

1 November, 2005

Peter Kennerley
Ministry of Health
Central Office
WELLINGTON

Tena koe, e Peter

Contract 285712/00PHA Public health infrastructure
Six Monthly Report to 30 September 2005.

Enclosed is the contract report for the past six months from the Public Health Association. Thank you for agreeing that this report be delayed until 1 November.

This report gives a report against contract measures and gives details in five appendices

- The Annual plan for 2005-06
- Reporting against the annual plan performance measures
- New communications plans
- Details of activity on encouraging and supporting informed public debate
- Details of activity on developing healthy public policy.
- Conference report

As agreed I have not enclosed all of the supporting detail. Please let me know if you wish to have copies of press clippings, submissions or Conference materials.

It was good to meet with you the other week and discuss future directions within the Ministry and possible ways that the PHA can support Ministry initiatives in evidence-based practice.

Thank you for the support you have given the PHA during the time that you have been our contract manager.

Yours sincerely

G. M. Keating
Director
Public Health Association of New Zealand



Six Monthly Report to Ministry of Health

1 April – 30 September, 2005

Service Objectives of Ministry of Health contract

1. To inform the population of New Zealand on public health issues.
2. To encourage public and political 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.
4. To enhance development of the public health workforce

Report of the Public Health Association for the six months April 2004 - September 2004

Output One – encourage and facilitate informed debate on key public health issues

1.1 Planning process

<i>Strategic and annual plans to be included with relevant six monthly reports.</i>	See attachment 1
<i>Six monthly reports to be based on the above plans and include progress against targets identified in the plans</i>	See attachment 2

1.2 Public health communication

<i>Communication plan attached to report due 20 April 2004.</i>	New Communication plans attached, attachment 3
<i>Six monthly report summarising issues worked on</i>	Data below reports on previous plans and priorities- attachment 4

1.3 Increasing effectiveness of public health media spokespersons

<i>Up to four media training sessions delivered per annum; numbers attending and summaries of feedback from participants included with six monthly reports.</i>	No media training delivered this six-month period
<i>Other media training provided documented in six monthly reports.</i>	

Output Two: - Provide Co-Ordination For The Development Of Healthy Public Policy

2.1 Co-ordination of input to public health policy

<i>Six monthly reports to include summary of linkages with groups and individuals</i>	See attachment 5
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2.2 Support the development of healthy public policy

<i>A minimum of four written submissions on regulatory legislative and policy issues made per annum</i>	See attachment 5
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Output Three: - Enhance Development of The Public Health Workforce

3.1 Annual Conference

<i>One conference per annum organised</i>	See attachment 6
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Report of the Public Health Association for the six months April 2004 - September 2004

Key achievements in the period

There has been limited opportunities for input to national public policy as the general election has limited parliamentary processes. The key health public activities of the PHA over this period have been more directed towards raising the profile of public health and developing public health infrastructure.

The particular projects have been

- Support for the PHA conference 2005 -*Making the Links*
- Collaboration with other public health organisations in NZ and internationally to enhance the role in health promotion of human rights (including the rights of indigenous peoples).
- Development with other organisations, publication and distribution of *A Healthy New Zealand – tackling the big issues*.
- Work with other public health organisations on the shared set of knowledge and skills in public health.
- Developing and publishing *Building a shared language across public health*

PHA strategic plan 2004-09

PHA Strategic Plan 2004-2009 guides the action of the Public Health Association, in particular the Annual Plan 2005-06

1 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.

2 Long-term actions

We have seven areas of long-term action:

1. To be a strong leader and informed advocate for public health.
2. To promote informed public debate on wellness, health, including public health and health services.
3. To participate in the formulation and evaluation of health policy.
4. To promote research and disseminate knowledge relevant to the health of New Zealanders.
5. To support, and lead where appropriate, informed and co-ordinated action on public health issues.
6. To support the development of trained and effective people working for public health..
7. To develop an efficient and effective organisation through which goals can be achieved.

3 Values

The PHA holds the following values:

- uphold the Treaty of Waitangi
- equitable health outcomes for all people in Aotearoa/New Zealand
- Representation and participation
- Human diversity
- responsibility of the wider society (including national and local government), local communities, families, and individuals for the health of people
- collective action to improve public health and wellbeing
- informed debate
- evidence based decision making, including increasing the quality and availability of evidence.

