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GUEST EDITORIAL

## Why we need a Ministry of Public Health

by Neil Pearce, Centre for Public Health Research, Massey University

Okay, okay, before you all rush to send me hate e-mail, let me make two things clear. Firstly, I am not suggesting that we restructure the health services again; we've done that about five times too many in the last twenty years and we do not need to do it again for a long time. What I am advocating involves something in addition (more or less) to what we are currently doing through the health services and the Ministry of Health. Secondly, what I am advocating does not have to be a Ministry of Public Health – that's just one option – other options include a new Public Health Commission, an expanded National Health Committee with a substantial increase in autonomy and funding, and there are probably other possibilities. It is the idea that is important. Let me explain, as a starting point for a debate, why I think establishing a Ministry of Public Health (or something equivalent) is important.

I first started thinking about this when I was asked by the Journal of Epidemiology and Community Health to contribute a piece for a forum on "The Ideal Minister of Health". The fundamental problem for Ministers of Health, as well as public health researchers and policy-makers, is that the health services at most have a minor influence on the health of a population. What the Ministers of Finance, Employment, Social Welfare, Education, Housing, Labour, etc, do will inevitably have a much greater influence on population health than what the Minister of Health does. The traditional public health approach to this problem, particularly in New Zealand, has been to attempt to "turn the health services into

public health services" and to attempt to persuade the health services to become interested in these broader issues. This is not surprising; given that most public health workers have initially trained in clinical medicine or related fields, and have continued to work within the health services, albeit in a different role after their conversion to the public health approach which focuses on prevention in populations rather than treatment of individuals.

I think it is time to reconsider this approach. It has rarely, if ever, worked for the obvious reason that when public health attempts to influence the health services it is a very small tail trying to wag a very large dog which wants to run in another direction. People working in the health services like to do what they were trained for, and generally do very well, i.e. treating illness in individuals, and they usually have neither the time, the ability, or the resources, to deal with larger issues of prevention in populations. Their administrators also usually have more urgent priorities. As a result of this well-meaning but naive attempt to

*continued on page two*

### inside

PHA Conference News .....	2,3
Child Health News .....	4
Community Health Voice in Wellington ...	5
International News .....	5
PHA Maori Partnership profiles.....	6

Public Health Association of New Zealand Conference 2 - 4 July 2003, Turangawaewae  
Call for Papers close 20 March 2003. Details on Page 3

## .....why we need a ministry of public health

*continued from page 1*

transform the health services, public health has gone backwards, both in New Zealand and internationally, over the past two decades. It has continually lost out to the "conventional" health services in battles for resources, and it has had little influence on the major public health problems at the population level. Furthermore, this situation has tended to get worse with each restructuring, despite the rhetoric, and the best of intentions.

Perhaps it is time to seriously consider another approach, i.e. establishing a Ministry of Public Health. Public health services for individuals (e.g. immunization) would continue to be delivered and/or funded through the Ministry of Health (unlike the situation with the former Public Health Commission), and we would continue to attempt to transform the health services towards public health as much as this is possible. However, the Ministry of Public Health would tackle the real public health issues at the population level. It would solely have a monitoring and advocacy role, not only with regards to routine monitoring of death rates, the population burden of disease, etc, but also with regards to monitoring and influencing the work of the other Government Departments and Ministries (including the Ministry of Health). One way (but not the only way) to do this is through Health Impact Assessments of the likely health effects of different policy options proposed by the other Government Ministries and Departments (a good website on this approach is at <http://www.liv.ac.uk/lstm/ihia.htm>). Health Impact Assessment is not straightforward, but

such quantitative estimates, however debatable and tentative, can play a key role in ensuring that health concerns are taken into account in economic and social policy.

There are already two precedents for this approach in New Zealand: Te Puni Kokiri and the Ministry for the Environment. Both have a monitoring role with respect to the work of the other government ministries and departments and its likely influence (respectively) on Maori development and the health of the environment. What I am advocating is that we take a similar approach with regards to monitoring and protecting the health of people, families, and communities.

If this approach was adopted, then the Ministries of Health and Public Health would both clearly play important, but different roles. The former would continue with its current work with regards to the health services, including public health services at the individual level. The latter would play a monitoring and advocacy role to ensure that the likely population health effects were taken into account in the work of all other Government Departments and Ministries, including the Ministry of Health. Rather than being the tail that wags the dog, public health could walk on two legs.

