural determinants in ways that are well grounded in community understanding of health and wellbeing.
- Bilateral agreements between key State Government agencies could help to identify and build on links and needs for cooperative action on health promotion for particular groups and settings. These should complement higher level structures for whole-of-government coordination of effort.

Opportunities for Improvement

Progress in this area depends equally on leadership from Government and on key stakeholders establishing further collaborative partnerships that build on links between specific health issues. An overarching 'top down' approach to strategy coordination needs to be joined by a progressive effort from all areas to create linkages.

Enhanced information and communication is important to support better coordination between strategy areas, while a range of funding incentives are needed to achieve shifts in project focus. Recognition of the common and overlapping support needs across strategy areas will be one of the most important drivers for coordination and collaboration.

	Proposed Strategies	Key Responsibilities
	Short Term: 12–18 Months	
1.1	Trial the development of a leadership coalition for a specific area/s of health promotion effort with a view to developing enhanced partnerships, pooling of resources and leverage on other investments. This may take the guise of a partnership if there are a couple of players, or, if several players are involved, then possibly a lead agency that works with others to determine the various roles and responsibilities.	To be decided
1.2	Undertake market research in the field and the community about the most effective ways to frame health promotion strategies and receptiveness to various intervention approaches.	DHS, VicHealth, Stakeholder Group
1.3	Identify two or three specific 'cross-over' priorities as the basis for health promotion project funding as a first step in encouraging focus on the interaction between various risk and protective factors.	DHS, VicHealth, existing strategy committees
1.4	In accordance with this Agenda, develop and disseminate a Strategy Coordination Framework which identifies key elements of all major strategies,including their stakeholders and projects. This will encourage effective linkages and sharing of resources which are an integral component of strategy development	DHS, VicHealth, Stakeholder Group
	Longer Term: 2–3 Years	
1.5	Develop a series of bilateral agreements between government departments and agencies regarding commitment to collaboration to promote the health of key client groups and/or key settings.	DHS, other government departments
1.6	Develop a series of 'tool kits' providing guidance on how to address generic issues such as cost-effectiveness, cultural diversity, working with the Koori population, indicator development and evaluation, which inform all strategies.	VicHealth, peak bodies, universities, DHS
1.7	Develop a series of 'second generation' strategies that build on recent understandings of the interactions between various risk/protective factors in a socio-environmental context. These will most likely be based on specific population groups or key themes that tie together health determinants.	DHS, VicHealth
1.8	Support the development of local/municipal level health promotion strategies which address community support and development processes. This would focus on a range of health concerns which can be supported though a consolidated statewide 'Safer Cities and Shires' type initiative.	DHS, VicHealth, local government

Issue 2: Financing the Health Promotion System

Key Points

- Current Department of Human Services funding frameworks do not adequately reflect or actively encourage health promotion in either specified or unspecified forms, although there are some positive moves in this direction. An overall Health Promotion Funding Policy/Guideline for the sector is required to facilitate consistency and linkages across elements of the system, and support a more effective mix of intervention types.
- The move towards a more programmatic and devolved approach to health promotion planning and delivery needs to be matched by funding models that allow both collaborative local decision making and concerted effort on State priorities. This is likely to involve pooling of funds at a sub-regional level.
- The development of targets for health promotion expenditure across the Department of Human Services, at both overall corporate level and individual program level, has the potential to focus attention on effective investments and to achieve marginal increases from the currently inadequate one to two per cent.
- There is only poor understanding at present of the contributions to the State health promotion resources from the corporate sector, charitable bodies and local government. There is considerable potential value in understanding these contributions and examining ways they could be enhanced through better coordination and support.
- There is scope to more actively engage a number of major public and private sector organisations involved in very specific health-related issues in order to expand their contribution to health promotion more generally. Workplace and insurance organisations have particular potential in this respect. Linking health promotion investment with structural and financial incentives will be important.

Opportunities for Improvement

Progress in this area will depend on strategic use of formal 'funding' structures within government and new forms of funding partnerships and investment incentives reaching into the charitable and corporate sectors.

Major redevelopments in the human services sector, most notably in the primary health sector, provide opportunities to test new purchasing models, while all parts of this sector can be supported to invest more strategically in prevention and health promotion.

At the same time, the health promotion field should work together to muster available evidence of need and effectiveness to make more concerted pitches to other potential funding sources.

	Proposed Strategies	Key Responsibilities
	Short Term: 12–18 Months	
2.1	Trial a number of different approaches to 'funding' health promotion program delivery through improved planning and service delivery reform processes and use this to benchmark costs for key agreed functions.	DHS
2.2	Generate a list and supportive evidence for 4–6 specific preventive interventions which could be amenable to a 'measure and share' arrangement for piloting and evaluation through State funded services where marginal reallocation is possible (for example, Rural Health Streams).	DHS, strategy committees, universities
2.3	Review all Department funding frameworks in terms of potential for incorporating health promotion components.	DHS
2.4	Establish systematically, relationships with charitable trusts, corporations and other potential funders with a view to advising them on effective health promotion investments.	VicHealth, DHS, strategy committees
2.5	Develop a protocol for private sector sponsorships and partnerships in health promotion to assist developments by local human services organisations.	VicHealth, NGOs, peak sector bodies
	Longer Term: 2–3 Years	
2.6	Map financial contributions to organised health promotion from other key sectors, especially local government, charitable sector and large corporations with a view to achieving better coordination and complementarity of input.	DHS, VicHealth, universities
2.7	Investigate feasibility of establishing a coordination mechanism for pooling or 'partner brokerage' for new investors in health promotion.	VicHealth, DHS, NGOs
2.8	Establish targets for investment in health promotion in the State funded human services sector at statewide, regional and sub-regional level, and incorporate these into performance agreements for managers.	DHS

