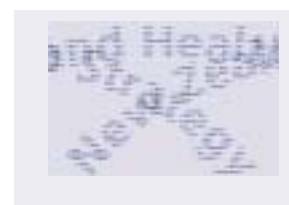


Achieving Health For All People

Whakatutuki Te Oranga Hauora
Mo Ngā Tāngata Katoa

A framework for public health action
for the New Zealand Health Strategy

2003



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MANATU HAUORA

Foreword

‘Achieving Health for All People – Whakatutuki Te Oranga Hauora Mo Ngā Tāngata Katoa’ is the public health sector’s response to the New Zealand Health Strategy. The New Zealand Health Strategy has asked for public health and population approaches to be at the centre of health sector activity. This document is the considered thinking of the public health sector in response to this strategic challenge. Public health makes a difference when society collectively moves on an issue. The basis of effective public health action is not a single service or intervention, but the organised efforts of society itself.

This framework for public health action outlines the role the public health sector can play. The public health sector is small, so its influence is not due to its size, but its ability to work effectively across society in the pursuit of improved health for all people.

Five objectives are identified. Each will challenge existing public health practice. The objectives of leadership in public health and public health action across the whole health sector will require public health services to move more boldly into the mainstream of health services, to advocate for and energise population approaches. Promotion of healthy communities and environments will assist in moving the focus from individual risks and behaviour into the nature of the community and the environment in which we live. The focus on research and evaluation, and an outcomes focus, will provide the disciplines required for effective action.

Don Matheson
Deputy Director-General
Public Health Directorate
Ministry of Health



Acknowledgements

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The input of the members of Sector Reference Group, is acknowledged. This group met on several occasions and provided direction and feedback throughout the development of this plan.

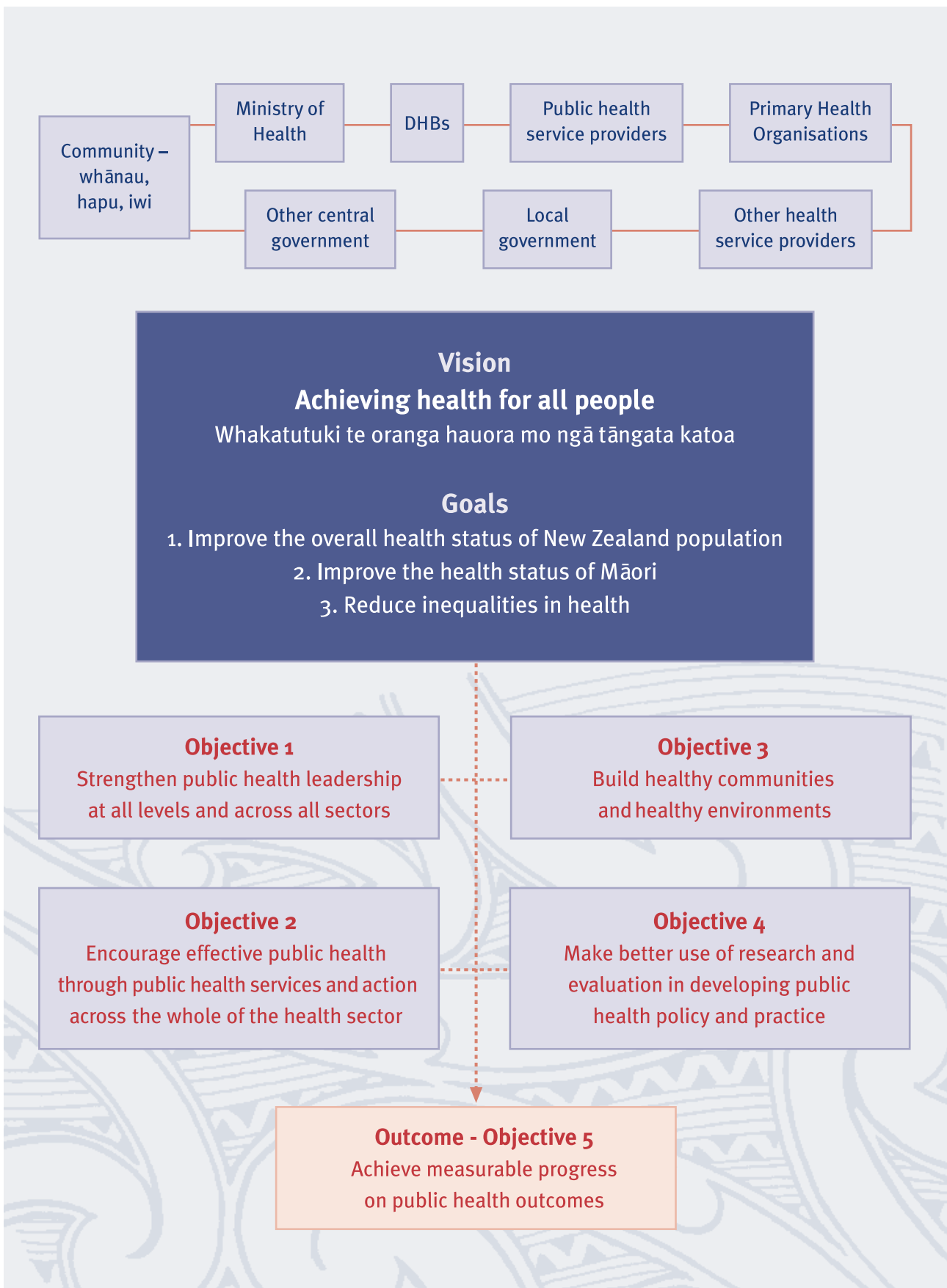
Participants at the 10 hui held in May 2002 are also acknowledged for their help in drawing out the direction for Māori public health action.

We thank Kevin Hague, Director of the AIDS Foundation for his input into the framework development. The New Zealand AIDS Foundation is also acknowledged for supporting Kevin's role. We also thank Melinda Gardiner, Northern DHB Support Agency for compiling a literature review of evidence pertaining to the key objectives, and the Northern DHB Support Agency for providing Melinda's time to carry out this task. Tuwhakairiora (Tu) Williams is acknowledged for providing support and leadership around the Māori consultation process. Martin Dawe, Director, Health and Safety Developments is acknowledged for his input into the development of the framework.

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A Framework for Public Health Action for the New Zealand Health Strategy



Introduction

Background

In September 2001, the Ministry of Health published a discussion document, *Preparing the New Zealand Strategic and Action Plan for Public Health*. In response to this, the Ministry received many written submissions from individuals and organisations. The discussion document was also the subject of 13 consultation meetings held around the country. *Achieving Health for all People* is a reflection of those contributions. In addition, consultation with Māori took place in May and June 2002, and this framework reflects key themes that arose from the 10 hui (a full report of the consultation hui is available the Ministry of Health).

This framework has undergone a trial period (December 2002 to April 2003) during which providers and District Health Boards tested the plan and broader feedback was received. This has resulted in a comprehensive and tested public health framework that will guide the sector for the next three to five years.


This framework builds on previous public health strategies, in particular *Strengthening Public Health Action (1997)*. It is a reflection of the ongoing evolution of public health theory and practice from a vertical approach to disease prevention and control through public health services, to an integrated approach that is strongly based on intersectoral collaboration, working with communities and comprehensive programmes across all of society. This integrated approach recognises and responds to the interrelatedness of health determinants and their multiple health outcomes, seeks to be highly relevant to individuals and communities, and involves co-ordinated action across programmes and sectors.

Who is this framework for?


The primary audience for *Achieving Health for All People* is the public health sector, ie. planners, funders, and providers of public health services. As public health action is the responsibility of many different agencies and organisations, inside and outside the health sector this framework also provides public health guidance to non-health sectors, local government and agencies responsible for personal health services.

A framework for action to improve health status

The goal of *Achieving Health for All People* is to provide a framework for action. It outlines the goals, objectives and recommended actions which can be carried out by the public health sector and others who have a role in public health action. It does not focus so much on the 'what' of public health; this is addressed by the New Zealand Health Strategy and a range of other more specialised strategies.



See discussion document and summary of consultation results on the Ministry of Health website. Also available on request are key informant papers which were commissioned to stimulate discussion.



The focus of *Achieving Health for All People* is on ‘how’: how we will gain traction on improving health status of New Zealanders, how we can move public health approaches into the mainstream of health services, how we can strengthen and support leadership across communities, how we can engage other sectors in addressing the determinants of health, how the public health sector can be strengthened to take on this role, to be effective and to focus on outcomes.

Achieving Health for All People makes explicit the key roles of the various parts of the health sector and other sectors in public health action. It acknowledges the pivotal role of public health providers in supporting this wider involvement.

Why public health action is important

Over the last century, we have seen significant improvements in the health of our population. New Zealanders’ life expectancy at birth has been improving at a generally increasing rate since 1970. For example, in 1999-2001 life expectancy for males was 76.0 years and for females 80.9 years, compared to 67.2 years for males and 71.3 years for females in 1950-52.

Much of the improvement has resulted from an improvement in health services which treat people when they are sick. However even more important have been changes to the factors which determine our physical and mental health status, such as adequate income and housing, safe water, improved nutrition and the prevention of illness. As a result a number of health indicators are improving. Heart disease related to lifestyle factors is declining. Alcohol-related deaths are on the decline, and the incidence of lung cancer appears to have peaked. Public health activities (such as safeguarding water supplies, conducting immunisation programmes, promoting good nutrition and physical activity) have contributed greatly to these gains and to an improvement in the quality of life.

However, we continue to face many public health challenges, in particular the widening of health inequalities. Life expectancy at birth for Māori is about nine years less than that for New Zealand Europeans. Life expectancy at birth for Pacific babies is about five years less than that for New Zealand Europeans.

Tobacco smoking continues to be a major killer, decreasingly so for males, increasingly so for females. It is estimated that approximately four and a half thousand New Zealanders die prematurely every year as a result of tobacco consumption. The prevalence of obesity is increasing with a 50 percent increase over the last decade. By 2011 it is predicted that more than two thousand people a year may die from diabetes – double the current number – and many thousands more will suffer the human costs of living with this potentially disabling condition. Reducing inequalities in health for people with disabilities is also a key challenge.

A detailed discussion on New Zealand’s health status is contained in a Ministry of Health report entitled *Our Health, Our Future* (1999). This report is available for download from the Ministry’s website: www.moh.govt.nz

A detailed discussion on the disparities of health experienced by people with different ethnicities is contained in a Ministry of Health and University of Otago report entitled *Decades of Disparity: Ethnic mortality trends in New Zealand 1980-1999* (2003). This report is available for download from the Ministry’s website: www.moh.govt.nz/phi

Health challenges facing public health are evolving and will continue to evolve with demographic and environmental changes. The shape and makeup of the New Zealand population is changing. In common with other developed countries, New Zealand's population is ageing. Over the next twenty years the percentage of children will decrease, while the percentage of working-age adults and people over 65 years of age will steadily increase.

The ethnic mix of the country will also become richer. The Māori and Pacific populations in particular, and the Asian population to a lesser extent, all have a younger age structure than the majority European population. Consequently, they have a greater capacity for further growth. The Asian population is projected to have the largest percentage growth, up 120 percent between 2001 and 2021. The Pacific and Māori populations have projected increases of 58 and 28 percent, respectively. The European population is expected to increase until 2010 before slowly declining. By 2021, the European population will be only one percent greater than in 2001. The number of New Zealanders reporting more than one ethnicity is likely to grow.

The changes in the ethnic makeup and age structure, combined with increased global mobility, mean our cultural values, our family structures and lifestyles will continue to change. Our need to foster safe and cohesive communities, full participation in society, job and income security, supportive physical, social and cultural environments and a continuing focus on the reduction of inequalities will grow.

Globalisation poses new challenges. Diseases such as SARS can travel around the world in a matter of hours. Increased international trade and travel have increased the risks of imported pests and diseases of public health significance (such as exotic mosquitoes that may transmit diseases such as dengue fever). The potential impacts of climate change and global warming also have widespread implications for the health of New Zealanders.

New opportunities for public health action are likely to emerge. For example there is ongoing interest in screening as part of preventive health care across the lifecourse and new screening technologies and techniques are emerging constantly. A population health approach is required to systematically assess the risks and benefits of potential new screening techniques, including emergent methods for genetic screening. In addition, the wider implications of the new genetics on public health need to be considered.

These are big issues which involve us all. We need to increase the commitment of all sectors to public health and work collaboratively to ensure that the health of all New Zealanders will continue to improve.

Up-to-date census information and population projects are available from the Department of Statistics website: www.stats.govt.nz

For more information on population trends and issues facing New Zealand Society see the Ministry of Social Development reports, *Social Report 2003* and *Population and Sustainable Development 2003*, both available from their website: www.msd.govt.nz

The evolving sector

On the first day of 2001, with the dissolution of the Health Funding Authority, the Ministry of Health took over the role of planning and funding public health services. District Health Boards (DHBs) were established with responsibility for promoting and protecting the health of their populations and have progressively assumed responsibility for planning and funding most health services.

The Local Government Act 2002 has strengthened the role of local authorities in planning for the health and welfare of their communities.

During the next three to five years the Ministry will retain overall responsibility for planning and funding public health services as well as continuing to develop public health policy and regulation, taking a lead role in public health information and supporting ‘whole-of-government’ approaches in areas of health gain. Public health objectives are central to the role of DHBs and PHOs.

The 2001 changes to the health sector have evolved into a national network of health organisations with a clear focus in public health. Ongoing collaborative relationships between the Ministry of Health and DHBs are therefore required to ensure joint leadership for public health planning and to support public health action by the whole health sector and other sectors. It will also require a shared commitment to public health goals and principles which will remain robust within a changing environment.

To find out more about who is involved in the public health sector, refer page 14 in the Ministry of Health (2002) publication, *Health For All People, He Oranga Mo Te Katoa – an overview of public health*.

Commitment to the Treaty of Waitangi

The Crown recognises the Treaty of Waitangi as the founding document of New Zealand, and is committed to fulfilling its obligations as a Treaty partner.

The special relationship between the Crown and Māori is ongoing and is based on the underlying premise that Māori are tāngata whenua.

Tangata Whenua have a long history of maintaining the health of populations through concepts and practices such as tapu, noa and rāhui that protected water supplies, food sources and safety of whānau.

To date, the relationship between Māori and the Crown in the health and disability sector has been based on three key principles.

