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|  | All District Health Boards |
| **PUBLIC HEALTH SERVICE****HEALTH ASSESSMENT AND SURVEILLANCE****TIER TWO****SERVICE SPECIFICATION** |
| **STATUS:**Approved for nationwide use for the standard description of services to be funded. | **MANDATORY**  |
| **Review History** | **Date** |
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**Note**: Contact the Service Specification Programme Manager, Service Commissioning, Ministry of Health, to discuss the process and guidance available in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library website: [http://www.nsfl.health.govt.nz/.](http://www.nsfl.health.govt.nz/)

**PUBLIC HEALTH SERVICES**

**HEALTH ASSESSMENT AND SURVEILLANCE**

**TIER TWO SERVICE SPECIFICATION**

This tier two service specification for Public Health Services Health Assessment and Surveillance must be read and used in conjunction with the following service specifications:

* tier one Public Health Services service specification that defines the overarching framework and generic requirements for all the tiers of service specifications under it, see below for details.
* the other four tier two Public Health Services service specifications:
	+ Public Health Capacity Development
	+ Public Health Promotion
	+ Public Health Protection
	+ Preventative Interventions.

Please refer to the tier one Public Health Services service specification for the following details.

* Background (including Te Tiriti o Waitangi, Ottawa Charter and vision).
* Service Definition.
* Service Objectives (including Māori Health, and reducing health inequities, including alignment of approaches with He Korowai Oranga, and health equity/Whānau Ora tools).
* Service Users.
* Access (including eligibility and exclusions).
* Service Components.
* Service Linkages.
* Quality Requirements (including legislation, international obligations, guidance material, and political neutrality).

For a summary overview of the relationships between the various specifications for Public Health Services, refer to the diagram in Appendix 1.

# Background

An understanding of the population’s health needs, status and the determinants of health is fundamental to the planning and delivery of effective public health services.

In this way, the functions of surveillance[[1]](#footnote-1), monitoring and assessment of health and the determinants of health underpin effective public health action ([Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom, 2014](#_ENREF_10)).

Broadly they encompass the processes of identifying the information needs of the service-users, data collection, analysis, interpretation and dissemination of measures including:

* determinants – causal factors that underlie and precede more distal changes in health status, including determinants of hauora Māori
* hazards – physical, chemical, biological, social factors that may adversely affect health
* exposures – pathways of exposure
* diseases and conditions – including acute and chronic, outbreaks and clusters changes in health status and health outcomes ([Baker, Easther, & Wilson, 2010](#_ENREF_2); [EPA](#_ENREF_9)).

The information and intelligence products of surveillance systems and other knowledge and intelligence activities (eg, health assessment) inform public health action including prevention and control operational responses, policy, prioritisation, planning and evaluation ([Thacker, 2010](#_ENREF_37)) (see Appendix 2).

While there is overlap in the outcomes, processes and also in the data used for these activities; surveillance is distinguished from health assessment by being undertaken on an ongoing basis and with a direct and immediate link to a defined set of actions ([British Columbia Ministry of Health and Health Authorities, 2006](#_ENREF_3); [Public Health England Transition Team, 2012](#_ENREF_34)).

# Service Definition

Health Assessment and Surveillance is one of the five core functions for Public Health. All public health providers are required to ensure their service planning and delivery is informed by an understanding of the population’s health needs and status and of the current and emerging challenges to population health ([Ministry of Health Services (British Colombia) - Population Health and Wellness, 2005](#_ENREF_28)). Therefore, drawing on existing surveillance and/or health assessment information will be universal to all providers. Some providers will provide data they collect to another part of the organisation, or to another agency, for that data to be used to produce an information product (eg, non-governmental organisations [NGOs] or public health units [PHUs] may provide data to support the district health board [DHB] Planning and Funding team to produce a Health Needs Assessment [HNA]). Some providers may also produce information products using the data they or others collect (eg, regional level report on alcohol-related harm or on measles outbreak).

# Public Health Surveillance

The components purchased under this specification include:

* a local/regional surveillance system that is fit for purpose
* the review, analysis, reporting and dissemination of existing local and regional surveillance data (communicable and non-communicable, regulatory/non-regulatory). This is undertaken to support the prioritisation of resources and planning of public health control and prevention strategies and programmes at all levels (local, regional, national, international).
* collection, collation, analysis, reporting and dissemination of any local/regional surveillance data not required under legislation i.e. non-regulatory (and not described under the Health Protection or Preventive Intervention specifications), as agreed with the Ministry of Health (the Ministry).

