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## **2002-2003 PHA Executive Council**

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Annette Beasley, Treasurer (seconded)  
Marty Rogers, Vice President

Rebecca Williams, Auckland  
Dallas Honey, Waikato  
Ann Shaw, Manawatu-Wanganui  
Iain Potter, Wellington  
Vivien Daley, Canterbury  
Louise Croot, Otago/Southland

### **Maori Caucus**

Chris Webber  
David Tipene-Leach  
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### **Executive Committee**

Fran McGrath  
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# Report from the President

I am pleased to report a full and successful year across PHA branches, Māori Caucus, and PHA national activities.

## **PHA succeeding with new challenges**

At this time last year, I noted opportunities that were coming up to advance public health. These included the election, health workforce report, need to strengthen public health perspectives in the maturing District Health Boards and in primary care, the importance of PHA supporting collaborative relationships across the public health sector, and the challenge taken on by the Māori caucus to organise the 2003 PHA Conference. Some of the highlights for PHA have been in successfully advancing in these areas:

- Our *Population Health Manifesto* was the basis for pre-election meetings and publicity. It, and our public health policies are used regularly in submissions and the growing level of media coverage that the director and communications advisor are now achieving for important public health issues.
- Through branches and the national office we have been invited by a few District Health Boards to run workshops to assist the newly forming Primary Health Organisations (PHOs) and local public health workers to work better together to improve the health and equity of their populations. This was initiated through a national agreement to collaborate amongst PHA, RNZCGP, College of Practice Nurses and Practice Managers.
- Following our submission on the Health Workforce Advisory Committee discussion document, specifically on the surprising lack of recognition of the need for greater capacity in population health skills, we were invited to take part in their Summit.
- As hosts of the national meeting to advance the National Public Health Forum, we have contributed to strengthening communication and effective collaboration across the public health sector. This is essential to strengthen NGO and community voices in policy and planning discussion.
- Thanks to dedicated and hard work, a large number of members and other public health workers enjoyed and learnt from last year's conference in Dunedin. This year's unique conference, organised by the Māori Caucus and Waikato branch - Tino Rangatiratanga in Public Health - will assist public health workers develop a toolkit and be better equipped for their public health work.

## **PHA - a key public health organisation**

PHA's role and contribution is recognised nationally in part because we have been consistent in developing relationships to strengthen public health advocacy. PHA continues to provide a trustee for the Population Health Trust of the Faculty of Public Health Medicine where our priority has been advocating for increased training for Māori and Pacific public health practitioners. We were again invited to facilitate the National Fluoride Forum, and to chair two meetings in the central region exploring the research agenda for health and housing. PHA was appointed and subsequently elected on to the Health Promotion Forum Council, and Council members have put in many hours over the past year, to support Health Promotion Forum to move to become re-established as a robust organisation leading health promotion.

Most recently PHA was asked to organise and host the national meeting to advise on the establishment of a National Public Health Forum. The 40 invited participants from NGOs, local authorities, Public Health Units and District Health Boards held a very successful meeting. The recommendation is to establish a National Public Health Forum to bring together leadership, and give advice on national issues and policies (report on PHA website).

With the emergence of more national bodies specialising in single public health issues, PHA's uniquely broad perspective and longevity are vital to weave the individual strands into a strong national movement.

### **Public Health Advocacy**

This has been a year of strong and well-publicised advocacy:

- Strengthening the public health capability of the health sector, by contributing PHA and members' insights and assistance to District Health Boards, Primary Health Organisations and to debate on addressing child poverty.
- PHA initiated the collaboration of national bodies to run two workshops for public health and primary care workers to plan how they can collaborate on population health goals.
- Our process for the development of evidence-based public health policies was initiated five years ago and has been improved and managed by successive directors. The director is now supported by a policy subcommittee that guides and co-ordinates the vital engine room of policy development and advocacy. This process relies on the small groups of members committed to developing good policy in a particular area. These members have the passion to make things better, and the commitment to review the evidence and develop an effective policy that can be agreed by the membership. These policies together with the Policy Manifestos create the body of policies for use during elections and throughout the year. This process results in better policies and gives surety for members and the director. The new communications plan and expertise has resulted in widespread media coverage.
- Advocacy for action on child poverty and support for the Child Poverty Summit have been significant policy work, which addressed inequalities, and emphasised the impact of broad determinants of health.

