



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

Ngā Kaiakatanga Hauora mō Aotearoa

Health Promotion Competencies for Aotearoa-New Zealand

The Fourth Cut: A work in progress

June 2011

DRAFT 4

Please send feedback to
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HP Competencies fourth cut: Draft 4 - A work in Progress June 2011

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Mihi

Tihei mauri ora
Ka nui te mihi, ka nui te tangi
Haere ngā mate o te wa, haere ki te pō.
Te hunga mate ki te hunga mate
Te hunga ora ki te hunga ora
Tēnā tātou katoa.

E whai wahi ana i konei te mihi atu ki te hunga nā rātou i takoha mai ētahi wāhanga o te tuhinga nei.

Ngā mihi a te Runanga Whakapiki ake i te Hauora ki te tini mano o ngā kaihautū o te hauora i Aotearoa nei.

Ko te tūmanako, e whai take ana ngā kaiakatanga nei hei kōkiritia

Kitenga - Vision

Health promotion practice ethically engages and empowers people and communities, using evidence informed approaches, to realise their right to hauora.

Ngā Whakawhetai - Acknowledgements

Many people have supported and assisted the development of these competencies. This help has taken many forms. People have contributed their time generously by making submission, offering feedback, sharing their experiences and being available as a sounding board at different stages in the consultation process.

HPF acknowledges the special contribution of members of the HPF Board, staff, reference groups, tutors and advisors, and thanks all those who have contributed to the process; workforce who attended consultation workshops held throughout the country, participants at the HPF Symposium, all those who will complete the on line survey and everyone who offered informal feedback.

Development of these competencies has been made possible with funding support from the Ministry of Health.

Mō wai mā Ngā Kaiakatanga - Who are these Competencies for?

“¹Health promotion is a discipline within public health, a framework and process to improve health which can be used by communities and people throughout and beyond the health sector, and an approach to social justice and social change.”

These competencies are intended for use in Aotearoa New Zealand by health promotion practitioners and others who use health promotion as an approach to address the determinants of health and improve health equity. The competencies will also be useful to those working in other

¹ HPF Strategic Plan, 2001-2013)

professional areas that may not identify as a health promotion practitioner but whose role reflects the Ottawa Charter definition and principles of health promotion (e.g. community health).

Whāinga - Purpose

“²A competent workforce that has the necessary knowledge, skills and abilities in translating policy theory and research into effective action is recognized as being critical to the future growth and development of global health promotion. Identifying and agreeing the competencies for effective health promotion practice, education and training is acknowledged as being an essential component of developing and strengthening workforce capacity to improve global health in the 21st century.”

Health promotion 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.

This set of Competencies identifies and describes the knowledge, skills and abilities expected of a health promotion practitioner in order to work effectively in the field in Aotearoa New Zealand.

Whakatūwheratanga – Introduction

At the HPF conference 1997 the workforce called for training standards, a code of ethics and a professional body for Health Promotion in Aotearoa.

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) 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. More Māori and Pacific health providers have come on the scene, primary health organisations have been established, more public health courses are available, and there is a growing awareness of the need to build health promotion capability and capacity in a global context. Additionally in 2007 the Generic Competencies for Public Health in Aotearoa New Zealand were published.

Intentions for regular review of the Competencies were not realized, until 2010 when the Ministry of Health support for public health workforce development enabled HPF to formally begin the review.

² CompHP *The CompHP Core Competencies Framework for Health Promotion Handbook*, pg 1
Health Promotion Research Centre, National University of Ireland. Galway. IUPHE [Website](#)

Key reasons for reviewing the Competencies include the need to reflect changes and update health promotion in Aotearoa New Zealand, to ensure our practice is in line with global trends and provide a framework for strengthening the capability and capacity of the health promotion workforce.

The Competencies 2011 will contribute to developing and strengthening the health promotion workforce and are closely aligned to parallel work that is developing a statement of ethical practice and establishing a professional association for health promoters.

Where are we now

Key points in the review of the Competencies have been

- Generic Competencies for Public Health in Aotearoa published in 2007.
- Comparison and contrast between the Generic Competencies for Public Health and the Health Promotion Competencies 2000 – HPF Report to the Ministry 2009.
- Ministry of Health Integrated Competencies Framework commenced 2010.
- A range of HPF internal reports and informal feedback.
- Desk review of other professional competencies eg
 1. Australian Health Promotion Association. (2009). *Core Competencies for Health Promotion Practitioners*.
 2. Alcohol and Drug Treatment Workforce Development Advisory Group. (2001) *Practitioner Competencies for Alcohol and Drug Workers in Aotearoa New Zealand*.
- Participation in the expert advisory group for CompHP.
- Initial draft Competencies 2011 late 2010.
- Consultation of the initial draft Competencies 2011 conducted among some members of HPF reference and advisory groups, tutors, board and other key stakeholders in late 2010/early 2011.
- Feedback was collated and the document redrafted
- Revised drafts formed the basis for a series of meetings in Auckland, Wellington, Dunedin and Christchurch (May to June 2011) to provide updates and opportunity for input.

