



**Summary Report:**

**Study of Stakeholder Perspectives 2005**

## Executive Summary

As part of its strategic planning process, the Victorian Health Promotion Foundation (VicHealth) commissioned research into stakeholder views on its current performance and their suggestions for future activities.

The research was undertaken in two phases. Phase 1 involved in-depth qualitative interviews with 45 stakeholders identified by VicHealth. These stakeholders were from four groups, or 'segments': Members of Parliament (MPs), academics, and representatives from government departments and non-government organisations (NGOs). Phase 2 involved a quantitative survey with three segments of stakeholders: organisations/individuals currently in receipt of funding from VicHealth (grant holders n=377), organisations/individuals that had unsuccessfully applied for funding some time in the past three years (unsuccessful applicants n= 311), and current panel members who decide which applications for funding are approved (panel members n= 34). The response rate for grant holders was 49%, for unsuccessful applicants 44%, and for panel members 41%.

As well as investigating stakeholders' overall satisfaction with VicHealth and their views on VicHealth's current (2003–2006) strategic directions, participants were also asked to provide feedback on how well VicHealth had achieved several of its strategic objectives; the amount of influence they believed they had over particular aspects of VicHealth's operations; the quality of the relationships they had with VicHealth and how well they believed VicHealth performed in terms of advocacy, organisational capacity building and knowledge dissemination.

Moreover, comparison with the previous surveys undertaken in 2000 and 2002 identified improvements across almost all of the areas where valid comparisons could be made, particularly in relation to 2002.

The research shows that VicHealth was perceived very positively by stakeholders from all segments interviewed in Phase 1, with the majority describing the organisation as being professional and sophisticated in its approach. "[VicHealth is] a great organisation with great people" was one comment which captured the view of many. Survey results indicated that overall satisfaction with VicHealth was high (80% combined very satisfied/satisfied score). The CEO was also frequently mentioned by respondents, as being very highly regarded.

VicHealth's current strategic directions were also well received and seen to be working towards promoting the health of Victorians. It was recognised that VicHealth has a strong reputation as a leader in health promotion innovation – 91% of respondents to the survey strongly agreed or agreed that this was the case and examples such as the Walking School Bus were mentioned unprompted on a number of occasions during the interviews. Comments were made, however, that VicHealth needs to ensure it remains at the 'cutting edge' and does not become too conservative in its approach.

Although VicHealth's strategic directions were supported, findings also highlighted issues which stakeholders believed merited increased focus in future plans, including mental health and wellbeing; obesity; addictive substances other than tobacco, such as alcohol and recreational drugs; and chronic diseases, such as asthma and diabetes. Prioritising issues by importance and including timeframes in the strategic plan were also suggested, as was a greater focus on monitoring success and measuring outcomes through longitudinal research.

Overall, respondents to the survey (n= 722) indicated that VicHealth performs particularly well in meeting its objectives of creating healthy environments (94% strongly agree/agree), promoting health in a range of settings (93% strongly agree/agree), adding value in the area of health promotion above and beyond providing research grants and funding (87% strongly agree/agree) and developing new ideas (84% strongly agree/agree).

An area where stakeholders saw VicHealth's performance as less successful was in relation to the allocation of resources to groups most in need: only 65% of respondents indicated they strongly agreed or agreed that VicHealth does this. This was particularly so among unsuccessful applicants – only 49% strongly agreed or agreed compared with 76% of grant holders and 90% of panel members. Groups identified during the qualitative interviews as not being adequately resourced included those living in low socio-economic areas, ageing populations, migrants/refugees, young people and children, rural and remote populations and Indigenous people. It was thought that VicHealth should be proactively approaching these groups, particularly those unaware of VicHealth and its capacity to assist, or those who do not have the ability or resources to initiate engagement with VicHealth.

