

20 October 2002

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Tena koe Candace

**HFA Public Health Contract – 420642 Service No RMOO1003
Six Monthly Report to 30 September 2002**

Enclosed is the next six-monthly report from the Public Health Association. We report here on both the PHA Communications Plan and also on the schedule of our contract.

We appreciate and thank you for your ongoing encouragement and support.

Yours sincerely

G. M. Keating
Director

Report of the Public Health Association for the six months April – September 2002

Service Objectives

1. To inform the population of New Zealand on public health issues.
2. To encourage public interest, debate and action on public health matters.
3. To enhance co-operation between local government, Crown agencies, and groups and organisations with public health responsibilities.

1.1 Co-ordinate Public Health Expertise

Issues worked on, spokespeople worked with and relevant outcomes

1.3 Public Health Communication

Issues and responses, events attended and opportunities utilised, requests for research based information. Copies attached

The report for 1.1 and 1.3 are provided together, as often the Co-ordination of Public Health expertise results in Public Health Communication.

The Public Health Association (PHA) sees itself as a lead agency for a small number of public health issues areas. In many areas the PHA participates where there is already strong co-ordination (eg the smokefree arena).

In the report period, the PHA has focussed on five particular areas, summarised below. More detailed information on these and other PHA activities are subsequently presented in table form.

Using the election as an opportunity to raise public health issues and perspectives

The PHA revised and re-issued *The Population Health Manifesto* prior to the general election.

The Population Health Manifesto covers the public health issues of Health, fairness and opportunity; Healthy public policies; Maori health; Health services; and Effective District Health Boards

This document became the basis for meetings involving politicians at the PHA conference, at a meeting arranged by the PHA Manawatu branch, a health focused election meeting in Wellington attended by PHA branch members, and a social services focused meeting attended by the Director.

The pre-election call by the NZ Council of Christian Social Services to hold a Summit on the elimination of Poverty gave an opportunity for the Director to make public statements about the impact of poverty on health, particularly for children.

After the election, the President wrote to successful candidates with an interest in health, reminding them of relevant PHA policies. Meetings are being arranged with those with health related responsibilities.

These activities raised the awareness of public health issues with politicians, other voters who attended these meetings and with the general public.

The health impact of inequalities especially poverty

Public health expertise on inequalities was brought together in the development of a PHA policy on inequalities in health. The standard PHA process for policy development was followed which resulted in wide peer review and consultation with PHA members and other experts.

The final policy provides an up-to-date resource on this issue for public health workers and others, and the PHA has used it for advocacy.

The PHA has participated in public statements and other advocacy for policies to eliminate child poverty, led by other agencies. This has included pre-election and subsequent lobbying of politicians, sharing information, writing viewpoints for papers and journals, public statements, participation in seminars, initiating and participating in meetings, and contributing to publications.

Increasing collaboration within the public health sector

The PHA has conducted seminars in Rotorua and Hamilton to bring together workers in the public health sector. The participants welcomed these meetings. The key issues discussed were shared decision making between DHBs and the Ministry of Health, closer collaboration between public health and primary care and ways to enhance public health sector cohesion in the area. The PHA provided an opportunity for members of the public health sector to meet and to discuss critical issues facing public health.

Increasing collaboration between public health and primary care

The PHA has taken a lead in working with national professional groups in primary care. We now have formal support from the Royal NZ College of General Practitioners, the College of Practice Nurses and the Practice Managers Association of NZ, to work with PHA to support closer collaboration between public health and primary care.

Our offer is to support local groups of health professionals to meet locally, to discuss their common interests and how they can work to address specific local health concerns.

The four groups, plus the Practice Nurse section of the NZ Nurses Organisation have approached the Ministry of Health and DHBNZ Funding and Planning Managers relating to primary care, and received interest and support.

Re-orienting the public health communications work

During the last period, the PHA had indicated that we were intending to alter the focus of the PHA communications work at the end of the existing communications contract. This was in part to respond to Ministry concerns that the work of the Communications Advisor was not sufficiently closely linked with PHA priorities. The Communications Advisor was dissatisfied with the number of stories that were being brought to her by PHA members. The PHA Council wanted to see:

- Greater Maori emphasis
- More involvement of PHA members, particularly Policy Champions and PHA Executive Council members
- The Communications Advisor proactively seeking out stories
- A wider spread of activity outside Auckland
- Increased coverage of a wider range of public health issues
- Opportunity for the Conference Committee to choose their own communications advisor, in their own town, if they wish.

The PHA had intended to make a new contract and make this contestable from the end of the previous contract on 30 March 2002. The Ministry recommended that the PHA roll over the existing contract to allow time for consultation with other organisations that accessed the communications contract, and to allow media planning that was underway to be completed.

The consultation revealed general support for the intention to increase Maori content and spread media activity beyond Auckland. Opposition to the proposal came from a small number of Auckland members and one provider who was concerned that their access to the contract would be restricted.

