

Guide for Health Promotion Planning and Action in PHOs

Greater Auckland Region

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Auckland Regional Public Health Service
in collaboration with
Ministry of Health
Auckland, Counties Manukau & Waitemata District Health Boards
Primary Health Organisations in the greater Auckland region

Guide to this Document

The inclusion of health promotion as a formal responsibility of the primary care sector for the first time has brought new expectations and accountabilities to both PHOs and DHBs, where previously such responsibilities resided in the public health sector.

Health promotion activities involve the planning, implementation and evaluation of collective actions that promote health and well-being in the community. Collaborative models, including intersectoral approaches, addressing underlying socioeconomic determinants of health, and a focus on equity of outcomes are emphasised.

This document aims to assist both PHOs and DHBs by providing a clear framework for the development of health promotion plans in PHOs¹. Recommendations in this document have been developed in conjunction with PHOs and the three DHBs in the greater Auckland region, and the Ministry of Health, and apply to PHO health promotion work in this region. The framework is to be seen as a 'work in progress', since development of health promotion in PHOs is at an early stage, and these guidelines are likely to be modified in the future by experience and growing capacity in the primary sector.

This document presents

1. operational principles as a basis for health promotion planning (p 3 & 4)
2. brief discussion about the distinction between collective health promotion activities, and individual-based provider activities that may contribute to population health (p 5)
3. general guidance about the kinds of activities which are and are not acceptable for the use of health promotion funding in PHOs (p 6 & 7) including discussion about the use of the PHO management fee in relation to health promotion in PHOs (p 6)
4. an outline of the process for health promotion plan approval, including the role of Ministry of Health consultation (p 8 - 9)
5. an appendix containing more detailed examples of suggested activities for the use of health promotion funding in PHOs (p 13 - 16)

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¹ Background: An Auckland Regional Public Health Service consultation process in November 2004, which included PHOs, DHBs in the region and the Public Health directorate of the Ministry of Health revealed a lack of clarity in PHOs and DHBs about the expected nature of health promotion activities in PHOs, and the process for the approval of PHO health promotion plans (1). Further regional consultation resulted in recommendation of the adoption of the operational principles for PHO health promotion planning included in this document. Workshop participants also requested more detailed guidelines on specific activities appropriate for PHO health promotion plans, which this document attempts to address. Specific guidance was required in relation to health promotion activities that might take place actually within a PHO (eg organisational development).

This guide builds on previous work undertaken by public health personnel within Auckland region DHBs and the PHO Health Promotion collaborative working party in Counties Manukau, and is complementary to the MOH document 'A Guide to Developing Health Promotion Programmes in Primary Health Care Settings' (2).

Operational Principles for Health Promotion Planning in the Greater Auckland Region

The operational principles outlined below should underpin all health promotion planning and activities in PHOs.

1. PHO health promotion plans should address the health of populations in the community; in doing so they will service PHOs' enrolled populations but will not be restricted to them
 - 1.1. Non exclusion is important to achieve equity of outcomes, address wider determinants of health and effective collaboration
2. PHO health promotion plans and delivery will demonstrate commitment to collaboration
 - 2.1. Collaboration is needed between PHOs, PHOs and DHBs and the MoH, and between PHOs and other providers and sectors
 - 2.2. This requires linkages and communication that need sufficient dedicated health promotion staff time to be effective and durable
3. PHO health promotion plans should be shaped by a knowledge and understanding of the community
 - 3.1. Effective implementation of health promotion activities involves meaningful engagement with the community.
4. PHO health promotion plans should contribute to a wider PHO focus on addressing health inequalities². This wider focus needs to include a variety of activities across the PHO setting working at different points such as
 - 4.1. Inclusion of health promotion personnel in strategic planning processes (utilising their strengths in aligning different approaches and engaging the community)
 - 4.2. A focus on population groups with most significant health inequalities (Maori, Pacific peoples, those socioeconomically disadvantaged and other groups with demonstrable health inequities).
5. PHO health promotion plans should in the main address DHB strategic priorities but, in negotiation with the DHB, might also address other concerns identified by the PHO
 - 5.1. This recognises the overall responsibility given to DHBs for the provision of primary care services in their district under the NZ Public Health and Disability Act 2000
 - 5.2. It also acknowledges the importance of community participation in the functioning of PHOs
6. PHO health promotion planning needs to be done in the context of PHO business planning, so that health promotion activities and other PHO activities are integrated
7. PHO health promotion plans should demonstrate the use of effective health promotion planning and evaluation approaches
 - 7.1. Thorough planning requires documentation of evidence to support proposed activities, and programme evaluation

