

Systems Assessment Tool – Health promotion

Version 1.3

May 2012



One21seventy

National Centre for Quality Improvement
in Indigenous Primary Health Care



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Acknowledgments

We would like to thank all who participated in the research project, '*A structured systems approach to improving health promotion in Indigenous primary health care*' and tool development, including:

Research team and consultants – Nikki Percival, Lynette O'Donoghue, Ross Bailie, Komla Tsey, Christine Connors, Beverley Sibthorpe, Paula Convery, Michelle Dowden, Bernadette Shields, Dorothy Morrison, James Smith, Vivian Lin, David Thomas.

Groups involved in the research and ABCD projects – Project management committee, Aboriginal and Torres Strait Islander advisory group and ABCD project management team.

Services and people who participated in the research and tool development

Wurli Wurlinjang Aboriginal Health Service, Katherine, NT

Gunbalanya Health Service, Oenpelli NT

Marthakal Homelands Health Service, NT

Barunga team, Sunrise Health Service, NT

One21seventy management and staff, especially:

Kat Lonergan, Information Systems Coordinator, One21seventy

Barry Scrimshaw, IT Manager, One21seventy

Alison Laycock, Project Officer, Health Promotion CQI Tools and Resources

Graphics and artwork

Joseph Jungarrayi Fitz

Version control

Version	Release date	Description
1.0	2007-2008	Generic ABCD SAT - Community based health promotion
1.1	1 July 2008	Community based health promotion – 5 domains
1.2	17 June 2009	Health Promotion System Assessment Tool – 4 domains, new format
1.3	9 May 2012	Formatting and minor adjustments

Note: The versions relate mainly to system tool development as part of the Menzies School of Health Research project titled '*A structured systems approach to improving health promotion in Indigenous primary health care*'.

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A tool for assessment of health centre systems to support health promotion in primary health care

Why use this systems assessment tool (SAT)?

- The health challenges of the 21st century mean that primary health care organisations need to re-think the way they work.
- Comprehensive primary health care matters for health improvement and empowerment – health promotion is key.
- The SAT can be used to assess how well systems are working to support the highly important work of health promotion in primary health care centres and services.
- Health services want practical tools to describe and monitor changes made to their organisational structures and processes.
- The SAT assists health services to understand why and how organisational and system changes support and strengthen the delivery of best practice in health promotion.

Health promotion and primary health care

The links between health promotion and primary health care are critical for health improvement. *'Treatment alone is unlikely to have marked effects on health outcomes that underlie many health conditions outside of the health centre....therefore health promotion requires greater integration as part of a comprehensive primary health care service delivery'* (Keleher, 2001).

With its focus on combined, community based approaches, health promotion supports the National Community Controlled Health Organisation's definition of Primary Health Care as *'...the collective effort of the local Aboriginal community to achieve and maintain its cultural well being....a holistic approach which incorporates body, mind, spirit, land, environment, custom and socio-economic status'*.

Emphasis on health determinants, empowerment and creation of enduring change ensures that health promotion shares the social justice and equity principles of primary health care (Wass, 2000). Thus health promotion has

an important role in closing the gap in health and life expectancy between Indigenous and non-Indigenous Australians.

About health promotion

Health promotion is defined as:

'the process of enabling people to increase control over, and to improve their health. ...' (WHO, 1986).

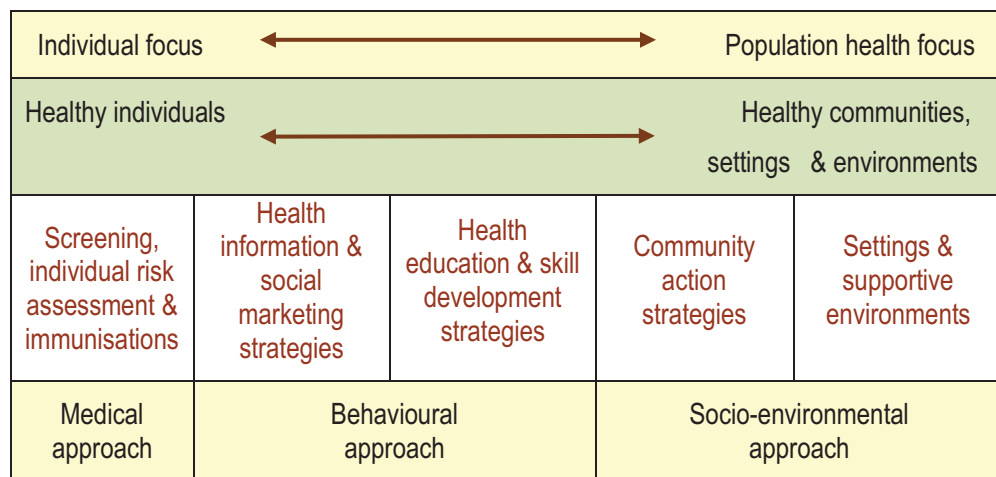
The Ottawa Charter (WHO, 1986) identified five priority areas for health promotion: build healthy public policy; create supportive environments for health; strengthen community action for health; develop personal skills; reorient health services.

The Jakarta Declaration (WHO, 1997) confirmed these action areas. It also confirmed evidence that *comprehensive (combination) approaches* are more effective than single-track approaches, that *settings* for health offer practical opportunities, that *participation* (of target audiences) is essential for sustained efforts, and that *health literacy/learning* fosters participation and *empowerment*. Securing an *infrastructure* for health promotion was identified as a priority area.

