



**Runanga Whakapiki Ake i te Hauora o Aotearoa**  
**Health Promotion Forum of New Zealand**

**The Challenges and Opportunities of Primary Care**  
**A discussion paper for the health promotion workforce**

By Glenn Thomas

June 2010

© Health Promotion Forum of New Zealand Runanga Whakapiki Ake i te Hauora o Aotearoa

# Contents

<b>Executive Summary</b> .....	- 1 -
1. Aims and objectives .....	- 1 -
2. Overview of the primary care environment for health promotion .....	- 1 -
3. The way forward for the health promotion workforce in primary care.....	- 2 -
4. Recommendations to HPF for supporting the primary care health promotion workforce .....	- 4 -
<b>Discussion</b> .....	- 6 -
6. Background .....	- 6 -
7. Past to Present- a background to health promotion in PHOs.....	- 6 -
8. The future of primary care and the challenges and opportunities for health promotion .....	- 9 -
A reduction in the number of PHOs.....	- 9 -
‘Better, sooner, more convenient’ primary care .....	- 10 -
Increased clinical governance and leadership in decision making .....	- 11 -
Changes in funding, generally less dollars but possibly greater local flexibility .....	- 12 -
Establishment of ‘integrated family health centers’ (IFHCs).....	- 12 -
The development of ‘Whānau Ora’ services. ....	- 13 -
Changing approaches to service contracting .....	- 14 -
A reduced focus public health services.....	- 15 -
9. Conclusion.....	- 16 -
<b>Appendices</b> .....	- 17 -
Further information.....	- 17 -
Glossary.....	- 18 -
About the author.....	- 19 -
Acknowledgements.....	- 19 -

# Executive Summary

## ***1. Aims and objectives***

---

This is the Executive Summary for the full discussion document available on the HPF website. The discussion document is provided to inform the health promotion workforce and stimulate further discussion on the challenges and opportunities for health promotion within the evolving primary care<sup>1</sup> environment.

It is not intended as an academic or factual document rather a rapid response to, and analysis of the primary care environment and its possible future. Drawing on a selection of expert knowledge, key documents within the sector and discussions with a number of Primary Health Organisations (PHOs) its intent is to provide the health promotion workforce with some perspective of where it may fit and a starting point for identifying where to focus its energy in changing times.

## ***2. Overview of the primary care environment for health promotion***

---

In 2001 The Primary Health Care Strategy presented the health promotion workforce with an opportunity to develop the breadth and validity of the profession. By being at the centre of primary health care reform the profession could also contribute significantly to the development of comprehensive primary health care by ensuring its development linked strongly with public health orientations of equity, population-based care, community development and social 'wider than health' disciplines.

Health promotion practitioners are now facing a more uncertain future under a center-right government whose priorities are considered by many to be at odds with health promotion principles. The present challenges for the health promotion workforce within primary care are

1. Retaining health promotion principles and ideals and the vision of 'seeking health for all'.
2. Identifying the threats and challenges to the principles of health promotion, whilst also identifying and focusing on the pending opportunities that will present into the immediate future.
3. Maintaining focus on the medium to longer term strategic vision for the development of the health promotion profession and keep the 'longer game' soundly established in the minds of the profession.

---

<sup>1</sup> This paper uses the term 'primary health care' in reference to the primary health sector under the Labour-led government and the term 'primary care' in reference to the present/future sector under the National-led government. While I acknowledge the limitations and arguments within these terms they allow us to clearly differentiate the two periods.

The following eight areas of change within the primary care sector have been identified as key for health promotion and provide the framework for further analysis within the discussion document.

- A reduction in the number of PHOs (by about half)
- 'Better, sooner, more convenient' primary care (emphasizing the devolution of services from hospitals into the primary care sector)
- Increased clinical governance and leadership in decision making
- Changes in funding, generally less dollars but possibly greater local flexibility
- Establishment of 'integrated family health centers' (IFHCs)
- The development of 'Whānau Ora' services
- Changing approaches to service contracting
- A reduced focus on public health services

Whilst many of these changes threaten the values of health promotion they also offer a myriad of opportunities.

### ***3. The way forward for the health promotion workforce in primary care***

---

While many opportunities for health promotion were missed in the last 10 years, others were taken up by the profession and it is upon these strengths that the health promotion workforce must now build. A core challenge over the last 10 years was the development of a skilled and knowledgeable workforce with the ability to work within primary health care and effectively influence its development. For the next 10 years the challenge lies in galvanising the skills and knowledge of the health promotion workforce to strengthen its value within the primary care sector.

With the emphasis on health promotion in primary care potentially diminished, it is crucial now that the health promotion workforce rises to the challenge and ensures their relevance, validity and value. Rather than dwelling on the challenges the health promotion profession must focus on the following opportunities that present under the developing primary care environment.

