TE KĀKANO

Ruia Te Kākano, Hei Oranga Whānau

Te Kākano
Public Health Manual

PUBLIC HEALTH MANUAL

What is health promotion?

Health promotion focuses on empowering people and communities to take control over their own health and wellbeing. Health promotion action happens across a spectrum, from whānau to communities to governments, usually through social and environmental interventions.[1] Those interventions are designed to protect people's health and quality of life by addressing and preventing the root causes of ill health.

Health promotion is a public health discipline, a framework and strategy for improving health. It can be used by communities and people in and out of the health sector as an approach for social justice and a social change.[2]

There are 3 key elements of health promotion.[3]

1.   Good governance for health

Health promotion requires decision-makers across central and local government to make health and wellbeing a priority in policy across all government sectors. This means that health implications are always considered when decisions are made and that policies that prevent people from getting sick or injured are given priority.

2.   Health literacy

Health literacy refers to the ability to locate, interpret, and use information and health services in order to make informed decisions about one's health and well-being.[4] Health literacy is supported by a health system that focuses on services being easy to access and navigate, by effective health education, communication and clear and relevant messages that empower everyone to make informed choices.

3.   Healthy cities and communities

The environments in which we live and work have a key role in promoting good health. Healthy urban environments and cities have been advocated for here and overseas as a way to continually improve our physical and social environments. The success of healthy cities depends on leadership and commitment at the local government. Healthy cities are a part of a larger eco system that form healthy nations and in turn a healthier world.

1 WHO, Health Promotion

2 Hauora, Strategic Plan 2017-2022, 1.

3 WHO, What is Health Promotion

4 MOH, Health literacy

Preventing and Minimising Gambling Harm

Although gambling can be done responsibly, without the right supports, skills and knowledge harm can occur.

Harm can look like:

- Damage to relationships
- Emotional and psychological distress
- Disruptions to work or study
- Loss of income
- Financial impacts of gambling
- Potential fraud crimes[5]

The Preventing and Minimising Gambling Harm workforce (PMGH workforce) should work in a way that acknowledges every individual is a part of a larger collective, when one person is impacted due to gambling, those closest to them can feel the effects. When someone is under pressure it can also lead to financial stress, anxiety and be a contributing factor towards family harm.

The reasons behind why someone gambles can also influence the harm that people potentially face. If someone is doing it for financial gain it could lead to more stress as the uncertainty of gambling implicates itself.

Traditionally gambling took place at a physical venue or retail outlet but this is now evolving with gambling industry providers capitalizing on the use of the internet and online gaming.

There are 6 casinos in Aotearoa. One each in Auckland, Hamilton, Christchurch and Dunedin and two in Queenstown. Combined, they operate 2,800 gaming machines and just under 200 table games. The Auckland casino generates approximately ¾ of New Zealand's casino gambling expenditure.[6]

There are also around 15,000 electronic gaming machines throughout the country in a range of venues outside of Casinos.[7]

To prevent and minimise harm caused by excessive use of pokie machines, the government has set in place a substantial number of harm minimisation measures that gaming societies, their venue managers and venue staff are required to meet.

 These include (but are not limited to):

- Stake and prize money is limited
- Odds of winning must be displayed
- Gaming rooms are restricted to people over the age of 18 years
- Gaming rooms can only be operated in adult environments (e.g.: pubs, nightclubs, and clubs)
- Play is interrupted every 30 minutes with an update on how long the player has been at the machine, how much money they've spent and their net wins/losses
- · $50 and $100 notes are not accepted
- No ATMs are allowed in licensed gambling areas
- · Pokie advertising is restricted
- The DIA monitors every gaming machine's takings
- Syndicated play is prohibited
- All venues must have staff trained in gambling harm minimisation on duty
- All venues must have a gambling harm minimisation policy in place
- All venues must display pamphlets and signs directing gamblers to help services
- Venue staff must be able to issue and enforce Exclusion Orders and give ongoing support to players about whom they have concerns.

