



Public Health Association of New Zealand
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GUEST EDITORIAL

What About the PHOs?

by Marion Poore, Public Health Medicine Registrar, Otago/Southland PHA branch

There has been much debate in the medical press around the development of Public Health Organisations in New Zealand. Interestingly and perhaps understandably, this initial debate has focused on funding and contracting issues.

As PHO development gains momentum however, I hope to see more debate around the larger issues of how PHOs are actually going to make a difference to the health of New Zealand people.

PHOs represent one of the most fundamental changes in health services delivery since the 1930s when social security was introduced. In my view, the new direction for primary health care – with an increased focus on improving health of populations and working to reduce health inequalities – has tremendous potential that I hope will not be lost during the lengthy, if necessary, discussion around contracts.

By combining primary care (in the form of personal health services) with public health in a community setting, PHOs have the potential to deliver a much broader service than the current health services which largely respond to acute problems and urgent needs of individuals. All three dimensions – primary care, public health and community involvement – are necessary if PHOs are to realise their potential in terms of improving and maintaining health of their patients and patient populations.

While new funding methods may increase local flexibility to deliver services, the greatest potential for achieving health gains in PHOs will be by adopting a population health approach in primary care settings. The form this will take in PHOs is through health promotion programmes,

which will attract additional new funding of at least \$2 per enrolled person per year. There is also one-off funding to assist DHBs to work with their PHOs and develop these programmes.

Oops...what about public health?

The opportunity to add value to PHOs through well developed health promotion programmes needs to be part of PHO planning from the beginning. We cannot afford to wait until the PHO is operational and someone suddenly says, "oops, what about public health!"

Understanding how to translate a public health approach into action and develop health promotion programmes in primary health care settings is the challenge. Health promotion needs to be understood in its wider sense – getting away from the traditional medical understanding of 'health promotion' as being 'health education' and pamphlet distribution.

Many of the already established PHOs have a good understanding of and value the contribution to be made by health promotion. For some of the newer PHOs, this will be uncharted territory.

As public health service providers, we need to
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.....what about PHOs?

communicate that there exists a well-established pool of skilled health promoters that are ready, able and willing to contribute to PHO development. PHOs will need to tap into this resource if they are to realise their potential. This will require buy-in from the highest level as PHOs become established. Public health service providers, in turn, will need to be proactive as PHOs establish by offering support, advice and assistance.

Community involvement

Many mainstream emerging PHOs may not have good links with community as traditionally this has not been a part of their work. There may be uncertainty about the best way of going about this. As public health service providers, many of us routinely work with 'community' and could provide a valuable lead in assisting with the process of ensuring community is involved. Again, it is up to us to be pro-active.

Workforce development

Public health and primary care have tended to work in isolation for decades and the two paradigms have developed in parallel. Traditionally a certain level of distrust and misunderstanding has existed between primary care professionals and public health professionals - balding men with ties and stethoscopes versus homespun jerseys and jandals. However the two disciplines have many commonalities and there are important opportunities for working together.

We do not yet have a good understanding of the public health workforce requirements in PHOs either in terms of capacity or capability. We know there are few people with a good understanding of both paradigms. We also know that many people in DHBs and emerging PHOs do not have a good grasp of what public health is and often have a narrow view of health promotion. Conversely many public health providers have a poor understanding of how they might contribute to health promotion programmes in a PHO. The task around upskilling the current workforce and educating health workforce students is huge and will take time.

Research and evaluation tools

The primary health care concept has been introduced in a limited way to health systems in South Africa, USA, UK, Australia. To date there has been little in the way of formal evaluation of these projects in terms of health outcomes. The research methodology and tools for evaluating community health promotion programmes and projects may need to be further developed. Without them we cannot describe outcomes and build on the programmes to address health need.

There are some big challenges ahead. But public health as a discipline has a wonderful opportunity to contribute to ensuring that primary health care is central to the health system in New Zealand and that public health is an important component of that.

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Manawatu/Wanganui Branch fills the house

by Ann Shaw, PHA Manawatu/Wanganui branch

Manawatu/Wanganui PHA Branch was fortunate enough to gain the Palmerston North Premier of 'Bowling for Columbine'.