### References

Pearce N. The Ideal Minister of (Public) Health. *J Epidemiol Comm Health* 2002; 56: 888-9.  
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*Centre for Public Health Research*  
*Massey University Wellington Campus*

## All go for conference planning

Conference planning is underway with a training hui to be held in March for conference facilitators along the lines of the theme "Te Pae Mahutonga". Another hui will be held later if it is felt that it is needed.

Remember the conference will be held at Turangawaewae Marae, and accordingly the theme means that there will be some differences from other PHA conferences. For example:

- the theme "Te Pae Mahutonga" carries over the three days, so there will be not one or two day registrations. All participants will be expected to attend the whole three days
- the conference registration also includes accommodation and meals (therefore registration fees will be a little higher than normal).

Contact: [pha@actrix.co.nz](mailto:pha@actrix.co.nz)

## Call for Papers for the Public Health Association of New Zealand Conference 2003

Tino Rangatiratanga in Public Health –  
working with Māori and indigenous values and principles  
Turangawaewae Marae, Ngaruawahia on 2–4 July 2003

The Public Health Association of New Zealand is delighted that the first conference to be hosted by the PHA Māori Caucus is attracting a lot of interest both locally and internationally. It promises challenges and experiences never before had at a PHA conference. Details from the Call for Papers as follows.

### Conference Objective

“That the public health workforce will leave the conference with a kete (basket) full of tools that they can use, to give effect to positive health outcomes for the indigenous communities with whom they work.”

There will be fewer papers than usual. There will be no “free paper” session. All papers accepted will be within the kaupapa of the conference and will speak directly to the themes and workshops.

Papers will only be accepted if they actively support the conference themes. Priority will be given to papers that identify positive role models for working with Māori and indigenous values and principles.

### Te Pae Mahutonga themes

**Mauri Ora:** Access To Te Ao Māori: values, whanau, customary land, language and knowledge, Marae and culture.

**Waiora:** Environmental Synergy: natural environment, clean water, air, protection from ecological risks, Turangawaewae and adaptation to modern environments.

**Toiora:** Healthy Lifestyles, safety, exercise and healthy eating.

**Te Oranga:** Participation in Society: This includes some of the big picture aspects to health such as the macro-policies of the state, the valuing ingenuity, health services, socio-economic determinants of health, processes of society e.g.

voting and access to technology.

**Ngā Manukura:** Leadership: community cohesion, workforce development, community leadership, health workers and dedicated health promotion, communities determining the ‘who’ and the ‘what’.

**Te Mana Whakahaere:** Autonomy: Self-determination, power sharing, community priorities, community ownership control and recognition of community aspirations.

### Public Health Workforce

Conference participants will choose to join one of eight workforce groups for the duration of the conference. Each group will consider four presented papers on each conference theme relevant to their area of expertise and then workshop to develop approaches that will assist them in their work in a way that responds to Māori and indigenous values and principles. The workforce groups are likely to be:

- Epidemiology, Research and Evaluation
- Community Health Promoters
- Health Protection
- Public Health Sector – planning & policy
- Primary Care
- Secondary/Tertiary Care
- Public Health Medicine Specialists

Papers will be 15-minute presentations with 5 minutes for questions.

Please send proposal by mail on disk or as an email with a word attachment by 20th March 2003 to Public Health Association of New Zealand, P O Box 11-243, Wellington, Aotearoa/New Zealand.

For further details telephone: +64 (04) 472-3060 or email: [pha@actrix.co.nz](mailto:pha@actrix.co.nz). Call for Papers can also be downloaded from our website: [www.pha.org.nz](http://www.pha.org.nz).

Contact: [pha@actrix.co.nz](mailto:pha@actrix.co.nz)

## Well Child/Tamariki Ora Week 5<sup>th</sup> 11<sup>th</sup> May

by Marguerite Dalton, National Well Child Week Coordinator, Immunisation Advisory Centre

When I was asked to write this article I reviewed one written in 2000 by one of my predecessors, Jane Cunningham, on this topic and with particular reference to "Why a Well Child/Tamariki Ora campaign"

The inaugural Well Child/Tamariki Ora Week was launched in 1999 as a joint venture involving the Immunisation Advisory Centre, the PHA, the MoH, and the HFA. It was in response to the poor health status of the New Zealand child population. IMAC has made it an annual event ever since with great success.

