

**The New Zealand Strategic and Action Plan for Public
Health
Discussion Document for Consultation**

Consultation Meetings Report

**Prepared for
The Ministry of Health**

December 2001

Contents

1.0 INTRODUCTION	4
2.0 AREA DOCUMENTATION	6
WELLINGTON	6
GISBOURNE	10
NAPIER	14
ROTORUA	17
DUNEDIN	24
CHRISTCHURCH	27
INVERCARGILL	30
NELSON	31
AUCKLAND	35
HAMILTON	40
3.0 STRATEGIC DIRECTION ANALYSIS	42
Strategic Direction 1:	42
Strategic Direction 2:	50
Strategic Direction 3:	61
Strategic Direction 4:	70
Strategic Direction 5:	71
Strategic Direction 6:	84
Strategic Direction 7:	86
Strategic Direction 8:	87

TE WAIPOUNAMU HEALTH PROMOTION NETWORK	90
Strategic Direction 2:	91
Strategic Direction 5:	91
MEETING WITH THE ASIAN COMMUNITY	92
Appendix – Consultation Meetings	

1.0 Introduction

The Ministry of Health is in the process of developing a Strategic and Action Plan for Public Health (SAPPH). A discussion document for consultation was completed in September and, through October and November, consultation meetings were held throughout the country to discuss the content of the document.¹ As well as these regional meetings, two extra meetings were undertaken. These were with:

- Te Waipounamu Health Promotion Network
- The Asian community in Auckland.

In addition to consultation meetings, the document was widely disseminated to a range of individuals and organisations considered to have a current, or potential interest in public health. Written feedback was received in two forms:

- On the Ministry of Health submissions booklet included within the discussion document.
- As individual letters or commentary.

From all feedback given, three summary reports have been developed. These are:

- Consultation Meetings Report.
- Submissions Booklet Report
- Individual Submissions Report

It is intended that these three documents stand beside each other as a detailed report of the consultation and submission process. The main issues and suggested actions are brought together in a fourth document - **an Overall Summary Report.**

¹ A list of meetings is appended.

This document presents a summary of key issues from the consultation meetings held. To ensure that depth and breadth of information and discussion was collected, all meetings were audio-recorded and transcribed. Transcriptions were then reviewed by Holibar-Fidler Research Associates.

Report Layout

This report is divided into three sections:

- Area Documentation.
- Strategic Directions.
- Summary of the meetings with Te Waipounamu Health Promotion Network and the Asian community in Auckland.

The first two sections are formatted in a table to ensure accessibility of information. The issues are identified and possible and/or suggested actions are recorded. It is intended that this approach may facilitate the use of this document when re-working the Strategic and Action Plan for Public Health. Quotes and transcript excerpts are used to support or further illustrate an issue described. These are presented in italics.

The third section is a bullet-point report outlining the main areas discussed in these meetings.

2.0 Area Documentation

In this section the general discussion for each area is documented and possible actions for the SAPPH suggested.

WELLINGTON

ISSUE	POTENTIAL/SUGGESTED ACTION
The purposes need to include: “Evidence based planning of interventions”.	Include a further purpose reflecting this.
Sense that the document is aimed mainly at health sector – including DHBs, MOH, PHUs. The understanding of Public Health is wider than that and this document needs to reflect that, by addressing wider evidence.	Therefore, review of evidence and effective intervention also needs to encompass the wider audience. This would include TLAs, the education department and other government agencies.
There is a need for the document to specify what Public Health programs are likely to remain national. This will allow DHBs to develop regional and local programmes.	Include lists of likely national, regional and local programmes
Lack of clarity about the roles and responsibilities of funding and planning in the new health system.	Include clarification of the linkages between the different organisations.
Some conclusions or decisions about where national and district boundaries lie to come from the Strategic Directions and principles.	

<p>Discussions about the potential for a 5-10 year strategic plan given the 3 year political cycle.</p>	<ul style="list-style-type: none"> • Working across the government. agencies to ensure they all understand and plan with this document in mind. • Current Minister of Health to reach agreement with other party health Shadow Ministers. • Multi-party accord on the Principles of the Plan to be developed.
<p>A need for greater level of specificity about the sorts of actions to be undertaken by different elements in the Public Health sector.</p>	<p>Indicate actions for:</p> <ul style="list-style-type: none"> • Ministries and government • NGOs • Community.
<p>Discussion on how Public Health requires collaboration and buy-in across sectors. Therefore, there is a need to ensure that all relevant parties have input into the discussion, so they can be clear as to their expectations of them.</p>	<p>Wider consultation on the document.</p>
<p>Sense that there are no people in the document and so who is going to do what?</p>	<p><i>Greater specification of the “what” and “how”.</i></p>
<p>Need for direction as to how to monitor the state of Public Health.</p>	
<p>Need to be explicit about values of a Public Health approach. These values and principles need to be clearly articulated as a uniting theme throughout The SAPPH.</p>	

<p>Articulation of these values was seen as particularly important in order to ensure that one-on-one practitioners, who will have some responsibility for Public Health in the future, understand what Public Health and Health Promotion are. Concerns were expressed that private practitioners are going to be expected to undertake Public Health initiatives with limited or incorrect understanding of them. It was considered that initiatives considered to be Health Promotion are, in fact, really health education.</p>	
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Specific Comments on Strategic Directions

<p>Strategic Directions too waffly, weak, 'processy' rather than having adequate content.</p>	<p><i>'But it ain't in there at the moment, and actually to be an effective strategy it needs to say what are the areas where we need to be achieving leadership or strengthening our capacity or effectiveness. If it is too 'processy' and too broad, in fact, we lose focus, and at the moment these are so 'processy' that you could do exactly what we are doing now, change nothing, and still say we are achieving those.'</i></p> <p>Document with more substance – Action points etc</p>
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Difficult to discuss Strategic Directions without clear evidence of what the problems are and what is working	<i>Increase evaluation and monitoring of programmes.</i> <i>Accessing evaluation from overseas.</i>
Strategic Directions need to be more challenging.	
Not clear about how workforce development, research and information sharing fits into Strategic Directions.	
The document needs to identify each sector's role in Public Health.	
Needs to clearly describe what the Strategic Directions will do/achieve.	
Need to include traditional Public Health issues like communicable disease prevention, local government roles etc.	
Mental Health to be included in SD 8 - Effective Collaboration between Public and Primary Health Care.	
'Determinants' is used in 3 senses throughout the document.	
Acknowledge that there are financial constraints to undertaking 'real' Health Promotion initiatives.	

GISBOURNE

ISSUE	POTENTIAL/SUGGESTED ACTION
Concern that DHBs do not all have knowledge and understanding about Public Health.	Approach Minister of Health and offer a list of people with skills that could link in with DHBs to assist them
It is critical that communities own the strategies – strategies need to be consistent from bottom up and top down.	<i>I want to make sure that whatever occurs within the strategies is that we are able to have ownership of what happens in our communities, because there is no good having a big fandangled strategy if ownership belongs down in Wellington or in Gisborne for us. We want ownership to be down the Coast. Okay I am presuming the same with you guys with the rest of your areas. It needs to be in the community that you come from and too often like we have people come in from outside, with their strategies, and the strategies are completely wrong for us. So like we want our strategies come from the ground up as well as the top down, but it needs to be consistent up and down.</i>
Action needs to come from the group that is being worked with.	<i>Ownership is that we actually, from the ground up, can determine what our strategy should be for Public Health and actually own the whole process from the dollar right through to the implementation. As simple as that.</i>

<p>This approach requires thorough knowledge of each community and the people and in it. Discussion of the tension between having a strategy specific to each community and having a framework into which each community can create actions for their specific needs.</p> <p>Also discussion about the need to balance between setting priorities and expecting the communities to work on these priorities versus giving communities information and allowing them to define priorities.</p>	<p><i>But recognising the existing skills there and adding value to everything we do, rather than be at ends with each other about what it is that you are trying to achieve.</i></p> <p><i>I mean when I talk about ownership from the community, you can't come into my community and sell me an idea unless you are pretty good salesman. But you can come in and sit beside my community and talk about things that they could create themselves and they will give ownership by developing them themselves. Because you know half the difference between our community on the coast, and Gisborne and those communities that are urban, like the big urban areas, they are just different worlds. Completely different worlds. So what you put in place for there won't work down here.</i></p>
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	<p><i>But you can modify the uniqueness and that's what we have got here. Which would fit into them.</i></p> <p><i>I guess about actually setting in place a framework that would allow those variations to exist. Basically having a plan that fits all. That could fit larger urbans right down to small rural communities.</i></p> <p><i>Well I mean I think that's a little green, don't you think, to have a plan that will fit an area in Auckland that is going to fit the same thing down the East Coast.</i></p> <p><i>It depends on how broadly you look at it. I think if you take a step back far enough you should be able to achieve that.</i></p>
<p>Need to choose 'winners' to ensure communities' confidence is retained.</p>	
<p>Discussion about visible and invisible communities – need to ensure access to Public Health approaches for 'invisible communities'. For example, the de-institutionalisation of mental health and the need to ensure communities are supported through a process such as this.</p>	

Specific Comments on Strategic Directions

ISSUE	POTENTIAL/SUGGESTED ACTION
Need an additional SD – Include evaluation and research component in all interventions.	
Sense that SD 7 - 'Building a Public Health approach across the wider health sector' - could be made stronger, i.e. look further than health sector.	Feeling that a move towards this is made through SD 6 – Intersectoral Collaboration.
A Strategic Direction that educates people about what Public Health is.	
Discussions about whether there should be a specific Maori SD.	Sense that there does need to be a separate strategy and action plan but also that Maori issues and needs are intertwined throughout all the other SDs as well.