Next steps

- Following the meetings, mentioned above, a new draft will be available for comment on the HPF web site and through a web based survey.
- Feed back will be collated into a penultimate draft to be work-shopped at the HPF Symposium 2011 – *Defining Professional Pathways in Health Promotion*, early July.
- Because some people were unable to attend the Christchurch consultation meeting due to the June 13 aftershock, another meeting will be held in Christchurch.
- The June 2011 Competencies will then be finalised and published.
- Implementation pathways and a possible assessment framework will be explored in 2012.

Key considerations for the Competencies 2011

Global context

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 framework is gaining acceptance as a global model.

Aotearoa context

While the Competencies 2011 for health promotion in Aotearoa New Zealand have been influenced by the CompHP framework in Europe, the former 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.

Te Tiriti o Waitangi

The 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.

Extensive consultation with the health promotion workforce shows the workforce's clear commitment to maintain the mana of te Tiriti and to use it as the basis of health promotion in Aotearoa New Zealand.

TUHA-NZ A Treaty Understanding of Hauora in Aotearoa-New Zealand (2002) provides a set of three goals as a model for health promotion action. These are

- Ko te Tuatahi - Article One – Kawanatanga
Goal for Health Promotion – Achieve Māori participation in all aspects of health promotion
- Ko te Tuarua – Article Two – Tino Rangitiratanga
Goal for Health Promotion – Achieve the advancement of Māori health aspirations
- Ko te Tuatoru – Article Three – Oritetanga
Goal for Health Promotion – Undertake Health promotion action which improves Māori health outcomes.
Additionally, although not specifically stated in TUHANZ, the principles and intent of Article Three also require that health promotion works towards achieving health equity for Māori.

Special relationship with Pacific peoples, and other ethnic and cultural minorities

Health promotion in Aotearoa New Zealand acknowledges the rights and needs of Maori, as tangata whenua, and as one of the two partners in Te Tiriti o Waitangi. Pacific peoples, are a group that has a special relationship with the Government.

This special relationship “gives rise to a moral obligation on the part of the New Zealand Government to advance the interests of Pacific people, in particular to address their socio-economic needs and the need to maintain their cultures” (³Ministry of Justice, Pacific People's Constitutional Report, p.7, 2000).

This implies that Pacific people's perspectives and needs should be considered in every aspect of the health promotion practice.

Furthermore, under the New Zealand Bill of Rights Act (1990) the perspectives and needs of other ethnic and cultural minorities must be considered.

³ Ministry of Justice and Ministry of Pacific Island Affairs *Pacific people's Constitutional Report* (2000) Wellington. [On line](#)

Ngā Whakamārama - Definitions

Māori Health Promotion

Māori health promotion is the process of enabling Māori to increase control over the determinants of health and strengthen their identity as Māori, and thereby improve their health and position in society ⁴(Ratima 2001).

While this brief definition gives an indication of what Māori health promotion is about, by itself it does not convey completely the meaning and uniqueness of Māori health promotion. Importantly Māori health promotion encapsulates a holistic concept of health. This holistic concept is underpinned by Māori world views and affirms Māori beliefs, values and practices. This requires that interventions are culturally competent and take into consideration approaches that facilitate an increased control by Māori.

Two important models for Māori health promotion are ⁵Te Pae Mahutonga (Durie 2004) and Kia Uruuru Mai a Hauora ⁴(Ratima 2001).

⁶Mihi Ratima,(2010) in a paper prepared for HPF says that, together, these models describe the breadth of Māori health promotion and defining characteristics including the underlying concept of health, purpose, values, principles, pre-requisites, processes, strategies, key tasks, and markers.

Health Promotion

⁷Essential factors that determine health were identified, in the 1986 Ottawa Charter as peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice and equity. Today we recognise there are additional critical factors that determine peoples' health including; healthy child development; health equity, adequate incomes and; a small gap between rich and poor; the absence of discrimination based on gender, culture, race and sexual orientation; life-long learning opportunities; healthy lifestyles; meaningful work opportunities with some autonomy; social relationships that respect diversity; freedom from violence and the threat of violence; freedom from exposure to infectious disease; protection of humans from environmental hazards and protection of the environment from human hazards.

Health promotion is the process of enabling people and communities to increase control over the determinants of health and improve their health and wellbeing.

Health promotion focuses on groups, communities and populations in most need and works to improve health equity.

Health promotion is underpinned by a belief that hauora is a fundamental right of all people.