² The HEAT Tool (Health Equity Assessment Tool) promoted by the Ministry of Health is useful to assist in planning to address health inequalities

7.2. Formative and process evaluation is appropriate in early stages of all programme development. Progress in meeting programme goals needs to be measured against key milestones and performance indicators

8. PHO health promotion activities need to be sustainable over time
 - 8.1. This requires strategic planning to ensure ongoing appropriate resource allocation to achieve longer term goals
 - 8.2. Consideration needs to be given at the outset to exit strategies (e.g. when the project is independently sustainable or found to be ineffective)

The Purpose and Place of Health Promotion Funding in PHOs

The Primary Care Strategy (3) has a focus on *decreasing health inequalities* between groups and *improving health outcomes* of the population, rather than focusing on individuals.

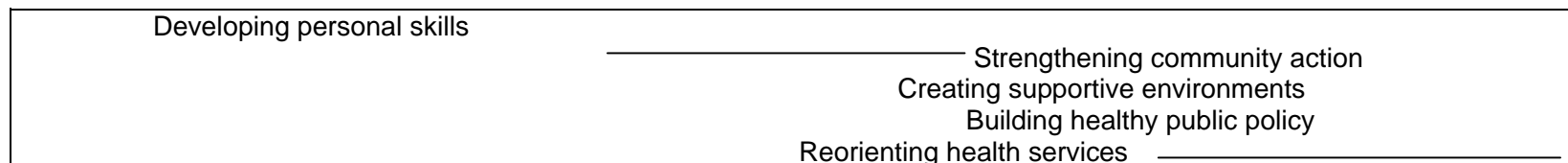
Allocating health promotion funding to PHOs is seen to be one way to integrate public health approaches with primary care to achieve these goals.

It is acknowledged that currently there is limited health promotion capacity and expertise in the sector, and the specific funding available for health promotion is modest. However PHOs should be working towards the position where health promotion underpins and influences other activities of the PHO, so that it is an integral part of PHO functioning rather than a peripheral activity i.e. that PHOs become health-promoting organisations.

The range of potential activities which could be adopted by PHOs to address population issues occurs on a continuum from those more individually focused to those targeted at the whole population (2).



Activities can be linked to the five strands for action of the Ottawa Charter, a key planning framework for health promotion⁴:



PHOs are encouraged to focus their health promotion activities towards the population focus end of the spectrum.

³ by ensuring policies, priorities and practices apply health promotion principles

⁴ See Appendix One, page 10

Use of PHO Health Promotion Funding

As previously noted the operational principles outlined above should underpin all health promotion planning and activities in PHOs.

The guidelines on the following pages attempt to be explicit about what activities are and are not acceptable for the use of health promotion funding in PHOs. Where activities are not encompassed by the descriptions in the guidelines, the principles above should be used as a basis for negotiation as to whether or not such activities are appropriate.

An appropriate mix of activities

It is important that any health promotion activity is viewed in the context of the PHO's overall health promotion plan. Evidence suggests that an appropriate mix of interventions is important (4). This requires consideration of activities across the spectrum outlined above, and activities which complement individual approaches to population health goals that may be funded through other PHO funding streams. PHOs need to demonstrate how their proposed health promotion activities contribute to the achievement of overarching health promotion goals, rather than just being a collection of unrelated programmes.

