A collection of Health Promotion initiatives within the Bay of Plenty district

Celebrating Contributions to Improving Population Health
Supporting providers to attend the 2010 Public Health Association Conference

As an incentive for providers to submit summaries of their work for this publication, the Bay of Plenty Health Promotion Workforce Development Group offered scholarships to attend the Public Health Association conference at Ngaruawahia from 22-24 September. The Group was very grateful to receive sponsorship for these scholarships from the following organisations:

- Western Bay of Plenty Primary Health Organisation
- Waikato/Bay of Plenty Branch, Public Health Association
- Bay of Plenty District Health Board Community Action Workforce Development Fund

Submitters were randomly drawn to receive the sponsorships, and the following people were able to attend the 2010 conference:

- Ruth Haynes, Pacific Island Community (Tauranga) Trust
- Danny Tolovae, Pacific Island Community (Tauranga) Trust
- Liz Davies and Kylie Willison, Western Bay of Plenty District Council
- Catherine McCullough and Holly Douch, Sport Bay of Plenty
- Hiria Minnell-Rolleston, Te Hotu Manawa Maori

The Bay of Plenty Health Promotion Workforce Development Group would like to sincerely thank the sponsors for providing these health promotion practitioners with the opportunity to attend the sessions appropriate to their work and network with their colleagues from around New Zealand.
Acknowledgements

This publication was developed by the Bay of Plenty Health Promotion Workforce Development Group to recognise, acknowledge and value the many organisations contributing to health promotion in our district.

Bay of Plenty Workforce Development Group

This group was established in November 2008 and meets monthly. Its purpose is to work collaboratively to advocate for, and provide coordinated professional development opportunities for community providers in order to improve capacity in health promotion and address health inequalities experienced by Maori and Pacific Island communities. The group is guided by a joint plan aligned with Te Uru Kahikatea. Group members share national, regional and local workforce development information with specific leadership for the group provided by Brian Pointon (Bay of Plenty District Health Board Public Health Portfolio Manager) and Sharon Muru (Toi Te Ora - Public Health Service, Public Health Development Advisor).

Current membership

Brian Pointon - Public Health Portfolio Manager and Kiri Peita - Maori Health Portfolio Manager Planning and Funding, Bay of Plenty District Health Board

Sharon Muru - Public Health Development Advisor, Toi Te Ora - Public Health Service

Tiana Bennett - Western Bay of Plenty Primary Health Organisation

Kathy Grace - CEO Poutiri Trust

Traci Wepiha -Te Kanawa -Nga Mataapuna Oranga Primary Health Organisation - Workforce Development Coordinator

Candice Porter / Leanne Morehu -Te Ao Hou Primary Charitable Trust

David Vaaulu - Pacific Island Community Trust (Tauranga)

Ottawa Charter for integrated action

Building healthy public policy
Creating supportive environments
Reorienting health services
Strengthening community action
Developing personal skills
Health promotion is a relatively new branch within health, and public health in particular, with an officially recognised history of no more than about 25 years. It is also little understood outside of the public health sector, with many people believing that it is limited only to health education. Health promotion is a comprehensive approach aimed at improving the health and wellbeing of communities. It incorporates a broad range of skills and strategies and can be utilised across the entire health sector as well as in local and central government and within communities themselves.

The Bay of Plenty Health Promotion Workforce Development Group invited agencies utilising health promotion skills and strategies to submit summaries of work they had been doing to demonstrate the breadth and depth of health promotion being undertaken within the Bay of Plenty. A total of 27 health promotion summaries were received and these have been ordered to reflect the five key strategies in the Ottawa Charter.

Building healthy public policy. This includes elements of original research, health needs assessment, public health legislation, strategy and policy development, and strong governance of health promotion programmes. It can be carried out at many levels in society, and this publication features three programmes that have arisen out of local government in the Bay of Plenty.

Creating supportive environments. Health starts where we live, learn, work and play. In order for people to look after their own health, we must ensure that the healthy choice is the easy choice. Examples of projects with a focus on creating supportive environments in this publication are in environments as diverse as the family/whanau, outdoor physical spaces, workplace, urban streets and gambling premises.

Strengthening community action. Health promotion relies on empowering communities to take ownership and control of their own endeavours and destinies. Health promotion can support this through community development and assisting communities to access resources and networks. This publication showcases work in school, youth, Pacific, Maori and Eastern Bay of Plenty communities.

Developing personal skills. This strategy incorporates health education of individuals (including patients with diagnosed conditions), awareness raising at a community level, and workforce development of health promoters and other health practitioners. Indeed, one of the aims of this publication is to develop the personal skills and understanding of the wider health sector so that there is an increased understanding of health promotion.

Reorienting health services. As the Ottawa Charter says, “the responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments.” Health promotion is not just delivered by public health providers, but needs to be picked up within primary health, treatment services, and central and local government. The three initiatives included in this section demonstrate how health promotion work can be led by other health practitioners, Iwi, and Primary Health Organisations.

We trust that you will enjoy reading these summaries and that you gain a greater appreciation of what health promotion can offer. If you require more detailed information on any of the initiatives included in this publication, please follow up with the relevant contact people.

There are of course many other examples of excellent health promotion activities occurring in the Bay of Plenty and it is hoped that this publication gives you a taste of the diversity and depth of recent work.

Brian Pointon  
Chairperson  
BOP Health Promotion Workforce Development Group
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Name of your community project or activity
Social Infrastructure Planning Framework and Guidelines

Overall goal, what did you want to achieve?
Excellent provision of social infrastructure in the Western Bay of Plenty district.

Purpose:
• enhance understanding of social infrastructure, assist the integration of social infrastructure planning into existing Council planning processes, provide information to support social infrastructure planning
• enhance community involvement in social infrastructure planning, and support collaborative planning for social infrastructure between Council and other providers of social infrastructure.
• from a health promotion perspective encouraging Councils to work with the health sector and consider the delivery of health services as part of its planning, increases the likelihood of an appropriate mix of health services being delivered at the right time, in the right place.

Why was the project developed?
SmartGrowth is the 50-year growth management strategy for the Western Bay of Plenty, which recognises that the social impact of growth needed to be addressed along with land use planning, transport, infrastructure and maintaining and enhancing the environment. Consequently, specific actions to plan for social infrastructure were included in the SmartGrowth Growth Management Strategy.

Whilst Councils undertake land use planning and plan for infrastructure such as roads, stormwater and sewerage, social infrastructure is often not routinely planned for. The framework and guidelines aim to ensure social infrastructure is routinely planned for alongside land use and other Council planning.

Overview - what did you do?
Western Bay of Plenty District Council led the development of the social infrastructure planning framework, Tauranga City Council and Western Bay of Plenty District Council then developed their own guidelines to suit each Council’s processes and different populations.

Support and guidance from organisations which have developed Social infrastructure planning guidelines ie Waitakere City Council and Queensland government was very helpful.

Consultation occurred with local providers of social infrastructure e.g. Bay of Plenty District Health Board, St John Ambulance, Police etc to develop an understanding of their planning processes, their requirements to deliver services and the nature of services delivered in the Western Bay of Plenty.

A framework was developed to outline social infrastructure planning principles and a process for the Western Bay of Plenty. Tauranga City Council and Western Bay of Plenty District Council then developed guidelines to inform the implementation of social infrastructure planning. The Framework was adopted by the SmartGrowth Implementation Committee and the guidelines were adopted by Tauranga City Council and Western Bay of Plenty District Council. Western Bay of Plenty District Council also undertook a stocktake outlining all of the social infrastructure providers in the Western Bay of Plenty and the services or facilities they provide, this information has also been mapped so the location of all social infrastructure is easily identified across the District.

The Western Bay of Plenty District Council have since undertaken a range of social infrastructure planning:
• Social infrastructure requirements identified in Katikati as part of town centre and built environment planning
• Assess the need for early childhood facilities to be made available as part of post harvesting facilities
• To inform the consent application for a school/community hall
• Social infrastructure requirements identified as part of the Omokoroa community plan
• Inform the need for an aquatic facility and action centre
• Social infrastructure requirements identified as part of structure planning in the Minden area
• To inform the need, location and types of playgrounds in the District.

Key Learnings
The different ways in which social infrastructure providers plan, in particular how far out organisations plan, with Council typically planning up to 50 years ahead whilst other providers plan 2-3 years ahead.

The challenge to convey an understanding of social wellbeing and its importance in Council planning to staff and elected members Working collaboratively with other organisations is always challenging but ultimately beneficial to ensure ownership and relevance to the organisations.

Future Directions
Continue implementation of social infrastructure planning and monitor and evaluate its effectiveness. Ideally it would be great to have an opportunity to work with the main providers of social infrastructure e.g. health, education etc to determine appropriate levels of social infrastructure provision for the sub-region.
Overall goal, what did you want to achieve?
To ensure social well-being along with the environmental, economic and cultural well-being is actively considered in Council planning and activities.

The purpose:
- encourage consideration of the potential impacts of a project, process or plan on the social, economic, cultural or environmental well-being of the community;
- identify actions that can be incorporated into the scoping and development stages of a policy, process or project to address the potential negative impacts or strengthen the positive impacts on the four well-beings, including consideration for more in-depth assessments eg, Health Input Assessment (HIA), Environment Input Assessment (EIA) etc.

Why was the project developed?
One of the key purposes of the Local Government Act (2002) is for local authorities to promote social, economic, cultural and environmental well-being. The ways and the extent to which each local authority focuses on each of the ‘four well-beings’ varies for a range of reasons including political and historical factors, local needs and population, and operational priorities. Another reason can be the lack of tools available to enable planners, policy analysts and project managers to routinely consider the ‘four well-beings’ in their planning.

Overview - what did you do?
A working group was established with a neighbouring Council and the District Health Board with support from the Ministry of Health’s Health Impact Assessment Support Unit and Toi Te Ora - Public Health.

A review of similar tools were undertaken to inform the development of the community well-being checklist. It was decided that a tool that covered all of the well-beings rather than just social well-being would be most relevant for Councils. The tool has been developed so it can be used at both the scoping and draft stages of a project.

Indicators of each of the well-beings have been identified to act as prompts (eg. social and community networks as an indicator of social well-being) which is considered in relation to the target population of the project and population groups e.g. Maori, young people etc.

