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GUEST EDITORIAL

Responding to Attacks on Maori Health Services

by Dr Gay Keating, PHA director

The recent attack on the measures that have been put in place to meet Maori health need seemed in some ways to come out of the blue. Within the PHA our awareness of Maori health need has been clear for such a long time that it DOES come as a surprise to find that there is so much ignorance and mis-information out there.

I've been asking around to identify what is the context for the recent attacks on improving Maori health and what the PHA should do. People have pointed out to me that the attacks are coming from a position of low knowledge and high emotion. Here is some of the background to the "low knowledge and high emotion" that I've been given. Continuing racism needs to be countered every time.

A significant background is that your own culture is always invisible until you become aware that other people live differently. Culture here is not the high arts but "the way we live". When we live as the dominant culture "the way we live" is *normal* while "the way *they* live" often seems foreign, exotic and a bit scary.

The demographic shift of the recent decade has seen the proportion of white New Zealanders decline as the young population of Maori and Pacific children mature, and as Asian migration has increased. This visible change of the face of New Zealand has fueled white race anxiety.

Racist flurries keep on happening, not always initially directed against Maori, but always with some backlash against Maori. Recently these flurries have seemed to happen about every six to eight years.

1995 – concern at Asian immigration, with backlash against all nonwhite populations
1987 – Fishing settlement
1981 – Springbok tour.

Most of us don't want another 1981. The key historical feature is that each time there is a racist flurry, as long as it is countered by information and analysis it results in increased depth of understanding by the community at large.

Support diversity by supporting democracy

The "We Are One People" movement is significant and has a lot of emotive appeal. But one of the reasons we have a parliament is the recognition of diversity, and as a means of dealing fairly with citizens in all their diversity.

While Asians, Pacific peoples, and Maori are expected to be united into the "one" there is no suggestion that pakeha are actually "one"- one voice, one opinion, one need. Rotary is different from Lions, Jaycees, and Zonta. Auckland is different from rural West Coast.

Internationally, democracy is still a new idea that has not got all the bumps ironed out yet. (Liechtenstein - west of Switzerland only gave women the vote in 1984. Andorra - a tiny country next to Spain - had allowed women to vote, but until 1973 didn't allow women to stand for election). The democracy that we have is certainly not perfect - there are risks to numerical minorities when democratic processes seek to impose the

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will of a simple majority. But a basic principle of democracy is that we are *not* all the same.

The legacies of the 1980–'90s economic and political policies

Universal state assistance builds social solidarity. Targeting undermines social solidarity by both the creation of a lower class of citizen and also by the inevitable friction of a line which divides the "only just eligible" from the "only just ineligible".

The increasing inequalities of the 1980s and 90s saw living conditions fall for many low and middle income urban families and for a lot of rural and isolated communities, while a large number of these families were deemed to be too wealthy to require targeted assistance.

Small successes by Maori to achieve redress for previous grievances have become scapegoats for some families who have seen their social position deteriorate.

It seems that many New Zealanders are happier about "measures to ensure equality", (otherwise known as positive discrimination or affirmative action) when there is strong social solidarity and everyone knows that everyone is the beneficiary of universal access to services. But when middle New Zealand struggles with falling living standards, gets no subsidy to see the doctor, is being asked to pay school "donations", the Post Office and a whole lot of shops in the main street have closed. And when they keep getting bills from the old power company that they have shifted away from, many people seem to be less tolerant. When targeting is the norm, affirmative action to ensure equality appears to have much less support.

The focus on success by entrepreneurship and short-term thinking about contracts has produced a community (including Maori) that responds to the financial incentives provided. This inevitably results in scams from all sectors of society. Some scams are portrayed by some media and politicians as failures of a particular race (eg THOT), others are seen as simple business risks (eg BNZ, Air New Zealand).

Short term contractual arrangements have also produced a number of providers with limited viability. They are small and have limited infrastructure, and are only viable if government continues to contract with them.

A further legacy has been the vigour of well-funded "think-tanks" that continue to espouse individualistic policies that ignore important social and political settings and frequently are the antithesis of creating healthy and supportive environments.

Poor communication of good health policies

Within health, increasing transparency about such things as waiting lists have fuelled a sense of "ordinary Kiwis missing out". In fact, of course the increased funding has meant that *more* people are being treated, but the change in policy means that it is now clear *who* is missing out, rather than being hidden on never-ending waiting lists.

