

Learning from the stories of Nga Puna Wai o Hokianga

by Keriata Stuart, Jeff Foote, Maria Jellie, Jan Gregor, Environmental and Scientific Research

While most New Zealanders take access to clean drinking water for granted, people in many isolated communities have to use drinking water that does not meet the 1995 New Zealand Drinking Water Standards (Public Health Advisory Committee, 2002). Following the 1999 Hokianga floods, concerns about microbiological contamination of local drinking water supplies led the Ministry of Health (MoH) to fund the Nga Puna Wai o Hokianga pilot project, to find out if it was possible to provide safe drinking water to small isolated communities at an acceptable cost. Given the Hokianga's predominately Maori population, a key aspect of the pilot project was the devolution of funding to the local health provider, Hauora Hokianga. Hauora Hokianga then used a kaupapa Maori consultation process to find which marae and communities would be interested in participating in the pilot project.

Involving the community

Researchers from ESR (the Institute of Environmental Science and Research) with the Whirinaki Maori Committee (WMC), Hauora Hokianga and the University of Auckland have been researching the role that community involvement and control played in the success of Nga Puna Wai o Hokianga. This project, funded by the Foundation for Research, Science and Technology, has focused on understanding how WMC's involvement as the main contractor contributed to the successful design and construction of the Whirinaki community water supply. It has trialled methods to support cross-

cultural research on water management. The research also tracked how the Whirinaki community has used the pilot project to advance community aspirations beyond clean drinking water. For example, the WMC is now considering projects that may provide ongoing work in an area where employment opportunities are sparse.

Hauora Hokianga's decision to allow the WMC to be the main contractor rested on an explicit recognition of the community's competence to manage a complex project, and their right to ownership and control as tangata whenua. For the WMC, this decision provided the motivation to complete the project as their mana was on the line. Their achievement was despite hidden costs and delays, and a funding shortfall which threatened to derail the water supply project. The WMC had to use considerable initiative in contacting suppliers to obtain the best deals, borrowing materials and equipment, and juggling project budgets to minimise the impact of the funding shortfall, and to ensure that the community would not be left with debt if the project failed.

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Institutional barriers

The WMC's lead role in designing and constructing the community water supply illustrates a number of institutional barriers to community control and ownership. The WMC faced a credibility problem when negotiating with external organisations: how could a community with no track record be trusted to successfully compete such a complex project? Negotiations with external organisations also raised conflicts between the WMC's desire for self-determination and funding criteria where (for example) resource consents needed to be obtained. Some community members saw resource consents as a government imposition since in their view the water source traditionally belonged to the community. The credibility problem was managed through negotiation with external organisations *kanohi ki te kanohi* (face-to-face). This helped build relationships and communicate to external organisations that the community was genuine and could be trusted. Hauora Hokianga's continued involvement also provided legitimacy to the community project until the WMC had fully established organisational relationships.

An evaluation of the Nga Puna Wai o Hokianga pilot project noted that post upgrade water quality was currently being managed to an acceptable level and that the risk to public health from contaminated drinking water supplies had been reduced. The evaluation also noted that the community health gains depended on maintaining this level of water quality, and the adoption by the communities and marae of Public Health Risk Management plans (to identify and manage risks) combined with ongoing monitoring and evaluation is expected to achieve this end.

While some decision-makers have concerns about the extent to which communities can or should be involved in decision-making and planning processes, the Whirinaki community provides a working model of what can be achieved if Maori communities are meaningfully involved in service provision. The Nga Puna Wai o Hokianga

pilot project won the 'highly commended' award, coming second out of 193 entrants at the 2003 New Zealand Health Innovations Awards.

WMC, Hauora Hokianga and ESR have all gained from the research project. The Whirinaki community has an understanding of the factors that have enabled them to deliver a successful community water system, and can apply this knowledge to other community projects. Hauora Hokianga has a practical model of local community development which can be rolled out to other projects. ESR has learnt valuable lessons about how to work in partnership with a Maori community.