NAPIER

ISSUE	SUGGESTED/POSSIBLE ACTION
<p>A need expressed from a DHB perspective, for a prioritisation of action – given there is limited funding – what should DHBs focus on further? Sees this as purpose for the plan.</p>	<p>The SAPPH to give Direction for prioritisation of Strategic Directions.</p>
<p>DHBs feel the need to be supported by MOH to meet objectives in SAPPH.</p>	
<p>Discussions about the relation of this strategy to the NZ Health Strategy. A view expressed that the NZ Health Strategy provides the overall approach and prioritisation for action. There is however felt to be a gap in terms of identifying how to undertake the Public Health component. This strategy could be the vehicle for this.</p>	<p><i>I mean there are some huge areas that there is a lot of uncertainty around the how and to actually spend more time doing an analysis on what is the best information around producing equalities. But the plausibility of doing that for a start.</i></p>

To be able to undertake the 'How' there is a need for education of purchasers and planners within DHBs.

...when you start looking thinking about these dot points that are down on page 4 there is a lot good stuff in there that really needs to happen. But before any of those issues can really be addressed, we talking about building capacity and ensuring the Public Health sector that already exists, is working alongside the personal health sector, within hospitals and out in the community, in strengthening that and yes understanding what Public Health methods are all about. Understanding what Health Promotion is, what health education is and being clear about that. DHBs being clear about what it is they are going to be buying. Like services from other providers. What Public Health services they need to be buying. So yeah I agree there is a lot of the how that really needs to be brought out yet. We are fortunate that we have been able to be involved in local service planning groups that the particular funding team here have been working with. So that's an opportunity, a really good opportunity to do that. But I sense there's a wee way to go. A lot of ground to cover.

<p>Research indicates that health gain comes from outside the health sector. Therefore the need to focus in intersectoral collaboration is critical.</p>	
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Specific Comments on Strategic Directions

ISSUE	SUGGESTED/POSSIBLE ACTION
<p>Feels that SD 4 needs to have a specific Maori content: 'Achieving Maori leadership for Maori initiatives'.</p>	
<p>Questions about how this document will align with the 'Maori' Health strategic plan and Iwi Strategic Plans.</p>	

ROTORUA

ISSUE	SUGGESTED/POSIBLE ACTION
<p>Fatigue and cynicism expressed about processes such as consultation – sense that it doesn't make a difference, local action makes the difference.</p>	
<p>Comments that a Maori Public Health Manager is needed in the Public Health Directorate – this position needs to be supported by policy analysts.</p>	
<p>Discussions about determinants of health – ask to include Maori determinants of health – factors and conditions that affect Maori health and well being.</p>	<p><i>I am not too happy with the definitions that have been used. For one thing.... your income it should be relative income. For example you can actually be quite poor individually in terms of money but rich in other resources, like ...have quite a healthy lifestyle and have a low income, and so there are a number of initiatives in our community base in terms of norms. Not just individual lifestyle changes, but the other thing, of course, is I think it's really important to really stress that....talk about tangatawhenua determinants of health.Basically socio-economic determinants of health developed from western norms, and I think it's really important that tangata whenua determinants of health are also</i></p>

	<i>included in all these Public Health action strategies, and that includes like self-determination and raises some issues, which have not been addressed.</i>
Belief that strategic focus needs to be on people and workforce development – sense that resources are needed for training to ensure that theory is translated into practice in communities.	
Suggestions that one of the directions for the SAPPH is to provide some focus for the NZ Health Strategy – feeling that the NZ Health Strategy has a lifestyle and disease focus – if want to implement Public Health strategies for the whole of health then needs to be a mind/culture shift from disease/lifestyle ‘fix’.	MOH needs to acknowledge that relationships across the health sector need to be developed – around what constitutes Public Health action.
As well as needing to acknowledge the different make-up and needs in communities, the SAPPH needs to acknowledge the different staffing realities in each area.	

<p>Discussion about the role of health Needs Impact Assessments and how they should be able to be used to approach MOH to get the funding requires to address the issues in the community.</p> <p>Rotorua consider their health Needs Impact Assessment has a strong Public Health focus.</p>	
<p>Sense that DHBs could have a stronger role in building understanding of Public Health intersectorially and with the public.</p>	<p>Suggestion of a charter that all DHBs have and that different groups and organisations sign. The charter would clarify the role of the different players in Public Health.</p>
<p>DHBs seen as the appropriate body to assist smaller NGOs with service plans, as some are having difficulty developing them.</p>	
<p>Suggestion that Treasury should consider the health impact of decisions they make.</p>	
<p>Discussion about the roles of handbook and toolkits –sense that there is a variety in usefulness of toolkits.</p>	<p>Need for some clarification of how Needs Assessments Handbooks, toolkits and various strategies fit together (SD11).</p>

Specific Comments on Strategic Directions

The Atkinson 1988 reference is not included.

Rotorua had a very interesting discussion about restructuring, political changes in health, the needs for intersectoral collaboration and community development for real change.

The discussion is summarised below:

- Sense that the ‘big picture stuff’ needs to be sorted out. Feeling that the developments in health are not always based on the needs of New Zealanders but on politics.

“...so you know each one uses it as a political football and so that’s where we have to shift every time a new Government gets elected.

- Discussion about changes to economy 10 years ago and the impacts of those on Public Health.

“You know you can look at two or three big policy decisions from 9 or 10 years ago that we re still struggling with to have an impact on. You know the benefit cuts and that sort of stuff but there is some of those big Government policy decisions – but you know I tend to look at those sort of things because I think we are still suffering from the fallout of those decisions and the housing decisions, the income distribution decisions, where you know a billion dollars were taken out of the pockets of the people at the bottom of the heap and given to the people at the top of the heap. Now you know countries don’t recover from that too easily.”

- This is seen to shift the ‘mindset’ of communities and what is deemed as acceptable for them.

It's the mindset that becomes common place and the community norm within the whole society that that's an accepted way to work. It's about you know shifting the acceptability barrier way beyond the point at which you can actually start moving things back. It takes so much longer to get people to start thinking, and therefore acting and implementing, around inequalities. We have lived with inequalities for 10 years and accepted them, and some people have advocated brilliantly that we should actually have more of them and we have kept quiet about it. So a lot of it is about the mindset. Start talking about inequalities. Start talking and then one of the key points here is to recognise that good health and well being of all New Zealanders throughout their lives is a fundamental human right. We need to start talking about them.

- As well, there is a need to shift the ways decisions are developed and made to ensure that intersectoral processes become the ‘norm’. This is seen as key at the government level.

“From my perspective it's very much about Central Government modelling the integration and collaboration that they want us to have at a lower level and I suppose get some holistic philosophical stuff. I mean it's about getting rid some of the divisions between health, education and welfare and all those kind of things, and actually look more holistically at some of the decisions, and I mean our society that wouldn't be easy to dismantle. But it does contribute to intersectoral processes.”

- In terms of what happens at a community level, the action is one of community development to ensure that local solutions to local issues are developed and implemented. This would have implications for:
 - o Contracting.
 - o Influencing public policy at the national level.
- Promotions Days, seen as taking up energy, time and resources, are viewed as an add-on and are often not contracted for. However, these are opportunities for collaboration and, if the skills and expertise exist, the opportunity to take the intersectoral collaboration past the day or event is available. However, at the moment these are often ‘add-ons’ which mean that they cannot be fully utilised.
- Therefore, there is a need to acknowledge the time that goes into these special weeks/promotions etc, and to enable workers to access training to be able to use the opportunities for further, in some cases more impacting, intersectoral collaborative work.
- The role of the workers in community development is to provide technical expertise.
- One way to shift the focus would be not to call the strategy a ‘health’ strategy but rather a ‘social development’ strategy.
- There is also a need to include the business sector.

