RBA Performance Measures Table: Health Promotion

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

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| 1. **Build Healthy Public Policy**
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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?[[1]](#footnote-1)****(Quantity and quality of effect # / %)** |
| * Advocate[[2]](#footnote-2) for and support the adoption of sustainable healthy public policy and practice by:
* using He Korowai Oranga as a framework to guide the organisation to achieve the best outcomes for Māori
* using validated tools/formal assessment frameworks that can measure the impact of policies (eg, HIAs ([Public Health Advisory Committee, 2005](#_ENREF_11)) or Whānau Ora HIA ([Ministry of Health, 2007](#_ENREF_5))), particularly policy that improves Māori health and fosters equity
* awareness raising of healthy public policy issues such as through: educational activities, media, position statements, policy briefs, background papers, or reports
* working with non-health agencies to explore the extent that public health issues are being addressed and any opportunity for these issues to be placed on the policy and planning agenda
* developing submissions on relevant public health issues and policies, particularly those that will influence Māori health outcomes, equitable health outcomes for all at local, regional and national levels
* encouraging researchers and planners across non-health sectors to promote healthy social environments as determinants of individual and community wellbeing
* taking a *Health in All Policies* approach (HiAP).[[3]](#footnote-3)
* Advise organisations about the evidence for and benefits of healthy public policy and practice for improving health outcomes and improving Māori health and achieving equity.
* Empower, support and enable population groups to take action to advocate for change in policies and practices and participate in policy making decisions.

**Note:** Providers may use partnerships, relationships and networks to strengthen policy change efforts. However, this activity is outlined under the Public health capacity development core function. | **Measure/s: examples**  | **Measure/s: examples**  | **Measure/s: examples**  |
| # service users[[4]](#footnote-4) (total)# service users by category[[5]](#footnote-5) | % service users report they are satisfied or very satisfied with (insert aspect here)[[6]](#footnote-6) (ie, rating of 4 or 5 for Likert scale of 1 to 5) | *Can choose from below where relevant* |
| # of organisations the provider has engaged with for the purpose of building healthy public policy | % Māori organisations engaged with | *Can choose from below where relevant and customise to organisations or type of organisation* |
| # activities related to advocating for and supporting the adoption of sustainable healthy public policy and practice | % activities completed on time[[7]](#footnote-7)% activities peer reviewed by stakeholders or topic expert% activities completed using validated tools/formal assessment frameworks to measure the impact of policies | #/% service users report they have adopted, implemented or embedded sustainable healthy public policy and practice (BC, S)#/% service users report they have adopted, implemented or embedded sustainable healthy public policy and practice that will contribute to improving Māori health and/or achieve equity (BC, S) |
| # activities related to awareness raising[[8]](#footnote-8) | *Can choose from below or above where relevant* | #/% service users report increased understanding and awareness (insert topic here eg, of determinants of health and the direct link to delivering equitable health outcomes for Māori) (SK, S) |
| # submissions | % submissions completed on time% submissions peer reviewed by stakeholders or topic expert | #/% recommendations in submissions adopted by recipient (BC, O) |
| **Complementary narrative reporting: examples** | **Complementary narrative reporting: examples** | **Complementary narrative reporting: examples** |
| * Describe the nature of the activities implemented, including:
* details of activity: what advice was given, description of awareness raising activity
* details of submissions written by your organisation.
 | * Describe the extent to which the provider has advocated for Maori communities and other communities who have inequity in health outcomes.
* Describe how political risk has been identified and managed when undertaking advocacy.
* Describe the extent to which activity was peer-reviewed, including by Māori stakeholders and against evidence-base (including results of previous evaluations).
* Describe how the provider enabled Māori and other communities to initiate and be part of evaluating the need for and outcomes of identified policies and practices.
* Describe the extent to which Māori communities were involved in planning, developing and implementing activities.
* Describe the extent to which other identified groups and communities were involved in planning, developing and implementing activities.
 | * Describe the outcomes achieved, including:
* the policies and practices now in place as a result of provider activity
* change in policymakers’ knowledge of benefits of healthy policy and practice
* change in policymakers’ competence to ensure healthy policy and practice improves health outcomes for Māori and achieves health equity
* community mobilisation as a result of the provider’s support.
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| 1. **Create Supportive Environments** (e.g. healthy settings[[9]](#footnote-9) where we live, work, and play particularly within Māori communities and identified communities where inequities exist. Healthy settings may include work places, school communities, alternative education settings, churches, marae, public areas and events.)