4 National Priority Issues

- a) Champion improvement in Maori health.
- b) Encourage decision makers to address the underlying social, economic, cultural and environmental determinants of health.
- c) Seek reduction in health inequalities, including inequalities in access to health services.
- d) Strengthen, and lead where appropriate, action to improve the infrastructure for public health development and response.
- e) Support initiatives by members and other organisations, on matters of PHA policy (eg tobacco, fluoride).
- f) Strengthen the Public Health Association.

5 Strategies to make progress on national priority issues

The following strategies will be used for PHA action for advocacy on public health issues:

- i. Build strategic alliances and networks,
- ii. Build public support for public health
- iii. Develop evidence-based policies and other
- iv. Be an active, respected and informed advocate
- v. Encourage relevant research and translate research

The Treaty of Waitangi will guide and support the implementation of the five strategies above.

PHA Annual plan 2005-06 Objectives

<p>Champion improvement in Maori health</p>	<p>Complete and promote a PHA policy on Maori health outlining the different issues of health improvement, Maori advancement and Treaty of Waitangi response to inform PHA and others' actions, including advocacy</p> <p>Support the development and implementation of healthy public policy for Maori health</p> <p>Increase public support for public health approaches by participating in and leading informed debate on Maori health</p> <p>Support public health practitioners to champion Maori public health through continuing training on the Advancing public health policy for Maori checklist.</p>
<p>Encourage decision makers to address the underlying social, economic, cultural and environmental determinants of health Seek reduction in health inequalities, including inequalities in access to health services</p>	<p>Complete and promote revised PHA position statements on health inequalities, Pacific public health and physical and natural environmental health determinants and ecology</p> <p>Support the use of health impact assessment</p> <p>Support the development and implementation of health public policy on determinants of health and health inequalities through submissions</p> <p>Develop a revised Manifesto for Public Health</p> <p>Encourage and facilitate PHA branches to support public health perspectives within Parliament, focussing on national elections</p> <p>Increase public support for public health approaches.</p>
<p>Support initiatives by members and other organisations, on matters of PHA policy</p>	<p>Ensure that PHA maintains an up to date policy base</p> <p>Make submissions, develop and implement communications plans and take other actions on specific public health issues</p>
<p>Strengthen, and lead where appropriate, action to improve the infrastructure for public health development and response</p>	<p>Strengthen alliances with relevant NGOs and others that impact on public health.</p> <p>Increase cohesion and skill development in the public health workforce</p> <p>Make submissions and put forward improvements to the Public Health regulatory environment</p> <p>Work with LGNZ, Institute of Environmental Health and others to strengthen the capacity of the environmental health workforce</p> <p>Encourage and facilitate PHA branches to support public health perspectives within DHBs and PHOs</p> <p>Support to public health spokespeople to work more effectively with media</p> <p>Support Maori caucus to mentor developing Maori public health practitioners.</p>
<p>Strengthen the PHA</p>	<p>Increase PHA membership</p> <p>Manage an efficient national organisation including an annual conference</p> <p>Identify opportunities to increase PHA financial reserves to build an independent funding base for policy advocacy.</p> <p>Complete and implement agreed recommendations of the review PHA structures, roles and processes.</p>

Attachment 2

**Report
against**

**Public Health Association of New Zealand
Annual Plan 2005-06**

for the six months ending September 2005

A2 Performance against PHA Annual Plan 2004-05

Champion improvement in Maori health Objectives

Complete and promote a PHA policy on Maori health outlining the different issues of health improvement, Maori advancement and Treaty of Waitangi response to inform PHA and others' actions, including advocacy

Support the development and implementation of healthy public policy for Maori health

Increase public support for public health approaches by participating in and leading informed debate on Maori health

Support public health practitioners to champion Maori public health through continuing training on the *Advancing public health policy for Maori* checklist