The PHA's view was that the consultation supported the intention of the Council to re-orient the contract. Four out of 20 applicants were interviewed. The PHA Council:

- appointed Penny St John
- PHA will contract additional Maori media expertise
- PHA will fund a separate conference communications specialist as required

2.1 Co-ordination of input to healthy public policy

2.2 Support the development of healthy public policy

In the reporting period the PHA has made eight written submissions, in addition to letters and oral submissions.

All these submissions have been developed from existing PHA policies, or as a result of collaboration with PHA members or other public health . PHA policy involves a process of draft policy development, peer review and consultation with PHA members. Therefore all PHA policies reflect the co-ordinated input from a wide range of expertise in the public health sector.

Submissions were made on:
Responsible Gambling Bill
NZ interpretation of the WHO Breastfeeding Code

HRC draft communicable disease portfolio and population health research portfolio
Four DHB draft strategic plans

2.3 Conference

The 2002 PHA conference "People and Place" was held in Dunedin 26-28 June. It attracted 350 people and had 81 proffered papers, in addition to the keynote speakers. The themes were human health and the environment, social capital, social change, rural health and injury prevention. The conference was well covered in the media.

The 2003 PHA conference will be *Tino Rangitiratanga in Public Health – working with Maori and indigenous values and principles*. It will be held at Turangawaewae Marae at Ngaruawahia on 2,3,4 July, 2003.

	Co-ordinate Public Health Expertise Issues worked on, spokespeople worked with and relevant outcomes	Public Health Communication Issues and responses, events attended and opportunities utilised, requests for research based information. Copies attached	Outcome
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<i>Population Health Manifesto</i>		The <i>Population Health Manifesto</i> gave succinct coverage to the public health issues of: Health, fairness and opportunity Healthy public policies Maori health Health services Effective District Health Boards.	Development of Manifesto encouraged PHA members to consider main issues, in the light of party policies and the publicity raised the profile of these issues and encouraged policy responses political parties.
Political party health policies (From PHA Communications plan)		Objective: coverage of key messages by media Questions based on the <i>Population Health Manifesto</i> sent to Holmes for leaders debates, Herald, TV3 and Dominion.	The publicity raised the profile of these issues and encouraged policy responses political parties.
		The director and the President, with the assistance of the Dunedin Conference Organising Committee organised pre – election forum on the final day of the PHA conference. Politicians were asked to respond to PHA concerns drawn from the <i>Population Health Manifesto</i> .	Political education by having all the major parties address these issues and respond to questions on them. Numbers attending were not great, but it raised the profile of these issues before the election.
	The Palmerston North Branch built on the <i>Population Health Manifesto</i> and held an Election Forum Good attendance of about 50 people.	Press release/media advisory sent to PN print and electronic media.	Preview article in the Tribune. Brief in Evening Standard The forum raised the importance of these issues with the political parties and contributed to better informed policies and voting.

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Addressing underlying determinants of health, such as inequality in income, housing, and unemployment.

<i>Inequalities in health</i>	A policy on inequalities in health was developed according to the PHA process. Expert Members of the PHA collaborated to develop a draft policy on inequalities in health. The director circulated it widely for discussion and peer review. The PHA AGM formally adopted the revised policy.		Up-to-date-analysis including references available as a source document for public health sector use in advocacy to reduce inequalities on health outcomes. Policy being used frequently as basis for letters to editor and media statements by members and director use.
Budget 2002 (from PHA Communications plan)	Reviewed budget with Pacific health advocate, Child Poverty Action, Down town Community Ministry (housing and beneficiaries advocate), NZ Council of Christian Social Services, NZ Nurses Organisation, Association of Salaried Medical Specialists and members of PHA Council. Outcome: Director developed a PHA Budget Score Card. The PHA found that while there had been a significant increase in health spending, particularly to reduce cost for primary care for those in highest need, public health spending and waste water subsidies, there were few changes in other sectors which have high impact on health – eg housing, child poverty, and no changes in specific health risk factor areas such as alcohol or tobacco.	Post budget seminar - Speakers to the seminar were Kevin Hackwell (housing and beneficiaries advocate), and Brian Easton (economist). Specific Government policy such as Family Tax Credit, Family Support and the marginal tax rate of the abatement of Family support were identified as causes for children living in extreme poverty in New Zealand. New research on the relation of family poverty and ill health was released. New research on the failure of public servants to implement Government policy on access to the Special Assistance Benefit was released. Discussion of PHA Budget Score card.	Exposure of the public health issues to attendees and media coverage of Post-budget breakfast seminar. PHA budget score card was spread widely though the PHA, and at a post-budget seminar attended by about 35 people in Wellington. The seminar received front-page coverage in <i>New Zealand GP</i> .
Budget Policy Statement Submission to Finance and Expenditure Select Committee and media coverage		N/a this half year	

