

*"The PHA - an informed, collaborative and strong advocate for public health"*

## PHA NEWS - JUNE 2007

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Delegates at the 2006 PHA conference in Palmerston North

### Public Health Association Conference 2007 – Te Torino – Haere whakamua, whakamuri. Re-imagining Health

It is less than a month now until the PHA conference. Attendees will be treated to a range of high quality speakers addressing a number of very interesting topics. The 2007 conference will have something for everyone - including people who work in strategic management roles, researchers and academics, service providers, advocacy organisations, government and non-government organisations, District Health Boards, public health services, and community workers.

Conference this year will be held at the University of Auckland's School of Population Health from 4-6 July 2007. The conference is called Te Torino, with an overall theme of Re-imagining Health.

The goal of the conference organisers is to give space for the cultural, social and political dimensions that define the new New Zealand, showcased so clearly in Tamaki Makaurau, where the conference is being held.

Each of the three days has a different topic within this

broader context.

Day One is called **Food Matters** and will focus on food and nutrition and their impact on health outcomes. Day Two, **Voices**, aims to give space for a diversity of groups and populations, and encourage public health practitioners to debate how to integrate these new perspectives into their work. Day Three, titled **Urban Design**, is concerned with planning and designing cities that are healthy environments for populations.

The conference programme is on the PHA website – [www.pha.org.nz](http://www.pha.org.nz). It includes keynote speakers – an address to the whole conference; concurrent sessions – a range of presentations from public health professionals; and reflections – summary and comment from a panel of experts, and conference recommendations.

We look forward to seeing you at the PHA conference next month!

## Child discipline bill passed



**What a roller-coaster ride it has been for Sue Bradford's Bill to remove section 59 of the Crimes Act! Prime Minister Helen Clark and National Leader John Key reached an agreement that saw the Bill go through with majority support.**

The amendment states that police will have discretion not to prosecute parents or guardians for use of force on a child if that force is "so inconsequential there is no public interest in pursuing a prosecution".

With this announcement, an issue that had gripped the public for several months suddenly became yesterday's news. The budget announcement of \$14.8 million over the next four years for the SKIP programme (Strategies with Kids Information for Parents) to promote positive

parenting is an essential step. As ever in public health it is important to have a range of strategies to support healthy behaviors – family education and support as well as law changes.

Whatever happens, the debate around the Bill has raised the level of debate around child discipline and made it clear that many people do not believe it is OK to hit a child – ever.

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**New Zealand is not alone in adopting a law that specifically prohibits physical punishment of children. The following jurisdictions have also done so:**

Sweden	(1979)	Finland	(1983)
Norway	(1987)	Austria	(1989)
Cyprus	(1994)	Denmark	(1997)
Latvia	(1998)	Croatia	(1999)
Bulgaria	(2000)	Germany	(2000)
Israel	(2000)	Iceland	(2003)
Romania	(2004)	Ukraine	(2004)
Hungary	(2005)	Greece	(2006)
Holland	(2007)		

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# Climate change It's about health, too

**With the release of the UN Report on Climate Change, thoughts are turning to rising sea levels and extreme weather events. But what does that mean for us personally? Public Health Association Director Gay Keating takes a look at how our health will be damaged by the warming of the planet.**

When we think of climate change, we think of increased sea levels swamping low lying Pacific Island nations, of the Australian drought, of snow in summer. What we almost never think of is of how it will affect our personal well being. But climate change will have a number of negative impacts on our health.

New Zealand is, at present, mercifully free of insect-borne viral diseases but as climate change transforms the country into a tropical nation of warmer and in some parts wetter conditions, New Zealanders would be hit, for the first time, by the twin mosquito-borne scourges of dengue fever and malaria.

More frequent and severe heat waves and humidity could amplify the effects of smog and air pollution. Increases in pollens and mould spores would compound the situation and affect those with cardiovascular disease, respiratory disorders such as asthma, emphysema and chronic bronchitis, and allergy problems. Trees and other vegetation giving rise to allergenic pollens grow more profusely in a warmer climate and when combined with smog and other atmospheric pollutants, illness from allergic respiratory disease, particularly asthma, could increase.

