



National Screening Unit

National Health Promotion
Framework and Implementation Planning Guide
for Screening Programmes

The information in this folder aims to help users to understand the National Screening Unit's (NSU) intent and direction for health promotion in screening. The following documents provide a nationally consistent framework, to help health promotion practitioners to develop regional health promotion strategies

Each section of the guide has a different purpose:

National Health Promotion Framework

This section describes the NSU's position on health promotion. It provides guidance for managers and health promotion staff on the strategic direction the NSU defines as important for health promotion planning and implementation. It also provides definitions for terms and concepts commonly used in health promotion and screening.

National Health Promotion Framework: Implementation Planning Guide

This section is intended for screening service managers and health promotion practitioners. It is intended to help users to understand the National Health Promotion Framework and how it can relate to their service. The questions can be used as a resource by individuals or groups to further assist this understanding. The ideas developed as a result of working through this document can be used to develop health promotion plans.

Ottawa Charter: Toolkit and Implementation Planning Guide

This section is intended for health promotion practitioners in the screening service who are responsible for writing and implementing health promotion plans. The toolkit asks questions that will assist practitioners to consider the region concerned and develop appropriate health promotion strategies to meet the needs of priority group women.

Te Pae Mahutonga: Implementation Planning Guide

This section provides an alternative planning framework for developing a health promotion plan. It is intended primarily for kaupapa Māori health promotion planning and implementation.

Other useful documents to be read in conjunction with the National Health Promotion Framework and Implementation Planning Guide:

- *Achieving Health for all People: A framework for public health action for the New Zealand Health Strategy.* (Ministry of Health 2003)
- *Ngā Tikanga Manaaki – Values and Ethics in Ngā Kai Katanga Hauora mo Aotearoa: Health Promotion Competencies for Aotearoa New Zealand* (Health Promotion Forum of New Zealand 2000)
- *TUHA-NZ: A Treaty Understanding of Hauora in Aotearoa New Zealand* (Health Promotion Forum of New Zealand 2002)
- *Programme Evaluation: An Introductory Guide for Health Promotion* (Waa et al 1998)
- *He Korowai Oranga – Māori Health Strategy* Minister of Health and Associate Minister of Health 2002)
- *Reducing Inequalities in Health* (Ministry of Health 2002).



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1 Introduction

The National Screening Unit (NSU) is responsible for two organised cancer screening programmes, the National Cervical Screening Programme (NCSP) and BreastScreen Aotearoa (BSA). The NSU contributes towards reducing the burden of cancer through screening programmes that aim to achieve two strategic outcomes: Reducing Inequalities and Improving Health Outcomes (Ministry of Health 2003c). Health promotion is an essential part of achieving these outcomes.

This framework and the implementation plans will support effective health promotion activities within the NCSP and BSA by:

- raising awareness and understanding of screening among the eligible population
- raising awareness and understanding of how health promotion works in a screening context among the wider health sector
- providing information about how to encourage informed participation in the screening programmes.

This framework and the implementation planning guide will underpin national and regional health promotion strategies and initiatives.

1.1 Definitions

1.1.1 HEALTH PROMOTION

The World Health Organization (WHO) defines health promotion as (WHO 1986):

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

Health promotion planning and strategy development requires consideration of the wider determinants of health. In the context of screening these include social and community influences, gender and culture, socioeconomic and environmental conditions, and lifestyle and behavioural factors. Addressing the fundamental determinants of health ensures activities to promote health are concerned with equity of access to services, including screening programmes, and equity of outcomes.

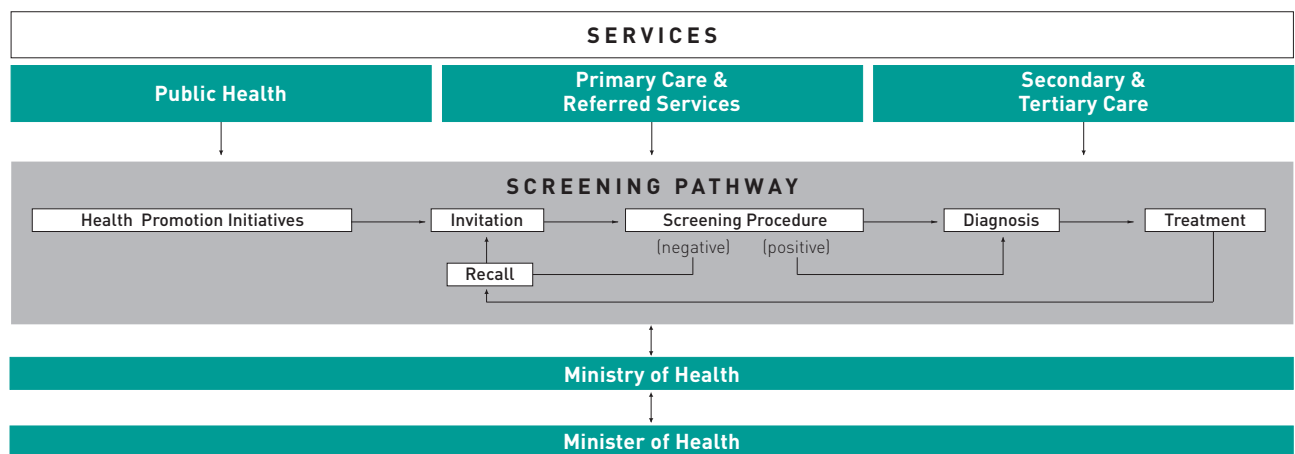
1.1.2 SCREENING

The NSU has adopted a definition of screening based on that of the National Screening Committee of the United Kingdom as adapted by the National Health Committee in New Zealand (National Health Committee 2003):

‘Screening is a health service in which members of a defined population, who either do not necessarily perceive they are at risk of, or are already affected by a disease or its complications, are asked a question or offered a test, to identify those individuals who are more likely to be helped than harmed by future tests or treatment to reduce the risk of a disease or its complications.’

Screening refers not just to a screening test, but to a series of steps comprising the screening pathway. Health promotion initiatives form an integral part of the pathway (Figure 1).

FIGURE 1. THE SCREENING PATHWAY AND ROLES OF DIFFERENT SERVICES



Source: Ministry of Health (2003c).

Screening occurs in two ways: as part of screening programmes and opportunistically. Quality assurance and improvement processes distinguish organised screening programmes from opportunistic screening, and are essential for balancing the achievable benefits of screening with the potential harms. Organised screening is usually delivered through a screening programme with planning, co-ordination, monitoring and evaluation of all activities along the screening pathway. (Ministry of Health 2003c)

Population screening programmes involve screening entire populations or a large and easily identifiable group within a population. Often, members of this population are not aware that the disease which they are being screened for could affect them. This in itself can be one of the barriers to screening, as the population perceive themselves as well, and are being invited to participate in a programme that may identify them as unwell.

1.1.3 HEALTH PROMOTION WITHIN SCREENING

Health promotion within screening programmes aims to create an environment that is conducive to, and supportive of, informed participation in screening. This helps ensure people who can benefit from screening are informed and empowered to take advantage of the potential benefits.

The health promotion component of screening programmes in New Zealand has evolved over the past decade. During the early years of the NCSP health promotion efforts focused on enrolling women in the programme therefore, measures of success were strongly linked to reaching coverage and participation targets. To achieve this, health education was the main health promotion activity because population health initiatives succeed only if sufficient numbers of the eligible population participate. A range of strategies was used, including health education sessions, health day expos, pamphlet distribution and advertising. Such strategies proved effective in achieving high levels of coverage and participation for some groups.

Many similar health education strategies were implemented during the initial phases of BSA. While coverage and participation rates increased across both national screening programmes, the disparities in groups participating in the screening pathway became apparent.

Reducing inequalities is a government priority area and the NSU has adopted a strong focus on priority group women. The health promotion strategies adopted and implemented to date have been successful in raising awareness of the screening programme. To be more effective in increasing coverage and participation rates for priority women, an approach needs to consider the wider determinants of health, strategies that focus on developing communities to encourage and engage long-term behavioural change, and the interface between personal and public health needs to be implemented. Participating in screening is no longer enough. Increased awareness and a priority on informed consent highlights the need for health promotion strategies that engage communities.

There are a number of emerging issues that have influenced the development of this framework.

- Health promotion delivered within personal health settings to ensure primary care is an essential part of the screening pathway.
- A wider acknowledgement of the determinants of health.
- The inclusion of community development initiatives that encourage and support long-term behaviour change, particularly among under-screened and unscreened populations.

These emerging issues require consideration as part of health promotion planning and strategy development.