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(from PHA Communications plan)			
Annual Government report on Cross Sectoral Outcome measures and targets for children (?May 2002) (From PHA Communications plan)			Report not yet released by Government.
<i>Poverty, particularly child poverty</i>	The director supported a call by NZ Council of Christian Social Services Downtown Community Ministry for a Summit on the Elimination of Poverty , building on the actions advocated in the PHA policy on Inequalities in Health policy and the Population Health Manifesto.	Press release sent out to main media calling for summit on ending poverty.	Interview on RNZ morning report.
	The director, on behalf of PHA,, lobbied Marion Hobbs, Steve Maharey, and other election candidates at meetings in election period on child poverty, especially inflation-indexing child –related benefits and ensuring that all who are eligible receive special benefits.		Statement from Steve Maharey that he will support inflation-indexing, of child related benefits but that he will not commit to specific budget initiatives outside of a Cabinet decision. He supports administrative changes to increase the number of eligible people receiving special benefits. Raised the profile of the issues and possible solutions.
		Letter sent to Dominion July 22, based on PHA Manifesto and policy statements.	Letter published Dominion Post July 23.
		Letter to CHCH Press 24 July based on PHA Manifesto and policy statements.	Printed 30 July CHCH to follow up by organising letters from other

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			organisations asking what has happened to a CHCH City Council report on poverty.
		Letter to Herald July 22, based on <i>Population Health Manifesto</i> and policy statements.	PHA is not monitoring the Herald daily, due to cost factors.
	After government was formed, the President wrote letters to MPs with health-related portfolios (elected MPs Dunne, Maharey, Kedgley, Anderton) introducing the PHA and outlining reiterating PHA policy on determinants of health, inequalities in health and the call for a Summit on the elimination of poverty.		The director and a Wellington Branch member met with a staff member of Mr Anderton, seeking more detail on our views and on ways that a Summit could be best organised.
		Joint release with other agencies July 24	Director interviewed on IRN Raised profile of determinants of health in the context of poverty.
	The director convened 3 meetings with Child Poverty Action, UNICEF, NZ Council of Christian Social Services, Downtown Community Ministry, to take forward the Eliminate Poverty Summit in a collaborative way. At these meetings PHA and other agencies joined existing child advocacy groups to collaborate on <i>Making it Happen – implementing NZ's Agenda for Children</i> , and other child advocacy work. PHA contribution was based on the previously co-ordinated public health expertise as reflected in PHA policies on inequalities in health and family /whanau violence (see below).		Coalition of NGOs now established to carry forward planning and implementation of Summit on Poverty. <i>Making it Happen</i> published in October by a wide range of groups, including the PHA, Further details in next report.
	Nelson Marlborough DHB called on DHB NZ to work with groups to eliminate poverty because of the impact of poverty on health. The director contacted the Public Health Leaders Group, members of DHB Boards interested in public health and PHA members interested in child health or underlying		One further DHB discussed the impacts of poverty on health, so far. Public health units and other public health workers have offered support for the

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	factors in health and sought participation. The director has helped 2 DHB Board members to prepare material to be discussed with their Board.		"Eliminate Poverty Summit". Further details of joint action will be reported in the next report.
	The director, Child Poverty Action Group, UNICEF and Brian Easton met with MP Judy Turner of United Future to discuss the importance of action on child poverty as a key part of the work of the Commission for the Family..		Raised political profile of child poverty and action to address it.
		Sunday Star Times planning series of features on the impacts of poverty. PHA initiated contact with journalist, background/contact details supplied to contribute to the series. Journalist wanted individual people to profile.	Series not yet printed.
		PHA members attended local meetings including People's Centre seminar in Wellington, using PHA material on the health impacts of child poverty as a resource. with Wellington Branch member spoke using material prepared by the director drawing on other organisations on the health impacts of child poverty.	Interview arranged with IRN. Greater public awareness of child poverty and its health impacts, and advocacy for action.
		Proposal for viewpoint on the health impacts of child poverty sent to <i>NZ Doctor</i> August 15.	Viewpoint: Greater awareness amongst general practice community of child poverty and its health impacts, and advocacy for action.
		Press release re impacts of poverty.	Interview Contact, IRN. Greater public awareness of child poverty and its health impacts, and advocacy for action.
		Proposal for a viewpoint to Nursing Journal.	Ann Shaw PHA Executive Councillor Viewpoint published October 7 2002, which covered child poverty and health impacts.

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		Viewpoint proposal for Timaru Herald August 21. Viewpoint accepted as part of a week of debate on child poverty. Viewpoint and photo of the director sent.	Published. Greater public awareness of child poverty and its health impacts, and advocacy for action.
<i>Poverty/sexual abuse July 24</i>		Letter to Dom Post concerning the link between poverty and sexual abuse.	Letter Published July 26 Greater public awareness of poverty and its health impacts, and advocacy for action.
<i>Housing</i>		Letter to Dom Post August 1 based on PHA Manifesto and policy.	Published in Dom Post August 12 Greater public awareness of determinants of health, in particular the relationship between housing and health.
		Letter to DomPost/NZHerald based on PHA Manifesto and policy.	Published in Herald Greater public awareness of determinants of health, in particular the relationship between housing and health.
		Letter to Christchurch Press August 19 based on PHA Manifesto and policy.	PHA is not monitoring all papers, due to cost factors.
		Letter to Herald August 29 based on PHA Manifesto and policy.	PHA is not monitoring the Herald daily, due to cost.
		Letter to Northern Advocate August 28 based on PHA Manifesto and policy.	PHA is not monitoring all papers, due to cost.
<i>Supporting the work of the Maori Caucus to provide leadership and advocacy in Maori Public Health</i>	<i>Maori responsiveness policy checklist</i> In 2001 the Maori Caucus worked together to develop an advice paper from the– <i>Advocating public health for Maori</i> . This year an initial checklist was produced - for use by of members in developing policy and in assessing policy developed by others.		<i>Advocating public health for Maori</i> checklist used by members in developing policy for presentation to AGM 2002. Checklist needs refinement. Public Health workforce needs considerable up-skilling in

