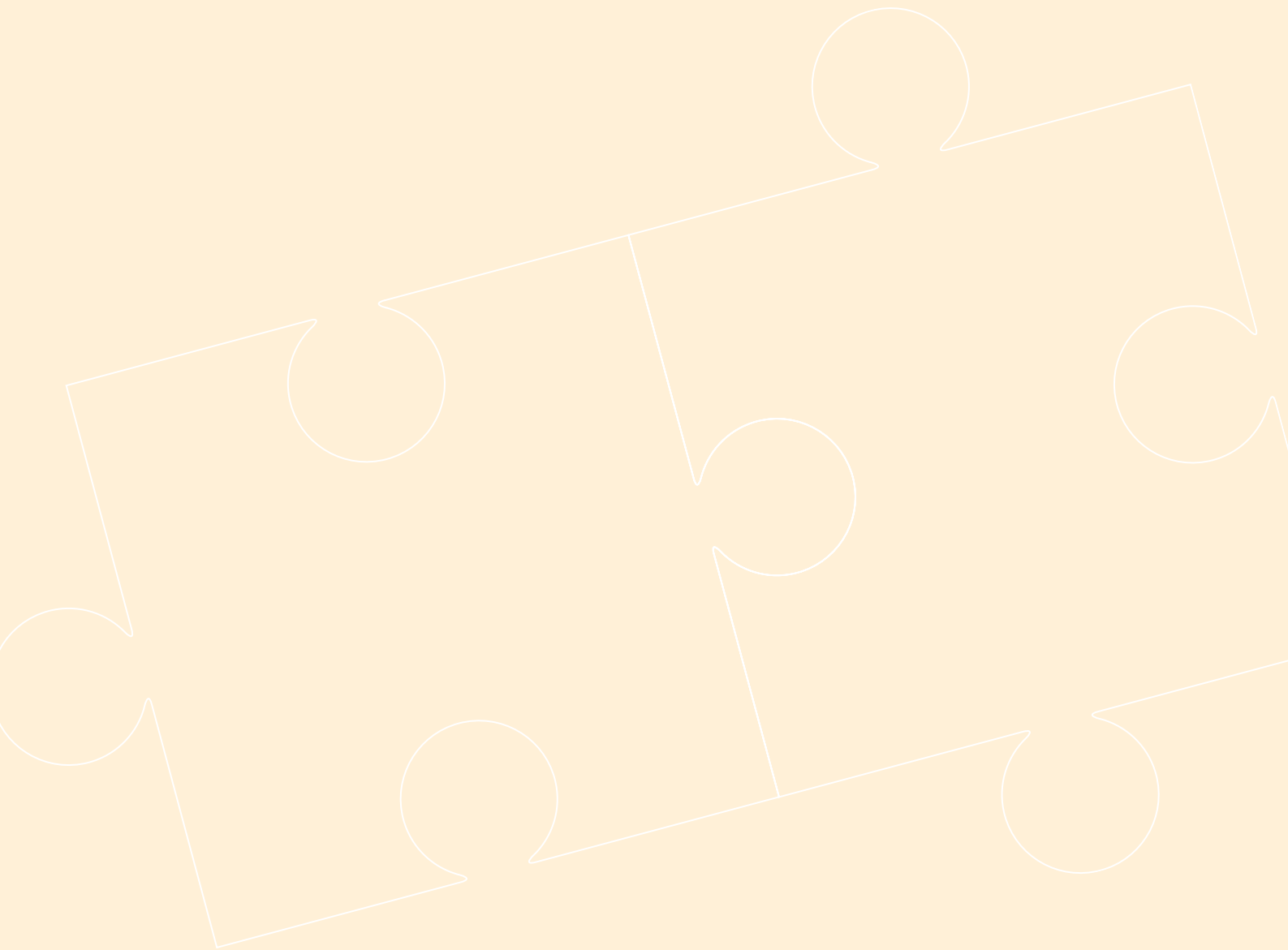


Report on Capacity Building Grants Scheme

C H E C K L I S T I N T O P R A C T I C E



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Executive summary

Grants process and funding

In September 1999, the Health Promotion Branch, NSW Health invited expressions of interest from the seventeen Area Health Services in NSW for grants to apply the capacity building indicators developed by the University of Sydney - *Indicators to Help with Capacity Building in Health Promotion*¹. This document contains nine checklists, each with a number of indicators, specifically developed for health promotion practitioners to assess the quality of their overall work practice (see Appendix 1). The primary purpose of the grants scheme was to move the concept of measuring capacity building from theory into practice and through case study projects describe how the checklists were applied to every day health promotion initiatives.

