Resilience is a pretty hot word at the moment, mainly because of the complex and diverse issues we are facing as individuals, as communities and in a wider context as a country and as a planet. It is interesting to consider what environments create and support resilience in a public health context and what responsibilities we might have as health promoters to consider building community resilience as part of our work.

This has become especially relevant in the days and weeks that have followed the second Christchurch earthquake.

But not all of life’s difficulties and changes will hit us unexpectedly in a few moments like the Christchurch quake. Some of them develop over time, others involve rapid change and many are an expected part of our lives; leaving school, changing jobs, relationships beginning and ending, bereavement, redundancy, retirement.

Resilience can be considered an individual character trait, a set of skills and learnings or as part of an emotional response; but resilience can also be considered a characteristic of communities.

So what is resilience; how might we identify it and how do we grow it?

One of the organisations leading research and innovative, evidence informed programme design on community resilience internationally is the Young Foundation based in the UK. They describe individual resilience as ‘the ordinary superpower that helps us deal with set-backs, rise up to challenges and grasp opportunities’ and ‘find(ing) new ways of coping, adapting and thriving against the odds’.

The Young Foundation recently developed a new tool called The Wellbeing and Resilience Measure (WARM) that uses existing data about localities, and combines familiar statistics on such things as jobs and health with new ways of thinking about the happiness and resilience of communities. WARM not only focuses on community needs and vulnerabilities (such as crime or mental illness) but also on community assets (such as strong families and social supports) to help communities struggling with difficult decisions about priorities.

continued on page 6

Water tanks for community showers at Burwood Primary School, Christchurch.
From the Editor
Welcome to our 2011 Autumn-Winter edition of Hauora!

Foremost in my mind as I write this editorial is the resilience of fellow health promoters and other health professionals around the country at this time of many challenges. Difficulties imposed by the economic recession and subsequent budgetary constraints are making marked impacts on health providers, the health workforce, and communities. But it is the fallout from the Christchurch earthquakes and aftershocks that epitomise the natural calamities and man-made disasters that we are currently facing as a nation. In the midst of all these troubles, health promoters and other fellow health workers, especially in the Canterbury region, persevere with their call of duty and with admirable resilience.

How to grow your resilience is the theme of the headline article for this Hauora, by Amanda Bradley of Mental Heart Foundation. Building resilience and other such skills and qualities requires a professional culture of embedding regular action and reflection as the health promoter’s modus operandi. Yes, we need to take time to sharpen our tools in order to remain effective and to be able to make a vital difference in the diverse communities that we serve. A timely reflection on two of the principles that underpin health promotion - a broad definition of health and empowerment -is provided by Associate Professor Louise Signal and Dr. Tara Kessaram on page 10.

The annual HPF symposium provides a national space for all health promoters and other public health workers to come together and re-energise, re-focus and strategise. To be held on July 7-8 in Wellington, the symposium will provide an update on the joint effort being led by HPF to provide a professional pathway, establish an ethical statement of practice, and review the competencies for health promotion in Aotearoa New Zealand.

Having a professional body with ethical guidelines and competencies, can contribute to building our collective strength as health promoters and enhance the capacity of the health promotion sector. More details on these much-needed developments are on pages 3, 5 and 12.

While health promotion activities on the national level are an important focus, similar developments at the regional and global arenas are equally important in an increasingly interconnected global community. One such significant development is the work of the Global Action for Health Equity Network (HealthGAEN). HealthGAEN is a global alliance for health equity through action on the social and environmental determinants of health. On page 8, Dr. Belinda Loring writes about HealthGAEN, in particular, its Asia Pacific hub, AP-HealthGAEN, whose activities are of direct relevance to New Zealand. HPF is a member of AP-HealthGAEN.

Health as human rights is the theme that Carmel Williams explores in our Keeping Up To Date section. Specifically, she looks at “the important and practical role of health and human rights in the health promotion armoury to redress these inequities, and not just by resorting to judicial processes.”

Yes, there is a lot to read and ponder in this Hauora. Also, I am delighted to welcome back our cartoonist, Grant. See the bottom half of this page for his latest observation on health and funding in our tough economic and political environment.

Finally, may I record my gratitude to all the contributing writers. Editorial contributions are most welcome. And as mentioned before, the Hauora is now published twice a year and our aim remains the same: to provide in-depth stories and information to strengthen the health promotion sector and enhance the capacity of its workforce.

Until the next 2011 Spring-Summer edition in November, remember that, as one great leader once said about challenging times, the ultimate measure of a person is not where he or she stands in moments of comfort, but where he or she stands at times of challenge.