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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 # / %)** |
| * Inform Māori organisations about healthy settings approaches and the benefits of adopting multi-level (micro, macro and meso) strategies to achieve sustainable outcomes.
* Inform other organisations about healthy settings approaches and the benefits of adopting multi-level (micro, macro and meso) strategies to achieve sustainable outcomes.
* Support organisations to implement healthy settings approaches (eg, health promoting workplaces, health promoting schools).
* Support staff to change the culture and ethos of a setting (school, workplace, community) so the setting promotes health outcomes.
* Support organisations to develop healthy and sustainable policy and practices to enhance environments that support healthy behaviours (eg, wellbeing policies in schools, anti-bullying policies in workplaces).
* Support organisations to ensure that their health promotion activities reach identified groups and communities and, as well, contribute to improving Māori health and fostering equity and in a sustainable manner.
* Work with organisations or sectors to increase environments that support healthy choices and behaviours.
 | **Measure/s: examples**  | **Measure/s: examples**  | **Measure/s: examples**  |
| # service users[[10]](#footnote-10) (total)# service users by category | % service users report they are satisfied or very satisfied with (insert aspect here)[[11]](#footnote-11) (ie, rating of 4 or 5 for Likert scale of 1 to 5) | *Can choose from below where relevant* |
| # of Māori settings the provider has engaged with for the purpose of increasing healthy settings | *Can choose from any relevant how well measures* | #/% of Māori organisations/settings that have implemented or embedded healthy settings approaches as a result of the provider’s support (BC, O) |
| # of other settings the provider has engaged with for the purpose of increasing healthy settings | *Can choose from any relevant how well measures* | #/% of other settings that have implemented or embedded healthy settings approaches as a result of the provider’s support (BC, O) |
| # of organisations supported to implement healthy settings approaches | *Can choose from any relevant how well measures* | #/% of organisations[[12]](#footnote-12) that have adopted healthy policies and practices as a result of the provider’s activity (BC, O) |
|  |  | #/% of organisations/settings that have achieved accreditation in a healthy settings model[[13]](#footnote-13) (BC, O) |
|  |  | #/% of service users reporting that indirect clients[[14]](#footnote-14) have adopted healthy behaviours (BC, S) |
| **Complementary narrative reporting: examples** | **Complementary narrative reporting: examples** | **Complementary narrative reporting: examples** |
| * Describe the nature of the activities implemented, including:
* details of the activities the provider has delivered to support organisations to become healthy settings including accreditation in a healthy settings model.
 | * Describe the extent to which best-practice and evidence based practice was used, including:
* supporting the setting/organisation to use an enquiry approach to identify health and wellbeing areas to address
* working at a systems level (beyond individual settings), considering the complexity of the interactions between people and their environment.
* Describe the extent to which Māori communities were involved in planning, developing and implementing activities.
* Describe the extent to which other identified groups and communities were involved in planning, developing and implementing activities.
 | * Describe the outcomes achieved, including:
* evidence that healthy setting activity is self-sustaining
* adoption of healthy behaviours as a result of the provider’s activity
* how supportive environments are meeting the needs of the populations that they are designed for and not causing harm.
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| 1. **Strengthen Community Action**
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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 # / %)** |
| * Support communities to plan and deliver strategies that will produce sustainable improvements in hauora and health outcomes by:
* working with Māori communities to identify community priorities for public health action
* working with other communities to identify community priorities for public health action
* supporting community decision-making by providing evidence and advice on initiatives to improve health outcomes
* delivering activities to increase community understanding of the socioeconomic, cultural and political environment they live, work, and play in
* providing training for Māori community leaders, other community leaders, community workers and other change agents to increase capability, and sustainability of the initiatives[[15]](#footnote-15)
* supporting communities to increase input into local, regional and national decision-making, including engaging in policy development processes (eg, delivering training on writing and presenting submissions)
* supporting communities to work intersectorally to improve hauora, wellbeing and health.
 | **Measure/s: examples**  | **Measure/s: examples**  | **Measure/s: examples**  |
| # service users[[16]](#footnote-16) (total)# service users by category | % service users report they are satisfied or very satisfied with (insert aspect here)[[17]](#footnote-17) (ie, rating 4 or 5 for Likert scale of 1 to 5) | *Can choose from below where relevant* |
| # of community action initiatives supported/Maori communities # of community action initiatives supported/other identifiedcommunities | % initiatives completed on time[[18]](#footnote-18) | #/% (outline specific outcome here linked to type of initiative you want to showcase)[[19]](#footnote-19) |
| # of community-generated submissions | % community-generated submissions completed on time | #/% recommendations in community-generated submissions adopted by recipient (BC, O) |
| # training activities for community leaders | % training activities completed on time | #/% trainees report improved skills and knowledge about (insert topic here e.g. leadership skills) (SK, S) |
| # trainees |  |  |
| **Complementary narrative reporting: examples** | **Complementary narrative reporting: examples** | **Complementary narrative reporting: examples** |
| * Describe the nature of the activities implemented, including:
* describe activities delivered to support Māori communities to identify the community’s priorities for public health action.