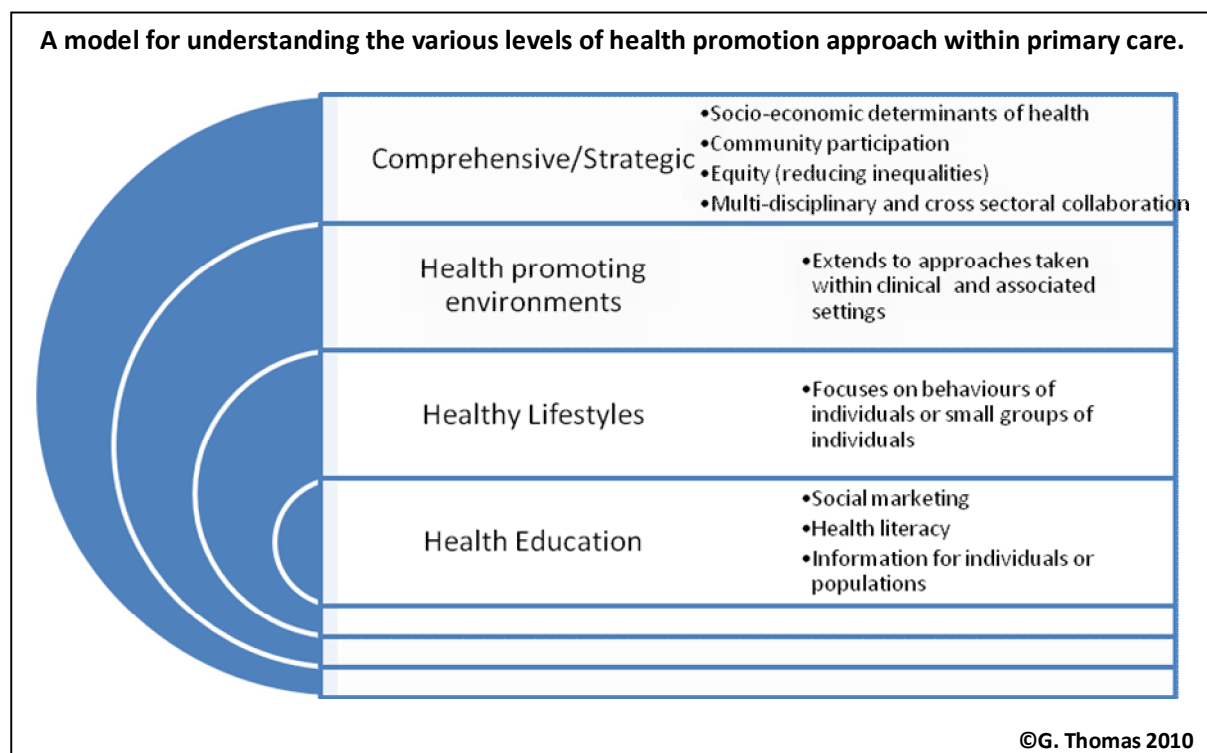
Key opportunities for health promotion contributing to primary care sector:

- *Providing a strong voice advocating for sub-populations and equity within primary care, for example supporting equity within PHO performance targets.*
- *Providing the required collaboration and community development skills within developing Whānau Ora polio and approaches to alliance contracting and service developments through supporting and brokering relationships across organisations and professional groups.*
- *Focusing strategic reorientation efforts on developing IFHCs as they broaden to incorporate service devolution from secondary settings.*

Key opportunities for primary care changes to strengthen the health promotion workforce:

- *Less PHOs provides a greater resource and potential workforce within organisations and enables greater networking and supporting colleagues across organisations.*
- *Identifying allies and advocates for health promotion within clinical leadership and governance representatives.*
- *Galvanising of the workforce through supporting and working with health promotion practitioners in public health and community settings as services and contracts change.*
- *Supporting and enabling quality practice and the development of greater validity and evidence base within health promotion practice.*

In particular it is crucial that health promotion practitioners continue to develop the broader strategic aspects of health promotion in primary care, those focusing on the development of foundation principles across the sector. As shown in the below diagram aspects such as health education and healthy lifestyles programmes play a valuable role, particularly within the Ottawa Charter strand of ‘building personal skills’. However it is important that those working in health promotion within primary care contribute strongly to the reorientation of primary care, embracing not only the development of health promoting environments within the sector but also driving primary care to tackle broader issues of equity, determinants of health, community development through participation and shared ownership.



#### **4. Recommendations to HPF for supporting the primary care health promotion workforce**

---

Health promotion in primary care continues to offer both opportunities and challenges that the health promotion workforce needs to embrace. Health promotion has the potential to have a clear and tangible effect on the development of the primary care sector for the benefit of our communities. Subsequently the primary care sector continues to provide the health promotion workforce with the opportunity to organise itself as a valuable, effective, autonomous profession that undertakes quality, evidence based and quality practice.

To enable the health promotion workforce to exploit the opportunities within the evolving primary care sector they need support. It is recommended that such support is provided by the Health Promotion Forum of New Zealand Runanga Whakapiki Ake I Te Hauora O Aotearoa (HPF) (and other agencies with an interest in supporting the strengthening of the health promotion workforce) across the following areas.

