



*Public Health Association
of New Zealand Inc.*

2 November, 2006

Peter Kennerley
Ministry of Health
Central Office
PO Box 5013
WELLINGTON

Tena koe Peter

Contract 285712/00 PHA Public health infrastructure
Six Monthly Report to 30 September 2006.

Enclosed is the contract report for the past six months from the Public Health Association. I apologise for the delay in this report.

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

As agreed, I have minimised the amount of information that has been developed specifically for the contract report. This report is predominantly based on information that has been developed to meet PHA internal requirements.

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.

I look forward to meeting with you to discuss this report.

Yours sincerely

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

PHA contract report to MoH – six month period ending September 2006
Attachment 1 Report against Annual Plan 2006-7



SIX MONTHLY REPORT TO MINISTRY OF HEALTH

1 April 2006 – 30 September 2006

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.

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

1.1 Planning process

Strategic and annual plans to be included with relevant six monthly reports. Annual plan objectives 2006-07 included in this report – attachment 1

Six monthly reports to be based on the above plans and include progress against targets identified in the plans

1.2 Public health communication

Communication plan attached to report due 20 April 2004.

Six monthly report summarising issues worked on Data below reports on previous plans and priorities- attachments

1.3 Increasing effectiveness of public health media spokespersons

Up to four media training sessions delivered per annum; numbers attending and summaries of feedback from participants included with six monthly reports. Achieved, see attachment 2

Other media training provided documented in six monthly reports. Achieved, see attachment 2

Output Two: - Provide co-ordination for the development of healthy public policy

2.1 Co-ordination of input to public health policy

Six monthly reports to include summary of linkages with groups and individuals See attachment

2.2 Support the development of healthy public policy

A minimum of four written submissions on regulatory legislative and policy issues made per annum Achieved, see attachment

Output Three: - Enhance Development of The Public Health Workforce

3.1 Annual Conference

One conference per annum organised Achieved, see attachment

Attachment 1

Report against

Public Health Association of New Zealand Annual Plan 2006-07

Notes

This report on the PHA Annual Plan 2006-07 covers the workplan for the PHA advocacy irrespective of the source of funding. Some items are specifically noted as not funded from the Ministry of Health contract 285712/00.

In addition to the items reported here the PHA has a contract concerning core competencies in public health and an internal work plan to strengthen the Public Health Association.

Attachment 3

Champion improvement in Maori health

- Support the Maori caucus to 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*.
- Advocate for increased effective Maori participation in decision making in DHBs and local government where appropriate
- Support Maori caucus to develop and lead action on Maori public health

Performance measures

Date	Measure	Achievements to 30 September 2006
throughout year	participate in informed debate on Maori health, and make submissions on healthy public policy for Maori	see attachments
throughout year	All PHA submissions apply the <i>Advocating public health for Maori</i> checklist	achieved
throughout year	Offer to assist branches to incorporate advocacy for increased effective Maori participation in decision making local government as part of submissions on LTCCPs	Offered. Assisted Wellington Branch
In line with Maori caucus timeframes	Circulate the PHA policy on Maori health	not in this period
throughout year	Continue to run training on healthy public policy for Maori, within budget	not in this period
30 June 2006	Develop and implement advanced training for Maori practitioners on communication strategies	under development
throughout year	Offer Maori spokespeople workshopping with experienced Maori media journalists in getting your message out in the Maori language	achieved – see attachment
throughout year	Individual coaching for the Maori caucus and other Maori health spokespeople	achieved – see attachment
throughout year	One Maori focussed story for every issue of PHA News, which is then also circulated to sector and other media.	achieved
throughout year	Seven Maori public health spokespeople in media	achieved – see attachment

PHA contract report to MoH – six month period ending September 2006
 Attachment 3 Developing healthy public policy

Attachment 3

throughout year	Seven stories or media releases in the Maori media	achieved – see attachment
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Attachment 3

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

- Support the development and implementation of healthy public policy on determinants of health and health inequalities through submissions
- Promote the importance of health impact assessment
- Increase public support for public health approaches
- Support branches and other groups of members to complete and promote PHA position statements

