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2003-2004 PHA Executive Council

Marty Rogers, President - Ngati Kahu me Te Rarawa ki Ahipara
Averil Laurie, Treasurer
Rebecca Williams, Auckland
Dallas Honey, Waikato
Ann Shaw, Central Districts (formerly Manawatu-Wanganui)
Louise Delany, Wellington
Vivien Daley, Canterbury
Louise Croot, Otago/Southland

Maori Caucus

Kathrine Clarke - Ngapuhi
Wendy Dallas-Katoa - Kai Tahu, Kati Mamoe, Waitaha - Oraka/Aparima hapu
Ngamata Skipper - no Te Atiawa me Taranaki nui tonu

Executive Committee

Louise Delany
Helen Bichan
Averil Laurie

National Office

Dr Gay Keating, director
Noeline Holt, manager
Penny St John, communications manager
Damiane Rikihana, Maori communications adviser – Te Arawa

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Report from the President

2004

The year in brief

The past year has been busy and productive for members, branches, executive council and Wellington-based staff. Congratulations and thanks to Maori Caucus for ensuring the success of the 2003 PHA Conference at Ngaruawahia. This conference showcased the large number of innovative and creative Maori public health initiatives happening throughout the country. Conference was also an opportunity to celebrate the contribution of Professor Mason Durie who was awarded Public Health Champion. Professor Durie's public health tool *Te Pae Mahutonga* was used to inform the conference about working with indigenous communities and its pleasing to note that many organisations are now referring to it and using it in some way.

Our focus this year has been on developing and updating policies to improve public health, Maori workforce development, supporting branches, and continuing to promote the importance of health impact assessments. Branches and members have made submissions to local and national government stressing the impact that sectors such as health and transport systems have on the health of their communities.

An updated strategic plan confirms the PHA's focus on addressing the underlying determinants of health; that means continuing to inform the public and policy makers about how sectors such as housing and transport can affect peoples' health. The strategy also focuses on the importance of health impact assessments. The PHA will continue to inform local and national policy makers about the importance of evaluating all new policies for their effect on the health of New Zealanders.

All branches have been working hard. A workforce development hui held in Auckland and organised by the Maori Caucus was a key plank in the PHA Maori workforce development strategy. The Waikato Branch gave considerable support to Conference 2003 and the Canterbury Branch is head down organising Conference 2004. Auckland has held successful breakfast meetings, Central Districts has been busy on submissions, Wellington has organised community health meetings and Otago is running public health seminars.

Health inequities and their effect on child health have featured strongly in PHA work this year, with submissions, media work, and a joint PHA/Child Poverty Action Group post budget breakfast.

There have been challenges, including the debate over the value and worth of Maori health services. The PHA supported members to bring evidence-based public health information forward to inform the public. Congratulations to members for making an important contribution to this debate.

Funding

The PHA's contract with the Ministry of Health was renewed in September 2003, which gives certainty to our director's work, as well as our communications plan.

Looking forward

Membership has been increasing steadily, with the largest rise coming from new Maori members. The Turangawaewae Conference, the February Workforce Development hui and the Gateways hui raised the profile of the PHA among the Maori public health workforce. However there are many people in the public health community who remain unaware of the

benefits of PHA membership. We need to maintain the momentum and promote the PHA as one way of having a strong and unified voice on public health.

In the lead up to the next election, the PHA needs to maintain its focus on the wider determinants of health. Child poverty, poor nutrition, inadequate housing and heating and substandard oral health are all major factors affecting the health of too many New Zealanders. The PHA can make a difference by continuing to inform local and national government as well as the wider public about what we call these wider determinants of health.

A big thank you to all the volunteers within the PHA who have generously given their time to develop policy, make submissions and organise meetings, conferences and hui. I recognise that finding the time, when workloads and family commitments are heavy, can be a challenge. However with the election looming, it is time to re-energise and ensure that public health and the wider determinants of health are on the agenda of all political parties.

No reira koutou ma my motto at the beginning of year was “Going Places”, I believe we have, not only in influence but in activities and membership. We should congratulate ourselves, take a deep breath and continue on our exciting journey.

Kia kaha, kia toa, kia manawanui
Be strong, be humble, be of good heart.

