



All District Health Boards

PUBLIC HEALTH SERVICE HEALTH PROMOTION TIER TWO SERVICE SPECIFICATION

Status:

Approved for recommended nationwide use for the non-mandatory description of services funded by DHBs.

RECOMMENDED

Status:

Approved for mandatory nationwide use for the description of services to be funded by the Ministry of Health.

MANDATORY

Review History	Date
Published on NSFL	
Reviewed: 2013.	
Consideration for next Service Specification Review	

Note: Contact the Service Specification Programme Manager, National Health Board Business Unit, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address of the Nationwide Service Framework Library: <http://www.nsfl.health.govt.nz/>.

PUBLIC HEALTH SERVICES HEALTH PROMOTION TIER LEVEL TWO SERVICE SPECIFICATION

The overarching tier one Public Health Services specification contains generic principles and content common to all the tiers of specifications below it.

This tier two service specification for Public Health Services, Health Promotion is used in conjunction with the tier one Public Health Services service specification so that the total service requirements are explicit.

The following tier three service specifications must be used with this tier two service specification and the tier one Public Health service specification so that the total service requirements are explicit:

- Health Promoting Schools
- TBA

Comment [RO'C1]: This list is provisional.

Refer to the tier one specification for Public Health Services document for details on:

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

The above elements are applicable to all public health service delivery.

This Health Promotion service specification should also be read in conjunction with the tier two service specification for Public Health Capacity (including for details on workforce development, and research and evaluation).

The Health Promotion service specification also links to the Health Protection service specification for issues such as alcohol, smoke-free environments, and to the Prevention Interventions service specification for issues such as immunisation and smoking cessation.

Background

Health promotion has been defined as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health."¹

¹ WHO 2005 Bangkok Charter for Health Promotion in a Globalized World.

The Ottawa Charter (from the *First International Conference on Health Promotion*, 1986) stated that ‘...to reach a state of complete physical, mental and social well-being, an individual must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being’.

The Ottawa charter identified five action areas for health promotion. These are:

1. Build Healthy Public Policy
2. Create Supportive Environments
3. Strengthen Community Actions
4. Develop Personal Skills
5. Reorient Health Services

1. Service Definition

Health Promotion is one of five core functions for public health.

The five action areas from the Ottawa charter are the framework for the outcomes and activities in Section 5 *Service Components*:

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

- Initiatives based on strategic planning that aims to improve health and wellbeing, improve Māori health and reduce inequity (through linkages with the Public Health Capacity Development service specification).
- A focus on empowering individuals and communities to take control over the determinants of their health. This will include community involvement in planning, delivery and evaluation of health promotion initiatives.
- Initiatives based on best available evidence– combining research, cultural evidence and local evidence from communities (see Public Health Capacity Development service specification).
- Initiatives and approaches will address the broad social, cultural, environmental and economic determinants of health (including income and poverty, housing, education, and employment)
- Intersectoral collaboration with a range of key stakeholders eg, Territorial Local Authorities (TLAs), iwi, non-government agencies, schools and tertiary education providers, regional sports trusts, sports clubs, marae, churches, not for profit community organisations.

Best practice health promotion may be delivered in settings (such as work places, schools, marae, churches etc) or delivered to target communities.

2. Service Objectives

The activities contained in Section 5. *Service Components* will contribute to the following objectives (population level **outcomes**):

- to enhance, foster, and maintain, physical and social environments supportive of health and wellbeing
- to improve Māori health outcomes
- to reduce inequity in health outcomes

Comment [RO’C2]: The working group may develop a programme logic model (PLM) to better describe the relationship between activities, STOs, and population level outcomes.

- to improve health and wellbeing outcomes of target groups through access to appropriate health services
- to increase adoption of healthy lifestyles

The funder will negotiate with providers to determine population level outcomes for each contract.

2.1 General

2.2 Māori Health

Refer to the tier one Māori Health Services service specification.