Happy reading!
Sione Tu’itahi
sione@hauora.co.nz
Internationally our country has long been recognised for innovation. From the success of Kate Sheppard’s woman’s suffrage petition to Parliament in 1893 and the subsequent bill that granted women full voting rights that same year, through to New Zealand’s staunch anti-nuclear stance in the 1980’s, our reputation for being at the leading edge, whilst steadfast in our beliefs, remains an indelible facet on the New Zealand psyche. The approach that is being taken in forming a health promoter’s professional body reflects this notion—that in taking on this considerable task, we must remain steadfast to our values, beliefs and underpinning philosophies.

To date, consultations with health promoters and the wider public health workforce have indicated that there is both a readiness and a strong supportive platform to build a representative body for health promotion in New Zealand. Although similar work has occurred elsewhere around the globe, several aspects in terms of the New Zealand approach are noteworthy and unique. Firstly the driving force and overarching principle is Equity. There is an overwhelming agreement that at no point should the representative body move away from or impede the process for increasing health equity and achieving hauora as everyone’s right.

This leads naturally to the second point and one that, as with equity, greatly influences the ideology behind this work. Unlike other professional bodies, the Aotearoa New Zealand Health Promoters Association will not adhere to an exclusive platform based simply on qualification but rather on an inclusive basis requiring an agreement and formal commitment by members to abide by a Statement of Ethical Practice. Ethics and values guide health promotion action and practice. They provide a foundation to decide what constitutes legitimate, expected and acceptable practice in health promotion.

This is not to say that qualifications will not be an important consideration, of course they will, but an ethical platform means that membership is a lot more open to wider interest groups and individuals, some of whom may operate outside of health promotion practice yet understand and utilise health promotion acumen. This approach also allows for and values community experience and connection as well as formal tertiary training.

At the same time of course we can take on board the best components and experiences of other professional groups, locally and globally, and across sectors to inform our own approach. However, at a glance, very few have taken a similar path.

Another important facet that sets this project apart from others internationally is that the entity will have a strong focus on the indigenous element within health promotion and so, at every stage, contributors to this work have been cognisant of the recognition of Te Tiriti o Waitangi, tikanga, Maori aspirations values, beliefs and world views. Also taken into account is the fostering of the close historical, cultural and political relationship that Aotearoa New Zealand has with Pacific people and Pacific nations. Accordingly, the inclusion of these vital aspects is inherent in the planning, the make-up of the Working Group, key documents and the overall direction of the project. This focus will not only strengthen New Zealand’s distinctive health promotion practice but will foster an increased standard of work in the best interests of our communities and those whom we serve.

At this juncture it should also be noted continued on page 4
that the move towards professionalisation has been driven by the sector itself and the current momentum to realising the formation of an association or society is the culmination of years of discussion and debate. The most recent call to action has come from health promoters themselves as an unregulated workforce to “raise the bar” and to make health promotion more visible and effective.

In the current political and economic climate this is not in the least a trivial task and requires a great deal of courage. Therefore an organisation independent of Government and able to represent, challenge and articulate the views of health promoters would be both timely and appropriate.

This project and the concurrent work on reviewing the core health promotion competencies will provide some very useful tools for employers and health promoters alike. Although it remains work in progress the association or society will not only provide a basis for advocacy, support and collegiality but would also be able to ascertain levels of health promotion competency, build a common body of health promotion knowledge and evidence, and offer an apparatus with which to commit employees to on-going training.

At this year’s Health Promotion Forum Symposium the topic of professionalisation, ethics, competencies and the changes in the sector will be work shopped. The overall theme is Nga Ara Tohungatanga o Te Hauora- Professional Pathways in Health Promotion. Again we will be celebrating the significant progress health promotion has made and the solid foundations that were laid for us in the past. At the same time we will have our sights firmly fixed on the horizon as we determine where health promotion is heading into the future. One thing is certain; our attitude and appreciation of the things that set us apart will demonstrate that health promotion in Aotearoa New Zealand is unique, innovative and world leading.

More information on the topic can be found on our website: http://www.hauora.co.nz/professional-society.html

A unique and ground-breaking approach to the professionalisation of health promotion in Aotearoa New Zealand

Participants at the recent Maori health workforce hui in Christchurch. Two of the topics consulted upon were the establishment of a health promotion professional association and the future needs of the workforce.

Join the Health Promotion Forum Now

The Health Promotion Forum (HPF) is the national umbrella organisation for health promotion and builds leadership, relationships and the work force in health promotion. The members of HPF are organisations committed to improving hauora, health and wellbeing.

Members elect the HPF Board and receive a discount on HPF work shops and symposia and other benefits.

Application for Membership of Health Promotion Forum

The subscription year is from 1 July to 30 June. Rates for 2011/2012 are:

- $55 (incl GST) for an organisation with up to 10 Full Time Equivalent (FTE) staff
- $80 (incl GST) for 11 to 50 FTE staff
- $110 (incl GST) for 51 to 99 FTE staff
- $200 (incl GST) for 100 and more FTE staff.