Marty Rogers, President, Public Health Association of New Zealand

Report from the Director 2004

The Public Health Association of New Zealand had an active year in 2003-04, building on the enthusiasm of members. The branches, Maori Caucus, committees, and policy champions have built an infrastructure for the PHA to deliver on our revised mission statement of ***being an informed collaborative and strong advocate for public health.***

Strategic Plan to 2009

The membership reviewed the previous strategic plan and found it to be in the right direction, but in need of some updating. Some of the more significant changes are:

- Explicit inclusion of the physical and natural environment as an underlying determinant of health
- Explicit inclusion of the importance of access to treatment services
- Greater clarity on the role of the PHA to champion Maori health improvement
- More emphasis on the role to link together, and provide analysis support across the country and across the range of single-issue public health actions.

The new strategic plan has taken effect in the 2004-05 year, and the first year of action will be reported on in the next Annual Report.

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

Many years of work by the PHA (and other organisations) bore fruit in late 2003 when the government announced their commitment to reduce child poverty through significant government expenditure in the 2004 budget. The PHA has clearly contributed to the growing awareness of the urgency to act upon inequalities and underlying determinants of health. We had a tally of ten viewpoint articles, over two dozen media releases and over a dozen letters to the editor published, and broadcast opportunities in the past year. We now look forward to the actual programmes being effective to reduce child poverty, and to progress on other issues.

I was delighted to participate with the Public Health Advisory Committee on their work in relation to health impact assessment. PHA submissions on Resource Management Act (energy and climate change) Amendment Bill, the 2004 Budget Policy Statement and structural issues in the transport sector applied the concepts of Health Impact assessment.

Work with the Maori Caucus to provide leadership and advocacy in Maori Public Health

The Ngaruawahia conference was an outstanding success for the Maori Caucus in providing leadership in Maori public health. The media programme highlighting Maori public health action leading up to the event showed the wealth of talent in the sector. Following the conference there has been a set of training opportunities for Maori public health workers to increase the visibility of public health in the Maori media.

The PHA was able to give voice to the outrage felt by many at the attacks on Maori health providers in early 2004. We need to have continuing vigilance here.

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

The PHA continued to be active in the wide range of issues on which the PHA has policy. We contributed to public policy or debate on such varied issues as tobacco control, water fluoridation, climate change and physical punishment of children. Volunteers lead the work on these issues with support from the office and media teams.

Policy champions contributed new and revised policy to the set of evidence-based documents we use.

Strengthen the public health infrastructure, including workforce development

The PHA has continued to work with other public health organisations and the Ministry of Health to identify ways of creating greater cohesion and understanding, such as a public health forum.

Healthy public policies are crucial for health improvement and elimination of health inequalities so the PHA has taken a strong stand on the issue of advocacy in public health. Public health organisations should not be gagged.

The media team of Penny St John and Damiane Rikihana gave significant support to a range of non-government public health organisations both by media training and by developing media strategies, press releases and by event management.

Alliances

Working in alliances was a feature of the first strategic plan, and this approach was reaffirmed by the membership in the *Strategic Plan 2004-2009*. Alliances have been key to PHA actions and where we have had successes.

Some alliances are with other health and public health organisations, but many are with other types of organisations. This reflects the public health position that the major areas that determine health of populations and of people are outside the health sector.

It was a busy and successful year for Public Health Association of New Zealand as the organisation worked to deliver for advocacy and support for public health, with the priorities as defined by the members.

Gay Keating, director, Public Health Association of New Zealand

Communications and Media

2004

Media work in the past year has focused on health inequalities and the impact on health of factors such as inadequate housing, lack of heating and poor nutrition. The PHA decided to try and make major gains in this priority area in the Strategic Plan in recognition of the fact that it is impossible to have a major impact in at least 13 policy areas.

Director Gay Keating and President Marty Rogers have been key spokespeople and their views have been widely reported in the media.

At the same time, we have tried to keep members informed about media reporting in other policy areas, as well as responding to major events. The PHA has generated publicity in areas such as direct to consumer advertising of prescription medicines, alcohol, climate change, and tobacco. A big thanks to members who have made contributions in the media, through viewpoints, letters, and as media commentators. We realise that heavy workloads can make this a major juggling act.

The PHA was successful in putting forward the public health viewpoint in the debate over Maori health and Maori health initiatives. We achieved this through letters, viewpoints and media releases, as well as helping other public health commentators place material in the media. Many members offered to help, which is a clear reflection of the strength of feeling on this issue.