Issue 3: Program Planning and Delivery Structures

Key Points

- A large range of organisations within the public, private and non-government sectors are involved in the planning and delivery of health promotion programs in Victoria. While diversity of programs and providers is seen as a key strength of Victoria's health promotion efforts, many feel that there is inadequate cohesion and common understanding of the roles and responsibilities of the major players. Strong leadership from the primary health sector is critical, as is the need for improved links between sectors.
- To date there has been no overarching framework in which the goals, strategies and structures for promoting the health of Victorians are clearly articulated. This has led to some duplication of effort, particularly in planning, but more importantly, underlying gaps in activity, poor linkage between statewide, regional and local initiatives, and inadequate accountability mechanisms.
- As VicHealth and the Department of Human Services are key funders of health promotion activity, there is a need for further development of their relationship so that a coordinated strategic planning process for health promotion in Victoria can be established. This process should enable more effective combining of risk factor, population group and settings based programs, and more consistent use of established regional and local planning networks.
- There is a need for the health promotion sector to more explicitly consider the implications of the move to more open competition in human services provision. Collaboration or establishment of key alliances should be recognised and stated as requirements and/or performance indicators in program briefs and service agreements. Competition should drive quality and efficiency in more technical aspects of delivery.
- The work of statewide NGOs is becoming better integrated with that of the Department of Human Services at a statewide level, but there is a need for some NGOs to work more closely with regional and local health promotion planners and providers to better understand and respond to local needs, and to be more targeted in marketing their services and products in the context of a purchaser-provider model.
- Local government in Victoria has a good basis for health promotion planning through the legislative requirement for Municipal Public Health Planning. The benefits of this process and the knowledge gained over the last 7–8 years should be integrated into future local/regional health promotion structures, particularly in terms of creating intersectoral linkages.
- The proposed Community Health Plans will provide a vehicle to improve the planning and delivery of local health services, including preventive services. These will involve a range of community level service providers, working in partnership.

Opportunities for Improvement

Regional approaches hold potential for significant progress. This will involve building on the current Department of Human Services investment in health promotion at the regional level, while also creating more interagency and intersectoral structures for joint planning at regional or sub-regional level. The industry must look at ways of making broader existing and emerging networks work for health promotion, particularly through developments such as primary health, Rural HealthStreams and GP sector reform.

A key challenge is to develop more programmatic approaches to health promotion planning and delivery which will drive coordinated action at the local level in ways that recognise that health promotion deals with whole people set in communities, not just collections of risk factors. Programs might be based on population groups or broad health themes.

A number of pilot models for local intersectoral health promotion planning have been trialled in recent years, particularly in rural Victoria. These should be assessed and compared as the basis for longer term structures.

Developing funding strategies which will invest in opportunities of sustaining and building on programs that have been proven to be achieving their objectives, rather than funding always on the basis of innovation, is also critical.

	Proposed Strategies	Key Responsibilities
	Short Term: 12–18 Months	
3.1	Develop and actively disseminate a Health Promotion Systems Framework. It is envisaged that this Agenda will be the first stage in which the priorities, strategies and major functions for health promotion in Victoria are clearly articulated.	DHS, VicHealth, Key Stakeholder Group
3.2	Trial and evaluate a range of different collaborative approaches to planning and delivery of health promotion through the reformed primary health and universal Youth and Family Services system. This will build on the opportunity to introduce a more flexible framework for funding health promotion, including incentives to collaborate, target priority health issues with a mixed portfolio of interventions, and to reinvest any efficiency savings in preventive health programs.	DHS, primary health care providers andrelevant peak sector bodies
3.3	Investigate feasibility of establishing Regional Health Promotion Consultative Councils with representation from DHS Regional Offices, local government, community health agencies, universities, Divisions of General Practice, hospitals and other community agencies to strategically plan, develop and enhance health promotion effort within designated region/sub regions. (Comparative review of previous structures of this type should be an early part of this work.)	DHS, existing regional alliances

	Proposed Strategies	Key Responsibilities
3.4	Facilitate a consultation process between a collective group of key NGOs and regional/local health promotion planners and providers to provide the opportunity for all parties to exchange information regarding their planning, development and delivery needs, and develop strategies to ensure the best use of the expertise and services of the NGOs in the context of local programs.	DHS Regions, NGOs
3.5	Further develop planning links between VicHealth and DHS (including at Regional Offices).	DHS, VicHealth
	Longer Term: 2–3 Years	
3.6	Explore the possibility and desirability of creating discrete regional health promotion units as a means to build an infrastructure for health promotion. These units would provide leadership through strategic planning, research, monitoring and evaluation, best practice guidance, professional development and brokerage for collaborative action. Funding of the units should be at least partly from contributions of participating agencies in recognition both of the direct support to be provided and the wider benefits of promoting health in the region.	DHS, regional alliances, peak bodies
3.7	Depending on the outcome of 3.3, establish Councils that draw together decision makers from a range of sectors at regional level as a formal forum for generating collaborative action and a conduit for response to national and statewide strategies.	DHS, regional alliances, peak bodies

