

GUEST EDITORIAL



Something to ponder

by Louise Croot PHANZ Public Health Champion 2002, Otago Regional Councillor

Why does the Public Health bill have so many false starts? Do we need one? The 1956 Health Act is almost 50 years old. Many changes have been made. Recently a commentator at the Proposed National Environmental Standards Human Drinking Water Sources consultation stated an amendment would be proposed for the 1956 Health Act. The Resource Management Act has provisions under section 35. Why duplicate?

A bigger issue at stake

With so much change having taken place affecting and impacting public health issues due to the Resource Management Act (RMA) and local government legislation, why do we not have a complimentary *effects* based piece of public health legislation in the pipeline? There appears to be a blockage somewhere. I wonder if it is a philosophical perspective- an activity focus or the effects based approach?

Issues around *activity* and *effects* based legislation for public health need to be debated and discussed. An *activity* is an action undertaken to achieve a purpose, a state of being active, and the exertion of energy, anything active. An *effect* is what is caused, produced, a result or a consequence-a purpose.

Personally, I advocate for effects based approaches as many more interdependent issues can be looked at relevant to the context of the community irrespective of which activity is concerned.

There is an attitudinal change needed to work with communities and the Long Term Council Community Plans (LTCCP) at both the territorial local authorities and regional council level. The

regulatory policing attitudes and action controlling an activity with rigid parameters is out of fashion. They are a last resort.

Educational approaches, through plan development and consent processes, with clearly decided conditions, for effects of activities is more practical and longer lasting. An integrated approach, looking at a range of issues and options, is often needed to come to an environmentally sustainable solution. Cultural, social and economic sustainability for the individual, group, and community is important too. Best practice options need to be shared and the precautionary principle needs to be to the fore in the 21st Century.

Impact assessment and pre application, thinking about what an activity is and what effects it will have, need sound clear public health advocacy at the time of plan development and in a consent process. All the relevant information on the effects should be in an assessment of environmental effects (AEE). Public health skills and knowledge have a positive contribution to make. Many health promotion and health

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Core Competencies Project underway

Project person appointed

Sammyh Khan (yes, Sammy with an h – a familial whim when he was named) has joined the PHA as a temporary analyst/administrator for the Core Competencies Project (CCP) see next column.



Sammyh Khan

Sammyh describes himself as the

Swedish born son of a Pakistani Muslim father and Israeli Jewish mother, but since arriving in New Zealand in 2001 he considers himself to be a kiwi.

“I was determined to study psychology in an English speaking country and New Zealand seemed to be the most exotic and economic place to go over the United Kingdom and the United States. Besides Victoria University’s superior marketing won me over.” Sammyh told us. “I have since majored in psychology and education graduating with a BA and BSc (Hons).”

Life after CCP? Sammyh hopes it will be a PhD scholarship researching in the area of Hindu-Muslim communalism in India.

The project

The Core Competencies Project is a 16-month project which evolves from the Public Health Directorate of the Ministry of Health’s Public Health Workforce Development Plan (PHWDP). It progresses previous reports on the development of public health core competencies with the goal of establishing and advising on the implementation of shared generic competencies that will form the basis of training and qualification frameworks. In addition, the project will provide a ‘whole of sector’ view of the capabilities required. Central to the project is the coalition and networking between public health groups.

Even though the project is led by PHANZ, the input of the governance group and working team will be essential. The governance group, which consists of representatives from key discipline-based organisations, guides the project, reviews developments, and identifies relevant people from their discipline to be on the working team.

The role of the working team is to provide their knowledge and expertise to the development and implementation of shared generic competencies across the public health sector. In addition, a sector reference group, which much more widely reflects the disciplines and organisations of public health, will provide advice and critique during the project’s development.

The project is still in its initial stages, but we are hoping to have the first draft finished by May 2006. The process of consultation, feedback, and review will then continue throughout 2006 until the final report is submitted to the Ministry of Health in February 2007.