If the campaigns have proved very successful why then do we need to keep this event in our annual calendar? In 2000 we defined the purpose of Well Child/Tamariki Ora Week to draw attention to the health needs of our children and to encourage change. As lifestyles change, further research comes to light, new vaccine schedules are developed, and the public becomes increasingly "media aware" there needs to be constant monitoring of changing health needs.

Unfortunately the issues of child ill health and poverty still remain and are leaving us with a legacy for years to come. For example recent New Zealand research shows clearly the long-term effects of childhood poverty on adult health (Poulton R, Capsi A, Milne BJ, et al. Lancet 2002

Nov 23; 360) and so there remains a continued need for the promotion of preventative child health.

In addition the existence of a specific Well Child/Tamariki Ora Week allows workers in the field of Well Child in its broadest sense (including the field of early childhood education, child safety etc) to come together and focus their efforts jointly on their local community and the specific issues that are pertinent to them and build up local networks, which are hopefully sustainable for the future.

Specific national themes this year are:

1. The Well Child/Tamariki Ora Book as a health record and handy information resource, and
2. Dental Health.

We are hoping to do an update on the nutritional focus that we had last year highlighting the problems of Iron and Vitamin A and D deficiencies.

Last year we were able to award some mini grants to a number of local Well Child Coalitions to help support their local initiatives during the week, which was hugely successful, and we are pleased to say that we are able to do this again this year.

Contact: Marguerite Dalton, National Well Child Week Coordinator, or Shirley Pou, Well Child Week Administrator on 09 373-7599 extension 84666 or 82012.

## World Health Day 7 April

by Penny St John PHA Communications Adviser

This year's World Health Day this year will focus on healthy environments for children. It is based on the idea that every child should grow up in a healthy home, school, and community.

The PHA intends focussing on healthy housing as one of the key determinants of child health but we are also interested in linking in with other groups planning activities.

It is interesting to note that New Zealand ratified the United Nations Convention on the Rights of the Child on 6 April 1993. *The Action for Children and Youth Aotearoa* organisation's report about New Zealand's compliance with the UN Convention of the Rights of the Child is due out shortly.

Contact: Alison Blaiklock, [alisonb@iconz.co.nz](mailto:alisonb@iconz.co.nz)

## New community voice on Wellington health issues

by Fran McGrath, PHA Wellington branch

The Wellington branch of the Public Health Association is working with a number of other organisations on a new project to ensure people living in the capital have more opportunities to give their views on the major health issues facing the city. With funding and support from Capital and Coast DHB and Regional Public Health, the branch has employed a community engagement organiser, Sharron Bowers, who will arrange meetings with a range of groups in Wellington to hear what they have to say about health issues.

The move follows concern that Wellington city does not have a well-known network of community health groups. This lack of community voice was apparent in recent consultations over the siting of the regional hospital and Capital and Coast's strategic plan. Although some groups and individuals took the opportunity to comment, there wasn't the level of response expected from a city like Wellington.

Sharron, who is a public health worker, will set up meetings with existing community groups in



Sharron Bowers

the city. The Wellington branch of the PHA will facilitate the meetings, and representatives from Capital and Coast DHB, and Regional Public Health will attend to answer questions or explain issues. Reports from the meetings will be sent back to each

group, and to these organisations, interested individuals, and other relevant agencies.

"A city the size of Wellington should have a more active public voice on health issues", according to a spokesperson of the branch. The challenge is to find out who has good suggestions, or issues to raise and explore ways of ensuring that more people in the community get their voice heard.

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

## The Global Forum for Health Research announces new dates for its 2003 annual meeting

Louis Currat, Executive Secretary, Global Forum for Health Research, [pawlowskaa@who.int](mailto:pawlowskaa@who.int)

The annual Forum to be held in Geneva, Switzerland, 2-5 December and will bring together around 700 participants from governments, multilateral organisations, bilateral aid donors, international foundations, national and international NGOs, women's organisations, research institutions and the private sector.

