



# West Coast District Health Board Public Health Plan 2017-18



*West Coast District Health Board*  
*Te Poari Hauora a Rohe o Tai Poutini*

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# 1. WEST COAST DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2017–18

- This plan describes public health services provided or funded by the West Coast DHB and its Public Health Unit (PHU), Community and Public Health (CPH).
- It accompanies the West Coast DHB Annual Plan 2017-18 and has been endorsed by the Board of the West Coast DHB.
- It describes key relationships with other agencies.
- The plan is based on a planning template agreed by the three South Island PHUs which utilises the Core Public Health Functions framework.

## a. Our Public Health Service

- CPH (a division of the Canterbury DHB) provides public health services throughout the West Coast DHB region, as well as within Canterbury and South Canterbury. Public health services on the West Coast are also provided through the Planning and Funding (P&F) Division of the West Coast DHB and by the West Coast Primary Health Organisation (WCPHO) and Poutini Waiora.
- Public health activities involve working in partnership with health and non-health agencies to improve health outcomes via a determinants approach.
- The plan focuses on the work of CPH, and also includes activities of P&F, the WCPHO and Poutini Waiora, but does not cover non-DHB funded public health providers, such as non-government organisations (NGOs).
- It is estimated that the West Coast DHB will serve a population of 32,600 people in 2017-18 (up from 31,330 at the 2006 Census). This population is spread over a large area from Karamea in the north to Jackson's Bay in the south (and Otira in the east) - as such, it has the most sparse population of the 20 DHBs in New Zealand. The population is spread across three Territorial Authorities (TAs): Buller, Grey and Westland Districts.
- The West Coast population is slightly older than the rest of New Zealand, with a higher proportion of people aged over 65 (16.1% in 2013, which was up from 13.8% in 2006). This differs for the Māori population (more than one in ten West Coasters are Māori), which is younger overall. At the time of the 2013 Census, the West Coast population was more socioeconomically deprived than the total New Zealand population. For example, those in the most deprived groups (NZDep2013 deciles 6 – 10) made up 57% of the West Coast population, compared with less than 50% of the total New Zealand population.
- The work of this plan is guided by the following public health principles:
  - a. focusing on the health of **communities** rather than individuals
  - b. influencing **health determinants**
  - c. prioritising improvements in **Māori health**
  - d. reducing **health disparities**
  - e. basing practice on the best available **evidence**
  - f. building effective **partnerships** across the health sector and other sectors
  - g. remaining **responsive** to new and emerging health threats.

## b. Our Key Priorities

- The West Coast DHB vision is of:  
*“An integrated West Coast health system that is clinically sustainable, financially viable and wraps care around the patient to help them stay well”.*
- In line with this vision – the future model of care for health services on the West Coast will be:
  - **People-centred:** Services focused on meeting people’s needs and valuing their time as an important resource.
  - **Based on a single system:** Services and providers working in a mutually supportive way for the same purpose, to support people to stay well.
  - **Integrated:** The most appropriate health professional available and able to provide care where and when it is needed.
  - **Viable:** Achieving levels of efficiency and productivity that allow an appropriate range of services to be sustainably maintained in the long term.

## c. Alignment with National and Regional Strategic Health Priorities

- This plan aligns with national and regional priorities and includes activities that support strategic health initiatives, including those set out in the Ministry’s Statement of Intent 2015-19, the refreshed New Zealand Health Strategy Future Direction (2016), He Korowai Oranga (2014), and Ala Mo’ui: Pathways to Pacific Health and Wellbeing 2014-18.
- The five South Island DHBs together form the South Island Alliance, which is committed to “a sustainable South Island health system focused on keeping people well and providing equitable, and timely, access to safe, effective, high-quality services as close to people’s homes as possible.”<sup>1</sup>
- The plan is aligned with national, regional and local outcomes and outcomes measures work, including the West Coast Health System, System Level Measures Framework (SLMF) 2017-18<sup>2</sup>; and the South Island Alliance’s Outcomes Measures, the latter of which includes measures against the outcome “Improved environments to support health and wellbeing”.
- The plan is aligned with and sits alongside the West Coast DHB Annual Plan 2017-2018. The plan contents reflect Government, Ministry of Health, and West Coast DHB priorities. CPH activities are carried out under the public health service specifications (Tiers One, Two and Three) as agreed by the Ministry of Health.
- The New Zealand Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision-making. The West Coast DHB works in partnership with Māori to reduce inequalities and improve the health status of Māori.
- CPH is committed to joined-up working, including via the West Coast Health Alliance and the South Island Alliances.
- CPH is a part of the South Island Alliance’s South Island Public Health Partnership (SIPHP) Workstream, which is a collaboration that includes the manager and clinical director of each South Island PHU, a Māori public health specialist, representatives from the South Island Alliance and the Ministry of Health, and an Alliance sponsor.
- The SIPHP has identified the following regional priorities for public health in 2017-2018:
  - Collective impact
  - Māori health
  - Environmental sustainability
  - Health in All Policies (particularly healthy weight, oral health, clean air, warm homes and alcohol harm reduction), and
  - Rheumatic Fever.
- The regional priority of “collective impact” refers to the establishment in 2017-2018 of a cross-sector, “one team” approach (undertaken by a body termed the “South Island Public Health Alliance”) to address the “wicked problems” of public health in the South Island. Once established, the South Island Public Health Alliance will operate under the auspices of the South Island Alliance to enable collective impact, with expected long term health, equity, social, environmental and economic benefits.
- The clinical director and manager of CPH will be included in the membership of the South Island Public Health Alliance.

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<sup>1</sup> Te Wai Pounamu South Island Health Service Plan 2015-18.

<sup>2</sup> Draft West Coast Health System, Improvement Plan, System Level Measures Framework 2017-18.