Within the New Zealand context Māori models of health promotion including Te Pae Mahutonga, are recognised as being aligned to and supporting the five action areas of the Ottawa Charter.

Comment [KC3]: We may add an appendix showing the alignment with the Ottawa Charter and a section on TUHANZ

Te Whare Tapa Whā² is another important model that demonstrates the importance of whanau as a focus of health promotion in order to achieve whanau ora.

For health promotion to be effective in improving Māori health it is essential that Māori are included in planning, delivery, and evaluation of initiatives and included in organisation governance and strategic planning (see the tier two Public Health Services, Public Health Capacity Development).

3. Service Users

Service users are the New Zealand population. This service specification prioritises Māori communities and communities who have the highest health needs and poorest health outcomes. There will be other priority or target groups depending on the health issues being addressed (see best practice section) and as determined by current government policies and the Ministry of Health's Statement of Intent.

4. Access

Health Promotion Services will be provided throughout New Zealand to the Service users.

4.1 Exclusions

Refer to the tier one Public Health Services service specification.

5. Service Components

5.1 Key components

The tables below outline five broad groups of short-term outcomes based on the Ottawa Charter.

1. healthy policies and practices
2. supportive environments
3. community action

² <http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha>

4. personal knowledge and skills
5. Reorienting health services.

Short-term outcomes are outcomes most attributable to the activities of the provider.

The tables also contain suggested broad types of activities to achieve these outcomes, and suggested performance measures.

Providers need to demonstrate how activities will contribute to improving Maori health and reduce inequities. This will need to be clearly demonstrated in planning and reporting documents.

While there has been an attempt to list the majority of health promotion activity delivered by providers, additional activities and short-term outcomes can be negotiated with the funder.

While a comprehensive approach is needed so that issues are addressed using the breadth of activities in the Ottawa Charter, the list of activities is not meant to imply that every provider should deliver all these activities, nor that providers should deliver from each of the five Ottawa Charter strands. Service delivery and performance measures will be negotiated with the funder.

Because of the focus on determinants of health, there should be less focus on the activities in personal knowledge and skills section, and a move toward approaches such as health in all policies.

Priorities for each service will be determined based on the needs of the service users; and the capacity and size of the provider and will be negotiated between the funder and the individual provider.

When planning, providers should consider evidence and best practice for any issues specific health promotion activity. Advice for key issues has been developed and is contained in section 9.1 of this document.

Depending on the type of provider, the service being delivered, and the health issue being addressed the funder will contract for health promotion activity using:

- this tier 2 service specification with or without an annual plan, or;
- a service schedule (e.g. a national service schedule or individually negotiated service schedule) with more detailed activities and outcomes but with regard to this tier 2 service specification, or;
- a tier 3 service specification.

Providers in negotiation with the funder will need to develop annual plans based on more specific activities, performance measures, short-term outcomes and short-term outcome measures.

