

# **Preparing the New Zealand Strategic and Action Plan for Public Health**

Discussion Document for Consultation

September 2001

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MANATŪ HAUORA

# Foreword

The New Zealand Health Strategy, launched by the Minister of Health in December 2000, sets public health as a Priority Service Area in the health sector. The Ministry of Health is now in the process of developing a Strategic and Action Plan for Public Health. This plan will focus on the work of the public health sector and also demonstrate how public health approaches can be used throughout the health sector to achieve population health gain and reduce inequalities in health. This discussion document is part of that process.

The Strategic and Action Plan for Public Health is being developed collaboratively with the public health sector. The process to date has actively involved both government and non-government providers and the research community alongside policy makers and planners in the Ministry. Information has been gathered from many sources and collated into this discussion document.

The purpose of this discussion document is to get wider participation still in this process so that the final Plan reflects the views of the wider sector. Your comments are sought on the issues raised. There are questions posed throughout the document to prompt your response, but this is not meant to limit your responses. Feedback in any form will be welcome.

The Strategic and Action Plan for Public Health will set out a long-term vision for public health and how to achieve this. Fundamental principles include a population health approach and consideration of the wider determinants of health. A coherent strategic approach for public health is essential to achieve population health gain in New Zealand.

The final Plan will include how a wide range of players can take public health action. They include policy makers, funders, planners, providers and communities at national, regional and local levels in the public health sector, the wider health sector, and other social sectors. Commitment from all these groups, including the research community, will give momentum to positive public health action. Input from all of these groups is therefore important in developing the Plan. This discussion document presents you all with an opportunity to have your say.

Development of the final Strategic and Action Plan for Public Health builds on previous public health strategic plans, to provide a strategic framework and direction for all participants. We welcome your input into this important process.



Dr Don Matheson  
Deputy Director-General for Public Health



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# How to Have Your Say

We want to hear what you think about the strategic directions we are proposing and how they can best be realised. Throughout this document we have included a number of questions that we specifically would like your help with, but please do not feel restricted to answering only them.

In the middle of this document is a pull-out submission booklet which you are invited to make your comments on and return to us.

In order to have the required impact on other Ministry of Health and District Health Board (DHB) planning processes, we need your feedback on this discussion document before 5 November 2001. You can use any of the following avenues for commenting:

**Fax:** (09) 580 9195

**Email:** Kevin\_Hague@moh.govt.nz

## Meetings

Date	Time	Location	Venue
16 October	4 pm	Wellington	Portland Hotel, Hawkestone Street
17 October	12.30 pm	Napier	War Memorial Centre, Marine Parade
17 October	7 pm	Gisborne	Gisborne Hotel, Cnr Tyndall & Huxley Roads
18 October	4 pm	Rotorua	Millennium Hotel, Eruera Street
23 October	4 pm	Invercargill	Ascot Park Hotel, Tay Street
24 October	4 pm	Dunedin	Otago District Health Board, Octagon Room, Dunedin Hospital
25 October	4 pm	Christchurch	Mancam House, Cnr Manchester & Cambridge Streets
26 October	9.30 am	Nelson	Leisure Lodge, 40 Waimea Road
30 October	4 pm	Auckland	Fickling Centre, 546 Mt Albert Road
31 October	4 pm	Hamilton	Grosvenor Motor Inn, 165 Ulster Street
1 November	2 pm	Wanganui	Mt St Joseph Conference Centre, 14 Hillside Terrace

## Hui

Several hui to discuss these issues will be held in November. These hui will be advertised separately.

## **Fono**

Several fono to discuss these issues will be held in November. These fono will be advertised separately.

## **Written**

Strategic and Action Plan for Public Health  
Ministry of Health  
Private Bag 92-522  
Wellesley Street  
Auckland

## **On line**

<http://discuss.hpforum.netsense.co.nz/phsp>

This page will be specially set up for comment on the discussion document. You will need to use the lowercase letters phsp both for the ID and for the password. The original key informant opinion papers are also available on this site.

# 1 Introduction

This discussion document sets the scene for a Strategic and Action Plan for Public Health. The aim of the plan is to give clear direction for the whole of the health sector in regard to public health action.

Public health is a specialised area of health, and applies different principles and processes than those of the personal health, mental health and disability support services. To achieve the aims of the New Zealand Health Strategy, these principles and processes need to be clearly set out in the final Plan and understood by the wider health sector. They are therefore raised in this document for discussion.

The health sector has a responsibility to use public funds efficiently and effectively, and to deliver services of high quality based on the best available information. The final Plan will set the parameters for public health action, including content, quality and workforce issues, and guide the planning and funding of services.

What is the role of this document? This document is intended to stimulate discussion within the public health sector and among others with an interest in public health. It sets out the issues already raised by the sector and suggests some strategic directions for public health in New Zealand. It needs further input to make it as effective as possible in improving public health.

## Process

Feedback on this document will be used to develop a draft Strategic and Action Plan. There will be opportunity for further input into the Plan before it is finalised.

## Where will this Strategic and Action Plan fit?

The Public Health Commission developed two key strategic planning documents for public health. *A Strategic Direction for Public Health* (PHC 1995b) set out precisely that, while *He Matariki* (PHC 1995a) set out a strategic direction for Māori public health for a three-year period. These two documents formed the foundations of the Ministry of Health's integrated 1997 document *Strengthening Public Health Action: The strategic direction to improve, promote and protect public health*, which shaped the policy, funding and provision of public health services in New Zealand for three to five years. Review of these strategic directions is therefore timely. The new Strategic and Action Plan will build on these earlier documents.

The strategic direction for all health services in New Zealand has been set by the New Zealand Health Strategy. It establishes a vision for health services, principles for planning and provision of services, and some objectives for the health of the population.

It sets five priority service delivery areas:

- public health
- primary health care
- reducing waiting times for public hospital elective services
- improving the responsiveness of mental health services
- accessible and appropriate services for people living in rural areas.