It will offer the opportunity to present work in progress or recent results, to find out about new work of others, to continue the analysis and debate and to measure progress on the road to correcting the 10/90 gap in health research. Global

spending on health research by both the public and private sectors amounts to about US\$70.5 billion (estimate for 1998). Less than 10% of this is devoted to diseases or conditions that account for 90% of the global disease burden.

The prime objective of the Global Forum is to improve the allocation of funds so as to help focus research efforts to better meet the 90% of health needs. A reallocation of just 1% of research spending would provide US\$700 million for priority research.

Further details: [www.globalforumhealth.org](http://www.globalforumhealth.org).

## The Maori partnership with the PHA

*compiled by Penny St John, PHA Communications Adviser*

2003 is shaping up to be a busy year for the PHA Maori Caucus.

Working in partnership with other Maori health groups and the media, the Caucus wants to shed more light on public health kaupapa, which impact on Maori communities. These include tamariki ora; nutrition and exercise; Maori and environmental health and smoking. Media activity will peak in July when the Caucus hosts the 2003 PHA Conference at Turangawaewae, '*Tino rangatiratanga in health*'. The Caucus has called for papers (see details on page 3). Details are also available on the website, [www.pha.org.nz](http://www.pha.org.nz).

With all this activity, we thought it timely to profile Maori caucus members and some other people actively supporting the caucus. These members work hard on Maori and PHA issues as well as finding time to play an active role with whanau.

### Marty Rogers

Marty Rogers (Ngati Kahu me Te Rarawa ki Ahipara) is PHA vice-president, and general manager for Maori health strategy and development for the Waikato District Health Board. This position involves developing the strategy for the organisation's Māori health gain, developing the capacity of Maori providers, workforce development, health needs assessments and project management.

Before joining the Waikato DHB, Marty was CEO of Hapai Te Hauora Tapui Ltd, where she created the infrastructure, policies, protocols, and systems for the organisation. She has a background in maternity services having previously worked as the manager for Maori maternity services at National Women's Hospital (1996-1997). Other positions include: Maori project manager, Waitemata Health 1995-1996, Maori project manager Northern Regional Health Authority 1994-1995, Maori Service Development Manager A+ Healthcare 1993-1994, Locality Manager, Mental health Auckland Area Health

Board 1990-1992, and Auckland City Community Development Coordinator 1987-1990.

Marty is committed to creating an environment where Maori participate at every level of society. She believes this change must be supported, encouraged and nurtured.

Along with her commitment to the Public Health Association, Marty is a trustee of Nga Ringa Awhina Trust (Maori Women's Health Trust) and secretary of Te Paatu Trust. She is also a member on the Ministry of Housing State Housing Appeals Authority and has served as chairperson of the Newton Central Primary School.

### John Waldon

John (Tuhoe and Ngati Kahungunu), is one of the people responsible for the formation of the PHA Maori caucus. He is a health researcher for Te Pumanawa Hauora, a unit in Te Putahi-a-Toi School of Maori Studies at Massey University and is also enrolled as a PhD student in Maori Studies.

John's research interests include Maori child health and hepatitis B. Last year he spent two months in the Philippines as a consultant working with the World Health Organisation to improve the control of hepatitis B in the Western Pacific region. He has also held an honorary fellowship with the TVW Institute for Child Health Research at the University of Western Australia.

In a voluntary capacity, John is a member of the Executive Committee and the Health Promotion Committee of the Manawatu-Wanganui Branch of the Cancer Society of New Zealand. He is a past vice-president of the Public Health Association and has served for a number of years on the PHA Maori caucus.

### Chris Webber

Chris Webber (Ngati Toa/Raukawa, Te Ati Awa) is a Maori caucus member. He is a health protection officer with Toi Te Ora Public Health in Rotorua, which involves keeping the public safe from health risks such as infectious diseases,

*continued on page 7*

.....The Maori partnership with the PHA

*continued from page 6*

toxic substances (eg spray drift, pesticides), and food borne illness. Health protection also involves drinking water safety and surveillance, recreational water monitoring, biosecurity (eg mosquito control), smokefree promotion and liquor licensing.

Over the past twelve years, Chris has worked in Maori development roles in private, government and non-governmental organisations. He is also a member of the Ministry of Health's Maori advisory group on inequalities, a director of the Mana Kupu Charitable Trust, and a member of Te Roopu Hauora o Te Arawa for Ngati Rangiteaorere. He is a trustee on the Malfroy Primary School Board.