Charities Commission Registration Number: CC36008

Strong membership base provides the foundation for HPF’s work in advocating for the whole sector and enhancing the credibility of the health promotion workforce.

Membership is open to organisations that support Te Tiriti o Waitangi and the values and purposes of HPF and have aims and objectives that are consistent with HPF’s aims and objectives. Requests for membership are approved by the Health Promotion Forum Board.

HPF is an incorporated society and registered as a Charity with the Charities Commission. Donations are tax deductible.

More information about HPF, the benefits of membership, and the HPF Constitution is on the HPF website www.hauora.co.nz If you have any questions, please contact us on hpf@hauora.co.nz or 09 531 5500.
Health Promotion Competencies Being Reviewed

By Helen Rance and Sione Tu’itahi

Health promotion in Aotearoa New Zealand is an evolving field with a diverse workforce drawn from a range of disciplines, operating in a variety of settings and across a wide range of political, economic and social contexts. Given this diversity, there is need for competencies, which delineate the specific body of skills, knowledge and expertise that represents and is distinctive to health promotion practice. Competencies identify and describe the knowledge, skills and abilities expected of a health promotion practitioner in order to work effectively in the field. This article provides a background to the latest development for health promotion competencies in Aotearoa.

At the HPF conference 1997 the workforce called for training standards, a code of ethics and a professional body for health promotion in New Zealand. Before any of this could eventuate a base line description of health promotion practice was needed thus Ngā Kaiakatanga Hauora mō Aotearoa Health Promotion Competencies for Aotearoa New Zealand (the Competencies 2000) were first published in 2000 following extensive consultation.

The Competencies 2000 were used by health promotion providers as a framework to inform processes such as employment and recruitment, ongoing professional development, training needs assessment, curriculum development and as a guide for strategies such as programme planning.

Since the Competencies 2000 were written, much of the context for health promotion practice has changed. For instance, more Māori and Pacific health providers have come on the scene, primary health organisations have been established, more public health courses are available, in 2007 the Generic Competences for Public Health were published and there is a growing awareness of the need to build health promotion capability and capacity in a global context.

In 2010 the Ministry of Health’s commitment to Public Health Workforce development enabled HPF to begin a review of the Competencies 2000. Key reasons for this review include the need to reflect changes and update health promotion in Aotearoa, to ensure our practice is in line with global trends and to provide a framework for strengthening the capability and capacity of the health promotion workforce.

When completed, the Competencies 2011 will contribute to developing and strengthening the health promotion workforce and are closely aligned to parallel work that is developing a code of ethics and establishing a professional association for health promoters (See articles on the ethical statement and a health promotion association on pages 4 and 5). Previous drafts of Competencies 2011 have been consulted upon in a number of ways – from advisory groups to presentations and meetings with the health promotion workforce around the country. An updated draft will be available for comment on the HPF web site and through a web based survey. Feedback from the meetings mentioned above has been collated into a penultimate draft to be work-shopped at the HPF Symposium 2011 – Defining Professional Pathways in Health Promotion early July. Implementation pathways and a possible assessment framework will be explored in 2012.

Global and local contexts

Following the Galway Consensus Conference in Ireland, June 2008, the International Union of Health Promotion and Education (IUHPE) began a process which has evolved into pan-European competencies (CompHP) 2011. CompHP articulates key definitions, principles, values and nine Domains of practice as the foundation of health promotion and this project is gaining acceptance as a global model.

The CompHP framework has influenced the New Zealand Competencies 2011 but the latter has been developed especially to fit our unique context which recognizes our special relationship with Māori and Te Tiriti o Waitangi whilst still reflecting our place in the global health promotion community.

Underlying aspirations of health promotion can be seen in Te Tiriti o Waitangi. Te Tiriti is a key document which provides a framework for Māori to exercise control over their health and wellbeing. Through extensive consultation with the health promotion workforce there is both a clear commitment to maintain the mana of Te Tiriti and to use it as the basis of health promotion in Aotearoa – New Zealand. Hence the development of TUHA-NZ A Treaty Understanding of Hauroa in Aotearoa-New Zealand which provides a set of three goals as a model for health promotion action.

Health promotion in Aotearoa acknowledges the rights and needs of Māori, as tangata whenua, and as one of the two partners in the Te Tiriti o Waitangi. Additionally, it is noted that Pacific peoples are a high, socio-economic need group that has a special relationship with the Government (Ministry of Justice, 2000). This implies that Pacific peoples’ perspectives and needs should be taken in consideration in every domain. Furthermore, under the New Zealand Bill of Rights Act (1990) the perspectives and needs of other ethnic and cultural minorities should be catered for.

These competencies are intended for use in Aotearoa New Zealand by health promotion practitioners and others who use health promotion approaches to address the determinants of health and equity. The competencies will also be useful to those working in other professional areas that may not identify as a health promotion practitioner but whose role includes health promotion (e.g. community health).