PHA Heroes Acknowledged

December 5 marked international volunteering day. The day provided a good opportunity for everyone to stop and think about the immeasurable contribution made by volunteers.

The PHA is totally reliant on the contribution of volunteers. Members, who are usually very busy professionals, still find time to give their voice and effort to addressing public health issues. They are the backbone of this organisation and the PHA could not champion for improvement to public health without them. Not just thanks on December 5 but thanks times 365!

PHA Posters

Public Health Association has produced two posters. Each poster has a box where PHA seminars or other activities that are happening in your region, can be placed. Contact Noeline Holt pha@pha.org.nz and she will arrange to send at no cost.

Poorest children in most need of support

by Liz Price, PHA Media Manager

The Government's upcoming 'in-work payment' is denying help to the very children who need it most. The PHA is supporting action by the Child Poverty Action Group (CPAG) against the Government, claiming the policy is discriminatory.

The Government's *Working for Families* package discriminates against children based on the employment of their parents. From next April, families on lower incomes will receive additional financial support as long as parents are not on benefits.

All have the same needs

Children have the same basic health needs no matter what the source of their parents' income. This policy condemns infants whose parents are not in work to a higher chance of illness. Diseases from the age of Charles Dickens are still present in New Zealand because one in five children live in poverty.

Sadly, we have become accustomed to our

high rates of disease, injury, disability and death as the 'normal' child health picture in New Zealand – even though these rates are shocking in comparison with other OECD countries.

We also have high rates of rheumatic fever, pneumonia, chronic lung infection, gastroenteritis, ear disease, dental disease and serious skin infections.

Income is such a crucial determinant of health because it impacts on the ability to purchase healthy food, adequate housing, home heating, after-hours visits to the doctor and prescriptions, and school books.

The *Working for Families* package will make a huge difference to the health of many children in low-income families. But by targeting financial support only to those families in work, the Government is discriminating against many children who most need help.

Contact: media@pha.org.nz



Sustaining Public Health *Pupuritia Te Whare Tapa Whā*

Palmerston North 5 - 7 July 2006

Important Dates

Tuesday 31 January	Close date for abstracts. To submit - www.pha.org.nz
Tuesday 21 March	Notification of acceptance/rejection of abstracts
Tuesday 6 June	Receipt of completed papers from presenters
Tuesday 6 June	Date by which accepted presenters are required to register for conference
Tuesday 20 June	Date by which accepted posters should be couriered/mailed to organiser (unless you are bringing poster to conference yourself).

PHA Conference 2006, Sue Peck Organiser, suepeck@xtra.co.nz, +64 6 357-1466, cell 027 4423-122 or pha@pha.org.nz, telephone +64 4 472-3060.

Diabetes and Blindness - How much do we know about it?

by Alena Reznichenko, Community Education Consultant, Blindness Awareness and Prevention, Royal New Zealand Foundation of the Blind.

The Royal New Zealand Foundation of the Blind (RNZFB) is the primary service provider for blind, deafblind and vision-impaired New Zealanders. Currently there are around 11,500 people registered with the Foundation of the Blind. The vast majority of RNZFB members are people over 60 and about 45% have Age related Macular Degeneration – the most common cause of blindness in over 60 year olds. Diabetic retinopathy in contrast can cause severe vision loss and even blindness. It is increasingly prevalent amongst working age adults and though only about 400 people with this eye condition are registered with the Foundation, the number is expected to increase dramatically over the next couple of years.

Obesity epidemic and diabetes

It is well known that New Zealand is currently experiencing an epidemic of obesity. As a result the number of people with type 2 diabetes has also increased dramatically over the past few years. Obesity and sedentary lifestyle accompanied by a lack of physical activity are believed to be among the major factors contributing toward diabetes. It is shocking to see young children are more often being diagnosed with type 2 diabetes and adults developing diabetes at a much younger age.

Diabetic Retinopathy is one of many complications of diabetes that affects the eyes. It occurs when Diabetes Mellitus damages the tiny blood vessels inside the retina, and usually affects both eyes. As it develops slowly it is often neglected or overlooked and people have already lost a significant amount of their vision by the time they start to take it seriously. Therefore, the importance of regular eye checks can not be overemphasised.