Performance measures

Date	Measure	Achievement for 6 months ending 30 September 2005
throughout year	participate in informed debate on Maori health, and make submissions on healthy public policy for Maori	
throughout year	All PHA submissions apply the <i>Advocating public health for Maori</i> checklist	Yes
8 July 2005	Have available a draft PHA Maori caucus position statement on Maori health and a process for finalising the position statement for consideration by Maori caucus	Completed
31 October 2005	Next draft PHA Maori caucus policy on Maori health available.	
28 February 2006	Circulate the PHA policy on Maori health , if available, to members and other interested organisations, and politicians as part of the PHA briefing to the incoming government	
In line with Maori caucus timeframes	Complete a PHA Maori caucus policy on Maori health	
28 February 2006	Develop a plan, with Maori caucus to assist them to mentor developing Maori public health practitioners	
31 March 2006	Continue to run training on healthy public policy for Maori, within budget	
throughout year	Offer Maori spokespeople workshopping with experienced Maori media journalists in getting your message out in the Maori language reported in 6 monthly reports	
throughout year	Individual coaching for the Maori caucus and other Maori health spokespeople	
throughout year	Seven Maori public health spokespeople in media	Achieved in first 6/12
throughout year	Seven stories or media releases in the Maori media	Achieved in first 6/12

A2 Performance against PHA Annual Plan 2004-05

Encourage decision makers to address the underlying social, economic, cultural and environmental determinants of health / Seek reduction in health inequalities, including inequalities in access to health services

Objectives

Complete and promote revised PHA position statements on health inequalities, Pacific public health and physical and natural environmental health determinants and ecology

Support the use of health impact assessment

Support the development and implementation of health public policy on determinants of health and health inequalities through submissions

Develop a revised Manifesto for Public Health

Encourage and facilitate PHA branches to support public health perspectives within Parliament, focussing on national elections

Increase public support for public health approaches.

Performance measures

Date	Measure	Achievement for 6 months ending 30 September 2005
8 July 2005	PHA annual conference utilises opportunity to reach a broad audience on equity, social, economic and cultural determinants factors in health	Achieved Conference report attached
5 August 2005	Develop a Manifesto for health	Completed. Circulated. Meetings held with opposition spokespeople on health
19 August 2005	PHA branches to use the Manifesto for health focusing on the national elections	Branches offered assistance
30 September 2005	Use the Manifesto for health to advocate for public health in association with the general election.	Distributed widely, especially by NZ Nurses Organisation. PHA sent to all health –related candidates of major parties
31 October 2005	First draft position statements <i>health inequalities</i> , and <i>Physical and natural environmental health determinants and ecology</i> considered by Council committee /	
31 December 2005	Suitable draft position statements on <i>health inequalities</i> , and <i>Physical and natural environmental health determinants and ecology</i> and others considered by branches, caucuses	
February 10 2006	Final draft position statements on <i>health inequalities</i> , and <i>Physical and natural environmental health determinants and ecology</i> presented to Council for adoption after consideration by Council Committee	
28 February 2006	Circulate the PHA position statements on health inequalities, Pacific public health, Physical and natural environmental health determinants and ecology to members, other interested organisations and politicians as part of the PHA briefing to the incoming government	
31 January 2006	submission made by PHA on Budget Policy Statement 2006.	
throughout year	Key messages on inequalities and social/economic determinants in media achieving statements letters published, viewpoint or similar articles published	See "attachment 4
throughout year	Meetings no less than annually with Ministers and associate Ministers on policies relevant to inequalities and underlying factors in health planned and reported.	Meeting Mrs King 20 June
throughout year	participate in informed debate and make submissions on determinants of health and inequalities as appropriate	See attachments 4, 5.

A2 Performance against PHA Annual Plan 2004-05

Support initiatives by members and other organisations, on matters of PHA policy

Objectives

Ensure that PHA maintains an up to date position statement base

Make submissions, develop and implement communications plans and take other actions on specific public health issues

Performance measures

Date	Measure	Achievement for 6 months ending 30 September 2005
31 August 2005	Communication plans developed and reviewed in February and August or more frequently	Reviewed in September, attached
31 October 2005	Review and identify processes to update Position Statement base with Council committee	
28 February 2006	Communication plans developed and reviewed in February and August or more frequently	
as occurs	participate in informed debate and make submissions on public health issues.	
	8 submissions or media releases on public health issues pa, based on PHA policies, reported in 6 monthly reports	
throughout year	4 requests per month for PHA comment from media ,	
throughout year	PHA makes substantive response to requests for support from other organisations where these are consistent with PHA policy or values, reported in 6 monthly reports	
30 April 2006	Suitable draft position statements of next round, if any, considered by branches, caucuses	
31 May 2006	Final draft position statements of next round, if any, presented to Council for adoption after consideration by Council Committee	
30 June 2006	Circulate the PHA position statements to members, other interested organisations and politicians	

A2 Performance against PHA Annual Plan 2004-05

Update on alliances

The PHA has formal alliances with the following groups.

