
**HEALTHY EATING HEALTHY ACTION:
ORANGA KAI ORANGA PUMAU (HEHA)**

HEHA PLAN 2007/2008



August 2007

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Executive Summary

New Zealand is in the midst of an obesity epidemic and there is a need to take firm action to reverse current trends. Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau (HEHA) is the Ministry of Health's strategic approach to improving nutrition, increasing physical activity and achieving a healthy weight for all New Zealanders.

The C&CDHB Healthy Eating Healthy Action Project formally started in November 2006 when the Crown Funding Agreement (CFA) Variation was signed with the Ministry of Health.

This plan is a summarised version of the Ministry Approved Plan (MAP) and the first of annual plans to be submitted to the Ministry of Health. The first MAP is viewed as a "Plan for a Plan". That is, the period until June 2007 is a time for establishing the governance structure for the project, and 2007/8 will be the main period of consultation and planning.

The Ministry of Health has identified breastfeeding, schools and early childhood education (ECE) services, and workforce (specifically Māori and Pacific workforce where appropriate) as priority areas for the first iteration of the MAP planning process. In addition, each DHB is required to choose two other areas of focus. The two additional areas C&CDHB has chosen are Communications and social marketing.

Maori, Pacific and low income populations have a higher level of obesity and a lower level of physical activity and it is important to carefully consider the way in which services should be tailored to best meet the needs of these groups.

In the last year, new HEHA funding from the Ministry of Health has supported the development of a range of new projects in the district and it is important these are further developed and consolidated. Two initiatives it will be important to build on are the Kapiti Physical Activity Strategy and the Wellington Urban Physical Activity Strategy funded by SPARC. The appointment of a DHB Project Manager will be beneficial in bringing together all activities and strategies in an integrated way.

Key strategies in 2007/8 will be:-

- Establishing HEHA subgroups (Kapiti, Wellington, Breastfeeding, Secondary Care)
- Supporting completion of the Kapiti Physical Activity Strategy and Wellington Urban Physical Activity Strategy and utilising plans to identify service gaps and opportunities
- Joint planning with stakeholders to consider ways in which existing services may be better coordinated.
- Ensuring there is a particular focus on high needs groups – Maori, Pacific, low income, people with disabilities and the elderly
- Delivering workshops to schools and ECE services on the Food and Nutrition Guidelines
- Allocating the Nutrition Fund to schools and ECE services
- Implementing a communications and social marketing strategy
- Considering workforce development opportunities

A clear direction is the need to work intersectorally with a range of providers to ensure effective programmes and the most cost-efficient approach.

In summary, it is important that C&CDHB continues to work collaboratively with key stakeholders on current HEHA initiatives and develops new projects that will meet the needs of the population. There is significant health benefit to be gained from implementation of HEHA and it needs to be given our highest priority at this time.

HEHA Objectives 07/08

HEHA Overview	Q1	Q2	Q3	Q4	
1. Prioritise HEHA activities for Māori, Pacific and low income groups.	✓	✓	✓	✓	
2. In line with the national HEHA strategy prioritise HEHA activities related to children, young people, families/whānau, low income groups, breastfeeding, and workforce.	✓	✓	✓	✓	

Governance					
1. Establish a Kapiti Locality Subgroup.	✓				
2. Establish a Wellington Locality Subgroup.	✓				
3. Establish a Secondary Care Subgroup.			✓		
4. Establish a Breastfeeding Subgroup.	✓				
5. Investigate funding options for a jointly-funded HEHA Coordinator position based in Wellington.	✓				
6. Investigate funding options for a jointly-funded HEHA Coordinator position based in Paraparaumu.	✓				

Priority Groups Targeted by the Plan					
(a) Services for Māori					
1. Work with the Māori Partnership Board and other Māori forums/community groups to develop a Māori HEHA Plan.			✓	✓	
2. Work with Kohanga Reo to develop initiatives that will promote HEHA.				✓	
3. Undertake a HEHA workshop with staff employed by the Whanau Care Unit at C&CDHB			✓		
4. Fund new Maori -specific HEHA projects and initiatives			✓	✓	
5. Increase community breastfeeding support services with a particular emphasis on services for Māori				✓	
6. Work with DHB Maori staff, the Maori Partnership Board and iwi/Maori groups on communication strategies for Maori.		✓	✓		
7. Sponsor one Maori sport's team and the team promotes the HEHA brand.				✓	

Priority Groups Targeted by the Plan					
(b) Services for Pacific					
8. Work with the Pacific Manager and other Pacific forums/community groups to develop a Pacific HEHA Plan.			✓	✓	
9. Work with Pacific Language Nests to develop initiatives that will promote HEHA.			✓		
10. Undertake a HEHA workshop with staff employed by the Pacific Health Units at C&CDHB.			✓		
11. Fund new Pacific -specific HEHA projects and initiatives.			✓	✓	
12. Evaluate the Shake it, Beat it, Learn it Pilot initiative.				✓	
13. Consolidate the Pacific breastfeeding support initiative.	✓	✓	✓	✓	
14. Staff employed by the Pacific Lactation Support Service receive training/professional development in lactation.	✓	✓	✓	✓	
15. Work with the DHB Pacific Manager and staff, Pacific groups and relevant forums on communication strategies for Pacific.		✓	✓		
16. Sponsor one Pacific sport's team and the team promotes the HEHA brand.				✓	

Priority Groups Targeted by the Plan					
(c) Services for Priority Groups					
17. Ensure the communications and social marketing strategy is targeted to ensuring HEHA messages reach priority groups, in particular Māori and Pacific children and youth, and their parents.	✓	✓	✓	✓	
18. Collaborate with Councils to consider ways in which HEHA services and activities can be made more accessible and appropriate for Māori, Pacific and migrant people.			✓		
19. A high priority is given to allocation of the Nutrition Fund in low decile schools.				✓	
20. Support youth led-HEHA initiatives in schools and the community with a high number of Māori and Pacific youth involved.				✓	
21. As the opportunity arises, initiate discussion with Asian and other ethnic groups as to how HEHA services may be tailored to meet their needs.				✓	
22. Consider the needs of Asian communities in HEHA communications and resources.			✓	✓	

Priority Groups Targeted by the Plan					
(d) Services for low income people					
23. Initiate discussion with the Ministry of Social Development on ways in which HEHA may be better promoted or supported for people on benefits.			✓		
24. Utilise school newsletters and community newspapers to communicate information on preparing healthy school lunches with an emphasis on reduced cost.	✓	✓	✓	✓	
25. Work with Councils and others to investigate the increased availability of physical activity opportunities at reduced cost.		✓	✓	✓	
26. Expand the Fruit in Schools Programme to one intermediate school.					

Priority Groups Targeted by the Plan					
(e) Services for people with mental illness					
27. Undertake train-the-trainer HEHA workshops with managers of mental health residential homes and day programmes.	✓				
28. Utilise mental health newsletters and other media to promote HEHA activities in clients with mental illness.				✓	

Priority Groups Targeted by the Plan					
(f) Services for people with disabilities					
29. Promote the No Exceptions Strategy to providers of physical activity programmes and services.			✓	✓	
30. Utilise media opportunities to promote inclusiveness of people with disabilities in physical activity.				✓	

Priority Groups Targeted by the Plan					
(g) Services for families and older people					
31. Explore ways in which physical activity options may be better promoted to the families, parents and older people.			✓	✓	

Developing an Integrated and Collaborative Plan					
(a) Interagency collaboration					
1. Joint planning with stakeholders to identify mechanisms to better promote or coordinate existing nutrition and physical activity programmes undertaken by a range of providers.	✓	✓	✓	✓	
2. Maintain active support of the Kapiti and Wellington Urban Region Physical Activity strategies and assist by support/joint planning in the development of implementation plans.	✓	✓	✓	✓	

Developing an Integrated and Collaborative Plan					
(b) Community engagement					
1. Meet with all the relevant C&CDHB advisory groups to seek input into HEHA Plans.		✓	✓	✓	
2. Identify opportunities to engage with high level decision-makers about HEHA, both within C&CDHB and externally (e.g. by way of the Wellington Leaders Forum).		✓	✓	✓	

Developing an Integrated and Collaborative Plan					
(c) Primary Care					
1. Consult the PHO Advisory Group on activities and actions that will increase opportunities for patients to be advised on diet and exercise, and referred as appropriate.				✓	
2. Input from the PHO Advisory Group is incorporated into the 08/09 HEHA Plan.				✓	
3. Undertake joint planning on HEHA initiatives in primary care			✓	✓	

Developing an Integrated and Collaborative Plan					
(c) Secondary Care					
1. Establish a secondary care HEHA subgroup.			✓	✓	
2. The HEHA Programme Manager works collaboratively with the DHB's Travel Planner and the Occupational Safety and Health on activities that will promote HEHA among staff.		✓	✓	✓	
3. Undertake a HEHA workshop with staff employed in the Pacific Health Unit.			✓	✓	
4. Undertake a HEHA workshop with staff employed in the Maori Health Unit.			✓	✓	
5. Input from the Secondary Care subgroup and other consultation is incorporated into the HEHA plan for 08/09.				✓	

Making a Difference					
(a) Public Policy (workplace focus)					
1. Develop a charter which invites all HEHA partner organisations for commit to organisational policies and practices which support healthy eating and healthy action.			✓	✓	
2. Reaffirm C&CDHB's policy on catering with senior managers and staff who order food.			✓	✓	

Monitoring & Evaluation					
1. C&CDHB Project Manager attends a 3 day HEHA evaluation workshop.	✓				
2. Continue monitoring C&CDHB HEHA programmes.	✓	✓	✓	✓	
3. Evaluate the Shake it, Beat it, Learn it Pilot initiative.		✓	✓		
4. Undertake health impact assessment of the Wellington Urban Region Physical Activity Strategy (Provider responsible – RPH).		✓			

Schools and Early Childhood Education Services					
1. Complete delivery of workshops on the Food and Nutrition Guidelines to schools.		✓			
2. Expand the number of health promoting schools in C&CDHB at all levels.				✓	
3. Expand the Fruit in Schools Programme to one intermediate school.			✓		
4. Fund innovative initiatives in schools utilising the Nutrition Fund.		✓	✓	✓	
5. Utilise the Kura Wellbeing Crew and/or the HEHA Education Sub-group to ensure that health promotion services to schools are coordinated.	✓	✓	✓	✓	
6. Support student-led HEHA initiatives in primary and secondary schools.		✓	✓	✓	
7. Utilise school newsletters and other relevant media to promote nutrition and physical messages that will benefit students and parents.			✓	✓	

Breastfeeding					
1. Prepare a breastfeeding plan for 08/09.				✓	
2. Develop more coordinated breastfeeding support services in the community.			✓	✓	
o Meet with representatives of La Leche League representatives to discuss opportunities for increasing breastfeeding support offered to women.				✓	
o Develop a Prenatal and Well Child Information booklet and distribute to LMCs and Childbirth Educators.	✓				
o Consolidate the Pacific breastfeeding support initiative.	✓	✓	✓	✓	
o Increase community breastfeeding support services with a particular emphasis on services for Māori				✓	
3. Review lactation policies at C&CDHB.				✓	
4. Undertake activities which maintain BFHI accreditation at Wellington Hospital, Kenepuru Hospital and Paraparaumu Maternity Unit.				✓	
5. Provide information to PlunketLine and HealthLine on breastfeeding support services in C&CDHB.			✓		
6. Investigate opportunities/mechanisms for establishing/promoting a Baby Friendly Community Initiative and document in the HEHA Plan 08/09.			✓	✓	

Capacity and Capability					
1. Increase in the number of cadets (HEHA focus) recruited.				✓	
2. Undertake one train-the-trainer HEHA workshop with managers of mental health residential homes and day programmes.	✓				
3. Undertake Breastfeeding Updates in C&CDHB for staff who come into contact with breastfeeding mothers.				✓	
4. Staff employed by the Pacific Lactation Support Service receive training/professional development in lactation.				✓	
5. Complete workshops on the Food and Nutrition Guidelines for schools and ECE services.		✓			
6. HEHA Project staff attend professional development updates related to nutrition and physical activity.	✓				
7. Deliver a HEHA workshop to community health workers/kaiawhina				✓	

Communication					
1. Seek communications advice through C&CDHB and stakeholders; Engage specialist expertise if needed.	✓	✓			
2. Develop a communications strategy for 07/08.				✓	
3. Collaborate with the Centre of Excellence on a HEHA social marketing campaign in Porirua.				✓	
4. Work with DHB Maori staff, the Maori Partnership Board and iwi/Maori groups on communication strategies for Maori.				✓	
5. Work with the DHB Pacific Manager and staff, Pacific groups and relevant forums on communication strategies for Pacific.				✓	
6. Utilise events and media opportunities to promote the HEHA, Push Play, Mission On and Feeding our Future brands.				✓	
7. Submit regular media releases/articles to local and community newspapers.	✓	✓	✓	✓	
8. Increase public awareness of physical activity opportunities in the district.				✓	
9. Work collaboratively with others agencies supporting events that promote Healthy Eating Healthy Action (e.g. Round the Bays, Relay for Life etc).				✓	
10. Develop HEHA resources for use at events (banners, balloons etc).	✓				
11. Investigate the development of a regular HEHA column in local community newspapers.		✓			
12. Initiate a C&CDHB HEHA Newsletter.		✓			

13. Establish a HEHA section on the C&CDHB website.		✓			
14. Work with the Youth Health Advisory Group on communication strategies for youth.			✓		
15. Initiate regular articles/notices to school newsletters on nutrition and physical activity	✓	✓	✓	✓	
16. Utilise media opportunities to promote “No exceptions” and inclusion of people with disabilities				✓	
17. Sponsor one Maori sport’s team and the team promotes the HEHA brand.				✓	
18. Sponsor one Pacific sport’s team and the team promotes the HEHA brand.				✓	
19. Consider the needs of Asian communities in HEHA communications and resources			✓	✓	

Risk Assessment					
1. Proactively manage risks in order to ensure they do not escalate				✓	
2. Update the Risk Register every quarter	✓	✓	✓	✓	

1 Introduction

Improving nutrition, increasing physical activity, and reducing obesity are three of the thirteen health priorities identified in the New Zealand Health Strategy (Ministry of Health, 2000).

As with most of the developed world New Zealand is experiencing an obesity epidemic with a third of the general population classified as overweight¹ and 1 in every 5 adults obese² (Ministry of Health, 2004b). Being overweight or obese is a significant risk factor for major diseases such as diabetes, coronary heart disease, stroke and some cancers. Diet and nutritional status play an important part in maintaining health and preventing disease and are factors that determine survival and the rate of recovery from sickness.

<i>Negative sequelae of reduced physical activity</i>	<i>Negative sequelae of poor nutrition</i>
Obesity	Obesity
Cardiovascular disease	Cardiovascular disease
Type 2 diabetes	Type 2 diabetes
Some cancers	Some cancers
Osteoporosis	Osteoporosis
Osteoarthritis	Depression
Falls in older people	Dental caries
Depression and anxiety	Reduced immunity (breastfeeding)

Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau (HEHA) is the Ministry of Health's strategic approach to improving nutrition, increasing physical activity and achieving healthy weight for all New Zealanders. The Healthy Eating-Healthy Action: Oranga Kai – Oranga Pumau Implementation Plan 2004-2010 (Ministry of Health, 2004a) provides detailed specific actions that will operationalise the goals of the Healthy Eating-Healthy Action Strategy launched in 2003.

