Health in All Policies work in the National Public Health Service

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Te Kāwanatanga o Aotearoa
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Health New Zealand
Te Whatu Ora

Contents

Executive Summary

Background

A request was made through Planning, Policy and Performance, Te Waipounamu Region, National Public Health Service to develop and conduct a national survey to identify Health in All Policies (HiAP) work across the National Public Health Service. Health in All Policies (HiAP) is a structured approach to working collaboratively with other sectors to include health considerations into policy and decision-making that influences health and wellbeing outcomes. The primary purpose of this survey was to understand what HiAP work, or ways-of-working, is being undertaken across the NPHS, and to identify what types of HiAP training staff have had, and identify future training needs, and to gauge interest in a national NPHS HiAP network.

Methods

An analyst from Te Waipounamu Intelligence group developed a survey questionnaire (alongside the requestors). The survey questions were informed by the Gase model (Gase et al., 2013); by using the model's categories of implementation strategies to shape the question design and response options. Invitations to participate in the *Survey of Health in All Policies (HiAP) work in the National Public Health Service (NPHS), 2024* were emailed as a SurveyMonkey® link to Planning, Policy and Performance Managers and Development Leads across the NPHS. In addition, a survey invitation with a QR code survey link was included in the NPHS pānui.

Key results

Seventy-seven responses were received to the survey. Of the 77 responses, 50 provided information on their location (*NPHS region*). Of these 50 respondents, 12 percent indicated that they worked in the '*Northern*' region, 14 percent indicated '*Te Manawa Taki*', 28 percent indicated '*Central*', and 46 percent indicated '*Te Waipounamu*'. Almost a third of respondents indicated that their workplace has been developing a HiAP approach for ten years or more. However, over a third indicated that they had not formally started to develop their approach or were in the early planning stages. Over half (54.9%, n=28) had HiAP projects that they were currently working on. A wide variety of examples of projects were provided, with key areas including transport/climate action (e.g., Health Lens Analysis of Environment Canterbury's Climate Action plan), and alcohol harm reduction (e.g., Northland Alcohol Harm Reduction Strategy).

Respondents were asked how their workplace develops and structures cross-sector relationships. Over four-fifths (84.4%, n=54) indicated that they had informal or formal consultation mechanisms (e.g., submissions and informal advice). Over seventy percent (70.3%, n=45) had workgroups or teams (including short-term or project-based), over half (53.1%, n=34) had voluntary networks (e.g., Healthy Cities), and almost half (46.88%, n=30) had memorandums of understanding or joint strategies (e.g., action plans). Other ways included the Te Tiriti o Waitangi implementation guide, and interagency coalition (e.g., Healthy Auckland Together).

Over sixty percent of respondents (60.1%, n=37) indicated that they use Māori frameworks or models (e.g., Te Pae Māhutonga, Te Whare Tapa Whā) as tools to incorporate health into decision-making processes. Almost half (47.5%, n=29) develop common goals or objectives across sectors, and the same proportion (47.5%, n=29) embed health considerations into existing initiatives (e.g., via goals, objectives, metrics).

Almost 60% (58.4%, n=45) of respondents indicated that they had received training in HiAP tools and approaches. Training had included *Broadly Speaking*[1] workshops, university courses, conferences, and on-the-job training. Te Mana Ora[2] provided almost 60% of respondents (who had received training in HiAP tools and approaches) with training, and universities provided almost 30%. Over forty percent (42.7%, n=32) of respondents indicated that they had received HiAP support in their workplace. Examples of support provided included informal mentoring by colleagues with extensive HiAP knowledge, team development (e.g., team capacity building days), and support from Te Mana Ora management.

Over 80% of respondents 'agreed' or 'strongly agreed' that the World Health Organization's (WHO) HiAP definition was useful. However, respondents indicated that the WHO definition could be modified to better reflect and guide HiAP practice in Aotearoa | New Zealand by including Te Tiriti o Waitangi.

Eighty-five percent of respondents indicated that they were interested in HiAP training. Areas of interest included an introduction to HiAP, health impact assessment, and other HiAP tools, as well as ongoing mentoring. Over 80% of respondents indicated that they would be interested in a National HiAP conference. Specific areas of interest included creating a vision for HiAP nationally, linking into HiAP globally, exploring the local effectiveness of the HiAP approach, and showcasing HiAP in practice. A similar proportion of respondents indicated that they were interested in a nationwide NPHS HiAP network.

Conclusion

The survey results show wide variation across the NPHS in the progress of groups/teams developing a HiAP approach. Some NPHS groups/teams/regions have over 10 years of experience with HiAP ways-or-working, while others had not formally started to develop their HiAP approach (or were just beginning). Survey respondents from groups/teams/regions with less HiAP experience indicated that they would like to learn from regions with more HiAP experience and/or undertake other forms of HiAP training in the future.

Recommendations

Based on the survey findings, it is recommended that the requestors of this report:

- consider developing a national NPHS HiAP network (with clear objectives, and clear expectations of membership)
- consider adapting the WHO HiAP definition to incorporate Te Tiriti o Waitangi, for use by, for example, the national NPHS HiAP network
- consider how HiAP training can be developed at a national level (including an introduction to HiAP, health impact assessment, and other HiAP tools), and
- consider planning a National HiAP conference (including workshop/s to develop a shared national HiAP vision, and also showcasing HiAP in practice).

[1] Broadly Speaking is a free training course delivered by Te Mana Ora (formerly the CDHB's Public Health Unit). Broadly Speaking is delivered as a series of workshop-based discussions and activities with participants from across local and regional government, the health sector, and a wide variety of other organisations, to unpack the complexities of wellbeing in our population.

[2] Formerly the CDHB's Public Health Unit.

Background

Planning, Policy and Performance, Te Waipounamu Region, National Public Health Service made a request to Te Waipounamu Intelligence to develop and conduct a national survey to identify Health in All Policies (HiAP) work across the National Public Health Service.

The primary purpose of this survey was to understand what HiAP work, or ways-of-working, is being undertaken across the NPHS, and to identify what types of HiAP training staff have had, and identify future training needs, and to gauge interest in a national NPHS HiAP network.

HiAP

Health in All Policies (HiAP) is a structured approach to working collaboratively with other sectors to include health considerations into policy and decision making that influences health and wellbeing outcomes. HiAP has a long history in health promotion. The World Health Organisation's (WHO) Alma-Ata Declaration (1978) acknowledged the importance of intersectoral action for health (World Health Organization, 1978), and the Ottawa Charter (1986) highlighted 'healthy public policy' as a key action area of health promotion (World Health Organisation, 1986).

More recently, the WHO produced a review titled 'working together for equity and healthier populations: sustainable multisectoral collaboration based on health in all policies approaches' (2023).[3] Four pillars of HiAP are described: *governance and accountability*; *leadership at all levels*; *methods of work and ways of working*; and *resources, financing, and capabilities*. The 'four pillars' model is focused on policy initiatives that require cross-government collaboration.

HiAP definition

HiAP is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity (World Health Organization, 2013).

[3] https://www.who.int/publications/i/item/9789240067530

Methods

A survey questionnaire was developed by an analyst from Te Waipounamu Intelligence team. The *Survey of Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024*, is included as Appendix 1. The survey included yes/no questions, questions with lists of response options, scaled questions (level of agreement with a statement), and free-text questions. The survey questions exploring respondents' HiAP work and experience were based on the Gase model (Gase et al., 2013). The Gase model has been developed to identify categories of strategies that illustrate how Health in All Policies had been implemented in a particular setting/context. The Gase model's seven strategies are:

- developing and structuring cross-sector relationships
- incorporating health into decision-making processes
- enhancing workforce capacity
- coordinating funding and investments
- integrating research, evaluation, and data systems
- synchronizing communications and messaging, and
- implementing accountability structures.

Invitations for the Survey of HiAP work were emailed as a SurveyMonkey® link to Planning, Policy and Performance Managers, and Development Leads across the NPHS on 24 April 2024 (reminders were sent on 8 May 2024), and a survey invitation with a QR code survey link included in the NPHS pānui, 3 May 2024. The survey closed on 17 May 2024.