Stock-take activities

Using funding for a stock-take to establish what community resources and programmes are available in the PHO area is an acceptable activity where it is to be used to inform the next phase of activities⁵.

Committing funding to stock-take activities is not likely to be approved beyond the first 12 months of PHO health promotion activity. Stock-takes are unlikely to be considered acceptable where they are unrelated to other PHO health promotion activity, or use the majority of PHO health promotion funding. However consideration needs to include the developmental stage of the PHO and its health promotion capacity.

Community consultation

All PHOs are expected to meet minimum requirements for community consultation. Broad community consultation on behalf of the PHO, but not specifically linked to health promotion programmes, is not an acceptable activity for the use of health promotion funding. Community consultation about a specific health promotion programme should be included in the planning and budget for that programme.

Health education

The focus of health education in primary care is in the main about facilitating changes in personal health-related behaviour. However people need more than information to successfully bring about change. Health promotion in Aotearoa New Zealand is increasingly seen to refer to programmes which address the wider determinants of health, social circumstances and environmental influences (2). It has an emphasis on collective action to improve health, and involves collaboration with other organisations that may not have an explicit health focus.

⁵ This next phase could include

- (a) activities to support general practice teams to facilitate access for patients to these services by providing appropriate information about, and referral pathways to, the services
- (b) a gap analysis and subsequent programme development to fill identified priority gaps.

In the PHO setting providing additional consultations for lifestyle counselling and screening at the provider level are seen to be encompassed by personal health care and expected to be funded as such⁶.

Organisational development activities

Reorientation of the PHO towards a health promotion focus will encompass internal organisational development activities (eg increasing the capacity of practice systems, workforce development and strategic allocation of resources to support health promotion) which are expected to be clearly planned as a programme for PHO health promotion development, with accompanying relevant, explicit health promotion goals, objectives and performance measures.

Development and delivery by health promotion personnel of continuing education resources for PHO providers should be included in the planning and budget for the programme to which the resource applies. It is not expected that PHO providers will be paid from health promotion funding to attend continuing education.

Where staff time is primarily committed to management of other staff and internal administration issues, it is expected this will be funded from the PHO management fee.

Collaboration and contracting

Where PHOs are collaborating with other organisations and contracting others for the delivery of services, it is important to ensure specific activities are not being funded twice by already being part of the other provider's contract. This will require quality consultation, and explicit and transparent information about the nature of the collaboration and contracting arrangements in the PHO health promotion plan.

Health Promotion Activities in the PHO Setting

Further descriptions of a range of suggested activities for the use of PHO health promotion funding are contained in Appendix Two. These are organised under the framework of the Ottawa Charter as follows:

- a. Building Healthy Public Policy - Increasing the development and implementation of policies that are supportive of health promoting choices.
- b. Strengthening Community Action - Strengthening and increasing the level of community action to support health promoting choices
- c. Creating Supportive Environments - Contributing to the creation of supportive environments for well-being
- d. Developing Personal Skills – Assisting people to make choices conducive to health
- e. Reorienting Health Services - Reorientation of health services and organisational development

Generic descriptions are given first, followed by specific examples related to the health goal of improving health and well-being and reducing the burden of disease through better nutrition and regular physical activity (5, 6).

⁶ See further comment about the distinction between group education about specific diseases (eg diabetes), and self help and support groups designed to foster social capital and support on page 15 in Appendix Two

The Process to Approve Funding for PHO Health Promotion

DHBs are responsible for approving health promotion plans from PHOs. With their knowledge of other health promotion contracts and activities in the region, consultation with the Ministry of Health Public Health Directorate can add value to the process of health promotion planning in PHOs by helping to ensure proposed PHO services complement other services, and that they are funded at an appropriate level. It is preferable that Ministry personnel are consulted in the early stages of PHO health promotion planning. This consultation process requires that there are personnel in the PHO, DHB and Ministry who are clearly identified as being responsible for PHO health promotion activities.