Where do these competencies fit?

The Health Promotion Competencies complement the Generic Competencies for Public Health in Aotearoa NZ March 2007 (Generic Competencies). The Generic Competencies are “the minimum base line set of competencies that are common to all public health roles across all public health sectors and disciplines and that are necessary for the delivery of essential public health services. They are a minimum in all areas of what all public health practitioners are...”

continued to page 7
Resilience: what is it and how do we grow it?

The Lambeth Mental Wellbeing Programme in London aligns resilience with mental capital. They have framed mental wellbeing and resilience as:

- essential for the economic and social productivity of populations
- positively influencing individuals motivation to play an active role in their physical wellbeing including exercise, smoking, healthy eating and alcohol and other drugs use
- positively influencing community engagement and citizenship
- promoting flourishing societies

Flourishing, a measure of mental health that has been developed within the last decade, can be used to determine the level of positive mental health in populations. When someone is flourishing they experience positive emotions, positive interest and engagement with the world around them, and meaning and purpose in their lives. Evidence suggests that people who are flourishing are less at risk of physical and mental health problems and have better social relationships. To flourish is much more than just an absence of a diagnosis of a mental disorder. Flourishing requires certain positive qualities in one’s life to be cultivated over time, and within conducive social and political environments.

Studies indicate that in countries comparable to New Zealand only a minority of the population is flourishing. Flourishing through developing positive mental health is a challenge and benefit for all. It is equally relevant for those who have experienced mental distress / been diagnosed with a mental health problem, and can be equated with the concept of recovery.

The Mental Health Foundation is initiating activities and dialogue creatively at a national level, on the benefits of flourishing to our overall mental health, and investigating how flourishing can be increased equitably across our population. We want to see flourishing included as a measure of progress, and from this be able to set targets to increase our collective mental wellbeing.

The new economics foundation was commissioned in 2008 by the UK government to develop a set of evidence-based actions to improve personal wellbeing. The outcome was the paper “Five Ways to Wellbeing: Connect, Give, Take Notice, Keep Learning and Be Active.” The Mental Health Foundation has used this evidence repeatedly in its work over the last three years and the simple and practical nature of the “Winning Ways to Wellbeing” has wide appeal and application.

After the second Christchurch earthquake, our Southern Team responded to the mental and physical health needs of their communities. In the first few days this was close to home in their neighbourhoods and then as the days progressed, it became clear that there needed to be a strong public health message around maintaining mental wellbeing, especially for those whose needs would be deemed as ‘non-urgent’. Everyone in the region was exposed to a traumatic situation and touched either directly or indirectly by the consequences. Initial public health messaging focused on the importance of maintaining hygiene to prevent the spread of communicable illness by washing hands and boiling water. The team also perceived a need for ‘mental health first aid’ for the general population. A widespread Ministry of Health campaign communicated “Look after yourself. Look after others” fronted by local celebrities. The Southern Team sought to build on this and developed a campaign that provided practical strategies for how to do it, based on the Winning Ways to Wellbeing.

The campaign was delivered as street posters blanketing the city for two main reasons – large parts of the city were still without stable power and therefore internet or television and secondly the city since the earthquake had become a landscape of barriers, destruction and cordons. The usual vibrant posterising that occurs in ‘normal’ times had disappeared as business had ground to a halt. The posters were designed to add colour to the landscape as well as communicate the well-evidenced basic strategies for wellbeing. The Southern Team worked with a local graphic designer who had lost premises in the earthquake and so the campaign also contributed in a small but practical way as a lifeline of business for a local creative.

The campaign has been followed by community presentations and talks and the posters are available for free download from the Mental Health Foundations website.

The Mental Health Foundation will continue to have a focus on the resilience of communities as part of its strategic approach and goal of “creating a society where all people can flourish”.

References:

The Young Foundation (2009). Grit: The skills for success and how they are grown. London, United Kingdom: Roberts, Y.


Clusters of Competence

Expected to be capable of doing in order to work effectively in the field. "The Health Promotion Competencies build on the minimum baseline described in the Generic Competencies. They are discipline specific and consist of a higher level of knowledge, and skills that a person working in any health promotion role should be able to achieve. The Competencies 2011 do not describe professional standards nor make provision for performance measures.

Key components of the pool of knowledge are:

**Te Tiriti o Waitangi**
- The pre-eminent place of Te Tiriti o Waitangi in guiding health promotion action in Aotearoa – New Zealand.
- The attainment of health, with an emphasis on the retention and strengthening of Māori identity as a foundation for the achievement of individual and collective Māori potential.

**Aotearoa context**
- Māori concepts, principles and practices of health and their impact on and implication for health promotion action.
- Pacific concepts, principles and practices of health and their impact on and implication for health promotion action.
- Understanding of cultural and social diversity.

