

A Guide to Developing Health Promotion Programmes in Primary Health Care Settings

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MANATŪ HAUORA

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This is a 'working document' to be used for discussion around developing health promotion programmes in primary health care settings.

It is the third document of three written to assist public health and primary care providers work more closely together and with the community on population based programmes. The two other documents are:

- *A Bird's Eye View of Public Health*
- *Public Health in a Primary Health Care Setting.*

These may be accessed from the Ministry of Health website: www.moh.govt.nz/primaryhealthcare.

Further comments may be directed to Public Health Directorate Ministry of Health locality managers based in Auckland, Hamilton, Wellington and Dunedin.

Contents

Executive Summary	v
Introduction	1
How to Develop a Health Promotion Programme	3
Background Information to Assist with Programme Development	5
Health promotion principles	5
Treaty of Waitangi	5
Health promotion planning	6
A co-ordinated and collaborative approach	7
Health promotion action	8
Summary	10
Glossary	11
References	20
Appendices	
Appendix One: Health Promotion Planning Approaches	12
Appendix Two: District Health Board Strategic Priorities	15
Appendix Three: Some Health Promotion Provider Organisations	17
Appendix Four: Example of a Health Promotion Programme	18
Figures	
Figure 1: Activities used to improve individual and population health	9
Figure 2: Intervention framework to improve health and reduce inequalities	14

Executive Summary

Health promotion is a fundamental aspect of the Primary Health Care Strategy (Minister of Health 2001) and will contribute to a population health focus in primary care.

Developing a health promotion programme is a skilled task and should be undertaken by those with health promotion competencies and experience.

This guide will assist Primary Health Organisations (PHOs), working with communities and public health service providers, to develop health promotion programmes. District Health Boards (DHBs) can use it to assist in their assessment of PHO health promotion programmes.

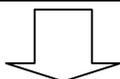
PHO health promotion programmes should demonstrate:

- the principles of health promotion practice based on a recognised health promotion planning approach
- how they will work together with local iwi, hapū, whānau and Māori communities to develop appropriate health promotion programmes for Māori health gain
- how they will involve Māori at all levels in the decision-making, planning, development and delivery of health promotion programmes in primary health care settings
- how they will link with Pacific communities in planning, development and delivery of health promotion programmes in primary health care settings
- how they will influence the wider determinants of health and identify ways of strengthening protective factors, reducing risk factors and reducing inequalities in health
- partnership with affected communities in decisions about health promotion priorities, design, actions and evaluation
- collaboration with existing health promotion providers to build on existing programmes and services
- how they align with local, regional and national strategic goals and priorities
- how they will ensure the quality of health promotion services.

Steps for PHO health promotion programme development

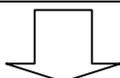
Identify health issue(s)

- What** Health issues amenable to health promotion programmes
- With** Community, iwi Māori, Pacific, public health providers, DHBs
- Based on**
- Health needs analysis (DHBs)
 - Local, regional, national strategic priorities



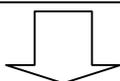
Prioritise health issues

- What** Decide on the most important/pressing issue(s)
- With** Community, iwi Māori, Pacific, health promotion advisors, DHBs
- Based on**
- Local information from above
 - Other local, regional and national programmes



Develop health promotion programmes

- What** What health promotion activities will be done to address the issue(s)?
- With** Community, iwi Māori, Pacific, health promotion advisors, DHBs
- Based on**
- *A Guide to Developing Health Promotion Programmes in Primary Health Care Settings*
 - Evidence-based practice
 - Workforce capability and capacity



Funding for Implementation of Health Promotion Programmes

- What** Health promotion funding entitlement is described in the PHO agreement
- With** District Health Boards
- Based on**
- PHOs developing a good quality health promotion programme

Suggested basis for developing and assessing PHO health promotion programmes

The programme should demonstrate that:

- health promotion does not happen in isolation and takes a long-term view
- it is part of the overall public health/health promotion picture
- it is not funded from any other sources
- its intended scope with an appropriate level of detailed description

by asking:

1. what is the rationale for this programme?
 - a. population health need as demonstrated by DHB health needs assessment
 - b. community involvement in identifying priority health issues and health needs
 - c. evidence base for intervention in a primary health care setting
2. what is planned?
 - a. community involvement in developing strategies and implementing them
 - b. the range of interventions proposed and their suitability for a primary health care setting
 - c. build on existing programmes and link to other health promotion providers in the region
3. how realistic is this?
 - a. how this fits with other PHO (internal) services
 - b. workforce capacity and capability issues.