(See also Ottawa Charter appendix 4)

⁴ Ratima, M. M (Mihi M.) (2001) *Kia Uruuru Mai a Hauora : being healthy, being Maori: conceptualising Maori health promotion*, Otago University [On line](#)

⁵ Durie, Mason (2004). *An Indigenous Model of Health Promotion*, 18th World Conference on Health Promotion and Health Education, Massey University, New Zealand. [On line](#)

⁶ Adapted from, Dr Mihi Ratima. (2010) *Māori health promotion – a comprehensive definition and strategic considerations*. Health Promotion Forum [On line](#)

Te Takuhe i Ngā Kaiakatanga - The benefits and uses of Competencies

This competency framework is intended as a tool that can be used to:

- Ensure there are clear guidelines for the knowledge, skills and values needed to plan, implement and evaluate health promotion action that is efficient, effective, appropriate and ethical;
- Form the basis for accountable practice and quality improvement;
- Inform education, training and qualification frameworks to ensure that they are relevant to practice and workplace needs;
- Assist employers and managers to gain a better understanding of health promotion roles in individual workplaces and develop appropriate job descriptions;
- Assist in career planning, and identifying professional development and training needs;
- Facilitate movement across roles, organisations, and regions through the use of shared understanding, qualifications and where appropriate, accreditation and appraisal systems based on the competencies;
- Promote better communication and team work in multidisciplinary and multisectoral initiatives and settings by providing a common language and shared understanding of the key concepts and practices used in health promotion; and
- Contribute to greater recognition and validation of health promotion and the work done by health promotion practitioners.

Structure of these competencies

No one section of the Competencies stands alone. All sections contribute to a complete picture. These Competencies are supported on a commitment to Te Tiriti o Waitangi, they are based on a foundation of values and ethics, and each of the nine clusters is underpinned by the body of knowledge. All components work together to comprise the knowledge, skills and expertise expected of a health promotion practitioner to work effectively in the field.

Figure 2 Structure of the competencies



Explanation of Figure 2

This picture shows the structure of the Competencies.

The various shades of blue represent waiora- life giving water and essence of spirit. The pitau fronds symbolise the flow, direction and current taking us towards better professional practice, personal development and growth.

The fronds layer and blend, embodying the essential components of health promotion practice, the support of each other and the communities we serve.

The dark frond represents our commitment to Te Tiriti o Waitangi, the mid blue frond at the back is the foundation of values and ethics, and the turquoise frond represents the body of knowledge. Nine small pitau depict the clusters of competency or skills. The three wedges represent the toi huarewa, the appendages that Tāne and Tāwhaki used to ascend to the heavens to acquire knowledge.

Ngā Tikanga Manaaki – Values and Ethics

Values and ethics guide health promotion action and practice. Health promotion competency involves a willingness to continually reflect on our values in pursuit of ethical practice and provides a foundation by which the workforce can determine what is legitimate, expected and acceptable behaviour within our practice.

In Aotearoa-New Zealand, the traditional values inherent within whanau, hapu and iwi social structures are important aspects of health promotion action. These core values and ethical practices are consistent with the provisions, principles and articles of Te Tiriti o Waitangi.

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, kotahitanga and whatumanawa.
- **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, ie 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.

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 developed⁹) in Aotearoa New Zealand.

Ngā Taumata Kaiakatanga - Levels of Competence

The competency framework describes the knowledge and skills expected of competent health promotion practitioners in Aotearoa New Zealand.

Three levels of competence are described as a guide. Some health promotion practitioners will journey from level to level while others may work competently at a single level, depending on the requirements of their particular role. Different roles will require a balance of levels across a range of skills.

At Level 1 a competent Health Promotion Practitioner	At Level 2 a competent Health Promotion Practitioner	At Level 3 a competent Health Promotion Practitioner
Is developing knowledge and understanding of health promotion and public health theories and principles	Demonstrates advanced knowledge including critical understanding of health promotion and public health theories and principles	Demonstrates highly specialised knowledge in a specific area(s) and critical reflection on health promotion and public health theories, principles and issues
Practices within own field of interest or specific work stream	Demonstrates advanced skills by facilitating, leading and advising health promotion processes	Provides strategic leadership, advocacy and expertise in health promotion and/or public health
Demonstrates ability to solve expected / day to day challenges in own field of interest or specific work stream	Demonstrates innovation required to solve complex problems in a specialised field	Demonstrates advanced analytical and problem solving skills in research and or innovation in order to develop new knowledge and or integrate knowledge from

⁹ Codes of ethics are usually more detailed than this statement and say what is acceptable behaviour for individual practitioners in some particular situations.

		other areas and or respond to complex and unexpected challenges
Is committed to achieving equitable health outcomes	Demonstrates active leadership to promote Maori health and reduce health inequities	Demonstrates advanced advocacy skills and strategic leadership to promote Maori health, reduce inequities and improve health outcomes
May be engaged in tertiary study, attained a degree or recognized as having equivalent prior learning (eg Bachelor's)	May be engaged in tertiary study or attained a post graduate qualification (eg Master's)	May be engaged in or attained high level study (eg second post graduate qualification, Doctorate)
Works with regular supervision and participates in own professional development	Contributes to professional development of individuals and or groups, and critically reviews own professional development	Contributes to professional knowledge and practice, and to reviewing strategic development of teams/groups
Works locally/regionally and engages with national linkages and networks	Works locally/regionally/nationally and engages in global networks	Works locally/regionally/nationally/global ly, and contributes to global networks and knowledge

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Ngā Matauranga – Knowledge Base

A pool of knowledge underpins the nine Clusters of competence. This knowledge base is integral to health promotion practice.

Additionally practitioners will require technical knowledge to inform their specific interests or area of work.

