

## Tobacco Control Research Strategy Launched

by Dr Marewa Glover, Chair, Tobacco Control Research Strategy Steering Group

A Tobacco Control Research Strategy for New Zealand was launched in May to coincide with World Smokefree Day promotions. The strategy marks a consolidated effort by tobacco control researchers and users of research to achieve a shared strategic vision and greater co-ordination in the research and information arm of New Zealand's tobacco control programme.

To date, research and evaluation to support tobacco control efforts has been ad-hoc. The research that has occurred has mainly been purchaser driven, to inform policy and programme planning. Some small additional projects have been initiated by researchers. Available funding has been competitive and fragmented, with no dedicated fund for tobacco-control research.

Consultation to inform the development of the strategy indicated that co-ordination, collaboration, adequate funding, and a strategic and focused approach are required to improve the amount, quality, accessibility and relevance of tobacco control research in New Zealand. A critical adjunct to these requirements is a long-term commitment from Government to support excellence in tobacco control research.

The strategy outlines a number of challenges facing researchers. These are:

**Funding** – Only a small proportion of existing research funding or tobacco control funding is invested in research.

**Communication and co-ordination** – There needs to be better networking and co-ordination between funders of research and researchers to improve information sharing.

**Capacity** – New Zealand lacks a critical mass of researchers dedicated to this issue.

**Scope** – Research has been limited to certain areas of information need leading to a neglect of research on other important aspects of tobacco control, such as Maori and Pacific Island smoking.

**Access to research** – There is no central clearing house for tobacco control research making it difficult for researchers, policy makers, programme providers and the general public to access the results of the research that has been done.

**Training** – There is limited training available on tobacco control or tobacco control research. On the job training is the norm, but the lack of a critical mass of tobacco control researchers limits opportunities for new or emerging researchers to access supervision and mentoring.

**International collaboration** – Though progressive in terms of our legislation and subsidisation of treatment for nicotine dependency, the international arena rarely hears of New Zealand's successes. Distance, and limited budgets, inhibit international collaboration.

**Independence** – The majority of tobacco control research has been funded by Government, either directly, via programme budgets or through the Health Research Council which funds researcher initiated health research.

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### Objectives

The Strategy aims to set priorities for tobacco control research in New Zealand, and to promote structures and funding mechanisms to facilitate that research. The objectives are:

- a) To promote a focused, agreed research agenda based on analysis of the gaps, overlaps, priorities and needs of stakeholders, researchers, funders and users of tobacco control research; that is, an agreed national research strategy.
- b) To create and maintain a critical mass of trained, well supported researchers with the capacity to respond to emerging trends, conduct ongoing studies, foster emerging researchers in this field, and facilitate communication between researchers.
- c) To identify, promote and address the tobacco control research needs of Māori.
- d) To identify, promote and address the tobacco control research needs of Pacific peoples, women, young people and other priority groups.
- e) To provide a framework for the development, implementation and ongoing improvement of tobacco control policies, initiatives and services based on sound, credible evidence.
- f) To improve coordination of tobacco control research information, and improve access to this research
- g) To review the value, and consider the feasibility of the establishment of a national tobacco control research centre to support researchers, and promote and implement the national strategy.

The document sets forth a framework for research to give all involved agencies a clear picture of the future direction of tobacco control research. Priority areas for research are identified and a criteria with which to assess proposals for research in these priority areas is proposed.

Seven broad categories of research need to be supported. These are:

- a. Surveillance of tobacco-related attitudes and behaviours.
- b. Tobacco-related harm (both active and passive smoking).
- c. Tobacco control and Māori.

d. Tobacco control and Pacific peoples.

e. Tobacco control programme effectiveness.

f. Policy.

g. New Zealand tobacco control in the international context.

Appended to the main strategy is a discussion advancing options for the establishment of a tobacco control research centre, through a competitive process, to encourage and co-ordinate research. This concept needs further consideration by the tobacco control community, and as such should be read as a discussion document for debate.

This is a community-initiated strategy, supported by the major funders and users of research, as well as by the non-government sector. It provides a useful forum for encouraging tobacco-related research, and is a platform for advocacy efforts (for example, advocating for tobacco excise funding to be allocated to boost tobacco control research efforts).

### Steering Group to oversee implementation

To ensure the strategy achieves widespread dissemination and adoption, a Steering Group was established to oversee its implementation. The Tobacco Control Research Strategy Steering Group has broad membership from the research sector, funders of research and from users of research. Population groups who suffer disproportionate harm from tobacco use and promotion are also represented.