Surveillance activities under this specification are aligned to those delivered under the tier two Health Protection and Preventive Intervention service specifications and their subordinate tier three service specifications. The tier two Health Protection and its subordinate service specifications describe surveillance activities that support regulatory components of: communicable disease prevention and control; environment/border health; smoke-free; psychoactive substances and misuse of drugs; and sale, supply and use of alcohol. The tier two Preventive Intervention and its subordinate service specifications describe the National Immunisation Register, vaccine preventable disease surveillance and screening registers.

This service specification excludes anything that is already funded under the tier two Health Protection and Preventive Intervention service specifications.

# Population Health Assessment

Population health assessment includes the measurement, monitoring and reporting of the population’s health including health status, health determinants, and threats to health, with a particular focus on health inequities and the health of Māori ([New Zealand Public Health Clinical Network, 2011](#_ENREF_30); [Ontario. Ministry of Health and Long-Term Care., 2008 (revised 2014)](#_ENREF_32)). This information contributes to an understanding of health needs of the population and is one of the considerations for identification of priority populations[[2]](#footnote-2) and priorities for service development and delivery.

The service may use existing sources of information to inform their understanding of their populations health outcomes (including impact on specific population sub-groups and on health inequities) or where appropriate lead or participate in the collaborative development and ongoing maintenance of, for example, HNA, Population Health Profiles, disease/risk specific reports, reports on key health determinants.

The use of health equity assessment tools and health impact tools should guide resource prioritisation, service planning and delivery ([CDC, 2012a](#_ENREF_4), [2012b](#_ENREF_5); [Hamer, Jacobson, Flowers, & Johnstone, 2003](#_ENREF_12); [Ministry of Health, 2007](#_ENREF_20), [2014b](#_ENREF_25); [National Institute for Health and Clinical Excellence, 2012](#_ENREF_29); [Signal, Martin, Cram, & Robson, 2008](#_ENREF_35)).

# Service Objectives

## General

The activities set out in Section 8 will contribute to the following objectives:

* sustainable improvements in population health and wellbeing
* improved Māori health outcomes
* equity in health outcomes
* population health needs are identified and addressed, prioritising Māori and those with greatest health need and inequity in health outcomes ([Ontario. Ministry of Health and Long-Term Care., 2008](#_ENREF_31))
* effectiveness of public health action (including prevention and control, prioritisation, planning, implementation and evaluation of public health programmes) is improved by understanding the current and emerging risks, conditions, diseases and the underlying determinants of health and wellbeing, including specific determinants of hauora Māori ([Ontario. Ministry of Health and Long-Term Care., 2008](#_ENREF_31)).

These will contribute to the New Zealand Health Strategy’s overarching objective that *all New Zealanders live well, stay well and get well* ([Minister of Health, 2016a](#_ENREF_17), [2016b](#_ENREF_18)).

## Māori Health Objectives

Refer to section 3.2, Māori Health in the tier one Public Health Services service specification.

Specific objectives to support Pae ora[[3]](#footnote-3) ([Ministry of Health, 2014c](#_ENREF_26)) and improved Māori health under this specification include:

* enhancing the measurement and monitoring of Māori health outcomes to inform the development and evaluation of appropriate public health action, and achieving equity through:
	+ the collection, analysis and outputting of ethnicity data in accordance with current legislation and protocols ([Cormack & McLeod, 2010](#_ENREF_6); [Ministry of Health, 2004](#_ENREF_19), [2009](#_ENREF_21), [2014b](#_ENREF_25)).
	+ ensuring when comparing the Māori ethnic group with other ethnic groups that the Māori ethnic group is central in the analysis to support a focus on the Māori health experience and on equity ([Durie, 2005](#_ENREF_7), [2006](#_ENREF_8); [Te Rōpu Rangahau Hauora a Eru Pōmare, 2014](#_ENREF_36)).
	+ measurement of health determinants, health status, health needs and aspirations of Māori ([Ministry of Health, 2014c](#_ENREF_26)) according to Māori concepts of health and wellbeing ([Durie, 2006](#_ENREF_8); [Ministry of Health, 2014b](#_ENREF_25)). This links to the following key threads of He Korowai Oranga, ‘rangatiratanga’ and ‘equity’ and two of the core components strengthening He Korowai Oranga ‘planning resourcing and evaluation’ and ‘outcome/performance measures and monitoring’[[4]](#footnote-4) ([Ministry of Health, 2014c](#_ENREF_26)).

