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ADVOCACY EDITORIAL

Advocacy crucial for effective public health practice

by Dr Gay Keating, director PHA

Advocacy is a crucial part of public health practice and plays an important role in improving health and reducing health inequalities. Advocacy is a vital component in the Ottawa Charter, which specifies putting health on the agenda of policy makers in all sectors and at all levels.

Within the Ottawa Charter there are three tasks that are part of health promotion action in all areas. These three are *enable*, *mediate*, and *advocate*.

The recent report to the Director General of Health on the ministry's contracts with NGOs and the way they comply with public service standards raises issues with ramifications well beyond public health. The report stresses that the ministry is subject to public service rules and the Public Service Code of Conduct. One of the ministry's prime obligations is to be scrupulous in maintaining its political neutrality and it should ensure NGOs it contracts with are bound by the same public service rules in carrying out contracted services, according to the report.

Recommendations include ceasing to use the word advocacy in contracts and substituting a precise statement of the services being purchased. The report says "advocacy falls into the middle ground between information and lobbying, in that NGOs may wish to position their advice, that is to advocate for or against a particular approach. There is a narrow line in a political context between advocacy and lobbying...It is the issue of advocacy that can draw the ministry close to the area of lobbying."

The only way to avoid this situation being an ever-present risk to the ministry and a continuing management concern is to avoid contracting for

any "advocacy" role on health and disability issues, the report says.

The PHA's position

The PHA, representatives of other NGOs, the Faculty of Public Health Medicine, and the Public Health Leaders Group of PHUs, met Director General Karen Poutasi following the release of the report. We argued that it would be better to have a definition of lobbying rather than the removal of the word advocacy. We pointed out the word advocacy should be able to be used in health contracts because it is explicitly used in legislation in relation to the Children's Commissioner, Family Commission, and Creative NZ.

The advice received by the Director General could see public health providers prohibited from having contact with any MPs other than the minister of health and unable to make submissions to select committees (unless agreed by the minister of health). The PHA's position is that politically neutral, evidence-based, transparent advocacy to select committees and a range of politicians is not lobbying and makes an important contribution to healthy public policy.

Dr Poutasi indicated that contracts with five organisations have been changed. She said no

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Hope that the Budget Policy Statement will deliver on child poverty

by Gay Keating, PHA director

NGOs are looking to December's Budget Policy Statement for some clear signs the government is going to act on child poverty. Finance minister Michael Cullen has given some strong hints that the budget will assist low-income families but it remains to be seen how far the government is prepared to go.

A wide range of NGOs, including the PHA, have worked hard to raise public awareness about the social and economic problems being created by poverty in New Zealand. The number of comprehensive reports on poverty in this country is growing. The most recent, by the Child Poverty Action Group, highlights the fact that 300,000 of New Zealand's poorest children are missing out on financial support because of discriminatory government policies. In October the United Nations Committee on the Rights of the Child recommended that the government prioritise children, especially poor children, in the budget. Last month the report *New Zealand Food: New Zealand Children* found that 22 percent of children live in households that can't afford to eat properly. Organisations working in this sector have presented compelling evidence to government about the need for immediate action.

PHA focus

The PHA's focus has been the effect of poverty on health, especially the health of children. This ties in with priority issues in the PHA's 2004-2009 Strategic Plan, which include encouraging decision makers to address the underlying social, economic, cultural and environmental determinants of health, seeking reductions in health inequalities and championing Maori health.

PHA initiatives have included building relationships and supporting organisations that work at the frontline helping families, as well as those organizations that use advocacy to try and achieve change. We have developed links with hospital and community paediatricians who are concerned about rising rates of hospitalisation for preventable childhood diseases. A joint PHA/

community paediatrics study day was held earlier this year. Raising awareness among other health professionals and health managers has also been a focus.

