



Public Health Association of New Zealand Annual Report 2008

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



The Public Health Association of New Zealand aims to move our society's inevitable change towards a place that is healthier for all New Zealanders, particularly those most in need. At a local level we do this with our branches and caucuses each working in their unique way. At the national level, ideally fed upwards from the members, our staff – led by Dr Gay Keating – keep the organisation running, and plan for the future with the help of Council.

The PHA has a critical role as the only multi-disciplinary public health organisation in New Zealand. Alongside our partners, such as the Health Promotion Forum, we are the voice advocating for public health values to be further embedded in our health system and used as a lens through which to see all that determines our health and wellbeing. The realities of poverty, inequality and racism are incompatible with the world the public health approach strives towards.

The 07 – 08 year has been another year of change. Our National Executive Officer, Gay Keating, continues to raise the profile of the PHA on behalf of members. The Public Health Bill was an excellent example of this process, with Gay travelling across the country to hear what we thought, then writing an impressive submission and appearing before the Select Committee. Influencing healthy public policy is critical to our work and key to this process is having members' input into the processes and documents. Gay's profile, whether in *The Listener* or on *Morning Report*, is well established, so we, the members, need to use this to the benefit of all.

Of note in the last year is the employment of Kay Berryman as our Senior Māori Analyst/Advisor. Amongst other things, Kay has developed *Kawerongo*, the PHA's newsletter with a focus on Māori public health. This position, working alongside the Māori Caucus, gives us scope to further develop our Māori public health capacity.

Our members are the heart of this voluntary organisation. This last year has seen growth with our Pacific Island members, who will be confirmed as a branch at the AGM. The Council members work hard, on a voluntary basis, to help lead the PHA, but we rely on you, the members, to inform and critique the work. So please keep your comments coming, your involvement high and do ask your colleagues to join us.

There have been significant changes in our communications processes. Liz Price, our Communications Manager, and her team have revamped the website, the logo and instituted weekly e-bulletins. Sharing public health and health

2007/08 Executive Council

President: Richard Egan

Vice President: Vivien Daly

National Executive Officer:

Gay Keating

Treasurer: Maurice LeFevre

Te Tai Tokerau: Melanie Dalziel

Auckland: Kathrine Clarke

Waikato/BOP/Taranaki:

Debbie Petersen

Central Districts: John Waldon

Wellington: Sara Helm

Canterbury: Pauline Barnett

Otago/Southland: Charlotte Paul

Māori Caucus: Lisa McNab

Māori Caucus: Peter Thomas

Māori Caucus: Gabrielle Baker

Pacific Caucus: Sitaleki Finau

Asian Caucus: Norberto Ricacho

promotion information, good news and bad, is imperative in keeping us aware and connected.

A highlight of each year is the conference and Auckland 07 was unique and memorable. Our public health champion, Associate Professor Papaarangi Reid, gave a stirring address challenging violence, racism, power and privilege. Of note as an emerging issue, Hone Kaa and Annette Sykes both called for more consideration of wairua/spiritual issues, Annette noting that "spiritual health must be planned for".

Of course we can do better and there are major challenges ahead. Politically we must show the relevance of public health approaches. Ninety-six percent or more of the health dollar spent in New Zealand goes into fixing problems, at the 'bottom of the cliff'. We need to advocate and show through evidence that 'top of the cliff' prevention and promotion of good health is a logical and necessary investment for any government. Our workforce needs constant consideration, up-skilling all workers to be able to work via evidence and best practice. And the PHA membership needs to grow – I challenge each member to recruit one person in the next year!

On a personal note, I would like to acknowledge those who have come before me, especially my recent predecessor Marty Rodgers, who is now working hard as co-organiser of Conference 08.

In public health we need to keep examining the status quo, asking 'how can society be better structured for the health and wellbeing of all people, especially those most in need'? With this challenge in mind, we look forward to an exciting conference in Waitangi and working collectively for the better health of all.

