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|  | **All District Health Boards** | |
|  |  | |
| **PUBLIC HEALTH SERVICES**  **HEALTH PROMOTION**  **TIER TWO**  **SERVICE SPECIFICATION** | | |
|  | |  |
| **STATUS**:  Approved for nationwide use for the standard description of services to be funded. | | **MANDATORY** |
| **Review History** | | **Date** |
| First Published on NSFL | | July 2016 |
| Consideration for next Service Specification Review | | 2018 |

**Note**: Contact the Service Specification Programme Manager, Service Commissioning Business Unit, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library website: <http://www.nsfl.health.govt.nz/>.

**PUBLIC HEALTH SERVICES**

**HEALTH PROMOTION**

**TIER TWO**

**SERVICE SPECIFICATION**

This tier two service specification for Public Health Services Health Promotion must be read and used in conjunction with following service specifications:

* tier one Public Health Services service specification that defines the overarching framework and generic requirements for all the tiers of service specifications under it, see below for details.
* the other four tier two Public Health Services service specifications:
* Public Health Assessment and Surveillance
* Public Health Capacity Development
* Public Health Protection
* Preventative Interventions.

Please refer to the tier one Public Health Services service specification for details on:

* Background (including Te Tiriti o Waitangi, Ottawa Charter and vision)
* Service Definition
* Service Objectives (including Māori Health, and reducing health inequities, including alignment of approaches with He Korowai Oranga, and health equity/Whānau Ora tools )
* Service Users
* Access (including eligibility and exclusions)
* Service Components
* Service Linkages
* Quality Requirements (including legislation, international obligations, guidance material, and political neutrality).

For a summary overview of the relationships between the various specifications for Public Health Services, refer to the diagram in Appendix 1.

# Background

Health promotion has been defined as “both a discipline and a process. It focuses on empowering people and communities to take control of their health and wellbeing. Ranging from action at a community level to developing policies, it is founded on the principle that health and wellbeing begins in the settings of everyday life” (Health Promotion Forum of New Zealand Runanga Whakapiki Ake I Te Hauora o Aotearoa, 2014).

Māori health promotion has been defined as “the process of enabling Māori to increase control over the determinants of their health and strengthen their identity as Māori” (Ratima, 2010).

The purpose of health promotion services is the attainment of hauora and wellbeing, including through prevention of disease, mainly non-communicable disease but also communicable disease.

This service specification outlines broad approaches that can be applied to many health issues and service areas (see Appendix 2).

# Service Definition

This service specification purchases the activities listed below.[[1]](#footnote-1) While these have been outlined using the Ottawa Charter action areas ([World Health Organisation, 1986](#_ENREF_14)), please refer to Appendix 3 for examples of other established frameworks for planning health promotion services, such as Te Pae Mahutonga ([Durie, 1999](#_ENREF_2)).

*Build Healthy Public Policy*

Activities related to public policy advocacy[[2]](#footnote-2) including community mobilisation activities, and *Health in All Policies* approaches (HiAP)[[3]](#footnote-3) for the purpose of achieving change in policy and practices.

*Create Supportive Environments*

Activities such as supporting organisations to implement healthy settings approaches to achieve results such as changes to the physical environment, organisational structures, or policies and practices in a setting. Settings can be used to promote health by reaching people who live, work and play in them ([World Health Organization, 1998](#_ENREF_15)) and/or using them to synergistically bring together the interactions between people and their environment (a systems approach).

*Strengthen Community Actions*

Activities include: supporting communities to plan and deliver strategies that will produce sustainable improvements in hauora and health outcomes; and capacity building, to achieve empowerment of communities.

*Develop Personal Skills*

Activities to achieve results, such as strengthened knowledge, skills, and/or behaviour of populations, for example, developing health-education resources and delivering workshops. As described below, best practice health promotion should focus on activities that influence the determinants of health, and should prioritise activities that reach a large number and wide range of the population. Providers should aim to have less focus on the activities in the developing personal skills section.

*Reorient Health Services*

Activities to support health care systems to move beyond their responsibility for clinical and curative services ([World Health Organization, 1986](#_ENREF_14)), to an increased focus on preventative and population health approaches. Health services should also ensure services are sensitive and respectful of cultural and other needs eg, are more appropriate ([World Health Organization, 1986](#_ENREF_14)). While the main responsibility for this lies with health professionals, health services and central government ([World Health Organization, 1986](#_ENREF_14)),health promotion providers can take a role in supporting this to occur.