Key components of the pool of knowledge are,

Te Tiriti o Waitangi	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 and health equity	<ul style="list-style-type: none"> The concepts, principles and values of health promotion as defined by the Ottawa Charter for health Promotion and subsequent charters and declarations, <i>see appendix 2</i>. The concepts of health equity, social justice and health as a human right as the basis for health promotion action.
Ethics	<ul style="list-style-type: none"> The ethical values and code of ethics/practice for health promotion action in Aotearoa.
Determinants	<ul style="list-style-type: none"> The range of social, economic, political, and environmental determinants of health. The determinants of health, impact on and implication for health promotion action.
Prevention	<ul style="list-style-type: none"> Prevention of avoidable morbidity and mortality, including prevention of communicable and non-communicable diseases.
Models	<ul style="list-style-type: none"> Health promotion models, including associated integrated ways of working, and approaches which support empowerment, participation, partnership building.
Research and Evaluation	<ul style="list-style-type: none"> The key ethical issues in health promotion research and their implications for practice. The evidence informed and research methods, including qualitative and quantitative methods, required to inform and evaluate health promotion action.
Key related areas	<ul style="list-style-type: none"> 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 evidence informed 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 civil defence, and public health emergencies. The communication processes and current information technology required for health promotion action.

Ngā Kahui Kaiakatanga - Clusters of Competence

Each of the nine Clusters addresses an area of focus but no one Cluster stands on its own. They are integrated and interdependent.

Each Cluster is underpinned by the pool of knowledge.

Ngā Kahui - Clusters

1 Te kahui tuatahi	Enable change
2 Te kahui tuarua	Advocacy
3 Te kahui tuatoru	Mediate through partnership
4 Te kahui tuawha	Communication
5 Te kahui tuarima	Leadership
6 Te kahui tuaono	Assessment
7 Te kahui tuawhitu	Planning
8 Te kahui tuawaru	Implementation
9 Te kahui tuaiwa	Evaluation and Research

1 Te kahui tuatahi Enable Change

Enable individuals, groups, communities and organisations to build capacity for health promotion action to improve health and address inequities

A health promotion practitioner is able to:

1.1 Work with the principles and provisions of Te Tiriti o Waitangi integrating Māori values of identity, collective autonomy, social justice and equity into health promotion action.
1.2 Work collaboratively across sector to influence the development of public policies which impact positively on health and improve health equity.
1.3 Use health promotion approaches which support empowerment, participation, partnership and equity to create environments and setting which promote health.
1.4 Use community development approaches to strengthen community participation and ownership and build capacity for health promotion action.
1.5 Facilitate the development of personal skills that will maintain and improve health.
1.6 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities.

2 Te kahui tuarua Advocate for health

Advocate with, and on behalf, of individuals, communities and organisations to improve health and well-being and build capacity for health promotion action

A health promotion practitioner is able to:

2.1 Work appropriately with Māori and undertake health promotion action which will advance Māori health aspirations.
2.2 Advocate the prioritisation of resources for those with the greatest health inequities.
2.3 Use advocacy strategies and approaches which reflect sound health promotion principles.
2.4 Engage with and influence key stakeholders to develop and sustain health promotion action.
2.5 Raise awareness of and influence public opinion on health issues including the determinants of health.
2.6 Advocate the development of policies, guidelines and procedures which impact positively on health and improve health equity.

3 Te kahui tuatoru Mediate through partnership

Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion action

A health promotion practitioner is able to:

3.1 Build appropriate working relationships with Māori colleagues, communities and groups.
3.2 Facilitate effective partnership working which reflects health promotion values and principles.
3.3 Engage partners from different sectors who can actively contribute to health promotion action.
3.4 Be aware of different sectoral interests and build successful partnerships through collaborative working.
3.5 Facilitate the development and sustainability of coalitions and networks for health promotion action.

4 Te kahui tuawha Communication

Communicate health promotion actions effectively using appropriate techniques and technologies for diverse audiences

A health promotion practitioner is able to:

4.1 Use culturally appropriate communication methods and techniques for specific groups and settings.
4.2 Use interpersonal communication and group work skills to facilitate individuals, groups, communities and organisations to improve health and address health inequities.
4.3 Use concepts of health literacy and effective communication skills, including written, verbal, non-verbal, listening and information technology.
4.4 Use electronic, other new media to receive and disseminate health promotion information.

5 Te kahui tuarima Leadership

Take responsibility and contribute to the development of a shared vision and strategic direction for health promotion action

A health promotion practitioner is able to:

5.1 Integrate Te Tiriti o Waitangi requirements into health promotion action.
5.2 Network with and motivate stakeholders in leading change to improve health and equity.
5.3 Use leadership skills to empower and facilitate participation (e.g. team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving.)
5.4 Work with stakeholders to agree a shared vision and strategic directions for health promotion action.
5.5 Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in health promotion.
5.6 Contribute to mobilising and managing resources for health promotion action including human and financial resources and management of one's own time and workload.
5.7 Contribute to team, organisational and own learning to advance health promotion action.
5.8 Commit to and undertake to manage one's own training and professional development.