Funding formulae are to divide funding to populations based on relative need. They have been progressively improving the ways to reflect aggregate need for services. Each individual should get services based on their own needs. Any person with, say, cancer should receive services based on their individual needs, irrespective of age or town where they live. Towns that have more elderly people receive more funding to reflect the greater need for services (eg cancer and heart disease services) compared with towns that have relatively fewer old people. The inclusion of ethnicity (as well as relative deprivation, age, and gender) as factors that affect the aggregate funding for a population reflects different needs of populations as a whole, and should not affect treatment of individuals.

That these poorly understood policies have happened at the same time as small gains for Maori (such as the development of Maori primary care providers) has provoked (for some) a sense of special treatment for Maori.

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HIV Handbook for Africa

by Peggy Duncan, Wellington branch PHA

From the perspective of New Zealand it is relatively easy to develop a teacher's handbook on HIV/AIDS. We have skilled writers, editors, graphic designers and publishers. Funding would possibly be seen, as a public health need and money would be available. There are well-tested distribution channels to get a book to every teacher in every school. But wait, I am not talking about New Zealand, but Zambézia, in Moçambique one of the poorest areas in the world. Try to make a small book on HIV/AIDs for use in their Primary or Secondary schools and you see new obstacles. Any one of the many publishing jobs becomes a difficult task. Producing a book is difficult to accomplish and fund. Distribution of the book to teachers in schools will be like a journey into the unknown.

Let's start at the beginning

This is the story of how one small HIV/AIDS publication came into being in Quelimane, a small town in the province of Zambézia. Because of the nature of the situation i.e. a poor country in Africa, lack of human resource support, weak infrastructure of roads, transport and telecommunications, the task of developing this small handbook for teachers required a joining together of a small group of volunteers. It began with a Dutch volunteer, Risette, teaching about HIV/AIDS in Zambézia secondary schools. Other participants included an Italian school teacher, a Norwegian woman working at a Cultural Centre, two New Zealanders involved with a rural based multi-media education project, and several local school teachers.

Risette, the volunteer teacher, identified a need in her school for HIV/AIDS resources for her colleagues. Local teachers knew about HIV/AIDS as a fatal disease, but they did not have printed detailed information, and they were unsure about how to teach their students about the disease. Risette realised she could write a simple handbook but she had no money, no graphic artists, no editors, no publisher and no way of distribution. And she only had a few months left before her contract ran out.

Risette formed a small workgroup. The material began to take shape. Criteria were: fact sheets; simple stories of believable characters for example couples in real story situations such as one partner wanting sex and the second partner being in a dilemma; information on condoms; question and answer sheets plus simple fun and instructional games for student use including an adapted version of Snakes and Ladders.

One Kiwi had a computer at home with a printer, a scanner, and a small budget, which could be justified for spending on "*mini-pilot health programs*". She used some clipart and worked on the overall design of the booklet. Risette, her Italian colleague and some local teachers advised on content. Risette worked on the teaching techniques, while the Norwegian, who grew up in Brazil and was a fluent Portuguese speaker oversaw the translation. Did I forget to say that all teaching in Moçambique is in Portuguese?

Within two months the final book was ready, a thirty-page document neatly typed and ring bound. At the back of the booklet was a plastic folder, which contained large illustrations that the teacher could use in the front of the class. There were also "photocopy templates" of all these illustrations and the game boards.

The Launch

A mere four hundred copies of the handbok were printed (at a local photocopying shop when the shop assistants had spare time, the electricity was working and the photocopier was functioning). Some on a first printing and some on a second printing. Young teachers at the Secondary schools and teachers at the teacher's college were given complimentary copies. The rest were sent out to other teachers via development aid workers who were working in different parts of the province. In short it was an effective network. An evaluation sheet was included with some of the booklets and it was stressed that this was a pilot project.

Is there a moral to this story? I hope not, but I

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Maori Health Promotion Gateway Hui - 19-20 April 2004 Waipapa Marae

by Damiane Rikihana, PHA Maori Communications Adviser

PHA members are prominent in a hui that will showcase Maori models of health promotion as a catalyst for generating global discussions on indigenous health promotion.

The Maori Health Promotion Gateway Hui happens 19-20 April 2004 and is a precursor to the 18th World Conference on Health Promotion and Health Education that will kick off in Melbourne five days later.

Megan Tunks, Kathrine Clarke and Kiri Leach are PHA members working on the committee responsible for planning and organising the Hui, meanwhile PHA president Marty Rogers and PHA 2000 public health champion, Dr Pat Ngata, feature as key note speakers.

