



Public Health Association of New Zealand
PO Box 11-243, Wellington
Tel: (04) 472 3060 Fax: (04) 472 3059
E-mail: pha@pha.org.nz, www.pha.org.nz

Vol. IX No1 February 2006

ADVOCACY NEWS

Making tobacco and alcohol 'sexy'

by Liz Price, PHA Communications Adviser

There has been a lot of publicity recently about the harm caused by P, or methamphetamine. Methamphetamine is currently one of New Zealand's most significant illicit drug issues. It is a member of the "amphetamine" group of synthetic or designer drugs that have a powerful stimulant effect on a person's central nervous system. Methamphetamine produces wakefulness, hyperactivity, lots of energy and an euphoric effect. Its use has been linked to crime, aggression and violence.

P use is heavily covered by the media, and encourages numerous calls to talkback radio and much comment on blog sites. Issues that attract a lot of interest from the community and the media tend to put pressure on politicians - which sometimes results in rapid and significant responses. It is amazing how quickly extra funding can be found in the face of public outcry.

The challenge for those in public health is to make the community and media feel as strongly about legal drugs, as they do about drugs like P. In other words, we need to make tobacco and alcohol 'sexy'. There is no doubt that P is an extremely serious issue, and causes great harm to individuals and their families. But, at a population level, it does not come close to the level of harm caused by the legal drugs tobacco and alcohol.

Tobacco causes around 5000 early deaths each year, while alcohol causes around 1000 deaths (although prevents some others), not to mention fuels countless acts of violence and needless risk taking. However, advocacy for stronger tobacco and alcohol measures is often met with suspicion by the public and the media,

and can be termed needless interference by Government.

If the strength of public reaction to alcohol and tobacco issues was commensurate with the level of harm caused, would we see much greater action by the Government? Would we have had smokefree bars years ago; would there already be graphic pictorial health warnings on tobacco packets, would comprehensive alcohol advertising bans be in place?

There are lessons to be learnt from the public reaction to P. We need to find some way to accurately portray the harm caused by legal drugs, while still recognising the harm caused by illicit drugs. Somehow we need to make tobacco and alcohol issues more emotive and personal. Perhaps we need to talk more about harm to individuals and profile those individuals.

Whatever the answer, it seems a fair assumption that government action on legal drugs would be far greater if we could engender public and media outrage that is similar to that currently being expressed about P.

Contact: *Liz Price pha.media@pha.org.nz*

Inside

Get serious about child poverty	2
Alcohol promotion review overdue	3
Obesity partnership in Canterbury	4
Fluoride battle in Waikato looms	5
The 'smacking' debate	7
Changes at PHA national office	8
Māori in the mix.....	9
Māori mothers and babies fare the worst ..	10
PHA Conference 2006 speakers	11

PHA urges government to get serious about child poverty

by Liz Price, PHA Communications Adviser

The Public Health Association (PHA) is calling on the Government to make tackling child poverty a priority for 2006.

It is not acceptable that children in this 'wealthy' first-world country are suffering from third-world diseases. The Government needs to get serious about this issue. Fixing a timeline for the reduction and elimination of child poverty and allocating substantial resources towards this goal would be a good start.

Lower-income families are under particular pressure at this time of year. Having just coped with all the extra expense of Christmas, families now have to buy school uniforms and stationery, and pay school fees.

It is well known that lack of money is associated with poorer child health. Diseases from the age of Charles Dickens are still present in New Zealand because one in five children in New Zealand live

in poverty. These illnesses include meningococcal disease, rheumatic fever, pneumonia, chronic lung infection, gastroenteritis, ear disease, dental disease and serious skin infection.

One immediate action the Government could take to improve the health of poorer children would be to extend the availability of the 'in-work payment'. The payment, which is part of the *Working for Families* package, will be introduced in April, but will not go to parents who are on benefits.

The *Working for Families* package will make a huge difference to the health of many children in low-income families. But any additional financial support needs to be extended to all children who need it, not just those with parents in work.