Ethics

The analyst assessed the survey against the criteria requiring ethical review by a Health and Disability Ethics Committee (HDEC) and submitted an ethics screening form to the HDEC. As the survey did not request personal health information from respondents and respondents were not being recruited as consumers of health or disability support services, it was not within the scope of the HDEC review. A letter was provided from HDEC confirming that the survey was outside the scope of the HDEC (7 December 2023). Respondents were considered to have provided implicit consent through their participation. Respondents could skip questions if they wished to and could opt out of the survey at any point. Respondents were informed before completing the survey that anonymity couldn't be guaranteed because of the nature of the survey (i.e., where the survey asks about their HiAP work, their team may be identified, therefore, anonymity could not be guaranteed).

Results

The results of the Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024, are presented below. This survey received 77 responses[4]. Of the 77 responses, 50 provided information on their location (*NPHS region*) and some specified their workplace/city/local area. Of these 50 respondents, 12 percent indicated that they worked in the '*Northern*' region (including 4 from Auckland), 14 percent indicated '*Te Manawa Taki*' (including 3 from Taranaki), 28 percent indicated '*Central*' (including 6 from Wellington, plus Napier, Whanganui), and 46 percent indicated '*Te Waipounamu*' (including 12 from Christchurch, 4 from Nelson, plus Timaru, Queenstown, Dunedin, Invercargill).

HiAP training

Approximately 60 percent (58.4%, n=45/77) of respondents indicated that they had received training in HiAP tools and approaches (e.g., health impact assessment, Broadly Speaking[5], conference attendance). Survey respondents who indicated that they had received training in HiAP tools and approaches (n=45) were asked to specify what training they had received. Forty-two respondents (of 45) answered this question. A summary list of the responses is presented below (listed by most frequently to least frequently cited):

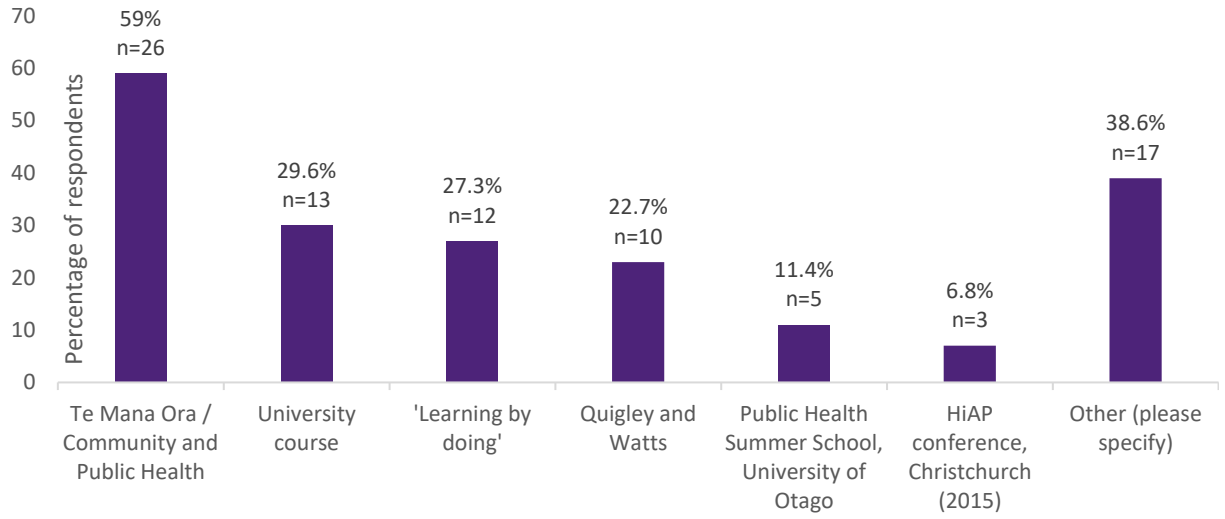
- Broadly Speaking (Te Mana Ora/Community and Public Health)
- online courses/webinars in HiAP (e.g., Sophie Howe hosted by Te Mana Ora and WHO workshops).
- university courses (e.g., Population Health Promotion)
- in the role/on-the-job training
- HiAP conference attendance (e.g., IUHPE, and University of Otago Sustainable Healthcare)
- Critical Tiriti Analysis
- HiAP training (Quigley and Watts), and
- Public Health Summer School (University of Otago).

Survey respondents who indicated that they had received training in HiAP tools and approaches (n=45) were asked to indicate from a list of options that applied. Respondents could select all options that applied. Figure 1 shows that almost 60 percent of the 44 respondents who answered this question (59.1%, n=26) had been provided training by Te Mana Ora. Almost 30 percent had been provided training by a university course (29.6%, n=13), and 27 percent by 'learning by doing' (27.3%, n=12). Over a fifth (22.7%, n=10) had received training from Quigley and Watts (a consultancy service specialising in health impact assessment)[6]. Eleven percent of respondents reported receiving training via the University of Otago (11.4%, n=5), and seven percent (6.8%, n=3) had received training from a HiAP conference in Christchurch held in 2015. Seventeen respondents indicated that they had received HiAP training from other sources. Many of the examples provided described 'self-directed learning', whereby respondents had sought out information from multiple sources such as websites and webinars. Respondents indicated that their training in HiAP had often included a mixture of informal information gathering over time (perhaps at times not specifically called HiAP) as well as more formal HiAP training courses or university-level study. Respondents provided several examples including WHO webinars, Heather Came (Critical Tiriti Analysis), International Union for Health Promotion and Education (IUHPE) conference, University of Sydney one-day workshop, New Zealand

4 The response rate could not be calculated as the denominator is not known.
5 https://www.cph.co.nz/wp-content/uploads/BroadlySpeakingInfoSheet.pdf
6 https://www.quigleyandwatts.co.nz/

Association for Impact Assessment, and other international websites/ webinars such as National Aboriginal Community Controlled Health Organisation, and the National Collaborating Centre for Healthy Public Policy.

Figure 1: Who provided your HiAP Training (tick all that apply) (n=44)



Survey respondents who indicated that they had received training in HiAP tools and approaches (n=45) were asked if they had ever attended an international conference and/or international course in HiAP tools and approaches. Of the 44 respondents who answered this question, six respondents indicated yes (13.6%, n=6). If they answered yes, they were asked to specify which international course(s)/conference(s) they had attended. Five provided responses (as free text) which included: Conference for Population Intervention for Chronic Disease Prevention: A Pan Canadian Programme, Propel Centre for Population Health Impact, WHO workshops, and IUHPE conferences.

Support and mentoring

Survey participants were asked, 'In your workplace have you had any HiAP support (e.g., mentoring, team development, project team)?' Over forty percent of the respondents who answered this question indicated yes (42.7%, n=32/75). Of the 32 respondents who indicated that they had received training/professional development support, 29 respondents provided more detail regarding broad categories of support and/or ways-of-learning and team development, via free text responses (listed by most frequently to least frequently cited types of support): including, informal mentoring by colleagues with extensive HiAP knowledge, team development (e.g., team capacity building days), support from Te Mana Ora, policy/team network(s), Journal Club, project mentoring (e.g. Healthy Streets Foundation training course) (Figure 2).

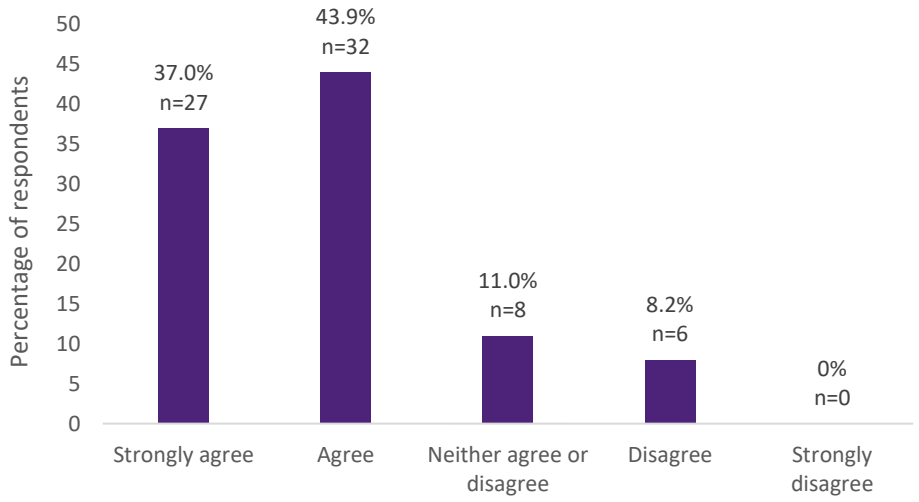
Figure 2: Broad categories of support:

HiAP definition

Survey respondents were asked to rate (on a level of agreement scale) whether they agreed that the World Health Organisation definition below is useful in Aotearoa | New Zealand in 2024 (Figure 3).