For more information about the Whirinaki community water supply contact Maryanne Marino, Whirinaki Maori Committee.
Email: maryanne288@hotmail.com/wmc@paradise.net.nz.

For more information about Nga Puna Wai o Hokianga pilot project contact Hone Taimona, Hauora Hokianga.
Email: hone.taimona@hokiangahealth.org.nz.

References

Public Health Advisory Committee. (2002) *The health of people and communities: the effect of environmental factors on the health of New Zealanders*. The National Health Committee, Wellington.

Acknowledgements

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Contacts: *Maria Jellie* maria.jellie@esr.cri.nz
Jeff Foote jeff.foote@esr.cri.nz
Jan Gregor jan.gregor@esr.cri.nz
Keriata Stuart keriata.stuart@esr.cri.nz

Ethnic health disparities – who's to blame?

by Tony Blakely, Wellington School of Medicine, and
Bridget Robson Te Rōpū Rangahau Hauora a Eru Pōmare

Third class passengers on the Titanic were twice as likely to die as first class passengers. Why? Were poor people so stupid that they forgot to pack their wetsuits? Or were the parents of the poor people on the Titanic so neglectful that they failed to teach their children to swim? Obviously, these are ridiculous explanations. The reasons were structural. There were only enough lifeboats available for the first class passengers, and doors were locked preventing third class passengers accessing the lifeboats.

Disturbing trends

The publication of the *Decades of Disparity* report on 9 July showed disturbing trends in life expectancy for various ethnic groups in New Zealand. Our results were new because we were able to adjust for the undercounting of Māori and Pacific deaths during the 1980s and 1990s. We found that Pakeha life expectancy improved during these two decades, but that Māori and Pacific life expectancy changed little. Put simply, the 'gap' between Māori and Pakeha life expectancy widened from about seven years to ten years over this period.

In stark contrast Māori life expectancy increased dramatically during the 1950s, 60s and 70s, and was catching up with non-Māori (figure). Had these trends continued through the 1980s and 1990s, there would have been little if any ethnic gap in life expectancy by 2000.

So why did Māori life expectancy trend take a turn and flat-line through the 1980s and 1990s? Some commentators have blamed Māori and Pacific people for failing to take individual responsibility. This is knee jerk and too simplistic. The available data actually shows that whilst smoking rates remain higher among Maori, they did fall during this period for Maori men; that Māori and Pacific people exercised at least as much as Pakeha (SPARC) and spent less on takeaway food (Household Economic Survey).

So what did happen around 1980 to cause previously strong improvements in Māori life expectancy to take a turn and flat-line? Did Māori call a hui about 1980 and decide to abandon individual responsibility for their health? No. Clearly, other things were going on.

Possible explanations

In *Decades of Disparity*, we offered three (not mutually exclusive) possible explanations. If we look overseas the death rate increased dramatically after the break-up of the Soviet Union and the resulting social and economic upheaval. It seems plausible that a similar if more muted impact might have occurred in New Zealand following the structural reform during the 1980s and 1990s. Probably due to their different employment patterns, the reforms had different effects on ethnic groups, with Maori and Pacific people hit hardest by unemployment and falling incomes. Hundreds of studies internationally and in New Zealand have shown that low income and unemployment 'get under the skin' to cause poor health.

Second, different patterns by cause of death point to a range of different explanations. Heart disease death rates fell dramatically among Pakeha during the 1980s and 1990s, but less so among Māori and Pacific people. Cancer death rates (both smoking and non-smoking related) actually increased among Māori and Pacific. Tobacco smoking will be one explanation for these varying trends, but it is far from a complete explanation. For example, smoking among 45-64 year old Māori males decreased from 45.8% at the 1981 census to 35.4% at the 1996 census, but heart disease death rates among Māori males only decreased modestly.

