



WHANGANUI  
DISTRICT HEALTH BOARD  
*Te Poari Hauora o Whanganui*



# 2018 - 2019 MĀHERE TAU ANNUAL PLAN PUBLIC HEALTH

*Better health and independence  
He hauora pai ake, he rangatiratanga*

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***'Better health and independence'  
through integrity – fairness – looking forward – innovation***

Whanganui DHB is responsible for ensuring the approximately 60,000 people living in its district have access to a wide range of health and disability support services. It is responsible for "improving, promoting and protecting" their health and the health of the communities in which they live.

In the long term the Whanganui DHB aims to:

- Improve the life expectancy for the DHB population, with improvement in equity for Māori
- Improve equity by reducing the health status gap between Māori and non-Māori across all measures, and also between the Whanganui region and New Zealand

Whanganui DHB works with many other organisations and communities inside and outside the health sector, to deliver on local, regional and national health priorities. Whanganui DHB is committed to:

#### **The Treaty of Waitangi**

Commitment to the principles of partnership, participation and protection that underpin the relationship between the Government and Māori under the Treaty of Waitangi:

- **Partnership** involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
- **Participation** requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.
- **Protection** involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

#### **He Korowai Oranga 2014**

Commitment to Māori health strategy He Korowai Oranga 2014, with the overall aim of Pae ora - healthy futures, which incorporates three interconnected elements:

- **Whānau ora** – healthy families - whānau wellbeing and support, participation in Māori culture and Te reo
- **Wai ora** – healthy environments - education, work income housing and deprivation
- **Mauri ora** – healthy individuals - life stage from pepi/tamariki to rangatahi then pakeke and a section that includes individuals of all ages

#### **Operating Environment**

Whanganui Public Health Centre (PHC) sits within the Whanganui District Health Board (DHB) service and business planning team. The PHC delivers health promotion and public health nursing services. The health protection component is provided by MidCentral DHB, however the health protection team and medical officer of health are co-located in the PHC building.

## Our Priority Areas

The Whanganui DHB Public Health Service Annual Plan 2018/19 is committed to delivering on Government health and priority targets which include:

- Increased immunisation – *Better Public Service and Health Target*
- Supporting vulnerable children – *Better Public Service Target*
- Raising healthy kids – *Health Target*
- Child Health
- Reducing rheumatic fever – *Better Public Service Target*
- Reducing unintended teenage pregnancy – *Better Public Service Target*
- Prime Minister’s youth mental health project
- Mental health – *including regional priorities as through projects such as Rising to the Challenge*
- Better help for smokers to quit – *Health Target*

## Key external partnerships

Whanganui District Health Board recognises the value and importance of health promotion and health protection enabling people to increase control over and improve their health.

Significant work continues across sectors including supporting the regional Healthy Families Whanganui Rangitikei Ruapehu (HFWRR) initiative, and the Whanganui Children’s Team. Representatives from HFWRR, Whanganui Regional Health Network (WRHN) (a PHO in the WDHB area) and Whanganui Public Health meet on a regular basis for joint planning, sharing information and professional development opportunities, and discussing common areas of work in which we can pull resources for a broader approach.

We continue to work jointly with HFWRR to support the implementation of the Whanganui District Council Smoke-free/Vape-free outdoor spaces and in delivering the Toi te Ora *WorkWell* programme across the Whanganui DHB region. There is also collaborative activity to extend the provision of community water fountains, physical activity opportunities and healthy food and beverage policy. A strong focus continues in education settings with promoting the water only kaupapa and ongoing opportunities for water only events both locally and in the rural communities.

In this *Plan* there is also a commitment to strengthening wider connections and partnerships with other Non-Governmental organisations (NGOs), Primary Care Services, Sports Trusts, Local Government and other key community organisations to support a shift in health interventions and/or services closer to home. One of the enablers for this to occur is through the Matahi/One Team group which developed from the Healthy Families Prevention Partnership network. Ongoing collaborative action within this partnership will assist the Public Health service to lift the profile of health promotion in our community and re-align health promotion activity to address the health priority areas for the region.

## EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

The fourth picture in relation to equity...

For Whanganui DHB, the fourth picture in relation to equity is the situation where the people are outside the stadium, with the free choice of whether to enter the game or not, with no barriers in the way. This requires them to have *equity of capacity* for decision making. This is consistent with our desire to build *resilient communities* across our health district.