Megan Tunks says stark evidence shows the extent to which the health status of indigenous peoples has been marginalised. “The evidence presses home the urgent need for global discussion and debate among health promoters especially in relation to indigenous peoples’ health promotion.”

She said that while the three world conference themes of valuing diversity, reshaping power, and exploring pathways for health and wellbeing will underpin the Hui, particular attention will be given to the conference sub themes, setting an agenda for promoting indigenous health and restoring the balance between environment, health and spirituality.

Among the near capacity crowd already registered for the Hui, are indigenous health promotion workers from the Solomon Islands and Canada. Leaders in Maori health promotion will speak on topics ranging from governance, participation, evidence-based health promotion, through to the use of indigenous social structures in promoting health.

Other speakers include Naida Glavish, chief tikanga advisor at Auckland DHB; health promoter and musician Moana Maniapoto; Associate Professor in Maori Health at Auckland University of Technology, Dr Mihi Ratima; and Maori Television chief executive, Ani Waaka.

Surprise debate

The Hui will be comprised of a mix of workshops and presentations. Highlights are a panel discussion titled ‘*Evidence and Effectiveness*’ featuring Dr Papaarangi Reid, Paul Stanley, and Riripeti Haretuku. A surprise debate with appearances by high profile Maori media personalities and Maori health promoters will round off the Hui on its final day.

A wrap up session will focus on the Hui theme ‘setting an agenda for promoting indigenous health’. Key issues and ideas will be presented for discussion in a symposium at the World Conference by members of the Gateway Hui organising committee.

“Feedback from the Hui constitutes a key indigenous input into the World Conference,” said Megan Tunks. “We see this type of input as critical, especially if the Melbourne conference is to deliver on its themes in a robust way and engage in serious dialogue concerning indigenous peoples’ health promotion issues that will lead to improved health outcomes.”

Contact: *www.maorihealth2004.co.nz*

HIV Handbook for Africa...

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do hope that the description of what can be achieved with small resources will be thought about. While the big development donors like the WHO have a major part to play in promoting public health, so do the small donors like Risette and friends.

Contact: *peggyduncan@paradise.net.nz*

Assessing Policies for their Impact on Health and Wellbeing.

by Barbara Langford, National Health Committee

The Public Health Advisory Committee (PHAC) has published a guide for policy-makers to help them predict the potential impacts of their policies on health and wellbeing. It is the first time in New Zealand that guidance for Health Impact Assessment (HIA) at a policy level has been developed, in spite of a history of HIA at project level that is embedded in the Resource Management Act.[1]

Policy level HIA is based on the knowledge that the primary determinants of health are economic, social and cultural. While the health sector provides healthcare services to improve health, macroeconomic or social policy may contribute to ill-health or increase health inequalities. Quite apart from the ethical issues raised by government policy that may reduce health and wellbeing, it makes little sense for policies in one sector (economic) to contribute to increased costs in another (health).

The HIA process is designed to further inform decision making. It is not intended to ensure that health has paramouncy over economic, social and cultural concerns. It is ideally driven not by public health, but by the policy developers themselves, using public health and HIA expertise from elsewhere, and involving participatory processes where appropriate. Ownership must be with the agencies developing the policy or public health runs the risk of being labelled the 'health police' once again.

The PHAC recognises that the production of an assessment guide is just the beginning. The institutionalisation of HIA will not take place overnight. It will take time and considerable effort for other sectors to recognise its value and accept it as part of policy-making processes. It will need champions both within the health/public health sectors and across government and local government. It will need good marketing of the determinants of health as well as of the need for HIA. It will need effort put into building capacity so that the public health sector is equipped to support government and local government HIA processes.

The PHAC has recommended that HIA be supported and promoted by an HIA unit that is independent of the Ministry of Health. This could be a unit attached to an advisory committee such as the National Health Committee or be established in an agency with a 'whole of government' mandate. The unit would promote and oversee the implementation of HIA at government level, promote it at local government level, facilitate capacity building strategies, and provide HIA expertise when required.

The committee has also recommended to the Minister of Health that HIA is rolled out incrementally at central government level, starting with the transport, housing, and environment sectors. These sectors were chosen to establish some success stories before expanding to other sectors. It is important that health impact assessments are evaluated, especially the early ones, and results shared.