Once again we appreciated Pauline Brown's networking skills which resulted in a full house of Manawatu people enjoying an hour of wine, cheese and conversation prior to the screening.

We couldn't have asked for a better film to demonstrate the effect of a country ignoring the determinants of health. This is a powerful documentary/film, which is a must for all interested not only in aspects of gun control but also the consequent fall-out for world health.

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Conference will challenge and reward PHA Conference 2–4 July Turangawaewae

by Damiane Rikihana, PHA Maori Media Communications Adviser

Participants at the upcoming 2003 PHA Conference in Turangawaewae are being promised an event that will be different, challenging and rewarding.

“The conference will feature a series of interactive workshops that will be task and outcome orientated,” said conference convenor Marty Rogers.

“In other words, this is not going to be three days of just talking heads. Participants will be expected and encouraged to contribute to the workshops. By the end of the conference each person will walk away with a toolkit they have developed with other professionals and directly apply to their daily work.”

Marty said the conference is focused on ways to build the capacity and capabilities of the public health workforce.

“We want to stress that the conference is for everyone involved in public health - regardless of whether they work specifically with Maori communities or other population groups.”

“If you want to learn how indigenous approaches can contribute to your public health work, then this is a forum for you. Participants will get an insight into how to use *Te Pae Mahutonga* as a planning tool that benefits their work practices

and the communities they serve.”

The theme of the conference ‘*Tino Rangatiratanga in Public Health – working with indigenous values and principles*’ lends itself to rich and stimulating debate, says Marty.

“We’ve had an amazing response to our call for abstracts. The ideas have been diverse and compelling. We are very excited that people can already see ways of applying *Te Pae Mahutonga* to their programmes and activities.”

Te Pae Mahutonga

An innovative model for public health and is the star constellation used by Maori to navigate their way to Aotearoa. It has been developed by Professor Mason Durie who is a keynote speaker at the conference. He will share his vision and aspirations for health and *Te Pae Mahutonga*.

With such a high level of interest and little more than three months left before the conference, Marty says early registrations are a must.

“If you have a passion and commitment to public health, then you cannot afford to miss this unique event.”

For more information or to register for the conference go to www.pha.org.nz or contact the PHA office (04) 472-3060, pha@actrix.co.nz.

“Ki te tangi a te manu e karanga nei
Tui, tui tuituia
Tuia I runga, Tuia I raro, Tuia I roto
Tuia I waho, Tuia I te here tangata”
*“Listen to the cry of the bird calling
Unite, unite, be one!
Unite above, unite below, unite within
Unite without, unite in the brotherhood of man.”*

The importance of a Powhiri is highlighted in the proverb stated above. It is the process of uniting two groups for the one purpose **Tino Rangatiratanga in Public Health**.

In line with the theme of the conference, it is fitting that this will take place at **Turangawaewae Marae**, hosts for the conference, official residence of Te Arikinui/Maori Queen.

Marae/Maori protocol dictates that in order to enter the grounds a Powhiri will proceed on **Wednesday 2nd July 2003 @ 9.30am**.

It is important to both the people of the Marae and the organising committee that participants to the conference are culturally safe, which requires participation in the powhiri. The powhiri serves as both the official and cultural welcome between the hosts and their visitors.

Contact: pha@actrix.co.nz

Working with others to make an impact

by Gay Keating, director, PHA

One of the goals of the PHA strategic plan is to support informed and co-ordinated action on public health issues.

We have some organisations with which we have a formal relationship, but there are many more that we work with in an informal way, supporting each other's views. Below is a list of organisations that the PHA has worked with in the past few months.