- **Partnership** – working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
- **Participation** – involving Māori at all levels of the sector in decision-making, planning, development and delivery of health and disability services.
- **Protection** – working to ensure Māori have at least the same level of health as non-Māori and safeguarding Māori cultural concepts, values and practices.

Central to the Treaty relationship and implementation of the Treaty of Waitangi principles is a common understanding that Māori will have an important role in implementing health strategies for Māori and that the Crown and Māori will relate to each other in good faith with mutual respect, co-operation and trust.

Not only is it important to improve Māori health status, but other goals based on concepts of equity, partnership and economic and cultural security must also be achieved.



1. Overview of framework

Achieving Health for All People provides a framework for public health action over the next three to five years. The framework is primarily for planners, funders and providers of public health services. Given the importance of others in maintaining and improving public action, the framework also provides public health guidance to non-health government sectors, local government and agencies responsible for personal health services.

This framework aims to contribute to the public health goals of the New Zealand Health Strategy by:

1. guiding the work of the Ministry of Health and District Health Boards in **planning and funding** public and other health services
2. guiding the **actions** of public health providers
3. providing a **framework for action** for agencies and organisations that have a role to play in shaping and influencing public health.

The framework outlines a vision, mission and three overarching goals for public health action. Under the goals, there are five inter-related objectives, each highlighting specific focus areas for public health action.

The approach acknowledges that a strong economy, adequate education, good quality housing and full employment all affect the health of the population. Overall health gains over the next few years will be achieved by focusing on improving the health of the most disadvantaged. Working across other sectors is particularly important if health inequalities are to be reduced.

Public Health Action Case Study: Healthy Communities and Healthy Environments

Nga Punawai O Hokianga – Safer drinking water for the Hokianga

Massive floods in the Hokianga during January 1999 hit small communities hard. The flood knocked down trees, washed out roads and damaged houses. People were moved to marae for temporary accommodation. At the same time Northland Health took samples of the drinking water, which highlighted that water was polluted, and raised the concern about the potential for an outbreak of water-borne diseases.

Hauora Hokianga-Hokianga Health received funding for a marae water supply pilot in the Hokianga which was based on community development rather than a top-down approach. There were four contracts involved: project management, design engineering, producing equipment and evaluation. Two kaiwhakakokiri (initiators/facilitators) were employed to consult with communities. A number of large hui were held involving all 36 marae in the Hokianga. Since then water treatment or tank systems have been installed in every marae. All the supplies are tested six-monthly by the people from the marae communities and all meet the New Zealand Drinking Water standards.

Other changes have happened in the marae since the upgrades, including the provision of more nutritious food, using water instead of cordial, and children learning about setting tables and serving kai. John Wigglesworth, CEO of Hauora Hokianga-Hokianga Health says, “There is pride. There has been a flow-on effect. The interesting thing about the project is that we now can use the relationships we built up over the water project to progress other health promotion initiatives. If we hadn’t had the water project we wouldn’t have been able to get other things like our Youth Project going or our Smokefree. Hokianga is a unique community. Projects like these are strengthening it and the people who live in it.”

For more information see www.maorihealth.govt.nz/providers/northland/hh.shtml



Principles underlying the framework

Achieving Health for All People builds on the principles of the New Zealand Health Strategy as follows:

- acknowledging the special relationship between Māori and the Crown under the **Treaty of Waitangi**:
 - Māori participation at all levels of the health sector, honouring the principle of kāwanatanga
 - active partnership in planning and implementing of services, honouring the principle of tino rangatiratanga
 - protection and improvement of Māori health status, honouring the principles of oritanga and respecting wairua
- **providing leadership and guidance** throughout the health and social sectors in ways to improve the health of New Zealanders
- **ensuring active involvement** of consumers and communities at all levels
- **focusing on outcomes** rather than outputs, using an evidence-based approach and fostering innovation
- **building on existing strengths** by strengthening what is working and using the skills and strategies of the public health and wider health sector in the most effective way possible
- **sharing responsibility**: many of the determinants of health status lie outside the health sector, therefore, the health sector needs to work with other sectors to ensure joint commitment to improving health
- **building consensus** by working towards widespread support for a public health/ population health approach.

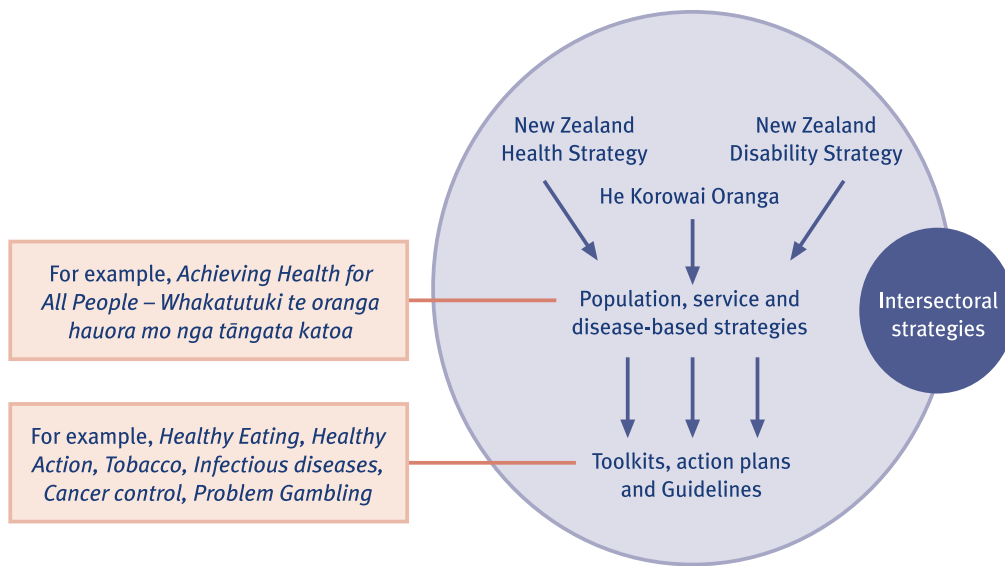
Strategic context

Achieving Health for All People has been developed within a wider strategic context for health and disability planning and builds on previous public health frameworks, in particular Strengthening Public Health Action and He Matariki: A Strategic Plan for Maori Public Health. An accompanying Māori Public Health Action Plan will be developed to provide guidance to the public health sector. The first stage of that has seen an action plan developed to guide the work of the Public Health Directorate of the Ministry of Health.

The New Zealand Health Strategy sets the strategic direction for all health services in New Zealand and outlines the goals and objectives for health gain. This framework should be read in conjunction with the New Zealand Health Strategy, the New Zealand Disability Strategy, He Korowai Oranga and Whakatātaka¹. In addition, Achieving Health for All People informs and is informed by other health strategies, including the Primary Health Care Strategy, the Pacific Health and Disability Action Plan, Building on Strengths: A Mental Health Promotion Strategy and Te Pūāwaitanga – Māori Mental Health National Strategic Framework.

The relationship of the New Zealand Health Strategy to the New Zealand Disability Strategy and other strategies, toolkits, action plans and guidelines is outlined in the figure below.

Figure 1. Achieving Health for All People in relation to the New Zealand Health Strategy



These documents and other strategies are available from the Ministry of Health, website: www.moh.govt.nz

¹ Whakatātaka: Māori Health Action Plan 2002-2005 outlines what the Government will do to implement He Korowai Oranga: Māori Health Strategy, which sets the direction for Māori health development in the health and disability sector for the next five to 10 years.

Public Health Action Case Study: Health Promotion – Changing social and physical environments – the Health Promoting Schools programme

The Health Promoting Schools programme originated from the World Health Organization in the early 1950s, and was originally launched in New Zealand by the New Zealand School Trustees Association in 1993. A Health Promoting School is where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health. This includes both the formal and informal curriculums, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family/whānau and the wider community in efforts to promote health.

Three Health Promoting Schools pilot programmes were set up in Auckland and Northland in 1997. The programme has expanded into many schools around the country. Successful programmes tend to build on existing school and community initiatives. Marion Edwards, the Tai Tokerau Regional Co-ordinator for Health Promoting Schools based in Dargaville says, “Students are learning to look at the environment around them differently. In one school the students approached the Board of Trustees about staff smoking and now the school is smokefree.”

Once the Health Promoting School philosophy and process is well entrenched, schools notice immediate benefits such as increased parent involvement and fewer stand-downs, and longer-term benefits such as greater community support, healthier and more positive attitudes of students, staff and parents.

For more information see www.hps.org.nz or
www.cpublichealth.co.nz/About-Us/Health-Promoting-Schools.asp

Public health action

Public health action is an investment in the future wellbeing and prosperity of New Zealanders. Public health has been defined as the ‘science and art of preventing disease, prolonging life and promoting health through the organised efforts of society’ (Acheson 1988). At the heart of this definition is the concept that public health action is not just about the activities of the public health sector or even the health sector as a whole. It must include the actions of organisations and institutions across society if we are to address the complex range of factors which determine our health.

Public health action:

- focuses on populations, not individuals
- takes into account the wider determinants of health
- uses a mix of tools at different levels
- integrates health protection approaches with health promotion strategies
- promotes community action
- develops life skills
- reinforces positive attitudes regarding health
- builds healthy public policy
- is collaborative in nature
- provides advice to other sectors on how their policies affect health
- is based on evidence
- promotes healthy environments.

Public health action is therefore complex and multi-layered. At the centre of public health action are public health services, aimed at promoting and protecting health and preventing disease (see Figure 2). These services comprise around two percent of funding for all health services and focus on improving the health of populations. The activities are carried out by public health providers within District Health Boards and Non-Governmental Organisations. Services range from international work to support global health, to work to protect our environment, to activities which safeguard New Zealand from infectious diseases, to population-based screening, to community-based programmes around nutrition or mental health promotion. Public health services are also an important resource to support population health approaches in the wider community including collaboration and intersectoral activities.

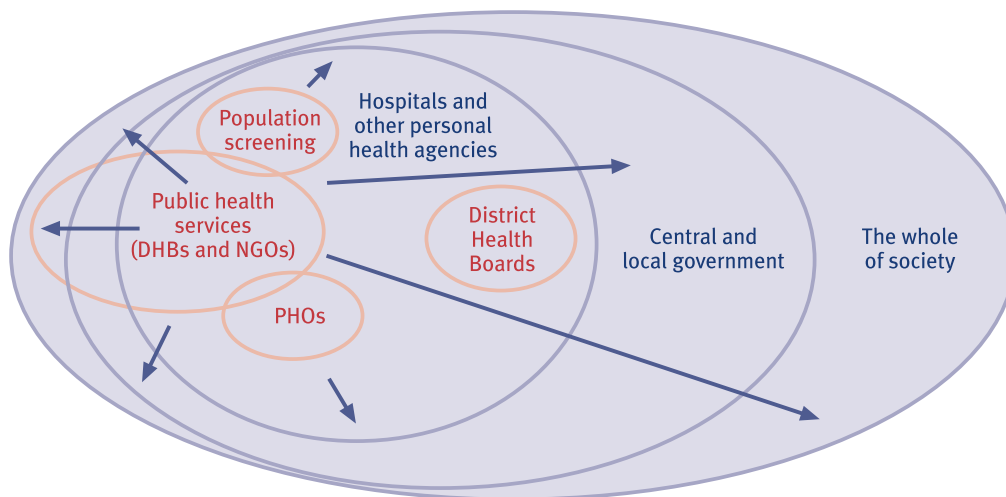
The overarching goal for Māori health is the achievement of whānau ora. For Māori, whānau are the foundation of hapū and iwi linked through whakapapa. Using a population health approach whānau ora is achieved through actions that contribute to whānau wellbeing in the health, social, educational and economic settings.

The Achieving Health for All People framework supports the development of comprehensive programmes which may be based on a range of models. These are the Alma Ata (see www.who.int/hpr/backgroundhp/almaata.htm), the Ottawa Charter (see Appendix 2) and Te Pae Mahutonga: A model for Maori health promotion (Durie M. 1999. *Health Promotion Forum of New Zealand Newsletter 49: 2–5*). Other models such as TUHA-NZ (a Treaty Understanding of Hauora in Aotearoa-New Zealand, Health Promotion Forum, 2002 – available from www.hpforum.org.nz) are useful planning tools.

See the Ministry of Health (2002) publication, *Health For All People, He Oranga Mo Te Katoa – an overview of public health* for more information about public health services.

See *He Korowai Oranga: Maori Health Strategy* (2002) available from the Ministry of Health, website: www.moh.govt.nz

Figure 2. Public health services comprise a small percentage of the health sector, but are central to improving health for all people.



Services in the wider health sector such as primary care, hospital and community services also have a key role in public health action by ensuring a focus on improving health and taking into account all the factors which determine health. At a wider level, public health action includes actions of agencies which are not part of the health sector but whose policies and actions influence our health such as local government, environmental planning, housing, education and unemployment.

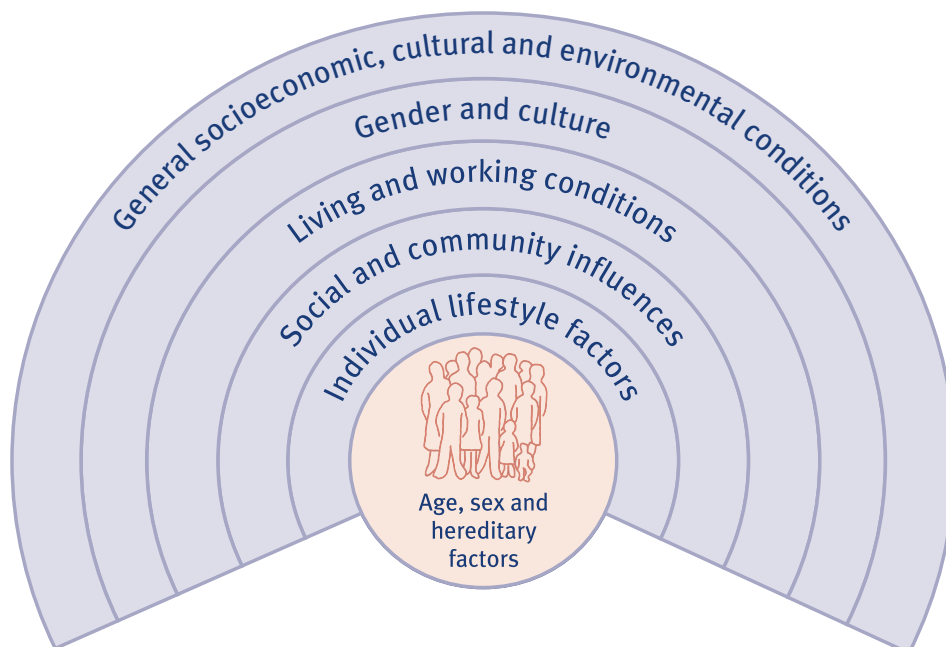
Find out more about public health services and public health providers in the *Public Health Service Handbook* available from the Ministry of Health website: www.moh.govt.nz

Using a public health approach to tackle the determinants of health

The determinants of health (see Figure 3) include biological factors, health-related behaviours, access to health care and environmental and social factors. It is the broad structural features of society – economic, social, cultural and environmental – that have a fundamental impact on the health of populations. These factors also predominantly drive health-related behaviours and health services use. So, although individuals make choices, these are determined within economic, historical, family, cultural and political contexts. In turn, individual behaviours influence the health of the community and the structure of society.

