WHAKAWATEATIA
HAWKE'S BAY
District Health Board

HEALTH
HAWKE'S BAY
Te Oranga Hawke's Bay

Supporting Healthy Communities

A plan for achieving strategic priorities for population health.

2012 – 2015

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EXECUTIVE SUMMARY

Purpose

This is a three year Strategic Plan for population health in Hawke's Bay and the Chatham Islands. Its aim is to improve population health, especially the health and wellbeing of Māori, Pacific and high needs communities.

The intention of this Plan is to create a sense of common purpose among all those who work towards population health outcomes. It will not only enhance the performance of population health services and guide future investment decisions of the DHB and PHO but it will also provide a platform for greater collaboration.

Goals

The high level goals of this Strategic Plan align to …

the Hawke's Bay DHB outcomes framework …

Better health for our population*:*

- the health status of Hawke's Bay people will improve.

Reduced inequalities*:*

- the variation in health status between population groups will be reduced by lifting the health status of those most disadvantaged.

More participation and independence:

- people and communities will be empowered to participate effectively in society.

Healthier environments*:*

- people will live in environments which promote and support health and make it easier to pursue a healthy lifestyle.

… and to the goals of Health Hawke's Bay - Te Oranga Hawke's Bay:

Population health:

- improve the health and wellbeing of our people.

Improving health outcomes for Maori, Pacific and high-needs people:

- addressing inequalities through the continued development of strategies and health services, creating change where disparity exists.

Capability and capacity:

- value and develop a primary healthcare workforce that is aligned to the needs of our people and is representative of the people we serve.

Sustainability for our people:

- ensuring quality healthcare services through business excellence and collaboration with funders, providers and the community.

Strategic direction

Five key strategies are being adopted to improve population health in Hawke's Bay.

Priority focus areas

The priority focus areas for the Plan are Child Wellness, Healthy Hearts and Water.

1 BACKGROUND

1.1 Acknowledgments

This Strategic Plan has been jointly developed by Hawke's Bay DHB and Health Hawke's Bay and is informed by the views of more than 120 stakeholders across the region. Thanks goes to all those who have played a part in developing this Strategic Plan by contributing ideas and solutions. Feedback was provided in a variety of forms and all ideas were captured and considered as part of the process.

1.2 Strategic "Fit"

Hawke's Bay DHB is currently developing a Strategic Framework, which articulates five strategic focus areas:

Advancing health equality
Managing Long Term Conditions
Managing Acute Demand
Supporting Healthy Communities
Improving Quality and Safety

This Population Health Strategic Plan will work across all five strategic focus areas, with a direct focus on the priorities of "Supporting Healthy Communities" and "Reducing Inequalities".

1.3 What is "Population Health"?

Health starts where we live, learn, work and play. Many factors influence our health, such as how much we earn, what sort of house we live in, our cultural identity, the air we breathe, the water we drink, what our neighbourhood is like and the way we live our lives (diet, smoking, stress).

Health starts where we live, learn, work and play

"Population health" is an approach to health that aims to improve the health of the whole population and to achieve equity in health outcomes among population groups through addressing these factors that influence our health. Population health "services" include Health Intelligence, Health Promotion, Health Protection, Preventive Services and Capacity Development. Some further descriptions and current examples are given in Appendix B.

1.4 Treaty of Waitangi

This Strategic Plan is underpinned by the Treaty of Waitangi and the obligations of Hawke's Bay DHB and Health Hawke's Bay to uphold the Treaty principles of:

Partnership:	working together with Iwi[1], hapū, whānau and Māori communities to develop strategies for improving the health status of Māori
Participation:	involving Māori at all levels of the sector in the planning, development and delivery of population health services for Māori
Protection:	ensuring Māori well-being is protected and improved and safeguarding Māori cultural concepts, values and practices

This Strategy will also support the implementation of Tu Mai Ra – the DHB's Maori Health Strategy and the Pacific Health Action Plan.

[1] Including Ngati Kahungunu Iwi, Inc., Ngati Mutanga o Wharekauri and Hokotehi Moriori Trust

2 OVERARCHING PRINCIPLES

Below are some principles that guide how we plan, fund[2] and deliver population health interventions:

Improving Māori health[3] and striving for equity:

A key principle informing this Strategic Plan is the need to prioritise Māori health improvement. Effective strategies for Māori require population health services to be planned and governed in partnership with Māori and delivered according to kaupapa Māori models and principles, such as Te Wheke (Rose Pere) – a model of whanau wellness with eight dimensions, including dimensions such as Wairuatanga (spirituality), Whanaungatanga (extended family) and Whatumanawa (the open & healthy expression of emotion) as well as the more recongised dimensions of physical and mental health.

More broadly, population health approaches emphasise the need to reduce disparities between population groups and meet the needs of those who may otherwise be 'invisible' and marginalised.

Te Pae Mahutonga
(Mason Durie)

Te Pae Mahutonga is the constellation of stars popularly referred to as the Southern Cross. It is visible low in the night sky and identifies the South Pole. Te Pae Mahutonga also provides a metaphor for Maori health promotion. The four central stars and two pointers can be used to navigate through this Strategic Plan and it assures us that the strategies and priorities are pointing in the right direction. The emphasis on community empowerment supports Te Oranga (participation in society), Te Mana Whakahaere (autonomy) and Nga Manakura (leadership). Acknowledging the importance of delivering population health interventions based on kaupapa Maori principles recognises the importance of Mauriora (access to Te Ao Maori) in achieving wellbeing. The priority focus areas emphasise Waiora (environmental protection) through Water, and Toiora (healthy lifestyles) through Healthy Hearts and Child Wellness.