The PHA is also working with the Child Poverty Action Group, which aims to eliminate child poverty in New Zealand. CPAG objectives include improved family income support and other ameliorative measures in budget 2004, as well as getting a Government (central and local) cross-party commitment to the elimination of defined child poverty to an established time frame. Other objectives include persuading the Government to establish a community-accepted official measure of child poverty which can act as a benchmark to measure progress against.

Our media work has focused on providing information on the impact of poverty on child health. We have highlighted the evidence that overcrowded housing is clearly associated with rises in rates of infectious diseases such as preventable lung infections and skin infections such as cellulitis. Rapidly rising house prices and rents have put new and additional pressures on many low income families.

Key message

One key message has been that there should be implementation of the comprehensive strategy to eliminate child poverty as promised in the government's *Agenda for Children*. The PHA is also promoting health impact assessments – the concept that when introducing policy in an area, local and central government should audit the effect of that policy on other areas such as health. It is vital that cross-sectoral co-operation replace the silo mentality.

The government is not going to be able to wave a wand and eliminate child poverty overnight. However the PHA and other NGOs working in this area believe the current financial surpluses have given the government the opportunity to make a real difference to the health lives of low income children.

New Otago Vice Chancellor a longstanding PHA member and public health advocate

by Noeline Holt and Penny St John PHA National office

Longstanding PHA member and internationally recognised researcher, Professor David Skegg has been appointed Vice Chancellor of the University of Otago. He will take up his role next year, replacing retiring Vice Chancellor Dr Graeme Fogelberg.

David is a public health aficionado who is not afraid to back his research with strong advocacy. He chose the field of epidemiology, and on a Rhodes Scholarship went to Oxford University where he was trained by Sir Richard Doll, (known for his compelling work linking cigarette smoking with lung cancer).

Over the years David has been in the public eye both nationally and internationally, and is probably best known as a leading expert on breast and cervical cancer, contraceptive and drug safety, and on reproductive health. Last year, he was a co-investigator in a major study which debunked claims that vasectomy is linked to prostate cancer.

International links

He also chairs an international breast cancer research group centred at Oxford, and advises WHO's Special Programme of Research, Development and Research Training in Human Reproduction.

New Zealand's lack of a coherent national cancer control programme overseeing cancer research, prevention, screening, treatment, rehabilitation and palliative care has also been a major concern and interest. David welcomes the recent launch of the Cancer Control Strategy and a Cancer Control Trust as a significant step forward.

In 1992, his expertise was recognised when he was appointed chair of the Public Health Commission. During the same period, David chaired the Health Research Council of New Zealand. He has also served on several Government committees including a BSE Expert Science Panel which brought him into contact with scientists from across several Crown

Research Institutes, as well as officials from different ministries.

Where it all began

Born in 1947 in Auckland, Professor Skegg demonstrated his academic acumen

*Vice Chancellor Professor
David Skegg*

from an early age, winning first place in New Zealand for biology and earning a University Junior Scholarship while at King's College. At Otago, he gained a BMedSc, MB, and ChB with distinction, and was awarded both the Travelling Scholarship in Medicine and a Rhodes Scholarship to Oxford.

After graduating with a DPhil, he continued at Oxford as a Lecturer in epidemiology from 1976 to 1979, and, in 1980, he returned to Otago to take up the Chair of Preventive and Social Medicine. Under his leadership, the department grew from less than a dozen staff to the largest in the University, with nearly 130 staff.

Appointment welcomed by academic community

David's appointment as vice-chancellor has been widely welcomed by the academic community because of his commitment to advance sound learning through research. Announcing the appointment, the university said David has impeccable international academic reputation, sound strategic thinking, strong administrative capabilities, and excellent communication and people skills.

Signal

The appointment is also seen as a signal that the university is determined to build on its research strengths, according to David. "We are keen that

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PHA member new vice chancellor....

this should be a research-led institution of international stature.”

In the present climate of limited funding, David welcomes the recent government call for greater cooperation between universities. Reaching the highest academic standards within these financial constraints is another challenge, he says.