To tackle the root causes of poor health, a public health approach can be used by all parts of the health and social sectors. A strong economy, adequate education, good quality housing and full employment are key contributors to good health. The health sector must, therefore, work together with local government, other government departments, environmental agencies, iwi, hapū, whānau, Māori governance bodies and community agencies to influence the wider determinants of health. This is particularly important if health inequalities are to be reduced.

Figure 3. The determinants of health.



Source: Adapted from Dahlgren G, Whitehead M. 1991. *Policies and Strategies to Promote Equity in Health*. Copenhagen: World Health Organization Regional Office for Europe.



Priorities for public health action

Achieving Health for All People is about the ‘how’ rather than the ‘what’. The framework therefore does not prioritise any public health issues and should be read in conjunction with the New Zealand Health Strategy.

When it comes to identifying public health issues with the greatest potential for health gain it is not possible to take a ‘one size fits all’ approach. The *Achieving Health for All People* framework expects planners and providers of public health activities to use the New Zealand Health Strategy as the central guide to developing public health initiatives, supported by the New Zealand Disability Strategy and He Korowai Oranga. The 13 priority objectives are a good place to start and include a number of public health priorities such as reducing tobacco consumption and improving nutrition and physical activity, where there is clear evidence of potential for health gain.

Specific strategies such as Healthy Eating, Healthy Action, the toolkits and An Integrated Approach to Infectious Disease – Priorities for Action 2002–2006 provide specific guidance within high priority areas. Planners and providers also need to ensure that maintaining the basic foundations of public health action in environmental health issues such as safe drinking water or in the control of communicable disease is given a high priority. For some communities or District Health Board areas, additional local priorities will be identified through needs assessment. Regional or local plans should therefore reflect broad national priorities along with more localised or specific population needs. Use of the ‘equity lens’ (see Figure 4) ensures that the plan will address inequalities in health.

Agencies which are not part of the health sector, including local government, will have their own priorities or means of establishing priorities that influence public health. These organisations are encouraged to consider this framework in their planning to further leverage health gain through increased co-ordination and intersectoral collaboration.

Action to address inequalities in health

There is considerable evidence, both internationally and in New Zealand, of significant inequalities in health between socioeconomic groups, ethnic groups, people living in different geographical regions and males and females (Acheson 1998; Howden-Chapman and Tobias 2000). Research indicates that the poorer you are the worse your health. Inequalities in the distribution of and access to material resources (income, education, employment and housing) are the primary causes of health inequalities. Differential access to health care services and differences in care for those receiving services also have a considerable impact on health status and mortality.

In many countries, including New Zealand, indigenous people have poorer health than others. Māori health status is demonstrably poorer than other New Zealanders. Reducing inequalities for Māori is a priority for government and requires action within a Treaty of Waitangi framework. Pacific peoples also have poorer health than other non-Māori New Zealanders. The New Zealand Health Strategy acknowledges the need to address health inequalities as ‘a major priority requiring ongoing commitment across the sector’ (*Reducing Inequalities in Health*. Minister of Health 2000).

The following set of questions has also been developed to assist planners, funders and service providers consider how particular inequalities in health have come about, where the effective intervention points may be, and how to make sure that any actions do not make inequalities worse. They should be used in conjunction with the intervention framework (Ministry of Health 2002).

Figure 4. A health equity assessment tool (‘Equity Lens’).

The ‘Equity Lens’

1. What health issue is the policy/programme trying to address?
2. What inequalities exist in this health area?
3. Who is most advantaged and how?
4. How did the inequality occur? (What are the mechanisms by which this inequality was created, is maintained or increased?)
5. What are the determinants of this inequality?
6. How will you address the Treaty of Waitangi?
7. Where/how will you intervene to tackle this issue? Use the Ministry of Health Intervention Framework and the Treaty of Waitangi to guide your thinking.
8. How could this intervention affect health inequalities?
9. Who will benefit most?
10. What might the unintended consequences be?
11. What will you do to make sure it does reduce/eliminate inequalities (to manage the consequences)?
12. How will you know if inequalities have been reduced/eliminated?

(Source: Based on Bro Taf Health Authority, Wales 2000 Planning for Positive Health: Health Inequalities Impact Assessment Tool cited in *Reducing Inequalities in Health*, Ministry of Health, 2002.)

An in-depth discussion of inequalities in health is available in the Ministry of Health’s document *Reducing Inequalities in Health* (2002). The ‘Equity Lens’ outlined in Figure 4 is from this document. Also refer to the report *Decades of Disparity: Ethnic mortality trends in New Zealand 1980-1999*. (2003). This is available on the Ministry of Health website at www.moh.govt.nz/phi



Public Health Action Case Study: Pacific community centre promotes healthy eating and exercise – Tongan Tamaki Langafonua Community Centre

The Tongan Tamaki Langafonua Community Centre advocates for and supports Pacific Island people to 'stand tall' and settle effectively in New Zealand. Its services include an early childhood education centre – the *Fe' ofa' aki* preschool – and the *Taliangi* and the *Mafua* groups for elderly people.

Fe' ofa' aki was the first Pacific preschool to be awarded the Heart Foundation Healthy Heart Award. Now unhealthy food is not allowed into *Fe' ofa' aki*.

Sione Moala meets with the *Taliangi* and the *Mafua* groups weekly and promotes healthy eating and exercise. In the Islands recipe books are not used so the most effective training in the community has to be practical. Fifty percent of the women at the *Taliangi* and the *Mafua* groups baby-sit their grandchildren while the parents work so it ties the preschool and the older people groups together. Meliami Cocker from Pacific Islands Heartbeat does cooking demonstrations.

The Centre also encourages families to change their lifestyle habits by running exercise classes with Health Star Pacific and negotiating reduced rates for people at the recreation centre. With the help of Pacific Islands Heartbest, the Centre also provides training of childcare workers and parents in healthy nutrition. The Centre is beginning to work with the 11 Tongan churches in Glen Innes. Sione Moala, the Centre Co-ordinator says, "If a Tongan man or woman is underweight they are thought of as a weakling. The bigger you are, the more important you are. We somehow have to change this thinking. It is going to take years, maybe several generations. But I am not overwhelmed. I know it works because I have done these things and have lost seven kilograms in two months by walking to work and back each day – half an hour each way – and by not eating as much at each meal. So it will happen."

Measuring progress

Progress around the implementation of *Achieving Health for All People* will be measured in two ways. The first is in terms of health outcomes and the second is measuring implementation of this framework.

1. Measuring health outcomes

Health outcomes are continually measured and monitored by the Ministry of Health. The primary document which reports changes in the health of the New Zealand population is *An Indication of New Zealanders' Health* (Ministry of Health 2002). This is an annual publication first published in June 2002.

Measuring progress on public health outcomes is also part of the work programme of the Public Health Directorate of the Ministry of Health (refer to Objective 5 on page 32). This project will entail development of an assessment tool that describes the components of a comprehensive public health programme and identifies specific outcome measures as indicators of progress.

2. Measuring implementation of *Achieving Health for All People*

Implementation of this framework will be monitored and measured through an evaluation process overseen by the Public Health Directorate of the Ministry of Health. Over the next three to five years the evaluation will ask how successful we have been in the priority areas of strengthening leadership at all levels, strengthening communities and their physical and social environments, developing a more effective public health workforce and public health interventions, and gathering and using evidence more effectively.

Providers and planners of public health services also have a responsibility to monitor implementation of this framework through their work. Where there are direct funding or contractual relationships with the Ministry of Health, planners and providers of public health are expected to plan activities and identify ways of measuring the progress of their own plans against the five objectives of this framework, including (where appropriate) strategies to support actions of the wider sector. The national service specifications for public health services have been revised to include service components to achieve this. Providers will be asked to build specific actions and outputs into their service or programme plans. Similarly, the Public Health Directorate has built specific strategies and performance indicators into the strategic and annual planning processes which are part of the Ministry of Health's accountability to the Minister of Health and Parliament.

The Public Health Intelligence unit of the Ministry of Health regularly produces reports that outline health outcomes. For example, *The Burden of Disease and Injury in New Zealand* (2001). These reports are available for download from: www.moh.govt.nz/phi

Public Health Intelligence of the Ministry of Health has established a surveillance system to monitor 50 indicators of socioeconomic, environmental and behavioural risk factors and health outcomes over time (see Appendix 3). The system monitors differences between ethnic groups, across District Health Boards and in comparison with other countries. These 50 indicators are under ongoing surveillance by Public Health Intelligence and are available in the report *An Indication of New Zealanders' Health* which is regularly updated on the Ministry's website: www.moh.govt.nz/phi

The Health and Independence Report 2002 – Director-General's report on the state of public health brings together outcome information and service information to outline the overall outcomes of the health sector.

Public Health Service Specifications (part of the Public Health Service Handbook) are available from the Ministry of Health website: www.moh.govt.nz

Public Health Action Case Study: Health promotion leadership demonstrated through primary health care service to meet young peoples' needs

The 198 Youth Health Centre based in Christchurch was established in response to a call from young people to have health services specifically for them. Young people were involved in all the decisions around the establishment of the 198 Youth Health Centre, and since its opening, young people have shared the governance of the Trust and its services. The centre provides free primary health care services for young people aged 10-25 years in a non-judgemental, safe, confidential, and youth-friendly environment.

198 services are based on Ottawa Charter principles. Sue Bagshaw, one of its founders, says, “We have always tried to have a public health approach even within the clinical service, promoting wellness rather than curing disease. I have a special interest in the mental health of young people and know that many of their issues are with drugs and alcohol. These young people have no sense of future. They want results now. We’ve learnt that we have to meet their immediate needs before we can do anything else.

“We use motivational interviewing with young people – it’s health promotion on a one-to-one basis. We are looking now at risk and resilience – how we can strengthen the protective factors. Health is more than doctors and nurses. It is also about education and employment. It’s very hard to be healthy when you are poor. We work from the idea that many young people do not see themselves as mainstream and that the only way to work with them is to get their participation and involvement. Programmes like this work best when adults share control. Quality relationships work better than any programme. This is absolutely vital. We know from our experience that young people we call ‘at-risk’ have leadership qualities if we give them responsibility.”

Public Health Action Case Study: Māori community development used to prevent injuries

In 1995, Molly Pardoe, the Community Injury Prevention Co-ordinator for Gisborne based Te Rununga O Turanginui-a-Kiwa undertook the challenge of getting the police, fire service, St John Ambulance, ACC, LTSA, ALAC, sports clubs and other agencies collaborating on road safety and alcohol issues.

Her next task was to get the community to recognise the importance of injury prevention and to provide solutions to the serious problem of injuries resulting from road crashes. Numerous initiatives have since been developed with close community partnerships and involvement, for example, host responsibility with sports clubs, an iwi child restraint service, and learner driver licence courses. “Those who come to our driver licence courses mostly have failed in an education system that has not worked for them. We build their confidence in getting them to believe in themselves first. Before they begin learning they have to have self-belief. And they succeed – sometimes for the first time in their lives. With a driver’s licence their work opportunities open out.”

The results are impressive with a pass rate of over 90 percent for each learner driver licence course and the child restraint-wearing rate has increased from 49 percent in 1999 to a present rate of 79 percent. Underneath these results have been the broader impacts on the community. Molly says, “The manaaki tangata concepts are woven through all our initiatives. Our people understand these well. It is really about reinforcing those basic safety messages.”

Public Health Action Case Study: Strengthening Youth Wellbeing – Kia Piki Te Ora O Tai Tamariki

The Kia Piki Te Ora O Tai Tamariki strategy was developed jointly by the Ministry of Youth Affairs and the Ministry of Health with the aim of reducing the number of suicides and attempted suicides by young Māori. The strategy states, “A healthy whānau is essential to promoting security and identity in young Māori. It offers an ongoing source of support and a place for young and old, male and female, to work together. But without support for itself, the potential for whānau to nurture others is diminished.”

Taumata Hauora Trust, a PHO and one of eight Māori Development Organisations in Aotearoa, has been involved in developing the Kia Piki Te Ora O Tai Tamariki activities in Whanganui. The Trust work in with others who run marae-based study courses about whānau responsibilities and the impact of colonisation. The project is about changing attitudes so that when a young person suicides it is seen as a community issue, not an individual’s choice and the problem of the family. Feedback from people who attend the courses shows it is a powerfully empowering process for people to find out why they are who they are.

Another aspect of the project is encouraging mainstream organisations to improve their services to Maori. Pahia Turia, Te Kaiwhakararau O Te Rangatahiohi of the Taumata Hauora Trust says, “This is about looking at the whole development of a people. It is about allowing the people to be self determining and encouraging government to ensure that we are.”

2. The vision, mission and goals

Our vision for public health is:

Achieving health for all people, whakatutuki te oranga hauora mo ngā tāngata katoa.

Our mission is:

To reduce health inequalities and improve overall health status through population and public health activities, and the organised efforts of the whole of society.

There are three overarching goals.

- Improve the overall health status of the population.
- Improve the health status of Māori.
- Reduce inequalities in health.



3. Objectives and areas for action

To achieve the goals, five objectives have been identified. Each objective is supported by areas for action. Refer to Appendix 4 for more detailed Tables of Actions and Suggested Outputs.

The objectives and related areas for action have been developed on the basis of:

- evidence for effective public health action
- input from the Sector Reference Group
- submissions received during two consultation phases (2001/02 and 2002/03)
- consultation meetings and hui
- input from the Ministry of Health Public Health team.

