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CAPACITY BUILDING GRANT INCENTIVE SCHEME: PUTTING THE LATEST CAPACITY BUILDING INDICATOR RESEARCH INTO PRACTICE

Linda Cristine

*Health Promotion Strategies & Settings Unit
NSW Department of Health*

In November 1996 the Health Promotion Branch embarked on an innovative dissemination strategy for measuring its capacity building efforts. The following report illustrates how NSW Health is linking research and practice through a small grant incentive scheme. The grant scheme aims to encourage the application and further refinement of the capacity building indicators developed by the Department of Public Health and Community Medicine at the University of Sydney.¹

Dissemination refers to the purposeful transfer of knowledge from researcher to practitioner. It is an active process that involves a number of stages. According to King, Hawe and Wise there are five stages in the dissemination process:

- providing or seeking information
- persuasion about the relevance and applicability of something (the innovation)
- making a decision to adopt or try the innovation
- changing practices and using the innovation
- sustaining the changed practices.²

The primary purpose of the grant scheme is to move the concept of measuring capacity from theory into practice.

As such, it is a dissemination strategy that closely follows the above five-stage approach. The work of the University of Sydney in developing *Indicators to Help with Capacity Building in Health Promotion* has generated a lot of interest among health promotion practitioners and other public health professionals.¹ Although the indicators were specifically designed for health promotion practitioners, they have been taken up and applied to a range of programs—and by a range of practitioners—within and without the public health system (stages one and two).

In November 1996, 11 Area Health Services applied for seeding grants of \$5,000–\$15,000 (stage three). The six grant projects awarded for 1999–2000 were:

- *Make a Noise* Youth Suicide Prevention Project, Greater Murray Area Health Service
- Oral Health Promotion Project, South Eastern Sydney Area Health Service
- Health Promotion Seeding Grants Program, South Western Sydney Area Health Service
- Health Promoting Schools Project, Western Sydney Area Health Service
- Primary Care Transition Project, Far West Area Health Service
- Health Promotion Network, Mid North Coast Area Health Service.

The grant scheme will capture the experiences of health professionals working on these projects by creating an

environment for experimentation with the indicators and reporting on their use against existing health programs (stage four). Professionals involved with the grant projects are being asked to reflect on the process of using the indicators, report on their strengths and weaknesses, and identify any gaps. Their reports will illustrate how the indicators were used; for example: who used them, how often, in what context, and why. We are also interested in finding out how the use of the indicators further influences health promotion practice (stage five).

Moreover, the planned evaluation of the grant scheme will allow us to develop a greater understanding of the dynamics of dissemination and the barriers to it.³

Current dissemination research suggests a number of strategies for improving the relationship between research and practice. Nutbeam proposes several approaches, including education and training for practitioners, and a more structured approach to rewarding research development and dissemination efforts.⁴ Oldenburg's analysis of successful dissemination includes strategies that actively involve key stakeholders, provides funding, and ongoing support.⁵ We will be evaluating this grants scheme in terms of how well it has met this challenge of improving the relationship between research and practice.

A range of indicators is being developed to measure capacity, and many practitioners are experimenting with their use without the financial incentive of grants. However, the strength of the grants program is that it intends to establish a dialogue between practitioners and researchers. Green describes the participation of practitioners as a 'rule of thumb' for dissemination: 'the rule of thumb governing the readiness of practitioners to adopt or apply the results of research and development appears to be the degree to

which they have been consulted and involved in the formulation of the study'.⁶

The NSW Department of Health has collaborated closely with the Department of Public Health and Community Medicine at the University of Sydney in the development of this set of capacity building indicators. It has also consulted with the key practitioners who are implementing capacity building strategies for health promotion. By doing so it has harnessed some of the growing interest in capacity building research and practice, promoting further this important part of public health practice.

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THE NATIONAL PUBLIC HEALTH PARTNERSHIP

National Public Health Partnership Secretariat National Public Health Partnership

The National Public Health Partnership (NPHP), established in late 1996 by the Australian Health Ministers' Conference, enables closer collaboration and coordination between State, Territory and Commonwealth governments across a range of public health functions and infrastructure areas. This article introduces the structure and function of the NPHP (Figure 3).

The main objectives of the NPHP are to:

- improve the health status of all Australians, in particular population groups most at risk;

- improve collaboration in the national public health effort;
- develop better coordination and increased sustainability of public health strategies;
- strengthen public health infrastructure and capacity nationally;
- establish two-way exchanges with key professional, community, consumer, educational, and industry interests in the development of national public health priorities and strategies;
- facilitate the contribution of public health services, such as local government, public health research and education programs, and other relevant agencies;