The New Zealand Health Strategy also indicates that the strategy will be implemented:

- by developing tool kits to identify the action that different types of organisations or providers can take to address priority objectives
- by developing more detailed action-oriented strategies for specific health issues, services or population groups
- through performance and/or funding agreements with the Ministry of Health, District Health Boards (DHBs) and providers.

The Strategic and Action Plan for Public Health will put action around the goals of the New Zealand Health Strategy and also inform performance and funding agreements. It will sit alongside a range of other strategies, including the New Zealand Primary Health Care Strategy and He Korowai Oranga, the Māori Health Strategy, and will:

- establish the strategic framework for planning, funding and providing public health services for the next five to ten years
- describe how health services outside the public health sector can use public health methods to achieve health gain
- define the roles of each component of the New Zealand public health sector
- define the interface between the public health sector and services and other health services, particularly those involved in primary health care
- identify any gaps in the public health sector's current capacity
- set out a programme of action to close these gaps.

Issue-specific and population-specific strategies will need to be consistent with the Plan in relation to their public health components, and the Plan will also guide service providers in their interpretation of toolkits on public health issues.

## 2 Public Health Action

### Public health

Public health has been defined as ‘the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society’ (Acheson 1988). Putting action to this definition involves the whole of the health sector. Public Health has an important role in leading the whole health sector in these ‘organised efforts of society’.

### Public health services

Public health services are those which are delivered to communities or population groups rather than individuals and which set out to prevent illness or injury, or to promote health and wellbeing. Health protection and health promotion, along with the science of epidemiology and other research approaches, are the main branches of public health. The core public health functions are set out in the *Public Health Services Handbook* (Health Funding Authority/Ministry of Health 2000).

Public health programmes are multi-faceted, and incorporate and build on the principles of the Ottawa Charter. They include strategies to:

- protect public health
- create supportive environments
- support ongoing health improvement
- strengthen community action
- develop personal skills
- reinforce positive attitudes, beliefs and values regarding health
- reorient health services
- build healthy public policy.

### Determinants of health

A number of factors and conditions affect our health and wellbeing. These have been called ‘the wider determinants of health’, and include:

- age, sex and hereditary factors
- individual lifestyle factors
- social and community influences
- living and working conditions
- gender and culture
- general socioeconomic and environmental conditions.

Because public health services set out to keep people and communities well, study and analysis of the determinants of health is central to the work. It is now well established that many of the most powerful factors influencing health status act primarily at the level of whole communities and population groups, rather than individuals. Health is significantly influenced by position in society and the physical and social environment. Public health services set out to influence these factors.

Many of these determinants of health lie outside the health sector. Gains in health status will only, therefore, be achieved through the co-ordinated action of policy makers and service providers in many sectors. Public health must therefore work with other sectors to influence the wider determinants of health.

## Population health approach

A population health approach is one that is used in public health action, and can also be used in all of the health sector. It takes into account all the determinants of health and how they can be tackled. It can be used by all parts of the health sector in planning, funding and delivering services. It also seeks to empower and support individuals and groups in the community to take greater control over issues that affect their health (Health Funding Authority 2000).

The population can be grouped in many ways – by age, sex, ethnicity, geographical location, workplace setting, socioeconomic status and so on. Each group may be described by the attributes of the group (eg, gender, ethnicity, iwi affiliation, life stage, sexual orientation or socioeconomic status) but not everyone in the group will have all of the health problems that are characteristic of the group as a whole. Thus, the bigger picture is seen by looking at population groups, but the individuals in that group must be treated as individuals.

A population health approach also takes into consideration the environment in which we live. This includes both physical and social environments. Physical environments include elements such as air, water and land, and are brought together in, for example, cities, beaches, workplaces and parks. Social environments include the people and the context in which people operate. This could include whānau, schools, churches, choirs, sports teams and clubs and a range of other environments. Some environments are both physical and social – the family home, marae and the workplace are examples.

Public health services (health promotion and health protection) take a population view to service planning and delivery. Much of the environmental health work (eg, water quality, air quality), is provided for the benefit of the whole population, and there is little active choice by the individual when using these services. Immunisation services combine a population and an individual approach. Immunisation services are planned on the basis of benefits to the whole population, but are delivered to individuals. For health promotion programmes, these are also planned on a population basis, and delivered to populations, but there is some individual choice regarding whether the messages are heard and then whether they are acted on.

The same population health principles can be used by other parts of the health sector to plan and deliver services that are going to improve the health of the population overall. For example cardiac services are delivered to individuals, but can be planned and delivered to the populations most likely to benefit from the service.

## **Health protection**

Health protection strategies focus on factors in the physical, chemical and biological environment that contribute to health outcomes. Health protection sets out to influence these factors through public policy (much health protection activity is mandated or required by law) and information. Health protection is well established in New Zealand and elsewhere, and has over the last 100 years has contributed significantly to achieving major health gains. There are many aspects of our environment that we take for granted, such as safe food and water, effective sanitation. Health protection services work towards maintaining this safe environment.

## **Health promotion**

Health promotion is the process of enabling people to increase control over and to improve their own health. Health is seen as a positive concept and a valued resource for everyday life. Health promotion is therefore not just the responsibility of the health sector, and goes beyond 'healthy lifestyles' to a concept of wellbeing. This approach acknowledges that community development is an effective way to improve health. Health promotion takes account of a wider idea of environment, which includes public policy and social factors. It recognises that personal health services, especially in primary care, can contribute to public health goals. While health promotion activities are not new, this branch of public health has only been formally recognised since the Ottawa Charter was signed in 1986.

## **An integrated public health approach**

Public health requires a range of approaches, including health protection, health promotion, disease prevention, environmental health and community development. It also requires sustained relationships between central government, local government, local and national communities and businesses. Public health service providers include government and non-government agencies. The former includes DHB based providers and local government agencies. There is a wide range of NGO providers from major national organisations to small local community based groups.

Public health expertise is also used in the planning of health services and monitoring of health outcomes. Population health status, health impact assessment, health needs assessment, and monitoring and analysis of health statistics are other roles taken by the public health workforce. Evaluation of services and programmes builds on the evidence base for further service/programme planning. In the monitoring and evaluation roles, there are important links with the academic community. In the service planning role, there are important links with other parts of the health sector. There are important links with the wider social sector at both policy and service delivery levels. An example of such an

approach is the Strengthening Families programme, which involves government agencies, community groups and service providers.