Objective 1: Strengthen public health leadership at all levels and across all sectors

There is a need for strong and clear leadership around public health at all levels. This leadership can take many forms and involves community leaders, agencies, providers, and community organisations working in their own sphere of influence.

Areas for action

- Strengthen leadership and commitment for public health action across government agencies, District Health Boards, public health and other providers, local government and other sectors, and communities.
- Strengthen whānau, hapu, iwi and Māori so that Māori can provide leadership for Māori public health action.

See suggestions for specific actions and outputs in Appendix 4, pages 44-50.

Objective 2: Encourage effective public health through public health services and action across the whole of the health sector

Effective public health action requires a strong and cohesive public health sector and workforce, integration of complementary strategies (eg. regulatory and non-regulatory), and commitment to quality and best practice (refer to Objective 4). Attention needs to be paid to strengthening public health capacity of Māori and Pacific communities. To effectively address the determinants of health status requires public health actions across the whole health sector. In particular, building effective public health action through Primary Health Organisations (PHOs) is a key opportunity and requires collaborative initiatives between public health and primary care.

Areas for action

- Strengthen and maintain the capacity and cohesiveness of the public health sector and the effectiveness public health practices.
- Build integrated public health programmes.
- Ensure development of a population health approach within the primary, secondary and tertiary care sectors, in particular build the public health capacity of PHOs.
- Strengthen and maintain effective Māori public health infrastructure.
- Strengthen the use of Māori models of health in the development of public health and population health policy and practice.
- Strengthen and maintain effective Pacific public health action.

See suggestions for specific actions and outputs in Appendix 4, pages 51-58.





Objective 3: Build healthy communities and healthy environments

Building healthy communities and healthy environments underpins much public health action. There is a need to have a balance between strong national policy and regulation, and local action based on local priorities. For example, national public health regulation and enforcement (such as 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. At a local level, it is equally important to build ‘whole-of-community’ 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.

A key focus is the development of whānau, hapū, iwi and Māori communities to build healthy whānau which fully realise their potential to participate in and contribute to te ao Māori and the institutions of wider New Zealand society.

Areas for action

- Take a population health approach which takes into account all factors which determine health.
- Promote the use of community development and community 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, 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.

See suggestions for specific actions and outputs in Appendix 4, pages 59-64.

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

Over the past few years the New Zealand public health sector has made some progress in bridging the gap between research and practice. 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.

Areas for action

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

See suggestions for specific actions and outputs in Appendix 4, pages 65-68.





Objective 5: Achieve measurable progress on public health outcomes

Achieving progress on public health outcomes is the fundamental goal of this and other key health strategies. The reports, *An indication of New Zealanders' Health* and the *Health and Independence Report 2002 – Director-General's Report on the State of Public Health* (refer to information boxes on page 23) are ways of measuring the state of health of New Zealanders. However, this approach has no way of linking the outcomes with the services provided in order to guide future service development.

The Ministry of Health Public Health Directorate with input from other Directorates is developing an assessment tool that describes the components of a comprehensive public health programme. This tool will be trialled to determine how current programmes match the model. Applicability to Māori and Pacific populations and the impact on reducing inequalities in health will be important features of the trial. Once the assessment tool is developed, it will be progressively applied across public health action areas. This project will form the first step of a process to measure progress on public health outcomes against selected performance indicators. It will build on the considerable work already carried out in monitoring key health indicators.

Others, for example DHBs, public health providers and local authorities, have responsibilities in identifying and measuring public health outcomes related to their roles and functions.

Areas for action

- Build a focus on public health outcomes into all public health action.
- Re-orient health service planning and provision towards population health outcomes and influence other sectors to orient policy and planning to these goals.
- Develop, trial and implement an assessment tool which will assist policy-makers and funders to monitor progress on health outcomes.
- Develop and implement indicators to measure progress on improving Māori health.
- Measure progress on public health outcomes against key health indicators.

See suggestions for specific actions and outputs in Appendix 4, pages 69-71.

Appendix 1: Treaty of Waitangi

A literal English translation of the Māori text

Signed at Waitangi, February 1840, and afterwards by about 500 chiefs

Victoria, the Queen of England, in her kind (gracious) thoughtfulness to the chiefs and hapus of New Zealand and her desire to preserve to them their chieftainship and their land, and that peace and quietness may be kept with them, because a great number of the people of her tribe have settled in this country and (more) will come, has thought it right to send a chief (an officer) as one who will make a statement to (negotiate with) Māori people of New Zealand. Let the Māori chiefs accept the governorship (kawanatanga) of the Queen over all parts of this country and the Islands. Now, the Queen desires to arrange the governorship lest evils should come to the Māori people and the Europeans who are living here without law. Now, the Queen has been pleased to send me, William Hobson, a Captain in the Royal Navy to be Governor for all places of New Zealand which are now given up or which shall be given up to the Queen. And she says to the Chiefs of Confederation of the Hapus of New Zealand and the other chiefs, these are the laws spoken of.

This is the First

The Chiefs of the Confederation and all these chiefs who have not joined in that Confederation give up to the Queen of England for ever all the Governorship (kawanatanga) of their lands.

This is the Second

The Queen of England agrees and consents (to give) to the Chiefs, hapus and all the people of New Zealand the full chieftainship (rangatiratanga) of their lands, their villages and all their possessions (taonga: everything that is held precious) but the Chiefs give to the Queen the purchasing of those pieces of land which the owner is willing to sell, subject to the arranging of payment which will be agreed to by them and the purchaser who will be appointed by the Queen for the purpose of buying for her.

This is the Third

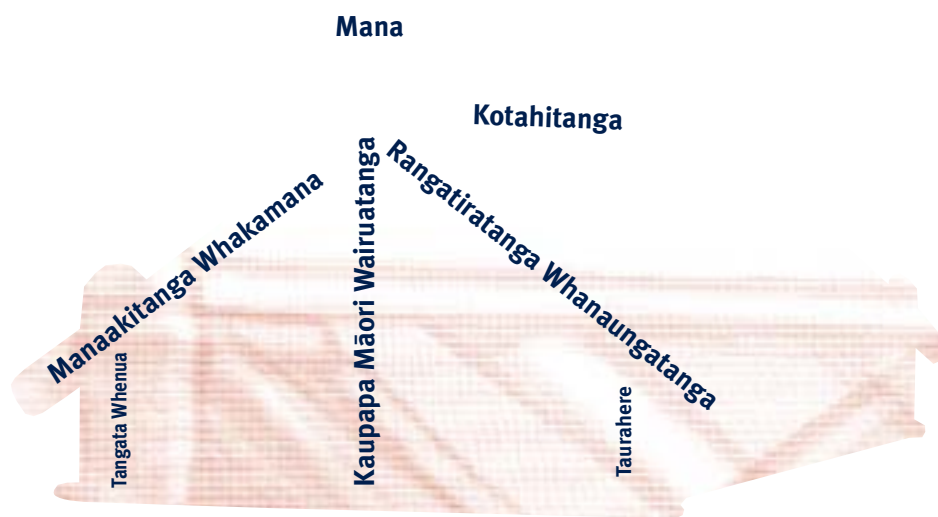
This is the arrangement for the consent to the Governorship of the Queen. The Queen will protect all the Maori people of New Zealand and give them the same rights as those of the people of England.

William Hobson

Consul and Lieutenant-Governor

Now, we the Chiefs of the Confederation of the Hapus of New Zealand, here assembled at Waitangi and we, the chiefs of New Zealand, see the meaning of these words and accept them and we agreed to all of them. Here we put our names and our marks.





**“E tohia ana e te whareni te whariki mo te hauora Māori” –
The whareni provides the foundations for Māori public health.**

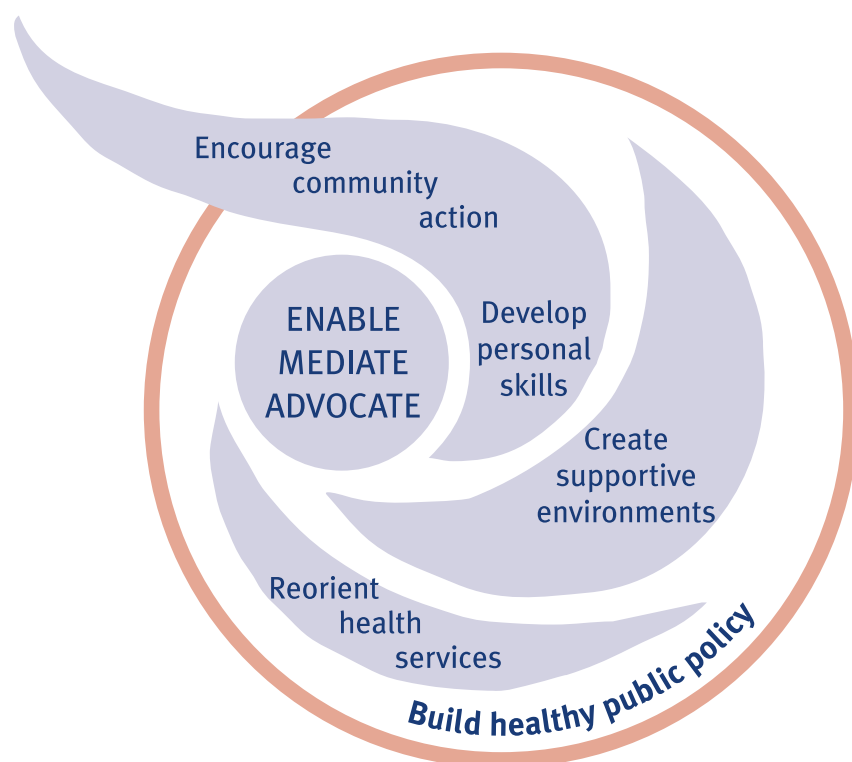
Appendix 2: The Ottawa Charter as a model for public health planning

In 1986 in Ottawa, Canada, the World Health Organization (WHO) developed an approach to improving the health of populations and individuals. This is known as the Ottawa Charter (see Figure 5) and is commonly used in New Zealand as a framework for planning health strategies.


The Ottawa Charter shows that to improve the health of populations and individuals there is a need to look wider than just providing health services. If people are able to take responsibility for the health of their families and themselves they need:

- adequate housing
- a liveable income
- employment
- educational opportunities
- a sense of belonging and being valued
- a sense of control over life circumstances.

Figure 5. The Ottawa Charter remains an internationally used model for public health planning.



Source: The full Ottawa Charter is available at: www.who.int/hpr/archive/docs/ottawa.html



The Ottawa Charter outlines five themes which need to be addressed in an integrated way to improve health outcomes.

- **Build healthy public policy.** Ensuring health is on the agenda of policy-makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. This combined action contributes to ensuring safer and healthier goods and services, healthier public services and cleaner, more enjoyable environments.
- **Create supportive environments.** Taking care of each other, our communities and our natural environment underpins the health of our complex and interrelated societies, and the inextricable links between people and their environment. Systematic assessment of health impact of the environment, including technology, is required to guide public health action to protect and maintain health, generating living and working conditions that are safe, stimulating, satisfying and enjoyable.
- **Strengthen community actions.** Empowerment of communities, fostering their ownership and control of their own endeavours and destinies. Enhancement of self-help and social support, and the development of flexible systems for strengthening learning opportunities for health, as well as funding support for communities.
- **Develop personal skills.** Supporting personal and social development through provision of information, education for health and enhancing life skills, especially through school, home, work and community settings.
- **Reorient health services.** Individuals, community groups, health professionals, health service institutions and governments must work together towards a health care system which contributes to the pursuit of health. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services, and embrace a mandate that supports the needs of individuals and communities for a healthier life, and opens channels between the health sector and broader social, political, economic and physical environmental components of society.

Appendix 3:

Summary of monitoring indicators

Outlined below is a list of public health indicators monitored by Public Health Intelligence (PHI), Ministry of Health. The Ministry has a statutory responsibility to monitor the state of the public health of New Zealand and guide public health action by:

- highlighting changes in health over time
- documenting the distribution of health in the population
- comparing the health of New Zealanders to that of people in other countries.

A set of 50 health indicators is used including socioeconomic and environmental determinants of health, risk factors and outcomes. Outcomes have been further separated into health outcomes affecting all of life and those affecting particular life cycles.

The indicators measure:

- Indicator
- Current level
- Variation within population
- Trend
- International comparison.

The indicators are updated regularly and can be seen on the Ministry of Health website (www.moh.govt.nz/phi). For more information on these indicators and public health monitoring, refer to various reports prepared by Public Health Intelligence, Ministry of Health.



Table 1. Overview of 50 health indicators.

