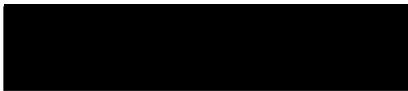


12 March 2019



Dear 

Thank you for your Official Information Act request received 15 February 2019 seeking the following of Waitemata and Auckland District Health Boards (DHBs):

- *How does the DHB ensure that its health promotion programmes, and that of its Public Health Units (if applicable) are appropriate and effective for disabled Māori, for example, how does it ensure its campaigns are accessible for kāpō Māori?*

#### **Auckland and Waitemata DHBs**

Health promotion programmes within our districts sit largely with other agencies like Health Promotion Agency, and the DHB-owned Auckland Regional Public Health Service (see below). However, for the small number of health promotion activities we carry out, there is not a specific focus on disabled Māori. For example, smoking cessation programmes have a focus on Māori, pregnant Māori mothers and individuals with mental health conditions, while Green Prescription (promoting physical wellbeing) has a requirement that services and programmes offered are accessible to disabled people.

We have a commitment to health literacy and information being available in a number of formats and all of our programmes offer resources in printed and digital form for dissemination. Our programme *Healthy Babies Healthy Futures* aims to reduce maternal and child obesity by promoting healthy eating and physical activity. This programme is targeted directly at Māori, Pacific and Asian/migrant communities and uses a range of promotion strategies:

- Culturally focused community providers lead engagement into their own communities
- Increased use of video messages that can be translated and sub-titled
- Face to face group sessions
- Text messages to promote the programme and its key messages

The use of digital media to promote key messages to, and engage with, young Māori mothers also allows for programme material to be more accessible to disabled individuals. The text out approach has been extremely successful for engaging with Māori, but its impact on disabled Māori is unknown. That being said, we will continue to review this approach and apply it to programmes that would benefit from improved engagement.

For public and community meetings, we ensure venues are accessible to all. During the registration process for public meetings, we request information from attendees about any disabilities they, or their whānau, may have. This ensures that arrangements can be made to accommodate disabilities, namely the use of NZ sign language and preferred seating arrangements.

### **Auckland Regional Public Health Service**

Auckland Regional Public Health Service (ARPHS) is one of New Zealand's 12 public health units. A key role for ARPHS is provision of regulatory public health services. ARPHS provides public health services to people residing in the three Auckland metro district health boards (Auckland, Counties Manukau and Waitematā DHBs) through health protection, prevention and promotion.

ARPHS play a critical role in protecting the health and wellbeing of people living in Auckland. ARPHS lead region-wide public health campaigns to prevent the spread of disease by disseminating information to the public, or targeted to at-risk groups, and training the health workforce about how they can address public health issues through their care. ARPHS also provide advice and guidance to a number of community groups, community organisations, government agencies and private businesses about preventing and managing public health and environmental issues.

ARPHS applies the HIT Equity Identifier Tool (attached) as part of the annual review process for all of its health improvement programmes. The Tool spans several equity dimensions of a population including disability, marginalisation and ethnicity. This assessment identifies the vulnerability within the broader and target populations for each initiative. This also ensures each programme to understand the equity issues and risks in their work, and respond by demonstrating how they will improve equity for vulnerable populations. Also forming a part of the annual review is the Ministry of Health's Health Equity Assessment Tool.

I trust this information meets your requirements. Auckland and Waitemata DHBs, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely



Dr Debbie Holdsworth  
**Director Funding**  
**Auckland and Waitemata District Health Boards**

# HIT EQUITY IDENTIFIER

## Parameters for using equity identifier.....

### Step 1: **Identify Social Determinants of Health**

For each Social Determinant or Social Determinant outcome, please select whether the project can impact it **directly** (3), **indirectly** (2) or **not at all** (1) in each green Step 1 Column by using the drop-down menus provided. The impact may be both positive or negative.

### Step 2: **Select level of project impact on Social Determinant of Health**

For each identified Social Determinant (marked 3 and 2 in Step 1), please select whether the project can have a **high** (3), **moderate** (2) or **low** (1) positive, or a **low** (-1), **moderate** (-2) or **high** (-3) **negative** impact on modifying the identified Social Determinant throughout the project period by using the drop-down menu provided in each Step 2 Column.