Services will deliver best practice health promotion and demonstrate the following attributes:

* Commitment to Te Tiriti o Waitangi[[4]](#footnote-4) and achieving Pae Ora[[5]](#footnote-5)
* Commitment to the principles of equity[[6]](#footnote-6), [[7]](#footnote-7) and social justice
* Commitment to accelerating equitable Māori health outcomes as the number one priority to adequately accelerate equitable health outcomes for all New Zealanders
* Approaches that address the broad social, cultural, environmental and economic determinants of health
* A focus on empowering communities to address systems and structures that create poor health and inequity. This will include involvement of identified communities in planning, delivery and evaluation of health promotion initiatives
* Delivery of health promotion based on community calls for action, robust knowledge and evidence, with regard to government priorities and relevant strategies
* Planning of services using established health promotion models including Te Pae Mahutonga, and the Ottawa charter (see Appendix 3)
* Monitoring of activities including through evaluation, to ensure they are successful in improving hauora and health outcomes, improving Māori health, and fostering equity[[8]](#footnote-8)
* Collaboration with a range of key stakeholders including but not limited to iwi, local and central government, non-governmental organisations and education providers and a move toward approaches such as health in all policies (HIAP).

# Māori Health Promotion

Where relevant, providers will be supported and encouraged to deliver health promotion activity using kaupapa Māori approaches.[[9]](#footnote-9)

Mainstream services will also be expected to deliver health promotion services that improve Māori health aligned to the service objectives in section 3 below (see also the tables in section 6, *Service Delivery* which contain activities aimed at improving Māori health).

For health promotion to be effective in improving Māori health it is essential that Māori critically assess and contribute to planning, delivery, and evaluation of initiatives and are included in provider organisation governance and strategic planning[[10]](#footnote-10) (see the tier two Public Health Capacity Development service specification for planning, evaluation, and organisational governance).

# Service Objectives

The activities contained in section 6 *Service Delivery* will contribute to the following objectives:

* sustainable improvements in population health and wellbeing
* improved Māori health outcomes
* equity in health outcomes
* Physical and social environments supportive of health and wellbeing
* increased adoption of healthy lifestyles
* Improved health and wellbeing outcomes of identified groups[[11]](#footnote-11) through access to appropriate health services that increase wellbeing and improve social and economic determinants of health.

These will contribute to an overarching objective that ‘all New Zealanders live well, stay well and get well.” ([Minister of Health, 2016a](#_ENREF_17), [2016b](#_ENREF_18)).

# Service Users

Service Users are the New Zealand population. This service specification prioritises Māori communities. There will be other priority or identified groups including Pacific Peoples depending on the health issues being addressed and as determined by current government policies and the Ministry’s Statement of Intent.

# Exclusions

Refer to the tier one Public Health Services service specification. In addition, the following exclusions apply.

* capital expenditure for IT systems
* services funded under The Prevention and Minimisation of Gambling Harm Service specifications can be found on the Nationwide Service Framework Library website http://nsfl.health.govt.nz/service-specifications/current-service-specifications/public-health-service-specifications.

# Service Delivery

Some public health services will be purchased and delivered using an outcomes framework. Where the outcome framework is based on Results Based Accountability™ (RBA),[[12]](#footnote-12) the funder and provider will first agree the population outcomes that the provider’s service will contribute to. Then the mix of activities and the associated performance measures that contribute to these outcomes will be negotiated. A guidance document with related performance measures based on RBA are published NSFL website in the section entitled “resources”[[13]](#footnote-13)

The tables below set out a menu of activities for each of the Ottawa charter action areas.

As part of the negotiation, as to the range and scale of activities to be delivered, consideration will be given to:

* the assessed needs of the population (including an understanding of service gaps)
* the capacity and size of the provider
* relevant government, Ministry of Health and DHB priorities and policies including the *New Zealand Health Strategy Future Directions* and the *New Zealand Health Strategy Roadmap of actions.*
* how activities contribute to a comprehensive approach[[14]](#footnote-14)
* need for activities to improve Māori health
* the need for activities to support achieving equity in health
* the extent to which activities influence the determinants of health
* the extent to which activities clearly link to outcomes (such as client outcomes and population outcomes for contracts using RBA).
* any additional and / or innovative activities not included in the tables that are informed by scientific and other evidence, or will be evaluated to help build the evidence.

