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

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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.

"Health Promotion is about empowering people to take control of their own lives in ways that are adaptive, responsible, satisfying and rewarding" (Professor Mason Durie, Health Promotion Forum Symposium 2011).

Ngā Whakawhetai – Acknowledgements

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

HPF acknowledges input of members of the Health Promotion Forum Board, staff, reference groups, tutors and advisors, and thanks all those who have contributed to the process: health promoters who came to consultation workshops held throughout the country, participants at the Health Promotion Forum Symposium, and all those who have given informal feedback.

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

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

Health promoters ethically engage and empower people and communities, using evidence-informed approaches, to achieve their right to hauora.

These Competencies are a framework for health promoters and others who use health promotion as an approach:

- to improve health and health equity
- to address the determinants of health and
- for Māori and all people to exercise control over their health and wellbeing.

The Competencies will be useful to those working in other areas that may not identify as a health promoter but whose role reflects the Ottawa Charter definition and principles of health promotion (e.g. kaimahi or community health development).

Whāinga – Purpose

[1]The purpose of these Competencies is to identify and define the behaviours, skills, knowledge, and attitudes that health promoters need to work effectively and appropriately with Māori and other peoples, communities, and organisations in Aotearoa New Zealand (Adapted from Health & Disability Advocacy Ngā Kaitautoko, 2006).

Whakatūwheratanga – Introduction

At the Health Promotion Forum conference 1997 the workforce called for training standards, a code of ethics and a professional body for health promotion in Aotearoa New Zealand.

Before any of this could happen, a baseline picture of health promotion practice was needed, so Ngā Kaiakatanga Hauora mō Aotearoa Health Promotion Competencies for Aotearoa New Zealand (the Competencies) were first published in 2000 after extensive consultation (HPF 2000).

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 onto the scene, primary health organisations have been set up, 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 by the Public Health Association of New Zealand, in association with Health Promotion Forum of New Zealand, Māori Community Health Workers, New Zealand Institute of Environmental Health, and the Public Health Nurses Section of New Zealand Nurses Organisation.

In 2010, Ministry of Health support for public health workforce development enabled the Health Promotion Forum to formally begin a review.

Key reasons for reviewing the Competencies include the need to reflect changes in health promotion practice and knowledge, the health sector, and the wider environment in Aotearoa New Zealand; to make sure our practice is in line with global trends; and to provide a framework and common language to strengthen the health promotion workforce.

Where are we now?

Key points in the review of the Competencies have been:

- Generic Competencies for Public Health in Aotearoa (Public Health Association of New Zealand et al., 2007)

- comparing and contrasting the Generic Competencies for Public Health and the Health Promotion Competencies 2000 – (Internal Report to the Ministry of Health, HPF 2009)
- a range of Health Promotion Forum internal reports and informal feedback.
- desk review of other professional competencies; e.g.
    1. *Core Competencies for Health Promotion Practitioners* (Australian Health Promotion Association, 2009).
    2. *Practitioner Competencies for Alcohol & Drug Workers in Aotearoa New Zealand (*Pacific Competencies Working Party. (2002).
- participation in the expert advisory group for CompHP
- consultation on the initial draft Competencies 2011 was conducted among members of Health Promotion Forum reference and advisory groups, tutors, board members and other key stakeholders late in 2010 and early 2011
- revised drafts formed the basis for a series of consultation and update meetings in Auckland, Wellington, Dunedin and Christchurch (May to June 2011). Some people were unable to attend the Christchurch meeting due to the 13 June 2011 earthquake, so second meeting was held in Christchurch
- feedback from workshops was collated and presented at the Health Promotion Forum Symposium 2011 – *Defining Professional Pathways in Health Promotion,*
- Feedback was collated, and the final draft of the Competencies was published in October 2011
- HPF has been contracted in 2012 to explore a work plan to implement the Competencies.

Our understanding of health and wellbeing, and the determinants of health is growing and changing. Competencies are important for provider organisations and health promoters to help us look forward and strengthen our ability to meet future challenges.

HPF recommends these competencies be reviewed in three years, ie 2014, to ensure they are up to date and relevant in the future.

Key considerations for the Competencies 2011

Changes in health promotion practice
Past health promotion strategies often focussed on settings approaches and lifestyle programmes. In 2011 health promotion practice increasingly reflects:

- human rights approaches
- the determinants of health and
- improving health equity.

Diversity
Health promoters come from a wide range of backgrounds, work in a variety of settings and can have very different roles. These Competencies define shared:

- values and principles
- skills
- and knowledge that are necessary in health promotion practice.

IUHPE Developments
Following the Galway Consensus Conference in Ireland, June 2008, the International Union of Health Promotion and Education (IUHPE)[2] developed pan-European competencies (CompHP) which explain

- key definitions, principles, values and nine domains of practice
- this framework is gaining acceptance as a global model.

Aotearoa New Zealand context
Since the Competencies 2000 were published, much of the context in which we practice health promotion has changed. Some of these changes include:

- the Generic Competencies for Public Health in Aotearoa New Zealand 2007 (Public Health Association of New Zealand et al., 2007)
- more Māori, Pacific and non-government health providers
- development of primary health organisations and
- structural changes in the health system that focus on community based health initiatives.

The Competencies 2011 reflect the unique context of Aotearoa New Zealand, which recognises our special relationship with Māori and Te Tiriti o Waitangi, values the diversity of all people and acknowledges 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 that provides a framework for Māori to exercise control over their health and wellbeing.

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 (Martin, 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 TUHA–NZ, the principles and intent of Article Three also requires that health promotion works towards achieving health equity for Māori.

