Introduction

The purpose of this document is to assist agencies in meeting the evaluation planning requirements outlined in the *Community Health Integrated Health Promotion (IHP) Planning Guidelines 2013-17*.

The framework is a slightly amended version of that previously provided (in 2010) in response to The University of Melbourne’s review of IHP evaluation plans and the need for agencies to evaluate against all of the objectives in their IHP plan (either at an agency or catchment level) over 2013-17.

Please note that the key evaluation planning components outlined on the following page have been incorporated into the *Integrated Health Promotion Planning Summary Template* provided as part of the 2013-17 planning guidelines.

**List of Appendices**

**Appendix A**  Generic examples of evaluation questions for health promotion programs

**Appendix B**  IHP performance measures

**Appendix C**  Examples of key activities, outputs and reach indicators – for process evaluation
### Summary of evaluation planning components

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<th>Section</th>
<th>Component</th>
<th>What needs to be addressed</th>
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<tr>
<td>1. Evaluation preview</td>
<td>1.2 Key questions that the evaluation will answer.</td>
<td>Formulate evaluation questions around key areas of concern that are amenable to some type of measurement.</td>
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<td>1.3 Evaluation resources.</td>
<td>Detail the available resources for the evaluation (including the evaluation budget). Recommended 10-20 per cent of total budget for objective depending on type of evaluation required.</td>
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<tr>
<td>2. Evaluation design/ methodology</td>
<td>2.1 Performance measures – selected from the full suite of measures developed by the department.</td>
<td>Develop specific process indicators for strategies, these should align with the IHP performance measures (i.e. reach) where relevant.</td>
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<td>2.2 Evaluation design, data collection methods and tools.</td>
<td>Develop specific impact indicators which align with the IHP performance measures. This should make it clear what is actually going to be measured.</td>
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<td>2.3 How the data will be analysed and interpreted.</td>
<td>Detail the evaluation tools and information sources for process and impact evaluation.</td>
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<td>2.4 What the timelines and responsibilities are.</td>
<td>Provide specific details of your evaluation methods (e.g. study design).</td>
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<td>3. Evaluation dissemination</td>
<td>3. Plan for evaluation dissemination.</td>
<td>Describe the process for analysing and interpreting the data received through the evaluation methods/ tools.</td>
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<td>Describe who will undertake the various aspects of the evaluation and when (may overlap with 3.2/3.3).</td>
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<td>Detail dissemination strategies, intended audience and timelines.</td>
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1. Evaluation preview

This section involves the identification of key stakeholders, the purpose of the evaluation, key evaluation questions and evaluation resources.

1.1. Evaluation questions

What are the overall evaluation questions that need to be asked to determine whether the objective has been achieved? A good evaluation question addresses a specific area of concern and is amenable to some type of measurement.

Some generic questions for evaluation of health promotion programs are provided at Appendix A. Where appropriate, the same key evaluation questions might be applied across a whole priority rather than per objective.

1.2. Evaluation resources

It is generally recommended that 10-20 per cent of the budget for the project/objective is allocated to evaluation and the cost of evaluation may be shared across agencies participating in IHP.

It is important to consider the needs of the evaluation when deciding on resources. If the program is new and innovative it may be necessary to evaluate it more intensively, using a more complex study design. This may be particularly important if the evaluation will be used to obtain additional funding. If a program/intervention has been evaluated as effective (for example, in systematic reviews) or has been run a number of times and has been shown, through impact evaluation, to be effective, performance monitoring is sufficient. Credible sources of systematic reviews are available the Department of Health webpage.

2. Evaluation design

This section encourages practitioners to ensure their evaluation designs are rigorous and to choose the study design that gives the best level of evidence possible given practical and financial limitations. This involves using validated tools where possible and using triangulated evaluation designs (where a range of evaluation methods are incorporated).

2.1. Evaluation indicators

Process and impact indicators should be selected to determine your progress against your objectives or expected impacts as detailed in your program logic. The selection of indicators should be guided by the Department of Health Performance Measures detailed at Appendix B.

*Process indicators*

Process evaluation covers all aspects of the process of delivering a program. It is useful in tracking the reach of the program and the level of implementation of all aspects of the program, and in identifying potential or emerging problems, i.e. whether the program has been delivered as planned and whether modifications to the plan need to be made.¹

From an equalities focus, it is important to reflect on how program delivery has engaged with key populations facing greatest disparity in culturally appropriate ways, and process evaluation should measure how this was undertaken.

In developing process indicators, consideration might be given to the following IHP performance measures: reach, consumer satisfaction and consumer participation

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¹ This process can be described as action research because the results of the process evaluation lead to changes in the program.
(although the latter may also be considered under impact). Note that reach is best expressed as the percentage (%) of key stakeholders, settings or members of the community affected by the program, i.e. = number affected / number eligible x 100 in order to provide some context. Other aspects addressed by process evaluation include the quality and appropriateness of the processes undertaken during implementation.

Examples of output and reach indicators that can be considered in the process evaluation are provided at Appendix C.

**Impact indicators**

This type of evaluation is used to measure the intermediate impacts or effects of the program and to check whether programs are having an impact on populations facing greatest disparity.