Membership of

- Health Promotion Forum. (Dallas Honey is currently on the HPF Board)
- NZ Drug Foundation
- Obesity Action Coalition
- Smoke Free Coalition
- ANGOA

Participation in the MoH Sector Reference Group on Public Health Workforce Memorandum of Understanding with Mental Health Foundation

Trustee of the Population Health Trust (Marty Rogers is the current Trustee)

Participate in selected activities as part of EPOCH (End Physical Punishment of Children)

Reciprocal arrangement with PHA Australia for exchange of newsletters and two conference registrations, and the American PHA with one conference registration.

Membership of the World Federation of PHAs.

The active alliances of the PHA in the last six months are listed below.

Economic factors , especially for children	Child Poverty Action Group, Every Child Counts, Wellington School of Medicine
Alcohol	Alcohol Health Watch, Drug Foundation of New Zealand
Fluoride /oral health	West Coast DHB
Family violence – physical punishment of children	Every Child Counts, EPOCH, Save the Children Fund, Global Initiative to eSnd all corporal punishment of children
Developing public health infrastructure	Ministry of Health, Health Promotion Forum, NZ Institute of Environmental Health, Australasian Faculty of Public Health Medicine, Public Health Nurses section of NZ Nurses Organisation, Maori Community Health Workers
Direct to consumer advertising of prescription pharmaceuticals	Prof Toop, Christchurch school of Medicine
Food and Nutrition	Agencies for Nutrition Action, Obesity Action Coalition

A2 Performance against PHA Annual Plan 2004-05

Strengthen, and lead where appropriate, action to improve the infrastructure for public health development and response

Objectives

Strengthen alliances with relevant NGOs and others that impact on public health.

Increase cohesion and skill development in the public health workforce

Make submissions and put forward improvements to the Public Health regulatory environment

Work with LGNZ, Institute of Environmental Health and others to strengthen the capacity of the environmental health workforce

Encourage and facilitate PHA branches to support public health perspectives within DHBs and PHOs

Support to public health spokespeople to work more effectively with media

Support Maori caucus to mentor developing Maori public health practitioners

Performance measures

Date	Measure	Achievement for 6 months ending 30 September 2005
30 June 2005	Initiate contact with AFPH Medicine, Health Promotion Forum, NZI Environmental Health on common issues, especially public health cohesion and workforce development	Achieved. Draft proposal to identify knowledge and skills shared across public health disciplines developed
1 August 2005	Work with Health Promotion Forum and others to develop a shared view on crucial issues for health promotion nationally and internationally for WHO Bangkok meeting	Achieved. In addition a young Maori public health practitioner was supported financially and professionally to attend.
31 October 2005	Produce flier describing "what is public health" to clarify the use of language within the public health workforce	Achieved
30 November 2005	Develop plan, with AFPH Medicine, Health Promotion Forum, NZI Environmental Health on common issues, especially public health cohesion and workforce development	On target
30 November 2005	Offer to assist PHA branches to support public health perspectives within DHBs and PHOs, building on the Otago/Southland model	
28 February 2006	develop a template for use by Branches to assess the processes and effectiveness of their DHBs and local government in relation to public health	
31 March 2006	Meet with the HWAC at least once to discuss the role of a public health perspective for the whole health workforce	
as occurs	participate in informed debate and make submissions on the Public Health regulatory environment	
as occurs	Participate in Ministry of Health public health workforce development reference group	
five times pa	Newsletter (minimum five times per calendar year, electronic or hard copy) informs members of aspects of current public health issues	On target
as occurs	Public health policy champions demonstrated to be active in the media	
as occurs	Offer media training to branches and other public health organisations, consistent with PHA policy.	Not this period

Attachment 3

COMMUNICATIONS PLAN November 05 to March 06

BACKGROUND

The PHA communications plan for the period November 05 to April 06 reflects the priorities for national action of the PHA Strategic Plan 2004-2009.