“That’s the likes of the business sector. They need to be involved in the whole ideal of collaboration for social growth, of which health and education are part, but we continually leave them out of discussions ... One of the, a niceway would be to start influencing the curriculum actually taught in business management components around strengthening the whole discussion and discourse on business ethics, on how business contributes to society, and society contributes to

business. Actually looking at some of the intersectoral groupings is actually really encouraging and perhaps reinforcing the inclusion of business in those groups, on an active basis, not just a 'pass it by you, looks good, give it a nod and off you go', because as long as business can do exactly the same as education or work and income does, which it is saying that's a central Government issue, I can carry on and do whatever I need to do, which a lot of that is actually influencing Government to create an environment that supports business and not necessarily supportive of communities as a whole. You have got this constant large mass that can undermine whatever it is you are going to do and constantly have a different attitude and perspective. They are a key component to be brought in to look at working collaboratively and about helping build the whole concept of policies for social improvement."

- Also, a deeper understanding is required of what 'health' means within communities. Only with this understanding will appropriate interventions and programmes be developed.
- There was discussion about how to ensure Maori health policies have strength. While seen as important that there is a specific Public Health strategy focusing on Maori and their needs, it is also seen as critical that Maori issues are considered within all the Strategic Directions. This is supported by the particular legal-political relationship between Maori and the Crown – essentially undertaking commitments forged in the Treaty of Waitangi.

DUNEDIN

ISSUES	SUGGESTED/POSSIBLE ACTION
<p>Specific Gap in Purposes – Monitoring and reporting on the State of Public Health. Sense that evaluations are not funded well presently.</p>	
<p>Sense that the strategy doesn't go wide enough – since RMA much Public Health work is now statutory functions of various bodies – the Public Health strategy needs to understand this and articulate it.</p>	<p>This is seen to fit with the point above – the monitoring of Public Health needs to take this wide view.</p> <p>The strategic view needs to be able to incorporate this, as well as incorporating the processes that DHBs are undertaking in their planning.</p>
<p>Concern that DHBs will become confused in their role, given that they have responsibility for funding of planners and in being providers. Compounding this problem is the possibility that monitoring undertaken by DHBs may be different throughout the country.</p>	<p>Need National Standards or indicators.</p> <p>Monitoring to be undertaken centrally.</p> <p>Need a mixture of information including mortality and morbidity data as well as lifestyle indicators.</p>

<p>22 DHBs called for Public Health to not be split in this way but to be undertaken nationally.</p> <p>Another opinion was that planning and overseeing be done on a national level but other things need to be undertaken locally, eg, by providers.</p> <p>Concern about splitting programmes up is that there may effectively be many pilot programmes being undertaken throughout the country but no cohesive planning and program implementations.</p>	<p>Need for quality programmes and accreditation to ensure consistency throughout country.</p> <p>Economies of scale are other reasons given for national programming for Public Health.</p>
<p>Another person felt that the strategy tried to be too inclusive by including the 'widest' determinants of health.</p>	
<p>No PHO group undertaking 'real' Health Promotion – sees much of what happens as health education.</p>	
<p>Needs to be real leadership on Health Promotion – government level – need to be very clear about what Health Promotion is and backing for it at a governmental level.</p>	

<p>This is seen as critical to enable international/global linkage to be developed eg biosecurity. – meeting international obligations.</p>	
<p>Feeling that Local Government have 'got out of' Public Health because they do not have money from Central Government to focus on it. However, they do have statutory and regulatory requirements to protect and promote health – strategy needs to explicitly outline how the structures work together and the role of each.</p>	

Specific Comments on Strategic Directions

ISSUE	POSSIBLE/SUGGESTED ACTION
<p>Suggested SD – “Strengthening the Policy Development Aspect of the Public Health Sector.”</p>	

CHRISTCHURCH

ISSUES	SUGGESTED/POSSIBLE ACTION
<p>Need to broaden interface issue out further to include Public Health, other health sectors and other agencies.</p> <p>This is due to the location of key determinants of Public Health outside of health sector.</p> <p>“Define the interface between the Public Health sector and services and other health services, particularly those involved in Primary Health care.”</p>	
<p>Feeling that there is a need for greater/clearer direction for Public Health- discussion about how it fits with other health sectors – this document has limited implementation content.</p>	<p><i>I would agree with both of those views. I don't think they are actually disparate. In that I think that Public Health has to know where it is going, but it cannot go there alone.</i></p>
<p>Concern than the strategy is too high-level – it has the potential to be meaningless.</p>	
<p>Understanding of the roles of each agency and how they fit together, ie the relationships between different agencies, is needed.</p>	
<p>Wants cross-agency work in Health Promotion at the highest level.</p>	

<p>How do other plans fit with this plan, eg MOH Infectious Diseases plan.</p>	<p><i>I guess that it would perhaps be quite good to be able to refer to some of those other plans within this, so that people can then see the relationship between the strategy and I guess, the other ones in the sort of implementation side, so it would give people a better feel for how things are connected.</i></p>
<p>Discussion about SDs – some were seen as actions and some as Strategic Directions.</p>	

Specific Comments on Strategic Directions

ISSUES	SUGGESTED/POSSIBLE ACTIONS
<p>Disability sector is seen to be left out. Mental Health sector also seen to be left out.</p>	<p><i>I think the disability sector, which mental health can also come under, has a relationship that needs to be identified more clearly in there.</i></p> <p>Need to articulate connections in work being undertaken in disability and mental health areas with a SAPPH.</p> <p>For example, the connection between a Public Health Strategy and the Like Mines project.</p>

Change SD 7	“Build a Public Health Approach across the wider health and disability sector.”
Rework SD 8	“Achieve effective collaboration between Public Health and primary, secondary, tertiary healthcare.”
Providers need to ensure they have an understanding of disability arena.	More training is required around Health Promotion in relation to disability issues.
Ministry needs to take greater account of expertise of different providers, especially NGOs, and be flexible and creative in the way it contracts for service provision.	

INVERCARGILL

ISSUES	SUGGESTED/POSSIBLE ACTION
Discussion about the constantly changing health sector – restructuring has led to lack of confidence – need for greater permanence and stability.	
Feelings of relative isolation in this area.	Need to have opportunities to meet up with others working in similar fields, particularly so that they don't 'start from scratch' all the time.
	Strengthening of communication between Public Health workers. Sharing of ideas. Mentoring.

NELSON

ISSUE	SUGGESTED/POSSIBLE ACTION
<p>There is a need to access community concerns in an accountable way.</p> <p>This includes allowing the community to have adequate time to input.</p>	<p>DHBs are seen as a mechanism for this, as they are required to provide mechanisms for community consultation.</p>
<p>Need for identification of interfaces between documents – concerns that the sector is becoming fragmented.</p>	<p>Regional Intersectorial Forum was given as an example of different agencies meeting to plan how they will develop strategic plans collaboratively.</p>
<p>Describe how health services outside the Public Health sector can use Public Health methods to achieve health gain.</p>	<p>Need practical steps for other agencies and other sectors.</p>
<p>Call to focus on community issues rather than Public Health issues.</p>	<p><i>Couldn't it be built up from a village. If you are going to go to the bottom why not be honest and go right to the bottom to the taxpayer.</i></p>

<p>Discussion on how this document has moved away from Public Health issues or population groups to determinants issues – feelings of being encouraged as this will make the greatest impact on population health.</p>	<p>Feeling that while this is supported, plan is considered ‘too’ strategic for some – needs some ‘how to’.</p> <p><i>I really support this framework in the way of having the Strategic Directions rather than the issue-based. I mean the issues sit logically under the areas around the determinants and the inequalities and the building health communities and we have got those issues clearly defined in terms of the NZ Health Strategy in terms of the priorities and I think we can – it is going to be like how we bring those two together. Plus what we know about local issues and the opportunity to build that up from local areas to work out the specific issues that we want to deal with in our own areas, and the strategies we want to use, and the areas we want to work on within those issues. But this is at that higher level of setting the scene and the process I suppose.</i></p>
<p>Needs to be a prioritisation of the Strategic Directions – rather than being a ‘shopping list’.</p>	

<p>Need to have a definition of “a healthy community”, – then issues to be covered in the Strategic Directions outlined will become clearer.</p>	
<p>Discussions about the need for evaluation and monitoring.</p> <p>A number of viewpoints were expressed;</p> <ul style="list-style-type: none"> - research and evaluation can divert money from the ‘doing’, - research can be used to justify contracts monies, - long-term evaluation, ie outputs, are very difficult to do – it is difficult to identify causal factors for change. - sense that academic emphasis on evaluation and monitoring may be futile - rather more important is focusing on the goal of healthy communities, - need to measure progress towards the goal, - some examples of recent research that were seen to be critical in terms of focusing funds, - repetition of research where factors, such as the impact on Public Health on housing, are already clearly linked to health are seen as unnecessary, - evaluation and monitoring does work well as accountability measure, 	<p>Strategic identification of evaluation and monitoring which will be useful for planning.</p> <ul style="list-style-type: none"> • Tensions between money spent on research not on services. • Academic emphasis not necessarily on the health of communities.

