RBA Performance Measures Table: Public Health Capacity Development

**SK =** Skills / Knowledge **AO** = Attitude / Opinion **BC** = Behavioural Change **CC** = Circumstance Change **S** = Subjective **O** = Objective.

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| 1. **Human Resource**[[1]](#footnote-1)
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| **Activities** | **Key Performance Measures** |
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| **How many****(Quantity of effort = #)**  | **How well** **(Quality of effort = %)** | **Is anyone better off?****(Quantity and quality of effect # / %)** |
| * In collaboration with the Ministry, contribute to the development of a stair-cased or appropriate framework of qualifications, training and ongoing education in public health to build public health capacity across a wide range of professional groups and sectors to:
* improve the leadership capability of the public health workforce through increasing or extending access to leadership programmes, mentoring and scholarships
* promote careers in public health, including increased support from managers for staff undertaking relevant advanced training and education.
* Support and encourage your staff to build and maintain competencies appropriate and/or required for their role, including competencies related to subject area expertise, achieving health equity and improving Māori health.
* Support and encourage your public health staff to attain appropriate qualifications in Public Health (eg, Certificate in Public Health).
* Develop, implement and monitor an organisation-wide public health workforce development plan, which would include:
* developing, monitoring and reporting on SMART goals to increase percentages of public health workforce as well as public health workforce with public health or appropriate qualifications
* supporting and encouraging public health sector staff [[2]](#footnote-2) to:
	+ - * attain appropriate qualifications in public health (eg, Certificate in Public Health)
			* undertake role and competency based training and education opportunities in various public health settings to build capability (eg, special projects, mentoring, secondments)
			* maximise their potential to use their skills and knowledge to best effect
			* undertake training to build their skills and capability in, for example, leadership, Kaupapa Māori approaches, cultural competency training, programme planning and evaluation, emergency preparedness.
* Promote workplace culture by supporting managers to access training/mentoring in staff management, staff engagement strategies and facilitating staff professional development.
* Develop strategies for learning and career development opportunities, performance management, and other organisational practices designed to improve recruitment, retention and resource allocation.
* Encourage and support intersectoral professional development opportunities.
* Promote and implement public health approaches (including Kaupapa Māori health) focusing on reducing health disparities and promoting Māori health.
* Develop strategies aimed at strengthening leadership (specialist/technical and management) within and among the public health workforce.
* Collaborate with others (across DHBs and appropriate other public health organisations) to develop and implement local and/or regional public health workforce development plans.
* Develop organisational responsiveness strategies to improve capability and capacity of Māori and non-Māori public health workforce to improve Māori health and achieve health equity. For example:
* Māori workforce recruitment, retention and professional development plans, and integration of Māori health considerations into programme planning and resource allocation (include appropriate Māori and Pacific leadership models)
* maximise opportunities in other capability and capacity development objectives to further Māori and Pacific public health workforce priorities.
* Develop and deliver training (eg, workshops) to own organisation staff or to wider Public Health sector staff (ie, outside own organisation).
