



# **IHP Training Needs Analysis**

Training needs analysis to inform IEPCP capacity building activities for health promotion practitioners working in the EMR.

## **Outcomes Report 2011**

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## Acknowledgements

This survey was developed by Elizabeth Hargreaves and Deb Cocks, Health Promotion Coordinators from Inner and Outer Primary Care Partnerships (PCP) to identify training needs and priorities for health promotion (HP) practitioners working in the Eastern Metropolitan Region. Results will be shared with PCP partner agencies and will inform a HP training plan to address areas of need.

The survey has been adapted from similar surveys developed by other PCPs (Central Hume, North West, Gippsland, Loddon Mallee) and from the Psychiatric Disability services of Victoria (VICSERV) Training Needs Analysis 2010. Questions around training needs were based on the Australian Health Promotion Association (AHPA) competencies.

Thank-you to the following agencies for participating in the survey:

- Whitehorse Community Health Service (WCHS)
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- Inner East Community Health Service (IECHS)
- MonashLink Community Health Service (MonashLink)
- Melbourne East General Practice Network (MEGPN)
- Women's Health East (WHE)
- Monash City Council
- Manningham City Council
- City of Whitehorse
- City of Boroondara

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# Executive Summary

## Background

Inner East Primary Care Partnership (IEPCP) is committed to building the capacity and expertise of agencies to provide effective and integrated HP interventions across the eastern metropolitan region (EMR). To inform this work, the Inner and Outer East Primary Care Partnerships surveyed health promotion practitioners working in the EMR to identify and prioritise their training needs and gaps.

The purpose of conducting the Training Needs Analysis was to:

- Identify and prioritise training needs of HP Practitioners working in the Inner East (IE) region
- Identify realistic and effective actions to address priority training needs
- Inform decisions about where and how to direct IEPCP HP resource in relation to capacity building

A total of 47 HP practitioners across the EMR, and 29 practitioners across the Inner east region participated in the Training Needs Analysis survey. This report analyses the result for the Inner East PCP catchment.

## Key Findings

### Participants' Profile:

HP practitioners who participated in the survey had the following characteristics:

- Most practitioners are employed by community and women's health services and by local government
- Most practitioners work part-time,
- A majority of practitioners have tertiary level HP qualifications
- Between practitioners there is a wide range of HP professional experience.
- Most practitioners work as part of a Health Promotion team
- Most have access to and receive guidance and advice in relation to their HP work. This is mainly internal support.

### Priority Training Needs for the Inner East Catchment

Survey participants were asked six questions to identify and prioritise training needs. Participants were presented with a list of HP related job functions and asked to indicate whether each job function was 1) relevant to their current work role and 2) whether they considered it be a development need for them.

The highest priority development needs for the HP workforce in the Inner East were shown to be:

- **Program Evaluation**
- **Program Planning**
- **Asset Based Community Development (ABCD)** – an approach to planning and implementing community development/health promotion initiatives that build upon existing strengths of a community or population group, rather than focusing on its deficits.

Development needs relating to ‘communication’ and ‘specific HP issues and settings’ were also common, but also there was great variation in individual needs related to these topics.

### **Priority Training Needs for the Eastern Metropolitan Region (EMR)**

‘Program Planning’ and ‘Program Evaluation’ were priority development needs that were common to participants working in the Inner and Outer East Catchments. Opportunities to address these jointly will be explored by Inner and Outer PCPs.

### **Preferred Delivery Method**

The most common preferences for delivery and types of training were workshops, short courses, peer learning and presentations.

### **Peer Learning Session Topics**

Department of Health, Regional Office are currently running Peer Learning Workshops for HP practitioners. The most common recommendations for topics are:

1. Designing evaluation plans that measure impacts
2. Population health planning
3. Asset based community development.

## **Recommendations**

The following recommendations have been developed through a consideration of the findings.

### **Overall recommendation**

1. TNA results to be used to inform the planning of further catchment-wide training in the Inner Eastern Region for health promotion practitioners. Training delivery should include workshops, short courses, peer learning session and presentations and costs should be kept to a minimum as this is a key factor influencing participation.

### **Recommendations to address priority training needs**

2. Training workshops should be run in 2012 to strengthen capacity for population health planning in the IE region, as identified by TNA results. HP Practitioners to be consulted further to “drill down” on specific training needs in relation to ‘planning’ which will inform the objectives and content of the training.
3. Inner and Outer PCPs to develop a training program regionally to address ‘program evaluation’. Further consultation with HP practitioners is required to inform objectives and content of training. This training area is also being addressed by DH Regional Office. Liaise with Regional DH staff to coordinate training activities on this topic and to avoid duplication.
4. Continue to promote ‘Asset Based Community Development (ABCD) professional development opportunities and the Asia Pacific ABCD Network across the EMR.

5. IEPCP to incorporate examples for applying of ABCD principles into the 'IEPCP Social Inclusion Toolkit' which is currently being developed. This resource to be shared across the EMR. Explore need for workshops with HP practitioners to facilitate the use and application of this resource once developed.

### **Recommendations to address other training needs**

6. IEPCP to continue to promote and share best and promising practice examples around priority areas
7. IEPCP to identify and promote professional development opportunities that address the broad range of 'communication' training needs, through HP networks
8. IEPCP to promote and facilitate opportunities for networking, for sharing practice and to support future peer learning sessions (being lead by DH).

### **Recommendations about training delivery**

9. To develop a Training Development Plan which addresses training needs in line with practitioner's preference for workshops, short courses, peer learning, and presentations.

### **Actions already undertaken in response to TNA findings**

- Department of Health, Eastern Region office are funding "peer learning" workshops for HP practitioners. A question asking practitioners for topic suggestions for future peer learning sessions was opportunistically added to the TNA survey. Results from this question have been shared with Department of Health, Eastern Region office.
- Questions to assess the usefulness of a regional HP planning resource (Population & Place Profile) were also opportunistically added to the TNA Survey. These results have been analysed and documented in a report titled 'Initial evaluation results of the Population & Place Profile resource'. This report has been shared with the governance group of this initiative and with HP IEPCP partners.
- PCP HP Coordinators have identified priority training needs that are common to both PCP catchments and opportunities to address these needs collaboratively are being planned.
- In response to TNA results and findings from the Population & Place Profile Report, Inner East PCP has engaged Victorian Healthcare Association (VHA) to provide population health planning workshops for HP practitioners in 2012.