Partnering and integrated delivery:

This Strategic Plan supports a shift towards integrated delivery approaches which address a range of health issues using multidisciplinary and collaborative approaches, such as Whānau Ora.

Building effective partnerships:

A population health approach requires and integrates action that addresses the social and economic determinants of health by working across sectors as well as within health services themselves.

Basing practice on the best possible evidence:

Population health uses a range of evidence, qualitative and quantitative, to identify needs and to develop interventions.

Focus on the "upstream" causes:

While we have to respond to demands on the health system, such as hospital admissions, we know that the key drivers of poor health often lie earlier in the causal stream (i.e., 'upstream'). Population health approaches strive to find the right balance between investments and services across the continuum.

Remaining responsive to emerging health threats:

Population health is not static – it may shift gradually over time and new health threats can emerge quite suddenly. Population health services need to be responsive to changes in health status, priorities and emerging health threats, such as disease outbreaks or climate change.

2 Where Health Hawke's Bay Te Oranga Hawke's Bay PHO has local flexibility in the targeting of resources, expenditure proposals are assessed against a Board-endorsed "Prioritisation of Resources Statement". The Statement is available from http://www.healthhb.co.nz/wp-content/uploads/2012/05/HHB.PrioritisationResourcesStatement.pdf

3 References to Māori in this Strategic Plan include Moriori and all Iwi authorities in Hawke's Bay and Chatham Islands.

3 UNDERSTANDING THE ISSUES

In designing the way forward, we must first look back to understand what the issues are that we need to address, as well as our strengths and opportunities.

3.1 Key strategic issues facing population health

Challenging socio-economic conditions continue to drive high health need and persistent inequalities especially in our most deprived communities

Challenging socio-economic conditions continue to drive **high health need** and persistent inequalities, especially in our most deprived communities. Together with the ageing population, these factors are driving an increasing demand for health services and, as a consequence, a diminishing pool of resources for prevention and population-based strategies. This is compounded by a population health sector which feels that it is "spread thinly" over a number of **priorities** and is not always **working together** as well as it could. **Communities** need to be more engaged in addressing health need, we need to get smarter about how we use **health and business intelligence** and we need to find ways to increase (and demonstrate) the **effectiveness** of our investments in prevention. A more detailed description of the strategic issues facing the population health sector, as described to us by stakeholders is set out in Appendix C.

3.2 Population trends and health issues

In Hawke's Bay, 26% of our population live in areas with the highest deprivation index (Deciles 9 and 10)

Approximately 156,000 people live in Hawke's Bay and around 600 people live in the Chatham Islands. The next 25 years will see a growth in Māori and Pacific people and a substantial growth in older people. Māori currently make up around 25% of the Hawke's Bay population and around half of Māori are under the age of 25 years. In 2010, 46% of babies born in Hawke's Bay were Māori. The Pacific population is relatively small (only 3%) yet is the fastest growing of all and is projected to increase by 26% over the next 15 years.

Māori and Pacific people have worse health outcomes across many areas when compared to New Zealand European. People living in deprived areas also tend to have worse health outcomes than those living in less deprived areas. In Hawke's Bay, 26% of our population live in areas with the highest deprivation index (Deciles 9 and 10) compared to 20% nationally.

3.3 Key strengths, successes and opportunities in population health

Strategically, we need to identify and sustain successful programmes and incorporate their success factors into the design of new programmes. Highlights include:

Hawke's Bay is a leader in immunisations with excellent and sustained 2 year old immunisation coverage rates across the three main "ethnicities": NZ European, Maori and Pacific. The success of the programme is attributed to evidence-based planning, joined up thinking across the sector, an emphasis on quality throughout the programme and a commitment to following up the small minority of "harder to reach" families.

- 94% of Hawke's Bay two year olds are fully immunised, including 96% of Māori and Pacific children
- The B4 School Check Programme[4] is celebrated as one of the most successful examples of the programme's implementation in the country
- Kahungunu Hikoi Whenua – a Māori-led, 'by Māori for everyone' healthy lifestyle intervention is showing positive early results with 79% of participants reporting change as a result of engagement
- Since implementation of Say Ahh, the previously high rates of acute rheumatic fever in Flaxmere have reduced dramatically
- Smokefree brief intervention is now delivered to over 90% of hospitalised patients

The Whānau Ora initiative presents a significant opportunity for improving population health in Hawke's Bay. Whānau Ora is about a transformation of whānau – with whānau who set their own direction. Another

[4] The B4 School Check is a nationwide programme offering a free health and development health check to four year olds.

important opportunity is the development of Integrated Family Health Centres - with the first Centres being established in Wairoa and Central Hawke's Bay and an Integrated Community Health Centre in Napier.