Key Learnings
The training, development and piloting of the checklists took place in 2009 so assessing the effectiveness of the checklists is still in its early days. Some learnings and factors that have contributed to its success so far include:

Factors contributing to the success so far...
- two Western Bay of Plenty District Council councillors participated in the HIA training and supported HIA
- a senior manager at the Western Bay of Plenty District Council supported HIA
- Christchurch City Council and East Gippsland Shire Council freely sharing their work and learnings
- the checklist being integrated into Council processes so it becomes part of daily business and for ease of use
- using the term ‘community well-being’ rather than ‘health’ due to many people’s perception of health as being about hospitals, diseases and illnesses
- working with and support from BOPDHB
- support from the Ministry of Health HIA support unit and Quigley and Watts Ltd in encouraging us to give it a go, and providing constructive feedback and contacts

The importance of monitoring and encouraging the use of the checklist to ensure it is used appropriately a staff member leading the work came from a public health background.

Outcomes so far...
- increased collaboration between Council and the local district health board
- increased collaborative planning internally by staff working with other staff or Departments they may not have ordinarily done so
- Council staff seeing the value in using the checklists

Future Directions
Undertaking some form of evaluation to determine how and when the checklists have been used and what difference, if any, has occurred as a result of using the checklists.
Building Healthy Public Policy

Name of your community project or activity
Whakatane District Alcohol Strategy and Policy Development

Overall goal, what did you want to achieve?
- To develop an alcohol strategy and policy for the Whakatane District and to enhance interagency collaboration around alcohol issues.
- The objectives of the strategy were to reduce alcohol related harm in the community and involved a process of community and industry consultation. The Council-led policy would set parameters to guide liquor licensing for Council and community to address current licensing issues and community concerns.
- It also aimed to capture the extent of current community initiatives to reduce alcohol related harm, early intervention services and an assessment of alcohol-related crime and existing prevention measures.

The strategy also supported significant community outcomes in the Whakatane District Council LTCCP including:
- safe, caring community
- drug, alcohol and gambling abuse is diminished
- homes and neighbourhoods are free from fear of violence and crime
- communities help themselves and care about each other
- decision making processes are transparent open and inclusion.
- Why was the project developed?
- Alcohol Strategy Context
- According to the Local Government Act 2002, Councils have a significant role in promoting the "social, economic, environmental and cultural well-being" of their communities. They are, in effect, a lead agency on local social issues.

Alcohol-related harm is one of these issues for many communities. It is not just a local statutory responsibility for local and central government agencies but is an issue that the community should have a more proactive approach to.

Background
Developing a local Alcohol Strategy has a number of benefits:
- It can help integrate alcohol-related activities within Council
- It can raise the profile and priority of Alcohol issues among Councillors and staff
- Community consultation can raise awareness of social and community impacts of alcohol that go beyond individuals’ choices about drinking
- Council leadership on the issues can be a catalyst for community action and for the prevention of harm through collaboration with a range of local groups and agencies.

International research shows that people's drinking behaviour is influenced by their local environment and communities can do a great deal to reduce alcohol-related harm. Addressing the environmental factors and shaping drinking can be more cost-effective than targeting individuals. In the public health sector there is increasing recognition that health choices are not made in isolation but are part of human social systems, community decisions as well as family ones, structure and how people socialise (ALAC, 2005).

An off-license application at that time received wide community objection (115 in total) however community concerns were ineffective given the council had no current alcohol policy which highlighted the need for such a strategy to be developed. There was also a general lack of awareness and understanding of how to contribute to the liquor licensing process in the community.

Whakatane had a very strong and active YATA committee at the time, focused on reducing alcohol related harm for young people. Whakatane District Council and Toi Te Ora - Public Health Service submitted an application for Crime Prevention Unit funding in order to develop a robust alcohol strategy as internal resource to support this work was unavailable at the time. Therefore external funding and support was required.
Overview - what did you do?

An Interagency Alcohol Strategy Advisory Committee was established which included a wide variety of sectors. Terms of reference and partnership agreements were formed including clarity of roles.

Roles of the governance committee were clarified including key tasks to provide guidance and leadership for strategy development.

Timeline and budget requirements were also developed.

External funding was sought from the Crime Prevention Unit for Alcohol harm reduction and the project was successful in securing funding.

A project brief was written and an RFP process followed using GETS. Eight written submissions were received and the project was incredibly fortunate to have a leading alcohol expert (Dr Murray Sim, Axist Consulting) to lead the strategy development including the following:

- Assessed the current provision of any alcohol harm related services within the Whakatane District
- Identify issues causing alcohol related harm within Whakatane and at a national, regional and local level
- A review of all evidence and several community consultation meetings were held
- Stock-take of all liquor licenses in the district and all alcohol-related harm data
- Strategy development and approval process within Council.

Following the development of the alcohol strategy it was used to form the basis for the Council Alcohol Policy which is still active today.

Key Learnings?

Overall this was a very successful initiative and a tribute to intersectoral collaboration. The development of the strategy provided a focus for the YATA group and it also enabled the local community to be involved. Having both a strategy and policy also strengthened further actions including submissions on the Sale of Liquor Act and it forms the foundation for future community planning decisions with regards to liquor licensing and alcohol in the community.

This strategy development couldn’t have happened without successful relationships and the significant leadership and work undertaken by both the Whakatane District Council and Toi Te Ora Public Health Service.

Future Directions

This was the first development of an alcohol strategy and policy for Whakatane and it is proposed that both will be continually updated and are currently both still active.
**Building Healthy Public Policy**

**Name of your community project or activity**  
Rheumatic fever prevention and management project

**Overall goal, what did you want to achieve?**
- To reduce the incidence of rheumatic fever (RF) and rheumatic heart disease (RHD) in the Bay Of Plenty
- To reduce health inequalities arising from the impact of rheumatic fever and rheumatic heart disease in the Bay Of Plenty.
- Why was the project developed?
- The project was developed to address the high incidence and burden of morbidity from rheumatic fever in the Bay of Plenty.

A report written by Dr Belinda Loring in 2008 found that:

- Rheumatic fever was three times more common in the Bay Of Plenty than in New Zealand overall.
- Maori children aged between 5-15 years were at most risk of developing rheumatic fever (almost 90% of the cases were Maori)
- An electronic version of Dr Loring’s report is available at: http://www.toiteorapublichealth.govt.nz/Rheumatic_Fever_GP

**Overview - what did you do?**
The rheumatic fever project has six outcome expectations, with progress to date listed below in bullet point format.

1. A well-informed public on rheumatic fever and preventative measures.
   - A TTO rheumatic fever web page has been developed for the general public. The link is: http://www.toiteorapublichealth.govt.nz/rheumatic_fever_public
   - A four month media based awareness campaign was launched on 30 March 2010. Rheumatic Fever press releases, advertorials and full page articles appeared in several papers.
   - Radio adverts promoting the ‘sore throats matter’ and ‘sore throats can break a heart’ messages played on 8 stations across the BOP.
   - Display kits have been developed which include BOP specific pamphlets, posters, pull-up banners and a model of the heart.
   - A rheumatic fever information kit has been developed to provide more in depth information / teaching ideas.
   - General awareness about rheumatic fever was also increased as part of the ‘Healthy Hearts’ echocardiograph studies undertaken in Murupara, Taneatua and Kawerau.
   - Articles written and featured in Health Promoting Schools and school newsletters.
   - Information sharing about rheumatic fever with public health nurses, schools and staff.
   - Te reo pamphlets are currently being developed in collaboration with Te Ao Hou PHO and will be used to raise awareness about rheumatic fever amongst Kohanga Reo, Kura Kaupapa and Hauora.

2. A health sector with up-to-date knowledge of rheumatic fever and in particular the appropriate use of the NZ Guidelines for Rheumatic Fever.
   - Several awareness raising initiatives for GPs and health professionals have been undertaken. These include:
     - The development of a GP/health professional rheumatic fever web page, the link is: http://www.toiteorapublichealth.govt.nz/Rheumatic_Fever_GP.
     - A letter was sent to all GPs / PHOs across the BOP and Lakes Districts in January 2010: ‘Sore throats and rheumatic fever: Advice for GPs and Practice Nurses’ available at: http://www.toiteorapublichealth.govt.nz/vdb/document/153
     - Rheumatic fever presentations were given by the Medical Officer of Health to 89 Western Bay PHO GPs.
     - A GP survey on sore throat management and use of the Heart Foundation Guidelines was completed by 53/89 GPs.
     - A GP CME for the Eastern Bay was held in December 2009
     - RF presentations were given to nursing students who also assisted with the awareness evaluation survey.

3. A well planned, implemented and evaluated rheumatic fever prevention and management programme across the BOP.
   - TTO has an overview role to ensure the various rheumatic fever projects in high incidence areas and throughout the BOP remain coordinated and appropriately supported.
   - A key project is the Opotiki school based sore throat swabbing project led by Te Ao Hou Primary Health Organisation. A full evaluation of the project is planned.

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An electronic version of Dr Loring’s report is available at: http://www.toiteorapublichealth.govt.nz/Rheumatic_Fever_GP
• A similar school based sore throat swabbing project (based on the Opotiki pilot) will commence in Kawerau and Murupara in term 1 2011.
• The ‘Healthy Hearts’ echocardiography screening project ran during April and May in Murupara, Taneatua and Kawerau.
• Starship Hospital Cardiologist Dr Nigel Wilson and Whakatane Hospital Paediatrician Dr John Malcolm joined with Te Kaokao o Takapau, and Te Ao Hou and Kawerau PHO’s to conduct two healthy hearts ultrasound studies.

4. Complete and timely notification of all new and recurrent cases of rheumatic fever to the Medical Officer of Health.
• Development of notification protocol and standard operating procedures. Case and contact management protocol finalised.
• Discussions and presentations with GPs emphasising the 1999-2007 Bay of Plenty/Lakes audit which identified under-notification as being at least 50%.

5. Systems in place for the effective prevention of recurrent rheumatic fever cases and the management of notified cases.
• The rheumatic fever steering group is working with Rotorua Area Primary Health Services (RAPHS) to develop a regional register.
• An Excel acute rheumatic fever (ARF) spread sheet has been created and is being utilised as a temporary register until the regional register is finalised.
• Steering group members contributed to discussion document for a proposed national RF register.