Congratulations David on your appointment. Our very best wishes for a successful tenure.

EXECUTIVE NEWS

PHA Membership Survey

A membership survey was placed on the website on 2nd December. Our thanks to members who sent in their feedback. If you are one of those who had not responded you may have already had a call from Geoff Stone, a student placement whose task was to design and report on the survey. He is keen to hear from all members who are available to ensure the survey is as representative as possible.

The aim of the survey was to check out what members need and expect from PHA to help the PHA Executive Council make sure that it can deliver on your expectations.

In to win!

By responding members automatically were entered in a draw for a prize. The prize will be sent to the lucky winner before Christmas - just in time to solve those last minute gift problems!

Remember March 20th is the close date for Call for Papers for the 2004 conference. See www.pha.org.nz for details.

Central Districts branch in action

MidCentral DHB has recently a Primary Health Care Strategy and this branch made a submission to this strategy additionally one member of our branch sits on the Primary Health Care Reference Group raising the profile of and issues around Public Health in Primary care. The Hawkes Bay Public Health Unit has been working locally to upskill PHO's in Health Promotion and Public Health.

The Palmerston North City Council is currently developing a Gambling Policy which we are watching with interest. We were able to generate media interest, both newspaper and radio, on Child Poverty after our last meeting.

Gaye Keating lead a special meeting to look at the PHA Strategic Plan. Our last meeting of 2003 will include Christmas Drinks downtown in a SmokeFree Venue.

Contact: *Virginia Signal - Secretary*

Wellington Branch Supporting the Community

Some members of Wellington branch put their commitment to accessible services for disadvantaged communities into practice in December. They responded to a call for help from the Wellington Refugee and Migrant Service to help with the street day appeal. Their support contributed to the success of the appeal.

RMS is a non-profit, non-governmental Incorporated Society dedicated to assisting refugee survivors in Aotearoa/New Zealand. RMS assists refugee survivors in both the practical and emotional aspects of beginning life in New Zealand. <http://www.rms.org.nz/about.htm>.

On 9th December the branch celebrated a very productive and busy year with a dinner at the Rasa, a well known Malaysian Cafe which is also smokefree.

Breastfeeding in the Workplace

report from Women's Health Action

from Louise James, Women's Health Action

A key barrier to breastfeeding, identified by Judith Galtry and others in New Zealand and overseas, is the return to paid employment by mothers¹. Research shows that women often compromise the breastfeeding relationship or don't initiate it at all when preparing for work after childbirth.²

A survey of 117 New Zealand businesses carried out by Women's Health Action shows most businesses believe they are breastfeeding friendly. Eighty eight percent of these businesses said employees could continue to breastfeed and 86 percent said they provide breastfeeding breaks or would have no problem providing them. Sixty eight percent said they had a place, such as spare private offices or first aid rooms, for employees to breastfeed.

However, none of the surveyed businesses has a breastfeeding policy and there is limited communication about management support for breastfeeding. Consequently, few employees raise the issue with their employers and women interpret the lack of communication as a lack of support and an unwillingness to accommodate breastfeeding at work. The survey revealed 66.3 percent of women are returning to work after taking maternity leave, but most employers surveyed acknowledged that there wasn't anyone returning to work still breastfeeding.

In taking on the job as breastfeeding advocate with Women's Health Action in Auckland there was a need to define priorities so that my work and energy was targeted to a clear strategy and platform of action. The evidence to support tackling the integration of breastfeeding into employment was overwhelming. The Innocenta Declaration¹ identified four operational targets that were all being worked on to some degree in New Zealand, except protecting the breastfeeding rights of employed women. Breastfeeding and employment has been identified as an area for action in the Ministry of Health's *Breastfeeding: A Guide to*

Action. The work by Judith Galtry and Marcia Annandale shows that making provision for breastfeeding mothers in paid employment in New Zealand is in its infancy². In addition interviews with local people with significant breastfeeding knowledge confirms that promoting breastfeeding and the return to paid employment is a recurring issue.