Performance measures

Date	Measure	Achievements to 30 September 2006
7 July 2006	PHA annual conference utilises opportunity to reach a broad audience on equity, social, economic and cultural determinants factors in health	achieved
31 October 2006	First draft position statements <i>health inequalities</i> , and <i>Physical and natural environmental health determinants and ecology</i> considered by Council committee	not relevant this period
31 December 2006	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	not relevant this period
February 10 2007	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	not relevant this period
31 January 2007	submission made by PHA on Budget Policy Statement 2007.	not relevant this period
throughout year	Key messages on inequalities and social/economic determinants in media achieving statements letters published, viewpoint or similar articles published	Achieved, see attachment 2
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.	not achieved this period
throughout year	participate in informed debate and make submissions on determinants of health and inequalities as appropriate	see attachment

Attachment 3

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

- Ensure that PHA maintains an up to date position statement
- Make submissions, develop and implement communications plans and take other actions on specific public health issues
- Support branches and other groups of members to complete and promote PHA position statements.

Performance measures

Date	Measure	Achievements to 30 September 2006
quarterly	Council committee meets to review Position Statements	achieved
31 May 2006	Final draft position statements of next round, if any, presented to Council for adoption after consideration by Council Committee	none that round
as occurs	participate in informed debate and make submissions on public health issues.	see attachment
28 February 2007	Communication plans developed and reviewed in February and August or more frequently	Achieved, see attachment 2
	8 submissions or media releases on public health issues pa, based on PHA policies,	Achieved, see attachment 2
throughout year	4 requests per month for PHA comment from media	Achieved, see attachment 2
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	see attachment

Attachment 3

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

- Complete core competencies project
- Strengthen alliances with relevant NGOs and others that impact on public health
- Make submissions and put forward improvements to the Public Health regulatory environment when appropriate
- Encourage PHA branches to support public health perspectives within DHBs and PHOs
- Encourage PHA branches to support public health perspectives within District Health Boards and local and regional government focussing on LTCCPs
- Support to public health spokespeople to work more effectively with media
- Identify opportunities for mentoring developing Maori public health practitioners
- Advocate for improved collection of ethnicity data
- Work with others to identify and raise issues concerning the sustainability of community/Iwi/Providers

Date	Measure	Achievements to 30 September 2006
as occurs	Participate in Ministry of Health public health workforce development reference group	not relevant this period
30 June 2006	Offer to assist PHA branches to support public health perspectives within local government	offer extended, resource on website
30 November 2006	Offer to assist PHA branches to support public health perspectives within DHBs and PHOs	not relevant this period
31 March 2007	Meet with the HWAC at least once to discuss the role of a public health perspective for the whole health workforce	not this period
as occurs	Identify opportunities for mentoring developing public health practitioners	not this period
as occurs	participate in informed debate and make submissions on the Public Health regulatory environment	not relevant this period
31 December 2006	Work with others to identify and raise issues concerning the sustainability of community/Iwi/Providers	not this period
five times pa	Newsletter (minimum five times per calendar year, electronic or hard copy) informs members of aspects of current public health issues	Achieved
as occurs	Public health policy champions demonstrated to be active in the media	see attachment
as occurs	Offer media training to branches and other public health organisations, consistent with PHA policy.	Achieved, see attachment 2

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Attachment 3

Attachment 2 Support informed debate

COMMUNICATION PLAN 2006/2007 August 2006 to February 2007

The communication and advocacy plan is divided into two parts:

Part I

The first part covers the overview and context of PHA advocacy and media communications. It also states PHA communication priorities, policies where PHA will support other agencies, and internal communication issues.

Part II

The second part of the plan includes specific objectives, tasks and performance measures.

These individual plans will be reviewed and adapted at six-monthly intervals.

Part I: Overview of PHA communications and advocacy

The PHA communications plan 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.

Aim of PHA communications and advocacy

Providing opportunities for discussion of public health issues.

The PHA will identify and broaden opportunities for discussion of public health issues. These will include opportunities that have been specifically created by the PHA and also using other events for discussion of public health issues. PHA contribution to media advocacy includes framing and reframing issues.