While not all stakeholders were in agreement, the majority had a preference for VicHealth focusing its resources on a smaller number of major projects that could have a greater impact on the general population, rather than on a large number of 'grassroots' projects. There was a feeling that VicHealth may 'spread itself too thinly' without such an approach. Those advocating grassroots projects tended to be working with disadvantaged groups and could see the positive impact a small amount of resources would have in their community.

VicHealth was also regarded as an effective bridge between government departments, academics, NGOs and other organisations working in the health field and as developing networks and linkages between agencies (76% of survey respondents strongly agreed or agreed VicHealth does this). Achieving the fine balance between maintaining independence and working effectively with government departments was acknowledged as a challenging task which VicHealth generally gets right. VicHealth was also seen to be good at maintaining relationships with MPs from the major parties. Continuing to maintain this non-partisan approach was seen as important to it achieving its goals.

VicHealth's advocacy role was also viewed positively by stakeholders, who felt that they were in a unique position to effectively advocate on public health issues. In general, satisfaction levels in relation to advocacy were higher than in previous studies; however, unsuccessful applicants' satisfaction levels appeared lower than in 2002. This is in contrast to the general trend in all other areas for improvement in satisfaction over time.

Despite overall satisfaction with VicHealth's advocacy role, there was a view that VicHealth could further capitalise on its success through increased lobbying of

communities and government, particularly by targeting 'leaders' who have the capacity to influence change and by having a more focused and prioritised approach.

Gaining public support was seen as crucial in effecting change and there was some concern that the 'visibility' and 'freshness' of the public message was being lost. It was also noted that the CEO played a particularly strong advocacy role in the organisation.

Overall, respondents in 2005 were of the opinion that their organisation had more influence over VicHealth compared to stakeholders surveyed in 2002. This perception was most marked in relation to the information VicHealth makes available to others and its policy direction. It is encouraging to note that stakeholders feel more involved in VicHealth which is likely to be a reflection of the positive working relationships the organisation has developed with its stakeholders.

Most stakeholders interviewed felt that the type of partnership they had with VicHealth was ideal or was moving in the right direction. Where changes were desired, it was generally towards a more collaborative relationship. The quality of the relationship with VicHealth was also rated well by survey respondents, with 71% rating their relationship as excellent or good, and 23% indicating the relationship was better than at the same time last year (72% rated it as the same as last year). Most respondents from the qualitative phase acknowledged that building better relationships was a two-way street and that responsibility was not placed solely on VicHealth for making changes come about. A number of suggestions were put forward as to how relationships could be improved, many of which could be included under the umbrella headings of 'improved communication' and 'increased understanding of each others' needs, objectives, roles and methods of operation'.

In most areas, unsuccessful applicants were less satisfied with their relationship with VicHealth than grant holders and panel members. Although the reasons for this were not investigated, this may be a natural consequence of the fact that receiving a grant from VicHealth or acting as a panel member necessarily requires a greater level of involvement with the organisation.

The majority of stakeholders rated VicHealth reasonably highly for the support they had been given (68% combined excellent/good score overall), which was particularly true of grant holders (87% combined excellent/good score). However, while grant holders were happy with the level of contact with VicHealth during the grant application process and immediately following approval, there was also a desire for this contact and interaction to continue throughout the life of the project. Grant holders' ratings of VicHealth 'taking an interest in the findings of their work' and 'being given adequate feedback about programs undertaken' were lower overall (below 80% combined very effective/effective compared to mostly 90% combined scores for other aspects of the relationship). It was also felt there was a need to improve exit strategies for projects in relation to better transition management, which may also address the frustration some stakeholders felt when 'good' projects were terminated.

There was a high level of satisfaction among stakeholders with VicHealth's various communication materials, and the majority rated the organisation highly in its role as a collector and disseminator of public health information (78% combined excellent/good). Any dissatisfaction was generally from government department and academic stakeholders, who felt that some of the material was too broad. They

expressed a preference to receive more targeted information that was summarised and relevant to their needs.

