



## Public Health Association of New Zealand Annual Report 2011

Mission: The PHA will lead the public health approach to achieve health equity.  
Te Tiriti o Waitangi underpins all our work.

National Office: Level 2, Mibar Building, 85 Victoria Street,  
PO Box 11-243, Wellington, New Zealand,  
Phone: +64 4 472 3060, Fax: +64 4 472 3059  
*Email: [pha@pha.org.nz](mailto:pha@pha.org.nz), Website: [www.pha.org.nz](http://www.pha.org.nz)*

## Report from the President



Tēnā koutou, tēnā koutou, tēnā koutou katoa

The Public Health Association of New Zealand Kāhui Hauora Tūmatanui (PHA) continues to work towards its vision: “Good health for all – health equity in Aotearoa”. Set in uncertain circumstances, the last 12 months have been challenging and rewarding.

The PHA, made up of branches across the country, a National Council, and Māori and Asian Caucuses, has an infrastructure built on membership input, supported by a small but committed staff who ‘punch well above their weight’.

A range of work happens in the branches and caucuses, including local meetings, advocacy and network development – but it is the Wellington staff who are the fuel keeping the PHA vehicle going. On behalf of all members, I would like to thank Gay Keating, Keriata Stuart, Raeanna Thomas, Anna Harcourt and Rob Zorn, Penny Cooper and the rest of the Stonefish team.

PHA Council members represent the branches and caucuses. I would like to thank them for their work, especially those finishing their maximum tenure: Norberto Ricacho and Peter Thomas. Norberto has been the inaugural Asian Caucus representative; thank you for this fine work. Peter has helped lead the Māori Caucus, was central in instigating the new Māori tohu and, this year, brought together Māori public health practitioners for a special hui in Auckland. Tēnā koe, Peter, mō tau mahi.

Particular achievements this year have included the Conference, a new award for Māori hauora development, a new multi-disciplinary public health initiative and a range of advocacy initiatives.

Council is concerned that this year our auditor has issued a qualified audit report. We regret this has been necessary. It is not a reflection on our contracted services. It is, however, a timely reminder to all branches and their officer bearers that proper accounting processes must be followed.

The 2010 PHA conference was at the Tūrangawaewae Marae in Ngāruwahia. This mana-infused venue lent a spirit that was most memorable, and we congratulate Debbie Petersen and the Waikato Branch for their excellent work bringing together 344 delegates.

The awards presented at the Conference were of particular significance: the PHA has given out an annual Public Health Champion Award to a leading figure in New Zealand Public Health since 1999. In 2010 it was given jointly to partners Ruth Bonita and Robert Beaglehole.

Māori who have received this award in the past include Dr Paratene Ngata, Professor Sir Mason Durie, Dr Papaarangi Reid and Marty Rogers. A new tohu (award) was instigated in 2010, with Māori Party co-leader Tariana Turia its first recipient. This tohu will be given each year to recognise leadership in hauora development. The new *Tū Rangatira mō te Ora* tohu has the same status as the Public Health Champion Award but will be reserved specifically for Māori, a demonstration of the PHA’s commitment to Māori and Māori health development.

Of the wide range of activities coming out of our PHA office, a new and exciting development is the leadership and convening of a multi-disciplinary public health project that will enable the public health sector to function as a collective entity, with a coherent voice rather than as discrete groups. In a time of uncertainty, this sector strategic approach will bring together all those who work under the eclectic umbrella we call the public health workforce. In a similar vein, the PHA continues to work closely with a range of partners including the Health Promotion Forum, public health medical specialists and leadership groups.

We take special care in our work to clarify funding sources. We gratefully accept a Ministry of Health contract for a range of public health activities including facilitating communications about relevant issues, informed debate, Māori public health perspectives and building on international initiatives such as the WHO Commission on Social Determinants of Health. The PHA also does a range of activities – funded by other sources such as membership fees – fostering an independent public health voice in submissions to Select Committees, media releases and commentary in the media. This independence allows the PHA to be a strong and informed advocate for public health.