With the introduction of Primary Health Organisations, the PHA has continued to put forward the public health perspective in medical and nursing media. Ensuring these new organisations have an understanding of public health has been a priority over the past year.

Support for other non-government organisations (NGOs), without their own in-house communication advice, has helped these organisations ensure their voice is heard through the media.

Communications support for Maori Caucus has been a priority this year. '*Working with the media*' was a key component of the Maori Caucus workforce development hui held in Auckland. 30 Maori public health workers participated in the training.

The hui recommended further media training for a select group of Maori willing and skilled to speak publicly on key public health issues in the media.

Media support was also provided to Maori PHA members – prominent as organisers and speakers at the Gateways Hui. A media advisory and statement generated considerable Maori media coverage of the three-day event that showcased the innovations of Maori health promoters.

Articles on these events and other public health initiatives that highlight Maori excellence are a feature in each issue of the PHA newsletter.

Media workshops

In the past year 150 people have attended PHA media workshops. They have been aimed at building participants' confidence to use the media. Many smaller NGOs have taken advantage of this free service and it is heartening to see participants appear in the media after taking part in these workshops.

Increasing experience with media training has shown us that workshops focused on a particular sector and issue are more effective than workshops which include people from a range of sectors.

The focus for media training is members, Maori and Pacific providers, and NGOs without their own in-house communications advice.

Penny St John, communications manager, Public Health Association of New Zealand

Manager's Report

2004

Member Survey

A survey of PHA members found 82 percent of respondents were satisfied with PHA services. Respondents indicated PHA advocacy work is of a high standard, with director Dr Gay Keating seen as a knowledgeable and articulate advocate on public health issues. Emails and the PHA News are seen as valuable information services, but only one third of members considered the website as useful for information services. Nearly 50 percent of members responded to the survey carried out by Geoff Stone in fulfilment of a 200 hours research placement with a non-government agency, (being part of a programme of study towards a Master in Applied Social Science at Victoria University, Wellington).

Website

The website gets between 6,000 and 13,000 hits per month with the PHA News being the most downloaded item. Funding from JR McKenzie Trust Fund has allowed a website upgrade which is being carried out by Provoke Solutions Limited. The new design and layout will make the website an informative and easy site for members and other interested people to access.

Office

PHA national office is located in the Betty Campbell Centre complex with the landlord, Wellington City Council, subsidising the rent by 25 percent. Following a council review of all accommodation assistance in the city, an Accommodation Assistance Policy has been implemented, with a year's notice given to all Betty Campbell Centre tenants. As a national office, PHA may not meet the criteria for assisted accommodation. In my role as chairperson of the Betty Campbell Tenants Association we have been negotiating with council to have our lease continued for another three years. Betty Campbell was a Wellington Hospital Board member (1965-1968), and city councillor from 1968 until 1983. She was passionate that community groups should have affordable office space in the city.

With the change of accounting services some financial services will now take place from this office.

J R McKenzie Trust

For the second year JR McKenzie has offered PHA sponsorship to assist people from community groups to attend the PHA conference. The scholarship committee, Ann Shaw, Lynne Haslett, Pamela Williams, Ngamata Skipper, and Aumea Herman had the task of selecting candidates from applications received. My role was to manage the process and make sure the 13 successful candidates got to conference and had a great time.

PHA News

Finding articles is a task shared between the Communications Manager, Penny St John and myself. Liz Ponter from the Central Districts branch is peer reviewer. We are always looking for public health news - contributors do not need to be PHA members.

Noeline Holt, manager, Public Health Association of New Zealand

Report from the Treasurer

2004

The Public Health Association remains in good financial health. Through responsible and diligent management the PHA has attained improved reserves, these are still however not sufficient to ensure financial security. PHA reliance on outside funding continues to remain key. An application to the J R McKenzie Trust resulted in a grant of \$7,000 for 2003 conference attendance sponsorship, conference planning, and Maori and Pacific caucus activities for the 2003 –2004 year. The PHA reviewed internal practices and this resulted in some changes to current practice. At the end of the financial year our accounting manager tendered her resignation. The employment of a new accountant for the 2004 2005 year has given us an opportunity to realign practice and payment procedures.

