



Health Promotion Skill Assessment Tool for Organisations

Partnership Development Section

Public Health, Department of Human Services

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This document may be downloaded from the Department of Human Services web site at:
http://www.health.vic.gov.au/healthpromotion/hp_practice/plan_implem.htm

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Introduction

This Organisational Skill Assessment Tool ('The Tool') has been developed to assist individual organisations, health promotion networks and Primary Care Partnerships ('the Organisation') to firstly recognise the skills they have in health promotion, and secondly, identify areas for further workforce development.

Aim: The Tool steps the organisations through a process that will:

1. Assist the organisation to reflect on its health promotion role, and the corresponding skill set and infrastructure required to successfully fulfil that role.
2. Review the organisation's current skills in health promotion
3. Establish priorities for skill development and develop an action plan.

The Tool uses a competence-based approach to assess knowledge and skills. The skills and knowledge units have been developed in conjunction with health service practitioners working in community-based organisations. Included in the Tool's knowledge and skill units are the competencies needed to develop the organisation's capacity to support health promotion, as well as the competencies needed for health promotion program management eg. To plan, implement and evaluate health promotion activities.

The Tool has been designed for use in a multi-disciplinary or cross-sectoral group facilitated by an experienced person. The Tool aims to assess the workforce as a whole, with the intention of identifying the gaps in the organisation's required skill set not just the skill deficits of one specific professional group or individuals.

The tool will help to identify gaps in an Organisation's health promotion skill set and will help to prompt the development of strategies to develop the workforce. In Section 5 different workforce development strategies are listed and organisations are encouraged to explore low cost and relevant options to develop their skill needs.



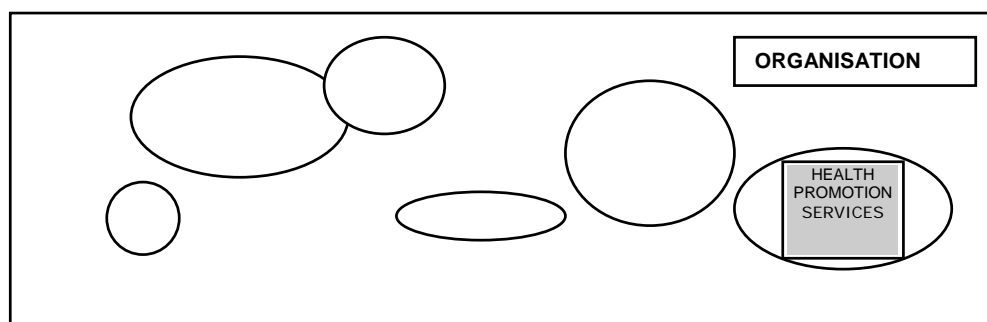
An Organisational approach to skill development.

The assessment of health promotion skills will be made at an organisational level rather than at an individual or occupational level. For the purposes of this tool an organisation can be defined in a number of ways. One agency providing a range of health and social services to the community may represent an organisation and used as the basis for assessing health promotion skills. Or a number of groups or agencies working together to provide health promotion programs and services could also be considered an 'organisation'.

An organisational approach to skill development assumes that an organisation has a vision or a set of objectives relating to the delivery of health promotion programs or services. The two models below represent two approaches to fulfilling an organisation's health promotion services using the skills of the workforce within an organisation.

Model #1

- Highly defined roles according to individual competencies or professional standards
- Centrally and individually driven, boundaries are difficult to draw particularly when the reality is there is multi-skilling and program integration.

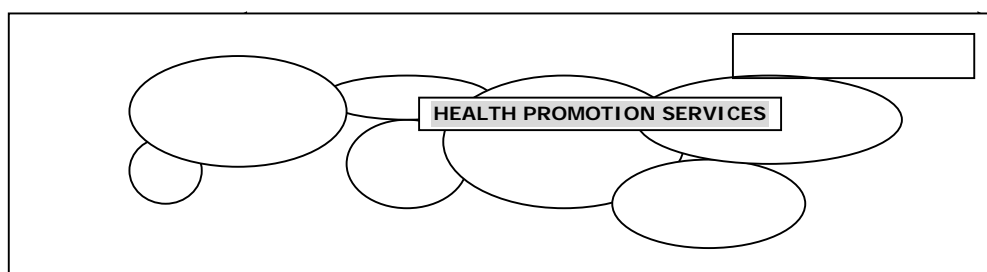


The circles and oblongs represent the skills possessed by different occupations and positions within an organisation. Model #1 places the skills required to fulfil an organisation's health promotion services lies primarily within one position or section of an organisation.



Model #2

- Occupations exist along a continuum of practice and roles, which change and evolve.
- Focus is upon organisational systems and practice goals are driven by policy priorities.



Model #2 represents the approach this tool takes to developing skills for promoting health. In this approach to workforce development, all individual practitioners within an organisation contribute to an organisation's overall health promotion role. Skills are shared and different occupations and positions will exist upon a continuum of practice and roles, which may change and evolve over time corresponding to changes to the overall organisational, policy and program change.

Who should use the Tool?

Throughout the Tool reference is made to 'the Organisation'. The Guide has been developed for use in an integrated health promotion context where organisations are collaborating to deliver health promotion programs. It is assumed that the organisation utilising this tool, is doing so to build its capacity to deliver an integrated health promotion program or service. The Tool has **not** been designed to review the skills of individuals, but rather as a tool for the organisation to reflect on their collective health promotion skills and activities. The term 'the Organisation' has been used to refer to the diverse range of groups that have a role in delivering an integrated health promotion program or service. Some examples of an 'Organisation' include:

1. Teams working in health promotion within an individual agency, for example, in a hospital, Departmental regional office, local government or a community health service.
2. A network of health promotion practitioners.
3. Primary Care Partnerships (PCP) member agencies that are working collaboratively in health promotion.



To undertake the Health Promotion Skill Assessment Tool for an Organisation, representatives from relevant groups (as illustrated above) will get together in a facilitated meeting and work through the Tool.

The Tool assists Organisations to review their workforce development needs, and as such it can play an important role in fostering ongoing learning. However, the Tool's effectiveness will depend on an Organisation's commitment to reflective practice, a culture of learning, and the extent to which the Organisations follows through to ensure that learning goals are met.