Prevention

Diabetic retinopathy is an avoidable cause of

vision loss which regular eye checks can help diagnose at an early stage and therefore prevent further deterioration of vision. Many projects have been implemented nationally such as “Get Checked” and “Green Prescription”, which have proved effective, but they are oriented mainly towards the population that already has obesity, diabetes, heart problems, or other health conditions. However, to ensure people do not contract diabetes, much work needs to be done in the prevention area.

Cost to the community

In the recent Australian “Cost of Blindness” Study, research identified that the social and health cost of blindness and vision impairment is about A\$10 billion per year. We suspect similar high costs in New Zealand. Diabetic retinopathy in comparison with Age related Macular Degeneration causes blindness during the working age years, resulting in a larger number of person-years of vision lost per case, more disability during the working years per case, and as a result larger economic costs. This places a huge economic burden on the society.

Educate the community

From the public health perspective the emphasis should be placed on community education that will increase awareness of the factors leading to diabetes and its complication. It goes without saying that diabetes awareness and prevention should start from the preschool age, because it is us who pack the backpack of knowledge that our children take into life. Teach them to eat healthy food, help them to love physical activity and the next generation might well show a significant reduction in the number of people that suffer from obesity or diabetes.

Contact: areznichenko@rnzfb.org.nz

Study finds no sales downturn following smoking ban

by Liz Price, PHA Communications Advisor

Twelve months after the ban on smoking in bars and restaurants, a report has found no downturn in bar retail sales, tourism or employment. This is contrary to the predictions of opponents, who said that smokefree bars legislation would have serious economic consequences for the hospitality industry. Workplaces in New Zealand, including bars, restaurants, clubs and casinos were required to be smokefree inside from 10 December 2004.

The report, published by the Asthma and Respiratory Foundation, considered a number of indicators post 10 December, including smoking behaviour, public opinion, economic data and compliance levels.

No surprises

Smokefree Coalition director Leigh Sturgiss says that it comes as no surprise that the report finds retail trade figures for bars and clubs remain the same overall since the introduction of the Act.

"While there was an initial downturn in bar and club sales in March 2005, this quickly rebounded, with sales up three percent in the June 2005 quarter and almost one percent in the September 2005 quarter over the same period last year.

"This is consistent with results from other jurisdictions that have gone smokefree in hospitality venues, and shows that dire predictions from the hospitality industry about the financial effects of smokefree bars were totally unfounded."

More workers, high compliance

Figures from the Household Labour Force Survey show increased employment in pubs, bars and taverns in each of the March, June and September quarters of 2005, compared to the same periods in 2004.

Action of Smoking and Health (ASH) director Becky Freeman says that the report found high compliance with the ban, a fact that she puts down to strong public support for the measure.

"With nearly 70 percent of the population supporting smokefree bars, compliance becomes far less of an issue. Opponents to the legislation warned that we would see 'smoke police' bursting into premises to see if anyone was smoking. In reality, bar workers and patrons alike appreciate breathing smokefree air, and compliance is at 97 percent."

The report also found that there has been an increase in the patronage of bars and cafes by non-smokers, suggesting that they have been attracted to these venues by the smokefree environment.

Findings include:

- retail trade figures for bars, clubs, cafes and restaurants remained strong for the March, June and September quarters of 2005
- strong public support for smokefree bars and restaurants, with 67 percent supporting a complete ban on smoking in bars and pubs, compared to only 38 percent in 2001; and 80 percent supporting a complete ban in restaurants
- high compliance with the legislation, with 97 percent of bars and taverns being smokefree in the latest survey
- increased employment in pubs, taverns and bars, and in cafes and restaurants in the March, June and September quarters of 2005, compared to the same periods in 2004
- an increase in overseas visitor numbers by four percent compared with the year ended September 2004
- a decrease in socially-cued smoking between 2003 and 2005, suggesting that smokers smoke less when they are not able to smoke indoors in a social setting
- increased calls to the Quitline in December 2004 and January 2005, suggesting that many people were prompted to quit as a result of the

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Changes in Catalan smoking: A brief outsiders view

by Noeline Holt, manager PHA

In a visit to Catalonia in Spain during October 2005, I noticed a number of changes in the smoking culture and regulations, compared to a visit in 2001.