Due to continued careful management the PHA has resulted in an improved net surplus of \$84,558 for the 2003 - 2004 year end. Of this achieved surplus, \$37,417 is special reserves tagged for specific projects, leaving a remaining annual surplus of \$47,141.

Contractual services

The Public Health and Advocacy contract with the Ministry of Health funds the activities of the director, media communications, and 30 percent of operational and staff, expenses. Negotiations with the Ministry of Health for a new contract were successful with a cost of living adjustment.

Membership

Membership has been positive and currently stands at 334. This includes a substantial rise in Maori membership.

Conference

The 2003 Conference, which was held in Ngaruawahia, and hosted by the PHA Maori Caucus, was an outstanding success. The surplus (an important source of annual funding for national operation costs) was considerably higher than anticipated.

Funding and sponsorship

An additional contract was received from the Ministry of Health to organise and facilitate the Public Health National Forum. A pro-active policy of applying to funding organisations such as the J R McKenzie Trust for small grants has resulted in \$13,500 for conference sponsorship and website development for the 2004-2005 financial year.

Reserves

\$282,987 is currently invested in short-term deposits/investment accounts. Investments have generated \$12,324 interest during the 2003/04 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. The PHA has formed a finance committee to consider all investments. This committee is made up of the treasurer, two council members and the manager.

Acknowledgements

I would like to acknowledge the support and assistance received from our president Marty Rodgers, members of the Executive Council, finance committee and manager Noline Holt. I extend my thanks to our recent accounting manager Anne Smith for her contribution to the PHA and wish her all the very best in her new career.

Averil Laurie, Treasurer, Public Health Association of New Zealand

Maori Caucus Report

2004

How do those of us with long experience in public health pass on our knowledge and information to Maori coming through the ranks? That was a central question at a PHA workforce hui organised by the Maori Caucus at Te Puea Marae in Auckland in February.

PHA president Marty Rogers said the Maori public health workforce had to face the challenge of investing time and planning strategies so Maori were supported and enthused in their work and to nurture their enthusiasm and innovation. More than 30 people from Christchurch to Kaitaia attended the hui which featured two training workshops – one focused on mentoring and the other on ways of working with the media.

The hui proposed several strategies for Maori Caucus to pursue with the PHA including identification of current Maori members of the PHA with expertise and knowledge to set up a mentoring programme for new and potential Maori members of the PHA; and further media training for a small select group of Maori willing and skilled to speak publicly on key issues in the media.

Gateways Hui

PHA members were prominent at the Maori Health Promotion Gateway Hui which showcased Maori models of health promotion as a catalyst for generating global discussions on indigenous health promotion. PHA members Megan Tunks, Kathrine Clarke and Kiri Leach were on the committee responsible for planning and organising the hui. PHA President Marty Rogers, and PHA 2000 public health champion, Dr Pat Ngata, were keynote speakers. The hui was held in April as a precursor to the 18th World Conference on Health Promotion and Health Education that kicked off in Melbourne five days later.

While the world conference themes of valuing diversity, reshaping power and exploring pathways for health and well-being underpinned the hui, particular attention was given to the conference sub themes – setting an agenda for promoting indigenous health and restoring the balance between environment, health and spirituality.

18th World Conference on Health Promotion and Health Education

A clear message from the committee to the Conference was that health promotion for indigenous peoples must be led and controlled by indigenous people.

The Indigenous Caucus and the IUHPE World Assembly passed all the recommendations from the Gateways Hui.

Maori membership up

Maori membership has leapt to 17.36% of total PHA membership. Though pleased with their results, caucus members are keen to push that tally up even further. They expect Maori membership numbers could climb as a result of interest in the PHA conference in July.

Ka mihi atu ki a tatou katoa.

Best wishes for the year ahead

Tena koutou, tena koutou, tena tatou katoa.

Maori Caucus, Public Health Association of New Zealand

Auckland Branch Report

2004

The Auckland Branch of the PHA has continued to co-host public health breakfast meetings in conjunction with the Health Promotion Forum, although these have been fewer in number. The December 2003 meeting had a strong focus on the public health advocacy and lobbying issue raised in Parliament, and enabled discussion on possible responses. This fed into a small working group of Auckland public health providers developing a position paper on public health and advocacy (compiled by the Forum) and a consensus statement on advocacy being circulated.