The Facilitator

The process to using the tool must be facilitated by an experienced health promotion practitioner. The facilitator will be called upon to interpret some aspects of the skill components and should have an in depth understanding of the health promotion practice and theory. It will be highly beneficial if the facilitator has some knowledge of the organisation, the structures that support health promotion practice and the programs being undertaken by the organisation.

All participants using the Tool in the facilitated meeting should note that the prospect of organisational skill assessment might generate some anxiety. The facilitator has an important role to mediate the meeting to ensure that the process is not seen as something that is threatening or which may single out any individual. The facilitator will need to be confident in working with groups and bear in mind the dynamics of the group to ensure there is no one person that dominates opinion and opportunities are recognised rather than problems. The facilitator also needs to ensure that **all** participants are able to speak freely and openly and groups should be constituted accordingly.

The statements of best practice within each of the skill components may need some interpretation. The facilitator should be prepared to illustrate and explain the skill units using locally relevant examples if needed. To assist the group's assessment of skills within the organisation the facilitator will ask the group to provide examples of good practice for each of the components where available. If there is some lack of understanding or disagreement surrounding the assessment of one skill component, more good practice examples will be sought and a group discussion used to reach an agreement about the final skill unit rating.



Section 1: Prior Preparation

The Organisation

Each Organisation needs to give careful consideration to who should be involved in the organisational skill assessment. This may include staff who have either a health promotion role or are health promotion practitioners, people who do not see health promotion as part of their work when possibly it should be, and decision-makers who may be in a position to offer support.

Prior to applying the Tool in a facilitated group, it is suggested some steps are taken to prepare for the meeting.

1. Identify the groups or individuals that have a pertinent role in the Organisation's Health Promotion Program, invite the individuals or representatives from key groups to attend.
2. Representatives attending the facilitated group review their mission and/ or programs related to health promotion in the organisation. It is also suggested that these representatives also review the Tool prior to the meeting and try to relate the skill units to the Organisation's role in promoting health.
3. Engage an experienced health promotion practitioner to facilitate the process of working through the Tool.
4. Determine a suitable date, time and venue, which will provide people with an uninterrupted space to work. Depending on the size of the group, and the diversity of opinion within the group, three hours is a suitable period for this work. It is suggested that an optimal size for the group is 12-15 maximum.

Working through the Tool

The Tool follows a sequence of activities:

Establishing common understandings	Section 2
Reviewing the organisation's current skills	Section 3
Establish priorities for skill development	Section 4
Develop an action plan	Section 5



Section 2: Establish Common Understandings

Prior to assessing your organisations skills it is important to ensure there a number of common understandings within the group at the meeting.

The Organisation's vision

The organisation's vision, program objectives that relate to promoting health determine the organisation's approach to health promotion practice and the strategies being applied by the staff. An assessment of the organisations skills should be considered in the context of what the organisation plans to achieve and what it would like to achieve in the future.

Activity 1:

- Define who constitutes the 'Organisation' for the purposes for this Tool.
- To help understand the functions of the Organisation in promoting health discuss some of the health promotion programs, services or projects currently being implemented by the Organisation.

Activity 2:

- Identify their ideal picture of a healthy community.
- Ask them to identify what they are currently doing to achieve this vision. The group may draw upon the Organisation's current vision for promoting health and how this is contributing to achieving this. Do not go into too much detail, this is an exercise to start the group visualising what they wish for in terms of the Organisation's work practices and approaches to health promotion.

The Rating System

Working through each of the skill components and their questions, the organisation will be aiming to establish whether it currently has the required skills, whether more skill development in this area is required or whether there are aspects of the unit, which are not relevant to the organisation's health promotion context. A rating system has been supplied to help you to assess your organisation. Experience piloting this tool has shown that it is important for the group to have a common understanding of the rating system and to agree to a rating system. This activity will familiarise you with the assessment process, and the rating system.

Activity 3:

Review the assessment process below:

To rate your organisation the group will be going through the following process:

1. Under each skill component there are a number of questions that identify the different aspects of that skill. Pointers for best practice are provided under each question to stimulate the discussion and thinking.
2. Consider all the best practice pointers as a group and discuss examples to illustrate the presence of the skill in your organisation. If needed, highlight the boxes next to the best practice pointers that



need particular attention and should be noted for further consideration during the priority setting section of the tool (Section 4). Agree to a grade for each key question in the component.

3. Discuss and decide what grade should be awarded for the whole component, using the guide to grading below: Record these in Table 1.

Activity 4:

Read the ratings below:

- A = The Organisation meets the criteria of best practice, and has leading edge expertise that others could learn from.
- B = The Organisation's approach has been considered; there is some intention to improve the performance of the organisation in relation to this skill.
- C = The Organisation's has yet to consider this approach.

Discuss amongst the group what these ratings may mean.

Some groups have found that a scale with more than three points of reference is needed to adequately describe the organisation's level of skills. Two alternatives may be used: 1. May use + or - to describe the letter based rating (eg. B -, or C+) or 2. A scale from 1 – 10 could be used with each end of the scale representing the high and low levels of Organisational skill.

For Example:

1	2	3	4	5	6	7	8	9	10
The Organisation has yet to consider this approach.			The approach has been considered and there is some intention to improve the performance of the organisation in relation to this skill				The organisation meets best practice criteria and has leading edge expertise.		



Section 3: Reviewing Current Skills

Having staff with highly developed skills in health promotion will not necessarily mean that the Organisation will implement effective health promotion programs. Organisations need to ensure that they have an infrastructure that supports health promotion and facilitates good practice. This Tool asks some questions that relate to the way the organisation supports health promotion through infrastructure and systems in addition to the staff's knowledge and skills.

The Skill Units

The two skill units divide the knowledge and skills needed within an organisation to work in an environment that supports integrated health promotion (Unit A) and to implement an integrated health promotion program (Unit B). All the knowledge and skills components in Unit A are considered essential for any organisation undertaking health promotion and should be discussed in relation to your organisation. Components 5 - 8 are also considered essential to an organisation to deliver quality health promotion practice. Upon reflection of the organisation's health promotion program, participants are encouraged to select the most relevant parts of component 9 for inclusion in the skills assessment.