Issue 4: Data Collection, Analysis and Dissemination

Key Points

- Access to relevant and timely data remains difficult for many health promotion practitioners in Victoria. Contributing factors include limited resources, the need to continue monitoring proven interventions in different settings and with different populations, and decentralisation and fragmentation of data collection.
- Despite a number of high quality statewide databases and non-recurrent surveys, current data collections available to Victorian health promotion practitioners have a number of deficiencies including: the paucity of control trial data for health promotion interventions, the unconnected and sporadic nature of major surveys, the lack of standards or guidelines to ensure compatibility of data collections and inadequate connection between national, statewide and local data collection tools.
- Although there have been a number of excellent surveys of particular population (lifecycle) groups, Victoria has not yet invested in a major multi-issue health promotion survey. There still remains a paucity of data relating to more specific groups, especially Aboriginals and people who are culturally and linguistically diverse.
- A significant challenge exists to persuade key decision makers that a range of different types of data is required for health promotion at different levels. Statewide data on health status and behavioural risk factors need to be complemented with localised data on community processes and structures and environmental supports and barriers. The limitations of data geared for the acute system need to be recognised and more effort put into data to support the planning and monitoring of complex, longer term health promotion interventions.
- Local data collection and analysis effort has been very patchy and not well coordinated, despite some good one-off projects. Inconsistency in catchment areas and accepted models for community profiling and needs assessment has exacerbated this difficulty.
- Current activities that might influence health promotion data collection in Victoria or provide models for practice include:
  - The work of the National Public Health Information Working Group, including the National Public Health Information Development Plan and the National Health Information Model and Knowledge Base developed by Australian Institute of Health and Welfare (AIHW).
  - The Victorian Population Health Survey project, Department of Human Services. The health promotion evaluation model being developed for VicHealth at La Trobe University.
  - The NSW Health 'Strategy for Population Health Surveillance in New South Wales'.
  - The various Health Data Clearinghouses or Warehouses (Canada, New Zealand).

Opportunities for Improvement

The most important step forward in this area is the breaking down of 'silos' between data systems around specific risk factors and between different parts of the health system. The health promotion field needs to develop partnerships with organisations responsible for data collection and analysis in the broader sphere (for example, the acute and primary care sectors) to examine how data collected at these points can more effectively capture information relevant to health promotion and prevention. This information can then be incorporated into the health promotion planning loop.

There are also important opportunities for health promotion to link with data collection processes in other sectors such as welfare, education, recreation and housing in order to address key influences on health and creation of health promoting environments.

Developing capacity for data collection and analysis within local networks should be a vital part of service redevelopment and overall capacity building. This should be done in a way that minimises unnecessary duplication of effort and places more emphasis on community factors relevant to positive health.

	Proposed Strategies	Key Responsibilities
	Short Term: 12–18 Months	
4.1	Undertake a detailed feasibility study for a statewide health promotion data clearing house function which would give special attention to 'intermediate' and 'proxy' health outcomes data, data relevant to health promotion in specific population groups, collation of data from small local surveys and data on social and environmental issues related to prevention.	DHS, universities, NGOs
4.2	Audit and review the current needs and data utilisation patterns of health promotion practitioners (government, NGO, private organisations). Desired outcomes from this exercise would include: better understanding of the range and consistency of data collection methodologies in use, identification of key gaps in health promotion information and assessment of potential for better linking of State-based collections with those of other States.	DHS, universities and NGOs
4.3	Develop a health promotion data 'dictionary' or 'map' for Victoria that identifies current data sources and collections, State and national contacts for data users, and identifies links between health promotion and other data. This should also include an agreed recommended framework for a health promotion data hierarchy (such as summarised in The Health Australia report).	Universities, NGOs

	Proposed Strategies	Key Responsibilities
4.4	Participate in the development and piloting of the DHS Victorian Population Health Survey system, to ensure that health promotion needs remain a priority and are included in this survey. This should be seen as a collaborative exercise assisting agencies to access more useful and timely data	DHS, VicHealth universities and NGOs
4.5	Further develop models for integrated local community health, ensuring that the compilation of data includes social and demographic indicators, community organisation indicators and outcomes data.	DHS, VicHealth, universities and NGOs
4.6	Investigate ways to improve the dissemination of health promotion data beyond the traditional methods of peer-reviewed publication and conferences. While it is acknowledged that much work is not well documented, there is a body of health promotion data and reports, particularly that produced within the Department which is limited, and not accessible.	DHS, universities
	Longer Term: 2–3 Years	
4.7	Develop the clearinghouse (see 4.1) into a networked structure to identify gaps and overlaps, improving timeliness of data; synthesise data from key stakeholders; play a brokerage role for organisations and individuals without the capacity to collect population-based data; perform a dissemination role. This may entail a data warehouse and analysis facility and guidelines that prescribe core minimal data requirements.	DHS
4.8	Develop a partnership with the acute and primary care sectors for data collection and analysis relevant to prevention. Existing models include the Victorian Injury Surveillance System (VISS), an injury system for emergency departments and the Extended La Trobe Valley Injury Surveillance (ELVIS) system which collected information from local GPs on injuries.	DHS, universities and research bodies
4.9	Develop a strategic health promotion information plan that outlines a systematic and integrated approach to data collection and utilisation among all users of health promotion data. This would allow for the variety of uses of data including surveillance, monitoring, evaluation, policy decisions and resource allocation.	DHS and interested key stakeholders