6. An effective Bay of Plenty/Lakes Rheumatic Fever Steering Group.
• The rheumatic fever steering group is functioning well and effective.
• The steering group is working on register development, primary prevention initiatives and awareness raising campaigns using a collaborative approach across Bay of Plenty and Lakes District Health Boards.
• Key Learnings - what did you achieve, what went well or could be improved?
• A successful media awareness campaign. A pre- and post- evaluation survey of the awareness campaign is being conducted and collated.
• Strengthening relationships and working in partnership with PHOs, health providers and communities across the DHB.
• Improving data quality and reporting.
• Development of BOP specific resources.
• Professional development for GPs.
• A co-ordinated and collaborative approach provided by the BOP/Lakes rheumatic fever steering group.

Future Directions
• Continue with Opotiki, Kawerau and Murupara ‘Sore throats matter’ campaigns working in partnership with communities / providers.
• Continue community-based awareness programmes across the BOP district.
• Monitoring and evaluation of work to date.
• Develop BOPDHB component of Lakes/BOP regional rheumatic fever register.
Building Healthy Public Policy

Name of your community project or activity
Issues of Health and Well-Being 2008 Population Survey

Overall goal, what did you want to achieve?
To understand the knowledge, attitudes and practices to health or health issues of people / communities within the Lakes and Bay of Plenty area.

Why was the project developed?
This survey was primarily designed as a tool for outlining public health attitudes in the Bay of Plenty and Lakes region and helping people to plan and design better public health interventions. It also contributes to a better understanding of inequalities and the type of public health interventions that might help to reduce them.

Overview - what did you do?
Toi Te Ora - Public Health Service worked with the National Research Bureau to design a computer assisted telephone interviewing survey. The sample frame was private phone numbers in the 2008 Bay of Plenty White Pages phone book. A quota was set of 600 randomly selected interviewees from each of four districts; Western Bay of Plenty (Western Bay of Plenty District Council and Tauranga City Council), Eastern Bay of Plenty (Kawerau, Whakatane and Opotiki District Councils), Rotorua District Council and Taupo District Council.

In total 2430 people over the age of 15 years were interviewed using a structured questionnaire, which included questions on general health status, immunisation, tobacco, alcohol, oral health and fluoridation, nutrition and exercise. Quotas were also used to ensure representativeness within each district according to age group, gender and ethnicity.

As part of a commitment to ensuring the project and research was conducted ethically and represents the best possible approach, ethics approval for the project was sought and obtained from the National Ethics Advisory Committee (NEAC) through the Northern Y Regional Ethics Committee in July 2008 and through the Lakes DHB Research and Ethics Committee in September 2008.

Following management and ethical approval to proceed, a pilot of 30 interviews was carried out in October 2008 by the National Research Bureau. The main study interviews were completed during November 2008 and reporting has been available via request and the Toi Te Ora website.

Key Learnings
• The survey has provided useful insight into the population that Toi Te Ora serves.
• Most people rated their health as good, very good or excellent. Significantly different to this overall result were those aged over 65 years and those with low household incomes. Nearly 1 in 5 people reported that their physical health had recently limited their social activities with family or friends.
• There is strong support for immunisation with most people agreeing that vaccines are generally effective and recognising the potentially serious nature of diseases like measles. In addition most people agreed that parents and caregivers have a responsibility to ensure that their children are immunised to help prevent disease spreading in the community.
• There is strong public support for current and further restrictions on tobacco sales, tobacco availability and places where people are allowed to smoke. Most respondents also wish to see less tobacco use and smoking in public in the future.
• Over half of the people support reducing the number of places that sell alcohol in the community. There is less support for increasing the price of alcohol. There is however strong support for reducing youth drinking, reducing the availability of alcohol to youth and for increased host responsibility measures.
• Almost a third of people have not been to the dentist in the last two years. There is more support than opposition for fluoridation but over a fifth of the population remained undecided about fluoridation.
• The public appears very knowledgeable about the fat and sugar content of common foods and there is support for improving food labelling to show more clearly fat and sugar content. There is strong and consistent support for restricting the availability of unhealthy food and sugary fizzy drinks in schools. There is also very strong support for increasing the availability of healthy food and sugar free drinks in schools.
• A quarter of people report they do not get the recommended 30 minutes of physical activity per day. There is strong and consistent support for creating environments and facilities that are more supportive of physical activity - including the development of more walk ways, cycle ways and other outdoor amenities.

Future Directions
The survey establishes a baseline of regional information for comparison and will provide a way of measuring changes in attitude and the effectiveness of regional public health programmes over time. It is envisaged that a similar survey be repeated to monitor changes.

The survey provides a wealth of data for ongoing analysis and interpretation which will be used to inform future policy and programme development, identify areas where attitudes are favourable to change and what key health related messages need to be promoted. The survey confirms the level of public support for a range of health initiatives and addresses some regional information gaps.

5. Toi Te Ora Public Health Service
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Once Whakatane and Kawerau District Councils have implemented their policies, Toi Te Ora would like to initiate discussions with Taupo.

Future Directions

the councils. Recognition must be given for their continued commitment to public health.

skills from staff at both organisations contributed to the successful adoption and implementation. Toi Te Ora acknowledges the efforts of

throughout the entire process of development, implementation and evaluation. These relationships were positive and the combination of skills from staff at both organisations contributed to the successful adoption and implementation. Toi Te Ora acknowledges the efforts of the councils. Recognition must be given for their continued commitment to public health.

Once Whakatane and Kawerau District Councils have implemented their policies, Toi Te Ora would like to initiate discussions with Taupo.
Name of your community project/ activity
Active Families, Eastern Bay of Plenty

Overall goal, what did you want to achieve?
To increase the physical activity levels and improve nutrition of those children referred, and their whanau. To encourage positive changes that can be sustainable and lifelong.

Why was the project developed?
The Green Prescription Active Families programme was developed following an increasing demand for a service similar to Green Prescription for adults but that specifically met the needs of children - targeting inactive children and young people who are at risk of adverse health effects from being overweight or obese.

On 1 July 2009 the GRx Active Families programme was transferred from SPARC (Sport and Recreation NZ) to the Ministry of Health - they contract 14 Regional Sports Trusts and one PHO nationally to provide the programme through partnership and investment from local DHBs and PHOs. In the Eastern Bay of Plenty, this programme is jointly funded through the Ministry of Health and the BOPDHB.

The children and young people referred are usually not participating in sports-based activities. The barriers to participation for the child or young person can range from activities being inaccessible or unaffordable to lack of parental support, disabilities, lack of confidence and self-esteem.

Overview - what did you do?
GRx Active Families programme is a community-based health initiative designed to increase physical activity in children and young people aged 5 - 18 years of age and their whanau/families. Priority is given to children aged 5-12 years.

The programme supports children and their families to lead healthier and more active lifestyles through encouragement and education, nutritional guidance and advice, realistic goal setting and ongoing support. The programme provides support for a minimum of 35 children and young people and their families for a period of up to 12 months.

Referrals are received from various sources, with the most common in the EBOP being paediatricians, GPs or practice nurses, Public Health Nurses, and community organisations such as ‘Voyagers’.

Within the EBOP, face to face meetings and home visits are completed regularly. Group initiatives are trialled as appropriate. The Active Families advisor will meet with the referred child and whanau on average every 4 to 6 weeks.

The long term goal for each child is a minimum of 60 minutes of moderate to vigorous intensity physical activity most days of the week. Regular monitoring/testing of each participant is conducted to measure the progress and effectiveness of the programme. Liaison with other professionals is completed as required, such as a link with the community dietician when children and their whanau need more detailed assistance in regards to their nutrition.

The aims of the programme are to:
• Educate on the benefits of physical activity for children and young people.
• Have appropriate, affordable and sustainable physical activity options available - liaison with local physical activity providers to negotiate discounts for those on the programme.
• Provide opportunity for social/group interaction of children with similar needs - organise group activities as appropriate and ‘buddy-up’ sessions for two or more children to partake in the same physical activity.
• Give personal encouragement and motivate participants during the programme.
• Establish 60 minutes of moderate to vigorous intensity activity most days of the week as a goal.
• Encourage children to become involved in a sports team to ensure regular exercise through practices and games
• Achieve a decrease in sedentary behaviour such as television watching and computer use.
• Ensure ongoing monitoring of programme participants at agreed milestones.

Key Learning
A national survey is completed annually and we have just received the national results (due to the sample size, results are not regional):
• 93% of participants are motivated to get/ stay active
• 95% of participants have made changes to their diet since receiving their referral
• 93% of participants have noticed health and fitness level changes.
• 97% feel more confident about doing physical activity
• 96% are satisfied with the overall service and support
Key Learnings (continued)

A commitment to a regular activity had the best results for sustainability. For example getting families involved in community events such as the Walk to Health challenge, a 10 week programme with regular walks happening throughout the EBOP. Some families who participated in this had fantastic results and continued to improve in fitness and motivation over the 10 week period.

Encouraging children to play a winter sport has been successful as they have to commit to regular training and a game per week. A large percentage of children on the programme have achieved this. In addition, helping the child and whanau to make healthier food choices is very beneficial. Often their weight issues are a combination of low levels of physical activity and their eating habits - it is advantageous to focus on both within the visits.

Trying to arrange group activities in Kawerau and Whakatane during school holidays proved difficult with poor attendance from families. Many factors played a part - transport, other commitments etc. In addition, commitment from families in Kawerau to attend a series of nutritional workshops was difficult - however it was well received by those who did attend.

The biggest challenge was the high demand for the service, and trying to work with a maximum of 43 families and still maintain good results. This proved difficult with less time to visit families and keep them motivated. Numbers have now decreased again with recent graduations and some families being discharged. It would be good to cap the workload at 35 families to achieve optimal results with more regular visits.

As this initiative works with the whole family, changes are seen wider than the individual, and the whole family unit often take on a healthier, more active lifestyle. Most families are very appreciative of the input and support.

Future Directions

- The AF advisor is planning to work in with another work colleague who will be organising the “Lets Go Whanau” programme aimed to get families in the EBOP more active. This will involve working with sports clubs and groups to provide families with the opportunities to develop skills in four allocated sports (touch rugby, waka ama, squash and table tennis). It will also look at introducing other sports that are family-orientated such as volleyball and football.
- The Walk to Health challenge is coming up again starting in September so will definitely get as many families on the programme involved as possible.
- The AF advisor will continue to organise lunchtime physical activity sessions for schools where more than one child on the programme attend. Including physical activity in regular family visits also works well.
- Will try and organise some fun nutrition activities for parents or families such as a trip to the supermarket for a label-reading exercise, cooking classes etc.
Name of community project or activity
Development of a Multi-Venue Exclusion Framework for the Tauranga-Western Bay of Plenty and Waihi areas

Overall goal, what did you want to achieve?
Discussion, agreement and implementation of an MVE Framework between gaming societies and trusts, gambling venue managers, problem gambling intervention and problem gambling public health service providers; across the geographic area from Waihi township to Maketu, inclusive of the whole of the Western Bay of Plenty and Tauranga Districts.