**Step 3:** Please provide a short narrative highlighting which of the top 3-5 prioritised Social Determinants of Health you would propose to focus on during the implementation of the project

### Step 4: **Identify dimensions of inequity**

Please select which dimensions of inequity the project can impact directly (3), indirectly (2) and not at all (1) by using the drop-down menus provided in the Step 4 column. The impact may be both positive or negative.

### Step 5: **Select level of project impact on dimensions of inequity**

For each identified dimension of inequity (marked 3 and 2 in Step 4), please select whether the project has a high (3), moderate (2) or low (1) positive or a low (-1), moderate (-2) or high (-3) negative impact on modifying the inequity by using the drop-down menu provided in the Step 5 column.

### Step 6: **Prioritize dimensions of inequity**

**Identify your top 3-5 dimensions of inequity**

### Step 7: **Indicate sub-categories**

For each of the prioritised dimensions of inequity (prioritized in Step 6), please tick those sub-categories, which the project either targets specifically, or may impact more strongly on (positively) than others in the 'sub-categories' column.

**Step 8:** Detail the 3-5 prioritised dimensions of Inequity and the Sub-Categories you would propose to focus on during the implementation of the project in order to act on equity. These will be used in Task 2 Session 1.

## Social Determinant Screening

### Step 1: Identify Social Determinants of Health

For each Social Determinant or Social Determinant outcome, please select whether the project can impact it **directly** (3), **indirectly** (2) or **not at all** (1) in each green Step 1 Column by using the drop-down menus provided. The impact may be both positive or negative.

### Step 2: Select level of project impact on Social Determinant of Health

For each identified Social Determinant (marked 3 and 2 in Step 1), please select whether the project can have a **high** (3), **moderate** (2) or **low** (1) positive, or a **low** (-1), **moderate** (-2) or **high** (-3) negative impact on modifying the identified Social Determinant throughout the project period by using the drop-down menu provided in each Step 2 Column.

Social	Step 1 3=directly 2=indirectly 1=not at all	Step 2 3/-3=high pos/neg 2/-2=moderate pos/neg 1/-1=low pos/neg	Economic	Step 1 3=directly 2=indirectly 1=not at all	Step 2 3/-3=high pos/neg 2/-2=moderate pos/neg 1/-1=low pos/neg	Environmental	Step 1 3=directly 2=indirectly 1=not at all	Step 2 3/-3=high pos/neg 2/-2=moderate pos/neg 1/-1=low pos/neg
Access to quality education			Affordable housing			Biodiversity		
Early Childhood Development			Food security			Ecosystem conservation		
Access to quality essential healthcare services			Fuel poverty			Greenhouse gas emissions		
Healthcare infrastructure			Income poverty			Exposure to extreme climate events		
Healthcare quality			Job creation			Energy efficiency		
Maternal health and wellbeing			Employment security			Air quality		
Social policy and access to social and/or disability services			Skills development			Exposure to hazardous substances		
Harmful use of alcohol			Workplace safety			Noise pollution		
Drug use			Fiscal measures			Soil pollution		
Exposure to violence			Offender rehabilitation			Waste management		
Tobacco use						Water security		
Physical inactivity						Safe water and sanitation		
Unhealthy diet						Food hygiene		
links with marae and cultural resources						Transmission of infectious disease (exposure to pathogens)		
Social connection						Land use		
participation in community or public affairs						Urban planning & design		
cultural participation, expression of cultural values and practices						Obesogenic environment		
Family connection, whakapapa						Access to green spaces		
Access to leisure services						Access to public Transport		
						Transportation and mobility infrastructure		
						Public amenities		



## Inequities Screening

### Step 4: Identify dimensions of inequity

Please select which dimensions of inequity the project can impact directly (3), indirectly (2) and not at all (1) by using the drop-down menus provided in the Step 4 column. The impact may be both positive or negative.

### Step 5: Select level of project impact on dimensions of inequity

For each identified dimension of inequity (marked 3 and 2 in Step 4), please select whether the project has a high (3), moderate (2) or low (1) positive or a low (-1), moderate (-2) or high (-3) negative impact on modifying the inequity by using the drop-down menu provided in the Step 5 column.