In April a well-attended breakfast meeting focused on the topic of public health and local body elections. Excellent discussions and ideas for putting public health issues on the local political agenda were generated. A follow-up workshop to further develop some of the suggested strategies was planned but did not go ahead due to the low level of responses. However, there is still interest in developing these ideas further and the meeting will be rescheduled.

We have seen a healthy growth in Maori membership. Maori PHA members were key partners in organising the "Gateway Hui" in Auckland in April. The Gateway Hui was a precursor to the International Union of Health Promotion and Education Conference in Melbourne, and the organisers of the Gateway Hui sought the participants' guidance of issues pertaining to indigenous health that could be tabled at the conference.

The Gateway Hui was also an opportunity to celebrate the work of Maori providers and Maori health promotion workers working in non-Maori organisations. This hui was well attended by Maori and reinforces the continued commitment to Maori health.

There has been some interest from new members to explore how the branch can best function. We are planning a meeting after this year's PHA conference to further this. Of particular interest is how we can achieve greater input into PHA policy development.

Rebecca Williams, PHA Auckland branch, Public Health Association of New Zealand

Waikato Branch Report 2004

The branch has mainly been an email branch due to the wide geographic location of members. Through these emails we have been able to support national office on a number of public health issues, however on May 26th this year we held a face to face and teleconference meeting to investigate opportunities for us to work together more effectively as a whole branch.

A decision was made to develop clusters of geographically linked sub-groups in the following locations - Waikato, Bay of Plenty, Taranaki, and Tairāwhiti. A key person for each cluster is to be identified. With the branch profile raised in these regions we hope membership will increase.

It was agreed that the whole branch meets 6 monthly with one of those meetings possibly being held at each annual PHA conference. The first meeting for branch members will be held at the 2004 PHA conference in Christchurch so that branch and cluster development can be continued. Focus for the year will be supporting public health and Maori workforce development.

The branch was pleased to be able to support the 2003 Conference Convenor, Marty Rogers, to attend the Australia PHA conference to promote the PHA New Zealand 2003 conference at Turangawaewae. Sponsorship was also offered to assist people who did not have access to resources for conference attendance to attend Turangawaewae.

I am finishing my second term as Waikato branch representative on the Executive Council. I look forward to being of support to the incoming representatives.

Dallas Honey, PHA Waikato branch, Public Health Association of New Zealand.

Central Districts Branch Report

2004

New Name

This is the first report since we renamed the branch to reflect the relationship we have with members from Taranaki, Horowhenua, Hawke Bay, and of course the Manawatu. We welcome Wietske Cloo from the Hawkes Bay, Liz Ponter, Jan Lockett-Kay, Clelia Lind, from Palmerston North, Basil Anderson from Feilding and Sue Stuart from Wanganui.

The branch had a busy year. Members attended the 2003 PHA conference at Turangawaewae and the International Health Promotion Conference in Melbourne. The branch wishes to thank the Eastern and Central Community Trust for helping with sponsorship of two community group representatives to Turangawaewae. One of the people assisted by the Trust, Mr Andy Anderson, continues to play an important role in maintaining community health services in the Fielding area. The branch raised the balance of sponsorship with a very successful movie evening earlier in 2003.

Floods

We wish to acknowledge the important work carried out by our members in the Public Health Team at MidCentral Health. The public health team and director, Dr Donald Campbell, did a great deal of work with communities devastated by the heavy rains and floods in the Manawatu, Wanganui, and Horowhenua regions from February to May (and beyond). The public health team ensured the communities affected by flooding were housed safely and as the floodwaters retreated, that housing was safe. They gave advice on how to reduce the risk of the spread of infectious disease as people returned to their homes and provided support and monitored the well-being of people as they recovered from the shock and disruption caused by the flooding.

Local Government Gambling Policy

The local city council developed and released a policy on gambling for discussion and consultation. This branch made a written submission and attended the meeting to speak to our submission along with the Public Health Group of Mid Central Health. The resulting policy set a cap on the total number of machines (of the one-arm bandit variety). The downside was that these machines can be installed in suburban areas in spite of the strong stand taken in the past by members of the Highbury community, a low-income area, where a local entrepreneur tried to establish a casino. Community action was successful, and the casino was not installed.

Primary Health Organisations

PHO establishment has been a constant item on our agenda for the last year. Professor Nan Kinross, as member of the MidCentral Health's PHO Development/Primary Care Reference Group, was impressed with the quality of the work done by the group and is optimistic that the process of establishing PHOs will reflect the preferences of the communities they serve.