<ul style="list-style-type: none">- need ideas about how to monitor at grassroots level without the cost being prohibitive,- sometimes low-level evaluation such as stating the inputs into an intervention may be better than nothing.	
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AUCKLAND

ISSUE	SUGGESTED/POSSIBLE ACTION
Call for greater specificity in plan.	Identification of goals. Program of action. Monitoring/reporting processes. Public accountability processes.
Discussions about the need for adequate resources – feels it is important to manage expectations to increase expectations if money is not available for resourcing.	
Need for underlying philosophy to underpin the framework – must be articulated as something to ‘hang onto’. Requires a vision.	
The Strategic Directions seen as a mix of principles and strategies – need to be clearer about which are which.	

<p>Define what ordinary people and families can expect from Public Health service.</p>	<p><i>Perhaps another aim of this could be to define what it is that ordinary people and families and communities can expect from a Public Health service. What we tend to do is we write documents about what we wanted, but if we actually want to provide a comprehensive Public Health service then we should say that every child can expect that it will be easy for them to receive immunisation, that every family will be supported in a variety of ways to find it, to ensure that they have clear water and continuing electricity supplies, that every child can know that every public policy that goes through government will have been considered for its impact on their health; so by putting it in the reverse of how we do it, we actually make our public accountability clear and we make clear what is not being done and what is not being funded.</i></p> <p>Example given of Disabled People's Assembly document.</p>
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<p>Connected with this is a call to identify what people can expect from the health system as a whole, especially in terms of tertiary care. Is it possible for NZ to provide international standards of Tertiary care? Will there need to be some acceptance of the need to travel to Australia for some care?</p>	
<p>Need multi-party buy-in to ensure the plan is able to be a long-term plan. This is due to the reality of 3 yearly electoral cycles when health policies and directions can be completely changed.</p>	
<p>Comments on how realistic it is to enact the plan for 6 months to see how it is going – sense that more time is needed to be able to get a feel for how well it is working.</p>	
<p>Need to include definitions of Public Health – clarification of what it actually is.</p>	
<p>There was a fundamental difference identified between the ways of working in public and personal health.</p>	
<p>Needs to be an undertaking by planners to create an overall plan, including setting priorities and identifying who will do what and what will be achieved.</p>	

<p>There is a need to bring plans together, to ensure that the knowledge held in other plans and policies is not lost.</p>	
<p>Acknowledgment of regional advisory groups and the need for the sector to push strongly for what they need/want. An example of an opportunity was given – The Public Health Association is having a seminar in March about Public Health issues and local government.</p>	
<p>Call for specific recognition of ethnic communities in the SAPPH.</p>	<p>Need consultations with Asian and Pacific Island communities.</p>
<p>Need to specify priority population groups and priority communities. One person opposed this and felt uncomfortable with prioritising along ethnic lines.</p>	
<p>Comments that many plans have been developed and consulted on with Pacific Island (and other) communities.</p>	<p>Suggested that these consultations are accessed and summarise before undergoing another round of consultations – the key issues and ideas are likely to have been captured previously.</p>
<p>Specific comments about working in Otara – language barriers and the role of traditional healers are important Public Health issues in this community.</p>	
<p>Considerable discussion on outcomes, as well as traditional indicators of morbidity and mortality.</p>	<p>Need positive health outcome focus on well-being and quality of life.</p>

Intersectoral collaboration seen as a key to success of SAPPH.	
Need to ensure the 'top' and 'bottom' are working in the same direction.	

HAMILTON

ISSUE	SUGGESTED/POSSIBLE ACITON
Strategic Purposes Gaps: <ul style="list-style-type: none"> • Evaluation and research. • Intersectoral collaboration. 	
Need to be clear that health alone cannot manage the determinants.	
Concern that SAPPH won't be read by those outside of Public Health.	Marketing of the SAPPH in non-Public Health and non-health areas is seen to be very important.
Need adequate resourcing levels to act effectively in Public Health.	The call for more money required evidence-based concepts being in place. Need to deliberately review the evidence and write plans with evidence included to get the money.
Need for cross-party buy-in.	
Comments about some Health Promotion workers not ethnically matched to the communities in which they are working.	
More Maori Health Promotion workers required.	<i>Who are affected by those particular – so Maori models of Health and Health Promotion or whatever, being utilised but having the workforce and the people that can deliver that effectively to that kind of group is under-represented.</i>

<p>If the SAPPH is developed with a 5-10 year time-frame in mind, it needs to remain fluid because needs change over time.</p> <p>In contrast, another person felt that the plan needed to have clear targets and focus to ensure clarity about areas to concentrate on.</p>	<p>Need to have a Strategic Plan and an operational plan.</p> <p>Is the NZ Health Strategy the strategic plan?</p>
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3.0 Strategic Direction Analysis

This section documents discussion by Strategic Direction and area.

Strategic Direction 1:

Strengthening Maori Public Health Action

WELLINGTON

ISSUE	POTENTIAL/SUGGESTED ACTION
Any Maori Public Health Strategy needs to be based on the Treaty and values of partnership.	Acknowledge that Maori don't live in isolation from 'mainstream', just as health is not isolated from education, housing etc
Any Maori Public Health Strategy needs to be clearly linked to the generic strategy to ensure that Maori health strategy is not 'sidelined'.	<i>I strongly oppose the idea of there being a separate Maori Public Health plan, because my experience looking back to the days of guidelines is that if there was a separate Maori dah, dah, dah, no-one else looked at it.</i>

Is there any way of – do you think is it feasible at all to make this document both somehow. I mean somehow the idea of Maori Public Health, not as one strategy but as half-and-half throughout somehow. I mean half and half might not be the right sensible way to say it, but that somehow it's both the Public Health etc. and the Maori Public Health plan.

I think it is possible within this document in terms of actually getting that very strong Maori focus but also I mean it's actually about interweaving. You talk about the Treaty of Waitangi and actually implementing that. The document actually should be the opportunity where we see that in action. So you actually have, in terms of Strategic Directions in strengthening Maori Public Health actions, those things in terms of specifically Maori development that we want to focus on for Maori, but also in terms of the equity and it has been...responsibility of the mainstream organisations interwoven within the document.

<p>Need more linkages between Maori health providers and other health providers so each knows what the other is doing.</p>	
<p>Acknowledge that while Maori health providers are being funded to offer service to Maori, they are actually providing services to others as well.</p>	
<p>Need to let Maori health providers that are not explicitly contracted to provide Health Promotion services, know that they are recognised and valued.</p>	

GISBORNE

The Gisborne meeting voted to discuss SD 1, 6 and 8. They in fact talked about SD 1 in detail instead of focusing on other SDs. Some of the discussion within the context of SD 1 related to community development and empowerment principles in general. However, it is included in this document in the following section to ensure the detail of the discussion is recorded.

ISSUE	SUGGESTED/POSSIBLE ACTION
Public Health Strategy needs to talk about Maori within context of their social condition.	<i>I believe there needs to be a Maori stream around Public Health because the dynamics, because of the uniqueness that we have, and I mean it is, you just check the stats out.</i>
A Public Health strategy needs to start at the grassroots – basic community development. For example, to access kids it needs to work via kohanga, schools and community settings outside of schools. As well there is a need to ensure that kids have ownership of strategies and actions.	<i>I mean again it's always about giving back – giving these kids ownership of what they do. An example is the Winter Olympics we had. We all had kids from the Coast as well as from Gisborne here who went up to Hicks Bay. When my son came home and says hey Dad this is where we are going and these are our rules, they actually made the rulessit down and do it themselves. If we said these are your rules they would have said go and take a hike. They were given ownership and making their own rules, and yet if you give them time to develop they can see the sensibility of having rules, safe boundaries for themselves.</i>