### Step 6: Prioritize dimensions of inequity

Identify your top 3-5 dimensions of inequity

### Step 7: Indicate sub-categories

For each of the prioritised dimensions of inequity (prioritized in Step 6), please tick those sub-categories, which the project either targets specifically, or may impact more strongly on (positively) than others in the 'subcategories' column.

Dimension of Inequity	Step 4 3=directly 2=indirectly 1=not at all	Step 5 3/-3=high pos/neg 2/-2=moderate pos/neg 1/-1=low pos/neg	Step 6	Sub-Categories	Step 7 X=targeted / strongly benefitting
Disability				Disabled	
				Non-disabled	
Educational attainment				Primary or no education	
				Secondary education	
				Tertiary education	
Employment conditions				Unemployed	
				Employed	
				Self employed	
				Casual worker	
				Unpaid care and domestic worker	
				Economically inactive (retired, ill, not actively seeking)	
Ethnicity				Ethnic majority	
				Maori	
				Pacific	
				Asian	
				Former resettled refugee	
				Other (state)...	
Gender				Male	
				Female	
				Transgender/Inter-sex	
Household composition				One-person household	
				Nuclear household	
				Extended household	
				Composite household	
				Other/unknown	
Life-course stage (age)				Prenatal	
				Pre-school	
				School	
				Transition from education to employment	
				Family building	
				Employment	

				Older life	
Marginalised groups				Homeless	
				Prisoners	
				Sex workers	
				Vulnerable migrants	
				Overseas seasonal workers	
Marital status				Single	
				Married	
				Separated/Divorced/Widowed	
Occupational category				Manager	
				Professional	
				Technicians and associate professionals	
				Clerical support workers	
				Services and sales workers	
				Skilled agricultural, forestry and fishery workers	
				Craft and related trades workers	
				Plant and machine operators and assemblers	
				Elementary occupations	
				Armed forces occupations	
Place of residence				Rural	
				Urban	
Religion				Christian	
				Buddhist	
				Hindu	
				Jewish	
				Muslim	
				Sikh	
				Other	
Sexual orientation				Heterosexual	
				Homosexual	
				Bisexual+	
Wealth				Poorest quintile	
				Second quintile	
				Middle quintile	
				Fourth quintile	
				Richest quintile	

**Step 8: Detail the 3-5 prioritised dimensions of Inequity and the Sub-Categories you would propose to focus on during the implementation of the project in order to act on equity. These will be used in Task 2 Session 1.**



## GUIDANCE NOTE

This Guidance Note explains how to use the SEEDs of Health and Health Equity Screening Tool for Development Practitioners by explaining how to conduct each step of the screening.

