



Public Health Association of New Zealand  
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Vol. VII No.4 AUGUST 2004

CONFERENCE

BRIEFS

## PHA 2004 Conference

*This issue contains reflections of the 2004 Conference held in Christchurch in July and includes edited briefs and insights from JRMckenzie scholars and the Canterbury branch sponsored participants.*

### Conference Briefs

#### Rheumatic fever eliminated in Northland community

Regular visits to schools to swab children suffering from sore throats has eliminated new rheumatic fever cases in one Northland community.

Northland medical officer of health Jonathon Jarman, and Kaeo-based health worker Helen Herbert from Te Runanga o Whangaroa, said that in recent years Maori children in Whangaroa aged 5-14 had a "third world" rate of rheumatic fever – more than ten times the rate than Maori children generally.

A community-wide initiative started in August 2000 resulted in the Whangaroa Rheumatic Fever project starting a year later. Incentive plans for a secondary school and marae-based approach to the local kura kaupapa Maori meant all schools in the area came on board.

In February 2002, nurses began visiting six local schools three times a week and taking throat swabs from any child with a sore throat. Families were rung with the results and told medicine was waiting at the pharmacy.

Dr Jarman and Helen Herbert said results were almost instant. Two weeks after the school visiting began, the last recorded case of childhood rheumatic fever in Whangaroa was notified to the Medical Officer of Health.

"Engaging with the community from the beginning and working in partnership were key elements in the success of the programme," Helen said. Regular visits and throat swabbing

will continue for another two years. A similar project for Kaitaia, which has one third the previous rate of Whangaroa but still significant, is also being considered.

#### Rebuilding the East Timor health system

East Timor people are very appreciative of the work New Zealanders have done to rebuild their country, starting right back to when the first soldiers arrived to peace-keep following the vote for independence from Indonesia in 1999, according to the Minister of Health Dr Rui Araujo. Dr Rui said the East Timorese began to 'build a health system from the ashes' with three quarters of the health system destroyed.

They had 25 doctors, about 2,500 nurses, midwives and other health workers, and no experienced management or administration staff to meet the total health needs for three quarters of a million people, Dr Rui said. He told the conference the first response was to get relief and aid delivered through basic services in the community.

Five years later, basic health systems and mechanisms are up and running and three quarters of the people can now reach health care. Three quarters of the health services have been repaired, rebuilt or replaced. Basic services focus on reproductive health, malaria, TB and other common infectious diseases and work is focussed on strengthening oral and mental health services and countering HIV/AIDS. About half of

*continued on page two*

## .....edited highlights from conference

all births are attended by skilled staff.

How to help East Timor? Dr Rui suggested staying at the back to support and coach. "The important thing for us has been to do the work ourselves in our way – grow our own," he said.

### Quitting

More than 23,000 people have quit smoking over the last three years using the Quitline phone service. Executive Director of the Quit Group, Helen Glasgow, told the conference that an evaluation carried out for the Ministry of Health showed that callers who received a more intensive Quitline service had a quit rate of 18 percent at 12 months. These callers spoke to a Quit Advisor at least twice, used at least four weeks of nicotine matches and gum and read some of the quit smoking material. The number of people who quit with no help is thought to be between three to six percent of smokers.

The Quitline is in the process of expanding its service. From January 2005 callers will be offered an average of three conversations with Quit Advisors and the benefits of using a full eight-week course of nicotine patches and gums will be emphasised.

### School closures bad for health

School closures can be bad for the health – the health of individuals, families and the community, according to geographer Robin Kearns. Dr Kearns said that school closures or mergers cause traumatic interruptions to individual and family routines and to community services.

Closures have a major impact on decisions by workers such as doctors and share-milkers about whether to move to or stay in an area,' he said. Drawing on interviews with 46 interviews with members of a school community in Invercargill, and 29 interviews with members of six rural school communities in Taranaki, Dr Kearns said they found deep anxieties about the long-term sustainability of communities and way of life.