# Service Users

Health assessment and surveillance data/information produced under this specification may be used by health and social sector providers (eg, local government in local government plans, local alcohol plans; health professionals) and directly by the affected communities (eg, in making submissions to council on a local alcohol plan).

# Exclusions

Refer to the tier one Public Health Services service specification. In addition, the following exclusions apply.

* Capital expenditure for IT systems.
* National surveillance services delivered directly by, for example, the Institute of Environmental Science and Research Ltd (ESR), Massey University Centre for Public Health Research and University of Otago AIDs Epidemiology Group are excluded from this specification. Services delivered by these organisations are described in Appendix 3. Services described under this service specification should link and be aligned with these national services, where appropriate.

# Service Delivery

Some public health services will be purchased and delivered using an outcomes framework. Where the outcome framework is Results Based Accountability™ (RBA)[[5]](#footnote-5), the funder and provider will first agree the population outcomes that the provider’s service will contribute to. Then the mix of activities and the associated performance measures that contribute to these outcomes will be negotiated. A guidance document with related performance measures based on RBA is available for download on the NSFL website (see section titled “Downloads”)[[6]](#footnote-6).

The tables below set out a menu of activities for each of the Health Assessment and Surveillance components.

As part of the negotiation, as to the range and scale of activities to be delivered, consideration will be given to:

* the assessed needs of the population (including an understanding of service gaps)
* the capacity and size of the provider
* relevant government, Ministry and DHB priorities and policies including the *New Zealand Health Strategy (Future Directions and Roadmap of Actions)* ([Minister of Health, 2016a](#_ENREF_17), [2016b](#_ENREF_18))
* how activities contribute to a comprehensive approach[[7]](#footnote-7)
* the need for activities to improve Māori health and support achieving equity in health
* the extent activities influence the determinants of health
* any additional and/or innovative approaches (that are informed by scientific and other evidence, or will be evaluated to help build the evidence).

Providers are expected to clearly demonstrate, in planning and reporting documents, how activities will contribute to improving Māori health and achieving health equity.

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| --- |
| 1. **Surveillance: review, monitor, analyse and disseminate surveillance data for action**
 |

| **Activities** |
| --- |
|
| Ensure local/regional systems for surveillance (that are within the remit of the organisation) are fit for purpose.* Regularly assess the information needs of service users[[8]](#footnote-8) of surveillance products/services to undertake effective public health action.
* Use the identified needs of service users to guide:

(a) local/regional surveillance system requirements and (b) data reporting, analysis and collection activities.* Ensure system is capable of securely collecting, storing and disseminating data in accordance with current legislation[[9]](#footnote-9), guidelines, protocols and with clinical oversight.
* Develop, maintain and implement quality improvement mechanisms to monitor and support timeliness, representativeness, acceptably, sensitivity, positive predictive value [of data], flexibility, simplicity and costs ([Institute of Environmental Science and Research Ltd, 2006](#_ENREF_15)).
* Use reasonable endeavours to build effective partnerships with appropriate service users (eg, organisations and communities) to support:
	+ a mutual understanding of information requirements
	+ opportunities for local/regional collaboration on analytical work
	+ effective knowledge exchange.
* Collaborate with national surveillance system providers as required to:
	+ align interoperability of local/regional systems with national systems
	+ inform any improvements to national systems that receive local/regional data
	+ refine nationally produced information and intelligence products/services that support local/regional surveillance systems and public health action
	+ advise on system requirements identified through the assessment of service user’s needs.
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| * Based on the identified information needs of service users of surveillance information products/services to deliver effective public health action, and in accordance with current relevant legislation, Ministry of Health manuals, guidelines and protocols:
	+ (A) Review, analyse, interpret and periodically report existing surveillance data/information to inform:
		- knowledge and understanding of significant and emerging disease trends and distribution by population at regional/local levels.
		- assessment of regional/local priority health needs and distribution in population
		- planning of regional/local services that impact on health outcomes and specific prevention and control responses
		- national level health policy and programme planning, implementation and resource mobilisation.
	+ (B) Collect, collate, analyse, interpret and report any new local/regional surveillance data not required under legislation i.e. non-regulatory and not described under the Health Protection or Preventive Intervention specifications (Ref Health Protection and Preventive Interventions for details), as agreed with the Ministry.
* Transform data into usable public health intelligence/information products to meet the needs of relevant service users (eg, disease-specific report for a condition of concern; PHUs may produce periodic bulletins for health professionals describing local/regional notifiable disease epidemiology[[10]](#footnote-10)). Ensure the analysis considers the impact on specific population sub-groups and on health inequities.
* Disseminate the public health intelligence/information products to relevant service users. This may include dissemination through existing and dedicated reports (eg, provider website, print newsletters/reports) or networks.
* As part of quality improvement processes, periodically seek feedback from a representative sample of service users on the accessibility and usefulness of the disseminated public health intelligence/information products. Include input from service users to inform any improvements.
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| 1. **Monitor, analyse and report on population health status, health need, risk factors, key determinants and disease distribution**
 |