### Forward progress

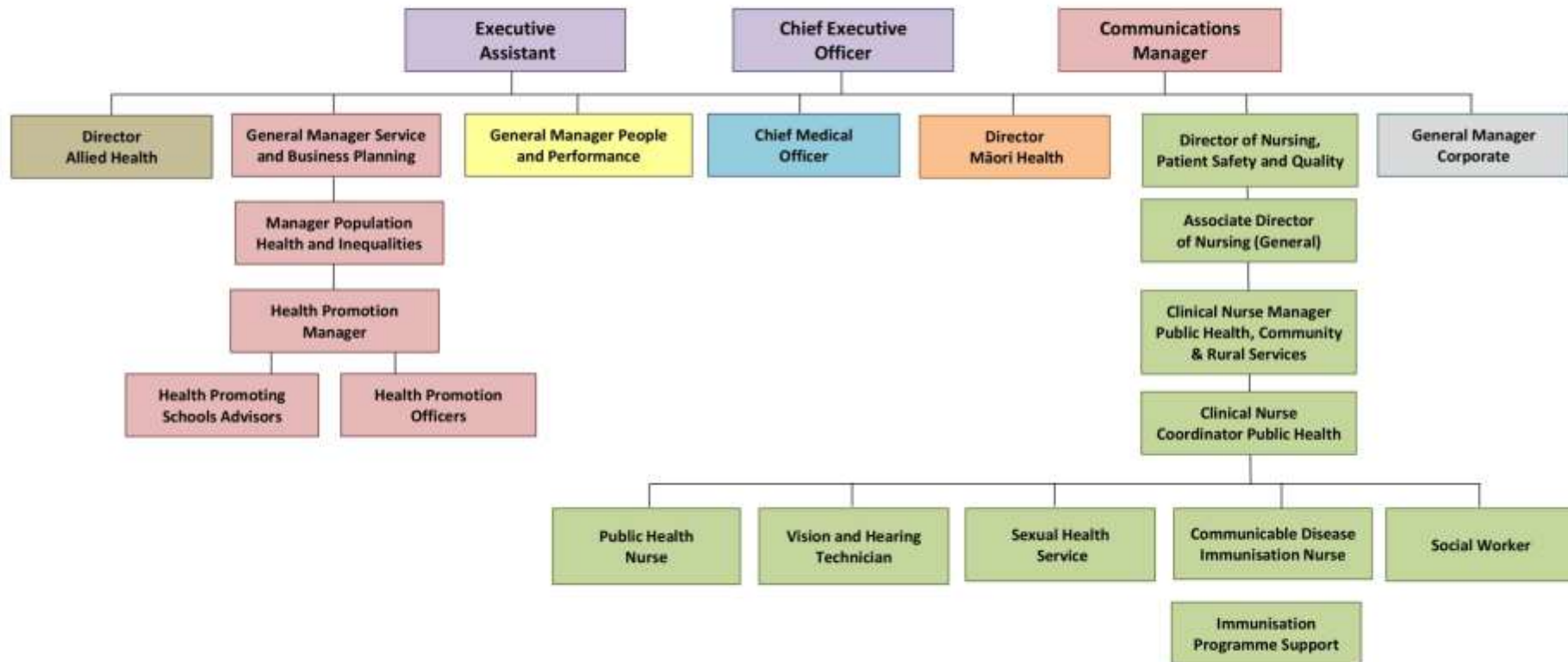
This plan should be read in conjunction with Māhere Tau, the Whanganui DHB Annual Plan 2018 – 2019. Accelerating Māori health gain in the Whanganui health district is a key priority for the DHB and this plan outlines specific and measurable actions and targets to achieve our aim. We know we cannot achieve this on our own and that improving our relationships and increasing our working partnerships with Māori health organisations, other organisations locally, regionally and across sectors and working in partnership with our communities is essential.

The *Plan* continues to utilise the core function model as a way of increasing understanding with the way in which health promotion activity is undertaken. The activities and measures provided in the *Plan* support a more efficient, coherent and effective response to population health needs.

Results Based Accountability (RBA) performance measures have been included in order to provide more meaningful outcome-based measures.



## Whanganui District Health Board Organisation Chart as at April 2018



# 1. HEALTH ASSESSMENT AND SURVEILLANCE



“understanding health status, health determinants and disease distribution”

## Strategies:

- Monitoring, analysing and reporting on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori.
- Detecting and investigating disease clusters and outbreaks (both communicable and non-communicable).

## Outcomes and activities:

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
			Quantity <i>Is anyone better off?</i>	Quality	Short Term Outcomes Indicators
<b>1.1 Monitoring, analysing and reporting on health status</b>	Collect robust data for the development of health strategies.	<p>1.1.1 Collection, monitoring and analysis of data to support DHB planning and analysis and to inform key projects.</p> <p>1.1.2 Provision of relevant data to health care professionals, local authorities, NGOs including Māori providers and the public.</p> <p>1.1.3 Review, analyse and interpret and as needed report existing surveillance data/information (Whanganui ED, hospital health data) along with other relevant information to inform knowledge and understanding of significant and emerging disease trends and distribution by population at regional/local</p>	# occasions data presented to agencies/services.	% reports that considers the impact on specific population sub-groups and health inequities.	Narrative report on anecdotal feedback regarding usefulness of the health data.