Third, Māori and Pacific people have poorer access to health care. We know that Māori have higher rates of heart disease death than non-Māori, yet they receive lower rates of life-saving

PHA Champion – popular choice

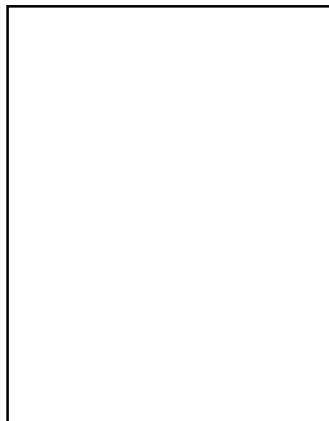
The Public Health Association has recognised and honoured Professor Mason Durie as its 2003 Public Health Champion.

One of the country's leading public health figures, Professor Mason Durie is of Rangitane, Ngati Kauwhata and Ngati Raukawa descent. He is currently Assistant Vice-Chancellor (Maori) and Professor of Maori Research and Development at Massey University.

Mason was a popular choice because of his remarkable and tireless work for public health and Maori health development. He is at the forefront of thinking and conceptualising issues and solutions that lead and drive public health in Aotearoa/New Zealand.

Mason was also recognised for his ability to articulate and translate complex ideas to people across all spectrums of society. President Marty Rogers said Mason does this with humility and simplicity and recognition in this field is well overdue.

Mason studied medicine in Dunedin, graduating MB ChB in 1963. He obtained a D.Psych. from



Professor Mason Durie
University.

Montreal's McGill University, and a Doctor of Literature from Massey University. He was a Commissioner on the Royal Commission on Social Policy from 1986 until 1988 when he was appointed to the chair in Maori Studies at Massey

University. Mason's interest in health, mental health and social policy is reflected in an extensive range of publications and research achievements. In addition to his teaching and research activities, he has served on a number of community and national organisations.

Mason is married to Dr. Arohia Durie, Professor of Maori Education at Massey University. They have four children and live at Aorangi near Feilding.

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heart operations. Similarly, we also know that cancers unrelated to smoking (e.g. breast, bowel and prostate) now tend to occur at about the same rate in all ethnic groups, but the death rates among Māori and Pacific people tend to be higher. Why? Somewhere along the chain of events that might prevent someone dying of their disease Pakeha are faring better.

The diverging mortality trends by ethnicity in the 1980s and 1990s are challenging and disturbing. A fundamental role of university

academics is to point out such trends, suggest explanations and initiate debate. It is inescapable that widening social inequalities during the 1980s and 1990s were associated with widening health inequalities. It is misguided, condescending, and simply not useful to dismiss these diverging health trends as being due to Māori and Pacific people behaving badly.

This article first appeared in the Dominion/Post on 1 August 2003.

Contact: t.blakely@wnmeds.ac.nz

Going Places!

by Marty Rogers, President PHA

Tena Taatou katoa

What an exciting start to my term of presidency I have had already!

I hardly had time to draw breath after the conference, when the report on "*Decades of Disparity*" was released and you all know the political furore that went with that. As a consequence I did a series of radio interviews and from feedback received I seem to have represented the PHA well!

Looking ahead, I want to say how much I appreciate the expertise and guidance of the new and old members of the Executive Council.

I would also like to remind everyone that we are currently reviewing our Strategic Plan, so if you have any comments and/or suggestions please contact Gay Keating at head office pha.gay@actrix.co.nz. That would be much appreciated.

We are also looking for policy champions in a range of areas and have a very 'able' policy committee just waiting to be put to work! Again, if you have any ideas or contributions, please contact Gay Keating.

Well the post-conference halo of satisfaction is slowly fading, but the memories of some of the exciting things that were achieved as individuals

and as the PHA were fantastic.

The challenge as always is to keep the momentum going - finding ways at a local branch level to continue to grow peoples' understanding of "*Te Pae Mahutonga*" and its benefits as a planning tool.

An eye on the issues

We need to be mindful of keeping the issue of inequalities alive at a local and national level and within our workplaces; and creating ways to challenge contracting regimes so they better reflect and complement the nature of our communities. If you have some great ideas on how we keep this conversation going let us know so we can share them nationally.