The Bangkok Charter for Health Promotion in a Globalized World (WHO, 2005) focused on *health determinants*, *inequality* and *human rights*, *sustainable* actions and policies, and *capacity building* – issues of particular relevance to Indigenous peoples worldwide.

The Victorian Department of Human Services (2003) spectrum of health promotion interventions is useful for thinking about the range of approaches and strategies used in health promotion (see Figure 1). The framework illustrates the relationship between approaches and strategies, individuals and populations.

Figure 1 Approaches and strategies used in health promotion



Improving the quality of the systems that support health promotion – especially those that support work outside the health centre setting - is essential for improving the quality of primary health care systems overall.

Where did the SAT originate?

The Health Promotion SAT was developed by the Menzies School of Health Research based on the ABCD Generic Systems Assessment Tool. Unlike the generic SAT, the Health Promotion SAT is designed specifically for non-clinical health promotion programs and activities. The tool complements the generic SAT; it is anticipated that many health services will use both SAT tools.

The HP SAT builds on our experience of using earlier tools designed for clinical services, on existing capacity mapping tools for health promotion and public health, and on our trials of earlier versions of the tool over several years. Resources used in the development of this tool are listed at the end of the document.

Using the tool

The tool is used to score the level of development of each system component and item that supports health promotion. Different staff may have very different perspectives on how systems are functioning. Sharing of perspectives is important for valid data, and contributes to a wider understanding of the strengths and weaknesses of the system in relation to supporting health promotion. Therefore, as many staff as possible should participate in the assessment. A group facilitator is needed to guide discussion towards consensus in scoring.

What happens to the information obtained during the SAT?

- Scores and justifications are entered onto the One21seventy website.
- Results are downloaded in a Microsoft Word report and emailed to the service.

How can the SAT information be used?

The HP SAT supports ongoing quality improvement initiatives that are **specific to health promotion** by:

- assessing the level of development of the health centre systems that support health promotion activities
- providing guidance on how to plan improvements in the way health promotion is supported within your service
- assessing progress in achieving system improvement to support health promotion.

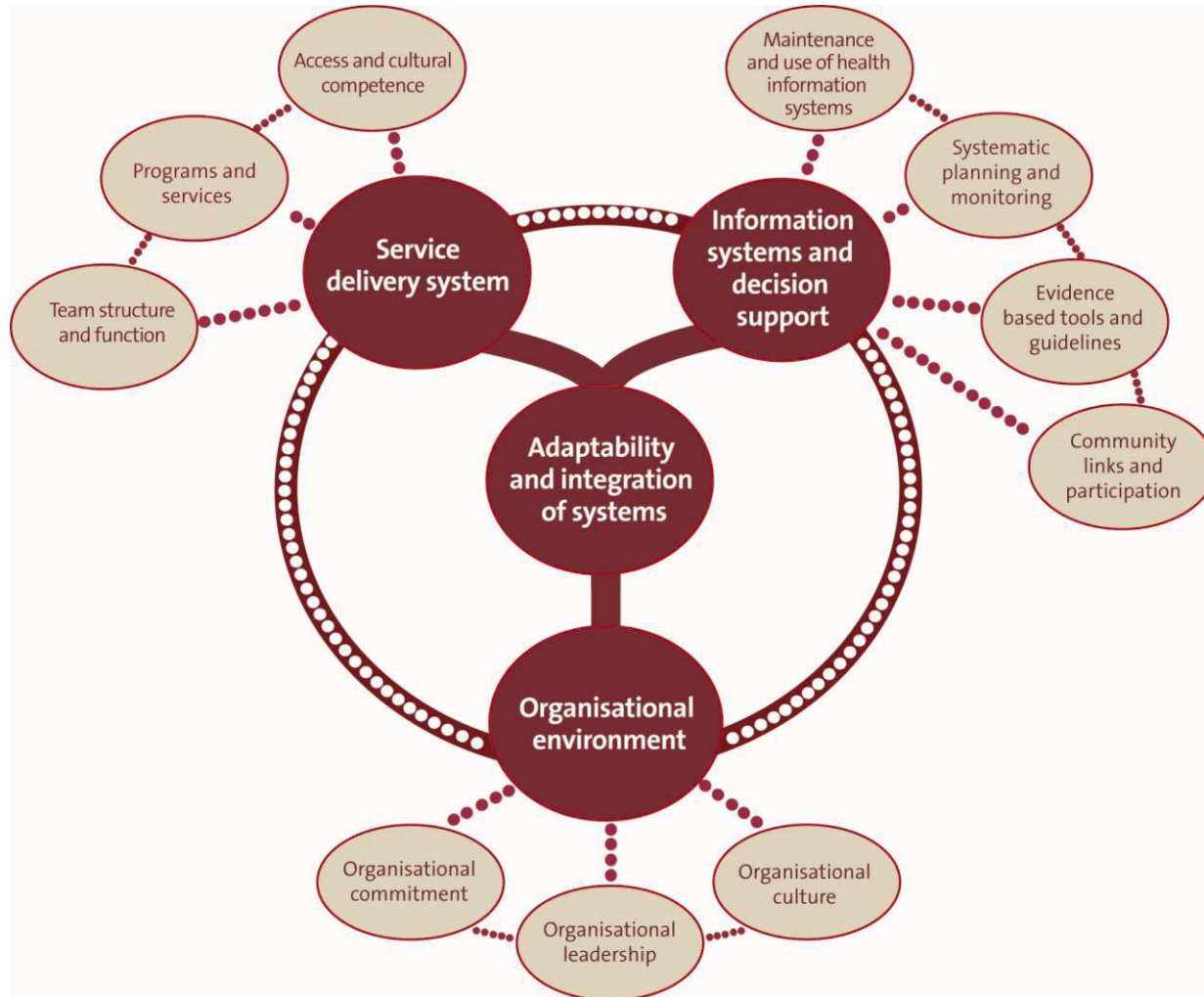
The SAT complements the Health Promotion Audit Tool. When used together, the two tools can provide a picture of the overall quality of health promotion in primary health care centres and changes over time.