	<b>Short Term Outcomes</b> <i>What we want to achieve</i>	<b>Activities</b> <i>What we will do to achieve outcomes</i>	<b>Key Performance Measures</b>		
			<b>Quantity</b> <i>Is anyone better off?</i>	<b>Quality</b>	<b>Short Term Outcomes Indicators</b>
		level.			
<b>1.2 Health impact assessments using formal relevant and appropriate tools</b>	A systematic consideration of the potential health and well-being impacts of policies and programmes being developed.	1.2.1 Build partnerships across a range of sectors to develop evidence-based public health action which supports the reduction of alcohol-related harm, including providing up to date evidence-based information.	# partnerships and other stakeholder groups supported to reduce alcohol related harm.  # key activities facilitated or delivered (e.g. presentations, training sessions).	% partnerships and other stakeholders supported that are in areas of high alcohol related harm. This may include areas with low socioeconomic status/high Māori population.	#% PHC strategic/planning documents that reflect health impacts/outcomes (CC,O).
<b>1.3 Surveillance data collection, analysis and dissemination for action</b>	Prompt identification and analysis of emerging disease trends, cluster and outbreaks.	1.3.1 Review, analyse and report on the health status of the Whanganui population.  1.3.2 Regular data analysis of harm-related presentations to secondary care.	# reports.	% service users report they are satisfied or very satisfied with surveillance and data analysis information made available (ie: rating of 4 or 5 for Likert scale of 1 to 5).	#% service users report they have used surveillance and data analysis reports to inform public health action/interventions (BC,S).



## 2. PUBLIC HEALTH CAPACITY DEVELOPMENT



“ensuring services are effective and efficient”

### Strategies:

- Developing and maintaining public health information systems.
- Developing partnerships with iwi, hapū, whānau and Māori to improve Māori health.
- Developing partnerships with Pacific leaders and communities to improve Pacific health
- Developing human resources to ensure public health staff with the necessary competencies are available to carry out core public health functions.
- Conducting research, evaluation and economic analysis to support public health innovation and to evaluate the effectiveness of public health policies and programmes.
- Planning, managing, and providing expert advice on public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs.

### Outcomes and activities:

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
			Quantity	Quality	Short Term Outcomes Indicators <i>Is anyone better off?</i>
<b>2.1 Public health information systems</b>	Public health information is accessible to public health, partner organisations and the public.	2.1.1 Review and maintain public health information systems (common file structure; databases; intranet; NIR; community health information; via newspaper, radio, pamphlets and social media platforms).	# resources permanently displayed on open shelving that is easily accessed by staff and public.	% total public health resource is available to the public and staff.	Narrative report on the top five pages visited per month compared with the health promotion theme/issue (i.e. during White Ribbon campaign, the ‘family violence’ messaging ranks at the top of the five most visited pages for the month).
		2.1.2 Distribute health information resources and update stakeholders on revised, deleted and new resources.	# requests received for health information resources.	% requests for health information resources are responded to within 48 hours.	

	<b>Short Term Outcomes</b> <i>What we want to achieve</i>	<b>Activities</b> <i>What we will do to achieve outcomes</i>	<b>Key Performance Measures</b>		
			<b>Quantity</b>	<b>Quality</b>	<b>Short Term Outcomes Indicators</b> <i>Is anyone better off?</i>
<b>2.2 Planning and advising on public health programmes</b>	Increase joint initiatives, sharing of resources and shared learning promoted with non-public health workforce.	<p>2.2.1 Training and development opportunities provided to community stakeholders.</p> <p>2.2.2 Local, regional and national campaigns, projects and initiatives promoted.</p> <p>2.2.3 Strengthen alliances and networks within the Whanganui region by facilitating and attending inter-sectorial meetings.</p>	# training and development opportunities.	% training attended by non-public health workforce.	#% organisations and/or stakeholders report they can confidently apply the knowledge acquired (BC,S).
<b>2.3 Research, evaluation and economic analysis</b>	Information available on priority public health issues and effectiveness of public health interventions with the goal of improving Māori and Pacific health outcomes.	<p>2.3.1 Undertake public health research and evaluation.</p> <p>2.3.2 Contribute to national regional and local networks, including the development and review of Standards of Practice, service specifications, and programme/project plans.</p>	# research projects.	% research engaged with is specific to Māori or Pacific health needs.	#% external users report that they used the information disseminated to inform their planning (including identification and prioritisation of priority populations) (BC,S).
<b>2.4 Partnerships with iwi, hapū, whānau and Māori health agencies developed and maintained</b>	Increase community action with iwi, hapū, whānau, Māori health agencies in a variety of community settings.	<p>2.4.1 Facilitate joint working to identify and address social determinants of health.</p> <p>2.4.2 Joint processes and initiatives developed which address health inequities.</p>	# initiatives.	% of collaborative projects.	#% evaluation/feedback indicates collaborative projects are achieving positive results (CC,O).
<b>2.5 Partnerships with Pacific are developed and maintained</b>	Increase in community action with Pacific.	<p>2.5.1 Support stakeholders to identify and address social determinants of health.</p> <p>2.5.2 Joint processes and</p>	# initiatives.	% collaborative projects.	#% evaluation/feedback indicates collaborative projects are achieving positive results (CC,O).