Oasis Problem Gambling Service, Tauranga, have taken up the position of co-ordinator of this MVE Framework.

Why was the project developed?
The Western BOP and Tauranga Districts have few service provider staff dedicated to clinical or public health work in the problem gambling field.

A scoping activity seeking opportunities to work with the gambling industry and developed on the heels of the Oasis Problem Gambling Public Health work program for the 2010-2011 year, revealed that many clients presenting for clinical counselling for PG were not aware of Venue’s “host responsibilities” pursuant to The Gambling Act 2003.

(Venues are obliged to display notices about where and how to get help, and venue managers are obliged to observe gambling behaviour sufficiently to take notice of Problem Gambling behaviour and approach customers thought to be “at risk” to offer assistance or self-exclusion opportunities. All venue managers receive training for this.)

In addition, one of the contracted areas Oasis Public Health has responsibilities for is that of encouraging “Safe Gambling Environments”. Whilst the enforcement of the requirements of the Gambling Act on the Gambling Industry is the jurisdiction of the Department of Internal Affairs, the Oasis PG Services seek to encourage best practice. Best practice research indicated that the PG Service Providers in regions with Multi-Venue Exclusion frameworks in place (Dunedin, Queenstown, Invercargill, Hamilton and Rotorua), also had stronger collaboration and dialogue with the industry and with other treatment and public health service providers.

An MVE approach in our local area seemed the obvious step for strengthening relationships across the sector, providing service backstop for gamblers developing problems and for service provider collaboration. This was assessed as the single, most efficient foundation for encouraging both “Safe Gambling Environments” AND for conducting Public Health work that kept with the tradition of the five Ottawa Charter action areas:

• Building Healthy Public Policy (Industry and venue policy of utilising MVE framework for benefit of customers facing a public health risk.)
• Creating Supportive Environments (venues provide a safer environment with positive benefit to health, moderating risk of addiction.)
• Strengthening Community Action (the collaboration of DIA, Public Health staff, clinical staff, interested community groups, whanau, venue staff, Society Managers, and problem gamblers themselves, to take a pathway of responsibility in the legal activity of gambling in their communities.)
• Develop Personal Skills (once implemented, MVE Frameworks anticipates increasing personal skills of Problem Gamblers to self-manage, increasing personal/professional skill of Venue Managers to intervene and act as responsible hosts.)
• Reorientate Health Services (acting to share responsibility for health amongst individuals, the community, government, institutions, focussing on prevention rather than just treatment/cure.)

Overview - what did you do?
• In early 2010 Oasis Public Health staff contacted the Department of Internal Affairs Gambling Inspector for the target area.
• Discussed processes for inter-sector dialogue about MVE process development and the necessary paperwork for implementing this.
• Researched the other centres in NZ where MVE frameworks are in place. Researched best practice/process and contacted several providers of MVE co-ordination services to understand the range of problems and opportunities.
• Contacted interested Gambling Venue and Society operators who had an interest in MVE (for whatever reasons.) Found a champion in the gambling industry at a senior level.
Overview (continued)

- Worked together to float the MVE Framework initiative for the BOP/Tauranga/Waikato areas and held an initial meeting. Informed key public health sector contacts, key Maori provider and tangata whenua groups, key Community Centres, invited all gambling (EGM operators) Venue Managers and gaming societies and clubs. (July 2010).
- A core group present on the day, and involving almost all Societies and many of the Venue Managers, decided to join the MVE Framework initiative and signed on to the process.

Key Learnings

The whole initiative went really well and very smoothly. This is probably due to the presence of a will to engage and develop something that would work for all parties.

We see that a sound understanding of the intended and unintended consequences of the development of a public health activity and framework are important for reaching the intended goals of the health promotion plan.

Collective collaboration is also vital for the ongoing maintenance of the initiative over time and for providing a solid and dependable service for all customers. (From the Ministry of Health to the Gambling Industry, to the clients seeking clinical services and the local community organisation and Maori interest networks.)

Future Directions

Current Activities Following on:

The launch date for the MVE Framework was set at 20th September 2010, with Oasis - Tauranga as the Co-ordinating agency. Paperwork and processes are currently being put in place at the Oasis Centre so that the co-ordination role is efficient.

A social marketing program is set to start from Gamble Free Day - 1 September 2010. This will introduce the MVE process and explain its presence and purpose to the general public via print and radio media.

August 2010 involves discussions between:

Oasis staff and remaining clubs and venues which have yet to engage in the MVE process.
Orientation information for Community organisations, tangata whenua and other Maori groups.

Medium Term Developments:

Our hope is that 90% of venues will have joined the local MVE Framework by the end of 2010 and that all new venues established under the various Territorial Authority Policies, will join as a part of their operating policy from their first operating day.

Long Term expectations:

Healthier and safer gambling environments where Venue Managers are proactive in supporting at-risk gamblers to seek assistance. Venue staff and notices/pamphlets will offer the MVE choice to all gamblers who seek to self-exclude. Gamblers experiencing problems and those experiencing harm from gambling, will be able to access a wider safety net of help, earlier.
Creating Supportive Environments

**Name of your community project or activity**

*Tauranga City Travel Safe*

**Overall goal, what did you want to achieve?**

Tauranga City Travel Safe is a School Travel Plan which is helping our people make transport choices in a way that allows future generations to enjoy liveable neighbourhoods.

**Why was the project developed?**

To reduce child pedestrian and cycling injuries in Tauranga city.

**Overview - what did you do?**

- Tauranga Travel Safe is an integrated approach that considers school and community-specific needs and where theory is put into practice by:
  - Listening to communities
  - Keeping it simple and flexible
  - Developing community and school ownership at the beginning
  - Strengthening community action
  - Creating supportive environments
  - Supporting building healthy public policy

Using the simple template programmes above allows school communities to empower themselves and embrace positive change. Council’s Travel Safe team forms a strong partnership with the parents through the Kids on Feet programme, the school management through Travel Safe’s programmes above and the senior students through the Travel Smart Senior student programme. By working on the ground alongside the school and wider community the development of simple, flexible templates have been established over the last 3-4 years.

Schools, parents/caregivers/volunteers and students are the backbone of the partnership and make collective decisions using community-developed templates of Kids on Feet, Kids Can Ride, Travel Smart Senior Students, and Caterpillar Feet. The programme fosters a culture of ‘valuing the volunteer’, and the students are encouraged to solve the problems themselves.

Kids on Feet is more than ‘walking school buses’. It includes walking, cycling, scootering etc. The volunteer base is growing and these volunteers become valuable resource as ‘ears’ and ‘eyes’ to Travel Safe Team. The Travel Safe team work alongside this volunteer base in the community.

Kids Can Ride is a cycle safety education programme for Year 5/6 students that cultivates the love of safe cycling. It has developed alongside the schools over the last 4 years and is taken by Iris Thomas’s experienced team. They are a crucial component of Travel Safe.

Caterpillar Feet is a pre-school programme which is developing and in early stages. It came about as a request for a programme at this level from the Kids on Feet volunteers.

All programmes under Travel Safe are underpinned by robust education, engineering, enforcement and encouragement that are reflective of community needs.

**Key Learnings**

- Communities are developing ownership, creating supportive environments, developing personal skills and strengthening community action to affect changes alongside simple, flexible templates. Travel Safe has set up an ongoing commitment to community. Kids on Feet, Kids Can Ride, and the other Travel Safe programmes are being implemented across schools in Tauranga and WBOPDC. There are 45 Kids on Feet buses and new ones beginning.

- Involving the community from the beginning has been crucial. Also involving the three key stakeholders in school communities - the school management, students and parents/caregivers on an ongoing basis has ensured sustainability of the programmes.

- Keeping the templates simple and flexible is important and being ‘on the ground’ working alongside community is the most important key.

**Future Directions**

To continue to work alongside community and assist building supportive environments with school travel plans and wider community.

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9. Tauranga City Council

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Creating Supportive Environments

**Name of your community project or activity**

**WorkWell**

**Overall goal, what did you want to achieve?**

The goal of this project is to have all workplaces in the Bay of Plenty and Lakes regions working to improve, promote and protect the health and well-being of our workforce and community.

To have 10 percent of the Bay of Plenty and Lakes region workforce (11,500 employees) in WorkWell accredited workplaces by June 2012 and to have 80 percent of registered workplaces reflect populations identified in the targeted engagement plan (e.g. Maori, Pacific, migrant, youth, low wage/lower skill workers).

**Why was the project developed?**

- The World Health Organisation considers the workplace a priority setting for health improvement in the 21st century, and more private and public organisations are recognising that future success in a global marketplace can only be achieved by ensuring a healthy, qualified and motivated workforce.
- Across the Bay of Plenty and Lakes districts, there are currently 115,800 people participating in the workforce (61% of the working age population), and it is estimated that the workforce spend about 60% of their waking hours at work, more time than any other setting.
- Changes in technology and market demand have meant that more people are moving into sedentary job roles and reporting higher levels of work stress, increasing the risk of chronic illness, including obesity, diabetes and cancer. To New Zealand businesses, the cost of sick leave and lowered productivity occurring as a result of these health conditions is in the millions of dollars, with some projections being as high as $940 million per year.

Through workplace environments, it is possible to influence health behaviours of large proportions of the population and to conduct repeated multi-level interventions to influence healthy behaviours.

**Overview - what did you do?**

- The project began with an environmental scan to scope for existing models of wellness in the workplace setting, both nationally and internationally. Existing models were assessed for their relevance to the New Zealand labour market and key features were noted. Using these findings, a framework was developed to underpin a programme for New Zealand workplaces and a number of approaches and models were considered for the delivery of this framework. The framework reflected and supported workplaces through best practice health promotion in a workplace setting.
- A business advisory group was established with five businesses from within the region, and the initial concept was tested with this group. Feedback was considered and the model adapted to ensure it met the needs of business and would be a credible programme to assist in improving employee’s health and well-being. The end product was WorkWell, a three-tiered workplace wellness accreditation scheme.
- Sitting alongside the scheme is a range of tools to support workplaces at every point along the way, including a step-by-step manual, assessment, planning and evaluation templates, a provider directory, tips and ideas, and health-issue toolkits. In addition to these, a team of advisors are available to guide workplace leaders in the use of WorkWell and completion of an accreditation application. Workshops are also run on a regular basis to help those who require extra support in this process, with additional sessions being offered around specific health issues, co-facilitated by service providers in the local community.
- Members of the advisory group agreed to pilot the programme from November 2009, and feedback from the pilot group was used to fine-tune the programme as they progressed through delivery of the framework within their own work environments.
- The website and WorkWell programme was officially launched on 28 March 2010.
- A cyclic series of introductory workshops were implemented on a three monthly basis from May 2010 to entice new workplaces and service providers to the programme.