Table 1: One21seventy – Health Promotion Systems Assessment Tool (SAT) components and items

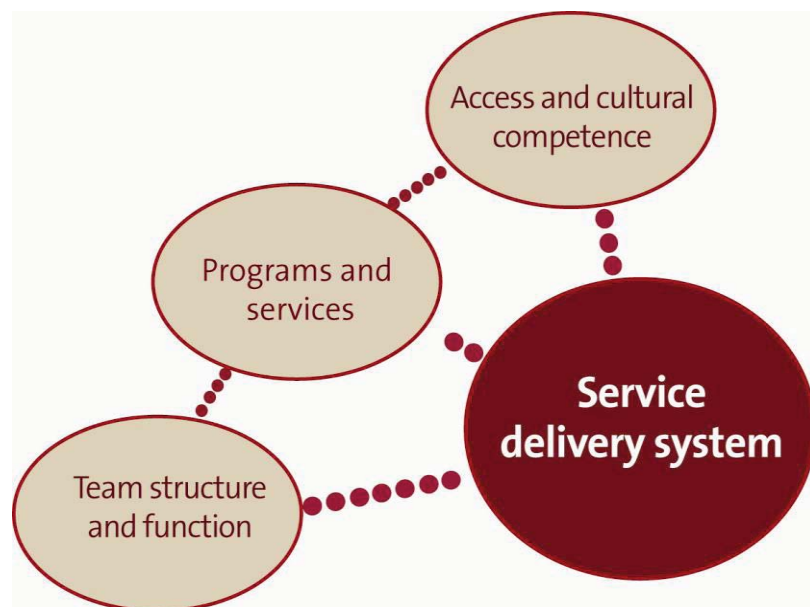
Components	Items for each component
<p>1. Service Delivery System</p> <p>This component refers to the way infrastructure, staffing, planning and processes for health promotion are designed to meet the needs of the community and specific population groups. This involves more than simply adding health promotion interventions or programs to an existing system focused on acute care.</p>	<p>1.1 Team Structure and Function 1.2 Programs and services 1.3 Access and cultural competence</p>
<p>2. Information systems and decision support</p> <p>This component refers to clinical and other information structures (including structures to support decision making) and processes to support planning, implementation and monitoring of health promotion.</p>	<p>2.1 Maintenance and use of health information systems 2.2 Systematic planning and monitoring 2.3 Evidence based tools and guidelines 2.4 Community links and participation</p>
<p>3. Organisational environment</p> <p>This component refers to the use of organisational influence to create a culture, organisational structures and processes that are needed for good health promotion practice.</p>	<p>3.1 Organisational commitment 3.2 Organisational leadership 3.3 Organisational culture</p>
<p>4. Adaptability and Integration of systems</p> <p>This component refers to the capacity of systems to respond and adapt to meet changing health promotion priorities. It also refers to the way individual components of the system integrate to support and strengthen health promotion.</p>	<p>4.1 Adaptability of systems 4.2 Integration of systems</p>

Health Promotion Systems Assessment Tool – Components & Items

Components are inter-related. Changes in one system component will affect other components



Component 1 Service Delivery System

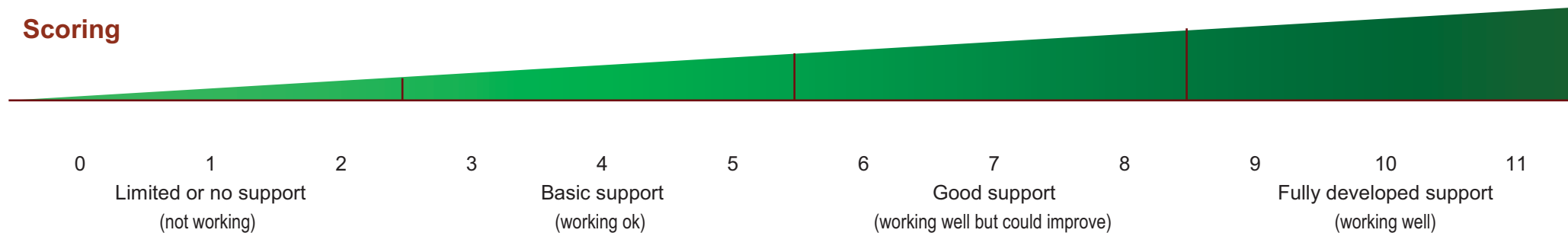


Service delivery system is about supporting staff to implement or deliver health promotion by:

- having a range of health professionals working together (within and external to the health centre)
- clear health promotion roles and areas of responsibility
- good team leadership and communication
- appropriate and adequate information, materials and equipment to deliver health promotion activities
- having respect for Indigenous knowledge and ways of working when planning and implementing health promotion

Together these aspects will help improve the quality and effectiveness of health promotion activities

Scoring



Item 1.1 Team structure and function

To reach a score (out of 11) for team structure and function, discuss: team membership, team approach, team leadership, roles and reporting within the team and communication between team members. These descriptions may be helpful.

