

newsletter

Number 63

March 2004

ISSN 1172-7217

- Child Poverty Action Plan
- Health promotion in PHOs
- Competencies Update
- Our new website
- Resources and Coming Events



Cindy Kiro with (from left to right) Chantelle Harris, Kayla Thwaites (back row), Gemma Moshien and Hannah Majoribanks at the launch of the Action Plan.

Addressing Child Poverty in Manukau City

Cindy Kiro, the Commissioner for Children, launched the *Collaborative Action Plan on Child Poverty in Manukau* on 3rd December 2003 at the Civic Centre in Manukau.

The Action Plan is the result of collaborative work initiated by the Child Advocacy Group of Te Ora o Manukau – Manukau the Healthy City.

Two Health Promoting Schools were involved in the launch - Clayton Park School students provided the artwork for the cover of the document and the kapa haka group from Finlayson Park School performed.

Congratulations to the Child Advocacy Group, Te Ora o Manukau – Manukau the Healthy City on the launch of the Collaborative Action Plan on Child Poverty in Manukau 2003

Bev Gwyn, is a member of the Child Advocacy Group of Te Ora o Manukau – Manukau the Healthy. This Group says Bev “has been chipping away and chipping away” for the last 10 years in their ongoing concerns at the significant and persistent levels of deprivation for many Manukau children.

At present, of 81,000 children under the age of 15 years of age who live in Manukau, 45% live in areas of highest deprivation. Many suffer the results of combined negative impacts of poverty-related problems such as low quality and overcrowded housing, underemployment and low education levels, preventable health problems and higher risks of experiencing family and community violence.

“This was very much a collaborative process right from the start, and it has been all the way through. We just kept going and kept going, trying to influence things until we got what we wanted– and I guess that’s health promotion”

Since 1993, the Child Advocacy Group has

- Organised political and public forums on child poverty
- Published data on children in Manukau
- Lobbied successfully for Manukau City Council to support the Principle of First call for Children and to establish a child advocacy service.

In 2001, the Group successfully submitted an objective to the ‘Tomorrow’s Manukau, Manukau Apopo’ Goal, Healthy People, *‘To develop a collaborative plan of action to reduce child poverty’*. Two forums were held to set the direction of the Collaborative Action Plan and over many months, more than 30 people drawn from a wide range of Te Ora o Manukau - Manukau the Healthy City signatories and other groups regularly met to write the plan. Feedback from wide community consultation on the draft Action Plan was taken into consideration for the final document.

What’s in the Action Plan?

- It identifies existing activities by government and agencies that focus on reducing poverty in Manukau.
- It defines objectives for information gathering and monitoring to assess whether goals and desired outcomes are being achieved.
- It is intended that information sharing will be the basis for collaborative action.
- It demonstrates collective responsibility for achieving improved living and social environments for the city’s children and young people.

The Collaborative Action Plan is aligned to:

- The City document, *Tomorrow’s Manukau, Manukau Apopo. A Vision for Manukau into the Future 2001-2010*
- Healthy City objectives established by the World Health Organisation in the 1980s
- United Nations Convention on the Rights of the Child 1993 (UNCROC)

- Ministry of Health’s *Child Health Strategy 1998*
- New Zealand’s *Agenda for Children 2003*
- *Sustainable Development for New Zealand – Programme for Action 2003*

The Action Plan objectives are consistent with community outcomes in the Long Term Council Community Plan, in the sections: Educated and Healthy Communities, Vibrant and Strong Communities & Thriving Economy.

What’s happened since the launch?

“Well now we are into implementing and monitoring it,” says Bev.

The Child Advocacy Group has the responsibility to ensure implementation takes place and to collect information about progress against objectives. The group will produce a six-monthly Report that will be distributed to all agencies and organisations involved as well as other key stakeholders such as the Children’s Commissioner.

Presentations about the Collaborative Action Plan have been made to various Council committees and at the February 2004 Community Development Committee meeting, Councillors agreed that the Child Poverty Action Plan be endorsed and that Council’s role and contribution in supporting the Child Poverty Action Plan be noted.

This is a first in New Zealand

A whole city approach to address the issue of child poverty

“What has been exciting,” says Bev, “is that it’s not just government agencies who are involved. Lots of community groups from a diverse range of interests are also on board. And since the Plan was launched even more groups and organizations from the community have contacted us wishing to be involved.”

‘Only by the whole community taking action, can the determinants of child poverty be addressed and lives improved. The issues must be addressed at all levels; national, regional, local, community, family/whanau and individual, to achieve significant gains. This Action Plan draws from that evidence to address the issues in a collaborative manner across organisations and communities. All members of the community must work together in a collaborative and co-ordinated effort in the best interest of the child.