Contact: Liz Price pha.media@pha.org.nz

Supporting a Public Health Perspective in Local and Regional Government

PHA is currently developing a "resource pack" that is intended to assist PHA branches to advocate and support public health perspectives within their local governments.

The resources consist of a checklist of specific public health issues to look for in draft plans, information on Council planning processes, a template submission, and a list of performance measures to monitor progress in regards to public health outcomes. The resource pack will be posted on the PHA website for access to PHA members once it has been reviewed and revised.

Core Competencies Project

The core competencies project has made significant progress. The first working team meeting was held on Wellington Anniversary Day and has been described as "stimulating and very productive". The second working team meeting will be held on 9th of February and we anticipate that the first draft of core competencies to be completed well before the end of March.

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 April 2006** to the communications adviser at PHA, email pha.media@pha.org.nz or telephone (04) 472-3060 for further information.

Alcohol promotion review well overdue

by Liz Price, PHA Communications Adviser

The Public Health Association will be taking a close interest in the Government's recently-announced review of regulations controlling the advertising and promotion of alcohol. We believe such a review is well overdue.

The review will seek the views of the wider community including consumer and sports groups, industry bodies, and non-government organisations, and will include a formal public consultation period.

It will be led by a steering group made up of members from the Alcohol Advisory Council of New Zealand, the ministries of Health, Justice, Youth Development, and Culture and Heritage, the Advertising Standards Authority and Broadcasting Standards Authority, plus two independent members.

The PHA supports the prohibition of alcohol brand advertisements on broadcast media, and

bans on sports sponsorship by alcohol producers and retailers.

We believe that such action would go some way towards reducing alcohol-related harm, particularly as it impacts on young people.

Each year, alcohol-related problems cause nearly 800 deaths and drain over \$16 billion from the economy. The groups most likely to drink heavily and experience harm from their drinking are males aged 18 to 24, and Māori aged 18 to 30. Binge drinking by teenagers is increasing, and this has occurred in a climate of liberalised licensing and advertising policies.

It is important that the public health community is consistent and strategic in its response to the review. We look forward to working with other agencies involved in alcohol issues to plan our approach!

Contact: Liz Price pha.media@pha.org.nz



Sustaining Public Health *Pupuritia Te Whare Tapa Whā*

Palmerston North 5 - 7 July 2006

Important Dates

Tuesday 21 March

Tuesday 18 April

Tuesday 30 May

Tuesday 6 June

Tuesday 6 June

Tuesday 20 June

Notification of acceptance/rejection of abstracts

JR McKenzie scholarship applications close

Public Health Champion Nominations close

Receipt of completed papers from presenters

Date by which accepted presenters are required to register

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.

Local Partnership in Canterbury will tackle Obesity

Has the obesity epidemic been 'done to death'? Is anyone interested in yet another seminar on the topic? In planning the joint Canterbury PHA/Healthy Christchurch seminar (September 2005), we believed that there was strong interest, but that people want more than just 'more of the same' information. They want both to raise the level of debate and to drive action on the issue. How could we do this? We chose to do this by providing high quality information, and by a structured priority setting process.

Providing information

At the seminar there were keynote addresses from *Dr Robyn Toomath* (Fight the Obesity Epidemic) on the Obesity Epidemic and *Maria Turley* (Public Health Intelligence, Ministry of Health) on Trends in Obesity. Both these talks informed debate about possible national and local policy options.

An update on local action against the epidemic was provided by the Canterbury Intersectoral Physical Activity and Nutrition Group (CIPANG). *Dr Greg Hamilton* gave a brief overview of CIPANG's role and the service mapping of physical activity and nutrition initiatives in Canterbury; *Catherine Robinson* outlined programmes for Education, child and youth; *Michael O'Dea* reviewed primary care's role; *Dean Te Hae* summarised Maori and Pacific approaches; and *Delia Walker* gave an overview of the recently funded Canterbury Active Communities project. Many participants were surprised by the amount and range of work already going on.