The impact indicators should align with the expected impacts shown in the program logic and be guided by the IHP performance measures at Appendix B.

Other resources/documents that could be considered in developing impact indicators include:
- Victorian Population Health Survey (VPHS) – e.g. Percentage of adults meeting recommended levels of fruit and vegetable consumption
- Victorian Child Health & Wellbeing Survey (VCHWS), Victorian Adolescent Health and Wellbeing Survey (VAHWS) – Adolescent Community Profiles - and The State of Victoria’s Children 2010 e.g. Percentage of children and young people who eat the minimum recommended serves of fruit & vegetable every day
- Department of Health, Evidence and Evaluation Tools - (Evaluation section)
- Department of Health, Health Promotion in Gippsland – particularly the evaluation design section.

**2.2. Evaluation methods and tools**

This component covers the evaluation methods and tools that will be used to collect the information needed for the evaluation. It is important to be as specific as possible in regards to what is being measured and the method/tool being used (including whether the tool has been validated).

**Data collection tools / data sources for process evaluation**

Key sources of information include Steering Group or Advisory Group minutes, contract management records, project action plans, progress reports and project evaluation plans.

Other qualitative methods can be employed, as appropriate, such as open-ended surveys, in-depth interviews, focus groups and narrative and participant observation – see pages 8-12 of Planning for effective health promotion evaluation (Round et al. 2005) and the How to use qualitative research evidence when making decisions about interventions tool (Holt 2009).

Reach can be established from attendance records and documentation of stakeholders and settings by the project manager. Community surveys may also be required.

**Data collection tools / data sources for impact evaluation**

The methods used to measure individual level impacts include questionnaires and other instruments for objective assessments, e.g. pedometers to measure some physical activity (swimming or bike riding, for example, are not suitable for a pedometer). Consider here whether ethics approval is required in order to undertake the evaluation and whether data can be obtained from other sources, e.g. the Victorian Population Health Survey or the Victorian Child Health and Wellbeing Survey (or other statewide or local data collections), rather than collecting this yourself – particularly if it relates to children.
Methods to assess changes in public policy, communities, and environments include policy and environment audits and community participation. The difference is that these evaluate impacts at the setting level, community or partnership rather than the level of individuals.

**Evaluation methods**

For each of the main evaluation methods selected (e.g. focus group, environment audit, student survey) consideration needs to be given to:

- the study design e.g. pre- and post questionnaire
- the sample size and target population (will the sample be representative of the eligible population? What will be the evaluation frequency?)
- who is administering/conducting the survey/focus group/interview e.g. program staff, independent evaluators (this overlaps with item 2.4)
- how the response rate (%) will be measured i.e. number of people/organisations participating in the survey/group divided by the number eligible x 100.

2.3. **Process for data analysis and interpretation**

This component should provide a brief overview of how the data will be analysed and interpreted. Data analysis involves identifying and summarising the key findings, themes and information contained in the raw data and interpreting these in relation to the key questions of the evaluation (Round et al. 2005).

2.4. **Evaluation timelines and responsibilities**

Who will have responsibility for carrying out the evaluation/s and when will this occur? Not all aspects of the project/objective will be evaluated at the same time, so it is important to specify what is going to be evaluated and when. This information may already be covered under 3.2 and 3.3.

3. **Evaluation dissemination**

The evaluation plan should consider appropriate dissemination strategies for project stakeholders. A mix of dissemination strategies can be used, including (but not limited to):

- training
- communication through print, including a technical report, summary reports for different audiences and peer-reviewed journal articles
- communication through new information technologies
- webpages on appropriate websites
- personal face-to-face contacts, including briefings or presentations
- policies, administrative arrangements and funding incentives
- case studies.
References


Holt L. 2009, *How to use qualitative research evidence when making decisions about interventions*, Melbourne, Health Development Unit, Victorian Government Department of Health

<table>
<thead>
<tr>
<th>QUESTION FOCUS</th>
<th>QUESTIONS</th>
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| **Process**    | • Has the program been implemented as intended?  
• What factors (both positive and negative) impacted on the implementation?  
• What percentage of the target group has received the program?  
• Has uptake of the program varied by socioeconomic position, indigenous status, non-English speaking background and/or rural/metro location?  
• Have program participants (staff, community organisations, community members) been satisfied with the program?  
• How effective were contracting and subcontracting arrangements that were established to support program implementation and evaluation? |
| **Impacts and outcomes** | • Have the program impacts and outcomes been achieved?  
• What impact has the program had on populations facing greatest disparity?  
• What unanticipated positive and negative impacts/outcomes have arisen from the program?  
• Have all strategies been appropriate and effective in achieving the impacts and outcomes?  
• What have been the critical success factors and barriers to achieving the impacts and outcomes?  
• Is the cost reasonable in relation to the magnitude of the benefits?  
• Have levels of partnership and collaboration increased? |
| **Implications for future programs and policy** | • Should the program be continued or developed further?  
• Do the results differ when compared to the evidence base that guided the planning of strategies?  
• Where to from here?  
• How can the operation of the program be improved in the future?  
• What performance monitoring and continuous quality improvement arrangements should exist into the future?  
• How will the program or the impacts of the program be sustained beyond the funding timeframe?  
• Will additional resources be required to continue or further develop the program? |
Appendix B: IHP Performance Measures

DH is looking for EVIDENCE of the IMPACT of IHP INTERVENTIONS with regard to the following ...