Providers are expected to clearly demonstrate, in planning and reporting documents, how activities will contribute to the outcomes of improved Māori health and health equity.

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| 7.1 Build Healthy Public Policy |

| **Activities** |
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|
| * Advocate[[15]](#footnote-15) for and support the adoption of sustainable healthy public policy and practice by: * using He Korowai Oranga as a framework to guide the organisation to achieve the best outcomes for Māori * using validated tools/formal assessment frameworks that can measure the impact of policies (eg, HIAs ([Public Health Advisory Committee, 2005](#_ENREF_11)) or Whānau Ora HIA ([Ministry of Health, 2007](#_ENREF_5))), particularly policy that improves Māori health and fosters equity * awareness raising of healthy public policy issues including through through: educational activities, media, position statements, policy briefs, background papers, or reports * working with non-health agencies to explore the extent that public health issues are being addressed and any opportunity for these issues to be placed on the policy and planning agenda * developing submissions on relevant public health issues and policies, particularly those that will influence Māori health outcomes, equitable health outcomes for all at local, regional and national levels * encouraging researchers and planners across non-health sectors to promote healthy social environments as determinants of individual and community wellbeing * taking a *Health in All Policies* approach (HiAP).[[16]](#footnote-16) * Advise organisations about the evidence for and benefits of healthy public policy and practice for improving health outcomes and improving Māori health and achieving equity. * Empower, support and enable population groups to take action to advocate for change in policies and practices and participate in policy making decisions.   **Note:** Providers may use partnerships, relationships and networks to strengthen policy change efforts. However, this activity is outlined under the Public health capacity development core function. |
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| 7.2 Create Supportive Environments (eg, healthy settings[[17]](#footnote-17) where we live, work, and play particularly within Māori communities and identified communities where inequities exist. Healthy settings may include work places, school communities, alternative education settings, churches, marae, public areas and events.) |

| **Activities** |
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|
| * Inform Māori organisations about healthy settings approaches and the benefits of adopting multi-level (micro, macro and meso) strategies to achieve sustainable outcomes. * Inform other organisations about healthy settings approaches and the benefits of adopting multi-level (micro, macro and meso) strategies to achieve sustainable outcomes. * Support organisations to implement healthy settings approaches (eg, health promoting workplaces, health promoting schools). * Support staff to change the culture and ethos of a setting (school, workplace, community) so the setting promotes health outcomes. * Support organisations to develop healthy and sustainable policy and practices to enhance environments that support healthy behaviours (eg, wellbeing policies in schools, anti-bullying policies in workplaces). * Support organisations to ensure that their health promotion activities reach identified groups and communities and contribute to improving Māori health and fostering equity and in a sustainable manner. * Work with organisations or sectors to increase environments that support healthy choices and behaviours. |
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| 7.3 Strengthen Community Action |

| **Activities** |
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| * Support communities to plan and deliver strategies that will produce sustainable improvements in hauora and health outcomes by: * working with Māori communities to identify community priorities for public health action * working with other communities to identify community priorities for public health action * supporting community decision-making by providing evidence and advice on initiatives to improve health outcomes * delivering activities to increase community understanding of the socioeconomic, cultural and political environment they live, work, and play in * providing training for Māori community leaders, other community leaders, community workers and other change agents to increase capability, and sustainability of the * initiatives[[18]](#footnote-18) * supporting communities to increase input into local, regional and national decision-making, including engaging in policy development processes (eg, delivering training on writing and presenting submissions) * supporting communities to work intersectorally to improve hauora, wellbeing and health. |
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| 7.4 Develop Personal Skills |

| **Activities** |
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| * Design and deliver: * workshops for Māori groups * workshops for other identified groups * awareness-raising activities and social marketing, including media, communications, marketing and social media campaigns * health education and promotion resources (leaflets, fact sheets, websites, social media) for Māori * Health education and promotion resources (leaflets, fact sheets, websites, social media) for identified populations.[[19]](#footnote-19) * Support local, regional, or national social marketing campaigns.   **Note:** Providers may utilise networks to disseminate key messages and information. This activity is outlined under the Public Health Capacity Development core function. |
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| 7.5 Re-orient Health Services |