- Enabling a constructive understanding of the new environment
  - Develop a clear and consistent language for health promotion that relates to the language of this government and its policies whilst maintaining true to health promotion values
  - This includes understanding, interpreting and communicating to the health promotion workforce the priorities, logic and opinions behind policy development and the short versus long term aims and benefits
  - Support workforce to recognise and embrace opportunities within developing environments
- Supporting quality health promotion practice in primary care
  - Establish a role for monitoring activity and developments in health promotion in primary care (such as a Health Promotion Strategist with a portfolio in primary care)
  - Undertake a stocktake of current activity and develop an ongoing understanding of health promotion in primary care and the needs of the workforce
  - Establish a show case of quality work and best practice nationally
  - Develop the evidence base for health promotion through academic links, research and evaluation partnerships
- Providing leadership in professional development
  - Support the development of standards, competencies and best practice
  - This needs to go hand-in-hand with the development of effective and consistent language and understanding of health promotion within the profession and more widely through the health sector
  - Support the establishment of regional networks with the aim of developing greater professional cohesion (particularly as public health units carry less core workforce)

- Support the establishment of a health promotion professional body for autonomy, support, advocacy, representation and quality practice
- Support and demonstrate leadership

## Discussion

### ***6. Background***

---

This discussion paper has been prepared by Glenn Thomas, a health promotion practitioner and registered physiotherapist based in Nelson. It was commissioned by HPF in response to the current changes in primary health care to support the health promotion workforce and wider profession through these changes.

This document is based on the knowledge and understanding of the sector by its author and information drawn where available from a range of sources including political and Ministry documents, press releases and general media, publicly available information within PHO and District Health Board (DHB) websites including Expressions of Interest (EOIs) and business cases for provision of 'better, sooner, more convenient' primary care.

It has been informed by 16 PHOs who responded to a brief email questionnaire and a series of verbal discussions with a range of stakeholders and experts on health promotion, primary care or both. Whilst not extensive and largely self-selecting, the informants have been from a range of PHOs varying in size, history and situation as well as a mix of expert consultants and academics. This document has also been independently peer reviewed.

This document is intended as a stimulant for further discussion for the health promotion workforce in the first instance. It is not intended as an academic or factual document rather a rapid response to, and analysis of the primary care environment and its possible future. Its intent is to provide the health promotion workforce with some perspective of where it may fit and a starting point for identifying where to focus its energy in changing times.

### ***7. Past to Present- a background to health promotion in PHOs.***

---

The launch of the Primary Health Care Strategy (The Strategy) (Ministry of Health, 2001) signaled a time of optimism and opportunity for health promotion. Although over 20 years later, its intent aligned well with the content and aspirations of the World Health Organisation's Declaration of Alma Ata, to which New Zealand was a signatory in 1978.

The Strategy's key directions also align well with core health promotion principles such as community development and engagement, population-based approaches focusing on reducing inequalities, and reorienting health services through broadening perspectives and approaches upstream to focus on well being and prevention.

Furthermore health promotion was mandated at the core of PHO funding with its own population based funding stream. Although fairly modest this forced PHOs to consider, develop and integrate clear health promotion strategy within planning and delivery of primary health care in their community.

Looking at the decade of PHOs, and health promotion within them, there has been a huge variety of approaches, activity, challenges and achievements. This is true for PHOs overall, not just health promotion. Variety was inevitable with some 81 PHOs in existence that vary in size from a few thousand enrolled patients to hundreds of thousands. Furthermore the PHC reforms were intentionally developed loosely to enable local innovation and variation.

Many PHOs were big enough to employ health promotion staff. Some PHOs evolved out of a strong community centric primary health paradigm with health promotion values at their core<sup>2</sup>. Others evolved out of Independent Practitioner Associations (IPAs) and carried a significantly more traditional set of primary care and biomedical values to their development<sup>3</sup>. In many regions PHOs were developed based on logical geographical boundaries that aligned well with DHBs<sup>4</sup>. In other regions multiple PHOs developed aligning more clearly with populations (for example ethnic groups) and crossed DHB boundaries<sup>5</sup>.

In many PHOs the health promotion focus was on providing health education and healthy lifestyles programmes within or for general practice. As national media highlighted in mid 2009 some PHOs grew sizeable bank accounts while determining what health promotion funding was for and what they may do with it. Some, particularly smaller PHOs, contracted their health promotion services from 3<sup>rd</sup> parties (such as public health units) or combined with other smaller PHOs and pooled funding.

In some areas leadership was provided from local DHB Public Health Units or Planning and Funding departments. Other PHOs took a more strategic development approach with their health promotion funding and used it to support and develop their PHO's evolution, for example developing strong community participation, driving service reorientation or developing workforce capacity around population based practice and equity.

Such variety both came from and contributed to challenges experienced by much of the health promotion workforce. Even for those skilled and experienced health promotion practitioners the primary health care environment provided its own set of challenges as a sector new to many of them. Key challenges facing the health promotion practitioner in primary health care to date can be summarised to include

- Lack of clarity around intent and expected outcomes of PHO health promotion funding
- Significant variations in size of budgets, population demographics and local stakeholder relations, for example relations with DHBs, Public Health Units, other PHOs, making sharing experiences within and across health promotion practitioners difficult
- Variable understanding of health promotion by PHO governors and managers