Issue 5: Research, Evaluation and Evidence-Based Practice

Key Points

- Victoria has a number of key strengths in health promotion research including a set of well established multidisciplinary research centres based in academic and NGO settings, a number of valuable databases that can be used for research, and some dedicated funding for the purpose (for example, VicHealth). There is also a number of postgraduate education structures, such as the Masters of Public Health Consortia, that assist researchers to gain expertise in health promotion research.
- However, health promotion and public health research has been secondary in status to biomedical and clinical research and consequently has not enjoyed an effective level of infrastructure support. Greater definition and development of Victoria's competitive strengths in health promotion research, such as increasing the levels of research on the social and structural determinants of health and on interventions, would complement more traditional biomedical epidemiology.
- Victoria has the advantage of a specialist authority, VicHealth, to help lead and coordinate innovative health promotion. VicHealth's leading strategies in its new organisational plan include extending research on activities in social, environmental and economic determinants of health and establishing new approaches to disseminating new knowledge gained from research.
- VicHealth and the Department of Human Services have moved towards developing an effective collaborative statewide process for commissioning health promotion research and public health research linked to State health priorities. Such a process will ensure transparency of priority setting for strategic research and the most appropriate research delivery system. The balance between competitive investigator-led research grants and strategic commissions through tender processes will need to be negotiated.
- Victoria would benefit from a more systematic approach for the promotion and dissemination of reflective practice and research findings. The current passive and unstructured approach would be improved by closer working relationships between researchers and practitioners, formal organisational support and leadership in health promotion research and evaluation, and involvement of affected communities in research planning and dissemination (such as with HIV and sexual health research, Koori health).
- Evidence-based practice guidelines are crucial to fill gaps in access to information on the effectiveness of different interventions. At present, the industry lacks systematic dissemination of this kind of information, although there have been some recent efforts to start to collate and disseminate this kind of advice. There is a need for consensus as to what constitutes valid evidence in health promotion as it is arguable that lower levels of evidence are often adequate to justify action and randomised control trials are not always an appropriate gold standard or practical. Incorporation of the findings of social and ethnographic research into practice guidelines is a major challenge.
- Evaluation is often poorly developed in community-based health promotion interventions. The expectations of funding agencies for appropriate levels of evaluation are not always clear and, in particular, there are often unrealistic expectations of the impacts on health outcomes that short term health promotion interventions can deliver. Improved indicators to measure the impact of interventions on community and organisations such as capacity building, are especially important. A consolidated source of expertise and consultancy on health promotion evaluation is required to support practitioners and policy makers.

Opportunities for Improvement

There is a key opportunity for health promotion research to benefit from the broader Victorian Medical and Public Health Research Strategy, *Investing in Health*, launched in late 1998. Ensuring that health promotion priorities are effectively defined and argued for in the context of this Agenda and in the national arena, depends on a focused collaborative effort by leaders in the field in the context of specific health promotion priority areas and more generic areas.

It is timely that a Strategic Agenda for Health Promotion Research in Victoria be developed, not only to prioritise research funding but to define and support consortia in areas of competitive strength for the State, and to foster effective linkages between researchers, policy makers, practitioners and, wherever possible, consumers and communities. Research agendas and programs can benefit from being more closely aligned to statewide health promotion strategy structures and processes.

New research funding mechanisms can be used to help shift from the current excessive reliance on short term competitive grants, including strategic commissioned research and seeding of research alliances that can be more effective in winning funding from other sources.

The move towards dissemination of research and evaluation findings more widely, systematically and in more practical forms needs to be built upon and the work in this area clearly allocated to prevent unnecessary duplication. Involvement of practitioners and program purchasers in development of best practice guidelines should be increased.