- The SIPHP will continue to meet as an entity in 2017-2018, focussing on the regional priorities outlined above, with an emphasis on regional alignment between the three South Island PHUs, where this will be of benefit.
- CPH has statutory responsibilities under the Health Act 1956 that are conducted by Medical Officers of Health, Health Protection Officers, and those acting under delegation from the Ministry of Health.
- This plan also outlines how CPH will meet the statutory responsibilities of a PHU and its designated officers in the West Coast DHB region, as specified by the Ministry of Health.
- Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and 'Vital Few' reporting as outlined in the planning and reporting package for 2017-18.
- CPH will also provide information about population-level measures (noted in section 3 and throughout the plan) alongside other reporting.

#### d. A Renewed Focus

- The five core public health functions agreed by the Public Health Clinical Network<sup>3</sup> and included in the Ministry of Health Tier Two and Three Public Health Service Specifications are:
  1. Health assessment and surveillance
  2. Public health capacity development
  3. Health promotion
  4. Health protection
  5. Preventive interventions.
- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.
- This plan presents (short-term) outcomes, outcome measures and summary activities. In addition to the summary activities presented here, CPH undertakes and will report against all activities outlined in the Environmental and Border Health exemplar and all mandatory (regulatory) activities outlined in the Alcohol exemplar from the PHU annual planning package 2017-18.

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<sup>3</sup> Available at <http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf>

## 2. KEY RELATIONSHIPS

The Public Health work of the West Coast DHB involves partnership with many health and non-health agencies. Some key partners of CPH are listed below. Formal agreements are noted in parentheses.

### **Local authorities:**

West Coast Regional Council  
Buller District Council  
Grey District Council  
Westland District Council  
District Licensing Committees

### **Government agencies:**

Alcohol Regulatory and Licensing Authority  
Department of Conservation  
Department of Corrections  
Department of Internal Affairs  
Environmental Protection Authority  
Environmental Science and Research  
Health Promotion Agency  
Ministry of Business, Innovation and Employment  
Ministry of Education  
Ministry for the Environment  
Ministry of Health  
Ministry of Primary Industries  
New Zealand Fire Service  
New Zealand Police  
Worksafe

### **Māori/Iwi agencies:**

Te Runanga o Ngati Waewae  
Te Runanga o Maakaawhio  
Poutini Waiora  
Te Hā o Kawatiri

### **Education institutions:**

Education Facilities and Settings  
Tai Poutini Polytechnic  
Front-Line

### **West Coast DHB:**

Community and Public Health Advisory Committee/Disability Support Advisory Committee  
Falls Prevention Coalition  
Immunisation Coordinator  
Immunisation Advisory Group  
Infection Control Nurse Specialist, Grey Hospital  
Infection Prevention and Control Committee  
Public Health Nurses  
Rural Nurse Specialists  
Suicide Prevention Governance Group

Suicide Prevention Action Group  
Tatau Pounamu ki Te Tai o Poutini  
West Coast Health Alliance

**Non-government organisations/networks:**

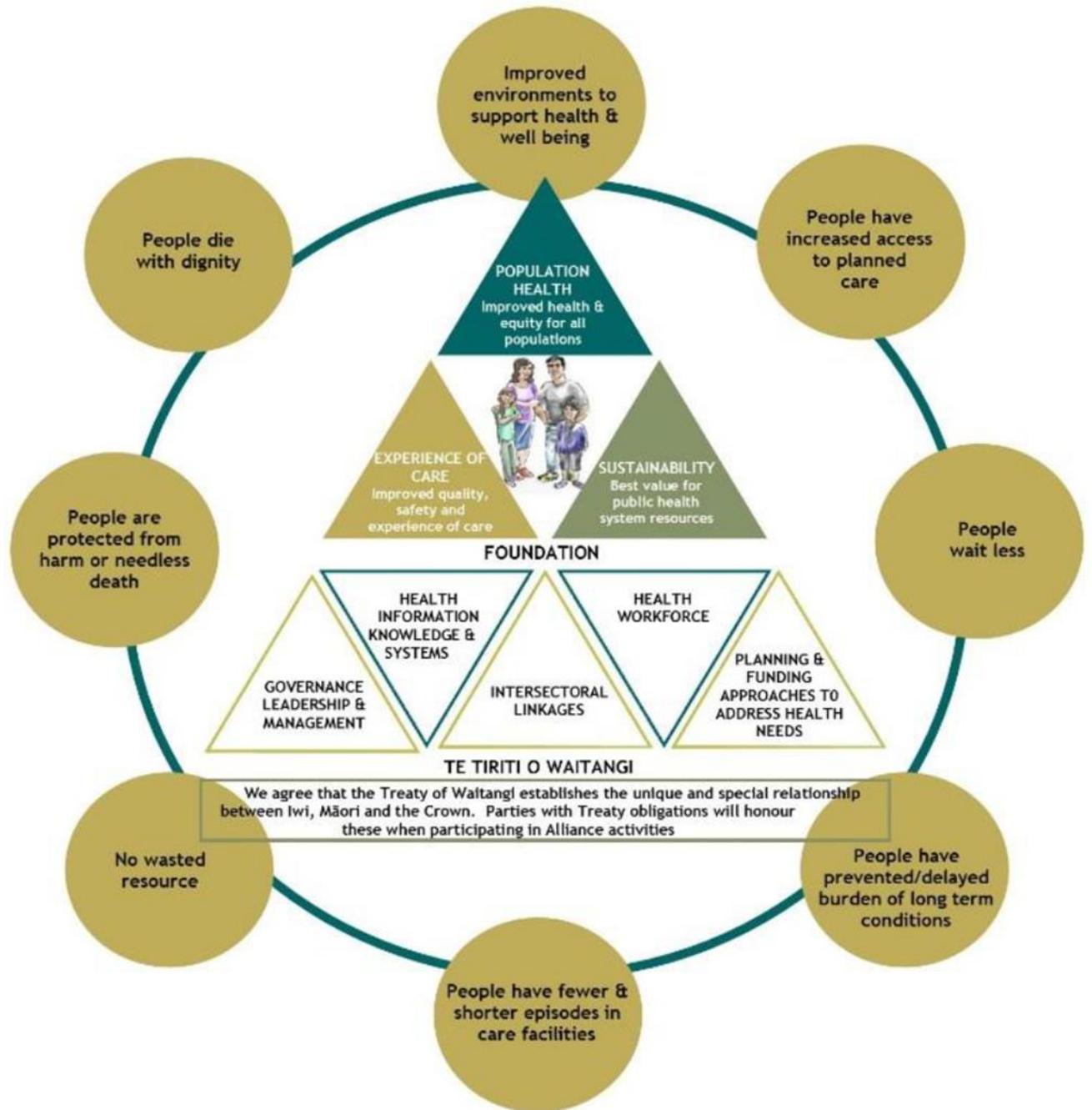
Action on Smoking and Health  
Active West Coast  
Alcohol Action NZ  
Buller and Westland Sports Trusts  
Buller REAP  
Buller Interagency Forum  
Cancer Society  
Education West Coast  
Family Planning Association  
Heart Foundation  
Healthy West Coast Governance Group (Terms of Reference, joint work plan)  
Home Builders  
Laboratories  
Liaison on Alcohol and Drugs  
Medical Centres  
Mental Health Foundation  
New Coasters  
Plunket  
Potikahua House  
Smokefree South Island  
Sport Canterbury West Coast  
Stroke Foundation of New Zealand  
Te Rito network  
The Hub/Nurturing the Future West Coast Tobacco Free Coalition  
West Coast Primary Health Organisation  
West Coast Youth Workers Collective  
WestREAP  
Westland Safe Communities