Richard Egan
President

Report from the Treasurer

The Income and Expenditure Account reflects both an increased income and expenditure flow as a result of an additional Ministry of Health contract over the previous financial year concerning workforce development. Staff and other changes have resulted in maintaining our contracted services but achieving a surplus for the year of \$91,069.00. While this is a most encouraging result the finances of the Association need to be reviewed in a cycle greater than 12 months to ensure a balanced overview.

Considerable fluctuations, both in income and expenditure compared with 2007, are noted in relation to Conference. This issue and other relevant issues relating to Conference, such as the variable cost structure and source of sponsorship income from centre to centre, are being examined by the Executive Council.

Effort has gone into more carefully identifying where expenses are related to particular projects or areas of work, in particular staff expenses. In particular the MoH advocacy contract expenses show a considerable increase balanced by the reduction in PHA operations expenses for the year under review compared with 2007.

The current level of investments and funds available in bank accounts (excluding the \$54,349.00 held by the branches) is \$53,8281.00 which represents a reserve level of 12 months expenditure. The Finance Committee and Executive Council are

examining this issue with a view to establishing an appropriate reserve level for the Association.

During the year difficulty has been experienced in maintaining regular meetings of the Finance Committee and consistent attendance on teleconferences. Again this issue is being addressed by the Executive Council.

Maurice Le Fevre
Treasurer

2007/08 Highlights from the Branches and Caucuses

Te Tai Tokerau

The most northern branch has been extremely busy during this period, with the commitment to host the 2008 PHA Conference in Waitangi. Productive meetings were held monthly and teleconferences also took place. These ensured branch members were kept on track with conference organisation, assisted by the Chairperson, Gay Keating and ROK Solutions. The branch nominated a particular branch member, who was an outstanding advocate for public health. This has resulted in many new members for the branch. We were also active in the media, with media releases in particular opposing the increase of rates by the Far North District Council. All in all, it has been a very industrious time.

Melanie Dalziel
Branch Secretary

Auckland

The two highlights of the Auckland Branch year have been our contribution to the Public Health Bill submission and our involvement in the development of a definition of Māori Public Health.

Gay Keating led a workshop in Auckland on the Public Health Bill in February to outline what the Bill will mean for those involved in the sector, and to seek input for her submission to the Health Select Committee.

The workshop was attended by about 12 people who were very keen to get their ideas across about the Bill. What came across at that meeting was people's desire that the Bill reflect a Māori viewpoint and in particular have reference to Te Tiriti o Waitangi. Those attending were also interested in the impact of the Bill on the public health workforce.

The Auckland Branch also joined the Māori Caucus in developing a definition of Māori public health. It is intended that the definition will be used by the PHA and its members to develop and strategise public health initiatives to assist in eliminating Māori health inequalities and disparities and to broaden perspectives of Māori public health.

Kathrine Clarke
Chair

Waikato/Bay of Plenty/Taranaki

The Midland Branch continues to be only an email branch due to its wide catchment.

The branch sponsored three people to conference in Auckland in July 2007. Feedback from these delegates was positive and they were grateful for the opportunity to attend the conference and become a member of the PHA.

Thanks to PHA National Office for the articles regarding the local body elections and GST on food which were placed in our local papers.

A community meeting on the Public Health Bill was held and a wide range of people attended.

Thanks to the Midland members for their continued support.

Debbie Petersen
Council representative

Central Districts

The branch meets monthly but with diminishing attendance we are reviewing that. Special events continue to be well supported and every effort is made to include non-PHA members on these occasions in an effort to increase membership.

During this last year the two events of note were the District Health Board elections and our seminar on the Public Health Bill. In the lead-up to the DHB elections we surveyed candidates and received average media opportunities to publish the findings. In addition to informing voters of the outcome of our survey, we are confident that this survey also raised awareness amongst the candidates of public health per se and public health issues.