The overall **vision** is:-

VISION
An environment and society where individuals, families and whānau and communities are supported to eat well, live physically active lives, and attain and maintain a healthy body weight

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The three overarching **goals** of the Strategy are priority population health objectives of the New Zealand Health Strategy (2000), namely:-

- Goal 1 – Improve nutrition
- Goal 2 – Increase physical activity
- Goal 3 – Reduce obesity

Approaches for action to meet these goals relates to seven **objectives**. These relate to the five strategies contained within the Ottawa Charter and also two additional objectives of monitoring, research and evaluation, and communication.

- Objective 1: Build healthy public policy
- Objective 2: Create supportive environments
- Objective 3: Strengthen community action
- Objective 4: Develop personal skills (includes the wider workforce involved in promoting nutrition and physical activity including industry and the education sector)
- Objective 5: Reorient services and programmes
- Objective 6: Monitoring, research and evaluation

¹ Overweight is defined as BMI 25.0 to 29.9 for European, Other and Asian adults and BMI 26.0 to 31.9 for Maori and Pacific adults.

² Obesity is defined as BMI greater than or equal to 30.0 for European, Other and Asian adults and BMI greater than or equal to 32.0 for Maori and Pacific adults.

Objective 7: Communication

Identified **priority areas** within the strategy are:-

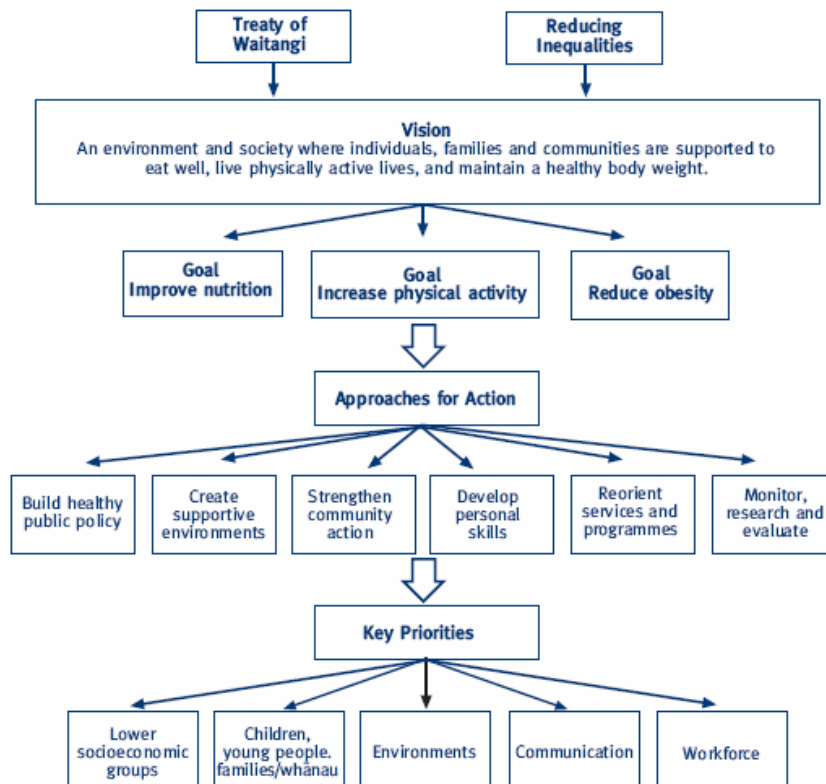
- Lower socioeconomic groups
- Children, young people, families/whānau
- Environments
- Communication
- Workforce

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Overall **key messages** of the strategy are:-

- Eat a variety of nutritious foods
- Eat less fatty, salty, sugary foods
- Eat more vegetables and fruit
- Fully breastfeed infants for at least six months
- Be active every day for at least 30 minutes in as many ways as possible
- Add some vigorous exercise for extra benefit and fitness
- Aim to maintain a healthy weight throughout life
- Promote and foster the development of environments that support healthy lifestyles

Figure 1: The Healthy Action – Healthy Eating Framework³



³ Ministry of Health. 2004. Healthy Eating – Healthy Action: Oranga Kai – Oranga Pūmau Implementation Plan: 2004-2010. Wellington: Ministry of Health.

Given the broad way in which nutrition and physical activity impacts on the lives of people HEHA also links with a range of other national health strategies:-

- He Korowai Oranga: Māori Health Strategy (2002)
- Whakatātaka Tuarua - Māori Health Action Plan (Minister of Health and Associate Minister of Health, 2006)
- Pacific Health and Disability Action Plan (Minister of Health, 2002)
- The New Zealand Disability Strategy - Making a world of difference - Whakanui Oranga (Minister for Disability Issues, 2001)
- New Zealand Cancer Control Strategy (Ministry of Health, 2003c)
- Reducing Inequalities in Health (Ministry of Health, 2002b)
- Breastfeeding: A guide to action (Ministry of Health, 2002a)
- Child Health Strategy (Ministry of Health, 1998)
- Health of Older People Strategy (Associate Minister of Health and Associate Minister for Disability Issues, 2002)
- Achieving Health for All People (Ministry of Health, 2003a)
- No Exceptions Strategy and Implementation Plan (SPARC, 2005)

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Sport and Recreation New Zealand (SPARC) and the Ministry of Education are important partners in HEHA.

1.2 Background and context to HEHA

Obesity

In the last 10 years there has been an increase in obesity with 65% of middle-aged men and 45% of middle-aged women now overweight or obese (Physical Activity Taskforce, 1998). An increased number of Māori and Pacific adults are overweight compared to other groups. For example, 57% of adult Māori men and 60% of adult Māori women are either overweight or obese, and 76% of Pacific women and 85% of Pacific men were overweight or obese compared with 53% of New Zealand European men and 46% of New Zealand European women (Russell, Parnell, Wilson et al, 1999).

The cause of the growing trend in obesity is largely due to a changing social and physical environment in which people are consuming excess energy through drink and food and not expending adequate energy through physical activity. Physical activity may also assist in reducing alcohol misuse and in helping people quit smoking (Ministry of Health, 2003b).

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For the purposes of this document services have been described in the following categories. Many services and activities dovetail into a range of other areas/sections and this has been noted where possible:-¶

¶
Overview of HEHA¶
General HEHA initiatives¶
Ethnic-specific HEHA initiatives¶
Services for people with special needs¶
Kapiti HEHA initiatives¶
Porirua HEHA initiatives¶
Wellington HEHA initiatives¶
Regional Public Health¶
Sport Wellington Region¶
National Heart Foundation¶

¶
The Ministry of Health has provided a comprehensive framework against which a range of government agencies can measure achievement against HEHA strategies. Current progress against objectives relevant to C&C DHB is outlined in Appendix One.¶

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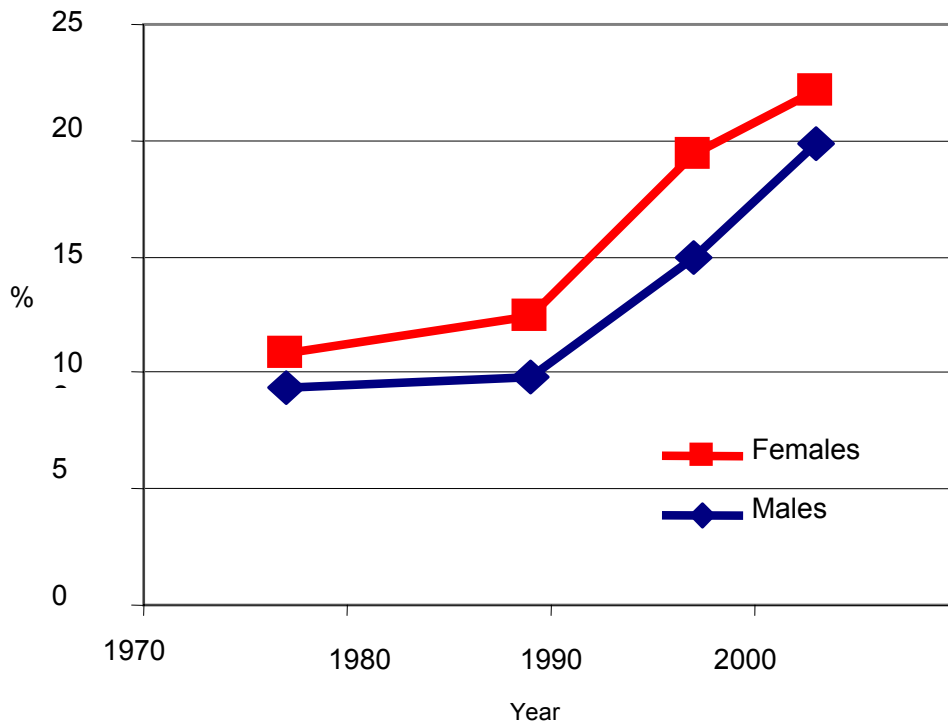
2. Overview of HEHA - Healthy Eating – Healthy Action¶

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Figure 2: NZ Obesity Prevalence in Adults 1977-2003



A high number of Māori and Pacific children are clinically obese compared to children of Other ethnicity.

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Table 1: Percentage of overweight or obese children
2002 National Children's Nutrition Survey⁴

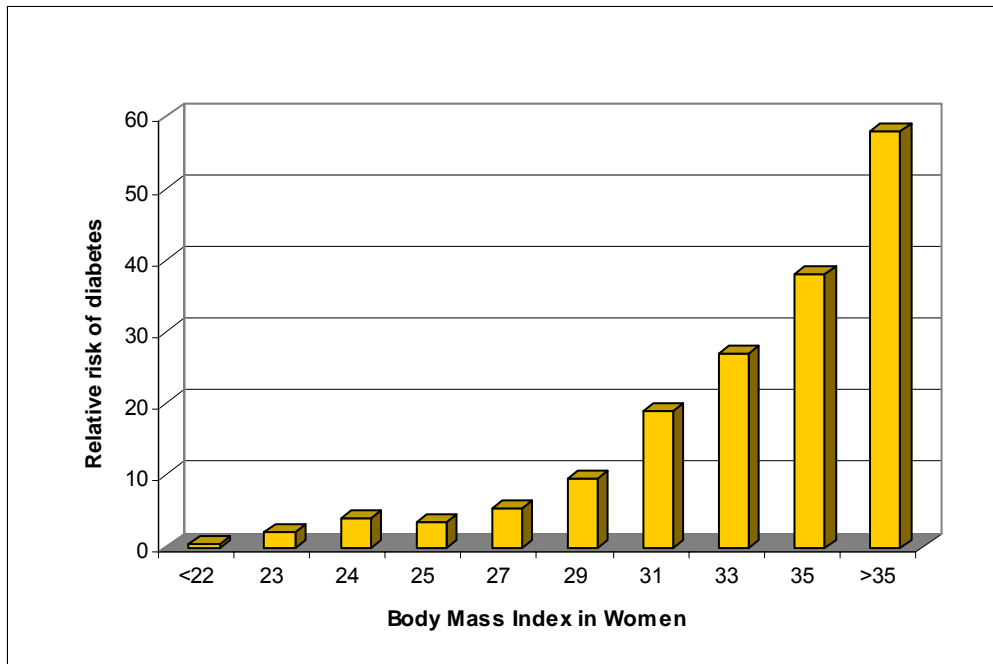
	NZ European and others		Māori		Pacific peoples	
	M	F	M	F	M	F
Overweight (%)	18.4	18.8	19.6	30.6	33.9	32.9
Obese (%)	4.7	6.0	15.7	16.7	26.1	31.0

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An important health message is the need to maintain a normal body weight throughout one's lifetime. The risk of diabetes increases markedly with a BMI over the normal range of 25-2 (Figure 1).

⁴ Ministry of Health. 2003d. *NZ Food NZ children: Key results of the 2002 National Children's Nutrition Survey*. Wellington: Ministry of Health.

Figure 1: Relative risk in women of diabetes associated with BMI



Food Security

The 1997 National Nutrition Survey identified that those living in more deprived areas are more likely to have poor nutrition. Approximately half of Pacific and a third of Māori households reported that food ran out sometimes or often compared to only 10% of New Zealand European households (Russell, Parnell, Wilson et al, 1999).

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Physical Activity

There are also differences in rates of physical activity in different groups in New Zealand. Māori and New Zealand European adults are most active (67% and 69% respectively) compared to 63% of Pacific adults and 54% of adults from other cultures (SPARC, 2003). The 2002 National Children's Nutrition Survey identified that male children are more active than females. Nearly 30% of females aged 11-14 did no weekend physical activity and no weekend physical activity was reported by 12.5% of children overall (Ministry of Health 2003d).

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Breastfeeding

A core component of the HEHA strategy is promoting breastfeeding for the first 6 months of life. Breastfeeding is an important activity that provides a protective effect for obesity and ensures children have increased immunity from many common childhood conditions.

Rates of artificial feeding provide a proxy measure for unsuccessful breastfeeding. Data from Plunket identifies that Māori and Pacific mothers are more likely to be artificially feeding at 6 weeks and 6 months and there is significant room for improvement.

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Table 2: Artificial Feeding in C&C DHB - July 2004 – December 2004

	6 weeks	6 months
Māori	20%	43%
Pacific	16%	43%
Asian	11%	35%
Other	10%	31%
Unstated	11%	43%

Source: Plunket

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1.4 Overview of the population in C&CDHB

A majority (70%) of the population living in the Capital & Coast district are European, 9.9% are Māori, 7.6% are Pacific, 7.5% are Asian and 4.9% are Other.

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Table 2: Overview of the population in C&C DHB

Ethnic Group	Count of the resident population				Ethnic Groups as a % of the TLA			
	Kapiti	Porirua	Wellington	District	Kapiti	Porirua	Wellington	District
Asian	501	1512	16401	18414	1.5%	3.2%	10.0%	7.5%
European	29475	23880	118824	172179	85.5%	50.5%	72.5%	70.1%
Māori	2976	9375	11889	24240	8.6%	19.8%	7.3%	9.9%
Other	1077	1710	9279	12066	3.1%	3.6%	5.7%	4.9%
Pacific	441	10845	7395	18681	1.3%	22.9%	4.5%	7.6%
All Ethnicities	34470	47322	163788	245580	100.0%	100.0%	100.0%	100.0%
% of total	14.0%	19.3%	66.7%	100.0%				

Source Census 2001

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The table below summarises the total Pacific population in the district by Pacific group. People identifying as Samoan are the largest group (57%), followed by Cook Island Māori (20%).

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Table 3: Pacific People in C&C DHB by Ethnicity, 2001⁵

	Total Pacific	Cook Is Māori	Fijian	Nuie	Samoa	Tokelau	Tonga	Other Pacific
Population	22,896	4,644	540	834	13,032	2,274	906	672
% of total Pacific popn	100%	20%	2%	4%	57%	10%	4%	3%

Source: Census 2001

1.5 Deprivation

Rates of overweight and obesity are distributed unequally across the population and are directly related to levels of deprivation. An increased number of Māori and Pacific adults are overweight compared to other groups (Russell, Parnell, Wilson et al, 1999). Tables 4 and 5 and Figure 3 identify that those living in disadvantaged circumstances (Deprivations 9-10) are significantly more likely to be Māori or Pacific. Using a weighted average deprivation index a higher proportion of people living in Porirua are deprived compared to Wellington or Kapiti (Table 6).

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⁵ The total Pacific population analysed by ethnic group (22,896) differs from the Census data (18,681) above. It is likely this relates to double counting if a Pacific person identified as more than one ethnic group.