4 STRATEGIC DIRECTION

4.1 Empower high needs communities to take action on health

The societal level changes needed to improve health cannot be addressed without widespread public support so we need to engage better with our communities around key issues affecting their health. By enhancing understanding and strengthening the voice of individuals and organisations, communities will become their own best advocates for change. In particular, we need to focus action in the following areas:

a. Acknowledge the world views and aspirations of high needs communities[5]

If we are to focus our efforts on communities with high health need, particularly Māori and Pacific communities, then we must engage with communities in ways which are meaningful to them. This means ensuring that population health services are developed and delivered in a way that reflects the Maori (or Pacific) world view and where possible utilising Māori and Pacific models of health. The Whānau Ora initiative represents a significant opportunity for the delivery of population health approaches, directly to whānau.

b. Grow community leadership

In growing community ownership of health issues, organisations and leaders with "credibility" established at a grassroots level need to be more involved in the planning, design and delivery of population health strategies. These include individual community leaders, community-based service providers such as Māori health providers and structures such as marae and churches.

c. Build relationships through exchanging knowledge and expertise

One of the health sector's most important roles in helping to build community ownership of health issues is to arm communities with information about their own health, and what works to make a difference. We also need to develop better ways to use *community knowledge and expertise* to inform population health at all levels – and to develop appropriate responses. In essence, we need to plan with, rather than plan for, communities.

d. Address barriers to access

Access to (and appropriate use of) health services is an important determinant of health. Barriers to access can take many forms, including financial, transport, knowledge about what is available and when to use services, and the cultural responsiveness of the services themselves. Our role, as population health, is to support communities to identify barriers to access and develop strategies to reduce them and to advocate for the needs of underserved populations.

Kahungunu Hikoi Whenua

KHW is a community-based programme that emphasises the importance of involving community members in planning and implementation. Opportunities to engage in KHW are now available through workplaces, schools, Kōhanga Reo, early childhood centres, Kura Kaupapa, Marae, Māori community organisations and health service providers. The total number of participants is likely to be greater than 12,000.

The essence of KHW is the ability of participants to 'identify with' a kaupapa Māori programme, the emphasis on local-level leadership and, by extension, the relevant social and community networks, the focus on strengthening capacity and capability, the development of role models and community champions, and the power of the whānau networks to multiply the reach of the programme. The result for KHW has been the development of a suite of community and environment-specific programmes that are highly engaging and effective.

[5] Adopted from Keeping Well 2008-12: Wellington Region Strategic Plan for Population Health

4.2 Be more effective

To ensure the greatest "bang for our buck" in population health, we must ensure that all investment follows a robust cycle of planning, implementing, monitoring and evaluating. In particular, we need to:

a. Prioritise resources

If this Strategic Plan is to make a difference to health in Hawke's Bay, then it must help to mobilise and coordinate health resources around a small set of priority focus areas. Three areas of focus have been identified:

- → ***Child Wellness:*** Disadvantage starts before birth and accumulates throughout life. Action to achieve equity in health outcomes must therefore start before birth and follow through the life of the child.
- → ***Healthy Hearts***: Heart disease, in its many forms, is the biggest cause of premature mortality within Hawke's Bay and a significant indicator of inequality.
- → ***Water:*** Water is a fundamental source of life and a basic necessity for human health. In Hawke's Bay both availability and safety of drinking water remain issues for many communities.

The detailed rationale for these priority focus areas is set out in Appendix A. Within each priority focus area, we need to understand how existing investments are contributing to the desired outcomes, and whether the level and mix of investment is appropriate.

Fighting rheumatic fever from within existing resources – "Say Ahh"

In 2010, high rates of rheumatic fever in Flaxmere had been of concern for some time but no funding was available to implement a new throat swabbing programme. The schools in Flaxmere did however receive school health services through two existing school nursing contracts and a collaborative, coordinated and seamless throat swabbing service was developed from within existing resources. A small amount of new funding was sourced for additional clinical support, health promotion and production of health education resources.

A strength of the programme is the wrap around interventions accompanying the throat swabbing – this includes health promotion resources, housing insulation, heating, home safety, liaison with Housing NZ if tenants, curtain banks and assistance with Work and Income – all designed to address the underlying detrminants of acute rheumatic fever and prevent its spread.

b. Support increased use of evidence in decision making and programme design

Best practice in population health requires decisions to be based on the best available information about the needs of the population, and evidence as to what works. All organisations involved in programme design need to be supported with the technical skills and information to ensure their planning is robust and evidence-based. Building capacity in evaluation will also help with this.

Prioritisation and funding decisions (across health) need to have a strong evidence base and this is something that those with population health expertise can contribute to the wider planning and funding processes at the DHB and PHO. Where programmes are not effective, we need to shift resources to areas where the evidence base is stronger.

B4 School Checks

Hawke's Bay's B4 School Checks Programme is considered a national exemplar. So why has it been so successful? The answer lies in collaboration, a commitment to quality and strong clinical leadership. Collaboration started right back at the tender process stage, where the tender was won by a collective of providers and this approach has followed through into programme design, delivery and governance.

c. Better investment processes (funding, contracting and performance monitoring)

Where possible, contracts should have a greater focus on outcomes and should run for longer periods[6]. Where providers are not performing, we must either shift the resources or help make the necessary changes so that the outcomes are delivered.

While meeting statutory and contractual obligations, funding approaches should be reoriented to favour collaborations of organisations in order to bring together a range of technical skills and community links. Greater transparency is needed in relation to funding and prioritisation of resources.

[6] Long term contracts provide the certainty that providers need to invest in their workforce capability, they reduce unnecessary competition between providers and they allow for robust programme design, implementation and evaluation.The ability of the DHB and PHO to grant longer term contracts can however be constrained by factors such as government priorities and funding.

4.3 Integrate and coordinate efforts to improve population health

In the course of engaging with stakeholders about this Strategic Plan, a key theme that emerged was concern at the lack of coordination and information sharing across the population health sector – both between (and within) funders, providers and the social service sector - all of whom are serving similar communities and seeking similar outcomes.

a. Strengthen work with other sectors

Many of the drivers of poor health lie outside of the health sector, making cross sector working and alliances part of the "core business" of population health. Intersectoral activity does appear to have lessened over recent years due, in part, to the political and financial environment. Nevertheless, the current economic climate makes our work across sectors even more important so we must renew efforts to grow strategic alliances with other sectors (including Iwi, Local Councils, government agencies and private industry) and continue to develop effective shared initiatives.