The WHA breastfeeding survey was a first step to the campaign to support breastfeeding in the workplace. As a result of the survey we recommended that businesses develop a written breastfeeding policy, to be discussed and disseminated to all staff. We also recommended businesses set up a specially designated breastfeeding room and provide breastfeeding breaks.

During World Breastfeeding Week in August we produced an employer's pack which was sent out to human resources managers of businesses with over 100 employees. The packs were designed specifically for employers, highlighting the advantages in supporting breastfeeding by reduced costs in recruiting, less absenteeism for sick days off and a better company image. As well we gave them three simple things they could do to support women in paid employment: time, space and support.

Women's Health Action sees the campaign developing in three phases, this year targeting employers, next year unions and early childhood centres, and finally mothers. The idea behind the campaign is to ensure that the support structures are in place and that employers are familiar with the issues before encouraging the mothers to approach their employers. However through the media mothers have been exposed to the campaign and have phoned in or e-mailed me with their stories. Comments from women include;

"I never had time in my breaks to do anything but express. I would rush to the loos express and

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.....breastfeeding in the workplace

have something to eat at the same time. I finished breastfeeding solely so I didn't have to express at work any more."

"I sat in the toilet, then one day my boss found out. My daughter was offered her own room at work where she fed and slept. Once she found her feet I had to find alternative arrangements. My boss was very generous in his support and I am ever so grateful."

Another woman said;

"I was given a spacious dedicated room with electronic swipe card for privacy, complete with new couch, brand new fridge and even a tape deck to relax by! Even more than all this, I appreciated their attitude that breastfeeding was a perfectly normal thing to do."

Early days for campaign

The campaign has only just begun. One of the key elements is finding employers, managers and human resources managers who will initiate breastfeeding policy as part of a family friendly employment package. Therefore ideally we would like to encourage businesses to work with staff to write policy and make a suitable room available so that female staff know breastfeeding is supported before they take maternity leave.

Do you have a family friendly policy in your place of work and is breastfeeding part of that policy? Request an employer's pack from

louise@womens-health.org.nz and discuss with management to implement policy and practice to become breastfeeding friendly. Alternatively find the information for employers at <http://www.womens-health.org.nz/breastfeed/downloads/employersinfo.pdf>.

Please feel free to e-mail me for more packs to give to employers or for further assistance in liaising with workplaces.

When employees know and see active support for breastfeeding in their workplace, mothers will gain confidence to breastfeed when they return to work after childbirth.

References

³ Galtry, J. & Annandale, M. (2003). *Developing Breastfeeding-Friendly Workplaces in New Zealand*. Wellington: Equal Employment Opportunities' Contestable Fund Project.

² Fein, S. B. & Roe, B. (1998). The effect of work status on initiation and duration of breast-feeding. *American Journal of Public Health*, 88 (7), 1042-6.

³ Ministry of Health (2002). *Breastfeeding: A Guide to Action*. Wellington: Ministry of Health.

¹ Ministry of Health (2002). *Breastfeeding: A Guide to Action*. Wellington: Ministry of Health.

² Galtry, J. & Annandale, M. (2003). *Developing Breastfeeding-Friendly Workplaces in New Zealand*. Wellington: Equal Employment Opportunities' Contestable Fund Project.

FORTHCOMING EVENTS

"Aotearoa/New Zealand fit for us" National Children's Rights Conference
Date: February 11-12 2004
Venue: Victoria University, Wellington, New Zealand
Contact: Conference Coordinator, Office of the Commissioner for Children
Tel: 0800 22 44 53
Email: l.defriez@occ.org.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

Another PHA member in the news – NZMA presents Peter Davis with chairman’s award

by Penny St John, PHA National Office

Researcher and PHA member Peter Davis has been awarded the New Zealand Medical Association’s highest honour, the Chairman’s Award for 2003. The award is presented annually to an individual or individuals who have made a significant contribution to the health of New Zealanders.