Table 4: Percentage of the C&C DHB population by deprivation, 2001

	Dep 1-2	Dep 3-4	Dep 5-6	Dep 7-8	Dep 9-10
2001	34%	23%	16%	9%	18%

Source: Statistics NZ – Census 2001

Table 5: Deprivation by Ethnicity, C&C DHB, 2001

	Dep 1-2	Dep 3-4	Dep 5-6	Dep 7-8	Dep 9-10
Māori	6%	7%	10%	13%	20%
Pacific	2%	3%	5%	6%	27%
Other	92%	89%	85%	81%	53%
Total	100%	100%	100%	100%	100%

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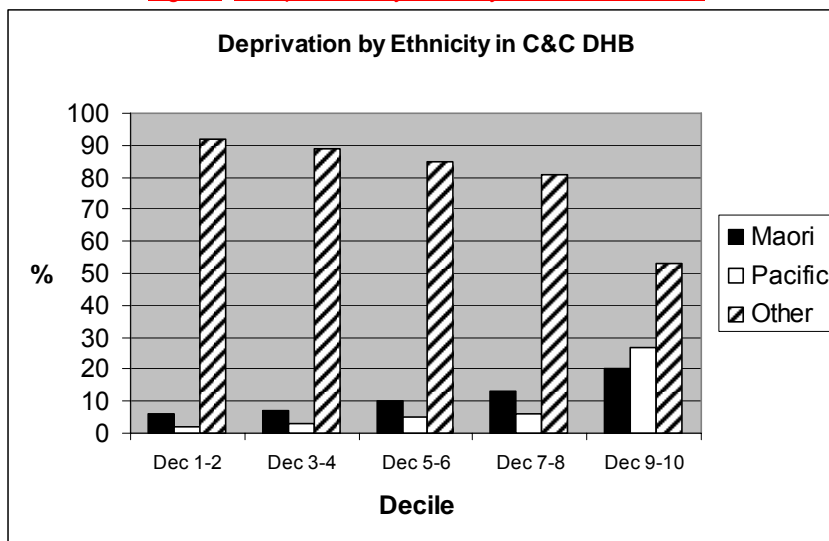
Source: Statistics NZ – Census 2001

Table 6: Average Deprivation by TLA, 2001

	Territorial Local Authority Area	Weighted Average Deprivation
C&C DHB	Kapiti Coast	4.62
	Porirua City	6.12
	Wellington City	3.99
C&C DHB Total		4.49
Central Region Total		5.61
New Zealand Total		5.67

Source: Census 2001

Figure 3: Deprivation by Ethnicity in C&C DHB, 2001



Source: Statistics NZ, Census, 2001

1.6 Summary of issues

In summary, data indicates that obesity and the need for increased physical activity is a priority health issue for all New Zealanders. An increased number of Māori and Pacific children and adults are overweight compared to other groups, and an important focus needs to be placed on these two groups.

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Rates of overweight and obesity are distributed unequally across the population and are directly related to levels of deprivation. The highest proportion of low income people live in Porirua and in order to reduce inequalities this geographical area needs to be a focus of activity.

Increased effort is needed to ensure that Māori and Pacific mothers either fully or exclusively breastfeed for the recommended period.

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Identified priority areas within the HEHA strategy are:-

- o Lower socioeconomic groups
- o Children, young people, families/whānau
- o Environments
- o Communication
- o Workforce

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Objectives 07/08

3. Prioritise HEHA activities for Māori, Pacific and low income groups. [Refer to Section 3 – Priority Groups].

4. In line with the national HEHA strategy prioritise HEHA activities related to children, young people, families/whānau, low income groups, breastfeeding, and workforce.

2 Governance

2.1 Project Sponsor

The Project Sponsor is Dr Nick Chamberlain, Director, Planning and Funding, C&CDHB. He has a sports medicine and health management background and has a strong interest in population health.

2.2 Project Manager

Robyn Blue has been appointed as the HEHA Programme Manager. She has a community health background, and project management and public health expertise.

2.3 HEHA Governance Structure

An initial consultation meeting of all stakeholders was held in March and there is agreement on the governance below (Figure 1).

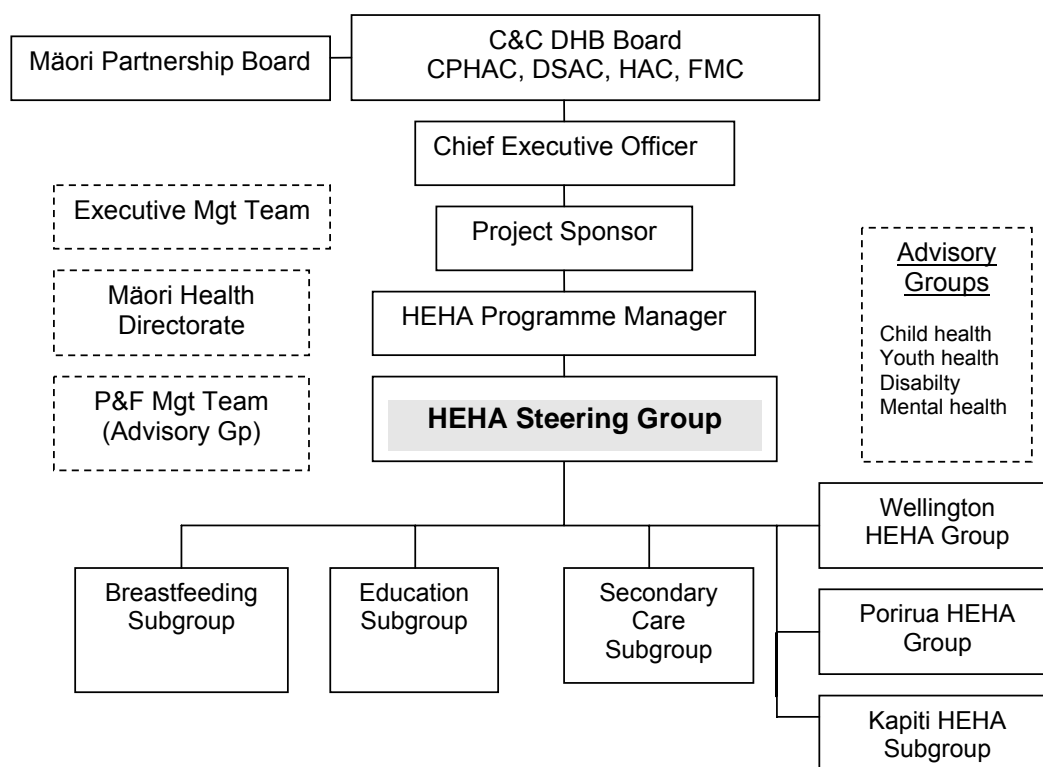


Figure 1 – Governance Structure for the C&CDHB HEHA Programme

A locality HEHA Subgroup already exists in Porirua and will remain unchanged. Locality subgroups need to be established in Kapiti and Wellington, and also a Breastfeeding Subgroup, Education Subgroup and a Secondary Care Subgroup.

2.4 Kapiti Physical Activity Strategy

C&CDHB actively supported the development of the Kapiti Physical Activity Strategy and partnerships have been developed between C&CDHB, Sport Wellington/Sport Kapiti, Kapiti Coast District Health Board (KCDC), RPH and other providers in the district. The strategy has been written and is in the process of being ratified by KCDC. It is planned to seek funding from partners and SPARC to appoint a Coordinator with joint responsibility for both Healthy Eating and Healthy Action.

2.5 “At the heart” - Wellington Urban Physical Activity Strategy

In the last year, C&CDHB has been an active member of the Wellington Urban Physical Activity Strategy. This has involved working collaboratively with Sport Wellington Region, Wellington City Council, Upper Hutt City Council, Hutt City Council, Porirua City Council and the Greater Wellington Regional Council, RPH and other stakeholders in developing a physical activity strategy for the region. The strategy is still in the process of being finalised.

4.6 Summary of key points



Achievements 06/07

Undertook a HEHA Stocktake for C&CDHB
Developed the Kapiti Physical Activity Strategy
Developed the Wellington Urban Physical Activity Strategy
Developed a HEHA Education Subgroup
Developed a HEHA Steering Group

In the last year C&CDHB undertook a stocktake of HEHA activities in the district and has been involved in two physical activity strategies in the district. The HEHA strategy will build on this work and also the good working relationships that have been established between RPH, Sport Wellington Region, TLAs and NGOs such as National Heart Foundation and the Cancer Society.

There is a need to form a range of subgroups and further explore the development of funded coordinator positions in Kapiti and Wellington.

2.7 Objectives for 07/08

7. Establish a Kapiti Locality Subgroup.
8. Establish a Wellington Locality Subgroup.
9. Establish a Secondary Care Subgroup.
10. Establish a Breastfeeding Subgroup.
11. Investigate funding options for a jointly-funded HEHA Coordinator position based in Wellington.
12. Investigate funding options for a jointly-funded HEHA Coordinator position based in Paraparaumu.

3 Priority Groups Targeted by the Plan

3.1 Introduction

One of the explicit purposes of the NZ Public Health and Disability Act (2000) is to reduce health disparities by improving the health outcomes of Māori and other population groups. The New Zealand Health Strategy acknowledges the need to address health inequalities as a priority requiring ongoing commitment across the sector (Minister of Health 2000).

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There is considerable evidence, both internationally and in New Zealand, of significant inequalities in health between socioeconomic groups, ethnic groups, people living in different geographical regions and males and females (Howden-Chapman and Tobias 2000).

Key government strategy documents that relate to reducing inequalities are the following:-

- *He Korowai Oranga: Māori Health Strategy and Whakatataka: Māori Health Action Plan* expand on the principles and objectives identified in the New Zealand Health Strategy providing more detail on how Māori health objectives will be achieved. The strategy recognises the need and desire for Māori to have *tino rangatirata* or self-determination over services. Māori are strongly motivated to seek their own solutions to health issues and manage their own services. The overall aim of this strategy is *whānau ora*/family health. Key ways in which *whānau ora* may be achieved are by involving Māori in decision-making, developing partnerships with iwi and Māori at governance and operational levels, ensuring all Māori populations have access to a choice of a Māori provider for a range of community-based services, and improving integration between providers.
- A priority goal identified in *The Pacific Health and Disability Action Plan* is to encourage and support healthy lifestyles by way of increasing the level of physical activity. Key ways to support the health of Pacific peoples are ensuring that health services are responsive to the needs of Pacific communities, supporting intersectoral partnerships as a means of enhancing service delivery and promoting Pacific workforce development.
- *The New Zealand Disability Strategy* provides a framework for reducing inequalities in people with disabilities. All recreational and sports facilities should be designed to be accessible and to protect the rights of people with disabilities. Disabled people should be actively included in exercise programmes.

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Another important strategy is the *No Exceptions Strategy* intended to guide the actions of all agencies involved in the provision of physical recreation and sport programmes. The philosophy underpinning the strategy is an enabling attitude and environment, real and equitable access physical activity options to people with disabilities, and that people with disabilities should be included into mainstream programmes, where possible.

3.2 Reducing inequalities in priority groups

Despite an improvement in the health status of all New Zealanders, disparities are increasing for Māori and Pacific peoples.

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Rates of overweight and obesity are distributed unequally across the population and are directly related to levels of deprivation. An increased number of Māori and Pacific adults are overweight compared to other groups (refer Section 1).

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A core concept is that while the overall health of European/Other groups is improving, the health disparities are increasing for Māori and Pacific peoples. A priority for implementation of the HEHA Strategy will therefore be to aim to reduce inequalities in Māori and Pacific groups.

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3.3 A population health approach

Addressing inequalities requires a population health approach that takes account of the influences on health and how they can be tackled to improve health. Action is directed at the health of an entire population, or sub-population, rather than individuals.

Key aspects of a population health approach are:-

- The health of populations is correlated with factors that fall outside the health system or established health sector. Factors include social, economic and environmental health determinants (the determinants of health).
- Health outcomes are improved by:-
 - Applying multiple strategies to act on the determinants of health
 - Using evidence-based decision making
 - Utilising joint action between sectors (intersectoral collaboration)
 - Engaging early those most affected by the health issue (as they can contribute positively to identifying possible solutions)

▲ Determinants of health

- Income and social status
- Social support networks
- Education and literacy
- Employment/working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender

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Figures 2 and 3 identify the many varied determinants that affect individual factors related to nutrition and physical activity. These include the marketing and availability of energy-dense foods, policies, urban design, transport infrastructure, facilities and so on. Just as the factors leading to obesity are complex, so are the solutions.

3.4 Reducing inequalities frameworks

Several assessment frameworks are available to guide actions to reduce inequalities:-

- Health Equity Assessment Tool (HEAT Tool)⁶ - Appendix 1
A set of questions to assist consideration on how particular inequalities in health have come about, and where the effective intervention points are to tackle them.
- Whānau Ora Tool and Public Health Whānau Ora Tool⁷ – Appendix 1
The Public Health Whānau Ora tool provides a detailed assessment framework which helps to ensure that a whānau ora and reducing inequalities approach is being considered in public health programmes e.g.

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⁶ Ministry of Health, Public Health Consultancy and Te Rōpu Rangahau Hauora a Eru Pōmare, 2002.

⁷ From: Ministry of Health MAP Template, 2007.

- o How do you actively aim to achieve equity of access, use and outcome for Māori?
- o How are Māori involved in management decision-making?
- o What is the process of engaging with Māori and are they part of the decision-making?
- o What percent of funds are committed to improving Māori public health action?
- o Identify how the plan reduces inequalities and health disparities?

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- **Reducing Inequalities Framework⁸ -Appendix 1**

This framework provides an assessment of the following factors:-

- o *Structural* – Social, economic and historical factors that affect health. This includes economic and social policies and power relationships
- o *Intermediary pathways* – the impact of the above can be mediated by lifestyle, environmental factors, access to material resources and internal controls
- o *Health and disability services*
- o *Impact* – the impact can be minimised by income support and community support services

All frameworks have been used to guide decision-making. For example, the *HEAT Tool* and the *Reducing Inequalities Framework* have been used to consider how particular inequalities in health have come about, and what the effective intervention points are to tackle them. A strong relationship exists between obesity and socio-economic status and the impact of social disadvantage can be minimised by income and community support services. A strengths-based approach will assist in reducing the impact of disadvantage resulting from power/racism.

The *Reducing Inequalities Framework* has been used to consider the range of factors that affect nutrition and physical activity and that increase inequalities, and also the range of factors that can mediate and reduce inequalities.

Reducing Inequalities Framework Applied to Nutrition and Physical Activity	
<i>Structural factors that affect nutrition and physical activity</i>	Culture Income Urbanisation Food marketing Working parents (lack of time) Policies Racism and discrimination
<i>Intermediary pathways</i>	Finances to buy equipment, choices of food, undertake recreational pursuits Individual interest in nutrition and physical activity Physical activity integrated as a normal part of daily work or lifestyle Social marketing
<i>Health and disability services</i>	Services developed to meet identified needs Orientation of health services in terms of support for HEHA, food security, breastfeeding etc.
<i>Impact can be minimised by</i>	Impact can be minimised by income support services and community support services

The *Whānau Ora and Public Health Whānau Ora Tools* have been used as an assessment framework to consider a range of factors that will work towards reducing inequalities in Māori.

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⁸ Ministry of Health, 2002.

Examples of key areas for action identified as a result of these tools are consultation and community engagement with Māori, developing whānau/hapu/iwi and Māori capacity to plan and implement HEHA programmes, Māori workforce development, and equitable allocation of funding.