More New Zealanders would suffer heat stress – dizziness, nausea, headache, cramps and heat stroke - and more of our very young and elderly would die because of the heat.

The country, already considered the salmonella capital of the world, would endure even more cases of food-borne (and water-borne) diseases in the rising temperatures. The heat would also increase the occurrence and severity of diseases passed to humans by rats. There are predictions of food and drinking water shortages.

Also predicted, and conversely, there will be more extreme rainfall events. Death by drowning, including in floods and flooded rivers, will boost our already relatively high rate of drowning. The increase in severe rainfall episodes will escalate the risk of contamination of drinking water and this will be particularly so in rural areas such as the East Cape, which are likely to be relatively dry without reticulated supplies.

It has been suggested that rising greenhouse gas levels may delay the recovery of high-level ozone by several decades. If so, high exposures to ultraviolet radiation will be prolonged, and New Zealanders, who already have the highest mortality from skin cancer in the world, will be particularly affected.

Although humans are good adapters, it is likely adaptation to the affects of climate change will cost, and not all communities have the money and therefore the adaptive

resources to cope. For instance, while air conditioning is one way to cope with extremely hot conditions, there are many who cannot afford to heat-proof their homes in this way. And even if such adaptation was affordable in the short term for some, it may not be sustainable as a global strategy. The environmental costs of air conditioning the whole population of continental Asia, for example, would be overwhelming.

While the physical impact of climate change is the more obvious, the emotional impact would be just as real. For a glimpse into the future, one needs only to look across the Tasman, where every week, an Australian farmer commits suicide because of the record drought being endured there.

New Zealand will open its doors to Pacific peoples, forced from their homes by rising sea water, but who will arrive here suffering trauma from being displaced.

**“Climate change will have a number of negative impacts on our health.”**

Climate change will also exacerbate the divide between the health of the haves and the have-nots. As with the ability of some home owners to buy air conditioning, there will be affluent communities who can afford buffers against climate change while impoverished communities will suffer its full brunt.

The effects of climate change on health are with us now – according to the World Health Organization it already causes an estimated 160,000 deaths a year.

The Kyoto agreement must be supported, and targets met, if we are to avoid the catastrophic effects of climate change on any more human lives and health now and into the future.



Photo: Burcu Arat Sup

The Kyoto agreement must be supported, and targets met, if we are to avoid the catastrophic effects of climate change.

## Round the branches

### Auckland

#### It's conference time!

We're almost there! Those of you who've survived a conference in your area will know how we're all feeling at the moment. To be blunt we're extremely pressured, especially as organising conference needs to be squeezed around other work commitments at a very busy time of year.

Despite all that I'm really thrilled with what we've pulled together for conference this year – which we've called Te Torino, Re-imagining Health. When we first started meeting as a committee, we all agreed that we wanted this conference to be completely different. And after many meetings, and the usual debates that are generated when a project is driven by group thinking, I can say without a



doubt Te Torino will be unique.

Information and registration details are now on the PHA website: [www.pha.org.nz](http://www.pha.org.nz), and I look forward to seeing as many of you there as possible.

Kathrine Clarke  
CEO, Hapai Te Hauora Ltd  
Conference Convener

## National office roundup

### A word from Gay Keating

#### Targets are here again

Depending on how long your teeth are or how grey your hair is you'll remember the various incarnations that health sector targets have had over the past couple of decades. Targets with the most fanfare were those put into Area Health Board contracts by Helen Clark in 1989 when she was Health Minister. Targets with the most data were those promulgated by the Public Health Commission and which the Ministry of Health reported progress on until 1999. Probably the targets with the least success were the Health Funding Authority (HFA) targets for improving immunisation rates. Possibly the target with the greatest success was to make mental health services available for all of the three percent of people most seriously affected by mental illness.

It seems that targets are back again, and the list is:

- improving immunisation coverage
- improving oral health
- improving elective services
- reducing cancer waiting times
- reducing ambulatory sensitive admissions
- improving diabetes services
- improving mental health services
- improving nutrition, increasing physical activity and reducing obesity
- reducing the harm caused by tobacco.