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Team approach	No team approach to health promotion; staff not available for team approach.			Some efforts to establish a team approach to health promotion; staff sometimes available for team approach, but not secure or ongoing			Team approach to health promotion becoming well established; team approach is becoming more secure and ongoing			Fully established team approach to health promotion; secure, ongoing availability of staff needed for team approach		
Team leadership	No team leadership			Team leadership for health promotion is not clearly defined			Team leadership for health promotion is becoming defined and recognised. Leader is acquiring formal authority.			Team leadership for health promotion is clearly defined and recognised. Leader has formal authority		
Team roles & reporting	No definition of team roles. No established lines of reporting about health promotion.			Definition of team roles, lines of reporting and integration of health promotion into system design are fair			Definition of team roles, lines of reporting and integration of health promotion into system design are good			Definition of team roles, lines of reporting and integration of health promotion into system design are very good		
Team communication	Poor or no communication within the team about health promotion.			Fair communication and cohesion within the team; team meets irregularly; decision-making about health promotion is fair			Good communication and cohesion within the team; team meetings becoming regular; decision-making about health promotion is good			Very good communication and cohesion within the team; team meetings regular; decision-making about health promotion is very good		

Item 1.2 Programs and services

To reach a score (out of 11) for health promotion programs and services, discuss: health promotion plans, links for clients between health promotion and other programs, comprehensiveness of health promotion, cultural appropriateness, and whether materials and equipment are available and well maintained for health promotion. These descriptions may be helpful.

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Health promotion plans	No plans or little interest in a plan for health promotion. No or little alignment with current regional, state and national policies & plans			Health promotion plans in place; level of commitment is fair & alignment of activities with current regional, state and national policies & plans fair.			Health promotion plans in place; level of commitment is good & alignment of activities with current regional, state and national policies & plans good			Health promotion plans in place; level of commitment is good & alignment of activities with current regional, state and national policies & plans good		
Links for health promotion clients	No or minimal systematic arrangements for linking clients to other program areas and outside resources when needed			Arrangements for linking clients to outside resources are ad hoc			Arrangements for linking clients to outside resources are becoming systematic			Arrangements for linking clients to outside resources are systematic and always work well		
Comprehensive approach to health promotion	Range of health promotion strategies, settings/sectors and partnerships are poor			Range of health promotion strategies, settings/sectors and partnerships are fair			Range of health promotion strategies, settings/sectors and partnerships are good.			Range of health promotion strategies, settings/sectors and partnerships are good.		
Cultural appropriateness	Health promotion programs and services have no or limited cultural or traditional activities and have no or limited skill development opportunities for community members			Health promotion programs and services include some cultural or traditional activities and have some skill development opportunities for community members			Health promotion programs and services are mostly cultural or traditional activities and have good skill development opportunities for community members			Health promotion programs and services are mostly cultural or traditional activities and have good skill development opportunities for community members		
Health promotion materials and equipment	Appropriateness and availability of health promotion materials & equipment quality and maintenance is poor			Appropriateness and availability of health promotion materials & equipment appropriateness, quality and maintenance are fair			Appropriateness and availability of health promotion materials & equipment quality and maintenance are good			Appropriateness and availability of health promotion materials & equipment quality and maintenance are very good		

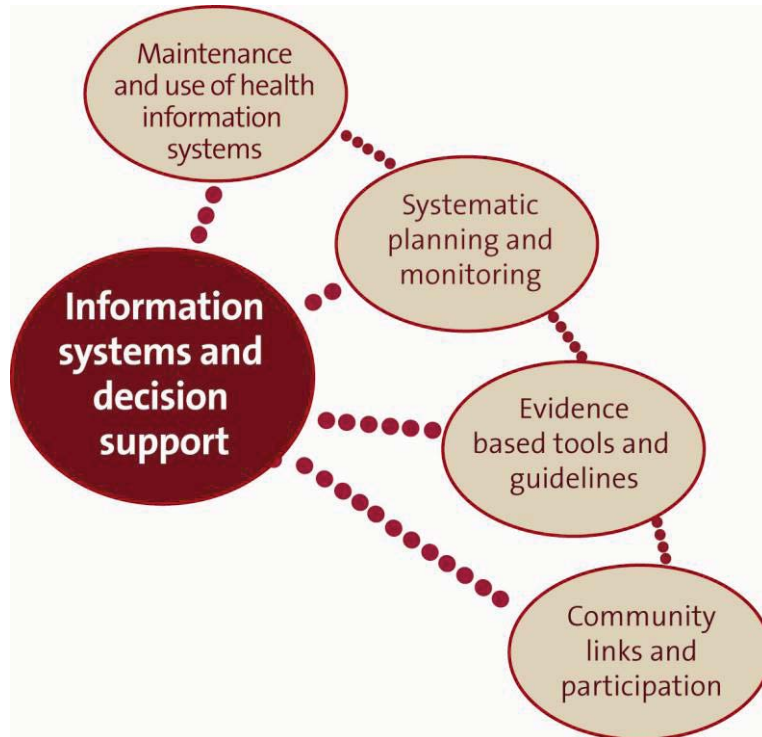
Item 1.3 Access and Cultural Competence

To reach a score (out of 11) for access and cultural competence, discuss: access and barriers, consideration given to cultural competence and gender balance when planning and implementing health promotion, and respect for Indigenous knowledge in these processes. These descriptions may be helpful.