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Figure 2: Environments and Interventions
 (adapted from the Healthy Eating Healthy Action Strategy and the Youth Development Strategy Aotearoa)

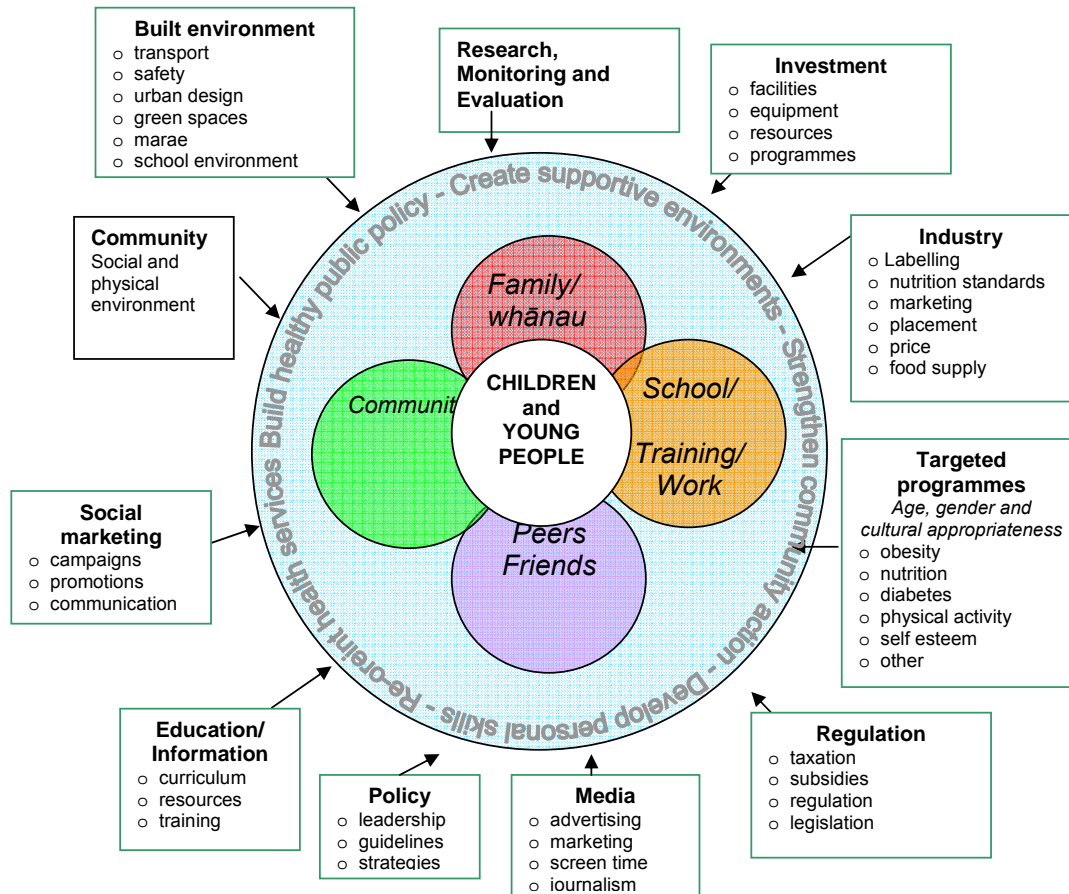
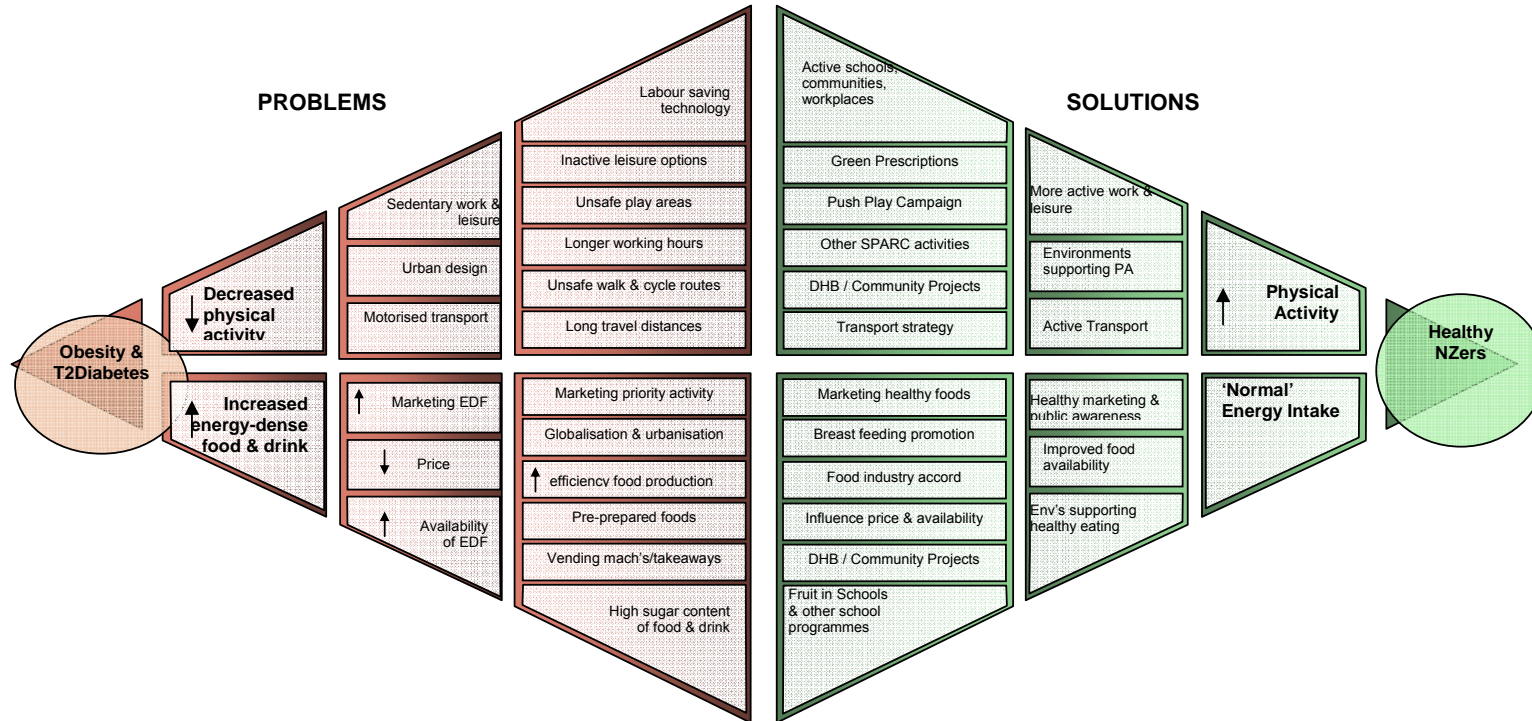


Figure 3: Environmental Determinants and Related Solutions



3.5 Services for Māori

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Overall Aim*

Whānau Ora: Māori families supported to achieve their maximum health and wellbeing

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*From: *He Korowai Oranga* (2002)

As a population group Māori have on average the poorest health of any ethnic group in New Zealand. Māori are a priority for HEHA with Māori children significantly more likely to be overweight or obese.

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He Korowai Oranga (Ministry of Health, 2002) provides a framework for the public sector to improve the health of Māori. The overall aims are *whānau ora - Māori families supported to achieve their maximum health and wellbeing* and *improving Māori outcomes*. The four pathways to action in *He Korowai Oranga* are:-

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Te Ara Tuatahi – Pathway One – Development of whānau, hapu, iwi and Māori communities

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Te Ara Tuarua – Pathway Two – Māori participation in the health and disability sector

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Te Ara Tuatorua – Pathway Three – Effective health and disability services

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Te Ara Tuawha – Pathway Four – Working across sectors

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Whakatataka Tuarua: Māori Health Action Plan 2006-2011 (Ministry of Health, 2006) utilises these four pathways to identify specific actions that will improve the health of Māori, namely:-

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- Te Ara Tuatahi – Pathway One – Development of whānau, hapu, iwi and Māori communities
- Fostering Māori community development
- Building on Māori models of health

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Te Ara Tuarua – Pathway Two – Māori participation in the health and disability sector

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- Increasing Māori participation in decision-making

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- Increasing Māori provider capacity and capability

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- Developing the Māori health and disability workforce

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Te Ara Tuatorua – Pathway Three – Effective health and disability services

- Addressing health inequalities for Māori

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- Improving mainstream effectiveness

- Māori health plans

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- Removing barriers and promoting participation of Māori who have a disability

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Te Ara Tuawha – Pathway Four – Working across sectors

- Encouraging initiatives with other sectors that positively affect whānau ora

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All pathway areas are relevant as areas of action for HEHA, in particular working across sectors, increasing Māori provider capacity and capability and improving mainstream effective to meet the needs of Māori. In 07-08 a number of these areas will be addressed. In particular, dedicated funding will be set aside for Māori-specific HEHA initiatives.

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Current Māori-specific services and future development

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The current range of Māori-specific HEHA initiatives in C&CDHB s outlined below:-

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Māori services promoting nutrition and physical activity

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- Sport Wellington Region – Kaiwhakahaere employed

- Nga Whakatauki Trust HEHA Initiative

- Ora Toa Health Unit – directly funded by the MOH for HEHA

- Mokai Whānau Ora Programme (Consultancy Advocacy Research Trust – CART)

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Māori services promoting breastfeeding

- Nga Tāpuhi Whakawhānau – Māori midwifery service
- Hora Te Pai – Wellchild/tamariki ora Service
- Maraeroa Marae Health Clinic - Wellchild/tamariki ora Service
- Ora Toa Health Services - Wellchild/tamariki ora Service
- Te Ngāwari Hauora

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In addition, several programmes are not exclusive to Māori but work hard to develop programmes and initiatives for Māori as a priority group, for example the Active Families programme undertaken by Sport Wellington Region and services undertaken by a number of PHOs.

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There will be a significant and ongoing work programme associated with improving the health of Māori through both Māori-specific programmes and also mainstream services and programmes. The Manager of Māori Strategy and Development for C&CDHB is providing excellent support by way of reconfiguring existing whānau ora contracts to have a stronger HEHA focus and will implement a Māori-focused social marketing initiative in 07/08.

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Overall, in 07/08 there is a need to further work with Māori on services and strategies appropriate to their needs, strengthen existing Māori HEHA initiatives, consider opportunities for development of new initiatives, and identify opportunities for the further development of the Māori workforce.

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Objectives for Māori 07-08

32. Work with the Māori Partnership Board and other Māori forums/community groups to develop a Māori HEHA Plan.
33. Work with Kohanga Reo to develop initiatives that will promote HEHA.
34. Undertake a HEHA workshop with staff employed by the Whanau Care Unit at C&CDHB
35. Fund new Maori -specific HEHA projects and initiatives.
36. Increase community breastfeeding support services with a particular emphasis on services for Māori.
37. Work with DHB Maori staff, the Maori Partnership Board and iwi/Maori groups on communication strategies for Maori.
38. Sponsor one Maori sport's team and the team promotes the HEHA brand.

Refer also to page 31 - **Objectives for priority groups (including Maori, Pacific and low income people)**

3.6 Services for Pacific

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Vision*
Healthy Pacific peoples achieving their full potential throughout their lives

*From: *The Pacific Health and Disability Action Plan (2002)*

Pacific peoples are a priority group for HEHA with Pacific children most likely to be overweight or obese.

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The *Pacific Health and Disability Action Plan (2002)* sets out the strategic direction and actions for improving health outcomes for Pacific peoples and reducing inequalities between Pacific and non-Pacific communities. The Plan highlights six priority areas where improvements can be made to health and disability support services for Pacific peoples. The key priority relevant to HEHA is *promoting healthy lifestyles and wellbeing*. Other relevant priorities are:-

- Child and youth health
- Primary care and preventative services
- Provider and workforce development
- Promoting participation of disabled Pacific peoples

An initial priority in promoting nutrition and physical activity in Pacific peoples is community engagement. Challenges to achieving this are:-

- Each Pacific group has a unique cultural identity and there is no one forum to consult Pacific people.
- The traditional perception of body shape in Pacific communities may conflict with the western perception of body shape⁹

Pacific-specific services and future development

Current funded Pacific-specific nutrition and physical activity services and programme in the district are as follows:-

- Shake it, Beat it, Learn it – a pilot physical activity initiative, a joint venture between C&CDHB and NZ Institute of Sport
- Health Promoting Churches – Pacific Heartbeat, NHF
- Stagecoach (busdriver) project – Pacific Health Service Wellington
- Pacific Breastfeeding Service – C&CDHB
- Healthy Lifestyle Programme – Pacific Health Service, Porirua
- Sponsorship of Pacific events with a nutrition and physical activity focus (e.g. Creekfest, Kilikiti, Polyfest) – C&CDHB
- A number of Pacific staff in the district are studying towards a Certificate in Pacific Nutrition
- He Tifa Ola Tokelau - bilingual public health access radio programme (RPH)
- Early Childhood Centre Health Gardens Project (RPH)
 - Initiating and supporting the development and sustainability of community gardens in Kohanga Reo and Pacific Language Nests in Wellington and Porirua and the Hutt Valley

In addition, several programmes are not exclusive to Pacific but work hard to develop programmes and initiatives for Pacific as a priority group, for example the Active Families

⁹ A traditional view of perception of body shape in Niue is that large size/rounded shape is symbolic of being a good provider; a slim person is considered to not be looking after his/her family (personal communication with Mailigi Hetutu (Niue) at a Porirua Healthlinks Community forum.

programme undertaken by Sport Wellington Region and services undertaken by a number of PHOs.

In 07/08 there is a need to further consult Pacific on services and strategies appropriate to their needs, strengthen existing Pacific HEHA initiatives, consider opportunities for development of new initiatives, and identify opportunities for further developing the Pacific HEHA workforce.

Objectives for Pacific 07-08

1. Work with the Pacific Manager and other Pacific forums/community groups to develop a Pacific HEHA Plan.
2. Work with Pacific Language Nests to develop initiatives that will promote HEHA.
3. Undertake a HEHA workshop with staff employed by the Pacific Health Unit at C&CDHB.
4. Fund new Pacific -specific HEHA projects and initiatives.
5. Evaluate the Shake it, Beat it, Learn it Pilot initiative.
6. Consolidate the Pacific breastfeeding support initiative.
7. Staff employed by the Pacific Lactation Support Service receive training/professional development in lactation.
8. Work with the DHB Pacific Manager and staff, Pacific groups and relevant forums on communication strategies for Pacific.
9. Sponsor one Pacific sport's team and the team promotes the HEHA brand.

Refer also to objectives below - Objectives for priority groups (including Maori, Pacific and low income people)

Objectives for priority groups (including Maori, Pacific and low income people)

1. Ensure the communications and social marketing strategy is targeted to ensuring HEHA messages reach priority groups, in particular Māori and Pacific children and youth, and their parents.
2. Collaborate with Councils to consider ways in which HEHA services and activities can be made more accessible and appropriate for Māori, Pacific and migrant people.
3. A high priority is given to allocation of the Nutrition Fund in low decile schools.
4. Support youth led-HEHA initiatives in schools and the community with a high number of Māori and Pacific youth involved.

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Objectives for low income people

1. Initiate discussion with the Ministry of Social Development on ways in which HEHA may be better promoted or supported for people on benefits.
2. Utilise school newsletters and community newspapers to communicate information on preparing healthy school lunches with an emphasis on reduced cost.
3. Work with Councils and others to investigate the increased availability of physical activity opportunities at reduced cost.
4. Expand the Fruit in Schools Programme to one intermediate school.

3.7 Services for people from other ethnic groups

HEHA initiatives for Asians

People of Asian ethnicity represent a large group in the C&CDHB district (7.5%) and consideration needs to be given to appropriate services for the various ethnic groups.

There is also a sizeable refugee community in C&CDHB, with the majority residing in Wellington South. One health service in the area, Newtown Union Health Service, has 2,410 non-English speaking, non-Pacific refugee and migrants enrolled in their service, representing 90% of refugees and migrants living in Wellington South. The largest group of refugees and migrants are from Iraq, following by Somalia, Assyria, and Ethiopia. Smaller numbers are from Syria, Laos, Kurda, Eritrea, Vietnam, Iran and Rwanda. Due to the high needs of the various migrants groups Newtown Union Health Service employs interpreters in a part-time capacity.