1. Healthy policies and practices	
<p>Short-term outcome (programme level outcome)</p> <p><i>(What we want to achieve)</i></p>	<p>Increased number of healthy public and organisational policies, and practices, that:</p> <ul style="list-style-type: none"> • improve Māori health and wellbeing • support and enable Māori to participate in determining their own good health. • support individuals and communities to improve their health and wellbeing and foster greater equity • support and enable individual population groups to participate in policy making decisions
<p>Short-term outcome Indicators (results or impact)</p> <p><i>(How we will monitor progress towards outcomes)</i></p>	<ul style="list-style-type: none"> • recording number of organisations (community, private sector etc.) that have adopted healthy public policies and practices in the target community this reporting period as a result of your activity • detailing the policies and practices concerned in the six monthly narrative reports to the funder (see Key Performance Measures). • Demonstrating how the policies have supported improving Māori health and reducing inequity
<p>Activities</p> <p><i>(What we will do to achieve outcomes)</i></p>	<ul style="list-style-type: none"> • advocating³ for the adoption of healthy public policy and practice using tools that can measure the impact of policies (eg, HIAs or Whānau Ora HIA) particularly policy that improves Māori health and reduces inequity. • advising organisations about the evidence for and benefits of healthy policy and practice • advising organisations about the evidence and benefits of healthy policy and practice for Māori health and reducing inequity • developing submissions on relevant public health issues and policy particularly those that influence Māori health outcomes and inequity at a local, regional and national level
<p>Key Performance Measures</p> <p><i>(What are key measures of quantity and quality of our activities)</i></p>	<p><u>Quantity</u></p> <ul style="list-style-type: none"> • details of any HIAs your organisation has been involved in • details of submissions written by your organisation • your organisation's role in any activities, and the role of any partner organisations <p><u>Quality</u></p> <ul style="list-style-type: none"> • how your organisation has prioritised policies and practices that have wide ranging effects on health for Māori communities and other communities who have inequalities in health outcomes • successes and difficulties getting organisations to develop and adopt policies • the key activities and/or communities your organisation has identified as priorities for the next six month period • any other relevant information.

Comment [RO'C4]: One suggestion is to replace advocating with "actively promoting"

³ In this context advocacy does not mean political advocacy, lobbying, or any activity that compromises political neutrality which is not funded by Ministry of Health. It means using public health expertise and evidence to:

- explain the health benefits of healthy public policy for organisations such as local government who have an obligation to consider the health and wellbeing of their communities
- demonstrate the need for appropriate health services e.g. kaupapa Maori services

2. Supportive environments	
<p>Short-term outcome (programme level outcome)</p> <p><i>(What we want to achieve)</i></p>	<ul style="list-style-type: none"> • Increased number of healthy settings e.g. work places, school communities, • Increased number of organisational policies and practices that support health and wellbeing • Increased healthy behaviours in settings
<p>Short-term outcome Indicators (results or impact)</p> <p><i>(How we will monitor progress towards outcomes)</i></p>	<ul style="list-style-type: none"> • Describe number of organisations/settings that have implemented healthy settings approaches as a result of your support • Describe number of organisations/settings that have achieved accreditation in a healthy settings model e.g. health promoting schools, the World Health Organization's Safe Communities models • Record number of organisations (community, private sector etc.) that have adopted healthy public policies and practices in the target community this reporting period as a result of your activity • Outline healthy behaviours observed
<p>Activities</p> <p><i>(What we will do to achieve outcomes)</i></p>	<ul style="list-style-type: none"> • Advising organisations about healthy settings approaches and benefits of these in their organisations • Supporting organisations to implement healthy settings approaches e.g. health promoting workplaces health promoting schools. • Supporting staff to change the culture and ethos of a setting (school, workplace, community) so setting is health promoting • supporting organisations to develop healthy policy and practices e.g. sexuality education policies in schools, wellbeing policies in schools, anti-bullying policies in workplaces
<p>Examples of key Performance Measures</p> <p><i>(What are key measures of quantity and quality of our activities)</i></p>	<p>Quantity</p> <ul style="list-style-type: none"> • activities your organisation has delivered to support other organisations to become healthy settings • activities your organisation has delivered to support other organisations to achieve accreditation in a healthy settings model • activities your organisation has delivered to support other organisations to develop healthy policies and practices <p>Quality</p> <ul style="list-style-type: none"> • Demonstrate best-practice and evidence base used • How your services have prioritised support for creating supportive environments for Māori communities. • how supportive environments have been monitored and evaluated to ensure that services are meeting the needs of the populations that they are designed for and are not causing harm