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			assessing impact of policies on Maori health outcomes Maori policy.
<i>Maori media communications strategy</i> (From PHA Communications Plan)	Initial Maori communications strategy developed. Detailed work in relation to spokespeople being identified. Meeting with ATAK to identify ways that the PHA Maori Caucus can support work of Maori Smokefree Coalition.		Behind target in fully develop Maori communications plan by 31 August 2002. Spokespeople identified in priority areas. Priority areas being developed with spokespeople.
<i>Tino rangitiratanga in Public Health</i> planning group	The working group and hui to develop the PHA Conference 2003 is progressively bringing together significant Maori Public Health leaders.		Increased networking and focus on important issues by Maori public health leaders.
		Absent Maori fathers- Approach to nine to noon /weekend programmes NR re interview with Marty Rogers on Public health issues for Maori. Producer positive.	
<i>Maori health approaches</i>		Christchurch PHA branch organised Maori health meeting September 23200 attendees. Media coverage supported by PHA conference.	Ngai Tahu FM radio coverage.
Health impact assessment	Discussion with NHC secretariat on their HIA project, with the aim of ensuring high profile and support from the PHA when the NHC advice is public.		
Access to health services		Avoidable admissions could be prevented by better access to primary care - Letter to Eastern Courier July 24 based on PHA Manifesto.	The director interviewed for article by Eastern Courier. PHA is not monitoring all papers, due to cost.
		Press release sent out to main media/Maori media 17 July concerning limited access by Maori to	Interviews on Mana and Mai.

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		basic dental services.	
		Letter to Hawkes Bay/BOP papers re children's dental care crisis, particularly for Maori of lack of access to effective primary dental care.	Published August 27 Increased public awareness Advocacy for Fluoridation??
		Letter to Otago Daily Times July 31.	PHA is not monitoring all papers, due to cost.
Alcohol (From PHA Communications plan)	Continue action on Select Committee petition on warning labels – PHA supports Alcohol Health Watch.		No action this period.
Alcohol	The director has discussed with the NZ Drug Foundation the idea of political advocacy concerning alcohol. The director then approached Alcohol Health Watch, ALAC and SHORE on co-ordination of advocacy.		Agreement in principle for the five agencies to work more closely together on strategic alcohol policy issues.
		Letters to Herald and Dom/Post September 24	Published Dom/Post September 28, 2002.

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<i>Breast-feeding</i>	A policy on breast-feeding was developed according to the PHA process. Members of the PHA collaborated to develop a draft policy on breast-feeding. This included working with La Leche League (LLL), the NZ Breast-feeding Authority and the nutrition Dept, Otago University. The director circulated it widely for discussion and peer review. The PHA AGM formally adopted the revised policy.		Up-to-date analysis including references available as a source document for public health sector use. Article <i>New Zealand Doctor</i> 31 July.
	LLL and The director discussed ways to respond to breast-feeding article in Dom/Post.	Letter to Dom/Post editor on breast-feeding supporting each other and giving different perspectives to support breast-feeding.	Published.
		Annette Beasley approach to Taranaki Daily News while in New Plymouth at breast-feeding forum.	Article published in Daily News August 7.
		Press release on Lancet research sent out July 23 Longer term strategy being developed.	Herald interview with Annette Beasley, printed 27 July.
		Approach to Listener re in depth article on breast-feeding, consistent with PAH policy.	Noel O'Hare will do column. PHA supplied background info/contacts Article published Sept 14.
		Approach to <i>NZ Women's Weekly</i> on breast-feeding, consistent with PHA policy.	Article published 2 September.
		Annette Beasley speaking at La Leche League conference.	Article on medicalisation of breast-feeding written for NZ Doctor, published September 25.