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
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		initiatives developed which address health inequities.			
<b>2.6 Public health knowledge and expertise is developed and maintained</b>	Build a health promotion workforce who are competent to build relationships with Māori and Pacific to address health inequalities.	<p>2.6.1 Support PHC workforce development, including working towards 75% of staff holding a public health qualification; and offering Hauora funding to Māori staff.</p> <p>2.6.2 Attendance at cultural competence training to improve working with Māori and Pacific people.</p> <p>2.6.3 Lead and participate in the Central Region and national Public Health Clinical Networks including active participation in the health promotion and public health nurse's manager networks.</p>	<p># staff studying towards a relevant Public Health qualification.</p> <p># training opportunities provided.</p> <p># central region public health clinical networks actively contributing to.</p>	% PHC staff report they are satisfied or very satisfied with training opportunities provided (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	<p>#% Public Health staff tertiary qualified with a recognised public health qualification. (SK,O).</p> <p>#% of staff report increased confidence when working with Māori and Pacific communities (BC,S).</p>

### 3. HEALTH PROMOTION



“enabling people to increase control over and improve their health”

#### Strategies:

- Developing public and private sector policies beyond the health sector that will improve health, improve Māori health and reduce disparities.
- Creating physical, social and cultural environments supportive of health.
- Strengthening communities’ capacities to address health issues of importance to them, and to mutually support their members in improving their health.
- Supporting people to develop skills that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.
- Working in partnership with other parts of the health sector to support health promotion, prevention of disease, disability, injury, and rational use of health resources.

#### Outcomes and activities:

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
			Quantity	Quality	Short Term Outcomes Indicators <i>Is anyone better off?</i>
<b>3.1 Build healthy public policy</b>	Adoption of policies beyond the health sector which will improve the health and wellbeing of communities and reduce disparities.	<p>3.1.1 Advocate for healthy public policy through forums, presentations, background papers and reports to support workplaces, educational settings, Māori settings, Pasifika settings, and child and youth settings, NGOs, PHOs, Whanganui DHB and TLAs.</p> <p>3.1.2 Encourage healthy lifestyles through policy to improve mental health, reduce obesity, and support reduction of tobacco and alcohol use and promote healthy sexuality.</p> <p>3.1.3 Developing submissions on relevant</p>	<p># organisations engaged with for purpose of building healthy public policy.</p> <p># activities related to advocating for and supporting the adoption of sustainable healthy public policy and practice.</p> <p># submissions.</p>	<p>% Māori organisations engaged with.</p> <p>% submissions which are</p>	<p>#% organisations engaged report that they have adopted healthy public policy or practice (BC,S).</p> <p>#% recommendations in</p>

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
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		<p>public health issues and policies, particularly those that will influence Māori health outcomes, equitable health outcomes for all at local, regional and national levels.</p> <p>3.1.4 Work with territorial authorities (TAs) and other agencies to develop policies that support reducing alcohol and other drug related harm.</p> <p>3.1.5 Promote a Health in All Policies approach in a variety of settings.</p>		<p>consistent with Whanganui DHB process and MOH policy or guidelines.</p>	<p>submissions adopted by recipient (BC,O).</p> <p>#% organisations/community groups report submitting written/oral submissions including licensing objections as a result of provider support (BC,S).</p>
			<p>Complementary narrative reporting: Describe the nature of the activities implemented (whether forums, presentations, background papers and reports) and:</p> <ul style="list-style-type: none"> <li>- Details of submissions on local and national issues</li> <li>- Details of organisations engaged with.</li> </ul>	<p>Complementary narrative reporting: Summary of enablers/barriers encountered in the process.</p> <ul style="list-style-type: none"> <li>- Describe the extent to which Māori communities have been involved in planning and developing policy submissions</li> <li>- Describe the extent to which other identified groups and communities were involved in planning, developing and</li> </ul>	<p>Complementary narrative reporting: Describe the outcomes achieved, including:</p> <ul style="list-style-type: none"> <li>- Details of policies adopted.</li> </ul>

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
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				implementing activities.	
<b>3.2 Create Supportive Environments</b>	Increased awareness of strategies to maintain and improve mental health.	3.2.1 Promote collaborative programmes, events, initiatives and national campaigns such as Mental Health Awareness Week, Pink Shirt Day Anti-Bullying Campaign and World Suicide Awareness Day.	# collaborative projects.	% event organisers report they are satisfied or very satisfied with provider support (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	##% event participants report increased knowledge of the campaign topic (SK,S).
	Increased strategies to strengthen community resilience and build positive relationships.	3.2.2 Support and promote health and wellbeing programmes in a variety of settings in collaboration with primary and secondary health providers, such as PHOs, local authorities, workplaces, local marae and education settings.	# settings engaged.	% organisations report they are satisfied or very satisfied with collaboration process (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	##% programmes and/or initiatives. (CC,O).
		3.2.3 Promote health and wellbeing activities, collaborative actions, and policies/procedures that recognise diverse sexual orientation and gender identities in a variety of settings.			
	Increase mental health literacy and access to services for vulnerable groups with a particular focus on youth.	3.2.4 Promote Whanganui SUPP service and other mental health support and treatment services.			##% youth report they know where and how to access mental health services (SK,S).
	Promote healthy	3.2.5 Build healthy public	# organisations which	% organisations engaged	##% organisations who report