3. Community action	
<p>Short-term outcome (programme level outcome)</p> <p><i>(What we want to achieve)</i></p>	<p>Increased number of effective and sustainable community action initiatives, especially for Māori and communities that have inequalities in health outcomes that:</p> <ul style="list-style-type: none"> • involve the community in leading and determining their priorities • increase community capacity • increase community leadership • produce sustainable initiatives
<p>Short-term outcome Indicators (results or impact)</p> <p><i>(How we will monitor progress towards outcomes)</i></p>	<ul style="list-style-type: none"> • recording the number of community action initiatives that have benefited as a result of your activity this reporting period. • demonstrating how the community action initiative: <ul style="list-style-type: none"> ○ involved the community in leading and determining their priorities ○ increased community capacity ○ increased community leadership ○ produced sustainable initiatives • outlining any other outcomes based on the initiatives that were delivered, such as changes in knowledge for the community and/or target population.
<p>Activities</p> <p><i>(What we will do to achieve outcomes)</i></p>	<ul style="list-style-type: none"> • work with the community to identify the community's priorities • provide evidence and advice on initiatives to improve health outcomes • provide training for community leaders to increase capacity and sustainability of the initiatives • support communities to increase input into local and national decision making processes including delivering training on writing and presenting submissions • increase community understanding of the socio-economic, cultural and political environment they live, work and play in.
<p>Examples of key Performance Measures</p> <p><i>(What are key measures of quantity and quality of our activities)</i></p>	<p><u>Quantity</u></p> <ul style="list-style-type: none"> • your organisation's role in any activities, and the role of any partner organisations • number of community leaders taking a leadership role • number of community generated submissions <p><u>Quality</u></p> <ul style="list-style-type: none"> • how your services have prioritised support for community action in Māori communities and target populations where inequalities exist • how any planned initiatives were based on evidence, and best practice • the methods used to ensure sustainability • successes and challenges engaging communities • any results from evaluations for large initiatives undertaken by your organisation

Comment [RO'C5]: The funder may develop criteria to determine what constitutes a "large initiative"

4. Personal knowledge and skills	
<p>Short-term outcome (programme level outcome)</p> <p><i>(What we want to achieve)</i></p>	<ul style="list-style-type: none"> • improve the knowledge, attitude and skills of the target population about priority health issues and risk factors.
<p>Short-term outcome Indicators (results or impact)</p> <p><i>(How we will monitor progress towards outcomes)</i></p>	<ul style="list-style-type: none"> • demonstrate improved knowledge as a result of your activity including through data showing improvement in knowledge, attitude or skills before and after: <ul style="list-style-type: none"> ○ development of resources ○ delivery of a workshop delivered by your organisation ○ media campaigns ○ media releases (e.g. analysis showing an increase in the amount of accurate reporting of issues)
<p>Activities</p> <p><i>(What we will do to achieve outcomes)</i></p>	<p>Design and deliver:</p> <ul style="list-style-type: none"> • health education and promotion resources (leaflets, fact sheets, websites) for target populations using Rauemi Atawhai – A guide to developing health education resources in New Zealand (Ministry of Health 2012) • workshops for target groups • media campaigns • communications and marketing campaigns • social media campaigns.
<p>Examples of key Performance Measures</p> <p><i>(What are key measures of quantity and quality of our activities)</i></p>	<p><u>Quantity</u></p> <ul style="list-style-type: none"> • the number of workshops that were delivered including: <ul style="list-style-type: none"> ○ the communities they were delivered in ○ details of participants (number and ethnicity) • What resources were developed and to whom were they distributed • What social marketing campaigns have been delivered <p><u>Quality</u></p> <ul style="list-style-type: none"> • How target groups and communities were involved in planning, developing, and implementing resources, workshops, social media campaigns etc • how resources were developed (based on Ministry of Health guidelines) • how workshops were developed (peer-reviewed, relevant for target audiences including for Māori communities) • participant feedback • the key activities and/or communities your organisation has identified as priorities for the next six month period.

Comment [RO'C6]: Some suggest that health literacy should be included here. Other feedback is that health literacy is a personal health service activity and should not be included here.