Hawke's Bay Curtain Bank

In 2009, the Hawke's Bay Curtain Bank opened and has since distributed over 2,500 curtains to more than 240 low income households in Hawke's Bay. The Curtain Bank was the result of strong inter-sector collaboration, involving health, housing, a local energy trust, local Councils and most importantly, the community. It is run by volunteers and Hawke's Bay people have given their unused curtains generously. The Curtain Bank supports other health programmes such as Healthy Homes and the SUDI prevention programme, where Curtain Bank volunteers, along with volunteers from the Red Cross, recently held a 'sew in' to sew bedding for the Pepi-pods project.

b. "Join up" the planning and funding of population health initiatives

The planning and funding of population health initiatives needs to be more collaborative, transparent and "joined up". This is applies not only to funders within health but also as between health and other sectors.

c. Enhance population health approaches within existing services

There are many opportunities to integrate health promotion and other population health approaches into existing health and social services. These include the development of Whanau Ora programmes, the Vulnerable Pregnant Women's Programme and the Baby-Friendly Hospital initiative as well as patient pathways and models of care, such as the models of care being developed around proposed Integrated Family Health Centres.

Using the "window of opportunity" to support quit attempts

The arrival of a new baby may provide the motivation needed to make a quit attempt, and an important "window of opportunity" for staff on our maternity and paediatric wards to encourage a quit attempt. This is now enhanced through an innovative intervention to enable health professionals to offer free Nicotine Replacement Therapy (NRT) to the partners and whanau of mums and babies/children in hospital.

4.4 Increase capacity in population health

Every member of the Hawke's Bay population has a role to play in improving population health. So when we talk about building capacity in the public health workforce, we include:

Individuals:	→	who can become experts in their own health, make changes and influence others
Communities:	→	which can take action on health issues of importance to it
Health professionals:	→	who can deliver preventive interventions and be powerful advocates
Local Councils:	→	whose decisions can have important (sometimes unforeseen) impacts on health
Other sectors:	→	such as WINZ staff who work with people and whanau with high health need.

a. Build the health literacy of people, whanau and communities

Poor health literacy is linked to poor health status and may also be a strong contributor to health inequalities[7]. Population health efforts need to support the development of health literacy around issues such as when and how to access health services, and decisions by individuals and whanau around lifestyle and safety.

Health literacy efforts also need to recognise the importance of supporting health professionals to develop ways of communicating effectively with patients and whanau.

b. Develop competency in population health across the health and social sector workforce

Everyone involved in delivering population health strategies should – in time – meet the Generic Competencies for Public Health in Aotearoa New Zealand and for those delivering health promotion strategies, the Health Promotion Competencies for Aotearoa New Zealand .

As key vehicles for community engagement and development priority should be given to working with Māori health providers to increase their population health capacity and capability.

c. Build competency in evaluation

Measuring the effectiveness of population health interventions can be challenging. Often, the health need is clear but there is limited evidence on which to base an intervention. To ensure that we are investing in the right things we need to build evaluation skills across the sector .

Building capacity in health promotion

A strategic review of health promotion in 2007 identified a need to develop capacity and strengthen workforce development for health promotion. Since then, a number of strategies have been put in place, including the introduction of a 3-tier qualification in health promotion at EIT which is attracting a range of students from settings such as public health, NGOs, Māori health providers and the school of nursing, the appointment of a population health advisor under KHW to support Hauroa providers and groups involved in KHW programmes through mentoring, training and evaluation support and a move to include public health competencies within relevant job descriptions.

[7] Korero Marama – Health Literacy and Māori. Results from the 2006 Adults Literacy and Life Skills Survey. Ministry of Health 2010.

4.5 Strengthen the role of intelligence in population health strategies

All of the strategies above require that we underpin our work with the best evidence available. Good use and provision of information is fundamental to health improvement and is a core function of population health.

a. Tailor health intelligence for communities

Health intelligence is most powerful when it is tailored specifically to its audience. For communities, this means preparing and disseminating health intelligence about health issues in *their* community and presenting it in a way that is easily understood by community members.

b. Engage the "expertise" within communities themselves

To engage communities effectively in developing solutions to health issues, we have to be less constrained in what we consider to be 'health intelligence'. Important information about health need and solutions is held within community structures such as marae and hapu, as well as in socal media and networks. The issue is not its validity or usefulness but our willingness and ability to "tap" into it. We must get better at listening and using the extensive knowledge that exists in our people and our communities.

c. Use health intelligence to promote a wider understanding of health inequalities

Health intelligence provides an important tool for highlighting and advocating for change around equity issues in health, particularly equal standards of healthcare, equality of access to healthcare and general equality of health outcomes, as assured to Māori under the Treaty of Waitangi[8]. A broader understanding of health equity issues – and ways to address health equity - is needed across the health and social sectors in Hawke's Bay.

Preventing Sudden Unexpected Death in Infancy (SUDI)

In 2009/10 there was a significant increase in SUDI rates. Based on this intelligence, a group of health professionals sprang into action and quickly established initiatives to raise awareness of safe sleeping advice via consistent messaging, and the provision of safe sleep environments for vulnerable families. The purpose was to identify, resource, co-ordinate and evaluate what would be required to enable safe sleep environments for all newborns. By the end of 2011, 42 health professionals throughout the DHB, Māori and community agencies have been trained as Safe Sleep Champions and 185 referrals for pepi pods (a low cost ad safe option for co-sleeping) have been received. A media campaign is to be launched in 2012 and Safe Sleep Action has proven to be a well co-coordinated, evidence based and integrated approach clearly responsive to health intelligence.