We in public health are constantly faced with structures that create ill-health. Our challenge is to raise our gaze and question those structures; to ask, 'How can we collectively create an environment that promotes wellbeing from Government policy to primary healthcare and prevention?'

The public health approach, as promoted by the PHA, is becoming more relevant than ever before. Prevention of illness and promotion of wellbeing save lives, improve quality of life, reduce inequalities and save money.

Finally, this is my last year as PHA President and it has been a pleasure and honour to work with so many inspiring, committed people who remain optimistic in face of the dystopia.

Mauri ora ki a tātou,

Richard Egan

## 2010/11 Executive Council

**President:** Richard Egan

**National Executive Officer:** Gay Keating

**Treasurer:** Maurice LeFevre

**Te Tai Tokerau:** Layla Lyndon-Tonga

**Auckland:** Kodi Hapi

**Waikato/BOP/Taranaki:** Kiri Leach

**Central Districts:** Ann Shaw

**Wellington:** Eileen Brown

**Canterbury:** Martin Witt

**Otago/Southland:** Jean Simpson

**Pacific Branch:** Ramona Tiatia

**Māori Caucus:** Peter Thomas

**Māori Caucus:** Stephen Te Moni

**Māori Caucus:** Carol Wrathall

**Asian Caucus:** Norberto Ricacho

## Report from the Treasurer

It is pleasing to record that the Financial Reports for the year ended 31 March 2011 show a break-even situation against a budgeted deficit of \$65,000. This is largely due to the financial success of the 2010 Annual Conference organised by the Waikato Branch. It resulted in an excess of income over expenditure of \$81,458 exceeding the anticipated surplus of \$30,000 by \$50,000. The Council warmly congratulates the Waikato team led by Debbie Petersen. The result also emphasises the growing importance of Conference, not only as a workforce development programme, but also in ensuring the PHA has a stable and strong income base from which it can undertake its non-government contractual work.

The Statement of Financial Position at 31 March 2011 shows total assets of close to \$800,000. Current liabilities of \$92,841 are \$14,000 less than in 2010. However it should be noted that underspent Ministry of Health funds received for contract work total \$21,147, these funds will be used for work to be completed in the coming year.

I note a substantial increase in the cash deposits held by branches from \$29,328 in 2010 to \$44,641 this year. This sum, together with branch investments, means branches are holding in excess of \$74,000. Some decisions need to be made as to the best use of these funds within the whole PHA organisation.

In a climate of ever increasing costs it is pleasing to record that overheads increased by less than \$1000 and that staff costs show a modest increase of \$7085.

Again I thank the staff and accountants for the meticulous care in maintaining accurate accounting records and for the support and assistance they have given me throughout the 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.

# 2010/11 Highlights from the Branches and Caucuses

## Te Tai Tokerau

The last year has seen the development and building of a vast range of strengths, enhancing the skills and expertise of Te Tai Tokerau public health workforce. From public health activism to developing innovative ways to engage community, the champions of the sector have used opportunities to display their abilities with support from the branch and its members.

Recently, sponsorship was given to one of our members, who had made a personal commitment to alcohol reform and the improvement of health outcomes locally, and needed additional support to continue doing so nationally. This has highlighted an issue facing many skilled public health practitioners entrusted by their communities to encourage behaviour change at a social level. An element of flexibility and support is required of employers in order to achieve expected outcomes. Sadly, for many, this is not always the case. This individual commitment being challenged by lack of support from an employer, however, has sustained the resilience of Te Tai Tokerau public health leaders.

A considerable amount of input from Te Tai Tokerau Branch, and indeed the sector, has enabled the creation of numerous workforce development tools that have enhanced the public health workforce immensely. However, the recent restructuring within various government departments poses a risk of potential negative effects on the ability of competent Māori public health practitioners to address increasing chronic health challenges facing Northland Māori communities.

This is a serious matter worthy of consideration. Consequently, communication between ministerial parties and Te Tai Tokerau branch has prompted an opportunity to reaffirm commitment to Māori public health. While this has been a refreshing and innovative way to provoke discussion, there remains a level of ambivalence with regard to the importance of Māori public health and its place within New Zealand society.