Key local stakeholders presented their visions for the future, from the Mayoral Forum (*Michael McEvedy*); Environment Canterbury (*John McEwing*); the Canterbury District Health Board (*Evon Currie*); He Oranga Pounamu (*Fiona Pimm*); and the Canterbury West Coast Sports Trust (*Dr Selwyn Maister*). This gave participants

an idea of what was already under discussion in key organisations.

Priority actions for the future – Nominal Group Process

The branch's determination to make the seminar more than a talk-fest was ensured by the use of nominal group process, led by Dr Greg Hamilton.

Nominal group process (NGP) is a group decision-making method. It combines interactive group techniques, such as focus groups, with non-interactive phases. It is used increasingly in health promotion as part of needs assessment, program planning, identification of problems, developing solutions and decision making.

NGP is a superior form of brainstorming. Interaction between group members is limited in the idea-generating phase of the process. This allows all members to be creative and provide input. Ideas are recorded, discussed by the group and clarified. Where appropriate, ideas are grouped and can be prioritised using ranking techniques. This process lessens the impact of dominant people who may over-influence decision-making and avoids interference from the moderator.

As a group method the NGP encourages a high work output in a short time and provides immediate feedback to the participants. The democratic nature of the process allows all members an equal opportunity to contribute.

Five groups each reported four or five priority areas, with all groups suggesting strategies related to both food supply and physical activity. The highest weightings were given to

- Government policy; regulation, legislation and taxation
- Supportive environments, including active transport;
- Food supply: affordable and accessible

continued on page twelve

Fluoride battle looms in Waikato

by Dallas Honey, PHA Waikato

The fluoride issue never quite goes away. Most recently, it has popped its head up in Waikato, with the Hamilton City Council considering whether to stop fluoridating the city's water supply. The Council held a workshop in November to consider whether fluoridation should be discontinued, and is conducting a telephone survey of residents this month.

Despite overwhelming evidence to the contrary, anti-fluoridation lobby groups continue to make claims that fluoridated water is harmful to health. Those of us working in public health sigh and roll our eyes when these claims are made. We know that water fluoridation is a safe and effective public health measure that greatly improves dental health.

Remember the bad old days

Who hasn't heard stories about the way it was before widespread fluoridation of water supplies? People having all their teeth pulled out at 20 years of age and being fitted with dentures; children with chronic pain caused by rotten teeth. There are many older adults walking around today with mouths that bear the legacy of unfluoridated water – a filling in nearly every tooth.

Waikato District Health Board Medical Officer of Health Felicity Dumble says there is widespread support from medical professionals for fluoridation. "Doctors and dentists support the ongoing fluoridation of Hamilton's water supply. Within their own practices they see the suffering of children and adults whose teeth have not had the benefit of fluoride. Their professional experience is supported by a huge amount of evidence confirming the lifelong benefits of water fluoridation."

She says that removing fluoride from Hamilton's water supply would have big implications for dental services and the overall health of residents.

"Waiting times for hospital dental services would increase by about 18 months, as dentists coped with an increased number of patients with serious dental caries."

"It is estimated that within five years there would be a dramatic decline in the oral health of Hamilton children. We would expect to see 25 percent fewer five-year-olds free of decay which could equate to up to 1730 extra fillings and 296 avoidable extractions before children even start school."

She says that the health of children, Māori, Pacific, people and those on lower incomes would be particularly affected.

"These groups tend to have poorer oral health due to some of the broader determinants for health, so their increase in diseased teeth would be greater. In other words, removing fluoride from Hamilton's water supply would increase health disparities – the very opposite of what the Waikato DHB is trying to achieve."

Turning the tide

So what can the public health community do to ensure that Hamilton residents are fully informed about the benefits of fluoridation, and to encourage the City Council to leave the water supply as it is?

