Integrated health promotion

A practice guide for service providers



1. Introduction

1.1 Purpose of this guide

The Victorian public hospital system, like others in Australia and internationally, has been experiencing unprecedented and sustained increases in demand.[1] Increasingly, however, the view taken by the Government in Victoria is that while demand pressures may be most prominent and most urgent in emergency departments and acute settings, the solution requires a system-wide approach. This, in part, involves reorienting policy and service responses to health promotion and disease prevention and management initiatives. The primary health care sector is progressively positioning itself to provide workable solutions to hospital demand, including reorienting the system to become more integrated and population focused.

Health promotion programs deliver benefits for the community in promoting positive wellbeing, reducing preventable illness and lowering overall health care expenditures.

There is growing evidence worldwide of the benefits and effectiveness of investing in health promotion programs. Health promotion programs deliver benefits for the community in promoting positive wellbeing, reducing preventable illness and lowering overall health care expenditures.[2,3]

Integrated health promotion: a practice guide for service providers (2003) ('the guide') will assist agencies and organisations to strengthen the development and delivery of quality integrated health promotion programs in Victoria. This strengthened approach will lead to a greater focus on planned and integrated health promotion that will improve the health of local communities and build the evidence base for the effectiveness of integrated health promotion.

1.2 Using this guide

The guide recognises and values the broad range of agencies, organisations and practitioners delivering integrated health promotion programs. It is, therefore, useful for agencies that receive funding from the Primary and Community Health Branch of the Department of Human Services as well as for the broader range of organisations and practitioners involved in planning, implementing and evaluating integrated health promotion programs and activities.

Throughout this guide there are resources to assist agencies, organisations and practitioners to apply the theory of integrated health promotion to practice. The resources include the following:

Toolkits: These provide further information to supplement the main text of the guide. Toolkits often include lists of additional relevant resources such as other documents and web sites.

Checklists: These provide a series of questions to assist in applying a particular section of the guide to practice.

Case studies: These explore a concept in more detail by providing a detailed example.

This edition of the guide features case studies from Primary Care Partnership (PCP) funded health promotion programs.

This guide uses a ring folder format to make it easy to include new and updated resources in the future. More case study examples from agencies and organisations will be developed and disseminated as updates to the guide are made.

The guide should be read and used in conjunction with the following department publications:

- *Primary Care Partnership community health plan implementation agreement* (2003)
- *Community and Women's health program guidelines* (2003)
- *Measuring health promotion impacts: A guide to impact evaluation for health promotion* (2003). This is a companion document developed by the department. It has been designed to be included in Section 8 of the resource kit.
- *Environments for Health* (2001)

These publications and other information supporting integrated health promotion can be downloaded from http://www.dhs.vic.gov.au/phkb and http://www.dhs.vic.gov.au/phd/localgov/mphpf/index.htm

1.3 Integrated health promotion

The Ottawa Charter (1986) 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 wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.[4]
> (For further information about the Ottawa Charter, see Section 3.3)

In Victoria, the term 'integrated health promotion' refers to agencies in a catchment working in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues. To achieve effective integrated health promotion program delivery in the current Victorian context, the following points should be considered:

1. The role of partnerships – Integration intensifies from networking through to formalised collaborative partnerships (see Table 1). The aim is to move towards the highest level of integration – **collaboration.** The entry point and progression along this continuum may vary (as demonstrated by the PCPs across Victoria) depending on background, leadership, capacity and prior development of the working relationships leading up to the strategy. The individual role of an agency or organisation may also fall on different parts of this continuum.
2. Quality integrated health promotion practice and delivery should focus on implementing an appropriate mix of health promotion interventions (that encompass a balance of both individual and population-wide health promotion interventions) supported by capacity building strategies to address the priority issues identified.
3. Clear identification of the key stakeholders or partners is required to make a difference to the identified priority issue. Integration across a broad range of sectors, including non-government organisations and community groups, is essential to address the determinants of health. Other organisations outside the 'traditional' primary health care sector, such as local government, schools, housing, recreation clubs and commercial businesses, are seen as key partners in the development of the integrated health promotion strategy.