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Access	No or minimal attention given to barriers when planning and implementing health promotion activities			Barriers beginning to be addressed but many remain			Barriers addressed quite well but some remain			Barriers addressed very well and few or none remain		
Cultural Competence	No or minimal attention given to cultural competence when planning and implementing health promotion activities; not included in orientation and training			Level of attention to cultural competence is fair; sometimes included in orientation and training			Level of attention to cultural competence is good; usually included in orientation and training			Level of attention to cultural competence is very good; always included in orientation and training		
Gender Balance	No or minimal respect for gender-related issues when planning and implementing health promotion activities			Respect for gender-related issues is fair			Respect for gender-related issues is good			Respect for gender-related issues is very good		
Respect for Indigenous knowledge	No or minimal respect for Indigenous knowledge or experience when planning and implementing health promotion activities			Respect for Indigenous knowledge and experience is fair			Respect for Indigenous knowledge and experience is good			Respect for Indigenous knowledge and experience is very good		

Component 2 Information systems and decision support

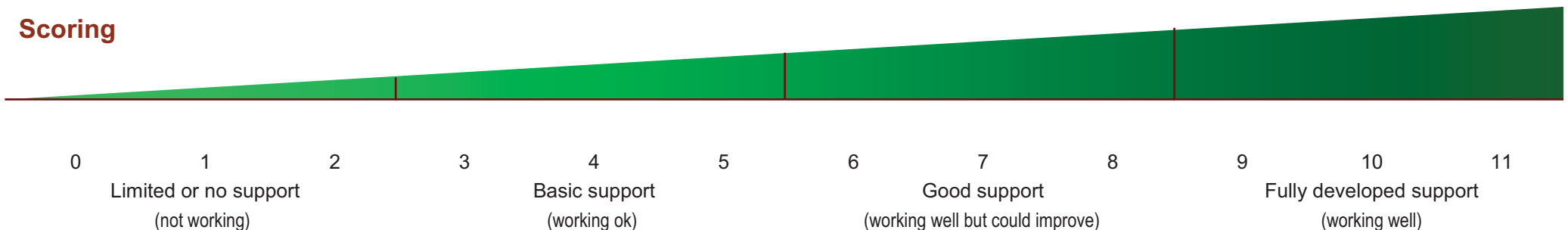


Information systems and decision support is about supporting staff to plan & monitor or evaluate health promotion by having:

- available and accessible data on the health of the community
- available and accessible evidence based tools & guidelines
- standardised approach to recording and reporting on health promotion activities
- mechanisms for community participation in decision making for planning, implementing and evaluating
- processes for planning, scheduling and monitoring health promotion activities

Together these aspects will help improve the quality and effectiveness of health promotion activities

Scoring



Item 2.1 Maintenance and use of health information systems

To reach a score (out of 11) for maintenance and use of health information systems, discuss: systems in place for collecting and using data about health promotion activities, community health, and monitoring and surveillance activities. Are these sets of data available when planning, implementing and evaluating health promotion activities? These descriptions may be helpful.

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Activities data	There is no health information system for identifying health promotion activities.			The health information system for identifying health promotion activities is partially developed.			The health information system for identifying health promotion activities is developed.			There is a comprehensive & integrated health information system for identifying health promotion activities.		
Community health data	Data about the health of the community (from various sources/programs/evidence-based resources/research projects) are not available.			Data about the health of the community is sometimes available.			Data about the health of the community is available.			Data about the health of the community is available and regularly updated and reported on		
Health monitoring and surveillance data	No health monitoring and surveillance activities are undertaken.			Health monitoring and surveillance activities are undertaken on an ad hoc basis			Health monitoring and surveillance activities are undertaken regularly			Surveillance activities are undertaken comprehensively and systematically		
Data use in health promotion	Data are not available when planning, implementing and evaluating health promotion.			Data is rarely used when planning, implementing and evaluating health promotion.			Data is occasionally used when planning, implementing and evaluating health promotion			Data use is part of routine practice when planning, implementing and evaluating health promotion.		

Item 2.2 Systematic planning and monitoring

To reach a score (out of 11) for systematic planning and monitoring, discuss: systems in place for systematic planning and monitoring, whether evidence and community needs are used to plan health promotion, and systems for community participation in health promotion planning, implementation and evaluation. These descriptions may be helpful.

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Systematic Planning & Monitoring	No or limited systems to support health promotion planning and monitoring			Systems to support health promotion planning and monitoring are partially developed			Systems to support health promotion planning and monitoring are good			Systems to support health promotion planning and monitoring are comprehensive and integrated		
Evidence based planning	No or limited evidence used; health promotion programs and activities do not reflect community needs or interests			Some evidence used; some aspects of community needs or interests addressed through health promotion			Evidence used and becoming part of routine practice; respond to and are consistent with community identified needs and interests			Evidence use is part of routine practice; programs reflect and respond to community identified needs and interests.		
Community Participation	No policy or plan for community participation in healthy promotion activities exists			Informal policy for community participation exists, level of commitment is fair			A policy for community participation exists, level of commitment is good			A policy for community participation exists; level of commitment is very good.		