 | **Measure/s: examples**  | **Measure/s: examples**  | **Measure/s: examples**  |
| # service users[[3]](#footnote-3) (total)# service users by category[[4]](#footnote-4) | % service users report they are satisfied or very satisfied with (insert aspect here)[[5]](#footnote-5) (ie, rating of 4 or 5 for Likert scale of 1 to 5) | *Can choose from below, where relevant* |
| # activities[[6]](#footnote-6) | % activities completed in time (as per agreed timeline)[[7]](#footnote-7) | *Can choose from below, where relevant* |
|  | % of activities the organisation has delivered that are aligned with objectives of Te Uru Kahikatea | *Can choose from below, where relevant* |
| # of all public health staff (total) in the organisation[[8]](#footnote-8) | % of all public health staff (total) in the organisation  | #/% of Māori public health staff (CC, O)#/% of Pacific public health staff (CC, O)#/% of Māori public health staff with appropriate public health qualification (SK, O)#/% of Pacific public health staff with appropriate public health qualification (SK, O)# of public health staff currently holding public health or relevant qualifications (including a breakdown of ethnicities)[[9]](#footnote-9) |
| # of your staff who are currently enrolled in specific competency training by topic (eg, achieving health equity and improving Māori health, leadership)# of your staff who have completed specific competency training by topic | % of your staff who are currently enrolled in specific competency training by topic (eg, achieving health equity and improving Māori health, leadership) % of your staff who have completed specific competency training by topic | #% of staff who report an increase in the level of knowledge of the topic as a result of training or other relevant activities (SK,S)#% of staff who report they can confidently apply the knowledge acquired to their work (BC, S) |
| # of your public health staff who are currently enrolled in a public health qualification by ethnicity | % of your public health staff who are currently enrolled in public health qualification by ethnicity | #/% of public health staff currently holding an appropriate public health qualification by ethnicity (CC, O) |
| # of staff who have undertaken leadership training | % attendance at leadership training% attendance at other appropriate training[[10]](#footnote-10) | #/% of public health staff who graduate from leadership or other appropriate training (SK, O)[[11]](#footnote-11) |
| # of cultural competency education activities[[12]](#footnote-12) |  | #/% of public health staff who graduate from cultural competency training (SK, O) |
| # of staff who have undertaken cultural competency (including Kaupapa Maori approaches) training  | % public health staff report that they are satisfied or very satisfied with cultural competency training | #% of public health staff who report they can confidently apply cultural knowledge to their work, as appropriate[[13]](#footnote-13) (SK, S) |
| # local/regional public health workforce development (WD) plans | % WD plan activities implemented on time[[14]](#footnote-14) | retention rate of public health staff |
| #of public health staff currently enrolled in public health or relevant programme of study/ethnicity[[15]](#footnote-15) | **%** of public health staff currently enrolled in public health or relevant programme of study/ethnicity | #/%of public health staff who gain new appropriate public health or relevant health qualifications[[16]](#footnote-16) /ethnicity (SK,O) |
|  |  | #/% of public health staff involved in or contributing to teaching and training of other staff (BC, S) |
| # activities completed with public health staff outside your organisation groups[[17]](#footnote-17) | % public health staff outside your organisation report they are satisfied or very satisfied with (insert aspect here)[[18]](#footnote-18) (ie, rating of 4 or 5 for Likert scale of 1 to 5) | #/% of public health staff outside your organisation that implement health promoting activities, strategies or approaches (BC, O) |
| # of participants who attended a training/workshop run by your organisation  | % participants report they are satisfied or very satisfied with (insert aspect here)[[19]](#footnote-19) (ie, rating of 4 or 5 for Likert scale of 1 to 5) | #/% of participants who report increased knowledge of (insert topic/issue) taught at the training/ workshop (SK, S) |
| **Complementary narrative reporting: examples*** Describe the nature of activities implemented (eg staff training).
 | **Complementary narrative reporting: examples*** Describe to what extent your organisation uses public health competency frameworks (eg, generic public health competency framework, Public Health Association's generic competencies for public health in Aotearoa)[[20]](#footnote-20) for professional development activities.
* Describe to what extent the activities your organisation has delivered are aligned with the objectives of Te Uru Kahikatea.
 | **Complementary narrative reporting: examples*** Describe the results your organisation has achieved, including successes and challenges in relation to:
* improved capability and capacity of priority public health workforce (such as Māori and Pacific)
* recruitment and retention of public health staff (particularly Māori and Pacific staff)
* improved staff engagement
* improved workplace culture.
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| 1. **Information and Knowledge**
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| **Activities** | **Key Performance Measures** |
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| **How many****(Quantity of effort = #)**  | **How well** **(Quality of effort = %)** | **Is anyone better off?****(Quantity and quality of effect # / %)** |
| * Develop innovative programmes/proactive interventions
* apply programme planning and quality management frameworks for public health, including monitoring and performance assessment
* ensure quality assurance for programme development is based on evidence
* where appropriate, ensure joint co-design and priority setting and a coordinated approach across organisation/s
* ensure timely community consultation/engagement/participation for programme development and implementation
* use credible results to contribute to body of knowledge and evidence.