# Introduction

## Background

One of the roles of Inner East Primary Care Partnership (IEPCP) is to build the capacity and expertise of agencies to provide effective and integrated HP interventions across the eastern metropolitan region (EMR). To inform this work, the Inner and Outer East Primary Care Partnerships conducted a joint survey of health promotion practitioners working in the EMR to identify and prioritise their training needs.

The purpose of conducting the Training Needs Analysis was to:

- Identify and prioritise training needs of HP Practitioners working in the Inner East (IE) region
- Identify realistic and effective actions to address priority training needs
- Inform decisions about where and how to direct IEPCP HP resource in relation to capacity building

There are several other potential uses for the results of the survey, including:

- *Between EMR primary care partnerships:* To identify and prioritise training needs of practitioners and to identify common training needs across the eastern metropolitan region in order to support a collaborative workforce development approach.
- *For organisations/sectors:* To identify where team training needs overlap with regional training needs in order to guide workforce development plans
- *For Department of Health (DH):* To highlight capacity building needs relevant to the work of DH Regional office/Regional HP Advisors.

Results from this survey will be shared with partner agencies and will inform IEPCP's HP training plan to address areas of need.

## Methodology

### The Survey Tool

This survey was developed by Elizabeth Hargreaves and Deb Cocks, Health Promotion Coordinator's from Inner and Outer East Primary Care Partnerships respectively (See Appendix A).

The survey was adapted from similar surveys developed by other PCPs (Central Hume, North West, Gippsland, Loddon Mallee) and from the Psychiatric Disability services of Victoria (VICSERV) Training Needs Analysis 2010. Questions around training needs were based on the 'Core Competencies of Health Promotion Practitioners' developed by the Australian Health Promotion Association (AHPA).

The following list of AHPA HP core competencies were used as a basis for the survey's content.

- Communicate and engage with clients and service providers
- Conduct comprehensive, holistic assessments
- Plan and provide care collaboratively
- Support and empower clients
- Deliver care using a variety of approaches
- Possess chronic care knowledge
- Use decision supports, information and communication management systems effectively
- Identify and respond to clinical risks
- Engage in continuous quality improvement activities

The TNA survey asked questions about:

- Practitioner Profile- demographics and career information (Questions 1-5)
- HP base qualifications (Questions 6, 7)
- Further HP study undertaken (Questions 8-10)
- HP priorities -strategic and organisational (Question 11)
- Perceptions of relevance of AHPA Competencies and job functions to your role (Questions 12-17)
- Preferences for training (Question 18)
- Factors influencing participation (Question 19)
- Peer Learning Workshop- topic suggestions (Question 20)
- HP professional and organisational support (Question 21-27)

Additional questions about two local projects -the 'Population & Place Profile resource' (Question 29-32) and topic suggestions for regional 'peer learning sessions' (question 20) - were opportunistically added to the survey.

## Survey Implementation

The survey was implemented online using Survey Monkey ([www.surveymonkey.com](http://www.surveymonkey.com)). Participants were able to complete the survey online.

This survey was open to any staff member in the Eastern Metropolitan Region whose role contains health promotion activities. The Training Needs Analysis survey link was emailed to 19 PCP IHP partner organisations - including community and women's health services, hospital services, GP Divisions and Councils. The email also contained introductory information and requested that the survey be shared with fellow HP practitioners/colleagues.

Participation was voluntary and participants were advised that individual data or data from specific organisations would not be identifiable.

The survey was initially piloted with two HP practitioners and two PCP colleagues. The survey took approximately 10 minutes for practitioners to complete.

The survey was conducted during Sept 2011 and was open for a 3week period. One reminder email was sent one week before the survey closed.

Staff who completed the survey were given the option of entering a prize draw as an incentive for increasing response rate.

## Survey Results

47 Health Promotion (HP) Practitioners across the Eastern Metropolitan Region (EMR) completed the survey. The target population size is unable to be calculated as accurate numbers of workers in the EMR (who have HP as part of their work role) is currently unknown and the distribution of the survey within organisations was not measured. However the target population size for the Inner East Catchment was estimated to be 40 practitioners. 29 practitioners from Inner East completed the survey which, based on population size estimates, was a return rate of 72%.

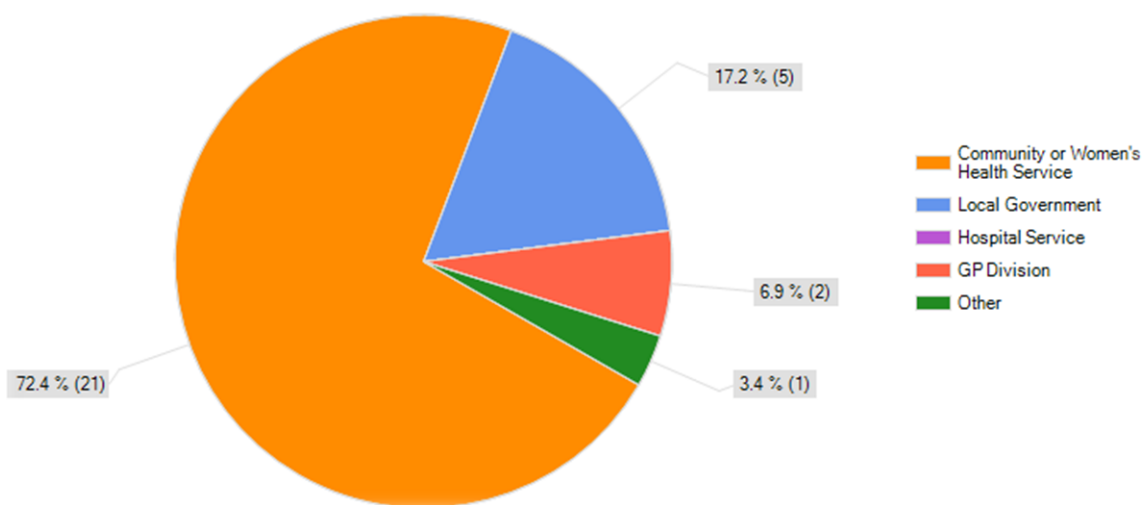
The results detailed in this report reflect the **29 respondents** who identified themselves as working in the Inner East (IE) metropolitan region, which includes the municipalities of Boroondara, Manningham, Monash and Whitehorse. This is the catchment area of the Inner East PCP. This includes 23 (79%) participants who work in agencies only operating in the IE and 6 (21%) respondents whose organisation operate across both Inner and Outer East catchments.

