

Ministry of Health and District Health Boards

- Develop service specifications, strategies and contracts to clarify the contribution and roles of providers to the strategy as a whole.
- Engage with whānau, hapū, iwi and Māori structures to develop a workforce strategy to strengthen capacity and capability of Māori Public Health to enable active participation in public health action.
- Fund Māori public health services which utilise Māori models of health.
- Implement the Pacific Provider Development Scheme.
- Empower Pacific communities by engaging and involving them in all aspects of health and disability service design, planning, delivery and evaluation. This will include better sharing of good health information to Pacific communities, and supporting models of Pacific community development.

Ministry of Health, District Health Boards, service providers, Primary Health Organisations and local government

- Work together to:
 - develop a public health workforce that has the capability of working effectively with whānau, hapū, iwi and Māori to improve their health status
 - develop and sustain a highly capable Māori public health workforce
 - develop a strong Māori provider infrastructure
 - collaborate and co-ordinate planning and implementation of public health services that benefit Māori health.
- Identify roles and responsibilities in delivering Achieving Health for All People – Whakatutuki te Oranga Hauora mo ngā Tāngata Katoa.
- Strengthen skills in needs assessment, evidence-based programme planning, implementation and evaluation.
- Develop mechanisms to facilitate information sharing. These will include existing forums of providers or special interest areas as well as the establishment of at least four regional public health forums and one national public health forum.
- Establish public health action partnerships.
- Foster best practice and ongoing improvement in the quality of public health practice.

- Work together to develop role clarity and strengthen skills available to implement the public health roles within the Primary Care Strategy and Primary Health Organisations.

Public health service providers (PHUs and NGOs)

- Develop services to improve Māori health based on Māori models of health in partnership with local whānau, hapū, iwi and Māori structures.
- Liaise and collaborate with other providers to ensure clarity of roles, integrated action, and avoidance of duplication or service gaps.
- Establish effective working relationships with local whānau, hapū, iwi and Māori structures for the planning, implementation and evaluation of public health action.
- Develop more effective Pacific public health action through recruitment of professionals trained in public health roles to work on Pacific public health issues.
- Work with Pacific community leaders and communities in design, planning and implementation of public health initiatives.

OBJECTIVE 3 Promote healthy communities and healthy environments

Areas for action ►►

- Promote the use of community development and action within public health and the wider health sector.
- Promote effective intersectoral collaboration and action at all levels.
- Promote a social and physical environment which improves, promotes and protects public health and whānau, hapū, iwi and Māori public health.
- Promote the development of whānau, hapū, iwi and Māori capability to enable active engagement in community development and promotion of healthy environments.
- Promote the development and use of Māori models of community development.


A community can be any group of people who, because of geography, culture or circumstances have values, interests and aspirations in common. Healthy communities are strong, active and foster supportive social networks. They have safe physical and social environments – safe and adequate water supply, safe sewage and waste disposal, safe beaches, rivers and swimming pools, safe and appropriate transport systems and accessible social and leisure facilities.

The physical environment in which individuals and their family/whānau live affects their general wellbeing as well as their physical and mental health. The social environment, ie. the level of support and ‘connectedness’ between people and communities also has a measurable effect on health status.

For Māori, te ao tūroa (the physical, social and spiritual environment) has an impact on the overall wellbeing of Māori. For example, the loss of mahinga kai (traditional food gathering areas), the desecration of wai tapu, pollution of coasts, rivers and lakes and the decline in certain traditional food species through over-use, have all had an impact on the wellbeing of whānau, hapū and iwi.

A community development approach is about finding ways to strengthen both the community and the environments within which the community operates. This is a particularly important mechanism for improving the health of disadvantaged groups.

An approach to building healthy communities will need to balance the need for strong national policy and regulation with local action based on local priorities. Nationally, public health regulation (including initiatives such as those to ensure safe drinking water and waste management) will protect environmental health, implement standards and inform the public about a range of environmental health risks and issues. Locally, it is equally important to build ‘whole-of-community’



Caswell, S. 2001. Community capacity building and social policy – what can be achieved? *Social Policy Journal of New Zealand*, Issue 17, pp 22-35.

approaches to address local issues. This will include strengthening interagency collaboration in order to share information and develop joint planning processes to identify and address local priorities.