Unit A Working in an Integrated Health Promotion Context

1. Manage Self and Develop Professional Skills and Knowledge
2. Work in a Team
3. Build and Maintain Effective Collaborations
4. Communicate in a Range of Contexts

Unit B Integrated Health Promotion Program Management: Planning, implementation and evaluation of health promotion programs and projects

5. Priority Setting and Problem Definition
6. Solution Generation
7. Implementation and evaluation of health promotion programs
8. Support and resources for quality health promotion action (capacity building).
9. Effective intervention implementation:
 - a. Individual risk assessment and screening
 - b. Meet the health information and education needs of the community
 - c. Plan and implement social marketing strategies
 - d. Implement community action strategies
 - e. Implementation of organisational development strategies (Settings approach)
 - f. Undertake economic and regulatory activities via health promoting policy development.



Unit A: Working in an Integrated Health Promotion Context

1. Manage self and develop professional skills and knowledge

Key Question	Grading
1.1 How well do people in the organisation manage themselves?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Individuals generally prioritise their work effectively to complete tasks requiring urgent attention while maintaining progress on longer term goals • Staff job roles are clearly defined and performance expectations are plainly articulated • The behaviour of staff generally serves as a role model within the workplace 	Need more skills (✓)
1.2 How well do organisational structures and resources support professional development of staff?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Information about related professional development opportunities are consistently disseminated and staff are encouraged to attend. • The organisation encourages people to widen and/or expand their individual skills • People have access to and monitor contemporary information such as epidemiological data, social determinants of health and health issues to inform health promotion practice. • Opportunities are provided for staff to access relevant journals, Internet sites, texts and public documents. 	Need more skills (✓)



1.3 How well motivated are people in the organisation to increase their knowledge and understanding of the theoretical and practical approaches to health promotion?	
Best Practice for this would mean:	Need more skills (✓)
<ul style="list-style-type: none"> • Opportunities to attend seminars and other professional development activities are utilised by staff members regularly. • Staff are part of formal and informal networks where health promotion is a primary focus • Team members share information skills; knowledge and expertise gained with other staff members. 	

Having reviewed the organisation's skills to manage self and develop professional skills and knowledge we have allocated an overall grade of (circle the appropriate grade)

A *B* *C*



2. Work in a team

Key Question	Grading
<p>2.1 How well do people in the organisation work to achieve identified objectives?</p>	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • An overall organisational vision has been developed via a collaborative effort within the organisation and the vision is explicitly supported in organisational policies and plans. • Workplans are developed and implemented collaboratively with clear objectives, agreed timeframes and specified team member roles. • Management and other staff members provide appropriate levels of supervision and guidance to other workers, team members and volunteers. 	<p>Need more skills (✓)</p>
<p>2.2 How well do people in the organisation develop establish and maintain appropriate work relationships?</p>	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff are sensitive to individual and cultural differences and change their methods of communication to match. • In most workplace interactions staff demonstrate a high level of interpersonal skills • Staff handle potential and actual workplace conflicts with a minimum of disruption 	<p>Need more skills (✓)</p>



2.3 How well do people in the organisation facilitate the operation of their workgroup?	
Best Practice for this would mean:	Need more skills (✓)
<ul style="list-style-type: none"> • Staff actively participate in all team processes (including meetings & integrated projects) fulfilling their defined roles. • Commitment to multidisciplinary workgroups is apparent with regular follow-up between team members and tasks performed when required. 	
2.4 How well do people in the organisation manage and develop team performance?	
Best Practice for this would mean:	Need more skills (✓)
<ul style="list-style-type: none"> • Management and other staff members provide team members with support via mechanisms such as mentoring, coaching and feedback. • Workgroup objectives are clearly articulated, clarifying direction and purpose • Teamwork performance is a valued indicator of overall performance management systems. 	

Having reviewed the skills for working in a team we have allocated an overall grade of (circle the appropriate grade)

A *B* *C*



3 Build and maintain effective partnerships¹

Key Question	Grading
3.1 How well does the organisation develop co-operative working relationships with other organisations?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • The organisation selects capable agencies through the use of information and criteria, • Appropriate networks are identified and targeted for participation • The organisation shares information with its key partners to come to a shared definition of the problem. • Liaison with staff from other organisations for information sharing occurs on a formal and informal basis. • The organisation identifies resources required to support the collaboration. • All stakeholders in a partnership clarify their reasons for being involved and have a level of commitment to working together. 	<p>Need more skills (✓)</p>
3.2 How well does your organisation use networks strategically to advance health promotion?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • The organisation involves key partners in the development of new services and or products. • The organisation jointly searches for information that will inform understanding of the problem and potential solutions. 	<p>Need more skills (✓)</p>

¹ Walker R (2001) Collaborations and alliances: A review for VicHealth. A literature review funded by VicHealth.



<ul style="list-style-type: none"> • The organisation explores options for problem solving and works towards reaching an agreement with partner organisations to solve problems. • The importance of promoting health is encouraged at available opportunities and communicated in ways that are culturally sensitive to audiences • The organisation supports the formation of joint planning working parties to develop implementation agreements this may include resource exchanges and operational agreements. 	
<p>3.3 How well do people within the organisation maintain and conclude partnerships?</p>	
<p>Best practice for this would mean:</p>	<p>Need more skills (✓)</p>
<ul style="list-style-type: none"> • An agenda for the partnership and an agreed set of identifiable benefits for the community, individual workers and the organisation is established and monitored. • Appropriate time and effort is applied to maintaining networks and working relationships which assist the achievement of health promotion outcomes • The ground rules for partnerships and communication between network participants and services are followed including those relating to confidentiality. 	

Having reviewed the skills for Build and Maintain Networks we have allocated an overall grade of (circle the appropriate grade)

A

B

C



4. Communicate in a range of contexts

Key Question	Grading
4.1 How well do people in your organisation develop effective communication strategies?	
Best Practice for this would mean:	Need more skills (✓)
<ul style="list-style-type: none"> • Strategies to share information with colleagues and clients are planned and applied. • Arguments and rationales are based on evidence to advocate for health promotion. • Cultural differences are appreciated and taken into account when communication or interpersonal interactions are planned • Communications skills of relevant spokespeople are promoted and developed on an on-going basis. 	
4.2 How well do people in the organisation use available forums for health promotion?	
Best Practice for this would mean:	Need more skills (✓)
<ul style="list-style-type: none"> • A variety of media are considered and utilised when communicating health promotion messages • In appropriate policy processes, organisations and political forums staff advocate for the inclusion of health promotion practice and principles. 	