*29 practitioners from Inner East completed the survey is estimated to represent a return rate of 72%.*

### The Participants – Practitioner Profile

45% (13) of participants working in the IE region work full time, the remaining 55% (16) work part-time. No participants identified themselves as working in fixed-term or contract positions. In Victoria, designated health promotion practitioners are generally employed by community and women’s health services. Survey participants were reflective of this trend with the large majority of practitioners completing the survey (21, 74%) working in Community or Women’s Health Services (see Table 1). The remainder were from local government (5, 17%), hospitals and GP Divisions.

*GRAPH 1: Type of organisation where currently employed*



*The majority of HP practitioners are employed part-time and in community & women’s health*

## Work Context

24 practitioners provided feedback on whether they work as part of a team that has a focus on HP. A majority of respondents (70 per cent, 17) work within a HP team and have an immediate line manager with a qualification and/or experience in the field of health promotion (58 per cent, 14).

## Length of Service

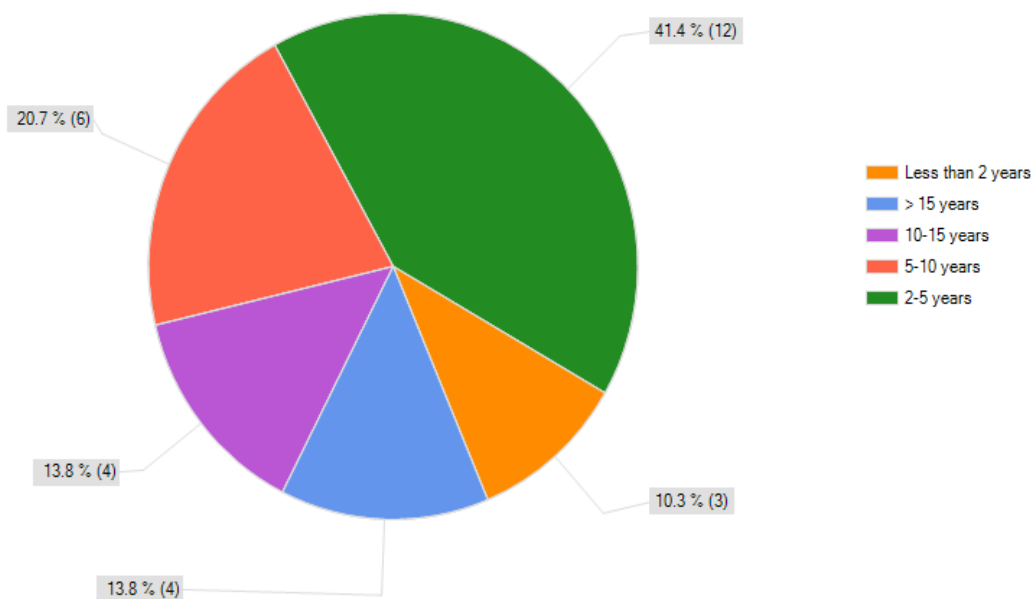
Approximately half the survey participants reported having occupied their *current roles* for more than three years (48%). 14% (4) of the HP workforce have been in their current positions for less than 1 year.

Length of service in participant's *current position* across LG and C&WHS was comparative ie. 80% of LG staff and 75% of C&WHS staff have between 1-5yrs in current role. There were only 2 C&WHS and 1 LG staff who have more than 5 years in their current position. This is reflective of current workforce trends within health.

The majority of survey participants (52 per cent, 15) in the IE have 5 years experience or less of working in a HP role. This is slightly less in the LG sector (40%). This was comparative to the Outer East region where 'just over half of the respondents had experience which ranged from 0-5 years of HP work experience' (Outer East PCP TNA 2011).

Nearly one-third of HP workers (28%, 10) have over 10 years experience. This is slightly less in the LG sector (20%), where

GRAPH 2: Years of HP experience



Half of HP practitioners surveyed have less than 5 years HP experience, and 28% (10) have more than 10 years experience