5 Government Inquiry into Mental Health and Addiction: He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction.

6 Ministry of Health, Strategy to Prevent and Minimise Gambling Harm.

7 Department of Internal Affairs, Key quarterly statistics for Class 4 gambling.

8 NZCT, Problem Gambling, 5

Te Tiriti o Waitangi and Health Promotion

Te Tiriti o Waitangi reinforces Maori sovereignty and places Maori ideals at the centre of all ethical conduct, so it can serve as a guide to our health promotion efforts, including how and what we invest in, and how we promote holistic Indigenous health outcomes.[9]

The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work.[10] In 2019 the Waitangi Tribunal recommended the following principles for the primary health care system, which also have applicability to our work.

- **Tino rangatiratanga:** which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.

- **Equity:** which requires us to commit to achieving equitable health outcomes for Māori.

- **Active protection:** which means we must act to the fullest extent practicable, to achieve equitable health outcomes for Māori.

- **Options:** which emphasises the role of kaupapa Māori health and disability services and for all health and disability services to be provided in a culturally appropriate way

- **Partnership:** which means Māori must be partners in the governance, design, delivery, and monitoring of health and disability services.

We, the Preventing and Minimising Gambling Harm workforce, have a longstanding commitment to working within Te Tiriti o Waitangi.[11] The NZ health promotion competencies support this commitment and are unique in their emphasis on Maori health.[12]

These competencies are:

- **Enable:** Enable individuals, groups, communities and organisations to build capacity for health promotion action to improve health and address inequities

- **Advocate:** Advocate with, and on behalf, of individuals, communities and organisations to improve health and wellbeing and build capacity for health promotion action.

- **Mediate:** Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion action.

- **Communicate:** Communicate health promotion actions effectively using appropriate techniques and technologies for diverse audiences.

- **Lead:** Take responsibility and contribute to the development of a shared vision and strategic direction for health promotion action.

- **Assess:** Conduct assessment of needs, strengths and assets, in partnership with stakeholders, in the context of the social, economic, political, cultural and environmental determinants that promote or compromise health.

- **Plan:** Develop measurable health promotion goals and objective in partnership with stakeholders based on assessment of needs and assets.

- **Implement:** Implement effective and efficient, culturally sensitive and ethical health promotion action in partnership with stakeholders.

- **Evaluate and research:** Use appropriate evaluation and research methods in partnership with stakeholders, to determine the reach, impact and effectiveness of health promotion action.

These competencies:

- Lay out a basic foundation for health promoters to practice cultural competency. Health promoters are expected to be conversant with Te Tiriti o Waitangi and its application, the colonial history of New Zealand Aotearoa, Māori models of health and how to engage with Maori communities.

- Are a voluntary code that apply to all who practice health promotion in Aotearoa and set useful minimum benchmarks that enable deeper conversations about Indigenous health.

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9 Berghan et al, Te Tiriti o Waitangi-based practice in health promotion.

10 Ministry of Health, Te Tiriti o Waitangi guidance.

11 Durie, Health Promotion Forum, Ratima, Durie, & Hond, Māori health promotion Promoting health in Aotearoa New Zealand 42-63.

12 Hicks, The uniqueness of the Aotearoa 2012 health promotion competency framework: Māori inclusivity as an essential prerequisite.

Five activities for health promotion within preventing and minimising gambling harm

Health promotion is concerned with keeping people healthy and improving the health and wellbeing of communities as a whole as opposed to individualised care for people who are unwell.

As PMGH practitioners our role is to take health promoting action in the community to reduce gambling harm.

Health promotion is both a discipline and a process. It focuses on empowering people and communities to take control of their health and wellbeing. Ranging from action at a community level to developing policies, it is founded on the principle that health and wellbeing begins in the settings of everyday life.

The Ministry of Health (MoH) suggests five health promoting activities for preventing and minimising gambling harm as part of the *Minimisation and Prevention of Gambling Harm Strategy 2019-2020/21:*

Policy development and implementation

This involves government agencies, social organisations, private industry and businesses actively working to reduce the harm occurring from gambling in their own places of business and reconfiguring their services to actively support reduction in gambling related harm. This is done by:

- Advising appropriate groups (such as sports clubs, community groups, marae, education settings) on the significance of gambling related harm
- Advocating and encouraging the development of healthy public policy (that contributes to the minimisation of gambling related harm) to appropriate groups
- Working with territorial local authorities and other stakeholders to address class 4 gaming machine venue policies

- Encouraging the development and adoption of policies that encourage and promote methods of fund-raising that do not involve gambling.
- Participating in any social impact assessment of gambling harm for your district

Safe gambling environments

Safe gambling environments includes people being aware of the potential harms that can arise from gambling and actively work to ensure that environments that provide gambling opportunities actively minimise harm and support individuals to make healthy choices. This can be done by:

- Assisting gambling venues to develop and implement adequate host responsibility policies and practices
- Supporting stakeholder groups to enhance cooperation and coordination of gambling venues and other key organisations.