Economic factors

Child Poverty Action, Council of Christian Social services, Downtown Community Ministry, Barnado's, UNICEF, ACYA, NZFVVO

Housing

He Kainga Oranga -Housing and health research programme; Hutt Valley DHB

Alcohol especially alcohol warning labels

NZ Drug Foundation, Alcohol Health Watch

Tobacco especially input to Framework Convention Negotiation, Smokefree legislation

Smoke Free Coalition, Health Sponsorship Council, NZ delegation to Framework Convention negotiations

Fluoride /oral health

MoH, Otago University, Hutt Valley DHB, Wairoa and Northland public health units, Dental Foundation

Obesity

NZ Dieticians Assn, Cancer Society, National Heart Foundation

Skin hygiene

Wellington School of Medicine, Auckland School of Medicine, A+ Regional Public Health

DTCA pharmaceuticals

Christchurch School of Medical

Prostitution reform

Prostitutes collective, YWCA etc

Physical Activity, city planning

Health Services Research Centre, Bikewise

Access to subsidised condoms

NZ Aids Foundation, Family Planning Association

Family violence – physical punishment of children

EPOCH (End Physical punishment of Children) and UNICEF

Public health NGOs

NGO working group, Health Promotion Forum, Auckland University department of geography

Transport planning

NZ Green Party

Pacific public health

Ministry of Health and their Pacific reference group

Health promotion education

National Heart Foundation

Public health perspective in PHOs and other primary care

Paediatric society, RNZCGP, NZNO, PMAZN, Regional Public Health Hutt Valley, and A+, Health Care Aotearoa, Capital Coast DHB, Wairarapa DHB, Ministry of Health

Public health perspective in DHBs

Canterbury DHB.

Together, we win some, some of the time.

- PHARMAC has rejected a proposal to limit the range of different condoms it subsidises.
- There will be a review of the Direct to Consumer Advertising of prescription pharmaceuticals
- There is much wider awareness of the issue of childhood obesity and the role of commercial fast food producers and advertisers in promoting poor nutrition for children
- There is much wider awareness that about 30% of children are living in poverty, and there have been specific announcement by the Government that there will be action by them to relieve the situation of those children
- Government has announced an intention

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Public Health – what better place for open debate than Parliament?

by Carolyn Watts, Health Promotion Programme Manager, Cancer Society of New Zealand

The recent symposium hosted at Parliament by the Advertising Standards Authority (ASA) entitled Obesity and Children – possible causes, possible solutions was a good example of the power and influence an industry group can have over a public health issue.

Firstly, you might wonder why a group of advertisers would be hosting a symposium on childhood obesity. The link was made very clear in the National Business Review article 'Food industry battles ad ban'. Here we see the true concern of the advertising industry. Not a mention throughout the whole article about the obesity epidemic, the cost in terms of lives, the inequalities, the cost to health care or the impact on our children's health. Not quite true, there was a comment from Liam Jeory, McDonald's spokesperson – "If children's health was such as issue, officials should ban youth from dairies or encourage exercise by forbidding parents from driving kids to school."

The article was all about the current review of the Public Health Legislation. If the link still isn't clear bear with me. According to the article the review is 'a bureaucratic and ideological attack on basic freedom and it has united business rivals to combat the simplistic response to the complex problem of obesity and heart disease'.

If only we had realised earlier that obesity is a complex issue! But now I'm confused, if it is in fact so complex why was the symposium all about advertising??

Keynote speaker's credentials?

The keynote speaker and guest of the ASA has a long history in advertising and health issues. He worked for the tobacco industry in the late 1980s and has authored such interesting commentaries as 'Why the War on Tobacco Will Fail'. According to Mr Calfee, we are completely on the wrong track with tobacco control. 'The campaign to reduce smoking by attacking the tobacco industry

rather than the habits individual smokers will not succeed. It is likely instead to diminish acceptance of personal responsibility for behaviour and to degrade discussion on public health issues.

Mr Calfee has visited New Zealand before, as a guest of the ASA. In the late 1990s he was here as an expert commentator on the liquor advertising review. His main argument then was 'the decision of whether or not to drink seems to be such a basic decision that it's pretty much beyond the reach of advertising'.

Here we see the argument unfolding – advertising doesn't affect consumption levels, it's all about market share and brand positioning. Those of you who have worked in the tobacco or alcohol areas will by now be feeling a strong sense of *deja vue*.