The powerful message of premature mortality

Health statistics for Hawke's Bay have consistently shown that health inequalities do exist across a number of health conditions. Translating this into an easy to understand and high impact statement has been difficult. The Health Intelligence team at the DHB has started using premature mortality to clearly show the inequalities in health that exist in Hawke's Bay – half of all Māori deaths occur under the age of 65 years. This statement is having a huge impact on decision makers.

[8] Waitangi Tribunal 2001. Napier Hospital & Health Services Report 2001, Wai 692. Wellington: Legislation Direct.

5 WHAT THIS STRATEGY WILL DELIVER

The key strategies set out above, and proposed focus on the priorities of Healthy Hearts, Child Wellness and Water are intended to enhance the performance of the population health sector and, ultimately, improve population health. Specifically, over the three years of this Strategic Plan, we should expect to see:

- Greater involvement of communities and community organisations in programme design and delivery
- More population health strategies being developed and delivered in line with kaupapa Māori principles and models of health
- Communities being provided with appropriate information about health issues in their community
- More people working in health and the wider social sector will have skills and knowledge in population health and a greater understanding of health inequalities
- Better alignment of funding between the MOH, DHB and PHO (and within the DHB itself)
- Stronger evaluation and contracting mechanisms to ensure investments in population health strategies are effective
- Improved health literacy in high needs communities
- Improved capacity and capability of Māori providers
- Integrated and coordinated programmes in the areas of Healthy Hearts, Child Wellness and Water.

6 IMPLEMENTATION

This Strategic Plan sets a clear strategic direction and represents a significant change to current practice. A more detailed implementation plan will therefore be needed to:

- Develop plans in each of the priority focus areas
- Identify medium term outcomes and key performance indicators (and work with Ngati Kahungunu Iwi, Inc to ensure they align to the Iwi Wellbeing Indicators)
- Identify resource requirements
- Esablish effective governance and management structures
- Maintain profile and communications

Implementation of this Strategic Plan will commence officially in July 2012 (although work on the Implementation Plan can start as soon as the Strategic Plan receives appropriate endorsement). Reporting on outcomes and key performance indicators will be integrated into the board and committee reporting frameworks and will be aligned to annual plan and other reporting requirements.

APPENDIX A – PRIORITY FOCUS AREAS

Being more effective in population health means mobilising and co-ordinating health resources around a small set of priority focus areas. This section looks at each of the priority focus areas in more detail.

Priority Focus Area 1: Child Wellness

Almost one in every two babies born in Hawke's Bay in 2010 was Māori and four in ten babies were born into the most deprived (NZDep decile 9-10) areas. There are large disparities in child health status in Hawke's Bay with Māori and Pacific children and those living in more deprived areas experiencing a disproportionate burden of morbidity and mortality across a range of indicators. In particular, Hawke's Bay has high rates of SUDI: smoking in pregnancy; low birth weight: many acute and chronic illnesses: teenage pregnancy and sexually transmitted infections: hearing loss in school entrants and tooth decay. There are however areas where children fare better than their relative poverty would suggest would be expected, e.g. in breastfeeding; immunisation at 2 years and some preventable admissions.[9]

Disadvantage starts before birth and accumulates throughout life. Action to achieve equity in health outcomes must therefore start before birth and follow through the life of the child. In *Fair Society, Healthy Lives*[10] (a recent strategic review of health inequalities commissioned by the English government with wide international application) "Giving every child the best start in life" was asserted as the highest priority recommendation for reducing health inequalities. This was confirmed in a related New Zealand publicaton[11] where "Maintaining and investing in early childhood" was included as one of ten next most important actions to reduce health inequities in New Zealand.

The Child Wellness focus of this Strategic Plan will place particular emphasis on early childhood, however the scope will include 0-19 year olds, reflecting the fact that one in every ten babies is born to a mother under the age of 20 years and that many population health interventions can be delivered in the school setting.

Figure 1 provides an overview of the key drivers of child wellness, recognising the important influence of maternal health.