Toolkit: Integration can be presented as a continuum – see Table 1.

Table 1: The continuum of integration[5]

Integration	Process	Purpose
Low	Networking	The exchange of information for mutual benefit. This requires little time and trust between partners. Clearinghouse for information.
	Coordination	Exchanging information and altering activities for a common purpose. Match and coordinate needs and activities. Limit duplication of services.
	Cooperation	As above plus sharing resources. It requires a significant amount of time and high level of trust between partners.
	Collaboration	In addition to the other activities described, collaboration includes enhancing the capacity of the other partners for mutual benefit and a common purpose. Building interdependent systems to address issues and opportunities. Sharing resources and making equal commitment.
High		

What are the stages in building collaboration?[6]

Stage one: priority setting and problem definition

- Shared understanding of problems and goals and each partner's position
- Shared definition of the problem
- Shared commitment to the collaboration
- Identification of resources required to support the collaboration
- Collective identification of key stakeholders and the convenor

Stage two: reaching agreement

- Establish the ground rules
- Jointly agree on an agenda for the collaborative venture
- Reach agreement on how problems will be solved

Stage three: implementation

- Build external support for the solutions agreed
- Institutionalising/implementing agreements reached
- Monitoring the agreement and ensuring compliance

The following are the **State's guiding principles or core values for integrated health promotion.** These are built from the social model of health philosophy, the Ottawa Charter definition of health promotion, and key priorities identified in national health promotion documents. These principles can be used as a guide for planning and delivering effective integrated health promotion programs.

1. **Address the broader determinants of health,** recognising that health is influenced by more than genetics, individual lifestyles and provision of health care, and that political, social, economic and environmental factors are critical.
2. **Base activities on the best available data and evidence,** both with respect to why there is a need for action in a particular area and what is most likely to effect sustainable change.
3. **Act to reduce social inequities and injustice,** helping to ensure every individual, family and community group may benefit from living, learning and working in a health promoting environment.
4. **Emphasise active consumer and community participation** in processes that enable and encourage people to have a say about what influences their health and wellbeing and what would make a difference.
5. **Empower individuals and communities,** through information, skill development, support, advocacy and structural change strategies, to have an understanding of what promotes health, wellbeing and illness and to be able to mobilise resources necessary to take control of their own lives.
6. **Explicitly consider difference in gender and culture,** recognising that gender and culture lie at the heart of the way in which health beliefs and behaviours are developed and transmitted.
7. **Work in collaboration,** understanding that while programs may be initiated by the health sector, partnerships must be actively sought across a broad range of sectors, including those organisations that may not have an explicit health focus. This focus aims to build on the capacity of a wide range of sectors to deliver quality integrated health promotion programs; and to reduce the duplication and fragmentation of health promotion effort.

? Checklist: applying the guiding principles for integrated health promotion

The following is a series of questions to help apply these principles in your work:

- ☑ Have you looked beyond the individual and beyond health services to what is happening in the broader community that affects people's health and wellbeing?
- ☑ Have community members had the opportunity to participate and have a say about what health issues need to be collectively addressed and how they can make a difference?
- ☑ Have you asked why there is a need for action and what actions are most likely to make a lasting difference?
- ☑ Have you asked who the key stakeholders are and are you/they working in partnership?
- ☑ Have strategies been put in place to make it easy for people and groups from a wide range of backgrounds, gender and situations to participate and benefit, and to provide assistance to do so where necessary or appropriate?
- ☑ Have strategies been put in place so that all parts of a program are clearly stated and easily understood, including the objectives of the program and the extent to which participants can influence the outcome?
- ☑ Have strategies been put in place to ensure that relevant information is made available and accessible to community members in a timely matter? Information must be presented simply, honestly and with the option for more detailed information also available.
- ☑ Have effective communication strategies been initiated that demand honesty, clarity and responsiveness by those coordinating the program?
- ☑ Have participants been treated with respect and their views and experiences valued?
- ☑ Have evaluation processes been undertaken to reflect on participation and partnership strategies?
- ☑ Have you considered the workforce development needs of key participants so they are able to apply a social model of health framework to service planning and provision?[7]

Case study: integration in Upper Hume Primary Care Partnership

What was the issue?