---

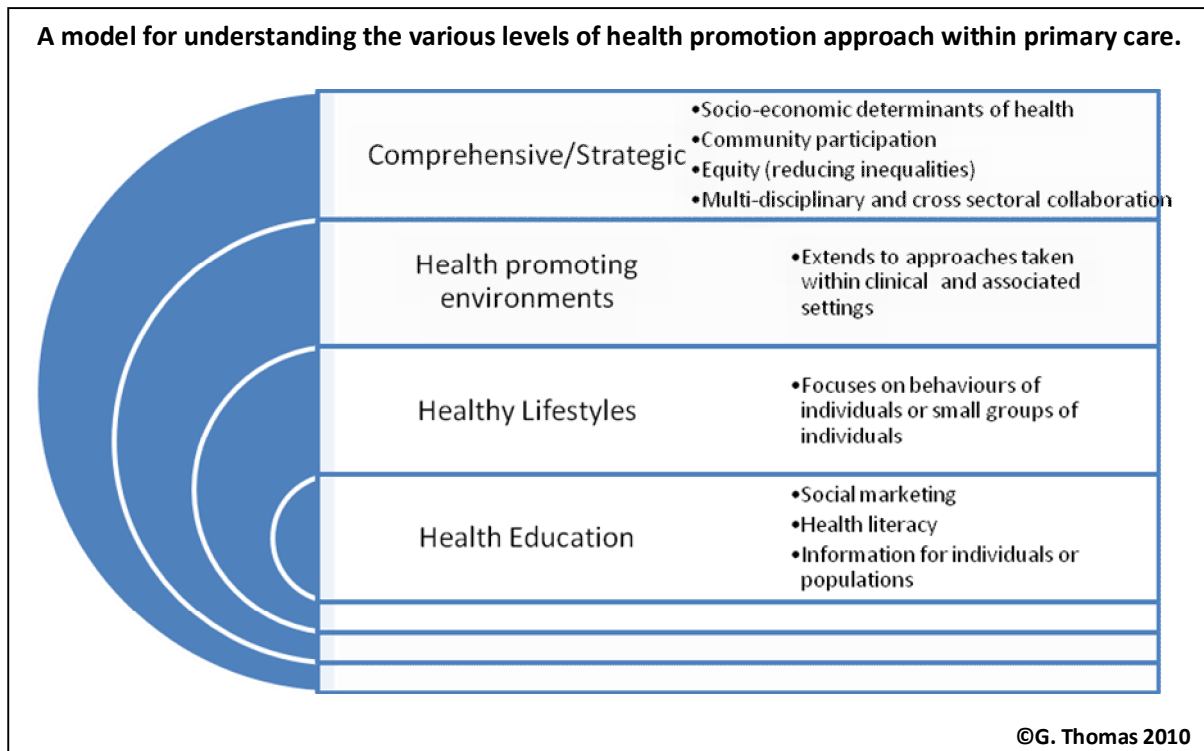
<sup>2</sup> For example Canterbury Community PHO or Wellington's South East & City PHO

<sup>3</sup> For example Christchurch's Partnership Health or Procure Network in Auckland

<sup>4</sup> Such as Nelson Bays Primary Health and Kimi Hauora Wairau in Nelson Marlborough DHB or the PHOs within MidCentral DHB

<sup>5</sup> Most clearly seen in the greater Auckland region

- Health promotion activity limited to health education and healthy lifestyles over more strategic approaches based on health promotion principles and best practice (see diagram)
- Limited capacity and capability of health promotion workforce with an understanding of primary health care
- The clinically dominated and (individual) patient-centric primary health care setting



Many of the difficulties PHOs face implementing quality and effective health promotion in primary health care are due to challenges the health promotion profession has been facing more widely for a longer period. Such legacy issues facing the health promotion profession which apply to primary health care include

- Poor understanding of health promotion within the health sector
- Lack of clear competencies and standards for health promotion activity and the health promotion workforce
- Insufficient skilled and experienced workforce, support and leadership

In the immediate future under the new government many of these challenges remain. However proposed system changes threaten significant impacts for health promotion and the health promotion workforce but also provide opportunities for strengthening the profession.

**8. The future of primary care and the challenges and opportunities for health promotion**

---

We now have a centre-right National-led government and although gradual, a picture of the future of primary care is now developing. The following (in no particular order) is anticipated

- A reduction in the number of PHOs (by about half)
- ‘Better, sooner, more convenient’ primary care (emphasising the devolution of services from hospitals into the primary care sector)
- Increased clinical governance and leadership in decision making
- Changes in funding, generally less dollars but possibly greater local flexibility
- Establishment of ‘integrated family health centers’ (IFHCs)
- The development of ‘Whānau Ora’ services
- Changing approaches to service contracting
- A reduced focus on public health services

These directions indicate significant challenges to the health promotion profession in the immediate future. Despite these challenges (as clear and abundant as they might seem) there are also many opportunities. Pursuing these opportunities requires a commitment by all health promotion practitioners to continually challenge their own professional development and to work, link with and share across the profession resources, skills, experience, evidence and quality practice.

**A reduction in the number of PHOs**

There is a clear intent to reduce the number of PHOs to about 40 nationally. Smaller PHOs are likely to merge or be disestablished resulting in the disappearance of many good examples of health promotion philosophy ingrained in primary health care. Furthermore many are incredibly efficient and focus fully on the areas of highest need.

Initially this process was being staged as we have seen to date through the EOI and business case process<sup>6</sup>. More recently though this has become overt with funding cuts targeting the smaller PHOs. A reduction in the numbers of PHOs will make networking and observing the development of health promotion approaches easier, however in line with past patterns in the sector the innovation and local variation seems to be continuing.