	Proposed Strategies	Key Responsibilities
	Short Term: 12–18 Months	
5.1	Development of coordinated networks or coalitions of interest to overcome fragmentation of effort. This could be trialled with the area of vascular diseases, bringing together those with interests in heart, stroke and diabetes, or a population group focus.	VicHealth, research institutes and NGOs with support from DHS
5.2	Undertake a broad consultation on priorities for health promotion research (with an emphasis on existing into health promotion delivery issues) in Victoria to define and develop the strengths and produce a Victorian Research Agenda for Health Promotion.	DHS, VicHealth (State Health Research Existing Committee), Health Promotion Strategy Committees
5.3	Continue to compile evidence-based guidelines for health promotion interventions and establish a coherent program of work to produce products that are consistent in format and delivery.	DHS, VicHealth, universities
5.4	Provide small seeding grants to address smaller research questions that may emerge from larger studies. Such grants may nurture the careers of younger researchers and set the scene for bigger studies.	VicHealth, DHS, other funding bodies

	Proposed Strategies	Key Responsibilities
	Longer Term: 2–3 Years	
5.5	Develop a model of partnerships to facilitate integrated and collaborative research efforts that have a capacity to generate joint agency investments and better links with practitioners.	DHS, VicHealth and others
5.6	Broader application of models which seek to link research work into the community of practice and affected community structures in a more overt fashion. Consideration of the transferability of models such as the Centre for the Study of STDs Community Liaison Officers might be useful in this respect.	DHS, VicHealth, universities and research centres
5.7	Develop a formal mechanism for the strategic commissioning of health promotion research involving panels or registers of both researchers and practitioners who can act as advisors on the framing of research briefs.	VicHealth, DHS
5.8	Develop a statewide centre for health promotion evaluation support, possibly with regional links which could function as a clearinghouse for evaluation methods and tools, consultants, and provide support and training.	To be decided

Issue 6: Workforce Training and Development

Key Points

- There has been rapid development of the Victorian health promotion workforce with personnel drawn from many different professions. Health promotion has become both a professional specialty and a component of every health worker's role. Qualifications, experience and skills vary widely. The proportion of health promotion practitioners as opposed to researchers with academic qualifications is still quite small.
- The increasing emphasis of the health sector on improving population health has increased the need for more effective and specific preparation and continuing development of health promotion practitioners. Practitioners in community health centres, local government, general practice, hospitals and a range of non-government organisations need to have access to health promotion education and training components which enhance their specialist knowledge and skills.
- In Victoria there has been a limited focus on health promotion education and training over the last ten years. Strengths include the Masters of Public Health Consortium, some well-developed undergraduate health promotion courses and a range of activities auspiced by VicHealth, Department of Human Services, Australian Health Promotion Association and the Public Health Association. Although there are a number of good training providers in Victoria, coordination between these providers is not good and programs have not been very sustainable.
- Broader health promotion course content is required in the undergraduate and continuing education of a range of professional groups, particularly allied health, education, environmental health, health administration and medical practitioners. More targeted input is required into courses for people in other sectors such as recreation and welfare.
- There appears to be a lack of commitment to workforce development in health promotion from managers throughout the human services system. Largely this is because there is little understanding of the fundamentals of health promotion and public health and the on-the-job requirements of a diverse workforce for education and training.
- Particular gaps in current training programs include attention to Koori and multicultural issues, business management of health promotion programs, and organisational and policy change approaches.

Opportunities for Improvement

The systematic statewide identification of needs and potential delivery vehicles is essential. The Health Promotion Workforce Development study undertaken by La Trobe University for the Department of Human Services in 1998 provides a solid base on which to undertake detailed planning.

The continued strengthening and coordination of State health promotion strategies provides opportunities to better link training and development programs to priority programs, while the redevelopment of particular parts of the service system provides opportunities to develop health promotion skills and understanding on a sectoral basis. Professional development should be a core component of regional and local capacity building in health promotion.

Forging stronger alliances with the corporate sector can create important opportunities to broaden traditional training and professional programs to incorporate skills that draw on and may be applicable to business management approaches to health promotion.

Opportunities to invest in training and development will also be created through the development of high quality products including multimedia products that assist self- and distance learning. This will act as driver for the industry to maintain high performance.

	Proposed Strategies	Key Responsibilities
	Short Term: 12–18 Months	
6.1	Review and establish a process to implement the findings and recommendations of the *Education and Training for Health Promotion: A Workforce Development Strategy* (commissioned by DHS and undertaken by La Trobe University). Particular attention is paid to community health staff, allied health professionals and GPs.	DHS, VicHealth and major training delivery agencies
6.2	Establish a Health Promotion Training Provider Forum to assist providers target programs and link them into major priorities and program initiatives.	DHS, VicHealth and major training delivery agencies
6.3	Develop an annual consolidated calendar of health promotion training and development activities for Victoria as a first step in promoting coordination between service providers and assisting professionals and managers to make informed choices about training priorities.	DHS, VicHealth and major training delivery agencies
6.4	Investigate feasibility of a jointly sponsored health promotion professional support network to facilitate less formal development activity.	DHS, VicHealth, Australian Health Promotion Association (AHPA)
6.5	Develop a detailed action plan for in-service professional development on health promotion for priority professionals with a defined health promotion role.	DHS, VicHealth, AHPA, universities
	Longer Term: 2–3 Years	
6.6	Develop and implement an education program targeting managers of relevant health and community service agencies to ensure that health promotion needs are well understood and supported.	DHS, peak sector bodies
6.7	Undertake a detailed review of health promotion content in undergraduate courses for key professionals and support relevant institutions to enhance courses as appropriate. Also draw on recent reviews in individual universities.	DHS, AHPA, universities
6.8	Establish a clearly identified percentage of funding to be mandated for professional development and training on appropriate projects and initiatives undertaken by VicHealth, DHS and other organisations.	DHS, VicHealth
6.9	Develop staff exchange programs between major health promotion organisations and agencies to enhance health promotion skills development and to create greater awareness of the various types of service delivery.	Various