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Raising public awareness

Providing information on public health issues is critical to raising public awareness. Use of the media to raise the public's awareness of public health issues is a strategy the PHA will capitalise on to ensure that public health issues are known and well informed by experts. The level of debate may be reflected in letters to editors (print and TV) as well as letters to MPs and appropriate parliamentary committees.

Strengthening community action to lobby for change is a product of raising public awareness.

Underpinning communication by strategic alliances, networking and coalition building.

A key strategy from the strategic plan is developing alliances. Working in collaboration with other agencies with similar views is an important part of this process. This focus on alliances and coalitions underpins the communications methods above, and influences the role the PHA will play on any particular issues.

Issues where the PHA will lead communication

The issues on which the PHA will lead communication are:

- addressing underlying determinants of health, such as inequality in income, housing, and unemployment
- health impact assessment
- effective primary and public health interventions
- Maori public health.

Issues where the PHA will support other agencies

Success in these specialist areas will depend on interested members driving communication work by alerting the communications manager about key events/reports etc. At least one member in each policy area must be prepared to be media trained and act as spokesperson.

- Alcohol
- Tobacco
- Fluoride
- Prostitution
- Road Safety
- DTCA
- Nutrition and physical activity
- Breastfeeding
- Guns
- Disability Access
- Environmental health
- Nuclear disarmament
- Climate change.

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Internal communication

Internal communication is important for meeting the goal of strengthening the Public Health Association. Key devices for PHA internal communication are:

- the PHA newsletter (also a key external communication device)
- the PHA website (also a key external communication device)
- Internal email Bulletins. These are short weekly updates aimed at promoting internal PHA communication and keeping members up to date. They report on activities in which the PHA has been involved, forthcoming events and conferences, public health jobs and training opportunities and media activities. The weekly Bulletin has replaced frequent emails to members with information on conferences, jobs, etc.

External communication for advocacy

Copies of PHA press releases/information will be sent to other organisations that the PHA has a working relationship with.

Methods of communicating PHA issues

The PHA will use a variety of communication tools including:

- media releases
- letters to the editors
- viewpoints/opinion pieces
- educational articles.

Spokespeople

PHA communications is complicated by the fact that there are a large range of policy areas and specialist spokespeople are needed for some policies e.g. direct to consumer advertising. Policy champions do not always have the time to get involved in media activities. There is also a risk some members may avoid involvement in policy development because they do not want to get involved in media advocacy. Therefore the PHA communications plan is reliant on having at least three members willing to drive each policy. Each group can identify a media advocate or brief the director or other key spokespeople.

Requirements for PHA spokespeople

All spokespeople should be media trained in the policy they are advocating. Some spokespeople may have attended previous media training but a brief individual coaching session is necessary to ensure PHA messages are consistent and thought out.

Part II: Objectives, tasks and performance measures

PHA contract report to MoH – six month period ending September 2006
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Objectives

The communications manager role has the following objectives:

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. Work with the PHA Maori media specialist
3. Develop and maintain constructive working relationships with key spokespeople with public health expertise and 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.

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.
- Monitor the public health environment, including the media, to identify emerging issues that require a response.
- Ensure the PHA's website is kept up to date, with working links. (Note, the PHA website has recently undergone an overhaul, and a new, improved site will be live by the end of November 2006)
- Provide relevant information for the PHA newsletter.
- Write and distribute the PHA Bulletin weekly.
- Develop relationships with the media, and in particular health 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.
- Make regular contact with the seven PHA branches to offer media support and advice.
- Ensure media coverage of branch events and local public health issues.

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2. Work with the PHA Maori media specialist

Tasks

- Forward Maori-focused public health stories to Maori media specialist for response
- With the Maori media specialist, develop a plan to promote the PHA conference, that includes tasks, timeframes and responsibilities, and implement this plan
- With the Maori media specialist, offer communications/media training to PHA branches, members and other organisations

3. Develop and maintain constructive working relationships with key spokespeople and co-ordinate the provision of credible, research-based information and timely comment to the media in response to emerging public health issues

Tasks

- Maintain an up-to-date list of potential spokespeople 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 spokespeople, offering support on public health issues, and media training
- Send copies of PHA press releases/information to other organisations that the PHA has a working relationship with
- Forward government press releases and other information that comes through the PHA office to the policy group.
- Maintain up-to-date advocacy and communication plans for key policy areas in which the PHA will lead communications and advocacy.