Interesting that the WHO report released in last month *Diet, Nutrition and the Prevention of Chronic Disease*, lists the heavy marketing of energy-dense foods and fast-food outlets as a probable cause of obesity. Identified as a convincing cause is the high intake of energy-dense micronutrient-poor foods.

So was the decision of many health agencies to boycott the symposium justified? I'll leave the decision up to you.

The next challenge

Our next challenge – doing what we already do now – but better and smarter, because there is no additional funding to implement a strategy to combat obesity. What we want to avoid – the 'Australian Solution' identified by the ASA as the answer to the complex issue of childhood obesity. The solution is for the food and advertising industry to run an expensive media campaign on healthy eating and physical activity. I'm sorry if I sound cynical but seriously would we accept money from the alcohol industry to promote responsible drinking?

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Let's debate the issues

Responses to Why We Need a Ministry of Public Health by Neil Pearce, published PHA News, February Issue

by Louise Croot, PHA Otago/Southland branch

Thanks Neil for your timely editorial in the PHA Newsletter. I agree with you for a variety of reasons, the main one being that the current Ministry seems to be unable to fully engage and understand the changes that have taken place in local government, and the approaches via the Annual Plan process, and the community consultation for plans and policies.

The regional and territorial local government roles have a lot to do with impacts on health. The Resource Management Act processes can have a good impact on health when public health professionals participate fully in the processes of consents.

I believe a Ministry of Public Health acting as a department of consequences with a network of physical and social environmental impact assessment people and advocates for the public health is the future. The Minister needs to promote a strong partnership with local government and non governmental organisations mainly beyond the health care services.

The evidence based outcome orientation should be towards better results for the public health. Rather than the reduction of say secondary services, use of the quality assurance measures in contracts should be firm and part of the accountability process. Monitoring is a crucial part of this as is education and professional development.

I believe the role of the Medical Officer of Health and those professionals working with this position should be focused on the advocacy role in the community.

Public Health also needs community geriatrician and paediatrician roles in the regions. These people need a wholistic non personal health approach including monitoring ie a whole population approach to advocate for their regions population of interest, as well as clinical skills to keep in touch and teaching roles that promote health rather than focus on illness.

by Phil Shoemack, MO Health, Bay of Plenty

Neil, I want to say how much I enjoyed your guest editorial in the PHA newsletter. Well said. A few years ago I would have disagreed but recent history suggests that public health approaches do not get the attention they deserve when placed alongside health care services. So what are the next steps that we need to take to get something done??? I guess the review of public health legislation is one avenue to float some ideas.

A vehicle for advocacy

I also agree with Louise's comments, particularly that Medical Officers of Health are an ideal vehicle for advocacy on a variety of public health issues. Of course to do that well we will need more of us. I am the sole Medical Officer of Health for the Bay of Plenty with a population of 280,000.

.....working with others to make an impact

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to repeal "discipline of children" as a defence against violence.

The PHA could never have achieved these things by ourselves. But we have allies. In the office we take the policies that members have developed, critiqued and which have been finally adopted by Council and AGMs in recent years, and work with other agencies to bring about changes.

Our PHA mission is *To improve the health of all New Zealanders by (strengthening) the organised efforts of society.* Using our policies with our allies is one of the clear ways that we are strengthening the organised efforts of society.

Contact: pha.gay@actrix.co.nz

Fiji and Public Health

a new era in Pacific Public Health

by Chris Webber, PHA Maori Caucus

A new Public Health Association was born in the Pacific recently. Being on holiday in Fiji at the time, I had the privilege of being present for the formalities, offering congratulations and inviting our Fijian colleagues to the Maori Caucus-led conference this year in New Zealand.

Participation and collaboration

It was an inspiring event for a number of reasons. Indigenous Fijians appeared to spearhead the 'movement' - not only by healthy membership/attendance, but also by approach, as some newly released strategic documents reflected Healthy Island and community-responsive approaches. It was also good to see participation/collaboration from across the industry including Medical Officers, Promoters and Environmental Health Officers (as an equivalent Health Protection Officer here, I note few of my colleagues participate in PHA and fewer still are indigenous). Most inspiring though was stumbling across the event.