Supportive communities

Supportive communities are communities that have access to services that provide strong protective factors and build on community, family and individual strengths. Services will do this by increasing resiliency and reducing risk.

This can be done in a range of ways that includes:

- Engaging stakeholders such as community, allied organisations and problem gambling workforce, promoting resiliency building activities,
- Distribution of informative resources to agencies and
- Accessible points of contact for any concerns around public health approaches to reducing gambling harm.

Effective screening environments

Screening helps to identify people at risk of gambling harms so that they and their families can be provided with the right types of support (from clinical and public health intervention service providers or from other community action or collaboration).

Effective screening environments can be created by:

- Promotion, support and participation in stakeholder groups as a tool to enhance cooperation and coordination of organisations
- Advising organisations on the significance of gambling related harm
- Facilitating relationships between potential screening organisations and preventing and minimising gambling harm intervention service providers
- Assisting organisations to develop appropriate problem gambling screening and referral processes.

TE KĀKANO

Ruia Te Kākano, Hei Oranga Whānau

HEALTH STRATEGIES

New Zealand Health Strategy

The New Zealand Health Strategy 2016 sets the direction of health services to improve the health of people.

It was developed with the help of a sector leaders, independent reports, extensive public consultation, and was informed by other government programs and initiatives.

Future direction outlines the high-level direction for New Zealand's health system over 10 years from 2016-2026. It lays out some of the challenges and opportunities the system faces, describes the future we want, including the culture and values that will underpin this future and identifies five strategic themes for the changes that will take us toward this future.

In the New Zealand Health Strategy: Roadmap of Actions 2016, it is identified that there are 27 areas for action over 5 years to make the strategy happen. The actions are organised under the five themes of the strategy. This roadmap will be updated over the 10-year period of the strategy.

Here is a link to the roadmap of actions:

Please note that in 2021-2022, the Health and Disability System Reforms are taking place, and new strategies will be encompassed by way of functions such as the Maori Health Authority, Health New Zealand, Public Health Agency, and the Ministry of Health.