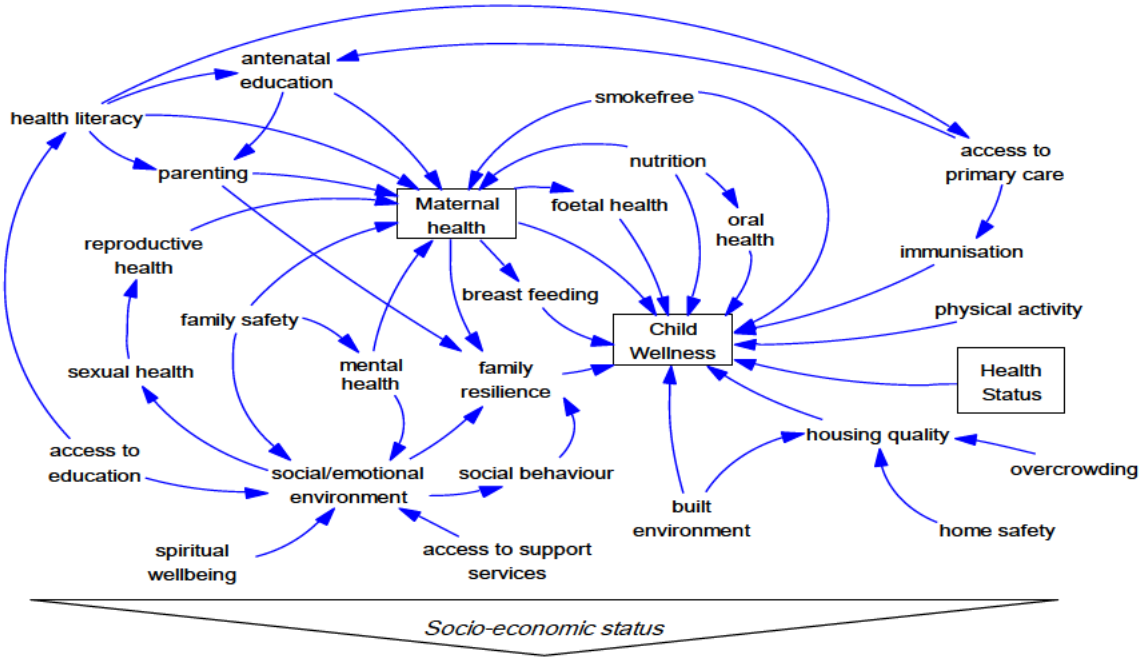

Figure 1 – High level view of factors impacting child wellness

[9] Maternal Child & Youth Continuum Strategic Steering Group. First report on the three year plan. July 2009-June 2010.
[10] *Fair Society, Healthy Lives* is a strategic review of health inequalities commissioned by the English government and published in 2010.
[11] Blakely, T., Simmers, D., Sharpe, N. (2011) Inequities in health and the Marmot Symposia: time for a stocktake *NZMJ* 8 July 2011, Vol 124 No 1338.

Priority Focus Area 2: Healthy Hearts

Heart disease, in its many forms, is the biggest cause of premature mortality within Hawke's Bay and a significant indicator of inequality. Māori have much higher rates of heart disease than the rest of the population and die much earlier as a consequence. One example, shown in Figure 2, is ischaemic heart disease (IHD) premature mortality.

In 2008 39.5% of IHD deaths amongst Māori were aged under 65 years compared to 11.5% of IHD deaths among non-Māori. In terms of total IHD mortality, whilst overall mortality has dropped, there has been little change in disparities between Māori and non- Māori. In 2008 IHD mortality rates for Māori were twice that of non-Māori.

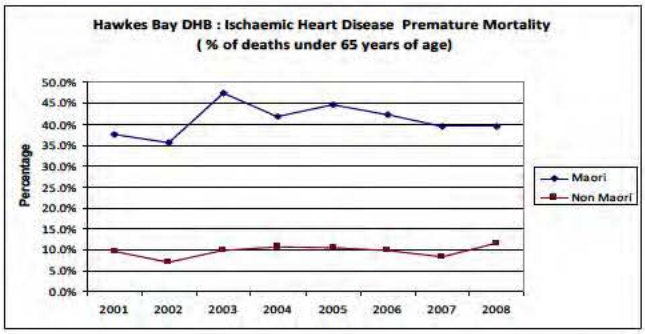

Figure 2: Hawke's Bay DHB, Ischaemic heart disease premature mortality, 2001 to 2008

Healthy hearts has to, therefore, be one of the major priorities for population health. Figure 3 below shows many of the key factors impacting upon 'Heart Health'. The diagram provides a structure for thinking about how we could make significant improvements in heart health over the next 5 years by developing new programmes and coordinating existing programmes into an integrated approach.