The full report from PHA director Gay Keating will give you further detail of the extensive work this small organisation achieves with its two staff (one part-time). I expect you have seen the results of the review late last year of the communications strategy. After very careful consideration, and discussion with our funder, Executive Council agreed to a new approach to communications support. This has been successful, with a noticeable growth in letters to the editor, articles, viewpoints, radio interviews and comments on behalf of PHA – some by members, some by Council, by Māori Caucus, and by the director. Not only does this result in wider exposure of sound public health views, it also increases the profile of PHA itself. I am interested in your views on this.

### **Strength in the Branches and Māori Caucus**

PHA's full impact comes from the activity by each branch, by the Māori caucus and by the national staff. Branches are the source of PHA's strength and inspiration. You will see your work reflected in the reports from each branch.

Each branch operates differently, and this has been a particularly creative year:

- Auckland has established monthly breakfast meetings of public health activists. Timed to beat the traffic!
- Māori Caucus and Waikato members, not to be beaten by their different locations, have used e-mail and teleconferencing to organise this year's conference.
- Manawatu-Wanganui held a very lively pre-election forum, and later a successful fund-raising film evening.
- Wellington held its second fund-raising film evening, and found time to develop a number of submissions, as well as setting up a number of local community consultation meetings on matters of public health.

- Christchurch again hit the headlines for its Health Promotion awards, and for the seminar on mental health that inspired the over 200 people who attended.
- Dunedin now has a strong local branch, honed by organising the last conference.

### **PHA's Financial Well-being**

Executive Council has continued with a financial policy of budgeting for expenditure to be within each year's income. Inflation and temporarily high travel costs were a threat this year, but were managed back within budget. We continue to operate within our income, but could very effectively use twice our budget to have some paid time for branch use, and to take up opportunities and challenges consistent with our mission.

As I have noted previously, PHA's core operating costs are not covered from members' subscriptions. Executive Council has considered a report on how PHA might cover our own operating costs, but keep subscriptions at the current level and maintain the sliding scale that has the lowest fee at \$35 per year. It is clear that the best way to meet the shortfall is through the annual conference. This is a reasonable option as long as that expectation of a surplus is built into conference budgets.

Another goal of Executive Council has been to develop independent funding for PHA's policy and advocacy, so it would be more independent of vicissitudes of government funding. We have not arrived at any feasible way to do that. Achieving funding independence would require a significant benefactor, or many of our members indicating they are willing to donate to a trust. Failing this, Executive Council has agreed that the Funding and Sponsorship subcommittee should set a goal of raising project funds for core activities that would otherwise be funded from membership fees.

Over the past four years, PHA has systematically put its own house in order – strategic and annual planning and reporting, financial management and operations, robust policy development and sign off, Executive Council members aware of their governance responsibilities, job descriptions and supervisory support for staff, and a management subcommittee (Executive Committee) that works with the staff between council meetings to progress work. We are a small NGO and must heed the lessons from others, of the necessary balance between acting to realise our vision, and maintaining a sound infrastructure from which to work.

### **Membership**

Membership numbers have continued to be about the same, up from 240 in 1999, but in recent years remains around 319. Our membership base needs to grow. You are PHA's best campaigners. So please invite friends and colleagues to join in order to strengthen the voice of public health. The manager will be delighted to help by sending nominated people a personal letter and membership material.

### **Creating the Future**

The challenges for public health in Aotearoa/New Zealand and throughout European countries are still about finding effective ways to improve health, while reducing what we know to be inequitable outcomes. The current focus on reducing child poverty is an important means of rallying community and political action, as one aspect of the broader picture.

As the restructuring in the health sector becomes bedded in, we need to choose wisely where PHA commits our resources of energy, influence and our national funds. Please share your views on the most important areas for PHA to work on for the next five years, in the discussions on the Strategic Plan.

## **Thanks and Challenge**

Our warm thanks to Noeline, Gay, Penny, and Damiane who contribute their professional skills and generously give their energy to the work of PHA.

Thank you to each of you for your involvement and your contributions, as members, on branch committees, as Policy Champions or working in subcommittees. A very special thank you to the current and past members of Executive Council for the many hours of expertise willingly given, for your commitment and for your friendship.

Thank you for the challenges and privileges of contributing to development of PHA as a more effective and outspoken advocate for better public health and for greater justice.

*Kia maia, kia toa, kia manawanui – Be strong, be brave, be of good heart*

*Fran McGrath, President*

# Report from the Director

In the past year I have continued to work in accordance with the Annual Plan adopted each year by Council, in line with our five-year strategic plan. I'll report on activity mostly in line with the strategic plan headings.

