To successfully tackle the rapid growth in lifestyle related chronic disease, our health systems require greater capacity to undertake health promotion and disease prevention initiatives. Currently, many health services are overwhelmed by providing ‘sickness care’ for people who are unwell and do not always have the resources, understanding or skills to effectively plan, implement or evaluate health promotion programs or activities.

There is growing evidence that quality improvement techniques are an effective method for strengthening health systems and improving the quality of health care.1 Research has been undertaken to determine if quality improvement techniques have a similar effect for health promotion in Aboriginal and Torres Strait Islander primary health care (PHC) services.2,3

This brief summarises the key messages from the research in Health Promotion Continuous Quality Improvement (HPCQI) and suggests implications for policy development.

**Background**

Continuous quality improvement (CQI) involves staff in ongoing and proactive approaches to improve services and systems that support their level of care to clients. HPCQI was developed in response to interest from PHC services, built on the effective approaches to clinical CQI in the Audit and Best Practice for Chronic Disease (ABCD) project.4 Researchers developed and implemented HPCQI in collaboration with three Northern Territory Aboriginal community controlled health services and one government PHC service.

Researchers facilitated HPCQI with PHC staff, including Aboriginal and Torres Strait Islander health practitioners. Annual meetings were arranged with staff to examine health centre system support for health promotion and the extent to which health promotion activities were delivered in accordance with best practice. The results were used to identify priorities and develop actions for improvement. PHC services participated in two consecutive annual CQI cycles. With each cycle, improvements in health promotion activities and health centre systems were monitored.2

**Key messages from HPCQI**

- There were considerable improvements in key elements of health promotion best practice after two years of implementation. Improvements were seen in health promotion activities across planning, implementation and evaluation. Health promotion activities demonstrated increased community involvement in activities, increased collaboration with other organisations and increased clarity of staff roles and responsibilities in health promotion.

- Support from research facilitators was critically important to assist the staff of PHC services to engage in and see value in the HPCQI approach. This is similar to previous CQI research in PHC.5

- Annual structured and facilitated quality improvement cycles enabled PHC staff to focus on their systems and processes for health promotion, resulting in organisational change. At an individual level, involvement in HPCQI improved staff’s understanding of health promotion. The combination of more supportive organisational structures and
improved staff knowledge resulted in enhanced PHC capacity to deliver effective health promotion activities with their communities.

- External factors affected the delivery of health promotion. PHC staff were often required to participate in state and national health campaigns which reduced their capacity to work with community to define local needs and action.

- At a community level, very little information was available, or documented about local health promotion activities. Over time, the structured and facilitated approach to HPCQI supported staff to plan and document their health promotion activities and develop systems for storing and communicating information about health promotion at their health service.

### Key policy considerations

- For the most effective and sustainable outcomes, transformational change regarding information systems and reporting requirements are required at an organisational and policy level.\(^8\)

- HPCQI has the potential to become part of a funding model to support PHC services to strengthen systems and improve the quality of health promotion activities.\(^7\) Efficiencies could be achieved by aligning reporting requirements with locally generated HPCQI data.

- Skilled and experienced facilitators in HPCQI are critical to implementation and capacity building of local PHC staff. Other models of CQI facilitation in PHC could be adapted to support HPCQI.\(^8\)

- State and national health priorities need to be flexible and responsive to locally identified needs. HPCQI can assist by enhancing local capacity of communities to respond.

### Current challenges

- HPCQI engaged frontline staff, mainly Aboriginal and Torres Strait Islander health practitioners and nurses though few senior staff and management were involved. This meant that changes at an organisational systems level were difficult to achieve.

- Health services have access and support for HPCQI through One21seventy (the National Centre for Quality Improvement in Indigenous Primary Health Care), however uptake and ongoing use by health services has been slow.

- Contextual constraints, such as short term funding and clinical care priorities in PHC, continue to exist and may limit future improvements in health promotion.

- Evidence of the sustainability of HPCQI, or the best mode of delivery of HPCQI for impact on practice, is still largely unknown and under-researched.

### For more information contact

**One21seventy**  
Phone: 1800 082 474  
Email: one21seventy@menzies.edu.au  
www.one21seventy.org.au  

**Menzies School of Health Research, Brisbane**  
1/147 Wharf Street Spring Hill QLD 4000  
PO Box 10639 Adelaide Street Brisbane QLD 4000  
www.menzies.edu.au

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5. Young, U. K., Evaluation of the Continuous Improvement Projects (CIP) for the Early Detection and Management of Chronic Disease for Aboriginal and Torres Strait Islander People prepared for the office for Aboriginal and Torres Strait Islander Health (DATSIH) 2006, Canberra.

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*The place of community, research and policy.*

Circles depict community, research and policy teams talking about the HPCQI story.

The message stick is a form of communication traditionally used by Indigenous Australians.

The background artwork represents the evidence for Indigenous health promotion practice, the variations across health services and One21seventy supporting implementation.

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