These priorities are:

- A. Champion improvement in Maori health
- B. Encourage decision makers to address the underlying social, economic, cultural and environmental determinants of health
- C. Seek reduction in health inequalities, including inequalities in access to health services
- D. Strengthen, and lead where appropriate, action to improve the infrastructure for public health development and response
- E. Support initiatives by members and other organisations, on matters of PHA policy (eg, tobacco, fluoride)
- F. Strengthen the Public Health Association.

Issues on which the PHA will lead communication

The PHA will lead communication on issues for which other lead agencies are not apparent. The issues on which the PHA will lead communication are:

- Positively profiling Maori public health including Maori practitioners.
- Addressing underlying determinants of health, such as inequality in income, housing, unemployment, access to healthy food etc
- Health impact assessment
- Effective primary and public health interventions

For media communication purposes, determinants, housing, health impact assessments and effective primary and public health interventions will be one communications plan, to be reviewed at six-monthly intervals.

Issues where the PHA will support other agencies

The following areas are covered by other agencies. The PHA will support these agencies, but not lead media work on these issues unless requested to do so. These areas are:

Alcohol
Tobacco
Fluoride
Prostitution

A 3 Communications Plan 11/05 - 03/06

Road Safety
DTCA
Breastfeeding
Guns
Disability Access
Environmental health
Nuclear disarmament
Climate change.

PLAN OF WORK

The Public Health Association communications manager will focus on meeting the following objectives over the next six months:

1. Facilitate informed debate on key public health issues by developing and implementing PHA communications plans in line with the PHA Strategic and Annual Plans
2. Positively profiling Maori public health
3. Co-ordinate the provision of credible, research-based information and timely comment to the media in response to emerging public health issues
4. Provide media advice and media training sessions to PHA members and public health spokespeople to increase their effectiveness
5. Promote the PHA

To meet these objectives, the following tasks will be undertaken:

1. Facilitate informed debate on key public health issues.

Tasks

- Raise awareness of public health issues, and encourage debate, by the use of media releases, letters to the editor, and opinion pieces/viewpoints.
- Develop schedule of upcoming public health issues and events and plan to provide media support and back up as appropriate.
- Monitor the public health environment, including the media, to identify emerging issues that require a response, and then make the response.
- Ensure the PHA's website is kept up to date, with working links.
- Develop relationships with the media, and in particular health, environment and social issues reporters.
- Manage the promotion of the PHA conference with the aim of achieving high coverage for the public health issues raised at the conference. Also, promote the conference as a key workforce development opportunity for public health.

Outcomes

A 3 Communications Plan 11/05 - 03/06

- Fifteen submissions or media releases on public health issues each year, based on PHA policies, reported in 6 monthly reports.
- Four requests per month for PHA comment from the media.
- Key messages on inequalities and social/economic determinants profiled in the media, via letters published, viewpoints or similar articles.
- PHA website reviewed for accuracy and working links at least once every three months.
- At least 20 articles about the PHA conference appear in major media (major daily newspapers, radio and/or television news).
- The PHA Conference is promoted as a key workforce development opportunity.

2. *Positively profiling Maori public health*

Tasks

- Continue to profile Maori leadership in sector and Maori media
- Focus on importance of education, workforce development, and decision making processes
- Focus on one geographical area per month:

September/October 2005 Southland/Otago Canterbury

November/December 2005 Wellington

January/February Waikato

March/April Auckland

May/June Central Districts

July/August Te Taitokerau

- Work with Central Districts members in the months leading up to the conference to generate local and national Maori interest in the conference.
- Focus on Maori presenters at the conference to provide support as required.

Outcomes

- 1 Maori-focused story for every issue of PHA newsletter, which can then be circulated to sector and other media.
- 7 stories or releases to Maori and other media
- 7 Maori public health spokespeople in the media

3. *Co-ordinate the provision of credible, research-based information and timely comment to the media in response to emerging public health issues*

Tasks

Maintain up-to-date advocacy and communication plans for key policy areas in which the PHA will lead communications and advocacy, that is, addressing underlying determinants of health, such as inequality in income, housing, and unemployment;

A 3 Communications Plan 11/05 - 03/06

health impact assessment; effective primary and public health interventions; Maori public health.