Introduction

Effective co-ordination of primary care beyond treatment and prevention services to include comprehensive disease prevention and health promotion is central to the success of the Primary Health Care Strategy. To achieve effective health promotion in a PHO, public health and primary care practitioners will need to work together.

The purpose of this guide is to assist PHOs and DHBs develop, assess and deliver health promotion programmes aimed at improving the health status of the population and reducing health inequalities. These programmes should be:

- based on the principles of health promotion practice
- integrated with national regional and local health promotion programmes
- built on existing programmes and implemented in collaboration with existing providers
- sustainable for the PHO.

This guide describes the key steps to developing a health promotion programme followed by background information on the principles, planning approaches and actions that are used in everyday health promotion practice.

PHOs are not expected to do all of health promotion in their community. The current health promotion programmes will continue to be delivered by public health units and non-government organisations (NGOs). This is an opportunity to contribute to existing health promotion programmes in ways that specifically meet the identified needs of communities and are suitable for delivery in a primary care setting. Two further issues to consider are:

- **Size of PHO:** PHOs will need to decide how best to use their health promotion funding currently set at a minimum \$2 (GST inclusive) per enrolled person. Instead of developing and implementing their own health promotion programmes it may be more effective and more realistic for PHOs to:
 - work with communities and iwi to ‘add value’ to existing health promotion activities addressing their priorities for health gain
 - implement health promotion plans jointly with communities and other PHOs
 - contract with health promotion networks or other health promotion service providers to do the work
 - work with public health service providers to deliver some of an existing programme where primary care is a good setting for this.

A PHO with a large enrolled population may have an advantage with ‘economy of scale’ and might choose to have several health promotion programmes reflecting diverse communities. On the other hand a PHO with a small enrolled population and therefore a more defined community of interest might choose an option from above.

- **Workforce capacity and capability:** To achieve the population health focus of the Primary Health Care Strategy, sufficient numbers of a suitably trained workforce will be required for a variety of activities. The PHO will need to ensure it has access to the skilled workforce required to develop and implement health promotion programmes.

Appendix Three lists some health promotion provider organisations.

How to Develop a Health Promotion Programme

Health promotion programmes are a co-ordinated group of activities directed towards achieving defined objectives and targets, delivered by a wide range of organisations and health professionals. They are based on the wider determinants of health and aim to reduce the negative impact of these determinants on health and health inequalities.

Developing a health promotion programme involves identifying and prioritising health issues and needs, deciding on ways to address them and committing support and resources for quality health promotion action. It is an inclusive and participatory process involving the community of interest in determining action. An example is shown in Appendix Four.

It should include:

- **Rationale:** Why is the particular programme needed? Consider:
 - special factors in the community or region that make particular problems or issues significant
 - information and statistics specific to the region that support the emphasis on the issue
 - the potential for health gain for each priority area
 - how the programme will reduce health inequalities.
- **Population group:** Who are the affected population and how will they be involved in the process?
- **Programme description:** What will the programme do?
 - **Goal:** Describe the aim over a specific timeframe. Identify the consultation process followed in reaching this aim.
 - **Objectives:** These should be specific, measurable, achievable, realistic and time-limited.
 - **Strategies:**
 - *Actions* (eg, plan including consultation and joint planning, develop relationships, arrange, implement, conduct, participate, assist, deliver, evaluate and complete).
 - The *range of activities* and resources to be used (eg, policies, programmes, hui, meetings, submissions).
 - *Setting or population group:* settings include schools, kohanga reo, workplace, while population groups include preschool children, Māori, women, communities and neighbourhoods.

There may be a number of activities for each part of the programme or conversely, activities will sometimes address components of other programmes (Ministry of Health 2000).

- **Making a difference:**
 - Identify what you hope to influence from the programme.
 - There will be a variety of inputs, processes, outputs and outcomes.
 - These could include quantitative measures and milestones and qualitative measures such as participatory mechanisms for including communities and their feedback.
- **Linkages:** Health promotion programmes are activities based on collaboration and co-operation with other sectors and providers. PHOs will need to be aware of and co-ordinate linkages with:
 - existing national regional and local health promotion programmes and providers
 - future programmes (eg, proposed planning around immunisation, screening and meningococcal vaccination programme)
 - primary care activity already funded through existing streams.
- **Review and evaluation:** A process of reviewing and evaluating all aspects of the programme is needed.
- **Resources:** Identify all resources required including subcontracting arrangements, workforce requirements and funding.

