

**PUBLIC HEALTH ASSOCIATION CONFERENCE 2011**  
**31 August – 2 September**  
**Lincoln University, Canterbury**

***Creating our Future - Now***

**Media are invited to attend the whole or any part of the conference. For all media enquiries or information about the conference please contact the PHA communications manager Rob Zorn 04 973 3759, 021 726 273.**

The conference *Creating our Future – Now* is about looking at what current public health practice is doing successfully to create a healthier future for all New Zealanders – across the socioeconomic spectrum. It will examine what makes environments and communities sustainable and resilient, and what it takes to come back from disaster. It will focus on the health of the country's smaller ethnic groups, particularly the Asian community which is the country's fastest-growing, but is often overlooked.

The conference is the biggest event on the 2011 public health calendar and will include papers from people working on issues that are current 'hot topics', such as:

- Income inequality in New Zealand – what it means for the gap in health status between differing groups of New Zealanders.
- Child home safety – are we tackling a “wicked problem” with tame solutions?
- Junk food sugars resistant even to regular teeth brushing
- The unrecognised value of the “Oldie Army” after the Canterbury quakes
- The harm to male-female relationships contained in beer advertising
- Casinos offering warm welcome to lonely refugees: the harm gambling does to the Asian community
- How to reach teenagers about the dangers of tanning: is technology showing the effects of premature ageing the answer?
- Healthline 10 years on: has it met its goals of saving money and helping those who don't use primary care services – the elderly, adolescents, Māori, Pasifika and the poor.
- Growing Up in New Zealand – is intervention at birth “a bit late”?
- Diversity versus social justice – how inequities are created
- Climate change and health – what public health practitioners can do to help mitigate the worst effects
- Recovery from disaster – what can Christchurch learn from international experience?

Keynote speakers:

In line with its carboNZero<sup>Cert™</sup> accreditation the conference has lined up New Zealand-only keynote speakers, some of whom are world leaders in their fields. They are:

- **Prof Peter Crampton** is Pro-Vice Chancellor of the Division of Health Sciences; Dean of the Faculty of Medicine, University of Otago. He is a specialist in public health medicine with his research focused on social indicators, social epidemiology and health care policy.
- **Dr Bob Frame** is Principal Scientist (Sustainability and Society), Manaaki Whenua Landcare Research. He is particularly interested in helping people imagine what kinds of futures might lay ahead. The key is then to find ways to translate those futures into good decision-making processes.

- **Dr Ramon Pink** (Te Aupouri) is a Public Health Physician, Community and Public Health, Medical Officer of Health, Canterbury. He is Medical Officer of Health for Canterbury, with a special interest in communicable disease and emergency planning.
- **Dr Susan Morton** is the Director and Principal Investigator leading *Growing Up in New Zealand* and a Senior Lecturer in Epidemiology and Population Health, University of Auckland. She holds postgraduate qualifications in mathematics and statistics and is an expert in life course epidemiology.
- **Dr Rhys Jones** (*Ngāti Kahungunu*) is a Public Health Physician and a Senior Lecturer, Te Kupenga Hauora Māori, University of Auckland. His research addresses various aspects of Māori wellbeing, and he has a particular interest in the links between climate change and health.
- **Prof Philippa Howden-Chapman** is the Director of the NZ Centre for Sustainable Cities and He Kainga Oranga/ Housing and Health Research Programme. She teaches in the area of health and public policy. Her current research interests are reducing inequalities in health and urban systems, housing, energy, climate change and health.
- **Dr Anna Stevenson** is a Public Health Specialist with the Christchurch City Council and the Canterbury District Health Board. She has worked to create partnerships between the health sector and local/regional government focusing on health impact assessment and health-promoting public policy, particularly in transport and urban design.
- **Dr David Johnston** is Senior Scientist at GNS Science and the Director of Massey University's Joint Centre for Disaster Research. He focuses on human responses to disaster and the role of public education in building community resilience and recovery.
- **Chrissie Williams** is a three-term Christchurch City Councillor, representing the Burwood Pegasus Ward. With a background in science, engineering, teaching, outdoor education and sports administration Chrissie has been involved in many Council issues, but recently has focussed on social housing, city planning, water, waste-water and transport.
- **Dr Cheryl Brunton** is Senior Lecturer in Public Health at the University of Otago, Christchurch. She is a Public Health Specialist with Community and Public Health and Medical Officer of Health, West Coast. She has particular interests in communicable disease control and environmental health which span her professional roles.
- **The Aranui Community Renewal Project** was formed in 2002 and offers more than 40 services through its community centre. Manager Rachael Fonotia and colleagues will profile the Aranui community, the issues and challenges faced and the positive progress that has been achieved against difficult odds including the recent Canterbury earthquakes.
- **Assoc Prof Elsie Ho** is the Director of Population Mental Health, School of Population Health, University of Auckland. She is a leading expert in migration and mental health studies in New Zealand, and has published widely on the topics of Asian transnational communities, migrant and refugee settlement and diversity issues.