* Develop measurable outcomes and data (ie, population indicators and/or performance measures) for existing and new public health programmes and ensure these are routinely monitored, refined and reported on.
* Use evidence based research[[21]](#footnote-21) and evaluation to develop, plan and implement public health programmes and services.
* Conduct research and evaluation (including with kaupapa Māori methods) of public health programmes and interventions, including a focus on improving Māori health and reducing health inequities:
* engage with appropriate iwi, kaumatua, community stakeholders and gatekeepers
* ensure there is adequate theory/ies and/or strong rationale for why the research is being carried out, and what the eventual results might be for the organisation
* compile, synthesise and share programme outcomes through health networks and publications
* translate complex contemporary research results into local information and knowledge
* communicate achievements of public health programmes and share lessons learnt
* promote public health teaching and training
* contribute to teaching materials and public health curriculum
* contribute to the education and training of other staff (ie, students and colleagues).
* Provide adequate and accessible storage and distribution of health education resources[[22]](#footnote-22):
* store adequate stocks of all approved health education materials to meet regional demands for resources
* ensure that health information resources are available in support of public health programmes, and distributed promptly on request
* provide a specific ‘authorised provider’ point of contact for queries about health education resources
* copy and distribute the Catalogue of Health Education Resources to interested organisations and individuals
* ensure health education resources are freely accessible and available to public health services staff and other organisations and individuals, including providing a responsive and culturally appropriate contact for requests
* foster the development and maintenance of databases and networks that support the distribution of health education resources, including identifying appropriate community groups and organisations to which targeted resources should be sent proactively.
 | **Measure/s: examples**  | **Measure/s: examples**  | **Measure/s: examples**  |
| # service users[[23]](#footnote-23) (total)# service users by category[[24]](#footnote-24) | % service users report they are satisfied or very satisfied with (insert aspect here)[[25]](#footnote-25) (ie, rating of 4 or 5 for Likert scale of 1 to 5) | *Can choose from below, where relevant* |
| # activities[[26]](#footnote-26) | % activities completed in time (as per agreed timeline) [[27]](#footnote-27) | *Can choose from below, where relevant* |
|  | *Can choose from below or above, where relevant* | #/% of public health sector participants who reported to have improved knowledge and skills of public health issue/s as provided in training/workshop |
|  |  | #/% of staff trained who can develop outcomes and quality measures for monitoring and evaluation of health programmes (SK, O) |
|  |  | #/% of programmes/initiatives with an outcomes framework and measures developed for core activities (SK, O) |
| # consultations/engagements | % of timely consultation/engagement[[28]](#footnote-28) ***with*** and participation ***of*** iwi, kaumatua or key community and stakeholders  | #/% of staff who report improved skills and knowledge about quality measurement, service monitoring and evaluation of health programmes (SK, S) |
| # public health programmes | % public health programmes achievements and lessons learnt shared[[29]](#footnote-29)% public health programmes use public health approaches | #/% of public health programmes delivery approach that meets/aligns with kaupapa Maori and Pacific approaches |
| # publications (research, articles, evaluation)# evaluations# programme planning and delivery activities | % published% of service users report that publications (research articles and evaluations) were easily accessible  | #/% of service users report that their understanding and awareness increased about whether initiatives and public health approaches have been successful (SK, S) |
|  |  | #/% of service users report that the information disseminated improved their knowledge of the topic/s (SK, S) |
|  |  |  |
|  |  | #/% of service users report that they used the information disseminated to inform their planning and public health action (BC, S) |
|  |  | #/% programmes assessed using the HIA or WOHIA tool (BC,O) |
| # of health education resources stored |  | #/% of service users report that they were able to access adequate health education materials on time (SK, S) |
| **Complementary narrative reporting: examples*** Describe the nature of activities implemented.