<i>Climate change.</i> Environmental health (From PHA Communications plan)	PHA policy champion on climate change and other PHA members are working with Climate Defense Network, especially Mario Rautner, CDN co-ordinator, on advocacy for climate change policy.		Alliance developed.
<i>Direct to Consumer</i>		Approach to NZ Doctor re DTC advertising based	

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Advertising September 2		around problems with Flixotide, published September 25, based on PHA Policy advocating the elimination of direct-to-consumer advertising of pharmaceuticals.	
<i>Family /whanau violence</i>	A policy on family/whanau violence was developed according to the PHA process. Members of the PHA collaborated to develop a draft policy on domestic /whanau violence. Completed PHA policy development process including being circulated widely by the director for discussion and peer review, and finalised at Policy Roundtable. The PHA AGM formally adopted the revised policy.		Up-to-date-analysis including references available as a source document for public health sector use.
	The PHA has joined EPOCH – an international organisation opposing physical punishment of children.		Networking, potential for what wider advocacy for the PHA policy opposing physical punishment of children.
	The director and a Wellington branch member have contributed to <i>Making it Happen – implementing NZ's Agenda for Children</i> , including the section on safety from abuse.		<i>Making it Happen</i> reflects the PHA policy on /family /whanau violence in relation to children The publication is to increase advocacy to government and to increase public understanding of what can be done to reduce the impact of violence on children's lives.
		Meeting with Policy champion re developing a specific media strategy. <i>NZ Women's Weekly</i> responded very positively to a story involving named women who have suffered domestic violence.	Not published to date.
Environmental health Potable Water	Request for support from Water Pressure, an Auckland water lobby group. The key element of		

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	<p>concern of Water Pressure was the quality of Waikato river water, and the introduction of treated Waikato river water into the Auckland drinking water system.</p> <p>Consultation with members, Medical Officers of Health.</p> <p>Waikato river had had an episode of contamination but this is now resolved, and the raw water quality of Waikato river is adequate, and the quality of treated Waikato water is potable.</p> <p>PHA remained silent.</p>		

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<i>Fluoride /oral health</i> (From PHA Communications plan)	Anti fluoridation speaker Paul Connett was scheduled to speak at the Health Services Research Centre Friday 17 May. The director assessed publications by the speaker and brokered information between HSRC and fluoridation experts to ensure that either there would be a highly expert pro fluoridation speaker, or the seminar would be cancelled. No Wellington based fluoridation experts were available, so the seminar was cancelled. Similarly information was shared with a fluoridation advocate in Northland DHB.		Support amongst public health agencies, providers and academics. Some negative outcome as Paul Connet then billed himself as "the expert that the Ministry of Health would not meet".
		Press release to Tauranga media September 23 within PHA policy on fluoridation.	Tauranga media not monitored.

<i>Gambling</i> (From PHA Communications plan)		Letter to East and Bays Courier August 7on gambling, reflecting the PHA policy	Tauranga media not monitored.
		Letter to Dom/Post August 12 on gambling, reflecting the PHA policy.	Dom/Post August 13 Greater public awareness of gambling issues.
		Letter to Whangarei Leader September 11 on gambling, reflecting the PHA policy	Not all media is monitored.
<i>Guns</i> (From PHA Communications plan)	The previous PHA policy on gun control was revised according to the PHA process. Members of the PHA collaborated to develop a draft policy on guns. The director circulated it widely for discussion and peer review, and final comments at Policy Roundtable. The PHA AGM formally adopted the revised policy. PHA supports the Coalition for Gun Control. No		Up-to-date analysis including references available as a source document for public health sector use,

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	actions this period.		

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Tobacco (From PHA Communications plan)	PHA supports the Smokefree Coalition, ATAK (Maori Smokefree Coalition) The Quit Group Cancer Society ASH.	See separate items below.	PHA has been an active part of the anti-smoking lobby, contributing to both media action and the legislative programme.
<i>Tobacco</i>	Wellington School of Medicine researchers George Thomson as and Dr Louise Signal approached PHA for support for research on tobacco policy and community views on the tobacco industry. Reviewed with expert member Iain Potter. Letter of support for grant application sent as the research will in the future provide material for public information, debate and action.		PHA approached for research support as credible evidence-based PH-NGO voice.
	Smoke free Coalition was seeking organisations that would be prepared to be listed on a poster on "second hand smoke kills" as part of the lead-up to World Smoke free Day. The PHA approached other agencies to see if they were interested.		Action for Children and Youth Aotearoa and Health Care Aotearoa were very keen to be included and responded to SFC.
		NZ Herald August 13 re importance of proposed smokefree legislation.	Herald not monitored daily.
		PHA Press release (along with David Simm, ATAK, SFC releases) September 25, based on PHA policy, tobacco policy reinforcing the dangers of second hand smoke and the importance of separating smoking from healthy sporting activities.	The director interviewed IRN, Increased public education on the dangers of second hand smoke.