The Public Health Bill submission provided an opportunity for the branch, in conjunction with the Public Health Service, MidCentral DHB, to host a seminar where Gay Keating presented an overview of the Bill. We had a very good attendance of people from local government, the Manawatu PHO Community Advisory Committee, the DHB and people from community groups and agencies. Participants came from as far as the Wairarapa. The seminar not only provided an opportunity to be updated on the Bill, but participants also enjoyed the opportunity to network.

The branch continues to respond to local issues as capacity allows.

Jan Lockett-Kay
Chair

Wellington

At the end of last year Louise Delany stepped down from the National Executive role as Wellington region member and sometime later Sarah Helm – a newer member of our committee – took up this role. We continue to benefit from Louise's experience on the branch committee and have a small committee formed, including Louise, to provide support to the National Office. We are delighted to have Sarah as our Wellington regional representative.

Sponsorship of a student to the annual PHA Conference is an every year activity, but this year we added another sponsorship activity – providing funds for two people to attend summer school public health courses.

Events during the year included a public meeting with local body candidates prior to the local body elections, a community meeting on the Public Health Bill and our usual post-budget breakfast, held this year on 23 May.

Submissions included a response on the transport strategy and domestic violence review. The branch developed a draft PHA obesity statement.

A good year in all – we have a small but committed committee and we liaise with the wider branch membership who we endeavour to include in events. Future plans include further fundraising activities to enable us to continue with some paid support which boosts our processes and meetings.

Eileen Brown
Chair

Canterbury

Gay Keating was our guest speaker at the 2007 AGM, discussing the relationship between food advertising and obesity. This led into our main event for the year, a successful seminar entitled *Marketing Healthy Eating – the Great Divide*. Professor Janet Hoek (Massey University) and Auckland publisher Kim Mundell were keynote speakers. The seminar was a further 'joint venture' by the branch and Healthy Christchurch, a coalition of over 200 agencies interested in health. The seminar was sponsored by the branch, Healthy Christchurch, Community and Public Health, and Partnership Health PHO.

We have developed guidelines for providing financial assistance to members seeking support for workforce development, including attendance at workshops and conferences. This was previously done on an ad hoc basis but a more systematic approach will allow more funds to be disbursed.

Policy and advocacy work continues. We have maintained an interest in the 'Bounty packs' supplied to new mothers at Christchurch Women's Hospital and are pleased to report that the content of these packs is more aligned with health promotion principles than in the past. We have also written on more than one occasion to the *Christchurch Press* regarding opportunities for women to breastfeed at work.

We provided financial support for Gay's visit to Christchurch for the workshop on the Public Health Bill. We did not make a submission as a branch, but many members, particularly those attending the workshop, were involved in preparing submissions from a wide range of local organisations.

Thanks to all Committee members, particularly Treasurer (Lynne Haslett), Secretary (Gillian Abel), and Vivien Daly, our representative on the National Council.

Pauline Barnett
Chair

Otago-Southland

The Otago-Southland Branch holds regular seminars with the Otago University's Preventive and Social Medicine Department. We gave support towards two post-graduate students attending the PHA Conference 2007.

The branch was active during the local government and DHB elections. We combined with the Otago Council of Social Services and held a series of three candidate meetings. The meetings were Dunedin City Council, Otago District Health Board and the Otago Regional Council. They got coverage in the paper (with support from the office). We also distributed information sheets (prepared by the office) on the public health role of Councillors and DHB members.

Richard Egan
Chair

Māori Caucus

Prior to the 2007 New Zealand Public Health Association Annual Conference, Māori Caucus met at Orakei Marae to discuss work priorities for the 2007/2008 year. This discussion was led by Māori analyst, Kay Berryman and Māori communications advisor, Anton Blank. From these discussions it was agreed that Māori Caucus assist to develop these and form a work plan that will clarify a pathway for the coming year. The four priority areas agreed upon by Māori Caucus Hui are:

- develop a definition of 'Māori Public Health' for PHA to position Māori public health development, advancement and advocacy and ensure a consistent Māori public health perspective for all to use, though this will not be the only Māori public health perspective
- encourage and support Māori workforce development
- increase policy development and submissions
- increase PHA Māori membership through communications and media to Māori.