<b>Challenges to health promotion</b>	<b>Opportunities for health promotion</b>
<ul style="list-style-type: none"> <li>• Less choice between PHOs within communities</li> <li>• Larger enrolled populations with potentially less focus on equity across sub</li> </ul>	<ul style="list-style-type: none"> <li>• Greater peer and professional support within and across PHOs through larger and more clearly defined teams</li> <li>• A more clearly defined and accessible</li> </ul>

---

<sup>6</sup> The 9 successful EOIs affect some 40 PHOs. Combine this with the Otago/Southland single PHO under development (combining the nine in those areas) and the total PHOs are approaching 40 in number.

<p>populations</p> <ul style="list-style-type: none"> <li>• Less space for innovation within larger more structured organisations</li> <li>• Reduced opportunities for effective community participation within PHO functioning</li> </ul>	<p>workforce that is less thinly spread (particularly expert workforce)</p> <ul style="list-style-type: none"> <li>• Where effective strategy established within PHOs the potential for affecting a large proportion of primary care providers</li> </ul>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*Key points:*

- *Health promotion must maintain a focus on the sub populations within their PHO and ensure continued focus on population based equity*
- *Professional support and networking across the health promotion workforce in PHOs will be easier to implement and will help galvanise the profession*

**‘Better, sooner, more convenient’ primary care** (emphasising the devolution of services from hospitals into the primary care sector)

In respect to primary care this new catch cry for the health sector signifies an intent to see more ‘traditionally hospital based’ services delivered from within the primary care sector (namely through integrated family health centers). Notably this does not include reorienting primary care services toward the aspirations of comprehensive primary health care, but does support reorientation of health care services to be more primary care (rather than hospital) led. There are pros and cons of this for health promotion, largely depending on whether one sees the glass half full or half empty.

<b>Challenges to health promotion</b>	<b>Opportunities for health promotion</b>
<ul style="list-style-type: none"> <li>• Greater focus on clinical and intervention services</li> <li>• Risk of health promotion activity being drawn towards health education around these services</li> <li>• Centrally driven rather than community driven targets and goals</li> <li>• Possible shifting of some public health unit health promotion activity to primary care</li> </ul>	<ul style="list-style-type: none"> <li>• To work with those services shifting in to primary care that are well suited to and align with health promotion principles</li> <li>• To influence targets and measures to reflect access and equity</li> <li>• To influence the interactions between health professionals and services as they move into a new setting</li> </ul>

*Key points:*

- *To work effectively in this evolving environment the health promotion practitioner must understand the primary care environment, its history and the perspectives of the many primary care professional groups<sup>7</sup>*

<sup>7</sup> Primary care as a distinct, coordinated and effective sector is still a new and evolving concept and with some well established norms but overall still fragmented. The many professional groups within primary care are very much jostling for position and the traditional locus of general practice is changing. Furthermore many secondary sector

- *The health promotion practitioner has a key role on brokering and influencing the numerous inter-relationships and taking community development approaches in working with these professional groups*

**Increased clinical governance and leadership in decision making**

Ensuring strong clinical involvement in decision making and service developments has been identified by the Minister of Health<sup>8</sup> as a priority in any developments in health services. Clinical leadership is well identified across much health services literature as being important in effective health services.

However a number of considerations are to be noted when strengthening the role of clinical leadership in the health sector particularly with respect to health promotion.

- Firstly, community leadership and governance (with an equity focus) should (at least from a health promotion perspective) also be a balanced part of leadership and governance within health services. This will not be so strongly mandated under primary care.
- Secondly, the clinical side of leadership and governance needs to be balanced with adequate representation from all primary care disciplines and expertise, not just doctors<sup>9</sup>. In this respect it is difficult getting valid representation and input from regulated professions let alone skilled health promotion practitioners.
- Thirdly, management and administration skills are also crucial within health and appropriately trained and skilled health managers need also to be within leadership and governance processes<sup>10</sup>.

<b>Challenges to health promotion</b>	<b>Opportunities for health promotion</b>
<ul style="list-style-type: none"> <li>• Health promotion strategy may be led by non health promotion practitioners</li> <li>• Having specific health promotion skills and competencies acknowledged</li> <li>• Ensuring health promotion extends beyond something ‘all clinicians do every day’</li> </ul>	<ul style="list-style-type: none"> <li>• Gaining a voice and credibility at leadership and governance levels</li> <li>• Developing strategic partnerships across some sympathetic primary care professions</li> </ul>

stakeholders are feeling threatened that their resourcing or professional integrity (or simply the ‘way things have been done’) will be eroded by the evolving primary care sector.

<sup>8</sup> <http://www.beehive.govt.nz/sites/all/files/In%20Good%20Hands%20Report.pdf>

<sup>9</sup> There continues to be much rhetoric and discussion about developing effective multi-disciplinary teams in primary care and considerable consternation on how to achieve this. But rarely are there clinical perspectives at management or governance levels of primary care other than doctors (with modest input from pharmacists and nursing to varying degrees).

<sup>10</sup> The problems of managers who aren’t clinicians is remembered from the reforms of the 1990s; the same rule applies the other way however and too often in our health system our clinicians shift into management roles without the necessary management skills, training or experience. Too often the result is the loss of skilled clinicians and the gaining of unskilled managers.