Ongoing concerns continue to occupy much of our energy and have included:

- Alcohol action
- Public health activism and social change
- Workforce development of the public health sector
- Rheumatic fever
- Child health
- Development of regional position statements.

A Te Tai Tokerau public health symposium has been discussed as a means to offset any potential deficiencies resulting from the reallocation of workforce development funding. We have seen a proactive move toward engaging young people in the workforce and encouraging succession and future leadership of new and existing public health leaders.

We have also seen the arrival and departure of a few of our public health colleagues and encourage individuals to make preparations as we brace ourselves for challenging times ahead. We wish to acknowledge our members and the wealth of knowledge they hold as they maintain the mana of our Te Tai Tokerau Branch.

Layla Lyndon-Tonga  
Executive Council Representative

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## Auckland

He mihi nui tēnei ki ngā whanaunga maha o te motu, e tuku mihi ana mātou o Tamaki Makau Rau ki a koutou katoa o te motu whānui. Paimārie.

As stated during last year's AGM, the Auckland Branch of the PHA has not been as active as in previous years. Unfortunately this has again been the case for 2010/2011. In an attempt to increase activity within our branch a small group of branch members met late last year to decide the best way forward. During this meeting the executive committee of that time stepped down and a new committee was appointed. Those appointed were:

Kodi Hapi – Chair

Peter Thomas – Treasurer

Kristel Modderman – Assistant Chair

During the establishment of our new executive committee, Peter Thomas was appointed to chair the Auckland Whānau Ora Regional Leadership Group. With this added responsibility Peter has resigned from the role of Treasurer. Therefore we take this opportunity to formally congratulate Peter and acknowledge that his leadership skills have once again been recognised. Well done Peter.

Priorities for the Auckland Branch moving into 2012 include:

- Connecting PHA Auckland Branch members in ways that meet their needs
- Re-engaging branch members
- Convening a branch meeting in South Auckland to gain feedback from members on their aspirations for the branch
- Maintaining communications with branch members throughout the year.

We hope to provide a more exciting report for the 2012 AGM. Nō reira i runga i ngā tini āhuetanga o te wā, tēnā rā koutou katoa.

Kodi Hapi

Executive Council Representative

## Waikato/Bay of Plenty/Taranaki

The Waikato/Midland Branch of the PHA had the pleasure of hosting the 2010 Annual Conference at Tūrangawaewae Marae in September 2010. Over the three days 344 delegates attended 84 presentations in 17 different streams. Despite exceptionally harsh weather, two tangi, and some minor last minute programme changes, a successful Conference was held with excellent feedback from participants.

Since the Conference the branch has begun to regroup and plans to begin meeting more regularly from July 2011 onwards.

The branch this year offered PHA members working in NGOs two registrations to attend the Health Promotion Forum's Social Determinants workshop held in Hamilton.

Deborah Petersen

Chairperson

## Central Districts

The Central Districts Branch has been unable to meet regularly in 2011. This year saw a valued member in the form of Jan Lockett-Kay move away from Palmerston North and resign as Treasurer. Jan accepted a new position at Western Institute of Technology at Taranaki as Head of Faculty, Humanities. Bronwyn (Bronny) Ferry, our very capable Secretary, has taken a short leave from the Manawatu to travel. We thank Bronny for her support and work as Secretary and wish her safe travels.

The branch warmly acknowledges Jan's hard work and support as Treasurer and wishes her well in her new senior academic role. We also acknowledge the contribution Maurice Le Fevre makes to our branch and the PHA nationally as Treasurer. Maurice continues to offer timely and strategic advice as well as a safe pair of hands on the 'purse strings'.

The branch continues to be well-represented on the Executive Council by Ann Shaw, Public Health Champion for 2005. We have had the continued benefit of Prof Nan Kinross and Lesley Batten, who form the core of our Branch Committee. This year we held a public forum on "Whānau Ora, a strategy for national wellbeing" with two invited speakers: Sir Mason Durie and Dr Fran McGrath. Mr Mike Grant (MidCentral District Health Board) chaired the presentation with more than 100 people attending.

Best wishes to all the members of the PHA, and to those who were able to attend Conference. We hope to see the rest of you next year.