Background Information to Assist with Programme Development

Health promotion principles

These health promotion principles are based on concepts from social models of health and key priorities identified from national and international health promotion documents (adapted from Victorian Government Department of Human Services 2000):

1. **Address the wider determinants of health:** Health is influenced by more than genetics, individual lifestyles and the provision of health care. Socioeconomic, cultural and environmental factors are also critical.
2. **Base activities on the best available data and evidence,** both with respect to the need for intervention in a particular area and the likely effectiveness of the interventions chosen.
3. **Act to reduce inequalities in health:** Aim to ensure every individual, family and community group has the opportunity to benefit from living, learning and working in a health-supporting environment.
4. **Ensure active consumer and community participation:** Encourage people to identify and positively respond to events, services and environments affecting their health.
5. **Empower individuals** to understand and address the impact of their environments and their health compromising behaviours.
6. **Explicitly consider difference in gender and culture** as both lie at the heart of the way in which health beliefs and behaviours are developed and transmitted.
7. **Facilitate intersectoral co-operation:** While programmes may be initiated by the health sector, partnerships must be actively sought with organisations that may not have an explicit health focus.

PHOs can apply these principles when developing health promotion programmes.

Treaty of Waitangi

The Treaty of Waitangi is the founding document of New Zealand and describes the special relationship between Māori and the Crown. As providers of health services on behalf of the Crown, PHOs have an obligation to ensure Māori in their community are included in developing and delivering appropriate health services designed to improve health status and reduce health inequalities.

All health promotion should be based on the principles of the Treaty of Waitangi – partnership, participation and protection described in more detail in *He Korowai Oranga* (Minister of Health and Associate Minister of Health 2002a).

- **Partnership:** working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

- **Participation:** involving Māori at all levels of the sector in decision making, planning, development and delivery of health and disability services.
- **Protection:** working to ensure that Māori have at least the same level of health as non-Māori and safeguarding Māori cultural concepts, values and practices.

Health promotion planning

Health promotion is the process of planning, implementing and evaluating activities that promote health and wellbeing in communities. It is an inclusive and participatory activity. People who work in health promotion come from a variety of backgrounds and work in many different settings. Their work is generally based on a particular philosophy or model as described briefly in this section and explained in more detail in Appendix One.

The Ottawa Charter

This internationally recognised model is the one used most frequently by health promotion workers. It describes health promotion as (World Health Organization 1986): ‘the process of enabling people to increase control over and improve their health’.

The Ottawa Charter identifies fundamental prerequisites for health and describes five action areas for health promotion as:

- building healthy public policy
- reorienting health services
- strengthening community action
- creating supportive environments
- developing personal skills.

It also states: ‘Health professionals – especially those in primary care – have an important role to play in nurturing health promotion and enabling it to happen’.

Reducing inequalities in health

Achieving this is central to the overall vision of the New Zealand Health Strategy and the Primary Health Care Strategy. Reducing inequalities in health is important because they are unfair, avoidable and affect everyone. There are cost effective interventions to reduce health inequalities (Woodward and Kawachi 2000).

Strategies to reduce health inequalities can be considered at these four levels and are described in more detail in Appendix One:

- Structural.
- Intermediary pathways.
- Health and disability services.
- Impact.

Te Pae Mahutonga

This model has been developed specifically for Māori health promotion and is based on the Southern Cross. The four central stars represent the key tasks of health promotion as it relates to Māori health (Durie 1994):

- Access to te ao Māori – Mauriora (promotes secure cultural identity).
- Environmental protection – Waiora.
- Healthy lifestyles – Toiora.
- Participation in society – Te Oranga.

The two pointers represent:

- Nga Manukura (leadership)
- Te Mana Whakahaere (autonomy).

Pacific communities

A nationally-consistent approach to health promotion work in Pacific communities is in the process of being developed. The Pacific Health and Disability Action Plan sets out the direction for Pacific Health (Minister of Health 2002).

A co-ordinated and collaborative approach

Co-operative and co-ordinated efforts between PHOs and existing health promotion networks and groups have the potential to:

- increase the effectiveness of initiatives to reduce the burden of disease in communities
- minimise duplication and fragmentation
- create sustainable health promotion programmes.

To improve population health and strengthen collaboration across the sector PHO health promotion programmes should also be aligned with desired health outcomes identified in these documents described in more detail in Appendix Two:

- District Health Board strategic priorities.
- New Zealand Health Strategy (Minister of Health 2000).
- He Korowai Oranga – Māori Health Strategy and its implementation plan Whakatataka: Māori Health Action Plan 2002–2005 (Minister of Health and Associate Minister of Health 2002b).
- Pacific Health and Disability Action Plan (Minister of Health 2000).
- Achieving Health for all People – the public health action plan (Ministry of Health 2002b).
- Public Health Services Handbook (Ministry of Health 2000).

