Welcome
Outcomes thinking – an update
Let’s start at the beginning
Over 40 data sources are needed to report against:

- 5 domains
- 12 outcomes
- 28 indicators
- 78 measures
- 118 detailed measures
- 17 targets
Attention to inequalities

<table>
<thead>
<tr>
<th>Measures (detailed)</th>
<th>Equality and Inequality (state level)</th>
<th>Geographical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State</td>
<td>Age</td>
</tr>
<tr>
<td>Death rate of children under five years</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Proportion of babies born of low birth weight</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Proportion of mothers who smoked tobacco in the first 20 weeks of pregnancy</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Proportion of children exposed to alcohol in utero</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Premature death rate</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Premature death rate due to cancer, cardiovascular disease, diabetes and chronic respiratory disease</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Premature death rate due to circulatory diseases</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Premature death rate due to coronary heart disease</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Premature death rate due to stroke</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Premature death rate due to cancer</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Rate ratio of premature death between socioeconomic disadvantage quintiles</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Rate ratio of premature death between Aboriginal and non-Aboriginal Victorians</td>
<td>P</td>
<td>N/A</td>
</tr>
<tr>
<td>Rate ratio of premature death between LGAs</td>
<td>Y</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Public health and wellbeing – progress measures

Victorian public health and wellbeing plan 2015–2019

SELECTED PRIORITY

Victorian public health and wellbeing outcomes framework
Public health and wellbeing – progress measures

Victorian public health and wellbeing plan 2015–2019

WHAT CHANGE IS NEEDED?

Identify evidence informed change that is needed to achieve improvement towards the outcome

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Victoria public health and wellbeing outcomes framework
Public health and wellbeing – progress measures

Victorian public health and wellbeing plan 2015–2019

WHAT CHANGE IS NEEDED?
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PROGRESS MEASURES
What would measure that change?

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Victorian public health and wellbeing outcomes framework
Public health and wellbeing – progress measures

**Victorian public health and wellbeing plan 2015–2019**

**WHAT CHANGE IS NEEDED?**
Identify evidence informed change that is needed to achieve improvement towards the outcome

**PROGRESS MEASURES**
What would measure that change?

**SELECTED PRIORITY**

**LONGER TERM OUTCOMES**
Public health and wellbeing – progress measures

**Victorian public health and wellbeing plan 2015–2019**

**WHAT CHANGE IS NEEDED?**
Identify evidence informed change that is needed to achieve improvement towards the outcome

**PROGRESS MEASURES**
What would measure that change?

**SELECTED PRIORITY**

**LONGER TERM OUTCOMES**

**HOW DO WE MAKE CHANGE HAPPEN?**
Progress measures

Draft progress measures for

- Healthier eating and active living
- Tobacco free living

will be released for further comment in January 2018

- Improving mental health will be considered early 2018
WORKING TOGETHER ON OUTCOMES IN THE OUTER EAST
A BIGGER LENS

- A wider vision
- Shifting the thinking: planning earlier on the continuum
- Enthusiasm for increased scope
- Shared priorities
- Wearing new shoes
COLLECTIVE IMPACT

- Learning together
- Shared understanding
- Creating common agenda
- Evaluation, data collation, reporting
CHALLENGES

- Eagle and mouse vision
- Divergent organisational imperatives
- Time
- Communication platforms
INTEGRATED CATCHMENT PLANNING PROJECT

Phase one ✓
Phase two: underway
Phase three: review, reflect and amend
Phase four: Apply amendments and continue implementation
Phase five: Evaluate and look to 2022
• 10 Elected CEOs
• 7 Government Department Reps
• 43 partner organisations
• Lead
  ▪ Hands Up Mallee, NM MHA, NM LDAT
• Partner
  ▪ Northern Mallee Family Violence Executive & Network,
    headspace Mildura, Healthier Mildura, Mallee CYAP....
HANDS UP MALLEE
A connected community where families matter and children thrive

FOCUS AREAS
- Best Start to Life (3-8)
- Young People Matter (9-14)
- Tread Your Own Path (15-25)
- First 1000 Days (Pre-conception - 2)

COMMUNITY LEADERS TABLE
- BackBone

YOUTH LEADERSHIP TABLE
- HUM YOUTH

ENABLING TEAMS
- Research, Evaluation and Measurement
- Resource and Capacity Building
- Communication and Engagement
- Community connectors