### 3. POPULATION-LEVEL MEASURES

The following population-level measures are impacted by a range of strategies throughout the plan. Additional population-level measures are noted in specific sections of the plan.

Percentage of the population over 15 who smoke  
Percentage of Year 10 students who have never smoked  
Percentage of the population over 15 who are obese  
Percentage of children caries free at 5 years  
Percentage of Māori children caries free at 5 years  
Percentage of adults who consume recommended daily intake of fruit and vegetables  
Percentage of adults who are physically active  
Percentage of adults who drink hazardously  
Rate of hospitalisations wholly attributable to alcohol  
Rate of reported alcohol-related motor vehicle crashes  
Rate of alcohol-related motor vehicle crashes, by crash injury type

## 4. SOUTH ISLAND OUTCOMES FRAMEWORK



Source: Te Wai Pounamu South Island Health Service Plan 2015-18.

## 5. HEALTH ASSESSMENT AND SURVEILLANCE

“understanding health status, health determinants and disease distribution”

### a. 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).

### b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
<b>Health assessment</b>	Robust population health information available for planning health and community services	Availability of information for planning (narrative)	Monitor, analyse and report on key health determinants, including: -alcohol-related harm -smoking status (e.g. from ASH Year 10 data, 2013 Census, and WCPHO reports).	CPH, P&F WCDHB, WCPHO
			Develop health status reports and health needs analyses for specific populations as required.	CPH
			Develop disease-specific reports for conditions of concern, as required.	CPH
			Contribute to related work of partner organisations, e.g. WCPHO and WCDHB through the Healthy West Coast workstream of the West Coast Health Alliance.	CPH, WCPHO, Poutini Waiora, WCDHB
	Improved public understanding of health determinants	Availability of information to public (narrative)	Disseminate information in existing and dedicated reports (e.g. WCDHB Quality Accounts, WCDHB website, WCDHB Community Report, print, broadcast and social media, and in one-off reports).	CPH, WCDHB Communications Team, WCPHO

	<b>Short Term Outcomes</b> (the results that we're working towards)	<b>Short Term Outcome Measures</b> (how we'll monitor progress towards the results)	<b>Activities</b> (what we'll do to get the result)	<b>Responsibilities</b> (who will do it and when)
			Develop new health information resources as appropriate utilising principles contained within Rauemi Atawhai – 'A guide to developing health education resources in New Zealand'.	CPH
			Process (newly developed and external) resources through internal Resource Approval Panel and distribute approved resources as required.	CPH
<b>Surveillance</b>	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Surveillance system in place (narrative) Timeliness of reports for trends and outbreaks of concern (narrative)	Review (via EpiSurv and other sources), analyse, and report on communicable diseases data, including via web applications and written reports (e.g. PHI Quarterly, weekly reports on notifiable diseases and influenza – May to September).	CPH
			Produce disease-specific reports for communicable diseases of concern, e.g. Pertussis, other diseases causing outbreaks.	CPH
			Review, analyse and report on other disease and determinants data (e.g. alcohol-related harm, and diseases relevant to West Coast context).	CPH, P&F WCDHB
			Provide reports to P&F for MoH on SI rheumatic fever incidence.	CPH, SIPHP

## 6. PUBLIC HEALTH CAPACITY DEVELOPMENT

“enhancing our system’s capacity to improve population health”

### a. 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.
- **Quality management** for public health, including monitoring and performance assessment.

### b. Outcomes and Activities table

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Measures (how we’ll monitor progress towards the results)	Activities (what we’ll do to get the result)	Responsibilities (who will do it and when)
<b>Public health information systems</b>	Public health information accessible to public health, partner organisations and the public	Availability and accessibility of public health information (narrative)	Review, implement and maintain public health information systems (CFS; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, GIS systems, Health Pathways, NIR, Community Health Information, Emergency Information Systems).	CPH, P&F WCDHB, WCPCO
			Contribute to development and implementation of national, regional and local public health information systems, including providing support to other PHUs that are adopting Healthscape.	CPH, WCPCO, WCDHB
<b>Partnerships with iwi, hapū, whānau and Māori</b>	Effective partnerships with iwi, hapū, whānau and Māori	Joint approaches and initiatives (narrative)	Take a whānau ora approach to working with local iwi, hapū, whānau and Māori around: -health information and analysis -proposals and policies with health implications -health determinants and outcomes.	CPH