[2] International Union for Health Promotion Education, http://www.iuhpe.org/index.html?page=5&lang=en

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

Health promotion in Aotearoa New Zealand acknowledges the rights and needs of Māori, as tangata whenua, and as one of the two partners in Te Tiriti o Waitangi. Pacific peoples have 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" (Ministry of Justice, 2000, p.7).

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

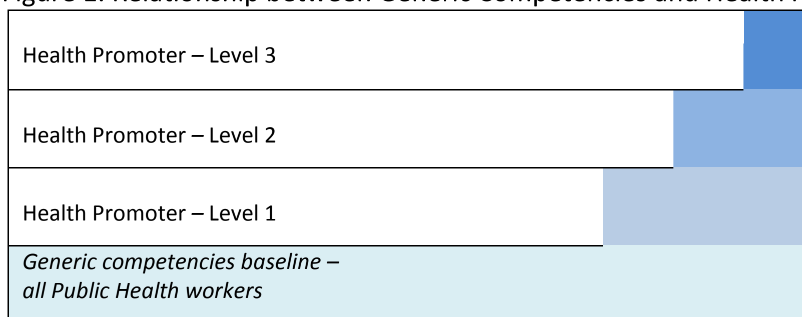
Furthermore, under the New Zealand Bill of Rights Act (1990) the perspectives and needs of other ethnic and cultural minorities must be considered.

How the health promotion and public health competencies fit

The Generic Competencies for Public Health in Aotearoa New Zealand (hereinafter referred to as the Generic Competencies) are "the **minimum baseline** set of competencies that are common to all public health roles across all public health sectors and disciplines and that are necessary for the delivery of essential public health services. They are a minimum in all areas of what **all public health practitioners** are expected to be capable of doing in order to **work effectively** in the field." (Public Health Association of New Zealand et al., 2007, p.7;)

These Health Promotion Competencies 2011 build on the Generic Competencies and describe what a person working in a health promotion role should know and be able to do.

Figure 1. Relationship between Generic Competencies and Health Promotion Competencies



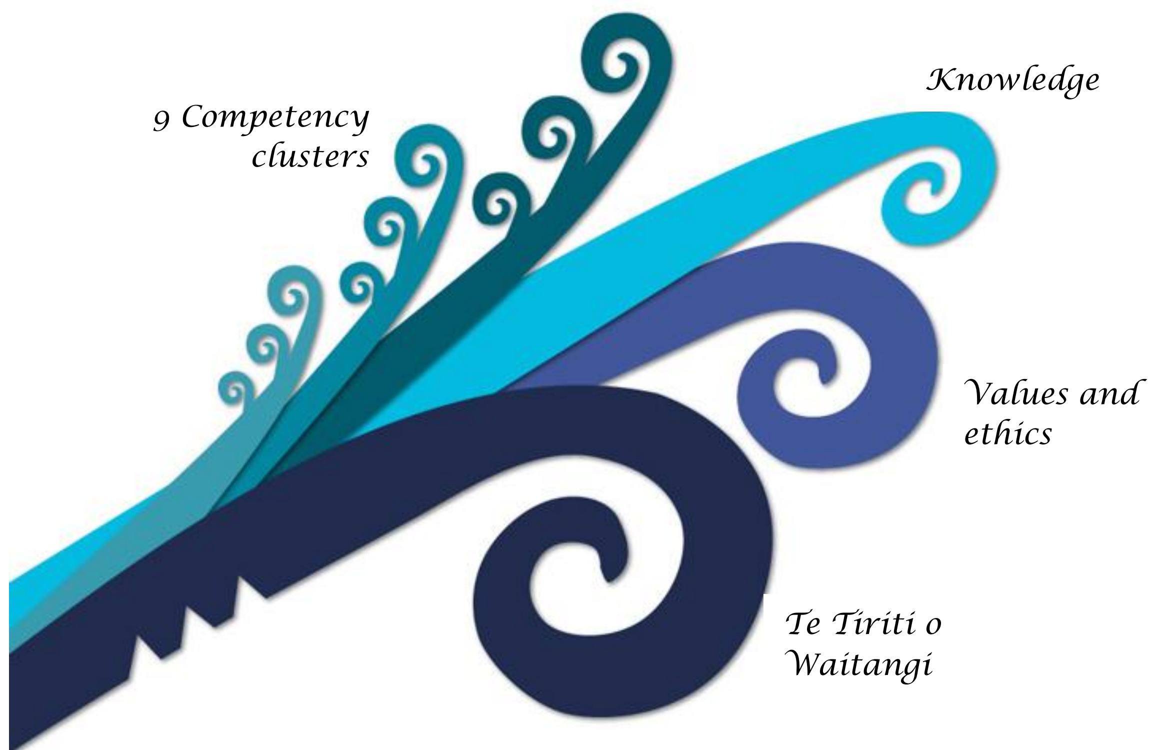
Te Takuhe i Ngā Kaiakatanga – Uses for the Competencies

This set of competencies is a tool that can be used:

- as clear guidelines for the knowledge, skills and values needed to plan, implement and evaluate health promotion action
- as the base for accountable practice and quality improvement

- to inform education, training and qualification frameworks to make sure they are relevant to practice and workplace needs
- to help employers and managers better understand health promotion roles and job descriptions
- to help in career planning and to identify professional development and training needs
- to facilitate movement across roles, organisations, and regions through the use of shared understanding, qualifications and where appropriate, accreditation and appraisal systems
- to provide a common language and shared understanding of health promotion. This will improve communication and teamwork in multidisciplinary and multisectoral initiatives and settings
- to improve recognition and validation of health promotion and the work done by health promoters.

How these competencies are made up



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 work with.

Explanation of the structure

- 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.
- The turquoise frond represents the body of knowledge.

- Nine small pitau depict the clusters of practice.
- The three wedges represent the toi huarewa, the appendages that Tāne and Tāwhaki used to ascend to the heavens to acquire knowledge.