Local Drug Action Team
Family Violence
Northern Mallee Mental Health Alliance
NMCP Executive Governance Group

Integrated Health Promotion
Women’s Sexual and Reproductive Health

Community connectors
- Young Carers and Sibling Support Group
- Digital Storytelling Workshop
- ‘What Youth Want’ Prospectus
• Sense of urgency
• Program Rich & Coordination poor
• Data Rich & Analysis poor
• Partnership & Collaboration
• Community Consultation
  → Engage
• Deficit Lens → Asset Lens
• Consulted with community
• Local data scan
• Consulted with service sector
• Analysed the information
• Negotiated
• Wrote a Plan
• Steering Group
• Workforce development
• Shared Measurement System
• Systems Mapping
• Collaborate & Partner
The VicHealth Program Logic and Scorecard Framework
Evaluation and Monitoring Challenges

• Diverse range of project types, program designs and evaluation approaches

• Varied staff expertise

• Comparison and synthesis of project evaluation data across projects

• Monitoring of population wide impact

• Demonstrate our value to stakeholders and the Victorian public
We are VicHealth
Our Action Agenda for Health Promotion 2013–2023

By 2023, one million more Victorians will experience better health and wellbeing.*

**OUR 10-YEAR GOALS**

<table>
<thead>
<tr>
<th>Goal</th>
<th>By 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>200,000 more Victorians adopt a healthier diet</td>
<td></td>
</tr>
<tr>
<td>300,000 more Victorians engage in physical activity</td>
<td></td>
</tr>
<tr>
<td>400,000 more Victorians tobacco-free</td>
<td></td>
</tr>
<tr>
<td>200,000 more Victorians drink less alcohol</td>
<td></td>
</tr>
<tr>
<td>200,000 more Victorians resilient and connected</td>
<td></td>
</tr>
</tbody>
</table>

**OUR THREE-YEAR PRIORITIES**

<table>
<thead>
<tr>
<th>Priority</th>
<th>By 2019, There Will Be</th>
</tr>
</thead>
<tbody>
<tr>
<td>80,000 more people choosing water and healthy food options</td>
<td></td>
</tr>
<tr>
<td>180,000 more people physically active, playing sport and walking, with a focus on women and girls</td>
<td></td>
</tr>
<tr>
<td>280,000 more people smoke-free and quitting</td>
<td></td>
</tr>
<tr>
<td>80,000 more people and environments that support effective reduction in harmful alcohol use</td>
<td></td>
</tr>
<tr>
<td>80,000 more opportunities to build community resilience and positive social connections, with a focus on young people and women</td>
<td></td>
</tr>
</tbody>
</table>

**RESULTS:** We track our progress through the VicHealth Action Agenda for Health Promotion Scorecard.
Evaluation and Monitoring Principles

1. Pragmatic
2. Program logic approach – strong program design with built in evaluation
3. Evaluation occurs alongside project implementation
4. Consistent measures for comparison
5. Develop an organisation wide data capture framework
6. Set targets for each imperative area
7. Monitor change at a project, program, organisation and population level
Our Design, Evaluation & Monitoring Approach

Design  ➔ Measure  ➔ Report  ➔ Targets

Population Surveys
Precede-Proceed Model for Program Logic

Green & Kreuter 1999, 2005
1. **Goal**
   3 year priority

2. **Objectives**
   Component parts of the 3 year priority

3. **Strategies**
   Actions that address the objectives

4. **Process measures**

5. **Impact measures**

6. **Outcome measures**

---

**Program Logic**

Design → Measure

©VicHealth
Our Design, Evaluation & Monitoring Approach

Population Surveys

Design → Measure → Report → Targets

The VicHealth Program Logic and Scorecard Framework
Program Logic Design Inputs

Evidence sources

- Evidence review – prevalence data, published research, grey literature
- Environmental scans
- VicHealth contextual factors

Evidence input

Evidence that describes the problem ➔ Goal - 3 year priority
Evidence about factors that contribute to the problem ➔ Objectives
Evidence about effective solutions ➔ Strategies
## Program Logic Design Concepts

### Goals
- Behaviour – the actions of individuals, groups or communities
- Environment – social, physical or economic factors beyond the individual’s control