**Key Learnings**

Since the launch of WorkWell in March 2010, 15 workplaces have registered and started working towards Bronze Accreditation.

Relationships have been established with key stakeholders, including Sport Bay of Plenty and ACC, to ensure comprehensive and collective achievement of the overall goal. In addition, we have also recruited, and continue to recruit, support from wellness-related service providers in the local community.

The framework and accreditation standards have proven popular and appear to be working well, particularly as these seem to mirror many processes and practices already in place throughout workplaces in the region.

In addition to the main WorkWell programme, we will also have a second advisory group, involving Kaupapa Maori organisations who are working through the accreditation requirements, to consider how the framework sits alongside Maori models of health and wellness. An area that could have been improved in the roll-out of WorkWell would have been to have this group set up at the beginning of the project, rather than after the initial roll-out.

**Future Directions**

Guidance from the second advisory group will really be a key point for future development of the WorkWell programme, as this will help the team to ensure that the framework and resources are relevant to Maori.

At this stage, the programme is on track to achieving the target of 11,500 workers by June 2012.
Strengthening Community Action

Name of your community project or activity
Many visions – One purpose: youth health project

Overall goal, what did you want to achieve?
1) Consult stakeholders within the EBOP to support a youth specific service
2) Initiate development of a cohesive youth specific health service to address the IDENTIFIED gaps / needs of young people across the EBOP.

Why was the project developed?
As a scoping exercise to look at perceived youth health needs within the EBOP and to collectively look at ways of meeting the identified needs to avoid fragmentation and overlapping of youth health service provision.

Overview - what did you do?
• Established small working group consisting of members from Whakatane youth council and youth health service providers.
• Sent out invitations to all youth health / education / justice providers across the EBOP inviting them to attend a one day youth hui / expo where they could showcase their organisation and contribute their knowledge and skills to future youth needs.
• Organized keynote speakers to address the group on the day and share their knowledge and passion around specific youth health needs.
• On the day of the youth hui all attendees were asked to contribute / comment on future youth health service development.
• Information from the youth hui was collated and used as evidence to feedback to wider community.
• Toi Te Ora have been approached and asked to put together a specific youth survey on perceived youth health needs and wants to be used for further evidence and youth health service development.

Key Learnings
Overall the day was very successful with a good number of organisations attending from right across the EBOP.

However, due to the large geographical area within the EBOP some attendees on the day did not see how it was feasible to develop such a comprehensive specific service that would encompass all youth within the EBOP including approval / buy in from the many Iwi groups within the EBOP.

Future Directions
Recruit youth to actively survey / interview a random selection of other young people aged 12 – 25 across the EBOP to identify what health services they are currently accessing / would use / need or would like to see.

Use the raw data collected to seek funding to appoint a project manager to coordinate/establish the identified youth specific health service.

11. EBOP PHO
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**Strengthening Community Action**

**Name of your community project or activity**

Nga Kete Hauora - Online ABCs Smoking Cessation Training

**Overall goal, what did you want to achieve?**
The aim is to encourage health care workers to implement the ABCs in their everyday practice in the hope it will trigger a quit attempt with their clients and increase the number of people who attempt to quit across the Bay of Plenty region.

**Why was the project developed?**
The project was developed out of a contract with the BOPDHB.

**Overview - what did you do?**
- The Bay of Plenty District Health Board in partnership with Te Hotu Manawa Māori, have developed an innovative e-learning tool to deliver the ABCs Smoking Cessation Training to both primary and community health workforce in the Eastern and Western Bay of Plenty region.
- The e-tool has been named Nga Kete Hauora and comprises of 5 kete or modules. The kete were named to reflect the essence and knowledge that each kete holds.
- The e-tool allows for consistency in training across the district and ongoing support as a reference tool. Once participants complete the modules they gain a certificate and become Quit Card providers.
- The e-tool has been designed to equip health workers who work directly with our Māori and Pasifika community to enable them to offer brief advice and Nicotine Replacement Therapy (NRT) treatment if needed. The aim is to trigger a quit attempt and increase the number of people who attempt to quit across the Bay of Plenty district.
- Nga Kete Hauora is supported by a follow-up face-to-face hui where we offer practical support and advice to participants, specifically on how to engage with whānau Māori and developing confidence in ABCs and NRT usage.

**Key Learnings**
- Identified that the online component when utilised in a timely manner was effective in helping to prepare participants for the practical sessions.
- Identified a difference in uptake across the Eastern and Western BOP
- Acknowledged that some participants who were not IT-competent needed more facilitator support than others.
- Participants were given the flexibility to complete the online tool in their own time at their own pace. This will be reviewed and a recommended completion time allocated.

**Future Directions**
Review and amend e-platform to include more multimedia and interactive sessions or blogs with tutors.

Improve promotion of the training and registration process.
Strengthening Community Action

Name of your community project or activity
Top Town, Top Form

Overall goal, what did you want to achieve?
Wanted to get to young people on safer ways to drink before they were out there doing it.

Why was the project developed?
Students saw the need to get safety strategies across to our young people.

Overview - what did you do?
Each activity had a message on alcohol safety. Organized all year 9s and 10s to participate in the event, advertising with safety messages on placards and in school notices. Teacher involvement and members of the community. For example; the 3-legged race was stick with your friend, wheelbarrow race- drive with a sober driver. Making the words go with action to leave an imprint.

Key Learning’s?
• Initial communication at beginning of event so that everybody knew exactly what they were doing. Better map of activity sites.
• Greater reinforcement of the links between the message and the activity.
• What went well and what was the feedback from students, parents and community? Excellent feedback, in spite of poor weather, everybody continued to participate, many stated they had so much fun. Teachers want it to become an annual event. A student even bought me a chocolate bar to say thanks’ she had been having a bad day, but the event really brightened things up for her.” The community youth workers involved expressed positive comments and participation

Future Directions
Plan for this to be an annual event, as great for connecting and team building.
Strengthening Community Action

Name of your community project or activity
Pathway 2 Health

Overall goal, what did you want to achieve?
Pathway 2 Health had three overarching goals;
• To develop opportunities for structured sport, recreation and physical activity
• To develop opportunities for unstructured sport, recreation and physical activity
• To create socially supportive and culturally appropriate environments for physical activity

Why was the project developed?
In 2006 the project partners developed a Physical Activity Strategy for the Eastern Bay of Plenty. This identified strengths and weaknesses of physical activity provision across the region and provided the basis for an Active Communities application to SPARC. The project was essentially developed to enhance the health of communities and strength of the sporting sector in the Eastern Bay based on the findings of the Physical Activity Strategy.

Overview - what did you do?
Pathway 2 Health is a three year project which will come to an end of its current form in September 2010. As community was such a focus of P2H, three local coordinators were employed - one each in the districts of Whakatane, Kawerau and Opotiki. Each year, project partners worked collectively to develop an Annual Plan which outlined the planned activities for each district for the year. New structured activities included events such as the Mini Motu and Jacqui’s boot camp in Opotiki, the Whakatane Push Play Corporate Sport Series and Edgecumbe Active Whanau programme and the Kawerau Women’s Only Triathlon and Aquatic Centre programmes. Unstructured activities (defined as opportunities that could be undertaken anytime) included the development of Walk and Cycle strategies for Kawerau and Opotiki establishment of an Edgecumbe Skatepark committee and subsequent funding approval for the project, the development of a BMX track and mountain bike tracks in Kawerau and walkway developments in Opotiki.

Key Learnings
• The retention of energetic, passionate and local coordinators was definitely a highlight for the project, which is also identified in the project evaluation results compiled by Quigley & Watts Ltd (see next page). Each coordinator was well-respected within their community and was able to engage with the community - whether with recreation providers, sports clubs or inactive / active individuals. This local approach was extremely valued by stakeholders.
• The buy-in from project partners at both Steering and Governance Group level was essential to the success of the project. Coordinators felt well-supported and the partners worked collaboratively on the collective goals of P2H, despite each having slightly different motivations for investment.
• Planning ahead for the sustainability for the project, (knowing the funding was for three years only), was essential.
• A full summary of what was achieved by the P2H project over the past three years is best outlined by Quigley & Watts Ltd who were engaged to evaluate the project via the HEHA Evaluation Fund. Highlights include success in engaging target audiences (Maori, youth and family), success in providing socially and culturally supportive environments (by reducing barriers such as cost, access, fitness levels etc) and achievement in developing a well regarded project, both by other key stakeholders and also with participants.

Future Directions
The original investment for P2H was for a three year period, which operationally comes to an end this September. Thanks to the commitment of the District Councils, a planned underspend of P2H funds to date and additional investment from the BOPDHB, P2H will continue for another two years. This will be at a reduced capacity (10 hours per week) and project KPI’s have been developed to reflect this.
Strengthening Community Action

Evaluation of Pathway 2 Health programme

Overall goal, what did you want to achieve?
To inform development and implementation, and assess the impact and effectiveness, of Pathway 2 Health.

Why was the project developed?
The Pathway 2 Health programme in the Eastern Bay of Plenty encourages people to be more physically active. Local coordinators based in Opotiki, Kawerau and Whakatane work with communities to set up new activities and support existing ones. The programme focuses on Māori, young people aged 12 to 18 years, and whānau/families.

The Pathway 2 Health steering group initiated the evaluation to ensure formal assessment of the programme’s development and impacts over its initial three-year implementation. The Bay of Plenty DHB, with funding from the Ministry of Health, contracted Quigley and Watts Ltd to carry out the evaluation.