John Waldon  
Chairperson

## Wellington

The Wellington PHA Branch strategy meeting earlier in the year agreed that children-centred policy should be our focus in 2011. This was reflected in our traditional post-Budget breakfast that we co-hosted with the Child Poverty Action Group, with the theme: "Budget 2011: Children, Collateral Damage?" More than 80 people attended the breakfast with three speakers who debated the fairness of Budget 2011 and especially its impact on our children.

A good-sized Wellington delegation attended the 2010 PHA Conference and brought home some challenges as we prepare to host Conference 2012. The Conference Organising Committee has been formed and tasks allocated. The theme continues with children, our most vulnerable citizens.

Membership continues to be a concern and a special meeting was held to discuss creative ways to attract new members. While there were some excellent ideas, we are finding it challenging to resource the activity this requires. It is not lack of interest, but there seems to be increasing work and life pressures on all our committee members.

My thanks to the very committed team that makes up the committee and to Eileen Brown for her supportive role as our regional representative on the Executive Council.

Noeline Holt  
Chairperson

## Canterbury

Our year commenced with the AGM in May 2010. A presentation was made by staff from Metro on the growth of urban bus services in Christchurch, which highlighted the importance of public transport in our communities.

Mindful of the branch commitment to hosting Conference in 2011, no seminar or special event was scheduled. The branch, however, did play its part in tobacco control with letters to MPs supporting the call for a ban on retail displays.

As will be appreciated, the earthquakes in September 2010 and February 2011 have completely overshadowed all public health issues and will shape the future role for our branch. In the first instance it has meant the relocation of the PHA Annual Conference from the University of Canterbury to Lincoln University. Despite this, planning is now well underway and, for the first time, the Conference will be carbonZero™ registered – the aim being to demonstrate sustainable ways in which events can be managed.

This year our Chair, Pauline Barnett, stood down, and was replaced by Lynley Cook. On behalf of the Canterbury Branch I extend a big thanks to Pauline for her sterling efforts. Thanks also for our secretarial support from Gillian Abel and Lynne Haslett, who continues as our Treasurer. A special mention also goes to Vivien Daley who stood down this year as our representative on the National Executive Council.

Martin Witt  
Executive Council Representative

## Otago-Southland

### Public policy support

The Otago/Southland Branch of the PHA undertook, in collaboration with the Dunedin Council of Social Services, to have candidates for the District Health Board (DHB) elections present their ideas on public health – what they saw as needed by the population with respect to health, and the role of the DHB. This comprised a set of questions for each candidate to present to a public meeting. A further aspect was videoing candidates' responses, which then became available on YouTube, providing relevant information to both PHA members and the public, when making voting decisions.

The Otago/Southland Branch also wrote a submission on the Alcohol Law Reform Bill, and one to the Southern Primary Healthcare Organisation regarding the public health content of its Annual Plan.

### Workforce and sector development

The branch provided scholarships for public health students to attend the PHA Annual Conference. The branch is supporting the 125<sup>th</sup> celebration of the University of Otago's Department of Preventive and Social Medicine by offering prize money for the winners of the "Three Minute PhD Thesis" presentation. We are also providing scholarships for attendance at the one-day symposium Prof Charlotte Paul is organising for Prof David Skegg, (the previous Professor and Head of the Preventive and Social Medicine, Department and Chair of the Public Health Commission) and colleagues, which is a central part of the departmental celebration of public health.

A breakfast meeting was organised by the Membership Committee of the Otago/Southland branch to which potential PHA members were invited. The discussion was around what the local PHA could offer to support people in their public health-related work. The group was diverse, with many not knowing that

there were others in the area with similar concerns. It is planned that a) an email list will be established to ensure people know there are events such as the seminar series; and b) such events will occur on a regular basis, such as annually or possibly six-monthly.

Arising from the breakfast a collaborative project, using Open Space, was undertaken with the Dunedin Salvation Army Centre, National Centre for Peace and Conflict Studies, University of Otago, Centre for Theology and Public Issues at the University of Otago. Titled “What makes a good city?”, the emphasis was on providing a space where voices less commonly heard were able to raise and discuss common questions regarding the wellbeing of the city and its citizens. The intention was to facilitate people discussing issues of importance, but also to have the concerns that emerged generate questions for discussion with local candidates for the national elections around public health.