## Critical success factors

Successful public health approaches will:

- integrate community-based initiatives with issue-specific expertise and interventions to improve physical and social environments
- focus on the determinants of health
- build strategic alliances within the health sector and with other sectors
- achieve an effective balance of national, regional and local interventions.

## Examples of public health action

Public health action covers a wide spectrum. Several examples of public health action are presented here to illustrate the concepts raised in this chapter.

### **Example: Māori nutrition training programmes**

Training courses providing basic nutrition knowledge and skills were provided to Māori community people empowering them to promote nutrition in their communities.

Evaluation showed that changes occurred in kai and nutrition practices on marae, kōhanga reo and other Māori organisations and whānau: a greater variety of food was available with less consumption of fat, salt and sugar, more salads and water used for drinks rather than sugary drinks. An unplanned result was that the number of smokefree venues increased.

### **Example: Poor housing as a risk environment**

Data from public health surveillance systems that monitor the health of the population show that there is an increase in respiratory diseases in a community. Clinical staff report a worrying increase in the number of people they are seeing with chest complaints. The link is made between the increase in disease and substandard housing conditions in that community. Health promotion staff initiate a collaboration with other sectors to take action to improve the quality of housing in the community.

### 3 The Big Picture for Public Health

It is clear from the New Zealand Health Strategy that a public health approach will play a central role in achieving the Government's goals for the health sector. It is appropriate, therefore, that the New Zealand Health Strategy should form the launching pad for the Strategic and Action Plan for Public Health.

The New Zealand Health Strategy sets out a number of principles:

- acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi
- good health and wellbeing for all New Zealanders throughout their lives
- an improvement in health status of those currently disadvantaged
- collaborative health promotion and disease and injury prevention by all sectors
- timely and equitable access for all New Zealanders to a comprehensive range of health and disability services regardless of ability to pay
- a high-performing system in which people can have confidence
- active involvement of consumers and communities at all levels.

Underlying these principles, the New Zealand Health Strategy provides a set of broad strategic goals (defined as high-level strategic statements). These are:

- a healthy social environment
- reducing inequalities in health status
- Māori development in health
- a healthy physical environment
- healthy communities, families and individuals
- healthy lifestyles
- better mental health
- better physical health
- injury prevention
- accessible and appropriate health care services.

Under these goals 61 objectives are listed, and 13 of these are identified as priorities for short- to medium-term implementation. Each of the goals and the 13 priority population health objectives has a strong public health component. The Ministry has prepared 'Toolkits' to assist DHBs implement the objectives.

The Ministry of Health has adopted an approach to its work that is strongly focused on the outcomes that we wish to achieve. This is a good basis for setting goals and objectives in public health. We therefore need to be clear about the outcomes we wish to achieve. This document is part of the process of determining these outcomes.

Public health planning and action should focus on those communities (both geographically defined and dispersed through the population) that are likely to have particular health needs. Specific health outcome objectives need to be developed for each of these groups as well as for the whole population.

## **Treaty of Waitangi**

Public health action takes into account the Treaty of Waitangi. The relationship between Māori and the Crown in the health and disability sector is based on three principles as detailed in the New Zealand Health Strategy:

- participation at all levels
- partnership in service delivery
- protection and improvement of Māori health status.

Durie and others note that the principles of ‘active protection’ in health requires the Crown to act positively for Māori health, and the Tribunal describes it as obliging the Crown to remedy past mistakes through measures which will give Māori opportunities to take advantage of the benefits of contemporary society (Durie 1998).

In relation to the development of health promotion programmes, participation and partnership indicate that Māori should be able to determine their own health goals and have an active role in achieving them.

## 4 State of the Public Health

The Ministry of Health has a statutory responsibility to monitor and report on the state of the public health. This has been done through annual reports on progress towards specific health targets (*Progress on Health Outcome Targets*) and five-yearly reports on population health and health determinants (*Our Health Our Future, Social Inequalities in Health*).

Further information about the state of public health comes from the Ministry of Health's calculation of DHB performance indicators. This work supports health and disability support services to improve outcomes in cardiovascular disease, diabetes, oral health, and well child health services.

In addition, the Ministry of Health's reporting improves the ability to provide early warning of threats to population health, through various forecasting techniques.

Monitoring and forecasting together provide an understanding of current, emerging and future health status, and health and social care needs. To attain a complete picture of population health, data collection needs to be combined with in-depth analysis.

Health status and risk data are collected through a programme of national health, nutrition, disability and risk factor surveys (most recently fielded in 1996/97, with the next New Zealand Health Survey planned for 2002/03). There are also dedicated disease and injury surveillance systems and registers, and national health statistical collections (including cause of death and hospital discharge statistics).

Monitoring and forecasting help to improve the health status of populations by:

- prioritising areas for action
- enabling evaluation of policy
- guiding policy development and the setting of outcome targets
- allowing assessment of progress towards previously set public health targets
- providing early warning of future public health problems
- highlighting the influence of societal and economic causes of poor health and inequalities in health status
- informing the community of health trends and their causes.

The Ministry of Health is currently developing a summary report of health status, with sensitivity to the differing health status of population groups.<sup>1</sup> This planned summary report is intended to provide an overview of population health and help identify areas for health action. The report will document trends in New Zealand's population health and provide data for international comparisons.

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<sup>1</sup> This planned report has to be distinguished from reports evaluating particular areas of issue based health policy, which may have associated goals or benchmarks.

To provide a suitable overview of issues as complex as population health and influences on population health requires a balanced set of indicators. Each indicator should satisfy at least some of the following criteria:

- Reflect important aspects of population health.
- Are sensitive to differing health status between population groups.
- Contribute to a balanced set of measures, that is, they include:
  - all cause and cause specific outcomes
  - whole of life and life-stage-specific measures
  - causes of health outcomes, including both risk factors as well as injuries and diseases
  - fatal and non-fatal health outcomes.
- Able to be updated at least every five years.
- Where possible, allow international comparison.

