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## Chapter 3 – Providing a Health Promotion Service

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### In This Chapter

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**Introduction** This chapter contains information about health promotion for the NCSP.

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### Health Promotion for Women

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#### **Cervical screening for women**

Health promotion is the area where the community can and does become actively involved in a public health programme. New Zealand women, and in particular Maori and Pacific women, have been committed to ensuring that messages about cervical screening reach women in their own communities.

Cervical screening health promotion arises in the context of women's health, sexual health, whanau health and general primary health. Health promotion activities occur in different contexts and in many different settings.

The NCSP is a programme for women and its success is dependent upon their support. This principle should guide all health promotion undertaken by those working in the programme.

**Ko te wahine te poutokomanawa o te whānau – me tiaki i a ia ka tika.**

*The woman is the 'main pole' of the family, and as such she must be nurtured.*

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### Health Promotion for Women, Continued

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**Health  
Promotion in a  
screening  
programme**

Health promotion in a screening programme ensures that the women who can benefit from screening are informed and empowered to take advantage of those benefits.

Where possible, strategies should be employed which encourage and develop community participation in planning, implementation and evaluation of projects.

The Treaty of Waitangi provides an important context for the implementation of public health and health promotion strategies for the New Zealand NCSP. Maori Health is recognised as a key priority by the government and specific strategies to work with Maori to provide services to Maori are expected in planning for public health services.

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**An overview of  
Health  
Promotion**

This chapter provides an overview of health promotion. It applies to those service providers with a specific contract with the Ministry of Health for the provision of NCSP health promotion activities.

In addition to the NCSP specific health promoter providers, other providers, e.g. smear takers, have a role in informing women about the programme and in recruiting women into the programme. Policies relating to informing and recruiting women are covered in Chapter Two.

Health promotion is a critical component of a screening programme such as the NCSP.

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### Health Promotion for Women, Continued

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#### Health promotion

Health promotion as defined by the Ottawa Charter (1986) is the process of enabling people to increase control over and to improve their health.

Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.

The Ottawa Charter identifies three basic strategies for health promotion. These are *advocacy* for health to create the essential conditions for health; *enabling* all people to achieve their full health potential; and *mediating* between the different interests in society in the pursuit of health.<sup>1</sup>

These strategies are supported by five priority action areas as outlined below.

- building healthy public policy – Putting health on the agenda of policy makers and at all levels within society
- creating supportive environments – Creating living and working environments that promote health and are ecologically sound
- strengthening community action – Making it easier for concrete and effective community action to take place as part of the health promotion process
- developing personal skills – Providing information and education for health and enhancing life skills
- re-orienting health services – Moving the health sector towards health promotion, beyond its responsibility for providing clinical and curative services.<sup>2</sup>

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#### Health education

Health education is one component of health promotion. It is the communication of knowledge and information to assist individuals, groups and communities to make informed decisions about their health. Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual and community health.<sup>1</sup>

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<sup>1</sup> Reference: Health Promotion Glossary, WHO Geneva 1998

<sup>2</sup> Reference: Planning Evaluation of Health Promotion, Duignan et al 1992

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### Health Promotion for Women, Continued

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#### Objectives

The objectives of health promotion activities for the NCSP are:

- To promote cervical screening and increase awareness of the NCSP among women
  - To encourage informed participation in the NCSP by providing accurate and appropriate information about the screening programme in order to encourage informed uptake
  - To undertake the above in the context of improving, promoting and protecting the health of women in New Zealand.
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#### Priority groups

Health promotion strategies have contributed to the enrolment in the NCSP of approximately 90% of women aged between 20 and 70.

Some groups of women, however, have significantly lower rates of participation (enrolment and coverage) in the NCSP.

For this reason these priority groups have been identified for health promotion activity within the NCSP.

These are:

- Women who have never had a smear
- Women who have not had a smear within the last five years
- Women over the age of 40
- Maori women
- Pacific women.

Specific strategies aimed at reaching these women are outlined in the National Health Promotion Framework.

Regional providers will also need to identify in their planning how they intend to reach these groups in their communities.

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### Health Promotion for Women, Continued

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#### General requirements

Providers are required to:

- Develop and employ health promotion strategies as detailed in the National Health Promotion Framework
- Work collaboratively with other NCSP service providers to develop appropriate health promotion strategies
- Use the NCSP promotional materials and resources
- Use the agreed national key messages
- Follow the provisions laid out in the Visual Identity Guide
- Ensure the full range of national NCSP resources is available to women through all NCSP Regional Services and Independent Service Providers
- Ensure that resources are deployed to maximise screening of the priority groups
- Employ appropriately qualified and trained personnel
- Deliver the health promotion aspects in the wider context of women's health
- Reflect the specific cultural values and needs of Maori women in all activities
- Reflect the specific cultural values and needs of other cultural groups including Pacific women in all activities
- Ensure that informed consent underpins all health promotion activities
- Ensure that health promotion strategies are evidence-based.