Smokefree legislation is expected to be passed in 2006. The Catalonia regional government plans to take up the same tough stance as Ireland, the Netherlands and Norway. But there are already changes in Catalonia.

In comparison to 2001, I came across several cafes and restaurants that had smokefree areas, (some locals cynically suggested that they were there not there to protect staff but to please the tourists). In 2001, many cafes had sawdust all over the floors, partly to cope with the cigarette butts being ground under heel by smokers. This practice may still exist, but was certainly not as extensive as previously. It was also a pleasure to be served food and drink by people who were not smoking while they worked.

I noticed the biggest difference in the Spanish airports. Most areas of the Barcelona and Palma airports are smokefree, with the designated areas

for smoking being the occasional café and corners in the departure lounge. Every so often, a voice would boom out in Spanish and in English:

"It is by decree of the King, order no ** sub section **, that this airport is designated a smokefree building. It is an offence to smoke in any area other than the areas that are designated for smoking."

Some people by habit still lit up in the smokefree areas of the airports, but others were quick to point out that they were breaking the law. I was impressed how quickly smokers reacted and put out their cigarette, or hurried over to the smoking area. There was no abuse by the smokers, it was just done.

A friend of my son (who lives in Barcelona) gave up smoking while I was there. He had taken to wearing his nicotine patch proudly, like a tattoo! The patches cost 40 euros (per packet?).

Among my son's friends the women are very clear that they will not smoke while pregnant. However, there appeared to be still not too much awareness of the dangers of second hand smoke, as the women were all sure that they would start smoking again after the baby was born. This may not be the norm, as the research sample was only six.

Official figures indicate that 50,000 people die from tobacco-related diseases each year in Spain, comprising 16 percent of all deaths of people over 35. Smoking kills more people than Aids, alcohol-related illnesses and traffic accidents combined.

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legislation

- no further decline in the quantity of tobacco and cigarettes released for sale by tobacco companies, but a continuing decline in the amount of tobacco and cigarettes actually sold.

A copy of the report can be viewed on the Asthma and Respiratory Foundation website: www.asthmanz.co.nz.

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Canadian Public Health
Association
97th Annual Conference
What determines the Public's
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For more information contact:
conference@cpha.ca

John McLeod Scholarships

by Anton Blank, Maori Media Manager, PHA

The five winners of the prestigious Ministry of Health's John McLeod Scholarship, have been announced. They are: Amber Logan, Malcolm Dacker, Raewyn Paku, Ripeka Ormsby and Te Aro Moxon. The group represents a selection of our highest achievers.

Unlike other Maori Health Scholarship Awards given by the Ministry of Health, students do not apply for the Dr John McLeod Scholarship; they are chosen by a selection panel. The scholarships recognise outstanding individuals who have achieved academic success while maintaining strong community involvement.

Dr John McLeod, of Nga Puhi, had a distinguished medical, research, and management career in the New Zealand health care system. He was nationally and internationally renowned for his work in strategic public health planning and his significant contribution for improving Maori health status. Dr McLeod died in 1994. The scholarships that bear his name have been awarded since 1997.

Amber Logan (Ngati Kahungunu)

33 year old Amber Logan is studying towards a Post Graduate Diploma in Health Psychology at the University of Auckland. Amber is married with five children and lives in Auckland.

Health Psychology is a relatively new discipline which looks at the multiplicity of factors that impact on health.

"I like the way it looks at the whole person," Amber says. "It focuses on physical health but takes account of all aspects of a person. It made sense to me as a Maori that we could look at social and spiritual dimensions as well."