1.2 Purpose of the screening programmes health promotion framework

The purpose of the framework is to:

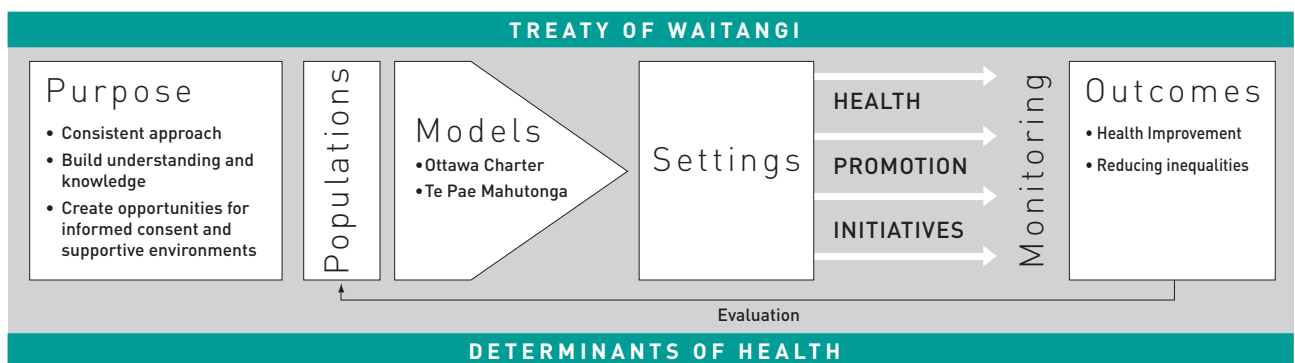
- ensure a consistent approach to health promotion as part of screening programmes
- build understanding and knowledge of health promotion and its role in screening programmes
- facilitate health promotion strategies that create opportunities for informed consent and supportive environments and enable priority groups to participate in screening.

There is considerable evidence within New Zealand and internationally of significant ethnic, socioeconomic, geographical and gender inequalities in health. Success in reducing inequalities in health will bring positive results for the individual, the economy and society. The New Zealand Health Strategy seeks to improve the health of New Zealanders and to reduce inequalities amongst New Zealanders, with a focus on Māori, Pacific peoples and low-income New Zealanders. The NSU is committed to achieving its two strategic outcomes of improved health outcomes and reduction in inequalities. A key aim of the framework is to help ensure that screening programmes are contributing to reducing inequalities by focusing health promotion initiatives on priority group women.

The Ministry of Health's Intervention Framework (Ministry of Health 2002b) provides a guide for developing and implementing strategies to improve health and reduce inequalities. The Equity Lens provides a set of questions to identify effective intervention points. The Equity Lens and the Intervention Framework are to be used together (Appendix 3). To assist this process, further information about how this tool can be applied to health promotion and screening is in the implementation planning guide.

The model for health promotion in screening programmes summarises the direction of health promotion activity and demonstrates the interdependence and necessity of integrating the determinants of health, the Treaty of Waitangi principles of Partnership, Protection and Participation and Health Promotion Models to effectively meet the needs of the under-screened and unscreened populations.

FIGURE 2. MODEL FOR HEALTH PROMOTION IN SCREENING PROGRAMMES





2 Strategic Context

2.1 Treaty of Waitangi and health promotion

The Government is committed to fulfilling the special relationship between iwi and the Crown under the Treaty of Waitangi.

The relationship between Māori and the Crown in the health and disability sector has been based on three key principles: (Minister of Health and Associate Minister of Health 2002)

Partnership – Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

Participation – Involving Māori at all levels of the sector, in decision-making, planning, development and delivery of health and disability services.

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

Māori have a long history of maintaining and improving their health situation. He Korowai Oranga, the Māori Health Strategy, sets out the Government's direction for Māori health development over 10 years. The overall aim of He Korowai Oranga is whānau ora: Māori families supported to achieve their maximum health and wellbeing. The kaupapa behind He Korowai Oranga is twofold: affirm Māori approaches and improve Māori outcomes. Māori models of health are essential tools to guide and implement specific ways or paths to achieve whānau ora.

Māori health perspectives recognise that good health is dependent on a balance of factors affecting wellbeing. A number of models have been developed, each translate health into terms which are culturally significant and include aspects of Māori identity, knowledge, customs and beliefs. Some of the Māori health models utilised in the health and disability sector include Durie's Te Whare Tapa Wha (1983), Pere's Te Wheke (1984) and the Royal Commission on Social Policy Nga Pou Mana (1988) and Te Pae Mahutonga (Durie, 1999).

2.2 Public health and primary health care

2.2.1 PUBLIC HEALTH

Health promotion is a core public health activity. Public health is defined as ‘the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society’ (Acheson 1998).

Public health is about the health of populations rather than the health of individuals. Populations may be defined by locality, biological criteria such as age and gender, social criteria such as socioeconomic status, cultural criteria, or by those sharing a common interest.

Public health services are delivered to whole populations or sub-groups of the population at national, regional and local levels. They fall into two broad categories: health protection and health promotion. Public health services are often delivered as programmes combining several mechanisms or approaches for action to tackle a health issue.

In the New Zealand health sector an increasing emphasis is on population health approaches. A population health approach takes account of all the determinants of health and how they can be tackled, incorporating intersectoral involvement at all levels. It integrates the activities of the health and disability sector (public health, mental health, personal health and disability support) and beyond. Personal health and public health can contribute to a population health approach (Ministry of Health 2003c).

2.2.2 PRIMARY HEALTH CARE

The NSU’s Strategic Plan 2003–2008 identifies the need for increased involvement with the primary care sector to advance the NSU’s vision and achievement of the strategic outcomes. This will be achieved through a focus on the six key areas for action: service development, workforce development, overall management, quality improvement, research and development, and partnership and understanding.

Primary health care services are delivered in community settings. Primary health care in New Zealand is mainly associated with general practice or primary medical care, but also includes other health providers, individuals, families and communities.

As defined in the Primary Health Care Strategy (Minister of Health 2001):

‘Quality primary health care means essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods that:

- are universally acceptable to people in their communities
- involve community participation
- are integral to and a central function of New Zealand’s health system
- are the first level of contact with our health system.’

These concepts were first described in the Alma Ata Declaration of 1978 (International Conference of Primary Health Care 1978).

2.2.3 PRIMARY AND PUBLIC HEALTH: THE RELATIONSHIP WITH SCREENING AND HEALTH PROMOTION

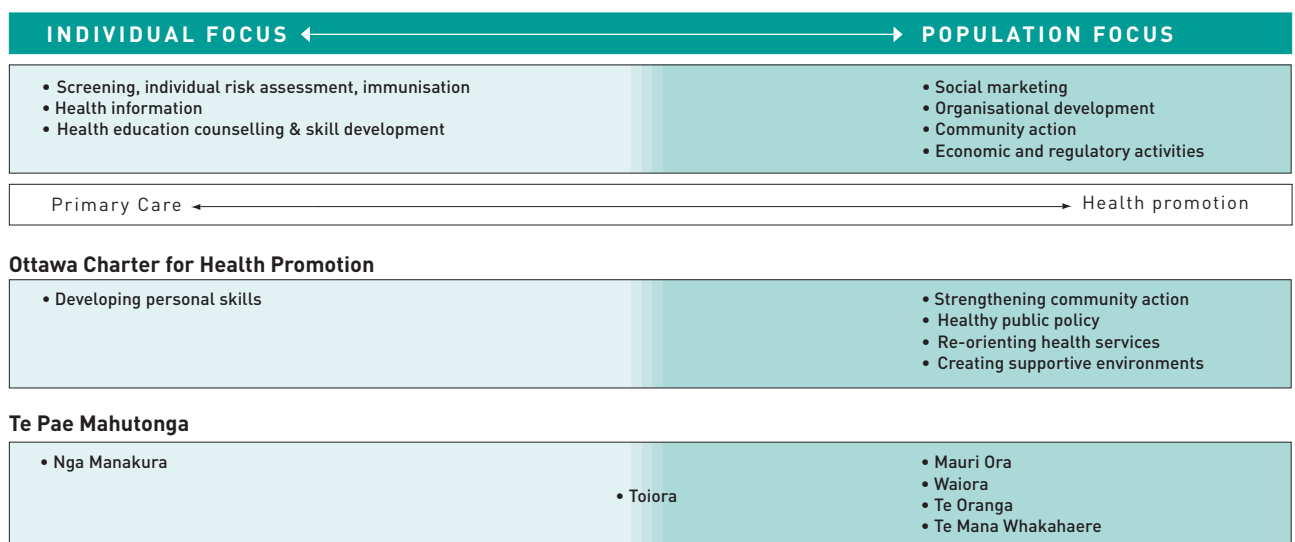
While screening programmes are public health activities, most screening procedures are delivered in primary care settings. Screening lies at the interface of public and personal health and draws on both approaches. Effective screening programmes require a good understanding of the roles of public health and primary health care and the need to work together to maintain and increase screening programme participation rates, particularly among priority group women.

Health promotion is an important component of the Primary Health Care Strategy, which provides direction for the future of primary health care and aims to re-orient the primary care sector towards a population health approach. Giving greater emphasis to comprehensive disease prevention and health promotion alongside treatment services brings a stronger population health focus to primary care, that can contribute to reducing inequalities and improving health outcomes (Ministry of Health 2003d). Thus, in addition to delivering screening procedures, primary care practitioners also have a role in health promotion as it relates to screening.

It will be essential to work with the primary health care sector to improve understanding and awareness of health promotion and work towards increasing participation and coverage. The new structure for primary health care, incorporating Primary Health Organisations with an emphasis on preventative services, will help to achieve this.

Figure 3 illustrates a range of activities used to improve individual and public health and shows how this links with the Ottawa Charter. These activities can be combined as elements of a whole programme, including a screening programme, but may be delivered by different providers in a range of settings. All are needed to achieve improved health outcomes, but not all are necessarily relevant to an individual screening programme (Ministry of Health 2003c).