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
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	eating and physical activity to reduce obesity and maintain good health.	policy to address obesogenic environments.	engage for the purpose of implementing a food and beverage policy.	are of high Māori.	adopting a policy (BC,O).
		3.2.6 Collaborate with stakeholders to promote breastfeeding that is culturally responsive to wahine Māori and their whānau.	# collaborative projects undertaken that promotes breastfeeding.	% projects undertaken are focused on promotion to Māori wahine.	#% Māori tamariki are breastfed (BC,S).
		3.2.7 Collaborate with stakeholders to improve access to oral health services for Māori.	# collaborative projects undertaken that promotes access to oral health services.	% projects undertaken are focused on oral health services for Māori tamariki.	#% Māori tamariki accessing oral health services (BC,O).
	Increase awareness amongst communities to understand the role social determinants have in family violence (both as risk and protective factors).	3.2.8 Engage in Family Violence initiatives with community stakeholders with support from the Whanganui DHB VIP Coordinator and/or the Whanganui Family Violence Intervention Network (VIN).	# initiatives.	% community stakeholders report they are satisfied or very satisfied with the level of support and information provided (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	#% stakeholder organisations report they have increased knowledge of, and confidence in, participation in family violence initiatives (SK,S).
		3.2.9 Promote collaborative programmes, events, initiatives and national campaigns such as White Ribbon Day.	# collaborative projects.	% stakeholders involved in promoting and planning event report they are satisfied or very satisfied with provider support and levels of participation from all involved (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	#% increase in participants in events such as White Ribbon March those engaging with other community events (BC,S).

	<b>Short Term Outcomes</b> <i>What we want to achieve</i>	<b>Activities</b> <i>What we will do to achieve outcomes</i>	<b>Key Performance Measures</b>		
			<b>Quantity</b>	<b>Quality</b>	<b>Short Term Outcomes Indicators</b> <i>Is anyone better off?</i>
	Continue activity to contribute to the reduction in assaults on children.	<p>3.2.10 Have an active role in primary prevention through strengthening alliances, networks and interagency relationships to support/identify vulnerable children.</p> <p>3.2.11 Support the Te Rerenga Tahī Multiagency forum for vulnerable pregnancies.</p> <p>3.2.12 Support the VIP coordinator to promote CAN and family violence prevention.</p> <p>3.2.13 Active participation with the VIN</p> <p>3.2.14 Promote the Children’s Action Plan when working with education centres on identifying child abuse and referring to agencies.</p>			
	Promote maternal and child health through strategic alliances and interagency networks.	3.2.15 Maternal and child health promotion activities are planned, implemented and reviewed in partnership with interagency networks.	# campaigns.	% event organisers report they are satisfied or very satisfied with provider support (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	#% organisations participating who report increased coordination of services has led to better outcomes for clients (AO,S).



	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
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	Increase community awareness about early recognition and appropriate treatment of sore throats to reduce rheumatic fever rate.	3.2.16 Rheumatic fever awareness raising activity involving working with primary and secondary services to support education and information.	# promotional activities targeting rheumatic fever education.	% projects and/or initiatives engaged with are focused on Māori.	
	Reduction in Māori SUDI rate	3.2.17 Engage in and promote safe sleep health promotion projects and activities	# projects and activities.	% projects and/or initiatives engaged with are focused on promotion to Māori.	#% service users report an increase in level of knowledge of safe sleep practices (SK, S).
		3.2.18 Support kohanga reo kaimahi to build a healthier environment for mokopuna.	# kohanga reo engaged with for the purpose of building healthier environments for mokopuna.	% kohanga reo who participate in workshops report satisfaction with the advice they receive (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	#% TKR reporting a change of practice or behavior as a result of PHC engagement (BC,O).
	Increase awareness around social supply and alcohol-related harm.	3.2.19 Strengthen alliances and interagency networks to reduce alcohol and other drug related harm.	# alliances and networks engaged with. # collaborative activities/projects undertaken.	% alliances and networks whose activities support communities with high Māori, pacific peoples and or young persons.	#% collaborative project outcomes achieved (CC,O).
		3.2.20 Design, deliver and support awareness-raising activities that provide opportunity for informed discussion and debate, to increase knowledge and/or create behavior change around the use of alcohol and other drugs.	# activities.	% awareness-raising messages are aligned with Government, Ministry of Health and other evidence based policies/strategies.	#% participants report an increased knowledge of topic and/or increased understanding of key strategies to reducing AOD related harm (SK,S).