Well child	Participation in Well Child Coalition for planning and		Substantial media coverage of
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(From PHA Communications plan)	publicising Well Child Week.		Well Child Week.
		PHA developed the Media strategy for launch of UNICEF-commissioned report for Alison Blaiklock PHA prepared Press release.	Not yet released.
Health workforce development	Consultation with members and liaison with Health Promotion Forum to ensure that the Health Workforce Advisory Committee accurately reflect the health promotion workforce, training and needs. Director and President provided comment to HWAC on draft Stocktake.		Public health, including health promotion workforce issues represented more accurately.
Media training Improved information on service users Gather ethnicity on those trained from Jan 2002 (from PHA Communications plan)		Since June 2002 Maori 18 Non Maori 22 September 11 free media training following the smokefree conference July 22 Invitation extended to Maori providers in greater Wellington area Piripi Whaanga from Maori radio station assisted. September 13 Waikato Maori providers Tainui FM assisted. Initial contacts made by communications advisor to Wgton PI Health Service.	The PHA has made a deliberate effort with the new contractor to offer media training to Maori providers. The recent results of nearly equal numbers of Maori and non-Maori receiving training from the PHA is a substantial increase in training to Maori providers. .Including current Maori radio journalists in the training provided realistic and relevant training to participants. It also introduced new public

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			<p>health providers to the journalists, and as a result of the training sessions alone, 4 radio interviews were set up on the day of the training</p> <p>Feedback from participants indicated that the focus on radio and holding training sessions specifically for Maori (even if the trainer is Pakeha) is particularly valuable. As a result some future sessions will be planned specifically for Maori.</p>										
	<p>100 hundred people newly trained 1 April 2001 – 30 September 2002</p> <p>50 each PHA members and non PHA members</p>	<p>Information on membership status and total numbers available from only new contractor.</p> <table border="0"> <tr> <td>April 01</td> <td>numbers, membership status not available</td> </tr> <tr> <td>March 02</td> <td>15, membership status n/a</td> </tr> <tr> <td>June 02</td> <td>22</td> </tr> <tr> <td>September</td> <td><u>16</u></td> </tr> <tr> <td>Total</td> <td>53 +</td> </tr> </table> <p>Since June 02 Members 11 Non-members 27</p>	April 01	numbers, membership status not available	March 02	15, membership status n/a	June 02	22	September	<u>16</u>	Total	53 +	<p>Target of 100 new people not met.</p> <p>The rate of training in the past three months will meet a similar target for a future period. Data on number of trainees is now being regularly recorded.</p> <p>Feedback on media training, where it was gathered, has been very positive</p> <p>The deliberate efforts to target Maori in media training has resulted in a substantial number of (Maori) non-members receiving training.</p> <p>This has raised the profile of Maori public health workers</p>
April 01	numbers, membership status not available												
March 02	15, membership status n/a												
June 02	22												
September	<u>16</u>												
Total	53 +												

	<i>Co-ordinate Public Health Expertise Issues worked on, spokespeople worked with and relevant outcomes</i>	<i>Public Health Communication Issues and responses, events attended and opportunities utilised, requests for research based information. Copies attached</i>	<i>Outcome</i>
			with the media
PHA policy champions trained (From PHA Communications plan)			Target met All Policy champions of existing policies trained by 30 June 2002.
Coaching (From PHA Communications plan)		Coaching offered to all PHA spokespeople for each media event.	Support offered to Palmerston North branch election meeting. Wellington Poverty action meeting. Christchurch Maori health seminar.
		Coaching offered to PHA annual Public Health Champions.	Coaching offered.
		Coaching offered to PHA Christchurch annual Health promotion award winner.	N/A this period.
Media support for other agencies (From PHA Communications plan) Respond as requested , if time available, response according to priority criteria		Support for Well Child Week.	
Media support for other agencies (From PHA Communications plan) Respond as requested, if time available, response according to priority criteria.		Press release for Hepatitis C awareness group for event.	

	<i>Co-ordinate Public Health Expertise Issues worked on, spokespeople worked with and relevant outcomes</i>	<i>Public Health Communication Issues and responses, events attended and opportunities utilised, requests for research based information. Copies attached</i>	<i>Outcome</i>
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	<i>Co-ordinate Public Health Expertise Issues worked on, spokespeople worked with and relevant outcomes</i>	<i>Public Health Communication Issues and responses, events attended and opportunities utilised, requests for research based information. Copies attached</i>	<i>Outcome</i>
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DHB public health responsibilities	The director established a network of individuals who, as elected or appointed members of DHBs, have an interest in public and community health.		More DHBs discuss poverty as a health issue.
	The director and the Waikato PHA branch held a meeting in Rotorua to discuss public health common issues and concerns. All public health providers based in the areas were invited, as were the DHB planning and funding managers, and the Ministry of Health.		<p>16 attendees, and many new relationships formed between members of the sector who had not previously met each other.</p> <p>BoP DHB planning division will draft a position paper to take to DHBs via DHBNZ and to the MoH Public Health Directorate supporting joint planning of public health services by MoH and DHBs without any transfer of funding responsibilities.</p> <p>The local branch of the PHA has been asked to convene the next stage of a BoP/Lakes public health sector reference group to include the MoH, DHB Planning and Funding staff, public health providers, PHOs (when established) and others.</p> <p>A task for the future reference group is to clarify the interface between public health and primary care.</p>