| **Activities** |
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| * Support health services, including primary care, to have an increased focus on prevention and population health approaches, for example by: * working with senior managers and community leaders to reorient services so that structures and processes are culturally appropriate, improve health outcomes for Māori, and deliver equitable health outcomes for Māori * working with senior managers and community leaders to reorient health services so that the service structures and processes are culturally appropriate, and increase the health outcomes of other identified populations and foster equity * supporting broad public health actions delivered by clinical services (eg, by primary care providers) * supporting health services to work intersectorally on health issues * promote a coherent continuum of service between determinants of health, primary prevention and personal health care. |
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# Service Linkages

In addition to the service linkages listed in the tier one Public Health Services service specification, linkages for health promotion include, but are not limited to the following.

| **Sector** | **Nature of linkage(s)** | **Public Health Provider Accountabilities** |
| --- | --- | --- |
| Iwi, hapu and other Māori agencies | 1. Coordination in achieving public health outcomes 2. Formal agreements (eg, contract, Memorandum of Understanding (MoU)) between health service providers to achieve shared outcomes 3. Informal coordination and collaboration on an *ad hoc* basis | 1. Improve the planning, coordination and delivery of health promotion programmes to promote collaboration and assist services to improve Māori health and reduce inequitable health outcomes 2. Promote understanding of Māori models of health and Ministry strategies (eg*, He Korowai Oranga*) to address Māori health needs and aspirations 3. Engage with local (mana whenua) Māori during decision making, programme design and implementation, to ensure that planning, coordination and delivery of public health programmes takes into account the Māori perspective of delivering to communities 4. Promote application of the “Equity of Health Care for Māori Framework” to address Māori health needs and aspirations ([Ministry of Health, 2014b](#_ENREF_7)) |
| Health care providers | 1. Planning, funding and service delivery 2. Formal agreements (eg, contract, MoU, alliance agreements between Māori health service providers and others to achieve shared outcomes 3. Communication, coordination and collaboration as appropriate | 1. Support for Māori Health services to have an increased focus on prevention and population health approaches 2. Support for health services to have an increased focus on prevention and population health approaches 3. Support Māori health promotion action in clinical care settings 4. Support health promotion action in clinical care settings 5. Effective communication and linkages to support achieving the service objectives |
| Public health units | Mutual interest in regional coordination | 1. Develop regional approaches to Māori health promotion service planning and delivery 2. Develop regional approaches to health promotion service planning and delivery 3. Effective communication and linkages to support achieving the service objectives |
| Health Promotion Agency (HPA) | Parallel responsibilities for:   1. promoting health and wellbeing and encouraging healthy lifestyles 2. preventing disease, illness and injury 3. enabling environments that support health and wellbeing and healthy lifestyles 4. reducing personal, social and economic harm, including advice and research on alcohol-related issues | 1. Improve the planning, coordination and delivery of health promotion programmes to promote collaboration, consistent messages, and to reduce service gaps and duplication 2. Communication prior to resource development to determine need for the resource. 3. Delivery of local support for social marketing campaigns where required. |
| Local government (including regional councils where appropriate) | Parallel responsibilities for, or interests in:   1. environmental health, including air and water quality 2. built environment 3. resource management 4. emergency management 5. community safety 6. water safety 7. transport | 1. Approaches to support increase in Māori healthy public policy 2. Approaches to support healthy public policy 3. Health promotion activity to foster healthy settings and support for populations to make “healthy choices”. |
| Non-Governmental Organisations (NGOs), including bodies representing ethnic minorities | 1. Coordination in achieving public health outcomes and contributing to social cohesion 2. The relationship accord *Kia Tutahi standing together* | 1. Effective communication and support in achieving shared objectives 2. Improving the planning, coordination and delivery of health promotion to promote collaboration, consistent messages, reduction of service gaps and duplication, and reduction of inequities in health 3. Promoting community engagement in programme design and implementation 4. Share learning including the results of innovative practice and outcomes of evaluations. |
| Other government agencies | 1. Coordination as negotiated by MoU, contract or other form of agreement, or on an *ad hoc* basis. 2. The relationship accord *Kia Tutahi standing together* | 1. Approaches to support healthy public policy 2. Health promotion activity to foster healthy settings and support for populations to make “healthy choices”. |
| Private Sector | 1. Voluntary measures to improve Māori public health outcomes 2. Voluntary measures to improve public health outcomes 3. Shared interest in reducing costs of ill health | 1. Health promotion activity to foster healthy settings and support for populations to make “healthy choices”. |
| Universities and research institutions | Common interest in strengthening and disseminating the evidence base for health promotion | 1. Remain well informed of emerging evidence base and good practice for health promotion |