PHO health promotion programmes will be based on health needs identified in consultation with the community served and agreed with the DHB. They will be most

effective and sustainable when they build on existing activities in collaboration with existing networks and groups already providing health promotion services.

Health promotion action

Primary care successfully delivers health education and assistance/motivation for individual behaviour change. Including the wider concepts of health promotion into PHOs and primary care settings will enhance the population focus of PHOs. Around the world, health care systems are increasing the emphasis on health promotion and disease prevention (World Health Organization 2002).

Examples of existing health promotion programmes include:

- health promoting schools/kura waiora promotes health and wellbeing in the school setting. It is setting-based rather than issue-based with priorities identified by the school community. Guidelines have been developed on hearing preservation, food and nutrition, mental health and smokefree environments
- healthy cities programmes where local city councils facilitate and support community health initiatives
- the Pacific Garden Programme started with preschool children growing vegetables or flowers. This quickly expanded to families achieving awareness around nutrition and increased exercise.

Examples of possible health promotion activities in a PHO setting include:

- early interventions to reduce alcohol and drug dependence
- contributing to a community coalition working to get speed humps and other traffic calming measures in a neighbourhood where many patients live
- developing a petition asking for a local bar to be made smokefree
- sponsoring and promoting a 'walk for life' regular walking programme
- organising an exercise session for 'fit fatties' and have staff available during the programme
- preparing and presenting a submission to the regional council calling for the retention/introduction of a fluoridated water supply
- mental health promotion programmes and programmes to reduce stigma and discrimination.

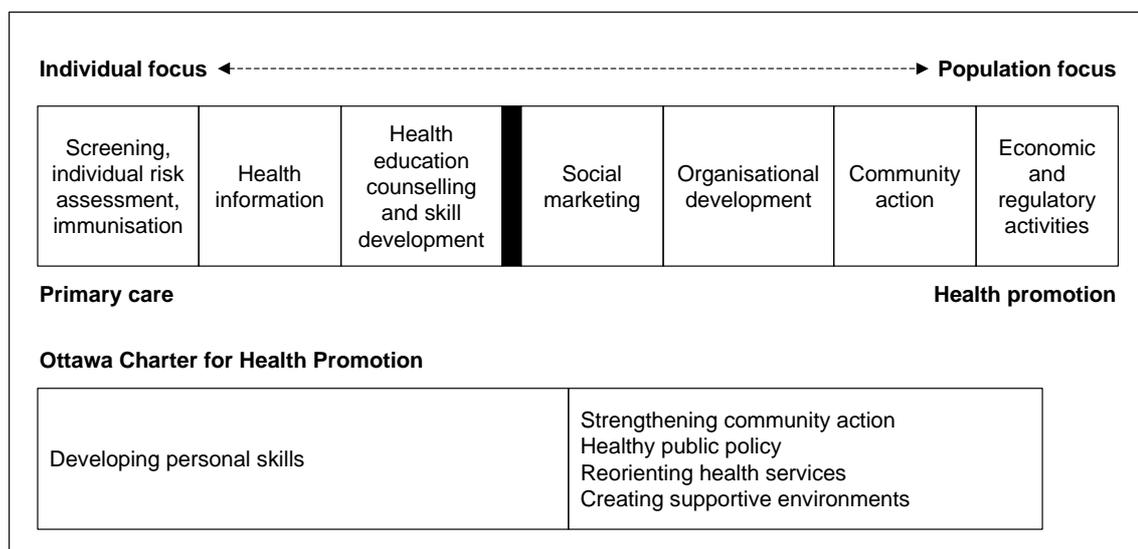
Successful health promotion takes place at a number of levels as illustrated by this multilevel approach to mental health promotion.

- **National:**
 - Government policy and funding initiatives (eg, the Mason enquiry) – *building healthy public policy*
 - Development of Mental Health Promotion Strategy – *reorienting health services*

- National awareness programmes (eg, media advertising around stigma and discrimination associated with mental illness) – *creating supportive environments*.
- **Regional:**
 - Regional programmes (eg, health promoting schools) – *strengthening community action*.
- **Local:**
 - Community programmes (eg, parenting courses or youth support groups) – *developing personal skills*.

Figure 1 illustrates a range of activities used to improve individual and population health. It shows the settings and providers associated with them and how they fit with the Ottawa Charter. These activities can be combined as elements of a whole programme but may be delivered by different providers in a range of settings. All are needed to improve health outcomes.

