



Public Health Association of New Zealand Annual Report 2009

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



Good health for all – health equity in Aotearoa

Hauora mo te katoa – oranga mo te Ao

The Public Health Association of New Zealand (PHA) is a member-driven organisation working to achieve health equity through a public health approach, with Te Tiriti o Waitangi underpinning its work. Evidence is growing that this mission is critical for a healthy and fair society.

The PHA structure is both top down and bottom up. Our Wellington headquarters, led by Dr Gay Keating, works on behalf of members, highlighting on the national stage and to politicians the importance of illness prevention and health promotion. I would like to acknowledge and thank those who work for the PHA, for their mahi that goes beyond mere employment. I would also like to acknowledge the work by members from the PHA's eight branches and two caucuses, from organising conferences to responding to local issues.

Developments in 2008-2009 have included:

- our first policy analyst looking specifically at Māori issues, Kay Berryman, is moving on. Kia ora Kay for your establishment of this position and valuable contribution associated with it. We welcome Keriata Stuart who is taking over from Kay – mihi nui ki a koe
- celebrating one year as our new national office manager, Raeanna Thomas has taken the administrative bull by the horns and is doing an excellent job
- our communications team continues to provide up-to-date information to our members. Dissemination of information is critical to our ongoing work: thank you to Liz Price and her team
- Executive Council, made up of branch and caucus representatives, has been working hard on governance issues. These include the new 25 year Strategic Plan, together with financial and succession planning. Always renewing itself, the Council welcomes new members and farewells those who have contributed in recent years
- with regard to the Strategic Plan, the most important issues for the PHA are:
 - improvements, and reduction in unequal exposure, to the determinants of health
 - improvements in, and greater equity in the distribution of, risk and protective factors
 - increased equity of access to effective health services
 - increased understanding of, and support for, public health perspectives from communities
 - increased effectiveness of the public health workforce
 - reorientation of systems to improve health and increase health equity.

The caucuses have had an industrious year. The Māori and Asian Caucuses have been developing policy and capacity for the wider PHA and their constituents.

I would like to commend Te Tai Tokerau for an inspiring conference at Waitangi last year, with special mention of two people from the same remarkable family: Lisa McNab, who led the team preparing for the conference and her sister, Marty Rogers, who was the 2008 Public Health Champion.

The WHO Commission on the Social Determinants of Health has renewed global and New Zealand public health efforts to address inequality and poverty, both of which undermine health and wellbeing in and across countries.

The PHA has helped lead this in New Zealand, in conjunction with the Health Promotion Forum and Hauora.com, raising the profile and advocating for a

determinants analysis at all levels. More than ever we are recognising the need not just to reorient health services, but to reorient all services that affect health.

The H1N1 influenza pandemic has been an important public health event. It is a real threat and the PHA has highlighted the exemplary response of the Ministry of Health public health teams. Particular credit is due to our Public Health Units who worked tirelessly to minimise the spread of the virus.

We can leverage off such high profile events and make the work of preventing illness and promoting health and wellbeing more visible. This allows us to highlight the relevance of the public health workforce and the importance of public health endeavours.

Lastly, confronted with global, economic and political challenges, this is a critical time for all in health, especially public health. The narrowing of the health focus and funding often affects those most in need. We the PHA, in concert with our allies, need to fight to keep the vision of health equity for all, hauora mo te katoa – oranga mo te Ao.

All political decisions should have an equity lens and we need to remind those in power that the front line needs to be at the top of the cliff!

The PHA is a vehicle for members to help direct change positively: make the most of it, contribute where you can and encourage others to join us.

Tēnā koutou, mihi nui koutou.