The Steering Group plans to review the document again in 2004. Comments on the current document are welcome at any time. In the meantime the strategy has been used to advocate for tobacco control funding to be increased from \$28million to about \$70million a year, with \$10 million of that to be set aside for tobacco control research. The Steering Group has argued that this funding should come from the \$800million the government collects in tax from tobacco sales.

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## Tinorangatiratanga in Public Health – conference promises challenges and opportunities

by Damiane Rikihana, PHA Maori Media Adviser

A dynamic range of presentations and speakers at the 2003 PHA Conference has been a big draw card for a wide range of people working in the health sector.

Conference chairperson Marty Rogers said people working in public health, primary care, government, DHBs and Maori health had already registered for the conference.

“We are pleased that people across the sector recognise that an indigenous approach like Te Pae Mahutonga can be of significant benefit in their public health practice - not only to the Maori communities they may serve, but also to the wider population.”

With interest being so high, Marty Rogers said it was crucial that people register quickly to take advantage of the unique three-day package that includes meals and accommodation on the marae.

“We want to encourage people to stay on the marae as part of the total conference experience offered by the Public Health Association and our hosts at Turangawaewae Marae,” she said.

“As well as being great value for money, the three day package means conference participants can soak up the atmosphere and enjoy the marae setting with meals and a place to stay. You don’t have to worry about transport and there’s the added incentive of having easy access to all conference facilities.”

The conference package is all-inclusive with entry to the special conference award dinner a separate cost. If people wish to bring others to the dinner there an extra charge per person, which can be paid at the time of registration.

Keynote speakers at the conference include:

- **Michael Bird**, the executive director of the National Native American AIDS prevention Centre. Mr Bird is a Santo-Domingo-San Juan Pueblo Native American from New Mexico.
- **Professor Mason Durie**, Professor of Maori

Research and Development at Massey University.

- **Dr Colin Tukuitonga**, Director of Public Health, Ministry of Health.
- **Nyrell Pattel**, an aboriginal therapist, lecturer and trainer.
- **Dr Papaarangi Reid**, Wellington School of Medicine public health specialist.
- **Gregory Fortuin**, former Race Relations Conciliator and chairman of the Youth Suicide Awareness Trust.

Some highlights of the conference include:

### Heart Disease

Dr Elana Taipapaki Curtis from Te Rōpū Rangahau Hauora and Eru Pōmare will present new data on differences between Māori and non-Māori in the treatment of heart disease. Despite high death rates from heart disease, surgical treatments for Māori are lower than expected. This difference is not explained by socio-economic position and suggests that Māori needs are not being met in this area.

### Caesareans

There is concern about increasing numbers of New Zealand women having caesarean sections. However, research by Dr Ricci Harris from Te Rōpū Rangahau Hauora a Eru Pōmare shows that the Māori rate is lower than non-Māori, even after considering socio-economic position. This may reflect differences in access to and management of antenatal care for Māori women.

### African refugees in New Zealand

African refugees have been resettling in New Zealand since the early 1990s and there are now more than 5000 African New Zealanders. Adem Bedasso, Mahad Warsame and Annette Mortenson will discuss the differences and difficulties faced by Africans accessing New Zealand’s health system.

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## Wahine Ataahua Awards

by Tracy Haitana and Annabel Ahuriri-Driscoll, Canterbury branch, PHA

The setting was Christchurch's Chateau on the Park, a fitting location for the recent annual local Maori Women's Welfare League Wahine Ataahua awards. A generous sponsorship by the Public Health Association, Canterbury branch, enabled both of us to attend this prestigious event. It was well and truly a night celebrating mana wahine. Women young and slightly less young had dressed 'up to the nines,' gathering together to acknowledge the achievements of local Maori women working within their communities.

Of the ten awards given to inspirational wahine, Wendy Dallas-Katoa, member of the PHA Maori Caucus, received recognition for her work in reproductive and Maori women's health in Canterbury. The giving of awards was accompanied by gracious speeches, awesome waiata, and enthusiastic applause, of which we were proud to be part.

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...tinorangatiratanga in public health cont...

Smokefree – the benefits for Maori

Ben Macrae from the Health Sponsorship Council will examine the effect of proposed smokefree legislation on Maori. Mr Macrae says there is evidence that banning smoking in workplaces reduces the smoking rate but he says there is also a risk smokers may react by smoking more in the home. Smokers should be given support to prevent increased smoking in the home, which could risk the health of children.

For more information on the conference, or to register online go to [www.pha.org.nz](http://www.pha.org.nz). You can also post or fax or registration to EventMergers, P O Box 101, Silverdale, Auckland. Telephone: 09 426-3066. Fax 09 426-3016.