<p>Need to ensure local solutions to local problems.</p> <p>To do this, there is a need to understand the particular issues for isolated rural communities, especially around:</p> <ul style="list-style-type: none"> • Limited public transport • Limited job opportunities • Not a great deal to do for young people – no gym, recreational centres • Low incomes • Leaving school early with no qualifications. <p>These factors can combine to impact negatively on mental health.</p>	<p><i>They lose the enthusiasm. Lose everything. Don't want to do anything. You know there is nothing else to do. We will just have a few beers and that's exactly what happens in Tolaga. Thursday, Friday, Saturday nights there.</i></p>
<p>To undertake a community-development approach, it is necessary to go out to the communities and to talk through problems and possible actions. It is important to go out to them, as many are not able to afford to travel to centralised hui.</p>	
<p>Recognition of the negative impacts of constant restructuring of government departments.</p>	<p><i>I guess one could make one point stop the continual restructuring of the various sectors that should be collaborating. One minute you are talking one person and next minute they are no longer there.</i></p>

<p>There is a need to ensure communication across departments and from different levels of community, eg community – government and everything in between.</p>	<p><i>So part of that effective so there is a bit of communication at all levels you know. Not only at ground level. Because at the ground level we know who's doing what.</i></p> <p><i>I think there is also need for what I have referred to as vertical compression basically at the national level, to the local. There needs to be – the links need to be strengthened as well, when you are talking about across various levels. It needs to also happen that way too.</i></p> <p>Relationships need to be forged for the long term, not just for specific projects.</p> <p><i>These are issues so when we talk intersectoral it's not just around like kids for weeks. It's a relationship that's forever. You know working together, maximising what's there, you know and 'how do we work for the benefit of?', rather than 'oh this is my job'.</i></p>
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<p>Access to funding is critical to success.</p>	<p><i>If people were more aware of how they can access funding. If the Department was more available to be proactive in actually allowing the people to get the funding.</i></p>
<p>Need to focus on outcomes, not just outputs.</p>	<p>Suggestions of a booklet of how to do this, but also some concern that a booklet might just sit on shelves.</p>
<p>Discussion about the role of Public Health Units and specifically resource development. Question about effective use of money.</p>	<p><i>If you go into any Public Health Unit, and look how much stuff is in those units, it's just sitting there doing nothing... So how effective are all the resources you are putting out. I mean you really have got to question that eh. I mean that's really simple. So who's putting those resources out and why are they putting them out. Are they putting them out because it keeps them in jobs. It makes them feel good. But it certainly doesn't improve the health of Maori males. You know, so that's about looking way outside the circle to find creative ways of using the Public Health dollar, because whatever strategy you are going to have it's worth Jack. In 6 months it's going to be redundant.</i></p>

NAPIER

ISSUE	SUGGESTED/POSSIBLE ACTIONS
Workforce development seen to be a key issue – specifically recruitment and retention of manawhenua .	
Needs to be greater collaboration between DHBs and iwi.	
Discussion about the need for separate Maori Public health strategy.	<ul style="list-style-type: none"> • Existence of both – stand alone Maori services by, and for, Maori • Integration of Maori within mainstream organisations • Emphasis on workforce development for Maori. <p><i>The most effective model for Maori at the moment is building up a centre of excellence amongst Maori staff members and place them in with the Public Health Unit, and that's where you will get the interchange of knowledge and expertise.</i></p>

**Strategic Direction 2:
Building Healthy Communities**

NELSON

ISSUES	SUGGESTED/POSSIBLE ACTION
<p>Communities' need to be able to define what a healthy community is to them.</p>	<p>People's input into defining this needs to be valued and used. Adequate resources to ensure community consultation is meaningful are necessary.</p> <p><i>I think consultation is a real factor there with the community, and empowering communities etc. and I am very aware recently two of the Auckland District Health Boards, in fact passed policies to say they would not pay for community consultation. It's actually a privilege for people to be involved in the consultation process.</i></p> <p><i>And I think it means for it to be effective and while we are looking at building healthy communities, people have to be valued and their input has to be facilitated and resources for that consultation to be meaningful.</i></p>

<p>Access to information is critical to ensure problems are addressed – sense that perceptions and reality may be different.</p>	<p>The health needs assessment was seen as potentially extremely useful in defining problems/issues for the community to address.</p>
<p>Building healthy communities strongly linked to building capacity and effectiveness.</p>	<p><i>If we can be involved in the empowering of those communities in building their capacity and building, doesn't mean always being there to pick up – it's a bit like kids in a lot of ways – you know if you keep picking up after them then they will never learn to cope. There is a whole lot of strategies around strengthening them so... they are just going to grow and grow and grow.</i></p>
<p>Discussion about whether Public Health interventions should be issues-based, geographical community-based or community of interest-based.</p> <p>Acknowledgment that to be able to work in all these ways, which are all relevant, the capacity and skills of Public Health workers need to be development and enhanced.</p>	

	<p><i>I go back to actually defining the community and what you were saying before about how do we link the building healthy communities to the issues outlined in the NZ health Strategy for like tobacco use etc. I think we should in fact be linking it back into our communities' determinants of health, and perhaps we have to look very carefully at how we are determining those communities we are trying to make healthy and not trying to address it on an issues base, but rather on determinants.</i></p> <p><i>The connection between community and building capacity and within that a definition of what you mean by communities. There are communities of interest and you gave an excellent around Kohanga. But think of others like the community of interest that built up around HIV Aids, the community of interest that is building up around consumers of mental illness, around such things such as the like minds project, and a local</i></p>
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	<p><i>example, which is really interesting to watch in an overarching way, is with the Maori community of interest in the Nelson Marlborough area.</i></p> <p><i>Public Health service, at the moment, is structured around issues, and making sure that the way it is structured and the skills that people have got do enable them to work in the geographic community as well as with issues-based and make sure that we have got yes people who have got the skills and have got the time available to do that.</i></p>
<p>Funding of GPs will need to be addressed to support intersectoral work.</p>	

<p>Perceived 'cultural divide' between Public Health and Primary Health – different beliefs and values.</p> <p>Fundamental differences in things wanting to 'fix'.</p>	<p>Needs to be greater connection between them – health promoters into Primary Health workplaces.</p> <p><i>We need to start thinking ourselves to take action to resolve that cultural divide and that's going to involve talking and taking some action and maybe putting some Health Promotions and health protection officers and community health workers out there amongst the Primary Healthcare providers, so they actually get that point of view.</i></p>
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	<p>Need to understand what goes on in primary care in order to enhance impacts of Public Health at a population level.</p> <p><i>So I think that what we should be doing is looking at what's really – what can we get people to do, Primary Healthcare workers do, on a personal one to one level with their client base, that is actually complimenting or enhancing what Public Health is doing at a population level. So like in our area for example, if we want to look at oral health as one of the issues coming out the strategy, then what can we be doing with primary practitioners in oral health, that they are doing day to day at the chair, you know with their client, that is really going to enhance and take further what we can be doing at a Public Health – with the population. That's really action orientated and so we have got to get this agreement about what's the issue that we are going to all deal with together.</i></p>
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	<p>Need to work together – not impose on primary care but rather talk about what can be achieved together.</p> <p>Acknowledge that primary care people are feeling under pressure as well. Focused on the advantages and gains that can be made through working together</p>
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CHRISTCHURCH

ISSUES	SUGGESTED/POSSIBLE ACTION
Discussion on need for long-term work to see outcomes.	
Equity of access an important issue for people with disabilities.	
Review of Local Government happening currently – opportunities for greater specificity in the act – a key responsibility for Local Government is the health of their communities.	
<p>Extensive discussion about community development approach to building healthy communities. A balance needs to be made between community making their own decisions and being supported in those by health professionals, health promoters and planners.</p> <p>Agreement that those communities need to be supplied with support and information to be able to make decisions.</p>	<p><i>It's the whole you know what your philosophical view is whether you think communities are able to make that decision on their own and some communities are well-organised enough to do that, but other communities, particularly if we are looking at inequalities and if we are looking at really low-income people that are fighting just from day-to-day things, they are not going to get mobilised enough to do that and they are the communities we need to support the most, so is it someone going in and working with communities to do community development, to actually support the community to find out what they do need and what they do want.</i></p>

<p>Reality that some communities that need support will be those dealing with equity and poverty issues – they may simply be managing on a day-to-day level and not able to get organised to undertake the work necessary to work towards building ‘healthy communities’.</p> <p>For example public transport and housing are major issues that might not be able to be lobbied for in communities, as they require particular skills/approaches to even be heard.</p>	<p><i>Whereas and you know using the Aids Foundation they started a group of people who really knew what they wanted to action and now it moves out into those communities within that community that wouldn't have got those services.</i></p> <p><i>I think one of the things that is important though is that they have got to be able to make their own mistakes as it were too, and I think you can't – they can't be sort of dominated by professionals in terms of, you know, of the risk to them, the perceived risk is the risk and I think that in order for them to buy in, they have got to tackle those sorts of things first and if they don't do that they will never get around to thinking the other way anyhow, because these are the things that are in the forefront of their mind. So I think it's really important that they're allowed to make their own mistakes, as it were.</i></p> <p><i>Do we move forward then though, if we constantly just – you know that there are things – I mean it's another philosophical thing and I know exactly where you are coming from, but people will be determined to try</i></p>
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	<p><i>something and then it will fail and they won't be able to move on until that happens, but if there are lessons that we have learnt that we really know then are we actually doing a good service with our money and to Public Health by letting people repeat those same mistakes.</i></p> <p><i>You don't want a community way down there making the same mistake later on as this community up here because they didn't share information, so I think sharing information is a key aspect of that.</i></p> <p><i>But I agree also that making mistakes is part of community development and part of moving forward but it's that balance and I don't have the answer to that.</i></p>
<p>Sharing of information between communities seen as critical to building up towards successful Health Promotion programmes.</p>	<p>Sharing success stories.</p>