4.3 How well do people in the organisation facilitate group discussions and meetings	
Best Practice for this would mean:	Need more skills (✓)
<ul style="list-style-type: none"> • Meeting objectives and agendas are set, discussed and followed, feedback is provided and outcomes agreed. • The relevant information is provided to the group ensuring the specific communication needs of individuals are recognised. • Effective questioning, speaking, listening and non-verbal communication techniques are used during meetings and discussions • Participation and contribution by all attendees is encouraged during meetings 	
4.4 How well do people within the organisation produce quality written materials?	
Best Practice for this would mean:	Need more skills (✓)
<ul style="list-style-type: none"> • Writing and language styles are changed to suit the audience. • Materials are clearly presented to stimulate interest and encourage understanding. • Staff use available technology to present, store and access written materials. 	

Having reviewed our skills for communicating in a range of contexts we have allocated an overall grade of:

A B C



Unit B: Integrated Health Promotion Program Management

5. Priority setting and problem definition²³

Key Question	Grading
5.1 How well does your organisation establish a relationship with key community members?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Clients/ stakeholders and/or client groups have been defined and staff are familiar with local community networks and leaders. • The appropriate language and interpersonal skills are used in their interactions with the community and the organisations standards and procedures are followed. • Staff are available and supported to respond to community requests to provide input into relevant activities. • Needs of specific cultural and other minority groups are valued and participation by these groups is actively promoted. • Mechanism and systems are in place to ensure community participation and input into health promotion planning. 	<p>Need more skills (✓)</p>
5.2 How well do people in your organisation extract and analyse information on community needs?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Communities are assisted and involved in the process of identifying and prioritising health promotion needs. • Available data about the health needs of the individuals/ communities/ and populations is Identified and sourced for all planning purposes. 	<p>Need more skills (✓)</p>

² South Australian Community Health Research Unit (1995) Planning Healthy Community: A guide to doing needs assessment in rural communities. SACHRU: Adelaide.

³ DHS (2000) Primary care Partnerships: Draft Health Promotion Guidelines.



<ul style="list-style-type: none"> • A holistic approach to collating a community profile is used and information is sought about the physical & socio-economic environment, the services in the region and the community's organisation, capacity and structure. • Staff have epidemiology skills to interpret and critically evaluate data provided from the ABS, Healthwiz and other formal summative data sources. 	
5.3 How well do people in your organisation carry out needs assessment to identify community health priorities?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff can identify social, behavioural, environmental and organisational factors that promote or compromise health and integrate these into a needs assessment methodology. • Staff are able to apply a range of rapid appraisal and conventional research methods to collect information. • Communities or client groups are involved in the identifying their needs and setting priorities for health promotion programs. • Processes to effectively set health promotion priorities within or between organisations are agreed and utilised. 	<p>Need more skills (✓)</p>



5.4 How well do people in your organisation facilitate a match between programs and community needs?	
Best Practice for this would mean:	Need more skills (✓)
<ul style="list-style-type: none"> • The appropriateness of specifically targeted programs is checked with consumers. • Program objectives are achievable and are directed at changing personal, social and organisational factors that meet the community's needs. 	

Having reviewed our skills for priority setting and problem definition we have allocated the overall grade of:
(Circle the appropriate grade);

A *B* *C*



6. Solution generation⁴

Key Question	Grading
6.1 How well do people in your organisation develop strategies?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff understand the principles and theory of health promotion practice and can apply these to their current work context. • A mix of interventions or strategies are planned to provide the largest health gain in terms of the identified goals and objectives. • Evidence based data is used to select the appropriate type and mix of strategies • Health inequalities in sub-populations are considered and strategies are selected to help reduce inequalities. • The investments already being made by other agencies are identified and the benefits of working cooperatively where beneficial, are considered. 	Need more skills (✓)
6.2 How well do people in your organisation plan?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • A logical sequence of action is developed and the strategies relate directly to the program objectives. • The plan of action clearly outlines the roles and responsibilities and expected outcomes of all participating staff. • The participation of relevant stakeholders and community groups in the planning and implementation of the program is integrated into the action plan. 	Need more skills (✓)

Having reviewed our skills in solution generation and we have allocated the overall grade of:
(Circle the appropriate grade);

A

B

C

⁴ IUHPE (2000) The Evidence of Health Promotion Effectiveness: Shaping Public Health in a New Europe. IUHPE: Paris.



7. Implementation and evaluation of health promotion programs.⁵

Key Question	Grading
7.1 How well do people in your organisation implement health promotion activities?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • A continual monitoring system is integrated into each program so that progress can be recorded and the program adjusted on an on-going basis. • The program's progress is communicated to all parties involved with the program and the wider community. • In an integrated health promotion program, staff work to co-ordinate their roles with others in the team to ensure quality of practice is maintained. • The participation of relevant stakeholders and community groups in the program is encouraged and supported. • Timeframes for each phase are realistically defined and adhered to where possible. 	Need more skills (✓)
7.2 How well do people in your organisation plan evaluation?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff are able to develop performance indicators and identify appropriate evaluation methods for any health promotion program. • Staff integrate evaluation frameworks and questions into planning. • Evaluation is systematically incorporated into all health promotion activities. • Sufficient resources (human & financial) are committed to permit systematic evaluation. 	Need more skills (✓)

⁵ Thorogood, M & Coombes, Y (eds) (2000) Evaluating Health Promotion: Practice and methods. Oxford University Press: New York.