* Describe the nature of organisation, stakeholder or individual and nature of consultation/engagement with them
* Describe how the organisation has distributed/disseminated public health education resources.
 | **Complementary narrative reporting: examples*** Describe to what extent your organisation has prioritised programmes improving Maori Health and achieving equity in health.
* Describe to what extent your organisation uses planning tools, such as the Health Impact Assessment (refer to Public Health Assessment and Surveillance tier two service specification for other examples) for programme development and implementation, research and evaluation.
* Describe how well your organisation has engaged with community leaders/groups, including successes and challenges.
 | **Complementary narrative reporting: examples*** Describe improvements achieved in programme planning related to easily accessible and availability of evidence-based research and evaluation.
* Describe the public health programme achievements and whether lessons learnt have been communicated[[30]](#footnote-30).
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| 1. **Organisation and Infrastructure**(see also RBA Table for Public Health Assessment and Surveillance)
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| **Activities** | **Key Performance Measures** |
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| **How many****(Quantity of effort = #)**  | **How well** **(Quality of effort = %)** | **Is anyone better off?****(Quantity and quality of effect # / %)** |
| * Develop and implement strategies to develop and maintain the capacity and capability of the public health information system, to effect improvements and strategic investments, to:
* increase accessibility to public health information by public health and others such as allied health practitioners
* ensure the organisation’s health information systems meet Ministry IT core standards.
* Develop appropriate information communication technology strategies which focus on:
* enabling effective communication within and between the public health system and health care providers
* monitoring and reporting of public health activities (e.g. appropriate electronic templates are developed and consistently used across the organisation).
* Develop and maintain necessary linkages between public health information systems and other relevant information systems (refer to Tier 2 Public Health Assessment and Surveillance service specification).
* Contribute where appropriate to regional and national public health information systems planning and development.
* Undertake strategic/operational/business planning of service (including business continuity planning) recognising resources, regional priorities, and issues.
* Use, as appropriate, Whānau Ora Health Impact Assessment (WOHIA) tool, the Health Equity Assessment Tool: A User's Guide (HEAT) and other appropriate tools for programme development and implementation.
* Support and develop effective governance structures and management arrangements, ensuring the following:
* clarity on scope of governance role and responsibilities
* purposeful recruitment for required skills
* opportunity to do appropriate training (eg, human resources financial training for board members)
* advocates and ensures appropriate governance and service management core standards are considered and adhered to.
* Develop quality improvement plans for the organisation and ensure culture and systems for continuous quality improvement.
* Ensure organisational policy development and review processes are well established and understood by staff.
* Develop evidenced-based tool/s[[31]](#footnote-31) for assessing shifts in the workforce knowledge, skill, understanding, beliefs and behaviours.
 | **Measure/s: examples** | **Measure/s: examples** | **Measure/s: examples** |
| # service users[[32]](#footnote-32) (total)# service users by category[[33]](#footnote-33) | % service users report they are satisfied or very satisfied with (insert aspect here)[[34]](#footnote-34) (ie, rating of 4 or 5 for Likert scale of 1 to 5) | *Can choose from below, where relevant* |
| # activities[[35]](#footnote-35) | % activities completed in time (as per agreed timeline) [[36]](#footnote-36) | *Can choose from below, where relevant* |
|  | % service users report that they are satisfied or very satisfied with ease of access to public health data and information  | #/% service users report that public health information systems were able to support, capture, audit and report on programme delivery, performance and development (AO, S) |
| # strategies developed to maintain the capacity and capability of the public health information system to effect improvements and strategic investments  | % strategies implemented on time | #/% service users report that the public health information system is able to provide rapid communications (SK, S) |
|  | % of activities (strategic/operational/business planning of service) that includes stakeholder consultation including with Maori communities.% activities completed in time (as per agreed timeline |  |
|  |  | #/% service users report that the public health information systems enabled them to report on programme outcomes (SK, S) |
| # linkages made with other local/regional public health information systems | % linkages maintained and/or strengthened with other local/regional public health information  | *Can choose from others, where relevant* |
| # quality improvement plans for the organisation  | % quality improvement plans for the organisation implemented on time | #/% programmes assessed using an appropriate tool (BC, O)[[37]](#footnote-37) |
| **Complementary narrative reporting: examples*** Describe the nature of activities implemented.
 | **Complementary narrative reporting: examples** * Provide evidence that governance structures and management arrangements meet appropriate standards (eg, Health and Disability Core Standards).
