

KEY PERFORMANCE INDICATORS 2017/18

INTRODUCTION

The key performance indicators report on the performance of Healthway in achieving the desired outcome and delivering its service. Healthway reports on one key outcome and service. The key performance indicators comprise three effectiveness indicators and one efficiency indicator that link to the outcome and service.

GOVERNMENT GOAL

Sustainable Finances: Responsible financial management and better service delivery.

KEY OUTCOME

To promote healthier lifestyles and environments.

SERVICE

To promote and facilitate good health and activities which encourage healthy lifestyles in Western Australia.

KEY EFFECTIVENESS INDICATORS

Contractual Evaluation Measure

KPI 1. Extent to which funded organisations have met the requirements and objectives agreed to with Healthway

The contractual evaluation score (CES) has been reported through two separate scales that measure the aggregated level at which funded organisations met contractual obligations and provided value for money.

The CES applies a scale (from 1 to 5, with 1 representing projects falling well short of expected contract requirements) for each completed project to measure the extent to which funded organisations have delivered on agreed contractual obligations.

These scores are then consolidated for an overall score for each program area as shown in Table 2.

Similarly, Table 3 reports on the results for the value for money measure of completed projects and applies a scale (from 1 to 5, with 1 representing low value for money) based on pre-determined strategic dimensions that include the reach of funded projects into agreed target priority groups and evidence of a focus on engaging people in healthy behaviour.

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Table 2. Contractual Evaluation Score

Meeting Contractual Requirements	2017/18 Actual	2017/18 Target	2016/17 Actual	2015/16 Actual	2014/15 Actual
Health Promotion Projects	3.1	3.0	3.1	2.8	3.0
Arts Projects	3.0	3.0	2.9	2.8	2.7
Community Events Projects	2.9	3.0	2.9	2.9	2.8
Sport and Racing Projects	3.2	3.0	3.1	3.0	3.0

The results across each of the programs are either equivalent or an improvement on previous years, with majority of the funding recipients meeting the full requirements of their contract with Healthway or exceeding those requirements.

The community events program scored the same as the previous year but slightly less than the 2017/18 target. This was mainly due to a high number of new applications for small sponsorships of \$5,000 or less where there is potential for less understanding of requirements regarding naming rights and strategies for achieving anticipated reach.

The health promotion projects also scored the same as the previous reporting period (2016/17), slightly exceeding the 2017/18 target. The sport and arts sponsorship areas both scored higher than in 2016/17, following targeted efforts during the year to support funded organisations to deliver health promotion strategies and ensure contractual requirements were understood and met.

In 2018/19 Healthway will continue to aim for a target of at least 3.0 across all programs for the contractual evaluation measure.

Table 3. Value for Money

Value for Money	2017/18 Actual	2017/18 Target	2016/17 Actual	2015/16 Actual	2014/15 Actual
Health Promotion Projects	3.0	3.0	3.0	2.8	3.0
Arts Projects	2.9	3.0	3.0	2.8	2.7
Community Events Projects	3.0	3.0	2.9	2.8	2.8
Sport and Racing Projects	3.3	3.0	3.2	3.1	2.9

The sport and racing sponsorship projects exceeded the 2017/18 target for value for money. This reflects Healthway's efforts to establish relationships with sponsored organisations to support their understanding and delivery of health promotion strategies, as well as an increased emphasis on creating healthy environments.

Value for money from community sponsorship projects improved on the previous reporting period and this year achieved the 2017/18 target. This is reflective of efforts by Healthway to provide additional support and advice to organisations prior to their application submission and during the contracting phase to improve their understanding of Healthway requirements and promotion of health messages. The community events sponsored by Healthway are often delivered by small volunteer-based, community or multicultural organisations with limited experience in delivering sponsorship activities, and additional support is often necessary.

The arts sponsorship area was just below the 2017/18 target and the 2016/17 score for value for money. This is mainly due to a number of managed by new organisations to Healthway requiring additional support and education to deliver effective health promotion strategies. Greater emphasis will be placed on supporting new applicants before submission of their application in 2018/19 and to support their understanding and integration of health promotion outcomes within their activities.

The health promotion projects achieved the target score for value for money, consistent with the previous reporting period. In 2017/18 Healthway will continue to aim for a target of at least 3.0 for this measure across all programs.