5. Reorienting health services	
Short-term outcome (programme level outcome) <i>(What we want to achieve)</i>	<ul style="list-style-type: none"> health services are more appropriate for Māori and for those in communities who have inequalities in health outcomes increased access to appropriate health services, especially for Māori and for those in communities who have inequalities in health outcomes.
Short-term outcome Indicators (results or impact) <i>(How we will monitor progress towards outcomes)</i>	<ul style="list-style-type: none"> detailing the number of health services that have reoriented their services to improve appropriateness and/or improve access this reporting period as a result of your activity demonstrating that access to health services has increased for the target population through your initiatives.
Activities <i>(What we will do to achieve outcomes)</i>	<ul style="list-style-type: none"> support health services to develop appropriate service models (eg, kaupapa Māori mental health services, opening hours etc) support health services to remove financial barriers to health care access support initiatives to advertise/promote the availability of health services (eg, advertising the availability of youth sexual health services, alcohol and drug services). Facilitating community feedback to health services on access and acceptability issues
Examples of key Performance Measures <i>(What are key measures of quantity and quality of our activities)</i>	<p><u>Quantity</u></p> <ul style="list-style-type: none"> activities your organisation has delivered to advocate for appropriate health services, particularly for Māori communities activities your organisation has delivered to advertise/promote the availability of health services to target populations (eg, youth sexual health services) <p><u>Quality</u></p> <ul style="list-style-type: none"> How you have engaged with communities and target groups when planning initiatives the key activities and/or communities your organisation has identified as priorities for the next six month period any other relevant information.

Comment [RO'C7]: Feedback suggests that there needs to be more strategic activities such as working with health services so the whole service takes a more health promotion approach

5.1 Key Inputs

[this section is optional – delete if not required]

6. Service Linkages

The Health Promotion service specification also links of the Health Impact Assessment (HIA) tier three service specification under Health Assessment and Surveillance service specification tier two for use in considering the impact on health status of policies/programme/projects.

Comment [RO'C8]: Once specifications are finalised this section will include specific linkages with other tier 2 and 3 service specifications

Comment [MOH9]: The Ministry is still considering the best location for HIA and cross referencing will be deciding at that time.

Linkages include, but are not limited to the following:

- Ministry of Health, District Health Boards (including ensure consistency with DHB District Annual Plans (DAPs.)), Public Health Units, primary health organisations, non-governmental organisations, public health nurses, local general practitioners and practice nurses, Māori health providers, iwi and Pacific providers.
- The Health Promotion Agency
- Public health workforce in district health boards, public health units and non-governmental organisations
- Other government agencies, local government and Crown Entities
- The private sector
- Local community networks, marae and other Whānau Ora programme providers

7. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

8. Purchase Units and Reporting Requirements

Purchase Units are defined in the joint DHB and Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service:

PU Code	Purchase Unit Code Description	PU Definition	Unit of Measure	Unit of Measure Definition	National Collections or Payment Systems

Comment [RO'C10]: These will change probably to core functions rather than issues, and will have issues as sub-categories using PUID codes.

8.1 Other Reporting Requirements

All reporting requirements are detailed in the individual provider contracts. Six monthly narrative reports to the Ministry will use the provided report template.

The Service must comply with the requirements of national data collections where available.