* Describe the extent your organisation uses research results, evaluation and tools (assessment, planning and implementation tools) to improve service development and implementation.
 | **Complementary narrative reporting: examples*** Describe the results of your organisation’s collaboration with the sector, including successes and challenges.
* Describe the results of your organisation’s activities in creating information system linkages with other organisation/s.
* Describe the results of having quality improvement systems and processes in place.
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| 1. **Networks and Partnerships**
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| **Activities** | **Key Performance Measures** |
| --- | --- |
| **How many****(Quantity of effort = #)**  | **How well** **(Quality of effort = %)** | **Is anyone better off?****(Quantity and quality of effect # / %)** |
| * Develop appropriate public health network/s with clear membership roles, scope, purpose and expectations to:
* maintain effective networks for strategic alliances and sharing of learning and experiences
* provide secretariat support as required and appropriate to facilitate and coordinate activities of network
* Link with agencies that share contribution to common health outcomes (e.g. national and local government, housing/building, education sectors, food safety and quality, environment, transport, biosecurity)
* Develop, maintain and actively engage, communicate, collaborate, work in partnerships with wider public health sector (including iwi providers, hāpu, Māori whānau, Pacific and other ethnic community providers, where appropriate) to:
* enable joint planning (including regional planning), partnerships and mutual support for public health providers
* promote healthy public policies
* develop sector consensus, prioritise sector strategies
* undertake joint initiatives
* promote consistent messages where appropriate and applicable
* share learning, experiences and resources
* Promote and advocate for intersectoral use of public health approaches and coordination of outcome-driven initiatives
* Measure and report on collective impact
 | **Measure/s: examples** | **Measure/s: examples** | **Measure/s: examples** |
| # service users[[38]](#footnote-38) (total)# service users by category[[39]](#footnote-39) | % service users report they are satisfied or very satisfied with (insert aspect here)[[40]](#footnote-40) (ie, rating of 4 or 5 for Likert scale of 1 to 5) | *Can choose from below, where relevant* |
| # activities[[41]](#footnote-41) | % activities completed in time (as per agreed timeline) [[42]](#footnote-42) | *Can choose from below, where relevant* |
| # staff in the organisation who are involved in or are active members of a network |  | #/% network members who report improved skills and knowledge about developing and maintaining partnerships with ethnic communities and across-sectors (SK, S) |
|  | % network members report that they are satisfied or very satisfied with (insert topic here about the quality of the network) | #/%network members report that applying public health approaches has improved in their organisations (BC, S) |
| # collaborative networks # collaborative strategy/action plans agreed | % network partners that would recommend joining the network to others**%** collaborative networks which includes Maori organisations (or iwi, hāpu)**%** collaborative networks which includes Pacific organisations (members representing community groups) | #/% collaborative strategy/action plans implemented (BC, O)#/% collaborative plans being implemented (BC, O)#/% agreed outcomes curves running in the right direction (CC, O)#/%organisations who reported improved support from non-health agencies, Maori and Pacific organisations |
| **Complementary narrative reporting: examples*** Describe the nature of activities implemented.
* Summarise the nature of disseminating and sharing information, learning and sharing experiences in the network.
* Describe the nature of strategy/action plans agreed
 | **Complementary narrative reporting: examples*** Describe how well your organisation has worked collaboratively with other organisations identified as key contributors to your organisation’s specific programme.
* Describe the extent of promoting and advocating best practice in Public Health in the network.
 | **Complementary narrative reporting: examples*** Describe the results of intersectoral collaboration and partnerships to:
* support internal and stakeholder engagement
* contribute to public health planning
* use resources effectively
* promote public health approaches.
* Describe the results of your organisation’s partnerships with ethnic communities and leaders within the network, including your successes and challenges.