*Key point:*

- *Health promotion practitioners need to identify and form relationships with those in clinical governance and leadership roles with a strong understanding of and support for advancing health promotion*

**Changes in funding, generally less dollars but possibly greater local flexibility**

Across the board there are strong pressures to tighten belts. There is little indication that health promotion funding will be cut however it is likely that it will not be ring-fenced indefinitely. Health promotion services will remain an expectation within primary care but the level of funding (as well as the approach taken) will be at the whim of decision makers. Subsequently health promotion will be only as strong as PHO commitments, community demand, or health promotion workforce advocacy allow.

Now more than ever before the argument for investing in health promotion needs to be built on evidence based best practice and professional business cases that are non emotive and demonstrate value for money. In the context of primary care such arguments for health promotion must also demonstrate understanding and appreciation of the primary care environment, the pressures and demands on it and the clinical perspectives that dominate. The profession also needs to develop a language that clearly and accurately speaks to the primary care sector whilst also adhering to health promotion principles.

<b>Challenges to health promotion</b>	<b>Opportunities for health promotion</b>
<ul style="list-style-type: none"> <li>• Diminished mandate for health promotion presence within PHOs, particularly within strategic development</li> <li>• Reduction of workforce and in particular commitment to professional development aspects within workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Greater flexibility around health promotion funding and activity where strongly supported within a PHO</li> <li>• A reduced focus on ‘delivering something for money’ may allow for a more strategic influence over broader PHO programmes.</li> </ul>

*Key point:*

- *Health promotion practitioners need to focus efforts on quality activity that is well evaluated and contributes to an evidence base demonstrating the value of health promotion in primary care*

**Establishment of ‘integrated family health centers’ (IFHCs)**

The ‘face’ of primary care in the community is likely to be the IFHC. Whilst clinically oriented and biomedically focused the concept of the IFHC presents opportunity to diversify the general practice into a multi-disciplinary health centre with capacity for more community delivered service. This could lead to more ‘community health worker’ and liaison roles based from IFHCs in local communities.

In many areas over recent years the gaps between small general practices and the vision of the primary health care strategy was too great. In some areas where in effect IFHCs already existed reorientation under primary health care to being more community centric and responsive worked well<sup>11</sup>. While limited from a health promotion perspective the focus on IFHCs could be viewed as the necessary ‘step back’ to ‘take two forward’.

Challenges to health promotion	Opportunities for health promotion
<ul style="list-style-type: none"> <li>• Focus on clinical services over broader sector (NGOs, other providers)</li> <li>• Health promotion activity focusing solely on health education and lifestyles within practice without incorporating broader strategic elements</li> </ul>	<ul style="list-style-type: none"> <li>• Health promotion workforce establishing in own right within clinical environment of IFHCs</li> <li>• Formation of direct connections with clinician and IFHC management groups</li> <li>• Supporting community participation and broader community involvement with IFHCs</li> </ul>

*Key point:*

- *Health promotion practitioners have potential to implement ‘comprehensive primary health care’ and health promotion principles within the clinical environment of IFHCs more effectively than in the management environment of PHOs*

**The development of ‘Whānau Ora’ services.**

Much debate continues as to how Whānau Ora policy will be developed<sup>12</sup> and implemented. The present government is committed to the developing Whānau Ora policy and in particular that Whānau Ora services will be accessible by everyone in need not just Māori. Whilst the future in this regard remains uncertain, it is an area worthy of close observation by the health promotion profession as it seems to be one area of change that aligns well with health promotion values.

Many health promotion practitioners will have an advanced understanding of the challenges that Whānau Ora will bring to the primary care sector. It offers the health promotion workforce opportunity as Whānau Ora implementation may be beyond the skill base of mainstream primary care leadership. Much of the health promotion workforce has the skills and knowledge to support local Whānau Ora implementation particularly at its interface with mainstream primary care.

<sup>11</sup> Karori PHO provides an excellent example and ProCare in Auckland has established some excellent tools for supporting evolution of general practice

<sup>12</sup> Note, the document ‘Whānau Ora: Report of the Taskforce on Whānau Centred Initiatives’ has just been published and may offer greater insight. <http://www.hpforum.org.nz/resources/WhanauOra1.pdf>

A risk is that the focus on Whānau Ora may see mainstream or non Whānau Ora services abdicating responsibility for addressing population inequalities in health. The health promotion practitioner within PHOs has a crucial role in ensuring a focus remains on reducing inequalities aside from Whānau Ora policy. The PHO health promotion practitioner needs to position themselves at the interface between their PHO and the implementation of local Whānau Ora services. This will allow skilled PHO support of local Whānau Ora development but also provide reciprocal value for enhancing equity approaches within mainstream primary care.

<b>Challenges to health promotion</b>	<b>Opportunities for health promotion</b>
<ul style="list-style-type: none"> <li>• Mainstream services may abdicate responsibility for improving Māori health outcomes</li> <li>• Reduced focus for mainstream organisations on better coordinating multi agency efforts</li> <li>• A them and us rather than partnered attitude</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrating value of health promotion and skill base of practitioners with sound understanding of Whānau Ora</li> <li>• Play a key role working at the interface of Whānau Ora and mainstream services in a brokering role</li> <li>• Ensuring mainstream learning and development from Whānau Ora experiences</li> </ul>

*Key point:*

- *Health promotion practitioners have expertise that will be invaluable in local implementation of Whānau Ora. Those working within PHOs have a role at the interface between primary care and Whānau Ora implementation to ensure collaborative development of services*

**Changing approaches to service contracting**

Early indications suggest an evolution in the way health services will be negotiated and developed for delivery. The focus will be on outcomes delivery and less on contracted details. Furthermore there may be a greater focus on partnerships in pursuing and contracting services. Under the primary health care environment collaboration was the expectation but the contracting paradigm didn't necessarily enable this to occur. As demonstrated with the primary care EOI process the call for proposals on how to do things will be followed by considering whether these align with desired directions.