The VicHealth website was the most used resource in terms of finding out about VicHealth initiatives and projects, and use has increased since 2002 (from 42% to 61%). Quality of the website was also rated highly (88% combined excellent/good).

VicHealth seminars were the highest rated communication resource by all stakeholders and were spoken of highly during the qualitative phase. The VicHealth newsletters were also well received and perceived as providing useful information, particularly for NGOs. E-bulletins were liked by those in academia and some NGOs said they would prefer more information in an electronic format.

Suggestions for ways to improve the dissemination of information included:

- placing more emphasis on educating the wider population by building partnerships at a 'grassroots' level and working with local people in the development of projects
- providing MPs with up to date information
- working more closely with community leaders
- creating an online database of health projects conducted locally, nationally and worldwide

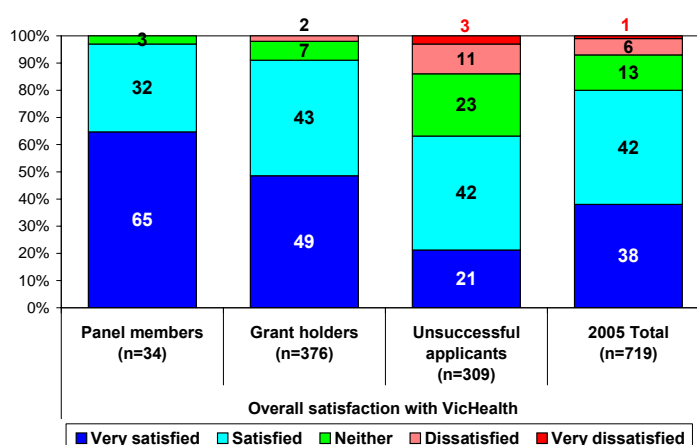
As can be seen from the preceding discussion, the feedback from both phases of the research indicates there are high levels of satisfaction with VicHealth's current strategic directions and performance in a range of areas. VicHealth is acknowledged as a leader in health promotion and is well liked and respected by its stakeholders.

# Key Findings

## Overall Satisfaction

As graph 1 shows, overall satisfaction with VicHealth was high (80% very satisfied or satisfied). Satisfaction was highest among panel members, with 97% being very satisfied or satisfied with the organisation. Grant holders were also highly satisfied with VicHealth (92% very satisfied/satisfied). Those who had unsuccessfully applied for funding were, perhaps not surprisingly, less likely to be very satisfied or satisfied with VicHealth: only 63% of this segment indicated they were very satisfied or satisfied.

Graph 1: Satisfaction with VicHealth overall - 2005 results



These results indicate an improvement in overall satisfaction since earlier surveys when comparing 'top-two' responses (the top two responses at the positive end of the scale): 69% rated overall satisfaction as excellent/very good in 2000; this dropped to 51% extremely satisfied/very satisfied in 2002.

General perceptions of VicHealth were also very positive in the in-depth interviews. The organisation was acknowledged as a leader in health promotion (nationally and, by some, internationally), and is well-liked and respected.

VicHealth was described by the majority as being professional and sophisticated in its approach and was spoken well of at a grass roots level (ie by people directly involved in running projects and interacting with the public). Government departments and NGO stakeholders in particular had a high regard for VicHealth and believed it had good intentions and was keen to achieve optimal results.

*'VicHealth funds things that otherwise wouldn't be funded ... work that may not happen without them. (Govt dept)*

*High quality ... international best practice. (Govt dept)*

## **Factors influencing overall satisfaction**

Multiple regression analysis was used on the survey data to determine the key predictors of overall satisfaction, that is, the factors that have the most influence on stakeholders being satisfied with VicHealth.

The regression analysis found that ratings of VicHealth's performance on the following five factors were the most significant predictors of overall stakeholder satisfaction:

- the support VicHealth has given their organisation
- sharing health promotion knowledge
- dealing with informed and competent people
- focusing on the correct issues
- explaining the funding guidelines clearly

## Perceived achievement of strategy related objectives

Respondents to the survey were presented with statements related to VicHealth's underlying approach to its work and asked to rate its performance in each of these areas using the scale: strongly agree, agree, neither, disagree, strongly disagree, don't know. They were also asked to indicate on the same scale whether they believed VicHealth *should* be involved in these activities.