The table below provides a ‘menu’ of suggested indicators that could be included in an agreed set of public health status indicators. Expert advice will be sought in the further development of the summary report. For each indicator, data could be provided by gender, ethnicity, and socioeconomic status or degree of deprivation, and also by DHB region where this is possible.

<p><b>Socioeconomic factors</b></p> <ul style="list-style-type: none"> <li>• Educational attainment of adult population</li> <li>• Unemployment</li> <li>• Market income per person</li> <li>• Income inequality</li> <li>• Social capital</li> <li>• Housing</li> </ul> <p><b>Whole of life</b></p> <ul style="list-style-type: none"> <li>• A health expectancy indicator<sup>2</sup></li> <li>• Life expectancy at birth</li> <li>• Dependent disability</li> </ul> <p><b>Infants</b></p> <ul style="list-style-type: none"> <li>• Infant mortality rate</li> <li>• Low birth weight</li> <li>• Full breastfeeding at three months</li> </ul> <p><b>Children</b></p> <ul style="list-style-type: none"> <li>• Meningococcal disease notifications</li> <li>• Mean number of missing or filled teeth at age 12 years</li> <li>• Hearing failure at school entry</li> <li>• Childhood injury</li> </ul>	<p><b>Youths</b></p> <ul style="list-style-type: none"> <li>• Teenage fertility rate</li> <li>• Youth suicide (15–24 years)</li> <li>• Youth road traffic accident hospitalisations (15–24 years)</li> </ul> <p><b>Adults</b></p> <ul style="list-style-type: none"> <li>• Ischaemic heart disease and stroke incidence and mortality</li> <li>• Cancer incidence and mortality rate by site (eg, breast and cervical cancer and melanoma)</li> <li>• Diabetes incidence, prevalence, and mortality (including incidence and impact of diabetes complications)</li> </ul> <p><b>Health risks</b></p> <ul style="list-style-type: none"> <li>• Biological           <ul style="list-style-type: none"> <li>– Obesity and overweight</li> <li>– Prevalence of high blood pressure</li> <li>– Prevalence of high blood cholesterol</li> </ul> </li> <li>• Behavioural           <ul style="list-style-type: none"> <li>– Alcohol consumption</li> <li>– Prevalence of cigarette smoking</li> <li>– Physical activity level</li> <li>– Nutritional status</li> </ul> </li> </ul>
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<sup>2</sup> For example, independent life expectancy or health adjusted life expectancy.

**Question 1a.** What information should be presented in an analysis of the state of health in New Zealand?

**Question 1b.** How is the information best presented?

# 5 Challenges and Opportunities for Public Health

Health status trends, demographic factors, lifestyles and environmental change can provide planners with important clues on where we need to direct resources to anticipate future health issues and be prepared to deal with them.

Key challenges can be considered under the headings of reducing inequalities in health, existing risks, emerging risks and demographic change.

## Inequalities

We all have a role to play in reducing inequalities in health in New Zealand. Regardless of how we measure health – by risk factors, use of services or outcomes – we see systematic inequalities. Poorer people have worse health than wealthier people. This affects us all. It is not just a matter of those in poverty experiencing poorer health. In each socioeconomic group – whether measured by education, occupation, income or deprivation – and across the whole population, the less well off experience worse health than those who are a little better off. Action to reduce inequalities in health, therefore, has the potential to improve the health of all New Zealanders. In New Zealand, ethnic identity is an important dimension of health inequalities over and above socioeconomic status. Reducing inequalities for Māori is the priority, because Māori health status is demonstrably poorer than other New Zealanders and recognises the Crown's Treaty of Waitangi obligations. Reducing inequalities is also a priority for Pacific peoples. Gender and geographical inequalities are also important areas for action.

Action can be taken both within the health sector and by collaboration with other sectors to influence the social, cultural and economic determinants of health.

If these efforts are carried through with a real determination to change the fundamental determinants of health inequalities, then they are likely to have a significant effect on health. However, if these efforts are not sustained or vigorous enough, or engage at only a superficial level with the determinants of health, then we can expect inequalities of health outcomes (and, incidentally, outcomes in other sectors) to worsen, as economic and social factors lead to particular population groups becoming more marginalised. Those groups most at risk are Māori Pacific peoples, refugees and other new migrants, communities in economically depressed rural or provincial areas, and those in urban areas characterised by low socioeconomic status, especially where little community identity exists.

## Existing risks

Current challenges the health sector face include obesity, nutrition, physical inactivity, diabetes, cardiovascular disease, cancers, injury, communicable diseases (meningococcal disease and vaccine-preventable diseases), and environmental issues. These will require an approach that includes consideration of the wider determinants of health and health services interventions, as well as public health actions.

## Emerging risks

There are likely to be some significant new or intensified risks. In the area of communicable diseases there is currently a trend towards the development of strains of diseases that are resistant to available treatments, and this is likely to continue. In particular we can expect to experience epidemics of tuberculosis, HIV and other sexually transmitted infections that are not responsive to treatment, resulting in increased infection rates and larger impacts on the population. Food borne illnesses will continue to be a challenge.

We can expect that climate change and increasing volumes of trans-border traffic in people and goods will produce conditions amenable to disease vectors and infections that are not currently viable in New Zealand (for example, dengue fever). Increased rates of migration from some areas of the world could also be expected to introduce or establish new diseases.

## Demographic change

Demographic changes will be important. For example, the proportions of our population that are Māori, or of Pacific or Asian origin are likely to grow significantly in the foreseeable future. The proportions of the population that are children and older adults (including the very old) will also grow.

## Potential solutions

Advances in technology and service provision may provide some of the answers to health problems, but promoting wellness and preventing disease have a major part to play in raising the health status of all New Zealanders. The next section of this document proposes some future directions for the public health sector to meet the anticipated challenges.