Issue 7: Communication Systems

Key Points

- A large range of communication vehicles and strategies exist to accommodate the diversity of players in the health promotion field. Unfortunately, a number of organisational and interorganisational impediments have contributed to inadequate information exchange.
- A recent survey of stakeholders in Victoria highlighted the fact that communication is perceived as fragmented and ineffective. The inadequacy in communication can be seen as underlying the sense of fragmentation and incoherence in the health promotion field. A number of barriers to collaboration currently exist, such as funding, levels of commitment and changes in government policy.
- The coming together of the range of players through the Key Stakeholder Forum has provided a valuable opportunity to address issues such as systematic dissemination mechanisms and commitment to an overarching communication policy aimed at promoting the intersectoral links between the key stakeholders. It is critical to the success of this health promotion Agenda that the momentum created by the Forum continues.
- There is now a major shift within the health promotion field as it moves towards fostering new kinds of collaborative relationships with more effective application of resources. We need to give more thought to enhanced and different types of communication to cater to these needs.
- Policy dissemination and an information exchange activity on effective practices, particularly through less formal mechanisms and potential networks and partnerships, were identified as the two most important purposes of a communication strategy.
- There is a need to continue evolving the effective communication links that already exist between stakeholders.

Opportunities for Improvement

Improved communications within the health promotion field requires both 'bottom up' creation of linkages between specific sectors and strategies, and the creation of a number of overarching communication structures and vehicles. Development of effective linkages and integration between communication vehicles that already exist in separate strategy areas must be a priority.

Effective usage of new technology carries great potential for health promotion. Strategic and collaborative use of major platforms such as the Health Channel, as well as other online resources for provision of professional advice and networking, must be a priority.

The other key opportunity is to develop mechanisms to facilitate a flow of information and communication between statewide, regional and local structures drawing on emerging capacity for coordination of health promotion at local level.

	Proposed Strategies	Key Responsibilities
	Short Term: 12–18 Months	
7.1	Develop a common introductory page for strategy documents which outlines the Government's philosophy and commitment to health promotion and conveys the progress made in strategy development on current State priorities.	DHS
7.2	Host networking forums to showcase the current and planned health promotion activities in Victoria. These forums could highlight the key business of numerous agencies and provide an opportunity for reliable and timely information on awards, best practice models, explore common areas of interest and changes in policy.	DHS (include regional offices), VicHealth and larger NGOs
7.3	Informal, simple and effective mechanisms such as publishing organisational charts, funding round calendars, health promotion directory of key stakeholders, holding joint seminars, bulletins or including contact details or/and synopsis pages with significant documents.	Various
7.4	Establish support mechanisms to accompany funding rounds, including contact points for organisations to access relevant information, a statewide calendar of funding opportunities and for it to be made explicit in funding guidelines that organisations demonstrate how they will communicate with their clients.	DHS, VicHealth and other funding bodies
7.5	A consolidated statewide calendar outlining major health promotion events to be developed and disseminated throughout the field.	DHS, NGOs
7.6	Utilise key new communication tools such as the Commonwealth Government's Health Hub and Victorian Government's Better Health Channel to promote the initiatives in the health promotion field and ensure that both possess a strong health promotion component.	DHS, NPHP
7.7	Develop a health promotion directory to be used as a reference within the field. This directory would be a mapping of the key stakeholders and a definition of the activities of each organisation and senior staffing structures.	DHS

	Proposed Strategies	Key Responsibilities
	Longer Term: 2–3 Years	
7.8	Undertake a scoping exercise to assess current communication vehicles and their utilisation, involving an analysis of the health sector and its formal and informal exchange mechanisms. By identifying the immense array, we can then determine the ways organisations communicate and the communication mechanisms that exist.	DHS, with assistance from interested NGOs
7.9	Undertake an in-depth study of the proliferation of health promotion networks and information that exists on the Internet. This would involve investigating options for the development of standards for information disseminated on the Internet and quality control mechanisms.	DHS, universities
7.10	Undertake a systematic investigation for new communication tools in health promotion. It would also be appropriate to evaluate the quality of past publications and the perception of health promotion organisations in regards to their relevance as useful communication vehicles.	DHS, VicHealth
7.11	Develop an overarching health promotion bulletin. Specific subject headings would direct readers to information on policy, funding priorities, training opportunities, research, health promotion directory, statewide events calendar, seminar and conference details. This would assist in developing effective networks and collaborative relationships.	DHS, VicHealth (other organisations to be determined)
7.12	Establish a clearinghouse function. This will assist organisations to access statewide health promotion information.	DHS, VicHealth, NGOs and universities