HEHA Initiatives for Refugees and Migrants

Refugees and recent migrants living in the district have special needs relating to physical activity, for example Muslim women undertaking physical activity in a public recreation facility require a service that segregated from men. Food security is also an issue. One particular nutrition-related issue for Muslim (veiled) women and children is a lack of Vitamin D and rickets (Judkins & Eaglelton, 2006).

Current HEHA activities for refugees and migrants in the district include the following:-

- SECPHO has a HEHA contract and is building on activities already happening in SECPHO. Funding is being utilised to build capacity in existing groups and further develop healthy lifestyle and nutrition and physical activities already happening. Activities include:-
 - The Assyrian Women's Group
 - The Somali Women's Group
 - Activities relating to sport – support of the Refugee & Migrant Soccer Team
- Refugee and migrant HEHA activities with youth (Evolve – Te Whanganui-a-Tara Youth Development Trust)
- Culture Kicks Tournament – a refugee and migrant soccer initiative supported by Wellington City Council and ongoing work with the refugee community
- Innermost Garden Project – a group of 30 refugee, migrant and local women are planning a communal garden

In 07/08 it will be important to build on existing activities and programmes and actively promote culturally-appropriate programmes for refugees and migrants with recreation providers.

Objectives for Other Ethnic Groups

- | |
|--|
| 1. .As the opportunity arises, initiate discussion with Asian and other ethnic groups as to how HEHA services may be tailored to meet their needs. |
| 2. Consider the needs of Asian communities in HEHA communications and resources. |
| 3. Collaborate with Councils to consider ways in which HEHA services and activities can be made more accessible and appropriate for Māori, Pacific and migrant people. |

initially participated in providing community-based supported accommodation and has gone on to develop a comprehensive range of social and vocational rehabilitation programmes.

MASH identified that on average, people who experience mental illness said they'd like to access leisure, sports and recreational facilities such as swimming pools, the library and zoo once a week, but in fact most went just once a year. The barriers to this were identified as the following:-

- the cost of transport, cost of entry, and cost of appropriate clothing, footwear, and other equipment
- stigma and discrimination – feeling excluded because they might look or act differently and that staff seem suspicious and reluctant to approach them
- poor self-image, lack of energy and motivation, fear of failing or looking stupid

The NZ Recreation Association recently awarded MASH and WCC one of 10 Outstanding Project Awards for the Opening Doors project (below).

One particular issue identified is that food choices offered /available in residential mental health services and day programmes could be improved. In 07/08 Train-the-trainer programmes will be held with managers of these services and programmes with the aim of initiating discussion on improving nutrition and increasing physical activity in these settings.

Objectives for people with mental illness

4. Undertake a train-the-trainer HEHA workshop with staff in mental health residential homes and day programmes.
5. Utilise mental health newsletters and other media to promote HEHA activities in clients with mental illness

3.8.3 HEHA Activities for Older People

There are a range of initiatives in the district for older people. A range of community centres hold exercise classes for seniors. Outlined below are the types of classes being offered in Wellington:-

- Aro Valley Community Centre - Tai Chi classes twice weekly and a Feldenkrais class once a week.
- Brooklyn Resource Centre - an arthritic exercise group weekly
- Brooklyn Community Centre - Tai Chi twice weekly and also a walking group
- The Senior Centre in the Central Library holds Tai Chi twice weekly, Line Dancing twice weekly and Ball Room dancing once a week
- Island Bay Community Rooms - a walking group and Tai Chi twice weekly
- Karori Community Centre - Feldenkrais and Tai Chi classes
- Karori Recreation Centre - Tai Chi and Arthritic exercise classes
- Khandallah Cornerstone Community Centre - a (leisure) walking group
- Kilbirnie Community Centre - arthritic exercise classes, Tai Chi falls prevention, exercise class for 50+ and Line Dancing classes
- Miramar Community Centre - a seniors walking group and Tai Chi classes
- Newtown Community Centre - aerobic/body strengthening classes for 50+ (fit elderly) Line Dancing and Tai Chi classes
- Thistle Hall Community - Tai Chi classes and Dancing for Good Health (women only)
- Wadestown Community Centre advertise the Trelissick Park Ngaio Gorge walking group (for the fit elderly)

In addition, many retirement complexes include facilities such as indoor bowling, recreation halls, petanque courts, mini-golf and gardens and offer varied recreation programmes ranging from exercise programmes for people with mobility problems to active recreation.

Objectives for older people

6. Explore ways in which physical activity options may be better promoted to the families, parents and older people.

3.9 Summary of Issues



Achievements 06/07

- Established the Shake it, Beat it, Learn it pilot
- Established the Pacific Breastfeeding Support Service
- Two Māori-specific providers funded for HEHA projects
- Strengthened HEHA services for refugees and migrants living in Wellington South.
- PHO/DHB/community HEHA projects in Kapiti, Porirua, Wellington
- Collaborative projects on the social determinants of health as part of the Work & Income and Health Working Group

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- Despite an improvement in the health status of all New Zealanders, disparities are increasing for Māori and Pacific peoples.
- In order to reduce inequalities HEHA activities and services need to be prioritised for Māori and Pacific groups.
- HEHA initiatives need to be culturally-appropriate for Māori, Pacific and migrant groups
- Each Pacific Island group has their own identity and a single Pacific Programme is not applicable to all Pacific peoples.
- There is no one specific forum for Pacific people and there is a need to identify a range of community fono for community engagement.
- In keeping with a whānau ora approach, in order to reach children and youth it will be important to identify ways to engage pakeke/parents.
- There may be different perceptions of the meaning of body weight between European/Pakeha and Pacific Island people and this will need to be taken into consideration in communication strategies and programme planning
- In addition to the development of Māori-specific and Pacific specific services actions to improve the health of Māori and Pacific also includes improving mainstream effectiveness for these groups.

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3.9.1 Summary of objectives for 07/08 for priority groups

(a) Services for Māori

1. Work with the Māori Partnership Board and other Māori forums/community groups to develop a Māori HEHA Plan.
2. Work with Kohanga Reo to develop initiatives that will promote HEHA.
3. Undertake a HEHA workshop with staff employed by the Whanau Care Unit at C&CDHB
4. Fund new Maori -specific HEHA projects and initiatives
5. Increase community breastfeeding support services with a particular emphasis on services for Māori
6. Work with DHB Maori staff, the Maori Partnership Board and iwi/Maori groups on communication strategies for Maori.
7. Sponsor one Maori sport's team and the team promotes the HEHA brand.

(b) Services for Pacific

8. Work with the Pacific Manager and other Pacific forums/community groups to develop a Pacific HEHA Plan.
9. Work with Pacific Language Nests to develop initiatives that will promote HEHA.
10. Undertake a HEHA workshop with staff employed by the Pacific Health Unit at C&CDHB
11. Fund new Pacific -specific HEHA projects and initiatives
12. Evaluate the Shake it, Beat it, Learn it Pilot initiative.
13. Consolidate the Pacific breastfeeding support initiative.
14. Staff employed by the Pacific Lactation Support Service receive training/professional development in lactation.
15. Work with the DHB Pacific Manager and staff, Pacific groups and relevant forums on communication strategies for Pacific.
16. Sponsor one Pacific sport's team and the team promotes the HEHA brand.

(c) Services for priority groups

17. Ensure the communications and social marketing strategy is targeted to ensuring HEHA messages reach priority groups, in particular Māori and Pacific children and youth, and their parents.
18. Collaborate with Councils to consider ways in which HEHA services and activities can be made more accessible and appropriate for Māori, Pacific and migrant people.
19. A high priority is given to allocation of the Nutrition Fund in low decile schools.
20. Support youth led-HEHA initiatives in schools and the community with a high number of Māori and Pacific youth involved.
21. As the opportunity arises, initiate discussion with Asian and other ethnic groups as to how HEHA services may be tailored to meet their needs.

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(d) Services for low income people

22. Initiate discussion with the Ministry of Social Development on ways in which HEHA may be better promoted or supported for people on benefits.

23. Utilise school newsletters and community newspapers to communicate information on preparing healthy school lunches with an emphasis on reduced cost.

24. Work with Councils and others to investigate the increased availability of physical activity opportunities at reduced cost.

25. Expand the Fruit in Schools Programme to one intermediate school.

(e) Services for Asians and Refugees and Migrants

26. As the opportunity arises, initiate discussion with Asian and other ethnic groups as to how HEHA services may be tailored to meet their needs.

27. Consider the needs of Asian communities in HEHA communications and resources.

28. Collaborate with Councils to consider ways in which HEHA services and activities can be made more accessible and appropriate for Māori, Pacific and migrant people.

(f) Services for people with mental illness

29. Undertake train-the-trainer HEHA workshops with managers of mental health residential homes and day programmes.

30. Utilise mental health newsletters and other media to promote HEHA activities in clients with mental illness

(g) Services for people with disabilities

31. Promote the No Exceptions Strategy to providers of physical activity programmes and services.

32. Utilise media opportunities to promote inclusiveness of people with disabilities in physical activity.

(h) Services for families and older people

33. Explore ways in which physical activity options may be better promoted to the families, parents and older people.

4 Understanding the Issues

4.1 HEHA Initiatives

Funded initiatives

Outlined below are all funded initiatives with a nutrition and physical activity focus in C&CDHB.

NB Pacific-specific, Māori-specific, and Refugee and Migrant initiatives and initiatives for people with disabilities are outlined in Section 3. Breastfeeding initiatives are outlined in Section 6.

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DHB initiatives

- HEHA Projects within Tumai mo te iwi PHO
- HEHA Projects within Porirua Health Plus PHO
- SECPHO HEHA Linkworker
- HEHA Projects within SECPHO – “Healthy Communities Growing Together
- Active Families Green Prescription Programme for Obese Children (Capital PHO, Karori PHO, SECPHO)

Regional Public Health

- Health Promoting Schools
- Fruit in Schools
- He Tifa Ola Tokelau community - bilingual public health access radio programme
- Early Childhood Centre Health Gardens Project
- Initiating and supporting the development and sustainability of community gardens in Kohanga Reo and Pacific Language Nests in Wellington and Porirua and the Hutt Valley
- Health Impact Assessment of At the Heart, Wellington Urban Regional Physical Activity Strategy
- Assisting foodbanks with guidelines to provide nutritionally-balanced, culturally and religiously appropriate food parcels.
- Train-the-trainer workshops to a range of providers
- Submissions (healthy public policy) to government, councils and other agencies

Sport Wellington Region

- Development of a Wellington Urban Region Physical Activity Strategy
- Development of a Kapiti Physical Activity Strategy
- Maori-specific physical activity service development (supported by a Kaiwhakahaere employed)
- Green Prescription Active Families Programme (see DHB-funded initiatives)
- Green Prescriptions (GRx)
- Schools Team, Sport Wellington Region
- Active Schools
 - The programme builds school/community capability by engaging physical activity providers, collaborating with public sector delivery agents, raising awareness of the benefits of physical activity for young people, and providing quality training and resources.
- Active Movement
 - The programme builds community capability and increases the amount and quality of physical activity in children <5 years through public education, awareness raising and the provision of quality training and resources.
- Sport Opportunity Adviser (refer Section 3)
- Promotion of Push Play

National Heart Foundation

- Jump Rope for Heart
- School Food Programme - Encourages a healthy eating environment within the school
- Healthy Heart Award - A free programme working to promote healthy food and active movement to children in early childhood centres
- Health Promoting Churches (refer Section 3 – Pacific-specific services)
- Certificate in Pacific Nutrition (refer Section 3 – Pacific-specific services)
- Cardiac Support Clubs

TLAs/Councils

The three Councils in C&CDHB have a team of experienced personnel on staff managing events, recreational facilities and council-owned parks and playgrounds in their TLA area. In addition, Porirua City Council has a full-time HEHA Coordinator coordinating a range of activities within both council and the community and Wellington City Council has a full-time Push Play Coordinator managing a range of community recreational initiatives.

The Greater Wellington Regional Council manages a number of outdoor spaces that can be used by the public for physical activity. The Council has a Regional Outdoors Programme within the region's parks and forests.

Non-funded initiatives

Several networks of agencies working to promote nutrition and physical activity are in place in the district:-

- Wellington Regional Recreation Initiatives Group (WRRIG)
- Porirua Active Community Network (PACNET)
- Porirua Health Cluster
 - A group of agencies working to actively influence the environment, retail outlets and access to physical activity in Porirua
- Physical Activity and Nutrition Network Group (PANNG)
- Kura Wellbeing Crew
 - Network of agencies providing services to schools

4.2 Service Issues in Primary and Secondary health care

Obesity is one of the most important modifiable risk factors for a number of life-threatening diseases and for serious morbidity. There is significant untapped potential for health professionals and clinicians to assess risk, initiate discussion on physical activity and nutrition and to refer as required.

Objectives for primary and secondary care for 07/08 are outlined in Section 4.5. In 07/08 C&CDHB will develop an integrated district plan across the continuum of care in both primary and secondary care.

4.3 Healthy public policy (workplace focus)

This section details healthy public policy initiatives with a workplace focus.

- C&CDHB has an existing policy on food provision in C&CDHB cafeterias and catering
- Wellmoves is the C&CDHB's Travel Plan and a Travel Planner manages the programme.
 - The project encourages greater use of active commuting modes - walking, cycling and public transport - to increase physical activity levels amongst staff. The programme also aims to improve access to hospitals and health centres for those travelling by public transport, walking and cycling.
- Support of nutrition and physical activity policies in schools and ECE services (RPH)

- Health Promoting Schools, Fruit in Schools
- Introduction of the Food and Nutrition Guidelines in schools (2007)

An important aspect of HEHA is “walking the talk”. In 07/08 all agencies involved with HEHA will be asked to make a commitment to HEHA principles and actions within their own organisations.

4.4 New initiatives

The Human Resource section of C&C DHB is currently developing a Healthy Living programme for staff. The design team includes human resources, an occupational health physician, cardiologist, psychiatrist, respiratory and sleep physician, a public health dietician, physiotherapist, a quality facilitator and the Wellmoves Travel Planner. The programme is intended to be sustainable and is designed to make access user friendly so that staff can incorporate the programme as part of their normal daily functions.

4.5 Objectives for 07/08



Achievements 06/07

- Active Involvement with partners developing the Kapiti and Wellington Urban Region Physical Activity strategies
- Collaborative working relationship established with C&CDHB's Active Transport Travel Planner
- A good working relationship established with primary care providers through two other recent public health programmes (NIR and the Meningococcal B Vaccination Project)
- Developed a policy on food provision in C&CDHB cafeterias and catering

(a) Interagency Collaboration

- | |
|--|
| 1. Joint planning with stakeholders to identify mechanisms to better promote or coordinate existing nutrition and physical activity programmes undertaken by a range of providers. |
| 2. Maintain active support of the Kapiti and Wellington Urban Region Physical Activity strategies and assist by support/joint planning in the development of implementation plans. |

(b) Secondary Care

- | |
|---|
| 6. Establish a secondary care HEHA subgroup. |
| 7. The HEHA Programme Manager works collaboratively with the DHB's Travel Planner and the Occupational Safety and Health on programmes and activities that will promote HEHA among staff. |
| 8. Consult secondary care services on activities and actions that will increase opportunities for patients to be advised on diet and exercise, and referred as appropriate. |
| 9. Input from the secondary care subgroup and other consultation is incorporated into the HEHA plan for 08/09. |

(b) Primary Care

4. Consult the PHO Advisory Group on activities and actions that will increase opportunities for patients to be advised on diet and exercise, and referred as appropriate.
--

5. Input from the PHO Advisory Group is incorporated into the 08/09HEHA Plan.

6. Undertake joint planning on HEHA initiatives in primary care.
--

(d) Public Policy (workplace focus)

3. Develop a charter which invites all HEHA partner organisations for commit to organisational policies and practices which support healthy eating and healthy action.
--

4. Reaffirm C&CDHB's policy on catering with senior managers and staff who order food.
--

5 Developing an integrated and collaborative plan

One of the seven fundamental principles of the New Health Strategy is active involvement of consumers and communities at all levels. The concept of community empowerment and participatory planning is also central to the principles of health promotion outlined in the Ottawa Charter.