Item 2.3 Evidence based tools and guidelines

To reach a score (out of 11) for evidence based tools and guidelines, discuss: whether evidence based resources for health promotion are available and used, if there is access to data, information and research, and mechanisms for sharing knowledge relevant to health promotion. These descriptions may be helpful.

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Evidence based resources	No or minimal availability and use of evidence based resources for health promotion			Availability of evidence based resources for health promotion is fair and use is ad hoc			Availability of evidence based resources for health promotion is good and becoming part of routine practice			Availability of evidence based resources for health promotion is good and used as part of routine practice		
Data & Research	No or minimal access to data, information and research			Availability of, and access to data, information and research fair			Availability of, and access to data, information and research good			Availability of, and access to data, information and research very good		
Knowledge Sharing	No or minimal mechanisms in place to share knowledge			Informal mechanisms in place to facilitate sharing of knowledge			Mechanisms are in place to facilitate sharing of knowledge and becoming part of routine practice			Mechanisms are in place to facilitate sharing of knowledge and are part of routine practice		

Item 2.4 Community links and partnerships

To reach a score (out of 11) for community links and partnerships, discuss: links or partnerships for health promotion within the organisation, within the local community, and in the public and non-government sectors. These descriptions may be helpful.

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Intra-Organisational	No links or partnerships for health promotion within the organisation or network.			Informal links or partnerships exist within the organisation for health promotion, collaboration is ad hoc			Formal links or partnerships for health promotion exist within the organisation; collaboration is good			Formal links or partnerships for health promotion exist within the organisation; collaboration is very good		
Within the local community and with other services	No links or partnerships for health promotion with other service providers in the local community			Informal links or partnerships for health promotion exist with other service providers in the local community; collaboration is ad hoc			Formal links or partnerships for health promotion exist with other service providers in the local community; collaboration is good			Formal links or partnerships for health promotion exist with other service providers in the local community; collaboration is very good		
Public Sector Partnerships	No public sector organisational links or partnerships for health promotion			Informal public sector organisational links or partnerships for health promotion exist, collaboration is ad hoc			Formal public sector organisational links or partnerships for health promotion exist; collaboration is good			Formal public sector organisational links or partnerships for health promotion exist; collaboration is very good		
Community Sector & NGO Partnerships	No community and private sector organisational links or partnerships for health promotion			Informal community and private sector organisational links or partnerships for health promotion exist, collaboration is ad hoc			Formal community and private sector organisational links or partnerships for health promotion exist; collaboration is good			Formal community and private sector organisational links or partnerships for health promotion exist; collaboration is very good		

Component 3 Organisational Environment

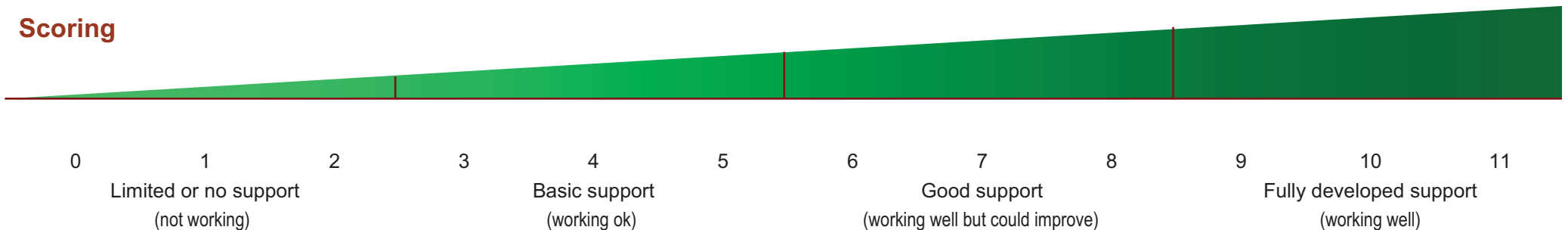


Organisational Environment is about how organisational culture and resources support staff to work in a more health promoting way by having:

- a clear strategic plan with a role for health promotion
- management and senior staff support
- available and accessible training in health promotion
- sufficient resources including staff, time and resources

Together these aspects will help improve the quality and effectiveness of health promotion activities

Scoring



Item 3.1 Organisational commitment

To reach a score (out of 11) for organisational commitment discuss: how health promotion is included in business plans, health promotion funding, staffing and workforce development opportunities. Also consider communication and staff morale, and balance of service delivery to include health promotion. These descriptions may be helpful.