| **Activities** |
| --- |
|
| Contribute to a regional/local description and understanding of population health status, health needs, health determinants, risk factor and disease distribution and threats to health with a particular focus on health equity and the health of Māori. This may include the following: * engaging with community and key stakeholders to understand information needs, participate in health needs assessment processes and support dissemination of information.
* collecting and collating relevant data (eg, data on health status, risk and protective factors, health determinants, determinants of hauora Māori, health care utilisation data relevant to public health, demographic data) eg, local monitoring of tobacco sales volumes and outlet distribution
* monitoring trends in health events by time, place and person (ethnicity, age, sex, deprivation) including for Māori and for populations experiencing inequitable health outcomes
* transforming data into usable public health intelligence/information products to meet the needs of relevant service users. For example:
* developing or updating health status reports/profiles, disease specific reports for conditions of concern, reports on key health determinants (eg, national and local analysis of the impact of tobacco-related disease, including impact on specific population sub-groups and on health inequities)
* collaborating with local DHB to contribute to health needs assessment for specific populations[[11]](#footnote-11).
* disseminating the public health intelligence/information products to relevant service users. This may include dissemination through existing and dedicated reports (eg, provider website, print newsletters/reports) or networks.
* providing relevant routinely collected public health data/information to support DHB(s) to undertake planning, analysis and reporting function.
* providing relevant data to the Ministry and other government agencies as appropriate
* as part of quality improvement processes, periodically seek feedback from a representative sample of service users on the accessibility and usefulness of the disseminated public health intelligence/information products. Include input from service users to inform any improvements.

Operate effective local/regional information systems for collecting and storing data in accordance with current legislation, guidelines and protocols[[12]](#footnote-12). System must maintain data security and maintain confidentiality.Note: the use of health assessment information to inform local and regional service planning and prioritisation are described under the tier two Public Health Capacity Development. |
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## Key Resources/ Documents

Relevant legislation (and subsequent amendments) including (but not limited to) the following.

* *International Health Regulations 2005.*
* *Health Act 1956.*
* *Tuberculosis Act 1948.*
* *New Zealand Public Health and Disability Act 2000.*
* *Privacy Act 1993.*
* *Health Information Privacy Code 1994.*

Guidelines/Protocols

* *Manual for Public Health Surveillance in New Zealand 2006 (*[*Institute of Environmental Science and Research Ltd, 2006*](#_ENREF_15)*)*
* *Guidelines for the Investigation and Control of Disease Outbreaks (*[*Institute of Environmental Science and Research Ltd, 2011 (updated)*](#_ENREF_16)*)*
* *Environmental Health Protection Manual 2011 (*[*Ministry of Health, 2011*](#_ENREF_22)*)*
* *Communicable Disease Manual 2012 (*[*Ministry of Health, 2012*](#_ENREF_23)*)*
* *Ethnicity Data Protocols for the Health and Disability Sector 2004 & 2009 (*[*Ministry of Health, 2004*](#_ENREF_19)*,* [*2009*](#_ENREF_21)*)*
* *Whānau Ora Health Impact Assessment 2007(*[*Ministry of Health, 2007*](#_ENREF_20)*)*
* *Public Health Advisory Committee’s guidelines on HIA (2nd edition, 2005) (*[*Public Health Advisory Committee, 2005*](#_ENREF_33)*)*
* *The Health Equity Assessment Tool: A User's Guide 2008 (*[*Signal et al., 2008*](#_ENREF_35)*).*