Richard Egan
President

2008/09 Executive Council

President: *Richard Egan*

Vice President: *Vivien Daley*

National Executive Officer: *Gay Keating*

Treasurer: *Maurice LeFevre*

Te Tai Tokerau: *Callie Corrigan*

Auckland: *Kerry Price*

Waikato/BOP/Taranaki: *Debbie Petersen*

Central Districts: *John Waldon*

Wellington: *Sarah Helm*

Canterbury: *Vivien Daley*

Otago/Southland: *Charlotte Paul*

Pacific Branch: *Suaree Borell*

Māori Caucus: *Peter Thomas*

Māori Caucus: *Manaia Paki King*

Māori Caucus: *Carol Wrathall*

Asian Caucus: *Norberto Ricacho*

Report from the Treasurer

The financial reports for the year ended 31 March 2009 are presented in a different format to previous years. Our intention, with this change, is to provide a clearer picture of the financial activities of the Association identifying what is Ministry of Health funding and what is internal funding activities. This distinction is shown in the funding statement available at www.pha.org.nz.

The \$324,406 of Ministry funding was allocated over four activities:

- advocacy/health public policy
- informed debate/communications
- conference
- special projects.

The statement also shows how the \$339,853 PHA income was allocated to Association activity. The consolidated branch financials show the overall movement within the several branches of the Association.

I report a consolidated surplus of \$61,332 in a difficult financial year. This was achieved against a budgeted deficit of \$72,864. Overhead and staff costs total \$286,458 compared with \$267,925 the previous year. A very successful 2008 conference resulted in a sound financial return.

Of major concern is the reduced income received from investment interest. This reflects the overall drop in interest rates and presents a gap to be addressed if the meagre reserves of the Association are not to be depleted creating an even greater gap.

At 31 March 2009 PHA national office funds (cash, bank and investments) total \$655,830. Branch funds stand at \$85,771.

During the year the finance committee has addressed a number of policy issues and foremost in its mind is the development of both a reserve policy and an income generating activity to strengthen the Association's internal funding base.

I conclude by acknowledging the work of the staff who in the midst of their other duties maintain an up-to-date regular flow of information to the finance committee. I also wish to thank the members of the finance committee for their time and expertise this past year.

Maurice Le Fevre

Treasurer

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.

2008/09 Highlights from the branches and caucuses

Te Tai Tokerau

A highlight for Te Tai Tokerau has been hosting the 2008 PHA conference in Waitangi. The branch received a lot of positive feedback and the success provided a profit to the Public Health Association NZ of \$82,000. Our branch would like to acknowledge Rok Solutions led by Marty Rogers for all their superb work.

Following the conference we elected a new branch secretary, Heather Came, and a new branch representative to the Executive Council, Callie Corrigan. These members will work alongside the chairperson Lisa McNab and the treasurer Wendy Henwood. We wish to acknowledge Melanie Dalziel for her work in the role of representation on the Executive Council.

Throughout this period a successful membership drive has seen an increase in the number of people joining our branch.

The branch has met to discuss and formulate a plan to deliver workshops on public health topics to kaimahi in Tai Tokerau. This has led to a recent waananga korero on the process of Te Ao Turoa led by Malcolm Peri followed by a workshop on making council submissions. From this the branch has collectively put submissions forward to the Far North and Whangarei Councils as well as the Northland Regional Council.

We have three further training sessions planned and the branch is very excited to be able to provide these, mainly because of the successful outcome of the 2008 conference.

We would like to acknowledge all our committed branch members who support keeping the kaupapa of public health alive in our rohe.

Callie Corrigan

Executive Council Representative

Auckland

The Auckland Branch hosted Michael Moore, CEO PHA of Australia on 27 February 2009 with the generous assistance of Women's Health Action. The two hour discussion focused on "Public health issues & the recession - challenges ahead". Information on topics and times to meet for future discussions was provided to the Chair by the PHA members who attended. A further branch meeting is planned before the end of June 2009.

Cinnamon Whitlock

Chairperson

Waikato/Bay of Plenty/Taranaki

Waikato Branch is in the early stages of planning the 2010 PHA conference. The wider membership has provided feedback on conference themes, dates and venue options. The conference is looking at being held in September and the theme is focusing on "Public Health Sustainability and Best Practice".