DUNEDIN

ISSUES	SUGGESTED/POSSIBLE ACTION
<p>Need for a fine balance between setting of agendas by MOH and doing what the community wants.</p> <p><i>I think that's a really fine balance, and I have only begun to understand that a little bit more. I have just been involved in doing an analysis of what Public Health is going to do in Southland against the tool kit, development tool kit, and particularly the nutrition and obesityvery much about advocating DHBs use these practice models that are evidenced based and very scientific, except when I talked to our Health Promotion about this they said but what if it doesn't match what the community wants, and you know there is so much room for you know evidence based versus – if the community don't want it they won't listen. They don't have ...if they don't want to. I think that's the fine line. You can do both but there has to be a balance.</i></p>	<p>Need some process to set priorities.</p> <p><i>But the community it's not a homogenous....I mean you will get a huge range of ideas and opinions...different cultures and all sorts, so you have to have some ...process to distil those, I guess, into a set of priorities that everybody can live with.</i></p>
<p>Empowerment of communities important so that people really engage with the issues.</p>	
<p>Need to engage with the private sector – Jakarta Declaration?</p>	

Strategic Direction 3:

Strengthening the Capacity and Effectiveness of the Public Health sector.

NAPIER

ISSUES	SUGGESTED/POSSIBLE ACTION
Strengthen Maori Public Health work through out Maori health providers and Maori working in mainstream organisations.	
Public Health skills are often not seen as specific and so Public Health contracts are held by organisations/people who don't have those skills. Have difficulties recruiting people who can 'hit the ground running'.	Need a Health Promotion qualification as basic entry to working Health Promotion.
There is a feeling that Public Health work that happens at district level is undervalued and that energy is put into central and academic areas.	Need to get people with skills to be effective at the local level. Needs to be an emphasis on the practical rather than theoretical components of Health Promotion.

<p>Not enough money, time and energy put into upskilling Health Promotion workers.</p> <p>Inadequate appropriate training for Maori HP workers.</p> <p>Discussion about the role of Public Health Units in training and sharing of knowledge and skills especially with Maori health providers.</p>	
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HAMILTON

ISSUE	SUGGESTED/POSSIBLE ACTION
Need an understanding of workforce needs.	<p>Research and evaluation of the whole workforce required:</p> <ul style="list-style-type: none"> - Capacity - Strength - Numbers - Budgets. <p>Goes together with evidence of effectiveness of money spent – in relation to outputs or outcomes.</p> <p>Need training in community development.</p>
Health Promotion certificate perceived to be very expensive.	Needs to be developed as a Distance Learning package.
Health Promotion Forum qualification seen as a large time commitment.	
Need training in evaluation.	Development of programmes and models for evaluations – course on evaluation.
Networking critical so that all working in Health Promotion are saying the same thing – shared understandings.	
A qualification would give Health Promotion the 'mana' it deserves.	With a qualification would be needed training, support, mentoring so that people are not sent off to 'do' Health Promotion and gain the qualifications without content.

<p>Suggested integration of different parts to Health Promotion.</p> <p>Health protection and Health Promotion – comments that protection is often regulatory rather than empowering of communities.</p>	<p>Sourcing of overseas models to see what they have done.</p> <p>Ottawa Charter as basis for integration?</p>
<p>Information needs to be accessible and available.</p> <p>Not all HP workers have e-mail or internet.</p>	<p>Having to pay for information is a barrier – feels like it should be free and available as gained through Public Health money – belongs to New Zealanders.</p>

INVERCARGILL

ISSUES	SUGGESTED/POSSIBLE ACTIONS
Sense that health protection workers are overworked and so doesn't always have the capacity to work with health promoters.	
Training is important.	Need to increase access to Health Promotion Diploma via distance learning approach.
Entry level Health Promotion qualification required.	
Networking also important to exchange ideas.	<p>Examples given;</p> <ul style="list-style-type: none"> • Nutrition networks. • Need funding for networks to establish and grow especially if needing to travel. • E.g. National Network – Sexual health Network – practical barriers to National networks include time and money. • Access to conferences and strategic meetings.
More capacity/workers required by Maori health units to give advice/be available to other workers.	Resourcing is required.
<p>Want Maori to be better integrated both in terms of the document and in terms of work.</p> <p>However, concern that too much integration might mean that Maori service actually become less accessible to Maori.</p>	

DUNEDIN

ISSUES	SUGGESTED/POSSIBLE ACTION
<p>Capacity and Effectiveness</p> <p>The Health Christchurch Project was given as an example of where main players all have political buy-in to a project – DHB, MOH, Crown Public Health, Christchurch City Council – is going to be used as a pilot for other areas.</p> <p>University involvement is seen as critical to success of project and also that there is a strong research component within it.</p>	
<p>Feeling that MOH don't see TLAs as major players in Public Health.</p>	<p>MOH need to acknowledge role of TLAs in Public Health.</p> <p>Needs to be understanding of RMA I a Strategy for Public Health.</p>
<p>Interventions need to be evidence-based - need to look at education and community development processes that are effective – lots of non-health approaches are critical to successful Health Promotion.</p>	<p>Need a variety of types and levels of evidence.</p>
<p>To reduce duplication needs national Health Promotion meetings, to create interventions and evaluate them.</p> <p>Example of duplication – resource development.</p>	<p>Some national overview of Health Promotion strategies and interventions.</p> <p>Some national evaluation of them also.</p>

Workforce Development	
<p>Need to ringfence money for workforce development.</p>	<p><i>There has been quite a gap and hiatus over the last 10 years in workforce development in Public Health, because they didn't know who was doing it and where was the money coming from.</i></p>
<p>Qualifications – need to ensure that Distance Learning is available, as it needs to be incorporated with work for many people.</p> <p>The Health Promotion Certificate seen as:</p> <ul style="list-style-type: none"> • Entry level. • Not meeting the needs of many employers. • Too expensive. • Good in terms of workload and fitting in with daily work load. 	<p>MOH needs to talk to universities about where there should be modifications or developments in Diploma of Public Health and/or Master of Public Health.</p> <p>Needs to be financial support for people undertaking the courses.</p> <p><i>Well yeah it's not accessible – it's very expensive. The Health Promotion Certificate is very expensive and a lot of the health promoters don't actually have the capacity to take that on. A lot of organisations don't actually pay for it as part of workforce development and there's the new Diploma is being set up, to start next year, that is also expensive.</i></p>

Needs to be training at different levels.	<i>Just in terms of capacity in relation to training, there is still, I think, a real ad hoc approach in terms of what training is available for people around here. The ones that are expensive are usually they're at a higher level as opposed to the people who are starting at community level, who have the experience – well maybe not necessarily experience but the attitude to move into communities and deal with people at the right level, but there is nothing for them to build up through, and I don't know what perspective it should be looked at, but there definitely needs to be some more strategic alignment with what training is provided at all levels...</i>
Needs to be multi-disciplinary training in Public Health.	<i>I might be encroaching on another section, but the workforce for Public Health is much huger than Public Health and you really want – maybe one of the training components is making sure that everyone who has an opportunity to promote Public Health is having the same message so whether it's you know a practice nurse or at a national... .saying the same main messages.</i>
Need training in evaluation.	<i>Just on the area of training I think training and evaluation. Learning how to evaluate programs and</i>

	<p><i>producing a course so that information can be transferred around the country, because I don't think we are sharing... good projects that are happening in certain areas that aren't known about. So development of models and programs.</i></p>
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Strategic Direction 4:

Achieving Leadership and commitment for Public Health action

No specific feedback given on this Strategic Direction.