He Korowai Oranga: Māori Health Strategy

He Korowai Oranga: Māori Health Strategy sets the overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori. Pae Ora (healthy futures) is the government's vision and aim for the strategy. Achieving Pae Ora relies on three component parts: Whanau Ora (healthy families), Mauri Ora (healthy individuals) and Wai Ora (healthy environments).[13]
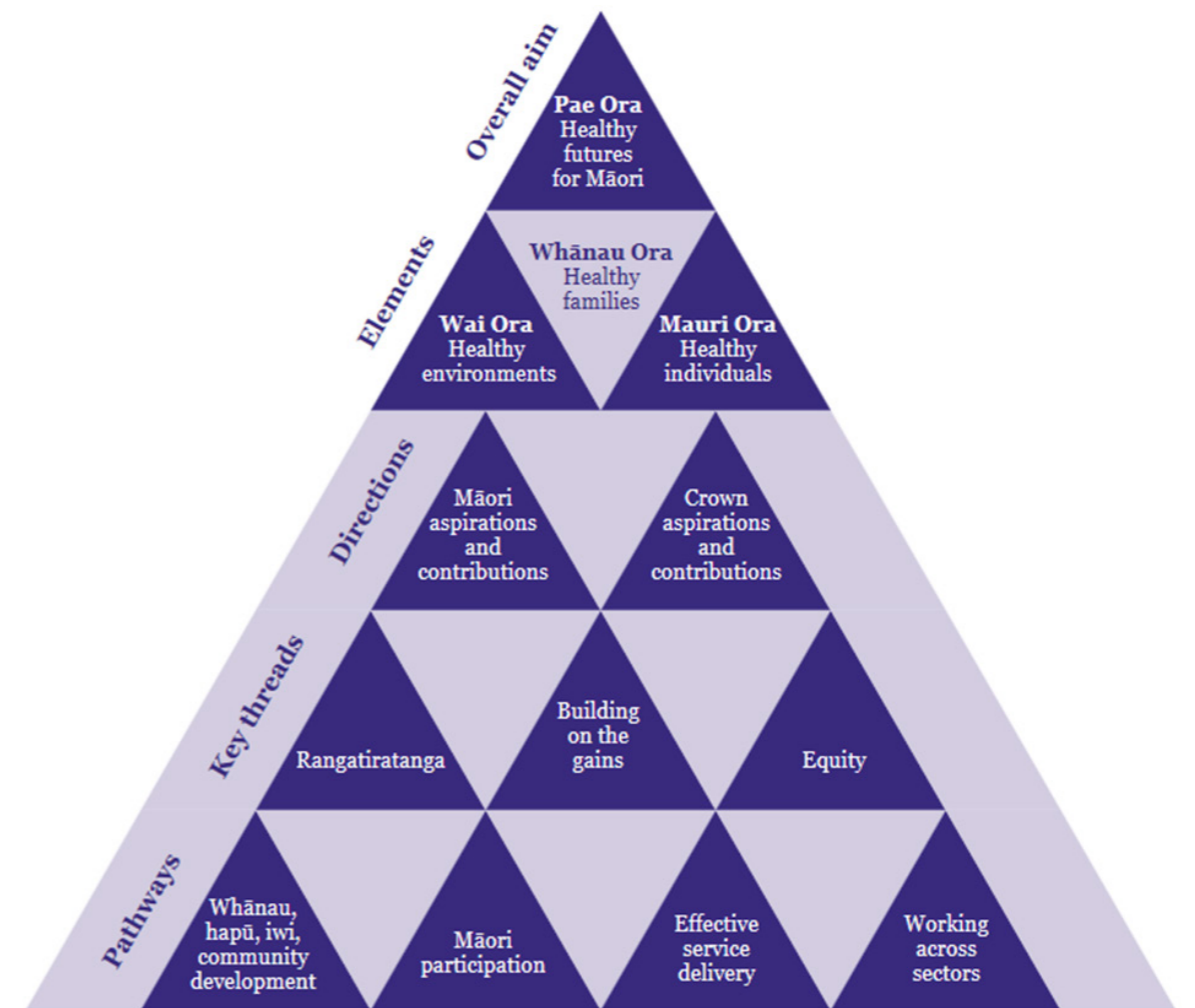
13 Ministry of Health, He Korowai Oranga

Whakamaua: Māori Health Action Plan 20-25

Whakamaua: Māori Health Action Plan 2020-2025 guides the MoH, the whole health and disability system, and government to give effect to He Korowai Oranga. It sets out a suite of outcomes, objectives and priority areas for action that will contribute to the achievement of Pae Ora – healthy futures for Māori.

Whakamaua focuses on four high-level outcomes to realise the vision of Pae Ora:

1. Iwi, hapū, whānau and Māori communities can exercise their authority to improve their health and wellbeing.

2. The health and disability system is fair and sustainable and delivers more equitable outcomes for Māori.

3. The health and disability system addresses racism and discrimination in all its forms.

4. The inclusion and protection of mātauranga Māori throughout the health and disability system.

Whakamaua also positions the health and disability system to continue protecting the health of iwi, hapū, whānau and Māori communities in the face of the COVID-19 pandemic. Whakamaua will be a living document with the ability to evolve in collaboration with Māori and the health and disability sector to ensure it meets existing and emerging needs.

Pae Ora – this is the government's vision for Māori health. It encourages everyone in the health and disability sector to think outside of the constraints of mainstream definitions of health and refocus on a more holistic ideology. There are 3 interconnected and mutually reinforcing elements

Mauri Ora, Whanau Ora, Wai Ora – healthy individuals, families and environments.

It realises that individuals belong to a collective and the collective thrive within the environment. This is why it is so important to focus on all 3 aspects simultaneously not singularly. Much like the mechanisms within a car engine, if the car is performing badly, you take a look to single out a problem, without that part the car won't run properly, but you need to isolate the problem in order to fix it, once fixed, the components of the engine can all run smoothly again.[14]

Ola Manuia

Although many Pacific communities are thriving, overall, Pacific peoples in New Zealand experience significant and long-standing health inequities compared with many other groups. A fresh approach is needed to improve Pacific health outcomes.