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1. Te Uru Kahikatea (TUK) is the national workforce development plan to support the growth and development of the public health workforce in Aotearoa, New Zealand. Services under the Human Resources components need to be guided by TUK. Follow the links below for appropriate documents: **Public health workforce**, refer to: Te Uru Kahikatea on <http://www.publichealthworkforce.org.nz/public-health-employment-workforce-tuk.aspx>; **TUK Maori public health workplan** 2011-2017 <http://www.publichealthworkforce.org.nz/data/media/documents/Maori%20PHWD/TUK%20Maori%20workplans/FINAL%20NOV%202011%20Maori%20public%20health%20action%20plan-03.pdf>; **Pacific public health workplan and implementation plan 2013-2017** http://www.publichealthworkforce.org.nz/data/media/documents/Pacific%20PH%20WFD/taeao-o-tautai-public-health-workforce-plan.pdf [↑](#footnote-ref-1)
2. This could be staff in own organisation (internal staff) or those in other public health sector organisations (external staff) [↑](#footnote-ref-2)
3. Service users are ‘clients’ and they will be discussed and agreed between funder and provider. They may include public health staff who receive capacity development support/services from the provider. [↑](#footnote-ref-3)
4. Category to be defined between the funder and provider. [↑](#footnote-ref-4)
5. For example, you may want to know about how easy the content of distributed material is to read (from the service user perspective) or the timeliness of engagement hui. You can either ask for overall satisfaction or satisfaction related to a particular aspect of the activities delivered. We suggest that PHG adopt a similar Likert scale for satisfaction measures of this nature across the board, if this measure is chosen (Likert scale: 1 very dissatisfied; 2 dissatisfied; 3 neutral; 4 satisfied; 5 very satisfied). [↑](#footnote-ref-5)
6. The type of activities you want to count should be agreed between the funder and provider or you can ask the provider to self-define linked to the type of activities they will deliver. [↑](#footnote-ref-6)
7. You will need to either agree the dimension of time or agree for providers to report against the timelines they set independently. [↑](#footnote-ref-7)
8. All public health staff data should be broken down by role. [↑](#footnote-ref-8)
9. To agree with provider the ethnicity categories to be used. [↑](#footnote-ref-9)
10. To define appropriate or the parameters/context of parameters with the provider. [↑](#footnote-ref-10)
11. In all measures we encourage ‘pre’ and ‘post’ (skill, confidence, competence) to ensure training outcomes/objectives have been translated and used in everyday practice and decision-making practices. [↑](#footnote-ref-11)
12. Activities equal any activity undertaken that is designed to improve the cultural competency of public health staff. Examples include education sessions, seminars, tutorials, applied practice workshops. Activities may be virtual or face to face. The mix is up to the provider. [↑](#footnote-ref-12)
13. Based on assessment tool available within the organisation or from cultural competency training. [↑](#footnote-ref-13)
14. You will need to either agree the dimension of time or agree for providers to report against the timelines they set independently. [↑](#footnote-ref-14)
15. Data to be provided by agreed ethnicity categories. [↑](#footnote-ref-15)
16. The national target is 75% of the workforce with public health qualification by 2018. [↑](#footnote-ref-16)
17. Examples of this client group are local government and education. [↑](#footnote-ref-17)
18. For example, you may want to know about how easy the content of distributed material is to read (from the service user perspective) or the timeliness of engagement hui. You can either ask for overall satisfaction or satisfaction related to a particular aspect of the activities delivered. We suggest that PHG adopt a similar Likert scale for satisfaction measures of this nature across the board, if this measure is chosen (Likert scale: 1 very dissatisfied; 2 dissatisfied; 3 neutral; 4 satisfied; 5 very satisfied). [↑](#footnote-ref-18)
19. For example, you may want to know about how easy the content of distributed material is to read (from the service user perspective) or the timeliness of engagement hui. You can either ask for overall satisfaction or satisfaction related to a particular aspect of the activities delivered. We suggest that PHG adopt a similar Likert scale for satisfaction measures of this nature across the board, if this measure is chosen (Likert scale: 1 very dissatisfied; 2 dissatisfied; 3 neutral; 4 satisfied; 5 very satisfied). [↑](#footnote-ref-19)