Figure 1: Activities used to improve individual and population health



Adapted from: Victorian Government Department of Human Services 2000

In developing their health promotion programmes PHOs will need to decide the range of activities that best fit the issues to be addressed and population groups involved. They are ideally based on interventions that have been evaluated and shown to be effective for the outcomes sought and acceptable for the local community. If the programme is not based on previously evaluated programmes, they should be evaluated to demonstrate its effectiveness.

Summary

Health promotion is a fundamental aspect of the Primary Health Care Strategy and primary health organisations will be expected to actively engage in health promotion with their communities. Giving greater emphasis to comprehensive disease prevention and health promotion alongside treatment services brings a stronger population health focus to primary care and contributes to reducing health inequalities and improving health outcomes.

Working with communities and whānau groups to actively address health issues and structural factors impacting on health in an empowering way is the essence of health promotion. It takes time and skill but is a satisfying addition to the historical work undertaken in primary care.

In broad terms developing a PHO health promotion plan involves problem definition, solution generation and committing support and resources for quality health promotion action.

This guide describes the fundamental concepts underlying health promotion principles and practice to assist PHOs and DHBs with developing and assessing health programmes.

Glossary¹

Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.
Health education	Providing information and teaching people how to behave safely and in a manner that promotes and maintains their health.
Health promotion	The process of enabling people to increase control over, and to improve, their health. It is a comprehensive social and political process.
Population health	The health of groups, families and communities. Populations may be defined by locality, biological criteria such as age, gender, social criteria such as socioeconomic status, or cultural criteria such as whānau.
Primary health care	Primary health care means essential health care based on practical, scientifically sound, culturally-appropriate and socially-acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to, and a central function of, the country's health system, and is the first level of contact with the health system.
Programme	A programme is a group of activities directed towards achieving defined objectives and targets.
Public health	The science and art of promoting health, preventing disease and prolonging life through organised efforts of society.
Public health approaches	The goals of public health are to focus on the determinants of health, build strategic alliances and implement comprehensive programmes to promote public health.
Public health services	Goods, services or facilities provided for the purpose of improving or promoting public health.
Te Pae Mahutonga	A framework for Māori health promotion based on the Southern Cross – four central stars and two pointers.

¹ These definitions are from the New Zealand Health Strategy (Minister of Health 2000).

Appendix One:

Health Promotion Planning Approaches

Ottawa Charter of Health Promotion

The Ottawa Charter is an international model on which health promotion planning is based and defines health promotion as:

'the process of enabling people to increase control over and improve their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to realise aspirations, to satisfy needs and to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy lifestyles to wellbeing' (World Health Organization 1986).

The Ottawa Charter groups health promotion action into five areas:

- Building healthy public policy.
- Creating supportive environments for health.
- Strengthening community action.
- Reorienting health services.
- Developing personal skills.

Improving the health of individuals and populations requires more than just providing health services. The prerequisites for health include peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.

Other strategies used in this model are advocacy, enabling and mediation.

A Treaty perspective for each action area in the Ottawa Charter has been developed by Ropiha (1993) and Messiter (1995) and is described in brackets:

- Building healthy public policy (Māori health has top priority for the highest political levels).
- Creating supportive environments for health (recognising and acting on Māori health concepts and practices).
- Strengthening community action (iwi Māori having control over their own health and being supported in this through the equitable access to health resources and the health dollar).
- Reorienting health services (health services for iwi Māori by iwi Māori).
- Developing personal skills (facilitating empowerment through equitable access to training and education).

Reducing health inequalities and the wider determinants of health

Improving health and reducing inequalities in health are the two major goals of the New Zealand Health Strategy. Significant inequalities in health exist among different groups of New Zealanders. For example, Māori, Pacific peoples and people from lower socioeconomic groups have worse health and die younger than other New Zealanders. The reasons for health inequalities are complex and generally beyond the control of the groups most affected (Ministry of Health 2002a). Addressing the social, cultural and environmental aspects that affect health is as important as the biological and medical factors.

The wider determinants of health underlie many health inequalities. They include:

- age, sex and hereditary factors
- individual lifestyle factors
- social and community influences
- living and working conditions
- gender and culture
- general socioeconomic and environmental conditions.

Effective health promotion addresses the determinants of health, not just the presenting problem. This may include advocacy on behalf of the enrolled population for such things as housing, transport, safe walkways, employment and so on.