Maintain an up-to-date list of contacts on issues on which PHA will support other agencies, that is; alcohol, tobacco, fluoride, prostitution, road safety, DTCA, breastfeeding, guns, disability access, environmental health, nuclear disarmament, climate change.

Maintain regular links with these spokespeople, offering support on public health issues, and media training.

Wherever possible, give relevant individuals and agencies the opportunity to comment on PHA press releases/information before they are distributed.

Outcomes

Spokespeople on PHA-supported issues are contacted at least once every three months and when there is a significant relevant issue to discuss.

Communication plans for individual public health topics, reviewed in June and December of each year, or more frequently.

4. Provide media advice and media training sessions to PHA members and public health spokespeople to increase their effectiveness

Tasks

Make regular contact with the seven PHA branches to offer media support and advice, including to promote branch events and local public health issues.

Provide media training and support as appropriate and according to the PHA's policy.

Identify and train Maori spokespeople who can speak articulately and expertly from a wellness perspective on specific public health issues.

Provide coaching on media work to Maori spokespeople.

Regularly offer members and other public health organisations media training and support service offered by PHA.

Work with PHA branches on the promotion of events and local public health issues

Write and distribute the PHA Bulletin regularly. The purpose of the Bulletin is to keep PHA members up-to-date with public health advocacy issues, and latest PHA news – staff movements, conference etc.

Outcomes

Media training provided to at least four individuals/organisations, of which at least two will be Maori focussed.

Media support and assistance provided to at least four individuals/organisations.

PHA branches contacted for a 'catch up' and offered media help and support at least three times a year.

Bulletins distributed as needed.

5. Promote the PHA

A 3 Communications Plan 11/05 - 03/06

Tasks

Develop a marketing plan that will raise the profile of the PHA with:

- members
- other public health practitioners and organisations
- decision makers.

Outcomes

- Marketing plan is developed and implemented.

Attachment 4

Encouraging and facilitating informed public debate on public health issues

Public debate facilitated by the PHA

Mainstream media

Alcohol	19 April	Letter to Herald	Not get local newspapers to check	Gay Keating.
Alcohol	12 May	Letter to Marlborough Express	Not get local newspapers to check	Gay Keating.
Public Health	21 April.	Letter to Western Leader re unhygienic food outlets.	Not get local newspapers to check	Gay Keating.
Maori health	24 June	Media release ethnicity weighting in PHOs	Radio NZ	Gay Keating
	Conference	Divide – access to services	TVOne Breakfast	Cesare Victoria
	Conference	Suicide prevention	Checkpoint	Stephen Platt
	Conference	Media, meningococcal disease	NZ Herald	Nikki Turner
	Conference	Sunsmart policies	Dominion and ODT	Tony Reeder
	Conference	PH Champion	Manawatu Evening Stand	Ann Shaw
	Conference	Public Health in PHOs	NZ Doctor	
Whanau violence	24 August	Media release child physical punishment	Newstalk ZB	Gay Keating
Pacific Health	23 September 05	Media release from PHA promoting Tino Lelei 2005 Health Body Shape Fono		Gay Keating
Pacific Health	23 September 05	Media release prepared for Eseta Finau of PI Food and Nutrition Action Group to promote fono.	Fono was covered by 53PI and Spasifik Magazine.	Eseta Finau
Child poverty	25 September	Presentation to conference of social science teachers		Gay Keating
Housing	27 Sept 05	Letter to NZ Herald with suggestions for uses of over supply of rental properties		Gay Keating
Whanau violence	29 Sept 05	Letter to NZ Herald saying that study that shows many children are smacked strengthens the case for repeal of Section 59.		Gay Keating
Whanau violence	29 Sept 05	Letter to Chch Press saying that study that shows many children are smacked strengthens the case for repeal of Section 59.		Gay Keating