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
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		3.2.21 Support organisations and community groups to increase input into local, regional and national decision-making, including engaging in policy development processes.	# organisations or community groups supported to develop a submission.		#% organisations/community groups report they have put in a written/oral submission including licensing objections, as a result of provider support (BC,S).
	Reduce the prevalence of smoking in the Whanganui region to support the achievement of Smokefree Aotearoa 2025 with a particular focus on reducing Māori smokers.	3.2.22 Promotion and creation of smokefree environments across Whanganui communities.	# communities supporting smokefree environments.	% smokefree environments that include Māori communities.	#% communities report change of behaviour related to smoking (BC,S).
		3.2.23 Strengthen operational alliances and interagency networks to support achieving Smokefree Aotearoa 2015.	# alliances and networks engaged with for the purpose of achieving Smokefree Aotearoa 2015.	% initiatives targeted at Māori.	#% alliances and networks that report positive feedback as a result of PHC engagement (AO, S).
	Reduce number of unintentional and intentional injury within Whanganui communities through a collaborative approach.	3.2.24 Grow and strengthen community safety activities, create safer environments and increase the adoption of safer behaviours to support the sustainability of the model.	# activities, safer environments and behaviours.		#% communities who report a change in behavior related to projects that have been implemented (BC,S).

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
			Quantity	Quality	Short Term Outcomes Indicators <i>Is anyone better off?</i>
			<p>Complementary narrative reporting:</p> <p>Describe the nature of the activities implemented, including:</p> <ul style="list-style-type: none"> <li>- Details of the organisations and settings engaged with and activities carried out.</li> </ul>	<p>Complementary narrative reporting:</p> <p>Summary of enablers/barriers encountered in the process.</p> <ul style="list-style-type: none"> <li>- Describe the extent to which Māori communities have been involved in planning, developing and implementing activities.</li> <li>- Describe the extent to which other identified groups and communities were involved in planning, developing and implementing activities.</li> </ul>	<p>Complementary narrative reporting:</p> <p>Describe the outcomes achieved, including:</p> <ul style="list-style-type: none"> <li>- Evidence that healthy setting activity is self-sustaining.</li> <li>- Adoption of healthy behaviours as a result of the provider's activity.</li> </ul>
<b>3.3 Strengthen Community Action</b>	Increase community action to plan and deliver strategies that will produce sustainable improvements in hauora and health outcomes.	3.3.1 Strengthen partnerships and communication with external stakeholders and communities on community identified issues of public health significance.	# teams working in priority areas.	% initiatives that are focused on Māori health outcomes.	#% outcomes achieved (CC,O).
		3.3.2 Implement new ways of working that meet the needs of rural communities.	# initiatives being undertaken in rural communities.	% initiatives that are focused on Māori health outcomes.	#% outcomes achieved (CC,O).

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
			Quantity	Quality	Short Term Outcomes Indicators <i>Is anyone better off?</i>
		3.3.3 Lead and coordinate activity across the Whanganui region to strengthen community led action as a means to improving the delivery of service to Māori and Pacific.	# community groups or individuals engaged with that identify and issue of public health significance.	% identified community issues driven by Māori and Pacific.	#% community involved in initiatives of public health significance, (BC,O).
			Complementary narrative reporting: <ul style="list-style-type: none"> <li>- Describe the nature of the activities implemented, including:</li> <li>- Details of the organisations and settings engaged with and activities carried out</li> </ul>	Complementary narrative reporting: Summary of enablers/barriers encountered in the process. <ul style="list-style-type: none"> <li>- Describe the extent to which Māori communities have been involved in planning, developing and implementing activities</li> </ul> Describe the extent to which other identified groups and communities were involved in planning, developing and implementing activities.	Complementary narrative reporting: Describe the outcomes achieved, including: <ul style="list-style-type: none"> <li>- Evidence that healthy setting activity is self-sustaining</li> <li>- Adoption of healthy behaviours as a result of the provider's activity</li> </ul>
<b>3.4 Develop Personal Skills</b>	Increase community awareness of health promotion programmes.	3.4.1 Develop and implement train the trainer programmes to be delivered to priority populations.  3.4.2 Deliver culturally appropriate workshops, media-campaigns, health education and health promotion resources.	# programmes.	% service users' report they are satisfied or very satisfied with the level of knowledge gained (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	#% programmes that have been implemented or embedded as a result of the provider's support (BC,O).

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
			Quantity	Quality	Short Term Outcomes Indicators <i>Is anyone better off?</i>
		3.4.3 Promote collaborative programmes, events, initiatives and national campaigns such as World Smokefree Day, Breastfeeding Week, Safekids Aotearoa.	# events.	% service users report they are satisfied or very satisfied with provider support (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	##% services users report an increase in level of knowledge (SK,O).
		3.4.4 Lead/facilitate training for community providers.	# training sessions delivered.	% participants' report they are satisfied or very satisfied with the level of knowledge gained from the training (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	##% participants report they can confidently apply the knowledge acquired to their work (SK,O).
		3.4.5 Use of resources and media to promote health messages.	# media campaigns.	% service users' report they are satisfied or very satisfied with project undertaken (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	##% service users report increased knowledge on the topic presented (SK,O).
	Increase knowledge around positive parenting with a particular focus on vulnerable children/whānau.	3.4.6 Support parenting programmes and training aimed at our most vulnerable whānau.	# parenting workshop supported/facilitated, one of which has a focus on Māori whānau.	% participant's report they are satisfied or very satisfied with the level of knowledge gained from the training (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	##% services users report an increase in level of knowledge of positive parenting strategies (SK,O).
	Increase community awareness about sexual and reproductive health issues.	3.4.7 Support the delivery of a sexuality diversity workshop aimed at youth and an education audience.	# workshops.	% participants' report they are satisfied or very satisfied with the level of knowledge gained from the training (i.e.: rating of 4 or 5 for Likert scale of 1 to 5).	##% participants report they can confidently apply the knowledge acquired to their work (SK,O).