> 'HiAP is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity' (WHO, 2013)

Figure 3: Do you agree that the above HiAP definition is useful in Aotearoa | New Zealand in 2024? (n=73)



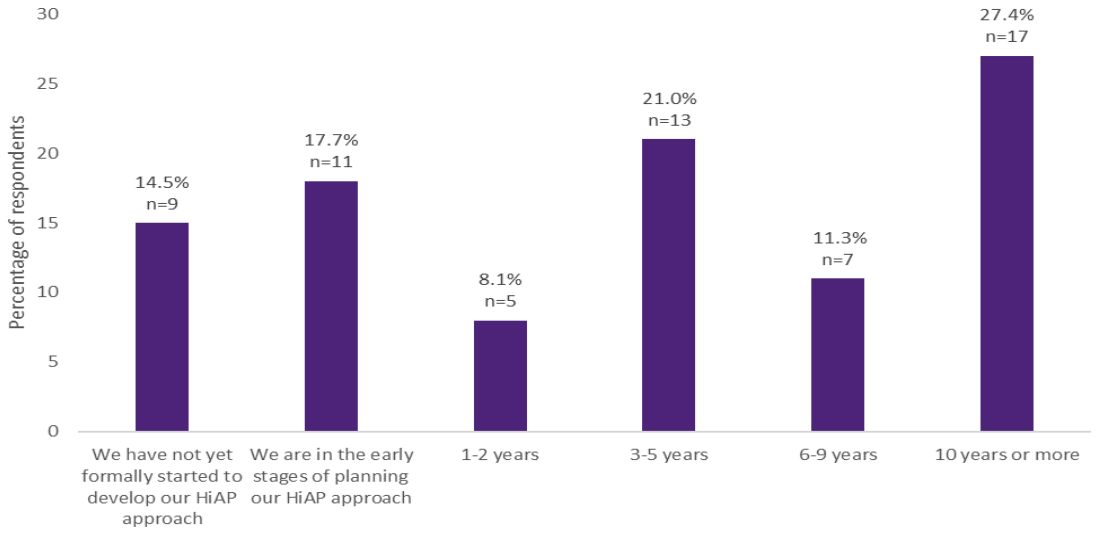
The figure shows that, of the seventy-three respondents who answered this question, eighty percent either agreed (43.9%, n=32) or strongly agreed (37.0%, n=27) that the WHO definition was useful. Eleven percent neither agreed nor disagreed, and just over eight percent (8.2%, n=6) disagreed.

Respondents were asked if they thought the WHO definition could be modified to better reflect and guide HiAP practice in Aotearoa | New Zealand. Twenty-nine provided responses (as free text), with almost all respondents suggesting including specific references to equity and/or Te Tiriti o Waitangi in the definition. Other comments included moving from negative 'avoiding harm' to positive aims (or positive framing) and referring to wellbeing (or health and wellbeing), rather than 'health'. Generally, respondents commented on the need to extend and tailor the definition to recognise the cultural context in Aotearoa.

Exploring HiAP in the NPHS workplace

When asked 'How long has your workplace been developing a HiAP approach?', over one-quarter (27.4%, n=17) of respondents indicated 10 years or more, over one-tenth (11.3%, n=7) indicated 6-9 years, over a fifth (21.0%, n=13) indicated 3-5 years, about eight percent (8.1%, n=5) indicated 1-2 years, about eighteen percent (17.7%, n=11) indicated they were in the early stages of planning their HiAP approach, and about fifteen percent (14.5%, n=9) indicated they have not yet formally started to develop their HiAP approach (Figure 4).

Figure 4: How long has your workplace been developing a HiAP approach? (n=62)

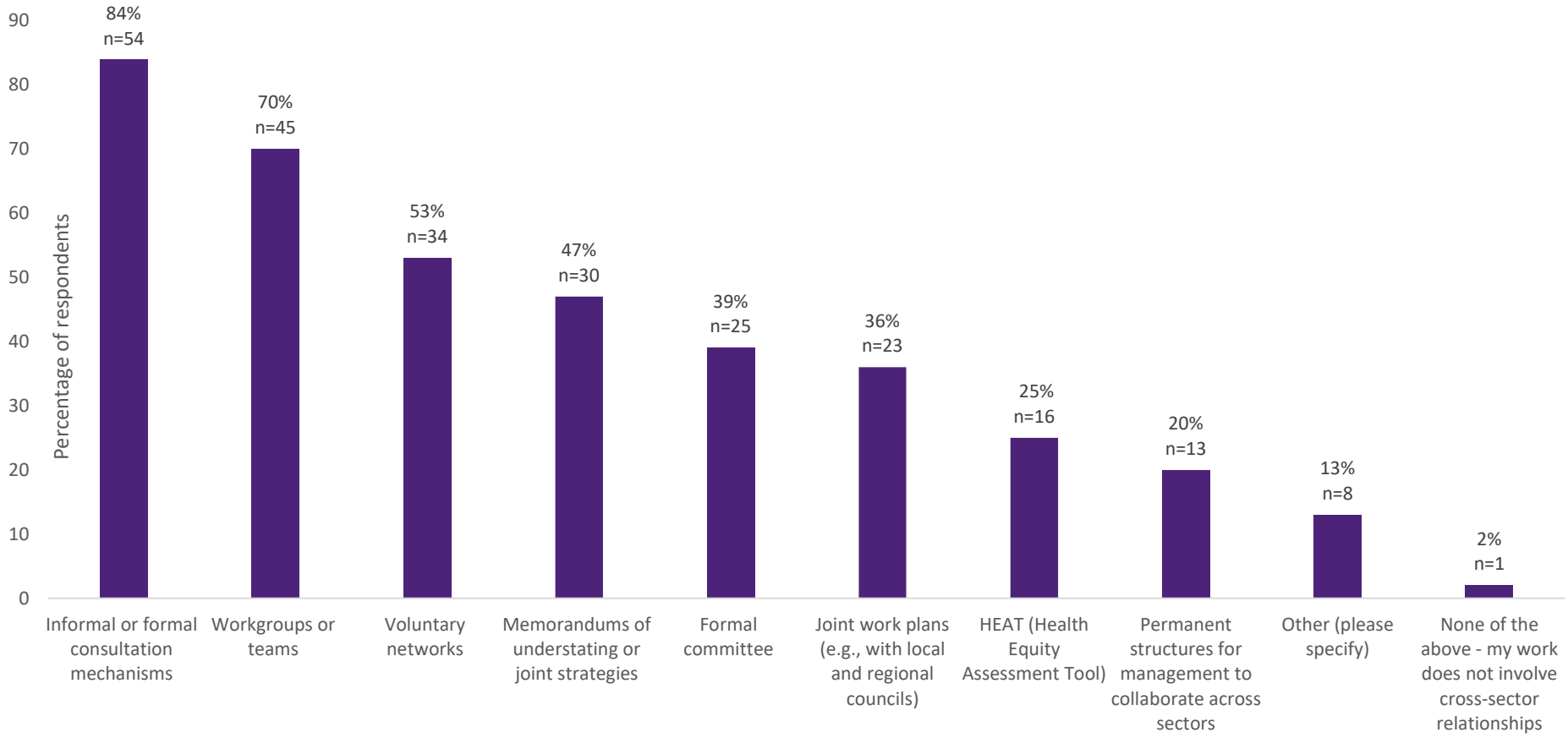


Cross-sector relationships

Respondents were asked to indicate how their workplace develops and structures cross-sector relationships (Figure 5). Sixty-four respondents answered this question. Respondents could select all options that applied from a 10-item checklist. Over four-fifths (84.4%, n=54) indicated that they had informal or formal consultation mechanisms (e.g., submissions, informal advice, and assessments). Over seventy percent (70.3%, n=45) indicated that they formed workgroups or teams (including short-term or project-based). Over half (53.1%, n=34) cited voluntary networks (e.g., Healthy Cities), and almost half (46.9%, n=30) had implemented memorandums of understanding or joint strategies (e.g., action plans). Respondents also indicated their involvement in formal committees (39%, n=25), joint work plans with local and regional councils or other agencies (36%, n=23), use of the *Health Equity Assessment Tool* (25%, n=16), or the existence of permanent structures that enable management to collaborate across sectors (20%, n=13).