**Question 2a.** What are the important challenges for public health in the future (give reasons)?

**Question 2b.** What are the major opportunities for public health action (give reasons)?

## 6 Proposed Strategic Directions

The strategic directions proposed in this section are the result of input from the sector in a variety of ways. The Ministry commissioned a series of eight key informant papers recommending important issues for the positive development of the public health sector in New Zealand. The Ministry has also contracted with the Public Health Association to run the Public Health Sector Project. This project networks with the sector and gives the Ministry information and views from the sector. It has been particularly helpful in developing this discussion document and will inform development of the Strategic and Action Plan.

These processes have revealed a high level of agreement on the key strategic directions necessary for the further development of the public health sector. The major themes to emerge from the key informant papers, which have been reinforced through the other processes, suggest that the focus within the public health sector itself should be on the following key strategic directions:

- strengthening Māori public health action
- building healthy communities
- strengthening the capacity and effectiveness of the public health sector
- achieving leadership and commitment for public health action
- focusing on the determinants of health and the need to reduce inequalities of health outcomes
- intersectoral collaboration
- building a public health approach across the wider health sector
- achieving effective collaboration between public health and primary health care.

These may not represent all possible directions that the sector considers important. We welcome any suggestions on how this list can be improved.

**Question 3a.** Do you agree with this list of strategic directions?

**Question 3b.** Are there any points you would like to add (give reasons)?

**Question 3c.** Are there any points you think should be deleted (give reasons)?

## Strategic Direction 1: Strengthening Māori public health action

The Ministry of Health recognises that to be effective, public health action must address the distinctive issues facing Māori, both as the indigenous people of New Zealand, and as a population currently facing significant health disadvantages. It also recognises the importance of the Ministry's overriding Māori health strategy, *He Korowai Oranga*.

The Ministry proposes to develop a distinct Māori public health action plan, which will bring together elements of both the public health strategy and *He Korowai Oranga*.

**Question 4.** What are the important considerations for the development of a Māori public health strategy (give reasons)?

## Strategic Direction 2: Building healthy communities

One of the tensions in public health is the need to balance a focus on improving the health of particular population groups or communities with work that focuses on particular health issues across a range of communities. In practice we need a combination of the two approaches. Successful interventions will be produced through the successful partnership of issue-specific expertise and community-based service delivery.

The strategic framework for policy-making, funding and providing public health services (which will be set out in the Strategic and Action Plan for Public Health) needs to provide direction on how these two different approaches can best be combined.

Public health service providers need to have strong links with their communities. They work in partnership with their communities to identify priority health issues, and to design and implement initiatives to address these. This may include the identification of public policy, environmental (social or physical) or health service issues relevant to their community, advocacy of change in respect of these, and active work towards such change.

Some public health service providers act as highly skilled partners assisting community-based organisations with their initiatives (and, in those situations where an appropriate community-based organisation does not exist, to work with the community to develop such a response), and as bridges to other expertise and to decision-makers. This work demands a high level of expertise in community development, health promotion theory and practice, and programme design, implementation and evaluation.

Other members of the team will bring expertise in disciplines relevant to creating supportive environments for communities. These disciplines include those covered by the range of public health activities required by the likely new Public Health Act, including epidemiology, public health medicine, environmental health and health impact assessment, as well as media skills, policy analysis and social change expertise.

## Possible actions

- Develop policies and programmes which make it easier for communities to be involved.
- Support but not control the development of community initiatives.
- Involve the community as partners in research and evaluation.
- Work to develop a public health workforce skilled in community development.
- Work with communities to develop their own public health services.

**Question 5a.** Do you agree with this list of possible actions to strengthen community action?

**Question 5b.** What other actions can be taken to strengthen community action (give reasons)?

**Question 5c.** What steps can be taken to strengthen the relationships between public health service providers and communities?

## Strategic Direction 3: Strengthening the capacity and effectiveness of the public health sector

The capacity and effectiveness of the public health sector is considered under the following headings:

- Evidence of effectiveness.
- Service quality.
- Joining up the sector.
- Integrating the public health workforce.
- Workforce development.

### Evidence of effectiveness

We need to ensure that the resources currently available are being well used and that initiatives are cost-effective and meet other quality criteria (including accessibility, acceptability, efficiency and safety). A focus on ‘evidence-based services’ has become a catch cry in health journals, but simply means doing things that we know are effective. Hand in hand with an evidence-based approach is the need to develop evidence where this is lacking.

The Ministry's Public Health Directorate is planning to place greater emphasis on evaluation, and providers will be expected to build appropriate evaluation into their programme development. Evaluations are a key tool in building our body of knowledge. However, in public health, where interventions are usually multi-faceted, complex and long term, evidence is rarely straightforward.

Another important area is making sure the evidence we do have is used in programme development. For some time now both public health researchers and the Health Research Council have been stressing the importance of ensuring that the results of public health research are fed in to policy development and service provision.

A closer relationship between research expertise and practitioners would clearly be invaluable in problem identification, programme design and evaluation in particular. While it is clear that providers will benefit from this relationship, researchers can also benefit from clearer understanding of and access to relevant communities.

It is expected that these relationships will also shape the topics and research disciplines being used in public health research. In collaboration with DHB public health units, the Health Research Council, academics and the Ministry of Research, Science and Technology, the Ministry of Health will provide the lead in developing sector input into research priorities, and research input into the planning and provision of public health services.

### **Possible actions**

- Ensure available evidence and evaluation is shared across programme developers.
- Encourage and support applied research.
- Ensure that appropriate evaluation is factored into the development of public health programmes.

**Question 6a.** Do you agree with the list of possible actions to improve evidence for public health action?

**Question 6b.** Please list any further ways the evidence base for public health can be improved.

### **Service quality**

The Ministry sees itself as a leader for quality improvement in the sector and is interested in other processes for ensuring quality in public health services.

### **Possible actions**

- Place greater emphasis on quality improvement plans, accreditation, standards of practice and peer review.
- Develop appropriate guidelines and support provider training.