### **Maintain and develop the PHA organisation and infrastructure**

The Otago/Southland Branch continues with a consistent, albeit small membership and a regular seminar series that responds to local public health issues. In the latter part of the year, the branch began developing strategies to increase its membership.

Membership is made up of academics, Public Health Unit members in Otago and Southland, and a few members who work in local government or non-governmental organisations. Meetings have been held quarterly with a teleconference connection with Invercargill and Gore members.

Initially, Michael Bradfield was elected Executive Council Representative for our branch, but he was unable to continue in the position. It was subsequently held by Richard Egan and Jean Simpson was elected late in the year. The Secretary is Leanne Liggett and the Treasurer Tim Barrett.

The Otago/Southland branch has continued to hold the Public Health Seminar series in conjunction with the University of Otago’s Department of Preventive and Social Medicine. This series is held regularly each fortnight during the academic year.

Jean Simpson  
Executive Council Representative

## **Pacific Caucus**

Manuia Lava!

The last six months have been an interesting learning curve for me as I have found my feet in this new role. It has been an honour to continue the groundwork of Suaree Borrell, Sitaleki Finau and Sione Tuitahi in furthering Pacific issues within the PHA.

As part of my role I have attended three national forums.

The first forum was “Leadership for Improving Health and Wellbeing in New Zealand” hosted by the Ian and Elespie Prior Policy Centre (Nov 2010). The theme was “Visions, values and principles for improving public health leadership”, which drew together veterans and new recruits from the health sector.

The second forum was the PHA Māori Caucus and Key Stakeholder Hui at Te Manukanuka o Te Hoturoa Marae, Auckland (March 2011), which I attended as an observer. I found it inspiring to hear the collective voice of the Māori Caucus, giving shape and direction to the future of the public health sector in Aotearoa/New Zealand. Thanks to Peter Thomas, the National Executive Māori Caucus Representative, for allowing me to observe.

The third forum I attended was the National Consultation Workshop on Leadership, run by the New Zealand Medical Students Association held at the University of Otago, Wellington School of Medicine (April 2011). This was a fantastic opportunity to meet national Pacific representatives for the Pacific Medical Association, the Pacific Island Health Professional Students Association and the Māori and Pacific Admission Scheme of the University of Auckland. The emerging generation of Māori and Pacific doctors and health professionals is young and vibrant. It was a pleasure to meet them and refreshing to get a sense of the potential for collective action between all the respective memberships.

As well as attending these forums I have carried out my duties as a new member of the Policy and Membership Committees; I have learned a lot just from being involved. Thanks to Eileen Brown for showing me the ropes.

I am feeling very positive about the role the PHA can have in advocating for the reduction of the inequalities that impact the lives of Pacific families. The PHA has the vision and capacity to support the growing Pacific health workforce. My next goal is to meet, in the near future, with Pacific members throughout the motu of Aotearoa to identify and prioritise key issues for advocacy and to build the infrastructure of the Pacific Branch. I also want to remind all members that this is an election year – an ideal opportunity to bring public health issues to the attention of politicians, the public and the media.

The 2012 Annual PHA Conference is in Wellington and the key theme is child advocacy. The Conference has a Pacific component and our team is looking forward to being involved.

Thanks to Gay Keating and the staff at National Office who do a huge amount of work on behalf of the membership and keep us on task! Finally, I would like to bid farewell to Richard Egan, our exiting President, who has done an excellent job of bringing together diverse perspectives; reminding us of the importance of spirituality, how it can contribute to the understanding and enhancement of public health. Farewell also to other members of the board who are leaving us. La Soifuaina.

Ramona Tiatia  
Executive Council Representative

## Māori Caucus

Mihi Whakapuaki

Tēnā koutou.

The Māori Caucus continues to focus on the continual changes within the health sector and the development of Whānau Ora. We remain optimistic and see these changes as the opportunities they present for Māori public health and for the role of the Māori Caucus in the broader health sector.