A4 Encouraging and facilitating informed public debate

Maori – specific media

Date	Issue highlighted	Broadcast / print
July PHA conference	Shane Houston	Maori Television Te Kaea
	Hauora Hokianga's control of septic tanks and waste water	Maori Television Te Kaea
	Papaarangi Reid's opening address	National Radio two mornings running. On day two she was interviewed about doctors and racism. iwi radio, interview with Chris Laidlaw.
	Gaps in outcomes for Maori and other groups	New Zealand Doctor
	Maori and cancer	New Zealand Doctor
	Ngati Porou Hauora interventions with diabetes	New Zealand Doctor
	Hapai te Hauora	PHA News Kokiri Paetae
	Te Kupenga Hauora-Ahuriri in Napier Sally Rye	Maori Television and a feature on their week-end programme with at risk adolescents ran on Te Kaea
Sept 05	Te Waka Hauora Te Oranga tonu Tanga Sent to PHA Newsletter and Kokiri Paetae	
Sept 05	Discussion on the new wave of Maori health professionals with the Dominion – and linking them up with relevant spokespeople	

Encouraging public debate

mainstream public health agencies and media

Youth	29 Sept 05	Liz met with Matt Roberts of NZAAHD. Will work with NZAAHD to develop media strategy
Alcohol	30 Sept 05	Liz met with Rebecca Williams and Christine Rogan of Alcohol Health Watch to discuss upcoming issues and how PHA could assist
Tobacco	30 Sept 05	Liz met with Becky Freeman of ASH. Discussed how PHA could support ASH.

Maori specific public health agencies

	Sept	Met with Te Roopu Tautoko ki te Tonga (Dunedin)
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Media training

No media training this period

Attachment 5 Development of Healthy Public Policy

Issue	Coordination of input to healthy public policy	Support the development of healthy public policy	Outcome
Environmental health		Identification, with NZ Institute of Health, of key environmental health issues	
Public Health infrastructure development	Endorsed call for action on international human resources needed to achieve Millennium Development goals		
Alcohol	Circulation of draft PHA policy on alcohol	Urge MPs to send on private members Alcohol (Youth Harm Reduction) Amendment Bill to select Committee Submission made	Sent to select Committee Awaiting decision of select committee of new Parliament
Family whanau violence	Endorsed recommendation of End All Physical Punishment of Children as part of a regional consultation in the UN Secretary General's study on violence against children.	Support for Sue Bradford's member's Bill to repeal s 59	
Food and Nutrition		Nutrition, health and related claims Advisory Committee	
Local Government		Submission on Far North District Council Annual Plan Discussion of ways for the Ministry of Health to support local government health role as the UK has done	
Oral health		Submission to Westland District Council 12 MAY	Fluoridation supported by Grey Council. Decision subsequently reversed.

Attachment 6

Making the Links for Public Health Public Health Association Conference 2005

The annual Public Health Association conference (for which the Ministry is major and much-appreciated sponsor) provides the principal annual opportunity in NZ for public health practitioners of all disciplines to get together and exchange ideas. Each year it is the responsibility of a different PHA branch (or caucus) to host the conference, and in 2005 it was Wellington's turn.

The conference was given a challenging start with an opening address by Dr Papaarangi Reid, who focused on one of the conference themes of inequalities. She warned of the need to be mindful of adverse trends in present environments and their potential for endangering gains that had been made.

The inequalities theme was stressed also by Professor Cesar Victora, speaking from his experience in Brazil. In particular Cesar discussed the results from a 23 year-long birth cohort in Brazil concerning the impacts of inequalities in early life on health in adolescence and adult life. He also outlined the concept of inverse equity which has interesting and often unexpected effects.

Māori health and Indigenous health issues were a strong theme of the conferences (the conference committee was pleased at the high number of papers on Māori health research submitted and accepted for presentation). A view from over the Tasman was given by Dr Shane Houston, Western Australia, who spoke of challenges and progress on aboriginal health.

'Prison health' emerged as a central concern at the conference. Michael Levy from Australia spoke in a low-key but eloquent way of the unequal health burden that prisoners carry. He provided additional information for those conference participants already interested in this area and generated profound concern among those relatively new to the issues. Michael's keynote address was supported by several other speakers in parallel sessions and a panel discussion.