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4. Provide media training sessions to PHA members and public health spokespeople

Tasks

- Ensure members are aware of the media training and support service offered by PHA.
- Provide media training and support as appropriate and according to the PHA's policy.

Performance measures

Communication plans developed and reviewed in February and August of each year, or more frequently.	Achieved
Eight submissions or media releases on public health issues each year, based on PHA policies, reported in 6 monthly reports.	Achieved, see below for list of media releases
Four requests per month for PHA comment from the media.	Achieved
Key messages on inequalities and social/economic determinants in media achieving statements, letters published, viewpoint or similar articles published.	Achieved
PHA branches contacted for a 'catch up' and offered media help and support at least three times a year.	Achieved
PHA website reviewed for accuracy and working links at least once every three months.	Achieved (and new website under development)
At least twenty articles about the PHA conference appear in major media (major daily newspapers, radio or television news).	Achieved (45 separate print articles, 9 radio items, three stories on television news)
Spokespeople on PHA-supported issues are contacted at least once every three months.	Not achieved (very difficult to find spokespeople, role taken by Gay Keating)
Media is scanned during the week, and all Maori public health stories identified are forwarded to Maori media specialist	Achieved
Media training, support or assistance provided to at least four individuals/organisations.	Achieved

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MEDIA COVERAGE SUMMARY

Conference media hits: 45 separate print articles, 9 radio items, three stories on television news.

'Cold calls' from the media: There were a total of 15 approaches from media during this period that weren't in response to a PHA media release.

They were:

- Education Review; seeking comment on Karen Poutasi's appointment to the NZQA
- Dominion Post; re child abuse
- NZ Herald; family violence issues
- Radio NZ, publicans charging for water
- 20/20; gun control
- Health Matters; alcohol advertising
- Great Southern TV; fluoride
- NZ Herald; bullying
- Herald on Sunday; nutrition
- Watea News Obesity; obesity
- Dominion Post; refugee health and TB
- Northern Advocate; standards of living
- Close Up @ 7; food safety
- Breakfast; Reader's Digest survey on NZers health
- Breakfast; casino gambling license suspension.

Media releases: The PHA put out the following media releases. They were:

MEDIA LOG

Issue	Sent	Objective/published	PHA spokespe
Drugs	4 April 06	Liz gave media training for Drug Foundation course for providers.	Liz
Obesity	5 April 06	Letter to the Herald on Sunday about need to make the easy choice the healthy choice	Gay
Alcohol advertising	6 April 06	Letter to the ODT urging a ban on alcohol advertising. Published 13 April 2006	Gay
Nutrition	6 April 06	Media release urging parents to make healthy choice the easy choice. Published in Daily Post.	Gay
PHA website	April/May	Ongoing work updating and redesigning the PHA website	Liz
PHA newsletter	April	Redesign of PHA newsletter undertaken	Liz
Nutrition	13 April	Meeting with Nicola Chitcott, ANA, re covering their obesity and TV watching paper at the PHA conference	Liz
Fluoride	April	Sent large number of letters to the editor to Kim Smith to help with Hamilton fluoride campaign	Liz
Fluoride	18 April	Letters to ODT, Herald, Waikato Times re MoH stats that more children having teeth	Liz