Inequalities in health exist throughout life across several dimensions, including:

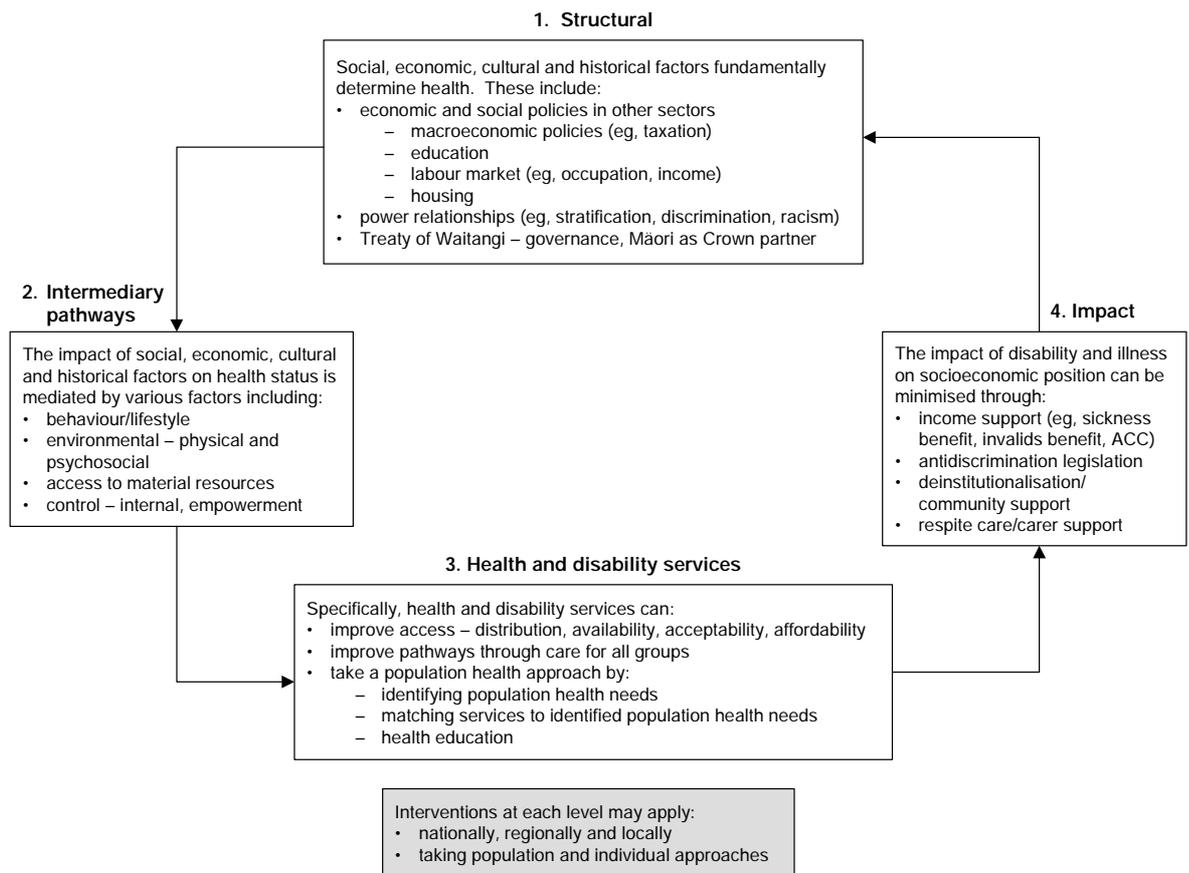
- socioeconomic status
- ethnic identity
- geographic place of residence
- gender.

A framework for intervention has been developed that should be undertaken nationally, regionally and locally involving comprehensive strategies at these four levels:

- **Structural:** tackling the root causes of health inequalities, that is the social, economic and cultural and historical factors that fundamentally determine health.
- **Intermediary pathways:** targeting material, psychosocial and behavioural factors that mediate the impact of structural factors on health.
- **Health and disability services:** undertaking specific actions within the health and disability services.
- **Impact:** minimising the impact of disability and illness on socioeconomic position.

Everyone, including the wider social sector, has a responsibility to take action on reducing health inequalities (Ministry of Health 2002a).

Figure 2: Intervention framework to improve health and reduce inequalities



Appendix Two: District Health Board Strategic Priorities

The strategic plan for each DHB identifies local priorities and should be referred to when PHOs develop health promotion programmes. Many national priority areas have been incorporated in some way into DHB strategic plans. Public health units will have details of this work.

The New Zealand Health Strategy

The 13 priority objectives are:

- smoking
- nutrition
- obesity
- physical activity
- suicide
- alcohol and other drugs
- cancer
- cardiovascular disease
- diabetes
- oral health
- violence
- mental illness
- child health.

Toolkits have been developed for each of these priority areas identifying possible health promotion actions. They can be accessed on the Ministry of Health website (<http://www.newhealth.govt.nz/toolkits/about/toolkits.htm>).