### Objectives

**Behaviour**
- Individual – knowledge, attitudes, beliefs, skills & values
- Influential people – attitudes and behaviours – support, approval or modelling

**Environment**
- Public conversations and debate
- Organisational actions – provision of resources, programs, services, processes
- Policy, regulation

### Strategies
- What has worked to address these same objectives before?
- What can translated from projects that have worked in similar situations?
- What are the organisational, political and administrative constraints?
## Goals
Increase physical activity levels amongst 100,000 to 120,000 inactive and somewhat active Victorians through playing sport by 2018

## Objectives
- Deliver new participation opportunities enabling those who are inactive or somewhat active to become more active through sport.
- Strengthen the quality and quantity sport policies, planning and strategies to sustain participation opportunities

## 3. Strategies
- State Sporting Association Program of innovative and flexible new sports programs e.g. Beach Netball, Cricket Women’s Active April
Our Design, Evaluation & Monitoring Approach

Design ➔ Measure ➔ Report ➔ Targets

Population Surveys
# Program Logic Evaluation Concepts

<table>
<thead>
<tr>
<th>1. Goals</th>
<th>6. Outcome evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Behaviour</td>
<td>Achievement of project goal:</td>
</tr>
<tr>
<td>• Environment</td>
<td>• Change in targeted behavioural factors</td>
</tr>
<tr>
<td></td>
<td>• Change in targeted environmental factors</td>
</tr>
<tr>
<td>2. Objectives</td>
<td>5. Impact evaluation</td>
</tr>
<tr>
<td>• Individuals &amp; Influentials</td>
<td>Achievement of project objectives:</td>
</tr>
<tr>
<td>• Resources</td>
<td>• Change in knowledge, attitudes, beliefs, skills</td>
</tr>
<tr>
<td>• Policy/regulation</td>
<td>• Change in resource availability or affordability</td>
</tr>
<tr>
<td></td>
<td>• Change in policy, practice, regulation</td>
</tr>
<tr>
<td>• Actions</td>
<td>• Delivery</td>
</tr>
<tr>
<td>• Deliverables</td>
<td>• Reach</td>
</tr>
<tr>
<td></td>
<td>• Exposure</td>
</tr>
<tr>
<td></td>
<td>• Facilitators and barriers</td>
</tr>
</tbody>
</table>

The VicHealth Program Logic and Scorecard Framework
## Physical Activity Program Logic – Evaluation Measures

**Goals**
- Increase physical activity levels amongst 100,000 to 120,000 inactive and somewhat active Victorians through playing sport by 2018

**Outcome evaluation**
- Number and proportion of participants who increase their physical activity levels through playing sport in funded SSAs (level of physical activity at registration and at follow-up)

**Objectives**
- Deliver new participation opportunities enabling those who are inactive or somewhat active to become more active through sport.
- Strengthen the quality and quantity sport policies, planning and strategies to sustain participation opportunities

**Impact evaluation**
- Number of new participation opportunities delivered that engage the inactive and somewhat active
- Number and quality of SSA policy, planning and strategies that support sustained participation opportunities

The VicHealth Program Logic and Scorecard Framework
Physical activity levels

How many days have they done 30 mins or more of activity?
Overall Distribution

<table>
<thead>
<tr>
<th>Inactive</th>
<th>18%</th>
<th>5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 days</td>
<td>18%</td>
<td>5%</td>
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<tr>
<td>1 day</td>
<td>5%</td>
<td>5%</td>
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<tr>
<td>2 days</td>
<td>5%</td>
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<tr>
<td>3 days</td>
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<tr>
<td>4 days</td>
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<tr>
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<tr>
<td>6 days</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>7 days</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Somewhat active</th>
<th>48%</th>
<th>46%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>2 days</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>3 days</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>4 days</td>
<td>14%</td>
<td>20%</td>
</tr>
<tr>
<td>5 days</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>6 days</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>7 days</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active</th>
<th>34%</th>
<th>49%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>2 days</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>3 days</td>
<td>15%</td>
<td>21%</td>
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<tr>
<td>4 days</td>
<td>14%</td>
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<tr>
<td>5 days</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>6 days</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>7 days</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Baseline: Pre-Program n = 400, Post-Program n = 148.
Note: Pre-Program data only contains data from Netball at this moment.