Wahine ataahua indeed! MC Amiria Reriti-Croft hosted the evening, which included a sumptuous three-course dinner and featured entertainment in the form of a wahine ataahua designed and inspired fashion show. Guest speakers Tariana Turia and Mahara Okeroa engaged in a very lively and hilarious debate on the topic of *brain into action, mouth into gear* later in the evening. The female team argued for both the affirmative and negative, and as only wahine ataahua could do, managed to pull off a win!

Another sponsor of the wahine ataahua awards was Auahi Kore, and it was great to see so many Maori women who had given up smoking, or who have chosen to remain smoke free. As young Maori women embarking on careers in the health field, it was inspiring to be party to the enormous wealth of experience, generosity of spirit and strength of determination evident at the event, displayed by award recipients. If Wahine Ataahua is just a small indication of current efforts within Maori communities aimed at improving hauora, rest assured that the health of tomorrow's generation is in very good hands indeed.

Contact: [annabeld@paradise.net.nz](mailto:annabeld@paradise.net.nz)

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...tobacco control strategy cont...

Comments on the document can be addressed to the Chair of the Steering Group, whilst copies of *A Tobacco Control Research Strategy for New Zealand* can be obtained from the Health Sponsorship Council, PO Box 2142, Wellington, Ph: 04 472 5777, Fax: 04 472 5799.

Contact: [marewaglover@xtra.co.nz](mailto:marewaglover@xtra.co.nz)

## National Framework for Mental Health Promotion and Emerging Settings for Action

by Alison Taylor, Chief Executive, Mental Health Foundation

These are exciting times for mental health promotion in Aotearoa New Zealand. The New Zealand government led by mental health and public health departments has set a new, comprehensive national framework for mental health promotion. One of the key elements of 'Building on Strengths' (MOH, 2002), is the potential for cross sector involvement. The document also acknowledges that mental health requires a population health focus because it is everyone's business, working in collaboration and partnership with the health sector.

'Building on Strengths' sets out to; reduce inequalities relating to mental health, create supportive environments and improve individual and community resiliency.

It states;

"... action in the health sector alone is not enough. If the inequalities in mental health experienced by New Zealanders whose personal circumstances bring greater risk of mental illness are to be addressed the health sector will need to work closely with other government agencies, local government and local communities to co-ordinate mental health promotion activities that create supportive environments, strengthen communities and build the capacity of individuals to cope..."

This strategy is underpinned by two major documents, the Ottawa Charter for Health Promotion adopted internationally in 1986, and Te Tiriti o Waitangi. Central to each is the relationship between individuals, communities and governments. There is also a strong connection between this and the models of Maori mental health that have been reflected in the work of Mason Durie, which encompass holistic models (houses) of health such as Te Whare Tapa Wha and Te Pae Mahutonga. Durie talks about the four cornerstones of health being spiritual, physical, emotional and psychological, environment, and whanau. (Durie, 1999).

A similar approach is used by Samoan (Pacific)

communities where the fonofale model of health is based on the traditional meeting house or fale. The roof represents cultural values and beliefs, the foundation is the family, nuclear and extended, and the four posts represent physical-biological wellbeing, spiritual, mental and emotional and other, which includes variables such as gender, sexual orientation, age, social class and other aspects. (Anae, Moewaka Barnes, McCreanor and Watson, 2002).

If we apply these models, which provide useful holistic concepts of health and mental health, it becomes apparent that the health sector alone cannot meet all of the needs of the population. The role and involvement of many other sectors, preferably in collaboration is essential if we are to promote mental health for whole or specific populations. A common challenge for the public health sector!

For the Mental Health Foundation of New Zealand this increasingly means working with health and non-health sectors, seeking out new and emerging opportunities and settings. One such area is the workplace. You only have to read the daily papers or listen to the radio to know that workplaces are receiving a lot of attention in the light of initiatives such as the EEO Trust's 'work-life balance' programme and the recent changes in the Health and Safety legislation, highlighting stress as a significant matter for employers and employees to consider and attend to.

The Foundation recently launched its new programme *Working Well*, aimed at providing support to employers and increasing awareness of mental health (rather than just stress) in the workplace. It sets out to build a community of mentally healthy workplaces in Aotearoa New Zealand. A series of forums around the country have been running and attracting a wide range of small, medium and large employers, including public health providers who are increasingly passionate about mental health promotion. Which is great! It also shows a growing concern and

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## ...national framework for mental health cont...

desire to move to positive action on the part of many employers and employees. Although the workplace is only one setting and will reach only a proportion of the working population, it is a relatively new and challenging arena in which to raise the issue of mental health and well-being, as well as tackling the stigma and discrimination that surrounds it and finding positive health promoting approaches to address it.