**Ottawa Charter**
- The concepts, principles and values of health promotion as defined by the Ottawa Charter for health Promotion and subsequent charters and declarations.
- The concepts of health equity, social justice and health as a human right as the basis for health promotion action.

**Ethics**
- The ethical values and code of ethics/practice for health promotion action in Aotearoa.

Knowledge
- The determinants of health, impact on and implication for health promotion action.
- Health promotion models, including associated integrated ways of working, and approaches which support empowerment, participation, partnership building.

Research
- The key ethical issues in health promotion research and their implications for practice.
- The evidence base and research methods, including qualitative and quantitative methods, required to inform and evaluate health promotion action.

Key related areas
- Concepts and theories of change management and the implications for health promotion action.
- The systems, including health systems and structures, policies and legislation which impact on health and their relevance for health promotion action.
- The current models and approaches of effective project and action management (including needs assessment, planning, implementation and evaluation) and their application to health promotion action.
- The health promotion contribution to public health and safety, and public health emergencies.

Other tools
- The communication processes and current information technology required for health promotion action.

From the Editor

We would love to inform the health promotion workforce about your events and activities. We welcome editorial contributions too.

Email us: hpf@hauora.co.nz.

Or visit our website: www.hauora.co.nz.

Please send your feedback on the draft statement of ethical health promotion practice to: comment@hauora.co.nz.

Additionally in Aotearoa ethical health promotion action:
- Is founded on commitment to Te Tiriti O Waitangi and recognises Māori as tāngata whenua;
- Reflects the hopes and aspirations of Māori for self-determination in respect of their own affairs;
- Recognises that the traditional values inherent within whānau, hapu and iwi social structures are important aspects of health promotion action;
- Empowers whānau and communities to realise their full potential;
- Respects the special historical, cultural and political relationship that Aotearoa New Zealand has with Pacific people and Pacific nations; and
- Respects that people have come to Aotearoa New Zealand from many different circumstances, places and countries.

A health promoter will demonstrate their commitment to ethical practice by acting according to the code of ethics for health promotion practice (yet to be developed) in Aotearoa New Zealand.

*Codes of ethics are usually more detailed than this statement and say what is acceptable behaviour for individual practitioners in some particular situations.*
A regional alliance for action on health equity - Asia Pacific HealthGAEN

By Dr Belinda Loring, Senior Policy Officer HealthGAEN and HPF Fellow

Introduction

The WHO Commission on Social Determinants of Health (CSDH), chaired by Professor Sir Michael Marmot, was the start of a global movement for health equity through action on the social determinants of health, generating worldwide interest among governments, civil society, academics and non-government organizations. The CSDH called for a global alliance to take forward the social determinants of health agenda. The challenge now is to ensure that the momentum generated by the CSDH is translated into tangible benefits for people around the world.

The Global Action for Health Equity Network (HealthGAEN) is an informal global alliance for health equity through action on the social and environmental determinants of health, established to build on the momentum, expertise and partnerships generated through the CSDH. The Asia Pacific hub of the Global Action for Health Equity Network (AP-HealthGAEN), chaired by Sharon Friel(1), was established in 2009, to build a network for support and joint action on addressing health inequity across the region. The Health Promotion Forum of New Zealand (HPF) is an active member of AP-HealthGAEN.

Why an Asia Pacific network?

The recommendations of the CSDH (2) have been widely endorsed by governments, NGOs and civil society. However because of its global remit, the CSDH recommendations were unavoidably general in nature and did not take into account the vastly different social, cultural and geo-political contexts in which health inequities arise. To translate this global momentum into understanding and action on the SDH of health inequity, a more nuanced regional analysis of the issues and solutions is required.

The Asia Pacific region is home to over 60% of the world’s population and life expectancy across the region varies by over 20 years (3). The scale of health inequities and the intensification of influences on health in this region demand specific attention and assessment through an Asia Pacific lens.

This includes developing a regional-specific knowledge-base on SDH and health equity, a workforce with the necessary knowledge and skills to act on SDH, and strategies to ensure that knowledge is translated into effective actions. Ongoing advocacy is also required to ensure that health equity remains a political priority. These four actions areas form the key areas of focus of HealthGAEN (Figure 1).

Figure 1: The four overlapping foci of action of HealthGAEN

A major focus of AP-HealthGAEN’s work for 2011 is on the collaborative production of an Asia Pacific Report on the Social and Environmental Determinants of Health Inequities, to feed into the WHO World Conference on the Social Determinants of Health, in Brazil in October 2011. This report will synthesize the current epidemiological evidence on health inequities, discuss the main determinants of these inequities, and review effective policy and practice across the region.