FIGURE 3. SOME ACTIVITIES USED TO IMPROVE INDIVIDUAL AND POPULATION HEALTH



2.3 Consistency and links with other strategies

Several important strategic documents informed the development of this plan.

2.3.1 THE NEW ZEALAND HEALTH STRATEGY

Improving health and reducing inequalities in health are the two major goals of the New Zealand Health Strategy. Significant inequalities in health exist among different groups of New Zealanders. For example Māori, Pacific peoples and people from lower socioeconomic groups have worse health and die younger than other New Zealanders. The reasons for health inequalities are complex and generally beyond the control of the groups most affected. Addressing the social, cultural and environmental determinants of health is as important as the biological and medical factors (Ministry of Health 2003c).

2.3.2 HE KOROWAI ORANGA MĀORI HEALTH STRATEGY

He Korowai Oranga, the Māori Health Strategy has as its overall aim, whānau ora: Māori families supported to achieve their maximum health and wellbeing (Minister of Health and Associate Minister of Health 2002).

He Korowai Oranga sets a new direction for Māori health development over a 10 year period, and builds on the gains made over the last decade.

Māori have lower participation rates in cancer screening programmes than non-Māori (Ministry of Health 2003c). It is imperative that this knowledge informs the development of health promotion strategies which aim to improve the health outcomes of priority groups (Ministry of Health 2003c).

Māori holistic models and wellness approaches to health and wellbeing are strongly supported in this framework and Implementation Planning Guide.

2.3.3 PACIFIC HEALTH AND DISABILITY ACTION PLAN

The Pacific Health and Disability Action Plan details key activities to improve overall health outcomes for Pacific peoples and reduce inequalities between Pacific and non-Pacific peoples (Ministry of Health 2003c).



3 Key Challenges for Health Promotion in Screening

The New Zealand approach to health promotion and screening differs in some aspects from the approach adopted internationally. The reasons include: the lack of a population health register in New Zealand, the relationship with Tangata Whenua, and the uneven service provision and coverage due to New Zealand's geography.

The approach to generic health promotion in New Zealand also differs from the approach to screening health promotion. Screening health promotion is positioned at the interface between public and personal health. Screening relies on clinical and personal health care services for the effective delivery of the screening procedure, including informed consent, subsequent treatment and appropriate follow-up.

3.1 Achieving high levels of programme participation

'Recruitment' is a term that has been used traditionally to describe the process by which women are actively encouraged to participate in the programme. This may be the result of a personal discussion or through a group, meeting or hui. Providers have varying responsibility for recruitment.

Within screening, recruitment is one of the critical outcomes of health promotion activity because the success of population-based screening programmes relies in part on high levels of programme participation.

More recently, the term 'participation' within screening has replaced recruitment. This more accurately describes the way in which women are actively involved in deciding whether or not to be part of the programme.

Many overseas screening programmes do not include health promotion activities in the screening pathway and focus strongly on recruitment and retention activities to achieve coverage and participation. This is made possible by the availability of population registers that enable the programmes to invite women directly for screening.

3.2 Developing an adequately trained health promotion workforce

Currently within screening people working in health promotion enter the workforce with varied experience and backgrounds: this results in a workforce with a wide range of skills. Due to the NSU's focus on priority women and community involvement, it is imperative that health promoters establish community networks and have experience in community development, as well as a theoretical knowledge of health promotion practice.

The NSU has a commitment to workforce development for health promotion practitioners. However, previous and future investment in health promotion workforce development will not see benefits until the issues of workforce recruitment and retention are addressed.

The NSU is developing generic competencies for the screening workforce. This means health promoters will be required to have a broad understanding of the screening pathway and specialised knowledge of health promotion.

Development of the health promotion workforce will help ensure:

- national consistency of health promotion messages
- sharing of knowledge and expertise among providers
- strengthening of national co-ordination
- maximising of health promotion opportunities.

It is therefore important that all people working in and delivering the health promotion components of a screening programme have a good understanding of public health and health promotion. This will involve participating in continuing education, including nationally certified courses, training provided by the NSU and regional training opportunities.

3.3 Focusing on priority groups to reduce inequalities

Health promoters working in screening have historically focused their energies on women who are undergoing regular screening. This ensures good coverage and participation rates for that group. While women who have been previously screened are highly likely to return for screening, disadvantaged groups, including those who have low income, are geographically isolated, or are disabled, often experience a number of barriers that hinder their access to screening services (Jepson et al 2000). In New Zealand this includes Māori women and Pacific women.

Thus, the focus of health promotion initiatives should be on women in the priority groups, particularly Māori women and Pacific women, who are currently under-screened. Raising Māori and Pacific coverage and participation rates will increase the programmes' effectiveness. It is a strategic priority for health promotion providers to identify and work in partnership with priority groups, but it is also important to the overall goals and success of the programmes that health promotion activity is maintained with other groups.

The Screening Health Promotion Framework identifies priority groups for the programmes. For the health promotion activity undertaken with priority groups to be effective, key relationships with primary health care providers need to be developed and maintained to maximise informed opportunities for coverage and participation.

3.4 Monitoring and evaluation to measure the outcomes of health promotion

Monitoring and evaluation are central to screening programme planning and implementation, including health promotion activities. Evaluation must be undertaken at all levels to determine overall effectiveness and ensure high quality.

Reducing inequalities for Māori and Pacific women needs to be explored. Qualitative and quantitative research methods should be used to identify factors that influence the participation of under-screened and unscreened groups. The development and impact of new health promotion strategies including those developed for priority group women will be evaluated.

3.5 Enabling informed consent

Consumers value information and the provision of information increases satisfaction levels. Consumers generally want more information about screening than they receive, especially on potential harms and the implications of positive and negative results. Potential programme participants should have access to the information they need to make an informed decision about whether or not to participate. They need to decide the appropriateness of screening for themselves based on accurate, relevant and easily understood information about the benefits and limitations of the screening process.

The overall benefits of screening programmes depend on a high level of participation by the eligible population. Information about screening has tended to omit the negative aspects so as to not raise anxiety and potentially reduce participation. It has been suggested that providing full information about the benefits and harms of a screening programme may result in reduced participation for disadvantaged groups. However, participation by individuals in disadvantaged groups should be addressed by improving service accessibility, including acceptability, rather than by selective use of information (National Health Committee 2003).

In practice it is not easy to achieve individual informed consent for screening. Good information is needed to achieve informed consent and to support health promotion programmes.



4 Health Promotion Models

4.1 Ottawa Charter

The Ottawa Charter is used in New Zealand and internationally as a framework for planning public health and health promotion strategies. Action across the strands of the charter maximises the likelihood of achieving the desired outcomes.

'Health promotion' as defined by the Ottawa Charter (1986) is the process of enabling people to increase control over and to improve their health (WHO 1986). The Ottawa Charter identifies three basic strategies for health promotion: advocacy for health to create the essential conditions for health, enabling all people to achieve their full health potential, and mediating between the different interests in society in the pursuit of health.

Health promotion represents a comprehensive social and political process; it not only embraces actions directed at strengthening the skills and capabilities of individuals but action directed towards changing social, environmental and economic conditions to alleviate their affect on public and individual health (WHO 1986). Five strands support these actions. All areas have significant relevance to health promotion within screening programmes and opportunities are maximised when all five strands are implemented together.

- **Building healthy public policy** – Putting health on the agenda of policy makers and at all levels within society.
- **Creating supportive environments** – Creating living and working environments that promote health.
- **Strengthening community action** – Making it easier for concrete and effective community action to take place as part of a health promotion process.
- **Developing personal skills** – Providing information and education for health and enhancing life skills.
- **Re-orienting health services** – Moving the health sector towards health promotion beyond its responsibility for providing clinical and curative services (Duignan 1992).

For screening, this means health promoters extending their scope of work beyond health education and recruitment into strategies that will encompass a broad range of short-term and long-term initiatives to help women integrate screening into the complexity of their lives.

4.2 Te Pae Mahutonga

Te Pae Mahutonga is one of several Māori models of health. This model has been developed specifically for Māori health promotion and is based on the Southern Cross. The four stars represent the key tasks of health promotion as it relates to Māori health (Durie 1999):

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

The two pointers represent:

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

This framework provides the ability for health promotion practitioners to support Māori-led initiatives. It supports the desires of whānau, hapū, iwi and Māori to manage and initiate self-identified solutions in manners best suited to Māori. It also encompasses cultural values and practices, specifically te reo, tikanga and kawa.

For screening, this means health promoters develop and support health promotion initiatives that integrate screening into the broader aspirations of Māori.

4.3 Pacific

A nationally consistent approach to health promotion work in Pacific communities is being developed.



5 Health Promotion Strategies

Health promotion activities occur in different contexts and in many different settings.

Diverse health promotion strategies are implemented as part of public health programmes. Within screening, health promotion is an essential component of the screening pathway.

Intersectoral action, public policy, mass media campaigns, effective distribution of programme-specific information, community action and appropriate public health strategies delivered by Māori for Māori are examples of health promotion strategies used within screening.

For the purposes of this document the NSU has concentrated on the following areas to reflect its commitment to informed consent and priority women.