* describe activities delivered to support other communities to identify the community’s priorities for public health action.
* Outline support or information given and/or training delivered and a description of the community.
 | * Describe how the provider engaged with and supported Māori communities in leading and determining its priorities and planning community activities (with regard to funder and regional priorities).
* Describe how the provider engaged with and supported other communities in leading and determining its priorities and planning community activities (with regard to funder and regional priorities).
* Describe how the provider’s services have prioritised support for community action in Māori communities and identified populations where inequities exist.
* Provide evidence that priority is given to planning actions that improve the health of the population groups with the greatest health needs.
* Describe how the provider’s activity/advice was based on evidence (including results of evaluations), and best practice.
* Show the methods used to ensure sustainability of the community action.
 | * Describe the outcomes achieved, including:
* how the community action:
* increased Māori community capacity
* increased community leadership
* is sustainable
* details of community-generated submissions as a result of your support
* any other client outcomes based on the community action, such as changes in knowledge, skills and/or behaviour for the community and/or identified population.
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| 1. **Develop Personal Skills**
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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 # / %)** |
| * Design and deliver:
* workshops for Māori groups
* workshops for other identified groups
* awareness-raising activities and social marketing, including media, communications, marketing and social media campaigns
* health education and promotion resources (leaflets, fact sheets, websites, social media) for Māori
* Health education and promotion resources (leaflets, fact sheets, websites, social media) for identified populations.
* Support local, regional, or national social marketing campaigns.

**Note:** Providers may utilise networks to disseminate key messages and information. This activity is outlined under the Public Health Capacity Development core function. | **Measure/s: examples**  | **Measure/s: examples**  | **Measure/s: examples**  |
| # service users[[20]](#footnote-20) (total)# service users by category | % service users report they are satisfied or very satisfied with (insert aspect here)[[21]](#footnote-21) (ie, rating of 4 or 5 for Likert scale of 1 to 5) | *Can choose from below where relevant* |
| # workshops delivered# workshop participants (service users) | % workshops completed on time% participants attended workshops (out of number invited) | #/% participants report increased knowledge of the (insert campaign topic) (SK, S)[[22]](#footnote-22)#/% participants report increased motivation to adopt (insert a new behaviour linked to the campaign topic) (BC, S) |
| # awareness-raising activities (including social marketing campaigns) | *Can choose from any relevant how well measures* | #/% service users report increased knowledge of the (insert campaign topic here) (SK, S)[[23]](#footnote-23) |
| # health literacy[[24]](#footnote-24) workshops# health literacy workshop participants (service users) | *Can choose from any relevant how well measures* | #/% participants who graduate from the health literacy workshop(s) (CC, O)#/% participants report they know the difference between (insert health literacy topic here) (SK, S)#/% participants report a decrease in the health literacy demands of health and wellbeing information[[25]](#footnote-25) |
| # health education and promotion resources (leaflets, fact sheets, websites, social media) specifically for Māori audience | % service users report they are satisfied or very satisfied with (insert aspect here)[[26]](#footnote-26) (ie, rating of 4 or 5 for Likert scale of 1 to 5) | #/% service users report increased knowledge of the (insert campaign topic here) (SK, S)[[27]](#footnote-27) |
| **Complementary narrative reporting: examples** | **Complementary narrative reporting: examples** | **Complementary narrative reporting: examples** |
| * Describe the nature of the activities implemented, including:
* describe the resources that were developed and to whom they were distributed (and in what quantities, for example website hits).
* Describe the workshops that were delivered, including:
* description of the communities they were delivered in.
* Describe the awareness-raising activity and social marketing campaigns that have been delivered or supported.
* How the need for a resource was assessed before development, including through communication with the Ministry and the Health Promotion Agency (HPA).
 | * Describe the extent to which the quality of resources was ensured (evidence-based, based on previous evaluation results, peer-reviewed, based on Rauemi Atawhai – A guide to developing health education resources in New Zealand, etc).