Suggested Planning/Review Process

In the Auckland region early input from the Ministry of Health is most easily facilitated by Public Health Directorate personnel⁷ attending DHB/PHO health promotion working group meetings, with attendance at least quarterly being ideal.

DHBs require health promotion plans to be submitted for approval each year⁸ and it is recommended that planning starts early. By about the end of February⁹ PHOs should have an outline of their health promotion plans, using health promotion planning templates as per individual DHB requirements. This outline should contain sufficient detail to be assessed against the Process Checklist as shown on page nine. The outline should be sent to the DHB, who will ensure that it contains the information required before forwarding it on to the Ministry. The 'Process Checklist' will be used by the Ministry to assess plan outlines and as a basis for feedback, and can be used by PHOs and DHBs as a checklist to ensure all appropriate aspects of planning have been considered¹⁰.

DHBs will collate feedback and discuss this with PHOs, to inform the further development of their health promotion plans with the support of ARPHS and DHB personnel. The DHB will undertake further consultation with the Ministry if required¹¹. Once plans are finalised, and approved by the DHB, they will be forwarded to the Ministry of Health Public Health Directorate to keep Ministry personnel informed of PHO activities for their work with other health promotion providers. (It is not expected that changes to the plan will be recommended at this stage, as any areas of concern should have been resolved earlier in the planning process). Summary pages of the plans will be included in the Ministry-generated public health provider directory to enable others in the sector to be aware of and link with PHO activities.

⁷ Within the Ministry of Health Public Health Directorate, portfolio managers have responsibility for particular DHBs, and can be invited to the meeting coordinated by the DHB for which they are responsible.

⁸ For plans that have previously been approved and where the focus is largely unchanged, this may simply require a review of goals and performance indicators. However where initial plans have been developmental, significant revision may be required in response to programme learnings. Where new programmes are proposed a full programme plan will be required.

⁹ Specific dates for submission of plans will be advised by individual DHBs

¹⁰ This assumes PHOs and DHBs have already worked to ensure plans align with the operational principles described earlier in this document.

¹¹ DHBs will also consult with each other as required about activities of mutual interest.

Planning/Review Process Summary	
MoH personnel attend PHO health promotion working group meetings with DHB and PHOs	
PHO constructs outline of proposed health promotion programmes with support of the DHB and/or ARPHS. Ministry consulted by DHB as necessary	
By end of February, PHO submits outline to DHB who forwards it through own internal processes and on to Ministry of Health public health directorate for review	Date outline received:
DHB and Ministry fill in process checklist (see below) and DHB uses this to give feedback to PHO	Date feedback given to PHO:
If required, plan outline revised in the light of feedback and resubmitted to DHB	Date revised outline (if required) resubmitted to the DHB:
Full plan developed by PHO with support of DHB/ARPHS (Ministry consulted by DHB as necessary) and submitted to DHB	Date plan received: Any further amendments suggested? Y/N
Date suggested amendments communicated to PHO	/ / 2005
Resubmitted to DHB with amendments:	/ /2005
Approved by DHB:	/ /2005
Forwarded to MoH for inclusion in Public Health provider directory	

Health Promotion Planning Process Checklist	Comments
Rationale: is there a basis given for choosing the particular health issue; how does this fit with DHB and national strategic priorities	
Consultation: Does the proposal include appropriate consultation with Maori, Pacific peoples, community, public health service providers	
Linkages: Does the proposal build on or link with other PHO activities, activities of other health promotion providers, DHB projects, relevant groups in other sectors	
Are there clear, achievable goals and objectives	
What range of activities have been considered that might be appropriate to achieve these objectives, what is the evidence base for these activities	
Participation: what mechanisms are planned to involve Maori, Pacific peoples, the community in further programme planning and implementation	
Monitoring and evaluation: are appropriate KPIs/milestones identified, is an evaluation planned and is so is it appropriate for the size and scope of the proposal	
Budget: is the indicative budget in keeping with the activities proposed	
Capacity: does the proposal identify the PHO's capacity to undertake the work proposed, or potential contracts to deliver proposed activities	
Risks: could inequalities be made worse, are there sustainability issues	
Any other comments/concerns	