5.1 Community development

Community development is an effective strategy for building relationships and developing the long-term ownership of initiatives with priority groups of the population, so it should be incorporated as a major component of a health promotion plan.

Community development has been defined as (Ministry of Health 2003b):

'The process of organising and/or supporting community groups in identifying their health issues, planning and acting upon their strategies for social action/social change and gaining increased self-reliance and decision-making power as a result of their activities.'

To achieve effective community development, priority groups need to be able to identify health issues and be empowered to understand the role of screening. The development of long-term strategies encourages behavioural change and ongoing participation in the pathway. Effective community development requires a partnership to be developed and maintained between the community and providers. Community ownership of health promotion initiatives is imperative for long-term success.

5.2 Communications

The NSU aims to provide and distribute accurate and appropriate information related to screening. It is important the information is evidence-informed, sensitive, available and conveyed appropriately to the priority groups.

The NSU has developed key messages using a population-based approach.

All NSU information must address the concept of informed consent and include a clear representation of the benefits and limitations of screening. This enables the population and individuals to make informed decisions about participating in screening programmes.

Information about screening programmes is communicated using different methods to present information. eg, media campaigns, regional community action, resources, promotional items, the healthy women website <http://www.healthywomen.org.nz/> and touch screen interactive kiosks. All communication tools use the programmes' visual identities (Appendix 1).

5.3 Health education

Health education is often confused with health promotion or thought of as a separate entity. It is one aspect of health promotion and falls within the developing personal skills strand of the Ottawa Charter.

'Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual or community health.'

Health education has limitations: it is not a strategy that can be used to initiate and support long-term behavioural change. It is most effective if part of a broader health promotion plan (WHO 1998).



6 Conclusion

The NSU endeavours to maintain a high level of health promotion service delivery through well co-ordinated and evidence-informed health promotion strategies.

The NSU believes women should have access to information about and services to screening. Through the development and implementation of evidence-informed health promotion strategies, the screening programmes will continue to reduce barriers to screening.

As a catalyst for community development priority women will be encouraged to attend for screening. The NSU will encourage and strive to support sustainable initiatives to ensure the benefits of screening are achieved.

The following guiding principles will form the basis of any health promotion strategy development, planning and implementation (Appendix 2):

- Health promotion strategies for screening programmes will be delivered in the wider context of public health.
- Informed consent must underpin all activities within the screening programmes.
- Health promotion strategies are evidence-informed, planned, implemented and evaluated with a focus on reaching under-screened and unscreened populations.
- Māori perceptions and experiences of screening are acknowledged and valued. This requires Māori participation at all levels.
- Regional and local initiatives will ensure Pacific peoples' perceptions and experiences of screening are acknowledged and valued.
- Regional and local initiatives and strategies are consistent with the national framework.



APPENDIX 1: Methods of Communication

Media campaigns

Research supports national media campaigns as effective ways to raise awareness of screening as a health issue. Campaigns evaluated both in New Zealand and overseas have shown increases in participation in screening as a result of television advertising. Evidence-informed television advertisements have effectively reached people from traditionally under-screened groups.

Most efforts to change public attitudes use the mass media. Studies of other health promotion campaigns affirm its ability to create a climate of opinion that is supportive of healthy public policies. However, it is also generally accepted that the media is better at confirming attitudes and slow at changing them (Wyllie 1997).

Importance of community action and development as part of a media campaign

Other campaigns have demonstrated that, while mass media on its own is unlikely to be successful, campaigns that set realistic outcome criteria and are supported with community-based education and training are more effective. While media can be most effective at raising awareness and changing the climate of opinion, changing behaviour requires more direct action. A community development approach at the grassroots level provides opportunities to reach priority groups to adapt messages to the different cultures that make up New Zealand society and to address barriers when they occur (Ministry of Health 2001).

A co-ordinated media strategy can greatly enhance the effectiveness of a screening programme. Women not reached by other health promotion strategies can be informed about the programmes and encouraged to participate.

Visual identity

In response to requests from people working in screening programmes, a thorough process was undertaken to develop a visual identity for the screening programmes.

The benefits of a co-ordinated visual identity for the screening programmes include:

- a signal that this is a national public health programme
- a recognisable link amongst screening providers
- a means of conveying the messages and values of the programmes
- an opportunity for brand recognition
- a vehicle to link national and regional initiatives.

Promotional items

Promotional resources are used to increase public exposure to screening messages, using a variety of appropriate strategies to reach priority groups within the population.

Promotional resources are an internationally recognised method of conveying information such as key messages and information about access to screening programmes.

Website

The Internet is rapidly becoming an important way of accessing information and communicating with people including families and community groups.

The NSU has an online resource <http://www.healthywomen.org.nz/>. The site has specific information and separate access points where information relating to Māori, Pacific and Asian people can be found.

The website also provides health professionals with a point of access to programme-related information and activity.

Kiosks

Following the success of the kiosk pilot project, touch-screen interactive kiosks have become an integral component of the way in which health promoters deliver information.

Evidence strongly suggests that when people are empowered to access information individually, increased behavioural change that results in compliance occurs.

The kiosk project is parallel and complementary to the Healthy Women website and provides access to consistent information to individuals who are not regular Internet users.



APPENDIX 2: How to Develop a Health Promotion Plan

It should include (Ministry of Health 2003c):

Rationale

Why is this particular programme needed? Consider:

- special factors in the community or region that make particular problems or issues significant
- information and statistics specific to the region that support the emphasis on the issue
- the potential for health gain for each priority area
- how the programme will reduce inequalities.

Population Group

Who are the affected population and how will they be involved in the process?

Programme description

What will the programme do?

Goal

Describe the aim over a specific timeframe. Identify the consultation process followed in reaching this aim.

Objectives

These should be specific, measurable, achievable, realistic and time-framed.

Strategies

Actions eg, plan (including consultation and joint planning), develop relationships, arrange and implement, conduct, participate, assist, deliver, evaluate and complete.

The range of activities and resources to be used eg, policies, programmes, hui, meetings, submissions.

Setting or population group; settings include schools, kohanga reo and workplaces, while population groups include pre-school children, Māori women, communities and neighbourhoods.

There may be a number of activities for each part of the programme or conversely activities will sometimes address components of other programmes.

Making a difference

Identify what you hope to influence from the programme.

There will be a variety of inputs, processes, outputs and outcomes.

These could include quantitative measures and milestones and qualitative measures such as participatory mechanisms for including communities and their feedback.



Linkages

Health promotion programmes are activities based on collaboration and co-operation with other sectors and providers.

Review and evaluation

A process of reviewing and evaluating all aspects of the programme is needed.

Resources

Identify all resources required including subcontracting arrangements, workforce requirements and funding.





APPENDIX 3: A Health Equity Assessment Tool (Equity Lens) for Tackling Inequalities in Health (May 2004)

There is considerable evidence, both internationally and in New Zealand, of significant inequalities in health between socioeconomic groups, ethnic groups, people living in different geographical regions and males and females (Acheson 1998; Howden-Chapman and Tobias 2000). Research indicates that the poorer you are, the worse your health. In some countries with a colonial history, indigenous people have poorer health than others. Reducing inequalities is a priority for government. The New Zealand Health Strategy acknowledges the need to address health inequalities as “a major priority requiring ongoing commitment across the sector” (Minister of Health 2000).