## *Using the general election*

One of the issues in the strategic plan 1999 – 2004 was to take advantage of advocacy opportunities that present themselves. One of the key features of the year ending March 31 2003 was of course the general election. The PHA used the election as an opportunity to raise public health issues and perspectives. We revised and re-issued *The Population Health Manifesto*. It covers the public health issues of health, fairness and opportunity; healthy public policies; Maori health; health services; and effective District Health Boards.

This document became the basis for meetings involving politicians at the PHA conference, at a meeting arranged by the PHA Manawatu branch, a health focused election meeting in Wellington attended by PHA branch members, and a social services focused meeting attended by the director.

After the election, the president wrote to successful candidates with an interest in health, reminding them of relevant PHA policies. Meetings were arranged with those with health related responsibilities.

These activities raised the awareness of public health issues with politicians, other voters who attended these meetings and with the general public.

## **Addressing inequalities, and the underlying determinants of health such as income, housing and employment**

Public health expertise on **inequalities** was brought together in the development of a PHA policy on inequalities in health. The standard PHA process for policy development was followed which resulted in wide peer review and consultation with PHA members and other experts. It was summarised as part of the Population Health Manifesto, which was developed in time for the last election.

The final policy provides an up-to-date resource on this issue for public health workers and others, and the PHA has used it for advocacy.

The PHA has persistently raised these issues with Government, Members of Parliament and the public, through the Population Health Manifesto and other election-related opportunities, a submission on the Budget Policy Statement, and in other submissions.

Particular effort has gone into the issue of **child poverty**, as formulated in the Population Health Manifesto. The PHA has worked with a number of other child agencies, and has joined in lobbying Members of Parliament and raising public awareness of the seriousness of the issue. The success of the joint work has been announcements by the Government that it will review the issue and take action to reduce the abatement regime that forms a poverty trap for many families. There still however has not been policy changes that improve the situation of children living in poor families.

**Health impact assessment** is now more commonly spoken of, and is better understood by the Finance and Expenditure Select Committee, thanks to the persistence of the PHA in raising the issue each year. To date we do not see significant implementation of HIA.

I have had the opportunity to work alongside the **Housing and Health** research group. I am proud to be associated with them. But it is disappointing to see that local research evidence on a link between housing and health is needed before there might be a policy response, when some other macroeconomic policies are introduced without any local impact assessment, let alone research.

### **Work with the Maori Caucus to Provide Leadership and Advocacy in Maori Public Health**

The Maori caucus has been very active in **promoting** *Te Pae Mahutonga* as a vital framework for public health through the work leading up to the PHA Conference 2003. The caucus has been training facilitators to have knowledge of the framework and to be able to apply it to a range of Maori public health issues. This has been assisted by a small grant from the J R McKenzie Trust.

The **PHA Conference 2003** has been welcomed by Maori public health workers, with Maori offering an unusually large number of abstracts for papers to present to the conference. By the time the Annual General Meeting arrives, it will be clear to many people (not just the organisers) what a wonderful collection of presentations concerning Maori health has been gathered from the wider public health community.

The appointment of Damiane Rikihana as **Maori communications specialist** has clarified the need for the PHA to have policies that speak to specific issues that Maori consider to be high priority, and that members of the Maori caucus are prepared to speak out on. As a result a policy on Whanau Ora is being drafted as a basis for Maori caucus media work.

The *Advocating Public Health for Maori* checklist has been redrafted so that it is easier to use, and indicators are being developed.

The PHA applied for, and was granted, \$9,000 from the J R McKenzie Trust. Most of the funds have gone towards supporting the Tinorangitiranga in Public Health conference, in particular training in *Te Pae Mahutonga*, and scholarships for people from community groups to attend the conference. Some funding is also being used towards a PHA Pacific caucus.

### **Responding to issue based Public Health matters of PHA policy, including responding to newly emerging or re-emerging issues**

Member input has continued to be essential for PHA work here. As director I cannot have the depth of expertise needed on the wide range of issues that the PHA takes interest in. I have been able at times to add value to the considerable amount of donated time by packaging and presenting information.

PHA policies now have a stated lifespan, after which they need to be revitalised or they lapse. In the year past members have come forward to bring new life to aging policies, except for our **gambling policy**. It will **therefore expire at the AGM 2003**.

With help from members the PHA has **made submissions** and **generated public debate through media advocacy**. Most work has been developed from **existing PHA policies**, or as a result of collaboration with PHA members or other public health. PHA policy involves a process of draft policy development, peer review and consultation with PHA members. Therefore all PHA policies reflect the co-ordinated input from a wide range of expertise in the public health sector.