This Action Plan provides strong leadership to encourage communities to focus on their children, look at the resources they have available or need to develop, and to select strategies that community members believe would best serve their children given their community’s needs, culture and history.’ (Te Ora o Manukau - Manukau the Healthy City 2003)

Isabel Bird

Copies of the Plan can be downloaded at Manukau the Healthy City’s website: www.manukau.govt.nz/healthycity.htm or contact the Administrator by phone: 09 263 7100 or by email: crobinso@manukau.govt.nz

Sharing Health Promotion expertise in the Cook Islands

Two Christchurch health promoters, Maria Pasene - Health Promoter for Community and Public Health, a division of Canterbury District Health Board, and Adrian Te Patu - Maori Health Advisor, Ashburton & Community Health Services, Canterbury District Health Board, went to the Cook Islands last November to run workshops and training in suicide prevention. They were invited and funded by Punanga Tautura, a Cook Island community organization concerned about the numbers of people lost to suicide in their communities.

Maria, who is a Cook Island woman living in New Zealand/Aotearoa, talked to us about her experiences on Rarotonga and Atiu. Maria's employer gave her time to do this work as they saw it as a chance for her to more fully develop cultural competency.

There were months of preparation and lots of correspondence by email before Adrian and Maria landed in Rarotonga. They took resources with them – modules from Suicide Prevention programmes delivered in New Zealand – to share the expertise that has been built up here.

“I had visions of white sandy beaches before I went – but I saw them mainly from the car – we only had time for two swims in the whole two weeks. But there are absolutely no regrets about that – we were there to do the work and the community embraced us.”

Mrs Jeannie Pasene travelled with Maria and Adrian – it was her first visit back home in 50 years. Maria says, “My mother was a really important part of paving our way in the Cook Islands, for making essential introductions and breaking down the barriers - our Kuia really. We also put her to work doing some interpreting for us.”

The team delivered Train the Trainer workshops with community professionals including youth workers, Police, health and community workers, Ministers. They ran a session in prison for prison officers. They ran community sessions – one for the general public, one for young people, and one in a school. They were interviewed for radio, newspaper, television and for a local documentary. In the evenings the hospitality was incredible, they were invited out to dinner every night – where they continued discussions about suicide prevention and other health promotion issues.

In the second week they worked in Atiu where they ran a workshop in each of the five villages. Out on Atiu conditions were very basic and they had to adapt the way they worked – such as propping up a bit of wood to pin their flipchart paper on because there was no power outlet for a slide projector.

“People were really passionate and interested in our messages and we had a really good turn out wherever we went,” says Maria, “and it was good to see how many influential people took a real interest, so the work can develop and grow now.”

When Maria and Adrian left there were three new projects to be started by the local community: Seek funding for an epidemiological study of suicide on the Cook Islands; Compile a directory of services for families and communities; Set up four meetings per year for professionals to increase sharing of everyone's knowledge and encourage more collaboration.

Maria says a key issue is “Creating a safe place where young peoples' voices can be heard. And sometimes, especially in traditional societies, this is a big challenge.” There is lots more that needs to be done, but Maria and Adrian have worked with the communities of Rarotonga and Atiu to make a start. All in all Maria affirms, “It was a great trip.”



Radio interview on Rarotonga. From left to right health promoters Adrian Te Patu and Maria Pasene with Ne Tara, the Coordinator of Punanga Tautura

Promoting Health in PHOs

What's good about being a health promoter in Primary Health Organisations?

The health promoters we talked to, from two large general practice-based PHOs and from a much smaller community-based PHO, agree that the new environment encourages providers to work together and that this is an improvement on the more competitive environment that has been operating since the 80s.

They are enthusiastic about facing new challenges and nurturing health promotion through workforce development, building partnerships, and by creating more understanding of what health promotion is and what it can achieve.

Health West

Jenny Tanner is the health promotion coordinator for Health West, a former IPA and now a PHO of 33 general practices employing about 90 doctors and serving a population of 140,000.

Jenny makes the point that PHOs are still very new – some of them have not yet celebrated their first anniversary. “PHO development is still in a transitional stage,” she says, “many PHOs are made up of organisations that are moving from their base of origin towards becoming a fully functional PHO.”

“The *New Zealand Health Strategy* and the *Primary Health Care Strategy* are the working documents that require further unpacking to explain the direction PHOs are required to take. Staff, provider groups, enrolled populations and the community all need to know more about what the vision is for PHOs. In these government strategies the emphasis is on reducing inequalities and disparities in health through both primary health care and population-based initiatives using public health skills and approaches. It's about a collaborative approach to addressing priority population areas. That is what PHOs are being funded to do,”

“New Zealand-Aotearoa leads the world in this development. It involves the adoption and integration of the different paradigms in primary health care and public health. It is an exciting opportunity.”

What does Jenny think health promoters need to be doing? “Strengthening partnerships, strengthening communities and providing a solid base for understanding the role of public health and health promotion in PHO development.”