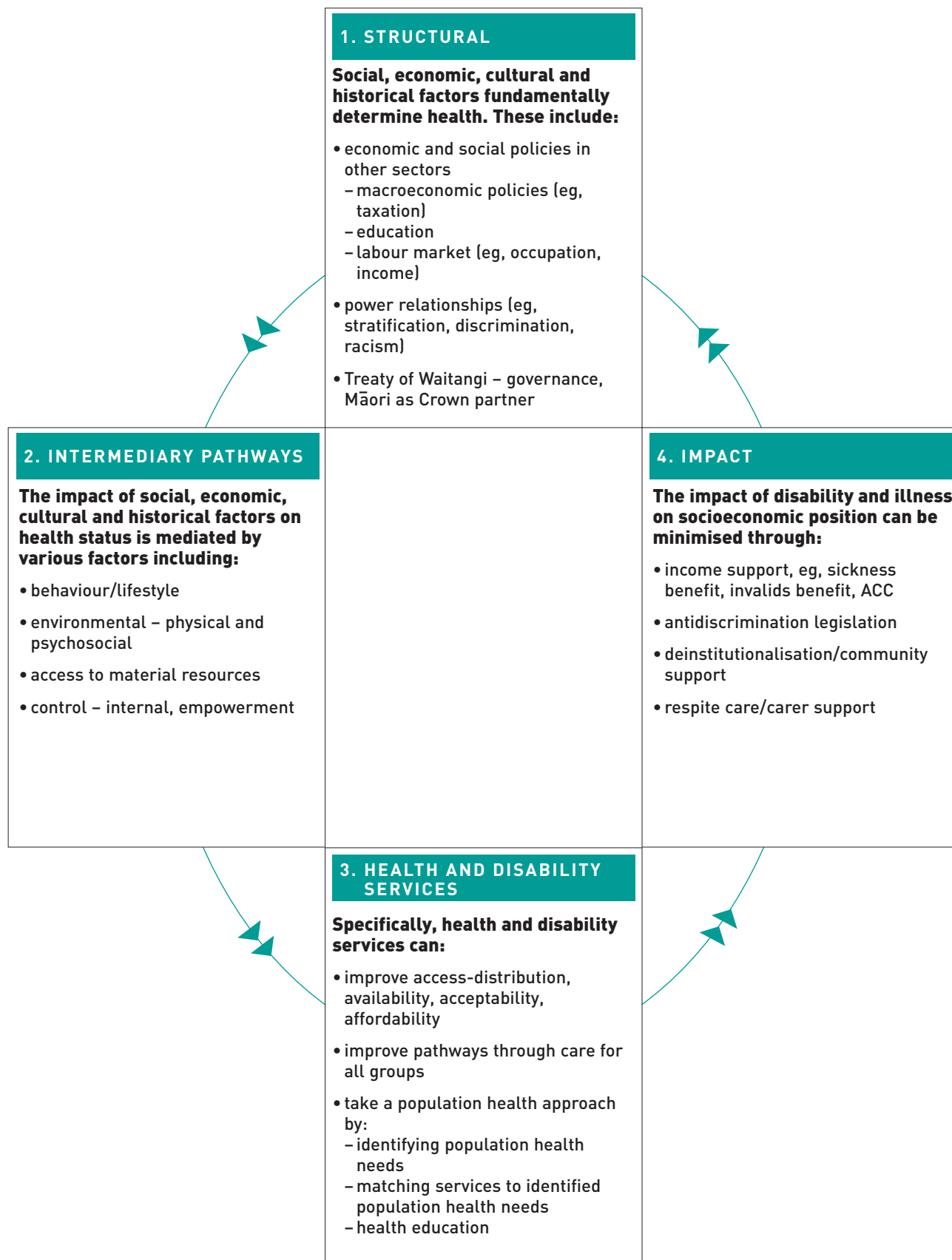
Inequalities in health are unfair and unjust. They are also not natural; they are the result of social and economic policy and practices. Therefore, inequalities in health are avoidable (Woodward and Kawachi 2000).

The following set of questions has been developed to assist you to consider how particular inequalities in health have come about, and where the effective intervention points are to tackle them. They should be used in conjunction with the Ministry of Health’s Intervention Framework (Ministry of Health 2002b).

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



Intervention framework to improve health and reduce inequalities



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



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National Health Promotion Framework
Implementation Planning Guide



Implementation Planning Guide

STRATEGY	QUESTIONS
<p>1 Introduction</p> <p>The National Screening Unit (NSU) is responsible for two organised cancer screening programmes, the National Cervical Screening Programme (NCSP) and BreastScreen Aotearoa (BSA). The NSU contributes towards reducing the burden of cancer through screening programmes that aim to achieve two strategic outcomes: Reducing Inequalities and Improving Health Outcomes (Ministry of Health 2003c). Health promotion is an essential part of achieving these outcomes.</p> <p>This framework and the implementation plans will support effective health promotion activities within the NCSP and BSA by:</p> <ul style="list-style-type: none"> • raising awareness and understanding of screening among the eligible population • raising awareness and understanding of how health promotion works in a screening context among the wider health sector • providing information about how to encourage informed participation in the screening programmes. <p>This framework and the implementation planning guide will underpin national and regional health promotion strategies and initiatives.</p>	<p><i>What is the aim of the organisation's health promotion programme?</i></p> <p><i>How has this aim been developed?</i></p> <p><i>What health issue is this programme trying to address?</i></p> <p><i>What research and documentation support the aim?</i></p> <p><i>How is the aim demonstrated?</i></p> <p><i>What effect will this programme have on health inequalities?</i></p> <p><i>Who will benefit most from this programme?</i></p> <p><i>What might be the unintended consequences be?</i></p>



STRATEGY	QUESTIONS
<p>1.1 DEFINITIONS</p> <p>1.1.1 Health Promotion</p> <p>The World Health Organization (WHO) defines health promotion as (WHO 1986):</p> <p>‘Health promotion is the process of enabling people to increase control over and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being.’</p> <p>Health promotion planning and strategy development requires consideration of the wider determinants of health. In the context of screening these include social and community influences, gender and culture, socioeconomic and environmental conditions, and lifestyle and behavioural factors. Addressing the fundamental determinants of health ensures activities to promote health are concerned with equity of access to services, including screening programmes, and equity of outcomes.</p>	<p><i>Do the health promoters employed by the organisation have the skills and ability to plan, implement and evaluate health promotion initiatives?</i></p> <p><i>What does “health and well-being in communities” mean for the region?</i></p> <p><i>What long-term impact on health and wellbeing does the health promotion programme intend to produce?</i></p> <p><i>What does your organisation identify as the specific determinants of health that affect the ability of women in the region, to access screening?</i></p> <p><i>What evidence is there of this?</i></p>



STRATEGY	QUESTIONS
<p>1.1.2 Screening</p> <p>The NSU has adopted a definition of screening based on that of the National Screening Committee of the United Kingdom as adapted by the National Health Committee in New Zealand (National Health Committee 2003):</p> <p>‘Screening is a health service in which members of a defined population, who either do not necessarily perceive they are at risk of, or are already affected by a disease or its complications, are asked a question or offered a test, to identify those individuals who are more likely to be helped than harmed by future tests or treatment to reduce the risk of a disease or its complications.’</p> <p>Screening refers not just to a screening test, but to a series of steps comprising the screening pathway. Health promotion initiatives form an integral part of the pathway (Figure 1).</p> <p>Screening occurs in two ways: as part of screening programmes and opportunistically. Quality assurance and improvement processes distinguish organised screening programmes from opportunistic screening, and are essential for balancing the achievable benefits of screening with the potential harms. Organised screening is usually delivered through a screening programme with planning, co-ordination, monitoring and evaluation of all activities along the screening pathway. (Ministry of Health 2003c)</p> <p>Population screening programmes involve screening entire populations or a large and easily identifiable group within a population. Often, members of this population are not aware that the disease which they are being screened for could affect them. This in itself can be one of the barriers to screening, as the population perceive themselves as well, and are being invited to participate in a programme that may identify them as unwell.</p>	



STRATEGY	QUESTIONS
<p>1.1.3 Health promotion within screening</p> <p>Health promotion within screening programmes aims to create an environment that is conducive to, and supportive of, informed participation in screening. This helps ensure people who can benefit from screening are informed and empowered to take advantage of the potential benefits.</p> <p>Reducing inequalities is a government priority area and the NSU has adopted a strong focus on priority group women. The health promotion strategies adopted and implemented to date have been successful in raising awareness of the screening programme. To be more effective in increasing coverage and participation rates for priority women, an approach needs to consider the wider determinants of health, strategies that focus on developing communities to encourage and engage long-term behavioural change, and the interface between personal and public health needs to be implemented. Participating in screening is no longer enough. Increased awareness and a priority on informed consent highlights the need for health promotion strategies that engage communities.</p> <p>There are a number of emerging issues that have influenced the development of this framework.</p> <ul style="list-style-type: none"> • Health promotion delivered within personal health settings to ensure primary care is an essential part of the screening pathway. • A wider acknowledgement of the determinants of health. • The inclusion of community development initiatives that encourage and support long-term behaviour change, particularly among under-screened and unscreened populations. <p>These emerging issues require consideration as part of health promotion planning and strategy development.</p>	<p><i>What is the organisational understanding of health promotion's role in the screening pathway?</i></p> <p><i>What health promotion strategies does the organisation intend to use?</i></p> <p><i>What is the rationale for using these strategies?</i></p> <p><i>What understanding does the organisation have of using an inequalities approach to health promotion?</i></p> <p><i>What plans does the organisation have to address the emerging issues identified? These are:</i></p> <ul style="list-style-type: none"> • <i>health promotion delivered within personal health settings</i> • <i>a wider acknowledgement of the determinants of health</i> • <i>the development of community development initiatives to ensure long-term behavioural change, particularly among under-screened and unscreened populations.</i> <p><i>How will the organisational health promotion plans reduce inequalities and improve health outcomes for the priority groups of women?</i></p> <p><i>How will you make sure your programme reduces and eliminates inequalities?</i></p> <p><i>How will you know if inequalities have been reduced or eliminated?</i></p> <p><i>How will the organisational health promotion plans:</i></p> <ul style="list-style-type: none"> • <i>raise awareness and understanding of screening among the eligible population</i> • <i>raise awareness and understanding of how health promotion works in a screening context among the wider health sector</i> • <i>provide information about how to encourage informed participation in the screening programmes</i> • <i>identify and prioritise population groups to reduce inequalities in screening coverage and participation rates?</i>