Worksheet	Step	How to provide the information requested
04-Project Details		The information requested here will serve to analyse SEEDs of Health and Dimensions of Inequity in UNDP development projects disaggregated by several categories. Please select the Region, Country, Area of Work and Strategic Plan Outcome from the drop-down menu provided and manually enter the Project Name, Project ID and Project Budget.
05-SEEDs	Step 1	<b>Identify SEEDs of health</b> For each SEED, please select whether the project can impact it directly (3), indirectly (2) or not at all (1) in each green Step 1 column by using the drop-down menus provided. The impact may be both positive or negative.
	Step 2	<b>Select level of intensity of project impact on SEEDs of health</b> For each identified SEED (marked 3 and 2 in Step 1), please select whether the project can have a high (3), moderate (2) or low (1) positive, or a low (-1), moderate (-2) or high (-3) negative impact on modifying the identified SEEDs throughout the project period by using the drop-down menu provided in each purple Step 2 column.
	Step 3	<b>Prioritize SEEDs of health</b> For the five most project-relevant identified SEEDs (marked 3 and 2 in Step 1), please give a priority ranking from 1 (most important) to 5 (least important) in the pink Step 3 column.
	Step 4	<b>Decide on SEEDs focus areas for implementation</b> Please provide a short narrative highlighting which of the top five prioritised SEED(s) of health you would propose to focus on during the implementation of the project in order to optimize co-benefits for health and development. You should choose a minimum of one up to a maximum of all five of the SEEDs prioritised in Step 3. Please enter the text in the text box provided below the SEEDs of health check list.
06-Inequities	Step 5	<b>Identify dimensions of inequity</b> Please select which dimensions of inequity the project can impact directly (3), indirectly (2) and not at all (1) by using the drop-down menus provided in the green Step 5 column. The impact may be both positive or negative.
	Step 6	<b>Select level of intensity of project impact on dimensions of inequity</b> For each identified dimension of inequity (marked 3 and 2 in Step 3), please select whether the project has a high (3), moderate (2) or low (1) positive, or a low (-1), moderate (-2) or high (-3) negative impact on modifying the inequity by using the drop-down menu provided in the purple Step 6 column.
	Step 7	<b>Prioritize dimensions of inequity</b> For the three most project-relevant dimensions of inequity (marked 3 and 2 in Step 3), please give a priority ranking from 1 (most important) to 3 (least important) in the pink Step 7 column.
	Step 8	<b>Indicate sub-categories</b> For each of the three most project-relevant dimensions of inequity (prioritized in Step 6), please tick those sub-categories, which the project either targets specifically, or may impact more strongly (positively) than others in the orange Step 8 column.
	Step 9	<b>Decide on inequity focus areas for implementation</b> Please provide a short narrative highlighting which of the top three prioritised dimensions of inequity and sub-categories you would propose to focus on during the implementation of the project in order to optimize co-benefits for health and development. You should choose a minimum of one up to a maximum of three of the inequities prioritised in Step 7. Please enter the text in the text box provided below the dimensions of inequity check list.



This Screening Tool has been adapted from the SEEDS Equity Identifier produced by the United Nation Development Programme for specific use by the Auckland Regional Public Health Service and it's population health programmes in Tamaki Makaurau, New Zealand.

For more information on the original SEEDS Equity Identifier use the following hyperlink.  
[http://www.eurasia.undp.org/content/rbec/en/home/library/hiv\\_aids/addressing-social-economic-environmental-determinants-of-health.html](http://www.eurasia.undp.org/content/rbec/en/home/library/hiv_aids/addressing-social-economic-environmental-determinants-of-health.html)

## 02-Contributors and Contacts



### CONTRIBUTORS AND CONTACTS

#### Contributors

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#### Contacts

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## SEEDS\* Equity Identifier

\*Social, Economic and Environmental Determinants (of Health)

**Background**

Development projects are likely to impact on health, either directly or indirectly. There is untapped potential to create synergies between development and health with co-benefits for development priorities and population health improvements. Many development projects aim to target the most disadvantaged groups. Integrating health aspects into development projects can contribute to reducing health inequities. UNDP supports SDG implementation by promoting Sustainable Human Development: Enlarging people's choices by expanding their capabilities and opportunities in ways that are sustainable from the social, economic and environmental standpoints implies benefiting the present health and wellbeing without compromising the future. This requires UNDP to act across its Areas of Work: Sustainable Development Pathways, Inclusive and Effective Democratic Governance and Resilience Building.

sustainable development

human development

+ healthy lives and well-being for all

sustainable development

human development

01 identity

02 prosperity

03 equality

04 health and well-being

**Purpose**

While health and development are inextricably linked, health and development practitioners often operate in organisational silos. In order to realise potential co-benefits for both health and development and to prioritise areas for action, it is necessary to take specific steps to integrate health and development. The SEEDS Equity Identifier – UNDP's SEEDS of H/E Screening Tool for Development Practitioners has been designed to help development project managers to identify SEEDS of health and health equity in multisectoral development projects during planning, implementation and evaluation.

**What are SEEDS?**

Social, economic and environmental factors are embedded in development as the three interlinking pillars of sustainable human development. They also, to a large extent, determine population health and the distribution of health. This tool applies a checklist of 27 social, 14 economic and 24 environmental determinants of health to identify and prioritise SEEDS of health in development projects.

**What are Health Inequities?**

Health inequities are avoidable and unjust systematic differences in health between groups with different levels of social advantage / disadvantage. This tool applies a checklist of 14 dimensions of inequity and sub-categories to identify and prioritize dimensions of inequity in UNDP development projects.