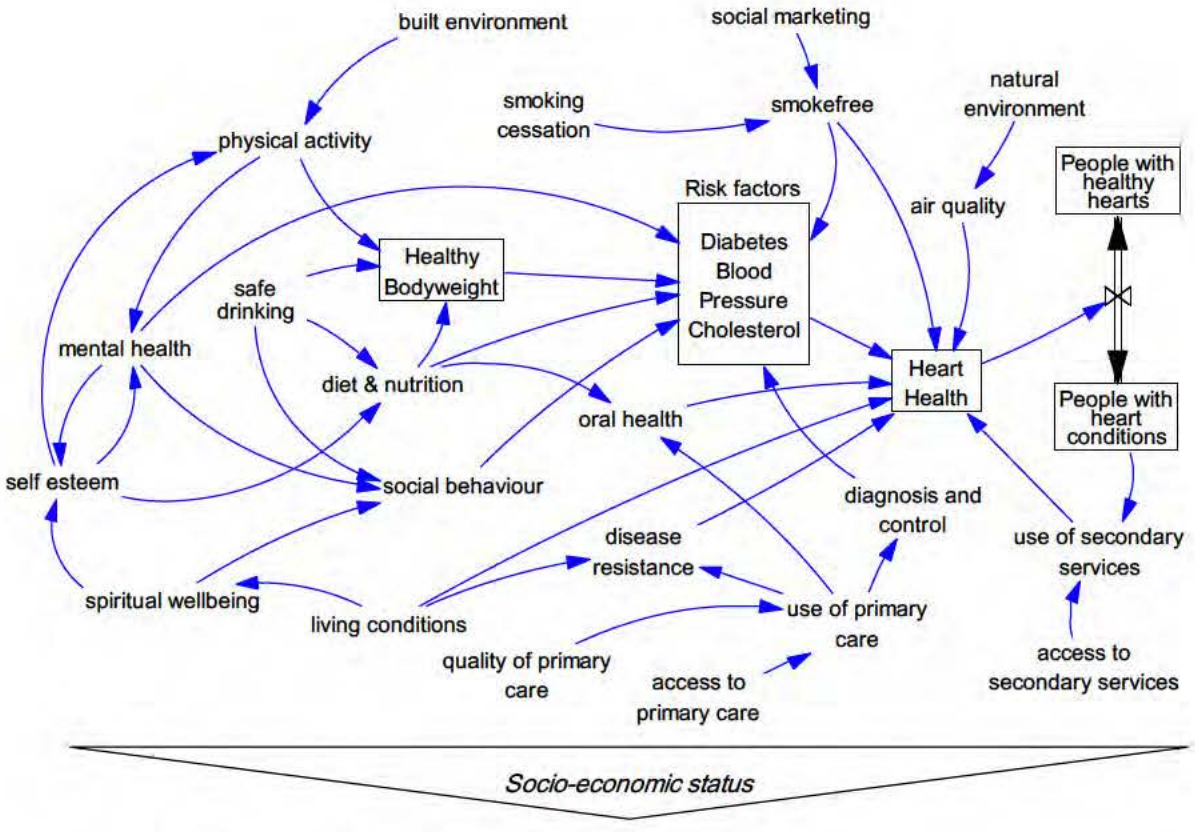

Figure 3 – High level view of factors impacting heart health

Priority Focus Area 3: Water[12]

Consultation undertaken in preparing this Plan identified water as a key determinant of health in our region. Water is a fundamental source of life and a basic necessity for human health. Water contributes to human health not only through its life sustaining properties when consumed but through the opportunities it provides for physical activity and recreation as well as its use for the production of food. In short, water is a taonga.

Because many of us have ready access to safe drinking water we sometimes take it for granted. It is important to remember that nearly half of the gains in mortality and life expectancy in the twentieth century are attributable to the provision of safe drinking water.[13] In Hawke's Bay both availability and safety of drinking water remain issues for many communities. For small communities reliant on rain for drinking water low or inconsistent rainfall, along with inadequate water storage facilities, can lead to water shortage. These issues are likely become more important over time as Hawke's Bay is expected to experience up to 20% less rain with more varied rainfall patterns by 2070[14].

Small community water supplies are also more vulnerable to problems with microbiological quality of water partly due to the relatively high cost per person of treating water in these communities. A recent survey undertaken by Public Health identified at least 31 communities at high risk of water security and or water quality problems and 88 communities with medium risk.

Human water use is part of a water cycle that includes the transfer of unused water from homes, industry or land back into receiving environments. Waste water and water bodies that receive solid wastes must therefore be considered in thinking about the relationship between water and health.

Many aspects of water monitoring and use are controlled by regulation. Regulations include laws relating to the use of ground water, discharges into natural water bodies, the use of water for food production, the treatment and monitoring of drinking water, and the treatment and monitoring of water used for recreation.

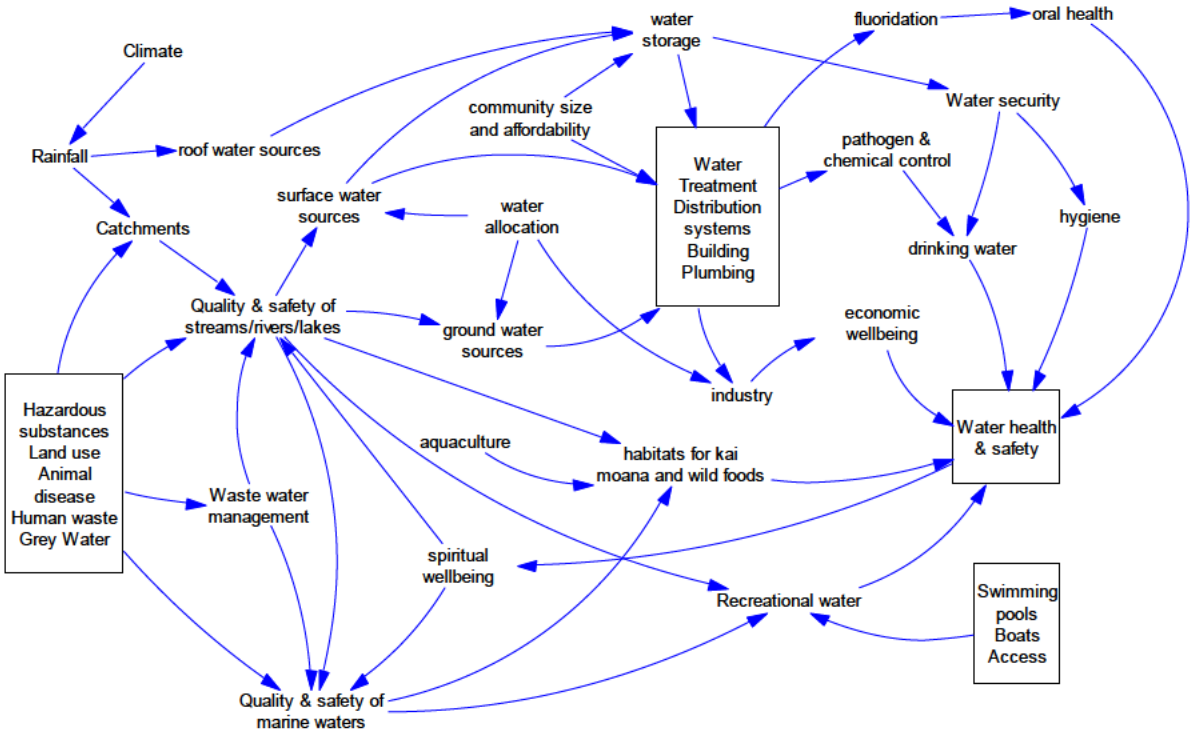

Figure 4: A high-level view of the factors impacting on healthy water

[12] Water does not currently fall within the statutory or contractual responsibilities of Health Hawke's Bay – Te Oranga Hawke's Bay.
[13] Cutler, D and Miller, G. (2005) The Role of Public Health Improvements in Health Advances: the Twentieth-Century United States. *Demography* 42(1): 1-22.
[14] http://www.mfe.govt.nz/issues/climate/about/climate-change-affect-regions/gisborne-hawkesbay.html (accessed 23/01/2012)