* Describe how workshops were developed (peer-reviewed, relevant for identified audiences, including for Māori communities).
* Describe the extent to which workshop content quality was ensured through peer review.
* Describe the extent to which Māori communities were involved in planning, developing and implementing resources, workshops, social marketing campaigns, etc.
* Describe the extent to which identified groups and communities were involved in planning, developing and implementing resources, workshops, social marketing campaigns, etc.
* Describe the extent to which resource development included consideration of need to reduce health literacy demands of health and wellbeing information[[28]](#footnote-28).
 | * Describe the outcomes achieved, including:
* increase in health literacy of identified populations after delivery of the provider’s activities
* how any health and wellbeing information that has been developed has reduced health literacy demands.
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| 1. **Re-orient Health Services**
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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 # / %)** |
| * Support health services, including primary care, to have an increased focus on prevention and population health approaches, for example by:
* working with senior managers and community leaders to reorient services so that structures and processes are culturally appropriate, improve health outcomes for Māori, and deliver equitable health outcomes for Māori
* working with senior managers and community leaders to reorient health services so that the service structures and processes are culturally appropriate, and increase the health outcomes of other identified populations and foster equity
* supporting broad public health actions delivered by clinical services (eg, by primary care providers)
* supporting health services to work intersectorally on health issues
* promote a coherent continuum of service between determinants of health primary prevention and personal health care.
 | **Measure/s: examples**  | **Measure/s: examples**  | **Measure/s: examples**  |
| # service users[[29]](#footnote-29) (total)# service users by category | % service users report they are satisfied or very satisfied with (insert aspect here)[[30]](#footnote-30) (ie, rating of 4 or 5 for Likert scale of 1 to 5) | *Can choose from below, where relevant* |
| # activities delivered | % activities delivered on time | #/% service users report increased understanding and awareness (insert topic here eg, of determinants of health and the direct link to delivering equitable health outcomes for Māori) (SK, S) (SK, S) |
|  | *Can choose from any relevant how well measures* | #/% of clinical health services that have increased their focus on preventive and population health approaches as a result of the provider’s activities (BC, O)  |
|  | *Can choose from any relevant how well measures* | #/% organisations report that they are more committed to improving Māori health (AO, S) |
|  | *Can choose from any relevant how well measures* | #/% organisations report that they are more committed to improving health equity (AO, S) |
|  | *See common quality measures above* | #/% organisations who have adopted and implemented dedicated health equity initiatives/polices (BC, O) |
|  | *See common quality measures above* | #/% organisations apply Māori health promotion activity guided by Māori health promotion frameworks, such as Te Pae Mahutonga (BC, O) |
|  | *See common quality measures above* | #/% health service staff working intersectorally on health issues (BC, O) |
|  | *See common quality measures above* | #/% of appropriate and broad-reaching Māori health promotion actions delivered by clinical services other than health promotion services (BC, O) |
|  | *See common quality measures above* | #/% Māori health professionals in clinical (non-public health) services, including primary care, with health promotion competencies/leadership recruited OR trained OR retained (CC, O) |
|  | *See common quality measures above* | #/% health professionals from other identified ethnic groups clinical (non public health) services, including primary care, with health promotion competencies/leadership recruited OR trained OR retained (CC, O) |
| **Complementary narrative reporting: examples** | **Complementary narrative reporting: examples** | **Complementary narrative reporting: examples** |
| * Describe the nature of the activities implemented, including:
* Details of activities the provider has delivered to support health services to have an increased focus on prevention and population health approaches for Māori.
* Details of activities the provider has delivered to support health services to have an increased focus on prevention and population health approaches for other population groups with the highest health need.
* Details of activities the provider has delivered to support the reorientation of services so that structures and processes are culturally appropriate, improve health outcomes for Māori, and deliver equitable health outcomes for Māori.
* Details of activities the provider has delivered to support the reorientation of services so that structures and processes increase the health outcomes of identified populations and foster health equity.
* Details of support given by the provider for broad public health actions delivered by clinical services.
* Details of provider engagement with Māori communities when planning activities.
* Details of provider engagement with communities and identified groups when planning activities.
 | * Provide evidence that priority is given to actions that improve the health of Māori.
* Provide evidence that priority is given to actions that improve the health of other population groups with the greatest health needs.
* Provide evidence that support was given to broad public health actions beyond health education and disease prevention programmes.
* Provide evidence that support was given to actions that were evidence-based, including based on previous evaluation results.
 | * Describe the outcomes achieved, including:
* detailing type of health services that have increased their focus on preventive and population health approaches as a result of the provider’s activities.