Small incentive grants were offered to the Area Health Services to apply the capacity building checklists in practice. A maximum of \$15,000 was available for each project and a limit of one grant per Area Health Service.

Applications were received by NSW Health and six Area Health Services were notified in November 1999 that their application for a grant had been successful. Implementation of the projects was completed by March 2000 and a report on each Area's project made available to NSW Health by June 2000.

Each report was required to address:

- the process of using the checklists
- their strengths and weaknesses
- identify any challenges in using the checklists

The reports received illustrated how the checklists were used within programs and how they influenced health promotion practice.

The six funded projects involved varied applications and a brief summary of each case study is included in the appendices of this report. Each of the projects applied a combination of checklists, with one project applying eight of the nine checklists. (It is important to note that checklist nine on assessing community

capacity is being applied in a rural community setting in NSW and is not included as part of the grants scheme).

The projects funded by the grants scheme are listed in Section 4 of this report. Further detail is outlined in the project case studies (see Appendix 2).

Key findings and recommendations

Key findings, common themes and lessons learnt from the grant holder projects are detailed in Sections 6 and 7 of this report and highlight areas and suggestions for improvement in the application of the checklists. By way of summary, the key findings and lessons learnt are as follows:

- That different methods of application were more readily accepted by grant holders depending on the context in which the checklists were used. Different methods included individual interviews, focus groups, telephone interviews and the reformatting of checklists as outlined in the case studies (see Appendix 2).
- Responses and applicability of the checklists varied according to grant holders' knowledge of the project and capacity building theory, as well as their ability to affect change within an organisation.
- The checklists were found to be useful in all aspects of program development including planning, implementation, monitoring and evaluation. As an example, some of the checklists could be applied in the planning stages of a project to identify gaps and influence project outcomes.
- A supportive environment was seen as important to encourage grant holders to share experiences, encourage professional debate and increase opportunities for professional development. It was evident that initial application of the checklists caused anxiety and considerable support would be required to assist grant holders in applying the checklists.

- Clear and concise understanding of the context in which the checklists were being applied and knowledge of the target audience was essential.
- The application of the checklists demanded and encouraged significant professional debate and gave credibility to current and future work practices. The process also gave opportunity to critically reflect on current practices and plan for the future.
- Although there was some discussion regarding the interpretation of language, overall application of the checklists was seen to add value to current health promotion work practices. Grant holders also gained an increased professional understanding of the broader application of capacity building.

As a result of information gathered by the grant holders, key recommendations are presented in four areas and include the following:

1. 'A Guide to Using the Indicators'

Development of a companion guide for checklist use with suggestions on what to include for easier interpretation of the checklists. Most of the feedback received by grant holders related to negotiating meaning and dialogue in the use of the checklists.

2. Communication, dissemination and implementation

There need to be ongoing mechanisms to ensure continued use of the checklists and practical application of capacity building. For example, through the development of a database of users and promotion of the benefits of checklist application through various communication mediums such as journal articles and case studies on the Web.

3. Supportive environment (resources and support)

There needs to be ongoing attention to processes to encourage grant holders to share experiences, encourage professional debate and increase opportunities for professional development. For example, writing for publication would highlight the challenges of using the checklists and the advantages of being able to critique the process and enhance credibility.

4. Professional development (knowledge and skills)

Development of methods for continued learning about how the checklists are working in practice. Examples of strategic workshops include, a list serv of users to share experiences and guide future application of the checklists.

By way of overall summary, consideration should be given to advancing both the use and availability of the checklists and promotion of the checklists and their benefits to health promotion practice should be encouraged. Sharing of information, for example providing case studies on the Web, will assist in communicating the process involved in applying the checklists. Existing knowledge of capacity building supports the application of the checklists and the willingness to participate.

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Background

The primary purpose of the grants scheme was to move the concept of measuring capacity from theory into practice. The work of the University of Sydney in developing *Indicators to Help with Capacity Building in Health Promotion*¹ has generated a lot of interest from health promotion practitioners and other public health professionals. Although the checklists were designed specifically for health promotion practitioners, they have been applied in a range of health improvement programs, by health promotion practitioners in collaboration with allied health professionals. The grants scheme intended to capture the experiences of some of these professionals by creating an environment for experimentation with the checklists and encouragement of reporting on their uses.