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<tr>
<td>1.1 Reach</td>
<td>2.1 Increased knowledge</td>
<td>3.1 Change in health related behaviours</td>
<td>4.1 Social capital</td>
<td>5.1 Natural and built environment</td>
<td>6.1 Regulatory and policy environment</td>
</tr>
<tr>
<td>The intended target audience participates in the intervention</td>
<td>Increased health related knowledge and awareness, including of where to go and what to do to obtain health services</td>
<td>Achievement of desired action or behaviour change in areas such as: Physical activity Healthy eating Use of tobacco Use of alcohol and drugs Adoption of safe sex practices Utilisation of health services</td>
<td>Better access to supportive relationships, including family relationships, peer support and social networks</td>
<td>Increased participation in community life, including social and physical activities Changes in community attitudes regarding diversity and acceptance of difference</td>
<td>Health is on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for population health Implementation of policy statements, legislation or regulations that support healthy choices</td>
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<tr>
<td>HP interventions reach groups with the poorest health status</td>
<td>2.2 Improved skills</td>
<td>3.2 Action taken to reduce health risks</td>
<td>4.2 Social action and influence</td>
<td>5.2 Social economic environment</td>
<td>6.2 Reoriented health services</td>
</tr>
<tr>
<td>Community members are actively involved in HP planning and development</td>
<td>Increased health related skills/capability/health literacy</td>
<td>Appropriate action is taken to reduce health risks following screening, risk assessment or immunisation programs.</td>
<td>Community taking collective action on local determinants of health</td>
<td>Enhanced access to resources and opportunities for individuals and communities, including safe working conditions</td>
<td>Health services have refocused on the total needs of the individual as a whole person and embraced an expanded mandate which is sensitive and respects gender and cultural needs</td>
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<td>1.3 Consumer satisfaction Participants are satisfied with their involvement in HP activities and/or with services received</td>
<td>2.3 Changed attitudes</td>
<td>3.3 Measurable improvements in participants' behaviours which minimise risk factors for chronic illness (e.g. improved physical activity or reduction in added salt intake)</td>
<td>4.3 Community capacity</td>
<td>5.3 Organisational practice</td>
<td>6.3 Organisational practice</td>
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<tr>
<td></td>
<td>Change in individuals’ attitudes, motivation and behavioural intentions concerning healthy lifestyles Change in public opinion regarding health issues</td>
<td></td>
<td>Community organisations deliver quality HP</td>
<td>Modification of organisational policies, service directions and practices within community organisations, such as schools and sports clubs to align these with IHP practice</td>
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### Appendix C: Examples of key activities, outputs and reach indicators – for process evaluation

<table>
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<tr>
<th>ACTIVITIES</th>
<th>OUTPUTS / REACH INDICATORS</th>
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<tbody>
<tr>
<td>1. Establish program governance and administrative arrangements</td>
<td>• Contracts with project implementators established</td>
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<td>• Project Advisory Group / Steering Group established</td>
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<td>• Contract with evaluators established</td>
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<tr>
<td>2. Establish performance monitoring and reporting arrangements</td>
<td>• Project milestones identified, or</td>
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<td>• Key indicators identified for program monitoring and reporting</td>
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<td>3. Identify effective and efficient interventions</td>
<td>• Evidence reviewed</td>
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<td>• Interventions selected</td>
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<td>• Evidence incorporated into action plan</td>
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<td>4. Develop integrated health promotion implementation and action plans</td>
<td>• Community assessment conducted and reported</td>
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<td></td>
<td>• Action plans finalised</td>
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<td>5. Settings and supportive environments, e.g. legislation and policy change</td>
<td>• Percentage* and range of stakeholders involved in new/improved legislation and policy change (reach)</td>
</tr>
<tr>
<td>6. Community action for social and environmental change</td>
<td>• Percentage* and range of stakeholders/settings involved (reach)</td>
</tr>
<tr>
<td>7. Health education and skill development</td>
<td>• Percentage* and range of stakeholders/settings involved (reach)</td>
</tr>
<tr>
<td>8. Social marketing and health information</td>
<td>• Evidence on effective social marketing messages and methods reviewed</td>
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<td>• Key marketing channels/methods (e.g. newspaper, Internet, telephone helpline, point of sale displays etc.) identified</td>
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<td>• Marketing materials developed</td>
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<td></td>
<td>• Campaigns implemented in targeted areas</td>
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<td></td>
<td>• Percentage of target group aware of funded social marketing/health information activities and resources (reach)</td>
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<tr>
<td>9. Screening, individual risk factor assessment and immunisation</td>
<td>• Percentage of target group participating in each activity (reach)</td>
</tr>
<tr>
<td>10. Capacity building strategies including: partnerships, leadership, resources, workforce development, and organisational development</td>
<td>• Percentage of target group participating in each activity (reach)</td>
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