Firstly, we need to identify our key messages and repeat them:

- water fluoridation is safe and reduces tooth decay
- fluoridation benefits everyone, but particularly those people who are most vulnerable such as young children from lower-income families
- the children of Hamilton would face a decline in their oral health if water fluoridation was discontinued
- fluoride is naturally in the source water – the Waikato River – and only needs to be topped up to achieve maximum health

continued on page six

... fluoride battle looms in Waikato

continued from page five
levels.

Next, we need to be more organised than those lobbying for the removal of fluoride from the water supply. Harness the support of groups like the New Zealand Dental Association, Royal NZ College of GPs and NZ Medical Association – and encourage local members to respond publicly to claims that fluoride is not safe. Discuss the issue with local Iwi, and ask for support.

We need to work with health promoters and Maori health providers and ask them to communicate the key messages throughout their networks. We should highlight the personal experiences of dentists and hospital oral surgeons who regularly see young children from non-fluoridated areas with badly abscessed teeth.

Once we have our support network in place, it must be mobilised. Arrange for health experts to submit opinion pieces to the local papers, setting out the benefits of fluoridation clearly and simply, and giving examples of what can happen when water isn't fluoridated. Encourage as many people as possible to write letters to the editor supporting the use of fluoride. Anti-fluoridation letters need to be responded to by several people so the public can see where the weight of evidence and public opinion lies. And don't forget community newspapers – these are well read and a great vehicle for letters and opinion pieces.

If you hear the issue being discussed on talkback radio, ring up and outline some of the evidence-based key messages. Talkback based on misinformation can continue for hours unless the facts are presented!

Other options could include writing to Hamilton's mayor Michael Redman, and the city councilors. Names and contact details are on the Hamilton City Council website. It is they who are reconsidering fluoridation of the water, and they will make the decisions. Emphasise the huge body of evidence behind the safety and effectiveness of fluoridation. (Before making comment in the media, or contacting decision-makers, you may want to check your organisations' policy on publicly commenting on issues.)

Margaret Mead was spot on when she said "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has."

The Public Health Association calls upon the public health community – particularly those in the Waikato region – to address this issue in a united way and help protect local children from tooth decay.

Contact: *Dallas Honey*,
honeyd@waikatodhb.govt.nz

PHA National Office in Action

Submissions

The PHA has made a submission on the government's policy statement on budget 2006.

We have been working on supporting the Repeal of Section 59 and also supporting fluoridation in several parts of the country (refer to Waikato story on page five).

Sustaining Public Health

PHA Conference 2006
Palmerston North
Registrations open April
For further information
www.pha.org.nz

The 'smacking' debate

by Liz Price, PHA communications adviser

There are some issues that really get the talkback going. Taxing high fat foods is one, paying prisoners compensation another. But recently, the prize goes to repeal of section 59 of the Crimes Act, or as the media terms it, the 'smacking' law repeal bid. Some of the discussion is rational and reasoned, and some downright hysterical. The discussion is being prompted by Green MP Sue Bradford's bill for repeal of section 59 of the Crimes Act 1961. The bill is currently before Parliament.

So, are organisations like the Public Health Association, the Child Abuse Prevention Services New Zealand, Plunket, Barnardos, Save the Children New Zealand, Parent Help, UNICEF, the Office of the Children's Commissioner, and Women's Refuge really trying to criminalise parents for smacking their children? Of course not.

This is not about mums or dads who give their kids a tap on the bottom from time to time. It's about taking away the 'reasonable force' defence currently available to parents who seriously assault their children.

The use of this defence has led to acquittals in cases where parents have been taken to court for hitting their child with a bamboo stick, a belt, a hosepipe, a piece of wood, and for putting their child in metal chains to prevent them leaving the house.

People claiming that parents lightly physically disciplining their children will be taken to court if section 59 is repealed are stirring up unnecessary fear. In reality, complaints to the police are unlikely to be made in cases of minor assault; prosecutions are even more unlikely. It is more unlikely still that parents using physical force to remove their child from danger would be prosecuted.