Existing datasets

* Nationally maintained datasets. National collections provide valuable health information to support decision-making in policy development, funding and at the point of care. A list of current health collections and surveys can be accessed from the Ministry’s website <http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys>. The calendar of release of Tier 1 Health Statistics is found at <http://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/tier-1-health-statistics-release-calendar>.
* Other non-health national datasets provide useful information on health determinants and service utilisation. Examples include: unemployment rates; housing tenure; income level; measures of educational attainment; Census.
* DHB-maintained datasets
* Local primary health care data.

# Service Linkages

In addition to the linkages set out in the tier one public health service specification, this section set out requirements regarding linkages to other related services and sectors.

| **Other Service Provider** | **Nature of Linkage(s)** | **Public Health Provider Accountabilities** |
| --- | --- | --- |
| Iwi, hapū and other Māori agencies | * Coordination in achieving public health outcomes
* Formal agreements (eg, contract, Memorandum of Understanding (MoU)) between health service providers to achieve shared outcomes
* Informal coordination and collaboration on an *ad hoc* basis.
 | Improve the planning, coordination and delivery of public health programmes to promote collaboration and assist services to improve Māori health and achieve equitable health outcomesEngage with local (mana whenua) Māori during decision making, programme design and implementation, to ensure that planning, coordination and delivery of public health programmes takes into account the Māori perspective for delivering services appropriate to whānau, hapū and iwi.Regularly identify any specific requirements for public health information products that Māori communities and/or agencies may have and assess how well the provider’s activities are meeting these needs.Promote understanding of Māori models of health and Ministry strategies (eg*, He Korowai Oranga*) to address Māori health needs and aspirations ([Ministry of Health, 2014c](#_ENREF_26)).Promote application of the “Equity of Health Care for Māori Framework” to address Māori health needs and aspirations ([Ministry of Health, 2014b](#_ENREF_25)). |
| Neighbouring PHUs | Mutual interest in local/regional coordination to achieve public health outcomes including improving Māori health and equity.Communication, coordination and collaboration as appropriate.Information sharing. | Effective communication and collaboration to achieve service objectives. This may include the provision of information and other public health intelligence support.Where appropriate, develop regional approaches to ensure the planning of information products and systems for public health surveillance and assessment support effective public health actions. Understand the information product and public health intelligence requirements of the regions’ service users and collaborate with other agencies to address these. |
| National providers of surveillance and assessment services (eg, ESR, NIWA, some universities) | Communication, coordination and collaboration as appropriate to support a high functioning system that is able to respond to local/ regional /national/ international requirements.Information sharing. | These national providers have separate responsibilities for a range of services, including for example, national monitoring and reporting on notifiable and vaccine preventable disease surveillance, sexually transmitted infection surveillance (ESR), environmental indicators for health protection services (Massey University) – see the tier two Health Protection service specification for details.* Ensure intra-operability with national systems
* Contribute local/regional perspective to inform any initiations for quality improvement to national systems.
 |
| DHB Planning and Funding | Consultation, coordination and collaboration to ensure improved understanding of health needs, health status and determinants of the population in the DHB’s area.  | Health Needs Assessment (HNA): * in many districts the development of a HNA is led by the DHB Planning and Funding team, with variable levels of input from PHUs and other public health providers. In some districts, where there is capacity, the PHUs may prepare Population Health Profiles for the district/region.
* public health providers are encouraged to use the public health intelligence from HNA in their service planning as appropriate.