Eight respondents (13%) provided examples of 'other' approaches/methods/tools including: the Te Tiriti o Waitangi implementation guide; interagency coalition (e.g., Healthy Auckland Together); local authority contract to support active transport and road safety within education settings; and frameworks to support partnerships and collaborations between internal stakeholders and across agencies on equity.

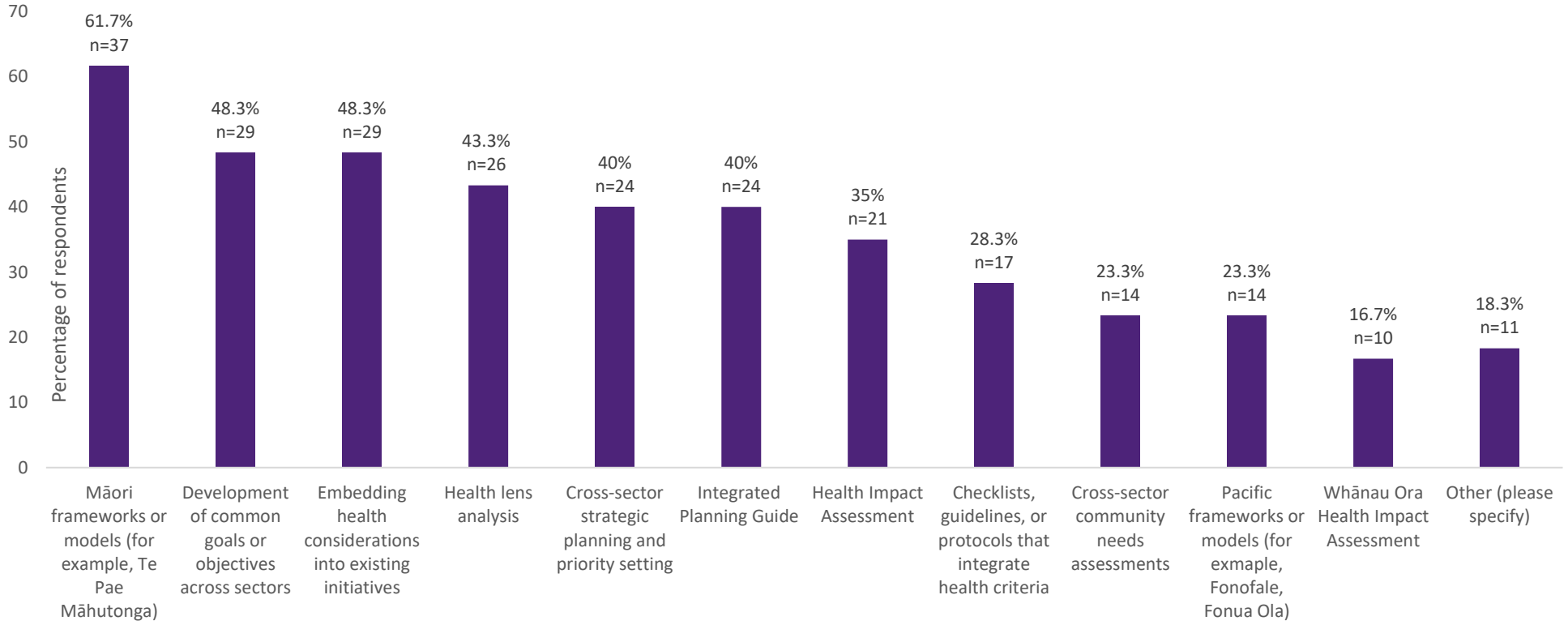
Figure 5: Indicate ways that your workplace develops and structures cross-sector relationships (tick all that apply) (n=64)



Tools and decision-making processes

Respondents were asked to indicate the tools that their workplace use to incorporate health into decision-making processes (Figure 6:). Respondents could select all options that applied from an 11-item checklist. Over sixty percent (61.7%, n=37) use Māori frameworks or models (e.g., Te Pae Māhutonga, Te Whare Tapa Whā). Almost half (48.3%, n=29) develop common goals or objectives across sectors, and the same proportion (48.3%, n=29) embed health considerations (goals, objectives, metrics) into existing initiatives. Over forty percent (43.3%, n=26) use health lens analysis. Forty percent (n=24) use cross-sector planning and priority setting, and the same proportion (40%, n=24) use the *Integrated Planning Guide* (Te Mana Ora/Community and Public Health). Over a third (35%, n=21) use Health Impact Assessment. Over a quarter (28.3%, n=17) use checklists, guidelines, or protocols that integrate health criteria. Almost a quarter (23.3%, n=14) use cross-sector community needs assessment, and the same proportion (23.3%, n=14) use Pacific frameworks or models (e.g., Fonofale, Fonua Ola). Approximately 17 percent (16.7%, n=10) use Whānau Ora Health Impact Assessment. Those respondents who answered 'other' were asked to specify (as free text). Eleven respondents provided responses including: Te Tiriti Implementation Guide/Implementation Tool, identifying policy opportunities in councils, evidence from public health papers, Healthy Streets approach, supporting community action, and equity frameworks and approaches.

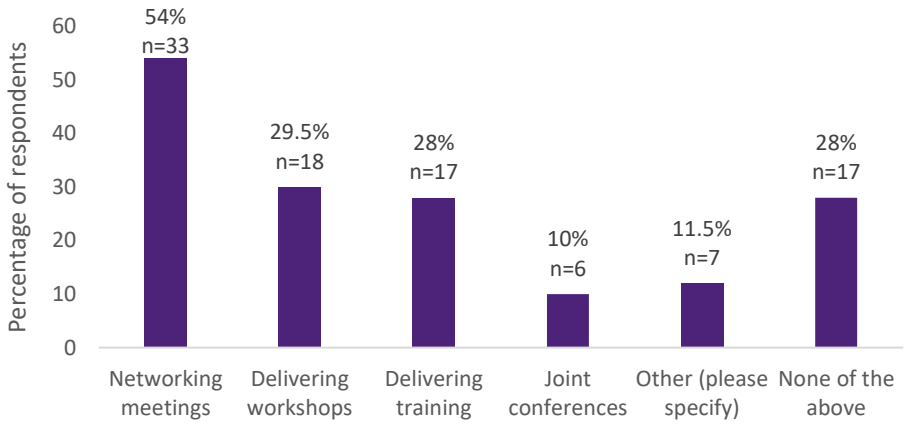
Figure 6: What tools does your workplace use to incorporate health into decision-making processes? (tick all that apply) (n=60)



Enhancing HiAP workforce capacity

Respondents were asked to indicate how their workplace enhances HiAP workforce capacity (Figure 7). Respondents could select all options that applied from a 5-item checklist. Over half (54.1%, n=54) indicated networking meetings. Almost thirty percent (29.5%, n=18) delivered workshops. Almost twenty-eight percent (27.9%, n=17) delivered training, and the same proportion indicated 'none of the above.' If respondents answered 'other' they were asked to specify (as free text). Seven respondents provided responses including: involving interested staff in policy hui, hui with external agencies, presentations to the council, and attending relevant events where possible. Overall, the free-text responses indicated both internal and external capacity building perspectives, perhaps reflecting the state of maturity of respondent's current organisation's HiAP programme.