Finally, a big thank you to everyone who attended the conference. Your support and contribution made it the success it was. I look forward to working with you all through the year and remember to get out there and encourage folk to join the PHA whose slogan for this year will be "**Going Places**".

Kia ora mai tatou

Marty Rogers, PHA President

Contact: rogersm@waikatodhb.govt.nz

Dr Cindy Kiro new Commissioner for Children

The PHA membership has its fair share of public health heroes, and we are delighted that one of our heroes has been appointed Commissioner for Children. The role is an important voice for children whose needs get lost in the political process.

Cindy, who is of Ngapuhi, Ngati Hine and Ngati Te Rangiwehe descent, was a popular keynote speaker at the 2003 PHA Annual Conference at

Turangawaewae.

Cindy has extensive experience in child advocacy and Māori development. "As an adult," says Cindy, "it is very easy to forget the concerns of children"

Our congratulations and very best wishes to Cindy in her new role as Commissioner for Children. Our children are in great hands!

Contact: pha@actrix.co.nz

Reflections

Immediate past president Fran McGrath has spent the last four years guiding the direction of the Public Health Association. We asked Fran for her thoughts on what the PHA has achieved during her time as president.

by Fran McGrath, Immediate Past President

I was thinking about the PHA over the past four years as I went for a walk tonight. Initially I found it hard to recall what has changed, until I remembered that the National Health Committee report on social cultural and economic determinants of health was released only five years ago. So up until 1998 talk about determinants of health was something for public health enthusiasts and not a concept well understood by your average GP or politician. It certainly wasn't part of public debate or policy in any serious way.

Influencing legislation

It was important though amongst PHA members, and we worked hard to get the evidence into the consciousness of the public and policy makers, through television pre-election debates, and newspaper articles. The importance of the determinants of health and the mission of reducing health inequalities, two of PHA's priorities, are now in legislation (NZPH&D Act), and are key agenda items for government, DHBs and now PHOs.

Ah yes, DHBs and PHOs. They too are less than four years old. Through branches and nationally, the PHA has raised the issues about population health perspectives in primary care. Members have worked at all levels to bring a population health perspective into personal health services. More recently the PHA has organised seminars and workshops to bring public health and primary care workers together.

We have taken the lead in working to achieve an effective voice for public health; brokering agreements that saw the Public Health Advisory Committee created to be independent, but not isolated from health policy makers. In early August I participated on behalf of the PHA in a workshop

convened by PHAC on the economic determinants of health.

Only four years ago the debates were about the evidence linking socio-economic and cultural determinants to health outcomes, and whether they were important. At the most recent workshop I argued, along with other speakers, that the immediate priority is to trial and evaluate interventions aimed at reducing health inequalities and improving outcomes.

That is the enormous progress over a relatively short period. The PHA's contribution has been to help people (including politicians) understand the evidence, and what needs to be done based on that. We have not been alone, but the PHA has been an outspoken and significant voice promoting these changes.

Robust policy development

Four years ago the PHA had just appointed its first director of public health, and was early in the process of strategic planning, and developing evidence based public health policies. Now we have put together public health manifestos for two elections, broadened the coverage of public health issues both in provincial and in national media, and have a set of public health policies developed through a robust process using published and expert evidence. Members have increased by about 30 percent (though do keep inviting people to join!), and our national operations and planning is robust.

Back in the late 1990s the Maori Caucus was considering how to advance Maori public health. Since then the Caucus has become stronger, and members voted to change the Constitution to have three members of Executive Council nominated directly from the Maori Caucus. The first Executive Council hui on the Treaty of Waitangi, resulted in an aide memoire for policy development, and led to Maori Caucus planning and hosting this year's conference at Turangawaewae.

At about that point in my musing, I finished my walk and arrived back home feeling proud to

Canterbury branch in action

by Vivien Daley, PHA Canterbury branch

Growing our own

Canterbury branch is hosting the 2004 conference. It will be called “**Growing our Own**” and will be about strengthening the public health workforce.

Planning is well underway with themes and ideas for keynote speakers being developed. Call for Papers will be announced in the October issue of the PHA News.