	<b>Short Term Outcomes</b> (the results that we're working towards)	<b>Short Term Outcome Measures</b> (how we'll monitor progress towards the results)	<b>Activities</b> (what we'll do to get the result)	<b>Responsibilities</b> (who will do it and when)
			Develop, implement and report on CPH Māori Health Plan.	CPH (DLT Māori Health Rōpū)
<b>Partnerships with Pacific and other ethnic leaders and communities</b>	Effective partnerships with Pacific and other ethnic communities	Joint approaches and initiatives (narrative)	Work with local Pacific and other ethnic leaders and communities around: -health information and analysis -proposals and policies with health implications -health determinants and outcomes.	CPH
			Contribute to WCDHB ethnic specific plans as appropriate.	CPH, P&F WCDHB, WCPHO
<b>Human resources</b>	A highly skilled public health workforce	% Staff with appropriate or relevant public health qualifications (quantitative) Development/training provided and to whom (narrative)	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies, progressing a Te Tiriti based approach to public health, and contributing to SI workforce development and national networks.	CPH, SIPHP
			Facilitate training for CPH staff in the Treaty, inequalities, HiAP, Te Reo, Hauora Māori, and undergraduate and postgraduate study in public health as appropriate to staff development needs.	CPH
			Carry out in-house training on the new Health Protection Amendment Act 2016 utilising the Guidance on Infectious and Communicable Disease Management under the Health Act 1956 document.	CPH
<b>Research, evaluation, economic analysis</b>	Information available on priority public health issues and effectiveness of public health interventions	Research / evaluation reports, publications and presentations (narrative)	Support public health research and evaluation with a particular focus on improving Māori health and reducing health disparities.	CPH
			Share research (e.g. Buller Community Profile) with relevant agencies to assist in dealing with the impacts of job losses on the West Coast.	CPH
			Media releases about items of interest including Year 10 ASH data, alcohol trends, etc.	CPH
			Systematically identify opportunities for conference presentations and peer-reviewed publication where appropriate.	CPH

	<b>Short Term Outcomes</b> (the results that we're working towards)	<b>Short Term Outcome Measures</b> (how we'll monitor progress towards the results)	<b>Activities</b> (what we'll do to get the result)	<b>Responsibilities</b> (who will do it and when)
<b>Planning and advising on public health programmes</b>	Population health interventions are based on best available evidence and advice	Planning advice / reports (narrative)	Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, GIS analysis.	CPH, P&F WCDHB, WCPHO, SIPHP
			Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, SIPHP, National Public Health Clinical Network, National HPS Group, New Zealand College of Public Health Medicine, Healthy West Coast Workstream, Promoters Advocating Sexual Health in Aotearoa NZ, West Coast Tobacco Free Coalition, Active West Coast, WCDHB Child & Youth Health Workstream, West Coast Immunisation Advisory Group, WCDHB Suicide Prevention Governance and Action Groups.	CPH
<b>Quality management</b>	A continuous improvement culture and robust quality systems for all public health work	Quality improvement plan reports (narrative) Accreditation results (narrative +/- quantitative)	Review and deliver the quality improvement plan including: policy and procedure maintenance, on-call documents available and accessible electronically and off-site, internal audit plan and schedule progressed, and provision of information, training and support to staff.	CPH
			Maintain CFS work plan. Complete all remaining CFS team and folder migrations.	CPH
			Complete CFS team audits.	CPH
			Present annual quality report to CPH DLT.	CPH
			Applications of Health Excellence for CPH.	CPH
			Contribute to the WCDHB organisation-wide quality programme and Quality Accounts.	CPH
			Maintain IANZ accreditation of drinking water unit and plan to ensure sufficient accredited Drinking Water Assessors (DWAs) at all times.	CPH/SIDWAU
	Address IANZ issued Corrective Action Requests responded to within allocated timeframes.	CPH/SIDWAU		
Effective regional delivery of public health core functions	Reports of SI Public Health Partnership (narrative)	Contribute to management and regional work groups as needed, such as the: -SIPHP Workstream -SI Public Health Alliance -SIPHP Alignment Group	CPH	

	<b>Short Term Outcomes</b> (the results that we're working towards)	<b>Short Term Outcome Measures</b> (how we'll monitor progress towards the results)	<b>Activities</b> (what we'll do to get the result)	<b>Responsibilities</b> (who will do it and when)
			<ul style="list-style-type: none"> <li>-SI Public Health Analysts' Network</li> <li>-SIPHP Alcohol Workgroup</li> <li>-SIPHP Sustainability Workgroup</li> <li>-SIPHP Workforce Development Network.</li> </ul>	

## 7. HEALTH PROMOTION

### a. 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' capacity** 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

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

### b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
<b>Building Healthy Policy</b>	Increased numbers of sustainable policies and practices that support health and wellbeing, improve Māori health, and reduce disparities	New and reviewed strategies, plans and policies reflect health priorities (narrative)	Develop and make available resources to support health impact assessment (HIA) and a “health in all policies” (HiAP) approach.	CPH (Policy)
			Support health and non-health sector staff with appropriate tools and customised advice to support a HiAP approach, e.g. Te Pae Mahutonga, Health Promotion and Sustainability Through Environmental Design, Broadly Speaking training etc. Ensure these tools are available to all partner agencies and support their implementation.	CPH (Policy)
			Support settings (workplaces, sports clubs, schools) to develop policies which support health.	CPH
			Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including relevant MoE initiatives, housing, community resilience and wellbeing in response to job losses.	CPH
			Develop joint work plans with a range of stakeholders including: -Healthy West Coast work plan	CPH, WCDHB, WCPHO, Poutini Waiora