7.3 How well do people in your organisation conduct evaluation?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • The process (program design & implementation) and impacts (intermediate outcomes) of health promotion programs are evaluated according to identified criteria and specifications • Staff conducting the evaluation are familiar with methodological constraints and privacy issues in evaluation. 	Need more skills (✓)
<ul style="list-style-type: none"> • Evaluation results are used for revision and on-going development. • Relevant community members and other key stakeholders are involved and informed during the evaluation process. 	
7.4 How well do people in your organisation communicate evaluation findings?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Evaluation findings are communicated to key stakeholders within required timeframes in a manner that ensures understanding. • Reports are produced that provide meaningful, comprehensive and concise data including identification of implications for future planning of health programs. 	Need more skills (✓)

Having reviewed our skills in the implementation and evaluation of health promotion programs we have allocated the overall grade of: (circle the appropriate grade)

A *B* *C*



8. Support and resources for quality health promotion action (capacity building).⁶

Key Question	Grading
8.1 How well do structures within your organisation support health promotion action?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Executive positions within the organisation have health promotion accountability • There are systems that attempt to integrate health promotion practice into the work of the whole organisation. • Health promotion action is incorporated into position descriptions & performance agreements at all levels of the organisation. • Some form of quality improvement processes for health promotion are in place eg. <ol style="list-style-type: none"> 1. Health promotion reporting processes (intra-agency) are in place and integrated into practice 2. Periodically, organisational structures and systems are reviewed to gauge the degree to which they support health promotion practice. 3. A planning template is used in the organisation. 	Need more skills (✓)
8.2 How well is workforce development supported by your organisation?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff are encouraged to participate in informal and formal professional development activities. • Opportunities for innovation and leadership in health promotion are supported. 	Need more skills (✓)

⁶ NSW Health (2000) Indicators to help with Capacity Building in Health Promotion. NSW Health: Sydney.



<ul style="list-style-type: none"> • People are encouraged to be innovative, and creative thinking and problem solving strategies such as brainstorming, drawings/ models or thinking metaphors are welcomed in interactions between staff. • The development of health promotion knowledge and skills is integrated into individual staff performance review and personal work plans. • The organisation determines training and development needs to meet the objectives in the strategic plan, and responds to those needs. 	
<p>8.3 How well are resources allocated to support health promotion action?</p>	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Existing resources are identified and allocated to support the achievement of health promotion objectives. • Dedicated time for health promotion is adequate to progress planned programs and services. • Additional resources are acquired from outside sources or are re-allocated from within. 	<p>Need more skills (✓)</p>



8.4 How well is the capacity of the organisation assessed prior to the planning and implementation of a program?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff assess the financial needs of a program relative to the availability of financial resources and determine how to generate additional resources if required. • The availability of qualified human resources is assessed relative to the commitments made by the organisation to achieve program objectives. • If required, appropriate workforce development strategies are integrated into the program planning process. 	<p>Need more skills (✓)</p>

Having reviewed our skills in developing support and resources for health promotion programs we have allocated the overall grade of:
(Circle the appropriate grade);

A *B* *C*



9. Effective Intervention Implementation

a. Individual risk assessment and screening.

Key Question	Grading
<p>9a.1 How well does your organisation plan screening activities?</p> <p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Screening programs take into account community sensitivities and issues such as cultural factors, access to transport and follow-up medical attention. • The screening programs are supported by complimentary health promotion interventions aimed at creating organisational and social changes to support individual access to resources. • Specific high-risk populations are reached via planned strategies to access these groups. • Key referral pathways exist to local GPs and other relevant agencies for diagnosis and on going counselling, support and management. 	<p>Need more skills (✓)</p>
<p>9a.2 How well does your organisation implement screening programs?</p> <p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff ensure individuals are screened with privacy and sensitivity. • Best practice use of screening tools and quality control is maintained and monitored to ensure the accuracy and validity of risk factor measurements. • Pre-screening information and post-screening counselling/ discussion is provided to all individuals screened. • Clients are assisted to identify their own needs and rights to determine appropriate action. 	<p>Need more skills (✓)</p>



9a.3 How well do people in your organisation follow through after client risk assessments have been done?	
<ul style="list-style-type: none"> • High-risk individuals identified during screening are prompted to visit their GP for diagnosis. • Clients referred to GPs are referred back to the local community health centre for counselling or referral to complimentary health promotion activities that may support individuals to apply any new knowledge gained in the screening program.⁷ 	

Having reviewed our skills to undertake individual risk assessment and screening we have allocated the overall grade of:
(Circle the appropriate grade);

A B C

⁷ Dept. Human Services (2001) Community Based Screening for Diabetes and Cardiovascular Disease – Review paper and best practice protocol (draft).



b Meet the health information and education needs of the community

Key Question	Grading
9b.1 How well does your organisation identify and address the information requirements of the community?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Mechanisms are applied to identify the health information needs of the community and specific groups. • Current, accurate and comprehensive information on a range of health issues is collected and maintained. • Gaps in the information base are identified and new materials are developed only when no other source is identified. • New printed materials are developed in accordance with timelines, where required, are dated, reviewed periodically and referenced. . • The availability of resources and information services is publicised to targeted key stakeholders • The information dissemination format is varied dependent on the needs of the target group. 	<p>Need more skills (✓)</p>
9b.2 How well do people in your organisation undertake health education and counselling?	
<ul style="list-style-type: none"> • Staff are able to employ a range educational strategies that gain attention, influence beliefs and values and lead to a better understanding of the root causes (determinants of health) of their life situation. These may include: <ol style="list-style-type: none"> 1. Use of a credible source to persuade individuals 2. The Provision of information in various forms 3. Structure the learning experiences to suit different learning styles • Staff are able to teach skills and competencies needed to provide support for intentions and decision-making. 	



<ul style="list-style-type: none"> • Appropriate group facilitation strategies are applied to promote a collective identification of the problem, enhance peer learning and skill development. • Staff understand and can apply some of the principles underlying effective behaviour change. • Referral pathways exist and staff refer clients to complimentary activities to apply knowledge. • Staff are sensitive to cultural beliefs and the social and economic circumstances of individuals 	
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Having reviewed our skills to meet the health information and education needs of the community we have allocated the overall grade of:

(Circle the appropriate grade);

⁸A

B

C

⁸ Deakin University (1992) Health Education: Politics and practice. Deakin University: Geelong.



c. Plan and implement social marketing strategies

Key Question	Grading
9c. 1 How well do people in your organisation plan and implement social marketing activities?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Target audience attributes are identified and segmented to create messages specifically for each segment. • The appropriate locations and channels are selected to position the health message for effective audience reach. • An established health behaviour model is used as the basis of the program. • All the products, promotion materials and services developed for the program are pre-tested with the target audience. 	Need more skills (✓)
9c.2 How well do people in your organisation undertake social marketing?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Connections are established with key people, and networks built with community, media and other relevant stakeholders who may be able to complement the program. • A variety of mass media or limited reach approaches are used and creatively executed. • ⁹The effectiveness of the social marketing strategies are recorded and monitored and activity is adjusted accordingly. 	Need more skills (✓)

⁹ Weinreich, N (2001) Building social marketing into your program. <http://www.social-marketing.com/building.html>



9c.3 How well do people in your organisation evaluate the effectiveness of social marketing?	
<ul style="list-style-type: none"> Activities are reviewed and reported on in accordance with agreed evaluation methods and against stated objectives. 	