The results in table 1 show that overall VicHealth is seen to perform particularly well in creating healthy environments, promoting health in a range of settings and providing leadership in health promotion innovation. Allocating resources to those most in need was the area with the lowest level of agreement.

While rating scales were slightly different in 2002<sup>1</sup> there was a trend for agreement to be higher in 2005 in all areas. Nearly all respondents in 2005 indicated that these are all areas VicHealth should be involved in, and again the trend was for an increase in agreement from 2002.

*Table 1: Ratings of VicHealth performance in specific areas overall 2002 and 2005*

Statement	VicHealth does this (% top-two boxes) <sup>2</sup>		VicHealth should do this (% yes response)	
	2005 (n≈685)	2002 (n=308, WTD=1411)	2005 (n≈685)	2002 (n=308, WTD=1411)
<i>VicHealth:</i> - is recognised as a leader in health promotion innovation	91	91	99	84
- works to create environments that are conducive to improved health amongst Victorians	94	88	100	82
- allocates its resources to groups that are most in need	65	55	93	77
- works to promote Victorians' health in a range of settings	93	88	97	80
- adds value in the area of health promotion above and beyond providing research grants and funding	87	81	98	79
- develops new ideas in the health promotion area	84	80	99	81
- is an effective bridge between state government, academics, non-government and other organisations working in the health field	76	65	98	77
- develops networks and linkages between agencies	76	61	99	79

Code:

90% or more	80-89%	60-79%	Below 60%
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<sup>1</sup> 2002 scale: Agree totally, agree a little, neutral, disagree a little, disagree totally  
2005 scale: Strongly agree, agree, neither, disagree, strongly disagree

<sup>2</sup> 2002 top-two box: agree totally/agree a little  
2005 top-two box: strongly agree/agree

## Ability of stakeholders to influence VicHealth

Respondents to the survey were asked to rate the extent to which they thought their organisation could influence VicHealth in terms of policy direction, the information it provides to others, the way it allocates funding and the way it operates (using the scale 'a great deal', 'a lot', 'quite a bit', 'a little', 'not at all'). Table 2 compares the 2005 top-two responses (a great deal/a lot) with those from 2002 (which used the same scale).

*Table 2: Extent to which stakeholders think they can influence VicHealth*

	% 'a great deal'/'a lot'	
	2005 (n=693)	2002 (n=226)
The information it makes available to others	32	15
Policy direction	22	6
The way it allocates funding	18	7
The way it operates	15	4

As table 2 shows, stakeholders in 2005 perceived that their organisation had more influence over VicHealth than stakeholders surveyed in 2002. This influence was perceived to be greatest in the information that VicHealth makes available to others.

## Quality of relationships

Respondents to the survey were asked to provide an overall rating of their current relationship with VicHealth and to compare this with their relationship at the same time last year. They were also asked to rate particular aspects of the relationship and to provide comments on how the relationship could be improved.

As can be seen from graph 2, 71% of respondents to the survey rated their relationship with VicHealth as either excellent or good. There was considerable variation between segments, however, with a significantly greater proportion of grant holders rating the quality of their relationship as excellent or good (84%) than unsuccessful applicants (52%).

*Graph 2: Overall rating of the quality of the relationship with VicHealth - 2005 Results*



## Suggestions for improvement

The survey asked the open-ended question, 'In what ways could the relationship you have be improved?' An area raised by both grant holders and unsuccessful applicants was a desire for more face-to-face contact, particularly by those in rural areas. All segments raised improved communication as a suggestion for improvement. Unsuccessful applicants were also keen to ensure they were notified about future funding opportunities. Working on forming effective partnerships and linkages was an area raised by grant holders and one of the main suggestions made by panel members.