6 Te kahui tuaono Assessment

Conduct assessment of needs, strengths and assets, in partnership with stakeholders, in the context of the social, economic, political, cultural and environmental determinants that promote or compromise health.

A health promoter is able to:

6.1 Integrate cultural requirements and Māori world views into the assessment process.
6.2 Use culturally and ethically appropriate assessment approaches.
6.3 Identify the determinants of health which impact on health and equity.
6.4 Identify priorities for health promotion action in partnership with stakeholders based on best available evidence and ethical values.
6.5 Use participatory methods to engage stakeholders in the assessment process.
6.6 Use a variety of assessment methods including quantitative and qualitative research methods.
6.7 Collect, review and appraise relevant data, information and literature to inform health promotion action.
6.8 Identify the health needs, existing assets and resources relevant to health promotion action.

7 Te kahui tuawhitu Planning

Develop measurable health promotion goals and objective in partnership with stakeholders based on assessment of needs and assets.

A health promotion practitioner is able to:

7.1 Develop action plans that include consideration of the potential impacts for Māori health.
7.2 Develop action plans that improve health equity.
7.3 Mobilise, support and engage the participation of stakeholders.
7.4 Use evidence informed models and systematic approaches for planning health promotion action.
7.5 Develop a feasible action plan within resource constraints and with reference to existing needs and assets which support sustainable change.
7.6 Develop and communicate appropriate, realistic and measurable goal and objective for health promotion action.
7.7 Identify appropriate health promotion strategies to achieve agreed goals and objectives.
7.8 Use evidence informed models for planning health promotion contributions to public health and civil defence emergencies.

8 Te kahui tuawaru Implementation

Implement effective and efficient, culturally sensitive and ethical health promotion action in partnership with stakeholders.

A health promotion practitioner is able to:

8.1 Integrate Māori world views, perceptions and realities of health, into health promotion action.
8.2 Use ethical, empowering, culturally appropriate and participatory processes to implement health promotion action.
8.3 Facilitate sustainable action and stakeholder ownership through consultation and collaboration.
8.4 Manage the human and material resources needed for effective implementation.
8.5 Monitor the quality of the implementation process in relation to agreed goals and objectives.
8.6 Develop tools, pilot and use appropriate resources and materials.
8.7 Contribute to capacity of the health promotion sector to respond to public health and civil defence emergencies.

9 Te kahui tuaiwa Evaluation and Research

Use appropriate evaluation and research methods in partnership with stakeholders, to determine the reach, impact and effectiveness of health promotion action.

A health promotion practitioner is able to:

9.1 Use appropriate process for kaupapa Māori research.
9.2 Identify and use appropriate health promotion evaluation tools and research methods.
9.3 Use research and evidence informed strategies to inform practice.
9.4 Integrate evaluation into the planning and implementation of all health promotion action.
9.5 Use evaluation findings to refine and improve health promotion action.
9.6 Contribute to the development and dissemination of evaluation and research processes.



Papakupu - Glossary

See also [World Health Organisation Health Promotion Glossary](#)

Note - The final document will include full references and definitions of te reo Māori kupu.

Advocacy: A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme. Advocacy can take many forms including the use of the mass media and multi-media, direct political lobbying, and community mobilisation through, for example, coalitions of interest around defined issues. (Reference: CompHP)

Assessment: (see also needs assessment): The systematic collection and analysis of data in order to provide a basis for decision-making. (Reference: CompHP)

Capacity building: the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health promotion in organizations, and; the development of cohesiveness and partnerships for health in communities. (Reference: CompHP)

Collaboration: A recognised relationship among different sectors or groups, which has been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by one sector or group acting alone. (Reference: CompHP)

Community Assets: Contributions made by individuals, citizen associations, and local institutions that individually and/or collectively build the community's capacity to assure the health, well-being, and quality of life for the community and all its members. (Reference: CompHP)

Community Development: Helping communities take control over their health, social and economic issues by using and building on their existing strengths. It recognises that some communities have fewer resources than others, and supports these communities. (Reference: CompHP)

Competencies: A combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion. (Reference: CompHP)

Consensus: means overwhelming agreement. The key indicator of whether or not a consensus has been reached is that everyone agrees they can live with the final proposal after every effort has been made to meet any outstanding interests. Most consensus processes seek unanimity, but settle for overwhelming agreement that goes as far as possible toward meeting the interests of all stakeholders. (Reference: CompHP)

Core competencies: are the minimum sets of competencies that constitute a common baseline for all health promotion roles. They are what all health promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field. (Reference: CompHP)

Culture: a socially inherited body of learning including knowledge, values, beliefs, customs, language, religion, art, etc. (Reference: CompHP)

Social and Cultural Diversity: For the purposes of this document cultural diversity includes all individuals and groups who identify by age, gender, ethnicity, culture, language, religion, migration experience, sexual orientation, ability/disability, and family status; (Reference: HPF)

Determinants of health: The range of social, economic, political, and environmental conditions in which people live that determine their health. (Reference: HPF)