Māori Caucus members have contributed to PHA action, including submissions on alcohol law reform and tobacco control, and the development of public health workforce qualifications. Through the Annual PHA Conference, hui and the PHA's Māori e-bulletin, *Kawerongo Hiko*, there is increasing information sharing and networking.

Continuing on from the previous year, there have been discussions and hui with the Māori public health workforce and Māori members about the role the PHA plays and the evolution of the Māori Caucus. These are not new discussions, but realigning the original intent and purpose of the Māori Caucus has been challenging. From the March hui we will continue to support these aspirations and evolution in the coming year.

We would like to thank Keriata Stuart for her work. Without her, the Māori Caucus would not be able to get traction on many of the plans, strategies and projects we have in place. Keriata continues to play an important role supporting the Māori Caucus, Māori members, the Māori health workforce and the PHA Council in advancing Māori public health and profiling Māori health issues significant to reducing inequalities and disparities. We would also like to thank Pita Pou, of Ngāpuhi descent, for his continued support to PHA Council, the Māori Caucus and kaimahi at the PHA. We will continue to support the role of Kaumātua.

#### **Public Health Association Māori Caucus Council Representation**

- Peter Thomas (Te Rarawa and Ngāpuhi) currently working at Hāpai Te Hauora Tapui – Māori Public Health
- Carol Wrathall (Taranaki) – currently working at the Injury Prevention Network Aotearoa/New Zealand
- Stephen Te Moni (Te Arawa) – Te Papa Takaro o Te Arawa.

#### **Māori Caucus observer**

The Māori Caucus funds one observer position on the PHA Council. This role ensures succession support to the Māori Caucus, and provides an opportunity for the observer to develop their governance knowledge and skills. During Māori Caucus hui in the last year members or people were nominated to take on the role of Māori Caucus observer. Unfortunately, we have not been able to fill the role due to people's work commitments. We are planning to fill this role in the coming year.

#### **Māori Caucus Hui – Ngāruawahia, Tūrangaewae Marae, September 2010**

During the PHA conference, the Māori Caucus hosted its annual hui and reported on activities in 2009/10. Māori Caucus members expressed support for a national hui to give members more time to discuss some key issues around:

- The status of Māori Caucus within the PHA
- Discussions on establishing a national Māori Public Health body.

#### **Māori Caucus and Māori Stakeholders – Te Manukanuka o Hoturoa Marae, Auckland, March 2011**

This national hui was hosted by the Māori Caucus and was facilitated by Dr Manuka Henare. It provided an open forum for Māori public health stakeholders to wānanga on the future development of Māori Caucus.

##### *Hui objective and outcome:*

- Recommend options and a pathway forward for Māori public health

##### *Hui questions and discussions:*

- Does a Treaty-based biculturalism partnership exist for Māori in the PHA?
- Is a Treaty-based biculturalism partnership where Māori want to be in health?
- Is it the right time for Māori to assert tino rangatiratanga and create a separate Māori Public Health Association?

##### *Where to from here?*

- Revisit and redefine the purpose of the Māori Caucus
- Investigate bicultural partnerships and models and recommend the best model to PHA Council
- Consider continued hui with Māori members to navigate a way forward.

### ***Tū Rangatira Mō te Ora Award***

During the PHA's Annual Conference in September 2010, the Māori Caucus presented a new award (tohu) to a key figure in Māori public health on behalf of the PHA. The tohu was developed to acknowledge success and achievement in Māori public health and has been named *Tū Rangatira mō te Ora*, to recognise people who have shown leadership in hauora development. In 2010 it was awarded to Māori Party co-leader Tariana Turia. We will continue to recognise people through this tohu in future.

Peter Thomas (Te Rarawa)  
Māori Caucus Representative

### **Asian Caucus**

The Asian Caucus representative, Norberto Ricacho, attended the Annual Planning Workshop of the Waitemata District Health Board (WDHB) and gained a good understanding of its priority areas, particularly in the primary health care sector. This was followed by a meeting with the newly-appointed Director of the Health Campus Project, Dr Janice Chesters, and WDHB Epidemiologist Lifeng Zhou – and an agreement was made to jointly organise a workshop on Asian Health at the forthcoming PHA Annual Conference in Canterbury.