We have also participated in generating public debate and made submissions, **based on the Ottawa Charter**, on additional issues on which PHA does not have an explicit policy (such as cancer control, condom availability and obesity).

In the past year the PHA has made submissions or provoked debate in the following PHA policy areas:

- gambling
- NZ interpretation of the WHO Breastfeeding Code
- alcohol
- direct-to-consumer-advertising of prescription pharmaceuticals
- physical punishment of children
- fluoride
- tobacco
- transport
- climate change.

Details on the specific actions that the PHA has taken are on the PHA website in the reports that we make to the Ministry of Health, our core funder.

### **Strengthening the Public health Infrastructure Including Workforce Development**

The PHA has been particularly active in relation to the public health infrastructure in the past year, actively participating in the discussions and processes convened by the **Health Workforce Advisory Committee** and with the **Public Health Legislation**.

#### *PHA Conference 2002*

PHA conference is one activity that does not sit well under any particular heading in our Strategic plan – it supports all areas, but particularly workforce development, so I am reporting on it here.

The 2002 PHA conference *People and Place*, was held in Dunedin 26-28 June. It attracted 350 people and had 81 proffered papers, in addition to the keynote speakers. The themes were human health and the environment, social capital, social change, rural health and injury prevention. The conference was well covered in the media.

As always the conference was greatly enjoyed and valued by those who attended. Conference provides an opportunity for information sharing and advocacy on the key areas of the PHA strategic plan and it provides a special place for ongoing education and networking for public health practitioners. It provides an opportunity for practitioners from many areas to come together and see the things that they have in common, and the ways that our different contributions go to make up a unified public health workforce with shared goals.

#### *Increasing collaboration within the public health sector*

The PHA has conducted seminars in Rotorua and Hamilton to bring together workers in the public health sector. The participants welcomed these meetings. The key issues discussed were shared decision making between DHBs and the Ministry of Health, closer collaboration between public health and primary care and ways to enhance public health sector cohesion in the area. The PHA provided an opportunity for members of the public health sector to meet and to discuss critical issues facing public health. This work has been carried into the current financial year, but that is the topic of next year's report.

### Alliances

One element of the Strategic Plan 1999-2004 was for the PHA to work in collaboration with other organisations. The PHA has formal alliances with the following groups.

- Membership of the Health Promotion Forum
- Membership of NZ Drug Foundation
- Membership of Obesity Action Coalition
- Smoke Free Coalition membership
- Participation in the Working Group of the Health NGO Forum serviced by the Ministry of Health
- ANGOA membership
- Memorandum of Understanding with Mental Health Foundation
- Trustee of the Population Health Trust (Marty Rogers, PHA vice president, is the current Trustee)
- Participate in selected activities as part of EPOCH (End Physical Punishment of Children)
- Reciprocal arrangement with PHA Australia for exchange of newsletters and two conference registrations, and the American PHA with one conference registration.
- Membership of the World Federation of PHAs.

The active alliances that the PHA has been working with are listed below

Economic factors	Child Poverty Action, Council of Christian Social Services, Downtown Community Ministry (Wellington), Barnado's, UNICEF, ACYA, NZFVWO
Housing	He Kainga Oranga -Housing and health research programme; Hutt Valley District Health Board
Alcohol especially alcohol warning labels	NZ Drug Foundation, Alcohol Health Watch
Tobacco especially input to Framework Convention Negotiation	Smoke Free Coalition, Health Sponsorship Council, NZ delegation to Framework Convention negotiations
Fluoride /oral health	MoH, Otago University, Hutt Valley DHB, Wairoa, and Northland public health units, Dental Foundation
Obesity	NZ Dietetics Association, Cancer Society, National Heart Foundation
Skin infection	Wellington School of Medicine, Auckland School of Medicine, Auckland District Health Board, Regional Public Health
Direct to Consumer Advertising of Pharmaceuticals	Christchurch School of Medicine
Prostitution reform	Prostitutes Collective, YWCA
Physical Activity, city planning	Health Services Research Centre, Bikewise
Access to subsidised condoms	NZ Aids Foundation, Family Planning Association
Family violence physical punishment of children	EPOCH, UNICEF

Public health NGOs	NGO working group, Health Promotion Forum, Auckland University Department of Geography
Health promotion education	National Heart Foundation
Public health perspective in Primary Health Organisations and other primary care	Paediatric society, Royal NZ College of General Practitioners, NZ Nurses Organisation, Practice Managers Association NZ, Regional Public Health Hutt Valley, and Auckland DHB, Health Care Aotearoa, Capital Coast DHB, Wairarapa DHB, Ministry of Health
Public health perspective in DHBs	Canterbury DHB

### *Pacific Public Health*

A small amount of funding from the J R McKenzie grant has been identified by the Council for Pacific public health. The PHA and the Pacific Reference Group are looking at ways that PHA can best support Pacific public health.