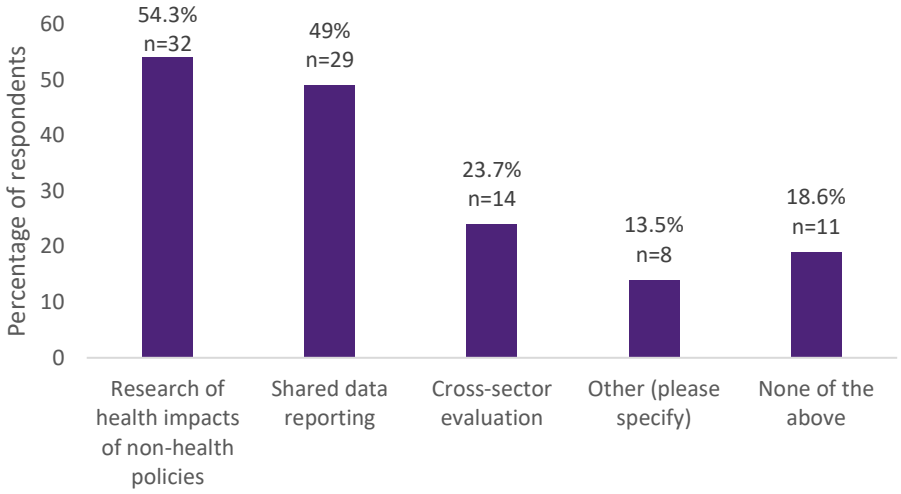
Figure 7: Please indicate how your workplace enhances HiAP workforce capacity (tick all that apply) (n=61)



Integrating research, evaluation, and data systems

Respondents were asked to indicate how their workplace integrates research, evaluation, and data systems (Figure 8). Respondents could select all options that applied from a 4-item checklist. Over half (54.3%, n=32) indicated research on the health impacts of non-health policies. Almost half (49.2%, n=29) supported shared data reporting. Almost one quarter (23.7%, n=14) indicated cross-sector evaluation. If respondents answered 'other' they were asked to specify (as free text). Eight respondents provided responses including: literature review, creating working parties across sectors, impact assessments, and commissioning an evaluation of health impacts of health policies. In addition, some respondents stated that they did not fully understand the response items provided. Finally, approximately 20% (18.6%, n=11) indicated 'none of the above'. Consideration of the 'other' and 'none of the above' responses together, suggests a level of unfamiliarity with the Gase Model's 'strategies' and 'tactics' – and these directly informed the question wording and response items. It is possible that not all respondents will have received organised explicit training and/or have a good working knowledge of the Gase Model.

Figure 8: Please indicate how your workplace integrates research, evaluation, and data systems (tick all that apply) (n=59)



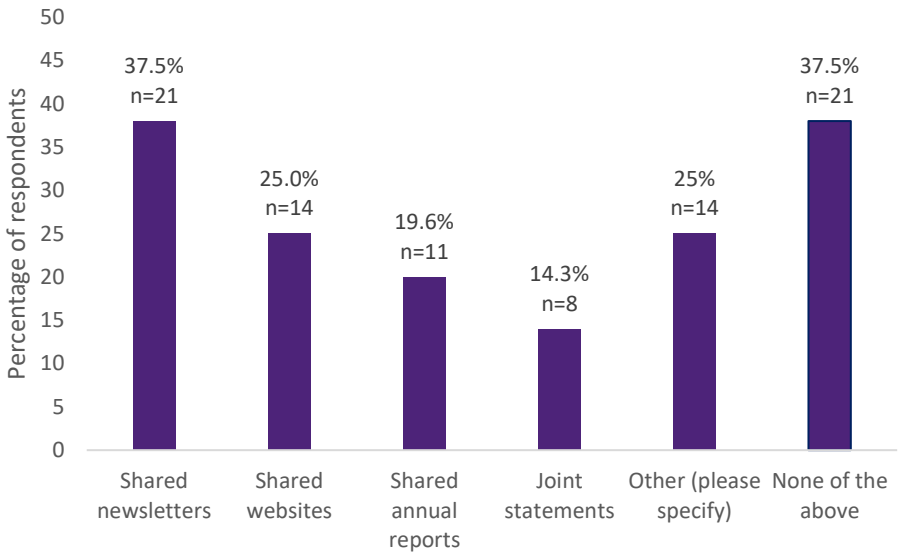
Communications and messaging

Respondents were asked to indicate how their workplace synchronises communications and messaging (Figure 9). Respondents could select all options that applied from a 5-item checklist. Over a third (37.5%, n=21) shared newsletters, and a quarter (25.0%, n=14) used shared websites. Almost one-fifth (19.6%, n=14) shared annual reports, and just over 14 percent (14.3%, n=8) indicated joint statements. If respondents answered 'other' (25%, n=14) they were asked to specify (as free text). Fourteen respondents provided other methods including: shared presentations, shared communication with council, Teams™ Village Collaboration Hub, media release with joint work (e.g., Project Zebra[7]), communications for joint work plans, and the Te Mana Ora website. Other respondents indicated that they were unsure how to answer this question. In addition, a substantial proportion of respondents (37.5%, n=21) indicated 'none of the above' – perhaps reflecting respondents' level of working knowledge of HiAP, their experience, and/or the state of maturity of their current organisation's HiAP programme.

[7] The goal of Project Zebra (a South Canterbury based project) is to promote safer speed and behaviour of drivers as they approach pedestrian crossings as well as student awareness of the crossing and perceptions of their own safety while walking.

Survey respondents who had indicated that their workplace synchronises communication were asked to specify who they synchronise with. Thirty-three respondents answered this question, and the answers included: local and regional government, the public health workforce, Healthy Auckland signatories, Healthy Christchurch signatories, and iwi.

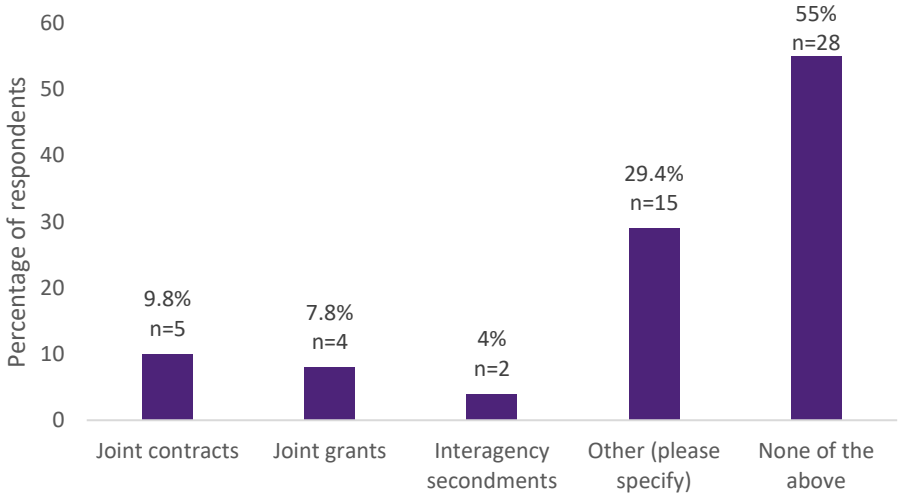
Figure 9: Please indicate how your workplace synchronises communications and messaging (tick all that apply) (n=56)



Coordinating funding

Respondents were asked to indicate how their workplace coordinates funding (Figure 10). Respondents could select all options that applied from a 4-item checklist. Almost one-tenth (9.8%, n=5) had joint contracts, and a similar proportion (7.8%, n=4) had joint grants. Two respondents (3.9%) indicated that they had interagency secondments. If respondents answered 'other' they were asked to specify (as free text). Fifteen respondents provided responses including: commissioning partners, informal arrangements, and supporting tender processes of other organisations. Other respondents indicated that they were unsure how to answer this question. Over half (54.9%, n=28) indicated 'none of the above'. Some of the respondents indicated that funding considerations were not part of their role or that they didn't fully understand the funding mechanisms.

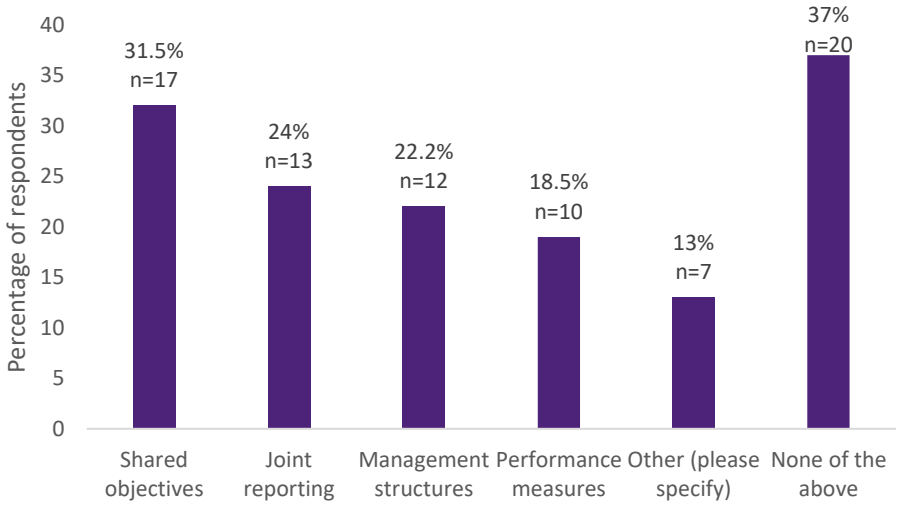
Figure 10: Please indicate how your workplace coordinates funding (tick all that apply) (n=51)



Accountability structures

Respondents were asked to indicate how their workplace implements accountability structures (e.g., public reporting) (Figure 11). Respondents could select all options that applied from a 5-item checklist. Almost a third (31.5%, n=17) indicated shared objectives, almost one quarter (24.1%, n=13) joint reporting, a similar proportion (22.2%, n=12) cited management structures, and almost one-fifth (18.5%, n=10) cited performance measures. If respondents answered 'other' they were asked to specify (as free text). Seven respondents provided responses including: publishing submissions on the internet, reporting on Joint Work Plans, or by other methods currently under development at the regional level. Over a third (37%, n=28) indicated 'none of the above'.