STRATEGY	QUESTIONS
<p>1.2 THE PURPOSE OF THE FRAMEWORK IS:</p> <ul style="list-style-type: none"> • ensure a consistent approach to health promotion as part of screening programmes • build understanding and knowledge of health promotion and its role in screening programmes • facilitate health promotion strategies that create opportunities for informed consent and supportive environments and enable priority groups to participate in screening. <p>There is considerable evidence within New Zealand and internationally of significant ethnic, socioeconomic, geographical and gender inequalities in health. Success in reducing inequalities in health will bring positive results for the individual, the economy and society. The New Zealand Health Strategy seeks to improve the health of New Zealanders and to reduce inequalities amongst New Zealanders, with a focus on Māori, Pacific peoples and low-income New Zealanders. The NSU is committed to achieving its two strategic outcomes of improved health outcomes and reduction in inequalities. A key aim of the framework is to help ensure that screening programmes are contributing to reducing inequalities by focusing health promotion initiatives on priority group women.</p> <p>The Ministry of Health’s Intervention Framework (Ministry of Health 2002b) provides a guide for developing and implementing strategies to improve health and reduce inequalities. The Equity Lens provides a set of questions to identify effective intervention points. The Equity Lens and the Intervention Framework are to be used together (Appendix 3). To assist this process, further information about how this tool can be applied to health promotion and screening is in the implementation planning guide.</p> <p>The model for health promotion in screening programmes summarises the direction of health promotion activity and demonstrates the interdependence and necessity of integrating the determinants of health, the Treaty of Waitangi principles of Partnership, Protection and Participation and Health Promotion Models to effectively meet the needs of the under-screened and unscreened populations.</p>	<p><i>How will the organisation’s health promotion plan demonstrate the integration of the determinants of health, the Treaty of Waitangi and the Ottawa Charter to effectively meet the needs of the under-screened and unscreened populations?</i></p> <p><i>Has the organisation used the Equity Lens as a tool to examine and prioritise the health promotion services being planned and delivered?</i></p>



STRATEGY	QUESTIONS
<p data-bbox="193 398 544 443">2 Strategic Context</p> <p data-bbox="193 479 807 506">2.1 TREATY OF WAITANGI AND HEALTH PROMOTION</p> <p data-bbox="193 524 807 622">The Government is committed to fulfilling the special relationship between iwi and the Crown under the Treaty of Waitangi.</p> <p data-bbox="193 640 807 775">The relationship between Māori and the Crown in the health and disability sector has been based on three key principles: (Minister of Health and Associate Minister of Health 2002)</p> <p data-bbox="213 792 807 927">Partnership – Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.</p> <p data-bbox="213 945 807 1079">Participation – Involving Māori at all levels of the sector, in decision-making, planning, development and delivery of health and disability services.</p> <p data-bbox="213 1097 807 1232">Protection – Working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.</p> <p data-bbox="193 1249 807 1653">Māori have a long history of maintaining and improving their health situation. He Korowai Oranga, the Māori Health Strategy, sets out the Government’s direction for Māori health development over 10 years. The overall aim of He Korowai Oranga is whānau ora: Māori families supported to achieve their maximum health and wellbeing. The kaupapa behind He Korowai Oranga is twofold: affirm Māori approaches and improve Māori outcomes. Māori models of health are essential tools to guide and implement specific ways or paths to achieve whānau ora.</p> <p data-bbox="193 1671 807 2087">Māori health perspectives recognise that good health is dependent on a balance of factors affecting wellbeing. A number of models have been developed, each translate health into terms which are culturally significant and include aspects of Māori identity, knowledge, customs and beliefs. Some of the Māori health models utilised in the health and disability sector include Durie’s Te Whare Tapa Wha (1983), Pere’s Te Wheke (1984) and the Royal Commission on Social Policy Nga Pou Mana (1988) and Te Pae Mahutonga (Durie, 1999).</p>	<p data-bbox="863 524 1465 595"><i>How does the organisation integrate the principles of the Treaty of Waitangi?</i></p> <p data-bbox="863 613 1465 685"><i>How will the organisation ensure governance by, self-determination by and equity for Māori?</i></p> <p data-bbox="863 703 1465 775"><i>How will this be demonstrated within the health promotion plan?</i></p>



STRATEGY	QUESTIONS
<p>2.2 PUBLIC HEALTH AND PRIMARY HEALTH CARE</p> <p>2.2.1 Public Health</p> <p>Health promotion is a core public health activity. Public health is defined as ‘the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society’ (Acheson 1998).</p> <p>Public health is about the health of populations rather than the health of individuals. Populations may be defined by locality, biological criteria such as age and gender, social criteria such as socioeconomic status, cultural criteria, or by those sharing a common interest.</p> <p>Public health services are delivered to whole populations or sub-groups of the population at national, regional and local levels. They fall into two broad categories: health protection and health promotion. Public health services are often delivered as programmes combining several mechanisms or approaches for action to tackle a health issue.</p> <p>In the New Zealand health sector an increasing emphasis is on population health approaches. A population health approach takes account of all the determinants of health and how they can be tackled, incorporating intersectoral involvement at all levels. It integrates the activities of the health and disability sector (public health, mental health, personal health and disability support) and beyond. Personal health and public health can contribute to a population health approach (Ministry of Health 2003c).</p>	<p><i>What populations in your region does the organisation identify as priority groups for health promotion initiatives?</i></p> <p><i>How have these populations been identified?</i></p> <p><i>Will the women recognise themselves as an identifiable population group?</i></p> <p><i>How will these women be accessed initially?</i></p> <p><i>Think about the organisation’s current health promotion programmes. Are they population or personal health initiatives?</i></p> <p><i>What needs to happen to re-orient the health promotion initiatives towards population health?</i></p>



STRATEGY	QUESTIONS
<p>2.2.2 Primary Health Care</p> <p>The NSU's Strategic Plan 2003–2008 identifies the need for increased involvement with the primary care sector to advance the NSU's vision and achievement of the strategic outcomes. This will be achieved through a focus on the six key areas for action: service development, workforce development, overall management, quality improvement, research and development, and partnership and understanding.</p> <p>Primary health care services are delivered in community settings. Primary health care in New Zealand is mainly associated with general practice or primary medical care, but also includes other health providers, individuals, families and communities.</p> <p>As defined in the Primary Health Care Strategy (Minister of Health 2001):</p> <p>'Quality primary health care means essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods that:</p> <ul style="list-style-type: none">• are universally acceptable to people in their communities• involve community participation• are integral to and a central function of New Zealand's health system• are the first level of contact with our health system.' <p>These concepts were first described in the Alma Ata Declaration of 1978 (International Conference of Primary Health Care 1978).</p>	<p><i>What strategies will your organisation develop to link and develop joint initiatives between health promoters and primary care services?</i></p> <p><i>How will this relationship be developed and strengthened?</i></p> <p><i>What will be the ongoing benefits to priority women and their participation in the screening pathway?</i></p>



STRATEGY	QUESTIONS
<p>2.2.3 Primary and public health: The relationship with screening and health promotion</p> <p>While screening programmes are public health activities, most screening procedures are delivered in primary care settings. Screening lies at the interface of public and personal health and draws on both approaches. Effective screening programmes require a good understanding of the roles of public health and primary health care and the need to work together to maintain and increase screening programme participation rates, particularly among priority group women.</p> <p>Health promotion is an important component of the Primary Health Care Strategy, which provides direction for the future of primary health care and aims to re-orient the primary care sector towards a population health approach. Giving greater emphasis to comprehensive disease prevention and health promotion alongside treatment services brings a stronger population health focus to primary care, that can contribute to reducing inequalities and improving health outcomes (Ministry of Health 2003d). Thus, in addition to delivering screening procedures, primary care practitioners also have a role in health promotion as it relates to screening.</p> <p>It will be essential to work with the primary health care sector to improve understanding and awareness of health promotion and work towards increasing participation and coverage. The new structure for primary health care, incorporating Primary Health Organisations with an emphasis on preventative services, will help to achieve this.</p>	<p><i>Is the organisation's health promotion team aware of the Primary Health Care strategy?</i></p> <p><i>How will the strategy be used to inform the development of the health promotion plan?</i></p>



STRATEGY	QUESTIONS
<p>2.3 CONSISTENCY AND LINKS WITH OTHER STRATEGIES</p> <p>Several important strategic documents informed the development of this plan.</p> <p>2.3.1 The New Zealand Health Strategy</p> <p>Improving health and reducing inequalities in health are the two major goals of the New Zealand Health Strategy. Significant inequalities in health exist among different groups of New Zealanders. For example Māori, Pacific peoples and people from lower socioeconomic groups have worse health and die younger than other New Zealanders. The reasons for health inequalities are complex and generally beyond the control of the groups most affected. Addressing the social, cultural and environmental determinants of health is as important as the biological and medical factors (Ministry of Health 2003c).</p>	<p><i>Is the organisation's health promotion team aware of the New Zealand Health Strategy?</i></p> <p><i>How will the strategy be used to inform the development of the health promotion plan?</i></p>
<p>2.3.2 He Korowai Oranga Māori Health Strategy</p> <p>He Korowai Oranga, the Māori Health Strategy has as its overall aim, whānau ora: Māori families supported to achieve their maximum health and wellbeing (Minister of Health and Associate Minister of Health 2002).</p> <p>He Korowai Oranga sets a new direction for Māori health development over a 10 year period, and builds on the gains made over the last decade. Māori have lower participation rates in cancer screening programmes than non-Māori (Ministry of Health 2003c). It is imperative that this knowledge informs the development of health promotion strategies which aim to improve the health outcomes of priority groups (Ministry of Health 2003c).</p> <p>Māori holistic models and wellness approaches to health and wellbeing are strongly supported in this framework and Implementation Planning Guide.</p>	<p><i>Is the organisation's health promotion team aware of He Korowai Oranga: Māori Health Strategy?</i></p> <p><i>How will the strategy be used to inform the development of the health promotion plan?</i></p>