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		extracted	
PHA News	April	PHA news written, printed and distributed. This is a task that was formerly undertaken by Noeline Holt.	
Tobacco	3 May	Media release commenting on Janice Pou case verdict. Interviews with RNZ, and Morning Report. Quoted in NZ Herald.	Gay
Tobacco	10 May	Joint media release with Smokefree Coalition on large, graphic health warnings. In Dominion Post,	Gay and Mark P
McKenzie Scholarship	16 May	Liz developed promotional wording for McKenzie Scholarship and, with Bella, developed email lists and distributed wording to these lists. Result has been much greater interest in the scholarship.	Liz/Bella
Prisoner health	16 May	Media release welcoming more help being given to inmates with drug and alcohol problems. In Crime.co, Newstalk ZB.	Gay
Budget	18 May	PHA gives budget 7 out of 10, media release.	Gay
Budget	19 May	Liz arranged media coverage for Post Budget Breakfast, Scoop attended and taped speakers, put on Scoop website. Liz also prepared and distributed media packs, speakers bios etc. Good turn out, about 60 people. Liz will feature main themes in PHA News	Liz
Prisoner health	22 May	Liz met with John Whitty to start work on a communications strategy for NZ Prisoner Aid and Rehab.	
Obesity	23 May	Media release re PHA calls for multi-party accord on obesity. To coincide with PHA submission to Health Select Committee. On newswires.	Gay
General	26 May 2006	Provided media training to Louise Signal's class at Wgtn School of Medicine	Liz
Newsletter	Last two weeks of May	Writing and getting contributions to PHA News,	Liz
Prisoner welfare	30 May 2006	Developed draft communications strategy for NZPARS. Have worked with NZPARS as they develop their new website.	Liz
Media training	14 June	In Rotorua doing media training for the Drug Foundation	Liz
Obesity	Early July	Working closely with ANA over release of obesity and TV watching report. Drafted media release for ANA and also supportive PHA release. Coverage received on TV3 News, Manawatu Standard, Scoop.	Liz
Tobacco	July 3	Media release to support release of new quit ads. On newswires.	Liz
PHA conference	Late June and early July	Numerous contacts made with media to encourage attendance at/coverage of PHA conference. Following media releases	Liz/Anton

PHA contract report to MoH – six month period ending September 2006
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		<p>distributed:</p> <ul style="list-style-type: none"> • Public Health Association conference begins • Kyoto targets essential to health • Race card important factor when it come to Māori health • Alcohol marketing leads to more young deaths • Philippa Howden Chapman 2006 Public Health Champion • Health is everyone's business – PHA • Asian problem gambling issues unique • Ban on fast food advertising urged. <p>See conference media report for list of coverage received. Total: print coverage – 45 items, radio – 9 items, TV – 3 items.</p>	
Environment	July and August	Working with an environment group in Levin on ways to stop the Hokio Beach Rd landfill expansion	Liz
Fluoride	July and August	Working with Kim Smith, National Fluoride co-ordinator on fluoride in Ashburton issue	Liz
Media training	9 August	In Auckland doing media training for the National Drug Foundation	Liz
August newsletter	August	Writing, finalising email template for, and distributing August newsletter	Liz
Section 59	10 August	Release supporting Porirua City Council on support of repeal of section 59 of Crimes Act. Coverage in Northern Courier.	Gay
Food safety	14 August	PHA supports Wgtn School of Med calls to consider banning sale of fresh chicken due to campylobacter. Gay interviewed on Radio NZ's Midday Report, and item was reported on TVOne News, in Christchurch Press, and on Stuff and Scoop.	Gay
Media training	23 August	Media training in Dunedin for the National Drug Foundation	Liz
GP visits	28 August	Media release – PHA welcomes funding for low cost GP practices. Coverage in Howick and Pakuranga Times.	Gay
NZer's health	28 August	Gay appeared live on TV One's Breakfast programme to discuss results of Readers' Digest survey on NZers health	Gay
Need-based funding	1 September	Media release – PHA supports Western BoP PHO funding of diet and exercise programme for Māori men of middle age. Coverage in The Daily Post, Manawatu Std, Bay of Plenty Times, Westport News.	Gay
Infectious diseases	1 September	Gay commented on infectious diseases in immigrants. Coverage in Manawatu Std, Dominion Post, Nelson Mail, Timaru Herald.	