In developing the grants program, NSW Health relied heavily on dissemination research about health promotion initiatives. This research attempted to find better ways to disseminate new knowledge about health promotion and ensure its application into practice. Suggestions for best practice in dissemination research include: involvement of key stakeholders; provision of funding; provision of infrastructure; active support for dissemination and uptake that also closes the loop so that disseminators get feedback; ongoing access to resources; structuring of research projects to facilitate dissemination; strategies that facilitate dissemination through improved skills and ongoing publicity and a supportive political agenda². During the design stage, the grants scheme was assessed against the above suggestions and found to satisfy all criteria in some measure.

Although the grants scheme was a financial incentive, the program was broadly designed to provide ongoing support, training and incentives for further publication of results. This was to ensure that such experimentation led to increased knowledge in health promotion practice across the state.

It is acknowledged that there is a range of checklists being developed to measure capacity and many practitioners are experimenting with their use without financial incentives. The strength of the grants program is in the process of ensuring feedback between grant holders and researchers.

NSW Health has been fortunate to collaborate closely with the Australian Centre for Health Promotion, University of Sydney, in the development and dissemination of the capacity building indicators. NSW Health has forged ongoing relationships with leading academics in the field and by doing so has harnessed some of the growing interest in capacity building research and practice.

3

Recommendations

Based on the common themes and lessons learnt in Sections 6 and 7 of this report, as well as suggestions from participants who attended a workshop to finalise the grants scheme, a number of recommendations are made. These have been grouped into four key areas:

1. 'A Guide to Using the Checklists'

Development of a 'companion guide' for checklist use. The suggested inclusions are based on what has been learnt to date on the application of the checklists (see Appendix 4). The guide would include a glossary of terms to help clarify language before beginning to use the checklists. Information on scoring would also be included, as it was found that the qualitative information was more valuable than interpreting numerical scores and that there was a need for supporting information about scoring experiences.

2. Communication, dissemination and implementation

- To develop a database of checklist users.
- To ensure that relevant publications are sent to Area Health Service managers so that they are aware of the checklists and issues involved with application.
- To ensure continued use of the checklists in practice by encouraging support from health promotion professionals familiar with theory and practical application of capacity building.
- To encourage Area Health Services to use the checklists in program and service planning by emphasising that the checklists are useful as reflective planning and assessment tools.
- To ensure dissemination of the checklists is balanced with the lessons learnt in Section 7 of this report.
- To ensure that other program areas within NSW Health are knowledgeable about the checklists and can see the benefit of applying the checklists to various program areas and settings.

- To use the capacity building network to disseminate information and act as advocates for the checklists.
- NSW Health to ensure dissemination of emerging lessons learnt through use of the NSW Health Web site and sharing of the information based in this report.

3. Supportive environment (resources and support)

- To encourage grant holders to share experiences with others regarding the implementation of the checklists.
- To encourage grant holders and other users of the checklists to write case studies of their projects and what is required to apply the checklists in various contexts (placed on Web site).
- NSW Health to investigate the possibility of increased funding for research on the usefulness of the checklists for planning and evaluation.

4. Professional development (knowledge and skills)

To develop methods for continued learning about how the checklists are working in practice.

Suggestions include:

- the development of an interactive list serv, or a closed chat room possibly with a password, where practitioners can access information about experiences using the checklists and capacity building generally including case studies and e-mail exchanges.
- workshops facilitated by previous checklist users to share experiences, focussing on the 'how to' and the difficulties that can occur when applying the checklists.

4

Description of the Grant Case Studies

Area Health Services and Case Studies

The six Area Health Service case studies

1. Greater Murray Area Health Service Project:
'Make a Noise' Youth Suicide Prevention
2. South Eastern Sydney Area Health Service Project:
'Healthy Smiles for Under 5s' Oral Health Promotion
3. South Western Sydney Area Health Service Project:
Health Promotion Seeding Grants Program
4. Western Sydney Area Health Service Project:
Health Promoting Schools
5. Far West Area Health Service Project:
Primary Health Care Transition
6. Mid North Coast Area Health Service Project:
Health Promotion Network

Objectives of the Capacity Building Grants Scheme

The objectives of the grants scheme were to:

- increase the number of practitioners using the checklists
- identify the ways and means that they are being used
- promote their uses
- modify and refine the checklist indicators
- add to the framework of capacity building practice in health promotion
- contribute to the body of literature about capacity building world wide.