	<b>Short Term Outcomes</b> (the results that we're working towards)	<b>Short Term Outcome Measures</b> (how we'll monitor progress towards the results)	<b>Activities</b> (what we'll do to get the result)	<b>Responsibilities</b> (who will do it and when)
			-West Coast Tobacco Free Coalition work plan -WCDHB Māori Smoking Cessation work plan -WCDHB Youth Health Plan -WCDHB Suicide Prevention Plan.	
			Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.	CPH, SIPHP
<b>Built Environments</b>	Built environments promote health, and support healthy choices and behaviours	Evidence of Public Health contribution in key decisions (narrative)	Encourage the development of well-designed built environments (including transport networks and public spaces) that are universally accessible and promote health.	CPH
			Make submissions on the four Councils' Annual Plans.	CPH
<b>Creating supportive environments</b>	Settings that support healthy choices and behaviours	Number and type of settings that embed a systems approach to improving health (quantitative, narrative)	Assist organisations and communities interested in gardening and growing food to achieve their goals.	CPH
			Advocate for environments that support active transport, play and community connectedness.	CPH
<b>Education settings</b>	ECECs, schools and tertiary settings that support healthy choices and behaviours	Education settings' evaluation reports, including environment changes achieved (quantitative, narrative)	Develop and support HPS initiatives reflecting national strategic direction and guided by the service specification.	CPH, WCDHB PHNs
			Support school initiatives that meet health and wellbeing needs identified by the school such as promoting student voice, healthy lifestyles and environments, emotional and mental wellbeing (alongside organisations such as the Mental Health Foundation, Skylight Trust or Ministry of Education), improved attendance, hygiene, and whānau engagement.	CPH
			Work with young people to encourage healthy choices e.g. Smokefree, alternatives to alcohol.	CPH
			Continue to utilise the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.	CPH

	<b>Short Term Outcomes</b> (the results that we're working towards)	<b>Short Term Outcome Measures</b> (how we'll monitor progress towards the results)	<b>Activities</b> (what we'll do to get the result)	<b>Responsibilities</b> (who will do it and when)
<b>Workplaces</b>	Workplaces that support healthy choices and behaviours	Workplace initiatives evaluation reports, including environment changes achieved (quantitative, narrative)	Work with priority workplaces to develop health promoting workplaces.	CPH
			Work with workplaces to encourage smoking cessation among staff.	CPH, WCPHO, Poutini Waiora
<b>Marae and Other Māori Settings</b>	Marae and other Māori settings that support healthy choices and behaviours	Marae and other settings initiatives evaluation reports, including environment changes achieved (quantitative, narrative)	Work in a whānau ora approach with Māori in settings to support healthy choices and make healthy lifestyle changes. Settings include: Kohanga Reo, Marae and Poutini Waiora.	CPH, WCPHO, Poutini Waiora
<b>Other community settings</b>	Other community settings that support healthy choices and behaviours	Evaluation reports, including environment changes achieved (quantitative, narrative)	Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival.	CPH, WCDHB, WCPHO, Poutini Waiora
			Support active transport through advocacy and membership on West Coast Road Safety Committee.	CPH, WCDHB
			Work with ECECs to promote health and wellbeing, with a particular focus on nutrition and oral health.	CPH, WCDHB, WCPHO
<b>Community action</b>	Effective community action initiatives	Changes achieved by community partnerships (narrative)	Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, e.g. community resilience and wellbeing in response to job losses, supporting delivery of the Prime Minister's Youth Mental Health initiative, WCDHB Suicide Prevention Plan.	CPH, WCDHB, WCPHO
			Encourage community members to participate in submission-making process including submissions on Alcohol Licence applications.	CPH
			Support the Te Pūtahitanga – funded Te Hā o Kawatiri project in the Buller District.	CPH
	People with skills to enable healthy	Lifestyle change support delivered (with success)	Enable the delivery of integrated smoking cessation services on the West Coast.	CPH, WCDHB, WCPHO, Poutini Waiora

	<b>Short Term Outcomes</b> (the results that we're working towards)	<b>Short Term Outcome Measures</b> (how we'll monitor progress towards the results)	<b>Activities</b> (what we'll do to get the result)	<b>Responsibilities</b> (who will do it and when)
<b>Develop personal skills</b>	choices and behaviours	rates if available) (narrative +/- quantitative) Evaluation of other initiatives (narrative +/- quantitative)	Develop and deliver other lifestyle intervention support (e.g. Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding support, cooking programmes).	CPH, WCDHB, WCPHO, Poutini Waiora
			Support mental wellbeing initiatives. Support delivery of the Prime Minister's Youth Mental Health initiative and WCDHB Suicide Prevention Plan.	CPH, WCPHO (Primary Mental Health Team) and other WCDHB Teams/Services (e.g. Mental Health)
			Deliver sexual health resources to priority groups and identify and facilitate training where appropriate.	CPH, WCDHB
	Communities aware of health issues and healthy choices and behaviours	Impact of communications, including number of hits, community feedback etc (narrative, quantitative)	Develop and implement CPH public health communications strategies.	CPH
			Deliver/support relevant and timely public health information and campaigns (including World Smokefree Day, Mental Health Awareness Week, National Heart Week, White Ribbon Day, 'It's Not OK' campaign, Matariki, Waitangi Day and Ask a Professional columns in the Messenger).	CPH, WCDHB, WCPHO, Poutini Waiora
<b>Reorient health service</b>	Preventative and population approaches support healthy choices and behaviours in healthcare settings	ABC coverage in primary and secondary care (quantitative) Healthcare initiatives and evaluation reports (narrative)	Maintain ABC coverage in primary and secondary care including quit card, hospital cessation service, Coast Quit and Oranga Hā – Tai Poutini.	WCDHB, WCPHO, CPH
			Work with hospital and community healthcare providers to develop health promoting settings (e.g. promoting active transport, Smokefree, and West Coast Health System Healthy Food and Beverage Policy).	CPH, WCPHO, WCDHB, Poutini Waiora
			SI: Promote a population health approach to tackling obesity with other parts of our DHB and via SI Service Level Alliances and workstreams.	CPH, WCPHO, WCDHB, Poutini Waiora
			Work with WCDHB to support the development of a WCDHB Alcohol Harm Reduction Strategy.	WCDHB, WCPHO, CPH
			Top three physical activity and nutrition priorities: -Work in partnership with stakeholders to improve and support opportunities for physical activity	CPH

	<b>Short Term Outcomes</b> (the results that we're working towards)	<b>Short Term Outcome Measures</b> (how we'll monitor progress towards the results)	<b>Activities</b> (what we'll do to get the result)	<b>Responsibilities</b> (who will do it and when)
			-Create supportive environments in ECECs and school communities -Deliver community nutrition & cooking programmes with vulnerable/high needs groups.	