ProCare Network Manukau

Nicola Young is the Health Promotion Manager/Coordinator for ProCare in the Auckland region. ProCare provides management support for three PHOs that between them encompass 170 GP practices. The Counties Manukau PHO,

ProCare Network Manukau, has 40 practices and 200,000 enrolled patients.

The health promotion team consists of Nicola and two full-time health promotion advisers and a team of Community Health Workers.

The Community Health Workers team members were recruited six months ago and all of them already had strong community links. Nicola says that the team is how ProCare are changing the provision of primary health care in the PHO. Team members have many roles in the community and one of those is one day a week each in health promotion.



Nicola Young, seated in middle, with the team of Community Health Workers of ProCare Network Manukau

Nicola says that for the first six months in her role she spent her time building relationships with the communities that the PHOs serve, networking with health providers, NGOs, community groups and individuals. Her health promotion role is to work alongside the community to identify their health promotion priorities and then to plan suitable programmes and settings as well as the resources needed to carry out programmes.

“It's a real challenge,” she says, “We feel a real sense of responsibility to the community.”

There are a lot of providers in Counties Manukau – including five large PHOs and three smaller ones. “I needed to find out what everyone was doing so that we could work with each other and not re-invent the wheel or double-up. Collaboration is one of the big pluses of the PHO environment and one of the keys to success. In the 1990s a competitive model of primary healthcare was promoted and so providers weren't talking with each other then. But now we are encouraged to collaborate.”

A recent example of successful collaboration was when four providers got together to promote breast screening. *ProCare Network Manukau PHO*, *Ta Pasifika PHO* and *Raukura Hauora o Taimui* from the *Te Kupenga O Hoturoa PHO*, as well as

Breastscreen Auckland & North and Te Ha O Te Ora O Ngati Whatua (two regional providers) collectively contacted women over 50 to invite them to use the Mobile Breastscreen Unit, with a very positive result – more than double the usual numbers used the service. An opportunity for the women using the service to talk together and with Breastscreen health promoters was provided over tea and shared food where many health issues came up for discussion. “This shows we can work together.”

A big part of Nicola’s job is working with primary health practitioners, keeping them informed and seeking their feedback. She says there is some erroneous thinking about health promotion in the practices – some people think it means promoting a health service, many others think it is individual health education. Nicola promotes what health promotion really is.

ProCare health promoters not only plan and deliver programmes in the community, they also get involved when necessary in promoting healthy public policy. An example of this was when one of the Community Health workers expressed concerns for the families living at a local camping ground where there was poor sanitation provision as well as no safe playing area for small children. ProCare health promoters joined other concerned groups and individuals to work with the Council on providing a healthy safe environment.

While enthusiastic and positive about health promotion in the PHO environment Nicola points out that it is hard work and breaking new ground and so health promoters need ongoing development and support. Part of Nicola’s support comes from a Public Health Advisory Committee where she can discuss issues and have her draft plans for programmes critiqued by public health experts. Nicola is also supported by services offered to PHOs by Auckland Regional Public Health.

Within the PHO Nicola acts as bridge between the Clinical Team in the PHO and the Community Team; she is a member of both teams and works to keep communication flowing between them.

“People from the Clinical Team say ‘diabetes, cardio-vascular disease and childhood obesity’ whereas the Community Team says ‘physical activity, nutrition and community involvement’. Different language – but we all have the same goal – the health and well-being of the population.”

TaPasifika Health Trust

TaPasifika Health Trust was established in July 2002. The PHO currently encompasses three Pacific Health Care Providers – *Health Pacifica Doctors* in Mangere, *South Seas Healthcare* in Otara, *Pacific Healthcare* in West Auckland – and a health promotion provider – *Health Star Pacific*.

Aumea Herman (a Public Health Registrar) co-ordinated the development of the Health Promotion Plan for the Trust. This involved internal and external consultation with public health and health promotion providers.

In 2003, the Trust focused on workforce development and organised for seven community health workers across the PHO to attend the Health Promotion Forum/MIT Certificate in Achievement in Introducing Health Promotion course. Aumea says “it is difficult to implement a health promotion plan effectively if you don’t have the workforce aligned with and knowledgeable about health promotion concepts and principles”. So upskilling and building health promotion capacity amongst the community health workers was a priority which is in line with the *Pacific Health & Disability Action Plan*, the *New Zealand Primary Health Care Strategy* and the *New Zealand Health Strategy*.

The HPF/MIT course involves 8-days of training plus further hours of commitment to complete assignments. And Aumea points out that this added burden tested their workforce in terms of reading and studying for the course whilst managing competing work commitments. “TaPasifika is committed to health promotion workforce development and we are hoping to send more people this year”.