# Quality Requirements

Public Health Services must comply with the 1999 Provider Quality Specifications for Public Health Services (PQS) or any update in the service agreement that replaces this document.

Where specified in service agreements, services must also comply with Ministry of Health mandated Business Viability Standards (BVS). If there is any conflict between the Provider’s obligations in the PQS and the BVS, the obligations on the Provider as described in the BVS will prevail.

Service providers will also be required to ensure that the work they undertake on behalf of the Ministry is consistent with Ministry’s policy positions, guidelines and other strategic documents, and are reflected in the services they provide to their communities.

Where the Ministry has developed guidance documents to support the planning, design or delivery of services under this specification, providers will be required to reflect this guidance in their services.

# Purchase Units and Reporting Requirements

Purchase unit (PUs) codes are defined in the DHBs and Ministry Nationwide Service Framework Purchase Unit Data Dictionary. The following PUs apply to this Service.

All other reporting requirements are detailed in the individual provider contracts.

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| --- | --- | --- | --- |
| RMPM20 | PH Promotion – Alcohol | Health promotion activities to help prevent harm associated with the misuse of alcohol. | Service |
| RMPM21 | PH Promotion - Illicit Drugs and Psychoactive Substances | Health promotion activities to help prevent harm associated with the misuse of drugs and psychoactive substances. | Service |
| RMPM22 | PH Promotion – Community Action Youth and Drugs (CAYAD) | Health promotion for Community Action Youth and Drug (CAYAD) programmes. | Service |
| RMPM23 | PH Promotion – Nutrition and Physical Activity | Programmes for health promotion of regular physical activity and healthy food choices (including breastfeeding) for reducing the incidence of health conditions. | Service |
| RMPM27 | PH Promotion – Sexual Health | Health promotion that contributes to the improvement of sexual and reproductive health, and reduces the incidence of sexually transmitted infections, including HIV/AIDS. | Service |
| RMPM28 | PH Promotion – Smokefree Environments (Tobacco Control) | Smokefree environments (tobacco control) initiatives, including education and promotion activities that support smokers to quit. | Service |
| RMPM30 | PH Promotion – Communicable Diseases | Health promotion for the delivery of communicable disease prevention and control services. | Service |
| RMPM31 | PH Promotion – Rheumatic Fever Prevention | Health promotion for the prevention of rheumatic fever including improving primary care access and better antibiotic adherence. The target population is children aged 5-14 years in high risk areas. | Service |
| RMPM32 | PH Promotion – Needle Exchange Programme | Needle and syringe exchange programme to reduce the transmission of blood-borne viral infections among injecting drug users through harm reduction strategies. | Service |
| RMPM33 | PH Promotion – Hepatitis B and C Health Promotion | Health promotion activities for the prevention, and support for self-management, of Hepatitis B and C. | Service |
| RMPM34 | PH Promotion – Public Health Immunisation Services | Health promotion activities related to immunisation. Services and strategies to promote the benefits of immunisation and improve coverage rates. | Service |
| RMPM35 | PH Promotion – Refugees and Asylum Seekers | Health promotion activities for the improvement of refugee and asylum seekers’ own health and wellbeing. | Service |
| RMPM36 | PH Promotion – Injury Prevention | Health promotion activities to reduce the incidence and severity of injuries. | Service |
| RMPM37 | PH Promotion – Social Environment | Health promotion activities that contribute to healthier cities, communities and social environments; Healthy schools – Kura Waiora. | Service |
| RMPM38 | PH Promotion – Health Promoting Schools | Community action approach to promoting health and wellbeing in a school setting. | Service |
| RMPM40 | PH Promotion – Mental Health | Mental health promotion for positive emotional and mental wellbeing. | Service |
| RMPM41 | PH Promotion – Suicide Prevention | Health promotion to reduce the rate, harmful effect and impact associated with suicide and suicidal behaviour. Kia Piki te Ora – community development to reduce suicidal behaviour among Māori. | Service |
| RMPM42 | PH Promotion – Maternal and Child Health Promotion | Health promotion services to improve maternal and child health and wellbeing across the range of activity areas defined in the Tier 2 Health Promotion Service Specification. Excludes services funded under RMPM25 - Maternal and Child Health Obesity Programmes. | Service |
| RMPM43 | PH Promotion – Violence Intervention Programme (VIP) | Health promotion to increase awareness of the causes and effects of violence; encourage prompt and appropriate action and increase help-seeking behaviours. | Service |