And for fun – its absolutely nothing day on Friday 11<sup>th</sup> July, your chance to take time out to relax and have fun, initiate and join in local activities. A fun way to tackle a serious issue, mental health in the workplace. This is just one example of how a mental health promotion approach can begin to address the goals and strategies set out in *Building on Strengths*. If you are interested in finding out more about mental health promotion activities, the 3<sup>rd</sup> national Hui on Mental Health Promotion in Palmerston North on 14-15<sup>th</sup> August this year (see MHF website for info).

Websites:

[www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

[www.workingwell.co.nz](http://www.workingwell.co.nz)

[www.absolutelynothing.co.nz](http://www.absolutelynothing.co.nz)

Contact: [alison@mentalhealth.org.nz](mailto:alison@mentalhealth.org.nz)

## Health Outcomes 2003 Conference 20–21 August 2003

*The Quest for Practice Improvement* will be held in Canberra, Australia. For the first time this conference will have a mental health focus.

The New Zealand Mental Health Research and Development Strategy and Australia Commonwealth are co-sponsoring the mental health sessions. This is a good opportunity to showcase the good work currently happening in New Zealand.

Information is available on the MHRDS website [www.hrc.govt.nz/MHRD.htm](http://www.hrc.govt.nz/MHRD.htm).

## Well Child Week successes

*by Dr. Marguerite Dalton, National Well Child / Tamariki Ora Week coordinator*

Well Child/Tamariki Ora Week May 2003 has just been and gone, and I am happy to say that it was a success with reference to the large number of local events throughout the country targeting families and their children out in the community and bringing health promotion and prevention messages to them, especially with respect to dental health. Our media campaign was also highly successful with TV, radio, newspaper and magazine coverage. However the real challenge is to keep this momentum going both within the professional network and in the public eye.

### Children are our future

Why do we need to remain focused on children's health and the preventative aspects in particular? There is a huge growing body of scientific evidence to show that early childhood experiences in terms of environment shape adult behaviour, and that socio-economic disadvantage has lasting negative effects on adult health. Healthy, well-nurtured children will lead to healthy successful adults. When the Ministry of Health reported on the health of our children in 1999 the statistics were not good, unfortunately things have not changed very much... as our statistics from the School Dental Health service showed this year when we highlighted the issue of dental health.

The poor dental health statistic (47% of children with dental caries by the time they reach 5 yrs) is just one of many health issues where we let our children down – New Zealand has high rates of pneumonia and respiratory problems in children with admission rates well above those in countries such as UK and USA – many of these events preventable by public health issues such as smoke free environments, Pertussis immunisation and healthier diets and lifestyles.

Children are our future, we need to remember this all year around.

For some of the more recent evidence check

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## From a Red Cross Compound Juba, Sudan

*by Jan Askew, public health nurse, in a letter to Ann Shaw, PHA Manawatu/Wanganui branch*

Coming to Juba was wonderful, flying in on a Red Cross DC3 to a landscape of red dirt, lime green leafed trees, mud tukuls, the worst roads imaginable, and unbearable heat. It would have been a very pretty town before the war, and evidently the Juba Teaching hospital was world famous as a centre for the study of tropical diseases. Of course, the infrastructure has been run down to nearly nothing as the war machine gobbles up the financial and logistical resources. The International Committee of Red Cross (ICRC) has gone in to support the surgical and nursing services at the hospital, the nursing and medical assistants school, and the primary health care programme.

### Glimmers of hope

The primary health programme is really public health and the Ottawa Charter, as we know it. Capacity building is needed at every level from the Ministry of Health to the health centres, and the village health committees. The community has a dependency mentality from years of handouts and some believe that the NGOs and the humanitarian organisations have to take some of the responsibility for this. Through this historical baggage there are glimmers of hope, with some

dedicated people in the Ministry and the community who are enthusiastic and keen to work towards a positive change.

The Ministry is a cluster of buildings full of men with a desk, a chair and very little else. Communication is not easy as there are no photocopiers, faxes, or computers, though there may be the odd old typewriter. As invitations to attend a meeting arrive on the day of the meeting it is best to not worry about what the day may bring and go with the flow. The locals are delightful. It is not always easy to get to work on time for many of them as there may be up to 10 children to cook a breakfast for over an open fire before walking 3-4 kms to work.

The best part of the job is going out to the community each day. On Fridays the ICRC visits Gumbo, a camp outside the town boundary of about 15,000 people called IDPs' (internally displaced people). ICRC supports the health centre and while the Red Crescent volunteers do a health education session, discussions are held with the doctor and nurses about any issues such as security. Gumbo is across the White Nile River and is accessed by way of a steel one-way bridge. Everything and everyone travels on this bridge – soldiers, cattle, bicycles, and people carrying loads of wood and clay water pots on their heads.