In practice, much of the work of public health services could be defined as 'community action', ie. community level implementation of specific public health programmes, rather than comprehensive 'community development', characterised by a wider goal of community empowerment. Both approaches have a number of commonalities and both are valid ways of working, but there are also a number of differences which need to be understood by funders and planners.

[A more comprehensive description of the similarities and differences of these approaches can be found in Caswell 2001.]

District Health Boards, local government, primary care practitioners and Primary Health Organisations, in partnership with public health services, need to find tangible ways of working together to strengthen their local communities.

Key actions to achieve Objective 3 are listed below. Actions have been grouped under agencies which are likely to be involved:

Ministry of Health

- Develop, disseminate and trial community development and action indicators.
- Monitor public health and ensure results are readily available to inform community action.
- Influence community and environmental policy across the different government sectors (eg. by providing high-quality, timely and evidence-based advice on issues which impact on the social and physical environment and by supporting combined government initiatives).
- Work in partnership with whānau, hapū, iwi and Māori structures to determine appropriate action for intersectoral collaboration, community development and action, and for restoring cultural institutions and practices that protect the environment and promote healthy whānau.
- Develop, maintain, administer and enforce environmental health legislation and activities and provide national leadership and co-ordination on key issues.
- Establish and promote links and interagency agreements with other sectors which influence environmental health risk factors and health status.
- Provide public health policy advice on the needs of specific communities (eg. Māori, Pacific, Asian, refugees) and population groups (eg. women, youth, children, older people).

Other central government agencies

- Work collaboratively in a 'whole-of-government' approach on issues which impact on public health outcomes.
- Acknowledge public health role and actively collaborate with the health sector.

Ministry of Health and District Health Boards

- Support service and provider expertise and training in community development and action.
- Contract for effective community development with reference to clear principles and guidelines of community development and action.
- Prioritise and invest in Māori community development and action.

- Recognise needs of particular communities and groups in needs assessment and prioritisation processes.
- Ensure appropriate contracts include requirement for the development of mechanisms for intersectoral planning and implementation.

Ministry of Health, District Health Boards, service providers, Primary Health Organisations and local government

- Work with communities to build a better understanding of the value of community development approaches.
- Establish effective working relationships with local whānau, hapū, iwi and Māori structures to undertake appropriate action for community development and to assist in restoring or developing cultural institutions and practices that protect the environment and promote healthy communities.
- Support effective community development and action through intersectoral initiatives.
- Provide high quality, timely and evidence-based advice and information on public health issues and strategies including the global environment, sustainable management of natural and physical resources, and the local social and physical environment.
- Develop, maintain, administer and enforce a framework of regulatory environmental health interventions and services. This will include advocacy with other sectors that influence environmental health risk factors and health status.
- Undertake public health advocacy to raise the profile of public health and environmental health issues.
- Conduct effective and regular needs assessment and community consultation.
- Establish and promote links with each other and other sectors (eg. housing and education) which influence social and physical environmental health risk factors and health status.

Public health service providers (PHUs and NGOs)

- Establish effective working relationships with local whānau, hapū, iwi and Māori structures.
- Develop effective community development and action initiatives.

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- Advise and support District Health Boards (through Community and Public Health Advisory Committees (CPHACs) and other mechanisms) and Primary Health Organisations to engage in effective community action at policy and community level.
 - Ensure staff are skilled in community development and community action skills.
 - Develop community programmes based on needs of communities and delivered by culturally appropriate means (eg. for Māori by Māori).
 - Build effective collaboration with other providers and sectors through liaison, provision of information and joint programme development.
 - Administer and enforce environmental health legislation.
 - Conduct regional and district environmental health needs assessment, compile risk factor profiles, epidemiology data, and demographic profiles.