A series of monthly meetings organised by the WDHB and attended by several representatives of Asian groups was conducted to plan for the Asian PHO Enrolment Project in the district. The first four meetings addressed the barriers which prevent Asians from enrolling into PHOs and primary health care services. The following have been identified: lack of awareness, lack of understanding of the New Zealand health system, language barriers, lack of support networks and structural barriers. A pilot project on PHO enrolment is currently being undertaken by Norberto prior to the main activity by the WDHB.

Meanwhile, the Wellington Regional Asian Health Alliance [WRAHA], the one and only Asian health body in the greater Wellington region, was established to raise awareness of health issues faced by Asians residing in the Wellington region, which is home to nearly 36,000 Asians as at the 2006 census – and this number is growing.

The WRAHA is made up of 10 trustees representing Indian, Chinese, Fijian Indian and Filipino communities. There is also support from the Compass Primary Health Care Network and the Office of Ethnic Affairs.

Some achievements for the group from the past year include:

- On 16 October 2010, the WRAHA undertook an Indian health and wellbeing project to inform the community about the existence of the WRAHA, raise awareness about health issues, and conduct a community health needs survey
- In January 2011 the WRAHA registered as a charitable trust and is in the process of registering with the Charities Commission.

Both the Auckland and Wellington groups have plans to run more projects this coming year and continue to grow and build on last year's successes. The Christchurch group will be encouraged to attend the Asian Health Workshop during the PHA Conference and hopefully to mobilise the Asian community for health action.

Norberto Ricacho  
Executive Council Representative

**Public Health Association of New Zealand**  
**Statement of Financial Position**  
**as at 31 March 2011**

2010		2011
<b>\$</b>	<b>Current Assets</b>	<b>\$</b>
197,356	Cash and bank	301,575
170,269	Accounts Receivable	51,352
39,698	Prepayments	29,807
<b>407,323</b>	<b>Total Current Assets</b>	<b>382,734</b>
<b>403,204</b>	<b>Term Investments</b>	<b>399,471</b>
<b>3,728</b>	<b>Fixed Assets</b>	<b>17,009</b>
<b>814,255</b>	<b>Total Assets</b>	<b>799,214</b>
	<b>Less Current Liabilities</b>	
19,169	Accounts Payable	14,724
32,953	Accrued Expenses	14,724
4,473	GST Payable	7,902
16,992	Provision for 2009/10 Conference Costs	
71	Revenue in Advance 2009/10 Conference	71
20,571	Unspent specified funds	12,535
12,161	MOH Previous Year Unspent	21,147
<b>106,390</b>	<b>Total Current Liabilities</b>	<b>92,841</b>
<b>707,865</b>	<b>Net Assets</b>	<b>706,373</b>
<b>707,865</b>	<b>Total Equity and Special Reserves</b>	<b>706,373</b>

**Public Health Association of New Zealand**  
**Statement of Financial Performance**  
**as at 31 March 2011**

2010		2011
<b>\$</b>	<b>Income</b>	<b>\$</b>
126,341	Advocacy/Healthy Public Policy	115,388
91,502	Informed Debate/Communications	88,087
28,310	Membership and Operations	31,421
208,747	Conference	335,211
–	Special Projects	11,099
26,360	Interest	26,958
4,765	Grants and Donations	3,255
	MOH Previous Year Unspent Income	12,161
<b>486,025</b>	<b>Total Income</b>	<b>623,580</b>
	<b>Less Expenses</b>	
215,946	Advocacy/Healthy Public Policy	232,738
58,438	Informed Debate/Communications	68,024
50,474	Membership and Operations	44,235
178,297	Conference	253,753
–	Special Projects	11,099
–	MOH Previous Year Unspent Expenses	12,161
<b>503,155</b>	<b>Total Expenditure</b>	<b>622,010</b>
<b>(17,130)</b>	<b>Surplus/(Deficit) for the Year</b>	<b>1,570</b>

This is an abridged version of our annual accounts. A full 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).