There is virtually no cancer or heart disease as everybody walks or cycles. Food consists of grains, vegetables and a little goat meat. Milk is only for children. The main health problems are malaria, gastroenteritis, communicable diseases, HIV/AIDS – all which would be expected in this climate.

*Jan Askew is a Gisborne nurse/health promoter and has worked in drug, alcohol and sexuality health promotion programmes in New Zealand. Contact: ann.shaw@midcentral.co.nz*

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### ...well child week cont...

out the following web sites and articles-  
[www.brainwave.org.nz](http://www.brainwave.org.nz), [www.cpag.org.nz](http://www.cpag.org.nz)  
<http://www.guardian.co.uk> – summary article  
 Tuesday 3<sup>rd</sup> June, L.Kendall and L. Harker.  
 Poulton R., Capsi A., Milne B.J., et al Association  
 between children's experience of socio-economic  
 disadvantage and adult health: a life course study.  
 The Lancet 2002; 360:1640-5.  
 contact: [marguerite.dalton@auckland.ac.nz](mailto:marguerite.dalton@auckland.ac.nz)

**Joined Up Services - Linking Together for Children and Families**

Fifth Child & Family Policy Conference  
 Date: Dunedin, 26 – 28 June 2003  
 Contact: For more information and call for papers, Children's Issues Centre, University of Otago, PO Box 56, Dunedin.  
 Tel: Ph (03) 479 5038, fax (03) 479 5039,  
 email: [cic@otago.ac.nz](mailto:cic@otago.ac.nz)

**“Tinorangatiranga in Public Health”**

PHA Annual Conference  
 Conference Date: 2-4 July 2003  
 Venue: Turangawaewae Marae, Ngaruawahia  
 Contact: Convenors - Maori Caucus  
 Tel: (04) 472-3060  
 Fax: (04) 472-3059  
 email: [pha@actrix.co.nz](mailto:pha@actrix.co.nz)  
 website: [www.pha.org.nz](http://www.pha.org.nz)

**“Primary Healthcare Nurses Conference”**

Date: 8 and 9 August 2003  
 Venue: Te Papa, Wellington  
 Contact: Jo Scully, NZNO National Office, P O Box 2128, Wellington  
 Tel: (04) 931-6708  
 email: [jos@nzno.org.nz](mailto:jos@nzno.org.nz)

**“Connections: Past Present Future”**

Child and Adolescent Mental Health Conference  
 Date: 10-12 September 2003  
 Venue: Duxton Hotel, Wellington  
 Contact: Jenny Cardno - Compass Group  
 Tel: (04) 237-5899x7918  
 Fax: (04) 759-1648

**“Social Marketing for Social Profit”**

Date: 16 - 17 October 2003  
 Venue: Hotel Intercontinental, Wellington  
 Fax: (04) 472-5799  
 email: [christine@healthsponsorship.co.nz](mailto:christine@healthsponsorship.co.nz)

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

**“Essentials, Differentials, and Potentials in Health”**

Public Health Association of Australia 35th Conference  
 Date: 28th September - 1 October 2003  
 Venue: Brisbane Convention Centre  
 Contact: Julie Woollacott  
 email: [confnece@phaa.net.au](mailto:confnece@phaa.net.au)  
 website: [www.phaa.net.au](http://www.phaa.net.au)

**“Weaving the Strands”**

Injury Prevention Network of Aotearoa New Zealand Conference  
 Date: 29-31 October 2003  
 Venue: Te Papa Tongarewa  
 Contact: Conference Works Ltd  
 email: [robyn@cwlnz.com](mailto:robyn@cwlnz.com)  
 website: [www.ipn.org.nz](http://www.ipn.org.nz)

**“Spread the Word – TB”**

Tuberculosis Conference, Auckland, New Zealand Conference for Health Professionals.  
 Date: 13<sup>th</sup> & 14<sup>th</sup> November 2003  
 Venue: Barrycourt Conference Centre, Parnell, Auckland  
 Contact: Bette Swan ph 012 894 582 or Jill Miller 09 2621855  
 Fax: 09 6300051  
 Email: [tbassn@xtra.co.nz](mailto:tbassn@xtra.co.nz)

**Let's debate the issues**

Do you have a comment to make about any articles in this issue? Send your comments to the Manager [pha@actrix.co.nz](mailto:pha@actrix.co.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 **4th August** to the Manager [pha@actrix.co.nz](mailto:pha@actrix.co.nz) or telephone (04) 472-3060 for further information.