Local Body Planning

The Branch thanks PHA director, Gay Keating for her help with our submissions into local government long-term planning within our region. John also provided an oral submission to the Napier Council with emphasis on housing and access to facilities for walking and cycling.

John Waldon, Chairperson, PHA Central Districts branch, Public Health Association of New Zealand

Wellington Branch Report

2004

Three major objectives guide the work of the Wellington Branch Committee:

- 1) Supporting the activities of the National PHA
- 2) Advocating for public health at a local level
- 3) Educational and social opportunities on public health issues.

Other significant objectives for the Wellington Branch Committee for 2004/05 are planning for PHA Conference 2005, reactivating local PHA seminars and participating in PHA policy development.

Branch committee members are: Louise Delany, Barbara Langford, Iain Potter, Fran McGrath, Averil Laurie, Helen Bichan, Bridget Allan, Noeline Holt and Eileen Brown and we were pleased to welcome new members: Heather Kizito, Clive Wright and Marie Russell though we are sorry to lose Mavis Duncanson and Diane Salter. Office holders for the year are Barbara Langford (Secretary), Iain Potter (Treasurer) and Eileen Brown (Chairperson.) Wellington branch supports the national PHA Council with three members on the Executive Committee: Averil Laurie, Helen Bichan and Louise Delany.

Community Health Meetings

Between January and August last year Wellington Branch facilitated a series of local community health meetings to provide an opportunity for communities to that had not engaged with Capital & Coast DHB consultations to have their say about local health needs. The project was funded and supported by Capital & Coast DHB and Regional Public Health. Feedback has been recorded and the report is available.

Other activities include sponsorship of two persons to the 2003 PHA conference – an activity that has become part of our annual expenditure. The Branch has been invited to have representation on the Capital PHO and we intend to approach other PHOs for a similar role. Conference planning has commenced in earnest with an active Committee led by Louise Delany.

Social and education opportunities occurred in a variety of ways – a debate at the AGM, a Christmas get together, and a panel discussion at the last AGM on “*Advocating for Advocacy in Public Health*”. The Branch supported the annual post budget breakfast with Child Poverty Action Group.

Policies

The Branch has three policy items on the 2004/2005 agenda: a prison health policy, an oral health policy and revision of the responsible gambling policy.

Wellington Branch Committee is in good heart and anticipates a busy year ahead. Finally the PHA Branch Committee acknowledges the professional, academic and voluntary input of many PHA members in many different ways in this region at a regional level, and the input of some at national and international levels.

Eileen Brown, PHA Wellington branch chairperson, Public Health Association of New Zealand

Canterbury Branch Report

2004

I am pleased to have this opportunity to report to the members of the Canterbury branch of the Public Health Association for the year 2003 - 2004.

This is my final year in the role as chairperson, which I have held for four years. When Sue Dewe was chairperson, she spearheaded a number of fundamental decisions – one of which was that the chairperson's role should be held for no more than four years. This was for two reasons – one was that new blood is vital to an organisations such as the PHA, and the other was people thinking of taking on the role, might be less inclined to, if they thought they would be there for many many years. So my time has come. I have very much enjoyed being chairperson for the last four years. It has not been an onerous role as the branch committee is very strong and active and I have always felt well supported by a great team. Many thanks to all who are on the current committee and to those who have been on at any stage in the last four years. Special thanks to Gillian Abel, our very able secretary, and to Lynne Haslett our treasurer, who do the real work of the organisation. The Department of Public Health and General Practice at the Christchurch School of Medicine remains a great support for the PHA – most staff have taken one or other role at some stage, and Jill Winter continues to help out with small jobs. I look forward to continuing my work with the PHA as a committee member.

Organising the 2004 PHA Conference has absorbed most of our current efforts, and has been a major task over the last 12 – 18 months. Again we have a great team and it is shaping up to be a great conference – I hope you are all able to attend. The focus on the conference has meant that we have paid little attention to other routine tasks, like maintaining our membership, which has dropped slightly. However I have heard from National Office that there has been a large number of subscriptions received recently, and I hope at least some of these are from Canterbury.