He pointed out that something as simple as when the children leave and get home on the

school bus can disrupt farming routines, such as when parents begin the milking and who's in the house for safety and supervision.

"Wider impacts include deep disillusionment with the one-size-fits-all approach to schools, as though money and computers are the only hallmark of a good education," he said, "In public health terms, a school closure means a loss of a place for community interaction. The drawn-out process causes immense stress."

### Call for New Zealand to prepare for influenza pandemic

New Zealand must ensure it has access to antiviral drugs in preparation for the emergence of a novel influenza strain, according to Canterbury Health Laboratories clinical virologist Lance Jennings. Dr Jennings said countries like New Zealand which do not produce vaccines could face difficulties in an influenza pandemic and this country should have a stockpile available as a first line of defence.

The 1997 Hong Kong Chicken Flu outbreak is an example of how avian influenza viruses can infect people, with associated high death rates, according to Dr Jennings.

"Avian influenza strains appear to be getting more virulent and transmission between avian species and humans has been a major trend with these viruses since 1997."

The World Health Organisation and virologists are concerned about the current Asian influenza outbreak and the possible emergence of a novel influenza strain, Dr Jennings said. The Hong Kong outbreak, as well as the recent SARS epidemic, provided a pandemic warning for New Zealand as well as the rest of the world. However he warned an influenza pandemic caused by an avian influenza strain would be far more devastating than SARS.

"Influenza is highly contagious at an early stage of the disease, thus containment of an influenza pandemic would be far more difficult than containment of SARS which is infectious at a later stage," Dr Jennings said.

Contact: [pha.media@actrix.co.nz](mailto:pha.media@actrix.co.nz)

## Pauline Barnett Honoured as Public Health Champion 2004

25 years of vision and commitment to public health were recognised when Pauline Barnett was honoured as the Public Health Champion for 2004. Pauline is a public health teacher and advocate, and senior lecturer at the Christchurch School of Medicine.

During the challenging years in the early 1990s, Pauline was President of the Public Health Association and worked hard to make sure the PHA survived the instability and marginalisation of public health during that period. It was that experience of the undermining of public health that led to Pauline's long-term research interest in the impact of health system restructuring.

Pauline's work has included teaching public health to medical and other post-graduate students, and research on health system restructuring over the last decade. Before that she worked in research and policy for the Ministry of Health.

Working closely with community agencies such as the Cancer Society, and Canterbury health services reflects her on-going commitment to public health. Other interests include diabetes prevention, mental health and primary care. She is a voluntary literacy tutor with the Adult Reading Association, mainly working with young men and migrants.

PHA president Marty Rogers says Pauline Barnett has shown a quiet but strong commitment to improving the health of the community. "We acknowledge Pauline as one of many strong, outspoken advocates in public health."



*PHA 2004 Champion Pauline Barnett*

The award was made at a ceremony during dinner at Conference 2004 held in Christchurch where the thoughts of colleagues who have worked with Pauline were put together in an impressive audio-visual presentation prepared by Lynley Cook.

This is the fifth Public Health Champion award to be made, honouring contributions in both professional and voluntary spheres. Previous Champions include quit-smoking advocate Helen Glasgow, psychiatrist Dr Mason Durie, Dr Pat Ngata, Louise Croot, and Dr George Salmund who shared the award with Judith Reinken in 2001.

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### **"Sex Matters"**

NZ Family Planning Association Conference  
Date: 29-31 October 2004, Wellington  
Tel: (04) 479-8616/(027) 671-9060  
email: [tricia@cwl.nz](mailto:tricia@cwl.nz)

### **"Making the Links for Public Health"**

PHANZ Conference  
Date: 6-8 July 2005, Wellington  
Tel: (04) 479-8616/(027) 671-9060  
email: [tricia@cwl.nz](mailto:tricia@cwl.nz)

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HAVE YOUR SAY

## Public Health – what’s it got to do with us?

*by Conor Twyford, New Zealand Council of Social Services*

One of the remarks made to me when I mentioned that I had won a JR McKenzie scholarship to attend this year’s Public Health Association Conference was ‘what’s it got to do with us?’ A fair question, on the face of it.