The current political climate is conducive to the introduction of policy level HIA. It is consistent with government policy on sustainable development, with social reporting, 'whole of government' thinking, local government's broader mandate and will be incorporated into the proposed Public Health Bill. The challenges to its introduction are many, but the PHAC Guide is a constructive first step. With over 300 PHA members, there is the potential for more than 300 people out there championing it – it must be a winner!

For further information contact: Louise Thornley project manager, email louise_thornley@nhc.govt.nz or contact Barbara Langford, email barbara_langford@nhc.govt.nz. The document *A Guide to Health Impact Assessment: a policy tool for New Zealand* can be downloaded from the PHAC website: http://www.nhc.govt.nz/PHAC/publications/GuideToHIA.pdf or hardcopies from

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Wealth of Abstracts Submitted – stage set for richly diverse conference

by Vivien Daley, PHA conference convenor

The public health community has submitted more than **90** high quality abstracts for Conference 2004 to be held in Christchurch June 30th - 2nd July. Subjects covered in the abstracts range from public health in secondary schools to infectious disease control, and tobacco control. The Conference Organising Committee is looking at ways of accommodating as many as possible of these interesting presentations into the programme.

Keynote speakers bring wide perspective

One of the confirmed conference highlights will be a keynote by the Minister of Health from Timor- Leste, Dr Rui Maria de Araujo. Rui gained a Master of Public Health from the University of Otago in 2001 after graduating in medicine from Udayana State University in Indonesia. We welcome him back to New Zealand as the newly reappointed Minister of Health for the Democratic Republic of Timor-Leste. Rui will speak in the section of the conference looking at public health and international aid.

Another keynote speaker is Hana O'Regan who works on the Kotahi Mano Kaika Strategy, the Ngai Tahu vision for Te Reo, which aims to have 1000 Ngai Tahu homes speaking Te Reo by 2025. Hana will give the opening conference keynote address.

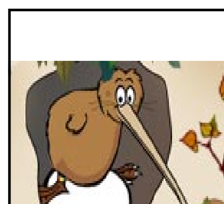
International health issues debated

One of the major topics at conference will be public health preparedness in a post-SARS world. Clinical virologist for the Canterbury District Health Board Lance Jennings will share his expertise in this area of public health. Lance's research has focused on the development of molecular tools for the diagnosis of viral infections, and on respiratory viruses such as influenza. A speaker from the World Health Organisation is also being confirmed.

Growing public health in the community

Another conference section is devoted to growing public health in the community. Keynotes here include the Ministry of Health's chief advisor for Pacific Health, Dr Debbie Ryan, and Rachael Fonotia from the Aranui Community Trust. The Trust, which is part of the Aranui Community Renewal Initiative, is a partnership between the community, Housing New Zealand, and the Christchurch City Council.

Remember that registration for conference is available online at www.pha.org.nz. The conference is being held at the Hotel Grand Chancellor which is warm and comfortable – even in the middle of winter. We look forward to seeing you there.



Early Bird Registrations close 23rd April 2004

Assessing policies for their impact.......

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moh@wickliffe.co.nz or by phoning 04 496 2277.

[1] The Public Health Commission developed guidelines for HIA at project level in 1995 – *A guide to health impact assessment: Guidelines for public health services and resource management agencies and consent applicants.* May 1995.

Contact: *barbara_langford.moh.govt.nz*

WellChild/Tamariki Ora Week

by Dr. Marguerite Dalton, WellChild /Tamariki Ora Week Coordinator

The 6th annual health promotional WellChild/ Tamariki Ora Week will be held May 10-16th, 2004.

It is frequently said, because it is true, **Our children are the country's future**. Unfortunately we are still failing them. We need to be constantly vigilant to ensure that they grow, learn and develop to their fullest potential and that if problems arise they are picked up early and dealt with promptly with the best resources that are currently available. That means that we all need to be on our toes constantly and keep up to date.

What are we up to this year?

There appears to be a growing epidemic of obesity in children – the research and evidence is not as conclusive in early childhood as for later years but we all have stories of overweight and frankly obese toddlers from our clinical experience and it remains true that habits – good or bad - start young. Therefore we have chosen for 2004 to focus in a positive way on avoiding the development of obesity in children and targeting healthy eating habits coupled with encouraging physical activity.

There are a growing number of large world wide studies to show that our children are getting fatter as well as bigger, although the data for the under fives is not as extensive as for the older children, which is interesting when you consider that this group is the most frequently weighed and measured!

Up to 14% of our children in New Zealand may be obese, and we also know that up to 41% of overweight small children go on to be overweight adults. This is a serious problem.