**Question 7a.** Do you agree with the list of possible actions to improve the quality of public health action?

**Question 7b.** Please list any further ways the quality of public health action can be improved.

## Joining up the sector

Public health services form only a small part of the overall health sector, with an even smaller share of resources. There is a diverse and geographically spread workforce, which makes integration and co-ordination challenging. The health protection workforce is well established. On the other hand, we have a range of new services and providers that have come into existence in the past ten years. We need to find ways of improving co-ordination and collaboration within the sector. The Ministry will support this integration through every opportunity.

A 'joined up' public health sector should allow expertise to be accessed wherever it is in the country, with the potential for significantly increasing the efficiency of the sector.

There have been some very positive recent developments, including:

- the Public Health World Wide Web Project, which has been assisting in co-ordination and collaboration throughout the sector over the last few years by working with providers on the development of web sites in key public health areas, and training them in the use of this technology
- the Health Promotion Forum and the Public Health Association, as well as issue-specific organisations like the Smokefree Coalition, Aparangi Tautoko Auahi Kore (ATAK) and the Injury Prevention Network, which have taken the lead in bringing together parts of the public health sector
- the development of the Public Health Leaders' Group, bringing strong linkages to public health units
- the development of other co-ordination or information-sharing initiatives, such as Te Waipounamu Health Promotion Coalition
- the development of a 'map' and accompanying database of the sector by the Public Health Sector Project
- other work of the Public Health Sector Project in bringing the sector together and using various modes to strengthen communication within the sector and externally
- various small initiatives to bring together NGOs working in public health.

The consultation process for the Strategic and Action Plan will be accompanied by consultation about the development of a suitable mechanism or mechanisms to build on these good starts.

## Possible actions

- Encourage collaborative planning and actions via service specifications in provider agreements.
- Develop a national web-based directory of services and expertise to enable easy access to information about service providers, resources and services.
- Identify the gains made by existing collaborative initiatives and develop long term mechanisms based on successful projects.
- Joint strategic planning.

**Question 8a.** Do you agree with the list of possible actions to join up the sector?

**Question 8b.** Please list any further ways the sector can be better integrated.

## Integrating the public health workforce

Integration of public health strategies, in particular strengthening the integration of regulatory and non-regulatory initiatives, was strongly recommended in the key informant papers commissioned by the Ministry.

Throughout the country, statutory officers designated by the Director-General of Health carry out a range of public health activities, including the provision of information and advice, assessment and management of public health risks and the implementation and enforcement of legislation. Territorial authorities also perform a significant range of environmental health functions. Health promotion activities are mainly non-regulatory in focus. The distinctions, however, are not clear-cut. Some disease prevention activities cannot be categorised as either health protection or health promotion, and there is considerable overlap between the various skills required to carry out effective public health interventions.

In some districts, planning and delivery of health promotion, disease prevention and health protection are already closely aligned – the strategies are seen as complementary and the resulting programmes utilise a planned mix of regulatory and health promotion activities. Tobacco programmes are an example of where a close synergy between regulatory and non-regulatory approaches is acknowledged as vital for best use of resources. The key is to develop a synergistic programme that values and identifies the various roles and inputs required to achieve the outcome.

The Public Health Directorate is therefore keen to support a closer relationship between the various strategies without compromising the skills and resources of any one group.

## Possible actions

- Encourage and support integrated programme development.
- Develop joint training opportunities.

**Question 9a.** What are the benefits and risks in building closer relationships between regulatory and non-regulatory strategies and actions for public health?

**Question 9b.** What are the barriers to achieving this?

**Question 9c.** How could the barriers be overcome?

## Workforce development

The role of the Ministry currently includes:

- strategic planning and review, including the purchase of research-based input to these processes
- purchasing provider input to the development and implementation of the health and physical education curriculum for schools
- entering into dialogue with education and training agencies
- purchasing post-clinical training through the Clinical Training Agency
- purchasing training in support of specific personal health programmes, such as smoking cessation and screening programmes
- purchasing non-clinical (health promotion) training through a number of providers, including training for Māori and Pacific community health workers.
- needs analysis – ascertaining skills gaps in relation to programme delivery
- operational policy, planning and review
- supporting providers to upskill their workers through contracting and pricing mechanisms
- encouraging providers to develop workforce development and quality plans, and/or to adopt continuous quality improvement processes.

In consultation with the health promotion sector, the Health Promotion Forum has developed a widely accepted set of health promotion competencies, and is one of several providers of undergraduate-level health promotion training. Many community or policy focussed qualifications also contain skill development that is substantially useful for aspects of health promotion work.

The Public Health Association's 2000 Health Protection Officers Workforce Development review identified a number of recommendations, which the Ministry is currently addressing. Postgraduate training is available through the academic Masters in Public Health programmes delivered in Auckland, Wellington, Christchurch and Dunedin universities. The strategic framework set out by the Plan will help to clarify workforce development needs further by clarifying and focusing the work of different players in the sector.

### Possible actions

- Funding mechanisms to ensure workforce planning.

- Developing an infrastructure for the delivery of training and development opportunities.
- Direct contracting for training opportunities, especially for Māori and Pacific community workers.
- Networking opportunities within the workforce.

**Question 10a.** Do you agree with the list of possible actions for workforce development?

**Question 10b.** Please list any further ways workforce development can be improved.

## Strategic Direction 4: Achieving leadership and commitment for public health action

Most of what determines health status (and what must therefore be changed to improve health) lies outside the health sector. The New Zealand Health Strategy lists key factors that most influence health, and these include:

- income
- education
- employment
- housing
- a sense of control over life circumstances
- access to health care services
- age
- gender
- ethnicity.

These factors mostly lie outside the direct influence of the health sector. Therefore ‘whole of Government’ approaches will be needed to make the plan truly effective. The sector must secure leadership and commitment broadly, across all sectors, and at all levels.

Public health has a role in leading the debate on determinants of health and the ways in which the health status of populations can be improved. This leadership can extend to the whole health sector, using public health approaches to improve health status and reduce inequalities in health.

Public health activities generally attempt to produce change in health status over long periods. The intention is for this document to provide the strategic framework for public health services over a five- to ten-year period. The plan will only succeed if we can establish a commitment to the long-term nature of public health goals.

### Possible actions

- Provide clear strategic direction.