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#### National key messages

- Regular three-yearly cervical smears are a woman's best protection against developing the most common type of cervical cancer
  - Regular cervical smears are recommended for all women aged between 20 and 70 who have ever had sex, including lesbians
  - Cervical smears closer than three yearly give very little extra protection
  - A cervical smear is a screening test to detect abnormal changes in the cells of the cervix
  - An abnormal cervical smear result almost never means cancer
  - Changes in the cells of the cervix are quite common and many will disappear without treatment. If treatment is needed it is usually simple and effective
  - The risk of developing cervical cancer increases with age
  - Symptoms such as unusual vaginal bleeding, spotting or discharge or pain during sex, should be reported to a doctor as soon as possible.
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### The NCSP Visual Identity

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**Elements of the visual identity**

The visual identity is defined by the consistent use of a range of elements across all programme materials. The identity has five main elements:

- people
  - colour palette
  - shapes and textures
  - logo
  - typefaces.
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**Benefits**

The benefits of a co-ordinated visual identity for the NCSP include:

- a signal that this is a national public health programme
  - a recognisable link between all NCSP providers
  - a means of conveying the messages and values of the NCSP
  - an opportunity for “brand recognition” by women
  - a vehicle to link national health promotion activities with regional activities.
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**Meanings and associations of the visual identity**

The identity of the NCSP has been designed to communicate the messages and values of the screening programme. Women are the central focus of the design just as they are central to the NCSP.

The photographs have been chosen to portray New Zealand women of all ethnicities, ages, cultures and lifestyles. They are happy and healthy and positive about life.

The colours are the blue-purple, teal-green and gold of nature and represent our land and our health.

The textures of the hills and the harakeke-weaving pattern also link the design to Aotearoa.

The logo is the rounded shape of a stone, which is smooth but solid. The koru symbolizes the preciousness of life and new beginnings.

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### The NCSP Visual Identity, Continued

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**Visual identity guide** There is a guide to the correct use of the NCSP visual identity. All material prepared for the programme must follow the provisions laid out in the guide. Each provider group with a Ministry of Health health promotion contract has been issued with a guide.

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**Logo use** All communications issued by providers as a result of activities of the NCSP (including educational materials, advertising and media communications) will include the NCSP logo.

No programme identification is to appear on envelopes that are sent to women.

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**Approval** The NCSP logo will be used only in association with documents and resources associated with the NCSP. Any resources or information sheets developed by providers and using the logo must be approved by the Ministry of Health NCSP Team.

The Ministry of Health will make best effort to provide such approval within 10 working days.

Letters on approved NCSP letterhead do not require prior approval.

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**Signage** Appropriate signage incorporating the NCSP logo will be displayed at all NCSP Regional Services.

A range of designs appropriate to different settings is provided in the NCSP Visual Identity Guide in order to accommodate organisational requirements.

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### Health Promotion Strategies

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**Health  
Promotion  
strategies**

The provider will be responsible for developing and implementing appropriate strategies to enable, educate and inform consumers and must ensure that:

- Information and messages are consistent with the national information and messages provided by the NCSP
  - Health workers involved in all stages of the programme are trained, informed and competent to provide full and accurate information
  - Health promotion strategies are needs-based and consumer focussed
  - Education sessions are interactive and experiential where reasonably practicable
  - Interpreters and educators appropriate to the community are available, where necessary and reasonably practicable, to assist participants with language difficulties
  - Written health education resources are:
    - provided in the language of the participant where necessary and reasonably practicable
    - appropriate and acceptable to the group for whom they are intended
  - Information complies with the Health and Disability Code of Rights.
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### Health Promotion Resources

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**Introduction** Accuracy and consistency of information and key messages are vital to the success of a screening programme. The provision of high quality resources, therefore, will be an essential part of the NCSP.

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**Standard 301** **Providers will utilise the NCSP resources and key messages as the basis for their own strategies and materials, and ensure their own messages, written and verbal, are consistent with the key messages.**

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**National resources** The resources currently in use in the NCSP are listed in the Ministry of Health’s Health Education Resources Catalogue.

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**Revising the national resources** A revised set of national resources has been developed using internationally recognised, culturally appropriate health education protocols as outlined in

- “Do We Really Need this Resource”, Ministry of Health (1997)
- “He Tatai i te Ara”, Ministry of Health (1997)
- “Pacific People’s Health Education Guidelines”, Ministry of Health (1997).

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**Promotional items** A set of promotional items has been developed for the NCSP. NCSP providers are required to use these items in promotional situations.

Providers may wish to produce additional items. These must be produced according to the National Guidelines for Health Education Resource Development in New Zealand (June 2002)<sup>3</sup>.

A list of items and ordering details is in the NCSP Visual Identity Guide.

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<sup>3</sup> Available from Ministry of Health website – Booklet ISBN 0-478-27058-5

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### Health Promotion Resources, Continued

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**Other general information**

In addition to the national resources listed in the Ministry of Health’s Health Education Resources Catalogue, a wide range of information about cervical cancer and treatment, and other prevention strategies is available through resources produced by the Cancer Society of N.Z. and other organisations. It is recommended that NCSP providers are familiar with and have an appropriate amount of this information available for women and their families.