Repeal of section 59 would give children the same protection under the law that adults have. Under the current law, it is legitimate in some circumstances to beat children – when it is against the law to beat adults.

Those opposing Bradford's bill often use the argument that repeal of section 59 won't make any difference to the behaviour of parents who abuse their children. These parents are not going to suddenly stop the beatings just because the law has been amended, they say. But the parents who have been let off beating their kids with horse whips in the past will certainly get the message when they are prosecuted in the future.

We won't know all the flow-on effects until well after the section has been repealed. But we can look at what has happened overseas. The ban on physical punishment of children in Sweden in 1979 was followed by a decrease in the number of children coming into care. Young people's alcohol and drug use, and rape and suicide rates also decreased. In addition, the proportion of Swedish in their twenties (and therefore raised in a no-assault culture) prosecuted for child assault has decreased since 1984. There has been no increase in parents being drawn into the criminal justice system.

Child abuse and family violence are a serious problem in New Zealand society. The repeal of section 59 would, at the very least, send a message that violence against children is unacceptable, and ensure that parents who commit serious assaults do not have a ready defence. At best it could reduce parental assaults on children. What have we got to lose? Contact: pha.media@pha.org.nz

Let's debate the issues

Do you have a comment to make about articles in this issue?

Your feedback is appreciated. Please send to the Manager, pha@pha.org.nz

Changes at national office - a familiar face moves on

After seven years, two and a half presidents and two and a half directors, Noeline Holt is leaving her position as PHA office manager. She is off to Rural Woman New Zealand, as executive officer.

Noeline started with PHA in 1999, having previously worked at the Citizens Advice Bureau and the Patriotic and Canteen Funds Board. During her time at the PHA the health sector has undergone significant change, with the dissolution of the Health Funding Authority and Health and Hospital Services, and the creation of district health boards.

As office manager her roles have included writing operational policies; writing, co-ordinating and laying out *PHA News*; membership, budget and finance management; conference planning, and managing the directors (!)

Highlights

One of the highlights of her time with the PHA has been seeing the organisation grow into a significant and respected player in health advocacy.

"I get frustrated at the meager funding this area receives in terms of the overall health budget I believe one of the great achievements of the PHA has been to highlight the importance of public health programmes and initiatives – and to go into battle for specific issues like tobacco control, nutrition and child poverty. While public health funding remains the poor relation, at least awareness is being raised about important issues."

Other highlights include the passage of the Smoke-free Environments Amendment Act (and smokefree bars leading to her sister quitting smoking), and overseeing seven very successful PHA conferences.

"The 2003 conference at Turangawaewae stands out in particular. Even a huge dose of the flu afterwards did not dampen the memory of the extraordinary atmosphere of the marae."

A non-work related highlight was a two-month

trip on the trans-Siberian railway in 2001. Taste for train travel has not gone away, and she has since experienced the Tren a las Nubes (Train to the Clouds) in North West Argentina, where each carriage had two oxygen cylinders and a doctor was available on board for the journey, and the Chemin de Fer du Vivarais in Ardeche in France.

What will be missed

"The PHA offices are in the Betty Campbell centre in Wellington – a base for a number of other NGOs. I've loved the 'second floor get-togethers', and the way we all pop into each other's offices for support and or a chat, and to share information."

"I'll also miss the PHA members and staff, and people in the wider public health community." Noeline will also be missed for her hard work and commitment. As Gay Keating puts it, I'll miss the flair that Noeline brings to the office with her odd collection of stuffed toys hanging off the rubber plant, Garfield and the like. And the way she gets geared up to cycle home. She's been great to share an office with – her desk is as messy as mine and I've trained her up to make an excellent cup of tea."

Noeline has one of the best phone voices around, and as all members know, she drives a mean email machine. She's always got her eye out for benefits for members, such as the PHA diaries.

"I'm going to miss Noeline, but I know that she'll be just a phone call away," says Gay.

Noeline will continue with her post-graduate Diploma in Public Health, and looks forward to working with people involved in rural communities and their unique issues. She will continue as a member of the Wellington branch of the PHA.