### *Increasing collaboration between public health and primary care*

The PHA has taken a lead in working with national professional groups in primary care. We now have formal support from the Royal NZ College of General Practitioners, the College of Practice Nurses and the Practice Managers Association of NZ, to work with PHA to support closer collaboration between public health and primary care.

Our offer is to support local groups of health professionals to meet locally, to discuss their common interests and how they can work to address specific local health concerns.

The four groups, plus the Practice Nurse section of the NZ Nurses Organisation have approached the Ministry of Health and DHBNZ Funding and Planning Managers relating to primary care, and received interest and support.

The PHA is now receiving invitations from various DHBs to support their processes to assist PHOs to develop increased population focus for their work. We have also received an invitation from the Paediatric Society Community Child and Youth group to join their study day with a similar view.

### *PHA media work*

During the previous year the PHA Council decided to alter the focus of the PHA communications work. The PHA Council wanted to see:

- Greater Maori emphasis
- More involvement of PHA members, particularly Policy Champions and PHA Executive Council members
- The Communications Advisor proactively seeking out stories
- A wider spread of activity outside Auckland
- Increased coverage of a wider range of public health issues
- Opportunity for the Conference Committee to choose their own communications advisor, in their own town, if they wish.

The PHA Council entered into contracts with Penny St John and Damiane Rikihana for ongoing work. Core Communications (a Dunedin-based communications consultancy) was

contracted for media support of the 2002 conference, on the advice of the Otago Conference Committee.

Media training is now moving into a more mature phase as many people have previously taken advantage of PHA or other introductory training. Penny and Damiane have identified a range of different types of support that is needed for different groups.

There is a demand for support in developing key messages, particularly for radio. Specific training for Maori-only groups is emerging as an area where the PHA can assist. Initial sessions with Pacific practitioners suggest that a similar methodology may be valuable here.

### **Conclusion**

Each year shows more and more the impact of the PHA having a sustainable policy development process and a paid director. Our long-term alliances have become more robust, we are developing more new alliances, we are becoming better known in a wider sphere for our media work and our advocacy.

The year ending March 2003 was a good one, and already the year ending 2004 is shaping up to be as good if not better!

*Gay Keating, director*

# Report from the Treasurer

While the Association remains in good financial health, its future in the event of Ministry of Health funding being withdrawn remains a key issue. After careful consideration, the Executive Council concluded that the goal of attaining sufficient reserves to ensure financial independence was unrealistic. An alternative strategy of seeking modest amounts of funding for specific projects has now been implemented. An application to the J R McKenzie Trust resulted in a grant of \$9,000 for conference attendance sponsorship, conference planning, and Maori and Pacific caucus activities. Additionally, the current financial year has been marked by measures to contain and decrease expenditure wherever possible - a measure necessitated by a lower than expected conference surplus. The achieved net surplus of \$44,198 is largely accounted for by the \$31,623 unspent while changing media contractors.

## Contractual services

The Public Health and Advocacy contract with the Ministry of Health which funds the activities of the director, media communications and 30 percent of operational and staff expenses expires in September this year. Negotiations with the Ministry of Health for a new contract are underway and the Association is optimistic over the outcome.

## Membership

Membership is in good heart and currently stands at 319 with Maori membership accounting for 8.9 per cent of the total.

## Conference

The Dunedin Conference was an outstanding success. However, the anticipated surplus (an important source of annual funding for national operation costs) was considerably lower than anticipated and meant that for the second successive year the budgeted income from this source was not realised. Consultation with the Dunedin conference company indicated that most organisations incorporate a target surplus in their conference budgets – a practice the Association has now adopted.

## Funding and sponsorship

The Funding and Sponsorship sub-committee has recommended the following income-generating strategies.