Partnership approaches to service development and focusing on establishing health outcomes (not inputs) are core to health promotion practice. As such the health promotion workforce needs to demonstrate established knowledge, skills and values in contributing to these developments and help strengthen the validity the health promotion profession.

<b>Challenges to health promotion</b>	<b>Opportunities for health promotion</b>
<ul style="list-style-type: none"> <li>• The wider environment will move forward rapidly focusing on majority outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Brokering partnerships and bringing community development skills to these</li> </ul>

<p>rather than maintaining an equity lens across outcomes</p> <ul style="list-style-type: none"> <li>• Community development approaches will not be embraced limiting benefits of new paradigm</li> </ul>	<p>changes.</p> <ul style="list-style-type: none"> <li>• These contracting paradigm shifts may also provide the health promotion profession with valuable evidence of validity</li> </ul>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*Key points:*

- *Having advocated for and demonstrated relationship and outcomes based service approaches health promotion practitioners can contribute significantly to developing contracting and service development paradigms*
- *Health promotion practitioners need to advocate strongly for a maintained focus on equity particularly within areas of focus such as performance targets*

**A reduced focus public health services**

Funding cuts and reorganisation of public health services are expected over the next 2-5 years. These are expected to particularly affect non-regulatory services including health promotion. This will have a significant effect on the important work done at the broader public health levels that focuses on addressing the determinants of health.

With health promotion services and investment being (at best) transferred into primary care there is a risk of losing the broader scope of health promotion activity and reducing health promotion efforts to clinical perspectives. While health promotion in primary care is valuable its focus must be on addressing broader determinants of population health rather than just behaviour change.

<b>Challenges to health promotion</b>	<b>Opportunities for health promotion</b>
<ul style="list-style-type: none"> <li>• Maintaining a role in addressing the determinants of health at whole of community levels if this function is removed from public health units</li> <li>• Ensuring health promotion in primary care extends beyond individual lifestyle behaviours to focus on populations and the determinants of health</li> <li>• Maintaining a strong role and identity as a profession if the public health core is eroded</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthening the importance of lifting health promotion perspectives in primary care due to the work not being as strong elsewhere</li> <li>• Availability of skilled workforce transferring into primary care roles and primary care supporting their shift</li> <li>• Galvanising the profession through supporting colleagues during changes</li> <li>• Developing an independent voice through a more diversified workforce</li> </ul>

*Key points:*

- *Health promotion in primary care will take on a greater role with a reduced emphasis on health promotion in public health*

- *Working together through role and contract changes offers an opportunity for strengthening the collective health promotion profession on local and regional levels*

## **9. Conclusion**

---

There are many other changes under way both within the health sector and more widely under this government that will impact significantly on the health and well being of our population. In particular those influenced the most will be those populations and communities already at the greatest risk of ill health.

This paper focuses on the primary care sector in particular in relation to PHOs. However many changes and trends occurring within the wider primary health care sector and wider community are not just due to current political leadership. We are in difficult time economically, environmental change continues and international power shifts influence our world daily. These are going to have significant ramifications for both the primary care sector, the development of the health promotion profession as well as the communities and people for whom we seek 'health for all'<sup>13</sup>.

The challenge for all health promotion practitioners, irrespective of whether they are working in primary care, for social service providers, NGOs, local council, private business or within grass-roots community, is to follow and predict these broadest developments and to monitor and predict their impacts on local communities. While not all is within our control and the threats to our profession and principles at times may seem overwhelming, we must focus on the opportunities and work strategically to take advantage of them.

In conclusion, the challenge for the health promotion profession is this:

1. Retaining health promotion principles and ideals and the vision of 'seeking health for all'.
2. Identifying the threats and challenges to the principles of health promotion, whilst also identifying and focusing on the pending opportunities.
3. Maintaining focus on the medium to longer term strategic vision for the development of health promotion and keep the 'longer game' soundly established in our minds as a profession.

---

<sup>13</sup> Refer to other recent publications by HPF and WHO (links under 'further reading' below) for more information.

## Appendices

### ***Further information***

---

For more information on government policy direction on primary care

- 'Better, Sooner, More Convenient'  
[www.nzdoctor.co.nz/media/136363/bsmc.pdf](http://www.nzdoctor.co.nz/media/136363/bsmc.pdf)
- Ministry of Health Site on 'Better, Sooner, More Convenient' Primary Health Care  
<http://www.moh.govt.nz/moh.nsf/indexmh/phcs-bsmc>

Business Cases and 'new' PHO structures

- Greater Auckland Integrated Health Network (GAIHN) <http://gaihn.health.nz/> and <http://gaihn.health.nz/files/GAIHN%20overview%20for%20DHBs%202010%2001%2026.pdf>
- Midland Network / Pinnacle Health (Waikato, Taranaki, Bay of Plenty, Taupo and Gisbourne)  
<http://www.onlythebest.org.nz/company.php>
- National Māori Coalition <http://www.hauoracoalition.Māori.nz>
- Canterbury Clinical Health Network / Partnership Health <http://www.ccnweb.org.nz/>
- Otago Southland PHO info at: <http://www.welldunedin.org.nz/newsinfo.php?newsID=15>