All parts of the competencies are interdependent, interrelated and collectively complete the picture.

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 whānau, 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 everyday 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; i.e. the social, economic, political, and environmental conditions in which people live that determine their health
- empowers people and communities to increase control over and improve their health and wellbeing
- recognises the importance of the early years of life as a time when nurturing, protection and care lays the foundation for life-long wellbeing
- is committed to being beneficial and not causing harm
- is honest about what health promotion is, and what it can and cannot achieve; and
- is committed to a culture of evaluation and learning, evidence-informed practice, and the development of a well-informed, effective and sustainable workforce.

Additionally, in Aotearoa New Zealand ethical health promotion action:

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

A health promoter will demonstrate their commitment to ethical practice by acting according to the code of ethics for health promotion practice (yet to be developed[3]) in Aotearoa New Zealand.

[3] Codes of ethics are usually more detailed than this statement and set out what is acceptable behaviour for individual practitioners in some particular situations. A code of ethics is likely to be developed and sit within a professional society in the future.

Ngā Taumata Kaiakatanga – Levels of Competence

Three levels of competence are suggested as a guide and each level comprises seven components. They form a continuum from entry into the health promotion workforce to highly qualified experts.

At entry into the workforce some health promoters might be working towards level one, while others may be on journey from level to level. Some roles will fit into a single level but others will need a balance of components depending on the focus of the role. This document **identifies** and **defines** the competencies that health promoters need to work effectively. Performance measures and assessment frameworks are not included.

At Level 1 a competent Health Promoter	At Level 2 a competent Health Promoter	At Level 3 a competent Health Promoter
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 other areas and or respond to complex and unexpected challenges.
Is committed to achieving equitable health outcomes.	Demonstrates active leadership to promote Māori health and reduce health inequities.	Demonstrates advanced advocacy skills and strategic leadership to promote Māori health, reduce inequities and improve health outcomes.
May be engaged in relevant tertiary study, and/or attained a relevant diploma or degree, or recognised as having prior learning and experience.	May be engaged in relevant tertiary study, and/or attained a relevant diploma or degree, or attained a postgraduate qualification, or recognised as having prior learning and experience.	May be engaged in or attained relevant high level study (e.g. one or two postgraduate qualifications.)
Accepts 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/globally, and contributes to global networks and knowledge.

Ngā Matauranga – Knowledge Base

A pool of knowledge underpins all nine Clusters of practice and forms the base of health promotion practice. Additionally, health promoters will need technical knowledge about their specific interests or area of work.

A competent health promoter will know the following areas:

Te Tiriti o Waitangi	• The pre-eminent place of Te Tiriti o Waitangi in guiding health promotion action in Aotearoa New Zealand. • The attainment of health, with an emphasis on the retention and strengthening of Māori identity, as a foundation for the achievement of individual and collective Māori potential.
Aotearoa context	• Māori concepts, principles and practices of health and their impact on and implication for health promotion action. • Pacific concepts, principles and practices of health and their impact on and implication for health promotion action. • Understanding of cultural and social diversity.
Ottawa Charter	• The concepts, principles and values of health promotion as defined by the Ottawa Charter for Health Promotion and subsequent charters and declarations, see Appendix 2.
Health equity	• The concepts of health equity, social justice and health as a human right as the basis for health promotion action.
Ethics	• The ethical values and code of ethics/practice for health promotion in Aotearoa New Zealand.
Determinants	• The range of social, economic, political, and environmental determinants of health. • The determinants of health, impacts on and implications for health promotion action.
Prevention	• Prevention of avoidable morbidity and mortality, including prevention of communicable and non-communicable diseases.
Models	• Health promotion models, including associated integrated ways of working, and approaches which support empowerment, participation, partnership building.
Evaluation and Research	• 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	• Concepts and theories of change management and the implications for health promotion action. • The systems, including health systems and structures, policies and legislation that 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 – Competency Clusters

Each of the nine Clusters has a focus but no one Cluster stands on its own. They are all integrated and interdependent and underpinned by the pool of knowledge.

Ngā Kahui – Competency Clusters

1 Te kahui tuatahi	Whakamana - Enable
2 Te kahui tuarua	Hapahāpai - Advocate
3 Te kahui tuatoru	Kōrerorero whakapiri - Mediate
4 Te kahui tuawha	Whakawhiti whakaaro - Communicate
5 Te kahui tuarima	Whakatakina - Lead
6 Te kahui tuaono	Aro matawai - Assess
7 Te kahui tuawhitu	Whakamahere - Plan
8 Te kahui tuawaru	Whakahāngai mahi - Implement
9 Te kahui tuaiwa	Aromātai me nga mahi rangahau - Evaluate and research

In this document the terms enable, advocate and mediate are used as described in the Ottawa Charter: see Appendix 3.

1 Te kahui tuatahi Whakamana - Enable

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

A health promoter 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 sectors to influence the development of public policies that 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 Hapahāpai - Advocate

Advocate with, and on behalf, of individuals, communities and organisations to improve health and wellbeing and build capacity for health promotion action.

A health promoter 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 that 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, protocols, guidelines and procedures that impact positively on health and improve health equity.

3 Te kahui tuatoru Kōrerorero whakapiri - Mediate

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

A health promoter is able to:

3.1 Build appropriate working relationships with Māori colleagues, communities and groups.
3.2 Facilitate effective partnership working that 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   Whakawhiti whakaaro - Communicate

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

A health promoter is able to:

4.1 Use culturally appropriate methods and techniques to communicate effectively with specific groups in a range of 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 and other new media to receive and disseminate health promotion information.