Question: In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? This may include sport, exercise, brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job.
Breakdown of survey respondents by deciles of SEIFA 2011 - Index of Relative Socio-economic Advantage and Disadvantage

Overall Distribution

| Deciles 1-4 | 20% |
| Decile 1   | 3%  |
| Decile 2   | 8%  |
| Decile 3   | 4%  |
| Decile 4   | 6%  |

| Deciles 5-7 | 28% |
| Decile 5    | 0%  |
| Decile 6    | 6%  |
| Decile 7    | 16% |

| Deciles 8-10 | 51% |
| Decile 8     | 10% |
| Decile 9     | 30% |
| Decile 10    | 12% |

Base: n = 166.

Socio-Economic Index for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The Indexes are based on information from the five-yearly Census, and are applied here through the Postcode of each survey respondent. The SEIFA deciles above divide the distribution of rankings into ten equal groups, where Decile 1 denotes the lowest scoring 10% of areas and Decile 10 denotes the highest scoring 10% of all areas.
Our Design, Evaluation & Monitoring Approach

- Design
- Measure
- Report
- Targets

Population Surveys
1. GOALS
   - Behaviour
   - Environment

2. OBJECTIVES
   - Individuals & influentials
   - Resources
   - Policy/regulation

3. STRATEGY
   - Actions
   - Deliverables

4. PROCESS EVALUATION
   - Delivery process and milestones
   - Reach and exposure
   - Facilitators of or barriers

5. IMPACT EVALUATION
   Achievement of objectives:
   - Knowledge, attitudes, beliefs, skills
   - Resource availability or affordability
   - Policy, practice, regulation

6. OUTCOME EVALUATION
   Achievement of goal:
   - Change in behavioural factors in “X” people
   - Change in environmental factors in “X” settings/contexts

SCORECARD
- Goal achieved or on track against timelines
- Objectives achieved or on track against timelines
- Number of people reached
- Number of settings reached
Our Design, Evaluation & Monitoring Approach

Design → Measure → Report → Targets

Population Surveys
By 2023, one million more Victorians will experience better health and wellbeing

10-YR GOALS

300,000 More Victorians engage in physical activity

3-YR PRIORITIES (By 2019)

180,000 More people physically active

Number achieving behavior change; environmental change

INNOVATE

Design & trial bold new approaches

Develop & deliver programs & campaigns to establish evidence

Empower the public to engage in conversation and debate

INFORM

Empower the public to engage in conversation and debate

Develop & deliver programs & campaigns to establish evidence

# achieving objectives

INTEGRATE

Influence the policy and practice of organisations

Sustain outcomes through system changes - the new normal

# achieving objectives

Program logic evaluation data

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<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>INNOVATE</th>
<th>INFORM</th>
<th>INTEGRATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Arts Innovation Challenge</td>
<td>Active Club Grants</td>
<td>Healthy Sporting Environments</td>
</tr>
<tr>
<td></td>
<td>Community Activation</td>
<td>Sons of the West</td>
<td>Motion</td>
</tr>
<tr>
<td>21 Initiatives</td>
<td>Physical Activity Innovation Challenge</td>
<td>Increasing Female Participation in Sport</td>
<td>Parental Fear (Dissemination)</td>
</tr>
<tr>
<td>3YR TARGET</td>
<td>Regional Sport Program</td>
<td>Indigenous Surfing Program</td>
<td>State Sporting Association Participation Program</td>
</tr>
<tr>
<td></td>
<td>State Sport Program</td>
<td>Victoria Walks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TeamUp</td>
<td>White Night Melbourne</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Walk to School</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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The VicHealth Program Logic and Scorecard Framework
Closing summary

- Flexible and evidence informed program logic design
- Six-monthly scorecard for reporting and reflection
- Targets sharpen the selection and focus of partnerships and projects
Summing up
Next steps

Progress Measures

• Draft suite to be released for comment in January 2018

Action Plan

• Updated Action Plan available early 2018

Report against the Outcomes Framework

• Due in 2018

Stay in touch…

• prevention@dhhs.vic.gov.au
A united effort for better health and wellbeing

Share your experiences, case studies and lessons learned at prevention.health.vic.gov.au @PreventionVic
THANK YOU