Indicator	Measure
Socioeconomic factor	
Unemployment rate	% of adults available for, and actively seeking, work
Environmental factors	
Drinking-water quality	% of population served with compliant water
Water fluoridation	% of population receiving fluoridated water
Risk factors (biological)	
Obesity	Males % Females %
Prevalence of diabetes	Males % Females %
Prevalence of high blood pressure	Males % Females %
Mean total blood cholesterol	mmol/L for both males and females
Prevalence of high blood cholesterol (> 6.5 mmol/L)	Males % Females %
Risk factors (behavioural)	
Prevalence of smoking (youths, 14–15-year-olds)	Males % Females % (at least weekly smoking)
Prevalence of cigarette smoking (15+ years)	Males and females %
Physical activity level	% of adults who are physically active
Adequate vegetable and fruit consumption	% of adults who consumed adequate quantities of vegetables and fruit
Mean percent dietary energy intake from total fat	% of energy intake
Mean percent dietary energy intake from saturated fat	% of energy intake
Estimated alcohol consumption per adult	litres of pure alcohol per adult
Quantity of alcohol consumed by youths on a typical occasion	18–19-year-olds Males no. standard drinks Females no. standard drinks
Outcomes – Whole of life	
Independent life expectancy	Males years Females years
Life expectancy at birth	Males years Females years
Disability requiring assistance	% of population
Smoking-attributable mortality	Males % Females %
Alcohol-related (primary cause) mortality rate	Males no./100,000 Females no./100,000

Indicator	Measure
Outcomes – Infants	
Infant mortality rate	no./1,000 live births
Percentage of low birthweight births	% of live births
Full breastfeeding at 3 months	% of babies
Burns hospitalisations (0–4 years)	Males no. per 1000 Females no. per 1000
Falls hospitalisations (0–4 years)	Males no. per 1000 Females no. per 1000
Poisonings hospitalisations (0–4 years)	Males no. per 1000 Females no. per 1000
Outcomes – Children	
Whooping cough notifications and hospitalisations (< 5 years)	Notifications no./1000 Hospitalisations no./1000
Measles notifications and hospitalisations (< 15 years)	Notifications no./1000 Low number of hospitalisations
Meningococcal disease notifications and hospitalisations	Notifications no./1000 Hospitalisations no./1000
Hearing failure at school entry (at 5 years)	% of children
Mean number of missing or filled teeth (at 12 years)	average of missing or filled teeth
Percentage caries free (at 12 years)	% of students caries free
Injury mortality (0–15 years)	Males no. per 100,000 Females no. per 100,000
Outcomes – Youths	
Teenage fertility rate (15–19 years)	no./1000
Youth suicide (15–24 years)	Males no. per 100,000 Females no. per 100,000
Youth motor vehicle accident mortality (15–24 years)	Males no. per 100,000 Females no. per 100,000
Rheumatic fever notifications and hospitalisations (< 30 years)	Notification: no./1000 Hospitalisations: no./1000
Outcomes – Adults	
Ischaemic heart disease mortality	Males no. per 100,000 Females no. per 100,000
Lung cancer incidence	Males no. per 100,000 Females no. per 100,000
Colorectal cancer mortality	Males no. per 100,000 Females no. per 100,000
Melanoma mortality	Males no. per 100,000 Females no. per 100,000
Cervical cancer mortality	no. per 100,000
Breast cancer mortality	no. per 100,000
Tuberculosis	Notifications: no./1000 Hospitalisations: no./1000

Indicator	Measure
Outcomes – Older ages	
Prostate cancer mortality	no. per 100,000
Stroke mortality	Males no. per 100,000 Females no. per 100,000
Falls-related hospitalisations (65+ years)	Males no. per 1000 Females no. per 1000 (age 65+ years, age-standardised)

Indicators of DHB Performance (IDPs)

In addition to the health outcome indicators monitored by Public Health Intelligence (PHI), DHBs are responsible for reporting on a set of performance measures which focus on those priority areas where DHBs are responsible as funders. These are called Indicators of DHB Performance (IDPs) and are included with DHB specific targets in each DHB's District Annual Plan. The specific indicators may differ from year to year and include indicators in the following priority areas:

- Implementation of He Korowai Oranga
- Pacific Health And Disability Action Plan
- Reducing Inequalities In Health
- Priority Population Health Objectives (devolved services)
 - Reducing the incidence and impact of cardiovascular disease
 - Reducing the incidence and impact of diabetes
 - Improving oral health
 - Reducing Violence in interpersonal relationships, families, schools and communities
 - Improving the health status of people with severe mental illness
 - Ensuring access to appropriate child health care services including well child and family health care and immunisation
- Service Priorities (devolved services)
- Primary health care
 - Reducing waiting times for public hospital elective services
 - Improving the responsiveness of mental health services
 - Accessible and appropriate services for people living in rural areas
- Ensuring Quality Services
- Investing in the future
 - Information management and technology
 - Workforce issues.

Appendix 4:

Tables of Actions and Suggested Outputs

The following tables draw out the five objectives and action areas of this framework into key actions and suggested outputs under six organisational groupings.

Ministry of Health – responsible for national health policy, regulation and sector development.

Ministry of Health and District Health Boards (DHBs) – collaborating as planners and funders of public health services – national, regional and district level.

Other government agencies – responsible for national policy development (non-health sector).

District Health Boards, hospitals and community health service providers – responsible for health service planning and provision at regional and district level.

Territorial authorities, regional councils, education institutions, iwi and hapū – local and regional government and other non-health sector policy-makers.

Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs) – responsible for provision of public health services.

How to use the action tables

Because a public health approach requires actions from all parts of the health sector and wider sectors, the following tables identify possible actions for a wide range of organisations/public health roles for each of the five priority areas. For the Ministry of Health Public Health Directorate these actions and outputs have been built into strategic and operational plans. For public health service providers, specific actions/outputs will be negotiated as part of the service planning and contracting process. For other agencies they are neither comprehensive nor prescriptive and should be read as a guide to possible actions and outputs which could be included in planning and practice.

Use the contents to locate actions and outputs for your organisation.

Contents – Actions and outputs tables

Objective 1: Strengthen public health leadership at all levels and across all sectors

Ministry of Health	See pages 44-45
Ministry of Health and District Health Boards (DHBs)	See pages 46
Other government agencies	See pages 47
District Health Boards, hospitals and community health service providers	See pages 48
Territorial authorities, regional councils, education institutions, iwi and hapū	See pages 49
Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs)	See pages 50

Objective 2: Encourage effective public health through public health services and action across the whole of the health sector

Ministry of Health	See pages 51-52
Ministry of Health and District Health Boards (DHBs)	See pages 53
Other government agencies	See pages 54
District Health Boards, hospitals and community health service providers	See pages 55
Territorial authorities, regional councils, education institutions, iwi and hapū	See pages 56
Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs)	See pages 57-58

Objective 3: Build healthy communities and healthy environments

Ministry of Health	See pages 59
Ministry of Health and District Health Boards (DHBs)	See pages 60
Other government agencies	See pages 60
District Health Boards, hospitals and community health service providers	See pages 61
Territorial authorities, regional councils, education institutions, iwi and hapū	See pages 62
Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs)	See pages 63-64

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

Ministry of Health	See pages 65
Ministry of Health and District Health Boards (DHBs)	See pages 66
Other government agencies	See pages 66
District Health Boards, hospitals and community health service providers	See pages 67
Territorial authorities, regional councils, education institutions, iwi and hapū	See pages 67
Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs)	See pages 68

Objective 5: Achieve measurable progress on public health outcomes

Ministry of Health	See pages 69
Ministry of Health and District Health Boards (DHBs)	See pages 70
Other government agencies	See pages 70
District Health Boards, hospitals and community health service providers	See pages 71
Territorial authorities, regional councils, education institutions, iwi and hapū	See pages 71
Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs)	See pages 71



Objective 1: Strengthen public health leadership at all levels and across all sectors

Ministry of Health – responsible for national health policy, regulation and sector development

Key actions ²	Examples of outputs
<ul style="list-style-type: none"> • Influence policy across the different government sectors, eg. by proactively making advice and information available and supporting ‘whole-of-government’ initiatives. • Work with other government agencies to promote public health actions and outcomes, including encouraging partnerships between public health providers, District Health Boards, Primary Health Organisations, local government and others. • Strengthen knowledge, communication and planning for public health across the Ministry of Health Directorates. • Provide guidance for public health action and prioritisation by monitoring and reporting on the state of public health against a set of key health indicators. • Develop and monitor legislation which promotes and protects public health and encourages and mandates leadership for public health action at appropriate levels. 	<p>Clear partnerships and relationships with other government departments and national agencies are developed and maintained, particularly Local Government New Zealand, Housing New Zealand, DHBNZ, Ministry for the Environment, Ministry of Agriculture and Forestry, Food Safety Authority, ESR and Schools of Public Health.</p> <p>Partnerships and models of working and communicating across the Ministry are developed and maintained in key priority areas, particularly primary care and reducing inequalities.</p> <p>An Indication of New Zealanders’ Health is developed and disseminated annually.</p> <p>Policies, strategies and legislation are developed to provide the strategic direction and framework for public health, for example the Public Health Bill, an environmental health strategy, Healthy Eating Healthy Action, public health handbooks, manuals and best practice guidelines, and leading the implementation of the Inequalities Framework across the health sector.</p> <p><i>Achieving Health for All People</i> is implemented through service specifications, through guidelines and resources for DHBs and PHOs.</p>

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² Refer to the strategic plan and annual business plan of the Public Health Directorate for more information on strategies and work programmes.

Objective 1: Strengthen public health leadership at all levels and across all sectors

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Ministry of Health – responsible for national health policy, regulation and sector development	
Key actions³	Examples of outputs
<ul style="list-style-type: none"> • Set strategic direction for public health action and develop tools and action plans to guide planners, funders and providers providers in achieving the goals. • Actively engage with whānau, hapū, iwi and Māori to determine appropriate leadership action to improve Māori health status. • Develop and implement strategies aimed at building public health capacity and infrastructure. 	<p>Community development demonstration projects working with whānau, hapū and iwi are developed, implemented and evaluated.</p> <p>A three- to five-year public health workforce development action plan is developed and implemented.</p> <p>The development of Māori leadership is recognised as a key goal in policy and service development, and leadership opportunities, workforce development and support structures are established.</p> <p>The development of Pacific leadership is incorporated into planning and leadership opportunities, workforce development and support structures established.</p> <p>Regional and national public health forums are established and supported to provide a public health voice and leadership as well as input into policy development and funding for public health.</p>



³ Refer to the strategic plan and annual business plan of the Public Health Directorate for more information on strategies and work programmes.



Ministry of Health and District Health Boards (DHBs) – collaborating as planners and funders of public health services – national, regional and district level

Key actions	Examples of outputs
<ul style="list-style-type: none"> • Plan and fund initiatives aimed at strengthening public health leadership capacity of public health providers, DHBs, PHOs, local authorities, eg. training opportunities, forums. • Plan and fund specific leadership initiatives for Māori public health. • Model best practice planning and funding procedures. • Model planning and funding procedures which address inequalities. • Demonstrate commitment to public health goals and population health throughout strategic and operational planning, and monitoring of services. • Support joint decision-making processes around public health planning and funding between District Health Boards and the Ministry of Health Public Health Directorate. • Continue to develop partnership mechanisms to ensure collaborative planning and funding of public health action. • Plan and fund intersectoral action to address multifactoral determinants of health. 	<p>Forums, initiatives and training programmes which are aimed at strengthening public health leadership at all levels are funded, eg. Public Health Association (PHA), Injury Prevention Network (IPNANZ), Agencies for Nutrition Action (ANA), HPO Forum.</p> <p>Leadership programmes for Māori public health are planned, delivered and evaluated as part of the workforce plan of action.</p> <p>Specific programmes aimed at strengthening leadership for public health action at all levels of the sector are planned and funded as part of developing the workforce plan of action.</p> <p>Service planning and funding procedures are reviewed and evaluated regularly and disseminated in the <i>Public Health Service Handbook</i>.</p> <p>Recommended actions from <i>Achieving Health for All People</i> are incorporated in service specifications (in <i>Public Health Service Handbook</i>) and in specific contracts (eg. the provision of public health expertise/information to inform DHB or PHO planning).</p> <p>Joint decision-making mechanisms between DHBs and Ministry of Health are resourced and actively implemented at national, regional and district levels.</p> <p>Public health partnerships, collaborative models and intersectoral action are supported and funded in each region of New Zealand.</p>

Objective 1: Strengthen public health leadership at all levels and across all sectors

Other government and national policy-making agencies – responsible for policy development (non-health sector)

Key actions

- Work collaboratively in a ‘whole-of-government’ approach on issues which impact on public health outcomes.
- Include relevant public health goals and actions in policies and plans.
- Positively influence the determinants of health through legislation, eg. the Local Government Act 2002, the Resource Management Act 1991.

Possible outputs

Ministry of Health representation is incorporated in key policy and strategy development to assess health impact.

Whole-of-government initiatives are identified and supported to improve health, eg. housing, education, employment.





District Health Boards, hospitals and community health service providers – responsible for health service planning and provision at regional and district level	
Key actions	Possible outputs
<ul style="list-style-type: none"> • Demonstrate commitment to public health goals, population health and reduction of inequalities throughout strategic and operational planning. • Ensure capacity in public health knowledge and skills. • Demonstrate commitment to Treaty-based practice. • Actively engage with whānau, hapū, iwi and Māori to determine appropriate leadership action to improve Māori health status. • Support and participate in intersectoral action to address determinants of health. • Support the development of Pacific public health leadership. • Support community action for public health through effective consultation, participation and provision of health information. • Act as leader and advocate around specific community issues which impact on health. 	<p>A clear focus on public health/population health goals is evident in planning and the monitoring of progress.</p> <p>The ‘equity lens’ is used to assess initiatives with potential for improving health.</p> <p>Public health capacity is available either ‘in house’ or through partnerships with public health agencies.</p> <p>A commitment is demonstrated to developing Treaty-based practice throughout strategic and operational planning and monitoring of services.</p> <p>Strong functional relationships are developed with whānau, hapū, iwi and Māori.</p> <p>The development of Māori leadership is recognised as a key goal in agencies’ own planning and leadership opportunities, workforce development and support structures are provided.</p> <p>The development of Pacific leadership is incorporated into planning and leadership opportunities, workforce development and support structures provided.</p> <p>Intersectoral partnerships are in place to address determinants of health.</p> <p>The agency plays a lead role in advocating for health, in identifying community health issues and ensuring community participation in decision-making.</p>

Objective 1: Strengthen public health leadership at all levels and across all sectors

Territorial authorities, regional councils, education institutions, iwi and hapū – local and regional government and other non-health sector policy-makers

Key actions	Possible outputs
<ul style="list-style-type: none"> • Demonstrate commitment to public health goals and population health throughout strategic and operational planning. • Strengthen capacity in public health knowledge and skills. • Support and participate in intersectoral action with health and other agencies to address determinants of health. • Demonstrate commitment to Treaty-based practice. • Develop effective relationships with Māori. • Support the development of Māori public health leadership. • Support the development of Pacific public health leadership. • Support community action for public health through effective consultation, participation, and provision of health information. • Act as leader and advocate around specific community issues which impact on health. 	<p>A clear focus on public health/population health goals is evident in planning and the monitoring of progress.</p> <p>The regional or local council plays a lead role in advocating for health, in identifying community health issues when developing community outcomes and in Long-Term Council Community Plans (LTCCPs).</p> <p>Intersectoral partnerships are in place to address determinants of health.</p> <p>Strong functional relationships are developed with whānau, hapū, iwi and Māori.</p> <p>A commitment is demonstrated to developing Treaty-based practice throughout strategic and operational planning and monitoring of services.</p> <p>The development of Māori leadership is recognised as a key goal in planning, and leadership opportunities, and workforce development and support structures are provided.</p> <p>The development of Pacific leadership is incorporated into planning and leadership opportunities, and workforce development and support structures are provided.</p> <p>The ‘equity lens’ is used to assess initiatives with potential for improving health.</p>





Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs) – responsible for provision of public health services	
Key actions ⁴	Possible outputs
<ul style="list-style-type: none"> • Provide advice, support and information to DHB planners, PHOs, other agencies to encourage leadership in public health action. • Provide public health leadership and advocacy around specific public health and community issues. • Demonstrate commitment to Treaty-based practice. • Develop effective relationships with Māori. • Strengthen public health partnerships and intersectoral actions which improve health. • Support forums to foster development of public health leadership, eg. Public Health Association, Health Promotion Forum, Injury Prevention Network and other organisations. • Develop Māori public health leadership, eg. via leadership opportunities, workforce development and support structures. • Develop Pacific public health leadership, eg. via leadership opportunities, workforce development and support structures. • Strengthen organisational capacity in public health knowledge and skills. • Form relationships with other providers such as NGOs, PHUs, PHOs, and with other sectors, eg. local government 	<p>Advocacy for public health and the development and provision of information and leadership to other agencies is part of service/programme plans.</p> <p>A commitment is demonstrated to developing Treaty-based practice throughout strategic and operational planning and monitoring of services.</p> <p>Strong functional relationships with whānau, hapū, iwi and Māori are developed.</p> <p>The integrated nature of public health action is demonstrated through leading the development of collaborative and intersectoral actions.</p> <p>Participation in public health networks, forums, training opportunities and professional development is incorporated in organisational and personal development planning.</p> <p>The development of Māori leadership is recognised as a key goal in workforce planning and leadership opportunities, and workforce development and support structures are provided.</p> <p>The development of Pacific leadership is incorporated into workforce planning and leadership opportunities, workforce development and support structures are provided.</p> <p>The capacity and skills of the organisation to achieve public health goals and take an appropriate leadership role is monitored and addressed in annual planning processes.</p>

⁴ Contracts with public health service providers are based on the service specifications outlined in the *Public Health Service Handbook* available at www.moh.govt.nz

Objective 2: Encourage effective public health through public health services and action across the whole of the health sector

Ministry of Health – responsible for national health policy, regulation and sector development

Key actions ⁵	Examples of outputs
<ul style="list-style-type: none"> • Work with other government agencies and across the Ministry to promote public health actions and outcomes. • Encourage effective public health action through partnerships between public health providers, District Health Boards, PHOs, local government and others. • Support implementation of PHOs and achievement of population health goals. • Develop policies and action plans which identify evidence-based strategies and which encourage the development of integrated public health programmes. • Inform and monitor legislation which requires or encourages effective public health practice and the public health responsibilities of other agencies. • Provide advice, support and monitoring of effective public health action across the health sector (eg. through training and support for work of designated officers). • Develop and implement a workforce plan of action for public health including a workforce plan of action for Māori public health. • Develop and implement Māori public health action plans for the Public Health Directorate and the sector based on consultation with Māori. 	<p>Clear partnerships and relationships with other government departments and national agencies are developed and maintained, particularly Local Government New Zealand, Ministry of Pacific Island Affairs, Housing New Zealand, Food Safety Authority, ESR and Schools of Public Health.</p> <p>Tools and resources are developed by the Ministry of Health Public Health Directorate to provide public health support and guidance to PHOs.</p> <p>Specific policies and evidence-based strategies are developed as specified in the Annual Business Plan (eg. Health Eating, Healthy Action, immunisation strategy).</p> <p>Legislation is developed and monitored which strengthens effective public health practice eg. the Public Health Bill.</p> <p>Training opportunities and forums for designated officers are provided, both routinely and, in response to emergent issues, best practice guidelines and manuals are developed.</p> <p>A public health workforce development action plan is developed and implemented including needs assessment of public health workforce needs for Māori and within PHOs.</p> <p>A Māori public health action plan for the Public Health Directorate is implemented and monitored as part of the annual business plan.</p> <p>A Māori public health action plan for the sector, based on consultation with Māori, is developed and implemented.</p>

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⁵ Refer to the strategic plan and annual business plan of the Public Health Directorate for more information on strategies and work programmes.



Objective 2: Encourage effective public health through public health services and action across the whole of the health sector

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Ministry of Health – responsible for national health policy, regulation and sector development	
Key actions⁶	Examples of outputs
<ul style="list-style-type: none"> • Work collaboratively to develop an effective ‘whole-of-government’ approach on issues which impact on public health outcomes. • Include relevant public health goals in policies and actions. • Consider health impacts and impacts on inequalities of all policies and strategies. 	<p>Development of ‘whole-of-government’ partnerships, eg. through Memorandum of Understandings in order to influence healthy public policies.</p> <p>Carry out health impact assessments and health inequality assessments in policy and strategy development.</p>

⁶ Refer to the strategic plan and annual business plan of the Public Health Directorate for more information on strategies and work programmes.

Objective 2: Encourage effective public health through public health services and action across the whole of the health sector

Ministry of Health and District Health Boards (DHBs) – collaborating as planners and funders of public health services – national, regional and district level	
Key actions	Examples of outputs
<ul style="list-style-type: none"> • Develop service specifications, strategies and contracts which outline effective public health practices and clarify the contribution and roles of providers to the strategy as a whole. • Develop guides and resources to support effective public health practices in public health services, DHBs, PHOs and other key agencies. • Support the development of public health competency frameworks. • Engage with whānau, hapū, iwi and Māori structures to develop a Māori public health workforce and strong Māori provider infrastructure, and support collaboration and co-ordination between providers of public health services for Māori. • Fund Māori public health services that utilise Māori models of health. • Fund providers to work with DHBs and PHOs to support the development of public health/population health skills and actions. • Implement the Pacific Provider Development Scheme. • Empower communities by engaging and involving them in all aspects of health and disability service design, planning, delivery and evaluation. • Support models of Pacific community development. 	<p>Recommended actions from <i>Achieving Health for All People</i> are incorporated into service specifications and contracts for services.</p> <p>Providers are expected to identify and monitor outputs and performance measures based on five key objectives of <i>Achieving Health for All People</i>.</p> <p>Public health services handbook, including service specifications and manuals are maintained.</p> <p>Specific guides and resources are developed as required (eg. resources to support public health work in PHOs, Public Health Intelligence occasional bulletins).</p> <p>A guide to a comprehensive public health programme is developed and implemented.</p> <p>Projects to develop and implement the workforce development plan of action are funded at national and district levels.</p> <p>Competency frameworks are reviewed as part of the development of the public health workforce development plan of action.</p> <p>Projects to develop and implement the workforce development plan of action Māori are funded at national and district levels.</p> <p>Community development demonstration projects working with whānau, hapū and iwi are planned, funded and evaluated.</p> <p>Public health providers are funded to support public health action by other parts of the health sector and community, eg. through gathering and disseminating public health intelligence, provision of advice, training.</p> <p>Pacific Provider Development Scheme projects are funded and evaluated.</p>



Objective 2: Encourage effective public health through public health services and action across the whole of the health sector



Other government and national policy-making agencies – responsible for policy development (non-health sector)	
Key actions	Possible outputs
<ul style="list-style-type: none"> • Work collaboratively in a ‘whole-of-government’ approach on issues which impact on public health outcomes. • Include relevant public health goals and actions in policies and plans. • Positively influence the determinants of health through legislation, eg. the Local Government Act 2002, the Resource Management Act 1991. 	<p>Ministry of Health representation is incorporated in key policy and strategy development to assess health impact.</p> <p>Whole-of-government initiatives are identified and supported to improve health, eg. housing, education, employment.</p>

Objective 2: Encourage effective public health through public health services and action across the whole of the health sector

District Health Boards, hospitals and community health service providers – responsible for health service planning and provision at regional and district level

Key actions ⁷	Possible outputs
<ul style="list-style-type: none"> • Focus on public health outcomes. • Take a population health approach to planning and practice, ie. an approach which considers the needs of the whole population and the determinants of health status in all planning. • Strengthen internal skills in health needs assessment, population health planning, evidence-based programme planning and evaluation. • Plan and deliver services in collaboration with other health agencies to maximise health gain. • Engage meaningfully with Māori structures and communities in planning processes. • Develop service specifications, strategies and contracts to clarify the contribution and roles of providers in population health goals. • Plan Māori public health services that utilise Māori models of health. • Empower communities by engaging and involving communities in planning and service development, and sharing of good health information. • Support models of Pacific health and community development. 	<p>All strategic and operational plans demonstrate a commitment to a population health focus and the reduction of inequalities.</p> <p>Equity measurement tools, eg. the ‘equity lens’, are routinely used to assess impact of planning and funding decisions.</p> <p>Planning is based on evidence and on national evidence-based strategies where these are available.</p> <p>Organisational planning includes objectives to maintain capability in public health/ population health skills through recruitment, training or partnerships.</p> <p>Intersectoral and collaborative initiatives are developed to improve effectiveness of planning and service provision and dissemination of best practice.</p> <p>Whānau, hapū, iwi and Māori are engaged in annual and strategic planning processes and in development of the workforce strategy to strengthen capacity and capability of Māori health.</p> <p>Planning documents, eg. District Annual Plans or operational plans, include funding/provision of services which utilise Māori models of health.</p> <p>Communities are involved in all aspects of health and disability services design, planning, delivery and evaluation.</p> <p>Models of Pacific community development are funded and developed and the Pacific Provider Development Scheme is implemented and documented in planning documents, eg. District Annual Plans.</p>

⁷ Find out more in District Annual Plans and District Strategic Plans for each DHB.



Objective 2: Encourage effective public health through public health services and action across the whole of the health sector



Territorial authorities, regional councils, education institutions, iwi and hapū – local and regional government and other non-health sector policy-makers	
Key actions	Possible outputs
<ul style="list-style-type: none"> • Take a population health approach to planning and practice, ie. an approach which considers the needs of the whole population and the determinants of health status in all planning. • Collaborate with health sector funders, planners and providers to plan and manage a population health approach and strategies. • Strengthen skills in health needs assessment, evidence-based programme planning, implementation and evaluation. • Foster best practice and ongoing improvement in the quality of public health/population health strategies. • Engage meaningfully with Māori structures and communities in planning processes and utilise Māori models of health in planning. • Support models of Pacific health and community development. • Empower communities by engaging and involving communities in planning and sharing of information. 	<p>Local authorities work with health agencies to identify and address community health issues when developing community outcomes and Long-Term Council Community Plans (LTCCPs).</p> <p>Intersectoral partnerships are in place to more effectively address the determinants of health and build integrated approaches to health issues.</p> <p>Internal capacity for population health/public health activities is maintained either through recruitment, training or partnerships.</p> <p>Public health evidence and research is utilised in improving quality of population health planning and public health practice.</p> <p>Whānau, hapū, iwi and Māori are engaged in annual and strategic planning processes.</p> <p>Planning documents, eg. LTCCPs include strategies which utilise Māori models of health.</p> <p>Planning documents include models of Pacific community development and health.</p>

Objective 2: Encourage effective public health through public health services and action across the whole of the health sector

Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs) – responsible for provision of public health services

Key actions ^{8,9}	Possible outputs
<ul style="list-style-type: none"> • Focus on public health outcomes, and base public health planning and strategy development on evidence and best practice. • Identify roles and responsibilities in delivering <i>Achieving Health for All People</i> as a public health provider and as supporter of public health action by other health agencies and the wider community. • Work with other providers (eg. PHOs) and sectors (eg. local authorities) to support population health planning and capability and ensure clarity of roles and integrated programmes. • Establish effective working relationships with Māori structures or the planning, implementation and evaluation of public health action. • Ensure the organisation has the capability to work effectively with Māori to improve their health status. • Develop services to improve Māori health based on Māori models of health. • Empower communities by engaging and involving communities in planning and service development, and sharing of good health information. • Support models of Pacific community development. 	<p>Public health plans and strategies:</p> <ul style="list-style-type: none"> • are focused on outcomes • are evidence-based and built on national evidence-based strategies where these are available • include specific goals and outputs to address one or more of the five objectives of <i>Achieving Health for All People</i> (including at least one output related to strengthening the public health/population health capacity of the wider health sector or other sectors) • include provision of services which utilise Māori models of health providers/sectors and opportunities for information-sharing, collaboration and partnerships • include processes to establish effective working relationships with local communities including local whānau, hapū, iwi, Pacific communities and other local communities • include advocacy for public health and key determinants of health with stakeholders, territorial authorities, regional councils and industry • where appropriate, include links and joint programmes between public health and PHO initiatives.

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⁸ Contracts with public health service providers are based on the service specifications outlined in the *Public Health Service Handbook* available at www.moh.govt.nz

⁹ See public health resources for PHOs – *A Bird's Eye View of Public Health*; and *A Guide to Developing Health Promotion Programmes in Primary Care Settings*. Both are available from the Ministry's website: www.moh.govt.nz



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Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs) – responsible for provision of public health services	
Key actions^{10,11}	Possible outputs
<ul style="list-style-type: none"> • Develop and maintain organisations’ capacity in public health/population health skills and competencies. • Maintain quality improvement and review processes. • Develop collaborative relationships with other providers and sectors. • Advocate for and involve Pacific communities in design, planning and implementation of Pacific public health initiatives. 	<p>Providers develop workforce development plans appropriate for their organisation which:</p> <ul style="list-style-type: none"> • include a strategy to strengthen the capability of the organisation and workforce in public health/population health skills • specifically address capability of workforce to work effectively with whānau, hapū and iwi and Māori • set goals and targets for the establishment of an effective and sustainable Maori public health workforce and infrastructure • include strategies to recruit public health professionals to work on Pacific public health issues. <p>Providers establish and monitor a quality improvement plan.</p>

¹⁰ Contracts with public health service providers are based on the service specifications outlined in the *Public Health Service Handbook* available at www.moh.govt.nz

¹¹ See public health resources for PHOs – *A Bird’s Eye View of Public Health*; and *A Guide to Developing Health Promotion Programmes in Primary Care Settings*. Both are available from the Ministry’s website: www.moh.govt.nz

Objective 3: Build healthy communities and healthy environments

Ministry of Health – responsible for national health policy, regulation and sector development

Key actions ¹²	Examples of outputs
<ul style="list-style-type: none"> • Influence community and environmental policy across the different government sectors (eg. by providing highquality, timely and evidence-based advice on issues which impact on the social and physical environment and by supporting combined government initiatives). • Monitor the state of public health and ensure results are readily available to inform government policy and community action. • Support the implementation of community development approaches. • Work in partnership with whānau, hapū, iwi and Māori 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 an environmental health plan for New Zealand. • 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. • Develop public health policy advice and specific strategies to address the needs of specific communities (eg. Māori, Pacific, Asian, refugees) and population groups (eg. women, youth, children, older people). 	<p>Advice is provided and intersectoral relationships maintained with government departments and national agencies responsible for policy and strategy development related to the health of the community and the physical and social environment in particular Local Government New Zealand, Housing New Zealand, Food Safety Authority.</p> <p>Community development and action indicators are developed, disseminated and trialled.</p> <p>Community development demonstration projects working with whānau, hapū and iwi are developed, implemented and evaluated.</p> <p>The Ministry of Health report, <i>Indication of New Zealanders' Health</i>, is developed and disseminated annually.</p> <p>Health status information is available at DHB level on the Ministry website.</p> <p>Training is provided for DHB personnel responsible for needs assessment.</p> <p>The Ministry of Health, Public Health Directorate administers and enforces an annual cycle of public health regulation.</p> <p>An environmental health plan for New Zealand is developed and implemented.</p> <p>A project to identify mechanisms and improve skills of Public Health Directorate in order to engage with whānau, hapū and iwi is undertaken.</p> <p>Specific projects are undertaken to improve environmental health through leadership, legislation and management in issues of health significance such as drinking water, sewage treatment, organochlorines and the control of exotic mosquitoes.</p>

¹² Refer to the strategic plan and annual business plan of the Public Health Directorate for more information on strategies and work programmes.