- A membership marketing plan to increase membership numbers which have remained fairly static over the last three years. A modest increase of ten members in the highest membership category would, for example, generate around another \$2000 income, while a 25 per cent increase to the middle category would yield approximately \$8,000 additional income.
- A proactive policy of applying to funding organisations such as the J R McKenzie Trust for small grants (\$5,000-\$15,000). To assist in this goal, a renewable contract for access to the Funding Information Service database has been purchased.
- Executive Council consideration of the employment (on a commission basis) of a sponsorship expert to generate national sponsorship funding and assist with branch and conference sponsorship.

## Reserves

A total of \$172,077 is currently invested in short-term deposits. These investments generated \$10,784 interest during the 2002/03 financial year. As with any small business it is a prudent measure to have sufficient funds to operate for four months in the unlikely event of no income.

## **Acknowledgements**

I would like to acknowledge the support and assistance received from our president Fran McGrath, members of the Executive Council, manager Noeline Holt and accountant, Anne Smith while I have been treasurer. It has been an interesting and enjoyable experience and I wish the Association all the best for the future.

*Annette Beasley, Treasurer*

# Maori Caucus Report

Te mea tuatahi, ka mihi atu ki to tatou kaihangā, nana nga mea katoa. Ka tangi atu ki nga tini mate kua wehi atu ki tua o te arai. Haere atu ra koutou. Kia tatou te hunga ora tena tatou katoa. Greetings to all.

Kia Hiwa Ra, Kia Hiwa Ra - kei whakapurua koe ki te toto - be alert, lest you 'miss out' was the message given by Maori Caucus at the end of the PHA Dunedin conference 2002. The phrase signals imminent changes that people need to keep up with. Maori Caucus took on the challenge of hosting the 2003 conference, and in so doing signalled that a different approach would be used.

It has been pleasing to see the strong interest shown to this year's conference by Maori and non-Maori, members and prospective members. Registrations were closed off ten days before conference, as maximum numbers were reached. An early guess suggests Maori participation in both new memberships and conference attendance seems to have increased around 300 percent from the previously typical ten percent mark.

It may be early days, but these things suggest people are prepared to move with the changes, and that an appropriate space is happening within which Maori feel more able to participate. In the context of public health, this is what is needed. We wish to acknowledge the PHA executive and members who supported this opportunity to evolve.

Kia ora rawa atu, to Vice President Marty Rogers and others, who have led the way by example, how it goes from here is also up to the rest of us.

Over the past year Maori Caucus has been focussed on the conference. Nevertheless, key action points identified from last year have progressed, with a number of media and advocacy initiatives undertaken in areas like waiora and domestic issues. The employment of media staff has helped create opportunities previously limited by our capacity to respond. We're now looking forward to an improved critical mass to strengthen Maori Caucus and its networks to enhance their part in the advancement of public health.

A new line-up of Maori Caucus on the executive this year brings more opportunity to add-value and consolidate. It is hoped more people will become familiar with Maori public health work and tools such as *Te Pae Mahutonga*. By being alert to what is around the corner and willing to move, we'll no doubt move forward in partnership for public health gain.

Kia kaha tonu.

No reira, rau rangatira ma, tenei to matou ripoata mo tenei wa - this is our report. Ka mihi atu ki a tatou katoa. Best wishes for the year ahead - ko te tumanako, kia pae to koutou mahi i roto i te kaupapa nei, ara te hauora o nga iwi, mo te tau e heke mai nei. Tena koutou, tena koutou, tena tatou katoa.

*Maori Caucus PHA*



# Auckland Branch Report

Activity over the past year has focussed on PHA co-hosting a series of breakfast meetings with the Health Promotion Forum. These have been timed to allow participants to avoid traffic congestion and designed to explore the themes of networking and advocacy for public health in the greater Auckland region. They also provide a forum to consider the specific challenges faced by the region and ways to address these.

There have been six breakfast meetings over the year. Attendance varies at each meeting but over 200 public health practitioners and interested people have taken part.

As well as an opportunity to network, the breakfasts are also a time for learning and planning. Focus discussions and planning sub-groups have also met outside of the breakfast meetings. Ideas from the breakfast group have generated other special interest groups and activities. A half-day seminar entitled *Health in the City* is an example of these. The seminar featured four speakers and attracted 65 participants.

The breakfast group has been integral in promoting and initiating two critical activities for public health in the region – the first is a mapping project and this will be followed by a regional planning process. Auckland Regional Public Health Unit has received funding to lead this work.

The breakfast meetings complement other forums and meetings in the region, for example the Public Health Sector Reference Group which is part of the Ministry of Health shared decision-making process.