Disparities: The term “health disparity” is almost exclusively used in the United States, while the terms ‘health inequity’ or ‘health inequality’ are more commonly used outside the United States. A health disparity should be viewed as a chain of events signified by a difference in environment, access to, utilisation of and quality of care, health status or a particular health outcome that deserves scrutiny. Such a difference should be evaluated in terms of both inequality and inequity, since what is unequal is not necessarily inequitable.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497467/pdf/12500958.pdf>

Empowerment for health: A process through which people gain greater control over decisions and actions which impact on their health. Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. Individual empowerment refers to the individuals’ ability to make decisions and have control over their personal life. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community. (Reference: CompHP)

Enabling: Means taking action in partnership with individuals or groups to empower them, through the mobilisation of human and material resources, to promote and protect their health. A key role for health promotion practitioners is acting as a catalyst for change by enabling individuals, groups, communities and organisations to improve their health through actions such as providing access to information on health, facilitating skills development, and supporting access to the political processes which shape public policies affecting health. (Reference: CompHP)

Equity / Inequity in health: Equity means fairness. Equity in health means that people’s needs guide the distribution of opportunities for well-being. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences, of different social and economic conditions, or a result of personal lifestyle choices. (Reference: CompHP)

Health inequality refers not simply to differences in health status or outcome but to differences that are unacceptable and avoidable.

(Reference: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf)

Ethics: The branch of philosophy dealing with distinctions between right and wrong, and with the moral consequences of human actions. Much of modern ethical thinking is based on the concepts of human rights, individual freedom and autonomy, and on doing good and not harming. (Reference: CompHP)

Hauora: is a Maori philosophy of health and well-being unique to Aotearoa New Zealand.¹⁰ It is a balance between interacting spiritual, mental, social, and physical dimensions.

¹⁰ Adapted from - Māori Health Promotion - a comprehensive definition and strategic considerations - Dr Mihi Ratima

Health: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Within the context of health promotion, health is considered as a resource which permits people to lead an individually, socially and economically productive life. The Ottawa Charter (17) emphasises pre-requisites for health which include peace, adequate economic resources, food and shelter, and a stable eco-system and sustainable resource use. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health. These links provide the key to a holistic understanding of health which is central to the definition of health promotion. (Reference: CompHP)

Health as a human right: The Right to Health is an inclusive right, extending not only to timely and appropriate health care, but also to the underlying determinants of health, such as the access to safe and potable water and adequate sanitation, healthy occupational and environmental conditions, and access to health related education and information, including on sexual and reproductive health.

The right to health contains both freedoms and entitlements. Freedoms include the right to control one's health, including the right to be free from non-consensual medical treatment and experimentation. Entitlements include the right to a system of health protection (i.e. health care and the underlying determinants of health) that provides equality of opportunity for people to enjoy the highest attainable standard of health (Reference: *UN Committee on Economic, Social and Cultural Rights, General Comment No 14*)

Health literacy: (for health providers) "health literacy includes the capacity of professionals and institutions to:

- communicate effectively so that community members can make informed decisions and
- take appropriate actions to protect and promote their health." (Reference: <http://www.healthnavigator.org.nz/>)

Health promotion: In the definitions section page 7, the description of health promotion has been adapted to the purposes of this document. Below is the definition of health promotion as described in the Ottawa Charter.

Health promotion is the process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, which not only includes actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter identifies three basic strategies for health promotion:

- advocacy for health to create the essential conditions for health
- enabling all people to achieve their full health potential
- mediating between the different interests in society in the pursuit of health.
-

These strategies are supported by five priority action areas for health promotion:

- Build healthy public policy
- Create supportive environments for health
- Strengthen community action for health
- Develop personal skills, and
- Re-orient health services (Reference: Ottawa Charter WHO)

Health education: Health education comprises planned learning designed to improve knowledge, and develop life skills which are conducive to individual and community health. Health education is

not only concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health. (Reference: CompHP)

Health promotion society: The term Health Promotion Society refers to the professional body for health promoters that is being established in parallel with these Competencies. The title is likely to change during the evolution of the professional society. (Reference: HPF)

Healthy public policy: The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives by making healthy choices possible or easier and social and physical environments health enhancing. (Reference: CompHP)

Leadership: In the field of health promotion, leadership can be defined as the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organisation in which they work. It involves inspiring people to develop and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, thus allowing other leaders to emerge. (Reference: CompHP)

In the Aotearoa context there is an emphasis on collective leadership and the collective 'taking up' of responsibility to enable change. (Reference: HPF)

Lobbying: Usually considered an element of advocacy within a political context that seeks to influence members of legislature, get bills through or solicit the support of an influential person or people. (Reference: HPF)

Mediate: A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health. Enabling change in any context inevitably produces conflicts between the different sectors and interests. Reconciling such conflicts in ways that promote health requires input from health promotion practitioners, including the application of skills in advocacy for health and conflict resolution. (Reference: CompHP)

Needs assessment: A systematic procedure for determining the nature and extent of health needs in a population, the causes and contributing factors to those needs and the resources (assets) which are available to respond to these. (Reference: CompHP)