These targets were revealed to the non-government organisation (NGO)-Ministry of Health forum in Christchurch on 18 May. Ministry and DHB staff have been working on details of the targets for some months.

At least four and probably six of these targets can be significantly affected by public health action. These issues are very important for the health of the public and have long been part of the public health agenda. In fact vaccination, safer and healthier foods, fluoridation of drinking water and recognition of tobacco use as a health hazard are four of the great public health achievements of the Twentieth Century recognised by the Centre for Dis-

ease Control (<http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>).

If we make progress on these issues it should make a significant improvement to the health of New Zealanders, and, depending on how it is done, we could also reduce inequalities.

But it all depends on how it's to be done. To date it's not looking too good. Most providers of public health services have not been included in any discussion about the existence of targets, let alone our contributions to relevant action plans. At last count non-DHB providers (non-government organisations (NGOs), iwi and other Maori providers) are responsible for half of all public health services.

I strongly support the Ministry working with DHBs to develop effective policy and programmes. However DHBs are not the entire sector. It would be a mistake for the Ministry to treat the non-DHB parts of the sector as if we had no more interest or contribution than the general public. It would also be quite contrary to the commitment the Ministry has so far made to the relationship with NGOs.

It's very important that we learn the lessons of the past when trying a new twist on an old trick. I hope the fact there has not yet been a public announcement of the proposed targets means there is still time for the Ministry to engage with the non-DHB sector on this new approach to improving health and reducing inequalities.

#### New Ministry of Health structure

As this goes to press, we are all awaiting the announcement of the details of the new Ministry of Health structure. The Ministry is to be organized on functional lines (for example, policy, regulation, contracting) rather than on disease/intervention lines (for example, mental health, clinical services, public health).





This means the Public Health Directorate will be disestablished and staff currently in the Directorate will be placed with people working on the same function (for example, Disability Support Services contracting and Public Health contracting).

This offers a great opportunity for public health. For the first time in my memory the public health objectives of health gain and reduction of inequalities will be placed centre stage in Strategic Policy and resourced with a significant number of staff with public health skills and knowledge.

Programmes such as the Cancer Control Strategy will be placed in the Population Health Group. This will give the opportunity for public health leadership to emphasise the importance of prevention, and have influence on DHBs that consider that 'reducing the burden of cancer' is all about surgeons and radiotherapy.

The risk of the restructure is that crises in treatment services will overwhelm the public health strategic objectives of health gain and reduction of inequalities.

Public health staff, wherever they are placed in the new Ministry structure, will need to show strong leadership. And they will need the support of all of us in the public health workforce so they can effectively influence their colleagues to improve the performance of the health and other sectors.

### Media

Since the last newsletter, a number of media statements have been released:

- PHA 'sceptical' about TV food advertising plan, 3 May
- Homes must be properly heated says PHA, 2 May
- Smacking lobby have got the wrong end of the stick say Anglicans (for section 59 group), 2 May
- Good news but more action required when it comes to section 59, 2 May
- Anglican Maori support repeal of section 59 (for section 59 group), 1 May
- Children's Commissioner says New Zealand should follow international trends, 19 April
- Climate change has dire health implications warns PHA, 10 April
- Suffer little children?, 13 March
- For the sake of Maori children, section 59 must go, 13 March

As part of the group of agencies that worked on section

Gay Keating (PHA Director), Jem Diedrichs (Office Manager) and Liz Price (Communications)



59, the PHA wrote over 200 letters to the editor in support of the Bill, to be submitted by pro-repeal individuals and organisations. A number of these letters were published; and a letter from Gay appeared in the *Listener*.

The PHA Bulletin continues to be distributed weekly.

### New office location

We've moved! The Wellington office is now located at the Mibar Building, 85 Victoria St, Wellington, level 2. The phone, fax and PO Box numbers remain the same.

Come and visit us when you are in town. We can often provide a spare desk (most of us are part-time), so make the PHA your base when in Wellington. There's a café downstairs too!