- Work with government departments, DHBs, local government and non-governmental organisations to develop an intersectoral approach to addressing the determinants of health.
- Support key agencies to implement healthy public policies.
- Ensure an appropriate level of resourcing for public health activities and efficient use of the resources that are available.

**Question 11a.** Do you have any proposals on ways of securing leadership and commitment to public health action?

**Question 11b.** Are there particular structures or processes that might help?

## Funding

The New Zealand Health Strategy provides a clear direction for public health to play a more central role in the sector. This direction will need to be followed by increasing resource commitment to public health and public health approaches at all levels of the health sector.

As there will never be sufficient resources to meet identified need, it is critical that appropriate prioritisation takes place. District Health Boards and providers must distribute and use public health resources effectively and efficiently.

A similar process of prioritisation needs to take place within the areas of policy, planning and funding in central government agencies. The test is how the available resources can best be allocated to achieve health gain. Similarly, the Ministry's Public Health Directorate structure and functions will need to be aligned with those required by the framework that emerges in the Strategic and Action Plan.

## Possible actions

- Develop a transparent approach to prioritisation to determine which initiatives are funded, and to provide effective advice to Government on what the next spending priorities would be in public health if more resources became available.
- Increase resources for public health by collaborations with the private sector (eg, fitness industry, food producers). (How should we guard against the obvious risks in such alliances?)

**Question 12a.** What criteria and method should be used to prioritise spending within available resources?

**Question 12b.** Are resources being well used within the sector at present?

**Question 12c.** How could current resources be better allocated/managed?

## **Strategic Direction 5: Focusing on the determinants of health and the need to reduce inequalities of health outcomes**

One of the Government's key goals is to reduce inequalities in health, education, employment and housing. The New Zealand Health Strategy and the Public Health and Disability Act 2000 have reducing inequalities as a strong theme and requirement of health services. Action can be taken both within the health sector and by collaboration with other sectors to influence social, cultural and economic determinants of health.

The Ministry of Health has a number of roles in respect of public health:

- It provides policy advice to the Government (including national-level intersectoral collaboration on policy issues).
- It is responsible for planning public health services at all levels (national, regional and local).
- It is responsible for funding public health services (including monitoring of performance).

The Ministry has produced an overview of the issues around reducing inequalities in health. It aims to stimulate discussion within the sector, and more broadly, about the specific actions we must take. That document proposes some principles that can be applied. Policies and interventions are likely to be successful in reducing inequalities in health if they:

- do not make inequalities worse ('first, do no harm')
- have an explicit commitment to implementing the principles of the Treaty of Waitangi – participation, partnership and active protection
- recognise that good health and wellbeing for all New Zealanders throughout their lives is a fundamental human right
- recognise that all New Zealanders should have timely and equitable access to a comprehensive range of health and disability services, regardless of ability to pay
- are systems-level interventions that address multiple risk factors
- are focused on early rather than late intervention
- increase people's (individual and community) competence and control over their life circumstances
- actively involve users of health services and communities
- favour the least advantaged
- take a population approach
- foster social inclusion and minimise stigmatisation
- impact on the short, medium and long term
- are responsive to changing circumstances

- support and build the capacity of local organisations.

The Ministry's work on inequalities sets out a framework that can be used to review current practice and ensure that what is done contributes to improving the health of individuals and populations and to reducing inequalities in health. An action pack is under development. This will contain practical advice for those developing and implementing policies and programmes as well as examples of best practice.

### **Possible action**

- Action on the social, economic and cultural factors that fundamentally determine health, such as economic and social policies, education, labour market, housing, power relationships, and Treaty of Waitangi.
- Action on the impact of social, economic and cultural factors mediated through factors such as lifestyle, environment (physical and social), sense of control, material wealth.
- Health services actions such as improved access, improved pathways through care, taking a population health approach to planning and delivering services.
- Action to minimise the impact on disability and illness on social status, such as income support, anti-discrimination activities, respite care.

**Question 13.** How can work on reducing health inequalities be strengthened and improved (please explain)?

## **Strategic Direction 6: Intersectoral collaboration**

The Ministry of Health has been following the direction set by the Government in leading a 'whole of Government' approach in addressing the determinants of health. Intersectoral collaboration is more likely to occur if there is a clear benefit for all those involved. A broad environmental approach is also likely to produce positive outcomes in other areas, such as education, welfare and justice.

There are examples of good intersectoral collaboration already. For example, the annual Kidsafe Week incorporates agencies from a range of sectors (LTSA, Police, ACC, Community Injury Prevention) and has been very successful. The Strengthening Families initiative also involves intensive intersectoral collaboration, and there are some exciting results from Health Promoting Schools. In some areas overseas intersectoral collaboration has been achieved by focusing on particular high-priority localities or communities ('health action zones'), and from making pools of funding available only for initiatives that are based on intersectoral partnerships.

The work currently being done in New Zealand on inequalities has also led to this type of initiative, in the form of Intersectoral Community Action for Health (ICAH) and other similar community initiatives. These are designed to explore new approaches to achieving

better outcomes in communities experiencing significantly worse health. Communities are supported to identify and take action on initiatives they identify as having the highest priority and evaluation will be against parameters such as local buy-in, participation and partnership between the key stakeholders, outcomes or intermediate outcomes achieved, costs, impacts on equity, and stability of the project.

### **Possible actions**

- Establish effective policy collaborations with other Government departments.
- Develop closer relationship and partnerships between public health and primary care to develop integrated approaches to the health of populations.
- Encourage research and innovation in identifying effective approaches.
- Facilitate intersectoral projects, eg, environmental health teams collaborating with Territorial Local Authorities and other environmental decision makers in order to contribute positively to the health of communities.
- Ensure public health activities have a clear outcomes approach and commitment to effectiveness.

**Question 14a.** Do you agree with the list of effective intersectoral actions?

**Question 14b.** Please list any further ways intersectoral action can be improved.

**Question 14c.** How can we build on the successful initiatives in intersectoral action?

**Question 14d.** What are the critical factors that foster successful inter-sectoral collaboration?

## **Strategic Direction 7: Building a public health approach across the wider health sector**

The Government has decided that the Ministry of Health will remain responsible for the planning and funding of public health services, while DHBs will take responsibility for an agreed range of services where this is shown to improve public health outcomes.