5 Te kahui tuarima   Whakatakina - Lead

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

A health promoter 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. teamwork, 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   Aro matawai - Assess

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 that 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   Whakamahere - Plan

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

A health promoter 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 that support sustainable change.
7.6	Develop and communicate appropriate, realistic and measurable goals and objectives 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 Whakahāngai mahi - Implement

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

A health promoter 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 that improves health equity.
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 the capacity of the health promotion sector to respond to public health and civil defence emergencies.

9 Te kahui tuaiwa Aromātai me nga mahi rangahau - Evaluate 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 promoter 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, promote equity and empowerment.
9.6 Contribute to the development and dissemination of evaluation and research processes.

Papakupu – Glossary

See also:

World Health Organization Health Promotion Glossary (Hereinafter referred to as World Health Organization, 1998)

Māori Dictionary http://www.Māori dictionary.co.nz/ (Online version of Te Aka Māori-English, English-Māori Dictionary and Index; (Hereinafter referred to as Māori Dictionary)

The CompHP core competencies framework for health promotion handbook. www.iuhpe.org/uploaded/CompHP_Competencies_Handbook.pdf (Dempsey, Battel-Kirk, & Barry, 2011). (Hereinafter referred to as CompHP)

Māori cultural competencies for health and disability advocates. http://advocacy.hdc.org.nz/media/146523/m%C3%A4ori%20cultural%20competencies%20for%20health%20and%20disability%20advocates%20pilot%20doc.pdf (Hereinafter referred to as Health & Disability Advocacy Ngā Kaitautoko, 2006)

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. (Report of the Inter-Agency Meeting on Advocacy Strategies for Health and Development: Development Communication in Action. World Health Organization, 1998).

Such action may be taken by and/or on behalf of individuals and groups to create *living conditions* which are conducive to *health* and the achievement of healthy *lifestyles.* Advocacy is one of the three major strategies for *health promotion* and can take many forms including the use of the mass media and multi-media, direct political lobbying, and *community* mobilization through, for example, coalitions of interest around defined issues. Health professionals have a major responsibility to act as advocates for *health* at all levels in society (World Health Organization, 1998).

Ao tūroa: Light of day, world, earth, nature, ecosystem, biosphere (adapted from Māori Dictionary).

Aroha: Compassion, tenderness, sustaining love, empathy and joy (Health & Disability Advocacy Ngā Kaitautoko, 2006).

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

Awhi: To embrace, cherish, surround (Māori Dictionary).

Capability: Individual and collective knowledge, skill, experience and inherent ability which delivers required outcomes and responds to change (Health Promotion Forum).

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 organisations, and; the development of cohesiveness and partnerships for health in communities (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 (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 (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 (CompHP).

Ross Himona, in the Māori Development website http://maaori.com/develop/commwhat.html cites a statement from the Community Development Foundation (UK) that "Community development is a structured intervention that gives communities greater control over the conditions that affect their lives. This does not solve all the problems faced by a local community, but it does build up confidence to tackle such problems as effectively as any local action can. Community development works at the level of local groups and organisations rather than with individuals or families. The range of local groups and organisations representing communities at local level constitutes the community sector."

Competency: In this document competencies are descriptions of the knowledge and skills needed to perform a role as a health promoter. These competencies are what all health promoters should be able to do to work efficiently, effectively and appropriately in the field. They incorporate values, ethics, knowledge, and skills (Health Promotion Forum).

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

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

Culture: a socially inherited body of learning including knowledge, values, beliefs, customs, language, religion, art, etc (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 (gender includes male, female and transgender) (Health Promotion Forum).

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

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" (Carter-Pokras & Baquet, 2002).

Empowerment: is a process through which people gain greater control over decisions and actions affecting 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. Through such a process people see a closer correspondence between their goals in life and a sense of how to achieve them, and a relationship between their efforts and life outcomes. *Health promotion* not only encompasses actions directed at strengthening the basic *life skills* and capacities of individuals, but also at influencing underlying social and economic conditions and physical environments which impact upon *health*. In this sense *health promotion* is directed at creating the conditions which offer a better chance of there being a relationship between the efforts of individuals and groups, and subsequent *health outcomes* in the way described above. (Definition of Wellness (World Health Organization, 1998)

A distinction is made between individual and **community empowerment.** Individual empowerment refers primarily 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*, and is an important goal in *community action for health* (World Health Organization, 1998).

Enable: means taking action in *partnership* with individuals or groups to empower them, through the mobilization of human and material resources, to promote and protect their *health.*
The emphasis in this definition on *empowerment* through *partnership*, and on the mobilization of resources draws attention to the important role of health workers and other health activists acting as a catalyst for health promotion action, for example by providing access to information on health, by facilitating skills development, and supporting access to the political processes which shape public policies affecting *health* (World Health Organization, 1998).

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 (CompHP).

Health inequality refers not simply to differences in health status or outcome but to differences that are unacceptable and avoidable (Commission on Social Determinants of Health, 2008).

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 (CompHP).

Evaluation: Health promotion evaluation is an assessment of the extent to which *health promotion* actions achieve a "valued" outcome (World Health Organization, 1998).

Evidence: information that is used in making decisions (from Butcher, 1999; cited in *http://www.bestpractices-healthpromotion.com/id16.html*, Retrieved *08,12,2011*).

Hauora: is a Māori philosophy of health and well-being unique to Aotearoa New Zealand. It is a balance between interacting spiritual, mental, social, and physical dimensions (adapted from Ratima, 2010).

Hauoratanga: General wellbeing (Māori Dictionary).

Hapū: A kinship group, clan, subtribe - section of a large kinship group (Māori Dictionary)**.**

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 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 (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 (Office of the United Nations High Commissioner for Human Rights, Committee on Economic, Social and Cultural Rights, General Comment No 14). Retrieved (*09,26,2011) from http://www2.ohchr.org/english/issues/health/right/*

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 (CompHP).