## 8. HEALTH PROTECTION

### a. Strategies

- Developing and reviewing public health laws and regulations<sup>4</sup>.
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

“protecting communities against public health hazards”

### b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
<b>Communicable disease control</b>	Reduced incidence of notifiable diseases Reduced incidence of influenza	Notifiable diseases and influenza rates, outbreak rates and trends (quantitative) Reach and impact of prevention information and initiatives (quantitative, narrative) Outbreaks controlled (quantitative, narrative)	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)
			Quality data entry in EpiSurv in a timely manner.	CPH
			Carry out internal audits of selected cases for adherence to protocols.	CPH
			Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)

<sup>4</sup> Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			Provide public information and advice, aimed at reducing incidence of communicable disease, including promoting immunisation, hand hygiene and condom distribution.	CPH, WCDHB Infection Control Committee, West Coast Immunisation Advisory Group
			Work with priority settings and communities to increase immunisation and improve infection control.	CPH
			Provide vaccinator and programme authorisations as per Medicines Regulations.	CPH
			Progress to an electronic processing platform enabling accurate processing data reporting for authorised vaccinators as well as programme authorisations.	CPH (Protection, Information)
			Continue to implement SI Rheumatic Fever Prevention Plan (reported through SIPHP).	SIPHP
			Maintain the rheumatic fever register. Undertake 6-monthly reviews of prophylaxis compliance in primary care.	CPH
<b>Drinking water quality</b>	Optimised adequacy, safety and quality of drinking water on West Coast	Prioritised plan agreed with TAs (narrative) Improvements achieved in water quality, water infrastructure, quality assurance systems (narrative) Number of supplies with approved and implemented Water Safety Plans (quantitative)	Implement the requirements of the Drinking Water Standards for New Zealand as required (e.g. P2 assignments, catchment risk assessments, secure ground water assessments).	CPH/SIDWAU
	Prevention of spread of disease to the public	Number/size waterborne disease outbreaks (quantitative, narrative)	Review and prioritise all community supplies and work with prioritised communities and TAs and regional bodies to improve water quality.	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	through reticulated water supplies		Carry out functions and duties of a DWA as defined under the Health Act.	CPH
			Identify and investigate incidents, complaints and notification of adverse drinking water quality (or adequacy) of tankers and networked and temporary drinking water supplies.	CPH
			Carry out public health grading of drinking water supplies on request.	CPH
			Undertake water carrier registration where required.	CPH
			Respond promptly to notified drinking water transgressions.	CPH
			Provide advice on the benefits of water fluoridation as necessary.	CPH
			Respond promptly to suspected cases and potential outbreaks of water-borne disease.	CPH
<b>Sewage</b>	Reduced incidence and impact of environmental hazards from the treatment and disposal of sewage	Sewage-related outbreaks (quantitative, narrative) Environmental contamination events (quantitative, narrative)	Work with councils to promote and ensure safe sewage disposal, including making submissions on regional plans and policies, district plans and policies, resource consents.	CPH
			Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination.	CPH
			Liaise with councils to ensure that sewage overflows that pose a significant public risk are managed appropriately.	CPH
<b>Recreational water</b>	Reduced incidence and impact of environmental hazards associated with recreational water	Beach and river water monitoring results, including improvements achieved (quantitative, narrative) Waterborne disease outbreaks (see above)	Encourage local authorities to clearly identify and notify publically recreational waters which do not meet minimum microbiological water quality guidelines. Completed through agreed recreational water protocols with councils annually.	CPH
			Provide input into regional and local activities associated with recreational water quality. Provide public and stakeholders with appropriate public health advice relating to recreational water.	CPH