Amber was raised by her grandparents at Waipatu near Hastings. Her grandfather Rangi Logan was a war veteran and a Major in the Maori Battalion.

"They were stunning people. My grandfather was totally committed to education – he believed that it was only through education that our

community could be free. Having these wonderful people as role models was daunting, but it also made me realise that I could achieve what I wanted."

Amber was sent to the Rudolph Steiner School, and she attributes her passion for learning to her years there.

"I was surrounded by the children of European parents – Dutch and German for example, they were used to difference and diversity. I also never got the idea that I couldn't do as well as others."

When Amber first started university she launched into a business degree and then changed to a Bachelor of Applied Science in Psychology. This was followed by a Masters in Health Psychology.

"There are no Maori Health Psychologists, so we're really forging a new field. For me this means we can look at how best to incorporate Mātauranga Māori into this discipline."

And Amber sees herself working for Maori in the long term.

"I'm acutely aware of the state of our people's health. So even with all this high level learning I'm asking myself about what we can do on the ground to improve the health of Maori."

Malcolm Dacker (Kai Tahu, Kati Mamoe, Ngati Raukawa)

Malcolm has completed a Diploma in Dental Therapy, a second year of a dental hygiene degree and is currently studying a Bachelor of Dental Surgery at the University of Otago.

This is his second stint of study – he went to Nursing School quite a few years ago, and decided it wasn't his passion. In between he's worked in hospitality around Dunedin.

"At school I was always interested in sciences, and I like working with people," Malcolm says when he explains his interest in dentistry.

Medicine is in the blood too; Malcolm's mother, Winsome Aroha, is a GP currently working in Gisborne. So what's it like looking into peoples

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mouths?

"It can be pretty ugly, bad gums and bad teeth, but very interesting and rewarding" Malcolm laughs. "Maōri do need to learn oral hygiene and be able to put this into practice. Its definitely preferable to teach effective care and to monitor this, compared to drill fill and pull, I feel it is a critical aspect of health that is often over looked. Getting the message to parents and tamariki is just so important."

Malcolm has one more year left, and after graduating he is hoping to learn the ropes of day to day dentistry in Dunedin. Working with his own people is definitely on the radar.

"There are hardly any other Maōri on the course, including me there are four out of seventy in my year. It would be awesome to see a few more Maōri enrolling."

Raewyn Paku (Ngati Kahungunu)

Raewyn is studying a Bachelor of Medicine and Surgery at the University of Auckland. She is the youngest of what she describes as "a really close family", and was born and raised in Wairoa.

"My sister is a teacher in Gisborne and my brother is a diving instructor in Dunedin," Raewyn says.

"We're all tertiary educated. Mum and Dad always pushed us to achieve whatever we wanted. There was never any question that we would go to University."

Raewyn said she was always more interested in sciences when she was at school – and it was the death of her Nan that sparked her interest in medicine.

"I was seven at the time and had big hopes of finding a cure for cancer. Although it's no longer my main focus I'm still very interested in caring for people."

Raewyn has now completed her third year of medicine. All things going well she'll move onto her Bachelor of Medicine and Surgery next year. Is it hard for Raewyn?

"No not if you love it. I knew I'd chosen the right career during my first placement at Middlemore hospital. I thought 'this is why I'm here'. It was awesome."

When she thinks about the future Raewyn sees two main paths; paediatrics, and then there's the possibility of going home to practice as a GP in Wairoa.

"This community has shaped me and made me the person I am today; I definitely want to come home to work at some stage." It might also bring Raewyn a wee bit closer to her partner. He's in the Army based at Linton, and part of her balancing act.

Ripeka Ormsby (Ngati Kahungunu)

Ripeka is studying a Bachelor of Midwifery at Waikato Institute of Technology, and has also completed courses in Rongoa Maōri, Maōri Nutrition and Interpersonal skills. Her background is a fascinating mixture of te ao Maōri, and alternative thinking and learning models.

"I was brought up at Bridge Pa in Hastings," Ripeka explains. "It was awesome. You lived with all your cousins on the door-step of the marae. We embraced whanaungatanga."