The curriculum of the course, Aumea feels, has expanded participant’s knowledge and understanding of Health Promotion concepts, the Treaty of Waitangi, the Ottawa Charter and Community Development principles. This has served to compliment the work of the Community Health Workers who already have well-developed community links.

Since the completion of the course a Health Promotion Team for the PHO has been established and will take responsibility for the implementation of the Health Promotion Plan.

Aumea says that the PHO aims to be innovative and strategic to make the most of the health promotion budget. This includes working collaboratively with other agencies and providers in the community.



Kids in Action: One of the programmes run by Southseas Healthcare is the Kids in Action Project. Obese children and their families are referred from various sources to the programme for assistance with weight reduction, management of weight related complications, increased physical activity and support for families to take up healthier eating habits

Workforce Development

Report on the Use and Future of Health Promotion Competencies

Job descriptions, staff training needs assessments, orientation programmes, guiding organisational strategic development, programme and project planning, recruitment procedures, quality assurance programmes, reflective peer evaluation, informing curriculum development.

These are just some of the ways that health promotion practitioners and organizations are using *Nga Kaiakitanga Hauora mo Aotearoa: Health Promotion Competencies for Aotearoa-New Zealand*.

Health promoters think the competencies are a useful, informative benchmarking tool, according to the Health Promotion Forum's recently completed report to the Ministry of Health about the use and future of the competencies.

There is room for improvement. Maori health promoters suggest they do not reflect the reality of Maori practice and do not adequately identify Maori values, ethics, skills, knowledge, approaches and models required to work for and with tangata whenua.

The report also looked at workforce views on developing the health promotion competencies into standards. (A standard describes good practice and is a commonly agreed statement of what someone is expected to achieve re performance, safety, knowledge or skill.)

Many believe it is important to have some standardisation of health promotion practice to provide greater consistency, quality improvement and benchmarking. But concerns include a lack of numbers, structure, resources or vocational identification in the workforce to develop and monitor standards.

The report also looks at the broader health policy and workforce context and possible interrelated options to improve individual and organisational standards in health promotion.

Seventeen recommendations include:

- Establish a working party/caucus of Maori health promoters to consult with tangata whenua on the possible development of culturally appropriate and sanctioned competencies to reflect kaupapa Maori values, skills and knowledge in health promotion
- A collaborative and coordinated approach be taken between the Ministry, DHBs, other providers and educational organizations to support Pacific health promotion development.
- A working party be established to consult on and develop health promotion standards.

Helen Rance and Liz Stewart thank all those who gave their time and thoughts to the review. The full report (79 pages) is now available to download in pdf format from the Workforce Development section of the Health Promotion Forum's website: www.hpforum.org.nz

If you are unable to download the document and want a hard copy or would just like the summary and recommendations forwarded to you, please contact Sal Stevens at the Forum: 09 520 3714 or email sal@hpforum.org.nz

Copies of *Nga Kaiakitanga Hauora mo Aotearoa: Health Promotion Competencies for Aotearoa-New Zealand* are also available.

We welcome feedback on the report and its suggestions. Please contact Liz Stewart at liz@hpforum.org.nz or DDI 09 520 1713.

Public Health Workforce Action Plan – news from the Ministry of Health

Second phase of Workforce Development stocktake underway

This month, staff carrying out public health service roles will have an opportunity to shape their future as part of the public health workforce, says Maggie McGregor, Public Health Development Manager, of the Ministry of Health.

“We all recognise how important it is to ensure a capable and effective public health workforce which is equipped to adapt in an ever-changing environment”, says Maggie.

And, as she highlighted in our last newsletter, the Ministry of Health is addressing this by developing a strategic framework for future public health workforce development – *The Public Health Workforce Action Plan (PHWAP)*.

“In December we started a process of interviewing Managers of public health organisations that hold a service contract with the Public Health Directorate of the Ministry of Health. This process of gathering organisational level information is now almost complete.

“The second phase of our information gathering process is to conduct a survey of *individuals* who hold public health service roles in these organisations. Over the next few weeks, public health staff (health promotion, health protection,

community health workers, public health nurses and others) will receive a self-completion survey form that seeks their views on a range of topics including their public health role, their training and qualifications, their satisfaction in working in public health and other workforce related issues.

“The information from the survey, together with the results of other more ‘in depth’ projects, such as work looking at the needs of the Maori public health workforce, will be used to develop a framework for future workforce development. The framework will then be the basis of consultation around the middle of the year.”

Maggie notes that members of the public health workforce who work for universities and tertiary institutions will not be part of the initial survey even where they provide public health services. However, a survey of this part of the sector is currently being planned.

If you need further information on the planned survey, or you would like to be included on a database of people who would like to stay in close contact with the development of the Action Plan please contact the project manager Viv Head on 09-817-1416 or email viv.jake@xtra.co.nz or contact Maggie McGregor on 09-580-9114.