In making the award, the NZMA said Peter has made a major contribution to improving the health of New Zealanders through his wide-ranging research. The association especially commended recent studies of adverse events in public hospitals and said Peter’s research has been invaluable in collecting information which will help the health services improve patient outcomes. The adverse events research, published in the *New Zealand Medical Journal*, lists improved education and resources, quality assurance, communication and systems reorganisation as areas having the potential to reduce adverse events.

Health services and health policy research, including quality of care, have been a consistent theme of Peter’s work. His extensive research

history also includes studies of general practice, indicators to evaluate social inequality and socio-economic status, policy analysis and development, access to primary care, pharmaceuticals, hospital

Professor Peter Davis
quality and AIDs.

Peter is Professor of Public Health at Otago University’s Christchurch School of Medicine and Health Sciences. He also holds honorary professorial positions in statistics and community health at the University of Auckland and in Sociology at the University of Canterbury.

He has published about a dozen books and over a hundred articles and was recently appointed a senior editor with the international journal *Social Science and Medicine*. In addition he has worked extensively overseas and in collaborative international research projects.

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other contract variations are expected at this time and all providers can continue to deliver services. That includes media activity.

In response to our specific request, Dr Poutasi committed to consultation with the health sector, the NGO sector, and relevant other parts of government. A process and timetable for these discussions will be released in the New Year, with

the aim of resolution by mid next year.

The PHA believes it is important to remember that many of the key health issues affect those communities with the least access to financial resources. If the government does not fund these voices, they will not be heard.

Contact: pha.gay@pha.actrix.co.nz

Public Health Workforce Action Plan Development

from Heather Allen, Ministry of Health

Not another survey? Yes, it's true, says Maggie McGregor of the Public Health Directorate of the Ministry of Health. But she believes that a small commitment of time will reap future benefits for the public health sector.

"Workforce development has long been identified as a priority for the public health sector if we are to be equipped to cope with future challenges" said Maggie.

"There is lots of good workforce development progressing in the public health sector. What is missing is a framework that focuses on the big picture."

"The Public Health Directorate of the Ministry of Health is working to address this gap by developing the Public Health Workforce Action Plan."

Maggie said that in order to develop a framework strategy, the Ministry would be seeking the views of the sector on existing, perceived and predicted workforce development issues and requirements. Two stocktake surveys would be used to canvass the opinions of:

1. *The Manager of each of the public health organisations that contract directly with the Ministry.*

This will happen in January 2004 and involve a telephone interview and short self-completion form seeking organisational level information.

2. *Individuals who hold public health service roles in those organisations.*

This survey will occur in February 2004. At that time we will be seeking individual views on workforce issues.

"Phoenix Research has been commissioned by the Ministry to carry out this survey work. It is the hope of the Ministry that the sector will lend its support to this very important project."

For further information on the Public Health Workforce Action Plan or the planned surveys, contact Viv Head on 09-817-1416 or Maggie McGregor on 09-580-9114.

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

"Growing our Own - strengthening the public health workforce"

PHANZ 2004 Conference

Date: June 30-July 2, 2003

Venue: Christchurch

Contact: Conference Office, University of Canterbury

Tel: (03) 364-4162/027 436-4167

email: m.brown@cont.canterbury.ac.nz

Vivien Daley, conference convenor

email: vivien_d@pegasus.org.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 January 2004** to the editor pha@actrix.co.nz or pha.media@actrix.co.nz or telephone (04) 472-3060 for further information.

Let's debate the issues

Do you have a comment to make about any articles in this issue? Send your comments to the editor pha@actrix.co.nz.



The Executive Executive and Executive Committee of the PHA send greetings to all members and wish you a safe and happy holiday season.

Thank you to all the PHA members who have generously volunteered their spare time towards making the PHA a strong and credible voice for public health advocacy throughout the year.