Ripeka has five children ranging in age from eight to twenty six. When it came to their education she made some interesting choices.

"I didn't agree with the traditional education system and the belief that children have to be forced to read and write. I think it makes them mentally tired when they are too young."

Ripeka sent her children to a Rudolph Steiner School, which focused much more on developing their natural abilities; with a heavy emphasis on the creative side like art, music and drama. Did Ripeka see any conflict with this imported, and in some circles controversial educational model – and Maori values?

"No, not at all, because it's all about developing natural abilities, Steiner supports being Maōri."

When her youngest daughter started school in 1997, Ripeka took up courses in massage and reflexology. In terms of the Bachelor of Midwifery, there are Maōri components, and like her children's experience she can make similar links between Maōri and other worlds.

"The things I am learning on the course sit very
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'Outrageous!' Government investment in tobacco industry

by Liz Price, PHA Media Advisor

The Public Health Association is horrified that the Government has invested in the tobacco industry.

It is outrageous that Government investment funds have been directed to tobacco companies. A recent report from the Council for Socially Responsible Investment found that five crown financial institutions had invested in the tobacco industry. These institutions are the National Provident fund, Earthquake Commission, Accident Compensation Corporation and Finance Minister Michael Cullen's Superannuation fund.

Tobacco use is the single largest preventable cause of death in New Zealand – with around 5000 people dying from smoking or second-hand smoke every year. More deaths occur from tobacco use each year than from HIV, tuberculosis, motor vehicle accidents, suicide and homicide combined.

This Government has been supportive of tobacco control – it makes no sense that it would pass strong tobacco control measures on the one hand; while investing in the tobacco industry on the other.

Now these investments have been exposed, we expect the Government to quickly re-evaluate where it puts its money.

Clearly there is a need to look at the Government's guidelines around ethical investments by crown financial institutions, and to amend these guidelines to ensure that Government investment in the tobacco industry is a thing of the past.

The PHA, along with other health groups, will continue to highlight the issue of Crown investment in tobacco companies to members of parliament, non-government organisations and the public.

PHA funding and sponsorship policy

The Council for Socially Responsible Investment report on Government investment in tobacco has highlighted the question of financial relationships with health-harming industries.

PHA has policies that require all funding and investment agreements to reflect the ethical goals of the PHA. The PHA will not be involved with any company that has interests in tobacco, gambling, alcohol, or drugs.

Contact: media@pha.org.nz

FCTC one of the most successful treaties

from Tobacco Control Update Issue 30

It is less than two and a half years since member countries of the WHO adopted an historic tobacco control treaty - the Framework Convention on Tobacco Control (FCTC). Key provisions in the treaty encourage countries to:

- enact comprehensive bans on tobacco advertising, promotion and sponsorship
- obligate the placement of rotating health warnings on tobacco packaging that cover at least 30 percent (but ideally 50 percent or more) of the principal display areas and can include pictures or pictograms
- ban the use of misleading and deceptive terms such as "light" and "mild"
- protect citizens from exposure to tobacco smoke in workplaces, public transport and indoor public places
- combat smuggling, including the placing of final destination markings on packs
- increase tobacco taxes.

Already, the Treaty is looking like becoming one of the most successful United Nations treaties in history, in terms of the number of countries that have ratified it, and the speed with which this ratification has taken place.

PHA supports petition on preventing obesity in children

by Liz Price, PHA media advisor

The PHA encourages individuals and organisations to support and promote the petition recently launched by Fight the Obesity Epidemic Inc (FOE). The petition calls for Parliament to take action to help reduce the amount of junk food that our children eat. Petition forms are available on FOE's website, www.foe.org.nz. FOE is a voluntary organisation working to promote policies to stop and reverse the rise of obesity and Type 2 diabetes in children.

FOE's chairperson Dr Robyn Toomath says that one-third of New Zealand children are now overweight or obese, and the time is overdue for serious measures to turn this around.