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| **Unit of Measure** | **Unit of Measure Definition** |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement |

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***Appendix 1***



***Appendix 2 – Key issues to be addressed using health promotion:***

The list of issues below is based on health issues in the previous tier two Public Health Services service specifications that are predominantly addressed using health promotion approaches. This table does not mean to suggest that providers should address all these issues. Also, there may be other issue areas that can be delivered on using health promotion approaches. Decisions on what issues will be addressed, and what activity will be delivered, will be negotiated between the funder and provider.

|  |  |
| --- | --- |
| **Key Issues** | **National Service Schedule** |
| Mental Health | Kia Piki te Ora |
| Sexual Health | Not Applicable |
| Injury Prevention | Not Applicable |
| Tobacco Control | Not Applicable |
| Nutrition and Physical Activity | Not Applicable |
| Social Environments | Health Promoting Schools |
| Well Child Promotion (now Maternal and Child Health Promotion) | Not Applicable |
| Alcohol and Other Drug | Community Action Youth and Drugs |
| Immunisation | Not Applicable |

***Appendix 3 – Health Promotion and Māori Health Frameworks***

Te Pae Mahutonga ([Durie, 1999](#_ENREF_2)) outlines four key tasks for health promotion:

1. Mauriora -Access to te ao Māori
2. Waiora - Environmental Protection
3. Toiora - Healthy Lifestyles
4. Te Oranga - Participation in Society

And two important prerequisites for health promotion:

1. Nga Manukura - Leadership
2. Te Mana Whakahaere - Autonomy

The Ottawa Charter ([World Health Organization, 1986](#_ENREF_14)) identified three strategies for health promotion:

1. Advocate
2. Enable
3. Mediate

These strategies are supported by five action areas:

1. Build healthy public policy
2. Create supportive environments for health
3. Strengthen community action for health
4. Develop personal skills
5. Re-orient health services

Te Whare Tapa Whā ([Durie, 1998](#_ENREF_1)) describes the concept of health as an interaction of four dimensions:

* whānau (family health)
* tinana (physical health)
* hinengaro (mental health)
* wairua (spiritual health).”

Te Wheke ([Pere, 1984](#_ENREF_10)) defines family health using Te Wheke, the octopus. The head (te whanau-the family) and the body (waiora-total wellbeing for the individual and family) represent the whole family unit while each of the tentacles represents a dimension of health:

* Wairuatanga – spirituality
* Hinengaro – the mind
* Taha tinana – physical wellbeing
* Whanaungatanga - extended family
* Mauri – life force in people and objects
* Mana ake – unique identity of individuals and family
* Hā a koro ma, a kui ma – breath of life from forbearers
* Whatumanawa – the open and healthy expression of emotion

1. There may be some overlaps in activity across these action areas, for example some Create Supportive Environments activity may overlap with Build Healthy Public Policy activity. Choosing where to plan and report on an activity is less important than ensuring that it is reported on only once. [↑](#footnote-ref-1)
2. In this context advocacy does not mean political advocacy, lobbying, or any activity that compromises political neutrality which is not funded by Ministry of Health. It means using public health expertise and evidence to:

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

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

   develop submissions to select committees (see Tier one Public Health Services service specification). [↑](#footnote-ref-2)
3. from the 8th Global Conference on Health Promotion, Helsinki 2013: *“*Health in all polices is an approach to public policies across sectors that systematically takes into account the healthy implications of decisions seeks synergies and avoids harmful health impacts, in order to improve population health and health equity*”* [↑](#footnote-ref-3)
4. TUHANZ A Treaty Understanding of Hauora in Aotearoa - New Zealand (TUHANZ) from the Health Promotion Forum of New Zealand offers guidance of the application of te Tiriti o Waitangi in health promotion practice in Aotearoa - New Zealand ([Health Promotion Forum of New Zealand, 2002](#_ENREF_3)). [↑](#footnote-ref-4)
5. Service delivery should therefore be consistent with He Korowai Oranga ([Ministry of Health, 2014c](#_ENREF_8)) or any future Māori health strategies. [↑](#footnote-ref-5)
6. Equity is a key thread in He Korowai Oranga: “The World Health Organization defines equity as the absence of avoidable or remediable differences among groups of people.” See the online He Korowai Oranga tool at <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga> for further information. [↑](#footnote-ref-6)
7. For example 'Ala Mo'ui the Ministry’s Pacific health strategy ([Ministry of Health, 2014a](#_ENREF_6)) [↑](#footnote-ref-7)
8. Evaluation of health promotion activity and outcomes will be delivered under the tier two public health capacity development service specification [↑](#footnote-ref-8)
9. Rangatiratanga is a key thread in He Korowai Oranga: “enabling whānau, hapū, iwi and Māori to exercise control over their own health and wellbeing, as well as the direction and shape of their own institutions, communities and development.” See the online He Korowai Oranga tool at <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga> for further information [↑](#footnote-ref-9)
10. This links to *Te Ara Tuarua – Pathway 2: Māori participation in the health and disability sector* in He Korowai Oranga: “Māori participation in decision-making and service delivery will ensure services are appropriate and effective for Māori. District Health Boards (DHBs) have a legislative obligation to work in partnership with iwi and Māori communities to improve Māori health.” See the online He Korowai Oranga tool at <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga> for further information. [↑](#footnote-ref-10)
11. Providers should use assessment criteria such as the HEAT tool ([Signal, Martin, Cram, & Robson, 2008](#_ENREF_13)) to identify communities such as those communities who have the highest health needs and inequity in health outcomes. This will include Pacific and immigrant communities and those in New Zealand Deprivation Index 9/10. [↑](#footnote-ref-11)
12. MBIE is leading a whole of government transition to RBA which is an outcomes framework, as part of a Streamlined Contracting Framework. Please refer to: <http://www.business.govt.nz/procurement/procurement-reform/streamlined-contracting-with-ngos> RBA has two levels of accountability – population accountability (where providers collectively contribute towards population outcomes) and performance accountability (where the provider is responsible for the outcomes of the clients it engages with [client outcomes]). [↑](#footnote-ref-12)
13. . The guidance document will be reviewed and performance measures updated as required. http://nsfl.health.govt.nz/service-specifications/current-service-specifications/public-health-service-specifications [↑](#footnote-ref-13)
14. A comprehensive approach will be delivered across a range of providers. It is not the expectation that every provider should deliver all these activities. [↑](#footnote-ref-14)
15. In this context, advocacy does not mean political advocacy, lobbying, or any activity that compromises political neutrality which is not funded by Ministry of Health. It means using public health expertise and evidence to: explain the health benefits of healthy public policy for organisations such as local government who have an obligation to consider the health and wellbeing of their communities demonstrate the need for appropriate health services (eg, kaupapa Māori services) develop submissions to select committees (see Tier 1 Public Health Services service specification). [↑](#footnote-ref-15)
16. From the 8th Global Conference on health promotion, Helsinki 2013: “Health in all polices is an approach to public policies across sectors that systematically takes into account the healthy implications of decisions seeks synergies and avoids harmful health impacts, in order to improve population health and health equity” [↑](#footnote-ref-16)
17. The WHO defines settings for health as: “The place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and wellbeing” ([World Health Organization, 1998](#_ENREF_15)). Note that settings = service users (clients) in RBA. [↑](#footnote-ref-17)
18. This activity is different from workforce development (found in Public Health Capacity Development specification) as it is up-skilling those in the community (ie, outside the formal public health workforce). [↑](#footnote-ref-18)
19. Providers should follow the guidance in *Rauemi Atawhai – A guide to developing health education resources in New Zealand.* http://www.health.govt.nz/publication/rauemi-atawhai-guide-developing-health-education-resources-new-zealand [↑](#footnote-ref-19)