Figure 11: Please indicate how your workplace implements accountability structures (e.g., public reporting) (tick all that apply) (n=54)



Ways of working

All survey respondents were asked 'Is there anything else you would like to tell us about your ways of working that support a HiAP approach?' Twenty-one respondents answered this question, a summary of their responses is presented below (listed by most frequently to least frequently cited topics):

- Coordination of HiAP across the NPHS/ HiAP needs to be implemented at a national level

> '…we coordinate regionally and are currently developing a HiAP way of working… It would be good to be able to draw upon the experience, ideas, and ways of working from more experienced teams such as Te Waipounamu. Streamlining a HiAP approach across the service at a national level would strengthen our work and support regions that are not as developed as others'

- Develop an overarching framework on accountability and health equity to support national consistency.
- Build HiAP capacity nationally, including stronger engagement particularly with local government, that focuses on input into early policy development.
- Need to develop structures/processes for engagement with iwi.
- Presenting to council teams with other PHS teams is a helpful approach and builds HiAP capabilities across teams.

- Advocacy must be evidence-based.
- Building relationships with community organisations and local government has really helped our mahi.
- Being connected to the regional Public Health Service Commission advisors and their cross-sector hui is helpful, as there is potential crossover and opportunities to collaborate.
- Integrating health into settings-based policies (schools and workplaces).

Formal HiAP Partnerships

All survey respondents were asked to "Please list any formal HiAP partnerships that you currently have with other sectors / organisations". Twenty-one respondents provided answers to this question, a summary of the responses is presented below.

- Partnership with councils and Taumata Arowai[8].
- Community of practice with Sport Canterbury (e.g., Healthy Streets and Neighbourhood Play Systems)[9].
- The School Travel Plan[10] (a partnership between Te Mana Ora Timaru Office and Timaru District Council).
- Healthy Auckland Together[11] partners.
- Joint Transport Work Plan (Environment Canterbury, Christchurch City Council, and Te Mana Ora).
- Partnership between Environment Canterbury, city councils, and airports and ports.
- Takiwā Poutini[12].

A number of respondents commented that they were working to create partnerships. For example, one respondent commented that they were currently developing a joint work plan with the Tasman District Council:

> 'Our vision would be to have multi-layered relationships with council, from senior management down to operational, ideally this could be in partnership with existing iwi partnerships between council and iwi." Hoping to also do something similar with Nelson and Marlborough Councils'

Another respondent commented that they were developing a Regional Food System Strategy with the Wellington Regional Leadership Committee[13], and that NPHS had been commissioned to lead this work.

One respondent commented that the process of working with partners *is* HiAP:

> 'HiAP is a process not an outcome. Working with other agencies organisations, groups, and individuals to promote health delivers HiAP'

As a general theme, respondents tended to describe both formal and informal partnerships similarly. While joint workplans, shared meetings, and various groups and structures were mentioned, the common ingredient appears to be building quality relationships between individuals across the different organisations.

[8] https://www.taumataarowai.govt.nz/
[9] https://sportnz.org.nz/resources/the-neighbourhood-play-system/
[10] https://www.wavesouthcanterbury.co.nz/media/4387/stpfinal170920.pdf
[11] https://www.healthyaucklandtogether.org.nz/
[12] https://www.takiwapoutini.nz/
[13] https://wrlc.org.nz/about

Current projects

Survey respondents were asked "Do you have any projects that you are currently working on?" Over half (54.9%, n=28) indicated 'yes'. If respondents indicated 'yes', they were asked to provide up to three examples of projects that specifically involve a HiAP approach. Twenty-four respondents provided an answer to this question, and a summary list of the responses is presented below (ordered by the most commonly described topic areas).

Transport /climate action

- Advisory member of the Regional Transport Committee (currently working on a briefing to the committee highlighting the links between transport and health), Hawke's Bay
- School Travel Plans, South Canterbury.
- Safe Speeds project, Auckland.
- Working to develop a climate change summit for the local community (with a focus on climate change and community resilience), Christchurch.
- Health lens analysis of Environment Canterbury's Climate Action plan.

Alcohol harm reduction

- Response to a change to the Saxton Field Management plan (which proposed to allow alcohol advertising), Nelson.
- Northland Alcohol Harm Reduction Strategy.
- Updating Christchurch Alcohol Action Plan (with Police and Christchurch City Council).
- Safe and Well Ōtepoti[14]

Other

- Regional Food System strategy, Lower Hutt.
- Future Development Strategy work with Auckland Council.
- Public Health food safety with the Ministry for Primary Industries at the border, Christchurch.
- Early engagement on Nelson City Council's Gambling Policy review.
- Joint work plan with Tasman District Council.
- Early engagement on Nelson Reserves General Policies.
- Recreational water quality with Environment Canterbury and Christchurch City Council.
- Ongoing advocacy on behalf of the disability population using an equity framework, Christchurch.
- Nelson Airway Runway extension.
- Healthy Streets Community of Practice, Christchurch.

[14] https://nosafelimit.co.nz/

HiAP future events

Survey respondents were asked," Are you interested in HiAP training?". Eighty-five percent (84.9%, n=45) of respondents indicated 'yes'. If respondents indicated 'yes,' they were asked as free text, "Please specify any specific areas of HiAP that you would like training in." Twenty-one answered this question, a summary list of which is presented below.

85% of respondents were interested in further training: from introductory level to ongoing mentoring from experienced HiAP practitioners.

- Introduction to HiAP/ Develop a shared understanding of HiAP.
- Health Impact Assessment and other HiAP tools.
- HiAP governance structures.
- Integrating research, evaluation, and data systems from a HiAP perspective.
- Mentoring opportunities.

Survey respondents were asked, "Would you be interested in a National HiAP conference?". Over four-fifths (83.6%, n=46) indicated 'yes'. If respondents indicated 'yes,' they were asked as free text, "Please specify any specific areas of interest." Twenty-one answered this question, a summary list of which is presented below.

- Creating a vision for HiAP nationally, linking into HiAP globally.
- Exploring the local effectiveness of the approach.
- Showcasing HiAP in practice / sharing practical examples of HiAP work.
- Climate change, Food insecurity, Housing.
- Hearing attendance to support submissions and Health Impact Assessments.
- To connect with others working in HiAP.

Survey respondents were asked, "Are you interested in a nationwide NPHS HiAP network?". Over four-fifths (83.9%, n=47) indicated 'yes'. If respondents indicated 'yes,' they were asked as free text, "Do you have any advice on forming a NPHS HiAP network." Sixteen answered this question, a summary list of which is presented below.

- A national network would be great, to share the load of planning/organising, and also to make HiAP information widely available.
- Develop a paper proposing a NPHS HiAP network, for endorsement from the National Director, NPHS. Then regional directors would have the formal directive to make it happen.
- Include NPHS leaders and managers in the network, so that there is buy-in to the HiAP way of working.
- Have clear guidance and HiAP committee structure (including expectations of network membership) prior to network establishment.
- Develop core objectives for the goal of the network and keep a focus on them.
- Form the network using a co-designed process.
- Ensure the network includes Māori and Pacific representation.
- Hold a bi-monthly meeting for HiAP practitioners including networking and also presentations and sharing examples of HiAP work.
- Ensure the network includes Public Health Medicine Specialist representation, as well as representation from both health protection, and health promotion.