## Summary of presentations

Following are summaries of some of the papers being presented at the PHA conference. This list is not exhaustive, but provides a snapshot of the issues that will be covered.

For further information, contact Rob Zorn 04 973 3759, 021 726 273.

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### ***Presentations - General***

#### **Impacts of income inequality: the Index of Health and Social Problems in Aotearoa New Zealand**

*Paul Barber:* New Zealand has experienced the fastest growth in income inequality of any of the OECD countries over recent decades. Inequality is hurting us all through high social problems and lost opportunity for economic and social development. The evidence is clear that communities with less inequality work together better, are healthier, suffer fewer social problems and are more environmentally sustainable.

#### **“Real men” drink beer – building the case for restricted liquor advertising**

*Christy Parker:* The potential for social harm, particularly the perpetuation of a climate of family violence, contained in beer advertising. New research indicates the advertisements, which aim to appeal to young men about the age they are forming their identities, operate as a “manual on masculinity” with excessive beer consumption, larrikin activities, negative attitudes towards women and avoidance of intimacy all constructed as markers of being a “real man”.

#### **Junk food sugar resistant to even good oral hygiene**

*Deepa Krishnan:* New research into the effect of junk food sugar has found the damage it does to teeth is so severe that not even regular and frequent teeth brushing can completely counter it. The “mother of all junk food evils” is considered to be fizzy drink because it combines huge amounts of sugar with acid – both deadly to the health of teeth. With the consumption of both junk food and sugar rising, what does this mean for state-funded treatment of dental damage?

#### **Child Home Safety – are we tackling a “wicked problem” with tame solutions?**

*Jean Simpson:* Preschool children are more likely to be unintentionally injured at home than anywhere else. The high rates of death and hospitalisation are of major concern, given that most injuries are predictable and preventable. Parents of young children and community health workers say it is important to have a safe physical environment but parental fatigue plays a part and so too does the lack of value placed on parenting. Such societal influences are not on the traditional list of hazards for child injury, yet they could be critical for child safety in contemporary society.

#### **Tanning, sun protection and skin cancer knowledge among 13-17 year olds**

*Rebecca Gray:* Young people will be the primary target of a sun safety public health campaign for the next three years. Evidence gathered to inform the development of the campaign indicates youth may respond to an appearance-focused approach that highlights the skin damage and premature ageing caused by too much exposure to ultraviolet rays.

#### **The end of “lifestyle”**

*David Sinclair:* “Lifestyle” diseases such as diabetes, lung cancer and cardiovascular disease must result from people’s choices, so they surely can’t have anyone else to blame can they? Why should good taxpayers’ money be used to benefit those who are indolent and poor? Because they are clearly not “lifestyle diseases”, they are diseases

associated with living conditions: social, economic and environmental poverty. Deprivation must be the focus, not “lifestyle”. This insidious term must be abandoned if public health’s relevance and legitimacy are not to be further undermined.