Debbie Petersen

Executive Council Representative

Central Districts

The Central Districts Branch has had a solid year. There has been a growth in membership and there is a stable, though small, main committee. Meetings were held monthly and teleconferences were introduced to allow members who live outside the Palmerston North region to participate.

A large contingent from the region attended the national conference in Waitangi, including many Māori public health practitioners. Efforts have been made to include these practitioners in ongoing branch events. PHA information is distributed regularly.

Prior to the November general election the branch hosted a "Meet the Candidates" forum. This provided some stimulating discussion and allowed the local community to hear the parties' and candidates' positions on health-related issues.

Planning for the coming year has been completed and includes a programme of events, as well as one each in the Hawke's Bay and Wanganui regions. The continuing passion of a small, committed group of public health practitioners in the Central Districts has seen the maintenance of the PHA profile locally and this looks set to continue in 2009.

Our thanks and appreciation go to the national office for its continued support and we look forward to the coming year.

Bronwyn Ferry

Chairperson

Wellington

The Wellington Branch AGM was held in September 08 with the topic of "Alma Ata, health for all – 30 years on: Looking back, looking forward". There was a strong attendance by the wider Wellington public health community.

Highlights of 08/09 have been the representation on the Executive Council and a contribution to national planning and strategic direction. We have also provided sponsorship for the PHA annual conference and the public health summer school.

Review of current public health legislation and policy has included:

- the Public Health Bill
- the repeal of the s59 of the Crimes Act 1961
- liquor advertising and outlets policy

- transport policy with a Wellington Branch submission made on the Ngauranga to airport strategy.

Events included the annual post-budget breakfast which reviewed the 2009 Government budget in light of public health and equity perspectives.

Eileen Brown
Chairperson

Canterbury

Our year was launched at the 2008 Branch AGM with a presentation from Shannon Ussher, a planner with the Canterbury Regional Council. She spoke about urban transport planning and the welcome increase in public transport patronage.

Our main event for the year was an advocacy workshop: "Public Health – Getting Heard" for 60-65 people, undertaken jointly with Healthy Christchurch and with the support of Partnership Health PHO. Gay Keating and Mary Richardson (Christchurch) were our keynote speakers, with additional contributions from local speakers, including iwi representatives. Participants were drawn from a range of health and social agencies, mainly NGOs.

Current projects include an initiative to archive branch records, and support for the Dunedin conference. At the conference we will be sponsoring two registration scholarships for attendees from rural areas, a health promoters' breakfast and a session on the role of advocacy in linking research and practice.

During the year the branch has continued its local advocacy work and has contributed to national PHA activity in various ways. The committee has worked hard and on behalf of the branch, I thank them all. Particular appreciation is due to Lynne Haslett (treasurer), Gillian Abel (secretary), Vivien Daley (representative on the Executive Council) and Lynley Cook, who has been a tower of strength this year.

Pauline Barnett
Chairperson

Otago-Southland

The Otago-Southland Branch of the Public Health Association has a consistent, albeit small membership (22), running a regular seminar series, responding to some local public health issues, and this year hosting the PHA conference.

The membership is made up of academics, PHU members in Otago and Southland, and NGO members. We have irregular meetings which teleconference with Invercargill and Gore members. The chairperson is Richard Egan, secretary Karen Elliot, and treasurer Tim Barrett.

A significant current project is organising the 2009 PHA conference. Our dedicated committee has been working since 2008 on this work. The committee is co-convened by Charlotte Paul and Richard Egan and they are ably supported by Rose Richards, Jean Simpson, Dave Gibbs, Marion Poore, Francis Kewene and our conference organiser Pat Johnston.

In conjunction with the University of Otago's Preventive and Social Medicine

Department, the branch continues to support the "Public Health Seminar Series" during university term time. A wide range of speakers present fortnightly. Other activities include the branch offering financial support to students to attend the PHA conference, and continuing links with the local Public Health Unit.

