23 December 2015

Compass Health PHO
By email: submission@compasshealth.org.nz

Dear Compass Health

Submission on *Innervate*[4]: 2015-2020 Draft Population Health Strategy

Thank you for the opportunity to comment on your draft Population Health Strategy.
Regional Public Health serves the greater Wellington region, through its three district health boards (DHBs): Capital and Coast, Hutt Valley and Wairarapa and as a service is part of the Hutt Valley District Health Board.

We work with our community to make it a healthier safer place to live. We promote good health, prevent disease, and improve the quality of life for our population, with a particular focus on children, Māori and working with primary care organisations. Our staff includes a range of occupations such as: medical officers of health, public health advisors, health protection officers, public health nurses, and public health analysts.

RPH see this document as key to defining a collaborative way of working together and with other stakeholders, to improve the health of our mutual populations. We are happy to provide further advice or clarification on any of the points raised in our written submission. The contact point for this submission is:

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Kind regards

Dr Jill McKenzie
Medical Officer of Health

Peter Gush
Service Manager

Regional Public Health Submission on:
Innervate[4]: 2015-2020 Draft Population Health Strategy

Overview

RPH congratulates Compass PHO on developing, and seeking our comment on, its population health strategy: Innervate[4]. We commend the authors for a well articulated vision for population health. The plan is concise, with clear use of formal statistics and systems-thinking. We see that the design of the strategy is soundly based on positive values (building on strengths); equity; recognition of Te Tiriti and Maori and Pacific models of health; user-centred design; and multi-disciplinary science.

The strategy correctly identifies that a focus on behaviour change alone will be unsuccessful without an understanding of interplay between environmental factors and health outcomes. It is also good to see acknowledgement of the scope for new technologies to both support, and re-design delivery of health programmes, such as via the use of health apps. We support the 'emphasis on prevention and … better access' (p4); and think that the 4 E's provide a good framework for action. We note that there is some inconsistency on whether the strategy covers all or some of Compass activities, which we recommend is clarified (p3 vs p4).

The strategy notes the need to partner with other organisations, including RPH. We seek an active discussion on the question of how this plan relates to other population health providers. RPH is keen to work with Compass and other interested parties (within and outside of the health sector) to bring together our collective resources to the common purpose of improving population health.

Community consultation

The inclusion of community meetings and other ways to obtain community inputs into their perceived needs for population health is, of course, critical. We suggest, ensuring a baseline is created for community engagement and inputs. This may be a stock-take-like exercise that maps historical connections and pervious community driven projects. We see this strategic exercise solidifying established links and creating work streams around gaps in community engagement. The social sector trial in Porirua is likely to have generated such information for the Porirua community. Another example of how this may look is the Social Infrastructure Planning Framework[1], adopted by Western Bay of Plenty Council in partnership with Bay of Plenty District Health Board. We recommend that such an exercise be undertaken within a partnership approach with community, council, other key stakeholders and Regional Public Health.

[1] http://www.smartgrowthbop.org.nz/media/75887/sub-regional-social-infrastructure-planning-framework-final.pdf

Frameworks

The Ottawa Charter continues to provide a good framework for health promotion, as well as public health in general.[2] But no reference is made to the charter, though the WHO quote on page 4 comes from the Ottawa Charter. There may be an opportunity to strengthen the framework used in *Innervate*[4] (population health spectrum of activities, p 9 and 17) by basing this on the Ottawa Charter.

For example, the PHO has a unique role in re-orienting general practice services; as compared to support for community action where many players, including other sectors, have a role. Similarly, what is the role of general practice and PHO staff to 'develop personal skills' compared to other agencies working to do so on specific issues or for specific population groups? The document is not consistent (p 3 & 4) about whether this applies to part of Compass activity or all of Compass activity. Increased clarification of the relative roles of PHO versus general practice staff would be useful within the strategy.

Priorities: risk factors and diseases

The focus on long-term conditions (LTCs) and risk factors is good, but there is some confusion between diseases and risk factors. WHO describes the following as LTCs: cardiovascular diseases, respiratory diseases, diabetes and cancer. Respiratory diseases are missing from the strategy's list. The addition of mental health and musculoskeletal conditions is useful. The risk factors for LTCs are tobacco, excess alcohol, poor nutrition and physical inactivity: all four of these contribute to LTCs as well as obesity, which is an outcome as well as a risk factor. Alcohol is missing as a key risk factor in the strategy and we recommend that this is added. The status of obesity as a marker of risk, rather than a risk in itself, remains a complex interaction. It may be clearer to provide a focus on the risks of poor nutrition and physical inactivity.

Overall, the priorities for the strategy are good and we recommend strengthening these with the suggested adjustments noted above. We would also recommend increasing the type of actions for influencing behaviour change to address risk factors is appropriate. As noted in the strategy, behaviour change requires more than health education and social marketing.

A key aspect for setting priorities is identifying community needs and demands; engaging communities is a critical aspect of the strategy that may need to be strengthened.

Some specific suggestions

- It would be useful to correctly reference P8 Poore 2004
- Figure 4, p 10 – should reference source as Dahlgren and Whitehead (1991)
- "High-Needs Populations" (p 10) could be enhanced by adding the work of Michael Marmot in "Fair Society Healthy Lives".
- In addition to utilisation of the HEAT Tool, it would be useful to add utilisation of the Whānau ora tool for implementation of the strategy.

[2] Signal L, Ratima M. *Promoting Health in New Zealand*. Wellington: Otago University Press, 2015.

- We recommend that an important input/resource for the strategy will also include networking, communications and social marketing expertise.

Next steps

RPH looks forward to working with Compass and supporting the implementation of the strategy. We concur on the need for more community action and developing personal skills to improve health and agree that the PHO can take a leading role here. However, there is a need to ensure sufficient priority is given to reorienting general practice by Compass. It is vital that the work of Compass is collaborative with all of the various actors who are currently involved in health promotion.

RPH has presented to PHOAG a specific need that is currently under-served, and yet has a strong evidence base: diet and activity support for those at increased risk of diabetes. Selecting one area to focus on, such as this, can help to develop the strategy as well as to assess the impact in changing both risk factors and disease.