Engagement also needs to include high-level decision-makers in HEHA implementation at district level, including Boards and senior management in health and other sectors.

5.1 Intersectoral Collaboration

Collaboration with other agencies and the involvement and participation of local communities is critical to the success in implementing HEHA.

Outlined below is agency/group that the DHB has a current working relationship with. Recent involvement developing the physical activity strategies in the greater Wellington urban area and Kapiti has helped to consolidate C&CDHB's relationship with Councils and Sport Wellington.

Agency or Group Name	Relationship
Regional Public Health	Formal
Sport Wellington Region.	Informal
Wellington City Council	Informal
Porirua City Council	Informal
Kapiti Coast District Council	Informal
Greater Wellington Region Council	Informal
National Heart Foundation	Informal
Cancer Society	Informal
PHOs and primary care providers	Formal
ACC	Formal
MSD	Formal
Wellington-Wairarapa School Trustees Association (through the Meningococcal B Vaccination Project)	Informal
Healthlinks Porirua	Informal
Kapiti Healthlinks	Informal

In addition, a number of C&CDHB intersectoral advisory groups are in place (below) and these will be used in an ongoing way for consultation and engagement.

C&CDHB Advisory Group	Relationship	Engagement Initiated	Timeframe
Māori Partnership Board	Formal	Yes	
Community Public Health Advisory Committee	Formal		May-June 07
Child Health Advisory Committee	Formal	Yes	
PHO Advisory Group	Formal		July – December 07
Youth Health Advisory Group	Formal		July – December 07
Mental Health Advisory Group	Formal		July – December 07
Aged Care and Disability Advisory Group	Formal		July – December 07

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Outlined below are the agencies that C&CDHB has yet to engage with:-

Agency or Group Name	Purpose of engagement	Timeframe
Wellington Wairarapa Principals Association	To inform about HEHA, gain support and identify activities that will promote streamlined implementation of the Food and Nutrition Guidelines and HEHA activities in schools.	July – December 07
Cluster groups of principals	To inform about HEHA, gain support and identify activities that will promote streamlined implementation of the Food and Nutrition Guidelines and HEHA activities in schools.	July – December 07
Wellington Leaders Forum	To seek high level support from senior managers in Councils and government departments	July – December 07

5.2 Community Engagement

Two important community health forums are in place and initial engagement has taken place to introduce HEHA and seek feedback on initial plans.

Community Health Forums	Relationship	Engagement Initiated
Porirua Healthlinks Trust - have a monthly community forum	Formal	Yes
Kapiti Community Health Trust - have a monthly community forum	Formal	Yes

In summary, there is an ongoing need for joint planning with a range of agencies and groups on HEHA and input into HEHA Plans.

5.3 Objectives for 07/08



Achievements 06/07

- Undertook a stocktake of all HEHA services
- Established good relationships between C&CDHB, Sport Wellington Region and TLAs through the development of two physical activity strategies
- Consolidated the working relationship between C&CDHB and staff working in HPS and N&PA at RPH
- Consolidated the working relationship between MSD and C&CDHB through a range of intersectoral projects

- | |
|--|
| 1. Meet with all the relevant C&CDHB advisory groups to seek input into HEHA Plans. |
| 2. Identify opportunities to engage with high level decision-makers about HEHA, both within C&CDHB and externally (e.g. by way of the Wellington Leaders Forum). |

6 Schools and Early Childhood Education Services

6.1 Introduction

Children and youth are a priority for HEHA, and schools and Early Childhood Education (ECE) services will be an initial priority setting for implementation of activities which promote nutrition and physical activity.

Prior to 2004 schools were often being approached independently by agencies offering health and physical activity programmes for students. In 2004 a Tripartite Memorandum of Understanding was developed between SPARC and the Ministries of Health and Education in order to enhance communication, coordination and shared planning between the three sectors, and ensure alignment of initiatives and resources, particularly with respect nutrition and physical activities in schools.

In our district the collaborative model has taken the form of the 'Wellbeing Kura Crew', a collaboration of Regional Public Health (RPH), Sport Wellington Region, school support services, National Heart Foundation, Cancer Society and others working in schools. The group meets regularly, approximately 6 times per year to network and ensure that activity in schools is coordinated.

6.2 Current HEHA Initiatives in Schools

Many schools focus on nutrition and physical activity as a normal part of school activity. In addition, schools are invited to take part in *Health Promoting Schools*, a holistic whole-school approach to health within the school. It is based on the Ottawa Charter and takes a community development approach assisting schools and its community to identify their key health priorities and work on strategies to address these. Schools targeted for the programme initially have been high need schools and schools with a high Māori and Pacific roll. Some Health Promoting Schools are linked to the Fruit in Schools programme.

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The *Fruit in Schools (FIS) programme* is prioritised in low-decile schools. Students at participating schools are provided with a free piece of fruit each school day. Schools signing up to the programme commit to taking a whole school/community approach and creating an environment that supports healthy eating, physical activity, being sunsmart and smoke-free. Schools are working in clusters towards self-sustainability in fruit provision over the three years they are involved in the programme.

In addition, schools are take part in a range of physical activity programmes as part of the *Active Schools* programme run by Sport Wellington Region. These programmes build school/community capability by engaging physical activity providers, collaborating with public sector delivery agents, raising awareness of the benefits of physical activity for young people, and providing quality training and resource.

The National Heart Foundation also runs the *School Food Programme* which encourages a healthy eating environment within the school.

HEHA presents an important opportunity to build in these programmes (see Food and Nutrition Guidelines below).

6.3 Food and Nutrition Guidelines

The *Mission On Campaign* was launched in September 2006 as a broad-based package of ten initiatives designed to give young New Zealanders and their families the tools to improve nutrition and increase physical activity. One of these initiatives is introduction of the Food and Nutrition Guidelines into schools and ECE services.

In 07/08 the *Ministry of Education Food and Nutrition Guidelines* will be introduced to schools and ECE services. These guidelines will provide advice on how ECE services and schools can make changes to the school environment that support healthy eating/nutrition. In order to

help implement the Ministry of Education guidelines, the Ministry of Health is designing a *Food and Beverage Classification System*. This will be a practical tool to identify foods that contribute to healthy diets. It is envisaged that the Food and Beverage Classification System will be completed and introduced into school and ECE settings by the end of 2007.

6.4 Nutrition Fund

The *Nutrition Fund* is part of the Government's coalition agreement with the Green Party and will support the implementation of the Ministry of Education's Food and Nutrition guidelines for schools and ECE services. The fund will be administered by each DHB. Schools and ECE services will be able to apply for grants from the fund through DHB HEHA project managers. The fund will help schools and ECE services by increasing capacity and capability, and supporting the development and implementation of nutrition policies and practices within the school and ECE service environment.

In 06/07 the Nutrition Fund will be used to pay for teacher release time to attend the Food and Nutrition Guidelines workshops. The balance not utilised for this, and funding from 07/08 will be used to fund innovative initiatives in schools.

6.5 Education Subgroup

C&CDHB will establish an Education Subgroup to ensure that activities delivered to schools are planned and coordinated (Refer Section 2). The group will also allocate the Nutrition Fund and aim to ensure that it is targeted towards areas of high need.

At the time of writing the Education Sub-group has met and determined the allocation process for the Nutrition Fund. It is too early to provide a plan for the delivery of HEHA services in schools and ECE services.

6.6 Nutrition and Physical Activity Advisers, Victoria University College of Education

Advisers based at the College of Education at Victoria University Wellington provide advice to schools on nutrition and physical education. The advisers will work alongside staff at RPH informing teachers and schools about the new Food and Nutrition Guidelines that have been developed and the Food and Beverage Classification System.

6.7 Summary of issues

Children and youth are a priority group for HEHA and schools are a priority setting. An implementation issue for HEHA in this setting is that schools are often "bombarded" by information and it will be important to carefully coordinate approaches to schools to promote "buy in".

A key activity in 07/08 will be the delivery of workshops to schools on the Food and Nutrition Guidelines and managing applications for the Nutrition Fund. An important tool for assisting messages on healthy eating and healthy action get to parents and caregivers will be innovative approaches applied to the inclusion of information in school newsletters.

6.8 Objectives for 07/08



Achievements 06/07

- Attended Food and Nutrition Guideline Workshop with other school support staff and HEHA Project Managers.
- Met with the Wellbeing Kura Crew to discuss roles and service plans.
- Met with School Support Services (VUW) to discuss roles and implementation of the new Food and Nutrition Guidelines.

8. Complete delivery of workshops on the Food and Nutrition Guidelines to schools.
9. Expand the number of health promoting schools in C&CDHB at all levels.
10. Expand the Fruit in Schools Programme to one intermediate school.
11. Fund innovative initiatives in schools utilising the Nutrition Fund.
12. Utilise the Kura Wellbeing Crew and/or the HEHA Education Sub-group to ensure that health promotion services to schools are coordinated.
13. Support student-led HEHA initiatives in primary and secondary schools.
14. Utilise school newsletters and other relevant media to promote nutrition and physical messages that will benefit students and parents.

7 Breastfeeding support and promotion

7.1 Introduction

Breastfeeding is a key population health priority underpinning the Healthy Eating – Healthy Action Implementation Plan. Activities which promote breastfeeding contribute to four of the 13 priority population health objectives in the New Zealand Health Strategy (Minister of Health 2000):-

- improving nutrition
- reducing obesity
- reducing the incidence and impact of cancer
- improving child health

The overall aim is an increase in rates and duration of breastfeeding and a reduction in inequalities. Breastfeeding features as one of the 10 health target areas:-

Breastfeeding health target	
DHBs will actively support the proportion (percent) of infants exclusively and fully breastfed: -	
	74% at six weeks
	57% at three months
	27% at six months

The rates of artificial feeding provide a proxy measure for unsuccessful breastfeeding. Local data from Plunket (below) identifies that in C&CDHB Māori and Pacific mothers are more likely to be artificially feeding at 6 weeks and 6 months. Increased effort is needed to ensure that Māori and Pacific mothers either fully or exclusively breastfeed for the recommended period.

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Table 7.1: Artificial Feeding in C&C DHB
July 2004 – December 2004

	6 weeks	6 months
Māori	20%	43%
Pacific	16%	43%
Asian	11%	35%
Other	10%	31%
Unstated	11%	43%

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7.2 Funded breastfeeding initiatives/services

- Lactation Consultant – Secondary & Tertiary Care
 - Provides antenatal breastfeeding classes to mothers being care for by hospital midwives
- Pacific Breastfeeding Service
- Plunket
 - As part of their well child role Plunket nurses provide advice on breastfeeding to mothers
 - Plunket has three family centres where mothers can attend and receive advice and support on breastfeeding, nutrition, sleep, behaviour and child development.
 - Two Plunket Nurses are Lactation Consultants and they are able to provide additional support to mothers experiencing difficulties.
- Healthline - Provides health advice to mothers who phone, including advice on breastfeeding.
- Māori services promoting breastfeeding
 - Nga Tapuhi Whakawhānau – Māori midwifery service
 - Hora Te Pai – Wellchild/tamariki ora Service
 - Maraeroa Marae Health Clinic - Wellchild/tamariki ora Service

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- Ora Toa Health Services - Wellchild/tamariki ora Service

7.3 Non-funded breastfeeding initiatives/services

- La Leche League

7.4 Service issues

Analysis of current service provision identifies several gaps:-

- The need for improved information to mothers antenatally on breastfeeding
- The need for improved information to parents on lactation support services in the community
- The need for generic and Māori-specific community lactation support services in the community

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7.5 Objectives for 07/08



Achievements 06/07

- Met with the DHB's Lactation Consultant to discuss service issues and gaps
- Established the Pacific Lactation Support Service
- Workforce development for 2 Pacific Support Workers in lactation support.

1. Prepare a breastfeeding plan for 08/09.
2. Develop more coordinated breastfeeding support services in the community. <ul style="list-style-type: none"> • Meet with representatives of La Leche League representatives to discuss opportunities for increasing breastfeeding support offered to women. • Develop a Prenatal and Well Child Information booklet and distribute to LMCs and Childbirth Educators. • Consolidate the Pacific breastfeeding support initiative. • Increase community breastfeeding support services with a particular emphasis on services for Māori (funding dependent).
3. Review lactation policies at C&CDHB.
4. Undertake activities which maintain BFHI accreditation at Wellington Hospital, Kenepuru Hospital and Paraparaumu Maternity Unit.
5. Provide information to PlunketLine and HealthLine on breastfeeding support services in C&CDHB.
6. Investigate opportunities/mechanisms for establishing/promoting a Baby Friendly Community Initiative and document in the HEHA Plan 08/09.

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8 Capacity and Capability

8.1 Introduction

Development of the workforce is an integral component of the HEHA Strategy. Workers employed in DHBs, Councils, Sport Wellington Region, RPH, NHF, and PHOs have a range of skills relating to nutrition, recreation and physical activity, sports science and health promotion. It will be important to consider ways to grow this workforce, both in capacity and capability, particularly for the benefit of Māori and Pacific peoples.

8.2 Workforce development initiatives

- Certificate in Pacific Nutrition - Qualification for community workers and other health professionals
- Recruitment of Pacific Lactation Support Workers in the Pacific Breastfeeding Support Services and supporting their training
- Cadetships (HEHA focus) - placing participants in local health promotion (HEHA) or health administration roles.
- Professional updates in breastfeeding - As part of BFHI all staff who come into contact with mothers are required to attend a breastfeeding session at least once every three years

8.3 Workforce development strategies

Long-term strategies

- training support/scholarships to assist priority groups to train in an appropriate profession (e.g. dietetics).
- recruitment strategies to encourage people with relevant skills in nutrition and physical activity to work in the district.

Short-term strategies:-

- Professional development of all people who work in nutrition and physical activity
- Professional development of nursing and medical staff to be more responsive (e.g. Certificate in Pacific Nutrition, professional updates)
- Train-the-trainer workshops for managers/team leaders in residential mental health institutional settings and day programmes.

8.5 Objectives 07/08



Achievements 06/07

- Initiated a joint venture with Work & Income and HEHA cadetships
- Upskilling of two Pacific support workers in lactation support
- Food and Nutrition Guidelines introduced to schools

1. Increase in the number of cadets (HEHA focus) recruited.
2. Undertake one train-the-trainer HEHA workshop with managers of mental health residential homes and day programmes.
3. Undertake Breastfeeding Updates in C&CDHB for staff who come into contact with breastfeeding mothers.
4. Staff employed by the Pacific Lactation Support Service receive training/professional development in lactation.
5. Complete workshops on the Food and Nutrition Guidelines for schools and ECE services.
6. HEHA Project staff attend professional development updates related to nutrition and physical activity.
7. Deliver a HEHA workshop to community health workers/kaiawhina

9 Communication

9.1 Introduction

In preparing the Communication Plan for HEHA it is important to keep in mind the goals of the Effective communication to the public and key stakeholders is a core management function for HEHA. Communications is also central to health promotion principles and practice. This section summarises the HEHA communications strategy for the C&CDHB district.

9.2 Vision, goals, objectives

In preparing the Communication Plan for HEHA C&CDHB will utilise the overarching goals of the HEHA strategy, and include relevant statements from key partners which link to communication or communication objectives. Overlaying the vision and plan are the principles of the Treaty of Waitangi and the Reducing Inequalities framework.