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" Retrieved (*09,26,2011*) from *http://www.healthnavigator.org.nz/*

Health Promotion 1: 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 (World Health Organization, Health and Welfare Canada, & Canadian Public Health Association, 1986).

Health Promotion 2: Essential 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 (Adapted from World Health Organization et al., 1986).

Health Promoter: A health promoter is a person who works to improve health equity and promote the health and wellbeing of people and communities using the five action areas described in the Ottawa Charter.

Job titles and roles will differ and may not always contain the term 'health promotion' but these competencies are designed to be relevant to all practitioners whose main role reflects the Ottawa Charter's definition and principles of health promotion (Health Promotion Forum).

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 (Health Promotion Forum).

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 (CompHP).

Hinengaro: The mind, thought, intellect, consciousness, awareness. Psychological (Māori Dictionary).

Iwi: An extended kinship group, tribe, nation, people, nationality, race – often refers to a large group of people descended from a common ancestor (Māori Dictionary).

Kaiakatanga: From kaiaka – to be adept, proficient, skilled, able accomplished, expert, masterful practiced, skillful. Kaiakatanga reflects everything to do with these things; i.e. competency (Adapted from Māori Dictionary).

Kaupapa: topic, policy, matter for discussion, plan, scheme, proposal, agenda, subject, programme, theme (Māori Dictionary).

Kawanatanga: governance (Māori Dictionary).

Kotahitanga: Unity (Māori Dictionary).

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. (CompHP)

In the Aotearoa New Zealand context there is an emphasis on collective leadership and the collective 'taking up' of responsibility to enable change (Health Promotion Forum).

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 (Health Promotion Forum).

Mana: authority, power; secondary meaning: reputation, influence. Mana belongs to an individual and to the tribe. It is acquired through lineage, but more importantly through recognition of performance and service to others, wisdom and humility (Health & Disability Advocacy Ngā Kaitautoko, 2006).

Manaaki: To support, take care of, give hospitality to, protect, look out for (Māori Dictionary).

Manaakitanga: respect for hosts, or kindness to guests, to entertain, (Health & Disability Advocacy Ngā Kaitautoko, 2006).

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 (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 [4]Te Pae Mahutonga (Durie, 2004) and Kia Uruuru Mai a Hauora [4](Ratima, 2001).

Mihi Ratima (2010), in a paper prepared for the Health Promotion Forum 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. (Ratima, 2001)

Mauri: hidden essential life force or a symbol of this (Health & Disability Advocacy Ngā Kaitautoko, 2006).

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 promoters, including the application of skills in advocacy for health and conflict resolution (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 (CompHP).

Noa: To be free from the extensions of *tapu,* ordinary, unrestricted (Māori Dictionary).

Ngakau tapahi: Integrity (Māori Dictionary).

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 (CompHP).

Oritetanga: equality, equal opportunity (Māori Dictionary).

Pitau: Young succulent shoot of a plant, especially circinate frond of a fern. *(*Williams H. W., *A Dictionary of Māori Language*, seventh edition 2003).

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 ([5] Winnard et al., 2008).

Public Health: The science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society (Adapted from the "Acheson Report", Independent Inquiry into Inequalities in Health Report London, (1988) Retrieved (*09,26,2011*) from *http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf*

Public health is a social and political concept aimed at the improving health, prolonging life and improving the *quality of life* among whole populations through *health promotion, disease prevention* and other forms of health intervention.

The concept of **ecological public health** has also emerged in the literature. It has evolved in response to the changing nature of health issues and their interface with emerging global environmental problems. These new problems include global ecological risks such as the destruction of the ozone layer, uncontrolled and unmanageable air and water pollution, and global warming. These developments have a substantial impact on health which often elude simple models of causality and intervention.

[5] *'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

Ecological public health emphasises the common ground between achieving *health* and *sustainable development*. It focuses on the economic and environmental *determinants of health*, and on the means by which economic investment should be guided towards producing the best population *health outcomes*, greater *equity in health*, and sustainable use of resources (World Health Organization, 1998).

Rangatiratanga: Sovereignty, chieftainship, right to exercise authority, chiefly autonomy, self-determination, self-management, ownership, leadership of a social group, domain of the *rangatira,* noble birth (Māori Dictionary).

Research: a. The systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions. **b**. an endeavour to discover new or collate old facts etc by the scientific study of a subject or by a course of critical investigation (Oxford Dictionary online).

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 (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 in which health promotion action occurs include: schools, workplace, hospitals, prisons, universities, villages and cities (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 (CompHP).

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

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

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

Taiao: World, earth, environment, nature, country (Māori Dictionary)**.**

Tangata: People, men, persons, human beings (Māori Dictionary).

Tangata whenua: Local people, hosts, indigenous people of the land - people born of the whenua, i.e. of the placenta and of the land where the people's ancestors have lived and where their placenta are buried (Māori Dictionary).

Taonga: Property, goods, possessions, effects, treasure, something prized (Māori Dictionary).

Tapu: … a supernatural condition (stative) be sacred, prohibited, restricted, set apart, forbidden, under *atua* protection (Māori Dictionary).

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 (CompHP).

Tinana: Body (human or otherwise), the main part of anything (Māori Dictionary).

Tino rangatiratanga: self-determination (Māori Dictionary).

Toi huarewa: suspended way - explanations vary as to what exactly this is but it seems to refer to the way that Tāne and Tāwhaki ascended to the heavens, or sometimes the whirlwind path to the uppermost of the heavens. Some versions say that it was a spider's web hanging down from the heavens. *I whakamārama mai a nehe mā i piki ētahi mā te* ***toi huarewa*** *ki te toi o ngā rangi, arā ki tō runga rawa o ngā rangi tūhāhā (TTT 1/8/1923 wh6).* The old men and women explained that some climbed via the suspended way to the uppermost heaven, that is the highest of the spaced heavens (Māori Dictionary).