Māori in the mix

by Shane Bradbrook, Director, Te Reo Marama – Māori Smokefree Coalition

Last year a New Zealander living in Israel e-mailed Māori working in the Smokefree area, concerned about a new line of cigarettes being marketed Philip Morris. She explained in her e-mail that the packaging featured Māori designs. While she was a smoker herself, she was concerned about the way that Philip Morris was aligning Māori with a tobacco product.

The woman (who did not want to be involved in any publicity about the product) came home for a visit in December and brought a packet with her. More than simply featuring Maori designs, the cigarettes were called “Maori Mix”. The packet featured quasi- Māori designs and a map of New Zealand on the back of the packet.

Smoking affects Māori more than any other group in New Zealand. It is the single biggest killer of Māori, and accounts for a third of all Māori deaths. This is reflected in higher rates of lung cancer, heart disease, SIDS, respiratory infections, glue ear, meningococcal disease and diabetes. Around half the Māori population smoke – this is way higher than any other group. As the indigenous people of the country we are also sensitive to the exploitation of our language and cultural symbols.

At Te Reo Marama we have also been talking the need to shift our communications focus away from smokers. Social marketing campaigns have tended to be smoker-focused; encouraging Māori smokers to quit. This is only part of the equation however. What we are dealing with is a powerful industry that targets our people, so at least some of our communications energy needs to be directed towards them.

The Maori Mix story gave us an opportunity to expose the industry. It also had all the elements of a news story – it was quirky and shocking; it was about New Zealand on the international stage; it was about Maori issues. In the course of another story we talked to TVOne, New Zealand’s biggest state-owned television station. They were keen to get an exclusive on the story.

As a compromise we agreed to give them

priority over other news channels. They ran the story during their 6pm bulletin on 12 December, and we then issued a release to all media. TVOne’s story was excellent. As well as covering the story itself, they explained how the industry has a history of using Māori imagery to promote its products – and included all of our key messages about Māori and smoking.

Over the next day we experienced unprecedented media coverage of the story in radio, television, and print media. Some of the themes that emerged during this coverage were:

- New Zealanders were very sympathetic to our concerns, and horrified at the exploitation of our language and imagery
- We were able to use a high profile and potentially negative story to focus on the plight of Māori and smoking; and generate sympathy from the public and decision makers
- Mainstream media – which can be notoriously anti-Māori – were our ally.

We received an immediate retraction and apology from Philip Morris, and we are considering whether we will take any further action.

Other indigenous communities were also appalled, and in the case of Native Americans and First Nations, they were reminded that indigenous peoples are constantly used by this industry to sell tobacco.

This is one response to the use of Maori Mix:

“The Hopi Tribe located in the State of Arizona, United States recently passed a Tribal Resolution to ban smoking in tribal facilities and requires all smokers to smoke 50 feet away from these facilities. The State of Arizona is also introducing a state initiative to ban smoking in all public facilities and 50 feet away from these buildings.

I wanted to express my support for your actions where misuse of tribal symbols, identity, etc. is disregarded by major companies. We have had tribal religious

continued on page twelve

Māori mothers and babies fare worst - smoking during pregnancy

by Michelle Mako, PHA Māori Caucus

I want to reflect on one of the issues I believe is most critical to our Wahine Māori health: smoking and pregnancy.

Smoking affects Māori more than any other group in the country. It is the single biggest killer of our people, and accounts for a third of all Māori deaths. That's staggering by anybody's standards. In spite of a five per cent drop in prevalence last year, around 47% of Māori still smoke.

For Māori women the issue is more serious. They smoke more than our men and they start younger. Around a third of year 10 Māori girls smoke. Wahine Māori are socialised into smoking at a young age, and as they move into adulthood smoking is normalised at home, and elsewhere.

The impact that smoking during pregnancy has on babies is well documented. When mothers smoke less oxygen and nourishment gets to the baby. The baby's heart beats faster, and its chest muscles don't get enough oxygen to exercise properly, and get ready for breathing after birth.