### STAFF - Introducing Kay Berryman

*Ko Maniapoto te iwi  
Ko Ngati Aapakura te hapu  
Ko Pirongia te maunga  
Ko Tainui te waka  
Ko Kay Berryman taku ingoa*



I have joined the Public Health Association as the Senior Maori analyst/advisor. Having graduated from Waikato University with a Bachelor of Management Studies and Maori Resource Management degree, I decided this year to continue studies towards a Post-graduate Diploma in Public Health. Apart from my new role with the PHA I work for Te Puna Oranga, Waikato District Health Board as a planner/policy analyst. Prior jobs include roles with Audit NZ and Inland Revenue. I recently returned from a holiday on the Gold Coast Australia with my husband's whanau (11 siblings – seven now living on the coast), and this gave me another view of what it is to be Māori. Apart from the Aussie lifestyle (theme parks, beaches, hot weather, entertainment, job opportunities) that attracts so many Kiwis to live there, I put it down to the Australian-Kiwi rugby league Anzac test this year.

Yes, I stood proud to be Maori/Kiwi in the crowd. We lost but it sure was good to see the NZ flags waving in the crowd. Go the Kiwis!!! I say.

Mauri ora  
Kay Berryman



Plenary sessions also included voices of those who carry the burden of macro-level policies. A survivor of the Bhopal industrial genocide gave a moving testimony of the struggle to get compensation and health care costs from Dow Chemicals who bought out the scurrilous Union Carbide. A villager who struggled and failed to stop the controversial Narmada dam spoke of their resistance and fight against the big hydro funders. A plenary session on social exclusion listened to representatives from Dalit (low caste), commercial sex workers, HIV positive, First People groups and dis-

abled communities.

Smaller sessions covered a wide range of topics from micronutrient deficiencies to Right to Health, to human resources problem solving in rural health providers.

Approximately 3000 people attended the Assembly from all over India and a sizeable contingent also came from Bangladesh. Most delegates came representing NGOs. The size of India and the diversity of the people groups were reflected in the diverse dress, language groups and appearances of delegates. Barefoot turbaned Rajasthani herds people mixed with elegant metropolitan women in saris and inequalities researchers in jeans from Delhi. I was delighted and amazed to bump into fellow Kiwi and colleague Kumanan Rasanathan chatting under a mango tree on the second day!

The majority of sessions were in English or Hindi. It helped to have a grasp of both languages. But with such a grassroots presence there were many delegates who spoke neither of these languages, so people sat in language groups while someone simultaneously translated.

Registration of Rs100 (NZD\$3.30) provided delegates with food and dormitory style accommodation for three nights – as well as a conference bag, evening cultural performances and programme! It was obviously significantly subsidised by participating organisations as well as some external funders but it would be hard-to-beat value even in India. It made me reflect on many public health conferences in New Zealand which preclude community participation by the size of the registration fee, let alone the conference dinner fee!

The final day was particularly moving, with presentations from representatives of the People's Health Movement in Africa, Lebanon and Iraq and Latin America. The gross injustices of the wars in the Middle East were exposed all too clearly. The spontaneous shouts of "Iraqi Log Zindabad" (long live the Iraqi people) and the rallying cries of solidarity with oppressed peoples in all places were the only way to leave the auditorium and out into the bright hot sunlight of Central India in late spring.

Bhopal now means much more to me than the site of a huge industrial 'accident'. It is a place where I made friends, learnt much, cried at systemic and globalised injustice and was yet encouraged and inspired to march on the fight for Health for All. Jan Swasthiya Abhiyan Zindabad!

## People's health in India - Jan Swasthiya Abhiyan

**PHA member Dr Kaaren Matthias recently attended the Indian section of the People's Health movement in Bhopal. She shares her experiences.**

Bhopal rings bells in many public health heads. It is infamous for being the location of the largest ever industrial disaster when the understaffed and poorly maintained and located Union Carbide factory leaked a vast quantity of toxic gases into dense slums on December 3, 1984. This event killed between sixteen and thirty thousand people and injured approximately half a million others.

Bhopal was also the place of the Second Indian National Health Assembly on 23 to 25 March 2007. Jan Swasthiya Abhiyan is a huge movement in India and a part of the international People's Health Movement ([www.phmovement.org](http://www.phmovement.org)). Living and working in India at the moment, it was a wonderful opportunity for me to participate in a PHM gathering and to gain more insight into the inspiring and exciting public health work happening at many levels across India.