During the last year Kay Berryman and the Māori Caucus have worked together on these priorities. A major highlight has been the re-branding of the NZPHA incorporating the use of te reo Māori and Māori graphics.

"Kāhui Hauora Tumatanui" is the translation from the Māori Language Commission – Te Taurawhiri i te reo Māori.

Lastly we would like to thank Anton Blank for his significant contribution to last year's PHA Conference and his work with Māori media communications.

Māori public health definition

A Māori public health position statement has been completed. The importance of this document is to provide the PHA with a definition of "Maori public health". Input was sought from a number of Māori public health leaders, Māori PHA members and Māori Caucus who have worked on this since July of last year. This position statement has a strong focus on Māori development and reducing inequalities. The document is in the final process of ratification from the PHA Policy Committee.

Māori workforce development

Māori Caucus and Māori PHA members have participated in a number of national Māori workforce development initiatives. One in particular was Te Uru Kahikatea –

which is the Ministry of Health Public Health Workforce Development Plan (PH WDP). This plan provides a 10-year national strategic approach to public health workforce development (2007–2016). It is a broad, intersectoral and co-ordinated approach to workforce development that encompasses an expansive view of public health action.

The vision is that inequalities will be reduced and the health of all peoples in New Zealand will be improved through public health and societal strategies that are:

- delivered by a properly configured, responsive, well-trained and competent workforce (including culturally competent)
- strengthened with core public health skills and knowledge
- supported by infrastructure and workplaces that actively encourage and develop the public health workforce (MoH, 2007).¹

The first hui was held in March of this year and was hosted by Te Hapai te Hauora, Tamaki Makaurau. The purpose of the hui was to discuss the implementation of the generic competencies for Public Health in Aotearoa-New Zealand. A further summit will be held on 26 and 27 June on Māori Workforce Development.

Policy development

During the past year there has been a continuation of policy work by Kay Berryman and Māori Caucus. Māori PHA members have increased participation in policy and submissions. A highlight has been the Public Health Bill: Māori Caucus representatives and Kay Berryman were able to attend at least one of the hui held across the motu which included Northland, Auckland and Hamilton. Māori participants were given the opportunity to have their say and contributed extensively to the PHA's final submission to the Public Health Bill select committee.

Māori Caucus and Kay Berryman met in October last year during the PHA Executive meeting and provided feedback to the PHA's Strategic Plan. There has been a continuation of Māori participation and advocacy on the PHA Policy Committee.

Increased Māori membership

There has been an increase of Māori membership in the past year which is the fantastic result of Māori members networking and encouraging other Māori to join.

At the October Hui, Māori Caucus and Kay Berryman met to discuss communication strategies and marketing ideas to attract Māori to join the PHA. Māori members have been encouraging their own networks to attend the PHA Conference to be held at Waitangi. Kay and PHA communications have worked to develop the PHA website and logo.

A Māori Public Health electronic panui called *Kawerongo* was initiated and sponsored by Māori Caucus. This has been disseminated to Māori PHA members and Māori organisations. This is available on the PHA website.

We look forward to the coming year!

Peter Thomas
Māori Caucus member

¹ Ministry of Health <http://www.moh.govt.nz>. Accessed 29 May 2008.

Pacific Caucus

During the 2007 PHA Conference a meeting of the Pacific Caucus decided that a formal submission would be made to Council to become a branch.

Subsequent email discussions among members confirmed there were less than 15 financial members and therefore the criteria to be a branch cannot be met, despite the effort of a few members to recruit more financial members.

Currently therefore, the Pacific group is still a caucus. However it will attempt to mobilise more financial members in order to become a branch by the next AGM.

The current Pacific representative, Professor Sitaleki Finau, is based in Niue for the next two years. One of the three alternate members – Anne Allan-Moetaua, Suaree Borell, or Mele Tahaafe Limuloa – will be the Pacific Caucus representative at the next AGM.