Overview - what did you do?
- The evaluation focused on the effectiveness, programme reach, future sustainability and potential transferability of the programme. It had three components: formative, process and impact evaluation.
- The formative evaluation helped to refine the logic model for the Pathway to Health programme; assist in development and refinement of programme plans; and identify key outcomes and baseline data in relation to the evaluation outcomes. It was carried out in 2008 and drew on document analysis, environment audit and a survey of local clubs and physical activity providers.
- The process evaluation (2009), which considered how the programme was going in practice, made a set of 20 recommendations to the steering group to refine the programme. The majority of recommendations were accepted or modified and built into future planning.
- The process evaluation used a mix of document analysis and interviews with programme coordinators and representatives from clubs or other organisations involved with Pathway 2 Health.
- Assessment of the programme’s impact was based on key documents and reports; interviews with participants, volunteers, clubs and Pathway 2 Health coordinators; and observations of Pathway 2 Health activities. As well as assessing the programme as a whole, the evaluators included four case studies of activities that were examined in more detail. These were the Edgecumbe skate park initiative, Opotiki boot camp, Kawerau aqua aerobics, and the whānau activator initiative in each district.

Key Learnings
The evaluation found Pathway 2 Health was highly effective in reaching the target groups and people in the wider community. It had particular success in encouraging and supporting previously inactive people to take part in physical activity and improve fitness. The programme could be adapted by other similar communities in New Zealand, especially in small, low income towns without many existing opportunities for physical activity.

The programme’s community approach was central to its success. By employing local coordinators based in each town, the programme could find out and respond to community needs for physical activity opportunities. The skills, personalities and passion of the coordinators were vital. Participants in the programme said the coordinators were great motivators, and they knew their communities well. Involvement of other organisations such as councils and Sport Bay of Plenty was also a key strength.

The programme used a ‘learning by doing’ approach, where the coordinators and project partners adapted the programme based on learning over time. The evaluation fed back information to the programme which was then put into action.

The main challenges for the programme were volunteer shortages and the workload for coordinators. As the Eastern Bay is made up of many small communities, it was often difficult to find volunteers who could take over programmes from the coordinators. This is a challenge for other communities in New Zealand as well, with a shift away from a volunteering tradition and with many people overloaded by work and family commitments.

The evaluation highlighted some key success factors and areas for improvement, which could help adapt the programme to other small, low income communities in New Zealand. These included the community-based structure; having coordinators with the right skills and personalities; and development of local clubs and volunteers. Suggestions for future improvements included a longer duration of the programme (three years would be a minimum to achieve positive changes in physical activity) and that future projects outline clearly whether the focus is more on programmes or the development of facilities and policies (as with limited resources it is difficult to focus on both areas in detail).

The evaluation of Pathway 2 Health began near the beginning of the programme’s implementation. A key learning from this is that evaluation can improve project planning during the project rather than just identifying strengths and weaknesses after the project is completed. A full evaluation is also important in demonstrating to potential funders that the project should be continued.

Future Directions
Future funding options were explored in the latter stage of the programme’s implementation. Further investment from the Bay of Plenty DHB and the three councils secured a part time Pathway 2 Health position in each of the three districts for a further two years to June 2012. The new Pathway 2 Health funding is only for 10 hours per week.

In addition though, funding for a new Active Communities project for the Eastern Bay, stemming from key learning from Pathway 2 Health, was recently approved by SPARC. This project, called ‘Let’s Go Whānau’, involves funding from the same partners as Pathway 2 Health but has a stronger emphasis on sport and structured recreation rather than physical activity. The programme involves all members in a whānau, and there is an emphasis on reaching the more isolated communities of the Eastern BOP. It has been recommended that the same coordinators be employed to deliver ‘Let’s Go Whānau’ and Pathway 2 Health.
Name of your community project or activity
HPV - It Takes Three
Cervical Cancer Vaccine

Overall goal, what did you want to achieve?
To reduce the incidence of HPV infection

Why was the project developed?
The purpose of the project is to reduce the incidence of HPV infection and the subsequent development. A free cervical cancer vaccine became available for all young women born 1990 and 1991 as of 1 September 2008.

Overview - what did you do?
Strategies for promotion included:

- Production of locally made DVD, telling of personal story, utilising local young women to promote message
- Screen vista advertising
- Raggamuffin festival
- Radio advertising both Iwi Maori and Mainstream
- "rap" performed by local artists for radio advertising
- Newspaper promotions - advertising and personal stories
- Attendance at health days, hauora/marae events, sporting events, shopping malls,
- Presentations to youth/rangatahi groups, extended to wider whanau, sports clubs
- Utilised local people in all project development, advertising and promotion strategies
- Provide spot prizes
- Production of specific banner and bill boards
- Poster competition
- Outreach co-ordinator to work alongside GP clinics

Key Learnings

- The age group (young women born 1990/1991) is a hard group to capture for various reasons - have left town, thinking they are bullet-proof, cannot see that cervical cancer is an issue at this point of time, influenced by media publicity.
- The promotions went well with getting the message out there, however, the uptake for these young women to receive the vaccination, hasn’t been the best.
- Involving young people in the planning and promotions worked well.
- Raising awareness within the wider whanau/family has also been positive.
- Make promotions fun, catchy, visual, appealing.

Future Directions

- Continue with promotions but also come up with additional innovative ways that will engage young women to receive the vaccination.
- Especially designed banner for HPV promotions. A key factor for promotions was to utilise young women from the area.
Strengthening Community Action

Name of your community project or activity
Pasifika HPV Promotion

Overall goal, what did you want to achieve?
Encourage and support young Pacific Islanders physically, mentally and spiritually. To provide a safe environment to encourage and inform young Pacific women about the HPV programme.

Why was the project developed?
The Pasifika HPV Promotion is an existing programme and it was part of the BOP HPV Health Promotions project. It was developed to try and fill a gap in the HPV programme – Pacific Women.

Overview - what did you do?
Pasifika HPV Promotions is a self care evening for young women with great food, girls getting their nails manicured, while a health presentation is presented for their information. It was set in an environment (at PICTT offices) where the girls felt comfortable to engage in discussing health and social issues especially HPV causes, which may be a sensitive subject to talk about at home.

Key Learnings
• Visible - Young Pacific women have access to information and services that will assist them to make positive choices in the future.
• Support - PICTT continuing to assist young Pacific women in developing a healthier lifestyle.
• Celebrated - Recognising and celebrating the good work such as the excellent rate for Pacific HPV vaccine.

Future Directions
Another promotion night is being held in September 2010 with a focus on a more mature group of women including mums. The framework will be different, using a healthy cooking workshop including the complete meal at the end of the night, as opposed to manicures. From a Pacific perspective, health is about the whole well-being of a person and PICTT will continue to develop and implement ways to support Pacific people including women in enhancing a more positive outlook in their health and well-being.
Developing Personal Skills

Name of your community project or activity
Flu Immunisation Awareness Campaign Western and Eastern Bay of Plenty

Overall goal, what did you want to achieve?
To educate Bay of Plenty people on the seriousness of influenza and why getting immunised against influenza is the best protection for their own health, their loved ones and their community.

Why was the project developed?
To reduce the incidence and impact of seasonal influenza in the Bay of Plenty.

Overview - what did you do?
To ensure the success of the campaign, it was critical to interact face-to-face with community providers and to provide them with the resources to empower their community.

Posters were developed to include local identities that fitted the target groups. Portraying cultural significance in the areas as a means of attracting Maori. The posters were well-received in the Eastern and Western Bay communities. Additional resources, including the National Immunisation Strategy group brochures in both English and Te Reo, were also distributed during presentations and displayed at key community outlets that the priority audience would normally frequent i.e. supermarkets, libraries, dairies, schools/wananga, iwi runanga, hauora, sports venues, community centres, Marae etc.

Four weeks after the campaign the Ministry of Health Marae influenza/ hand washing packs arrived for distribution (great timing to reinforce the message). This was a two week mission to deliver the packs to central locations for distribution as opposed to every individual marae. Communicating the purpose of the campaign to staff members to ensure correct messaging when delivering packs to their own marae was important.

Key Learnings

• Achievements and what went well:
  • A sense of appreciation from community.
  • The use of appropriate local role models in poster form to attract attention (buy-in from communities).
  • The face-to-face approach to gain assurance from communities.
  • Include key community providers into the campaign to gain a sense of ownership from them.
  • Increased knowledge for myself and community on influenza immunisation.
  • The ability to work with other key staff members i.e. Medical Officers of Health available to give technical advice to community.
  • Alignment with other DHB projects i.e. Marae Risk Management coordinator.
  • The ability to present to the community not normally targeted i.e supermarkets, local bowling clubs, tennis clubs etc.
  • Opportunity to learn different perspectives from community about Influenza.
  • Opportunity for health promoter to develop new relationships.

Future Directions
Professional development on immunisation for community provider groups, Whanau hapu and iwi.
Name of your community project or activity
Smoking Cessation

Overall goal, what did you want to achieve?
To drive awareness of smoking cessation campaign out to the community through collaboration with a number of Quit coaches. This enabled smokers to identify coaches and access personal support.

Why was the project developed?
Smoking Cessation is an Services to Improve Access (SIA) - funded project and it was decided to promote smoking awareness 3 months before World Smokefree Day 29th May 2010.

It was also an opportunity to promote the GP Practices by including them in the project. This enabled the Practices to develop a team approach within the Practice.

The campaign was taken out into the streets, in Opotiki, Kawerau and Whakatane.

Overview - what did you do?
- EBOP PHO set up a regular meeting with interested parties. Brochures and posters were distributed into community areas, with some of the most impressive ones coming from children at the local primary schools.
- A radio advertising campaign was commenced and the local papers. A T-shirt was designed - keeping the message simple. Four hundred T-shirts were distributed through the Practices, Hospital staff, Ngati Awa Health and Social Services, Norske Skog and WINZ. Those who had T-Shirts from last year went into a draw, this was done to enable up to 600 T-shirts to be distributed in the community.
- The condition was that the T-shirt was worn every Wednesday for 3 months prior to World Smokefree Day.
- A competition was held amongst the Practices to design the best smoking awareness display. This year Norske Skog and several pharmacies were also involved.
- The promotion in Whakatane for World Smokefree Day was supported by Radio 1XX and over 50 clients signed up for the smoking cessation programmes.

Key Learnings
The bright Green T-Shirts worn en masse on a Wednesday enabled smokers to ask for advice, as to where they could find support. By wearing the bright green T-Shirts en masse raised awareness around this issue.