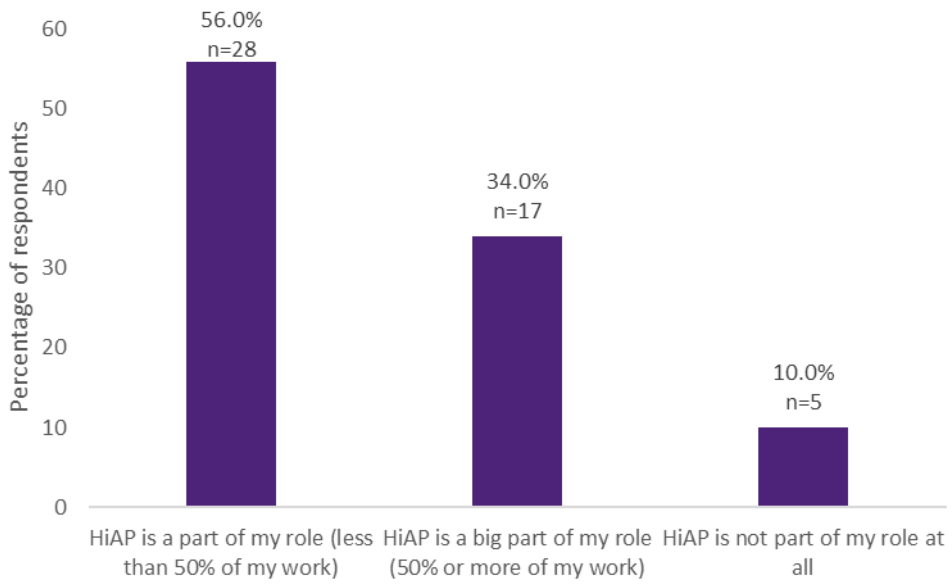
Survey respondents were asked, "Do you have HiAP as part of your job title?". Approximately one-tenth (10.9%, n=6) indicated 'yes'.

HiAP across the NPHS

Respondents were asked “How much of your role at NPHS involves HiAP?” (Figure 12). Over half (56.0%, n=28) indicated HiAP is less than 50% of their work. Over a third (34.0%, n=17). Five respondents (10%) indicated HiAP is not part of their role at all. Respondents were asked to comment, as free text. Seventeen answered this question, a summary list of which is presented below.

- We are still developing a regional HiAP approach/our work streams are still being prioritised.
- My job description still needs to be updated in the reform process.
- My role is new, so this is yet to be determined.
- All my work is HiAP.
- I provide technical contributions to submissions and Resource Management activities.
- I comment on council consents and regional plans.
- HiAP is not currently part of my role but could be in the future.
- There needs to be a greater understanding of HiAP by upper management, “so that we are staffed appropriately for HiAP work.”

Figure 12: How much of your role at NPHS involves HiAP? (n=50)



Finally, fifty-three respondents answered a question on ethnicity. Over seventy percent of respondents (71.7%, n=38) identified as New Zealand European, over fifteen percent (15.1%, n=8) identified as Māori, and two respondents (3.8%) identified as Samoan. Ten respondents (18.9%) marked 'other'.

Summary

Almost 60% of 75 respondents to the survey '*HiAP work in the National Public Health Service, 2024'* had received training in HiAP tools and approaches. Training had included Broadly Speaking, university courses, conferences, and on-the-job training. Te Mana Ora provided almost 60% of respondents with their training, and universities provided almost 30% (of those who had received training in HiAP tools and approaches).

Over 80% of respondents 'agreed' or 'strongly agreed' that the WHO HiAP definition was useful. When respondents were asked if they thought the WHO definition could be modified to better reflect and guide HiAP practice in Aotearoa | New Zealand, the almost universal suggestion was to include Te Tiriti o Waitangi in the definition.

Almost a third of respondents indicated that their workplace has been developing a HiAP approach for ten years or more. Conversely, over a third indicated that they had not formally started to develop their approach or were in the early planning stages.

The survey indicated that NPHS workplaces use the following key tools to incorporate health into decision-making processes:

- Māori frameworks or models (e.g., Te Pae Māhutonga, Te Whare Tapa Whā)
- the development of common goals or objectives across sectors
- embedding health considerations into existing initiatives
- health lens analysis, and
- cross-sector strategic planning and priority setting.

Respondents indicated that HiAP needed to be coordinated at a national level. The regions with less experience of HiAP would like to learn from the experience of more developed regions:

> '…we coordinate regionally and are currently developing a HiAP way of working… It would be good to be able to draw upon the experience, ideas, and ways of working from more experienced teams such as Te Waipounamu. Streamlining a HiAP approach across the service at a national level would strengthen our work and support regions that are not as developed as others'

Eighty-five percent of respondents indicated that they were interested in HiAP training. Particular areas of interest included an introduction to HiAP, Health Impact Assessment, and other HiAP tools.

Over 80% of respondents indicated that they would be interested in a National HiAP conference. Specific areas of interest included creating a vision for HiAP nationally, linking into HiAP globally, exploring the local effectiveness of the HiAP approach, and showcasing HiAP in practice. A similar proportion of respondents indicated that they were interested in a nationwide NPHS HiAP network.

Recommendations:

On the basis of the survey findings, it is recommended that the requestors of this report:

- consider developing a national NPHS HiAP network (with clear objectives, and clear expectations of membership)
- consider adapting the WHO HiAP definition to incorporate Te Tiriti o Waitangi in the definition, for use by, for example, the national NPHS HiAP network
- consider how HiAP training can be developed at a national level (including an introduction to HiAP, Health Impact Assessment, and other HiAP tools), and
- consider planning a National HiAP conference (including workshop/s to develop a shared national HiAP vision, and also showcasing HiAP in practice).

Appendix 1

Survey of Health in All Policies work, National Public Health Service, 2024.

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Kia ora

Thank you for taking part in this questionnaire. We want to hear about all HiAP work by NPHS staff. This information will help us to understand what HiAP work is happening across the motu, identify opportunities for training, and build a national HiAP network.

The questionnaire will take 10-15 minutes to complete. Any answers used in the final questionnaire will not be identified to you personally. However, because of the nature of the questionnaire, where we will ask about HiAP work, your team may be identified in the results, and we cannot guarantee your anonymity.

Ngā mihi
Te Mana Ora HiAP team

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Health in All Policies

Health in All Policies (HiAP) is a structured approach to working collaboratively with other sectors to include health considerations into policy and decision making that influences health and wellbeing outcomes.

HiAP has a long history in health promotion. The World Health Organisation's (WHO) Alma-Ata Declaration (1978) acknowledged the importance of intersectoral action for health, and the Ottawa Charter (1986) highlighted 'healthy public policy' as a key action area of health promotion.

More recently the WHO produced the 'Four Pillars of HiAP' model which highlights functions and capacities of a HiAP approach. The four pillars are governance and accountability; leadership at all levels; methods of work and ways of working; and resources, financing and capabilities. These pillars are important for developing a culture of collaboration across sectors to build healthy public policies.

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

HiAP training

* 1. Have you ever had any training in HiAP tools and approaches? (for example Health Impact Assessment, Broadly Speaking, conference attendance)

- ◯ Yes
- ◯ No

If yes, please specify the training that you have had

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

HiAP training

2. Who provided your HiAP training? (tick all that apply)

- ☐ Quigley and Watts
- ☐ Te Mana Ora / Community and Public Health
- ☐ Pubic Health Summer School, University of Otago
- ☐ Synergia
- ☐ 'Learning by doing'
- ☐ University course
- ☐ HiAP conference, Christchurch (2015)
- ☐ Other (please specify)

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

HiAP training

3. Have you ever attended an international conference and / or international course in HiAP tools and approaches?

- ◯ Yes
- ◯ No

If yes, please specify which international course(s)/conference(s) you attended.

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

HiAP training

4. In your workplace have you ever had any HiAP support (for example, mentoring, team development, project team)?

- ◯ Yes
- ◯ No

If yes, please specify

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

HiAP definition

5. Below is the World Health Organisation (WHO) HiAP definition:

HiAP is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity (WHO, 2013).

Do you agree that the above HiAP definition is useful in Aotearoa New Zealand in 2024?