Strategic Direction 5:

Focusing on the determinants of health and the need to reduce inequalities of health outcomes

WELLINGTON

ISSUE	POSSIBLE/SUGGESTED ACTION
'Unbundle' this SD (5).	1- Work on determinants of health to improve health outcomes. 2- Reduce inequalities of health outcomes.
Bring together documented evidence of effectiveness of interventions.	Publishing of effective interventions especially those undertaken in New Zealand communities.
Need suggestions about probable action and where this action could be located : <ul style="list-style-type: none">• Community level.• NGOs.• Government- Ministry level.	Create a handbook of possible interventions.
	Excellent example about impact of housing on health of communities. Need evaluation to focus energies around what to do about housing, eg working on income levels, work with Housing NZ, working with the building industry, lobby for greater space per person in houses?

	Need to understand where greater impact will be and then feed this back to funding bodies such as the HRC so they re able to prioritise research funding for researchers working in these priority areas.
Need for multi-party agreement on actions around this SD – seen as highly political directions that will have more support from a ‘left-leaning’ government.	Need cross-party agreement to ensure longevity to interventions.
Need greater clarification of the role of Public Health Units and their monitoring function in relation to TLAs in particular – felt that this is done to varying levels of ability and commitment through NZ.	Health Impact Assessment needs to be clarified – what is it and whose responsibility is it? How is it done?

NAPIER

ISSUES	SUGGESTED/POSSIBLE ACTION
<p>Discussion about the need to be able to reduce inequalities - Ministries will need to work collaboratively. As well, work will need to be undertaken at all levels – national, regional, local.</p> <p>Sense that Public Health sector understands determinants of health – good work has been done in pockets throughout the country but there has been limited co-ordination for focus throughout the country – lost opportunities.</p>	
<p>Discussions about the complexities of Public Health and that the emphasis on one aspect of Public Health, without a thorough understanding of it, can actually increase disparities in health – discussion about how this document might help to clarify and educate on that.</p>	

NELSON

ISSUE	SUGGESTED/POSSIBLE ACTION
Needs to create awareness of determinants of health – the health sector is seen as needing to show leadership in this.	<i>That leadership role that I would expect health to take at this kind of highest level action. You get buy-in.</i>
Need political support for Public Health – need to be political understanding and buy-in to determinants of health, eg income levels.	Suggestions that education and awareness of determinants of health may encourage groups, such as Lions, to become involved in issues such as literacy, which has an impact on health of families.
Requires meaningful intersectoral work – TPK initiative. Helps to address determinants and inequalities at a local level.	The forum allows discussion of common themes and sharing of strategic thinking.
Call for immediate goals to be articulated somewhere – DHB strategic plan is possibly the forum. This would plan the 5 – 10 year overview.	<i>You still have got to have some immediate sort of goals, and some achievable things that you could make a difference with, so with the Health Needs Assessment that strategic plan and the annual plan of the District Health Board is in the NZ Health Strategy, just makes some you know local action that will make a difference. In the sort of 5-10 central and local action are both important to ensure health gains year plan, because I'm not sure whether it's political and educational things you know happen that quickly.</i>

	<p><i>I think they take longer to happen. I am not saying they shouldn't happen or that we shouldn't try but I think if we put all our effort into that as a long term project and the political – because I take your point about education but there is a lot of people who don't want to hear. They don't want to know that income should be redistributed and I can think of the kind of person that actually wouldn't be particularly receptive to that message, but I think you have got to know where the easy gains are and pitch at the easier gains than at the harder gains. I think you put all your eggs in either basket you are making a mistake. You have got to get a balance between those two things.</i></p>
<p>To be able to work towards SD 5 intersectorial work needs to be facilitated.</p>	
<p>To reduce inequalities, need to increase access to health services especially in low-income areas.</p>	

<p>Discussion about the most useful place to locate resources.</p> <p>Do they go to the people who need them the most to achieve biggest health gain OR to the people in the middle so that more people are affected by them.</p>	
<p>Important to fund intersectoral collaboration or else it will not be seen as core business and be marginalised.</p>	<p><i>Resourcing for intersectoral collaboration.</i></p>

HAMILTON

ISSUES	SUGGESTED/POSSIBLE ACTIONS
<p>Need access to current information – where are we, what are the real issues?</p> <p>Information is currently expensive to purchase – should be freely available to enable those working in Public Health to plan strategies.</p>	<p><i>Well the information should, because the information was developed with Public Health money, it belongs to New Zealand. It doesn't belong to one particular area, so that information should be free to everybody.</i></p> <p><i>Perhaps clearer routes on accessing that. Accessing information from around the country whether it is a repository or just a communication may help. Certainly you talk about evidence-based you get some information to analyse and come up with evidence, and it's certainly prohibited if you don't have quality access to quality information and if you don't have the ability to analyse in the first place, you are never actually going to arrive at an evidence base. So I think information, in the first instance, is quite crucial to that.</i></p>

	<p><i>You need really current information, that base-line information about exactly what – where we are now, and what are the real issues. Because it's very difficult planning and prioritising if you don't have the current information. Sometimes you are searching for that information, it's really expensive. It is there but you have to pay big dollars to get it.</i></p>
<p>Need to ensure that the NZ Health Strategy becomes a 'whole of Government' strategy, including Treasury, not just the social parts of government.</p>	
<p>A community development approach would take health in the context of people's other concerns and issues, such as housing, education etc.</p>	<p><i>Yeah I keep coming back to community development. Unless we go into the community – I mean again working in Smoking or Smoke Free people aren't going to reduce their smoking if they have got other issues that they are so stressed out, they haven't got money, they haven't got all those other things, there is violence and there is all those kind of issues that they are faced with, the community need to be consulted with.</i></p>

	<p><i>They need to have their voices heard to say what their major issues. Get those major issues addressed and then maybe look at Health, because they always put their health at the low end of their priority scale. Unless you actually listen to them and it's... stuff isn't it, that unless you actually go to them and work with them.</i></p> <p><i>I think also community driven to what we are saying and not isolating health in relation to housing and education and everything. It's usually the end result of those – a symptom of those other causes.</i></p>
<p>A population approach is seen as necessary – prioritising populations of greatest need.</p>	
<p>Sees the role of the MOH being to provide overview, guidance, sharing of ideas, information, evidence, training and evaluation.</p>	

<p>Important that work is also being undertaken at higher levels, such as policy development, to ensure inequalities are addressed.</p>	<p><i>A good examplefoods that are available and looked at comparisons between mainstream brands and....brands, the cheaper varieties and there isn't the same sort of high fibre, low salt versions available in those house brands. You know that requires some lobbying for some other things to be done to get better foods available in the budget brand bracket.</i></p> <p><i>And the same on local body people as well. Like if you are trying to encourage people to be more physically active and it's not safe to take kids to the park or it's not safe to ride your bike.</i></p>
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INVERCARGILL

ISSUES	POSSIBLE/SUGGESTED ACTIONS
Feels there is a lack of understanding about what Public Health is.	<p>A campaign similar to the Like Minds/Like Mine campaign</p> <p>Reporting on current issues</p> <p>Campaign on determinants of Public Health</p>
Need for greater communication between policy analysts in different Ministries, eg education, health etc.	
Feels that those 'at the top' need to really understand what happens on the ground on a local level.	<p>Researchers need to pass information onto the implementers.</p> <p>Resourcing research to understand what is going on is important.</p> <p>Good examples of intersectoral work:</p> <ul style="list-style-type: none"> • Health Promoting Schools • Mental Health works closely with providers • Project Youth – a Youth Centre which is community-based <p>Need to work with families to understand them and their needs</p>

CHRISTCHURCH

ISSUES	SUGGESTED/POSSIBLE ACTION
Information is required for people to support them in deciding on action.	Case studies or models of successful interventions/programmes
The Treaty needs to be implemented at all levels in order to reduce inequalities.	Suggestion of developing a framework for Aotearoa/NZ – eg Mason Durie’s approach to Public Health, instead of the Ottawa Charter?
Need for an underlying philosophy/framework – seen as especially important for successful intersectoral collaboration, as agencies need to have something to work towards – a reason for being involved in what may not be regarded as ‘core’ business.	Working towards a common goal – include Treasury in it as well. Collaboration needs to be in contracts as an indicator for success.
Sense that there is definitely willingness as a local/ground level to work collaboratively – this needs to be supported at Ministry level.	State Services recommendation that Government departments work together on Public Health interventions – reported on a quarterly basis. <i>I don’t know what even happened to that particular recommendation but it seemed at the time to be the closest thing we would ever have to creating an environment where collaboration, at the highest level, was a departmental requirement, rather than a grass level reality.</i>

	<p><i>I think that if you could find out something about what happened to that suggestion and have it looked at again from a Public Health perspective would be really worthwhile.</i></p> <p><i>That was one of the things I was thinking about where if we are trying to work intersectorally, you know we are at a lot of local levels, trying to do that across agencies, so as there is some action here at that next level, that has always held us back from where we actually want to head.</i></p>
<p>Need money to encourage collaboration – nutrition was given as an example of where it would work well.</p>	<p>Intersectoral work resources.</p>