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Business Plan	No plan for health promotion; little or no interest in including health promotion as an area of service delivery in the business plan			Plans for health promotion in place; level of commitment is fair			Plans for health promotion in place; level of commitment is good.			Plans for health promotion in place; level of commitment is very good		
Financing	No specific funding for health promotion			Specific funding for health promotion, level is fair and/or short term			Specific funding for health promotion, level is good and/or medium term			Specific funding for health promotion, level is very good and/or long term		
Staffing	Minimal staffing; no specific roles in relation to health promotion			Level of staffing is fair; some roles define health promotion work			Level of staffing is good; most roles defined and health promotion work is reflected in job descriptions			Level of staffing is very good; all roles defined and health promotion work is reflected in job descriptions		
Communication and Morale	Poor relationships and little or no communication. Morale is low in relation to health promotion.			Relationships and communication are fair. Morale is fair in relation to health promotion.			Relationships and communication are good. Morale is good in relation to health promotion.			Relationships and communication are very good Morale is very good in relation to health promotion.		
Workforce Development	Range of health promotion training and in-service opportunities poor			Range of health promotion training and in-service opportunities fair			Range of health promotion training and in-service opportunities is good			Range of health promotion training and in-service opportunities is very good		
Service Delivery Balance	Balance across PHC services delivery strategies is poor			Balance across PHC services delivery strategies is fair			Balance across PHC services delivery strategies is good			Balance across PHC service delivery strategies is very good		

Item 3.2 Organisational leadership

To reach a score (out of 11) for organisational leadership discuss: how leadership provides vision and strategic direction for health promotion and how they are communicated. These descriptions may be helpful.

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Vision and Strategic Direction	Leadership rarely provides visible and convincing strategic direction and support in relation to health promotion			Leadership sometimes provide visible and convincing strategic direction and support in relation to health promotion			Leadership mostly provides visible and convincing strategic direction and support for health promotion			Leadership always provides visible and convincing strategic direction and support for health promotion		
Leadership Communication	Leadership does not communicate the vision and strategic direction of health promotion			Leadership partially communicates the vision and strategic direction of health promotion			Leadership mostly communicates the vision and strategic direction of health promotion			Leadership extensively communicates the vision and strategic direction of health promotion		

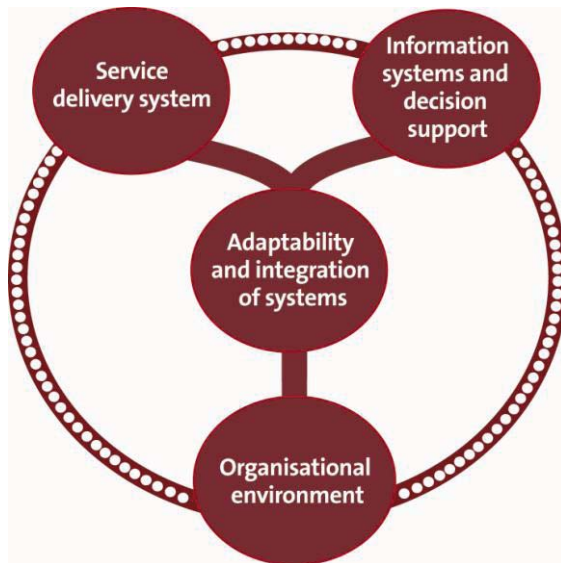
Item 3.3 Organisational culture

To reach a score (out of 11) for organisational culture discuss: staff views and opinions about health promotion, and whether staff feel that health promotion is recognised or valued within the organisation. These descriptions may helpful.

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Views and opinions	Staff never or rarely talk about working in a health promoting way; staff are negative towards health promotion work			Staff sometimes talk about the need to work in a health promoting way			Staff sometimes talk about the benefits of working in a health promoting way; staff are positive about health promotion work			Staff often talk about the benefits of working in a health promoting way; health promotion is regarded as an integral part of primary health care practice.		
Recognition and regard for best practice	Staff feel that health promotion work is neither recognised nor valued within the organisation.			Staff feel there is limited recognition of good practice in health promotion; good practice in health promotion is not valued.			Staff feel that good practice in health promotion is recognised and given some value within the organisation.			Staff feel that good practice in health promotion is widely recognised and highly valued within the organisation		

Component 4: Adaptability and Integration

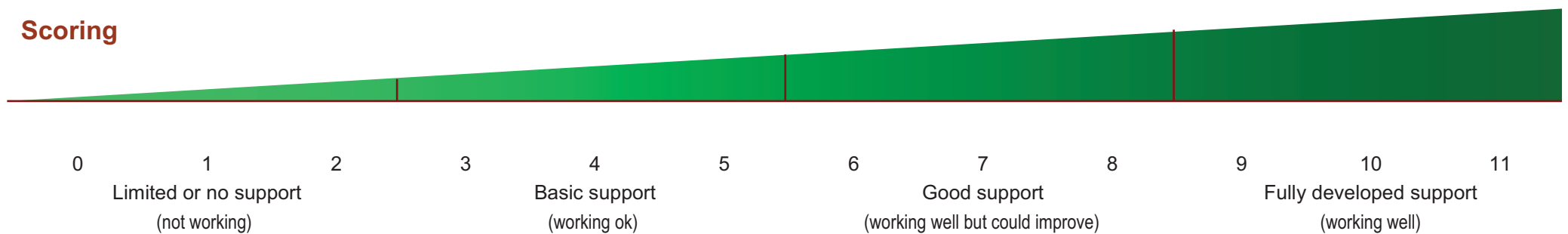


System Adaptability and Integration is about how well the organisational structures and processes work together as a whole by:

- responding to changing environments
- linking with other parts of the system

Together these aspects will help improve the quality and effectiveness of health promotion activities

Scoring



Item 4.1 Adaptability

To reach a score (out of 11) for adaptability, discuss: how the service responds to emerging health and organisation issues that impact on health promotion. Does the system support staff to revise health promotion plans, shift resources and/or adapt roles as needed?