We have also co-ordinated three meetings in the region to facilitate consultation on the review of the PHA Strategic Plan.

Although the Auckland Branch doesn't operate with a formal structure, it and its members are playing an active role in strengthening public health.

*Rebecca Williams, Auckland branch representative to Executive Council*



# Waikato Branch Report

The branch is well represented at national level with myself as branch representative, branch member Marty Rogers as vice president (also Maori Caucus), and Chris Webber who is based in Rotorua and represents the Maori Caucus on Council. I have continued to support the Policy Sub Committee.

Because of the very broad geographical spread of the branch, contact is maintained through the email service. The branch enjoys the contribution of several long-standing members and this year has welcomed new members, a trend the branch is keen to continue.

The branch contributed to the PHA 2004-09 Strategic Plan discussions, which were held in June. We were pleased to have director, Gay Keating in Waikato for these discussions.

The branch financially supported the 2003 conference convenor, Marty Rogers, to attend the PHA Australia conference in September 2002. The branch has also provided four scholarships for people from non-government organisations (Maori) to attend this year's conference. We have been pleased to be able to support the Caucus in various ways during conference planning.

A branch meeting to be held at the conference will discuss ways forward for the branch so that it can increase membership and operate in a more proactive way.

*Dallas Honey, Waikato branch representative to Executive Council.*



# Manawatu/Wanganui Branch Report

2002-2003 has been another good year for the Manawatu-Wanganui branch. Our contingent at the annual conference in Dunedin (2002) enjoyed the hospitality and efficiency of the Otago branch and extends to them our heartiest congratulations on an excellent conference. The branch built on the momentum of the public health seminar series supported by the Health Sponsorship Council earlier in 2001 to complete the build up to the election with an Election Forum on 17 July 2002.

All speakers were most generous with their time and we managed to get good community participation on a modest budget. We would like to acknowledge the hospitality of the Manawatu Centre of the Cancer Society and MidCentral Health for their hospitality in hosting our branch meetings in 2002. We ended 2002 with a tippie at a local smoke-free bar.

## **The Election Forum**

An Election Forum was held to assist with informed debate of public health issues leading up to the elections last year. The Palmerston North City Council, MidCentral Health, the Cancer Society and other NGOs provided welcome support-in-kind, although the bulk of funding was provided by the Manawatu-Wanganui branch to pay a professional event organiser to plan and run the forum. The branch was most impressed with work carried out by Sue Peck and attributes a good proportion of the success of the forum to her planning and networking.

## **Primary Health Care Organisations**

The branch funded Professor Nan Kinross's attendance to the primary health care conference in 2002. Prof Kinross identified the two main topics as clinical governance and the development of Primary Healthcare Organisations (Primary Health Organisations). Dr Don Matheson spoke at the conference of the significance of the Treaty of Waitangi in the first statement of Primary Health Care as a paradigm shift for health policy and the need for integrated seamlessness in health services delivery. It was noted that the West Coast was to host one of the PHO pilots in the ten-year plan to establish Primary Health Organisations. Later in 2002, the branch nominated Prof Kinross to the MidCentral District Health Board's Primary Healthcare Reference Group and reported good progress at the February 2003 meeting.

## **Cervical Screening**

The branch would like to recognise the valued contribution to public health made by Liz Ponter and Anne McSherry who retired recently. Both women were important contributors to the success of the cervical screening programme in the region.

## **The future**

Planned fund-raising activities for the remainder of the year include organising film evenings after the success of *Bowling for Columbine* – March 27. We will continue to support the delivery of excellent public health services and policy.

Meetings are held 4.30pm at Addis House, 135 Ruahine Street. Meetings planned for 2003 are 20 February, 16 April, 19 June (AGM), 21 August, 23 October, and 11 December.

Noho ora mai ra.

*John Waldon, PHA Manawatu/Wanganui branch chairperson*



# Wellington Branch Report

The current committee has eight members. Office holders in 2002 were Eileen Brown (chairperson), Barbara Langford (secretary) and Mavis Duncanson (treasurer). A number of Wellington PHA committee members are or have been on the National Executive Committee. A strong feature of branch activities is to work alongside the National Office to develop and contribute to submissions and reports, and attend meetings.

Committee members and branch members have made submissions or contributed to the following reports and legislation:

- Health Workforce Advisory Committee document *Framing Future Directions*
- Cancer Control
- PHA Election Manifesto 2002
- Prostitution Decriminalisation Bill
- Public Health Bill Discussion Document.