Selection Criteria for the Capacity Building Grants Scheme

Grants were awarded to applicants who could demonstrate that the:

- case study was built on existing work
- case study was a designated priority area within one of the nominated priorities for NSW Health Promotion
- case study used a minimum of four checklists
- grant holder had a good track record in evaluation practice or could show evidence that they were working in partnership with someone who does
- grant holder could financially manage the grant
- grant holder could complete the project within a timeframe of six months from notification to due date of report
- that the scope of the grant would benefit the local area health service and further benefit health promotion practice in NSW.

Checklists applied by Area Health Services

Checklist	Frequency of Application
1. Assessing the strength of a coalition	3
2. Assessing the opportunities to promote incidental learning among other health workers	3
3. Assessing opportunities for informal learning among other health workers	4
4. Assessing if a program is likely to be sustained	6
5. Assessing the learning environment of a team or project group	2
6. Assessing capacity for organisational learning	5
7. Assessing the quality of program planning	6
8. Assessing the quality of program planning	4

5

Grants Scheme - the process of research into practice

The process for the grants scheme matched against best practice for dissemination research²

Timeframe	Strategies For Best Practice	Capacity Building Grants Scheme Action
Nov 1999	Provision of funding	<ul style="list-style-type: none"> Small incentive grants of up to \$15,000 were offered and open to all Area Health Services - selection and notification of successful grants holders
Feb – Nov 2000		<ul style="list-style-type: none"> Mid North Coast Area Health Service – funding to develop and coordinate a two day workshop in June and to review individual reports and assemble first draft of final report. Nov 1999
Nov 1999 May 2000 (local application of grants projects and submission of final reports – extended deadline from March to May was given)	Involvement of key stakeholders Infrastructure	<ul style="list-style-type: none"> Authors of indicators document, practitioners, Research and Evaluation Network, Capacity Building Network, Selection panel involving Directors, authors and NSW Health staff A dedicated project officer was financially supported to offer advice and support to grant holders throughout the process
March 2000	Active support for dissemination/feedback loop	<ul style="list-style-type: none"> A colloquium on capacity building was held to bring together researchers, practitioners, policy makers and academics Grant holders participated in the colloquium then on the second day participated in a workshop where they provided feedback on the application of checklists, issues to date and began to develop their own networks
June 2000		<ul style="list-style-type: none"> A second two-day workshop was held, the first day involved sharing experiences with authors and academics (peer review) Day two involved information on writing for publication to encourage grant holders to submit articles for publication and attend conferences
June - July 2000		<ul style="list-style-type: none"> Individual on-site interviews were held with each grant holder to elicit information which is outlined in the key findings section of this report (see Appendix 3 for interview questions)

Timeframe	Strategies For Best Practice	Capacity Building Grants Scheme Action
Ongoing	Ongoing publicity and a supportive political agenda	<ul style="list-style-type: none"> • Capacity building colloquium video produced, information uploaded on Web site • Public Health Bulletin edition with a focus on capacity building • Conference presentations such as the National Health Promotion Conference, Public Health Association Conference • Presentations eg. to Area executives, Health Promotion Network and Directors of Health Promotion
Ongoing	Ongoing access to resources	<ul style="list-style-type: none"> • Human resources, financial resources and physical resources as outlined
Ongoing	Strategies that facilitated dissemination through improved skills	<ul style="list-style-type: none"> • Grant holders were encouraged to increase their skills by liaising with designated NSW Health staff member specifically about the grants scheme, as well as attend workshops and adopt leadership roles • Grant holders were encouraged to discuss experiences and encourage dialogue across Area Health Services and key networks
Ongoing	Structuring of research projects to facilitate dissemination	<ul style="list-style-type: none"> • Case studies • Proforma reporting mechanisms • Progress and final reports • Web site information dissemination • Key networks • Workshops • Publication

6

Common themes for the Grants Reports

A series of common themes emerged from the project case studies and grant holder reports:

Language

The language needs to be consistent, clear and easily understood for best results. There may be a need to reformat the checklists on occasion, to help in their application.

Scoring

The qualitative information gained in the scoring process was more valuable than interpreting numerical scores. Individual scoring was more useful than group scores. Scoring does force conversation, however there may be a need for supporting documentation to be included with the checklists.