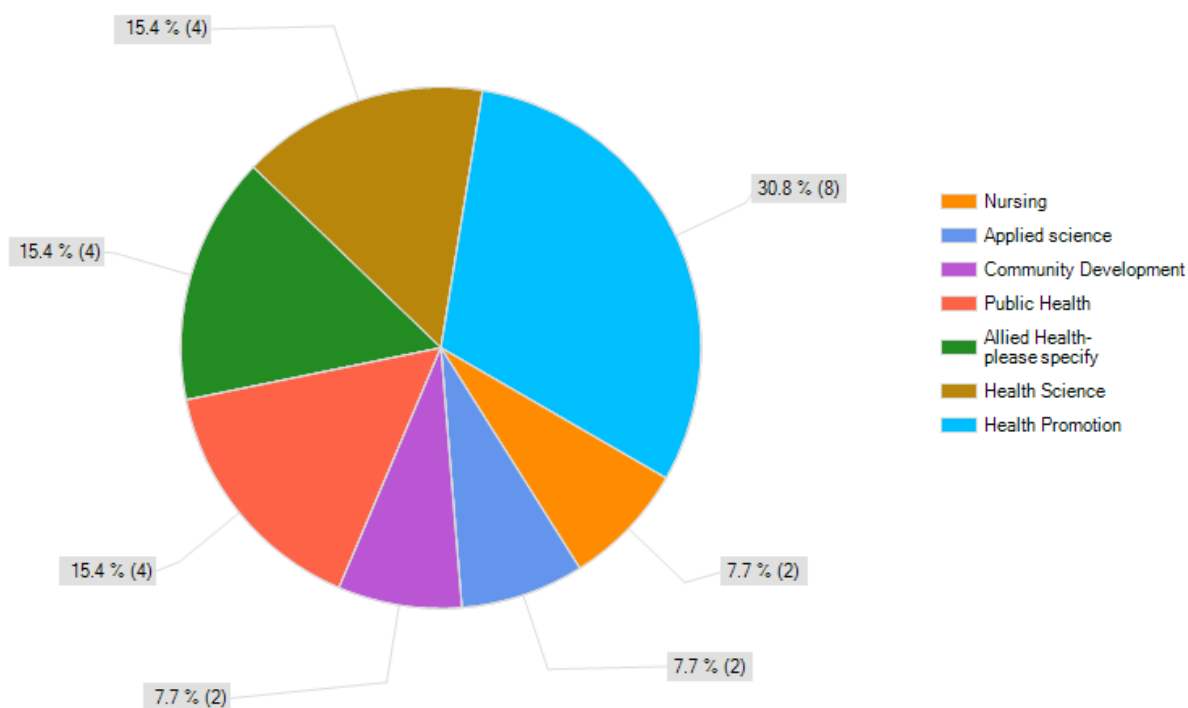
## Qualifications

The majority of respondents (96 per cent) indicated that their primary qualification was at tertiary undergraduate level. Fifty per cent (14 respondents) also hold a post graduate qualification.

Unlike other recognised health professions, there are no consistent minimum standards for practicing in a health promotion role in Australia. The absence of a national accreditation system for health promotion courses means that it is not mandatory to have health promotion qualifications to work in this field and may explain why the health promotion workforce is so diverse (Rissel C, Wise M, Bauman A., 2003). This diversity was reflected in the survey results.

HP was the most common field of study (30.8%) for participants. Qualifications in the related fields of Health Science, Allied Health and Public Health were also highly represented (15 per cent each). Less common qualifications of HP workers were from community development, applied science and nursing.

*GRAPH 3: Field of study of highest qualification*



## Further study

Participants were provided with a list of VET and post graduate courses and asked to indicate which (if any) of these they had completed, were currently completing or were planning to undertake this calendar year.

A majority of practitioners (63%) have not undertaken or are planning to undertake post graduate study.

For those that have participated in further study the most common qualifications were: a Cert IV (4 respondents), Masters in Public Health (3 respondents out of 29). There was 1 practitioner each who have participated/planning to undertake a Graduate Diploma in HP and a VET course (unspecified).

## Participation in HP Courses

In Victoria, there are a number of HP short courses that are run regularly and that are easily accessible to those working in the IE metropolitan region. Course costs are under \$1000 and usually run for between 1-5 days. These courses have been running since at least 2006.

Practitioners were given a list of these HP short courses and asked to indicate which courses they had undertaken and specifically within the last 5 years.

11 out of 29 respondents (38%) have not attended one of the common HP short-courses. 16 out of 29 (55%) respondents have not attended a HP short-course in the last 5 years. When filtered out those who had been working for less than 2 years, this only dropped to 15 respondents.

*Table 1: HP courses undertaken by HP practitioners in the IE region*

|                    |  |
|--------------------|--|
| <b>Most common</b> | VicHealth’s ‘Health Promotion Short Course’ (5 days) -31% (9)<br>Evaluation Short Course (2 days)- 27% (8) |
| <b>Less common</b> | Participation for Health Short Course 14% (4)<br>Mental Health Short Course 14% (4)                        |

*Percentages have been calculated based on total number of respondents (n=29)*

7 Practitioners have attended one of the one-day VicHealth Courses that are offered on various topics.

No practitioners surveyed have undertaken the Aboriginal HP Short Course which is likely reflective of the relatively small indigenous populations in the IE region. This course is open to non-aboriginal workers.

24% (7) respondents mentioned that cost was a factor that influenced their attendance and access of formal professional development. This question was asked generally and was not specifically explored in relation to attendance at these short courses.

These results maybe reflective of the fact that a majority of practitioners surveyed already possess tertiary qualifications in HP.

*A majority of HP practitioners have not attended a HP short course in the last 5 years*

## Health Promotion Priorities

PCP IHP Partner organisations all have strategic plans which included priority areas for action. Survey participants were asked to feedback on their organisation’s health promotion priority areas.

There was quite a narrow range of HP priorities. The most common responses were:

- Social Inclusion (22)
- Food security (19)
- Mental Health and Wellbeing (14)
- Prevention of violence against women/family violence (13)

A limitation of this question design is that responses cannot be grouped per organisation (as participants were not asked to list their organisation name, only its type). Therefore, the survey cannot accurately reflect the most common priorities within the IE region.

## HP Competency Areas

In this section of the survey, participants were presented with a list of HP related job functions based on the Australian Health Promotion Association’s (AHPA) Competencies. This document can be accessed at <http://www.healthpromotion.org.au>. For each competency area participants were asked to indicate whether each job function was 1) relevant to their current work role and 2) whether they considered it be a development need for them.

Five respondents did not answer any of the questions related to competencies. There were no apparent defining features of this group.

A complete list of results have been included in Appendix B.