For more information on Whānau Ora:

- Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives (April 2010)  
<http://www.hpforum.org.nz/resources/WhanauOra1.pdf>
- Whānau Ora: A whānau-centred approach to Māori wellbeing: A discussion paper by the Whānau Ora Taskforce (September 2009)  
<http://www.nzdoctor.co.nz/media/109486/Whānau-ora-discussion-document.doc>

For Primary Health Care Strategy (2001) and other reading on health promotion in primary (health) care:

- Primary Health Care Strategy (2001)  
[http://www.moh.govt.nz/moh.nsf/0/7BAFAD2531E04D92CC2569E600013D04/\\$File/PHCStrat.pdf](http://www.moh.govt.nz/moh.nsf/0/7BAFAD2531E04D92CC2569E600013D04/$File/PHCStrat.pdf)
- Where Next for Primary Health Organisations in New Zealand? (2009)  
[http://www.moh.govt.nz/moh.nsf/pagesmh/9562/\\$File/where-next-for-primary-care-sep-09.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/9562/$File/where-next-for-primary-care-sep-09.pdf)
- Ways Forward for Health Promotion (2010)  
<http://hauora.co.nz/resources/FutureDirections%20.doc>
- Putting population health into practice through primary health care (February 2009)  
<http://www.nzma.org.nz/journal/122-1290/3484/>
- 'Population Health' – Meaning in Aotearoa / New Zealand (June 2008)  
[http://www.arphs.govt.nz/promoting\\_health/downloads/Population%20Health%20-%20meaning%20in%20Aotearoa%20June08.pdf](http://www.arphs.govt.nz/promoting_health/downloads/Population%20Health%20-%20meaning%20in%20Aotearoa%20June08.pdf)

- The exceptional potential in each Primary Health Organisation: a public health perspective (2004)  
[http://www.ndp.govt.nz/moh.nsf/pagescm/769/\\$File/PHandPrimaryCare.doc](http://www.ndp.govt.nz/moh.nsf/pagescm/769/$File/PHandPrimaryCare.doc)
- Reducing Health Disparities Through Primary Care Reform: the New Zealand experiment (2005)  
<http://www.treasury.govt.nz/publications/media-speeches/guestlectures/pdfs/tgls-crampton.pdf>
- Alma Ata Declaration  
[www.who.int/hpr/NPH/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf)

Some excerpts from general media

- Push to merge Primary Health Organisations  
<http://www.stuff.co.nz/national/health/3292054/Push-to-merge-Primary-Health-Organisations>
- GPs lighten load on surgeons  
<http://www.stuff.co.nz/national/health/3299113/GPs-lighten-load-on-surgeons>
- 40 PHOs  
<http://www.radionz.co.nz/news/stories/2010/02/04/1247f185dd96>  
[Copy of letter to DHB Chairs re PHO numbers.feb.10.pdf](#)
- Super-clinics plan in big health shake-up  
[http://www.nzherald.co.nz/health/news/article.cfm?c\\_id=204&objectid=10624794&pnum=0](http://www.nzherald.co.nz/health/news/article.cfm?c_id=204&objectid=10624794&pnum=0)
- Health cuts hit front line  
<http://www.stuff.co.nz/the-press/news/3490876/Health-cuts-hitting-the-front-line>

## **Glossary**

---

Alma Ata Declaration	The original launch of 'primary health care' by the World Health Organisation in 1978 to which New Zealand was a signatory
Capitation funding	Funding formula implemented by the Primary Health Care Strategy (2001) based on enrolled population rather than fee for service
DHB	District Health Board
HCA	Health Care Aotearoa
EOI	Expression of Interest
IFHC	Integrated Family Health Center- the desired future 'general practices' under the current government that sees a broader range of primary care services being delivered within the community in a more integrated fashion

IPA	Independent Practitioner Association- collectives of general practice to support operation of general practice
PHC	Primary Health Care- in this paper referring to the primary health sector under the Labour-led Government from the launch of the Primary Health Care Strategy 2001 – 2009
PHO	Primary Health Organisation- developed under the Primary Health Care Strategy to lead and coordinate primary health care
Primary Care	In this paper referring to the current primary health sector under the National-led Government (as is evolving since election)
Whānau Ora	A developing combined health and social policy aimed at improving outcomes for Māori through better coordinated and whānau centric services
WHO	The World Health Organisation

### ***About the author***

---

Glenn is a registered physiotherapist with a clinical background in a range of primary care settings. To understand in greater detail the environment in which he worked he completed a Post Graduate Diploma in Health Services Management. This led to working for Nelson Bays Primary Health just under 3 years as a project manager then health promotion advisor. During this time Glenn was an invited member of Te Waipounamu Health Promotion Coalition's Think Tank and HPF's Primary Health Care Reference Group. He is currently working on a number of independent contracts as a consultant and enjoying a return to his private practice in physiotherapy.

### ***Acknowledgements***

---

Thanks are due to the many people who kindly contributed their valuable time to the discussions that informed this discussion paper.