Table 3: Suggestions for improving the relationship with VicHealth

Suggested improvements	% of respondents			
	Panel members (n=26)	Grant holders (n=287)	Unsuccessful applicants (n=272)	2005 Total (n=585)
No suggested improvements	27	25	7	17
Visits, particularly in rural areas	4	15	17	15
Improved or more communication	15	11	16	14
Notification for fund opportunities and requirements	-	8	18	12
Improved partnerships, networks and linkages	23	13	6	10
Better understand our aims and needs	4	7	12	9
Invite more group sessions, feedback and input	8	10	8	9
Broaden and increase funding	8	9	9	9
Implement more ideas put forward	-	1	15	8
Make email and updates more relevant and frequent	-	6	10	8
Be more involved/develop initiatives and workshops	15	10	4	7
Wider distribution of new projects and findings	4	5	8	6
For us to have the time, staff and resources to commit	23	5	6	6
Raise awareness of service provided	12	4	6	5
Greater feedback and assessment of completed projects	4	6	4	5
Clarify expectations, responsibilities and /explanations	-	5	5	5
More accessible and direct contact	-	4	3	4
Consistency with funding policy, decisions and guidelines	-	1	6	3
Understand VicHealth operations and direction	-	4	-	2
Simplify reports and applications: simplify and reduce the amount of paperwork	-	2	2	2
Give the website regular updates and improvements/regular/improve	-	1	-	0

## Effectiveness in day-to-day dealings

Grant holders and unsuccessful applicants were asked to rate VicHealth's day-to-dealings with them in a number of areas. Their responses are shown in table 4 which again has been colour-coded to assist comparisons. Panel members were only asked, 'How effective would you rate VicHealth in the way it handles its business in terms of dealing with informed and competent people?'. All (100%) rated VicHealth as very effective or effective.

*Table 4: Effectiveness of VicHealth in its day to day dealings*

Statement	% Top-two-box <sup>3</sup>			
	Grant holders (n~317)	Unsuccessful applicants (n~292)	2005 Total (n~383)	2002 Total (n=289)
Explaining the funding guidelines clearly	92	61	78	47
Processing your grant application	93	62	79	44
Telling you the outcome of your grant application	94	66	81	44
Explaining what is required of you as a grant holder	90	n/a	90	46
Taking an interest in the findings of your work	79	n/a	79	28
Dealing with informed and competent people	92	75	85	38
Being given adequate feedback about projects undertaken	76	n/a	76	28
Day-to-day management of the contract or grant	84	n/a	84	31
Allowing your organisation to be flexible within the project's broad objectives	89	n/a	89	38

Code:

90% or more	80-89%	60-79%	Below 60%
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<sup>3</sup> 2005: Very effective/effective; 2002: Excellent/very good

## Effectiveness in other areas

All respondents to the survey were asked to rate VicHealth's effectiveness in a range of other areas (see table 5). Once again, these responses are colour-coded. Of note is the low response provided by unsuccessful applicants in relation to flexibility in responding to new concerns.

Grant holders were significantly more likely than unsuccessful applicants to rate VicHealth's business dealings with them as very effective or effective in all of these areas. Within the unsuccessful applicant segment, respondents from government departments were more likely than others to report that VicHealth is very effective or effective at focusing on the correct issues.

*Table 5: Effectiveness of VicHealth*

Statement	% Very effective/effective			
	Panel members (n~29)	Grant holders (n~327)	Unsuccessful applicants (n~258)	2005 Total (n~615)
Flexibility in responding to new concerns	97	81	39	65
Sharing health promotion knowledge	97	87	67	79
Working across many sectors	90	89	69	81
Focusing on the correct issues	90	84	60	74
Strengthening research and evaluation capacity	94	84	60	75