The MoH have developed Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 with input from Pacific communities, the health sector, and relevant government agencies, to provide a new direction for Pacific health and improve Pacific health and wellbeing. This plan builds on the successes of 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018'.[15]

Ola Manuia sets out priority outcomes and accompanying actions over a five year period from 2020 to improve the health and wellbeing of our vibrant and growing Pacific population living in Aotearoa New Zealand. It focuses on:

· recognising and supporting the cultural shifts that need to happen to lift outcomes for Pacific peoples

· working with, for and alongside Pacific health providers and community groups to reflect a Pacific equity lens throughout the health system

· Ensuring equity remains at the heart of everything the health system does to care for New Zealanders.

Ola Manuia can be used as a tool for planning, prioritising actions, and developing new and innovative methods of delivering results to improve Pacific health.

14 Ministry of Health, Whakamaua: Māori Health Action Plan 2020–2025.

15 Ministry of Health, Ola Manuia

Strategy to prevent and minimise gambling harm (objectives for action)

Key challenges for health promotion in preventing and minimising gambling harm.

The Strategy to prevent and minimise gambling harm sets out the MoH's approach for funding and coordinating services during the 3-year period starting from July 2019.

The strategy was developed following consultation with a range of people who either experienced gambling harm, service providers, or are in the gambling industry.

The strategy outlines:

- · The MoH's approach, high-level objectives, and priorities for action to prevent and minimise gambling harm. It also provides relevant context about the strategy, the nature of gambling and related harms and public health approach to gambling harm.
- · The MoH's service plan and service priorities over the 3-year period, including the budgeted costs of those services.
- · Problem gambling levy rates for the 3-year period of the strategy and describes how those rates were calculated.

It is important to identify the communities at higher risk of gambling harm and to ensure that the right support are available to them, when they need it, so we can achieve equitable outcomes.

Getting the right infrastructure

The MoH has responsibility for investing in preventing and minimising gambling harm, which includes building a capable workforce. The aim of this work is to tailor the approach to communities at higher risk of exposure to gambling related harms. To do this it works with a range of organisations such as:

- · Te Hiringa Hauora, the Health Promotion Agency,
- · National Coordination Service, led by Hāpai te Hauora
- · Specialist training and workforce services for the Prevention and Minimisation of Gambling Harm - ABACUS (Clinical) and Te Kakano (Public Health).

Supporting service providers to offer more accessible services

Gambling harm is often associated with a range of social issues that can harm one's life. Enhancing awareness of gambling harm will help improve the use and accessibility of services.

It is expected that service providers form relationships with other relevant organisations and the communities they work within. This is imperative to help bridge gaps and form closer wrap around support for families.

MoH will also look to enhance the accessibility and availability of phone and technology-based services to reach more people who many are not able to access face-to-face support or prefer using self-help tools. By exploring these avenues, harder to reach populations can be better supported and services more accessible.

Developing an adequately trained health promotion workforce and competencies.

The gambling harm workforce is expected to be diverse, culturally competent, focused on health literacy and a robust commitment to achieving health equity. It should deliver cost effective, responsive, and holistic services aligned with other relevant services.

Core Competencies for the PMGH workforce.

These 8 core competencies have been managed by Te Kakano, developed in 2013 with the Ministry of Health in 2013 in collaboration with the PMGH sector.

The PMGH Public Health core competencies include:

1 - Leadership and Communication:

- The PMGH-PHW are able to present information that is current, credible, and accurate.
- Able to deliver a range of workshops and empower communities to participate and lead community kaupapa.
- Kaimahi have the skills and ability to adapt information for a range of audiences or settings.
- The ability to motivate communities and individuals to take action to minimise gambling harm is clearly demonstrated.

2 - Understanding of Sector and Community Relationships:

- The PMGH-PHW work programme is inclusive, empowering and demonstrates collaboration with key stakeholders.
- Work approaches include key connectors in the sector and community spaces.
- Knowledge and awareness of sector systems is demonstrated.
- Ability to translate sector concepts and practices to communities is evident.
- Sector and community shifts are monitored and responded to appropriately.