For the purpose of analysis, results were grouped according to the number of practitioners who indicated areas to be relevant to their work and/or a personal development need. Results were categorized as ‘high or low need’ and ‘high or low relevance’ using the following criteria:

|   |  |
|---|--|
| <p style="text-align: center;"><b>Low need/ Low relevance</b></p> <p style="text-align: center;">Greater than 2/3 of participants rated this as a development need AND<br/>Less than 2/3 of participants rated this as a development need</p> <p style="text-align: center;"><i>No action required as not a need</i></p>                      | <p style="text-align: center;"><b>Low need/High relevance</b></p> <p style="text-align: center;">Greater than 2/3rds of participants rated this area as relevant<br/>BUT<br/>Less than 2/3 of participants rated this as a development need</p> <p style="text-align: center;"><i>No action required as not a development need</i></p> |
| <p style="text-align: center;"><b>High need/Low relevance</b></p> <p style="text-align: center;">Greater than 2/3rds of participants rated this area as relevant<br/>BUT<br/>Less than 2/3 of participants rated this as a development need</p> <p style="text-align: center;"><i>“Nice to do” but not a priority eg area of interest</i></p> | <p style="text-align: center;"><b>High Need/High Relevance</b></p> <p style="text-align: center;">Greater than 2/3rds of participants rated this area as relevant<br/>AND<br/>Greater than 2/3 of participants rated this as a development need</p> <p style="text-align: center;"><i>Direct effort to address these needs</i></p>     |

*TABLE 2: Most common development needs are:*

|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Determining priorities for action based on available evidence</li> <li>• Critically analysing health promotion data, literature and reports</li> <li>• Interpreting evaluation findings to report on program's effectiveness</li> </ul> | <p><b>Program Planning, Implementation and Evaluation</b></p> |
| <ul style="list-style-type: none"> <li>• Identifying key measures/indicators to measure change</li> <li>• Identifying and selecting evaluation tools and methods</li> <li>• Designing evaluation plans that measure impact</li> </ul>  |   |
| <ul style="list-style-type: none"> <li>• Applying a strengths based (ABCD) approach to health promotion planning and implementation</li> </ul>   |   |
| <ul style="list-style-type: none"> <li>• Writing grant submissions and/or business cases</li> </ul>  | <p><b>Communication and report writing</b></p>                |
| <ul style="list-style-type: none"> <li>• Understanding of the principles of an strengths-based HP approach (ABCD) to practice and planning</li> <li>• Knowledge of new, emerging and successful HP approaches and practice</li> </ul>  | <p><b>Knowledge competencies</b></p>                          |

Respondents were asked to indicate all areas that were development needs for them from an extensive list, based on the AHPA competencies. The above table rates needs according to prevalence of responses. To help prioritise these responses further respondents were also asked them to list their “top 3” (highest) development needs.

17 staff identified their ‘top three’ needs. 21 staff only identified their ‘top two’ needs

*TABLE 3: Priority development needs:*

|   |   |
|---|---|
| <p><b>Highest Development Needs</b></p> | Program Evaluation                            |
|   | Communication - various topics                |
| <p><b>Medium Development Needs</b></p>  | Specific health issues/settings: mixed topics |
|   | Program Planning                              |
|   | Asset based community development             |

These responses reflected the results from the previous question which also highlighted evaluation as a priority development need.

Training needs categorized under ‘**communication**’ covered a broad range of topics including:

- Writing for publication
- Grant writing
- Delivering presentations
- Group facilitation skills

- Dissemination techniques
- Preparing request for ethics approval
- Business cases
- Writing submissions for conferences
- Networking

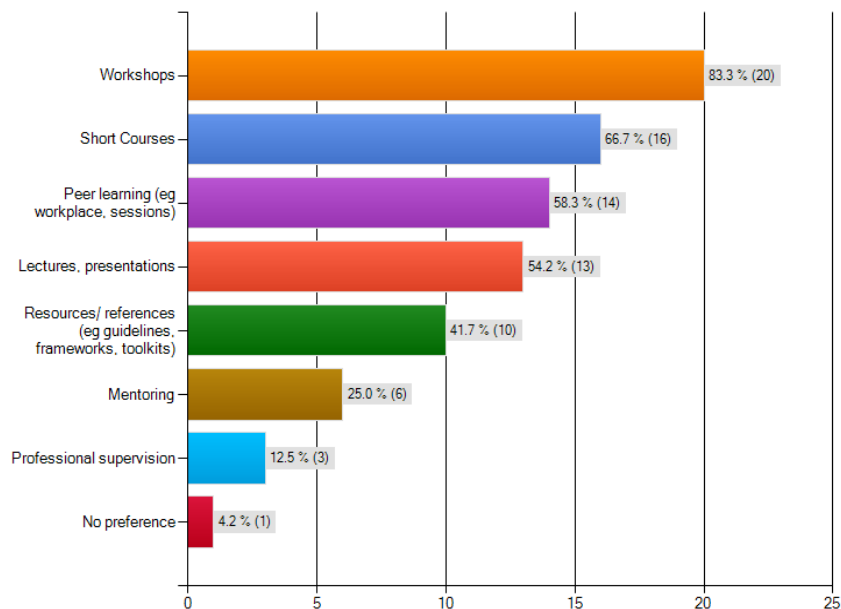
## Preferences for Professional development

### Mode of delivery

24 respondents answered this question and were invited to tick all that apply.

The most common preferences were for the following types of training; workshops, short courses, peer learning, and presentations.

*GRAPH 4: Personal preferences for methods of meeting training needs*



## Influences on attendance and participation in Professional Development

Respondents identified the influences on their attendance/participation in professional development.