Other topics explored in parallel streams included those of alcohol and drug issues, tobacco, injury and violence prevention, primary health care, community action, health impact assessment, human rights, the role of local authorities, environmental protection, reduction of inequalities, and violence prevention. Mental health – and suicide prevention in particular – was the topic of Professor Stephen Platt's address. A very informative and somewhat humbling presentation on Pacific health issues was ably organised and chaired by Margaret Southwick.

The topic of public health law is relatively new to PHA conferences, and was ably explored by Dr Chris Reynolds, Australia (among other things co-Director of the Centre for Public Health Law). Chris outlined several waves of public health law reform and highlighted in particular what is arguably now the most important concern for public health and the world in general – sustainability of environments, urban societies and life. Gary Moore, Mayor of Christchurch, also spoke of these themes at the practical level of creating healthy cities, and there was a very enjoyable and much

A4 Conference 2005

to be recommended workshop on sustainability facilitated by Bob Frame and Lynley Cook.

Abstracts

Over 90 abstracts were submitted, many of which were excellent, far more than could be accommodated. The abstract selection team used the following criteria:

- How well does it build to the themes of the conference?
- Does it give new details on wider public health themes – eg inequalities?
- Does it let people know what is happening around the country?
- Is the paper methodologically sound?
- Is the paper innovative and interesting?

It was clear that some of the submitters who are practitioners rather than academics found it difficult to write an abstract. Written communication is clearly an area for workforce development.

Accreditation for continuing education

The conference was recognised by the RNZCGP and AFPHM for continuing education. This year for the first time a form to record attendance was included in the registration pack.

Registration Numbers

The number of registrations was 342. This was below the target of 400. Fewer than half of the registrants were PHA members, so clearly the conference is reaching the wider public health workforce.

Evaluation

14% of registrants provided feedback when we sought it electronically after the meeting. The responses were mostly positive. The factors most enjoyed were the quality of the presenters, the variety of topics, opportunity to network and the venue.

However it was also clear that some practitioners who have been regular attenders of PHA conferences over the years are seeking a different type of continuing education opportunity.

There was generally good feedback about the venue and the timekeeping. However there was clearly some problems with timekeeping in some parallel sessions.

Scholarships

The J R McKenzie Trust once again gave the PHA conference a grant to assist people to attend the conference.

The PHA sought applicants based on the criteria used the previous year as follows:

- Works for a public health community group that has no access to other funds for attendance to conference
- Community group applicant works for/or is actively involved in improving the health of Maori

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- Community group applicant works for/or is actively involved in improving the health of PI peoples
- Community group and community as a whole will benefit by person attending conference
- Individual will benefit in terms of their workforce development
- Is presenting at conference or supporting a presenter.

Sixteen candidates were selected from the Far North to the middle of the South Island, based on the above criteria and funds available. They were offered:

- Free registration to conference
- ticket to dinner/dance evening
- 60% of total travel costs
- \$40 per day towards accommodation
- One year's free membership to the PHA.

Initially there were few Pacific applicants. In the finish there were seven Pacific applicants, from whom six were accepted.

Public Health Champion

Ann Shaw was named Public Health Champion

Sponsorship

Total sponsorship received was \$99,000. This included the core contract funding and the supplementary support from the Ministry of Health, and the tagged funding from the JR McKenzie Trust.

Lessons learned

Bringing the closing date for abstracts forward to the end of January was effective. It allowed full programme listing in the registration form, tighter targeting of specific sectors for registration and early arrangement of conference publicity. Despite publicity about the earlier closing date than in previous years some submitters were too late.

Web-based abstract management is clearly more efficient than email or hard-copy submission. However there were some technical difficulties with the outsourcing of the website that need to be resolved.

Commercial conference organisers have been used for PHA conferences for some years now. They are essential to enable a voluntary group produce a professional conference

Specific targeted work needs to be done to encourage the participation of Pacific people, including encouraging Pacific practitioners to apply for scholarships

It is always a challenge to provide healthy food and healthy activity options and this needs eternal vigilance

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Possibly we need to pay more attention to strict instructions re keeping people to time (in particular in the parallel streams) and ensuring chairs are more disciplined.

Sustaining Public Health - Palmerston North, 5-7 July 2006

The interest in sustainability which was very apparent among conference 2005 participants bodes well for next year's conference.