The conference theme was "Defending People's Health in the Era of Globalisation." Plenary sessions summarised many of the damages and risks of globalisation to health. Speakers painted big pictures of the Big Pharma, IMF, World Bank and WTO to illustrate some of the impacts of globalisation. Privatisation of electricity supplies leads to farmers turning on irrigation pumps at night and an increase in snake bites! Medical tourism provides techno cardiac bypass surgery to wealthy Western visitors in a country where there are still millions without first level primary health care. Eighty percent of health spending is out of pocket, making India one of the most privatised health systems in the world. India continues with a Supreme Court-level case to protect itself against Novartis' petty patent protection concerns. India meanwhile seeks to continue production of generic anti retroviral drugs for her millions of HIV positive people. It was about root causes of inequalities as well as presenting solutions. There was networking, swapping of email addresses, chai, head scratching, number crunching and late nights chatting.

## A Maori nutrition initiative in Northland

**Erina Korohina - Oranga Kai Capacity Building Project Te Tai Tokerau Maori Rural Health Training Consortium**

The Oranga Kai Capacity Building Project was established in Taitokerau in January 2007, and is currently operating as a one-year pilot.

“What the programme aims to do is build capacity and capability in the Northland nutrition and physical activity work force,” says Erina Korohina, who is the researcher on the pilot.

“We need to enhance the effectiveness of kaimahi who are working in communities where the obesity statistics are notably higher amongst Maori and Pacific Island peoples”.

In the first instance the Oranga Kai Project undertook a targeted needs assessment.

“We focussed on Maori health providers, kaimahi and mobile nurses, and looked at their expertise specifically in the area of nutrition and physical activity. We needed to work out what the learning needs were for these groups,” explained Erina.

“Our nurses expressed the need for access to quality basic nutrition training for things like diabetes management. They also wanted more generally to be able to advise on better eating practices. Our intention as part of the pilot includes introducing dietician support and the evaluation of healthy weight loss initiatives.”

While this addresses one dimension of the problem, another big obstacle for the more rural, isolated communities in Te Tai Tokerau, says Erina, is the lack of large supermarkets, accessibility to fresh fruit and vegetables and bulk supply food.

“We don’t have the big Pak ‘n Saves and transport networks, so kai, and particularly healthy kai is expensive. A major aim of the project is to invest in and promote the development of community gardens.”

The programme plans to use kaumatua and kuia to teach traditional gardening practices to kaimahi. As well as the actual production and increased accessibility of healthy affordable kai, Erina believes there will be positive physical and social aspects to community gardening.

Oranga Kai also supports networking and showcasing of Maori health initiatives in Te Tai Tokerau. Te Tai Tokerau Maori Health Expo at Waitangi on 6 February was one example.

Eleven organisations participated in the day, which had a theme of Kai Tika. The kaupapa was evident metaphorically and literally. Providers promoted and shared healthy kai, and there was also a discussion time ‘Nga Kai o te Rangatira, he Korero’.

“The message was that knowledge and empowerment through korero also feeds and sustains our spiritual, mental, familial and physical health and well-being.”

The Oranga Kai Project is also providing funding for four \$10,000 scholarships for post-graduate study. These will be advertised and promoted through existing Maori Health provider agencies as it is anticipated the recipients would be kaimahi currently in the area.

## Alcohol advertising report released

**Associate Health Minister Damien O’Connor has released a report into alcohol advertising.**

It came out of a government-initiated review undertaken by a broad steering group of government agencies and health sector and Advertising Standards Authority representatives. The review looked at the regulatory framework for alcohol advertising to determine whether it was sufficiently aligned with the Government’s alcohol policies and harm reduction objectives.



Associate Health Minister Damien O’Connor

More than 250 submissions were received, demonstrating a high level of interest in the subject. The final report has significant implications for the sale and supply of alcohol to minors, which is also currently being reviewed. The Government will consider both sets of recommendations in tandem, after the sale and supply review is completed, expected by July.

A key conclusion in the report is that alcohol advertising does play a role in shaping New Zealand’s drinking culture. The steering group’s view was that research shows a small but significant association between the level of exposure to alcohol advertising and alcohol consumption.