Having reviewed our skills for planning and implementing social marketing strategies we have allocated the overall grade of:
(Circle the appropriate grade);

A

B

C



d. Implement community action strategies.

Key Question		Grading
9d.1	How well do people in your organisation apply the underlying principles of community participation and development?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • The principles of community organisation and community development including the fundamentals of empowerment and participation. • Methods of community action are supported and implemented, these may include: community involvement, devolution of power, facilitating action, fostering participation, encouraging self-help and volunteerism. 		Need more skills (✓)
9d.2	How well do people in your organisation implement a community action strategy?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff are able to identify the structures within a community that influence health and action. • Staff are able to act as facilitators and enablers using their negotiation and advocacy skills to mobilise and involve key groups. • Strategic alliances with key individuals and groups are developed and maintained • When divergent interests are present staff are able to mediate using conflict-resolution and consensus-building techniques to make decisions. 		Need more skills (✓)



9d.3 How well do people in your organisation facilitate the development of community support structures?	
<ul style="list-style-type: none"> • Staff within the organisation initiate and maintain relationships with relevant organisations that may have a stake in a priority health issue. • Community groups are assisted to implement mechanisms and actions, which will address the range of issues. • Staff are able to support the development and maintenance of group processes and facilitate achievement of identified outcomes. 	

Having reviewed our skills in the implementation of community action strategies we have allocated the overall grade of:
(Circle the appropriate grade);

¹⁰A B C

¹⁰ Wass, A (2000) Promoting Health: The primary health care approach, 2nd ed. Harcourt Saunders: Sydney
Baum, F (1998) The new public health: an Australian perspective. Oxford University Press: Melbourne.



e. Implementation of organisational development strategies (settings approach).¹¹

Key Question	Grading
9e.1 How well do people in your organisation identify opportunities to develop supportive environments?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff can identify what creates health for the people living, working and playing in any particular setting. • Staff recognise opportunities to change organisational structures, mechanisms, cultures and functions (organisational development) to embed health into the daily activities of a setting. • Staff support others (individuals, families, groups, communities who live and work in the environment or are directly affected by them) to assess environments and practices to take on the responsibility for change and improvement themselves. 	<p>Need more skills (✓)</p>
9e.2 How well do people in your organisation facilitate collaborative action by stakeholders to improve the environment and practices?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff are supported to develop relationships with the management of organisations or agencies that influence key settings within their community. • Staff encourage advocate with stakeholders to improve environments and bring about organisational change. • Stakeholders (individuals or groups who live and work in the environment or are directly affected by them) are enabled to determine how environments and practices can be improved through the use of information, advice, training, coaching, representation and accessing expertise. 	<p>Need more skills (✓)</p>

¹¹ Dooris, M et al (1998) The settings based approach to health promotion. In Health Promoting Universities: concept, experience and framework for action. Eds Tsouros, A; Dowding G; Thompson J & Dooris M. WHO: Copenhagen.



9e.3 How well do people in your organisation change environments and practices?	
<ul style="list-style-type: none"> • Community participation from all levels of a community or organisation are involved from the articulation of their concerns to the participation in every stage of the process. • Staff advocate for the introduction of health as a key criteria in the organisational decision-making. • Organisational change is managed with planning and is sensitive to organisational cultures, structures and processes. 	

Having reviewed our skills in organisational development we have allocated the overall grade of:

(Circle the appropriate grade);

A

B

C



f. Undertake economic and regulatory activities via health promoting policy development.

Key Question	Grading
<p>9f.1 How well do people in your organisation understand the impact of economic and regulatory policies upon health?</p>	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff identify the impacts a range of economic and regulatory policies at the state and national levels have upon the health and welfare of the local community. • Staff are familiar with the mechanisms used by local organisations to implement economic and regulatory policies. • Staff can identify appropriate policies or modifications to existing policies for economic and regulatory activities. 	<p>Need more skills (✓)</p>
<p>9f.2 How well do people in your organisation research and consult with others to develop policies?</p>	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Relevant staff have a good understanding and awareness of national, state and local policy contexts and their interrelationships to each other. • Staff understand the policy implications of needs, culture and values of specific community groups • Regular open and constructive discussions about policy issues are had within and external to the organisation. • Within the organisation existing policies that influence health both inside and outside the health sector are reviewed and critiqued. 	<p>Need more skills (✓)</p>



9f.3 How well do people in your organisation support adherence to and enforcement of regulations and laws?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Staff recognise legislative requirements and regulations that support health and well-being. • Staff design strategies that ensure appropriate economics and regulatory action is linked with health promotion activity 	<p>Need more skills (✓)</p>
9f.4 How well do people in your organisation implement and review policies?	
<p>Best Practice for this would mean:</p> <ul style="list-style-type: none"> • Mechanisms to assess and integrate relevant policies into the organisations business are in place. • People within the organisation understand the implications of health promoting policy upon their work roles. • Staff are able to develop and follow a policy implementation plan 	<p>Need more skills (✓)</p>

Having reviewed our skills for undertaking economic and regulatory activities we have allocated the overall grade of:

(Circle the appropriate grade);

A

B

C



Section 4: Establish Priorities for Skill Development

Summarising Organisational Skills Assessment

Once you have assessed the areas that require the development of skills and knowledge, the next step is to list and prioritise them in relation to your organisation's aims and objectives. You should be able to develop a list of the areas where you are confident of your skills and abilities, and a list of areas where you feel you need further workforce development. A simple ranking of high, medium and low, for the areas where further skill development is required, is useful.

Priority	What to consider
High	<ul style="list-style-type: none"> The skills are critical to making health promotion successful.
Medium	<ul style="list-style-type: none"> The skills are important but not critical in making the organisation a success
Low	<ul style="list-style-type: none"> The skills are not important in making the organisation a success.