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
			Quantity	Quality	Short Term Outcomes Indicators <i>Is anyone better off?</i>
		<p>3.4.8 Support sexual health education sessions to increase knowledge and capacity of schools/kura of high Māori and Pacific populations.</p> <p>3.4.9 Raise awareness to youth of available services to support sexual health related issues.</p>	# education sessions.		<p>Narrative report on anecdotal feedback following sexual health education sessions.</p> <p>Narrative report on anecdotal feedback indicating youth are more confident to use services that provide support for sexual health related issues.</p>
			<p>Complementary narrative reporting: Describe the nature of the activities implemented, including:</p> <ul style="list-style-type: none"> <li>- Describe the resources that were developed and to whom they were distributed (and in what quantities).</li> </ul> <p>Describe the workshops that were delivered, including:</p> <ul style="list-style-type: none"> <li>- Describe the awareness-raising activity and social marketing campaigns that have been delivered or supported.</li> </ul>	<p>Complementary narrative reporting barriers and enablers: Describe how workshops were developed (peer-reviewed, relevant for identified audiences, including Māori communities. Describe the extent to which communities including Māori were involved in planning, developing and implementing resources, workshops, social marketing campaigns etc.</p>	<p>Complementary narrative reporting: Describe the outcomes achieved (who was better off?).</p>

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
			Quantity	Quality	Short Term Outcomes Indicators <i>Is anyone better off?</i>
<b>3.5 Re-orient Health Services</b>	Increase focus on prevention and population health approaches to reorient services so that structures and processes are culturally appropriate, improve health outcomes for Māori, and deliver equitable health outcomes for Māori.	<p>3.5.1 Engage with Māori communities when planning activities.</p> <p>3.5.2 Promote the use of Māori health promotion frameworks to guide activity.</p>	# activities.		#% communities or service users who report they have increased knowledge and understanding of the health issues (SK,S).
			<p>Complementary narrative reporting: Describe the nature of the activities implemented, including:</p> <ul style="list-style-type: none"> <li>- Describe the resources that were developed and to whom they were distributed (and in what quantities).</li> </ul> <p>Describe the workshops that were delivered, including:</p> <p>Describe the awareness-raising activity and social marketing campaigns that have been delivered or supported.</p>	<p>Complementary narrative reporting barriers and enablers: Describe how workshops were developed (peer-reviewed, relevant for identified audiences, including Māori communities. Describe the extent to which communities including Māori were involved in planning, developing and implementing resources, workshops, social marketing campaigns etc.</p>	<p>Complementary narrative reporting: Describe the outcomes achieved (who was better off?).</p>

## 4. HEALTH PROTECTION



“protecting communities against public health hazards”

### Strategies:

- Support given to the MidCentral Health Protection team with monitoring and enforcing compliance with legislation.

### Outcomes and activities:

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
			Quantity	Quality	Short Term Outcomes Indicators <i>Is anyone better off?</i>
<b>4.1 Communicable disease</b>	Reduced incidence of communicable disease.	4.1.1 Maintain infrastructure for immunisation delivery including authorisation of vaccinators by the medical officer of Health; workforce development, and advice and support for local immunisation programmes.	# communicable disease-related workshops delivered.  # authorised vaccinators by MOoH.	% vaccinators who have attended a vaccinator training update in the last 2 years.	#% authorised vaccinators are available to meet the demands of the immunisation programmes (CC,O)
<b>4.2 Alcohol and Other Drugs</b>	Reduced incidence of alcohol related harm.	4.2.1 Enquire, report on and prepare briefs of evidence/submission for alcohol licensing matters.	# reports, briefs or submissions drafted.		Narrative report on participation in alcohol licensing matters.



## 5. PREVENTIVE INTERVENTIONS



### Strategies:

“population programmes delivered to individuals”

- Developing, implementing and managing **primary prevention programmes** (targeting whole populations or groups of well people at risk of disease: e.g. immunisation programmes).
- Developing, implementing and managing population-based **secondary prevention programmes** (screening and early detection of disease: e.g. cancer screening).