He Korowai Oranga – Māori Health Strategy

The overall aim of He Korowai Oranga is whānau ora: Māori families supported to achieve their maximum health and wellbeing.

‘He Korowai Oranga asks the health and disability sectors to recognise the interdependence of people, that health and wellbeing are influenced and affected by the ‘collective’ as well as the individual and the importance of working with people in their social contexts not just with their physical systems’ (Minister of Health and Associate Minister of Health 2002a).

Māori holistic models and wellness approaches to health and wellbeing are strongly supported.

Whakataka: Māori Health Action Plan 2002–2005 is the implementation plan for He Korowai Oranga (Minister of Health and Associate Minister of Health 2002b).

Pacific Health and Disability Action Plan

Pacific health gain priority areas are (Minister of Health 2002):

- child and youth health
- promoting healthy lifestyles and wellbeing
- primary health care and preventive services
- provider and workforce development
- promoting participation of disabled Pacific peoples
- health and disability information and research.

Achieving Health for All People – the public health action framework

The five public health objectives are (Ministry of Health 2002b):

- build strong public health leadership at all levels and across all sectors
- encourage effective public health action across the whole of the health sector
- promote healthy communities and environments
- make better use of research and evaluation in developing public health policy and practice
- achieve measurable progress on public health outcomes.

Public Health Services Handbook

The *Public Health Services Handbook* has programmes grouped under the following headings. All have a population health focus, and some are specifically health promotion programmes (Ministry of Health 2000):

- Physical environment.
- Food safety and quality.
- Communicable diseases.
- Social environments.
- Well child.
- Non-communicable diseases (including screening and immunisation).
- Prevention of alcohol and other drug related harm.
- Tobacco control.
- Nutrition and physical activity.
- Sexual health.
- Mental health promotion.
- Injury prevention.
- Public health infrastructure.

Appendix Three: Some Health Promotion Provider Organisations

1. **Health Promotion Forum**
PO Box 99 064
Newmarket
Auckland
Ph (09) 520 3714
www.hpforum.org.nz
2. **Te Waipounamu Health Promotion Coalition**
26 Ranzau Road
Hope
Nelson
Ph (03) 544 6840
www.twhpc.org.nz
3. **Non-government organisations (NGOs).** There are over 200 NGO providers of public health services. Most focus on one particular health issue (eg, national providers such as the National Heart Foundation and the NZ Aids Foundation). Other providers develop and deliver programmes within a specific community or setting. Some providers deliver a range of services across a geographical region (eg, iwi-based providers of services for Māori).
4. **Māori development organisations** (eg, Poumanawa Oranga).
5. **Māori health promotion units attached to public health units** (eg, Te Waka Hauora (Otago Southland), Hauora Matauraka (Canterbury)).
6. **Pacific Island health promotion NGOs** (eg, Pacific Heartbeat).
7. **All public health units have a health promotion section.** They are listed here with their associated District Health Boards (DHBs).

Public health unit	Associated DHBs
Northland Primary and Community Health Services	Northland
A+ Auckland Public Health Unit	Auckland, Counties Manukau, Waitemata
Waikato Public Health Unit	Waikato
Toi Te Ora Public Health	Bay of Plenty, Lakes District
Tairāwhiti Public Health Unit	Tairāwhiti
Hawkes Bay Public Health Unit	Hawkes Bay
MidCentral Public Health Unit	MidCentral, Whanganui
Taranaki Public Health Unit	Taranaki
Regional Public Health	Hutt Valley, Capital and Coast, Wairarapa
Nelson Marlborough Public Health Unit	Nelson Marlborough
Community and Public Health	Canterbury, West Coast, South Canterbury
Public Health South	Otago, Southland

Appendix Four: Example of a Health Promotion Programme

The example and suggestions given here are illustrative rather than comprehensive.

Title: Healthy Bodyweight in School Children

Rationale: Worldwide obesity is a major public health issue across all population groups including children. A study of Auckland school children aged 5–10 years found 14.3% were obese with rates being higher in Pacific children (24.1%) and Māori children (15.8%) (Tyrrell et al 2001). In New Zealand the first Children's Nutrition Survey is underway and will provide nationally-representative data by late 2003 on a range of measures including children's eating habits and physical activity.

Factors detrimental to the maintenance of healthy body weight include:

- less active lifestyles
- targeted advertising of high fat/sugar/salt foods to children
- higher availability of convenience foods
- body image issues lead to inappropriate eating behaviours.