In reality, public health has everything to do with the social service sector. It deals with social determinants of health – social issues that affect people’s health, like poverty, housing, unemployment, drug and alcohol abuse, racial prejudice, and family violence. In other words, all the things that the social services sector is concerned about.

One outstanding presentation was by Maria Jellie and colleagues on health promotion in the Hokianga. In the aftermath of the 1999 floods, local marae negotiated with the TSB Trust to supplement disaster relief funds from the Ministry of Health. It acted as a catalyst for local people, empowering them to gain funding for further

improvements to their marae and communities, providing an example of the positive spinoff that can occur when local people are assisted to solve their own problems.

The presentation reinforced what the conference was all about – learning, or re-learning, the value of community-driven action. It is now widely accepted in both the social service and public health sectors as the most effective and sustainable way of building healthy communities.

People working in the social service and public health sectors have a great deal to say to each other. Health and social services workers have the same concerns about inequality of access, and similar goals – to strengthen local communities and build a more caring, healthier society. The new buzz word is ‘intersectoral collaboration’ – but really, haven’t we been working together all along?

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## The essential practices of public health

by Gay Keating, director, PHA

Public health practitioners in New Zealand/Aotearoa work in very diverse settings and ways. We need to be able to recognise the breadth of public health so that we can respect the work that each of us does. We need to have the full range of practices in public health to make sure that we can collectively improve the health of all New Zealanders.

This list of the essential practices of public health has been devised by the Western Pacific Region of the WHO (the region that includes New Zealand/Aotearoa, and is a companion to the list of essential functions of public health described in the June 2004 PHA News.

**Advocate** is to use a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme .

**Analyse** is to examine in detail the determinants of identified health needs.

**Assess** is to undertake the regular systematic collection, assembly, analysis, and dissemination of information on the health of the community.

**Communicate** is the practice of conveying information or evoking understanding of health issues.

**Develop plans** is the practice of formulating methods by which priority health needs are to be addressed.

**Ensure compliance with regulation** is the practice of making certain acquiescence to regulation.

**Evaluate** is the assessment of the effect that health services or programs have on the population's health.

**Implement** is the practice of putting into effect a health policy or program.

**Integrate** is the practice by which different partners or stakeholders may have to give up some of their authority and prerogatives as they converge their efforts to improve health, but they retain their identity and specificity.

**Investigate** is to undertake a systematic inquiry into the occurrence of health effects and health hazards in the community.

**Manage** (resources) is the practice of planning, organising, staffing, and controlling the work and financial resources needed to undertake essential public health functions.

**Manage** (patients) is the practice of planning, organising and controlling the personal preventive care and personal treatment of patients whose illnesses are of public health significance.

**Negotiate** is to confer with others in order to reach a compromise or agreement.

**Set priorities** is the practice of choosing which health needs have prior claim to consideration when there is a gap between the availability of resources and the demand for health services.

**Use evidence** is the practice of conscientiously, explicitly and judiciously using current best evidence in making decisions related to public health .

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### Working with alliance partners

Working with alliance partners is a key part of the PHA Strategic Plan. We partner with a wide range of organisations, as the PHA has a wide range of issues on which we work.

Key alliances for the PHA are the other national public health groups such as the Health Promotion Forum, Nga Ngaru Hauora o Aotearoa, the Public Health Leaders Group, the Public Health Advisory Committee and the various coalitions and networks such as Obesity Action, Smokefree Coalition, and Injury Prevention.

The PHA view is that public health is strengthened by having these organisations vibrant and effective. We support them whenever we can, both in their activities and also as organisations. We can gain strength from each other when we work together, and there is plenty of work for all of us!