Once you have decided how important the development of skill is for your organisation, map the units of skill using the diagram below. Units mapped into Quadrant 1 indicate your organisation's priorities for workforce development. List the skill components in Table 1 Workforce Development Needs, prioritising the components the organisation intends to address using workforce development strategies from high to low.

Prioritising using 'Post-it' notes!

Another method of prioritising skill units is by voting using 'post-it' notes. Provide each group member with the same number of post-it notes as the number of skill units reviewed. Ask them to vote on the skill units. They may put more than one post-it on a skill unit depending on the level of importance they want to place on that unit. The unit with largest number of post-it votes is the unit deemed as the highest priority for future action.



- Quadrant 1** indicates that these units are a priority to the organisation but that at present there is an inadequate skills base
- Quadrant 2** indicates that these units are a priority to the organisation and that there are sufficient skills in the organisation
- Quadrant 3** indicates that these units are not a high priority to the organisation and that there is not a high level of skills for these units
- Quadrant 4** indicates that these units are a low priority for the organisation but that there are higher levels of skills for these units.

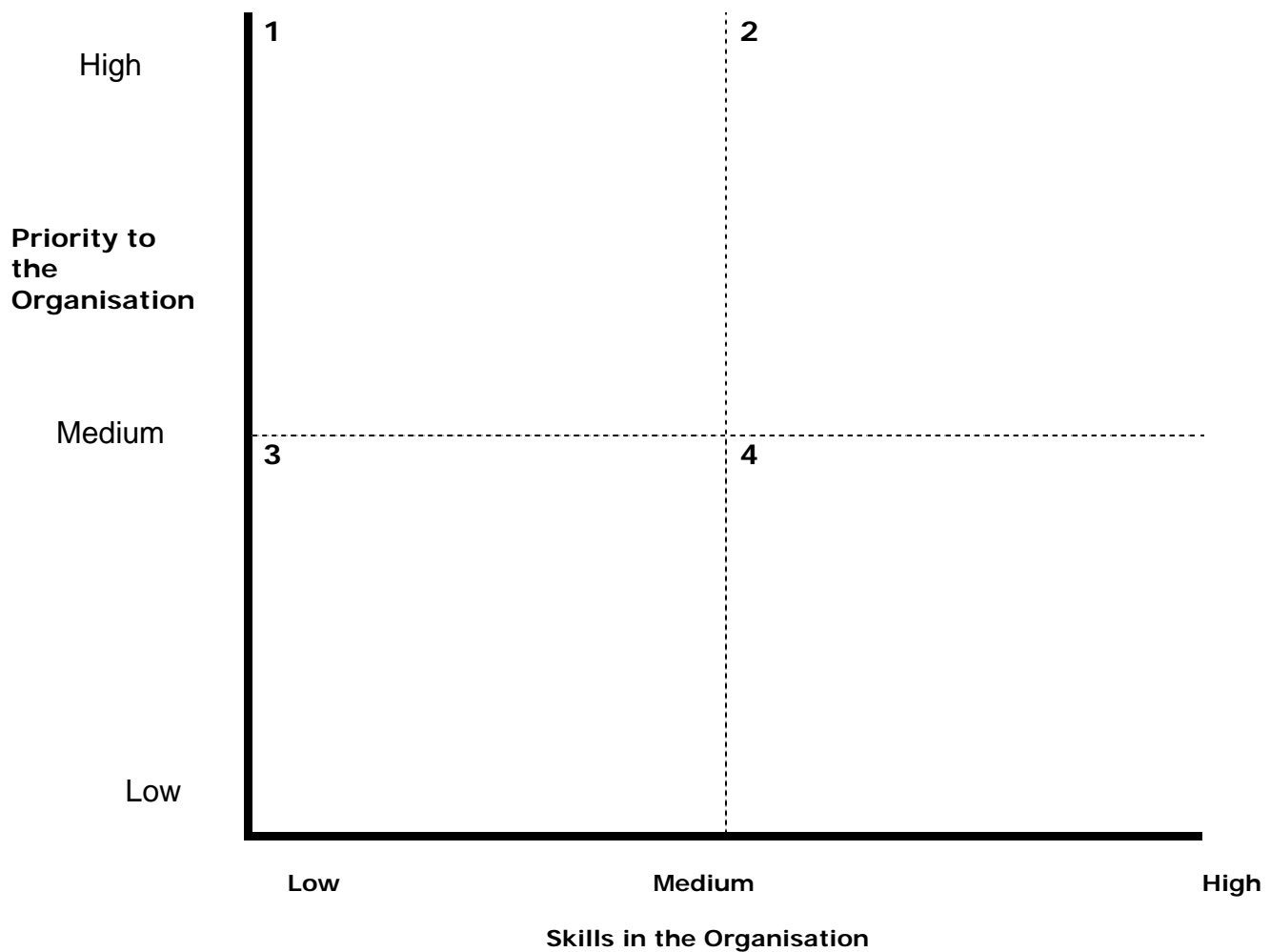




Table 1. Workforce development needs

Component Title	Rating	Priority (H/M/L)
Manage self & develop professional skills & knowledge This document may also be downloaded from the Department of Human Services web site at: http://www.health.vic.gov.au/healthpromotion/hp_practice/plan_implem.htm		
Work in a team		
Build & maintain effective networks		
Communicate in a range of contexts		
Priority setting & problem solving		
Solution generation		
Implementation & evaluation of health promotion programs		
Support & resources for quality health promotion action		
Effective intervention implementation <ul style="list-style-type: none"> a. Individual risk assessment and screening b. Meet the health information & education needs of the community c. Plan & implement social marketing strategies d. Organisational development e. Implement community action strategy f. Undertake economic & regulatory activities 		



Section 5: Developing the Action Plan

Once you have decided how important the development of skill is for your organisation you can consider what method could be used to enhance the skills of the workforce and increase the capacity of your organisation to support quality health promotion practice. The method of skill development will depend on:

- Who your audience will be
- The type of skill that is required
- The resources are available
- The match between the learner's and the organisation's needs?