Have you ever had that stuff happen that just says to you 'this was meant to be' and that you are part of a bigger plan? After failing to make contact with Fijian counterparts as planned prior to my holiday (it's hard to stop networking sometimes!), only a twist of fate had me end up in the Coral Coast town and hotel where the Fijian conference was being held. An overheard health phrase had me on track to meeting their Minister of Health, Senior Inspectors and PHA organisers - not to mention the kava and choice kai!

While I didn't attend much of the week-long conference proceedings, there is much work to be done in Fiji. For those who haven't witnessed the living conditions of many Fijians, the recent storm and devastation reported on TV offer a

glimpse of basic problems like water and sanitation in outlying communities. May our thoughts be with our Fijian colleagues at this time as they continue the recovery whilst also stepping out in a new endeavour as an association.

I noted the Fijian conference was well attended by international organisations such as WHO and AusAid. Also, that New Zealand no longer appears to be much involved in professional and training relationships with Fiji (like health inspector exchanges). Yet, from an indigenous point of view, we have much to share and gain from rekindling such links.

From an environmental health perspective, much of our Maori community is disadvantaged by 'generic one size fits all' public health. We are no longer focussed around third-world problem-solving - or issues that exist for Maori and some rural communities, long after 'mainstream' lifestyles no longer consider them a problem (such as lead paint, drinking water, traditional kai and Marae food safety).

Support Mission

Maori Health Protection Officers recently considered a 'support mission' to Fiji, not only to show our support to a largely indigenous industry in time of need, but also to rekindle networks that may see closer collaboration on issues that are important to our vision of health. Perhaps in years to come, instead of Tame Iti in Fiji, TV might show our rangatahi gaining skills on environmental health missions as a step towards their own place as valued kaitiaki employed in their own communities. Contact Chris at cwebber@xtra.co.nz if anyone can help with the missions.

He whakaaro noa iho - Bula!

Public Health Association of New Zealand Conference 2 - 4 July 2003, Turangawaewae
Registration information available from pha@actrix.co.nz, www.pha.org.nz

“Connecting Policy Research and Practice”

Social Policy Research and Evaluation
Conference 2003
Date: 29-30 April 2003
Venue: Wellington Convention Centre
Contact: Toni Kilvington, P O Box 5256,
Wellington
Tel: (04) 499-6133
website: [www.msd.govt.nz/keyinitiatives/
conference/index.html](http://www.msd.govt.nz/keyinitiatives/conference/index.html)

“Focussing on Solutions - the way

forward” 4th International Conference on
Drugs and Young People
Date: 26-28 May 2003
Venue: Wellington Convention Centre,
Wellington, New Zealand
Contact: Conference Secretariat
Tel: +61 (03) 9278 8101 or +61 (03) 9278
8137, Fax: +61 (03) 9328 3008
email: events@adf.org.au
website: www.adf.org.au

**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

Irihapeti Ramsden
HE KARARE POURI

Korangaranga ana, tera te manawa. Nawe ana
tera te ngakau i te haenga a mate.

Tupapahu ana, haruru ana te whenua i te
hinganga o tetahi totara haemata. Ko te kuia
morehu tena ko Takuta Irihapeti Ramsden, no
Ngai Tahu ia. No reira e te kuia, e te koka, takahia
atu ra te huarahi kua oti ke i a nunui ma te para.
E oki ki nga ringaringa o te atua.

Ratou te hunga i tutu ai te puehu i tena marae
i tena marae ki a ratou, tatou te hunga ora ki a
tatou ano, tena tatou katoa.

Kei Poneke, kei Te Pipitea Marae te kuia nei e
takoto ana. A te Turei, 8 o Paenga Whawha
3.00pm ka karakia ia.

“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
website: 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

“Spread the Word – TB” Tuberculosis

Conference, Auckland, New Zealand
Conference for Health Professionals.
Date: 13th & 14th 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

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.

**Have your say on what is
read!**

The PHA News editor would like your public
health news for publication in the PHA News.
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