Ministry of Health and District Health Boards (DHBs) – collaborating as planners and funders of public health services – national, regional and district level	
Key actions	Examples of outputs
<ul style="list-style-type: none"> • Work collaboratively and intersectorally with other community funding agencies to develop community-wide strategies. • Support and fund collaborative and intersectoral work (eg. with local authorities and other community agencies) to manage and monitor environmental health. • Ensure appropriate and meaningful consultation is built into service planning at funder and provider levels. • Support and fund 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 the strengths and assets of whānau. • 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. 	<p>Community development indicators are trialled with community groups.</p> <p>Community development demonstration projects working with whānau, hapū and iwi are developed, implemented and evaluated.</p> <p>Intersectoral planning and the maintenance of relationships to support community development and action is included as a specific requirement in appropriate contracts and service specifications.</p> <p>Services to plan for and monitor environmental health are funded.</p> <p>Intersectoral community-based environmental health plans are supported and funded (eg. enHealth Auckland).</p> <p>Contracts to carry out needs assessment will recognise needs of particular communities and groups (eg. the growing Asian community in some parts of NZ).</p> <p>The inequalities framework is used as part of planning and funding procedures.</p>

Other government and national policy-making agencies – responsible for policy development (non-health sector)	
Key actions	Possible outputs
<ul style="list-style-type: none"> • 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. 	<p>Specific strategies are developed to address health issues through collaborative and ‘whole-of-government’ approaches, eg. inequalities framework, healthy housing projects.</p>

Objective 3: Build healthy communities and healthy environments

District Health Boards, hospitals and community health service providers – responsible for health service planning and provision at regional and district level

Key actions ¹³	Possible outputs
<ul style="list-style-type: none"> • Conduct regional and district health needs assessment, community consultation, compile risk factor profiles, epidemiology data and demographic profiles. • Ensure effective working relationships with environmental health agencies at national, regional and local levels. • Establish effective working relationships with communities including local whānau, hapū, iwi and Māori 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. • Develop effective community development and community action programmes based on needs of communities and delivered by culturally appropriate means (eg. for Māori by Māori). • Establish and promote links with other providers and other sectors (eg. housing and education) which influence social and physical environmental health risk factors and health status. • Ensure appropriate staff are skilled in community development and community action skills. 	<p>Regional or district health needs assessments are carried out as required for planning.</p> <p>Plans (eg. District Annual Plans) include consideration of the social and physical environments which underpin health status, policies, regulations and strategies to protect health at national and local levels.</p> <p>Intersectoral relationships are developed and maintained (eg. with local authorities to assist in developing their Long-Term Council Community Plans and community outcomes).</p> <p>Specific strategies are included in service planning to establish effective working relationships with whānau, hapū, iwi and Māori.</p> <p>District Health Board Community and Public Health Advisory Committees (CPHACs) and Primary Health Organisations are provided with training and/or support to engage in effective community consultation and community action.</p>

¹³ Find out more in District Annual Plans and District Strategic Plans for each DHB.





Territorial authorities, regional councils, education institutions, iwi and hapū – local and regional government and other non-health sector policy-makers

Key actions ⁴⁴	Possible outputs
<ul style="list-style-type: none"> • Local Authorities place a high priority on health of their community and on the physical and social environment as they identify, consult and measure progress towards achievement of community outcomes (as specified in the Local Government Act 2002). • As part of developing Long Term Council Community Plans (LTCCPs) work with key public health stakeholders to develop effective programmes. • Take a key role in regulatory environmental health administration. • Ensure organisational competencies in public health skills including regulatory environmental health and community development. • Establish effective working relationships with local 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. • Empower communities by engaging and involving communities in planning and sharing of information on public health issues and strategies, and the local social and physical environment. • Establish and promote links and effective collaboration with other providers and other sectors (eg. housing and education) which influence social and physical environmental health risk factors and health status. 	<p>Community health outcomes are identified for the intermediate and long-term future of the district or region.</p> <p>Community outcomes and Long-Term Council Community Plans are developed in collaboration with DHBs, health providers and other agencies with responsibility for the health of the population and protection and promotion of environmental health.</p> <p>Links are maintained with other key stakeholders (eg. Housing NZ).</p> <p>Operational planning includes the capacity to develop, maintain, administer and enforce a framework of regulatory environmental health interventions and services.</p> <p>Workforce plans include provision for frontline staff to be trained and competent in community development and community action skills.</p> <p>Effective working relationships are established with whānau, hapū, iwi and Māori to support effective community development and community action.</p> <p>Carry out agreed services in accordance with responsibilities set out in relevant legislation including the Health Act 1956, Hazardous Substances and New Organisms Act 1996, Resource Management Act 1991, Local Government Act 2002.</p>

⁴⁴ To find out more about LTCCPs and community outcomes refer to the Local Government Act 2002 (accessible from: www.legislation.govt.nz) or visit the Local Government New Zealand web-site: www.lgnz.co.nz/

Objective 3: Build healthy communities and healthy environments

Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs) – responsible for provision of public health services	
Key actions¹⁵	Possible outputs
<ul style="list-style-type: none"> • Develop effective community development, community action and environmental health programmes based on needs assessment, evidence and best practice. • Undertake public health advocacy to raise the profile of public health and environmental health issues. • Provide high quality, timely and evidence-based support and advice to other agencies around community and public health and the determinants of health (eg. local authorities in the development of community outcomes and Long-Term Council Community Plans and DHBs and PHOs in engaging with local health issues). • Ensure organisational capacity and competencies in environmental health, community development and community action¹⁶. • Work with other parts of the health sector and other sectors to build a better understanding of the value of community development approaches. 	<p>Regional and district environmental health needs assessment and service provision is carried out as required through contract or in support of health impact assessments, local initiatives, risk factor profiles, epidemiology data, and demographic profiles are compiled.</p> <p>Service plans include appropriate community development approaches or programmes and identify intersectoral actions and partnerships required to address the determinants of health.</p> <p>Advice, support and advocacy is provided to:</p> <ul style="list-style-type: none"> i. communities ii. District Health Boards (CPHACS and other mechanisms) iii. local authorities (eg. in the development of community outcomes and Long-Term Council Community Plans) and iv. Primary Health Organisations (PHOs), in order to support effectiveness of community programmes, environmental health strategies and strategies to address the determinants of health. <p>Community development programmes are delivered by culturally appropriate means (eg. for Māori by Māori).</p>

...continued on page 64

¹⁵ Contracts with public health service providers are based on the service specifications outlined in the *Public Health Service Handbook* available at www.moh.govt.nz

¹⁶ There is a difference between community ‘development’ which is a comprehensive approach to building community capacity, and community ‘action’ which is the community-level implementation of specific programmes (see Casswell 2001 for a fuller description of these approaches).



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Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs) – responsible for provision of public health services

Key actions ¹⁷	Possible outputs
<ul style="list-style-type: none"> • Work with other parts of the health sector and other sectors to build a better understanding of the value of community development approaches. • Establish effective working relationships with local 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. • Play a lead role in the community in developing, maintaining, administering and enforcing a framework of regulatory environmental health interventions and services. • Establish links and form networks within the health sector and other sectors to influence environmental risk factors and enhance health status. • Work in partnerships with schools and communities to promote healthy social and physical environments through the Health Promoting Schools framework. • Evaluate effectiveness of activities undertaken to build healthy communities and healthy environments. • Develop effective working relationships with Pacific communities to undertake appropriate action for community development/action. 	<p>Workforce plans include provision for frontline staff to be trained and competent in community development and community action skills, health impact assessments, and to ensure capacity for regulatory/ environmental health.</p> <p>Regulatory providers carry out agreed services in accordance with the <i>Public Health Service Handbook</i> and manuals and guidelines.</p> <p>Specific strategies are included in service planning to establish effective working relationships with whānau, hapū, iwi and Māori to support effective community development and community action.</p>

¹⁷ Contracts with public health service providers are based on the service specifications outlined in the *Public Health Service Handbook* available at www.moh.govt.nz

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

Ministry of Health – responsible for national health policy, regulation and sector development	
Key actions ¹⁸	Examples of outputs
<ul style="list-style-type: none"> Take a lead role through policy and funding mechanisms to support the integration of research evidence into: <ul style="list-style-type: none"> - 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 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. Support research to better understand approaches and interventions that work best for Māori. Support research to better understand approaches and interventions that work best for Pacific peoples. Work with the Public Health Advisory Committee and policy-making bodies to utilise and assess health impact assessment as a tool to ensure healthy public policies. 	<p>Focus on evidence-based policy and practice is evident in internal policy development and operation practices, service planning and funding.</p> <p>Research partnerships are developed and maintained with national research bodies for example ESR Ltd, academic bodies.</p> <p>Develop research to better understand approaches that work best for Māori and approaches that work best for Pacific communities.</p> <p>Service plans and strategies are progressively reviewed to ensure their basis in evidence.</p> <p>Develop a research partnership programme with the Health Research Council (HRC).</p> <p>Public health service planning, funding and monitoring practices are reviewed and monitored to promote continuous quality improvement both of public health services and planning/funding practices.</p> <p>Workforce development planning and needs assessment will consider and plan for needs in research and evaluation including, for the Māori public health workforce, identifying needs in kaupapa Māori evaluation and research skills.</p> <p>Following the completion of the Public Health Advisory Committee trial, promote the use of Health Impact Assessments (HIA) in policy development.</p>

¹⁸ Refer to the strategic plan and annual business plan of the Public Health Directorate for more information on strategies and work programmes.





Ministry of Health and District Health Boards (DHBs) – collaborating as planners and funders of public health services – national, regional and district level	
Key actions	Examples of outputs
<ul style="list-style-type: none"> • Fund services to collect and communicate evidence and public health information. • Support and fund public health providers to build evaluation into service provision. • Support and fund public health providers to work with DHBs and PHOs to strengthen the evidence base of strategic and operational planning. • Ensure programme planning and delivery is evidence-based. • Utilise kaupapa Māori research in planning and funding services. • Fund training for upskilling of the Māori public health workforce in research and evaluation skills. • Fund training for upskilling of the public health workforce and other providers in research and evaluation skills. 	<p>Work of research agencies, dissemination of research and networking/training around public health research is funded.</p> <p>Provider initiatives aimed at better utilisation of evidence and evaluation in service development are funded and supported.</p> <p>Service planning is based on best possible evidence and appropriate evaluation and providers are required to show the evidence base of their plans and strategies as part of service negotiation.</p> <p>Needs assessment of actions required to upskill the public health workforce and the Māori public health workforce in research and evaluation skills is carried out as part of the workforce development plan of action.</p>

Other government and national policy-making agencies – responsible for policy development (non-health sector)	
Key actions	Possible outputs
<ul style="list-style-type: none"> • Work with the Ministry of Health to source and use research evidence around public health outcomes in policy and programme development. 	<p>National agencies use public health/ population health data and evidence around public health outcomes in development of policies and programmes.</p>

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

District Health Boards, hospitals and community health service providers – responsible for health service planning and provision at regional and district level	
Key actions¹⁹	Possible outputs
<ul style="list-style-type: none"> • Develop and support agencies that collect and disseminate evidence. • Fully involve communities as appropriate and mutually agreed by the parties. • Develop stronger links with research bodies and universities to ensure practical input into research proposals and increased understanding and use of the results. • Develop an evidence base by systematically evaluating innovative practices. • Strengthen evaluation skills and utilise evaluation results including maintaining effective communication networks to share and support dissemination of evidence. 	<p>Plans (eg. District Annual Plans and District Strategic Plans) are based on population health need, evidence-based strategies and best practice and include links with other agencies for provision of information and support.</p> <p>Systematic evaluation and review of practices is built into strategic and operational planning.</p> <p>Internal capacity for population health research and evaluation is maintained through recruitment, training or partnerships.</p>

Territorial authorities, regional councils, education institutions, iwi and hapū – local and regional government and other non-health sector policy-makers	
Key actions²⁰	Possible outputs
<ul style="list-style-type: none"> • Build planning and practice on public health information and available evidence. • Develop strong links with DHBs, public health providers and research bodies to ensure practical input into research proposals and increased understanding and use of the results. • Base public health action on kaupapa Māori research. 	<p>The process for developing community outcomes, Long-Term Council Community Plans, District Plans and strategies is evidence-based.</p> <p>Links/partnerships are established with DHBs, public health providers and research bodies.</p> <p>Planning is carried out in partnership with local whānau, hapū, iwi and Māori.</p> <p>Services and strategies are based on kaupapa Māori research.</p>

¹⁹ Find out more in District Annual Plans and District Strategic Plans for each DHB.