It is also important to remember that not all activities will suit in every case and sometimes a variety of activities will be the best option. Some of the skill development options available to you include:

Elements	Strategies
Education and training:	<ul style="list-style-type: none"> • Accredited education and training – post/ under-graduate courses, pre-service, vocational education sector (VET). • Professional development – in-service workshops & seminars focussing on skills and specific issues, Conferences. • Education, training and research infrastructure • Course development - Competency based standards
On the job learning including incidental and informal learning opportunities	<ul style="list-style-type: none"> • In-service training and supervision schemes – traineeships, apprenticeships, secondments, job rotations • Information sharing initiatives • Self-directed learning through literature, internet and other information sources
Skills and knowledge support:	<ul style="list-style-type: none"> • Involvement in networks of partners or colleagues – intersectoral or interregional meetings • Links with professional groups/ organisations • Development of dissemination of good practice information



Elements	Strategies
	<ul style="list-style-type: none"> • Access to on-going systems of reliable & relevant information – HP newsletters, internet, journals • Partnerships with tertiary education institutions • Access to professional support and supervision – formal, informal, peer support, mentoring. • Access to specialist advice – consultancies, visiting academics
Workplace structures and policy	<ul style="list-style-type: none"> • Human resource management policies – position descriptions, performance management systems • Good practice, program management and evaluation guidelines adopted • Strategic planning & WD priorities established • Career structure • Resources allocated • Leadership provision and development

Action Plan

Once you have completed Table 1 and considered types of workforce development activities feasible to address the component skill priorities you are ready to complete the Action Plan. A pro forma action plan is provided overleaf, but your organisation may have a model that is preferable.

The Action Plan requires you to:

- Identify the units requiring development and prioritise them
- Determine the learning activities that will provide the best opportunities for development and which are most suitable to available resources
- Determine who the most appropriate people are for this skill development
- Establish a timeframe for the development
- Allocate resources
- Plan for review of the learning.



Think broadly when considering learning options. Excellent formal training programs are available, however other learning models offer different strengths and some are less costly. You may wish to consider:

- The formation of action learning sets with others from your organisation or in partnership with other PCPC members
- Creating a process where ‘experts’ (who may be within you organisation or based locally) provide educational sessions explaining their work practices or focusing on a given issue
- Sourcing information, print or electronic, that can be summarised and circulated for others
- Forming mentoring or coaching relationships.

These are just a few ideas, and you may generate many others. Remember that simply participating in a learning activity will not ensure application of the skill in the workplace. There is no substitute for critical reflection, thorough review and an ongoing commitment to excellence in health promotion practice.

Table 2. Action Plan

Skill component	Skill Development Activity	Participants	Person responsible & by when	Providers/ Resources	Date of follow-up



Appendix 1: Facilitators Notes

Overhead Transparencies:

It is suggested that a copy of Table 1 is made into an OHT so that skill unit ratings may be recorded as the meeting progresses. OHT's which outline the aims of the day, and the questions in each skill unit may also be made.

Room arrangements:

It is important that all participants in the meeting are able to see the facilitator and each other easily. Optimal seating arrangements would be on a round or square table.

Suggested Introduction: to the tool:

- Describe the objectives and aims of the tool in the context of the group's organisation
- Discuss the assumptions surrounding the organisational focus of the tool. There is a set of skills required by an organisation to achieve the health promotion vision and programs aims. Not all people within the organisation will need to have those skills; the tool helps people to assess whether those skills are currently resident within the organisation. Other aspects of the tool focus upon assessing the characteristics, infrastructure and ways of working within the organisation that support good quality health promotion practice.
- Talk about the organisation the group represents and generally how health promotion sits within this context, why it is important and why assessing the capacity of the organisation is important to achieving future objectives.
- Describe how the tool works: the general format of the tool and how the group could discuss each question to come to a consensus to rate the skill component: There are 9 skill components, and indicators for best practice under questions in each component. Each indicators can be discussed individually and marked for special consideration later or considered as a whole to rate the question.
- Introduce the rating system: this will be discussed in more detail to gain consensus about the meanings of each rating.
- Use of examples during discussion. It is important for the group to provide examples when making judgements about each skill component.
- The ordering of the skill components: It may be useful to alter the order of skill components in Unit B to emphasise the need for a multi-strategic approach in strategy selection. It may be useful in this case to place the skill component 9 before skill component 6: strategy selection, which points to best practice being a multi-strategic approach to health promotion.
- Make sure participants provide examples of best practice when justifying their ratings.



Appendix 2: Glossary

Reflective Practice

Reflective practice involves thinking about and critically analysing one's actions with the goal of improving one's professional practice. Engaging in reflective practice requires individuals to assume the perspective of an external observer in order to identify the assumptions and feelings underlying their practice and then to speculate about how these assumptions and feelings affect practice¹²¹³¹⁴

Partnerships for Health Promotion

A partnership for health promotion is a voluntary agreement for health between two or more partners to work cooperatively towards a set of shared health outcomes. Such partnerships may be limited by the pursuit of a clearly defined goal – such as the successful development and introduction of legislation; or may be on going, covering a broad range of issues and initiatives¹⁵.

Community Action for Health

Community action for health refers to collective efforts by communities, which are directed towards increasing community control over the determinants of health and thereby improving health¹⁶.

Settings for Health

The place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health wellbeing.

Supportive Environments

Supportive environments for health offer people protection from threats to health and enable people to expand their capabilities and develop self-reliance in health. They encompass where people live, their local community, their home, where they work and play, including people's access to resources for health and opportunities for empowerment.

12 Osterman, K. F. "Reflective Practice: A New Agenda for Education." EDUCATION AND URBAN SOCIETY 22, no. 2 (February 1990): 133-152.

13 Kottkamp, R. B. "Means for Facilitating Reflection." EDUCATION AND URBAN SOCIETY 22, no. 2 (February 1990): 182-203.

14 Peters, J. "Strategies for Reflective Practice." In PROFESSIONAL DEVELOPMENT FOR EDUCATORS OF ADULTS. NEW DIRECTIONS FOR ADULT AND CONTINUING EDUCATION, no. 51, edited by R. Brockett. San Francisco: Jossey-Bass, Fall 1991.

15 World Health Organisation (1998) Health Promotion Glossary. WHO: Geneva.
<http://www.who.int/hpr/backgroundhp/glossary/glossary.pdf>

16 WHO (1998) Ibid.