Local/regional DHB data on health service utilisation (as appropriate). |
| NGOs including those representing specific population groups (characterised by for example ethnicity, age or geography) | Consultation and coordination in achieving public health outcomes including improving Māori health, Pacific health and equity.  | Effective communication and support in achieving shared public health outcomes. Regularly identify any specific public health information product requirements service users may have for effective public health action. Promote and support engagement of service users in system and product design to meet these needs. Assess how well the system and the provider’s activities are meeting these needs.Mutual knowledge exchange of:* relevant information products
* learnings from innovative practice and use of tools including HIAs
* other public health intelligence support

Improve the planning, coordination and delivery of public health programmes to promote collaboration, consistent messages, reduction of service gaps and duplication, and achieve equity in health outcomes.  |
| Pacific Providers | Consultation and coordination in achieving public health outcomes for Pacific peoples. | Regularly identify any specific requirements for public health information products that Pacific communities and/or organisations may have. Assess how well the provider’s activities are meeting these needs.Promote understanding of Pacific models of health and Ministry strategies (eg, Ala Mo’ui) to address the health needs of Pacific peoples ([Ministry of Health, 2014a](#_ENREF_24)). |
| Other government Agencies | Coordination as negotiated by agreement (MoU, contract or other form), or on an ad hoc basis. | Best practice use of census data and current ethnicity data protocols.  |
| Universities and other research institutions | Common interest in strengthening and dissemination of information on health needs, health status, risks and determinants to inform effective public health action. | Effective communication to support mutual knowledge exchange as appropriate.Remain well informed of emerging evidence based and good practice for health assessment and surveillance and the collection, analysis and outputting of high-quality ethnicity data.  |
| Primary Care | Consultation and coordination. | Local/regional data on health service utilisation (as appropriate)[notifiable disease notification to Medical Officers of Health – covered under the tier two Health Protection service specification]. |

# Quality Requirements

Public Health Services must comply with the 1999 Provider Quality Specifications for Public Health Services (PQS) or any update in the service agreement that replaces this document.

Where specified in service agreements, services must also comply with Ministry of Health mandated Business Viability Standards (BVS). If there is any conflict between the Provider’s obligations in the PQS and the BVS, the obligations on the Provider as described in the BVS will prevail.

Service providers will also be required to ensure that the work they undertake on behalf of the Ministry is consistent with Ministry’s policy positions, guidelines and other strategic documents, and are reflected in the services they provide to their communities.

Where the Ministry has developed guidance documents to support the planning, design or delivery of services under this specification, providers will be required to reflect this guidance in their services.

Specific quality requirements include:

* data is collected, analysed and outputted in accordance with current legislation and protocols (including ethnicity data protocols) ([Ministry of Health, 2004](#_ENREF_19), [2009](#_ENREF_21)).
* 100% of data is held and managed in accordance with current legislation (including Privacy Act 1993, Health Information Privacy Code 1994 and any amendments).

# Purchase Units and Reporting Requirements

Purchase units (PUs) are defined in the joint DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following PUs apply to this Service:

|  |  |  |  |
| --- | --- | --- | --- |
| **PU Code** | **PU Code Description** | **PU Definition** | **Unit of Measure** |
| RMASS20 | PH Assessment – Alcohol  | Health assessment and/or surveillance to support the prevention of harm associated with the misuse of alcohol. | Service |
| RMASS21 | PH Assessment – Illicit Drugs and Psychoactive Substances  | Health assessment and/or surveillance to support the prevention of harm associated with the misuse of drugs and psychoactive substances. | Service |
| RMASS22 | PH Assessment – Smokefree Environments (Tobacco Control) | Health assessment and/or surveillance to support the prevention and control in the use of tobacco products. | Service |
| RMASS30 | PH Assessment – Communicable Diseases | Health assessment and/or surveillance to support the prevention and control of communicable diseases. | Service |
| RMASS32 | PH Assessment –Environmental Health  | Health assessment and/or surveillance to support environmental health and/or border control programmes. | Service |

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| **Unit of Measure**  | **Unit of Measure Definition** |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement |

## Other Reporting Requirements

All reporting requirements are detailed in the individual provider contracts.