²⁰ To find out more about LTCCPs and community outcomes check out the Local Government Act 2002 (accessible from: www.legislation.govt.nz) or visit the Local Government New Zealand website: www.lgnz.co.nz/





Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs) – responsible for provision of public health services	
Key actions ²¹	Possible outputs
<ul style="list-style-type: none"> • Collect, process and disseminate public health information and evidence as required to inform own practices and support work of other agencies that collect and disseminate evidence. • Ensure planning is routinely based on available evidence and appropriate evaluation is undertaken. • Base public health action on kaupapa Māori research. • Develop an evidence base by systematically evaluating innovative practices and sharing results with the public health sector. • Develop stronger links with research bodies and universities to ensure practical input into research proposals and increased understanding and use of the results. • Support communities to participate in community-based research and the use of information. • Strengthen evaluation skills and utilise evaluation results including maintaining effective communication networks to share and support dissemination of evidence. • Support development of workforce capacity in public health research. • Carry out provision of research and evaluation opportunities and leadership in partnership with local whānau, hapū, iwi and Māori that strengthen the research, evaluation skills and knowledge of the Māori public health workforce. • Support development of workforce capacity in public health research. • Make available evaluations and research of innovative programmes. 	<p>Population health information is developed and communicated to inform planning and practices of DHBs, PHOs, local authorities and other community agencies.</p> <p>Service planning is routinely based on sound evidence and logic can be demonstrated.</p> <p>Plans include services and public health action based on kaupapa Māori research.</p> <p>Appropriate evaluation and communication of results is built into work programmes and systematically contributes to the nationwide evidence base for public health programmes.</p> <p>Partnerships and alliances with research organisations are developed and supported to ensure effective synergy and communication between evidence and practice.</p> <p>Research involves supporting the participation of relevant communities at all stages of the process.</p> <p>Planning and implementation is carried out in partnership with local whānau, hapū, iwi and Māori.</p> <p>Internal workforce development plan includes appropriate skill development around evaluation, research and use of evidence.</p>

²¹ Contracts with public health service providers are based on the service specifications outlined in the *Public Health Service Handbook* available at www.moh.govt.nz

Objective 5: Achieve measurable progress on public health outcomes

Ministry of Health – responsible for national health policy, regulation and sector development	
Key actions ²²	Examples of outputs
<ul style="list-style-type: none"> • Continue to monitor the state of public health in New Zealand to provide evidence for population health policy and decision-making. • Develop and influence policy-makers, funders and providers to utilise indicators to measure progress on improving Māori health. • Develop and influence policy-makers, funders and providers to utilise indicators to measure progress on reducing inequalities in health as part of implementing the inequalities framework. • Develop an assessment tool that describes the components of a comprehensive public health programme and assists policy-makers and funders to assess progress against agreed outcome measures for a specific programme. • Trial the tool on an agreed set of public health programmes against agreed outcome measures to determine how current programmes match the model of a comprehensive public health programme. • Develop and refine the proposed monitoring framework to demonstrate measurable progress in achieving Māori public health outcomes. 	<p>The reports, <i>An indication of New Zealanders' Health</i> and the <i>Health and Independence Report 2002 – Director-General's Report on the State of Public Health</i>, are published annually and made available on the Ministry website.</p> <p>Indicators are developed to measure progress on Māori health and built into monitoring tools.</p> <p>Indicators are developed to measure progress in the reduction of inequalities and built into monitoring tools for the implementation of the inequalities framework.</p> <p>Indicators are developed to measure progress in addressing the determinants of health and built into the monitoring and planning tools.</p> <p>Indicators are developed to measure progress on environmental health (including biosecurity) outcomes and built into monitoring tools.</p> <p>A programme assessment tool is developed (including peer review by key stakeholders).</p> <p>Outcome measures (including Māori public health outcomes) are defined for each of three pilot areas: tobacco, nutrition and physical activity, and breast screening).</p> <p>The assessment tool is trialled on three pilot areas and refined to demonstrate progress in achieving Māori public health outcomes.</p> <p>The comprehensive public health programme assessment tool and process is progressively implemented across all public health programme areas.</p>

²² Refer to the strategic plan and annual business plan of the Public Health Directorate for more information on strategies and work programmes.



Objective 5: Achieve measurable progress on public health outcomes



Ministry of Health and District Health Boards (DHBs) – collaborating as planners and funders of public health services – national, regional and district level	
Key actions	Examples of outputs
<ul style="list-style-type: none"> • Ensure service specifications, strategies and contracts identify action to improve public health outcomes against key health indicators. • Fund monitoring activities, in particular, actions which monitor improvements in Māori health. • Progressively fund initiatives and strategies to trial and implement the assessment tool. 	<p>All service plans and contracts include a clear focus on outcomes and utilise evidence-based strategies and evaluation processes to assess progress.</p> <p>Funders assess and monitor services against indicators as these are developed.</p>

Other government and national policy-making agencies – responsible for policy development (non-health sector)	
Key actions	Possible outputs
<ul style="list-style-type: none"> • Ensure relevant strategies and policies have public health outcome orientation that aligns with the <i>New Zealand Health Strategy</i>, the <i>New Zealand Disability Strategy</i>, <i>He Korowai Oranga</i>, <i>Achieving Health for All People</i> and other evidence-based public health strategies. 	<p>Policies and strategies are focused on public health outcomes and are aligned with national public health goals and priorities.</p>

Objective 5: Achieve measurable progress on public health outcomes

District Health Boards, hospitals and community health service providers – responsible for health service planning and provision at regional and district level	
Key actions²³	Possible outputs
<ul style="list-style-type: none"> Align planning for health outcomes with national priorities, evidence-based strategies and indicators. Identify and monitor outcome-based indicators and targets based on strategic objectives from District Strategic Plans and nationally identified priorities. 	<p>District Annual Plans and other key planning documents identify expected levels of progress for mandatory (nationally established) and locally identified strategic objectives including the reduction of inequalities and implementation of <i>He Korowai Oranga</i>.</p>

Territorial authorities, regional councils, education institutions, iwi and hapū – local and regional government and other non-health sector policy-makers	
Key actions	Possible outputs
<ul style="list-style-type: none"> Establish community outcomes and plan policies and practices to address indicators and targets. Participate in intersectoral action to improve public health outcomes. 	<p>Community health outcomes and measures are developed as part of Long-Term Council Community Plans.</p>

Public Health Units (PHUs), Non-Governmental Organisations (NGOs) and Primary Health Organisations (PHOs) – responsible for provision of public health services	
Key actions²⁴	Possible outputs
<ul style="list-style-type: none"> Ensure programme planning is outcome-focused, with clear links between strategies/ interventions and outcome sought. Ensure outcome indicators (or intermediate indicators) are built into all planning. Influence and advocate for public health action to improve health outcomes. Utilise available guidelines and toolkits to enable measurable progress on health outcomes. 	<p>Service and programme plans focus on outcomes, are evidence-based and include outcome (or intermediate outcome) indicators.</p>

²³ Find out more in District Annual Plans and District Strategic Plans for each DHB.

²⁴ Contracts with public health service providers are based on the service specifications outlined in the *Public Health Service Handbook* available at www.moh.govt.nz



Glossary of terms

Definitions have been derived from the glossary in the New Zealand Health Strategy (Minister of Health 2000) and Last JM (ed). 1995. *A Dictionary of Epidemiology*, 3rd edition, Oxford University Press.

Access

Ability of people to reach or use health care services. Barriers to access can be a person's locality, income or knowledge of services available; or the acceptability or availability of existing services

Annual plans

Operational plans covering a 12-month period

Avoidable or preventable hospitalisation or mortality

Hospitalisation or death due to causes which could have been avoided by preventive or therapeutic programmes

Communicable disease

See infectious disease

Consultation

The process of seeking the views of individuals or groups. These include both providers and health service users

Culturally appropriate services

Services responsive to, and respectful of, the history, traditions and cultural values of the different ethnic groups in our society

Determinants of health

The range of personal, social, economic and environmental factors that determine the health status of individuals or populations

Disability

Incapacity caused by a congenital state, injury or age-related condition expected to last six months or more. A disability may or may not be associated with the need for assistance

Disease

Disorder or pathology that affects health

Disparity (or deprivation)

Socioeconomic or health inequality relative to the local community or wider society to which an individual, family or group belongs

Environment

Physical surroundings and conditions

Epidemiology

The scientific study of the distribution of disease

Equity (in health)

Fairness

Evaluation

Assessment against a standard. Evaluations can assess both the process (eg. of establishing a programme to deliver an outcome) and outcomes (eg. ultimate objectives)

Evidence-based practice

Clinical decision-making based on a systematic review of the scientific evidence of the risks, benefits and costs of alternative forms of diagnosis or treatment

Funding agreement

The agreement the Crown enters into with any person or entity under which the person or entity agrees to provide or arrange the provision of services in return for payment. For DHBs, it will include the District Health Board Annual Plan, funding schedules and the District Health Board Statement of Intent

Goal

A high-level strategic statement

Hapū

Sub-tribe

Health education

Provision of information and teaching people how to behave safely and in a manner that promotes and maintains their health

Health gain (loss)

Health gain (loss) is a way to express improvement (or deterioration) in health outcomes. It can be used to measure the improvement (or deterioration) in population health status or the degree to which the level of health of a population has changed in response to a policy or other intervention

Health needs

Either what an individual requires to achieve or maintain health, or an estimation of the programmes required to improve the health of populations

Health needs assessment

A process designed to establish the health requirements of a particular population

Health outcomes

A change in the health status of an individual, group or population that is attributable to a planned programme or series of programmes, regardless of whether such a programme was intended to change health status

Health policy

A formal statement or procedure within institutions (notably government) that defines priorities and the parameters for action

Health promotion

The process of enabling people to increase control over and improve their health status, as described in the Ottawa Charter (WHO 1986)

Health status

A description and/or measurement of the health of an individual or population

Health target

A change in the health status of a population that can be reasonably expected within a defined period



**Health workforce**

Providers of health care services such as doctors, nurses and physiotherapists

Public health workforce

The part of the health workforce responsible for planning and provision of public health services, for example, health protection officers, public health medicine specialists and health promoters

Immunisation

(synonym: vaccination) Protection of susceptible individuals from communicable disease by administration of a living modified agent, a suspension of killed organisms or an inactivated toxin (see vaccine). Temporary passive immunisation can be produced by administration of an antibody in the form of immune globulin in some conditions

Incidence

The number of new events (new cases of illness or deaths) that occur in a defined population within a specified period

Infection

The entry and development or multiplication of an infectious agent in the body of humans or animals. Infection is not synonymous with infectious disease because the result may be unclear or manifest

Infectious disease

(synonym: communicable disease) An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or reservoir to a susceptible host. It may be transmitted directly, or indirectly through an intermediate plant or animal host, vector or the inanimate environment

Intersectoral collaboration

Projects involving various sectors of society including central and local government agencies (health, education, welfare and so on), community organisations (IHC, CCS, Māori Women's Welfare League etc) and the private sector

Intervention

A programme or series of programmes

Iwi

Tribe

Mana

Integrity, prestige, jurisdiction, authority

Mode of transmission

The mechanisms by which an infectious agent is spread to humans, including direct (skin-to-skin, sexual intercourse etc) and indirect (airborne, vector-borne etc)

Monitoring

The performance and analysis of routine measurements, aimed at detecting changes

Morbidity

Illness, sickness

Mortality

Death

Notifiable disease

A disease that, by legal requirements, must be reported by medical practitioners to public health services (Health Act 1956)

Objective

A statement of what is to be achieved and the range of desired outcomes to achieve a goal

Pacific peoples

The population of Pacific Islands ethnic origin (eg. Tongan, Niuean, Fijian, Samoan, Cook Islands Maori, Tokelauan), incorporating peoples of Pacific Islands ethnic origin born in New Zealand as well as overseas

Population-based funding

Use of a formula to allocate each DHB a fair share of the available resources so that each DHB has an equal opportunity to meet the health and disability needs of its population

Population health

The health of groups, families and communities. Populations may be defined by locality, biological criteria such as age or gender, social criteria such as socioeconomic status, or cultural criteria such as whānau

Prevalence

The number of instances of a disease or another condition in a population at a given time

Primary health care

Essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to, and a central function of, the country's health system, and is the first level of contact with the health system.

Primary Health Organisation (PHO)

A group of health providers whose job it is to provide primary health care to all the people enrolled with them. The group will always include a GP and may also include some or all of nurses, Māori providers, Pacific providers, health promotion and public health workers, pharmacists, dietitians, mental health workers, community health workers and dentists – often working in teams. PHOs are the local provider organisations through which District Health Boards (DHBs) will implement the Primary Health Care Strategy.

Programme

A planned group of activities directed towards achieving defined objectives and targets

Programme evaluation

The assessment of policies, materials, personnel, performance, quality of practice or services and other inputs and implementation experiences



**Provider**

An organisation or individual providing health and disability services

Public health

The science and art of promoting health, preventing disease and prolonging life through organised efforts of society

Public health approaches

Work towards the goals of public health, which are to focus on the determinants of health, build strategic alliances and implement comprehensive programmes to promote public health

Public health services

Goods, services or facilities provided for the purpose of improving or promoting public health

Quality assurance

Formal process of implementing quality assessment and quality improvement in programmes to assure people that professional activities have been performed adequately

Rangatahi

Māori youth in the 15–24 years age group

Rate (in epidemiology)

The frequency with which a health event occurs in a defined population. The components of the rate are the number of events (numerator), the population at risk (denominator) and the specified time in which the events occurred. All rates are ratios, calculated by dividing the numerator by the denominator

Regulation

The act of enforcing policies, rules or laws

Risk behaviour

Specific forms of behaviour that are proven to be associated with increased susceptibility to a specific injury, disease or form of ill health

Risk factor

An aspect of personal behaviour or lifestyle, an environmental exposure, or an inborn or inherited characteristic that is associated with an increased risk of a person developing a disease

Secondary care

Specialist care that is typically provided in a hospital setting

Surveillance

The continuing scrutiny of all aspects of occurrence and spread of a disease that is pertinent to effective control. Public health surveillance is the ongoing and systematic collection, analysis and interpretation of health data in the process of monitoring a health event

Strategy

A course of action to achieve targets

Tamariki

Children; can be used to include young people who have not yet reached adulthood. In this document, tamariki refers to children up to and including 14 years of age

Target

A specific and measurable aim relating to an objective

Tertiary care

Very specialised care, often provided only in a small number of locations

Treaty of Waitangi

New Zealand's founding document. It establishes the relationship between the Crown and Māori as tāngata whenua (people of the land) and requires both the Crown and Māori to act reasonably towards each other and with utmost good faith

Treaty relationship

The relationship of good faith, mutual respect, understanding and shared decision-making between the Crown and Māori

Vaccine

An immunobiological substance used for active immunisation by introducing into the body a live modified, attenuated or killed inactivated infectious organism or its toxin

Vaccination

See immunisation

Whānau

Family

Well-child/tamariki ora

All activities to promote health and prevent disease that are undertaken in the primary care setting for children and their families and whānau

Wellness

A dimension of health beyond the absence of disease or infirmity, including social, emotional and spiritual aspects of health



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