The most common influences were:

- Learning objectives of the PD
- Time commitment to complete/attend PD
- Location of PD
- PD that is relevant to organisational priorities

## Peer Learning Sessions

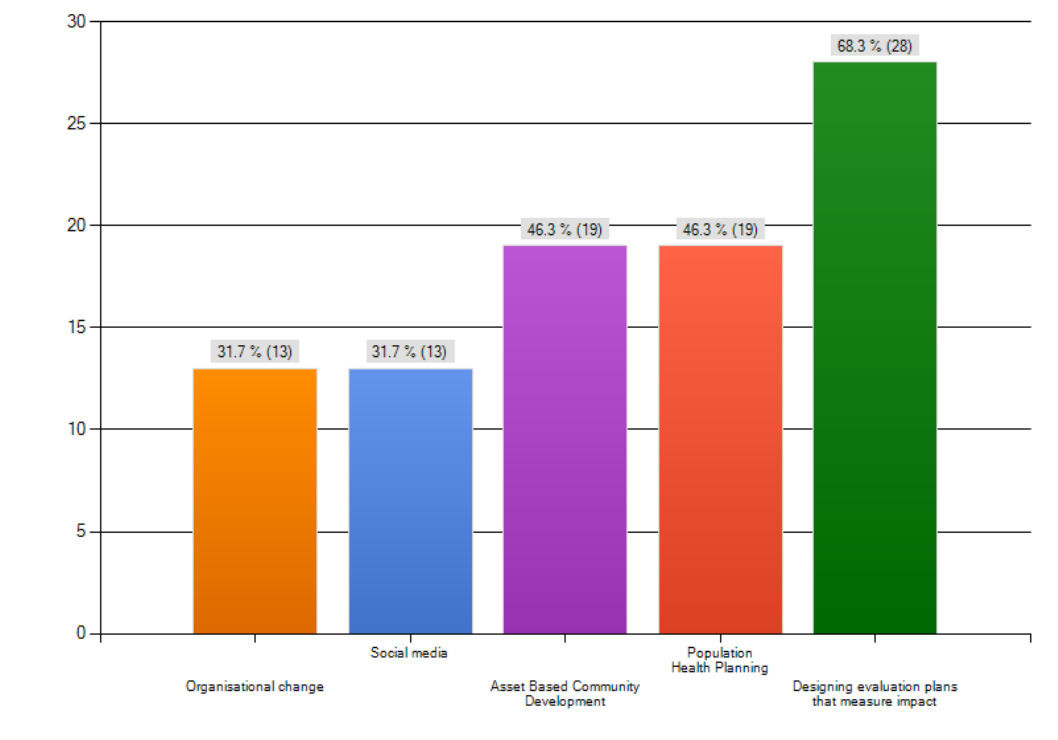
The Department of Health (DH) Eastern Region office has funded 2 peer learning sessions for HP practitioners across the EMR in 2011. There is a plan to continue offering peer learning sessions in 2012. To help inform planning for these sessions, HP practitioners were asked to recommend topics that were a development need for them and that they felt could best be addressed by a peer learning session with other practitioners. The results below reflect responses from HP practitioners across the EMR.

The most common recommendations for peer learning session topics are:

4. Designing evaluation plans that measure impacts
5. Population health planning
6. Asset based community development.

These results have been shared with DH Regional Advisors.

*GRAPH 5: Recommended topics for future HP peer learning sessions*



## Professional support

Participants were asked a number of questions about professional support they receive and/or participate in related to their HP work.

### Findings

- Encouragingly, 79 per cent of participants have access to and receive guidance in relation to their HP work. This is mainly internal support (58 per cent).
- 13 out of 29 (45%) participants currently participate in formal mentoring (as a mentor, mentee, or both).
- Mentoring (by practitioners) mostly occurs as part of their designated role.
- 5 participants have sourced mentoring external to their workplace.
- Of the participants who receive mentoring it usually occurs on a monthly or more frequent basis and 87 per cent find it beneficial
- 15 participants don't have a mentor and 11 would like one. 4 participants were 'not fussed'.

## Conclusion & Recommendations

The results from the Inner East PCP Training Needs Analysis (TNA) survey highlighted the priority development needs for HP practitioners, working across a range of community and local government organisations, in the eastern metropolitan region. This information will be used by IEPCP to direct its resource allocation and planning of future professional development and capacity building activities for health promotion practitioners.

Priority health promotion training needs were found to be consistent across the eastern metropolitan region (EMR) providing opportunity for collaboration and coordinated catchment-wide responses to address areas of need.

Based on survey results, future IEPCP resources for professional and resource development will be focused on the areas of improving competence and confidence for planning and evaluation of HP projects and applying asset based community development (ABCD) theory into HP practice. Further consultation with HP practitioners will be required to inform the objectives and content of training and/or resources to ensure that training needs in relation to these priority areas are effectively targeted and addressed.

The need for further capacity building within the EMR to improve population health planning (which includes HP planning) was also recognised during the consultations with HP practitioners as part of the EMR Population & Place Profile Project- Stage 2. The Final Report for this project recommended that the following issues be addressed in order to improve planning;

- ‘Differences exist about what constitutes population health and population health planning
- Population health planning approaches applied vary in terms of scope and purpose.
- Consistent training and development is needed, with such training and development recognising and supporting differences in skills, expertise and needs’ (Nikos Thomakos, 2011)

In response to TNA results and findings from the Population & Place Profile Report, Inner East PCP has engaged Victorian Healthcare Association (VHA) to provide population health planning workshops for HP practitioners in 2012.

The TNA survey also identified multiple training needs of practitioners that were categorised as “areas of interest” or where needs around a particular area varied greatly (eg communication training needs). Inner East PCP has not allocated specific resource to address these however will promote relevant external PD opportunities to partners.

The variation of levels of HP experience between practitioners, both within the Inner East catchment and across the EMR provides an opportunity for greater professional support and sharing of expertise that will be explored by Inner and Outer PCPs.

## Recommendations

The following recommendations have been developed through a consideration of the findings, and will be incorporated into the IEPCP HP Implementation Plan 2011/12:

1. TNA results to be used to inform the planning of further catchment-wide training in the Inner Eastern Region for health promotion practitioners. Training delivery should include workshops, short courses, peer learning session and presentations and costs should be kept to a minimum as this is a key factor influencing participation.
2. Training and workshops to be run in 2012 to strengthen capacity for population health planning in the IE region. HP Practitioners to be consulted on needs to inform objectives and content of training.
3. IEPCP to continue to promote and share best and promising practice examples around priority areas
4. Inner and Outer PCPs to explore whole of EMR training addressing 'program evaluation'. Further consultation with HP practitioners is required to inform objectives and content of training. This training area is also being addressed by DH Regional Office. Liaise with Regional DH staff to coordinate training activities on this topic and to avoid duplication.
5. Continue to promote 'Asset Based Community Development (ABCD) professional development opportunities and the Asia Pacific ABCD Network across the EMR.
6. IEPCP to identify and promote professional development opportunities that address the broad range of 'communication' training needs, through HP networks
7. IEPCP to incorporate examples for applying of ABCD principles into the 'IEPCP Social Inclusion Toolkit' which is currently being developed. This resource to be shared across the EMR. Explore need for workshops with HP practitioners to facilitate the use and application of this resource once developed.
8. IEPCP to promote and facilitate opportunities for networking, for sharing practice and to support future peer learning sessions (being lead by DH).