	<b>Short Term Outcomes</b> (the results that we're working towards)	<b>Short Term Outcome Measures</b> (how we'll monitor progress towards the results)	<b>Activities</b> (what we'll do to get the result)	<b>Responsibilities</b> (who will do it and when)
			Investigate cases of suspected or confirmed illness including any toxic shellfish poisoning.	CPH
			Respond to recreational water (including swimming pool) incidents and enquiries as required.	CPH
			Promote NZS5862 to Councils and pool managers to maintain or improve pool water quality during any investigations.	CPH
<b>Housing</b>	Less disease caused by inadequate housing	Housing quality improvements (narrative) Improvements achieved in protection and support for householders, especially tenants (quantitative, narrative)	Work with national, local and community organisations to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households). (Also see Air Quality, under Resource Management.)	CPH, WCDHB P&F, WCPHO, Te Hā o Kawatiri, CEA
<b>Resource management</b>	Public health issues are identified and addressed in decisions made on the sustainable management of natural and physical resources and social environments	Evaluation of council decisions, implementation and enforcement (narrative) Air quality monitoring results (quantitative)	Encourage and assist Councils to develop and implement policies through processes, such as the review of district plans, including variations or plan changes or Council Long Term Plans that address the wider determinants of health.	CPH
			Provide other agencies and the public with information about the public health aspects of sustainable resource management.	CPH
			Liaise and, where appropriate, undertake joint projects with consent authorities and affected communities to ensure that public health aspects of planning and resource management are considered.	CPH
			Provide technical advice and information to regional councils and territorial authorities as required.	CPH
			Work with stakeholders to identify and address potential health issues.	CPH
<b>Hazardous substances</b>	Public protected from exposure to hazardous substances	Reports of public exposure (narrative)	Use the priority criteria in the Hazardous Substances Action Plan, and injury surveillance data, to guide work to reduce public exposure to hazardous substances.	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		<p>Management of emergency events (narrative)</p> <p>Safeguards in place, including interagency work, agreed protocols, and exercises (narrative)</p> <p>Promotion of the HSDIRT reporting process to GPs, hospitals and others (narrative)</p> <p>Reach and impact of public information (narrative)</p> <p>Number &amp; nature of VTA permits issued and results of audits (quantitative, narrative)</p>	<p>Maintain effective risk management strategies and response plans for hazmat incidents and emergencies.</p> <p>Represent public health interests at meetings of the Area Hazmat Coordination Committee when this is established.</p> <p>Promote hazardous substances injury notification by GPs.</p> <p>Report all notifications of hazardous substances injuries to the science provider in the format required (HSDIRT), including GP notifications. Investigate notifications as required.</p> <p>Provide public information and advice on the risks of environmental and non-occupational exposures to hazardous substances and products, including asbestos in the non-occupational environment.</p> <p>Give advice to and encourage and/or assist territorial authorities and Regional Councils to address public health issues related to contaminated land.</p> <p>Process applications for permission for use of VTAs.</p> <p>Undertake field or desktop audits of all VTA permissions.</p>	<p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH</p>
<b>Early childhood education centres</b>	Reduced incidence and impact of health issues in ECECs	Compliance with ECEC regulations, including infection control and lead exposure (mainly narrative, including changes achieved)	<p>Conduct and report on pre-licensing inspections of ECECs, including compliance by the licensee of the premises with the Education (Early Childhood Centres) Regulations 1998</p> <p>Work with councils to ensure appropriate placement of new ECECs.</p> <p>Investigate/inspect and report on ECECs in response to complaints.</p>	<p>CPH</p> <p>CPH</p> <p>CPH</p>
<b>Emergency preparedness</b>	WC districts prepared for emergencies	Effective emergency responses as required (narrative)	<p>Review and maintain emergency plans.</p> <p>Participate in emergency responses on an as-needed basis.</p>	<p>CPH, WCDHB, WCPHO</p> <p>CPH</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	impacting on public health	Safeguards in place, including interagency work, agreed protocols, and exercises (narrative)  Reach and impact of public information (narrative)	Deliver MoH Emergency Management training to new staff and refresher training to established personnel (e.g. CIMS in Health, Health EMIS).	CPH
			Complete CPH West Coast Business Continuity Plan and share with other PHUs.	CPH
<b>Sustainability</b>	Greater understanding of and action on sustainability	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations (narrative)	Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies.	CPH, SIPHP Sustainability Workgroup
			Submissions to Councils where appropriate.	CPH
<b>Tobacco</b>	Reduced tobacco sales, especially to minors  Reduced exposure to second-hand smoke	Retailer display compliance at inspection (quantitative)  Retailer compliance during CPOs (quantitative)  Number and nature of workplace complaints (quantitative, narrative)	Respond to public complaints.	CPH
			Complete education visit/compliance check prior to CPO/complaint.	CPH
			Conduct CPOs.	CPH
			Provide public and retailer information and advice.	CPH
<b>Alcohol</b>	Less alcohol-related harm	Improvements in licensing environment, including LAPs, accords, monitoring, enforcement, and other interagency work (narrative)  Reach and impact of public information (narrative)  Nature and impact of DHB alcohol harm reduction strategies (narrative)  Number and impact of licence application reports and hearings (quantitative, narrative)	Support and continuously improve ED alcohol data collection system.	WCDHB, CPH
			Undertake or work with other agencies to undertake monitoring visits of high risk premises as per PHU risk rating tool and/or based on local data, complaints or other intelligence, including requests from police or licensing inspectors.	CPH
			Inquire into all on-, off-, club, and special licence applications and provide Medical Officer of Health reports to DLCs, either where there are matters in opposition or recommendations (on the basis of application of the relevant risk assessment tool in the Public Health Alcohol Regulatory Officer Toolkit, May 2013).	CPH
			Collaborate in police-led CPOs to reduce sale of alcohol to minors.	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		Retailer compliance during CPOs (quantitative)	Work with special licence event organisers and support them to adopt and implement appropriate alcohol management plans or alcohol harm reduction practices.	CPH
			Provide education as part of re-licensing and new licensing processes, including: -educating retailers, employers and their staff and volunteers (club licences) about their Sale and Supply of Alcohol Act 2012 responsibilities -contributing to formal training of Duty Managers.	CPH
			Liaise with and, where appropriate, undertake joint projects to influence other local authority alcohol related policies and bylaws prior to the formal consultation process.	CPH
			Support West Coast councils to develop, implement and monitor their LAPs.	CPH
			Work with SIPHP to facilitate the development of DHB Alcohol Harm Reduction Strategies.	CPH, SIPHP (Alcohol Workstream)
<b>Other psychoactive substances</b>	Improved compliance with Psychoactive Substances Act 2013	Retailer compliance during CPOs (quantitative)	Work with Police and other agencies including CPH Canterbury staff to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations.	CPH
<b>Other</b>	Public protected from other health hazards	Impact of work (narrative)	Undertake other regulatory health protection work using a risk-based approach and in accordance with the Environmental Health Protection Manual.	CPH
			Conduct six monthly visits to commercial solaria to encourage compliance with best practice guidelines.	CPH

## 9. PREVENTIVE INTERVENTIONS

### a. Strategies

- 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).