	<i>Co-ordinate Public Health Expertise Issues worked on, spokespeople worked with and relevant outcomes</i>	<i>Public Health Communication Issues and responses, events attended and opportunities utilised, requests for research based information. Copies attached</i>	<i>Outcome</i>
	<p>The President met with a small number of public health workers in Northland interested in forming a PHA branch to act as a voice of public health issues and to raise the profile of public health in Northland.</p> <p>Particular issues are environmental health especially water, fluoridation, housing, unemployment and public health impact through primary care.</p>		<p>Formation of a nucleus of a local public health collaboration, and strengthened linkages for those people with national public health issues.</p>
	<p>The director and the Waikato branch held a meeting in Hamilton to discuss public health common issues and concerns. All public health providers based in the areas were invited, as were the DHB planning and funding managers, and the Ministry of Health.</p>		<p>16 attendees, and many new relationships formed between members of the sector who had not previously met each other.</p> <p>A mailing list will shared a round attendees and others to move towards establishing sets of meetings locally.</p> <p>There was interest in reviving previous meetings of public health providers (identified as NGO + PHU + funders/ planners+ academics + other interested parties).</p> <p>Many undertook to find out more about local developments.</p>
<i>Primary care – public health interface</i>	<p>The National Health Committee sponsored four hours of discussion at the PHA conference on the</p>		<p>Agreement between RNZCGP, NZNO, College of Practice</p>

	<i>Co-ordinate Public Health Expertise Issues worked on, spokespeople worked with and relevant outcomes</i>	<i>Public Health Communication Issues and responses, events attended and opportunities utilised, requests for research based information. Copies attached</i>	<i>Outcome</i>
	<p>interface between public health and Primary care.</p> <p>Following this, the PHA President initiated further contact and agreement with the RNZCGP to jointly sponsor similar discussions locally. This has now expanded to an agreement to hold regular meetings involving RNZCGP, College of Practice Nurses, Association of Practice Managers as well as the PHA. We will sponsor public health/primary health care collaboration in districts. The director will provide secretariat for the group.</p> <p>The public health purpose of the collaboration is to facilitate collaborative action between greater knowledge of public health by public health and primary care practitioners by supporting local meetings focussed on specific local health issues.</p> <p>The group has met with and received support for the idea from the Ministry of Health.</p>		<p>Nurses, Association of Practice Managers to sponsor collaboration between ph/phc. National organisations network established.</p> <p>Support of the concept from MoH & DHBs.</p>

	Co-ordination of input to healthy public policy Linkages with groups and individuals, including the form of contact	Support the development of healthy public policy Written submissions - copies included	<i>Outcome</i>
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Addressing underlying determinants of health, such as inequality in income, housing, and unemployment.	Working towards Employment Bill PHA approached by NZ Council of Christian Social services to offer a public health perspective on the Working towards Employment Bill. The PHA responded with a letter to the Prime Minister, and also passed the information to other child health advocates for their information and action.	Working towards Employment Bill Letter to the Prime Minister advocating that a health impact assessment be done before implementing a Bill which has a benefit abatement regime which could further reduce the income of Domestic Purposes beneficiaries.	No changes to the Bill were made.
Access to effective primary and public health interventions	DHB Strategic plan development Development with members of a checklist for analysing DHB draft strategic plans. Invitation to members to use the checklist to make submissions on other DHB plans.	DHB Strategic plan development Members made submissions on Four submissions on DHB strategic plans from 4 DHBs with high need populations using the Ottawa Charter as the framework.	DHBs responded to submissions, increased their awareness of population health priorities and use of Ottawa Charter.
Alcohol	Legal age for drinking The director had discussions with Drug Foundation of New Zealand on concern that evidence is bearing out concerns about the adverse health affects of lowering the drinking age.	Legal age for drinking Joint letter to Phil Goff re adverse impact of changing the drinking age.	Continuing pressure on government to control access to alcohol. No action by government yet.
Tobacco	The director collaborated with Smokefree coalition, Hutt Valley Health PHU and Nick Wilson and George Thomson as all presenters were making oral submissions on the same day to the Health Select Committee on the Smoke free environments bill. PHA written submission provided in earlier report.		Political advocacy, support for other PH advocacy groups.
Gambling	Responsible Gambling Bill Building on the earlier written submission on the Responsible Gambling Bill the PHA held discussion with Auckland agencies which had already presented to the Select Committee on issues for the	Responsible Gambling Bill Oral submission to select committee concerning the responsible gambling Bill. Request for further detail on ways to incorporate responsiveness to Maori in the Bill.	Still under consideration by select committee.