3 - Research and Evaluation:

- The PMGH-PHW are able to understand gambling research findings and are able to interpret those findings into meaningful approaches for delivery into communities.
- Understands the value and application of research models and findings, and advocates and is willing to be involved in the research process.
- Reflective practice is encouraged and supported in components of the PMGH-PHW activities.
- Research is shared and translated into key messages that influence practice.

4 - Planning and Administration Skills:

- The PMGH-PH work programme is relevant and appropriate to the sector, and is outcome based, adequately planned, and coordinated to a consistently high standard.
- Planning approaches are aligned to key priorities and clearly documented.
- Timeframes are realistic, S.M.A.R.T. and indicative of a collective impact approach.

5 - Public Health Approaches to Harm Minimisation:

- The PMGH-PH work programme clearly aligns with Best Practice and Evidence Based Practice of Public Health.
- Work programmes indicate robust and consistent delivery of population level interventions.
- Learning communities and collective impact strategies are evident, and civic participation in decision making is strong across all components.

6 - Gambling Legislation and Regulation:

- The PMGH-PHW requires knowledge, skills and awareness of the local and central government policies related to gambling.
- PMGH-PHW are able demonstrate knowledge, skills and awareness of government policies that impact on gambling activities locally, regionally and nationally.
- Kaimahi have established relationships and a proficient understanding of the role of the DIA and the staff assigned to their region.

7 - Māori Health Models and the Treaty of Waitangi:

- The PMGH-PHW work plan is influenced and informed by Kaupapa Māori approaches.
- Demonstrates knowledge and awareness of the impacts of colonisation and its relationship to current determinants of health.
- Work programmes demonstrate an active approach to supporting Māori participation in decision making processes that enhance the Prevention and Minimisation of Gambling Harm.

8 - Community Action and Diversity:

- The PMGH-PHW work plan supports and enables community participation.
- Work programmes recognise and remove barriers to participation for those most vulnerable.
- Projects are reflective of a range of interests and needs. Communities are involved with the content, design and delivery of the programme.
- Kaupapa are strengths-based and guided by evidence, which provides an understanding of a variety of cultural frameworks, demonstrated as the Seitapu, Takarangi Competency Framework and the Asian Health Values "Cherry Tree" in the Te Kakano Public Health 101 E-book.

The PMGH workforce is supported by Te Kākano, the national workforce development service, delivered by Hāpai te Hauora. This service provides specialised PMGH training modules and connects the workforce with other related learning and education opportunities. Te Kakano also offers training and development opportunities centred on the eight core competencies, as well as regular Gamble Jams trainings for different regions throughout Aotearoa. Te Kakano has annual training forums where practitioners can come together to refresh, relearn, and expand on their knowledge of the competencies and core public health training modules. There is also a focus on ensuring all practitioners can demonstrate the gambling harm competencies under the Addiction Intervention Competency Framework *(link here)*

Focusing on priority populations to eliminate inequities.

Research indicates that Māori and Pacific people alongside some Asian communities disproportionately experience gambling harm. Maori, Pacific, and Asian people are each twice more likely to experience moderate to severe gambling harm than the non-Māori, non-Pacific and non-Asian populations.

Despite our efforts to date, disparities in exposure to gambling and experience of gambling harm have persisted, leading to inequitable outcomes. This requires us to find better ways (such through more targeted investment, culturally safe and responsive services, a more diverse workforce) to reduce gambling related harms for Māori, Pacific and Asian populations. And like all health promotion activity this requires healthy governance and policy, strong health literacy, healthy cities and communities.

Positively, the MoH has promised to dedicate culturally appropriate, accessible, and health literate services for Maori, Pacific and Asian communities. As well as being culturally competent it is expected these services will mitigate any language barriers and identify factors that will contribute to reducing gambling harm related inequities.

Monitoring and evaluation to measure the efficacy of outcomes for health promotion

To know whether we are doing the right things we need to regularly evaluate and assess our work and its impacts on the communities we serve.

The MoH will increase its emphasis on evaluation and action research to determine what works best. This will include assessments of service design, delivery and outcomes.

This research process will incorporate a consumer experience perspective and evaluation of pilots and projects. This process this will inform best practice and future service options for the workforce to pivot their activity where appropriate.

Priority areas include research and evaluation of new pilots and current activities to assess their impact on health inequities and the use of technology solutions to monitor and limit exposure to harmful gambling.