**Strategic Direction 6:
Intersectoral collaboration**

DUNEDIN

ISSUES	SUGGESTED/POSSIBLE ACTION
<p>Sense that intersectoral collaboration is happening in settings – eg Health Promoting Schools.</p> <p>But want to see more effective policy collaboration in Government departments.</p>	
<p>Intersectorial work needs to happen at all levels - government and local - as they will impact on each other.</p>	<p>Need a Public Health Institute, which would be responsible for :</p> <ul style="list-style-type: none"> • Monitoring. • Policy assessment. • Auditing. <p>Possibility of strengthening Public Health Association – increase their capacity fort advocacy, monitoring, speaking ‘against’ government.</p>
<p>Need to get Public Health ‘out of health.</p>	<p>New Ministry – Ministry of Public Health and the Environment.</p>
<p>Concerns that, under the DHBs, Public Heath will get less money.</p>	<p>Move the funding to Ministry for Public Health and the Environment</p>

HAMILTON

ISSUES	SUGGESTED/POSSIBLE ACTION
<p>To collaborate you need time – so this needs to be allowed for in contracts</p>	<p><i>I think it's really important that written into the contracts that providers actually – that there is allowance for meetings because in order to collaborate you need to have meeting time and resource to actually get to meetings and it's not always there in contracts. Contracts can be a bit narrow. So it needs to be built into that contractual agreement. Spelt out.</i></p> <p><i>Intersectoral collaboration is about partnerships and relationships though, that are critical and need to be included in the contracting ...</i></p>

Strategic Direction 7:

Building a Public Health approach across the wider health sector

CHRISTCHURCH

ISSUE	SUGGESTED/POSSIBLE ACTION
Need to ask DHBs what do they need to help change things.	Develop Best Practice Models. Create success stories to share.
Concerns that DHBs will concentrate on personal health, elective surgery etc. But sense that DHBs are very clear that they are funded in terms of population health objectives.	
Discussion about how Public Health initiatives sometimes reduce the need for personal health services, eg, flu shots, smoking cessation programmes. This can impact by reducing income for personal health practitioners.	

Strategic Direction 8:

Achieving effective collaboration between Public Health and Primary Health care

INVERCARGILL

ISSUE	SUGGESTED/POSSIBLE ACTION
	Positive example of a youth counsellor being involved in Health Promotion work
Difficulties in making contact with GPs – sense there is an issue about whether they will be paid to attend.	
Collaboration is often on top of usual workload.	<i>Resource collaboration – payment for attending meetings etc.</i> <i>The problem with collaboration is that there isn't resource to allow you to do that as well as carry on with your core business. So most of the collaboration is in your own time, isn't it?</i>
Public Health collaboration requires education of the public and politicians, so that it is understood as a first step towards collaboration.	Example of 'education' : <ul style="list-style-type: none">• Health Promotion Unit went to Public Health Advisory Committee to tell them what they do: <i>They were very impressed and quite surprised at what we did, because I don't think they knew what it was we were doing there.</i>

	<p><i>....beginning of their next meeting they talked about. Obviously they have no idea that all of this is going on in the community. I meanis good as far as letting them know we are out there and what we do. They were receptive.</i></p> <p><i>They were and yeah and one of the examples that they were using at their meeting prior to our presentation was about a smokefree kind of thing, and they were talking about all of the players in the field. Public Health wasn't a player. They hadn't even thought of Public Health as being a player, which indicates to me that these people and a lot of them were on the DHB themselves, just hadn't been thinking about Public Health in terms of what it did. So I think it was a really useful thing to do but I think we need to hit them again with information about....</i></p>
<p>Confusion between health education and health promotion.</p>	<p>Need clarification of terminology.</p>
<p>Sense that Public Health has been lost in all the health restructuring – people not able to identify with it and understand what it is all about.</p>	<p><i>People still talk about the Health Department. Still. That's the last time Public Health had a high profile identity. They don't relate it on to the changes. Somehow been lost.</i></p>

	<p><i>Just like Lands and Survey have disappeared and something else in their place and people can never catch up with whatever is there now. I think Public Health is a bit like that. People haven't caught up with the changes and can't identify clearly with what it does.</i></p>
<p>General discussion about cost as a barrier to accessing GP Services.</p>	

Te Waipounamu Health Promotion Network

The main issues discussed during this meeting included:

- The need for a model of how Maori Public Health strategy and action fit with the overall SAPPH.
- Should an approach to Maori Public Health action be based on the Treaty of Waitangi articles or based on the principles of partnership, participation and protection (3Ps)?
- The sense that the 3Ps approach fits well with the Ottawa charter.
- A contrasting view that the 3Ps are not presently working and that any plan needs to be article-based.
- Discussion about the need for goodwill and flexibility of organisation adopting a 3Ps approach.
- The need to include Maori definitions of Hauora, including the four dimensions of health.
- The importance of monitoring determinants of health.
- The need of SAPPH to reflect that it is the job of the MOH to facilitate the work that is done by other people.
- The need for implementation tracks so that when people (workers) change, the vision is sustainable and remains the same.

There was specific discussion on:

Strategic Direction 2: Building Healthy Communities.

Strategic Direction 5: Focusing on Determinants of Health and the Need to Reduce Inequalities of Health.

Strategic Direction 2: Building Healthy Communities

- It is necessary to work with local government.
- It is important to understand local communities in terms of their makeup and resources. For example, public transportation, housing, schools, location and number of supermarkets and so on.
- Community development requires intersectoral work.
- Discussion about this highlighted the need for community workers who can work in a generic way across agencies. These workers need the freedom and flexibility to be able to work in this way.
- There was a sense that to-date because of a lack of community identification/empowerment, community development as tended to be 'top-down' rather than 'bottom-up'.
- Feeling that Pacific Island communities were not represented in the SAPPH. There was need for specific consultation with Pacific people requested.
- Settings based work was suggested – for example, in schools, workplaces etc.

Strategic Direction 5: Focusing on Determinants of Health and the Need to Reduce Inequalities of Health

- Call for more research on determinants.
- Sense that intersectoral collaboration, which is required for influencing determinants, works well at the top and the bottom but does not work well at a regional level. This was felt to be particularly important, as it was seen as where the budget is often located.
- Discussions about location of Health Promotion action:
 - Why does local government not undertake Health Promotion?

- Why is there a divide between Health Promotion and health protection?
- Sense that it would be effective to work together, but there were perceived to be differing 'world views' and approaches, with Health Promotion being 'more academic' and health protection 'more regulatory'.
- However, the integration was seen as very important. An example given was the need to have both parts working together in Otara with meningitis cases.

Meeting with the Asian Community

The main issues discussed during this meeting included:

- The lack of social policy that recognises Asians.
- The lack of policy for migrant and refugee groups.
- Specific issues for migrants including:
 - Social isolation and, in particular, the effects on mental health.
 - Accessibility of health services – lack of English for many migrants exacerbates the inaccessibility of services.
 - Lack of information given to migrants and refugees on New Zealand in general and services, including health specifically.
 - Different cultural systems, meaning that migrants and refugees do not access services.
- There is a need for:
 - Research with Asian communities on health.
 - Better collection of information – especially to ensure that determinants of health are fully considered.
 - Disaggregated data.
 - Ongoing evaluation of interventions.
 - Achievable workable goals – i.e., short term goals.

- Development of formal relationships– reference groups for feedback and consultation need to be included and represented.
 - Public Health policies and actions to recognise, prioritise and provide leadership for Asian, migrant and refugee communities.
 - Allocation of funding and resources to these communities. Limited funding was often perceived to be the reason that Asians are ‘dropped off’ the list in consultation processes.
 - Leadership and commitment to these communities.
 - Intersectorial collaboration to make it work, with strong links to the Immigration authorities.
 - Ideally a ‘one-stop-shop’ concept would work well for migrants.
 - Suggest approaching DIAMA (Department of Immigration and Multicultural Affairs) in Australia, who have comprehensive settlement policies, social and other support mechanisms.
- In terms of the approach used:
 - Valuing culture and cultural differences to be included in strengthening communities.
 - There is a need to focus on communities rather than workstream or service areas.
 - For example – TB in Asian communities or smoking in Asian communities.

APPENDIX – Consultation Meetings

Meeting List

16 October, 2001,	Wellington
17 October, 2001	Napier
17 October, 2001	Gisborne
18 October, 2001	Rotorua
23 October, 2001	Invercargill
24 October, 2001	Dunedin
25 October, 2001	Christchurch
26 October, 2001	Nelson
30 October, 2001	Auckland
31 October, 2001	Hamilton
1 November, 2001	Wanganui