## Where to from here?

The next steps in the training strategy development process include:

- Developing a training development plan
- Resourcing the plan, including using allocated funds from the IEPCP IHP Project Budget 11/12.
- Communication the training development to the targeted learner groups
- Coordinating and implementing the training
- Evaluating the effectiveness of training provided.

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Australian Health Promotion Association. 'Core Competencies for Health Promotion Practitioners' 2009.

Rissel C, Wise M, Bauman A. Advancing Health Promotion through Professional Development. Health Promotion Journal of Australia 2003;14(1):3-4.

Thomakos N. Population & Place Profile Stage II Final Report 2011

*This report can be accessed via the Inner East PCP website*

VICSERV. Training Needs Analysis PDRS 2010

# APPENDIX A: TNA Survey

A complete copy of the TNA Survey can be accessed via the Inner East PCP website: [www.iepcp.org.au](http://www.iepcp.org.au)

**IHP Training Needs Analysis**

**Introduction to the Training Needs Survey**

Welcome to the Health Promotion Training Needs Survey 2011!

The Inner and Outer East Primary Care Partnerships are conducting a survey to identify the training needs of health promotion practitioners in the EMR.

This survey allows you to provide information about your training and development needs anonymously and will take approximately 10mins to complete.

Please plan to complete this survey before Wed 21st September.

Who should complete this survey?

This survey is open to any staff member in the Eastern Metropolitan Region whose role contains health promotion activities.

Questions around training needs have been adapted from the Australian Health Promotion Association (AHPA) competencies. This document can be accessed at <http://www.healthpromotion.org.au>

The survey asks questions about:

- 1) Demographics and career information
- 2) HP training already undertaken
- 3) Perceptions of relevance of AHPA Competencies and job functions to your role
- 4) Perceptions of training needs related to AHPA competencies
- 5) Preferences for training and
- 6) HP professional and organisational support.

Results from this survey will be compiled, analysed and reported on by Inner and Outer East PCPs. Results will be shared with partner agencies and will inform a HP training plan to address areas of need.

If you have any questions about the survey process, please contact Elizabeth Hargreaves, IEPCP on 92854895 or Deb Cocks OEHCSA on 9870 2725. Thank you!

Libby and Deb

**IHP Training Needs Analysis**

**Practitioner Profile**

**\*1. Which PCP are you located in?**

Inner East (covers Boroondara, Monash, Manningham, Whitehorse)

Outer East (covers Yarra Ranges, Knox and Maroondah)

Across both

None of the above

**\*2. What is your employment status?**

Full Time

Part Time

Contract/ Fixed Term

Other eg. volunteer

**\*3. What type of agency do you work for?**

Community or Women's Health Service

GP Division

Local Government

Other

Hospital Service

**\*4. What is your length of service in your current position?**

> 5 years

3-5 years

1-3 years

Less than 1 year

**\*5. How many years of experience do you have working in a health promotion role and/or role that has health promotion duties?**

> 15 years

10-15 years

5-10 years

2-5 years

Less than 2 years

## APPENDIX B: DATA from TNA Questions 12-17

Please see below the collated survey responses in relation to HP competencies (Questions 12-17)

### Question12: Competency Area: Program Planning, Implementation and Evaluation

5 out of 24 respondents skipped the question. Respondents = 19

|  | Dev Need | Relevant |
|--|----------|----------|
| Understanding of the contributing factors for particular health issues for your target population(s)               | 6        | 21       |
| Applying age-specific learning principles when planning and providing education                                    | 7        | 2        |
| Developing and delivery of health education resources  | 8        | 10       |
| Knowing what population health data is available and how to access it  | 9        | 18       |
| Establishing goals and SMART objectives based on analysis of information and that reflect a social model of health | 9        | 19       |
| Engaging and consulting with community members and/or stakeholders   | 9        | 23       |
| Identifying and selecting best-practice strategies   | 10       | 18       |
| Developing and applying approaches that are relevant and appropriate to the target population                      | 10       | 19       |
| Designing evaluation plans that measure process  | 10       | 16       |
| Undertaking dissemination of key learnings   | 11       | 18       |
| Determining priorities for action based on available evidence  | 12       | 17       |
| Group facilitation   | 12       | 10       |
| Interpreting evaluation findings to report on program's effectiveness  | 12       | 17       |
| Critically analysing health promotion data, literature and reports   | 13       | 15       |
| Applying a strengths based (ABCD) approach to health promotion planning and implementation                         | 14       | 15       |
| Identifying key measures/indicators to measure change  | 17       | 17       |
| Identifying and selecting evaluation tools and methods   | 17       | 15       |
| Designing evaluation plans that measure impact   | 19       | 14       |

Categories: Greater than 2/3 need (> n= 12) and 2/3 relevant (>n=12)

| <u>Low need/Low relevance</u>  | <u>Low need/High relevance</u>  |
|--|---|
|  | <ul style="list-style-type: none"> <li>Understanding of the contributing factors for particular health issues for your target population(s)</li> <li>Knowing what population health data is available and how to access it</li> <li>Establishing goals and SMART objectives based on analysis of information and that reflect a social model of health</li> <li>Engaging and consulting with community members and/or stakeholders</li> <li>Identifying and selecting best-practice strategies</li> <li>Developing and applying approaches that are relevant and appropriate to the target population</li> <li>Designing evaluation plans that measure process</li> <li>Undertaking dissemination of key learnings</li> </ul> |
| <u>High need/low relevance</u>                                       | <u>High need/High relevance</u>   |
| <ul style="list-style-type: none"> <li>Group facilitation</li> </ul> | <ul style="list-style-type: none"> <li>Determining priorities for action based on available evidence</li> <li>Interpreting evaluation findings to report on program's effectiveness</li> <li>Critically analysing health promotion data, literature and reports</li> <li>Applying a strengths based (ABCD) approach to health promotion planning and implementation</li> <li>Identifying key measures/indicators to measure change</li> </ul>   |