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**Appendix 1: Overview of the relationships between the specifications for Public Health Services**

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**Appendix 2: Health Assessment and Surveillance**

**Public Health Action**

* Improved understanding of temporal, spatial and demographic trends in health events, health status and underlying risk/protective factors and determinants, including specific determinants of hauora Māori
* Enhanced planning and delivery of effective public health action informed by an understanding of the population’s:
	+ health needs (prioritising Māori and those with greatest health need and inequity in health outcomes)
	+ current and emerging threats to health and wellbeing

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**Information and intelligence products**

**Information and intelligence activities**



Periodic

Ongoing

**Identifying service users’ requirements** for information and intelligence products and corresponding system requirements to inform effective public health action

**Appendix 3: National Services (include):**

**Institute of Environmental Science & Research Ltd (ESR)**

<http://www.esr.cri.nz/competencies/publichealthsurveillance/Pages/default.aspx>

Under contract to the Ministry of Health, ESR coordinates and collates information for several national surveillance systems, including:

* Public Health Surveillance: coordinates and collates information for several national surveillance systems (eg, Notifiable Disease Surveillance, Outbreak Surveillance, Sexually Transmitted Infections, Influenza viruses and respiratory, enteric and herpes viruses).
* Laboratory-based disease surveillance: laboratory-based surveillance of microorganisms of public health significance.
* National surveillance of antimicrobial resistance (antibiotic reference library)
* Water Information for New Zealand (WINZ): this drinking water database provides information on the quality and safety of community drinking water supplies in New Zealand.

ESR provides public health intelligence at national level on surveillance, the investigation and control of health events, identification and assessment of disease trends and identification, explanation and amelioration of existing and emerging hazards ([Institute of Environmental Science & Research Ltd](#_ENREF_13)).

**Centre for Public Health Research (CPHR),** **Massey University**

<http://publichealth.massey.ac.nz/>

*Monitoring New Zealand’s Environmental Health (MNZEH)*

Comprises five integrated concept-driven surveillance systems:

* Environmental Health Indicators
* Occupational Disease Surveillance
* Hazardous Substances Surveillance
* Environmental Burden of Disease
* New Zealand Birth Defects Registry (<http://nzbdr.ac.nz/>)

These systems collect, analyse and report a range of environmental health indicators to provide an evidence base which supports potential environmental health policy, legislation and programme planning by public health staff in DHBs, local government and other central government agencies. Where possible, all data and information are available visually in a variety of interactive map and graph formats at the website CPHR Online <http://cphronline.massey.ac.nz/> (at DHB and Territorial Authority levels), or in factsheets and report cards at <http://www.ehinz.ac.nz/> .

**AIDS Epidemiology Group (AEG), Department of Preventive and Social Medicine University of Otago**

<http://dnmeds.otago.ac.nz/departments/psm/research/aids/activities.html>

AIDS Epidemiology Group (AEG) is responsible for national surveillance of AIDS and HIV infection in New Zealand (under contract to Ministry of Health). The AEG has a primary role in HIV and AIDS case reporting (collect information about individuals diagnosed with AIDs through notification to Medical Officers of Health) and the measurement of HIV in sub-populations at risk, and is also actively involved in surveys of behaviour ([AIDS Epidemiology Group](#_ENREF_1)).

**New Zealand Creutzfeldt-Jakob Disease (CJD) Registry, University of Otago**

Monitors sporadic, familial, iatrogenic and variant CJD. Suspected cases are reported directly to the registry and notified to the local Medical Officer of Health and Director of Public Health ([Institute of Environmental Science & Research Ltd, 2012](#_ENREF_14)).

**New Zealand Paediatric Surveillance Unit**

This unit provides active surveillance of acute flaccid paralysis (to fulfil World Health Organisation (WHO) requirements for certification of polio eradication] , haemolytic uraemic syndrome, congenital rubella syndrome, perinatal exposure to HIV, vitamin K deficiency bleeding and neonatal herpes simplex infections ([Institute of Environmental Science & Research Ltd, 2012](#_ENREF_14)).

**Ministry of Health**

The Ministry of Health is the Government’s principal advisor on health and disability: improving, promoting and protecting the health of all New Zealanders. This role is to administer Parliament’s statutes and legislative responsibilities, and to implement the Government’s health policy. The key roles delivered by the Ministry include: providing information and advice; developing policy in key public health areas, particularly the administration, implementation and enforcement of health legislation; contributing to other central government agencies’ policy development; providing advice on setting and monitoring health goals, objectives, targets, funding and performance indicators; actively maintaining liaison and networks with key interest and stakeholder groups; exercising operational responsibility for national collections of health and disability information. The Ministry is involved in a range of regulatory, leadership and purchasing roles aimed at improving, promoting and protecting the health of all New Zealanders. The Ministry administers the New Zealand Public Health and Disability Act 2000, the Health Act 1956 and more than 20 other pieces of legislation. The Ministry also helps the Government comply with certain international obligations through supporting and participating in international organisations such as the WHO, as well as ensuring New Zealand complies with particular international requirements including the International Health Regulations 2005 ([Ministry of Health, 2014d](#_ENREF_27)).