Despite the work engendered by the conference, we have organised some local activities in the last year. In August 2003 we organised a day seminar looking at public health and primary care, which was well attended and represented the first attempt to formally get the two fields together. Since then there has been a number of these workshops run by various organisations, as interest in this area is high. We ran our Health Promotion award again – this year it was won by the *Shirley Shopper* – an intersectoral initiative addressing one of the basic determinants of health – transport. Alison Wilkie of the Canterbury District Health Board presented the award at our Christmas get-together. The branch is also sponsoring two local people to attend the 2004 conference and I am pleased to announce that the winners of these sponsorships are Tania Huria of He Waka Tapu and Lauren Cundall of the Problem Gambling Foundation.

I have thoroughly enjoyed my time as Chairperson. I have even enjoyed the role as Conference Convenor and I would invite anyone who wishes to maintain good networks in the Public Health field and keep informed about Public Health issues to join the PHA and get involved with the committee or any other role. Thank you for providing me with this opportunity.

Vivien Daley, PHA Canterbury branch chairperson, Public Health Association of New Zealand

Otago/Southland Branch Report

2004

The Otago Southland Branch is a small but vibrant group. Most members are hard at (paid) work in the public health arena with little spare time. We resolved as a branch to identify where we could contribute *over and above* the work our members do as a part of their employment. The Otago/Southland branch covers the lower third of the South Island, which poses some problems for us regarding participation. We use email and are exploring the possibility of conducting our branch meetings by teleconference so we can all participate.

The branch co-sponsors the public health seminar series with the Department of Preventive and Social Medicine. These regular fortnightly seminars are held during semester time. During the second half of 2003 we had seminars that covered the relationship between vasectomy and prostate cancer (Mary-Jane Sneyd & Brian Cox) and were fortunate to have Dr Tony Blakely visit to talk about his 'Decades of Disparity' research with a particular emphasis on ethnic mortality trends, while Dr Jo Baxter laid a challenge at researchers' door regarding inequalities and Maori health. The other three speakers this semester focused on health issues for young people. We heard about same-sex attraction and its persistence in early adulthood (Nigel Dickson) and New Zealand young people's health and well-being (Peter Watson), while Michele Ybarra from the Centre for Disease Control USA talked to us about sexual solicitation and harassment on the internet and the mental health of young people.

This year we have been fortunate to hear from a variety of different public health perspectives. We have heard how people with cancer value their lives (Ken Buckingham); about community education and medicine use in developing countries (Prof Kafle, Nepal); how government policy makers (the workers not the politicians) understand and use population health ideas (Robin Gauld); and the experience young people in schools in New Zealand have of harassment (Karen Nairn). Most recently we heard from Assoc Prof Richard Morgan who is the chair of the international impact assessment association. He spoke about health impact assessment and public health. This was essentially an expanded version of the presentation he gave to the HIA seminar in Wellington in March where the NHC launched their toolkit for HIA. He offered a clear challenge to action for public health. We are also delighted to be welcoming Professor Barbara Israel from the University of Michigan's School of Public Health who is currently in Wellington on sabbatical. She will spend time with us discussing and presenting a seminar on the involvement of the community in research.

Our other major activity in the last year has been focused around Project Aqua. We made a submission on the legislation surrounding Project Aqua as well as a submission on the consents for water rights. This was an area where we could 'add value' to our members work as many were unable to comment publicly on Project Aqua in the light of changes regarding advocacy work. While Meridian has withdrawn from the project the underlying issues remain. How do we meet our energy needs as a country and at what kind of cost? How can we get health impact assessment integrated into the overall assessment of projects and policies? And how do we legitimately engage with such legislation as the Resource Management Act from a public health perspective? We intend to keep a watching brief in this area.

Our priorities for the coming year include:

- Continuing our seminar series with interesting and insightful speakers. If you know of anyone we could invite to Dunedin who could contribute please let us know□
- Increasing membership – particularly among our health protection/environmental health colleagues and from across the region

- Advocacy and City/District/Regional development – maintaining a watching brief on water consents from the Waitaki River, and considering our input to the Long Term Community Council Plans.

Our official team remains in place for another year. Kate Morgaine (Chair), Stephanie Read (secretary - back from maternity leave) Rob McGee (treasurer), and Louise Croot (PHA Executive Council representative).

Kate Morgaine, PHA Southland/Otago branch chairperson, Public Health Association of New Zealand

Public Health Association of New Zealand Inc
Financial Statements 2003/2004