How are health promotion tools implemented?

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Background

- Health promotion tools – defined as structured step-by-step guides, instruments, packages, frameworks or resources – are constantly being developed and introduced into Indigenous Australian primary health care settings.
- There is little evidence of whether or how health promotion tools are effectively implemented, and few theoretical conceptualisations of implementation processes.
- A model was developed to theorise the implementation of health promotion tools in Indigenous primary health care settings (Fig 1).

Methods

- Data were derived from published and grey literature about the development and implementation of health promotion tools and analysed using grounded theory methods.
- Four tools were theoretically sampled to account for the diverse types of implementation processes (top-down, participatory, bottom-up) (Box 1).

Findings

- Implementing health promotion tools in Indigenous primary health care settings occurs by facilitating empowerment through culturally responsive health promotion. Facilitating empowerment was about the desire of change agents involved in primary health care settings to promote and support individual, organisational and community control.
- The implementation of health promotion tools was conditional on the presence of change agents, reciprocity and governance and resources. Change agents reflect the presence of individuals with a vision, and the motivation, skills and experience to bring about change. Reciprocity reflects mutual respect and valuing the benefits of diversity, dialogue and shared learning. This includes individuals, services and systems operating effectively in cross cultural situations. Good organisational governance and resources reflects the readiness and capacity of primary health care services, including having a competent workforce and the availability of sustainable funding through supportive state/territory and federal policies and programs.
- Culturally responsive health promotion is the process by which change agents implemented health promotion tools. It was characterised by four inter-related processes: engaging and relating; strengthening capacity; tailoring for diverse groups and settings; and developing and using evidence.
- Facilitating empowerment through culturally responsive health promotion resulted in benefits of participant satisfaction and control; workforce recruitment and capacity; organisational resources, systems and partnerships; and program sustainability and spread.

Conclusions

- Simply producing more health promotion tools does not necessarily lead to better health promotion. Instead, there needs to be stronger emphasis on implementation processes which work towards self-determination and control by Indigenous communities, organisations and individuals.
- Future efforts should focus on developing strategies to support the conditions for culturally responsive health promotion (i.e. good governance and resources, presence of change agents and a commitment to reciprocity) which could help to maximise benefits of health promotion tools.

Box 1. Health promotion tools
- Family Wellbeing Program
- One21seveny Health Promotion Continuous Quality Improvement tools
- Creating Healthy Environments: An integrated model for Aboriginal health promotion and evaluation
- Indigenous Chronic Disease Package (Measures A1 and A2)

Fig 1. Health Promotion Tool Implementation Model