VISION FOR HEHA (Ministry of Health)
An environment and society where individuals, families and whanau and communities are supported to eat well, live physically active lives, and attain and maintain a healthy body weight

HEHA GOALS (Ministry of Health)
The three overarching goals of the HEHA Strategy developed by the Ministry of Health are priority population health objectives of the New Zealand Health Strategy (2000), namely:-

- Goal 1 – Improve nutrition
- Goal 2 – Increase physical activity
- Goal 3 – Reduce obesity

Vision – C & C DHB
Together, improve the health of the

C&C DHB will endeavour to achieve this vision by:-

- Acknowledging and reducing disparities
- Supporting people to fulfil their potential
 - People with disabilities feel included, participate and are independent
 - Mental Health services continue to improve
- Developing partnership with Māori
- Investing in communities
- Being innovative
- Working with others
- Developing and maintaining the quality of existing services
- Identifying and realising efficiencies

Values which support this vision are:-

- Innovation
- Action
- People/patient focus
- Living the Treaty
- Professionalism/Leadership (Honesty/Integrity)
- Excellence (Effectiveness/efficiency)

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9.3 Communications objectives, key messages, principles

Overall Communications Objective

To build awareness, understanding and acceptance of the HEHA Strategy with internal and external stakeholders to encourage behaviour change.

Specific objectives

- Build and maintain effective communications networks with those involved in delivering the Healthy Eating Healthy Action implementation strategy
- Work in partnership with key stakeholders, to ensure that consistent key messages are used across the Healthy Eating-Healthy Action initiatives.
- Promote key messages from the HEHA strategy
- Convey messages about nutrition, physical activity and healthy weight in ways that are culturally acceptable, effective and accessible to Māori, Pacific and low socioeconomic communities.
- Initiate the development and implementation of a range of social marketing strategies to facilitate behavioural changes supporting healthy eating, healthy action and healthy weight.
- Ensure that there is timely, factual and accurate information on the Healthy Eating-Healthy Action implementation plan available to a wide range of stakeholders utilising a variety of communication channels.
- Develop and implement a communications plan which will deliver clear, consistent messages about nutrition, physical activity and healthy weight for a variety of audiences and settings.
- Actively seek communications opportunities through which to promote and publicise the Healthy Eating-Healthy Action strategy.

Critical success factors

The following factors are critical to the success of C&CDHB's communications strategy and will be considered in plans developed, namely:-

Communication

- accurately reflects and enhances HEHA's key messages
- is clear, consistent and accurate
- is regular, timely and appropriate for each audience
- is culturally-appropriate in form and content, particularly for Māori and Pacific stakeholders
- is positive and motivational, and promotes the benefits of the strategy
- is inclusive
- is two-way and encourages participation and feedback
- is face-to-face where possible, particularly with internal audience

- Messages don't further stigmatise those who are overweight or obese
- Effective engagement processes with Māori and Pacific peoples are in place
- Effective feedback processes are in place

HEHA - Key Messages

- Make healthier food choices – i.e. eat a variety of nutritious foods (including more fruit and vegetables) and minimise the consumption of fatty, salty and sugary foods
- Be active every day for at least 30 minutes and add some vigorous exercise for extra benefit
- Aim to maintain a healthy weight throughout life
- Fully breastfeed infants for at least six months
- Promote and foster the development of environments that support healthy lifestyles
- Aim to be active at least 30 minutes a day. Aim for some vigorous exercise for added benefit.



CALL TO ACTION

DO

- Make healthier food choices – i.e. eat a variety of nutritious foods (including more fruit and vegetables) and minimise the consumption of fatty, salty and sugary foods
- Be active every day for at least 30 minutes and add some vigorous exercise for extra benefit
- Aim to maintain a healthy weight throughout life
- Fully breastfeed infants for at least six months
- Promote and foster the development of environments that support healthy lifestyles.

BELIEVE

- That New Zealanders can make healthy food and exercise choices
- That I can make a difference to my life and the lives of New Zealanders
- That a change in the environment can support New Zealanders to make healthier choices.

UNDERSTAND

- The importance of making changes
- That changes in behaviour take time
- Where I can find information and support to help me make the changes I need to.

FEEL

- A connection and commitment to the HEHA messages/lifestyle
- Healthy lifestyles are fun
- Empowered and informed to make changes in behaviour/lifestyle
- That the environment supports a change in products and services available to assist New Zealanders to make healthier lifestyle choices.

9.4 Social marketing

The adoption of marketing strategies in health promotion is now widely accepted as part of any health promotion programme. The three social marketing campaigns currently in place for HEHA relate to 'Push Play', 'Mission On' (advertisements and activity cards aimed at preschool children), and a nutrition campaign aimed at children and parents, 'Feeding our Futures' – further information below.

Social marketing is the application of commercial marketing technologies to programmes designed to influence behaviour. The health promoter must understand and empathise with the perceptions, motivations, behaviour, and the needs of the consumer in order to produce effective health communication. The key elements are:-

- *Consumer orientation* / understanding the customer
- Careful *segmentation* of target audiences
- Utilisation of audience research to *understand the audience* and shape messages to suit.
- Use of the marketing mix of the “**Four Ps**” – *product, price, promotion* and *distribution/place*. The four elements should be applied in combination, rather than singly.
- Making the exchange *convenient/easy*.

Product

- Create an attractive product. – emphasise the benefits. The product must be positioned in such a way as to maximise benefits and minimise costs. For instance, physical activity could be repositioned as a form of relaxation, not exercise.

Price

- The aim is to minimise the costs of obtaining the product or offering. Price includes money, time, and psychological or physical costs to the consumer.

Place

- The target audience must be informed of where, when and how it can obtain the social marketing product(s).

Promotion

- The health promoter communicates the product to the consumer and the behaviour or health idea that the campaign planners want the targeted individuals to adopt.
- Utilise media relevant to, and preferred by, target audiences.
- Publicity efforts are designed to cultivate positive attitudes and intentions regarding the product and this paves the way for behaviour change.

Additional “P’s”:

*Policy*¹⁰

- Supportive actions (e.g. new legislation introduced at the same time)

Social marketing applied in a New Zealand context also consider the three principles derived from the Treaty of Waitangi:-

- *Partnership* – working together with iwi, hapu, whanau 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.

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¹⁰ Most social marketers acknowledge the importance and impact of “Policy” as an additional “P” to use in the marketing mix

- *Protection* – Working to ensure that Māori have at least the same level of health as non- Māori, and safe guarding Māori cultural concepts, values and practices.

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C&CDHB will capitalise on these three national social marketing campaigns and consider ways in which local communication/social marketing strategies will be able to add value.

HEHA Social Marketing Campaigns

- Push Play

Push Play is SPARC's nation-wide campaign to get New Zealanders more active more often. The key message is to find simple ways to exercise each day, the aim being 30 minutes of physical activity per day. Exercise can be incorporated into daily life, for example housework, gardening, getting off the bus earlier and so on.

- Feeding our Futures.

A national social marketing campaign with the brand *Feeding our Futures*, was launched in May 2007. This campaign is being driven by the Health Sponsorship Council (HSC) in partnership with the Ministry of Health and provides tips for parents to promote healthier food with children. The key messages/tips are:-

- Eat together as a family as often as you can
 - Drink water and milk instead of sugary drinks.
 - Provide a jug of water on the table for the whole family to share during mealtimes.
 - Involve your kids in choosing a meal and then get them to help you prepare it, such as peeling, chopping, cooking or serving.
 - Keep a variety of fresh vegetables and fruit on hand for quick healthy snacks.
 - Try and make fruit and vegetables a part of every meal.
 - Make sure portion sizes are appropriate. The size of a person's hands is a good guide to what is the right serving size for them. For example, for a child's meal use their hand as a guide.
 - To encourage kids to eat more fruit and vegetables, try cutting and presenting them in different, easy-to-eat shapes. Also try different cooking methods.
 - Kids learn a lot from how their parents eat. Lead by example - make sure you eat and enjoy different vegetables as a regular part of your diet.
 - Try making meal times enjoyable and a happy whanau time.
- Mission On

Mission-On has a package of ten initiatives aimed at improving the lifestyles of young New Zealanders by improving their nutrition and getting them more involved in physical activity. These are currently in various stages of implementation. The initiatives aim to grab young people's attention through high profile, fun activities and technology that 'pushes their buttons'.

Initiative 1 - Improving nutrition within the school and early childhood environments

Initiative 2 - Student health promotion

Initiative 3 - 'Lifestyle' ambassadors

Initiative 4 - Youth-branded websites

Initiative 5 - Government 'walking the talk'

Initiative 6 - Television and computer-free time

Initiative 7 - Controlling advertising

Initiative 8 - Using television and radio to encourage change

Initiative 9 - Health Impact Assessments

Initiative 10 - Expanding the Green Prescription programme

9.5 Audience

The key internal and external audiences for communicating HEHA are outlined below:-

Internal Audience	External Audience
Planning and Funding	General public; Families, extended families and whānau; parents and caregivers
Communications Manager	Children
Project Sponsor	Youth
C&C DHB Board	Ministry of Health
Executive Management Team	Ministry of Social Development
CPHAC	Ministry of Education
Pacific Health Unit	TLAs / Councils
Māori Health Unit	Sport Wellington Region
Group Managers/all departments	PHO/ primary health care providers
Child Health Advisory Group	NGOs (NHF, Cancer Society)
Youth Health Advisory Group	Māori and Pacific health providers
	Māori community, iwi and taurahere groups
	Pacific groups/community, Tagata Pasifika leaders
	Refugee and migrant communities
	Other ethnic groups
	Media
	Early childhood education services, Kohanga Reo, Pacific Language Nests
	Well Child / Tamariki Ora Providers
	Churches and Church Leaders
	Marae
	Sports groups and facilities
	Youth groups

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9.6 Communications Plan

Identified media spokespeople will be:-

Robyn Bue HEHA Project Manager
 Michael Tull Communications Manager

Key activities that will be undertaken by C&CDHB as part of the Communications Strategy are as follows. These are further outlined as objectives in Section 9.8 overleaf.

- Media articles targeted to priority groups
 - Social marketing strategies that promote the national key messages
 - Regular articles in school newsletters
 - Investigate the development of a regular HEHA column in community newspapers
 - Meetings with agencies and community groups
 - Radio talkback
 - Displays/attendance at local/regional events (social, musical, sporting, cultural, other events)
 - Presentations to stakeholders and community groups
 - Reports
 - Newsletters
 - Distribution of brochures and pamphlets
 - Website (C&CDHB website and link to the MoH website)
 - Public relations activities
 - Regular meetings of HEHA locality subgroups to share information
 - Timely minutes and reports sent out to stakeholders
- Communication strategy for Māori
 - Consult DHB Māori staff, the Māori Partnership Board and iwi/Māori groups on communication strategies for Māori
 - Engage DHB staff and Māori champions to support the HEHA messages on radio and at other venues
 - Work collaboratively with the Centre of Excellence (Porirua) on a HEHA social marketing campaign. Key audience will be Māori and Pacific.
- Communication strategy for Pacific
 - Consult the DHB Pacific Manager and staff, and Pacific groups on communication strategies for Pacific
 - Engage DHB staff and Pacific champions to support the HEHA messages on radio and at other venues
 - Work collaboratively on opportunities that present
 - Work collaboratively with the Centre of Excellence (Porirua) on a HEHA social marketing campaign. Key audience will be Māori and Pacific.

9.7 Risks

<i>Risk</i>	<i>Mitigation Strategy</i>
Minimal media interest in HEHA	<ul style="list-style-type: none"> • Prepare a communications strategy which prepares a variety of newsworthy items of interest utilising different “angles” • Stories/ articles / advertising are placed strategically throughout the year i.e. do not “flood” agencies with copy
Confusion over the many HEHA brands	<ul style="list-style-type: none"> • Explain the use of brands in the Nutrition Guideline workshops • Utilise relevant brands in different settings
Communication does not reach target audience, or is not understood	<ul style="list-style-type: none"> • Seek expert advice to ensure messages and channels are suitable for Māori, Pacific and other priority groups • Community consultation with Māori and Pacific and HEHA locality group to identify the appropriateness of messages and delivery methods.

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9.8 Objectives 07/08



Achievements 06/07

- Meetings held with Centre of Excellence to discuss a social marketing campaign in Porirua
- Prepared a communications Plan for 06/07

1. Seek communications advice through C&CDHB and stakeholders; Engage specialist expertise if needed.
2. Develop a communications strategy for 07/08.
3. Collaborate with the Centre of Excellence on a HEHA social marketing campaign in Porirua.
4. Work with DHB Maori staff, the Maori Partnership Board and iwi/Maori groups on communication strategies for Maori.
5. Work with the DHB Pacific Manager and staff, Pacific groups and relevant forums on communication strategies for Pacific.
6. Utilise events and media opportunities to promote the HEHA, Push Play, Mission On and Feeding our Future brands.
7. Submit regular media releases/articles to local and community newspapers.
8. Increase public awareness of physical activity opportunities in the district.
9. Work collaboratively with others agencies supporting events that promote Healthy Eating Healthy Action (e.g. Round the Bays, Relay for Life etc).
10. Develop HEHA resources for use at events (banners, balloons etc).
11. Investigate developing a regular HEHA column in local community newspapers.
12. Initiate a C&CDHB HEHA Newsletter.
13. Establish a HEHA section on the C&CDHB website.
14. Work with the Youth Health Advisory Group on communication strategies for youth.
15. Initiate regular articles/notices to school newsletters on nutrition and physical activity
16. Utilise media opportunities to promote "No exceptions" and inclusion of people with disabilities
17. Sponsor one Maori sport's team and the team promotes the HEHA brand.
18. Sponsor one Pacific sport's team and the team promotes the HEHA brand.
19. Consider the needs of Asian communities in HEHA communications and resources.

10 Monitoring and Evaluation

10.1 Monitoring and evaluation - A national perspective

Monitoring and evaluation is integral to HEHA in order to identify the national HEHA strategy, and DHB needs and priorities. All five key HEHA priority areas (below) involve monitoring and evaluation.

At the national level and in consultation with SPARC the Ministry of Health is developing a monitoring approach which covers the key domains of interest. For example, prior to the introduction of the Food and Nutrition Guidelines in schools a baseline survey of the food environment in schools and early childhood education settings will be undertaken.

A research and evaluation fund has been established and DHBs and other stakeholders have been invited to submit proposals for the evaluation of initiatives and projects. Evaluation will involve an assessment of the development, delivery, acceptability, effectiveness and efficiency of the initiative or project.

Priority 1 – Lower socioeconomic groups

1.6 Monitor, research and evaluate the nutrition, physical activity, and overweight and obesity status of lower socio-economic groups.

Priority 2 – Children, young people and their families/whanau

2.6 Monitor, research and evaluate physical activity and nutrition status in children, young people, and their families and whanau.

Priority 3 – Environments

3.6 Monitor, research and evaluate environments.

Priority 4 – Communication

4.6 Monitor, research and evaluate communication strategies.

Priority 5 – Workforce

5.6 Monitor, research and evaluate the workforce.

10.2 Monitoring and evaluation at a district level

This section provides information on initiatives that our DHB is monitoring or evaluating.

10.2.1 Monitoring

All C&CDHB-funded initiatives are monitored utilising quantitative data (where possible) and narrative reporting. With new projects and a moderate level of funding provider reporting is very detailed and includes a full report on the programme, achievements and successes and challenges which may inform future planning.