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Gambling	8 September	PHA applauds pokie money refusal. PHA congratulates charities refusing to take pokie money. Covered in Dominion Post, Otago Daily Times, Hawkes Bay Today, Northern Advocate, Marlborough Express.	Gay
Media training	27 Sept	Media training for the National Drug Foundation in Christchurch	Liz
Direct to consumer advertising	6 Oct	Media release calling for ban on DTCA. Covered in Dominion Post (pg 2), Northern Advocate, Westport News, Hawkes Bay Today, Manawatu Standard, Newstalk ZB.	Gay
Poverty	9 October	Letter to the editor the Herald on the ramifications if the DPH is scrapped.	Gay
Advertising of unhealthy foods	10 October	Letter to the editor of the Dom Post challenging assertion by Association of NZ Advertisers that debate around banning advertising of high fat high sugar food is a 'nanny state' approach. Published 10 Oct	Gay
Tobacco	20 October	Media release Health Groups Applaud Bill to Stop Government Investment in Tobacco. Gay was interviewed on Radio NZ and Newstalk ZB.	Gay
Food safety	30 October	Gay on Close Up @ 7 , talking about food hygiene in Wellington restaurants. Also talked on Radio NZ and was quoted in the Dominion Post and the Manawatu Standard.	Gay
Climate Change	31 October	Media release on health implications of climate change. Following release of Nicholas Stern report. Article in Christchurch Press and on Scoop.	Gay

Attachment 3

Attachment 3 Co-ordination of input to healthy public policy

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
- Council on International Development

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.

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Development of Healthy Public Policy

Issue and partners	6 months ending 30 September 2006	12 months ending 31 March 2007	Outcome
Breastfeeding La Leche League	Participation in MoH meeting to progress implementation of the International Code of Marketing Breast Milk Substitutes		PHA position well understood by MoH
Direct to consumer advertising of prescription pharmaceuticals	PHA submission		No decision released yet
Economic factors in health	Support for Wellington Branch Post budget meeting analysing the impact of the Budget 2006 on health.		
Alcohol	Youth Harm Reduction Bill oral submission		
Family whanau violence	s 59 repeal submission		
Food and Nutrition	Submission to Health Select Committee on obesity and type II diabetes		Select Committee not yet reported back
Local Government	Support for Wellington Branch submission to Wellington City Council LTCCP		
National Drugs Policy	Submission made to MoH		
Marketing of hazardous consumptions	Selling sickness Summit 24 May		

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Attachment 4 PHA Conference report Sustaining Public Health - Palmerston North, 5-7 July 2006

Attachment 4 PHA Conference Report Sustaining Public Health – Palmerston North, 5-7 July 2006-11-01

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 2006 it was Palmerston North's turn.

This year's conference attracted a high calibre of speakers who spoke on different issues affecting public health both in New Zealand and Australia.

The official opening address was made by **Steve Maharey**, Minister of Education. He commented on the growing incidence of obesity among children and what steps could be taken to deal with this problem and encourage healthy eating and exercise habits.

Professor Mason Durie, DVC Maori, Massey University, Palmerston North, was a most interesting speaker exploring environmental threats to public health. He said the challenge was navigating the relationships between people and their environments in order to achieve the best possible outcomes for their health.

One of the problems he listed was aggressive marketing and this was further highlighted in one of the workshops by a study that looked at the upward movement of alcohol consumption among our young people. Twelve groups of young people, aged 14 to 16 years old, with an affinity to each other, covering male, female, Maori and Pakeha, were interviewed 3 times over a 2 year period and it was noted how their attitudes changed.

There is a huge budget for liquor advertising, but less than half is spent on direct advertising, most goes to diverse, unmonitored marketing activities and it was obvious from the research that much of this type of promotion is actually retained by the young people even though not consciously aware of watching it.

Professor Tony McMichael, (National Centre for Epidemiology and Population Health, The Australian National University, Canberra) talked on the relationship between the population, the environment, health and sustainability.

He indicated that at the rate at which we are moving, we are outstripping the means of the natural environment to support life. The natural environment is essential for sustainability of life.

Dr **Lisa Jackson**, herself an aboriginal, spoke of the disparities in providing services to indigenous people and the frustrations of Community Workers trying to deliver these services.

Attachment 4 PHA Conference report Sustaining Public Health - Palmerston North, 5-7 July 2006

Geoff Fougere talked of the challenge of how to address impacts on health that are not under the control of the health sector.

Dr **Jane Freemantle** talked on the challenges of change improving infant and child health and how important it is to look closely at some of the data provided to support some claims.