Appendix One

Ottawa Charter for Health Promotion (Definitions and Goals)

November 17-21, 1986. Ottawa, Ontario, Canada¹².

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore, seen as a resource for everyday life, no the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for Health

The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

Advocate

Good health is a major resource for social, economic and personal development and important dimension of quality of life. Political, economic, social cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through **advocacy** for health.

¹² This CHARTER for action was developed and adopted by an international conference, jointly organized by the World Health Organization, Health and Welfare Canada and the Canadian Public Health Association. Two hundred and twelve participants from 38 countries met from November 17 to 21, 1986, in Ottawa, Canada to exchange experiences and share knowledge of health promotion.

The Conference stimulated an open dialogue among lay, health and other professional workers, among representatives of governmental, voluntary and community organizations, and among politicians, administrators, academics and practitioners. Participants coordinated their efforts and came to a clearer definition of the major challenges ahead. They strengthened their individual and collective commitment to the common goal of Health for All by the Year 2000.

Enable

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to **enable** all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

Mediate

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

Health Promotion action means:

Build healthy public policy

Health promotion goes beyond health care. It puts health 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.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

Create supportive environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment - particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthen community action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop personal skills

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient health services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They 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. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individual and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person.

Moving into the future

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members. Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

Appendix Two

Following are descriptions of a range of suggested activities for the use of PHO health promotion funding. These are organised under the framework of the Ottawa Charter. Generic descriptions are given first, followed by specific examples related to the health goal of improving health and well-being and reducing the burden of disease through better nutrition and regular physical activity (5, 6)

1. Building Healthy Public Policy

Increasing the development and implementation of policies that are supportive of health promoting choices.

This involves working in collaboration with other sectors to influence policies and environments, to explore the extent to which public health/health promotion issues are being addressed and/or placed on the policy/ strategy agenda. In the PHO setting this is likely to involve working with local authorities, local work places and community and planning groups. Activities may include writing policy submissions, being involved in working parties to create policies, submissions to select committees.

Outcomes from these activities will help support the wider work of the PHO to improve prevention and management of chronic diseases, and improve community well-being through helping to make healthy choices easy choices.

Where activity in other sectors has the potential to influence health outcomes, funding is appropriately used by the PHO for advocacy and mediation to promote this work. However funding from the other sectors involved is appropriate to implement the changes needed (e.g. advocacy for improving lighting on public walkways funded by the PHO, with the lighting itself funded by the local council).

Example related to nutrition and physical activity

Example Objectives:

- (a) advocate for and assist in the development of nutrition policies in line with the Food and Nutrition Guidelines, including the development of policies that reduce food poverty and increase food security, and those that promote breast feeding
- (b) advocate for and assist in the development of physical and social environments that facilitate increased physical activity, at the regional and local level.

Activities may include

- a. working with food outlets and industries to encourage the development and sale of foods consistent with the Food and Nutrition Guidelines such as lean meats and low fat dairy foods
- b. encouraging and assisting workplaces to develop activity friendly practices such as providing bicycle parking, making stairs safe and accessible and providing showers
- c. encouraging and assisting workplaces and other settings to develop policies supportive of breastfeeding
- d. working with the early childhood sector, including kohanga, and schools (in collaboration with Health Promoting Schools programmes where possible), to support nutrition and physical activity policies, (including implementation of the Health and Physical Education curriculum). Where appropriate work with PHO clinical providers working in schools to foster these partnerships.
- e. encouraging local councils to improve pedestrian and cycling facilities (e.g. increasing lighting for walkways in parks, upgrading footpaths and cycle tracks)