Planning

The checklists were seen as important for planning processes and in identifying gaps in planning that would influence project outcomes. It is suggested some of the indicators should be applied prior to project commencement.

Application

A clear and concise understanding of the context in which the checklists are being applied and knowledge of the target audience is essential. Time must be allocated to ensure all participants are comfortable with the 'decided' application, especially non health promotion staff. A supportive environment providing resources and support should be established to encourage staff to use the checklists.

Process

The process was more valuable than anticipated. The application of the checklists encouraged and demanded significant professional debate and gave credibility to current and future work practices. The process also gave an opportunity to critically reflect on current work practices and plan for improved practices in the future.

Qualitative information

The checklists elicited information from a non-traditional evaluation process. This was seen to be valuable to all aspects of a program from the planning, development and implementation stages through to monitoring and evaluation. The checklists are recognised as good reflective tools that will influence future program development.

Skilled hands

There was a consensus from grant holders that the capacity building checklists are for health promotion practitioners. Professional skills are needed to guide application and implementation. The process of application of the checklists should be supported and the checklists recognised as a professional health promotion tool.

General comments

During the grant process of testing theory into practice, the grant holders were also given the opportunity to provide feedback through a formal individual interview process, conducted in their usual workplace.

Grant holders reported that participating in the grants process was more positive than originally anticipated. Frustrations with language and jargon were common and considerable time and energy was expended by the NSW Health staff to ensure that grant holders were given every opportunity to be receptive to the checklists.

Both health promotion and non health promotion practitioners were critical of the indicators. Often significant professional debate to achieve consensus on interpretation of terminology and general language was considered necessary.

There was unanimous agreement that the application of the checklists into practice has markedly increased grant holders knowledge and skills in capacity building. It is important that grant holders are given time to reflect and share their stories on the process of using the checklists to guide future application of the checklists by other practitioners.

7

Key findings and lessons learnt from the Grants Reports

A number of key findings are outlined below based on common themes and reported feedback from the grant holders:

Application

- The context in which the checklists were used added to the level of advocacy required to ensure participation. Gaining credibility for application of the checklists was a greater issue when applied with non health promotion staff.
- Methods of application of the checklists varied according to the 'users' knowledge of projects, capacity building theory and their ability to affect change within the organisation. Knowledge of capacity building theory aided the use of the checklists.
- Further experimentation increases confidence in and understanding of the checklists. The checklists have to be used to be understood.
- The continued use of the checklists into practice requires support from health promotion professionals familiar with both the theory and practical application.
- Emphasis should be given to the importance of sustainability beyond the life of the planned interventions and/or funding.

Scoring

- Supporting information on scoring should be included as the qualitative information was seen as more valuable than the numerical value. Individual scoring was more relevant than group scoring and provoked professional discussion and debate.

Supportive environment

- Support and encouragement should be provided on initial application of the checklists. Initial anxiety occurs for practitioners when applying research into practice.

Dissemination

- The grants scheme and associated report and case studies will be available on the Web. Grant holders are encouraged and should be supported to write for publication to assist in the dissemination process.
- Consideration should be given to advancing both the use and availability of the checklists. Existing knowledge of capacity building supports the application of the checklists and the willingness to participate.
- Further promotion on the use of the checklists should be encouraged. This will lead to increased professional debate and add credibility to current and future work practices.
- The checklists are considered a health promotion practitioners' tool, with the ability to strengthen the health promotion profession.

Professional development

- The checklists provoked considerable professional debate and were seen to add value to current health promotion work practices. Grant holders gained an increased professional understanding of the broader application of capacity building.
- Health promotion professionals need to take on leadership roles internal to and external to organisation, to have the best effect.