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### Development of Additional Materials

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**Providers** In order to better serve their communities providers may:

- Need to develop pamphlets or resources in addition to those provided nationally
- Wish to utilise, or to adapt the national information for use in locally produced resources.

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**Maintaining consistency & accuracy** It is very important that the accuracy and consistency of information is maintained. Thus providers are required to refer any changes to the NCSP.

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**Standard 302** **Providers developing or adapting health education resources including translations must do so following the process described in the National Guidelines for Health Education Resource Development in New Zealand (June 2002).**

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### Media Strategies

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<b>Introduction</b>	<p>A co-ordinated media strategy can greatly enhance the effectiveness of a screening programme. Women not reached by other health promotion strategies can be informed about the programme and encouraged to participate.</p> <p>National media strategies will be carried out to meet the purpose, aims and objectives of the programme.</p> <p>Regional/local radio and print media strategies will be a key activity co-ordinated regionally by the NCSP Regional Services to complement any national media activities.</p> <p>While there may be some paid advertising, regionally the emphasis will be on unpaid coverage including interviews and press releases.</p>
<b>Resources</b>	<p>Public health budgets are limited and priority needs to be given to effective media coverage for women from under-screened groups. This will involve co-ordination between the Maori, Pacific providers and other key stakeholders, for example, Asian community representatives and organisations involving older women.</p>

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### Communication with the Media

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**Communica-  
tion processes**

Communication with the media about the NCSP which is initiated by providers, eg press releases, must be checked with the Ministry of Health NCSP team.

The NCSP Team will review material and return it to the provider within 48 hours where possible. Providers are requested to give as much lead-in time as possible.

Media issues management should also be discussed with the Ministry of Health NCSP Manager.

It is recognised providers may also be required to work with their own organisation's staff and media policies.

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### Other Communication Regarding the NCSP

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**Other written / marketing material** A range of standard design ‘shells’ has been developed for communication about the NCSP. The shells are included in the NCSP Visual Identity Guide. Providers can then insert their own content within these shells.

The NCSP Team must be notified of any material that is planned. Final copy must be approved by the NCSP Team. This includes material about other related programmes and how they interface with the NCSP and marketing material.

The material will be reviewed and returned it to the provider within five working days where possible. Providers are requested to give as much lead in time as possible.

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**Standard 303** **All new material related to the Programme is sent to the NCSP Team early in the planning stage and final copy is sent for approval.**

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**Print advertisements** Providers may want to produce advertisements of their services. As they will contain the logo, they will need to be referred to the Ministry of Health for approval.

Providers should use one of the standard design ‘shells’ for print advertisements about the NCSP.

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### Advocacy

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**Introduction** Advocacy involves liaison and collaboration with key organisations, community leaders and others, and supporting them to encourage women to become informed about the NCSP.

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**Levels of advocacy** At a regional/local level providers identify appropriate people in a wide range of key organisations, groups and communities that can assist in taking the message to women/families, especially to the priority groups.

Health promotion activities in the NCSP have traditionally included consumer advocacy. This is an important strategy that works towards a better health outcome for women.

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**Linkages** Cervical screening health promotion should generally not happen in isolation. There should be links to other related women's health services

- breast screening
- sexual health
- reproductive health.

These linkages will support the holistic concept of 'healthy women.'

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### Workforce Development

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**Competencies** Providers will be expected to use “Nga Kaiakatanga Hauora mo Aotearoa Health Promotion Competencies for Aotearoa-New Zealand” with their health promotion staff. It is available from the Health Promotion Forum, P.O. Box 99064, Newmarket, Auckland or from their website [www.hpforum.org.nz](http://www.hpforum.org.nz).

The document sets out a range of possible uses:

- bench-marking good practice in quality improvement programmes
- informing development of training and qualifications
- development of human resource plans for teams
- mapping the competencies of the whole team
- identifying gaps and developing strategies to fill them
- staff development including expectations of practitioners and identification of training needs
- as a framework for developing job descriptions for staff recruitment and selection.

There are no performance measures in “Nga Kaiakatanga Hauora mo Aotearoa” and providers are expected to have developed and implemented their own performance appraisal mechanisms.

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**Training** High quality workforce training that reinforces accurate, nationally consistent messages and develops skills is essential to an effective public health programme.

The National Screening Unit provides national training.

Providers also have a responsibility to provide workforce development and ensure that all NCSP health promotion staff are adequately trained.

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### Quality Control, Quality Assurance and Evaluation

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**Internal quality control** Internal quality control is an important aspect of all component parts of a screening programme.

Accessibility of health promotion activities, the health promoter's skills, and the response to method of invitation are all important performance measures.

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**Quality assurance** The National Indicators and Targets include several key performance measures for the NCSP which are of relevance for health promotion services such as participation and coverage.

Where appropriate, health promotion services are encouraged to participate in existing external quality assurance processes appropriate to their sphere of practice.

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**Evaluation** It is anticipated, that from time to time, the NCSP will evaluate particular aspects of health promotion services, resources, and both national and regional strategies. There will be appropriate consultation regarding any such evaluations with relevant providers of health promotion services prior to their commencement.

Any significant regional evaluation requires the approval of the NCSP Team of the Ministry of Health.

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