Richard Egan

Executive Council Representative

Pacific Branch

Our focus over the last 12 months has been to recruit more financial members in order to form a branch. A small number of members met a couple of times to discuss other needs such as workforce development. The Pacific Branch was also represented at the July 2008 PHA conference in Waitangi.

We are in a process of confirming the direction and focus of improving Pacific public health outcomes. To date attention has been paid to developing a brochure for recruitment of Pacific members to the PHA. This is still in its formative stage but we are moving forward to seek the best opportunities to recruit and reinvest Pacific interests in the PHA.

Suaree Borell

Executive Council Representative

Māori Caucus

Māori Caucus hui and information are available to all Māori interested in public health, irrespective of membership of the PHA. The Māori Caucus has held two national and one regional hui. The caucus and individual members provide input to PHA position statements, local, regional and national submissions and other policy development. In addition *Kawerongo* has raised the profile of Māori public health.

During the Māori Caucus hui at the PHA conference in Waitangi, Manaia Paki King moved from Māori observer to Māori Caucus member on the PHA Executive Council. Manaia brings with him legal expertise and contract management experience. He also has an extensive knowledge of Māori public health. We now welcome our new Māori Caucus observer Stephen Te Moni of Te Arawa who joined us in October last year. The Māori Caucus is dedicated to succession planning, workforce development and providing opportunities to rangatahi in health, so this placement of Stephen, like Manaia, is a positive one. We also welcome Carol Wrathall, our fourth Māori Caucus member, who joined us in November last year. Carol works for the Injury Prevention Network Aotearoa/New Zealand.

There have been a number of developments that have highlighted the need for more dialogue around Māori Workforce Development (MWFD) in public health. These evolutions include:

- increasing numbers of Māori in the public health workforce
- greater visibility of Māori in key positions
- high Māori visibility at this year's PHA conference in Waitangi.

Against this backdrop the Māori Caucus planned and carried out a hui on MWFD at Rotorua in September. The objectives of the hui were to:

- develop a Māori workforce development plan
- contribute to PHA strategic directions.

A MWFD plan was developed which will be driven by the Māori Caucus and the PHA Māori Analyst. The plan will assist and position the PHA to support other like-minded organisations in national MWFD efforts in coming years.

Following the Māori Workforce Development hui in Rotorua, the Māori Caucus met in Auckland during October. There were two main reasons for convening this hui:

- to seek feedback from the Māori Caucus on the PHA Strategic Plan for 2009
- to review the report and recommendations from the workforce development hui.

The role of the Māori Caucus was discussed. Whether it should continue to sit within the PHA continues to be an issue for Māori in public health. Looking at the history of Māori development within PHA, this has always been a tension. Can an autonomous Māori perspective emerge out of a mainstream organisation? If the caucus continues, what models of partnership can be explored within PHA? What are the risks associated with creating an independent association?

The caucus wants to increase Māori membership but it believes the membership fee structure is problematic – especially for small Māori providers where many Māori public health practitioners are located. Options for organisational membership and other fee structures need to be explored.

In terms of feedback on the Strategic Plan Te Tiriti continues to provide the overarching framework for policy and strategy development. With high-needs new populations now resident in Aotearoa/New Zealand, we can no longer assume that Māori have the most significant health needs in all areas. What is clear however is that Te Tiriti affords Māori specific rights as indigenous people – and defines the relationship between all populations who reside here.

Feedback and suggested amendments to the Strategic Plan were provided in a report to the PHA. Other recommendations from the hui are:

- review membership and take recommendations to the Executive Council. This could include organisational membership, a flat rate for 3-5 members
- undertake feasibility study for autonomous Māori public health association
- proceed with recommendations from workforce development hui.