“population programmes delivered to individuals”

### b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
<b>Immunisation</b>	Increased immunisation coverage, especially for priority groups	Immunisation rates <b>Population-level measures:</b> Percentage 5 year olds fully vaccinated Percentage of Māori 5 year olds fully vaccinated Percentage 65+ who receive flu vaccination <b>SLMF contributory measures:</b> % of Maori enrolled persons 65+ who have received an influenza vaccine at the end of the funded flu season (proposed 30 June 2018 target 60% -as at 31 December 2017)	Immunisation coordination - work strategically to improve immunisation coverage especially for tamariki and rangatahi.	CPH, WCDHB (P&F, PHNs, RNSs, West Coast Immunisation Advisory Group), WCPHO
			Immunisation promotion e.g. Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools.	CPH, WCDHB (Communications Team, PHNs and Outreach Co-ordinator), WCDHB Immunisation Advisory Group, WCPHO
			Immunisation delivery.	WCPHO, WCDHB (Outreach Co-ordinator, PHNs, RNSs)
<b>Lifestyle interventions</b>	Systematic identification of and response to risk factors	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity (quantitative)	Work with the Maternity Quality and Safety Programme to enhance coverage and effectiveness of Smokefree ABC interventions with pregnant women who smoke.	WCDHB, WCPHO, CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		<p><b>SLMF contributory measure:</b></p> <p>% of enrolled patients who identify as smokers offered advice and support to quit within last 15 months (proposed 30 June 2018 target 91% of Māori enrolled patients)</p> <p>% eligible adult population who have had a CVD risk assessment in the last 5 years (proposed 30 June 2018 target 90% of eligible adult Māori population)</p>	<p>Continue to implement West Coast Smoking Cessation Strategy in primary care and the community.</p> <p>Meet West Coast Health System Improvement Plan smoking targets, including delivery of brief advice and cessation support to smokers.</p> <p>Deliver Coast Quit smoking cessation initiatives. Deliver Oranga Hā-Tai Poutini smoking cessation services.</p>	<p>WCDHB, WCPHO, CPH</p> <p>WCPHO, WCDHB</p> <p>WCPHO, CPH</p>
<b>Screening and early detection</b>	Early detection of cancer	<p>Coverage rates for cervical and breast cancer screening</p> <p><b>Population-level measures:</b></p> <p>Percentage of women aged 50-69 who have had a breast screen in the last 2 years</p> <p>Percentage of Māori women aged 50-69 who have had a breast screen in the last 2 years</p> <p>Percentage of women who have had a cervical smear once in the last 3 years</p> <p>Percentage of Māori women who have had a cervical smear once in the last 3 years</p> <p><b>SLMF contributory measure:</b></p> <p>% eligible unscreened or under-screened women who have had a cervical sample taken in the last 3 years (proposed 30 June 2018 target 70%)</p>	<p>Work to meet West Coast Health System target including by participating in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.</p> <p>Maintain current levels of uptake of breast screening through a planned approach.</p>	<p>WCPHO, WCDHB, Poutini Waiora, CPH</p> <p>WCPHO, WCDHB, Poutini Waiora, CPH</p>
		<p>Coverage rates for Before School Checks (quantitative)</p>	<p>Implement, and/or undertake activities to increase uptake of, Before School Checks.</p>	
	Early detection of health, behavioural, social, or developmental concerns.			

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	Early detection of diabetes and cardiovascular disease	<p>Coverage of diabetes and CVD screening programmes:</p> <p><b>Population-level measures:</b> Percentage of people aged 45-74 who have had their cardiovascular risk assessed in the last 5 years</p> <p><b>SLMF contributory measure:</b> % eligible adult population who have had a CVD risk assessment in the last 5 years (proposed 30 June 2018 target 90% of eligible Māori population)</p>	Work to meet West Coast Health System CVD risk assessment target, including by promoting CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	WCPHO, WCDHB

## 10. GLOSSARY/DEFINITIONS

ABC – Ask; Brief Advice; Cessation support. A memory aid approach to smoking cessation for health practitioners.

ASH – Action on Smoking and Health – A charity working to eliminate death and disease caused by tobacco.

CEA – Community Energy Action

CFS – Common File Structure

CIMS – Coordinated Incident Management System – The managed response to incidents within New Zealand amongst multiple agencies.

CPH – Community and Public Health

CPO – Controlled Purchase Operation. One CPO equals one total organised operation that targets a number of premises.

CVD – Cardiovascular Disease

DHB – District Health Board

DLC – District Licensing Committee

DLT – Divisional Leadership Team

DWA - Drinking Water Assessor

ECEC – Early Childhood Education Centre

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database

ESR – Institute of Environmental Science and Research

GIS – Geographical Information Systems

GM – General Manager

GP – General Practitioner

Health EMIS – Emergency Management Information System

Healthscape – The CPH database which records information about CPH activities, and relationships with other organisations.

Healthy West Coast Governance Group – a tripartite alliance of CPH, the WCDHB and WCPHO for joint planning and delivery of health promotion.

HIA – Health Impact Assessment – A systematic procedure to judge what potential (and sometimes unintended) effects a policy, plan, programme or project will have on a population and how those effects will be spread across that population. The HIA identifies how to act to manage those effects.

HiAP – Health in All Policies

HIIRC – Health Improvement and Innovation Resource Centre. An online resource providing health information.

HPS – Health Promoting Schools

HSDIRT – Hazardous Substances Disease and Injury Reporting Tool

IANZ – International Accreditation New Zealand

LAP - Local Alcohol Policy

MoE – Ministry of Education

MoH – Ministry of Health

NGO – Non-Government Organisation

NIR – National Immunisation Register

NZDep2013 – New Zealand Deprivation Index (2013)

P&F – Planning and Funding

PHI – Public Health Information

PHN – Public Health Nurse

PHO – Primary Health Organisation

PHU – Public Health Unit

Quality Accounts – Reports provided by health providers on the quality of their services, presented in a similar way to financial accounts showing how an organisation used its money.

RNS – Rural Nurse Specialist

SI – South Island

SIDWAU – South Island Drinking Water Assessment Unit

SIPHAN – South Island Public Health Analysis Network (online communication and document storage tool)

SIPHP - South Island Public Health Partnership

SLMF –System Level Measures Framework

TA – Territorial Authority

Te Pae Mahutonga – A model for Māori Health Promotion. Te Pae Mahutonga is the Māori name given to the constellation of the Southern Cross: four stars with two stars as pointers.

VTA – Vertebrate Toxic Agent

WC – West Coast

WCDHB – West Coast District Health Board

WCPHO – West Coast Public Health Organisation