Appendices

Checklists at a glance

Indicators to help with capacity building in health promotion

Checklist 1	Assessing the strength of a coalition
	<ul style="list-style-type: none"> • Use this checklist to assess how well an inter-organisational coalition is functioning or to set objectives/tasks in relation to coalition planning • Not suitable for evaluating a one-off committee meeting. It should be selected to assess processes of a group of agencies and organisations that have some formality to their processes • Best suited to coalitions set up across different types of agencies, than for example, different units within a single type of organisation
Checklist 2	Assessing the opportunities to promote incidental learning among other health workers
	<ul style="list-style-type: none"> • Use this for situations where the aim is to promote invisible skills transfer; NOT pertaining to formal training programs • Should be used to help construct a plan for creating incidental learning opportunities – for gaining health promotion skills unknowingly • Suitable for health promotion staff who are seeking to develop the capacity for colleagues in the health service to do health promotion
Checklist 3	Assessing opportunities for informal learning among other health workers
	<ul style="list-style-type: none"> • Use this for situations where the aim is to promote invisible skills transfer; NOT pertaining to formal training programs • Should be used to help construct a plan for creating informal learning opportunities for others – to encourage others to be more engaged in ‘on the job’ health promotion skills • Suitable for health promotion staff who are seeking to develop the capacity of other colleagues in the health service to do health promotion
Checklist 4	Assessing if a program is likely to be sustained
	<ul style="list-style-type: none"> • Use at the conclusion of a program to assess the presence of program, organisational and community-level factors known to be associated with program uptake and maintenance • Need to choose a program that is established/complete
Checklist 5	Assessing the learning environment of a team or project group
	<ul style="list-style-type: none"> • Use this to assess whether or not the structure and functioning of a group is optimal for innovation or learning • Based on the assumption that a dysfunctional unit is unlikely to take on new roles effectively • Can be used for pre-intervention, assessment or evaluation

Checklist 6	Assessing capacity for organisational learning
	<ul style="list-style-type: none"> • Same as Checklist 5 but for organisations • Organisational change theory suggests that organisations can be made more innovative or capable of responding positively to new events and pressures in their external environment (like taking on population health and health promotion issues) • Does not capture yet the complexity of different domains within organisations, conflict across domains and the need to adopt different change strategies accordingly • There may be value in thinking about how aspects of some systems, or more discrete units within organisations function
Checklist 7	Assessing the capacity of a particular organisation to tackle a health issue
	<ul style="list-style-type: none"> • Arranges critical factors into predisposing, enabling and reinforcing factors. These may be assessed separately or in combination depending on the situation at hand • Includes assessment of partnership capacity (as part of a coalition) and program delivery capacity (whether infrastructure is sufficiently well developed so that the organisation could act independently) • Should be applied as a pre-intervention assessment tool, or in early stages of negotiation of a new project with an organisation, guiding thinking about factors that might be critical preconditions to a successful partnership
Checklist 8	Assessing the quality of program planning
	<ul style="list-style-type: none"> • Assesses one component of Checklist 7 in more detail • Use this checklist to assess dimensions from Checklist 7 in more detail (ie staff skills in program planning)
Checklist 9	Assessing community capacity to address community issues
	<p>NB not implemented as part of this grants scheme</p> <ul style="list-style-type: none"> • Sorted as predisposing, enabling and reinforcing factors • The checklists depict a competent community that may be defined geographically or by affiliation or shared characteristic

Hawe P, King L, Noort M, Jordens C, Lloyd B (1999) Indicators to Help with Capacity Building in Health Promotion. NSW Health.

2

Case studies

Case Study 1	
Application	Indicators applied to a program with health promotion staff and allied health staff in an isolated setting
Checklists	2,3,4,5,6,7,8
Method of application	2,3,4,5,6 Individual interview with checklists 7 Focus groups 8 Review by project officer
Comments	<ul style="list-style-type: none"> Valuable, qualitative information from trial Encouraged interaction between professionals Provided unexpected useful information on issues related to the project
Lessons emerging	<ul style="list-style-type: none"> Jargon required significant alteration, rewording Needed to pilot first Negativity to checklists by other health staff Limited understanding of capacity building by staff
Outcome	<ul style="list-style-type: none"> Provoked detailed discussion Elicited information not normally revealed Become useful for future work Need to be supported in practice by health promotion staff – requires strong advocacy

Case Study 2	
Application	Indicators applied to a program with health promotion staff allied health staff and another government organisation
Checklists	1,4,6,7
Method	1 Focus group with health and other staff 4 Telephone surveys by project officer to key participants 6 Individual interviews with team leaders 7 Survey of key participants
Comments	<ul style="list-style-type: none"> Gave credibility to practice that was already occurring Recognised that Capacity Building is happening across disciplines
Lessons emerging	<ul style="list-style-type: none"> Some caution when applying with non-health promotion staff Need for language modification Difficulty establishing credibility with other staff – poor understanding of capacity building Assessed top down response only
Outcome	<ul style="list-style-type: none"> Checklist will be incorporated into project design, planning, implementation and evaluation Nature of the checklist more valuable than numerical value Offered opportunity to raise issues and look for solutions