Putting public health into primary care

Canterbury Branch held a seminar “Putting Public Health into Primary Care” on 20th August, guest speaker was George Salmond. Local primary care organisations provided overviews of their current public health initiatives, which was followed by discussions about the population

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have had your trust to lead the PHA on this path.

The future

Of course, having caught my breath, what I really want to talk about are the opportunities that are coming up to promote the PHA vision - in the development of a national forum for public health, in advancing interventions to reduce unjust inequalities, in developing and supporting our public health workforce and extending population health perspectives into clinical settings. Perhaps the newest exciting opportunity is the role for local authorities, which requires them to consult with communities on the long-term priorities of their communities, and to collaborate with other agencies and sectors to achieve those.

I look forward to continuing to support PHA's progress to strengthen public health and improve the health of all New Zealanders.

Contact: fran.edwin@xtra.co.nz

health approach, the community development approach, and how these might be integrated. The afternoon focussed on PHO development and how this will affect and extend current initiatives.

Promoting behavioural change

Healthy Christchurch, in conjunction with Sustainable Christchurch, held a seminar ‘Promoting Behaviour Change’ recently for people to discuss a proposed ‘Living Together’ project, which involves a city-wide programme for behavioural change by engagement with people on a neighbourhood level. This project aims to improve the sustainability of people’s behaviour and help increase the city’s sense of community. Promoting behavioural change is at the heart of many of the major issues facing the city, whether they be around a lack of physical activity, poor nutrition, smoking, crime, energy use, waste reduction or water conservation. Three presenters, Adrian Te Patu, Kate Matthews and Vivien Daley (PHA), spoke about lessons learned and models used in the health promotion sector. This was followed by a discussion where health promoters, environmentalists, recreation specialists and others reflected on, and shared their own experiences, and looked at ways of working together to promote behavioural change around a range of issues.

There was some interesting discussion, and some obvious tensions between the health promotion people, who articulated a concern for the impact of the programme on people in the lowest socio-economic levels, and the environmentalists, who are looking for behavioural change in the majority and are less interested in the people on the margins. The seminar provided some good networking opportunities, and declarations of support for progressing towards common goals were articulated by many participants.

Contact: vivien_daley@pegasus.org.nz

“Asia Pacific Forum - on Quality Improvement in Health Care”

Child and Adolescent Mental Health Conference
 Date: 3-5 September 2003
 Venue: Aotea Centre, Auckland
 Contact: The Conference Company
 Tel: (09) 360-1240
 Fax: (09) 360-1242
 email: bmjpg@tcc.co.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

“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: conference@phaa.net.au
 website: www.phaa.net.au

“Social Marketing for Social Profit”

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

“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@cwl.nz
 website: www.ipn.org.nz

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

“Spread the Word – TB” Tuberculosis

Conference, Auckland, New Zealand
 Conference for Health Professionals.
 Date: 13-14 November 2003
 Venue: Barrycourt Conference Centre, Parnell, Auckland
 Contact: Bette Swan ph 012 894-582 or Jill Miller (09) 262-1855
 Fax: (09) 630-0051
 Email: tbassn@xtra.co.nz

“Vision to Action” World Federation Public

Health Associations 10th Annual Congress.
 Hosted by United Kingdom PHA
 Date: 19-22 April 2004
 Venue: Brighton, England
 Contact: WFPHA, c/- American PHA, 800 1 Street., N, W Washington D>C, 20001-3710, USA
 Tel: +1 (202) 777-2506
 Website: www.phaworldcongress.com

“Growing our Own - strengthening the public health workforce”

PHANZ 2004 Conference
 Date: June 30-July 2, 2003
 Venue: Christchurch
 Contact: Vivien Daley
 Tel: (03) 353-0217
 Fax: (03) 353-9945
 email: vivien_d@pegasus.org.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. Please send copy for next issue by **30th September** to the Manager pha@actrix.co.nz or pha.media.co.nz or telephone (04) 472-3060 for further information.