9. Service Planning

9.1 Key Issues (best practice will be updated as required) -

Key Issues	Priority Populations	Best Practice Points and Key Service Areas	Related Tier 3
<i>Mental Health</i>	•	○	
<i>Sexual Health</i>	•		
<i>Injury Prevention</i>	•		
<i>Tobacco Control</i>		<p>Services will</p> <ul style="list-style-type: none"> Utilise evidence based information, messages, approaches and/or resources to prevent the uptake of tobacco use and to stimulate quit attempts (particularly quit attempts supported by use of a smoking cessation service and/or medication). Ensure information, messages, approaches and/or resources are aligned with relevant policies, guidelines and/or service specifications. Utilise evaluation when using novel and/or innovative messages, approaches and/or resources. Develop public information, messages and/or resources in consultation with the target population(s) and/or audience(s). Encourage and assist organisations in non-health sector settings to support patrons, employees, students, beneficiaries, clients etc to become or to stay smokefree. Utilise information, messages, approaches and/or resources that support community and stakeholder engagement. 	
<i>Nutrition and Physical Activity</i>	<ul style="list-style-type: none"> Māori South Asian and Pacific peoples Women of child bearing age and young children Older people <p>People with certain health conditions such as overweight and obesity</p>	<p>Build healthy public policy</p> <ul style="list-style-type: none"> Encourage and assist policy makers at local, regional and national levels to develop public policies that reduce food poverty and increase food security. Use and promote the food and nutrition, physical activity, and weight management guidelines. Develop internal policies to demonstrate leading by example. Support the Health Promotion Agency in the dissemination of nutrition and physical activity advice. Promote nutrition and physical activity initiatives by organisations such as the Heart Foundation, Sport New Zealand, New Zealand Transport Agency and Regional Sports Trusts. <p>Create supportive environments</p> <ul style="list-style-type: none"> Promote the implementation of national guidelines for the management of overweight and obesity in primary health care settings by providing technical advice and support. Encourage and assist workplaces that have and implement policies on nutrition and physical activity. Promote and encourage active transport. Promote and support breastfeeding in all healthcare settings. <p>Strengthen community action</p> <ul style="list-style-type: none"> Work with the early childhood education sector, including kohanga reo, and schools, to support healthy nutrition choices in school canteens and cafeterias that are consistent with the food and nutrition guidelines. Provide support for and endorse nutrition information, initiatives and programmes by other organisations for example 5 + a day, Heart Foundation Tick, Pacific Healthy Eating, and Pacific 	

Comment [RO'C11]: This table needs to be completed by issues teams within the Ministry of Health. Some issues specific best practice information is included to illustrate what information will be contained here.

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		<p>Heartbeat.</p> <ul style="list-style-type: none"> • Implementation of the health and physical education curriculum, Active Movement and Active Schools programmes. • Support community action projects to improve nutrition, increase physical activity, and reduce obesity. <p>Develop personal skills</p> <ul style="list-style-type: none"> • Support the training of public health/primary care workers to enable them to deliver accurate and appropriate evidence based advice on nutrition and physical activity. • Recognise and adhere to New Zealand's commitment to encourage and protect breastfeeding through the implementation of the World Health Organization's Code of Practice for Health Workers. • Train health care workers on Green Prescription referral pathways. • Build relationships with people in other organisations, DHBs and PHUs to share ideas of what has worked in your region. • Encourage Food, Activity and Behavioural support (FAB) training for improving nutrition and reducing overweight and obesity. <p>Re-orient health services</p> <ul style="list-style-type: none"> • Demonstrate a focus on reducing primary risk of chronic disease, in particular non-communicable diseases such as obesity, through health promotion services. • Work with priority population groups as determined by current Government policy. • Consider monitoring and evaluating programmes to ensure that they meet the needs of the population that they are intended for. • Identify and use current sources of information that already exists in order to decide where to re-orient health services (eg New Zealand Health Survey and regional analyses by DHB area). 	
Social Environments	•		
<p>Child and Youth Health Promotion</p> <p><i>Our vision is: Our children/tamariki and youth / rangatahi: seen, heard and getting what they need.</i></p> <p><i>The Direction of Travel is: a greater focus on health promotion, prevention and early intervention</i></p>	<p>At risk child and youth populations in New Zealand, namely tamariki and rangatahi Māori, Pacific children and youth, children with high health and disability support needs, and children from families with multiple social and economic disadvantage.</p> <p>[Reference: child health strategy]</p>	<p>The Key objective is to improve, promote and protect the health and development of children/ tamariki and youth/rangatahi by focusing on evidence-based health promotion approaches consistent with the Ottawa Charter and which comply with the provisions of the Treaty of Waitangi and Article 24 of the UN Convention on the Rights of the Child</p> <p>GENERAL BEST PRACTICE POINTS [Taken from the Principles of the Child Health Strategy]</p> <ol style="list-style-type: none"> 1. Children/tamariki and youth/rangatahi should have their needs treated as paramount. 2. Child and youth health promotion services should be focused on the child/tamariki and/or youth/rangatahi and their family and whānau. 3. Child and youth health promotion services should be available as close to home as possible, within the bounds of quality and safety. 4. Child and youth health promotion services staff should work together with each other and with staff from other sectors to benefit the child. 5. Child and youth health promotion services should be provided to achieve equity (of access, outcomes and resourcing). 6. Child and youth health promotion services should be based on international best practice, research and education. 7. Child and youth health promotion services should be regularly monitored and evaluated. 8. Child and youth health promotion services should be culturally safe, culturally acceptable and value diversity. 9. Child and youth health promotion services should take into account the available resources. 	