"It is essential that we reverse the trend for growing numbers of our children having to experience serious health problems including Type 2 diabetes as a result of obesity."

The petition asks that Parliament prevents the sale in schools of food or drink products high in sugar, fat or salt, and with low nutritional value, bans advertisements of such products during children's television programmes, and conducts a Parliamentary inquiry into other actions needed to prevent obesity.

A poll conducted in June this year by the Business Research Centre (BRC) showed very strong public support for these measures.

The PHA believes that childhood obesity is not an issue that is going to go away with a little tinkering here and there; strong, meaningful measures need to be quickly introduced. We fully support this petition. A large number of signatures will show decision makers just how concerned the public health community is about rising obesity rates.

Contact: media@pha.org.nz

The PHA News editor would like your public health news for publication in the PHA News. Please send copy for next issue by **first week of February 2006** to the manager at PHA, email pha@pha.org.nz or telephone (04) 472-3060 for further information.

Taking advantage of the holiday media vacuum!

by Liz Price, PHA media advisor

At this time of year things often quieten down in the media, providing a great opportunity to get some of those public health messages out. So if your organisation promotes issues such as sun safety, safer sex, food safety, quitting smoking, drinking in moderation, healthy eating; now would be an ideal time to up the ante. It's amazing how those issues that we struggle to get coverage for all year, suddenly become of great interest to journalists when Parliament is in recess and three-quarters of the country is at the beach.

There are a number of media vehicles that you can use to get your message across. These include media releases, letters to the editor and opinion pieces. Some organisations have in-house communications units, and can work with you on the best way to promote public health messages. If you will be developing your own material, remember to keep it simple, with a few, strong key messages. Try to limit media releases to no more than one and half A4 pages, and remember to include your contact details. Fax or email the release to your target media – start with local newspapers and radio stations. Do a Google search for their contact details.

Letters to the editor are also an effective way to get your point across. You can raise an issue – "With the New Year nearly upon us, now is a great time to consider quitting smoking", or respond to one – "The article in Saturday's paper about the outbreak of Salmonella... a reminder of the importance of safe food handling practices".

Opinion pieces take more time, but if accepted by your local newspaper, give you a great platform to promote your issues in a detailed, reasoned way, with no contrary views!

If you fancy promoting your issue in the media this summer, but don't quite know where to start, PHA communications manager Liz Price will be in the office on Tuesdays and Thursdays from early January 2006. She would be very happy to work with you on the best way to get your message across, including drafting media releases and approaching the media. Liz can be contacted on 04 472 3060, or email media@pha.org.nz.

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comfortably with me. I am fascinated that a woman can carry and give birth to a child. The whole experience of being a midwife is very spiritual, it's woman-centred."

In terms of plans for the future, Ripeka intends to work independently as a midwife.

"I have a Mapri mentor and we plan to work together providing midwifery services. We don't intend to work exclusively with Maori, but being Maori means we'll obviously attract Maori clients."

Te Aro Moxon (Ngati Kahungunu/Kai Tahu)

20 year old Te Aro Moxon is studying towards a Bachelor of Human Biology (Medicine) at the University of Auckland.

Te Aro is one of three siblings and was raised in Hamilton. He's a high achiever in a whole range of areas, and has blended foundational learning at Kohanga Reo and Kura Kaupapa Maori, with mainstream learning at secondary school.

"I was sent to Southwell Primary School when I was in Standard Four, and later on I went to St Paul's Collegiate." Te Aro explains.

Te Aro sat School Certificate and University Entrance Maori, when he was in Form Three.

"That was kind of weird. I ended up sitting the exam in a room full of adult learners. I had to sit a special English test to make sure I could read the examination paper."

For the uninitiated St Paul's Collegiate is an exclusive Anglican Boy's Boarding School in Hamilton. Te Aro was one of a handful of Maori students. "I'm quite fair so I could blend in, but there were also opportunities to reflect my Maori side. You can go to a school like that and maintain your taha Maori as long as your whanau is supportive." It's his commitment to things Maori that has driven Te Aro towards medicine. "I really want to be involved in Maori health. At the moment I'm really interested in paediatrics, but looking ahead maybe politics – so that I can influence policy and decision making." Te Aro's also interested in the possibilities of blending Western medicine and Rongoa Maori.