Babies exposed to smoking in-utero are more likely to be stressed during labour, have low birth weight, or have a poor birth outcome. Later, the child is at greater risk of cot death or SIDS – or of developing other health complications. Māori SIDS rates remain about four times higher than among non-Māori. In 2001, the Māori SIDS rate was 25.9 percent lower than the 2000 rate, but was still more than six times the Pacific peoples rate, and more than five times the rate of the other ethnic groups.

Let's bring smoking out of hiding as the main cause of preventable risk to Māori pregnancy, infancy and child health. There is professional and public awareness of the seriousness of smoking during pregnancy, but coverage is patchy for dedicated smoke-free pregnancy services, and there is low-level response by health professionals.

In New Zealand, there is no agreed standard of care for a smoke-exposed pregnancy or child. Smoke-free identification is under-recorded in pregnancy and paediatrics, interventions are more

reliant on champions than protocols, and a systematic approach to care is the exception more than the rule. Confusion continues around the safety of pharmacotherapy in pregnancy, and there are tensions between the goals of increasing self-efficacy for the parents, and reducing exposure for the child. Understandably Māori women are not confident in being smoke-free.

The smoke-free reforms are significant, and the Auahi Kore message has been embraced by our political and sectoral leaders. Many more Māori environments are smoke-free, but the reality is that our women more than any other group, will live, work and socialise in environments where smoking is commonplace.

When we consider the role of social determinants of smoking, the issue for Māori is complex. Social marketing campaigns, while well intentioned, are only part of the solution. Focusing on the smoker is not enough. Unless we address the socio-political antecedents of Māori smoking, and address our energies towards the tobacco industry, we are effectively demonising Māori smokers – and spotlighting Māori women.

When we speak to Māori women who are carrying, some of the changes can be linguistic. Māori women love their children and no-one willingly wants to cause their child damage by smoking. Mothers are motivated by aroha. So, rather than saying smoking is bad for pepi, we can reframe the messages like so:

- smoke-free pregnancy is the best way to make sure you have an easy and safe pregnancy
- a smoke-free start is the best protection from preventable death and disease for your tamariki
- continued smoking in pregnancy as a high risk activity requiring early intervention and monitoring of the mother and child

At the macro level Māori leaders and professionals must have the tools and resources to deal with the issue. So often we have proven that when we are given the resources and license to deal with our social and health issues, the results can be remarkable.

Top Public Health Speakers for PHA Conference 2006

by John Waldon, 2006 Conference Committee, Palmerston North

Most keynote speakers have confirmed for this year's conference. Professor Mason Durie will deliver his third paper on public health at a PHA conference in Palmerston North since 1994. Professor Durie, Assistant Vice Chancellor (Māori) of Massey University will join with Professor Tony McMichael - Director, National Centre for Epidemiology and Population Health (Australian National University, Canberra) in the first session of the conference. Tony and Mason (2003 PHA public health champion) will set the tone for this three day conference about sustaining public health.

Speakers that will inspire

To date ten speakers in total have confirmed their attendance including Dr Camara Jones (Research Director on Social Determinants of Health, Centers for Disease Control, Atlanta, Georgia, USA), Dr Cindy Kiro, Commissioner for Children (NZ), Dr Lisa Pulver (Director, Muru Marri Indigenous Health Unit, University of New South Wales, Sydney Australia), Dr Teulia Percival (Middlemore Hospital, Auckland), Dr George Salmond (retired Director General of Health and PHA public health champion 2001), and Dr Dennis Gray, (Deputy Director of the National Drug Research Institute, Curtin University, Perth, Western Australia) who heads the Institute's Indigenous Australian Research Program. He will be focussing on workforce development.

Dr Camara Jones is a person familiar with New Zealand. In 1999, Camara was resident in New Zealand as an Ian Axford Fellow, and during the term of her fellowship she made many presentations on the effect racism has on the health of minority populations. At present Camara is Research Director on Social Determinants of Health, Emerging Investigations and Analytic Methods Branch (CDC).