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree or disagree
- ◯ Disagree
- ◯ Strongly disagree

If you think the definition could be modified to better reflect and guide HiAP practice in Aotearoa New Zealand, please tell us how it could be changed.

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

HiAP in your workplace

HiAP is a structured approach to working across sectors and with communities on public policies and practices to improve health and equity.

6. How long has your workplace been developing a HiAP approach?

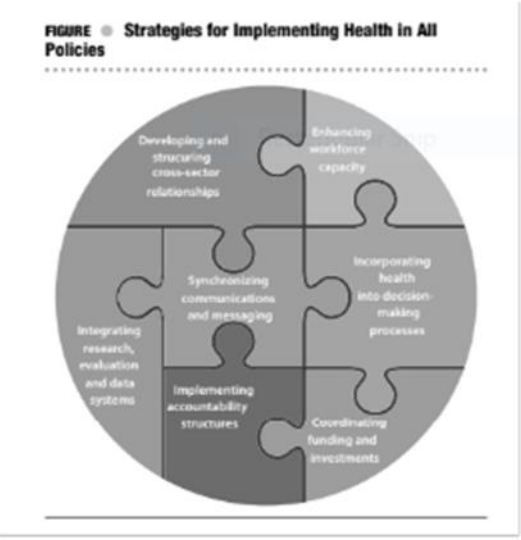
- ◯ We have not yet formally started to develop our HiAP approach
- ◯ We are in the early stages of planning our HiAP approach
- ◯ 1-2 years
- ◯ 3-5 years
- ◯ 6-9 years
- ◯ 10 years or more

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Exploring the HiAP work that you do

There are many mays of implementing a HiAP approach. Gase et al. (2013) outline seven categories of strategies for implementing HiAP (see below). This section asks about these HiAP strategies and your work.



7. Please indicate ways that your workplace develops and structures cross-sector relationships (tick all that apply)

- ☐ Formal committee (for example, regional spatial plan committee)
- ☐ Workgroups or teams (including short term or project-based)
- ☐ Voluntary networks (for example, Healthy Cities)
- ☐ Informal or formal consultation mechanisms (for example, submissions, informal advice, assessments or early impact)
- ☐ Memorandums of understating or joint strategies (for example, action plan)
- ☐ Permanent structures for management to collaborate across sectors
- ☐ Joint work plans (for example, with local and regional councils)
- ☐ HEAT (Health Equity Assessment Tool)
- ☐ Other (please specify)

  [ ]

- ☐ None of the above - my work does not involve cross-sector relationships

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Exploring the HiAP work that you do

8. What tools does your workplace use to incorporate health into decision-making processes? (tick all that apply)

- [ ] Cross-sector strategic planning and priority setting
- [ ] Development of common goals or objectives across sectors
- [ ] Health lens analysis
- [ ] Cross-sector community needs assessments
- [ ] Health Impact Assessment
- [ ] Whānau Ora Health Impact Assessment
- [ ] Checklists, guidelines, or protocols that integrate health criteria
- [ ] Integrated Planning Guide (Te Mana Ora / Community and Public Health)
- [ ] Embedding health considerations (goals, objectives, metrics) into existing initiatives
- [ ] Māori frameworks or models (for example, Te Pae Māhutonga, Te Whare Tapa Whā)
- [ ] Pacific frameworks or models (for exmaple, Fonofale, Fonua Ola)
- [ ] Other (please specify)

- [ ] None of the above - my work does not include incorporating health into decision making of other sectors

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Exploring the HiAP work that you do

9. Please indicate how your workplace enhances HiAP workforce capacity (tick all that apply)

- [ ] Delivering training
- [ ] Delivering workshops
- [ ] Networking meetings
- [ ] Joint conferences
- [ ] Other (please specify)

- [ ] None of the above

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Exploring the HiAP work that you do

10. Please indicate how your workplace integrates research, evaluation, and data systems (tick all that apply)

- [ ] Research of health impacts of non-health policies
- [ ] Cross-sector evaluation
- [ ] Shared data reporting
- [ ] Other (please specify)

  [ ]

- [ ] None of the above

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Exploring the HiAP work that you do

11. Please indicate how your workplace synchronises communications and messaging (please tick all that apply)

- [ ] Shared newsletters
- [ ] Shared websites
- [ ] Shared annual reports
- [ ] Joint statements
- [ ] Other (please specify)

  [ ]

- [ ] None of the above

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Exploring the HiAP work that you do

12. You indicated that your workplace synchronises communication, please specify who you synchronise with.

[ ]

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Exploring the HiAP work that you do

13. Please indicate how your workplace coordinates funding (tick all that apply)

- [ ] Interagency secondments
- [ ] Joint contracts
- [ ] Joint grants
- [ ] Other (please specify)

- [ ] None of the above

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Exploring the HiAP work that you do

14. Please indicate how your workplace implements accountability structures (for example, public reporting) (tick all that apply)

- [ ] Shared objectives
- [ ] Performance measures
- [ ] Management structures
- [ ] Joint reporting
- [ ] Other (please specify)

- [ ] None of the above

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Exploring the HiAP work that you do

15. Is there anything else you would like to tell us about your ways of working that support a HiAP approach?

16. Please list any formal HiAP partnerships that you currently have with other sectors / organisations.

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Exploring the HiAP work that you do

17. Do you have any projects that you are currently working on that have a HiAP approach?

- ◯ Yes
- ◯ No

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

Exploring the HiAP work that you do

18. Provide up to three examples of projects that you are currently involved in that have a HiAP approach. Please be specific.

19. We may be interested in learning more about the project(s) that you have listed above. Please provide your contact details if you would be happy for someone to contact you about the project(s).

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

HiAP future events

20. Are you interested in HiAP training?

- ◯ Yes
- ◯ No

If yes, please specify any specific areas of HiAP that you would like training in

21. Would you be interested in a national HiAP conference?

- ◯ Yes
- ◯ No

If yes, please specify any particular areas of interest

22. Are you interested in a nationwide NPHS HiAP network?

- ◯ Yes
- ◯ No

Do you have any information/advice on forming a NPHS HiAP network?

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

HiAP future events

23. You indicated that you would be interested in being part of a nationwide NPHS HiAP network. Please provide your email, so that we can contract you about this in the future.

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

About you

24. Please provide your workplace name and location.

Workplace

Location

25. Do you have HiAP as part of your job title?

- ◯ Yes
- ◯ No

Please enter your job title

26. Do you have HiAP as part of your job description?

- ◯ Yes
- ◯ No

27. How much of your role at NPHS involves HiAP?

- ◯ HiAP is a part of my role (less than 50% of my work)
- ◯ HiAP is a big part of my role (50% or more of my work)
- ◯ HiAP is not part of my role at all

Please comment

Health New Zealand
Te Whatu Ora

Health in All Policies (HiAP) work, National Public Health Service (NPHS), 2024

About you

28. Which ethnic group do you belong to? Mark the space or spaces which apply to you.

- [ ] New Zealand European
- [ ] Māori
- [ ] Samoan
- [ ] Cook Island Māori
- [ ] Tongan
- [ ] Niuean
- [ ] Chinese
- [ ] Indian
- [ ] Other such as Dutch, Japanese, Tokelauan. Please state.

Thank you for completing this survey. Your time is appreciated.

Appendix 2

Survey invitation in the NPHS pānui, 3 May 2024

Are you involved in Health in All Policies (HiAP) mahi?

Whether HiAP is a small or big part of your role, you are invited to take part in the NPHS HiAP questionnaire. Working with sectors outside health to address the wider determinants of health is one way we can support Pae Ora. HiAP is an internationally recognised approach for public health to support cross-sector collaboration to address the wider determinants of health, promote healthy communities, and work to eliminate inequities in wellbeing.

We want to hear about all HiAP work by NPHS staff. This information will help us understand what HiAP work is happening across the motu, identify opportunities for training, and build a national HiAP network.

The questionnaire should take about 10 to 15 minutes to complete. Click the image or scan the QR code above and please share with your colleagues who are engaged in HiAP work.

Contact hiap@cdhb.health.nz for further information. The survey is open until 17 May 2024.

Webinar – Health in All Policies Initiatives at the Local Level: What Do They Look Like, and How to Strengthen Their Implementation?

The National Collaborating Centre for Healthy Public Policy based in Canada is hosting this webinar on 8 May at 05:30 AM NZ time. Click the image to register.

References

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