Health issues that arise for children include:

- inappropriate body weight (over and under nutrition)
- social stigma and isolation
- increased prevalence of type 2 diabetes in childhood and earlier in adult life especially where there is a family history
- early onset of puberty
- obstructive sleep apnoea
- leading to adult obesity.

Improving nutrition and increasing physical activity in childhood to reduce the prevalence of inappropriate body weight has potential for health gain in these priority population health objectives from the New Zealand Health Strategy:

- Improving nutrition.
- Reducing obesity.
- Increasing the level of physical activity.
- Oral health.
- Diabetes.
- Cardiovascular disease in adult life.
- Mental wellbeing.

Population group: Those in educational settings including kohanga reo, playcentres, primary and secondary schools, kura kaupapa.

Programme description

Goal: To ensure children in educational settings have opportunities to access healthy food and sufficient physical activity to maintain healthy body weight.

Objectives (these are a range of objectives that may be used in such a programme):

1. To offer selected educational institutions the opportunity to participate in healthy food/increased physical activity in schools programmes.
2. To advise on a range of healthy foods that school cafeterias can offer.
3. To advocate for the removal of vending machines that offer unhealthy foods such as soft drinks, fried foods, sweets.

Strategies:

- **Actions:**
 - Identify key stakeholders (eg. Boards of Trustees, PTAs, teachers, students).
 - Consultation with iwi Māori, Pacific and others in the community to encourage support and contribute to the development of activities.
- **Range of activities**, for example:
 - develop a healthy food policy
 - menu planning
 - encourage physical activity programmes
 - replace vending machine with healthy food options.
- **Settings:**
 - Decide which institutions to start with (eg, preschools, primary schools, low decile schools).

Making a difference: Measure what has been achieved against the goal, for example:

- level of consultation achieved
- number of schools contacted; the number willing to participate
- number with healthy food menus and physical activity programmes.

Linkages: Collaborate with other providers and organisations working in this area and link with programmes already in existence, for example:

- the Health Promoting Schools network
- community dietician
- public health unit nutrition advisor
- National Heart Foundation Under 5s programme.

Review: Plan to review progress and effectiveness regularly (eg, annually, triennially).

Resources (examples of what may be needed to implement the programme):

- co-ordinator to lead the programme, could be with an existing provider
- materials – information about healthy foods, appropriate physical activity programmes
- access to well priced, healthy foods.

References

- Durie M. 1994. *Whaiora, Māori Health Development*. Auckland: Oxford University Press.
- Health Promotion Forum. 2000. *Health Promotion Competencies for Aotearoa – New Zealand*. Health Promotion Forum of New Zealand. URL: www.hpforum.org.nz.
- Messiter D. 1995. *Māori Well Women's Programme Hui Report*. Wellington: Public Health Commission.
- Minister of Health. 2000. *The New Zealand Health Strategy*. Wellington: Ministry of Health.
- Minister of Health. 2001. *The Primary Health Care Strategy*. Wellington: Ministry of Health.
- Minister of Health. 2002. *The Pacific Health and Disability Action Plan*. Wellington: Ministry of Health.
- Minister of Health and Associate Minister of Health. 2002a. *He Korowai Oranga*. Wellington: Ministry of Health.
- Minister of Health and Associate Minister of Health. 2002b. *Whakataka: Māori Health Action Plan 2002–2005*. Wellington: Ministry of Health.
- Ministry of Health. 2000. *The Public Health Services Handbook*. Wellington: Ministry of Health.
- Ministry of Health. 2002a. *Reducing Inequalities in Health*. Wellington: Ministry of Health.
- Ministry of Health. 2002b. *Achieving Health for All People*. Wellington: Ministry of Health.
- Ropiha D. 1993. *Kia Whaite Maramatanga: The effectiveness of health messages for Māori*. Wellington: Ministry of Health, Health Research and Analytical Services.
- Tyrrell VJ, Richards GE, Hofman P, et al. 2001. Obesity in Auckland school children: a comparison of the body mass index and percentage body fat as the diagnostic criterion. *International Journal of Obesity* 25: 164–9.
- Victorian Government Department of Human Services. 2000. *Primary Care Partnerships Draft Health Promotion Guidelines*. URL: www.dhs.vic.gov.au/acmh/ph/pcp/. Australia: Victorian Government Department of Human Services.
- Woodward A, Kawachi I. 2000. Why reduce health inequalities? *Journal of Epidemiology and Community Health* 54(12): 923.
- World Health Organization. 1986. *The Ottawa Charter*. Geneva: World Health Organization.
- World Health Organization. 2002. *Integrating Prevention into Health Care*. Fact Sheet 172, October. URL: www.who.int.