2. Strengthening Community Action

Strengthening and increasing the level of community action to support health-promoting choices

Activities to strengthen community action involve purposeful planning to assist the community to develop their own skills and resources to take effective action, so that they can develop, or build on pre-existing, initiatives that support their well-being (7). This can include

- (a) providing mentoring relationships to foster leadership, and supporting community leadership by facilitating access to resources such as training opportunities, infrastructure. These activities enable community groups to have more resources and capacities to act independently of agencies
- (b) assisting community groups to develop structures to raise issues (eg ethnic council, new social action group) and facilitate training opportunities for them to increase the effectiveness of these structures (e.g. how to access information, communication skills, conflict resolution)
- (c) 'train the trainer' activities which empower community members to work with their own communities to address health and wellbeing issues
- (d) enhancing the community's problem solving capacity and their ability to critically assess factors contributing to their well-being
- (e) encouraging the community to undertake evaluation of initiatives and strategies so that capacity to learn from experience is increased

Strengthening community action will also involve supporting the development and maintenance of community networks and intersectoral initiatives, to ensure liaison and coordination of activities.

While addressing the nominated health issue is important, the development of group participation and empowerment are defining characteristics of health promotion and are also given priority (8). Increased social cohesion, social capital and a sense of control over the determinants of one's health have been shown to be related to health outcomes (7, 9, 10). In addition, participation in small groups can equip people to take part in more formal settings in the wider community.

Such health promotion activities need careful planning with the documentation of goals for group/community participation and empowerment along side other programme goals, and appropriate indicative budgets and monitoring frameworks.

Example related to nutrition and physical activity

Facilitating a group of people coming together to exercise enables access to increased physical activity in a supportive environment. Facilitated discussion could subsequently lead to them raising concerns about issues in their community (e.g. difficulty accessing their traditional subsistence foods, and their increasing reliance on cheap but less healthy alternatives available; drug and alcohol use/abuse by their young people). The health promotion worker would then support them to look at ways of working together to help address these issues (e.g. forming a new social action group as in (b) above).

3. Creating Supportive Environments

Contributing to the creation of supportive environments for well-being¹³

Healthy public policy can contribute to the creation of supportive social and physical environments. In addition raising awareness of health issues, and fostering self-help/support groups can further contribute to health supporting environments. Where empowerment is also part of planned objectives, this will contribute to strengthening community capacity. As with all health promotion action, focus should be given to the needs of groups with health inequalities.

Examples related to nutrition and physical activity

- (a) working with communities/settings to develop community initiatives that support healthy food choices (e.g. food cooperatives, gardening projects) and support lifelong physical activity (e.g. walking/exercise groups, walking school buses, promotion of the development of areas and facilities for physical activities)
- (b) working with community based nutrition and physical activity programmes developed by other agencies (e.g. Healthy Kai, 'Push Play') to support their activities and link PHO activities to these programmes.
- (c) Increasing the level of community awareness about healthy food choices and about the lifelong benefits of regular physical activity by providing information, advice and support to community groups and agencies regarding health promoting nutrition and physical activity approaches
- (d) promoting in partnership with the community, using the appropriate medium and language, key health messages relating to nutrition and physical activity. Priority should be given to delivering these activities with Māori and Pacific peoples. Appropriate strategies for older people and those with disabilities also need consideration. This may include contributing to and/or helping to organise community forums, education sessions and workshops, and assisting in the development/ dissemination of resource material to target groups. In doing so this should support district wide social marketing initiatives (eg 5+ a day, Pick the Tick, Push Play), ensuring that resources available are culturally appropriate, evidenced based and up to date

There is a distinction between the intent of group education about specific diseases (eg diabetes), and self help and support groups designed to foster social capital and support. While education groups may encourage networking between attendees, in general they are more specifically designed to develop individual personal skills, and should be provided through other funding streams (eg SIA).