APPENDIX B – SOME EXAMPLES OF POPULATION HEALTH SERVICES

Set out below are the key "services" of population health, a description of what they aim to do and some current examples. It should however be noted that any successful population health approach will usually draw on more than one of these services. Integrated and comprehensive approaches using a combination of services are generally considered to be most effective.

The "service" or function	Its aim	Some examples
Health intelligence	Health intelligence helps us understand what makes us healthy and unhealthy and why some groups of people are less healthy than others	• Health Status Review 2010 • Tu Mai Ra Quarterly Report • "Fact Sheets" for each TLA area • Detecting disease clusters/outbreaks • ED Alcohol –Related Injuries research • Older Adults Nutrition research
Health promotion	Health promotion initiatives are aimed at enabling people to increase control over and improve their health	• Safe Sleep (SUDI) project • Kahungunu Hikoi Whenua • Baby-Friendly Hospital initiative • Baby-Friendly Community initiative • Smokefree Systems • Oral health education (pre-school & primary) • Health Promoting Schools • Healthy Homes • Papakainga housing improvements • Youth Friendly Pharmacies • Advocacy eg urban design, fluoridation, smokefree parks, alcohol free public spaces
Health protection	Health protection approaches aim to protect communities against public health risks	• Drinking water supply & quality • Water quality in papakainga and marae • Smokefree Environments • Food Safety • Emergencies (public health and other) • Border protection • Early Childcare Centres/Kohanga Reo
Preventive services	Preventive services are services delivered to individuals but designed to benefit whole populations. They aim to prevent the occurrence of a specific disease or health issue or to detect a disease in early stage	• Breast and cervical screening • Childhood immunisations • Winter flu vaccinations • "Say Ahh" Rheumatic Fever Programme • Serious Skin project (under development) • Wellchild/Tamariki Ora services • B4 School Checks Programme • CVD Risk Assessment in primary care
Capacity building	To ensure services are effective and efficient	• EIT Health Promotion Course • Population health advisory roles (Healthy Populations and KHW)

APPENDIX C – KEY STRATEGIC ISSUES FACING POPULATION HEALTH

Health status

The most recent Health Status Review (2010) once again confirmed the persistent inequalities and high prevalence of risk factors in our population. (http://www.hawkesbay.health.nz/page/pageid/2145870323).
The health of mothers and young children was highlighted frequently in early stakeholder input, as were issues resulting from hazardous drinking, family violence and the key lifestyle risk factors for the main long term conditions, i.e., cardio-vascular disease, diabetes and cancer. Access to services (including financial barriers, as well as simply knowing what services are available) was also a common theme. In terms of the environment, key issues identified were the availablilty and quality of drinking water and the sustainability of a health supporting natural environment. Degradation of the noise environment and legislative changes affecting the sale of alcohol and food were also highlighted.

Creating a knowledge driven sector

Good use and provision of information is fundamental to health improvement and is a core function of population health. In Hawke's Bay, we have plenty of information but the strategic issues are around how we use that information. Some of the issues raised by stakeholders were:

- that communities are not provided with enough information to allow them to fully grasp the health issues they face, or to do anything about it;
- that new information technologies may provide new (and more effective) ways of disseminating information, improving collaboration and improving access to health services; and
- that a more strengths-based approach is needed (focusing on what is working well)
- that many agencies and key people don't know what is available in, for example, child health

Community ownership

A number of stakeholders talked about the need to work alongside communities with high health-need on addressing their priorities in more meaningful ways. As mentioned above, many saw the provision of health information as being one of the health sector's most important roles in helping to build understanding and support for population health within communities. At the same time we need to develop better ways to use community knowledge to inform population health at all levels – and to develop appropriate responses.

Focusing on priorities

The scope for prevention is so broad that prevention efforts have become very "thinly spread" across a range of priorities. This is compounded by Ministry and DHB expectations of what population health services should deliver. Improving focus in a smaller number of priority areas will help to provide those working in population health with a common purpose/kaupapa.

Investing effectively

Many stakeholders felt that change is not happening at a fast enough rate and that we need to look at the effectiveness of the DHB's investment in population health including issues such as:

- contracting for outcomes and disinvesting where outcomes are not achieved
- growing the capacity of the population health workforce (especially in evaluation)
- using the contracting process to support more collaboration between providers
- clarifying roles and strengths in health promotion and reducing duplication

Working together: partnership and coordination

While there are many examples of successful partnerships in population health, many of the stakeholders expressed concerns at the level of fragmentation, duplication, competition and lack of coordination between funders and providers, all of whom are serving similar communities and seeking similar outcomes. Two examples are:

- school-based health and social services, and
- social and health sector efforts in respect of reducing family violence.

There are also opportunities to better integrate population health approaches right across the health continuum.