STRATEGY	QUESTIONS
<p>2.3.3 Pacific Health and Disability Action Plan</p> <p>The Pacific Health and Disability Action Plan details key activities to improve overall health outcomes for Pacific peoples and reduce inequalities between Pacific and non-Pacific peoples (Ministry of Health 2003c).</p>	<p><i>Is the organisation's health promotion team aware of the Pacific Health and Disability Action Plan?</i></p> <p><i>How will the strategy be used to inform the development of the health promotion plan?</i></p>



STRATEGY	QUESTIONS
<p>3 Key challenges for health promotion in screening</p> <p>3.1 ACHIEVING HIGH LEVELS OF PROGRAMME PARTICIPATION</p> <p>‘Recruitment’ is a term that has been used traditionally to describe the process by which women are actively encouraged to participate in the programme. This may be the result of a personal discussion or through a group, meeting or hui. Providers have varying responsibility for recruitment.</p> <p>Within screening, recruitment is one of the critical outcomes of health promotion activity because the success of population-based screening programmes relies in part on high levels of programme participation.</p> <p>More recently, the term ‘participation’ within screening has replaced recruitment. This more accurately describes the way in which women are actively involved in deciding whether or not to be part of the programme.</p> <p>Many overseas screening programmes do not include health promotion activities in the screening pathway and focus strongly on recruitment and retention activities to achieve coverage and participation. This is made possible by the availability of population registers that enable the programmes to invite women directly for screening.</p>	<p><i>What role does recruitment play in the organisation’s health promotion strategy?</i></p> <p><i>What priority is recruitment given in the overall health promotion plan and strategy?</i></p> <p><i>Which staff are involved in recruitment?</i></p> <p><i>Is this the best use of the health promoter’s time?</i></p> <p><i>Are there other people that would be more appropriate to involve?</i></p>



STRATEGY	QUESTIONS
<p>3.2 DEVELOPING AN ADEQUATELY TRAINED HEALTH PROMOTION WORKFORCE</p> <p>Currently within screening people working in health promotion enter the workforce with varied experience and backgrounds: this results in a workforce with a wide range of skills. Due to the NSU's focus on priority women and community involvement, it is imperative that health promoters establish community networks and have experience in community development, as well as a theoretical knowledge of health promotion practice.</p> <p>The NSU has a commitment to workforce development for health promotion practitioners. However, previous and future investment in health promotion workforce development will not see benefits until the issues of workforce recruitment and retention are addressed.</p> <p>The NSU is developing generic competencies for the screening workforce. This means health promoters will be required to have a broad understanding of the screening pathway and specialised knowledge of health promotion.</p> <p>Development of the health promotion workforce will help ensure:</p> <ul style="list-style-type: none">• national consistency of health promotion messages• sharing of knowledge and expertise among providers• strengthening of national co-ordination• maximising of health promotion opportunities. <p>It is therefore important that all people working in and delivering the health promotion components of a screening programme have a good understanding of public health and health promotion. This will involve participating in continuing education, including nationally certified courses, training provided by the NSU and regional training opportunities.</p>	<p><i>What competencies is the organisation currently using to measure and enhance health promoter competency?</i></p> <p><i>Are these used to recruit and train health promoters?</i></p> <p><i>Is the organisation aware of the health promotion competencies developed by the Health Promotion Forum?</i></p> <p><i>Are these used to recruit and train health promoters?</i></p>



STRATEGY	QUESTIONS
<p>3.3 FOCUSING ON PRIORITY GROUPS TO REDUCE INEQUALITIES</p> <p>Health promoters working in screening have historically focused their energies on women who are undergoing regular screening. This ensures good coverage and participation rates for that group. While women who have been previously screened are highly likely to return for screening, disadvantaged groups, including those who have low income, are geographically isolated, or are disabled, often experience a number of barriers that hinder their access to screening services (Jepson et al 2000). In New Zealand this includes Māori women and Pacific women.</p> <p>Thus, the focus of health promotion initiatives should be on women in the priority groups, particularly Māori women and Pacific women, who are currently under-screened. Raising Māori and Pacific coverage and participation rates will increase the programmes' effectiveness. It is a strategic priority for health promotion providers to identify and work in partnership with priority groups, but it is also important to the overall goals and success of the programmes that health promotion activity is maintained with other groups.</p> <p>The Screening Health Promotion Framework identifies priority groups for the programmes. For the health promotion activity undertaken with priority groups to be effective, key relationships with primary health care providers need to be developed and maintained to maximise informed opportunities for coverage and participation.</p>	<p><i>What information does the organisation have about the NSU priority groups in the region?</i></p> <p><i>How was this information gathered?</i></p> <p><i>How up to date is the information?</i></p> <p><i>How is the information being used to target and prioritise the organisation's health promotion initiatives?</i></p> <p><i>What successful, evaluated strategies will be retained to encourage all other women to participate in the screening programme?</i></p> <p><i>When you evaluate the work being done in your health promotion programme:</i></p> <ul style="list-style-type: none"> • <i>Who is most advantaged and how?</i> • <i>How did this inequity occur?</i> • <i>What are the determinants of this inequity?</i> • <i>How will you tackle this inequity?</i> <p><i>(You can use the Ministry of Health Intervention Framework to guide you in this process).</i></p>



STRATEGY	QUESTIONS
<p>3.4 MONITORING AND EVALUATION TO MEASURE THE OUTCOMES OF HEALTH PROMOTION</p> <p>Monitoring and evaluation are central to screening programme planning and implementation, including health promotion activities. Evaluation must be undertaken at all levels to determine overall effectiveness and ensure high quality.</p> <p>Reducing inequalities for Māori and Pacific women needs to be explored. Qualitative and quantitative research methods should be used to identify factors that influence the participation of under-screened and unscreened groups. The development and impact of new health promotion strategies including those developed for priority group women will be evaluated.</p>	<p><i>What evaluation skills are available in your organisation?</i></p> <p><i>How are these evaluation skills used to evaluate the effectiveness of current health promotion strategies?</i></p> <p><i>What evaluation processes will be built in to the next planning round or annual health promotion plan to ensure ineffective strategies are discontinued and effective strategies are documented and developed?</i></p>



STRATEGY	QUESTIONS
<p>3.5 ENABLING INFORMED CONSENT</p> <p>Consumers value information and the provision of information increases satisfaction levels. Consumers generally want more information about screening than they receive, especially on potential harms and the implications of positive and negative results. Potential programme participants should have access to the information they need to make an informed decision about whether or not to participate. They need to decide the appropriateness of screening for themselves based on accurate, relevant and easily understood information about the benefits and limitations of the screening process.</p> <p>The overall benefits of screening programmes depend on a high level of participation by the eligible population. Information about screening has tended to omit the negative aspects so as to not raise anxiety and potentially reduce participation. It has been suggested that providing full information about the benefits and harms of a screening programme may result in reduced participation for disadvantaged groups. However, participation by individuals in disadvantaged groups should be addressed by improving service accessibility, including acceptability, rather than by selective use of information (National Health Committee 2003).</p> <p>In practice it is not easy to achieve individual informed consent for screening. Good information is needed to achieve informed consent and to support health promotion programmes.</p>	<p><i>What is the process for women who access information through your organisation to receive sufficient information to make an informed choice to participate – or not – in screening?</i></p> <p><i>What structures and strategies does the organisation need to ensure fully informed consent?</i></p> <p><i>Do all health promoters understand the screening process and pathway sufficiently to provide adequate information to women, so they can make an informed decision?</i></p> <p><i>Do all health promotion staff understand the importance of proactively using information in women’s first languages and/or interpreters?</i></p> <p><i>Do all health promotion staff understand the importance of proactively making information accessible – eg, lesbian-friendly and appropriate information, interpreters for deaf people, oral information for blind people, information about accessible clinical services for women with physical disabilities?</i></p> <p><i>Do all health promotion staff understand the importance of using medically trained interpreters to ensure messages are competently transmitted?</i></p>