Future Directions
- The EBOP PHO, plan to continue another year, distributing the bright green T-Shirts 3 months before the World Smokefree Day.
- Ensuring all Practice Nurses complete either the 2 day course run by Mark Wallace-Bell or online.
- Currently ensuring all patients in a practice have a smoking status recorded.
- SIA funds to employ a coach one day a week to provide support for the practices for longer counselling services.
- This will also extend to group sessions for those wishing to give smoking cessation a go.
Developing Personal Skills

Name of your community project or activity
Korite Māori Provider Workforce Development Planning Project

Overall goal, what did you want to achieve?
- To support BOPDHB Māori Health Providers to develop workforce plans for their individual organisations.
- To provide focus workshops for Māori Health providers to:
  - develop a generic workforce development framework and
  - identify priority training needs for the Māori Health Providers.
- To align workforce activity across Maori Health providers

Why was the project developed?
In response to the MPDS application round of 2007-08 where Māori Providers sought assistance with WFD planning.

Overview - what did you do?
Developed a planning process and a range of tools appropriate for Māori Providers to use in the planning for workforce development.
Provided an opportunity for Māori providers to align through workshop, discussion and collective planning.
Developed a website based resource site for ongoing use for Māori providers.

Key Learnings
Māori providers are appreciative of an ongoing support mechanism for the development of organisational planning.
Workforce planning is an ongoing evolving phenomenon which is impacted upon by a range of national and regional strategic shifts. An ongoing support mechanism to assist providers to workforce plan appropriately in the context of massive systemic change would be an advantage.

Future Directions
The Korite project ran for 12 months between July 09 and June10. Although the contract period has finished, the Korite process and toolkit will continue to be available for Māori providers via the BOPDHB website.
The current thinking is to maintain a momentum with the Korite project by availing the provider community with ongoing support from project personnel.

20. Klub Ngaru Ltd
Supported by Ministry of Health & BOP District Health Board

Key contact - Tony Scott
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Developing Personal Skills

Name of your community project or activity
Gout Awareness Raising - Paddling the Waka at Marae Rugby

Overall goal, what did you want to achieve?
Engaging with Maori Men - raising the awareness of Gout

Why was the project developed?
It is widely known that men rarely go to their doctor for health checks. We wanted to ‘take it out to the people’ and utilised the marae rugby games as a way of engagement.

Overview - what did you do?
- Raised awareness of the dangers of gout provided
- Free health checks which included uric acid levels, blood pressure, blood glucose
- Information and brochures
- Incentives to participate
- One third of 100 people tested, had higher than normal levels of uric acid, an indicator a person is at risk of developing gout.

What worked well:
- Going out to the community,
- Having results available straight away,
- Making it a fun activity,
- Incentives,
- If participant had raised uric acid level and with their permission, followed up with their GP,
- A specifically designed information brochure was also developed and distributed,
- Utilising local people in promotions.

Future Directions
Continue to engage with men, disseminate information, raise awareness and provide health checks at future marae games and other events and activities in the community.
22. Family Planning

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Developing Personal Skills

Name of your community project or activity
Children’s Sexuality

Overall goal, what did you want to achieve?
To educate the staff of Pre-Schools or Kindergartens and parents about how they can nurture and understand the development of children’s sexuality.

Why was the project developed?
The staff and parents were concerned about what was normal sexual development and what was not, and how they are supposed to deal with anything that was of concern.

Overview - what did you do?
Family Planning provided a non-threatening, interactive, introductory sexuality education session covering:
• Clarification of what sexuality means.
• When, and how children learn about sexuality.
• Provided an opportunity for participants to explore their own experience of how they learnt about sexuality, and the effect it has had on their own attitudes and values.
• Provided an opportunity for participants to explore their current values about sexuality and clarify what they want their children to learn and how their values influences what children learn.
• The use of language around sexuality and how children learn and pick this up
• What children learn from early age impacts on them when they become teenagers
• Help parents to understand the importance of questions and identify how to answer their own children’s questions.

Family Planning believes that learning about sexuality is life-long and that parents are key educators of their own children. Consequently, we have programmes targeted to parents of pre-school and early primary, pre-puberty and pre-teenage. The intention is to do some follow up work with the pre-school parents and staff and then offer more programmes to other age groups.

Key Learning’s?
The main outcome of this session was that participants felt relieved that the sexual behaviour they see from the children is part of children’s normal sexual development.

They had confirmation that vigilant monitoring is better than stopping what is normal children’s behaviour and play.

The importance of creating a culture of normality and acceptance within the pre-school, where children can be comfortable and safe but are also able to tell staff or their parents if they feel unhappy, or have a concern. Also, to talk to parents openly about sexuality, right from the time that they enrol their child.

Due to the nature of busy lifestyles, there were only a small number of parents present. An improvement for future sessions might be, to send more information to parents about what the session will provide, the value of attending a session, and to work with the pre school to identify from parents what they believe the issues are, and how their needs might be better met. This might be by holding sessions at night, or at a different time of the day.

Future Directions
• To continue the relationship with the pre-school sector and to develop more relationships with other pre-schools in Tauranga.
• To possibly develop a 3-4 session programme.
• To follow these with promotion of programmes to parents of older age groups, such as pre-puberty, pre-teen, to better understand and meet their children’s needs at those ages.
• To provide small articles to go into the pre-schools newsletters.
Developing Personal Skills

Name of your community project or activity
Healthy Cooking and Nutrition Programme

Overall goal, what did you want to achieve?
The theory of the Healthy Cooking and Nutrition Programme (HCNP) is to empower participants through education to make healthy changes to cooking and their eating behaviours.

- The objective of the HEHA Community Educator is to
- raise awareness of healthy eating/cooking on marae and within Maori communities through the implementation of the HCNP
- educate about healthy eating/cooking on marae and within Maori communities through the implementation of the HCNP
- promote sustainable healthy eating/cooking on marae and in Maori communities through the implementation of the HCNP
- support, through any possible assistance, sustainable healthy eating/cooking on marae and in communities
- provide assistance to any organisation that would like input on the implementation and the delivery of HEHA or a healthy eating/cooking programme

The goals of the HCNP are to:

- Increase knowledge of good, simple, effective, nutritional health
- Increase skills and abilities to plan cost effective healthy meals (working with a limited budget)
- Improve skills and abilities to extend existing cooking techniques and ideas, introduce natural food flavours, and encourage simple, healthy methodology for tasty cookery
- Improve and maintain essential kai Maori preparation methods, focusing on nutritional value
- Improve understanding and appreciation of shared, interactive experiences with a hands-on cooking and learning approach
- Provide whanau an experience of enjoying preparing and eating healthy kai
- Whanau-centred learning providing a fun, empowering environment
- Why was the project developed?
- The New Zealand health survey 2006/2007 found 26.5% of all New Zealanders to be obese and 41.7% of Maori adults to be obese (Ministry of Health, 2008).

The Healthy Eating Healthy Actions (HEHA) strategy was launched in 2002 with three goals: to improve nutrition, increase physical activity, and reduce obesity.

HEHA is a Ministerial priority reflected in the Bay of Plenty District Health Board (BOPDHB) District Annual Plan. HEHA strategies are in place in parts of the district across the population; however there are few actions that are implemented with comprehensive coverage in all settings e.g. Marae and Hauora based. Therefore there are gaps in all of the HEHA priority areas.

The Healthy Cooking and Nutrition Programme (HCNP) was an innovation of the BOPDHB HEHA Community Educator, a qualified chef (20 years) who holds a bachelor degree with a focus on nutrition and activity.

Overview - what did you do?
This education is delivered through whanau centred healthy cooking and nutrition workshops, with the use of appropriate referencing to scientific evidence, relevant analogies, discussions, and hands-on learning. The education is about the effects of poor and good nutrition, what are good and bad foods, and most importantly empowering the participants to be able to prove to themselves they can enjoy making cost-effective food that is tasty, without a reliance on high amounts of saturated fat and salt for flavour. This is done by practical learning where participants experience a low-calorie, simple, healthy cooking methodology, of layering flavours through the food by using cooking techniques as well as spices, herbs, healthy sauces and the use of different vegetable combinations.

The HCNP consists of four three-hour workshops that are promoted to Maori providers and community health organisations working with:
- koroua and kuia kaumatua programme
- whanau/ hapu with marae cooks groups
- parenting young mothers wahine groups
- rangatahi (youth) groups
- health promotion or nutrition events (wanting the one-off demonstration option)
Overview (continued)
Through partnerships with Māori providers and community organisations, the HCNP has trained 1900 individuals since its inception two years ago, with many participants attending up to four workshops.

Key Learnings
The process evaluation from this programme showed all participants would recommend the course to others. The majority strongly agreed that the course was interesting, fun, understandable, motivating and importantly improved their knowledge of healthy cooking / nutrition.

Overall, participants reported significant improvements in their knowledge and ability to prepare healthy meals using basic cooking techniques. Other significant outcomes included an increase in self-assessed knowledge of the effects of good nutrition and an increase in the number of people who preferred to cook healthy meals at home as opposed to takeaways. Following the workshop the number who felt that fat was unnecessary to make their meals tasty had significantly increased to eighty percent.

One of the key success factors of this course has been the uptake from Māori providers and community organisations. Through simple marketing and word of mouth project coordinator, Stephen Cameron has been inundated by organisations prepared to organise venues and market his course to their community members at risk.

Future Directions
To continue the programme with a whanau-centred approach where the community are involved in the development of the programme which meets their needs and cultural requirements. This is with a holistic approach to nutrition, healthy cooking, physical activity, health and wellness.

To evaluate the effect that this type of approach has on the desired outcome of the programme. This evaluation needs to be qualitative and quantitative. This means before and after weight measurements and blood tests - also a before and after behaviour questionnaire.
Developing Personal Skills

Name of your community project or activity

**Western Bay of Plenty Secondary Schools – Health Expos**

Overall goal, what did you want to achieve?

An opportunity:
- for students at secondary schools to access information and services that will assist them to make positive choices that will enhance their health and well-being
- for parents to access information and services that will assist them in supporting their young people

Why was the project developed?

The expos were an initiative from those students involved in school health committees. They were wanting to know more information about issues that affect young people and also what community agencies were available to assist them.

Overview – what did you do?

- With students and staff of the schools:
  - co-ordinated community agencies to promote service, provide information etc
  - co-ordinated scheduled classes to attend
  - provide lunch time fun activities i.e. Zumba, music, dance
  - provide spot prizes
  - passport competition to encourage engagement.