- Identifying and selecting evaluation tools and methods
- Designing evaluation plans that measure impact

### Question 13: These job functions relate to the AHPA Competency Area: Partnership Building

23 out of 26 respondents answered this question.

|   | Dev Need | Relevant |
|---|----------|----------|
| Establish, facilitate and maintain effective partnerships | 4        | 21       |
| Evaluation of the effectiveness of partnerships           | 9        | 16       |

### Question 14: These job functions relate to the AHPA Competency Area: Communication and report writing.

24 out of 29 answered this question.

|   | Dev Need | Relevant |
|---|----------|----------|
| Networking skills   | 2        | 21       |
| General report writing  | 3        | 20       |
| Engaging decision makers within organisation  | 3        | 20       |
| Connecting with relevant networks (meeting groups, e-bulletins etc) that raise awareness of new and emerging HP approaches and practice | 4        | 16       |
| Writing conference abstracts, presentations (incl poster)   | 8        | 12       |
| Conducting formal presentations- conference, poster etc   | 9        | 14       |
| Developing and influencing organisational policy  | 9        | 19       |
| Writing grant submissions and/or business cases   | 12       | 16       |
| Preparing request for ethics approval   | 15       | 5        |

#### Low need/Low relevance

#### Low need/High relevance

Networking skills  
 General report writing  
 Engaging decision makers within organisation  
 Connecting with relevant networks (meeting groups, e-bulletins etc) that raise awareness of new and emerging HP approaches and practice  
 Writing conference abstracts, presentations (incl poster)  
 Conducting formal presentations- conference, poster etc  
 Developing and influencing organisational policy

#### High need/low relevance

Preparing request for ethics approval

#### High need/High relevance

Writing grant submissions and/or business cases

**Question 15: These job functions relate to the AHPA Competency Area: Technology Competencies**

23 staff completed this question.

|   | Dev Need | Relevant |
|---|----------|----------|
| Use of IT, including internet and software to support program planning, implementation and evaluation | 5        | 19       |
| Knowledge and use of social media   | 14       | 11       |

**High need/Low Relevance:** Knowledge and use of social media

**Low need/High relevance:** Use of IT, including internet and software to support program planning, implementation and evaluation

**Question 16: These job functions relate to the AHPA Health Promotion Competency Area: Knowledge competencies**

24 out of 29 completed this question.

|   | Dev Need | Relevant |
|---|----------|----------|
| Awareness of local, state and national priorities, plans, policy environments and resources       | 10       | 20       |
| Understanding of the principles of an strengths-based HP approach (ABCD) to practice and planning | 14       | 14       |
| Knowledge of new, emerging and successful HP approaches and practice                              | 14       | 16       |

**Low need/High Relevance:** Awareness of local, state and national priorities, plans, policy environments and resources

**High need/High relevance:** Understanding of the principles of an strengths-based HP approach (ABCD) to practice and planning  
Knowledge of new, emerging and successful HP approaches and practice

## **Question 17: Participants asked to list their “Top 3” professional development needs**

### PROGRAM EVALUATION (14 responses)

- Program evaluation, planning and implementation
- program evaluation
- Evaluation
- Evaluation and dissemination
- Evaluation Methods for Outcome of Interventions
- HP evaluation impact measures
- Developing health promotion plans according to DoH requirements
- How to evaluate ABCD practice effectively
- Indicators to measure change
- Identifying and selecting evaluation tools and methods
- Designing evaluation plans that measure impact
- HIA
- Evaluation
- Evaluation techniques and applications

### COMMUNICATION (10 responses)

- Writing for publication
- Grant writing
- Delivering presentations
- Group facilitation skills
- Dissemination techniques
- Preparing request for ethics approval
- Business case
- Writing submissions for conference/reports
- Group facilitation
- Networking
  
- IT (powerpoint & publisher)

### PROGRAM PLANNING (6)

- New approaches and research
- Developing and applying approaches relevant to target groups
- Establishing goals and SMART objectives based on analysis of information and that reflect a social model of health
- Developing organisational plans according to DH requirements
- Objective setting/planning
- Setting HP priorities

### IMPLEMENTATION- SUSTAIN. (2)

- Implementing sustainable change
- Implementing sustainable approaches when funding is not sustainable

### STRATEGIC (3)

- Vic HP sector update
- Awareness of policies and plans

- Social Policy

#### BEST PRACTICE (4)

- Knowledge of new, emerging and successful HP approaches and practice
- Developing and applying approaches that are relevant and appropriate to the target population
- Identifying and selecting best-practice strategies
- Identifying and selecting best-practice strategies

#### USE OF DATA (3)

- Accessing and Applying data for IHP development
- Analysing and exploring qualitative data better
- Bringing Population health data to local level

#### Asset based community development

- ABCD (6)
- ABCD
- ABCD
- Strength-based approaches
- Applying a strengths based (ABCD) approach to health promotion planning and implementation
- ABCD approach
- ABCD

#### HEALTH ISSUES/SETTINGS: (8- mixed topics)

- Workplace health promotion strategies
- Sexual and Reproductive Health
- Anything to do with population health
- Food security
- Understand more about the interaction of climate change on health
- Successful HP approaches - Primary prevention of VAW
- Effective methods for increasing physical activity
- Cost effectiveness of workplace health promotion

#### PARTNERSHIPS (2)

- Engagement with other agencies
- Partnership building and evaluating

#### MISC

- Engaging decision makers within organisation
- Mental health first aid
- Reflective practice