Support groups aiming primarily at building social cohesion while nominally addressing 'risk factors or disease prevention' could be included as part of a health promotion plan which uses wider initiatives to create supportive environments.

4. Developing Personal Skills

This strand has not been further developed in this document since it is seen to primarily encompass individual health education approaches aimed at encouraging and assisting change in individual behaviour (see discussion P 5 of this document). These are important and appropriate strategies in a primary health care setting. However, although it is acknowledged that other health promotion contracts in New Zealand do include elements of this strand of activity, for PHOs the use of health promotion funding for wider population-based activities is seen to bring an appropriate complement to other more individually-based provider activity in the PHO setting.

¹³ This strand has increasingly come to be associated with activities related to social environments. The focus in the Ottawa Charter is in fact on ecological issues and environmental sustainability. This is consistent with Maori models of health promotion e.g. Te Pae Mahutonga

5. Reorienting Health Services

Reorientation of health services and organisational development

Work to enhance the health promoting capacity of the PHO will occur across and through health promotion programmes addressing specific health issues. However there may also be activities that specifically address creating a supportive environment for health promotion activities by ensuring PHO policies, service directions, priorities and systems and practices integrate health promotion principles. In the primary care setting this could also include activities that help primary care teams facilitate access to, or enhance, available community health/welfare services for populations.

In addition opportunities may arise to contribute to the organisational development of agencies with whom PHO staff inter-relate, for instance facilitating upskilling of their staff about health promotion approaches/activities. This will require skilled PHO staff with health promotion expertise.

Activities could include

- (a) contributing to PHO strategic planning and Board activity to include health promotion approaches and encourage community perspectives in developing a population health approach
- (b) encouraging and/or supporting the PHO to assess health status and maintain profiles of specific populations in the community
- (c) fostering partnerships with Iwi, hapu, whānau and Māori communities to develop strategies for Māori health gain and appropriate services.
- (d) developing and strengthening appropriate links with intersectoral agencies or groups' activities/programmes by participating in collaborative initiatives, and formalising partnerships where appropriate
- (e) providing training, skills development to other parts of the PHO (e.g. Board, providers) in elements of public health and health promotion practice.
- (f) encouraging PHO staff to be involved in advocacy
- (g) working with clinical providers to examine health promoting approaches to clinical service provision
- (h) establishing what community resources are available in the PHO area and facilitating access by providing appropriate information about, and referral pathways to, these services for population groups
- (i) supporting primary care providers to initiate appropriate brief interventions with patients, the advice of which can be built upon by community providers
- (j) supporting the development/maintenance of national and regional networks and intersectoral initiatives that address determinants of health (eg, 'Healthy Cities/Communities', 'Strengthening Families', etc).

Examples related to nutrition and physical activity

- (i) bringing community perspectives into broader PHO planning about nutrition and physical activity to ensure approaches are appropriate to the needs of families, whanau and communities
- (ii) undertaking a stock-take of existing training/awareness raising processes across the PHO regarding nutrition and physical activity and using information gained for a gap analysis
- (iii) facilitating appropriate training/supply of resources for PHO providers in gaps identified, ensuring this training addresses issues of cultural appropriateness and reducing inequalities. These opportunities can be used to promote resources from wider social marketing campaigns about nutrition and physical activities so that messages are consistent.
- (iv) liaising with social marketing initiatives at a regional level to ensure co-ordination of approach between the PHO and these other initiatives and providers
- (v) identifying and facilitating (as appropriate) potential partnerships between PHOs to improve access of PHO populations to physical activity and nutrition programmes in common geographical areas

(vi) identifying non-PHO organizations that could benefit from awareness-raising about messages to increase physical activity and improve nutrition and appropriate approaches

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