1. Public Health Surveillance (“surveillance”) is defined as the on-going systematic collection, analysis and interpretation of health data on the occurrence of diseases (or related factors such as risk factors) and the timely dissemination of this information to public health decision makers so that action can be taken to: prevent and control disease, and enhance the planning, implementation and evaluation of public health strategies and programmes[definition adapted from ([Hall, Correa, Yoon, & Braden, 2012](#_ENREF_11)). Simply it is “information for action”([Institute of Environmental Science and Research Ltd, 2006](#_ENREF_15)). This action can be immediate (eg, removal of a contaminated food product), or long term (eg, to inform planning an immunisation programme). [↑](#footnote-ref-1)
2. A primary consideration is of Māori as a priority group through Crown obligations to Te Tiriti o Waitangi and rights as indigenous first peoples. [↑](#footnote-ref-2)
3. Pae ora is the Government’s vision for Māori health. It includes three interconnected elements: mauri ora – health individuals; whānau ora – health families; and wai ora – healthy environments ([Ministry of Health, 2014c](#_ENREF_26)) [↑](#footnote-ref-3)
4. <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/key-threads/rangatiratanga>

<http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/key-threads/equity>

<http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/outcome-performance-measures-and-monitoring>

<http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/planning-resourcing-and-evaluation> [↑](#footnote-ref-4)
5. MBIE is leading a whole of government transition to RBA which is an outcomes framework, as part of a Streamlined Contracting Framework. Please refer to: [http://www.business.govt.nz/procurement/procurement-reform/streamlined-contracting-with-ngos RBA](http://www.business.govt.nz/procurement/procurement-reform/streamlined-contracting-with-ngos%20RBA) has two levels of accountability – population accountability (where providers collectively contribute towards population outcomes) and performance accountability (where the provider is responsible for the outcomes of the clients it engages with [client outcomes]). [↑](#footnote-ref-5)
6. This guidance document with related performance measures based on RBA will be reviewed and performance measures updated as required. <http://nsfl.health.govt.nz/service-specifications/current-service-specifications/public-health-service-specifications> [↑](#footnote-ref-6)
7. A comprehensive approach will be delivered across a range of providers. It is not the expectation that every provider should deliver all these activities. [↑](#footnote-ref-7)
8. Service users of surveillance data include for example health and social sector providers such as local/regional government; health protection services; national surveillance system providers; other personal and public health service planners and providers (eg, DHBs, PHUs, NGOs, Māori & Pacific NGOs); researchers, and also communities, iwi/hapū/whānau, individuals, and media. Service users may also include internal staff, colleagues, teams or units. [↑](#footnote-ref-8)
9. including Privacy Act 1993, Health Information Privacy Code 1994, Health Act 1956 and any current amendments, Ethnicity Data Protocols for the Health and Disability Sector 2004 and 2009 [↑](#footnote-ref-9)
10. Examples include: CPH Public Health Information Quarterly <http://www.cph.co.nz/Files/PHIQ2013-1.pdf> ; ARPHS Public Health Quarterly <http://www.arphs.govt.nz/health-information/health-professionals>; Toi te Ora Medical Officer Health Reports <http://www.ttophs.govt.nz/vdb/document/1013> [↑](#footnote-ref-10)
11. Health Needs Assessment (HNA)

Under the New Zealand Public Health and Disability Act 2000, DHBs are required: “*to regularly investigate, assess, and monitor the health status of its resident population, any factors that the DHB believes may adversely affect the health status of the population and the needs of that population for services* (Clause 18(g))”.

Thus in many districts the development of a HNA is led by the DHB Funding and Planning team, with variable levels of input from PHUs and other public health providers. In some districts, where there is capacity, the PHUs may prepare Health Profiles for the district/region.

There are a number of useful guides and examples of HNA, for example: http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/health\_needs\_assessment\_a\_practical\_guide.jsp ; DHB websites [↑](#footnote-ref-11)
12. including Privacy Act 1993, Health Information Privacy Code 1994, Health Act 1956 and any current amendments [↑](#footnote-ref-12)