STRATEGY	QUESTIONS
<p data-bbox="193 398 695 439">4 Health promotion models</p> <p data-bbox="193 477 480 504">4.1 OTTAWA CHARTER</p> <p data-bbox="193 521 901 696">The Ottawa Charter is used in New Zealand and internationally as a framework for planning public health and health promotion strategies. Action across the strands of the charter maximises the likelihood of achieving the desired outcomes.</p> <p data-bbox="193 712 901 992">'Health promotion' as defined by the Ottawa Charter (1986) is the process of enabling people to increase control over and to improve their health (WHO 1986). The Ottawa Charter identifies three basic strategies for health promotion: advocacy for health to create the essential conditions for health, enabling all people to achieve their full health potential, and mediating between the different interests in society in the pursuit of health.</p> <p data-bbox="193 1008 901 1361">Health promotion represents a comprehensive social and political process; it not only embraces actions directed at strengthening the skills and capabilities of individuals but action directed towards changing social, environmental and economic conditions to alleviate their affect on public and individual health (WHO 1986). Five strands support these actions. All areas have significant relevance to health promotion within screening programmes and opportunities are maximised when all five strands are implemented together.</p> <ul data-bbox="193 1377 901 1883" style="list-style-type: none"> • Building healthy public policy – Putting health on the agenda of policy makers and at all levels within society. • Creating supportive environments – Creating living and working environments that promote health. • Strengthening community action – Making it easier for concrete and effective community action to take place as part of a health promotion process. • Developing personal skills – Providing information and education for health and enhancing life skills. • Re-orienting health services – Moving the health sector towards health promotion beyond its responsibility for providing clinical and curative services (Duignan 1992). <p data-bbox="193 1899 901 2110">For screening, this means health promoters extending their scope of work beyond health education and recruitment into strategies that will encompass a broad range of short-term and long-term initiatives to help women integrate screening into the complexity of their lives.</p>	<p data-bbox="951 521 1458 757"><i>Do the people in the organisation, responsible for writing and implementing health promotion plans, understand the Ottawa Charter strands and how they can be used to develop an effective health promotion plan?</i></p> <p data-bbox="951 772 1433 891"><i>What extra training or information is required to fully understand the Ottawa Charter and how to use it?</i></p> <p data-bbox="951 907 1469 1070"><i>Has the organisation developed its own understanding of the five strands of the charter, and how these relate to the priority aims of the screening programme?</i></p> <p data-bbox="951 1086 1257 1113">See the attached Toolkit.</p>



STRATEGY	QUESTIONS
<p>4.2 TE PAE MAHUTONGA</p> <p>Te Pae Mahutonga is one of several Māori models of health. This model has been developed specifically for Māori health promotion and is based on the Southern Cross. The four stars represent the key tasks of health promotion as it relates to Māori health (Durie 1999):</p> <ul style="list-style-type: none"> • Access to te ao Māori – Mauriora (promotes secure cultural identity) • Environmental protection – Waiora • Healthy lifestyles – Toiora • Participation in society – Te Oranga. <p>The two pointers represent:</p> <ul style="list-style-type: none"> • Nga Manukura (leadership) • Te Mana Whakahaere (autonomy). <p>This framework provides the ability for health promotion practitioners to support Māori-led initiatives. It supports the desires of whānau, hapū, iwi and Māori to manage and initiate self-identified solutions in manners best suited to Māori. It also encompasses cultural values and practices, specifically te reo, tikanga and kawa.</p> <p>For screening, this means health promoters develop and support health promotion initiatives that integrate screening into the broader aspirations of Māori.</p>	<p><i>Do the people in the organisation responsible for writing and implementing health promotion plans understand Te Pae Mahutonga and how this model can be used to develop an effective health promotion plan?</i></p> <p><i>What extra training or information is required for people in the organisation to understand Te Pae Mahutonga and how to use it?</i></p> <p><i>Has the organisation developed its own understanding of the four key areas and the two strategies and how these relate to the priority aims of the screening programme?</i></p> <p>See the attached Toolkit.</p>
<p>4.3 PACIFIC</p> <p>A nationally consistent approach to health promotion work in Pacific communities is being developed.</p>	<p><i>Do the people in the organisation responsible for writing and implementing health promotion plans understand Pacific health promotion models and how these can be used to develop an effective health promotion plan?</i></p> <p><i>What extra training or information is required for people in the organisation to understand Pacific health promotion models and how to use them?</i></p> <p><i>Has the organisation developed its own understanding of working from a Pacific perspective and how this relates to the priority aims of the screening programme?</i></p>



STRATEGY	QUESTIONS
<p>5 Health Promotion Strategies</p> <p>5.1 COMMUNITY DEVELOPMENT</p> <p>Community development is an effective strategy for building relationships and developing the long-term ownership of initiatives with priority groups of the population, so it should be incorporated as a major component of a health promotion plan.</p> <p>Community development has been defined as (Ministry of Health 2003b):</p> <p>'The process of organising and/or supporting community groups in identifying their health issues, planning and acting upon their strategies for social action/social change and gaining increased self-reliance and decision-making power as a result of their activities.'</p> <p>To achieve effective community development, priority groups need to be able to identify health issues and be empowered to understand the role of screening. The development of long-term strategies encourages behavioural change and ongoing participation in the pathway. Effective community development requires a partnership to be developed and maintained between the community and providers. Community ownership of health promotion initiatives is imperative for long-term success.</p>	<p><i>Does the organisation have a thorough understanding of community development principles and processes?</i></p> <p><i>Community development involves:</i></p> <ul style="list-style-type: none"> • <i>identifying a priority community</i> • <i>developing relationships with key community leaders – who are not necessarily health or other professionals</i> • <i>helping these people identify priority women who are willing to engage in a development process</i> • <i>establishing trust</i> • <i>discovering what these people understand as priorities for their wellbeing</i> • <i>helping develop skills and gather the resources necessary to achieve their aims</i> • <i>continuing this process until the women are ready to learn about and become involved in the screening pathway</i> • <i>encouraging women to recruit and support other members of the identified community.</i> <p><i>Are health promoters in the organisation supported to engage in this process with selected priority communities?</i></p> <p><i>When planning this process think about:</i></p> <ul style="list-style-type: none"> • <i>What are the determinants of health that affect this community?</i> • <i>What effect will this intervention have on health inequalities?</i> • <i>Who will benefit most from this intervention?</i> • <i>What might be the unintended consequences of this intervention?</i> • <i>What will you do to reduce the possibility of harm?</i> • <i>How will you ensure the initiative will reduce inequalities?</i> • <i>How will you know the intervention has reduced inequalities?</i>



STRATEGY	QUESTIONS
<p>5.2 COMMUNICATIONS</p> <p>The NSU aims to provide and distribute accurate and appropriate information related to screening. It is important the information is evidence-informed, sensitive, available and conveyed appropriately to the priority groups.</p> <p>The NSU has developed key messages using a population-based approach.</p> <p>All NSU information must address the concept of informed consent and include a clear representation of the benefits and limitations of screening. This enables the population and individuals to make informed decisions about participating in screening programmes.</p> <p>Information about screening programmes is communicated using different methods to present information. eg, media campaigns, regional community action, resources, promotional items, the healthy women website http://www.healthywomen.org.nz/ and touch screen interactive kiosks. All communication tools use the programmes' visual identities (Appendix 1).</p>	<p><i>Do health promoters in the organisation have a comprehensive understanding of the NSU key messages?</i></p> <p><i>Are these messages consistently delivered?</i></p> <p><i>Are all health promoters aware of the range of resources available to disseminate information about the screening programme?</i></p> <p><i>Are all health promoters trained and skilled in using National resources?</i></p> <p><i>If not, how will they gain these skills?</i></p>
<p>5.3 HEALTH EDUCATION</p> <p>Health education is often confused with health promotion or thought of as a separate entity. It is one aspect of health promotion and falls within the developing personal skills strand of the Ottawa Charter.</p> <p>'Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual or community health.'</p> <p>Health education has limitations: it is not a strategy that can be used to initiate and support long-term behavioural change. It is most effective if part of a broader health promotion plan (WHO 1998).</p>	<p><i>Does the organisation have a thorough understanding of the difference between health promotion and health education, and the place of health education within a health promotion plan?</i></p> <p><i>Do the health promoters in the organisation understand this relationship?</i></p> <p><i>Does the organisation ensure health education is used in an appropriate way in health promotion programmes?</i></p> <p><i>How is health education monitored and evaluated?</i></p>



STRATEGY	QUESTIONS
<p>6 Conclusion</p> <p>The NSU endeavours to maintain a high level of health promotion service delivery through well co-ordinated and evidence-informed health promotion strategies.</p> <p>The NSU believes women should have access to information about and services to screening. Through the development and implementation of evidence-informed health promotion strategies, the screening programmes will continue to reduce barriers to screening.</p> <p>As a catalyst for community development priority women will be encouraged to attend for screening. The NSU will encourage and strive to support sustainable initiatives to ensure the benefits of screening are achieved.</p> <p>The following guiding principles will form the basis of any health promotion strategy development, planning and implementation (Appendix 2):</p> <ul style="list-style-type: none"> • Health promotion strategies for screening programmes will be delivered in the wider context of public health. • Informed consent must underpin all activities within the screening programmes. • Health promotion strategies are evidence-informed, planned, implemented and evaluated with a focus on reaching under-screened and unscreened populations. • Māori perceptions and experiences of screening are acknowledged and valued. This requires Māori participation at all levels. • Regional and local initiatives will ensure Pacific peoples’ perceptions and experiences of screening are acknowledged and valued. • Regional and local initiatives and strategies are consistent with the national framework. 	<p><i>Is the health promotion plan developed using this checklist?</i></p> <ul style="list-style-type: none"> • <i>Health promotion strategies for screening programmes will be delivered in the wider context of public health.</i> • <i>Informed consent must underpin all activities within the screening programmes</i> • <i>Health promotion strategies are evidence-informed, planned and implemented, and evaluated with a focus on reaching under-screened and unscreened populations.</i> • <i>Māori perceptions and experiences of screening are acknowledged and valued. This requires Māori participation at all levels in accordance with the Treaty of Waitangi.</i> • <i>Regional and local initiatives ensure Pacific peoples’ perceptions and experiences of screening are acknowledged and valued.</i> • <i>Regional and local initiatives and strategies are consistent with the national framework.</i>