Funding for research and evaluation of gambling harm minimisation is given to research that:

- Uses appropriate methods that uphold integrity and accountability
- Is delivered in a timely manner to inform policy and decision-making
- Is commissioned with transparency
- Represents values for money
- Encourages collaborative design and consumer output

Priorities for 2021-2022 include

- Ongoing monitoring of gambling behaviour
- Researching gambling related health inequities and ways to mitigate them
- Examining the convergence of gambling and the delivery of new products
- Examining socioeconomic distribution of gambling machines and venues

TE KĀKANO

Ruia Te Kākano, Hei Oranga Whānau

HEALTH PROMOTION MODELS

Health promotion models

It is evident that using Indigenous health models does not only benefit the health outcomes of Indigenous populations, but can lead to positive outcomes for non-Indigenous communities too.

The idea of wellbeing, from a Māori worldview, aligns with a holistic view of health used in public health and health promotion. Although Indigenous cultures already have a mutual understanding, mainstream has now accepted that good health requires all dimensions of life and cannot be obtained through the medical model alone. This is why it is important for public health practitioners to have an understanding of Indigenous worldviews as well as be able to apply them to the communities they work within.

Ottawa Charter for Health Promotion (1986)

The Ottawa charter is a universal model of health promotion developed by the WHO. It has components that align with Indigenous health models as well as components that help address inequities in social determinants of health.

These include

- A focus on health public policies that reflect on and consider their impacts on public health and how they uphold equity and social justice.
- Supportive environments where living and working conditions are safe, stimulating and supportive
- Support for communities to be able to access information, learning opportunities, knowledge and funding support
- Increasing the community's collective capacity to exercise autonomy.
- Health services that reflect the needs of their communities and that acknowledge the intersectionality of broader social, economic, political and environmental factors.

Te Whare Tapa Whā

Te Whare Tapa Whā is a Māori model of health and wellbeing that has widespread application across different population groups and different settings.

Te Whare Tapa Whā looks at four dimensions of wellbeing:

- Taha Wairua – spiritual wellbeing
- Taha Hinengaro – mental wellbeing
- Taha Whanau – family support and wellbeing
- Taha Tinana – physical wellbeing

If one aspect is under stress then it compromises the overall wellbeing of a person therefore to address ones physical wellbeing you have to consider the other dimensions that are equally as important.

Te Pae Mahutonga

Te Pae Mahutonga is a Māori model of health promotion which conceptualises the key components for improving health through a Māori worldview using the points of the constellation (also known as the southern cross). Te Pae Mahutonga covers:

1. Access to Te Ao Māori (such as language, culture, whenua)

2. Environmental protection – Wai Ora (including water free from pollutants, access to the natural environment)

3. Healthy lifestyles – Toi Ora (including targeted interventions that help support wellbeing)

4. Participation – Te Oranga (in the economy, in education, in decision-making)

5. Leadership – Ngā Manukura (Iwi, hapū and community leadership and collaboration)

6. Autonomy – Te Mana Whakahaere (recognition of Māori / community aspirations)[16]

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16 Durie, Te Pae Mahutonga: A model for Maori Health Promotion, 49.

Pacific Model: Fonofale

This model covers the needs expressed collectively by various Pacific ethnic groups.

Each pacific ethnicity has a unique world-view that separates them from being one homogenous group, however, this model aims to bring together common values as related to health.[17]

The floor – family

Family is the foundation of all Pacific Island cultures. Regardless of shape or size, family is a collective so all matters revolving an individual is typically handled collectively.

The roof – culture.

Culture is forever evolving. Pacific families live in a continuum that stretches from traditional cultural orientation to more mainstream cultural orientation. Either way, culture is upheld by the families it rests on.

The 4 Pou (pillars) connect family and culture and like Māori models of health and health promotion there is an interconnection between the four elements.

These are:

1. Physical, biological or physical wellbeing

2. Spiritual, wellbeing that comes from belief systems, religion and spirituality

3. Mental, the wellbeing or health of the mind

4. Other variables, which can directly or indirectly affect health such as gender, sexuality, age and economic status.

Asian family services – Tree Model

This health model is derived from the shared values, practices and beliefs amongst Asian communities. It is designed to reflect an Asian immigrant health view, their experiences with immigration and cross-cultural transference.