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 (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 Organization. Retrieved (*09,26,2011*) from *http://gifted.tki.org.nz/r/health/curriculum/statement/page31_e.php*

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

Wairua: spirit, soul, quintessence – spirit of a person which exists beyond death. To some, the wairua resides in the heart or mind of someone while others believe it is part of the whole person and is not located in any particular part of the body (Māori Dictionary).

Whai Oranga: seek address or move towards health and wellbeing (Māori Dictionary).

Whai wāhi: To participate, take part, have a part (Māori Dictionary).

Whakamana: To give authority to, give effect to, give prestige to, confirm, enable, authorise, legitimise, empower (Māori Dictionary).

Whakawhanaungatanga: Process of establishing relationships, relating well to others. (Māori Dictionary).

Whānau: 1. To be born, give birth. 2. Extended family, family group, a familiar term of address to a number of people – in the modern context the term is sometimes used to include friends who may not have any kinship ties to other members (Māori Dictionary).

Whānau Ora: is an inclusive approach to providing services and opportunities to families across New Zealand. It empowers families as a whole, rather than focusing separately on individual family members and their problems.

It requires multiple Government agencies to work together with families rather than separately with individual family members. Retrieved *(09,26,2011)* from
http://www.tpk.govt.nz/_documents/tpk-faqwhanauora-2010-en.pdf

Whatumanawa: seat of emotions, heart, mind (Māori Dictionary).

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

Nga Pātai – FAQs

This section attempts to answers some of the questions that are asked most often.

How will the competencies benefit the community I work with?
Competencies are a framework that identifies and defines health promotion skill and knowledge. They can be used as a guide for planning strategies and courses, developing partnerships and evaluation.

By using the competencies, health promoters will ensure they are applying the most effective approaches and focusing on the right populations. In these ways the competencies will enhance safe health promotion practice that results in healthier communities.

How will the Competencies be assessed?
The aim of these competencies is to describe and arrive at a common understanding of what competencies for health promotion should look like. The Health Promotion Forum has been contracted to develop an implementation work plan in 2012 to help the sector use the competencies. This might lead to the development of assessment criteria and or evidence guidelines.

How will the Competencies fit with the Professional Society for Health Promotion?
Work is progressing to set up a Professional Society for Health Promoters but it is too early to see exactly what this fit might be. Secretariat staff, for both projects, are working closely to ensure that both projects are compatible and do not double up; e.g. the Draft Statement of Ethical Health Promotion Practice has been jointly developed.

What will happen to the qualifications and competencies I already have?
Other health qualifications may not cover all the competencies that are specific to health promotion.

Existing training, qualifications, life experience and health promotion knowledge and experience (acquired in the field) can be acknowledged through processes such as RPL (Recognition of Prior Learning) and RCC (Recognition of Current Competencies).

I'm new to health promotion, how long will it take me to become competent?
Health Promoters who are new to the role might be working towards level one. There is no recommended timeframe but some employers may have their own requirements. People already employed in a health promotion role may need time to up-skill in some areas.

Some Health Promoters will continue to work at level one and others will choose to up-skill, gain higher qualifications and experience to progress to level two or three.

Can my manager use the competencies in my performance appraisal to block my career pathway?
Any appraisal tool can be misused or abused, but having a nationally recognised set of competencies makes this less likely.

Competencies make appraisal processes more relevant by providing a framework to select professional development goals and to gather evidence that shows progress towards these goals.

Will the competencies be linked to salary progression and promotion?

Some people have expressed the view that unless competencies are linked to remuneration and/or promotion there will be no incentive for health promoters to achieve them.

At this time different employers use different remuneration scales and systems. While the competencies offer a framework that can be applied to career pathways and salary progression, they do not link to any specific remuneration scales.

Ngā Tāpiritanga – Appendices

Appendix 1 – Te Tiriti o Waitangi

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

Both Māori and English texts can be found on the Te Puni Kōkiri website Texts of the Treaty

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Appendix 2 – 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 (Durie et al., 1982)
- Te Pae Mahutonga (Durie, 2004)
- Te Wheke (Rose Pere, 1984)
- TU-HANZ – Health Promotion Forum (Martin, 2002).

[6] 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 are useful for health promotion action are:

- Fonofale – Fuimaono Karl Pulotu-Endemann
- [7] Kakala – Konai Helu-Thaman

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[6] Adapted from *The regional Pacific model of care and mental health and addictions service framework, 2010.* Northern DHB Support Agency Ltd. Retrieved MM DD, YYYY from http://www.networknorth.org.nz/file/Resources/pacific-model-of-care-lo-res-copy.pdf

[7] *Pacific health report*, Chapter Four, Auckland Regional Health Service. Retrieved MM DD, YYYY from http://www.arphs.govt.nz/Publications_Reports/pacific_health/Chapter_Four.pdf

- Fonua – Sione Tu'itahi

Details of these models and links to more information can be found on http://hauora.co.nz/pacific-health-promotion-models.html

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Appendix 3 – 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.

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 organisation, 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 organisational 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 urbanisation – 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.

