



# Public Health Association of New Zealand Annual Report 2007

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***Mission:** To improve the health of all New Zealanders by progressively strengthening the organised efforts of society by being an informed collaborative and strong advocate for public health.*

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## Report from the President



What a year this has been for the Public Health Association (PHA). Changes galore at National Office, staffing and planning to move premises: all of this has contributed to a revitalisation of energy in the staff who have been with us a while, and, of course, the new staff.

There have also been a number of changes in the wider arena of public health with the implementation of Healthy Eating-Healthy Action (HEHA), and, just recently, the health targets and the changes that are being proposed within the Ministry of Health – and in particular the Public Health Directorate.

With all of these events, opportunities abound for the PHA and its members. Of course wherever there are opportunities, risks exist. It is, however, with good heart that I am able to say the new Executive Council is more than equipped with 'nous' and experience to ensure the PHA continues to grow and go from strength-to-strength over these times of change.

One of the key intents of our Strategic Plan is to focus on themes that are fundamental to public health and cut across disciplines, workplaces and issues.

The big changes of the past year have been developments to do with people and populations in public health – caucuses.

We have a renewed contract with the Ministry of Health that explicitly supports the PHA Māori caucus. We have employed a part-time senior analyst who will begin work in the new financial year. We have had our first council member chosen by the Pacific Caucus – Professor Sitaleki Finau. And for the first time an Asian Caucus met at conference.

The team at national office has been involved in a number of innovative projects. Along with the organisations that reflect the major disciplines in public health, the PHA took the lead in developing the core competencies for public health practitioners. This work is already being used in a range of workplaces – it was an idea the sector has been ready for. In a few years when we, the new staff in public health, all know a little about the discipline of each other, we will marvel that "in the old days people didn't know how to refer to other members of the public health team".

Another area where the PHA has brought people together from across different parts of public health was the Selling Sickness Summit. Here we brought together people concerned by the marketing of alcohol, smoking, gambling, obesity, prescription drugs, and breast milk substitutes. The similarity of the marketing in these apparently diverse issues is startling. We need to make sure we learn from the experiences of one another.

Meanwhile, the routine work of the staff and members has continued. There were submissions on alcohol and young people, family violence and section 59 of the Crimes Act, drugs policy, food and obesity, tobacco and on underlying determinants in relation to the budget and the Treaty of Waitangi Deletion Bill. The office supported branch submissions to local government on their health roles.

And of course, another wonderful conference, this time in Palmerston North.

The council members have also been busy bedding down the structural changes which I believe will only add strength to the PHA in general. Special mention must also be given to the Wellington Branch Executive Committee (Louise Delany, Michelle Mako, Ruth Richards, Carol Wrathall, Gabrielle Baker) who have continued to support the day-to-day running of the PHA, and, in particular, supporting the change management processes. Tena koutou katoa.

Finally I would like to reflect on my time as president which has always been exciting, interesting and challenging. I would like to pay tribute to the people who have supported me over the last four years. In particular the Māori Caucus: Fran McGrath, Gay, Noeline, Louise Croot, Ann Shaw and others too numerous to mention. I believe my contribution over this time has been positive, and I am particularly proud of the work that has been done in developing the Māori membership of the PHA. Public health is blessed with the huge number of brilliant and committed people advocating, promoting, researching, advancing and delivering on positive health outcomes for nga whānau o Aotearoa.

No reira koutou ma, kia kaha, kia toa, kia manawanui. Be strong, be humble and be of strong heart.

Marty Rogers, President

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## **2006/07 Executive Council**

*President: Marty Rogers*

*Vice President: Richard Egan,  
Vivien Daley*

*Treasurer: Lisa McNab*

*Auckland: Kathrine Clarke*

*Te Tai Tokerau: Melanie Dalziel*

*Waikato/BOP/Taranaki: Debbie Petersen*

*Central Districts: John Waldon*

*Wellington: Louise Delany*

*Canterbury: Vivien Daley*

*Otago/Southland: Richard Egan*

*Māori Caucus: Lisa McNab*

*Māori Caucus: Gabrielle Baker*

*Māori Caucus: Michelle Mako*

*Pacific Caucus : Sitaleki Finau*

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## **Report from the Treasurer**

### **Overall financial strategy and position**

The intention of the PHA is to run a financially viable organisation with sufficient income independent of government to maintain the PHA's policy independence, and for the national operation to be able to function into the future should our government contracts cease. Branches have autonomy to operate their own finances within the legal framework of the national organisation.

The 2006-07 year has followed the pattern of recent years with a healthy year-end position. The national operations ended within budget and with a surplus from a well-managed conference. Branch financial activity has varied considerably depending on the situation of each branch.