- Jakarta Workshop, November 2010
  Hosted by the Atma Jaya University and the Indonesian Epidemiology Network, the AP-HealthGAEN workshop in Jakarta 28-29th November 2010, brought together 45 international participants from 18 countries/territories across the Asia Pacific Region, joined by over 150 Indonesian invitees. Attending were researchers, policy makers and practitioners concerned with action in the social and environmental determinants of health and health equity.

The sharing of evidence of health inequity across the region, from countries as diverse as South Korea, Tonga, Indonesia, Thailand and India, revealed both common challenges as well as unique ones. The availability of data to measure and give voice to health inequities varies dramatically across the region. Determinants of health inequity discussed ranged from income distribution, the status of women, employment security, the privatization of water supplies, limited physical access to remote island communities, gradients in access to migration, to constitutional arrangements that favour the elite. A clear realisation emerged from the workshop that for the majority of countries and
territories in the Asia Pacific, the field of vision on health equity is confined to inequities in access to and quality of health care. From this starting point, a key task for AP-HealthGAEN will be to encourage a paradigm shift from seeing health inequities as being just about health care, to being shaped by a much broader range of social and environmental determinants. While the need for better data to fully capture the magnitude of health inequities and their determinants was acknowledged, there was also a strong warning against letting the need for more data delay action.

• Canberra Meeting with Sir Michael Marmot

Hosted by the AP-HealthGAEN chair, Sharon Friel of the Australian National University, the AP-HealthGAEN Regional Steering Group (consisting of senior academics, policymakers and leaders from non-government organisations from India, China, Indonesia, Malaysia, Palau, Papua New Guinea, New Zealand, South Korea, Japan, Sri Lanka, Australia, Taiwan, Vietnam and Thailand) met in Canberra in April 2011 with Prof Sir Michael Marmot. This included a public lecture on “The Economic, Social and Environmental Determinants of Human Development and Health Equity” delivered by three internationally renowned speakers: Professor Sir Michael Marmot, Professor Tony McMichael and Professor Stephen Howes. A high-level policy roundtable on “Maximising Policy Leadership in the Economic, Social and Environmental Determinants of Human Development and Health Equity” was held on the 4th April with AP-HealthGAEN steering group members, Professor Sir Michael Marmot, senior academics, plus invited Australian policy makers and NGOs. Given that the social, economic and environmental drivers of health inequities sit largely outside the responsibility of the health sector, this roundtable explored how to progress a coherent, cross-sectoral and cross-border agenda for action.

• Health Equity in Papua New Guinea

AP-HealthGAEN convened a workshop in Port Moresby in March 2011, to consider the implications of mHealth interventions for the broader PNG health system, and to discuss the importance of evaluation and co-ordination of these new initiatives to ensure these new technologies contribute to improved health outcomes and health equity. The term mHealth is defined as the use of mobile communications devices, such as mobile phones, for health services and information (4). The workshop was convened by the ANU in association with the National Department of Health, funded by a grant from The Trust Company as trustee of the Fred P Archer Trust, and was attended by representatives from the National Department of Health (NDoH), University of Papua New Guinea, the World Health Organization, the telecommunications industry, and the Asian Development Bank.

Summary

AP-HealthGAEN is an evolving network, but already includes a critical mass of key agents – people who can make a difference, through evidence generation, policy development, advocacy, and training. Many of the active participants in AP-HealthGAEN also have links to a number of other local, regional and global collaborative initiatives on SDH and related issues. By bringing together policy-makers, researchers and advocates, AP-HealthGAEN provides a forum to break down barriers between academia, policy and practice, to create space for collaborative action to address health equity in the Asia Pacific region.

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References

Reflections on Health Promotion Principles: Health and Empowerment

By Tara Kessaram and Louise Signal

Dr. Tara Kessaram is a Public Health Registrar. She recently graduated with a Postgraduate Diploma in Public Health from the University of Otago. Associate Professor Louise Signal is Director of the Health Promotion and Policy Research Unit (HePPRU) & Health Impact Assessment Unit, Department of Public Health, University of Otago.

Abstract

This article provides a reflection on two of the principles that underpin health promotion: a broad definition of health, and empowerment. A brief literature search using Ovid MEDLINE and Google Scholar was conducted to retrieve articles regarding the rationale of employing a broad definition of health, and the role of empowerment in health promotion programmes. This was supplemented by use of key texts in health promotion.

A broad definition of health facilitates the collaboration of health promotion professionals with all members of society, by providing a shared understanding of the concept of health from which to begin. Furthermore, it enables collaboration with many sectors of society whose actions have implications for the health of the population. Empowerment is related to health in multiple ways and is both the means by which health promotion operates and a valued outcome of health promotion activities in itself.

A positive, all-encompassing concept of health and a commitment to empowerment are fundamental to health promotion, providing both an ethical basis for its work, and the means by which to achieve equity and health for all. The reflections and conclusions of this report will assist health promotion practitioners by providing a succinct review of two of the values which inform health promotion endeavours, and a clear articulation of the way in which they relate to the ultimate goals of such work.