* detailing:
* organisational commitment to improving Māori health and delivering equitable health outcomes for Māori
* organisational commitment to improving health for all and delivering equitable health outcomes
* leadership understanding of determinants of health and the direct link to delivering equitable health outcomes for Māori
* recruitment, training and retention of Māori health professionals with health promotion competencies/leadership
* recruitment, training and retention of other health professionals with health promotion competencies/leadership
* Māori health promotion activity guided by Māori health promotion frameworks, such as Te Pae Mahutonga
* other health promotion activity guided by health promotion frameworks
* increased collection of information on Māori determinants of health
* staff working intersectorally on health issues
* appropriate and broad-reaching Māori health promotion actions delivered by clinical services.
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1. “Is anyone better off” performance measure = client outcomes [↑](#footnote-ref-1)
2. In this context, advocacy does not mean political advocacy, lobbying, or any activity that compromises political neutrality which is not funded by Ministry of Health. It means using public health expertise and evidence to:

explain the health benefits of healthy public policy for organisations such as local government who have an obligation to consider the health and wellbeing of their communities

demonstrate the need for appropriate health services (eg, kaupapa Māori services)

develop submissions to select committees (see Tier 1 Public Health Services service specification). [↑](#footnote-ref-2)
3. From the 8th Global Conference on health promotion, Helsinki 2013: “Health in all polices is an approach to public policies across sectors that systematically takes into account the healthy implications of decisions seeks synergies and avoids harmful health impacts, in order to improve population health and health equity” [↑](#footnote-ref-3)
4. Service users are ‘clients’ and they will be discussed and agreed between funder and provider. They may include policy makers, organisations, researchers, planners, community stakeholders or members who the provider engaged with. [↑](#footnote-ref-4)
5. Category to be defined between the funder and provider. [↑](#footnote-ref-5)
6. 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-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. Examples include: educational activities, media, position statements, policy briefs, background papers, or reports. [↑](#footnote-ref-8)
9. The WHO defines settings for health as: “The place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and wellbeing” ([World Health Organization, 1998](#_ENREF_15)). Note that settings = service users (clients) in RBA. [↑](#footnote-ref-9)
10. Service users are ‘clients’ and they will be discussed and agreed between funder and provider. In this context, they maybe settings (please note footnote above) or organisations. [↑](#footnote-ref-10)
11. 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-11)
12. For example,community, private sector, etc. [↑](#footnote-ref-12)
13. Examples include: health promoting schools, the World Health Organisation’s (WHO’s) Safe Communities models. [↑](#footnote-ref-13)
14. Indirect clients are the clients of the provider’s service user. For example, an NGO may work with a setting to support that setting to adopt a health promotion policy. In turn, through its new health promotion policy, the setting is able to positively influence outcomes for its clients. [↑](#footnote-ref-14)
15. This activity is different from workforce development (found in Public Health Capacity Development specification) as it is up-skilling those in the community (ie, outside the formal public health workforce). [↑](#footnote-ref-15)
16. Service users are ‘clients’ and they will be discussed and agreed between funder and provider. [↑](#footnote-ref-16)
17. 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; very satisfied). [↑](#footnote-ref-17)
18. See earlier footnote about timeliness. [↑](#footnote-ref-18)
19. The types of initiatives will guide the outcome design process. In some cases, you may want to highlight outcomes associated with one large initiative and/or similar types of outcomes linked to like-minded types of initiatives. There is flexibility here. The only caveat is that any outcomes must map to S.A.B.C. [↑](#footnote-ref-19)
20. Service users are ‘clients’ and they will be discussed and agreed between funder and provider. [↑](#footnote-ref-20)
21. 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-21)
22. If possible, this would usually comprise a sample survey of service users. [↑](#footnote-ref-22)
23. If possible, this would usually comprise a sample survey of service users. [↑](#footnote-ref-23)
24. “The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health” ([World Health Organization, 1998](#_ENREF_15)). [↑](#footnote-ref-24)
25. Providers should also take responsibility for enabling consumers to participate in the health sector. [↑](#footnote-ref-25)
26. 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-26)
27. If possible, this would usually comprise a sample survey of service users. [↑](#footnote-ref-27)
28. Providers should also take responsibility for enabling consumers to participate in the health sector. [↑](#footnote-ref-28)
29. Service users are ‘clients’ and they will be discussed and agreed between funder and provider. In this context, they maybe clinical services, including primary care and/or staff from these services. [↑](#footnote-ref-29)
30. 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-30)