### **Income**

The main source of PHA income is contracts with the Ministry of Health's Public Health Directorate. Our multi-year base contract (for informed public debate, input into healthy public policy and workforce development) has been renegotiated for three years with a small increase that has allowed us to increase support for the

Māori Caucus. The supplementary contract concerning core competencies for the public health workforce has ended. There may be a further contract in that area in the coming year.

Our independent income for the national operations is from membership fees, interest, conference surplus and grants from charitable organisations. The very successful 2006 conference, managed by the Central Districts team, provided us with a financial surplus based on careful management plus a larger-than-expected number of day registrations. The increase in interest rates in the past year has given a slightly greater than budgeted income.

We continue to be grateful for support from the JR McKenzie Trust.

The income from memberships was adequate in relation to the budget we set. Our income-related fees are very modest in comparison with other similar organisations internationally, so we should look to encourage new members. Only ten percent of public health workers are PHA members. The other 90 percent benefit from our freedom of speech but have not yet joined us.

Branches have income from membership rebates, local fundraising activities, a share of any surplus generated by conference run by the branch and from activities they run. Again this varies significantly from branch to branch.

### **Expenditure**

The national organisation operated within budget. The small but regular increases in the cost of living index and particularly the cost of travel in this long, thin country put pressure on activities.

Future challenges will be the tight job market (which is pushing salaries higher); the restructuring (which will reduce the burden on volunteers but will require more funding for staff salaries) and the success of the PHA (continuing to raise expectations from staff and volunteers).

### **Retained earnings**

National operations income from conference 2006 surplus and from interest above budget has allows us to increase our nest-egg, so the PHA could now continue to function at the current level for about six months into the future should we lose government contracts.

Branches have tended to store up their share of any surplus generated by conferences run by that branch so that they can run activities at a loss the following several years until the next conference. This trend is changing with some branches now operating even non-conference years at a small surplus. Those branches that are continuing to increase their retained earnings may want to consider how they can best use those earnings.

### **Qualified auditor's statement**

The auditors have again given the PHA a qualified opinion on its accounts. They have expressed the reservation that the income of branches is not fully documented to the standard expected of a commercial business. This reservation is almost always part of the audit report of small not-for-profit organisations, especially where there are small branches. The PHA Council accepts the reservation and does not consider that there is sufficient concern that branches should change their accounting practices.

Lisa McNabb, Treasurer

## 2006/07 Highlights from the Branches and Caucuses

### **Te Tai Tokerau**

The Te Tai Tokerau Branch has convened three meetings during the past 12 months. Unfortunately these have been based on an as-when basis, due to the geographical travelling distance of branch members. Membership at meetings remains steady with an average of eight to nine participants. The main focus of these meetings has been the planning of the 2008 national PHA conference.

Fluoride has been a big public health issue in the Far North, with numerous hui being held in and around the area. A lack of dentists in the Far North has created substantial waiting lists for the public (averaging between three to six months), and along with Far North District Council processes, these concerns will continue to be a priority. Anton Blank was in the Far North to assist with developing media responses to this issue.

### **Auckland**

The membership of the PHA continues to grow in numbers. Activities this year have centred on the conference "Te Torino – Re imagining health" with consistent support from an excellent working party and others. We are looking forward to showcasing the diversity that is public health in Tamaki Makaurau, Auckland.

### **Waikato/Bay of Plenty/Taranaki**

Debbie Petersen is our new representative on the PHA council, replacing Dallas Honey at the 2006 AGM. Currently the Waikato/BOP/Taranaki branch has 20 members. Due to the wide area this branch covers it is difficult to organise regular meetings, however members are kept informed via email.

In 2007/08 the Waikato/BOP/Taranaki PHA Branch will continue to grow and develop further as a good networking tool for those working in public health.

### **Central Districts**

The conference was a great success and 'the browning of the Association' was commented upon by Dr Pat Ngata and Professor Mason Durie, who were both keynote speakers. CDPHA was proud to hold the conference at which the Pacific Caucus came into being, and hopefully have set the scene for grassroots workers and researchers to combine and share in this country's future public health pathway.

Following the 2006 conference we all needed a rest so it has been a quiet year branch-wise, with new joint office holders taking up positions. The whole branch wished Virginia Signal all the best, as she headed to Wellington to study.

### **Wellington**

The Wellington Branch has functioned well during 2006-2007. It meets fairly regularly, about every five to six weeks. Main priorities involve public health advocacy, a focus on policy development, and support for the National Office.