There is also an increased rate of adult obesity if one or both parents are obese, and obese adults who have onset of obesity in childhood have more severe obesity then those who start in adulthood. I won't dwell on the consequences of childhood obesity however, since it is our intention to try to be positive and promote healthy lifestyles rather than doom and gloom about unhealthy statistics.

What we want to promote also is not rocket science – simple things about regular physical activity – walking to the park, shops, or kindy, playing active outdoor games and all watching less television, videos or computer games.

"*Stepwise*" is about changes to the family diet habits – drink more water, fizzy drinks are a treat, eating meals together, getting the children involved in buying, preparing and cooking food, healthy snacks, smaller portions and low fat options.

The ultimate aim is to get the theme of WellChild running through everything that everyone does in their daily lives – not just a one week wonder, and not just parents, carers, health professionals and early childhood workers but EVERYBODY in the community.

Last year we focused on dental health which drew in many more of the dental care professionals and I am delighted to see that not only are events **still** happening around the country but that those new to the task last year are gearing up for this year.

SPARC under 5's initiative

To help us with the drive for encouraging physical activity this year we have formed a working partnership with Sport and Recreation New Zealand (SPARC) which is exciting as they are planning to launch their under 5s initiative during WellChild/Tamariki Ora Week to really raise awareness. I am hoping that we will see lots of enthusiastic active children around the country that week and that we will be pulling in another sector of the community which will stay with us for the future.

I am aware that the Counties Manukau Plunket are taking their stall out to the local art, food and wine festival too so hopefully that will spread the word at a slightly different venue. Has anybody else got some different ideas to try? Let us know!

For those of you looking for practical tips – the

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Well Child/Tamariki Ora Week....

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activities that seem to have worked best in the past include the following:
Using the local radio – competitions and jingles go down well.
Getting local businesses, and Sports clubs, to donate freebies as prizes.
Children love bubbles, balloons, dressing up and colouring in.
Involve the local fire service, community police, librarian, and local council etc.
Take your activity to the children – the park or the early childhood centre.
Street flags in Gisborne were also a huge hit, and a challenge to the rest of the country!

For those of you wanting more specific suggestions, advice, resources and information contact m.dalton@auckland.ac.nz.

STOP PRESS

Look out for our WellChild /Tamariki Ora website coming soon – *www.wellchild.org.nz.*

"Growing our Own - strengthening the public health workforce"
PHANZ 2004 Conference
Date: June 30-July 2, 2004
Venue: Christchurch
Contact: Conference Office, University of Canterbury
Tel: (03) 364-4162/027 436-4167
email: m.brown@cont.canterbury.ac.nz
Vivien Daley, conference convenor
email pha@cont.canterbury.ac.nz

Special Announcement

PHANZ Conference 2004 has been endorsed by RNZCGP and is approved for up to 20 hours (= up to 40 credits), for Advanced Vocational Education (AVE) and Maintenance of Professional Standards (MOPS) purposes.

Early Bird Registration
close date 23rd April 2004
See www.pha.org.nz for details.

DISCLAIMER: The views expressed in this newsletter do not necessarily reflect those of the PHANZ.

Responding to attacks on....

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What can the PHA do?

I've taken a lot of advice on what the PHA should do and the messages that come through time and time again are:

- Respond to attacks with evidence, particularly positive information
- Keep on developing and presenting the data (and support others to do the same)
- Engage in all and any reviews of the Treaty of Waitangi
- Monitor compliance with existing policies and watch new health policy development
- Keep our alliances strong.

Please photocopy the separate sheet on FAQ on misapprehensions about Maori health and health issues enclosed with this newsletter and distribute it widely (double sided makes it easier to carry away).

From mid April we will try to have as much material as we can on the PHA website Maori health page www.pha.org.nz/Maori Health. Send us links to other material to include if you can.

The challenge for all of us is to change the situation of "low knowledge and high emotion!"
Contact: *pha.gay@actrix.co.nz.*

"Sex Matters"
New Zealand Family Planning Association conference
Date: 29-31 October 2004
Venue: Wellington, New Zealand
Contact: Tricia McKendry
Tel: (04) 479-8616/027 671-9060
email: tricia@cwlnz.com

Have your say on what is read!

The PHA News editor would like your public health news for publication in the PHA News.
Please send copy for next issue by **27th May 2004** to the editor *pha@actrix.co.nz* or *pha.media.co.nz* or telephone (04) 472-3060 for further information.