Issue 8: Rural Health Promotion

Key Points

- Rural health issues are distinctive and targeted strategies are required to alleviate health status differentials between rural and metropolitan Victoria. It is only in recent years that data has enabled comprehensive analysis of rural health and it is only very recently that this data is beginning to be made available to health promotion planners and practitioners statewide.
- Data is still largely limited, however, to mortality and service utilisation indicators. Basic up-to-date behavioural risk factor data is not widely available for rural areas due to the metropolitan bias in large scale surveys and sampling difficulties for small rural communities. Oversampling of rural populations and specific rural surveys using different methodologies are required. There is also a need for more innovative ways to gather community intelligence on health concerns and determinants on health, particularly focusing on social and environmental factors.
- Rural health promotion efforts need to focus on specific risks inherent to rural life (such as farm safety) but equally on the impact of social, demographic and economic patterns on health and health-related behaviours and environments. Issues such as isolation, communication difficulties and economic stress need to be seen as crucial to the analysis of health problems as well as to the type of health promotion approaches likely to be effective. Other key issues for program design include literacy, effective use of technology, confidentiality and other sensitivities in small communities.
- Statewide health promotion campaigns and programs have not always managed to infiltrate rural areas well and have too often been seen just as extensions of metropolitan focused efforts. More promising approaches have involved rural health promotion practitioners developing practical programs with their communities. This is supported by the experience of a number of projects undertaken in recent years (for example, the Arthritis Foundation Rural Strategy, La Trobe Valley Better Health Program). Statewide NGOs have had very mixed success in working in rural areas and good models of partnership with rural communities need to be developed and disseminated.
- Infrastructure for health promotion in rural areas needs to take account of differences in the local workforce and human services system. Links with GPs and acute health services are particularly important given the prominence of these services in rural towns and the greater capacity and interest they sometimes have to be involved in health promotion and prevention, compared to their metropolitan counterparts. Current rural health service reform can support this integration.
- Leadership and community involvement are critical to building rural health promotion capacity. Advocacy to key local opinion leaders is critical as is use of a wide range of vehicles for health promotion beyond formal health services, including neighbourhood houses, pharmacies, shire offices, libraries, sporting clubs, schools and service clubs. Local shops and country fairs and field days are seen as the good venues for health promotion information and education.

Opportunities for Improvement

There are currently a range of strategic developments underway in rural health which will provide a valuable framework for fostering a culture of prevention and health promotion in the rural health service system. Service redevelopments such as in the primary health sector, Multi Purpose Services and Rural HealthStreams, together with GP reforms, can provide important platforms for health promotion effort, including potential to shift some resources from bed-based services to community-based programs that incorporate a prevention and early detection focus.

Research and training capacity for rural health promotion can benefit from a number of opportunities including the expansion of university campuses with a rural health focus, the growing focus on public health in rural medical workforce agencies such as the Rural Workforce Agency Victoria (RWAV), and the interest of state-based research funding bodies in supporting rural health projects.

Local models for collaborative intersectoral action on health have been developed and trialled in many rural areas in Victoria, although not always with a high degree of sustainability. There are examples ranging from alliances with broad health interests to groups with focus on specific interests such as cardiovascular health promotion, farm safety and men's health. These can be built upon and broadened out. Regional support to facilitate linkages between localities are also important.

	Proposed Strategies	Key Responsibilities
	Short Term: 12–18 Months	
8.1	Develop a leadership network for public health and health promotion in rural Victoria, commencing with a Rural Public Health Leadership Conference.	DHS, VicHealth, RWAV, various others
8.2	Implement and evaluate the Rural Health Promotion Development Program (RHPDP) in 10 localities across Victoria. This program aims to build community health promotion planning and delivery capacity and support to development of specific initiatives with an emphasis on cardiovascular health.	DHS, universities and NGOs
8.3	Complete the implementation and evaluation of the Rural Men's Health Program and develop a strategy for ongoing support and encouragement of work in this area.	DHS, universities and relevant NGOs
8.4	Undertake a scoping review of rural health research in Victoria and identify key health promotion priorities to advise research funding bodies.	DHS, VicHealth
8.5	All existing health promotion strategy groups (for example, Nutrition, Injury Prevention) to identify rural specific needs and opportunities for refocusing efforts to meet these needs.	Existing strategy committees

	Proposed Strategies	Key Responsibilities
	Longer Term: 2–3 Years	
8.6	Undertake a review or meta-evaluation of significant rural health promotion programs implemented in Victoria over recent years with a view to identifying critical elements for effectiveness.	DHS, VicHealth, universities
8.7	Develop specific guidelines for rural health services on health promotion, with particular emphasis on examples of cost-effective substitution of preventive programs for curative services in the context of service redevelopment programs.	DHS, universities
8.8	Develop a coordinated training and professional development network for rural health promotion workforce, bringing together key training providers in different sectors to identify needs and plan collaborative delivery programs.	DHS, VicHealth, universities, key training providers

Appendices:

Appendix 1: Outcomes of Workshop on System Support Priorities—Common Themes

In addition to the Recommendations for Actions presented in this document, the Key Stakeholder Forum identified a number of cross-cutting themes and priorities that need to be the subject of focused effort. These themes and priorities were identified at the final December meeting of the Forum, through a workshop facilitated by Dr Norman Swan.