Case Study 3	
Application	Applied indicators with health promotion staff only
Checklists	1,2,3,4,5,6,7,8
Method	<ol style="list-style-type: none"> 1 Health promotion staff completed individually then as a group 2 Group discussion 3 Individually and as a group 4 Individually then requested to repeat as a group 5 Individually then as a group 6 Individually then as a group 7 Group discussion 8 Individually
Comments	<ul style="list-style-type: none"> • The indicators encouraged critical reflection on health promotion work practices • Scoring was more useful for individuals than for groups • Process of application far more useful than originally anticipated. Encouraged professional debate and offered reflective opportunities • Indicators, once used found to serve more than one purpose – useful for future planning and evaluation as well as current evaluation
Lessons emerging	<ul style="list-style-type: none"> • Language in checklists needs further refinement and a common language used • Clear, concise instructions on to who/what the checklists are being applied. Need to ensure all participants have a 'common' understanding (cannot be overemphasised)
Outcome	<ul style="list-style-type: none"> • Checklists will be included in future planning • Professional debate that occurs needs to include someone with influence to make change • Usefulness of the indicators more apparent after use

Case Study 4	
Application	Applied with health promotion staff and allied health staff
Checklists	3,4,6,7,8
Method	<p>3 Reformatted after consultation with health staff, completed by project officer</p> <p>4 Reformatted after consultation with health promotion staff, then individual interviews facilitated by project officer</p> <p>6 Workshop with allied health and health promotion staff – revised checklist questions answered</p> <p>7 Reformatted checklist, then individual interviews with allied health staff</p> <p>8 Reviewed and reformatted then completed individually</p>
Comments	<ul style="list-style-type: none"> • Flexibility for use, planning or evaluation dependent upon stage of project • Acknowledges successes • Health promotion staff given opportunity to discuss elements of capacity building – excellent professional development opportunity • Using varying implementation methods assisted the discovery of how to use the checklists most effectively • Process strengthened relationship between health promotion and allied health staff
Lessons emerging	<ul style="list-style-type: none"> • Language, jargon needs to be reviewed particularly when being used with non-health promotion staff • Some similarities with questions in differing checklists – appears repetitive when using multiple checklists • Scoring gave little indication of issues – explanation required to make results more useful/valuable should not be seen as measure of success/failure) • Can be threatening for non-health promotion staff/participants • Considerable commitment to training non health promotion staff to enable better understanding
Outcome	<ul style="list-style-type: none"> • For grant participants an unexpected extensive professional development opportunity • Need to have participation at all levels for capacity building to have best effect ie clinical staff through to senior management (persons participating who are able to have influence for change) • Policy does not necessarily translate into practice • The grant process was a catalyst for the non-health promotion staff to seek further funding to tackle other health issues • Need for a glossary of terms to assist with application

Case Study 5	
Application	Applied with health promotion staff and staff from another government department
Checklists	1,4,6,7
Method	<p>1 Individually completed by health staff and other government department staff in a focus group pre reading material supplied</p> <p>4 Focus group without pre reading material</p> <p>6 Sent to focus group supplied with pre reading to complete individually, then discussed as a group</p> <p>7 Focus group without pre reading</p>
Comments	<ul style="list-style-type: none"> • The checklists were seen to ‘value add’ to health promotion programs • Checklists useful for both planning and process • Checklists useful as a tool to identify strengths and weaknesses in programs
Lessons emerging	<ul style="list-style-type: none"> • Scoring needs more information to support use • For those not familiar with health promotion terminology, jargon/language can pose considerable difficulties in gaining participation • Used reflectively, differing perceptions of successes or otherwise by participants • Purpose for use must be clearly understood – some anxieties that poor performance with the checklists may be detrimental to programs
Outcome	<ul style="list-style-type: none"> • Rationale for use of the checklists needs to be emphasised and understood by staff for maximum gains • Checklists need to be examined for their relevance/use prior to their implementation • Checklists useful as a framework for planning and evaluation processes. Also useful to assess the progress of some programs • Some sensitivity should be observed – can be intimidating. More valuable quantitative information received