The Annual General Meeting, held 20 September 2006, was followed by a thoughtful and interesting panel discussion on 'What makes the "well" in Wellington?' The branch also organised a very successful 'post-budget breakfast' on 18 May, chaired by Michelle Mako. This was very well attended by 55 people who heard presentations from five speakers: Peggy Fairbairn-Dunlop, Janice Campbell, Peter Conway, Petra

van den Munckhof, and Rod Oram. This event has now become a permanent fixture on the Wellington branch calendar.

### **Canterbury**

The Committee has had a busy year. In support of national PHA policy we have been involved in a number of areas, including the restriction of gambling venues, fluoridation, repeal of section 59 of the Crimes Act and review of the 'bounty packs' given to new mothers at Christchurch Women's Hospital

Seminars and events include support for the Child Health Summit 2006 and planning for a follow-up seminar to the highly successful obesity seminar of October 2005.

Thank you to the all members of the committee for your work over the year, and particularly to Vivien Daley who is not only our member on the National Council but is vice-president of the PHA Executive, secretary Gillian Abel and treasurer Lynne Haslett.

### **Otago/Southland**

The Otago/Southland Branch of the PHA continues with a consistent, albeit small (13) membership, a regular seminar series and responses to some local public health issues. The chairperson is Richard Egan, secretary Jennie Elliot, and treasurer Rob McGee. Jenny and Rob are standing down at this year's AGM (May 2007), and we would like to thank them for many years of work for the local branch.

In conjunction with University of Otago's Preventive and Social Medicine department, the branch continues to support the 'Public Health Seminar Series' during university term time. Other activities include offering financial support for two students to attend the 2007 PHA conference and continuing links with the local Public Health Unit. In October 2006, a joint Public Health South (PHS)/PHA meeting on the *Draft Generic Competencies for Public Health Practitioners in Aotearoa-New Zealand* was hosted by PHS, with Dr Gay Keating as the guest speaker.

## **Māori Caucus Report**

The Māori Caucus – which is represented at council by Lisa McNabb, Michelle Mako and Gabrielle Baker, with Carol Wrathall as support – continued to be active members of the PHA Council and the PHA Executive Council over the year.

The Caucus has been focused on ensuring a strong position on Māori health and reducing inequalities is taken by the PHA, and considers that it has a solid foundation to continue to do this in coming years.

### **Māori policy analyst**

This year the national office took some very positive steps to strengthen its Māori public health capacity and to support the Māori Caucus by the appointment of a Māori Policy Analyst. The position was advertised at the beginning of 2007 and Kay Berryman was appointed in May.

Ngati Maniapoto te iwi, Ko Kay Berryman ahau.

Currently Kay is working 13.5 hours for the PHA, and as a Planner/Policy Analyst for Te Puna Oranga (Māori Health, Waikato District Health Board (WDHB)). Kay has worked in Māori health for five years, and, through her role, has worked with Māori providers and various forums within the WDHB region.

Her interest in public health emerged from her current studies at Auckland University. Graduating in 2005, with a Postgraduate Certificate in Public Health, she is now working towards a Diploma in Public Health.

Kay can be contacted at kay@pha.org.nz (Mobile: 027-3047423).

### **Increasing the connections within the Māori Caucus**

This year the Māori Caucus has been developing ways to have a more active Māori Caucus network. One of the tasks of the Māori Policy Analyst has been to conduct a membership survey amongst the Māori Caucus. A regular e-newsletter is also being developed to increase Māori Caucus members' understanding of the work of the PHA (both National Office and Council) and for Caucus members to feedback to their representatives on the issues and views they would like discussed at Council.

### **Position statement on obesity**

As in other years, the Caucus representatives have been working with different parts of the PHA to develop position statements. This year the focus has been on working with the Wellington Branch towards developing a position statement on obesity for the PHA. It is likely that a draft of this statement will be ready for comment within the next couple of months.

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Māori Caucus Representatives

## **Pacific Caucus Report**

At the last PHA Council meeting it was agreed that the PHA would provide the Pacific Caucus with a development fund similar to the one the Māori caucus has had for a while. The fund was specifically requested to:

- increase participation of Pacificans in PHA business
- increase Pacific membership of PHA.

It was also accepted that the PHA Conference of 2009 be organised by the Pacific Caucus.

The development fund has been proposed to be used for activities to quickly create benefits to Pacificans and recruit PHA members. This notion was trialled with the Tongan Nurses Association. The workshop was a half day of training on preparation for conference attendance including:

- promotion of PHA
- training in conference abstract writing and submission
- training in presentation techniques, and
- training in the use of PowerPoint.

This was very successful and resulted in recruitment of about 20 members to the PHA.