The Parallel Sessions and the Lunchtime Workshops covered Transport and Access, Sustaining Public Health – a rural perspective, raised an awareness of the differing needs which arise when trying to provide fair access to health services for all members of the community.

The presentation on Healthy Cities underlined the need for all sectors to be involved in the well being of the community and how important for sustainability to have a healthy environment.

The session on Social Connectedness with keynote speakers, **Cindy Kiro**, The Children's Commissioner and **Teuila Percival**, Consultant Paediatrician at Kidz First Children's Hospital, South Auckland, covered the changes in society which bring different needs to parents trying to raise healthy children in today's world. Once again reference was made to the harm marketing gurus are causing in the community.

Hon. Pete Hodgson, Minister of Health, was present briefly and based his talk mainly on the theme "Health is everyone's Business". He also talked of the Healthy eating – healthy action" plan which it is hoped will help the fight against obesity and its resulting health problems. Everyone will need to promote this if it is to succeed as a very similar theme was launched by former Minister of Health Annette King a few years ago, but if anything the situation has deteriorated. He laid out a challenge for Public Health workers to push him, to get the resources and the information so he can convince his colleagues to do more to address the issues of health inequality. This was strongly supported by the former director of health George Salmond. He said "he had never heard a minister so enthusiastic about public health".

Dr George Salmond spoke of attending WHO meeting in Alma-Ata, Russia, in 1978, when the then Director General of WHO began to promote Primary Health Care. New Zealand has a very diverse community and one size does not fit all. He stressed the need to find ways in which to work in all diverse situations. There are questions of morality, ethics and justice and we must learn to celebrate our diversity.

Dr Pat Ngata, a GP practicing in Tolaga Bay, Gisborne area told of how he uses his knowledge to help the people of his community and has developed close links with both Otago and Auckland Schools of Medicine to ensure students have experience of living and working in the health field in a predominantly Maori environment. This has beneficial results for all concerned and students have a much better understanding of the needs and problems faced by smaller rural communities.

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Dr Don Matheson Deputy Director-General Public Health of the ministry of Health posed the question "Are Personal Health Services a Public Health Intervention?"

Dr Ruth Richardson a public health medicine specialis work in the Ministry of Social Development spoke of "Sustaining Public Health – A Journey into Space".

Her list of ten lessons she had learned since assuming this position highlighted the differences which exist when addressing problems from a different view point, and she finished with a quote from Winston Churchill " We will succeed together or fall separately".

A good turn out from Maori health professionals and health workers as well as an increase attendance of Pacific and Asian delegates.

Abstracts

Over 90 abstracts were submitted.

Registration Numbers

247 people registered, fewer than half of the registrants were PHA members, so clearly the conference is reaching the wider public health workforce.

Evaluation

The venue seemed to polarise people, some thinking it was ideal, while others saying they were dissatisfied. In particular people disliked having to go outside to the science centre. Wet weather was not helpful in this regard. There was also comment about the number of papers/workshops that were cancelled- this was mainly due to the illness of presenters, and therefore difficult to anticipate.

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
- 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.

Twelve 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:

PHA contract report to MoH – six month period ending September 2006
Attachment 4 PHA Conference

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- 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.

Only four application received from Pacific Island health workers and three were awarded with scholarships.

Public Health Champion

Philippa Howden-Chapman was named Public Health Champion.

Sponsorship

\$52,652.00 received from registration, \$4500.00 received from trade displays, \$8000.00 received from JR McKenzie Trust and 17000.00 from MOH. Total sponsorship received was \$82152.00

Some suggestions for improvement for next year's conference:

- more time for questions at the end of sessions
- shorter days and fewer sessions
- more fruit and iced water and more hot food
- more time to question Health Minister Pete Hodgson
- more public health research papers

Media

While attracting media attention for the conference was challenging due to a storm in Wellington, reporters being ill, and the Palmerston North location, reasonable coverage was still achieved. There were 45 separate print articles, 9 radio items, three television news stories covering issues discussed at the conference.

The conference media report is available on request.

PHA Conference 2007

Planning is underway for Conference 2007 to be hosted by the Auckland Branch.