### **Waiting till after birth too late for improving population health: evidence from *Growing up in New Zealand***

*Susan Morton:* Giving babies a healthy start in life begins well before they are born and some of the inequalities seen postnatally have their origins in pregnancy and even before. Therefore waiting until after birth to optimise health and wellbeing for children is already a bit late.

### **Health promoting schools – enabling schools and communities to identify and address health issues in an educational setting**

*Tracy Clelland, Penni Cushman:* The concept of ‘Health Promoting Schools’ as schools that promote the health and wellbeing of their students and in doing so enhance the learning outcomes of students, has received global recognition, and is an integral aspect of school life in a number of countries. Yet the extent to which the concept is recognised and implemented in New Zealand has not, to date, been formally investigated.

### **Healthline – Access to care for vulnerable populations**

*Ian St George:* Healthline has been operating for 10 years in New Zealand. Its original aims were based on equity (those who perceived barriers to primary care could be helped) and on economic considerations (directing people to the right place at the right time would save money). A number of studies has demonstrated that Healthline has met its equity aims in that vulnerable populations (the socioeconomically disadvantaged, Māori, children, and men, but not Pacific Island people, adolescents or the elderly) are over-represented among Healthline users.

## ***Christchurch Recovery***

### **The value of the “Oldie Army” in post-quake recovery**

*Michael Annear:* New research finds that, rather than being a burden on emergency and other services in the hours and days following the February earthquake, the over-65s proved to be a resilient and energetic resource for recovery. Like other groups they suffered psychological trauma in the quake’s aftermath, but it didn’t stop them jumping into action when the shaking stopped.

### **Earthquake response and recovery**

*Daniel Williams, Ramon Pink, Anna Stevenson, Lucy D’Aeth:* Community and Public Health, the public health division of Canterbury District Health Board, was responsible for leading the immediate public health response to the February 22 earthquake. In the recovery phase the focus has shifted to include the longer-term challenges of damaged housing, maintaining drinking water quality, and waste water disposal during the months or years it will take to rebuild infrastructure and buildings. Staff have built on existing connections and relationships with the hardest-hit areas to build community engagement and resilience and are working at multiple levels to promote health as a key policy consideration.

### **Planning for long term recovery after disasters – what Christchurch can learn from international experience**

*Susan Bidwell, Anna Stephenson, Rebecca Dell:* The key challenge for public health is convincing planners and policy makers to consider health in all policies. Even though a single agency to lead and take responsibility for the overall recovery is recommended as best practice, harnessing the energy and goodwill from local, community driven initiatives and allowing for active community participation in the recovery is also critically

important. Public health advocacy has a role to play at the interface between community groups and official agencies.

## ***Māori Issues***

### **Drivers of wellbeing in New Zealand Māori and non-Māori populations**

*Martin Wall, Helen Moewaka Barnes, Ru Quan You:* Maximising the level of subjective wellbeing or self-expressed life satisfaction in the population is increasingly being seen as both a legitimate and achievable goal of public policy. To do this requires understanding what factors are important in determining or driving wellbeing. An under-researched area is how these might differ in indigenous populations whose culture and values are distinct from those of the rest of the population.

### **Tamariki Ora – an approach**

*John Waldon:* The self assessment of health and wellbeing by Tamariki Māori demonstrates a new perspective on Whanau Ora. New perspectives are required otherwise we will “get what we have always got” and we will fail Tamariki Māori.

### **Hauora Hākakatanga Tamawahine Māori – What young Māori women want in a school-based sexual health service**

*Anna Poutu Fay:* Youth continue to be disadvantaged in the area of primary care provision, with serious negative consequences for their sexual health. Indigenous youth are particularly vulnerable, as they are disproportionately at risk for poor sexual health outcomes, and likely to experience significant barriers to accessing primary health care services. The status of Māori youth sexual health has increasingly gained attention over the past decade, in the wake of this population’s alarming sexual health statistics.