Outlined below is each HEHA initiative that C&CDHB is currently monitoring through the normal funding contracting process:-

- Shake it, Beat it, Learn it - pilot initiative to encourage Pacific people to take up more physical activity
- Pacific Breastfeeding Service
- Te Whanganui-a-Tara Youth HEHA Projects Refugee and Migrant HEHA Projects with youth
- Push Play Outreach Programme, Wellington City Council
- CART Mokai Ora Programme HEHA - project with disadvantaged Māori in Wellington South

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- Nga Whakatauki Trust HEHA Initiative – a Māori health provider in Wellington South providing services to disadvantaged youth in the area
- HEHA Coordinator, Porirua City Council
- HEHA Projects within Tumai mo te iwi PHO
- HEHA Projects within Porirua Health Plus PHO
- SECPHO HEHA Linkworker
- HEHA Projects within SECPHO – “Healthy Communities Growing Together”
- Push Play Trailer, Porirua City Council
- Green Prescription Active Families Programme

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Evaluation

RPH

In the last year, a full-time Health Promotion Evaluator has been appointed at RPH and evaluations have been completed, or are in the process of being completed in the following areas:-

- Evaluation of the Kohanga Reo and Pacific language nest garden project
- Evaluation of the bilingual Tokelauan radio programme
- Evaluation of the Health Promoting Schools process across the district

In addition evaluations are planned in the following areas:-

- A scholarship for a MPH student has been set up to assess the prevalence of “food deserts” i.e. the siting of supermarkets in relation to socio-economic status and transport.
- Health Impact Assessment will be undertaken of the Wellington Urban Region Physical Activity Strategy.

C&CDHB

At the present time one evaluation is planned of a HEHA project – The Shake it, Beat, Learn it pilot initiative managed by Pacific services. However, as mentioned above, with new projects and a moderate level of funding provider reporting is very detailed and includes a full report on the programme and documentation of achievements, successes and challenges which may inform future planning.

It is recognised that formal project evaluation requires intensive resource in terms of people, skills and time and is also therefore funding-dependent.

The C&CDHB HEHA Project Manager will attend a HEHA evaluation workshop in 07/08.

Summary of issues

Monitoring and evaluation is integral to HEHA as a mechanism to determine the future funding directions and ensure that services meet the needs of the population. C&CDHB will continue to monitor all DHB-funded HEHA initiatives and undertake evaluation of specific programmes (funding dependent). One specific programme C&CDHB will formally evaluate in 07/08 is the Shake it, Beat it, Learn it pilot initiative.

Objectives 07/08

5. C&CDHB Project Manager attends a 3 day HEHA evaluation workshop.
6. Continue monitoring C&CDHB HEHA programmes.
7. Evaluate the Shake it, Beat it, Learn it Pilot initiative.
8. Undertake health impact assessment of the Wellington Urban Region Physical Activity Strategy (Provider responsible – RPH).

11 Risk Assessment

Outlined below is assessment of all risks in relation to the implementation of HEHA in C&CDHB and how these will be mitigated.

Risk	Mitigation Strategy
Raised expectations of providers of new funding for HEHA	<ul style="list-style-type: none"> Reduce expectations by informing providers about available HEHA funding in 07/08 (i.e. Project Management, Nutrition Fund and Communications only)
Failure to deliver on agreed timeframes	<ul style="list-style-type: none"> Quarterly contract monitoring
Māori and Pacific health providers may be unable to commit fully to HEHA activities due to lack of capacity	<ul style="list-style-type: none"> Avoid fragmentation of activities. Concentrate on a few priorities Keep messages and communication clear and simple
Schools may be unable to commit fully to HEHA activities due to lack of capacity	<ul style="list-style-type: none"> HEHA presentations to principal clusters to gain commitment to HEHA Health stakeholders work collaboratively to coordinate activities and contacts within schools. Aim to gain commitment to introduction of the Nutrition and Physical Activity guidelines by making the workshops fun and meaningful
Inequalities exacerbated by poor decision-making	<ul style="list-style-type: none"> Effective consultation with priority groups on HEHA plans and activities Seek active involvement from priority groups on the HEHA Steering Group Admit mistakes early and aim to correct
Lack of “buy in” from stakeholders	<ul style="list-style-type: none"> Ensure the group is representative of all sectors and interest groups Timely, professional, two-way communication Open communication Actively seek stakeholder feedback Prompt resolution of issues
Lack of buy in from Māori communities	<ul style="list-style-type: none"> Regular communication on progress to Māori Partnership Board Seek active feedback from Māori on the HEHA Plan utilising a range of forums Be aware of relevant cultural issues affecting food and nutrition Demonstrate a commitment to reducing inequalities and improving the health of Māori Utilise a “strengths-based” approach – avoid blame Capture “good news” HEHA stories for Māori as a priority group in community newspapers and other media
Lack of buy in from Pacific communities	<ul style="list-style-type: none"> Seek active feedback from Pacific on the HEHA Plan utilising a range of forums Be aware of the differing identity and needs of each Pacific group Be aware cultural issues related to food and nutrition and body size Demonstrate a commitment to reducing inequalities and improving the health of Pacific Utilise a “strengths-based” approach – avoid blame Capture “good news” HEHA stories for Pacific as a priority group in community newspapers and other media,
Minimal media interest in HEHA	<ul style="list-style-type: none"> Prepare a communications strategy which prepares a variety of newsworthy items of interest utilising different

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	<p>“angles”</p> <ul style="list-style-type: none"> • Stories/ articles / advertising are placed strategically throughout the year i.e. do not “flood” agencies with copy
Confusion over the many HEHA brands	<ul style="list-style-type: none"> • Explain the use of brands in the Nutrition Guideline workshops • Utilise relevant brands in different settings
Communication does not reach target audience, or is not understood	<ul style="list-style-type: none"> • Seek expert advice to ensure messages and channels are suitable for Māori, Pacific and other priority groups • Community consultation with Māori and Pacific and HEHA locality group to identify the appropriateness of messages and delivery methods.

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Objectives for 07/08

3. Proactively manage risks in order to ensure they do not escalate
4. Update the Risk Register every quarter

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13 Appendices

- **Intervention Framework to improve health and reduce inequalities**
- **Health Equity Assessment Tool (Equity Lens)**
- **Whānau Ora Tool / Public Health Whānau Ora Tool**

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Intervention framework to improve health and reduce inequalities

1. Structural

Social, economic, cultural and historical factors fundamentally determine health. These include:

- economic and social policies in other sectors
 - macroeconomic policies (eg, taxation)
 - education
 - labour market (eg, occupation, income)
 - housing
- power relationships (eg, stratification, discrimination, racism)
- Treaty of Waitangi – governance, Māori as Crown partner

2. Intermediary pathways

The impact of social, economic, cultural and historical factors on health status is mediated by various factors including:

- behaviour/lifestyle
- environmental – physical and psychosocial
- access to material resources
- control – internal, empowerment

4. Impact

The impact of disability and illness on socioeconomic position can be minimised through:

- income support, eg, sickness benefit, invalids benefit, ACC
- antidiscrimination legislation
- deinstitutionalisation/ community support
- respite care/carer support

3. Health and disability services

Specifically, health and disability services can:

- improve access-distribution, availability, acceptability, affordability
- improve pathways through care for all groups
- take a population health approach by:
 - identifying population health needs
 - matching services to identified population health needs
 - health education

Interventions at each level may apply:

- nationally, regionally and locally
- taking population and individual approaches

Source: Ministry of Health. 'Reducing Inequalities in Health'. Wellington 2002.

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A Health Equity Assessment Tool (Equity Lens) for Tackling Inequalities in Health (May 2004)¹¹

The following set of questions has been developed to assist you to consider how particular inequalities in health have come about, and where the effective intervention points are to tackle them. They should be used in conjunction with the Ministry of Health's Intervention Framework.

1. What health issue is the policy/programme trying to address?
2. What inequalities exist in this health area?
3. Who is most advantaged and how?
4. How did the inequality occur? (What are the mechanisms by which this inequality was created, is maintained or increased?)
5. What are the determinants of this inequality?
6. How will you address the Treaty of Waitangi in the context of the New Zealand Public Health and Disability Act 2000?
7. Where/how will you intervene to tackle this issue? Use the Ministry of Health Intervention Framework to guide your thinking.
8. How could this intervention affect health inequalities?
9. Who will benefit most?
10. What might the unintended consequences be?
11. What will you do to make sure it does reduce/eliminate inequalities?
12. How will you know if inequalities have been reduced/eliminated?

¹¹ Adapted from Bro Taf Authority. 2000. Planning for Positive Impact: Health inequalities impact assessment tool. Cardiff: Bro Taf Authority.

Amended by Ministry of Health. May 2004.

Source: Te Roopu Rangahau a Erū Pomare., Ministry of Health and Public Health Consultancy. 2003. A Health Equity Assessment Tool. Wellington: Public Health Consultancy, Wellington School of Medicine and Health Sciences.

Whānau ora Tool

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Whānau ora: Māori families supported to achieve their maximum health and wellbeing. Whānau is recognised as the foundation of Māori society and as the principal source of strength, security and identity. Whānau play a central role in the well being of Māori both individually and collectively.

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The purpose of this tool is to guide the support for achieving healthy whānau, inclusive of healthy communities. Healthy whānau refers to Māori who are fully able to realise their potential to participate in and contribute to te ao Māori. Building and strengthening healthy whānau is fundamental to the aim of whānau ora as set out in He Korowai Oranga. Actions proposed in this Plan support the role of whānau and Māori communities as principle sources of Māori strength, identity, security and belonging. The tool also recognises the role of providers with responsibilities for Māori health service gains as set out in He Korowai Oranga. Interwoven into this tool are key actions to help improve the overall coordination of activities, to address issues affecting whānau health. These actions build on the pathways outlined in He Korowai Oranga and include:

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- building on public health and service sector gains already made

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- acknowledge Māori aspirations - for their increased participation and contribution to Māori public health gains

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The following table describes existing clauses as set out in He Korowai Oranga and the Public Health Strategy.

The table below is the Public Health Whānau ora tool

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Whānau Ora Tool			
	Engagement & Consultation	Decision Making & Capacity Building	Service Delivery & Monitoring
Existing application clauses.	Development of whānau, hapu, whānau/hapu/iwi and Māori communities. (HKO Pathway 1)	Increasing Māori participation in decision-making. (HKO Pathway 2)	Addressing health inequalities for Māori to reduce Māori health inequalities through specific Māori health priorities. (Obj 3.1 HKO)
	Strengthening, building on and funding Māori models of health.	Increasing Māori provider capacity and capability. (Obj 2.2 HKO)	Improve access to and effectiveness of general services for Māori. (Obj 3.2 HKO)
	Fund Māori public health services that utilise Māori models of health. <ul style="list-style-type: none"> To recognise and value Māori models of health and traditional healing. 	Developing the Māori health and disability workforce. (HKO Pathway 2) <ul style="list-style-type: none"> To increase the number and improve the skills of the Māori public health workforce at all levels. (PHD Strat plan Goal 8) 	<ul style="list-style-type: none"> To improve Māori health information to support effective service delivery, monitoring and achievement of Māori health objectives. (Obj 3.4 HKO)
	Development of Māori public health policy and practice. (Obj 1.2 HKO)	Developing whānau/hapu/iwi and Māori community capacity to plan and implement public health action. (HKO Pathway 1)	Working across sectors. (Pathway 4 HKO)
	Whānau/hapu/iwi and Māori communities and government health agencies working together in effective relationships to achieve Māori health objectives. (HKO Pathway 4)	Support the development of Māori public health leadership, e.g. Via leadership opportunities, workforce development and support structures. (PHD Strat plan Goal 5)	Support research to better understand approaches and interventions that work best for Māori. (Obj 3.4 HKO)
	Strengthen and maintain an effective Māori public health infrastructure. (Goal 1 & 8 PHD Strat plan)	Develop and implement a workforce/provider development plan for public health. (PHD Strat plan)	
	Develop strategies with Whānau/hapu/iwi to determine how to develop and support kaupapa Māori evaluation and research, and develop and strengthen the capabilities of the Māori public health workforce in evaluation and research skills. (PHD Strategy)	Develop a specific set of public health actions based on consultation with Māori.	
Fund training for the up-skilling of the Māori public health workforce in research and evaluation skills.			

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Public Health Whānau Ora Tool

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	Engagement & Consultation	Decision Making & Capacity Building	Service Delivery & Monitoring
Public Health Action	<p>Demonstrate how you will identify and protect Māori (public) health interests?</p> <p><i>e.g. who have you involved when developing this process/approach</i></p> <p>What processes do you have in place to consult with Māori whānau, hapu, iwi and communities in relation to (Māori) public health action?</p> <p><i>e.g. are Māori included on committees, working parties, panels, research development of strategies, identifying priorities and appropriate initiatives to address the issue</i></p> <p>How do you support the development and implementation of Māori models of health?</p> <p><i>e.g. Does the work plan make explicit the fact that Māori health needs are often not the same as the needs of the general public?</i></p> <p>Describe how does the work plan reflect Māori values and concepts</p> <p>How do you support the up-skilling of the Māori public health workforce?</p>	<p>How do you ensure Māori staff are employed at all levels of your service?</p> <p><i>e.g. Do you have clear objectives regarding the recruitment and selection of Māori staff</i></p> <p>Do you have clear employment objectives regarding retention of Māori staff?</p> <p>Do you have clear employment objectives regarding career promotion for Māori staff?</p> <p>How much influence do Māori staff, Māori advisors have over policies and practices related to the employment of Māori staff?</p> <p>How are you improving the skills of the Māori public health workforce?</p> <p><i>e.g. What workforce development objectives does your plan identify for Māori</i></p> <p>How do you support the up-skilling of the Māori public health workforce?</p> <p>Do you have clear employment objectives for ongoing training and career path development targeting Māori?</p>	<p>How do you actively aim to achieve equity (of access, use and outcome) for Māori?</p> <p><i>e.g. Describe actions taking/taken to achieve equity (of access, use of services, and outcomes) for Māori in public health</i></p> <p>What are you doing to reduce Māori health inequalities and disparities?</p> <p><i>e.g. Identify how the plan reduces inequalities and disparities through MPH action</i></p> <p>How will you improve access to and effectiveness of general services for Māori?</p> <p><i>e.g. What actions have been identified to improve access to and effectiveness of general services?</i></p> <p>How will you improve the collection of Māori health information to support effective service delivery, and monitoring and achievement of Māori health objectives?</p> <p><i>e.g. describe methods of evaluation. Comment on how the plan will implement the national guidelines for the collection of ethnicity data</i></p>

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	<p>Do you have clear employment objectives for ongoing training and career path development targeting Māori?</p> <p>Describe how the plan will implement workforce development objectives.</p> <p>What % of funds are committed to improving Māori public health action?</p> <p><i>e.g. provide evidence of funds committed to Māori public health action.</i></p> <p>How will the effectiveness be monitored?</p> <p>How will we know we have made a difference?</p>	<p>Describe how the plan will implement workforce development objectives.</p> <p>How do you support the development of Māori public health leadership?</p> <p><i>e.g. how have Māori participated in the development of this plan?</i></p> <p>What leadership programmes are in place for Māori and how do they participate?</p> <p>How do you ensure that Māori participation in public health action is planned, coordinated, integrated and effective?</p> <p><i>e.g. Describe how Māori participate in MPH planning</i></p> <p>How are Māori involved in management decision making?</p> <p><i>e.g. Describe your process of engaging with Māori and how they are art of the decision making</i></p>	<p>How do you support the implementation of Māori models of health?</p> <p><i>e.g. describe the process used and how this work will be monitored</i></p> <p>How do you integrate Māori values, beliefs and cultural practices into service delivery?</p> <p><i>e.g. describe the process of consultation used, who will you consult with, method of monitoring and evaluation.</i></p>
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1. Keep it simple.
2. Keep it generic so that it can be applied throughout health protection, health promotion and health prevention services.
3. Build on existing work.
4. Make it real.