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Adaptability	No or minimal adaptability			Adaptability getting better and happening some of the time.			Adaptability getting stronger and happening most of the time.			Very good level of adaptability		

Item 4.2: Integration

To reach a score (out of 11) for integration, discuss: how health promotion is integrated into comprehensive planning using available data and tools, funding and human resources, and ongoing professional development of staff. Is work outside the health centre integrated into planning and the delivery of other programs within the service?

Prompts for discussion

	Limited or no support			Basic Support			Good Support			Fully Developed Support		
	0	1	2	3	4	5	6	7	8	9	10	11
Integration	No or minimal integration			Integration getting better and happening some of the time.			Integration getting stronger and happening most of the time.			Very good level of integration		

References and key resources used in the development of the health promotion Systems Assessment Tool

- Bailie, R. S., D. Si, et al. (2007). Audit and Best Practice for Chronic Disease - Project Final Report, Menzies School of Health Research: 1-34.
- Baum, F., M. Begin, et al. (2009). "Changes not for the fainthearted: Reorienting health care systems toward health equity through action on the social determinants of health." American Journal of Public Health **99**(11): 1967-1974.
- Commission on Social Determinants of Health (2008). Closing the Gap in a Generation: Health equity through action on social determinants of health: Commission on Social Determinants of Health final report. Geneva, World Health Organization Commission on Social Determinants of Health.
- Kahan, B. and M. Goodstadt (1999). "Continuous quality improvement and health promotion: can CQI lead to better outcomes?" Health Promotion International **14**(1): 83-91.
- Keleher, H. (2001). "Why primary health care offers a more comprehensive approach for tackling health inequities than primary care." Australian Journal of Primary Health **7**(2): 57-61.
- Netherlands Institute of Health Promotion and Disease Prevention and Flemish Institute for Health, P. (2005 September). "European Quality Instrument for Health Promotion (EQUIHP)." Retrieved 2007/02/14/.
- New South Wales Health Department (2001). A Framework for Building Capacity to Improve Health. Gladesville, NSW Health Department: 1-28.
- Victorian Department of Human Services (2003). Integrated Health Promotion: A practice guide for service providers. Melbourne, Victoria, DHS.
- WHO (1978). Declaration of Alma Ata on Primary Health Care. USSR:Alma-Ata, World Health Organisation.
- WHO (1986). Ottawa Charter for Health Promotion. Geneva, World Health Organization.
- WHO. (1997) *The Jakarta Declaration on Leading Health Promotion into the 21st Century*, WHO, Geneva.
- WHO. (2005) *The Bangkok Charter for Health Promotion in a Globalised World*, WHO, Geneva.
- WHO (2008). Primary Health Care - Now More than Ever: The World Health Report 2008. Geneva, World Health Organization.
- Wise, M. and D. Nutbeam (2007). "Enabling health systems transformation: what progress has been made in re-orienting health services?" Promotion & Education **14**(2 suppl): 23-27.
- National Aboriginal Community Controlled Health Organisation, 2011, Primary Health Care for NACCHO
<http://www.naccho.org.au/definitions/primaryhealth.html> (accessed 8 May 2012)

- *Systems Assessment Tool Generic – all client groups, Version 1.2*, One21seventy, 2010, National Centre for Quality Improvement in Indigenous Primary health Care, Brisbane
- *Community Action Planning and Information Resource*, Queensland Government, <http://www.health.qld.gov.au/capir/> (accessed 8 May 2012)
- *Rapid Assessment of National Health Promotion Capacity: A dialogue based tool for use in countries in the Western Pacific Region (Version 3)*. Developed by Sally Fawkes and Vivian Lin, Department of Public Health Practice, School of Public Health, La Trobe University, Australia. 2007
- *Draft Self-Assessment Tool for Public Health Infrastructure and Capacity*. Developed by Prue Bagley and Vivian Lin, School of Public Health, La Trobe University, Melbourne, Australia: 2007
- *Health Promotion Skill Assessment Tool for Organisations*. Developed by Partnership Development Section, Public Health, Department of Human Services, Victoria. 2005. <http://www.health.vic.gov.au/healthpromotion> (accessed 8 May 2012).
- *Health promoting health services: Guidance for a Health Promoting Health Service*. Developed and published by the National Health Service, Health Scotland, 2005. <http://www.healthscotland.com/topics/settings/health/HPHSresources.aspx> (accessed 8 May 2012)
- *Health Promotion Capacity Checklist: A Workbook for Individual, Organisational and Environmental Assessment*. Prairie Region Health Promotion Research Centre. (2004). <http://www.prhprc.usask.ca/publications/finalworkbook.pdf> (accessed 8 May 2012)
- *Health Promoting Health Services: Organisational and Activities Practice Assessment Tool*. Developed by Anne Johnson, In Anne Johnson and Kevin Paton *Health Promotion and Health Services: Management for Change*, Oxford University Press, Melbourne, 2006
- *National Public Health Performance Standards Program: Local Public Health Performance Assessment Instrument Version 1.0*. Developed by the USA Centre for Disease Control and Prevention in collaboration with 5 public health organisations. <http://www.cdc.gov/od/ocphp/nphpsp/> (accessed 8 May 2012).