Introduction

In 1986, the Ottawa Charter defined health promotion as the “process of enabling people to increase control over, and to improve, their health” (1). From this definition, the relevance of two concepts - health and empowerment - immediately becomes apparent. With reference to New Zealand, this paper illustrates how these concepts relate to each other and, importantly, how they underpin health promotion. A broad definition of health enables health promotion to be inclusive of all peoples and all sectors of society. Empowerment is both the desired outcome of health promotion activities and the means by which such activities work to improve health. It is argued that these concepts are core principles of health promotion and are necessary to achieve equity in health.

Health

The primary purpose of the Ottawa Charter is action to achieve the vision of Alma Ata - “the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life” (2) or, “Health for All by the year 2000 and beyond” (1). Health, however, is a very subjective concept, differing between individuals and communities and based on their perceptions of what constitutes a good life (3). Embedded values and value judgements are invariably the reason why the concept of health is the subject of much debate.

To reconcile the subjective nature of health with its goal of health for all, health promotion must employ a broad definition of health. The World Health Organization provides one such definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (4). This positive, comprehensive definition, in contrast to disease-centred models, is more congruent with a variety of perspectives on health. In New Zealand’s multicultural society, this definition echoes and is more compatible with both the Māori concept of health as described in the Whare Tapa Whā model (5) and the Fonofale model of health for Pacific peoples (6). Using a broad definition of health allows health promotion the scope to work with people on the aspects on health that resonate with them. This is necessary to achieve the desired goal of equity and health for all, as reiterated in the Jakarta Declaration (7).

This broad vision of health also defines the scope and strategies of health promotion activities. Indeed, the many meanings of health promotion are a function of the multiple concepts of health (8). Importantly, such a definition requires the recognition of the multiple social, economic, and environmental determinants of health beyond an individual’s control; consequently, health promotion must involve intersectoral action. As Nutbeam (9) writes, “all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities” on health; health promotion is consequently a “comprehensive social and political process” (p. 351). This ethos is also reflected in the Ottawa Charter which acknowledges that health promotion extends beyond health care. This is due to the shift away from the pathogenic model of health, towards a more holistic paradigm.

Empowerment

Concepts of health are linked to the principle of empowerment, which is also vital to health promotion. Empowerment is a “social-action process that promotes participation of people, organizations, and communities towards the goals of
increased individual and community control, political efficacy, improved quality of community life and social justice” (10 p. 198).

To begin with, empowerment may be viewed as a sign of positive health at both the individual and community level. In particular, in Antonovsky’s salutogenic model, a sense of coherence is central to health and relies on meaningfulness, comprehensibility, and manageability of one’s world(11). Green and Tones (12) note that the last two of these components imply beliefs of control. Empowerment may therefore be an important component of health. Given this relationship, it may be concluded that with the aim of improving health, empowerment is a desired outcome of health promotion activities.

In addition, empowerment is the modus operandi of health promotion. The definition of empowerment mirrors that of health promotion as a process of enabling people to increase control over, and improve the quality of their life, in this instance, their health. As such, the process of empowerment is described as the raison d’etre of health promotion (13), and is manifest in health promotion strategies of building supportive environments, developing personal skills, and strengthening community capacity (1). Furthermore, empowerment is an effective strategy, with ample evidence of interventions which empower resulting in improved health outcomes (14).

Empowerment may therefore be an effective strategy, which empower resulting in improved health outcomes (14).

Health promotion focuses on enabling whole populations, not just families or individuals (15). Nevertheless, many authors recognise the importance and interconnectedness of both individual and community empowerment as cornerstones of health promotion. Green and Tones argue that given the multifaceted definition of health, a balance of its components is necessary and individuals should be empowered to determine the balance for themselves. In addition, community empowerment is necessary to achieve changes in public policies which affect health (12). Yeo (8) supports this, recognising that the solution to many health problems requires “collective and cooperative action” (p. 233). At the global level, Marmot et al(16) contend that empowerment of individuals and groups is essential to redress the unfair distribution of social resources in order to reduce inequities in health. Ultimately, empowerment is both a valued outcome but also the means by which health promotion activities operate.

Many challenges exist, however, to the centrality of empowerment in health promotion. These include the recognition that empowerment as an outcome is difficult to measure and thus a significant obstacle to the evaluation of health promotion activities (13, 17). Furthermore, it is possible to disempower groups through health promotion action, particularly when unequal power relationships exist (13). In addition, achieving empowerment may be difficult in the political realm where a zero-sum belief of power may be held, and individuals or groups are unwilling to concede political resources (12, 13).