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		<p>Sudden Unexpected Death in Infancy</p> <ul style="list-style-type: none"> • Population health promotion and social marketing about safe sleep and protection from suffocation. • All health professionals are aware of Safe sleep messages and use them with all parents and caregivers of infants. • Health Services are reoriented towards physically checking the home sleep environment of infants for safety review during home visits in the newborn/early infancy period. • Safe sleep practice for all infants in health care and early childhood settings. • ABC tobacco cessation support where indicated • Additional advice provided to families who choose to co-sleep and families without an infant bed. • Consistency of messages • Information on sleep devices and safe sleep available at point of purchase. • Increased access to social support for eligible families who need an infant bed 	
		<p>Rheumatic Fever</p> <ul style="list-style-type: none"> • Population health and social marketing about how to stop getting a sore throat that may lead to rheumatic fever. • All health professionals are aware of best practice advice on safe sleeping arrangements for children (to prevent streptococcal pharyngitis). • Health services are reoriented towards asking about or checking home sleeping environments for families at high risk of rheumatic fever • Health services give advice consistent with rheumatic fever sleeping arrangement messages • Increased access to social support for families who need help to create safer sleeping arrangements for their children • Consistency of key messages 	
		<p>Hearing Loss Prevention of noise related hearing loss in children, for example using the evidence based community supported programme <i>Listen up</i></p>	
		<p>Parenting Skills and Social Support for families with school aged children (as WCTO contracting covers preschool age group)</p> <p>The Triple P and Incredible Years parenting programmes are evidence based parenting interventions shown to have an effect on child maltreatment and the development of conduct disorders. These programmes are part of the wider Drivers of Crime initiative and a multi-level multi agency approach to conduct problems.</p> <p>Training of Triple P and Incredible Years practitioners is supported.</p>	
		Youth sexual and reproductive health promotion	
		Unintentional Injury Prevention (including infant product safety)	
		Child and Youth Obesity	
		Breastfeeding Promotion	
		Oral Health	
Alcohol and Other Drug	•	<p>Services should:</p> <ul style="list-style-type: none"> • contribute to preventing and reducing alcohol and other drug-related harm as set out in the National Drug Policy The National Drug Policy emphasises the importance of coordinated action across sectors • support the development of public policies on alcohol and other drug-related issues that are well-informed 	

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		<ul style="list-style-type: none"> • be aimed at preventing and reducing alcohol and other drug-related harms and health disparities between different sectors of the population • support actions at the community level to prevent and reduce alcohol and other drug-related harms • increase levels of community awareness and knowledge about alcohol and drug related harm. • assist the public and media to understand alcohol and other drug-related harms and what needs to be done to reduce and prevent those harms • prevent or delay the uptake of alcohol, illegal and other drug use, particularly Māori, Pacific peoples, pregnant women and young people • reduce hams to individuals, families and communities from the risky consumption of alcohol, illegal and other drug use • 	
Gambling	•	•	
Communicable Disease			