Through a specific planning process, the purpose of this particular exercise was to find common ground amongst members of the Forum. Common ideas on what needs to change to develop a stronger health promotion system were identified. From these ideas, six coherent common themes were highlighted. During the course of the meeting, members were asked to work strategically on these themes through a process of determining a practical, measurable and meaningful goal for each theme, which can be achieved within an 18-month to two year timeframe. Underpinning these goals were a series of concrete tasks or actions, prioritised in order for the goal to progress.

In addition, resource needs were identified to particular tasks so that they may be achieved, and personal commitment by members in order that health promotion in Victoria can advance. These six themes complement the series of very specific strategies that were developed during 1998 and will contribute greatly to coordination of the directions and recommendations described in this document.

Action to progress many of these tasks has already commenced. These six themes identified are:

1. Investing in Health Promotion
2. Advocating for Health Promotion
3. Strengthening Community Participation
4. Developing Partnerships for Joint Action
5. Advancing Health Promotion Research and Development
6. Building Local Health Promotion Infrastructure.

Summaries of Themes Proposed

1. Investing in Health Promotion

Goal To secure greater funds for health promotion and promote effective 'investments' through diversification of funding sources, pooling and/or coordination of funding sources and innovative investment mechanisms.

Tasks

- Develop models for pooling investment, virtual or actual.
- Assess the range of options for investment mechanisms.
- Develop a register of potential contributors in various sectors.
- Establish a monitoring system for health promotion expenditure across Department of Human Services and other publicly funded agencies.
- Obtain technical advice on fund establishment and management.
- Establish a committee to advise the Minister on health promotion investment options.

2. Advocating for Health Promotion

Goal The creation of a coherent and sustainable lobbying capacity for health promotion overall, including a dedicated group and a range of ways to identify and support successful techniques, models and skills for advocacy.

Tasks

- Develop a proposition for the advocacy group which also outlines funding sources and potential supporters and members.
- Draft a constitution and develop an initial priority list.
- Identify resource requirement and establish and implement a funding mechanism.
- Consolidate membership base and organisational status.
- Develop a strategic plan for the next three years, including the development of a strategy to influence politicians.

3. Strengthening Community Participation

Goal Support effective consumer and community participation in priority setting, development, implementation and evaluation of health promotion programs, and embed principles of participation in all funded programs.

Tasks

- Review existing programs and funding guidelines in terms of community participation processes and requirements.
- Identify effective models, potential vehicles and ways to develop capacity for community participation.
- Develop a protocol for incorporating effective participation processes in all relevant funded programs and projects.
- Develop a quality assurance tool which can guide community engagement processes in health promotion activity.
- Develop good practice guidelines for community participation in evaluation of health promotion programs.
- Department of Human Services and VicHealth endorse and implement funding guidelines incorporating community engagement requirements.

4. Developing Partnerships for Joint Action

Goal To form a health promotion network for Victoria which engages key leaders in particular population groups and settings, and facilitates collaborative activities. It would be based on principles of equity, acknowledgment of indigenous and cultural diversity and the sharing of intelligence and commitment to concrete outcomes.

Tasks

- Design the model for a health promotion network.
- Promote the concept and model, and generate a membership list.
- Identify a small number of issues conducive to collaborative development in the shorter term.
- Consolidate membership and a work program for a three-year period.

5. Advancing Health Promotion Research and Development

Goal

To spearhead a major advance in integrated evidence-based health promotion intelligence incorporating processes for collating and analysing evidence on effective interventions, for relating progress against health goals and targets to work in health promotion and for linking research, evaluation and program planning.

Tasks

- Project leadership team convened and the development of a project plan with tasks and timelines clearly identified.
- Key contributors from various agencies to the work plan identified and contacted.
- Priorities for intelligence gathering clearly identified with particular emphasis on populations and risk/protective factors not well researched to date.
- Establish a model for a developmental cycle which will encompass research evaluation, quality assurance and surveillance.
- Produce a report which details Victoria's achievement against national health priorities in relation to health promotion activities.

6. Building Local Health Promotion Infrastructure

Goal

Increase local organisations' capacity to plan and deliver health promotion through workforce development, management commitment and local/regional alliances.

Tasks

- Strategic Agenda for Health Promotion Development formally discussed and responded to by regional consultative councils and local agencies.
- Investigate the feasibility of developing an industry body for health promotion organisations.
- Disseminate recommendations from the completed Department of Human Services/La Trobe workforce study.
- Encourage and support a broad range of agencies to adopt statewide health promotion strategies in their own strategic plans for 1999–2003.
- Develop program for education of service managers in health promotion.
- Develop and disseminate suggested local health promotion capacity building indicators.

Appendix 2: Terms of Reference

- To provide advice to the Department of Human Services on priorities for the development and delivery of health promotion and disease prevention programs, with particular reference to the health and community services sector.
- To identify opportunities for improving coordination between and, where appropriate, integration of issue-specific health promotion policies and strategies, chiefly at a statewide level.
- To develop proposals aimed at strengthening the organisational capacity for health promotion within the human services system and between that system and other sectors, with emphasis on issues such as:
  - Data collection, monitoring and evaluation
  - Education, training and professional development
  - Program planning and design
  - Information and communications systems
  - Funding and purchasing of specific services.
- To assist in positioning key stakeholders in health promotion to function most effectively within existing and emerging health and community service structures.