Contact: [pha.gay@actrix.co.nz](mailto:pha.gay@actrix.co.nz)

## Central Districts film evening fills the house and coffers

by Noeline Holt PHA National Office

The Full House sign went up at the Rialto in Palmerston North on Tuesday 27 July for PHA Central District Branch's special fundraising film evening. The movie was Michael Moore's Fahrenheit 9/11.

John Waldon welcomed everyone and Ann Shaw spoke about the work of the Central Districts branch including, conference planning for 2006. The film lived up to its promise! No wonder certain powers tried to stop it being shown as it truly revealed the dark side of American politics.

This was the second very successful film evening that Central Districts has held and it looks as if it will be a regular feature on their fundraising calendar.

Contact: [ann.shaw@midcentral.co.nz](mailto:ann.shaw@midcentral.co.nz)

## Wellington begins conference planning in earnest

by PHA Wellington Branch

PHA's next conference will be held in Wellington 6-8 July 2005. The venue will be the Wellington Town Hall, which will also be celebrating its 125<sup>th</sup> year and will have a new suit of clothes on for the occasion.

### Making the Links for Public Health

The conference will look at common issues that create links between sectors at community, national, and global levels. Presentations, keynotes and workshops will emphasise the wider determinants of health, explore ways to reduce health inequalities, and acknowledge the Treaty of Waitangi as fundamental to public health approaches. A further aim is to support discussion about the aspirations of iwi for cultural, social, economic, and health development.

Discussions with possible keynote speakers from Argentina, United Kingdom, and Australia are being held and it is expected these will be confirmed in the next few months. Fundraising has begun in earnest.

### Parallel streams

Parallel streams will address:

- How local and central governments can work together, eg the Sustainable Development Programme of Action
- The contribution of public health law and public policy to attain public health objectives
- Successful public health initiatives in places, for example, prisons and schools
- Reducing inequalities in health – both research findings and interventions
- Research and evaluation methods – how we know we are making a difference.

Contact Tricia McKendrey [tricia@cwl.nz](mailto:tricia@cwl.nz) or [pha@actrix.co.nz](mailto:pha@actrix.co.nz).

## Honour for Otago/Southland PHA member

Professor John Langley, Director of the University of Otago's Injury Prevention Research Unit was honoured with an International Distinguished Career Award at the Seventh World Conference on Injury Prevention and Safety Promotion in June.

John is only the fifth person in the world to receive this honour, and the first New Zealander. The citation noted that he essentially founded the study of injury prevention and control in New Zealand.

John is a longstanding member of the Otago/Southland branch of the PHA.

Contact: [pha@actrix.co.nz](mailto:pha@actrix.co.nz)

## Green Prescriptions Working

A survey in May of over 1200 patients who received a Green Prescription (GRx) to get more active has shown great results.

### How active are patients now?

- 49% are still more active 6-8 months after receiving their GRx from their GP or practice nurse.

### Have they noticed any changes in their health?

- 73% have noticed changes in their health
- 49% generally feel better
- 48% lost weight (58% of the scripts were given for weight issues).

### Who are they active with?

- 50% are active on their own  
Of those who are active with others:
- 29% are active with friends
- 33% are active with their spouse or partner
- 21% are active with other family members

### What about the support provided by the regional sports trust?

- 82% of patients were satisfied with the service received in the three-four months free support. Here's what some of them said:

*"Even when I was having a bad day or mood they were still there - still spent time with me, when others may have given up. Thanks"*

*"I was pleased to have the contact and felt more committed to sticking to a programme especially because I knew she would call back the next month to check my progress"*

Because most of the prescriptions issued are for conditions related to overweight or obesity SPARC also asked about changes made to patient's diets in the survey and here is what they said:

- 57% said "yes" they had made changes

## Diabetes Awareness Week

23-29 November 2004

Type 2 Diabetes is reaching epidemic proportions in New Zealand. You can play a role in helping New Zealanders prevent Type 2 Diabetes.