Case Study 6	
Application	Applied with health promotion staff and team leaders
Checklists	2,3,4,7,8
Method	2 Individual interviews with health promotion staff – reformatted checklist 3 Individual interviews with health promotion staff – reformatted checklist 4 Individual interviews with health promotion staff – modified checklist 7 Individual interviews with health promotion staff – modified checklist 8 Applied against program proposals – reformatted checklist
Comments	<ul style="list-style-type: none"> • Process of applying checklists provided more insight on areas for improvement in programs not previously considered • Responses from checklists supported previous assessments
Lessons emerging	<ul style="list-style-type: none"> • Valuable professional tool for health promotion • Need to use checklists and not be “frightened to have a go” • Reformatting checklists was necessary for ease of application (simple language) • Scoring was very subjective – baseline required for interpretation
Outcome	<ul style="list-style-type: none"> • Recorded comments were more useful than trying to interpret scores • Relevance of checklist dependent on development of program; ie early, middle or completion • Checklists identified gaps in planning that would influence project outcomes (need to be used prior to project commencement) • Need to overcome ‘fear’ of using the checklists – use them! • Need to establish an environment that will assist staff to familiarise themselves with the tools

3

Interview questions for grant holders

1. What were the differences between your expectations and the results of testing the checklists?
2. Were there any particular frustrations in the application of the checklists?
3. Did the use of the checklists increase your knowledge and/or skills in capacity building?
4. Can you describe the environment in which the indicators were applied? (ie in health promotion team, with other health professionals, with other government/non-government departments?)
5. Do you consider this context contributed to the success otherwise of the project?
6. Did the project impact on your relationship with your team/colleagues? (positively – negatively)?
7. Can you give me some feedback (useful or otherwise) on the process of the grants scheme, ie application, selection, implementation, level of support (NSW Health/others), colloquium, grant holders workshops?
8. Were there any constraints/issues associated with Area Health Service support?
9. Funding
 - a) were the funds adequate?
 - b) did it take longer than anticipated to administer the project?
 - c) did it take longer than expected to write the report?
 - d) any associated issues?
10. Do you see the checklists as an appropriate quality improvement tool for your work practices?
11. Have you become the local knowledge source for information on capacity building? Explain any issues associated with that.
12. Do you see there may be an opportunity for you to have a mentoring role with other Area Health Services on the application of the checklists? Are you comfortable with that idea?
13. Do you think that your project or something similar may be transferable to other Area Health Services? Would that be feasible? What might be the opportunities/barriers for that to occur?
14. Any other comments, stories, lessons to be learnt?

4

A guide to using the checklists

Recommendations for inclusion

Who should use them?

Anecdotal evidence suggests that the checklists are most effective with health promotion professionals. The guide should broadly define what the role of a health promotion professional is, including:

- a description of basic competence including skills such as understanding health promotion concepts and theory
- program sustainability
- the importance of diverse partnerships
- the importance of informal professional development.

Non health promotion staff

When used by health promotion staff with non-health promotion professionals, the guide needs to clearly explain that more time and effort is required to interpret the terminology and this should be supported by examples.

Common themes

It is recommended the guide could include information based on the common themes from grants scheme.

Ethical practice

There is a need to further consider the value of keeping the assessment and some elements of capacity invisible and the ethics involved in this. There should be some positive comments about power relations, the ethics of research and evaluation generally, recognising that it is an assessment tool.

Glossary of terms

Information about language is outlined in the Common Themes section of this report. It is suggested that there are problems with the consistency of terminology. To enhance comprehension, it is suggested that there may be a need to modify language according to the target audience and include a glossary of terms.

Scoring

The qualitative process has been shown to have more value than the actual numerical scores. Health promotion professionals need to be careful with how the scoring is used. Suggestions include:

- explaining the basis of the score and the evidence source that was relied on to reach a particular score
- recording when and where a consensus was reached for group scoring
- explaining the differences in scores
- being mindful that scoring forces conversation, making visible the 'elements' of capacity
- finding out why people rate indicators the way they do is important.

Application

It has been found that the checklists are most useful as a reflective tool in the first instance, then as a planning or assessment tool. A brief summary of the application of each checklist should be provided 'Checklists at a glance', with information on interview, group and individual strategies. The guide should emphasise that the indicators assess projects or discrete aspects of projects/programs.

References

- 1 Hawe P, King L, Noort M, Jordens C, Lloyd B (1999) *Indicators to Help with Capacity Building in Health Promotion*. NSW Health.
- 2 Oldenburg et al (1997) *The Dissemination Effort in Australia: Strengthening the links between health promotion research and practice*. AGPS and Queensland University of Technology.

Notes