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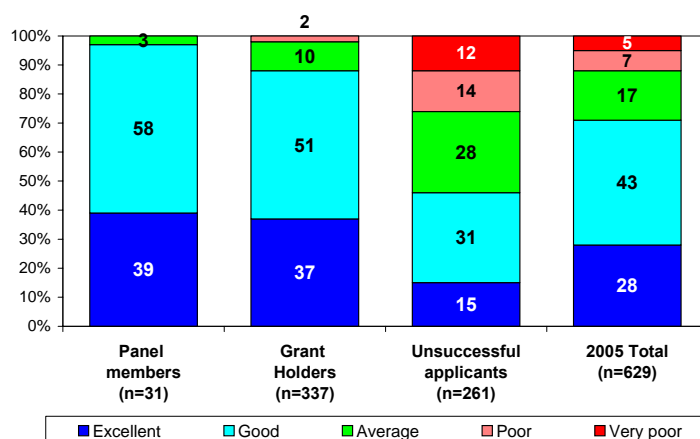
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## VicHealth's advocacy role

The effectiveness of VicHealth's advocacy efforts was an issue raised in both phases of the study. Graph 3 presents the phase 2 survey results. Overall, the majority of respondents (71%) rated VicHealth's efforts as excellent or good. A significantly greater proportion of grant holders rated VicHealth's advocacy efforts as excellent or good (88%) than unsuccessful applicants (46%).

Overall satisfaction with VicHealth's advocacy efforts appears to have increased since 2002 (from 61% 'top-two boxes' in 2002 to 71% 'top-two' in 2005).<sup>4</sup>

*Graph 3: Overall rating of VicHealth's advocacy efforts - 2005 results*



VicHealth was perceived by all segments in the phase 1 interviews to be in a position to effectively advocate on public health issues. There were several mentions of past best practice campaigns that were seen to be sophisticated and effective. For example:

- tobacco control
- Walking School Bus projects
- the Together We Can Do Better campaign

The following comments summarise just a few of the positive perceptions that many stakeholders held:

*[VicHealth] has a good role – awareness with building and shaping community attitudes. (Govt dept)*

*They have described advocacy well and pursue it in the manner they set out in this document [strategic direction]. (Govt dept)*

*They do a good job at getting media coverage. (MP)*

*Public campaigns that have been run by VicHealth in the past have been exceptional. They have been accessible and presented the information in the language that the community can understand. However, there needs to be more of it, a greater focus on the media and public agenda. (NGO)*

Interviewees from all segments wanted VicHealth to take on a stronger advocacy role: it was felt there was opportunity to leverage its current strong brand further.

The vast majority of stakeholders felt that VicHealth could make greater use of its position by taking a stronger and less conservative advocacy role with Government:

*A stronger role ... opening debate rather than shaping it. (MP)*

*More lobbying... get in Cabinet's face in Victoria. (NGO)*

*Continue to challenge policy issues of relevance. (NGO)*

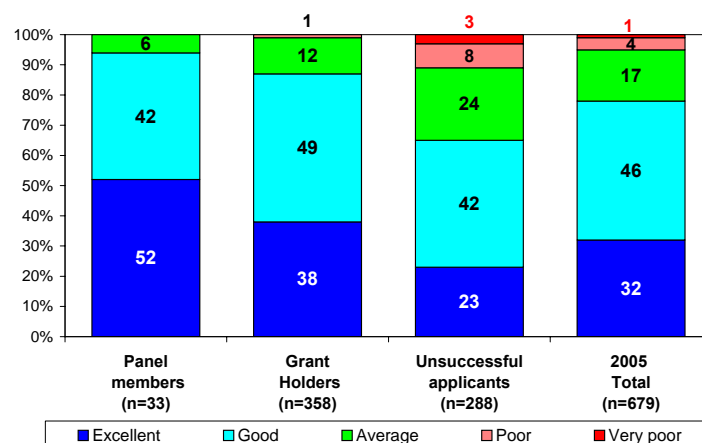
## Knowledge dissemination

Participants in both phases of the research were asked about VicHealth's overall performance in knowledge dissemination as well as questions about specific resources and projects provided by VicHealth.