Both branch and committee members have been involved in the development and review of national PHA public health policies. Other activities of the branch include:

- A submission on the Wellington Regional Plan to the Wellington City Council.
- Active support to the Child Poverty Action Group.
- A very significant work project for the committee has been the establishment of consultation fora on health issues in the Wellington region. This has involved a lot of work for the Committee and the formation of a steering committee. Funding for the project from Capital Coast Health and Regional Public Health has enabled the employment of a community engagement organiser whose role is to arrange meetings in Wellington suburban areas to gather an understanding of communities' views on the health issues in their areas.
- Wellington Branch joined with the National PHA and the Child Poverty Action Group to organise a post budget breakfast meeting – an activity now becoming an annual affair.

Some priorities for the Wellington Branch in the coming year include:

- Continuation of support for the Community Engagement Project.
- Discussion and input on Strategic Directions PHA.
- Planning for Conference 2005, which will be held in Wellington.
- A legislation watchdog role – in liaison with national PHA.

*Eileen Brown, PHA Wellington branch chairperson*



# Canterbury Branch Report

The Canterbury branch remains strong and active and membership has increased. We carried out our usual set of activities this year, and also embarked on some early planning for the 2004 Conference, which will be held in Christchurch.

In August 2002 we organised a day seminar, which featured Professor Mason Durie who presented his new model of Maori health, *Te Pae Mahutonga*, and spoke about the concepts of 'tapu' and 'noa' and how these could be applied to public health. This seminar attracted more than 220 people from a whole range of Maori and mainstream organisations and feedback was very positive.

## **Health Promotion Award**

We ran our annual Health Promotion Award again in 2002 – an award of \$500 to a community organisation. This award is given to acknowledge the myriad of grass-roots public health work that takes place in the community. This year it was won by Ashburton High School for their *After Ball Party* initiative. Runners-up were Diabetes Life for the Maori and Pacific Diabetes Prevention Project, and a group called Agender New Zealand, for the work they are doing for transgender people. The presentation of the awards was combined with our Christmas get-together. Tim Barnett spoke and presented the awards, there was a good contingent attending from Ashburton High and the runner-up groups, and everyone enjoyed their lunch and a couple of hours of interesting and friendly interaction.

## **Supporting the community with sponsorships**

Our other annual initiative is to sponsor a community person to the PHA conference. Last year this sponsorship was awarded to Kathy Hines, a practice nurse from Greymouth, who also works actively with some community organisations. Kathy enjoyed her time at the conference and found it especially relevant to her, as there was an emphasis on the interface between primary care and public health. During the year we also sponsored Tracy Haitana and Annabel Ahuriri-Driscoll to attend the Wahine Ataahua Awards dinner, to assist these young Maori public health workers to connect with their community and meet successful Maori role models.

I would like to extend my thanks to the hard-working branch committee members, who work really effectively as a team, and provide a great sense of solidarity for the branch. In particular, thanks to Suzanne Gower who has been our wonderful, efficient secretary for three years, but is now leaving Christchurch to head north, and a warm welcome to two new members of the committee, Gillian Abel and Kaaren Mathias. We are now all looking forward to the challenge of organizing Conference 2004.

*Vivien Daley, PHA Canterbury branch chairperson*



# Otago/Southland Branch Report

The branch had some time off after the conference and reconvened in December. The Committee's focus shifted to discussion about future activities the branch should undertake.

Three areas were identified:

- membership
- professional practice
- advocacy and city development.

Enthusiasm has remained high in the branch and all three of these areas have been progressed during the first half of 2003.

- a) Membership: A sub committee has been formed to come up with ideas on how to increase membership, with the focus on Southland.
  - Membership material has been sent to 30 potential members in Southland.
- b) Professional practice: Another group worked on ideas to improve professional practice.
  - Information about the PHA can go into student enrolment packs
  - Proceed with the grant in aid applications for this year's conference.
- c) Advocacy and city development group: Lastly a group meet to work on ways the branch can add to the local discussion on poverty in Dunedin.
  - Charles Waldegrave to be invited to present a seminar in Dunedin and consider the possibility of a similar seminar in Invercargill.

An AGM was held on 29 April 2003 where the chairman's, and treasurer's reports were accepted. A new chair (Kate Morgaine), treasurer (Rob McGee) and secretary (Stephanie Read) were voted in. Louise Croot will continue in her role as branch representative to the PHA Executive Council.

*Kate Morgaine, PHA Southland/Otago branch chairperson*



# **Financial Statements 2002/2003**