In other words, the decision on where responsibility should lie will be based on an assessment of what will achieve the best outcome for the population. Effective public health requires coherent and well-integrated programmes that can operate at the national, regional and district level.

To give effect to this, the Ministry's Public Health Directorate is working with DHBs to 'join up' our decision-making processes around planning and funding of public health services.

DHBs will retain statutory responsibilities to:

- improve, promote and protect the health of people and their communities
- reduce health disparities by improving health outcomes for Māori and other population groups
- reduce, with a view to eliminating, health outcome disparities between various population groups within New Zealand by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise their health outcomes to those of other New Zealanders
- promote the reduction of adverse social and environmental effects.

Effective personal health services will contribute to some of these goals, particularly if accessibility and acceptability of personal health services are improved for those population groups with currently disadvantaged health status. However, in a number of areas longer-term health gain may best be achieved through the use of public health methods. DHBs may decide that investing funds in public or population health activities may be appropriate for meeting their responsibilities to ‘improve, promote and protect’ the health of their communities.

The Government has adopted a strategy that will see primary health care funded on a capitation basis, rather than fee for service. This will provide an incentive for primary health organisations (PHOs) to keep members of their capitated populations as healthy as possible, so that their need for treatment services is minimised. In this environment, public health concerns will need to be central to the ethos and operations of PHOs, with consequent investment in public health methods.

The Ministry is also currently developing tool kits aimed at assisting DHBs, planners and providers to implement services in the 13 priority areas identified in the New Zealand Health Strategy. The tool kits provide guidelines for integrated activities by primary, secondary and public health segments of the health sector. These tool kits give guidance on short-term priorities for DHB action, and DHBs will need to prioritise within the 13 areas based on their own needs analysis work. However, it is important that DHB action not be limited to these 13 areas: all of the 61 objectives identified in the New Zealand Health Strategy are important in the longer term, and individual DHB needs analysis processes may well identify additional areas of focus for their particular communities.

In the past, funds for public health activities have been ring-fenced in order to protect them from pressure from growing acute treatment service demand and to ensure that appropriate public health skills are used in decision making about the use of this small resource pool. Those involved in planning, allocating and providing services associated with this funding pool are usually thought of as the public health sector. It is important that the public health sector does not become isolated from other services. The public health sector must be interfaced with personal health services at every level.

## **Prioritising action**

Inevitably, resources are scarce and action must be prioritised. Population-based needs analysis should guide a focus on those groups, environments and issues that should receive the greatest priority as a result of greatest need.

Some priorities have already been identified. In addition to those specified in the New Zealand Health Strategy, priorities have been identified in many population- or issue-specific strategies and plans are already available.

### **Possible actions**

- Build alliances with DHB planners and Community and Public Health Advisory Committees (CPHACs) to develop a public health approach at district level.
- Provide public health input and skills such as epidemiology and population health planning.
- Develop resources to inform and assist key players such as CPHACs.

**Question 15a.** Do you agree with the suggested ways to build public health action across the health sector?

**Question 15b.** Are there any other ways to build successful public health action across the health sector (please list and explain)?

**Question 15c.** How can effective collaborations between public and personal health services best be achieved?

## **Strategic Direction 8: Achieving effective collaboration between public health and primary health care**

Some public health activities are designed for a population but are actually carried out by personal health service providers (for example, some components of immunisation) and others may follow when, under the Primary Health Care Strategy, PHOs are providing services for an enrolled population. That strategy has a five- to ten-year vision that:

- people will be part of local primary health care services that improve their health, keep them well, are easy to get to, and co-ordinate their ongoing care
- primary health care services will focus on better health for a population, and actively work to reduce health inequalities between different groups.

This is a vision for primary health care that is closely allied with the goals of the public health sector and with a public health approach. However, for the most part this new vision will introduce PHOs to a range of activities that have not traditionally been part of primary care, and that require a focus on community rather than individual patients. The probability of achieving this vision will be greatly enhanced by close co-operation between PHOs and public health services.

Personal health services, particularly in primary care, can also have a significant impact on public health goals. For example, individual patient education carried out by primary care providers needs to be consistent with the messages of public health programmes. Primary

care providers can also be useful advocates for public health approaches. However, we need to ensure that public health is fully understood to also include components that fall well outside the scope of personal health services.

There is strong potential for PHOs that are truly community-based to be agents in strengthening community action, as well as for developing personal skills.

For example, a PHO that is well grounded in a particular community may be well placed to advocate for public policy or perhaps environmental issues affecting that community, and may have the confidence of the community to facilitate, support or even lead community action.

In some cases PHOs catering for well-defined population groups (for example iwi, rural communities, women, Pacific peoples) are already providers of some elements of public health services.

### **Possible actions**

- Develop collaborative public health and primary health care planning and programmes.
- Specify the public health actions that could be taken by PHOs and demonstrate how these fit with broader public health programmes.
- Provide support to PHOs and DHB CPHACs in developing a public health approach.

**Question 16a.** In what ways could public health and primary care benefit from working more closely together?

**Question 16b.** How can the relationship between public health and primary care be improved? Please give examples of your experiences and suggestions.

**Question 16c.** How could public health skills and approaches be used in primary care to achieve improved health status in populations?

It is important that there are mechanisms for co-ordinating the planning and funding of primary and public health services, and for ensuring a good interface between primary and public health services. Some mechanisms that could perform these functions are already in place, but one important mechanism should be close liaison between the Ministry of Health and DHBs. DHB Community and Public Health Advisory Committees (CPHACs) will need to develop liaison with the Ministry for co-ordination of primary care.

The CPHACs thus have the potential to add greatly to the effectiveness of both public and personal health services through ensuring that services are co-ordinated. Some service providers will be providing both public and personal health services, and effective co-ordination will be important. In some regions, joint Ministry/DHB/service provider groups are already in existence.

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