Partnership: A partnership for health promotion is a voluntary agreement between individuals, groups, communities, organisations or sectors to work cooperatively towards a common goal through joint action. (Reference: CompHP)

Population Health: Refers to consideration of the health outcomes or status of defined populations - groups, families and communities - and the distribution of such outcomes within populations. Populations may be defined by locality, or by biological, social or cultural criteria.¹¹

Public Health: The art and science of preventing disease, prolonging and promoting health through the organized efforts of society. This science and art can only be effected if the principles underpinning it are appreciated and understood. (Reference: Generic Comps)

¹¹ 'Population Health' – Meaning in Aotearoa New Zealand? A discussion paper to support implementation of the Primary Health Care Strategy. Dr Doone Winnard, Professor Peter Crampton, Dr Jacqueline Cumming, Dr Nicolette Sheridan, Dr Pat Neuwelt, Professor Bruce Arroll, Professor Tony Dowell, Dr Don Matheson, Viv Head. June, 2008

Research: The systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions. (Reference:.....)

Right to health: In relation to health, a rights-based approach means integrating human rights norms and principles in the design, implementation, monitoring, and evaluation of all health-related policies and programmes. These include human dignity, attention to the needs and rights of vulnerable groups, and an emphasis on ensuring that health systems are made accessible to all. The principle of equality and freedom from discrimination is central, including discrimination on the basis of sex and gender roles. Integrating human rights into development also means empowering poor people, ensuring their participation in decision-making processes which concern them and incorporating accountability mechanisms which they can access. (Reference: CompHP)

Settings for health promotion: The places or social contexts in which people live, work and play and in which in which environmental, organisational and personal factors interact to affect health and wellbeing. Action to promote health in different settings can take different forms including organisational or community development or working on specific health related issues. Examples of settings for health promotion action occurs include: schools, workplace, hospitals, prisons, universities, villages and cities. (Reference: CompHP)

Social justice: Refers to the concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimal standards of income. (Reference: CompHP)

Stakeholder: Individuals, groups, communities and organisations that have an interest or share in an issue, activity or action. (Reference: CompHP)

Strategies: broad statements that set a direction and are pursued through specific actions, i.e., those carried out in programmes and projects. (Reference: CompHP)

Supportive environments for health: health offer people protection from threats to health, and enable people to expand their capabilities and develop self reliance in health. (Reference: CompHP)

Teamwork: is the process whereby a group of people, with a common goal, work together to increase the efficiency of the task in hand. They see themselves as a team and meet regularly to achieve and evaluate those goals Regular communication, coordination, distinctive roles, interdependent tasks and shared norms are important features. (Reference: CompHP)

Te reo Māori: used in document - to come.

Values: The beliefs, traditions and social customs held dear and honoured by individuals and collective society. Moral values are deeply believed, change little over time and may be, but are not necessarily, grounded in religious faith such as beliefs about the sanctity of life, the role of families in society, a protection from harm of children and other vulnerable people. Social values are more flexible and may change as individuals undergo experience and include, for example, beliefs about the status and roles of women in society, attitudes towards use of alcohol, tobacco and other substances. (Reference: CompHP)

Well-being: The concept of well-being encompasses the physical, mental and emotional, social, and spiritual dimensions of health. This concept is recognised by the World Health Organisation. (Reference: CompHP)

Vision: A vision expresses goals that are worth striving for and incorporates shared health promotion ideals and values. (Reference: CompHP)

Workforce planning: the strategic alignment of an organisation's human resources with the direction of its planned service and business. (Reference: CompHP)

Acknowledgement of sources that contributed to this glossary – will be completed in the final document

Concise Oxford Dictionary

Wikipedia

CompHP

<http://www.healthnavigator.org.nz/>

http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

UN Committee on Economic, Social and Cultural Rights, General Comment No 14

Māori Dictionary Te Aka Māori -English, English- Māori Dictionary

<http://www.maoridictionary.co.nz/>

FAQs

A section of frequently asked questions will be included in the final document.

Monitoring and assessment

Relationship with the Professional Society

Funding for

assessment processes

learning required

remuneration scales as knowledge increases

Ngā Tāpiritanga – Appendices

Appendix 1- Te Tiriti o Waitangi

Te Tiriti o Waitangi has been identified as the founding document of Aotearoa and the key to health promotion in this country.

Both Maori and English texts can be found on the Te Puni Kokori web site [Texts of the Treaty](#)

Appendix 2 -Significant Global statements and Charters

[Declaration of Alma-Ata](#)

International Conference on Primary Health Care,
Alma-Ata, USSR, 6-12 September 1978

[Ottawa Charter for Health Promotion](#)

Ottawa, Canada, 21 November 1986

[Adelaide Recommendations on Healthy Public Policy](#)

Adelaide, South Australia, 5-9 April 1998

[Sundsvall Statement on Supportive Environments for Health](#)

Sundsvall, Sweden, 9-15 June 1991

[The Jakarta Declaration on Health Promotion into the 21st Century](#)

Jakarta, Indonesia, 21-25 July, 1997

[Mexico Ministerial Statement for the Promotion of Health](#)

Mexico City, Mexico, June 5th, 2000

[The Bangkok Charter for Health Promotion in a Globalized World](#)

Bangkok, Thailand, 11 August, 2005

[Promoting health and development: closing the implementation gap](#)

Nairobi, Kenya, 26-30 October, 2009

Appendix 3 - Cultural models of health

For the purpose of these Competencies, a model is a framework or structure that informs and shapes health promotion action by providing a set of values, tools (knowledge and skills) and practice.