### **Reducing cervical screening inequalities for Māori and Pacific women**

*Ruth Davy:* Despite considerable efforts over the past two decades to reduce cervical screening inequalities for Māori and Pacific women, there remain significant inequalities in coverage rates and cervical cancer incidence. An examination of a new training course to better prepare nurse smear takers to address these inequalities found, among other things, the need for more training on approaches that incorporate Maori and Pacific models of health.

## ***Diversity***

### **Diversity versus social justice – it needs to be more than just embracing difference**

*Rhys Jones:* The notion of diversity is often used in discussions related to health inequalities. However health inequities are about much more than just difference – they are driven by the unequal distribution of power and various forms of discrimination. Rather than being about differences in the characteristics of individuals and populations, inequities are created and maintained by the way opportunities and barriers are structured across society.

### **Ethnic responsiveness in the health sector – Moving from the “right thing” to the “bright thing”**

*Craig Nicholson:* Studies have found significant health concerns and disparities in the more than 200 ethnic communities in New Zealand. Yet, many health organisations are only in the early stages of learning how to manage and work with such diversity in a planned and effective manner to contribute to achieving equitable health outcomes for all communities.

### **Creating good practice guidance that empowers trans people**

*Jack Byrne:* Access to health services was one of the three key issues addressed by the Human Rights Commission's Transgender Inquiry. Its 2008 final report, *To be who I am: Kia noho au ki tooku anoo ao*, identified major gaps in the availability, accessibility, acceptability and quality of medical services required by trans people wishing to transition to live in their preferred gender identity. It also found that it was common for trans people to experience discrimination and marginalisation when seeking general health services.

### **Analysing readiness to adopt an integrated model by mainstream organisations in response to diversity and equity**

*Kawshi De Silva:* In recent years New Zealand has been challenged by the question of how to deliver effective health services diverse population groups. Historically, health authorities and District Health Boards have funded mainstream, Māori and Pacific health services. New Zealand is now a fast growing, multicultural society and there is a moral and ethical responsibility to provide equitable health services to all population groups. The question is, how can we overcome organisational, funding and individual constraints to deliver equity for the diverse population groups?

## ***Asian Issues***

### **Impacts on gambling and problem gambling on the health and wellbeing of Asian families**

*Amritha Sobrun-Maharaj:* New research finds Asian immigrants and refugees are finding a safe haven at casinos and there, developing gambling habits that contribute to the "huge harm" being done to Asian communities. Often finding it hard to integrate elsewhere, immigrants and refugees are given a warm welcome and are made to feel important at casinos. Often without employment, they are often there in a desperate attempt to improve their finances but end up losing their life savings, their marriages and families.

### **Asian youth sexual health pilot**

*Ruth Davy, Kawshi De Silva:* Research indicates 56 percent of Asian students aged 16 to 24 years are sexually active. However, Asian culture frowns upon sex before marriage, and education on issues of sexuality for young Asian adults is so poor that basic knowledge of their bodies is seriously lacking. Currently, issues for the Asian community in New Zealand include high rates of termination of pregnancy, Chlamydia and human papilloma virus, particularly for Chinese women.

## ***Sustainability***

### **Hybrid system in generating a clean energy in domestic environments**

*Vish Kallimani, G Anurag, Mahesh Reddy, K Jyoti:* Urbanisation has created serious problems of solid waste disposal. Increased population causes increased food consumption which directly leads to increase in the solid waste. Waste food adds to greenhouse gas in long term from dump sites. If these resources are used properly, many useful things can result, such as energy, compost and monetary benefits.

### **Sustainable communities, flourishing society – the real wellbeing benefits of sustainability**

*Angela Culpin:* Increasing proportions of the population are being diagnosed with mental disorders, even where social circumstances are improving. There are also many more stressors on mental health including the fear for our future. Society globally has recently been faced with many threats, including climate change and the drainage of natural resources.

The Mental Health Foundation is committed to moving towards a new path where prosperity takes into account the mental wellbeing of people, as well as the needs of the planet.

The full programme, as part of the conference handbook, can be viewed at:  
<http://nzphaconference.info/assets/PHA-Conf-2011-handbook-web-part-2.pdf>

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