### Outcomes and activities:

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures			
			Quantity	Quality	Short Term Outcomes Indicators <i>Is anyone better off?</i>	
<b>5.1 Immunisation</b>	Increased immunisation coverage with a particular focus on Māori and Pacific.	<p>5.1.1 Ensure data is entered correctly and transferred to appropriate databases: Excel spreadsheets and NIR.</p> <p>5.1.2 Promote and support key stakeholders in order to get the best outcome for school-based immunisations.</p> <p>5.1.3 Promotion of the Year 7 Boostrix and Year 8 HPV vaccinations through schools and community settings.</p> <p>5.1.4 Deliver Year 7 Boostrix and Year 8 HPV vaccinations in schools.</p>	<p># immunisations given are recorded and reported on.</p> <p># those who have declined or have not completed all doses referred to their GP.</p>	% eligible children will be recorded correctly on the databases. All targets are met and/or exceeded.	% schools enrolled in the school based programme.	<p>#% eligible population who receive appropriate immunisation via school based programme. (BC,O).</p> <p>#% Māori and Pacific students are vaccinated (BC,O).</p>

	Short Term Outcomes <i>What we want to achieve</i>	Activities <i>What we will do to achieve outcomes</i>	Key Performance Measures		
			Quantity	Quality	Short Term Outcomes Indicators <i>Is anyone better off?</i>
<b>5.2 Stop Smoking Services</b>	Provide an adequate stop smoking service which is appropriate for Māori and Pacific wanting to quit smoking.	<p>5.2.1 Monitor and support the ABC Smoking Cessation Strategy with systematic brief intervention (e.g. ABC) and referral to more intensive cessation support as indicated.</p> <p>5.2.2 Participate in the implementation of the Whanganui DHB Tobacco Control Plan.</p>	# referrals made to cessation services.	% referrals to cessation services that are Māori and Pacific.	<p>#% smokers referred through the cessation service referral system that have quit smoking (BC,O)</p> <p>#% smokers who identify as Māori and Pacific referred through the cessation service referral system that have quit smoking (BC,O).</p>
<b>5.3 Healthy Families Whanganui, Rangitikei and Ruapehu</b>	Increasing alignment with Healthy Families Whanganui, Rangitikei and Ruapehu (WRR) to support communities to plan and deliver strategies that will produce sustainable improvements in hauora and health outcomes.	<p>5.3.1 Align PHC activities where needed to increase the focus to a settings-based approach to target areas where people live, learn, work and play.</p> <p>5.3.2 Support the Healthy Families WRR workforce and the Prevention Partnership to plan, implement and evaluate health promotion actions.</p> <p>5.3.3 Share learnings from current and previous local health promotion activities.</p> <p>5.3.4 Share professional development opportunities with Healthy Families WRR workforce.</p>	# health promotion activities undertaken alongside Healthy Families WRR.	% advice and planning is evidence-based and includes a focus on improving the health of Māori.	#% activities undertaken have produced outcomes which indicate the benefit in working with the Healthy Families framework (CC,S).

## 6. 2018/19 FINANCIAL ACCOUNT – WHANGANUI DHB PUBLIC HEALTH CENTRE



<b>CS Detail</b>	<b>Extended Description of Service</b>	<b>Purchase Unit ID</b>	<b>FTE Allocation</b>	<b>2017/18</b>	<b>2018/19</b>	<b>Service Start Date</b>	<b>Service End Date</b>
1	Prevention of Alcohol & Other Drugs	RM00100 – Alcohol & Other Drug Related Harm	0.9	\$92,137	\$86,938	1 July 2018	30 June 2019
2	Communicable Diseases	RM00101 – Communicable Diseases	0.2	\$19,146	\$19,320	1 July 2018	30 June 2019
3	Unintentional Injury Prevention	RM00104 – Injury Prevention	0.5	\$110,000	\$48,299	1 July 2018	30 June 2019
4	Intentional Injury Prevention	RM00104 – Injury Prevention	0.35	\$31,523	\$33,809	1 July 2018	30 June 2019
6	Mental Health	RM00105 – Mental Health	0.7	\$39,039	\$67,619	1 July 2018	30 June 2019
7	Nutrition and Physical Activity	RM00107 – Nutrition & Physical Activity	2.2	\$110,087	\$212,516	1 July 2018	30 June 2019
8	Sexual Health	RM00109 – Sexual Health	0.5	\$37,607	\$48,299	1 July 2018	30 June 2019
9	Social Environment	RM00110 – Social Environment	0.3	\$45,812	\$28,979	1 July 2018	30 June 2019
11	Tobacco Control	RM00111 – Tobacco Control	0.9	\$83,283	\$86,938	1 July 2018	30 June 2019
12	Well Child – Parenting/ SUDI/ Rheumatic fever	RM00112 – Well Child	0.4	\$38,301	\$38,639	1 July 2018	30 June 2019
13	Health Infrastructure	RM00103 – Public Health Infrastructure	0.2	\$25,299	\$19,320	1 July 2018	30 June 2019
14	Workforce Infrastructure -	RM00103 – Public Health Infrastructure	0.3	\$86,155	\$28,979	1 July 2018	30 June 2019
15	Senior & Māori Health Promoter	RM00103 – Public Health Infrastructure	0.3	\$30,246	\$28,979	1 July 2018	30 June 2019

\$748,635.00    \$748,635.00