Over the past two years the PHA Māori Analyst, Kay Berryman, has worked closely with the Māori Caucus on a number of projects and initiatives driven by the caucus, which have sustained good relationships and communications with the Māori public health workforce. Kay's work has been extensive in policy, advice, strategy, communications and development of a Māori public health database. We would like to thank Kay for all her efforts. Ngā mihi nui ki a koe e te hoa.

Peter Thomas

Māori Caucus Member

Executive Council Representative

Asian Caucus

The Asian Caucus met at the PHA conference at Waitangi. An e-group, Asian Public Health Forum of NZ (APHFONZ) for people or groups interested in Asian health in NZ was created last November.

Activities

- APHFONZ is now actively and efficiently managed by Sandeep Reddy. This is an effective avenue through which various health information is shared and also provides a forum for discussion. More health data and statistics relevant to New Zealand will be posted this year.
- In an Asian Caucus meeting last year, it was decided to meet with the new Minister of Health and with the Ministry of Health Deputy Directors who have the role of promoting Asian health. A letter is being prepared by Dr Kawshi De Silva which will align our thinking with the present government's health policy.

Project proposals

- Arrangements were made to co-organise the health component of the Migrant Expo to be held in Auckland on 13-14 June 2009. Norberto Ricacho invited organisations working on migrant health to promote their activities and services and to distribute health information at the Health Expo. Several responses were received and were referred to the main organiser, the Migrant News group. Stalls were to be set up for them at the ASB Showgrounds for two days. The Migrant Expo usually attracts thousands of visitors and there was also planned a concomitant Fiesta Pilipinas celebrating the Philippine's Independence Day. This indicates that the Asian Caucus can align its activities with each country's national events being held in New Zealand (Chinese festivals, Diwali, etc) and use them as an opportunity to promote public health.
- Health promotion through Auckland ethnic community radio - funding will be sought to make arrangements with selected ethnic radio programmes, broadcasting in their Asian native languages, to air health information or bulletins, provided by the Asian Caucus. A nominal fee will be donated to the radio programme producers to air the bulletins. The success of this project may be assessed by doing a pre- and post-broadcast survey among listeners to find out if they have learned something new and/or relevant to them, or whether it has changed any of their previous health knowledge or practices. The proposal for this project is being drafted. Funding may be obtained from a commercial firm in addition to the available budget from the PHA.

Norberto Ricacho

Asian Caucus Member

Executive Council Representative

**Public Health Association of New Zealand
Statement of Financial Position
as at 31 March 2009**

2008		2009
\$	Current Assets	\$
220,072	Cash and bank	367,410
45,937	Accounts Receivable	36,318
101,904	Prepayments	42,577
367,913	Total Current Assets	446,305
403,533	Term Investments	374,190
2,906	Fixed Assets	3,715
774,352	Total Assets	824,210
	Less Current Liabilities	
12,574	Accounts Payable	9,378
31,988	Accrued Expenses	31,211
7,542	GST Payable	20,992
16,992	Provision for 2009/10 Conference Costs	16,992
17,042	Revenue in Advance 2009/10 Conference	71
17,715	Unspent specified funds	20,571
103,853	Total Current Liabilities	99,215
670,499	Net Assets	724,995
670,499	Total Equity and Special Reserves	724,995

**Public Health Association of New Zealand
Statement of Financial Performance
as at 31 March 2009**

2008		2009
\$	Income	\$
131,150	Advocacy/Healthy Public Policy	131,659
167,395	Informed Debate/Communications	102,551
31,265	Membership and Operations	31,940
219,770	Conference	351,184
33,407	Special Projects	16,070
38,859	Interest	29,091
646	Other Income	13
1,634	Grants and Donations	1,750
624,126	Total Income	662,258
	Less Expenses	
134,522	Advocacy/Healthy Public Policy	142,030
100,090	Informed Debate/Communications	99,452
52,232	Membership and Operations	47,809
212,806	Conference	294,228
33,407	Special Projects	19,407
533,057	Total Expenditure	602,926
91,069	Surplus for the Year	61,332

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.