When asked to rate VicHealth as a collector and disseminator of public health information, 78% of respondents to the survey rated its performance as excellent or good (see graph 4). Grant holders were significantly more likely to provide this rating than unsuccessful applicants (87% compared with 65%).

A comparison of top-two scores suggests that satisfaction with VicHealth in this area has increased since 2002 (from 55% excellent/very good in 2002 to 78% excellent/good in 2005). Grant holder scores particularly have increased (from 61% in 2002 to 87% in 2005).

Graph 4: Rating of VicHealth as a collector and disseminator of public health information - 2005 Results



## Quality of information provided

Survey respondents were asked to rate the information they received from VicHealth in terms of its reliability, credibility, timeliness, relevance, accessibility and honesty.

As table 6 shows, honesty, credibility and reliability are clearly seen as strengths of VicHealth communication by stakeholders. These results have improved considerably since 2002.

*Table 6: Overall rating of information received from VicHealth by segment 2005*

Statement	% Excellent/good				
	Panel members (n~33)	Grant holders (n~366)	Unsuccessful applicants (n~271)	2005 Total (n~670)	2002 Total (n=289)
Reliability	100	96	84	91	62
Credibility	100	97	90	94	73
Timeliness	94	88	74	83	52
Relevance	97	90	77	85	55
Accessibility	94	89	75	83	-
Honesty	100	97	91	95	-

Code:

90% or more	80-89%	60-79%	Below 60%
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## Use and importance of particular resources

Survey participants were asked to indicate if they used or received certain resources available from VicHealth (see table 7). In all cases, use or receipt has increased since 2002.

*Table 7: Use or receipt of resources from VicHealth*

Resources	Overall use or receipt % response (n~575) 2005	Overall use or receipt % response (n=289) 2002
Training in health promotion	32	19
Access to people who can put you in touch with others	48	29
Access to the latest thinking and knowledge of relevant topics	46	27
A forum for generating new ideas and concepts	41	23
A means of understanding Government policy	29	16
Endorsement of a well-regarded authority	32	23

Grant holders were significantly more likely than unsuccessful applicants to have used or received the following resources:

- training in health promotion (35% grant holders compared to 26% unsuccessful applicants)
- access to people who could put them in touch with others (53% cf 42%)
- access to the latest thinking and knowledge of relevant topics (49% cf 40%)
- a forum for gathering new ideas and concepts (48% compared with 28%)

## Communication resources

As table 8 shows, there has been an increase in the overall use of communications resources since 2002, particularly the VicHealth website since 2002 (55% in 2002 to 76% in 2005), as well as the *VicHealth Letter* (48% in 2002 to 67% in 2005) and other publications (16% in 2002 to 60% in 2005).

*Table 8: Use of or attendance at VicHealth communication resources in the last 12 months - 2000, 2002 and 2005 results*

Resources	Overall use or attendance % response		
	2000 (n=176)	2002 (n=289)	2005 (n=674)
Website	31	55	76
VicHealth letter	75	48	67
Publications	-	16	60
Seminars	40	30	34
Cluster meetings	-	-	21

Code:

90% or more	80-89%	60-79%	Below 60%
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As table 9 shows, those who made use of these information sources generally rated them as excellent or good, particularly panel members and grant holders. Satisfaction with the VicHealth website, *VicHealth Letter* and seminars all appear to have increased since 2002.

*Table 9: Rating of VicHealth communication resources used in the last 12 months - 2005 results*

Resources	% top-two box (excellent/good)			
	Panel members (n~20)	Grant holders (n~213)	Unsuccessful applicants (n~111)	Total 2005 (n~345)
Website	90	91	84	88
VicHealth letter	91	91	76	85
Publications	100	94	81	90
Seminars	94	91	93	92
Cluster meetings	93	85	89	86

Code:

90% or more	80-89%	60-79%	Below 60%
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End of Report