	Co-ordination of input to healthy public policy Linkages with groups and individuals, including the form of contact	Support the development of healthy public policy Written submissions - copies included	<i>Outcome</i>
	oral presentation.		
Environmental health	Government approach to World Summit on Sustainable Development Request from Council for International Development (CID) for input to the New Zealand Government position for the World Summit on Sustainable Development. The director consulted with members with international health and environmental health expertise to develop a position paper indicating the highest priorities for international sustainable development as peace, health, equity, and the elimination of poverty, with specific measures to promote these priorities.	Government approach to World Summit on Sustainable Development Attendance at and presentation to meeting and MFAT.	
Breast-feeding	Breast-feeding The director consulted with LA Leche League (Rosemary Gordon) and Julie Stufkins to develop a reply to the Ministry of Health review of NZ interpretation of the WHO Breast-feeding code.	Breast-feeding Brief reply, emphasising the importance of Breast-feeding for child health, and emphasising the importance of the Code to give full public policy support to breast-feeding.	
Health research	Communicable disease research The director consulted with members on communicable disease research portfolio of HRC.	Communicable disease research Submission on the review of the HRC communicable disease research portfolio. We had particular concerns at the lack of linkages to health promotion, the paucity and poor quality of available data (especially surveillance data) and the lack of an integrated framework for considering the range of disciplines needed for comprehensive knowledge on communicable disease control.	Revised portfolio incorporated several of PHA suggestions.
	Population health research The director consulted with members on health and independence of population groups research portfolio of HRC.	Population health research Submission on the review of the HRC health and independence of population groups research portfolio. We supported the revised concept of the portfolio. Area we wanted to see more emphasis were the effectiveness of interventions for different	Revised portfolio incorporated several of PHA suggestions.

	Co-ordination of input to healthy public policy Linkages with groups and individuals, including the form of contact	Support the development of healthy public policy Written submissions - copies included	<i>Outcome</i>
		population groups, improving Maori-specific data, including sexual activity and childbirth as a natural life process and workforce development for Maori, and for Pacific Peoples.	
Health workforce development	Maori workforce needs Hauora.com is seeking input on a Maori workforce needs assessment. PHA contributed submission, and also forwarded the request for input to the Maori caucus.		
	Public health workforce Consultation with members and liaison with Health Promotion Forum to ensure that the Health Workforce Advisory Committee accurately reflect the health promotion workforce, training and needs.	President and director responded to request from HWAC to confidentially review a draft advice paper.	Public health, including health promotion workforce issues represented accurately.
Community development	Community development MOU between health and disability NGOs and MOH Circulated information widely to members and other public Health NGOs.		Wider knowledge and participation, with final formation of a working group.
Injury surveillance	Injury surveillance Seeking nominations to the Ministerial Advisory Panel on Injury Surveillance– Working with Injury Prevention Network.		

2.3 Annual Conference

2002 conference – People and place

The 2002 PHA conference was held in Dunedin, June 26-28. The title was ***People and Place***. A conference programme is attached.

Purpose

The PHA conference is an important continuing education opportunity for public health practitioners. It is recognised as such by both employers and professional organisations. This year the conference gained accreditation for continuing professional education credit from both the Royal NZ College of General Practice and the Australasian Faculty of Public Health Medicine.

This year 350 people attended the PHA conference. Of the attendees, about half were PHA members.

Conference themes

Human health and the environment

The local Taieri catchment and community health project featured in two plenary sessions. The first was a panel on “Successful collaboration: Traditional knowledge and Western Science” which presented an insight into not only an important environmental issue, but also a successful example of mainstream systems working with tangata whenua. “Linking ecosystems and social systems as foundations for public health” showed how an effective community project can positively affect both the physical and the social environment.

“Populations, ecosystems, development and health: Past patterns, uncertain futures” counterposed the local perspective and gave a wide view of human interaction with the environment, and the international and historical issues of environment and health.

Social capital

The keynote presentations on “Why social capital is important to health equity” and “Re-placing public health” covered human health and the social environment in the discussions of social capital.

Social change

Two keynote presentations examined social change, some of the impacts on health of social change and the challenges that social change presents for public health responses. “Taking the prize or paying the price – young people and progress” and Social Change, health and the tree of knowledge” presented different approaches to the public health impact of social change.

Rural public health

Rural public health was explored by a panel. The panel members looked at the social changes in rural communities, the health challenges these changes have provoked and a range of innovative solutions that some communities have devised.

Injury prevention

A plenary panel on Injury prevention gave different views on the place of community action in injury prevention.

A total of 81 papers and workshops composed the concurrent sessions of presented papers. Many of the concurrent sessions supported the main themes giving presentation on specific issues. Other sessions covered related aspects of public health, such as "Risk behaviours and young people", or explored emerging issues such as primary care and public health collaboration.

In addition there were 16 posters.

The media coverage of the conference was very successful, reaching a broad audience on the papers presented. There was limited television coverage, as there is limited television reporter present in Dunedin (media report attached).

PHA policy development

The PHA Annual General Meeting is held during the three days of conference. In June 2002 the PHA conference attendees had the opportunity to debate and modify draft policies on

- Gun control
- Breast-feeding
- Inequalities in health
- Family /whanau violence.

The draft policies were modified in light of the discussions, the revised versions were put to the AGM and were adopted by the full meeting of the PHA.

PHA conference 2003

At the Executive Council hui on a Treaty framework for PHA, the Maori Caucus offered to organise and host the 2003 conference. The title is:

Tino Rangitiratanga in Public Health – working with Maori and indigenous values and principles.

The conference will be held at Turangawaewae Marae at Ngaruawahia on 2,3,4 July 2003.