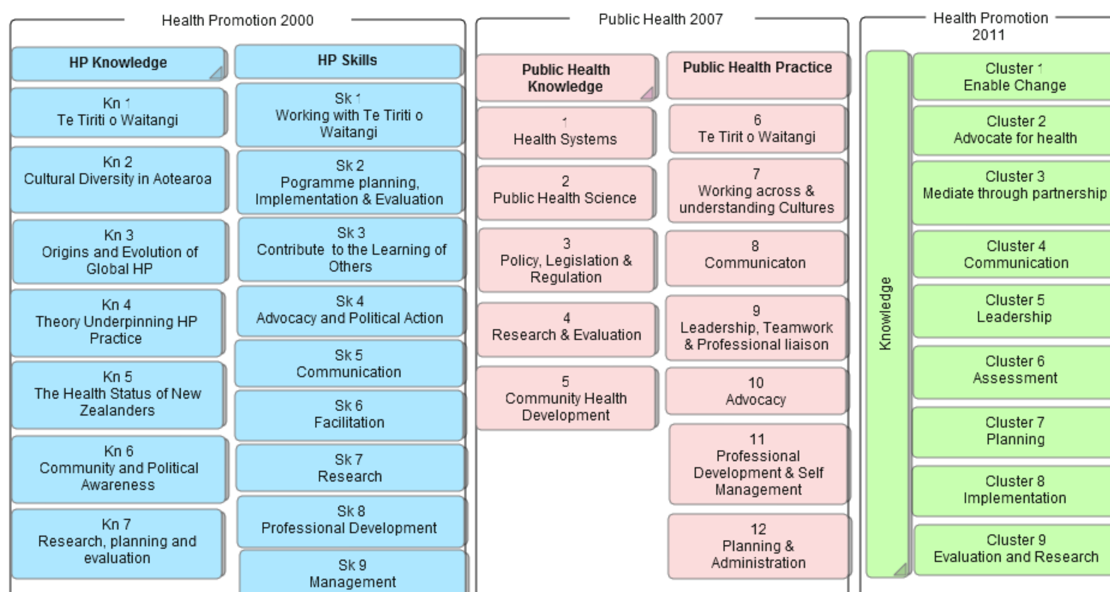
Moving into the Future

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 4 – Format of Competencies 2011

Figure 2 shows the new simple format of the Competencies 2011 in relation to Health Promotion 2000 and Generic Public Health 2007 competency sets.



Ngā Kaiakatanga Hauora mō Aotearoa Health Promotion Competencies for Aotearoa New Zealand 2000 were made up of 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.

Ngā Kaiakatanga Hauora mō Aotearoa Health Promotion Competencies for Aotearoa New Zealand

In 2011 Ngā Kaiakatanga Hauora mō Aotearoa Health Promotion Competencies for Aotearoa New Zealand are clearer. They describe nine competency clusters, which are underpinned by a single body of knowledge. All components of the clusters and knowledge are integrated and interdependent.

More details about the relationship between health promotion and public health competencies can be found on page 8: 'How the health promotion and public health competencies fit.'

Appendix 5 – Global statements and charters significant for health promotion

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
Narobi, Kenya, 26–30 October, 2009

Ngā Tohutoro – References

1. Addiction Practitioners' Association Aotearoa New Zealand. (2011). *Addiction intervention competency framework*: A competency framework for professionals specialising in problem gambling, alcohol and other drug and smoking cessation intervention. Wellington: dapaanz. Retrieved (*07,23,2011*) from www.dapaanz.org.nz/site/files/pdf/addiction_competency_may_2011.pdf

2. Australian Health Promotion Association. (2009, April 29). *Core competencies for health promotion practitioners* Retrieved (*01,28,2011*) from http://www.healthpromotion.org.au/issues/91?task=view

3. Canadian Public Health Association. (1996, July). *Action statement for health promotion in Canada.* Retrieved (*11,19,2010*) from http://www.cpha.ca/en/programs/policy/action.aspx

4. Carter-Pokras, O., & Baquet, C. (2002). What is a health disparity? *Public Health Reports*, 117, 426–434, September–October 2002. Retrieved (*04,28,2011*) from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497467/pdf/12500958.pdf

5. Commission on Social Determinants of Health. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health.* Final report of the Commission on Social Determinants of Health. World Health Organisation. WHO Retrieved *(01,28,2011)* from http://www.who.int/social_determinants/thecommission/finalreport/en/index.html

6. Dempsey, C., Battel-Kirk, B., & Barry, M. M. (2011, February). *The CompHP core competencies framework for health promotion handbook.* Health Promotion Research Centre, National University of Ireland Galway. Retrieved *(03,03,2011)* from www.iuhpe.org/uploaded/CompHP_Competencies_Handbook.pdf

7. Douglas, F. (2008). Health promotion: Principles, values and definitions [Graphs]. Department of Public Health, University of Aberdeen. Retrieved *(02,03,2011)* from http://www.scribd.com/doc/39123952/Health-Promotion-Principles-Values

8. Durie, M. (2004). *An indigenous model of health promotion,* 18th World Conference on Health Promotion and Health Education, Massey University, New Zealand. Retrieved *(11,19,2010)* from http://www.hpforum.org.nz/symposium_2010/docs/hpfram/Te%20Pae%20Mahutonga%20IUHPE%202004.pdf

9. Durie, M. (2011) *A Decade Two Framework For Considering the Practice of Health Promotion* Nga Ara Tohungatanga o te Hauora Defining Professional Pathways in Health Promotion, Health Promotion Forum Symposium, Auckland, New Zealand, Retrieved (*08,29,2011*) http://www.hpforum.org.nz/assets/files/Symposia/Health%20Promotion%20Forum%20%202011%20Durie.pdf

10. Health & Disability Advocacy Ngā Kaitautoko. (2006, February). *Māori cultural competencies for health and disability advocates.* Retrieved *(11,19,2010*) from http://advocacy.hdc.org.nz/media/146523/m%C3%A4ori%20cultural%20competencies%20for%20health%20and%20disability%20advocates%20pilot%20doc.pdf

11. Health Promotion Forum of New Zealand. (2000). *Ngā Kaiakatanga Hauora mō Aotearoa Health Promotion Competencies for Aotearoa New Zealand* Retrieved (*08,29,2011*) from http://hpforum.org.nz/resources/HPCompetenciesforAotearoaNZ.pdf