Table 4. Sponsorship Monitor Survey

KPI 2. Extent to which sponsorship as a strategy contributes to health behaviour change

Survey Measure	2016/17 Target	2016/17 Actual	2014/15 Actual	2012/13 Actual	2011/12 Actual
% of people attending Healthway sponsored activities who were aware of the health message	70.0	65.7	65.1	72.0	75.6
% of people attending Healthway sponsored activities who correctly understood the health message	55.0	56.7	56.3	57.5	59.2
% of people attending Healthway sponsored activities who indicated intentions to act on the health message	16.0	26.2	23.2	23.3	14.5

The Sponsorship Monitor Survey provides a comprehensive measure of the impact of health messages on audiences at Healthway-sponsored events, including health message awareness, understanding of the message and intention to act on the message promoted at the event. The survey is based on a set of complex instruments, methodology and analysis developed by the UWA Health Promotion Evaluation Unit (HPEU) that has provided evidence that health sponsorship can lead to behaviour change. Due to the complexity of the survey it is generally undertaken every alternate year with the most recent survey undertaken in 2016/17.

Thirty-five major sport, arts and racing projects were surveyed in the 2016/17 Sponsorship Monitor. The population was considered to be people attending sponsored events. The HPEU collected surveys for 2,962 adults and young people aged over 10 years, randomly selected across these projects. This represented a 57% response rate. This ensured a confidence interval of within +/- 5% at the 95% confidence level.

In the 2016/17 Sponsorship Monitor, 35% of respondents completed interviewer administered questionnaires and 65% completed self-administered surveys. The results show that 65.7% of people who attended a Healthway message-sponsored event were aware of the health message being promoted at the event in 2016/17. The target results for these surveys aim to maintain previous levels and new leveraging strategies may be put in place in sponsored projects to achieve incremental improvements on prior surveys.

The overall awareness levels in 2016/17 were broadly like those measured in 2014/15. Results from more than 20 years of monitoring audience awareness at Healthway-sponsored events show average awareness levels typically ranging between 70% and 75%, therefore the results measured in 2016/17 were below the expected range.

However, the HPEU report that the lower awareness in 2014/15 and in 2016/17 may be attributable to the higher proportion of self-administered questionnaires used in these surveys compared with earlier years. This method is less robust than interviewer administered questionnaires but is more time-efficient for collecting data at events with limited time available during intervals and after the event. Awareness among respondents who completed interview questionnaires was 81% in 2016/17, compared with only 58% among those who responded via self-administered questionnaires.

An important step in encouraging people to adopt healthier lifestyles is to ensure that they correctly understand the health messages promoted at events. The Sponsorship Monitor asks patrons about their understanding of the health message being promoted at the surveyed events.

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Note, that only people who are aware of the message can be asked if they understand its meaning. The levels of message comprehension or understanding measured in the 2016/17 Sponsorship Monitor were like earlier years, at 56.7% of all patrons surveyed (56.3% in 2014/15 and 57.5% in 2012/13). As an indication of changing behaviours and habits, survey participants are asked about their intentions to act on the message. Again, only people who are aware of the message and correctly understand it can be asked about their intentions. The proportion of the overall sample who indicated an intention to act on the message in the 2016/17 Sponsorship Monitor was higher than in the 2014/15 survey at 26.2% of all respondents surveyed, compared with 23.2% in 2014/15.

The higher proportion of respondents intending to act on the message reflects a trend in recent surveys and suggests that Healthway's approach to incorporating opportunities to engage with the health message at events and encourage behaviour change have been successful.

The Sponsorship Monitor Surveys provide evidence over many years that a consistently high percentage of people attending events are aware of and understand the health promotion message promoted at Healthway-sponsored events and process the information to the extent that they form an intention to act on the messages promoted.

As stated earlier, studies have shown that sponsorship as a strategy is effective in raising awareness and comprehension of health messages which can also lead to behaviour change. In 2018/19 Healthway will continue to explore innovative and effective ways to encourage behaviour change through all its program areas, as part of the integration with Lotterywest.

Capacity Building

KPI 3. Extent to which Healthway support has enabled capacity building activities in the community

Healthway recognises capacity building as the development of sustainable skills, structures, resources and commitment to embrace behavioural change that continues beyond the term of a project or program. Building sustained health promotion capacity of individuals, organisations and communities is a strategic priority for Healthway.

Healthway has identified four capacity building domains as follows:

1. Organisational commitment including policy changes;
2. Building partnerships and creating supportive environments;
3. Building health promotion skills and activities; and
4. Reaching new priority groups.