The Pacific Caucus will hold its annual meeting during the PHA Conference in Waitangi in July.

Sione Tuitahi
Pacific Caucus member

Asian Caucus

During the year, to encourage more collaborative research and projects, a list of priorities and strategies for the Asian Caucus was circulated to PHA members and non-members.

The priority areas were:

- a. to address health gaps identified by the Child Poverty Action Group in relation to Asian children living in poverty in New Zealand, specifically –
 - the absence of free primary health care for children to the age of 18
 - issues around parenting
 - under-nutrition/malnutrition in children from low decile schools
 - low immunisation coverage
 - the absence of full-service schools in low socioeconomic areas
 - the unavailability of low-interest loans to assist families to attend to basic health needs.
- b. child abuse
- c. care for the Asian elderly.

Strategies were:

- a. Norberto to prepare research/project proposals to be referred to interested parties. Suggestions will be sought from other health workers.
- b. To form research/project teams made up of Asian health researchers/enthusiasts who will carry out specific research/projects.
- c. The caucus to help source research/project funding.

An Asian Caucus meeting will be held during Conference in July. A number of health professionals have already indicated their willingness to join the research/project teams.

Norberto Ricacho
Asian Caucus Council Representative

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.

**Public Health Association of New Zealand
Statement of Financial Position
as at 31 March 2008**

2007		2008
\$		\$
	Current Assets	
200	Petty Cash	317
226,509	ANZ Banking Group	173,964
296,980	Short Term Deposits	298,968
66,361	PHA Branch Bank Accounts	65,349
-	Conference Account	18,069
40,738	Accounts Receivable	45,937
21,666	Prepayments	101,904
652,454	Total Current Assets	704,508
	Non Current Assets	
61,827	Long Term Deposits	66,938
4,767	Fixed Assets	2,906
719,048	Total Assets	774,352
	Less Current Liabilities	
19,209	GST Payable (incl Branches)	7,542
37,388	Accrued Expenses (incl Branches)	31,988
14,908	Accounts Payable (incl Branches)	12,574
24,992	Core Comp Project - Unspent Funds	(6,523)
12,000	MOH Specified Funds	10,920
12,629	McKenzie Funds Conference	11,818
1,500	McKenzie Funds Volunteer Sup.	1,500
-	Revenue in Advance (incl Branches)	17,042
-	Transition	-
16,992	Provision for Conference	16,992
139,618	Total Current Liabilities	103,853
579,430	Net Assets	670,499
579,430	Total Equity and Special Reserves	670,499

**Public Health Association of New Zealand
Statement of Financial Performance
as at 31 March 2008**

2007		2008
\$		\$
	Income	
146,140	MoH Advocacy Informed Debate	167,395
94,992	MoH Advocacy Healthy Public Policy	127,000
17,000	MoH Advocacy Conference Subsidy	57,000
79,038	MoH Core Competencies Project	31,515
-	MoH Specified Funds	1,080
6,104	McKenzie Grant - Conference	-
-	Special Project Income	812
23,579	Subscriptions	24,059
182,747	Conference Income	155,474
27,077	Interest Income	36,176
3,010	Newsletter Inserts/Advertising/Publications	4,079
1,556	Sundry Income	1,763
100	Māori Development Income	-
703	Pacific Caucus Income	-
12,548	Income Received by Branches	17,773
594,594	Total Income	624,126
	Less Expenses	
135,252	Conference Expenditure	212,644
6,104	McKenzie Grant	812
100	Māori Development Expenditure	-
703	Pacific Caucus	-
124,838	MoH Advocacy Contract Expenses	212,194
88,458	Public Health, Primary Care & Core Comp	31,514
153,244	Operational Expenses	64,279
9,775	Branch Expenditure	11,613
518,474	Total Expenditure	533,057
76,120	Surplus for the Year	91,069

This is an abridged version of our annual accounts. A full report is available on the PHA website: www.pha.org.nz, or by contacting the Office Manager: pha@pha.org.nz.