Upper Hume's planning process showed falls among older people to be a major public health problem causing an unnecessary toll on older people's health, vitality and independence. There was a need for strategies to improve health and wellbeing and to reduce demand on hospital services.

What has been the integrated health promotion response?

Member agencies of the PCP developed an integrated health promotion strategy to address this issue. The goal of the program is to reduce the number of injuries caused by falls. The target population groups are older people over 65 years old and Koori people over 40 years old.

The program incorporates a mix of interventions and capacity building strategies as described below (also see Section 5 for more information about intervention types). The program involves a range of organisations, each with the role of leading particular interventions.

The integrated approach means that agencies and local government areas (LGAs) are coordinating their health promotion efforts and are more effective at addressing falls prevention in a systematic way. There are clear benefits for consumers, including improved access to physical activity, better information about health, better access to services through improved referrals, reduced isolation and overall improved wellbeing.[8]

1. Screening, individual risk factor assessment and immunisation

General practitioners (GPs): Assess and refer patients to specific physical activity programs.
Acute: Assess and refer cardiac rehabilitation and diabetes patients to physical activity. Fund a physical activity aid worker at Beechworth.
Local government: All LGAs and/or local health services provide home safety assessments for people aged 65+ (where requested) to increase knowledge of falls risks and general home safety. This is overseen by one peak safety committee (covering the three shires), which includes the Police, Country Fire Authority, Department of Veterans Affairs and Neighbourhood Watch.

2. Health education and skill development

Community health: Agency staff and trained community members deliver tai chi, strength training and a range of other physical activity classes in all seven major towns, as well as many small communities.
Allied health: Allied health professionals provide health information and supervision to volunteers leading or participating in physical activities.

3. Social marketing and health information

PCP as a whole: Develop local press releases and media opportunities to highlight benefits of physical activity on reducing falls (coordinated through PCP).

4. Community action (for social and environmental change)

Community members: Involved in planning and implementing program activities (for example, determining the location and timing for tai chi and considering the physical and safety needs of participants). Community members also take an ongoing leadership role in delivering physical activity as trained volunteer leaders.

5. Settings and supportive environments

Community managed transport: Provide transport for isolated residents to access physical activity.

Planned activity groups (Home and Community Care - HACC): Work with local sporting facilities to reorientate services to suit older people.

Local government: Negotiate for cheaper access to gymnasiums for organised physical activity sessions (council owned and private gymnasiums).

6. Organisational development

PCP as a whole: Joint planning through health promotion working group across the whole range of health issues, including physical activity, diabetes, vision and cardiac health.

7. Workforce development

Statewide organisations and allied health: Train agency staff and community members to run physical activity classes, and provide expertise in design of classes. Statewide organisations involved include Arthritis Victoria, Diabetes Australia-Victoria, the Council on the Ageing (strength training) and Monashlink ('Powerpal' training).

Optometrists Association, Vision Australia and Royal Victorian Institute for the Blind: Provide workforce development on the link between falls prevention and early detection of vision loss.

Women's health: Train health promotion work group on planning and evaluating falls prevention activities using a gendered approach.

PCP as a whole: Train health promotion providers in documenting progress and impact as a result of physical activity. All PCP members audited for their health promotion capacity and targeted for health promotion training.

8. Resources

PCP as a whole: Project worker supports program development and leadership within the PCP.

Peaks/statewide organisations: Provide expert advice and support to program.