Models that reflect Māori philosophy towards health are based on a wellness or holistic health model. A number of models useful for health promotion action include,

- Te Whare TapaWha (M. Durie and others)
- Te Pae Mahutonga – M. Durie 2004
- Te Wheke – Rose Pere
- TUHANZ – Health Promotion Forum

¹² Values and beliefs about health and wellbeing provide the foundation for the Pacific health promotion. Although there is great diversity among Pacific peoples they share many of the same values including: love, respect, humility, caring, reciprocity, spirituality, humour, unity and belief in the importance of family.

There are two fundamental beliefs that Pacific people share:

- An holistic notion of health i.e., inclusive of spiritual, physical, emotional and mental dimensions
- Health as a family concern rather than an individual matter These fundamental beliefs constitute overarching principles in service provision for Pacific peoples' health.

These fundamental beliefs incorporate: a relationship focus (including acknowledgement of community), and the use of Pacific language and cultural practices.

Models that reflect these shared values and beliefs and can inform health promotion action include,

- Fonofale – Karl Pulotu-Endemann
- Kakala – Konai ¹³Helu-Thaman
- Fonua – Sione Tu'itahi
- Fānau Ola – Sione Tu'itahi

Details of these models and links to more information can be found on www.hauora.co.nz

Appendix 4 - Ottawa Charter

[First International Conference on Health Promotion, Ottawa, 21 November 1986](#)

Basic Strategies:

Advocate

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

Enable

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

¹² Adapted from The Regional Pacific Model of Care And Mental Health and Addictions Service Framework 2010 <http://www.networknorth.org.nz/file/Resources/pacific-model-of-care-lo-res-copy.pdf>

¹³ Pacific Health Report, Chapter Four, Auckland Regional Health Service http://www.arphs.govt.nz/Publications_Reports/pacific_health/Chapter_Four.pdf

Mediate

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

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

Health Promotion Action Means:

Build Healthy Public Policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments. Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

Create Supportive Environments

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

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

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

Strengthen Community Actions

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

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

Develop Personal Skills

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

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

Reorient Health Services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components. Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.

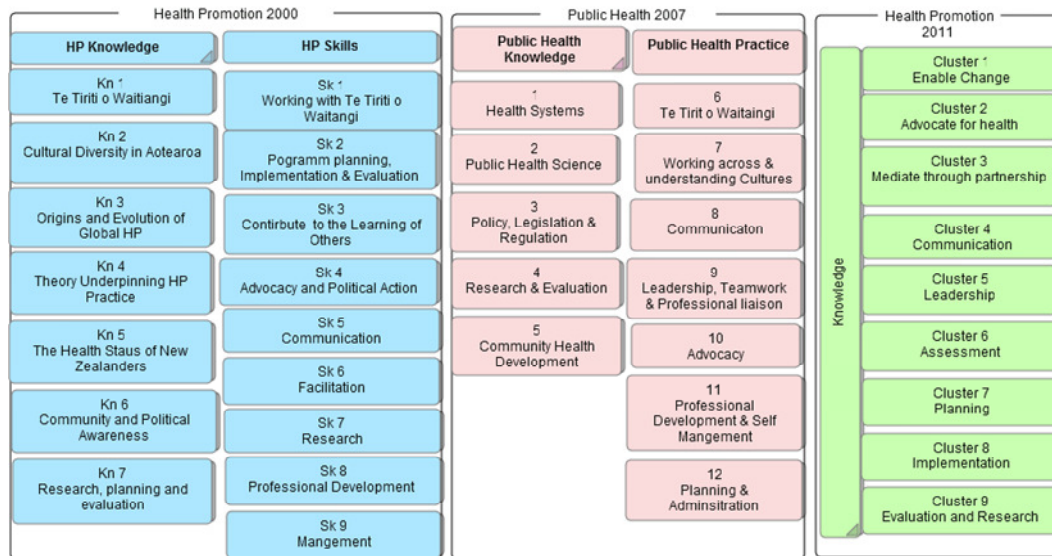
Moving into the Future

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

Appendix 5 – Format of Competencies 2011

Figure 3 shows the new simple format of the Competencies 2011 in relation to previous competency models.



Health promotion competencies in 2000 comprised seven clusters of knowledge and nine skills clusters. All the knowledge clusters combined to underpin the skills but this caused some confusion as people tried to align various components.

Public Health Competencies 2007 consist of five topics that contain the knowledge based competencies and seven topics that focus on competencies required for public health practice.

Health promotion competencies in 2011 describe nine clusters of skills, which are integrated and interdependent, and underpinned by a single body of knowledge.

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