A second trial was a piggy back on a Christchurch two day workshop of the Health Promotion Forum. There was a promotional presentation on the PHA and distribution of leaflets and posters to about 33 participants over the two days. There were two people from these workshops who became PHA members and a request for a

Christchurch and Dunedin conference preparation training respectively. The dates are being discussed.

There have been some email discussions on training and recruitment meetings in other locations. Discussion on hosting the 2009 PHA conference has started. The current Pacific Caucus member has accepted the idea.

There were also comments about how to improve the PHA poster and leaflets.

The satisfaction/evaluation forms are being analysed. The results will be submitted in due course.

It will be most helpful to have explicit mechanisms for utilisation of the PHA Pasifika Development fund.

### **Plan**

1. To continue the recruitment of members for PHA using the above training.
2. Promote PHA as a Pacific useful organisation
3. A plan for Pacific to make a decision either to be a branch or to continue as a caucus
4. To adopt public health dialogue as a Pacific Caucus instrument for developing public health research capacity
5. To organise the Pacific Caucus or branch of the 2009 Conference.
6. To obtain specific Pacific innovation in public health.

Thank you

Sitaleki A Finau – Professor  
Director Pasifika @ Massey  
Massey University

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### ***With thanks:***

*The Public Health Association of New Zealand is a voluntary organisation committed to improving the health of all New Zealanders. It is the generosity of the volunteer time given by members that makes the work of the PHA possible. Members donate their knowledge and skills to ensure that the work of the PHA is timely and is based on the best available evidence.*

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**Public Health Association of New Zealand  
Statement of Financial Position  
as at 31 March 2007**

2006		2007
\$		\$
	<b>Current Assets</b>	
200	Petty cash	200
139,543	ANZ Banking Group	226,509
	Long term deposit	61,827
339,227	Short term deposits	296,980
63,843	PHA Branch Bank Accounts	66,361
40,890	Accounts Receivable	40,738
13,116	Prepayments	21,666
<b>596,819</b>	<b>Total Current Assets</b>	<b>714,281</b>
<b>10,549</b>	<b>Fixed Assets</b>	<b>4,767</b>
<b>607,368</b>	<b>Total Assets</b>	<b>719,048</b>
	<b>Less Current Liabilities</b>	
15,854	GST Payable (incl branches)	19,209
16,167	Accrued expenses	37,388
30,281	Accounts payable (incl branches)	14,908
13,624	Core Competencies Proj – Unspent funds	24,992
12,000	McKenzie Funds Pending Approval	12,000
11,329	McKenzie Funds Conf	12,629
1,500	McKenzie Funds Volunteer Sup.	1,500
2,500	Provision for Conference	16,992
<b>103,255</b>	<b>Total Current Liabilities</b>	<b>139,618</b>
<b>504,113</b>	<b>Net Assets</b>	<b>579,430</b>
<b>504,113</b>	<b>Total Equity and Special Reserves</b>	<b>579,430</b>

**Public Health Association of New Zealand  
Statement of Financial Performance  
as at 31 March 2007**

2006		2007
\$		\$
	<b>Income</b>	
133,141	MoH Advocacy Informed Debate	146,140
94,992	MoH Advocacy Healthy Public Policy	94,992
16,992	MoH Advocacy Conf Subsidy	17,000
27,470	MoH Core Competencies Project	79,038
7,855	McKenzie Grant – Conference	6,104
1500	McKenzie Volunteers Grant	-
24,400	Subscriptions	23,579
47,563	Conference Income	182,747
23,821	Interest Income	27,077
3,575	Newsletter Inserts/Advertising/Publications	3,010
115	Sundry Income	1,556
	Māori Development Income	100
	Pacific Caucus Income	703
16,988	Income Received by Branches	12,548
<b>398,412</b>	<b>Total Income</b>	<b>594,594</b>
	<b>Less Expenses</b>	
29,964	Conference Expenditure	135,252
1,500	McKenzie Volunteers	-
7,855	McKenzie Grant	6,104
-	Māori Development Expenditure	100
-	Pacific Caucus	703
206,574	MoH Advocacy Contract Expenses	124,838
27,470	Pub. Health, Primary Care, Core Competency	88,458
63,351	Operational Expenses	153,244
7,383	Branch Expenditure	9,775
<b>344,097</b>	<b>Total Expenditure</b>	<b>518,474</b>
<b>54,315</b>	<b>Surplus/(Deficit) for the Year</b>	<b>76,120</b>

**This is an abridged version of our annual accounts. A full audit report is available on the PHA website: [www.pha.org.nz](http://www.pha.org.nz), or by contacting the Office Manager: [pha@pha.org.nz](mailto:pha@pha.org.nz).**