

DHB Funder - Health Promotion  
Proactive Release: 25 February 2020

10 February 2020

9(2)(a)

[Redacted]

E-mail: 9(2)(a)

Dear 9(2)(a)

#### Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 10 January 2020. You requested the following information:

***Amongst other issues, we are trying to get an overview on the annual government budget for “population nutrition promotion”, which is defined as “the investments in population promotion of healthy eating and healthy food environments for the prevention of obesity and diet-related NCDs, excluding all one-on-one promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folate fortification) and undernutrition”.***

*We are also contacting the Ministry of Health and the Health Promotion Agency for information on their population nutrition promotion budgets.*

**If possible, we would like to get an estimate of your DHB budget for population nutrition promotion (as per definition above) over the last 3 years (2017/18, 2018/19, 2019/20).**

- *It would be helpful if you could clarify how much of this budget is transferred to PHUs and / or PHOs.*
- *I realise that sometimes it is difficult to separate nutrition promotion from other health promotion activities such as physical activity.*

#### CM Health Response

As a DHB we do not have a specific budget for population nutrition promotion. In the descriptions below, we have indicated where the initiatives are funded by a funding stream from the Ministry of Health which is ‘tagged’ for a specific programme, and where they are funded from the baseline DHB funding distributed via the Population Based Funding formula. This may be of assistance in reading our

DHB response alongside the response from the Ministry of Health, where they might also refer to some of the initiatives we describe which are funded through tagged funding streams.

For population level initiatives we work closely with Auckland Regional Public Health Service (ARPHS), as the Public Health Unit for the Auckland metro region, and we are engaged in the Healthy Auckland Together (HAT) collaboration which they lead. Population nutrition promotion as you have defined it is a major focus for HAT, with the kaupapa for HAT being to make it easier for people in Auckland 'to be active, eat better and stay a healthy weight'. ARPHS provide the backbone function for the HAT collaborative. The CM Health contribution is 'resource in kind' time for staff involved from baseline DHB funding. As part of providing role modelling and leadership for healthy food environments, a part of population nutrition promotion, CM Health is implementing the national Health Food and Drink Policy, covering food and drink offerings for staff and visitors across all DHB sites; again staff time is the resource invested.

In 2018/19 CM Health transferred \$150,000 from baseline DHB funding to ARPHS as a contribution to the Wai Auckland project (part of the HAT work programme) which promotes tap water as the drink of choice for Auckland communities, seeking to displace sugar sweetened beverages and other packaged drinks and hence improve population nutrition.

The largest specific investment which includes population nutrition promotion in our rohe is Healthy Families NZ - Manukau, Manurewa-Papakura. This substantial contract is administered directly by the Ministry of Health and presumably will be described by the Ministry of Health response to this request.

There are aspects to some of our contracted service delivery which could be considered relevant to population nutrition promotion, but may fall outside of your definition. It would not be possible to assign specific budget amounts to these activities but we describe them below in case they are of relevance.

Green Prescription is a targeted service, accessed through primary health care, which offers support for people to increase their physical activity and improve their nutrition. While not a 'population level' intervention, in our rohe nutrition workshops for groups are delivered with encouragement of whaanau engagement, covering things like portion sizes, reading labels – i.e. it is a 'one to many' delivery mechanism rather than one to one, so falls somewhat between population and individual approaches, although probably outside your definition of population nutrition promotion. Green Prescription funding was devolved from the Ministry of Health to DHB baseline funding three years ago; there is an expectation under the Service Coverage Schedule that DHBs will provide access (e.g. through a contracted party) to Green Prescription services.

Similarly, there are 'one to many' delivery mechanisms as part of our infant nutrition service, Te Rito Ora, which offers group sessions for mums and whaanau about weaning foods and healthy kai for families, in addition to breast feeding support; and our contracted Raising Healthy Kids programmes, for whaanau where a child is identified as being obese through the Before School Check Programme and encouraging healthy nutrition is part of the programme. Te Rito Ora and Raising Healthy Kids are funded through 'tagged' Ministry of Health funding streams.

Promotion of healthy nutrition and food and drink environments also takes place as an integrated part of school based health services in Counties Manukau, beyond their one on one engagement with students. Through our Mana Kidz programme (a component of which is rheumatic fever prevention

services) approximately 60 schools have been supported to develop a Health Plan, which has included developing a Healthy Food and Drink Policy. The schools involved were those identified as having populations at higher risk for rheumatic fever. The wider Health Plan aspects of Mana Kidz have been funded from DHB baseline funding. Seventy one decile one to four Primary and Intermediate schools have also been engaged through our Health Promoting Schools (HPS) contract, with each school having developed their own individualised Health Plan that has included attention to nutrition and healthy food and drink policies. The HPS contract was funded through a 'tagged' Ministry of Health funding stream, and was in place over the financial years you have enquired about but was exited by the Ministry of Health in December 2019.

In response to maternal obesity and high levels of diabetes in pregnancy in the population we serve, a range of resources have been developed to support maternity care in our rohe, which include material about healthy eating in pregnancy with a focus on our communities most at risk (Maaori and Pacific women) but available for all mums and whaanau. Our diabetes in pregnancy service also uses 'one to many' modes of delivery (e.g. for Dietitian support). These resources and services are funded from DHB baseline funding.

PHOs have access to health promotion funding as part of their Flexible Funding Pool allocations but there is no longer a requirement for a specific health promotion plan and we do not have detail of whether any specific amounts are committed to population nutrition promotion activities.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,



Fepulea'i Margie Apa  
Chief Executive Officer  
**Counties Manukau Health**