OBJECTIVE 4 Make better use of research and evaluation in developing public health policy and practice

Areas for action ►►

- Strengthen the degree to which policy and practice are evidenced-based while encouraging innovation where evidence is not strong.
- Strengthen the utilisation of evaluation and develop public health practitioners' skills in evaluation.
- Strengthen the utilisation of kaupapa Māori research in the development of Māori public health policy and practice.
- Strengthen the capabilities of the Māori public health workforce in evaluation and research skills.

Some areas of public health practice have been well researched, meaning there is strong evidence available on which policy advisors and practitioners can base their work. In other areas, however, documented evidence is lacking. Even where evidence is available, it is not always well used in practice.

Over the past few years the New Zealand public health sector has made some progress in bridging the gap between research and practice. The Ministry of Health, as well as the former Regional Health Authorities and the Health Funding Authority, established or provided funds to a number of agencies to develop and /or disseminate research information around a particular public health issue.*

There is still considerable room for improvement: to strengthen the evidence base; to ensure that the evidence is available and used; and to improve the level of collaboration between those who build the evidence and those who need to use it. There is also room for improvement in the appropriate involvement of communities in the identification of needs and in all research practices and information dissemination.

The Ministry of Health plans to strengthen its relationship with the Health Research Council.

The Ministry of Health needs to provide leadership in developing sector input into research priorities, and to ensure research is used in the planning and provision

* For example, the New Zealand Health Technology Assessment Clearing House for Health Outcomes and Health Technology Assessment [<http://nzhta.chmeds.ac.nz/>] has a role to identify effective health care interventions and technologies and thereby facilitate evidence-based policy making and purchasing by funders of health and disability services. Other organisations with a role in collection and dissemination of research and information include ESR (environmental health, food, communicable disease), ASH (tobacco control), Safekids (injury prevention for children), Injury Prevention Research Centre, Injury Prevention Research Unit (injury prevention generally), Mental Health Foundation (mental health promotion), IMAC (immunisation) and many more.

of public health services. To do this it will work collaboratively with universities and other ministries such as the Ministry of Research, Science and Technology.

The Ministry supports international public health research mechanisms such as the Cochrane Collaboration. With improved access to the internet, organisations can ensure practices are consistent with up-to-date evidence. Improved communication within New Zealand can also be used to share evidence and collaborate on research and practice.

It is the role of the Ministry of Health to ensure that the resources currently available are being used to best effect, that initiatives are cost effective and meet other quality criteria (including accessibility, acceptability, efficiency and safety). The Ministry of Health and other funders are placing greater emphasis on measuring the effectiveness of programmes through evaluation, especially evaluation of outcomes.

Providers are expected to build evaluation into their programme development. Evaluation is a key tool in building our body of knowledge of what works. However, it must be acknowledged that evidence of success is rarely straightforward around public health action, where interventions are usually multi-faceted, complex and long-term.

Key actions to achieve Objective 4 are listed below. Actions have been grouped under agencies that are likely to be involved.

Ministry of Health

- Take a lead role through policy and funding mechanisms to support the integration of research evidence into:
 - policy
 - strategy development
 - service planning.
- Develop public health service monitoring strategies which are supportive of continuous quality improvement.
- Develop a stronger partnership with the Health Research Council as a means of funding public health research.
- Actively engage with whānau, hapū, iwi and Māori structures to determine how to develop and support kaupapa Māori evaluation and research, and develop and strengthen the capabilities of the Māori public health workforce in evaluation and research skills.
- Strengthen the capabilities of the Pacific public health workforce in evaluation and research skills appropriate for Pacific public health.

Other central government agencies

- Work with the Ministry of Health to source and utilise research evidence around public health outcomes in policy and programme development.

Ministry of Health and District Health Boards

- Ensure programme planning and delivery is based on best possible evidence and appropriate evaluation.
- Fund training for upskilling of the Māori public health workforce in research and evaluation skills.

Ministry of Health, District Health Boards, service providers, Primary Health Organisations and local government

- Develop and support agencies that collect and disseminate evidence.
- Fully involve the communities involved as appropriate and mutually agreed by the parties.
- Develop stronger linkages with research bodies and universities (and vice versa) to ensure practical input into research proposals and increased understanding and use of the results.