Finally, it must be acknowledged that empowerment cannot be bestowed or given, but rather its development is facilitated. Participation of individuals and communities is necessary for empowerment (13). This is particularly important in New Zealand, where marked health disparities exist between Māori and non-Māori (18). The Treaty of Waitangi - particularly its article of self-determination for Māori, and principles of partnership and participation in interactions between the Crown and Māori - resonates with the philosophy of the Ottawa Charter (15); the Treaty thus underscores the importance of participation and subsequent empowerment in health promotion activities in New Zealand to achieve equity.

**Conclusion**

It is worthwhile to periodically reflect on the underlying tenets of health promotion and their influence on practice. The interlinked principles of empowerment and a broad definition of health underpin health promotion in many ways. Both have important implications for the scope of this discipline and the methods employed. Ultimately, they provide a foundation and ethical basis from which health promotion seeks to achieve aspirations of equity and health for all.

**References**

Training the Health Promotion Workforce: In partnership with the Manukau Institute of Technology, HPF offers a short course, Certificate of Achievement in Introducing Health Promotion. The eight-day course is offered at selected locations around the country. Visit our website (www.hauora.co.nz) for details. Above are participants at the short course that was held in Palmerston North earlier in the year. Back row from left to right: Marilyn Archibald, Te Wai Tamati, Jordon Wearne, Nayda Te Rangi, Amiria Te Ano, Andrea Seymour, Alice (Missy)Jonathan, Joanne Boyle, Karen MacKay, and Louise Aranga. Front: Guneeta Ghai, Sue Taylor (Tutor), Tiran O’Hagan and Telesia Brown.

From the Editor:
Please send your feedback on the draft statement of ethical health promotion practice to: comment@hauora.co.nz

Whakatūwheratanga—Introduction
Values and ethics guide health promotion action and practice. They provide a foundation by which to decide what is legitimate, expected and acceptable practice.

This draft statement is based on Ngā Tikanga Manaki - Values and Ethics section in the 2000 report, Ngā Kaikatanga Hauora mo Aotearoa Health Promotion Competencies for Aotearoa-New Zealand, the statement of values from the 2008 revisions to the Health Promotion Forum’s Constitution, and other work (including the 2007 Symposium, workshops and Keeping Up to Dates) that HPF has been doing around the ethics of health promotion, and is informed by similar developments internationally and the work of the Public Health Association on developing a code of ethics for the whole public health sector in Aotearoa-New Zealand.

Kitenga—Vision
Health promotion practice ethically engages and empowers people and communities to realise their right to hauora.

Ngā Kaupapa Whaihua - Health Promotion Values
The values that are central to health promotion practice in Aotearoa New Zealand are:
• Te Tiriti o Waitangi - Respect for, and commitment to and protection of, Te Tiriti o Waitangi, including the application of Te Tiriti o Waitangi to the actions and every day practice of health promotion
• Human rights - Respect for and commitment to hauora as everyone’s right based on the mana and dignity of people, communities and individuals; everyone being able to realise their human rights; and respect for and commitment to rangatiratanga, manaaki, tapu and noa.
• Equity- Commitment to improving health equity and the fair distribution of the determinants of health and wellbeing, taonga tuku iho, tinana, wairua, hinengaro and mana.
• Determinants - Commitment to improving the social and environmental determinants of health which include social justice, equity, participation-whakamana tāngata, whai oranga, whai wāhi, taiao me nga mea katoa e whakapiki ake i te hauora.
• Interdependence- Recognition of the interdependence of individuals, families, communities and the broader environment. This includes recognition of te ao turoa, whakawhānaungatanga, whānau, whānau ora, kotahiwhanga and whatumanaawha.
• Aroha- Respect for peoples’ rights to aroha, awhi and hauoratanga.
• Integrity - Commitment to acting honestly, ethically and with integrity – he mahinga i runga i te mahi tika me te mana tāngata me he ngakau tapatahi.

Ngā Kaupapa Matatika - Ethical Foundations
Ethical health promotion practice as recognised globally:
• Is committed to health as a fundamental human right central to human development;
• Demonstrates respect for the dignity and human rights of individuals and groups, including respect for diversity of age, gender, ethnicity, culture, language, religion, migration experience, sexual orientation, ability/disability, and family status;
• Addresses health inequities and social injustice, and prioritises the needs of those experiencing discrimination, poverty and social marginalisation;
• Acts to improve the social and environmental determinants of health, i.e. the social, economic, political, and environmental conditions in which people live that determine their health;
• Empowers people and communities to increase control over and improve their health and wellbeing;
• Recognises the importance of the early years of life as a time when nurturing, protection and care lays the foundation for life-long wellbeing;
• Is committed to being beneficial and not causing harm;
• Is honest about what health promotion is, and what it can and cannot achieve; and
• Is committed to a culture of evaluation and learning, evidence-informed practice, and the development of a well-informed, effective and sustainable workforce.

continued on page 7