Contact: anton.blank@xtra.co.nz

A full agenda

The PHA Executive Council meets three times a year and at the meeting held on November 18 it was the first opportunity for President Marty Rogers to welcome newly elected members. Many were familiar faces having served on the council in the past in other guises. The full council is as follows:

Marty Rogers, President;
 Dallas Honey, Vice President, and newly elected Waikato branch representative;
 Lisa McNab, elected Treasurer (Lisa had previously been seconded to this role);
 Melanie Dalziel, first ever elected representative of PHA's newest branch, Te Tai Tokerau;
 Kathrine Clarke, newly elected to represent the Auckland branch (formerly Maori Caucus representative);
 John Waldon was elected as Central Districts branch representative. John is an original Maori Caucus member and has been a branch representative in the past;
 Louise Delany, continues to represent the Wellington branch for another term, as does Gillian Abel as Canterbury branch representative;
 Richard Egan, a first timer to the council and representing Otago Southland, was unable to attend this meeting as he was overseas on his honeymoon.

The Maori Caucus introduced newly elected Michelle Mako who joins Ngamata Skipper and Lisa McNab. There remains a vacancy for the Pacific representative position.

The main business of the day was 2006 planning which will include a one day induction and governance training hui to be held in conjunction with the next meeting in March 2006.

Other issues discussed were possible actions for 2006-07 year, the decision to reaffirm the 2004-2009 Strategic plan, and ideas on how to increase PHA membership.

Members of the Maori caucus raised their concerns over the issue of the low level of Mapri involvement in influenza pandemic planning.

....something to ponder

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protection contracted programme matters are relevant and staff should be participating in the planning and consenting processes nationally, regionally and locally to promote healthy living.

Attending some of the *RMA: Making Good Decisions* courses (run by the Ministry for the Environment through Auckland University's Centre for Continuing Education around the country) would be a practical way of gaining interdisciplinary experiences with practitioners at varying levels, as well as consultants and others involved. Public health should be a partner in good decision-making in their communities and at the national level.

Contact lmcroot@xtra.co.nz

11th World Congress on Public Health and 8th Brazilian Congress on Collective Health, Rio de Janeiro, Brazil 21 to 25 August, 2006.

Promoted by the World Federation of Public Health Associations and the Brazilian Association of Collective Health, the congress will be a major scientific event in Latin America, bringing together health professionals, teachers, researchers, managers, national and international public/collective health leaders and all those interested in debating, reflecting, and facing the theoretical and practical challenges of public health.

The scientific program has been developed in a way to showcase the diverse dimensions of the central theme – *Public Health in a Globalised World: Breaking Down Social, Economic and Political Barriers*.

Deadline for abstract submissions on line: January 20th, 2006

Deadline for abstract submissions by post: January 13th, 2006

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

The Guide to Community Preventive Services

What Works to Promote Health?

Task Force on Community Preventive Services
Edited by:

Stephanie Zaza, Peter A. Briss and Kate W. Harris.

This well-organised, clearly written text will become the gold standard for evidence-based public health. It will serve as a primary resource for helping to improve health and prevent disease, whether in states, communities, local organizations, healthcare organizations, worksites, or schools. In an entirely systematic way, it examines the effectiveness, economic efficiency, and feasibility of interventions to combat such risky behaviors as tobacco use, physical inactivity, and violence; to reduce the impact of specific conditions such as cancer, diabetes, vaccine-preventable diseases, and motor vehicle injuries, and to address social determinants of health such as education, housing and access to care.

Contact: Tim.Antric001@msd.govt.nz

Sustaining Public Health

Pupuritia Te Whare Tapa Whā

5-7 July 2006

Close date for papers

31 January 2006

Details on website

<http://www.pha.org.nz>