**Adrian Te Patu**

Adrian is of Te Atihaunui a Paparangi, Ngati Ruanui descent, and is a PHA Maori caucus member. He is a Maori health advisor for the eight rural hospitals covered by the Canterbury District Health Board ranging from Kaikoura to Ashburton. He also works privately in both Maori and public health.

The focus of Adrian's position with the Canterbury DHB is to encourage Maori people to build relationships with primary health care providers and to prevent avoidable hospital admissions. This also involves educating GPs and public health workers about Maori health needs and cultural attitudes towards health.

Adrian believes good access to primary health care is crucial for Maori but major overall gains in Maori health are likely to come from public health initiatives. For example public health promotions are needed to influence some of the health issues facing Maori, such as diabetes and smoking related diseases.

Before taking up his job with the Canterbury DHB, Adrian worked for the Ngai Tahu Development Corporation in a position where he was seconded to the Maori health unit of Canterbury Public Health. He has also worked in Maori mental health, as a Maori Alcohol and Drug counsellor and as a social worker in the east end

of London.

**David Tipene-Leach**

David works as a general practitioner for Ngati Porou Hauora in Gisborne. David is of Porangahau and of Ngati Kere and Ngati Manuhiri descent.

He graduated from the Auckland School of Medicine, in public health as well as medicine, and has worked in private general practice in Whakatane and Ruatoki, and for Maori health providers Whakatohea Health and Tuhoe Hauora.

For the past ten years David has taught medicine, public health and Maori health at Auckland Medical School with a two-year stint working for the University of Hawai'i at Manoa Pacific basin Training Programme in Pohnpei in Micronesia. He also led the Maori SIDS Prevention Programme from its inception in 1994 until 2001 and remains its medical advisor.

David's interests are traditional medicine, tribal history and, (since he got grey hair) relaxation. His medical interests are diabetes, obesity and the metabolic syndrome. His passion is for a Maori speaking primary health care workforce.

Contact: *Damiane Rikihana@paradise.net.nz*

**Tinorangatiratanga in Public Health**  
 Turangawaewae 2-4 July 2003  
 Call for Papers 20th March

**3rd Asia Pacific  
 Forum on  
 Quality  
 Improvement in  
 Health Care**

The Edge  
 Auckland New  
 Zealand

3-5 September  
 2003

**“Hauora-te ara ki Tinorangatiratanga”** Te Matarau 2003

Date: 27 February - 1 March 2003  
 Venue: The Millenium Hotel, Rotorua, New Zealand  
 Contact: Auha Ltd, Event Managers  
 Tel: (06) 759-6920, Fax: (06) 759-6921  
 email: tematarau2003@auaha.co.nz,

**“Outcomes in Health”** 2nd Annual

Measuring, Monitoring and Managing OUtcomes in Health Conference  
 Date: 17-18 March 2003  
 Venue: Waipuna Hotel, Auckland  
 Contact: Vision Conferences, Freepost 83430, Auckland  
 Tel: +64 (09) 912 7630  
 Fax: +64 (09) 912 7639  
 email: register@visionconferences.co.nz

**“Networking Environmental Health”** NZ

Institute of Environmental Health Incorporated  
 Date: 12-14 March 2003  
 Venue: Queenstown  
 Contact: Jan Eyles  
 Tel: (03) 442-0444/021 645-241  
 email: jan.eyles@smsl.co.nz

**“Relay for Life”** A Team Fundraising Event to Fight Cancer

Date: 15-16 March 2003  
 Venue: Frank Kitts Park  
 Contact: Cancer Society, Wellington Division  
 Tel: (04) 389-0052, Fax: (04) 389-5994  
 email: nicc@cancersoc.org.nz,  
 website: www.relayforlife.org.nz

**“Connecting Policy Research and Practice”**

Social Policy Research and Evaluation Conference 2003  
 Date: 29-30 April 2003 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

**“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

**“Tinorangatiratanga in Public Health”**

PHA Annual Conference  
**Call for Papers Date: 20th March 2003**  
 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

**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 **March 21st 2003** to the Manager [pha@actrix.co.nz](mailto:pha@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 Manager [pha@actrix.co.nz](mailto:pha@actrix.co.nz).

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