Key Learning’s

- Having students involved in planning is essential.
- Community providers have valued their involvement and the opportunity to be part of the expos.
- Feedback and evaluation from both students and staff have indicated that the expos have been of great value and worthwhile.

Future Directions

- Continue to hold expos for Western Bay of Plenty secondary schools.
- Continue to have student involvement.
Reorienting Health Services

Name of your community project or activity
Men’s Health

Overall goal, what did you want to achieve?
This was initiated as part of the ‘Men Alive’ project which targets men who do not attend a GP, to agree to a health assessment and provide referral onto a GP for a men’s ‘WOF’ addressing Cardio Vascular Risk, obesity, diabetes, depression, activity motivation and cancer awareness.

Why was the project developed?

• After discussion with the manager from Work and Income, it became apparent many of her clients do not attend a GP due to outstanding GP accounts.
• Most clients who approach WINZ are in need of financial support. Many are the hard-to-reach and fall into the lower socio-economic group.
• It provided the PHO the opportunity to collaborate with staff at WINZ and identify those in most need.

Overview - what did you do?

• EBOP PHO set up a weekly clinic with a registered occupational health nurse to provide a general health assessment, assist with finding a GP, and provide an enrolment form to the clients for their chosen GP. If an outstanding account required payment, this was then addressed with the staff at WINZ.
• A pamphlet stand was set up with a number of the PHO Services to Improve Access (SIA) funded programmes, such as the CVD, Smoking Cessation, Sexual Health, and Diabetes displayed.
• A copy of the assessment was faxed to the GP, with a blood form given to the client if necessary. The client linked to other services as appropriate and other SIA programmes.

Key Learnings

This project provides access to a much-needed health service for those who struggle socio-economically, and fall into the lower-income groups.

All clients require education, motivation, health awareness, psychological support.

Future Directions

• The service will extend to include women, youth and children.
• This will require extending nursing hours.
• There has been a request to take this available service to Marae. This will depend on available resources, and could be included when setting up the Whanau Ora Centres and the Integrated Family Health Network.
**Name of your community project or activity**

Healthy Pregnancies Training

**Overall goal, what did you want to achieve?**

The Healthy Pregnancies project aims to improve the health of women and their families by increasing healthy lifestyle practices during pregnancy. Through the delivery of training on healthy lifestyle topics for midwives, it was expected that midwives would assist pregnant women to make healthy lifestyle changes. This would in turn benefit the health of families.

**Why was the project developed?**

During pregnancy, the lifestyle choices of an expectant mother impact on the health of many; the woman herself, the developing foetus, other children in the household and even partners. Any positive changes to improve nutrition, physical activity levels, quit addictions and sustain good mental health will increase the likelihood of healthy outcomes for mother and baby. Childbirth is a significant life change for a couple and often a midwife builds a unique position of trust and close relationship with a pregnant woman, her partner and even other family members during this time. Therefore a midwife is influential and can play a key role in supporting healthy lifestyle changes at this time.

Most education for midwives is developed around technical competencies to achieve safe and healthy birth outcomes. It was identified that there is a gap in training on healthy lifestyles both during midwife training and subsequent professional development.

Optimum health is associated with good nutrition, regular physical activity, being Smokefree and having good mental health. These lifestyle factors combine to influence overall health. In addition, Smokefree is a necessary component of any public health lifestyle training as smoking is a major health risk to mother, baby and other family members. The four topics of nutrition, physical activity, mental health and Smokefree were therefore included in the education plan developed for Healthy Pregnancies training.

**Overview - what did you do?**

- Toi Te Ora worked in partnership with Lakes and Bay of Plenty midwife educators to identify project aims, and plan and promote the Healthy Pregnancies training.
- An initial survey (structured questionnaire) was carried out with all Lead Maternity Caregivers and District Health Board employed midwives to inform planning and to provide baseline data for evaluation.
- The survey provided good information on midwives’ knowledge on lifestyle topics. This informed the development of an education plan on the promotion of healthy lifestyles including nutrition, physical activity and mental health and Smokefree. The plan was submitted to the Midwifery Council of New Zealand and Toi Te Ora were accepted as an approved provider of Healthy Pregnancies training. This training was accredited 10 points toward midwives continuing education professional portfolios.
- The Healthy Pregnancies training consists of a full day of presentations and workshops on all four healthy lifestyle components. A keynote speaker with a topic of high interest to midwives is included to provide motivation and attract high attendance. Presentations have a strong focus on evidence based practice and are facilitated by experts within their field to increase knowledge on healthy lifestyle topics. Whereas, the purpose of the workshops is to increase the capacity and capability of midwives to implement effective health promotion practices into their everyday work therefore have a strong skills focus.
- The training was promoted to all midwives and several agencies with whanau support workers in the region by midwife educators.
- The Healthy Pregnancies training was first delivered in 2008 and it was attended by seventy-three midwives and three whanau support workers from the region.
- In 2010, the Healthy Pregnancies training was delivered for a second time. The aim was to integrate the training into continuing professional development for midwives to ensure its sustainability. It was expected that midwife educators in District Health Boards would take over the provision of the Healthy Pregnancies training thereafter.
- Toi Te Ora supported Bay of Plenty District Health Board midwife educator to plan and deliver the day. The education plan remained the same but the keynote speaker and presentation were new and several presenters for healthy lifestyle topics were changed. Supporting presentations on programmes were selected for their relevance to the presentations and resources were updated to current publications. It was attended by forty-eight midwives. In addition, two whanau support workers attended specific presentations of interest.
- Toi Te Ora provided a toolkit of templates and resources to the midwife educator to assist in the ongoing provision of this training. Approved provision of the education day with the Midwifery Council has now been transferred from Toi Te Ora to the Bay of Plenty District Health Board midwife educator to ensure sustainability of the course. An evaluation report is available on request.
Key Learnings

Healthy Pregnancies was successful in increasing knowledge and skills of midwives of key lifestyle topics of nutrition, physical activity, mental health and Smokefree to midwives. Reflective assessments of their practice reveal midwives are increasingly integrating health promotion into their work with clients. Healthy Pregnancies training has been established as a part of ongoing professional development for midwives.

The relationships with midwife educators at the very beginning of the project contributed to the success of every step of the project. They provided vital advice related to midwives professional development, ideas for key note presenters of high interest to midwives and assisted with planning and on the day delivery. They willingly partnered in the delivery of the education day for the second time and intend to continue to offer this as part of midwife professional development biennially.

Initial consultation with midwives through the survey ensured the education plan was customised to midwives’ needs and provided rationale for the acceptance of Toi Te Ora as an approved provider by the national Midwifery Council. This was a key factor for achieving maximum attendance by midwives to ensure many pregnant women would be assisted by midwives to make healthy lifestyle changes thus achieve a population health outcome.

Evaluation reports were positive and included recommendations that will inform future Healthy Pregnancies training. One aspect that could have been improved in the 2010 project was to strengthen the needs analysis process. This could have been achieved through another step of consultation with midwives.

Future Directions

Bay of Plenty District Health Board midwife educator intends to deliver Healthy Pregnancies training next in 2012 as part of the ongoing professional development provision for midwives. Toi Te Ora will be available in an advisory capacity.
**Name of your community project or activity**  
**Te Whakatohea Iwi Health Project Plan**

**Overall goal, what did you want to achieve?**
To develop a Whakatohea Iwi Health Project Plan.

The aim of the Project Plan was to help formulate and frame the development of Iwi Health Plans within the wider context:

- identify current resources and resources required
- provide achievable and realistic timeframes for various phases and activities
- assess existing strengths and highlight risks and opportunities
- demonstrate that the organisation can confidently and successfully carry out the broader IHP project

The completed Project Plan will be the working document for the overall IHP development process. The more in-depth the information in this phase, the more effective and efficient in progressing to the next phase of IHP development.

**Why was the project developed?**
Iwi Health Plans are an initiative of the Māori Health Runanga and are intended to provide meaningful, community-based information about health goals that are relevant and meaningful for Iwi.

The Iwi Health Plans will inform DHB planning and funding decisions and local input will allow planning and funding initiatives to take into account information from hapū and the local community. It will also help health providers to know the specific needs of their local communities and to plan services that fit best for the people.

Iwi Health Plans (IHP’s) would provide a strategic framework to identify health goals, strategies and outcomes that are relevant and meaningful for Iwi.

**Overview - what did you do?**
To ensure the success of the programme it was critical to form a group representing a various range of groups and agencies in Opotiki that would benefit from an Iwi Health Plan. This stakeholder group gave guidance, views, opinions and advice on how they would like to see an Iwi Health Plan developed, and what information they thought was necessary to implement the plan. Their discussions allowed us to ensure that the information we propose to have in a strategic plan was what Whakatohea required.

As such, we held a number of meetings with the stakeholder groups and worked through different areas of health, and asked how we would approach formulating strategic activities. The Project Plan was completed using the advice given from the stakeholders, and key health areas were also identified.

Another outcome was that it was identified that a Well-being Survey needed to be conducted, which has now been completed. This gave the wider Whakatohea population an opportunity to voice their concerns, issues and solutions to issues we have here in Whakatohea.

**Key Learnings**
Achievements:

- An increased knowledge/understanding around the wider community health and well-being issues
- Opportunity to work more collaboratively with other agencies / people who work in the health and well-being sectors
- Developed an appreciation of the work that is currently being delivered in this region, as well as the views and opinions other people hold
- Highlighted the need to find more information about the true needs of the Whakatohea people, particularly around health and well-being.
- The completion of a comprehensive project plan that will determine how we formulate an Iwi Health Plan.

**Future Directions**
The iwi health plan project will be supported by the Whakatohea Māori Trust Board as the plan progresses through a process that focuses strongly on whānau and hapū. To capture and maintain this focus, planned consultation will occur on each of the marae. The next phase is to develop an Iwi Health and Social Conjoint Plan. Rather than being ‘needs focussed’, our health plan will be developed on the insight and knowledge gained from a comprehensive iwi well-being survey of whānau and hapū ‘He Oranga o te Rohe o te Whakatohea’. In preparing for this significant piece of work, we will, as hapū and iwi define and determine what well-being is, what it means to Whakatohea and how we attain and maintain it.
OTTAWA CHARTER FOR HEALTH PROMOTION

Strengthen Community Action

Enable Mediate Advocate

Create Supportive Environments

Reorient Health Services

BUILD HEALTHY PUBLIC POLICY

Health Canada, Population and Public Health Branch AB/NWT