12. Health Research Council Te Kaunihera Rangahau Hauora o Aotearoa. (2005). *Pacific research framework.* Retrieved *(02,03,2011)* from http://www.hrc.govt.nz/news-and-publications/publications/pacific

13. Kickbusch, I. (2010). *Triggering debate – White paper, the food system.* Health Promotion Switzerland. Retrieved *(05,28,2011)* from http://graduateinstitute.ch/webdav/site/globalhealth/shared/1894/White%20Paper%20-%20The%20Food%20System.pdf

14. Martin, H. (2002). *TUHA–NZ: A Treaty understanding of hauora in Aotearoa New Zealand*. Auckland: Health Promotion Forum of New Zealand. Retrieved *(11,19,2010*) from http://www.hpforum.org.nz/resources/Tuhanzpdf.pdf

15. Ministry of Health and District Health Boards New Zealand Workforce Group. (2007). *A Career framework for the health workforce in New Zealand.* Wellington: Ministry of Health. Retrieved *(08,29,2011)* from http://www.moh.govt.nz/moh.nsf/indexmh/workforce-career-framework-consultation-jun07

16. Ministry of Justice. (2000). Pacific peoples' constitutional report. Retrieved (*11,19,2010*) from http://www.justice.govt.nz/publications/publications-archived/2000/pacific-peoples-constitution-report-september-2000/publication

17. New Zealand College of Public Health. (2008). *New Zealand College of Public Health Medicine competencies. 2008–11 Version 2.* Retrieved *(05,28,2011)* from http://www.populationhealth.org.nz/media/68442/nzcphm%20competencies%20-%20version%202%202009.pdf

18. Public Health Association of New Zealand, developed in association with Health Promotion Forum of New Zealand, Māori Community Health Workers, New Zealand Institute of Environmental Health, Public Health Nurses Section of New Zealand Nurses Organisation. (2007, March). *Generic competencies for public health in Aotearoa New Zealand*. Retrieved (*05,28,2011*) from http://www.pha.org.nz/documents/GenericCompetenciesforPublicHealthMarch2007.pdf

19. Pacific Competencies Working Party. (2002). *Practitioner competencies for Pacific alcohol & drug workers working with Pacific clients in Aotearoa New Zealand.* Alcohol Advisory Council of New Zealand Kaunihera Whakatupato Waipiro o Aotearoa. Retrieved *(05,28,2011)* from http://www.dapaanz.org.nz/pdf/Alcohol%20and%20Drug%20Practitioner%20Competencies.pdf

20. Alcohol and Drug Treatment Workforce Development Advisory Group. (2001). *Practitioner competencies for alcohol & drug workers in Aotearoa New Zealand. Wellington: Alcohol Advisory Council of New Zealand (ALAC Occasional Publication: No. 13).* Retrieved *(05,28,2011)* from http://www.dapaanz.org.nz/pdf/Alcohol%20and%20Drug%20Practitioner%20Competencies.pdf

21. Physiotherapy Board of New Zealand. (2010). *Proposed statement on cultural competence 2010-10-22*. Retrieved *(07,19,2011)* from http://www.physiotherapy.org.nz/Story;jsessionid=6B15721918855A1F572C6035B4D7B647?Action=View&Story_id=1834

22. Ratima, M. (2001). *Kia uruuru mai a hauora: being healthy, being Māori : conceptualising Māori health promotion.* PhD thesis, University of Otago. Dunedin: University of Otago, Department of Public Health. Retrieved (*02,03,2011*) from http://adt.otago.ac.nz/public/adt-NZDU20070508.152546/index.html

23. Ratima, M. M. (2010). *Māori health promotion – a comprehensive definition and strategic considerations*. Health Promotion Forum Retrieved *(11,03,2010)* from http://www.hpforum.org.nz/assets/files/Māori /Strategic%20Issues%20in%20Māori%20Health%20Promotion%20-%20Ratima%202010.pdf

24. Reid, P., & Robson, B. (2006). *State of the Māori nation: Twenty-first century issues in Aotearoa. Chapter 1: The state of Māori health.* Retrieved (*11,03,2010*) http://www.hauora.maori.nz/downloads/hauora_chapter01_web.pdf

25. Te Aka Māori-English, English-Māori Dictionary and Index (online version). Retrieved *(07,23,2011)* from http://www.Māori dictionary.co.nz/

26. Pere, R. R., (1984), 'Te Oranga o te Whānau: The Health of the Family' in *Hui Whakaoranga: Māori Health Planning Workshop*, Department of Health, Wellington. Retrieved (23,07,2011) from http://www.moh.govt.nz/moh.nsf/0/0cb1cb233b56231bcc256e300008beb2/$FILE/Appendix4-References.pdf

27. World Health Organization, Health and Welfare Canada, & Canadian Public Health Association. (1986). *Ottawa Charter for health promotion.* Ottawa: World Health Organization, Health and Welfare Canada, & Canadian Public Health Association. Retrieved *(11,03,2010)* from http://www.who.int/healthpromotion/conferences/previous/ottawa/en/

28. World Health Organization. (1998). *Health promotion glossary*. Geneva: World Health Organization. Retrieved (*08,12,2011*) from *http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf*

29. World Health Organization. (2007). *New terms for the health promotion glossary*. Geneva: World Health Organization. Retrieved *(08,12,2011*) from http://www.who.int/healthpromotion/about/HPG/en/

30. World Vision. (n.d.). *Introducing the use of competencies.* World Vision Integrated Competency Development. Retrieved *(02,03,2011*) from http://www.transformational-development.org/ministry/transdev2.nsf/Using%20Competencies.pdf

For Your Notes…

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