20. http://www.publichealthworkforce.org.nz/Articles/Competencies/11/21/Generic-Public-Health-Competencies [↑](#footnote-ref-20)
21. Refer to T2 Public Health Assessment and Surveillance specifications. [↑](#footnote-ref-21)
22. For authorised providers only. [↑](#footnote-ref-22)
23. Service users are ‘clients’ and they will be discussed and agreed between funder and provider. They may include public health staff who receive capacity development support/services from the provider. [↑](#footnote-ref-23)
24. Category to be defined between the funder and provider. [↑](#footnote-ref-24)
25. For example, you may want to know about how easy the content of distributed material is to read (from the service user perspective) or the timeliness of engagement hui. You can either ask for overall satisfaction or satisfaction related to a particular aspect of the activities delivered. We suggest that PHG adopt a similar Likert scale for satisfaction measures of this nature across the board, if this measure is chosen (Likert scale: 1 very dissatisfied; 2 dissatisfied; 3 neutral; 4 satisfied; 5 very satisfied). [↑](#footnote-ref-25)
26. The type of activities you want to count should be agreed between the funder and provider or you can ask the provider to self-define linked to the type of activities they will deliver. [↑](#footnote-ref-26)
27. You will need to either agree the dimension of time or agree for providers to report against the timelines they set independently. [↑](#footnote-ref-27)
28. Engaging with and participation of stakeholders in the early phase. [↑](#footnote-ref-28)
29. Shared within the organisation or with others, as appropriate. [↑](#footnote-ref-29)
30. Including achievements by other public health organisations. [↑](#footnote-ref-30)
31. Local or national tools can be developed for consistent measures and reporting. [↑](#footnote-ref-31)
32. Service users are ‘clients’ and they will be discussed and agreed between funder and provider. They may include public health staff who receive capacity development support/services from the provider. [↑](#footnote-ref-32)
33. Category to be defined between the funder and provider. [↑](#footnote-ref-33)
34. For example, you may want to know about how easy the content of distributed material is to read (from the service user perspective) or the timeliness of engagement hui. You can either ask for overall satisfaction or satisfaction related to a particular aspect of the activities delivered. We suggest that PHG adopt a similar Likert scale for satisfaction measures of this nature across the board, if this measure is chosen (Likert scale: 1 very dissatisfied; 2 dissatisfied; 3 neutral; 4 satisfied; 5 very satisfied). [↑](#footnote-ref-34)
35. The type of activities you want to count should be agreed between the funder and provider or you can ask the provider to self-define linked to the type of activities they will deliver. [↑](#footnote-ref-35)
36. You will need to either agree the dimension of time or agree for providers to report against the timelines they set independently. [↑](#footnote-ref-36)
37. Examples of tools are WOHIA or HEAT. [↑](#footnote-ref-37)
38. Service users are ‘clients’ and they will be discussed and agreed between funder and provider. They may include public health staff who receive capacity development support/services from the provider. [↑](#footnote-ref-38)
39. Category to be defined between the funder and provider. [↑](#footnote-ref-39)
40. For example, you may want to know about how easy the content of distributed material is to read (from the service user perspective) or the timeliness of engagement hui. You can either ask for overall satisfaction or satisfaction related to a particular aspect of the activities delivered. We suggest that PHG adopt a similar Likert scale for satisfaction measures of this nature across the board, if this measure is chosen (Likert scale: 1 very dissatisfied; 2 dissatisfied; 3 neutral; 4 satisfied; 5 very satisfied). [↑](#footnote-ref-40)
41. The type of activities you want to count should be agreed between the funder and provider or you can ask the provider to self-define linked to the type of activities they will deliver. [↑](#footnote-ref-41)
42. You will need to either agree the dimension of time or agree for providers to report against the timelines they set independently. [↑](#footnote-ref-42)