The Tree model developed by Asian family services to describe wellbeing within an immigration context, the symbol of a tree represents individual, family and community wellbeing. It is based on the idea that a tree can be replanted in a new environment but will only thrive with the right conditions.

The tree model highlights:

• Strong roots: represents connection to culture and community, family, values and beliefs.
• Branches: represent language ability and education.
• Leaves: represent achievements, social networks and friends.
• Fruit: which represent good health

This model reminds us that effective public health looks at the whole situation, acknowledges challenges and seeing where changes can be made to restore balance and harmony.

Asian Family Services – Together Enriching lives (see link below)

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17 Pulotu-Endemann. Fonofale Model of Health

TE KĀKANO

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HEALTH PROMOTION ACTIVITIES

Health Promotion Activities

There are a range of health promotion activities and functions that can be undertaken, three key areas have particular resonance when it comes to PMGH.

• **Community development**

Is about strengthening and bringing about change in communities. Health and wellbeing is improved when the community is empowered to make changes and is able to tackle the root causes of harms (and of inequities) and strengthening prevention thresholds. Community development is a partnership between the PMGH workforce and the community. The community hold the power, the experience, the resources and the understanding of their community and the developers come and take on board community feedback about what they see as the issue and how they think it could be resolved to mitigate them collectively. Principles of community development are, social justice, equality, human rights.

• **Health Communication**

Is a way to inform the public about health and wellbeing. It is verbal and written strategies to influence and empower people to make healthier choices. It is used to promote positive changes in attitudes and behaviours such as using mass and multimedia innovations to disseminate useful health information to the public. This increases awareness and with awareness comes better informed choices. It can take many forms and can be applied cross-culturally too as it can take many forms such as talanoa, pūrākau, song, play.

Advancement in technology increases access to health information and because of this health communication is an increasingly important element in achieving greater health outcomes for all. While health communication might be focused primarily on communities, it also has a role in building an understanding of issues at a governance / public policy level.

• **Health education**

Is consciously constructed opportunities for learning, improving knowledge and developing life skills that are essential for individual and community health. It is not only about communicating the information but also fostering the motivation, skills and self-determination to take action to improve health. Health education includes building health literacy skills and educating on the factors that contribute to poor health such as current political structure, social, economic and environmental factors. Examples of health education in action include wānanga, courses and lectures.

Planning your annual approach and/ or Workforce Development

When writing your annual work plan or annual workforce development plan, it is important to cover five areas of the service specifications:

1. Policy development and implementation

2. Safe gambling environments

3. Supportive communities

4. Aware and motivated communities

5. Effective screening environments

It is important that the PMGH annual work plan and workforce development is relevant and appropriate to the sector, is outcome-based, adequately planned, and coordinated to a consistently high standard. It is also essential that planning approaches are aligned to key priorities and that everything is clearly documented.

When deciding on activities, time frames need to be realistic, and objectives need to follow the S.M.A.R.T principles (specific, measurable, achievable, realistic and timely). It is useful also to include evidence of a collective impact approach.

The following table outlines the planning competencies. Services should as a minimum be meeting the requirements in the "developing" column, and in most areas be striving to meet the requirements in the "highly effective" column.

Planning competencies:

Highly effective	Developing	Consolidating
- Demonstrates flexibility in the face of change - Has a positive outlook regardless of the challenges in implementing public health initiatives - Shows the ability to foresee problems and mitigate them - Determines the appropriate allocation of time and resources for all projects - Utilise analytical skills and a broad understanding of communities to effectively interpret and anticipate project needs -Interacts with the sector and communities professionally - Promptly responds to requests in an accurate and timely matter - Exhibit sound judgement and the ability to make reasonable decisions.	- Demonstrates confidence with planning tools that are useful for projects - Has experience in the planning and administration of projects - Acknowledges personal strengths and challenges in planning and administration - Demonstrates connections and engagement with others to guide project outcomes - Understands the importance of working collectively - Demonstrates flexibility in planning approaches relevant to their community.	- Able to identify and utilise a range of planning models with the community - Demonstrate ability to manage project challenges - Able to identify learning opportunities and skills needed for strong public health practice - Projects are delivered on time and to budget - Maintains professional approaches with communities - Able to share your planning and sector experience confidently with others - Able to identify risks and reflect on their planning and administration practice.

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