Extensive organisational surveys conducted independently for Healthway by HPEU over 25 years have applied the above domains in collecting data to measure the impact of Healthway support on funded organisations.

From 2010 the survey has been conducted on-line with improved follow-up measures that resulted in an increased response rate from 44% in 2011/12 to 70% in 2016/17 and 87% in 2017/18. Responses were received from 209 organisations in 2017/18 which reflects the number of projects that were completed during the year. The reported figures include 95% confidence intervals.

For the 2017/18 survey the targets aimed at attaining results within the range reported in earlier years in the Table 5 on the right.

These are explained as follows:

Note 1: The percentage of sponsored organisations implementing health policies in their venues and at events was in line with the target at 96% (+/- 4.4%) in 2017/18.
Note 2: The percentage of organisations reporting building partnerships and creating supportive environments exceeded the 2017/18 target and previous years at 82% (+/- 4.9%). The higher figure in 2017/18 reflects Healthway's continuing emphasis on partnerships and environmental change with sponsored organisations during the year.
Note 3: The survey results show that in 2017/18 the percentage of organisations demonstrating a commitment to building health promotion capacity by acquiring new skills or training in new areas met the target and increased from the previous year to 72% (+/- 4.9%). This reflects increased efforts by Healthway to establish relationships with sponsored organisations and work with them to support their capacity building needs, as well as a commitment from sponsored organisations to embed health promotion activities within their organisation's activities.
Note 4: The measure for reaching new priority target groups in 2017/18 was lower than the previous year at 68%, (+/-5.1%) and 2% lower than the target. This result indicates that Healthway-sponsored organisations have not extended their programs to reach new and priority population groups in the community as well as previous years. In 2018/19 emphasis will be placed on ensuring organisations receiving Healthway sponsorship funding are supported and encouraged to engage a diverse audience, and applications will be sought from organisations which target Healthway's priority population groups, including those at greater risk of preventable chronic disease through higher rates of unhealthy behaviours.

The overall trend suggests that investment continues to be made in areas that are having a positive impact on health promotion capacity building and Healthway-funded organisations are maintaining a high level of commitment to health promotion and able to deliver on a range of activities that align with Healthway's stated capacity development objectives.

When benchmarked against the historical survey data collected over 20 years, appropriate targets for the 2018/19 year would be to maintain similar levels within the ranges measured over the last three surveys for each of the capacity building indicators in the table below.

Table 5. Survey targets 2017/18

Notes	Indicator	2017/18 Target	2017/18 Actual	2016/17 Actual	2015/16 Actual	2014/15 Actual
			209	141	132	151
1	% of organisations implementing health policies and demonstrating commitment to health promotion as a result of Healthway funding	93	96	93	94	93
2	% of organisations building partnerships and creating healthy environments as a result of Healthway funding	70	82	79	76	67
3	% of organisations committed to building and sustaining health promotion skills as a result of Healthway funding	70	72	67	67	71
4	% of organisations reaching new priority groups as a result of Healthway funding	70	68	75	74	61

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CHANGES TO EFFECTIVENESS INDICATORS

In 2018 the Healthway Board approved a series of changes to Healthway KPIs in line with the new OBM Guidelines from Treasury, and to ensure that the new indicators more closely aligned with Healthway's objectives and operations under the *Western Australian Health Promotion Foundation Act 2016*. The Under Treasurer approved the replacement of two of the above effectiveness indicators with a single indicator to be reported from 2018/19.

The approved new key effectiveness indicator is: Extent of funding activities aligned with health priority areas for Western Australia. This replaces the Sponsorship Monitor Survey and Capacity Building effectiveness indicators reported above.

KEY EFFICIENCY INDICATOR

The key efficiency indicator provides a measure of the cost of inputs required to achieve outcomes. The indicator measures the average cost per \$100 of approved grant and sponsorship funding.

Grants and Sponsorships

In 2017/18 the actual average cost for every \$100 of approved funding of \$20.39 is lower than the target of \$22.22 and lower than the previous two years. This measure comprises two key components being the total grant and sponsorships approved during the year over the total corporate costs for the agency including program evaluation costs.

The integration of Healthway and Lotterywest during the year resulted in a number of efficiencies in corporate costs, which have impacted on this figure.

Efficiency indicator	2017/18 Target	2017/18 Actual	2016/17 Actual	2015/16 Actual
Average cost per \$100 of approved grant and sponsorship funding	\$22.22	\$20.39	\$21.56	\$22.87