The report recommendations include:

- strengthening the self-regulatory system, basing it on new legislative provisions to ensure that the system meets public policy goals
- widening the scope of the system to cover a broader range of marketing techniques across all media, including packaging, labelling, merchandising and all “in store” promotions and price promotions
- creating new formal powers to investigate breaches of the rules
- independently audited monitoring
- a planned programme of research based on the policy goals
- a review after two years to ensure sufficient progress is being made.

### PHA comment

The PHA believes these recommendations are little different from the present situation. Self-regulation of alcohol advertising continues and the possibility of a ban on advertising and sponsorship are ignored.

We do not believe these recommended changes will have much effect on our drinking culture. We will be watching the evaluation and research closely.

## Helen Glasgow honoured

Quit Group Executive Director Helen Glasgow has been awarded the prestigious 2007 President's Award of the Thoracic Society of Australia and New Zealand.



The award is given to people who have demonstrated a strong track record in promoting respiratory health through tobacco control. The Prime Minister Helen Clark is the only other New Zealander who has received the President's Award.

Helen Glasgow's contributions include being a leading advocate for the Smoke-free Environments Act 1990. The Act resulted in an almost total ban on tobacco advertising and the introduction of smokefree office environments.

As a founding member and former Chair of the Smokefree Coalition, Helen motivated other health groups to lobby about the dangers of second-hand smoke. This led to the banning of smoking in bars, restaurants, clubs and casinos in 2004.

Helen has received many awards in acknowledgment of her contributions to tobacco control. These include:

- the Public Health Association of New Zealand Public Health Champion Award in 1999
- the Queen's Service Medal (QSM) in 2004 for work in tobacco control
- the Black Rock Award for work in cutting smoking rates among Maori in 2006.

The President's Award was presented to Helen at the Society's 2007 Annual Scientific Meeting held in Auckland on Monday 26 March.

### THE PHA NEEDS YOU!

Why not become a member of the Public Health Association of New Zealand?

The PHA is a non-party political voluntary association, providing a major forum for the exchange of information and stimulation of debate about public health in New Zealand.

Our more than 300 members take a leading part in promoting public health and influencing public policy through submissions, seminars, the annual conference and a communications and media strategy. We are a member of the World Federation of Public Health Associations.

In addition, our members who are from the health sector, government agencies and NGOs receive a newsletter and weekly bulletin, have access to research and reports and take part in local branch events.

For further information contact Jem at the PHA on [office@pha.org.nz](mailto:office@pha.org.nz) or phone 04-472-3060.

## Rangatahi get voice at Te Torino

Students at Hato Petera College got some first hand experience in public health and health promotion when they hosted Maori MP Hone Harawira's celebration for World Smokefree Day on 31 May.

"We've chosen to have this year's World Smokefree Day celebration at a Maori school deliberately. Smoking is a major health issue for our young people, and we've been talking to them about what the issues and solutions are." Hone Harawira said on the day.

The MP announced the first draft of his private member's bill at the event and students at the school gave their take on Maori and smoking.

"The young people were given time on the stage to reflect on World Smokefree Day, and their presentations were insightful, and really entertaining," says Anton Blank who helped co-ordinate the event.

"As a result of their work on World Smokefree Day we're asking the kids to take centre stage on Day Two of Te Torino."

Young people from Hato Petera will work with New Zealand's premiere cabaret artiste, Mika, on Day One, exploring health issues for rangatahi. On Day Two the rangatahi will present to the conference proper.

"We've asked Mika to work with the kids because we want them to come up with something that is thought provoking and creative. Belinda Borrell from Massey University will present a short keynote afterwards. Last year Belinda presented a great paper on the development of young people's identity, and conference organisers were keen to hear from her again."

Day Two of Te Torino is called Voices, and is the brainchild of Warren Lindberg.

"My personal and professional histories mean that I have developed an intense interest in diversity and human rights. It is from these personal passions that the concept of Voices developed.

I love the way that diversity is now so evident in Aotearoa – it adds social texture, and gives us access to new ways of looking at life. Managed well, the needs of all groups are complementary, and we will all stand to gain," Warren says.