Dr Lisa (Jackson) Pulver presented a compelling keynote address to a stunned audience at the 2000 PHA conference. During her address,

Lisa recalled the bloody history of the colonisation of Australia and her people, the on-going burden of excess morbidity and mortality shared by the Aboriginal people of Australia and hope that the multiple views of the Aboriginal peoples of Australia would be recognised in addressing their health needs. Lisa presented the PHANZ with a painting by her uncle that showed the relationship between the land and her people in a manner that clearly illustrated a compelling view of the people and our place in their world. Aboriginal protocol dictates that his name is not mentioned as he died in 2004.

Dr Cindy Kiro, Commissioner for Children, has a distinguished background in health and social research as a very active academic at Massey University and later as a senior advisor to the Auckland District health Board. In 2002, Dr Kiro attended the UN World Summit on Sustainability in Johannesburg as one of two invited indigenous representatives from New Zealand. Dr Kiro was appointed Commissioner for Children in September 2003.

Dr Dennis Gray, who recently edited a special issue of Drug and Alcohol review on addressing indigenous substance misuse and related harms, has practiced sustainability in his relationship with indigenous people. In a soon to be published special issue on indigenous substance misuse and harm, along with his co-editors, comment on seven papers by indigenous writers and practitioners. Dennis will draw on the great deal of experience he has in negotiating research with indigenous communities in Australia.

Abstracts received impress

Abstracts have closed and once again the PHA is impressed by their high standard. It looks as if there could be many interest related workshops. The abstracts group will meet early in February and submitters will be contacted very soon afterwards.

Convenor Ann Shaw adds that valuing children is a key part of sustaining public health and is
continued on page twelve

....Māori in the mix

continued from page one

sacred sites destroyed by non-Indian developers and companies. A Hopi religious symbol was used on a whiskey bottle which was blatant abuse of the sacredness we hold for this symbol in our society. The company's response was "if it is not protected by a trademark" it can be used by anyone for anything. In the dominant society, this is true.

The indigenous people of the America's will continue to struggle against this attitude and misuse of our identity, symbols, etc. Please encourage your people that we are continuing our fight against such practices. Kwak'Khay (Thank you in the Hopi language)"

The Public Health Association supported us in our media work around this issue, so the Maori Mix story proved to be a great example of the power that the third sector can have when we pull together.

CONFERENCE

2006

..conference 2006 - top speakers

continued from page eleven

delighted that Dr Kiro will be a keynote speaker. The conference is also working with the wider sector that embraces public health in every day living, for example the Ministry of Social Development, Housing, ACC, Education, and NGOs such as Cancer Society and a wide range of groups interested in public health workforce development such as Ministry of Health, Health Promotion Forum, PHOs, and College of GPs.

To all the people who have submitted abstracts, our thanks for your participation. Your papers along with our keynote speakers, promises a very exciting and interesting conference.

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

....Canterbury partnership tackles obesity

continued from page four

fruit and vegetables

- Local collaboration and communication
- Health promotion and education

Within these topics there were a number of detailed suggestions.

What next?

Healthy Christchurch has worked with the branch as a partner, (www.healthy.christchurch.org.nz). It is a facilitating group with over 200 local organisations as signatories. Healthy Christchurch has selected Reducing Inequalities and Tackling Obesity as its two strategic directions. The Canterbury PHA will be working with Healthy Christchurch and its partner organisations on these issues.

References

- Delbecq AL, Van de Ven AH, Gustafson DH, 1986. *Group Techniques for Program Planning: A Guide to Nominal Group and Delphi Processes*. Middleton: Green Briar Press.
- Jones J, Hunter D, 1995. Consensus methods for medical and health services research. *British Medical Journal* 311: 376-380.

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 pha@pha.org.nz and she will arrange to send at no cost.



Haere ra from Noeline