Our focus this year is on Pre Diabetes. This condition occurs when people's blood glucose levels are higher than normal but not high enough to be called diabetes. Research shows people with pre diabetes have a higher chance of developing Type 2 Diabetes and heart disease.

The great news is that people with pre diabetes can halve the chances of getting diabetes by making some simple changes to their lifestyle. Healthy eating, including weight loss combined with regular physical activity, is the key area we are targeting.

Our by-line is 'Nip it in the Bud'. The focus will be on the healthy plate. This plate is included in Diabetes New Zealand's newly printed supermarket shopping guide. We are pleased to have the assistance of Alison and Simon Holst in supporting Diabetes Awareness Week 2004.

This year we will be communicating with a variety of key audiences including targeted employers through their occupational health nurses, schools through home economics teachers and with restaurants and food writers.

If you would like to become involved please contact: [alison.pask@diabetes.org.nz](mailto:alison.pask@diabetes.org.nz)

### ....Green Prescriptions Working

- 26% drink more water now
- 24% have cut down on fats
- 18% are eating less or having smaller portion sizes

For more information about the survey or Green Prescriptions in general email [grx@sparc.org.nz](mailto:grx@sparc.org.nz).

Contact [diana.oneill@sparc.org.nz](mailto:diana.oneill@sparc.org.nz)

## PHA Council in action

The PHA Council meets three times a year, and the most recent meeting was the day before conference. The Council finalised details of the Annual Plan, the first year under the new five-year strategic plan.

One key new area of work is greater emphasis on the physical environment. A new programme this year will be training in Maori policy. For several years now the PHA has had a checklist to help assess if policies are likely to contribute to improving Maori health. This training is in two parts: increasing the skill of Maori public health workers in developing policy, and secondly to increase the ability of all public health workers to use the checklist and other tools to ensure that policy development and submissions follow good practice to improve Maori public health.

Three new PHA policies were adopted:

- Health impacts of transport,
- Food, nutrition and health
- International development aid and health

Copies of the Annual Plan 2004-05 and the new policies can be found on the PHA website ([www.pha.org.nz](http://www.pha.org.nz)).

### ***Making the Links for Public Health***

Public Health Association of New Zealand Conference  
Wellington, New Zealand  
Date: 6-8 July 2005  
[www.pha.org.nz](http://www.pha.org.nz)

## 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 **8 October 2004** to the manager at PHA, email [pha@actrix.co.nz](mailto:pha@actrix.co.nz) or telephone (04) 472-3060 for further information.

## New PHA Council members

Gillian Abel (representing Canterbury branch) and Faye Ryan (as representative of the Waikato branch) have joined the PHA Council. Gillian lives in Christchurch and is a junior research fellow at the Department of Public Health and General Practice, Christchurch School of Medicine. Faye is based in Tauranga and works in the planning and funding division of the Bay of Plenty District Health Board.

Dallas Honey (formerly Waikato branch representative) has taken on the role of Vice-president which had been vacant since the previous vice president, Marty Rogers, was elected President.

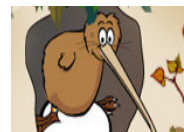
The PHA Council sadly farewelled Vivien Daly after four years as an active Council member.

## PHA OFFICE NEWS

### Membership Changes

Several members have inquired about membership cards and we thought it was a good idea. People who have renewed their membership will find a membership card with this newsletter. Sorry it does not get you discounted petrol or other perks. Maybe sometime in the future.

The other change applies to renewals. If you have not renewed your membership by the *end of September* the emails will stop, and the PHA News will no longer arrive in your letterbox. We hope this does not happen as we value your participation. We used to wait until December but Executive Council agreed that four months was plenty of time to send back the bright yellow invoices with your payment. If this creates difficulties for anyone please contact us to make another arrangement [pha@actrix.co.nz](mailto:pha@actrix.co.nz).



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