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Vol. VII No.1 FEBRUARY 2004

GUEST EDITORIAL

## Sun Protection in New Zealand Schools – A Tale of Policy Neglect?

by Judith Galtrey and Carolyn Watts, Cancer Society of New Zealand, National Office

New Zealand has amongst the highest incidence and mortality rates from skin cancer in the world.<sup>1</sup> Each year over 200 people die from melanoma<sup>2</sup> and many more develop the disease. Skin cancer also poses substantial economic costs to the country. An independent economic analysis undertaken for the Cancer Society of New Zealand estimates that skin cancer costs the New Zealand government in excess of \$33 million per year.<sup>3</sup>

Research has identified children as particularly at risk because (1) sun exposure during childhood appears to set the stage for the development of skin cancer, including the often-deadly melanoma, and (2) the majority of a person's lifetime UV exposure occurs before age 18.<sup>4</sup> Both the WHO and the U.S. Preventive Services Taskforce have recently released policy statements outlining the need for a greater policy and educational emphasis on sun protection and skin cancer awareness in schools.<sup>5</sup>

### Sun safe policy lags behind

An emphasis on sun protection policy development in early childhood centres and schools makes sense, given that these are settings where infants and young children spend much of their time and also learn important life skills. These locations also provide opportunities through professional development programmes and curriculum incorporation for both staff and students to learn about sun protective strategies. Yet, the results of a 1999 survey commissioned by the Cancer Society suggest that approximately half of New Zealand primary schools do not have an explicit "no hat, no play" or "no hat, play in the

shade" policy.<sup>6</sup>

Why is it, then, given our high risk of skin cancer, that New Zealand seems to lag behind Australia in the development of sun safe policy for schools? A report prepared for the Cancer Society suggests that there are various barriers to increasing sun protection initiatives in educational settings, particularly in terms of national level policy development.<sup>7</sup> These include: the intersectoral nature of the issue, and, associated with this, lack of government prioritisation and resource allocation respectively by the Ministries of Health and Education, resistant school personnel and/or Boards of Trustees, as well as potentially competing health promotion campaigns in schools (such as obesity prevention and physical activity).

### Challenges

New Zealand has a unique set of climatic conditions. In many parts of the country there is often a lack of correlation between temperature and UV radiation levels, which means that it is possible to get sunburnt on a cool, cloudy day

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## .....Sun Protection in New Zealand Schools

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between the months of October and March. This can be counter-intuitive for the implementation of sun safe policies and practices. Sun protection in schools also tends to fall between the responsibility gaps of the Ministries of Health and Education. The decentralisation and deregulation of the education sector that occurred in the late 1980s has made the formulation of centralised, national level policy, including the important areas of health and safety, particularly difficult. Rather, the responsibility for policy making has been devolved to individual school Boards of Trustees. While various responsibilities are outlined in a raft of regulations and legislation, there is no legal requirement that schools develop and implement sun protection policies.

Meanwhile, in the health sector, the focus on reducing disparity between various ethnic groups has possibly led to a lessened emphasis on skin cancer. The report suggests, however, that focusing on ethnic groups as separate and distinct fails to take account of New Zealand's high historical and ongoing rate of ethnic intermarriage<sup>8</sup> with its implications for variation in skin type and, associated with this, the risk of developing skin cancer.<sup>9</sup>

### Competing elements

Another important, but potentially competing, health promotion effort encourages children to become physically active, including increased involvement in outdoor play, as part of physical activity and obesity prevention campaigns. The need for greater efforts to protect children from the sun is not a reason, however, to restrict the latter's outdoor activities. Rather, it presents an even more compelling case for the introduction by early childhood centres and schools of both behavioural (use of sunhats, protective clothing and sunscreen) and environmental (shade) strategies for sun protection. It also justifies advocacy for sun protection programmes within schools as part of a wider health-promoting schools framework that simultaneously targets a range of health enhancing behaviours.

While noting that some progress has been

made in recent years, the report identifies that, overall, school-based efforts for sun protection and skin cancer prevention in New Zealand are *ad hoc* due to the lack of an overarching national policy framework. It further suggests that the adoption of healthy public policy for sun protection in educational settings requires the identification and elimination of obstacles in both the health and educational sectors.

Comparisons are drawn with the Australian situation, particularly progress in Victoria, where education and health authorities have both been proactive in supporting and resourcing sun protection initiatives in primary schools. It is suggested that, because of the difficult policy environment, determining appropriate strategies for encouraging the development of sun safe schools requires even greater advocacy in the New Zealand context than has occurred in Australia.

### Recommendations

A series of recommendations are proposed regarding the need for national level commitment, collaboration, and resource allocation by the Ministries of Health and Education for sun protection and skin cancer prevention programmes in primary schools. Political commitment is identified as paramount to advance efforts already initiated by the Cancer Society. The report also urges that the *SunSmart Schools Accreditation* programme, recommended by the WHO<sup>10</sup> and already adopted by some New Zealand and many Australian schools, be officially adopted as a national level policy and taken forward as a joint initiative between the Cancer Society and Ministries of Health and Education.

A draft version of the report is available in electronic form from its author, Dr. Judith Galtry ([judith.galtry@cancer.org.nz](mailto:judith.galtry@cancer.org.nz)), or from [fiona@cancer.org.nz](mailto:fiona@cancer.org.nz). Comments would be welcomed prior to end February. The final version of the report will be available in late March 2004.

<sup>1</sup> International Agency for Research on Cancer.  
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## Public Health Action

By Gay Keating, director, PHA

### Maori Privilege

There has been limited data in much of the recent debate on "Maori Privilege", beyond the information that many citizens are concerned about what the government is doing. The level of misinformation and misunderstanding is startling.

Everyone whom I've come across who has ever gone into the detail presented at a Waitangi Tribunal claim, even the most reluctant and grumpy ones, have said, at the very least, "Well, I've got to admit they've got a point". I believe some of what we are sadly reaping is the effect of the delay of the State Services Commission in delivering the promised "treaty education".

The misinformation about the health sector "Maori Privilege" is appalling. No! Maori and Pacific entry scheme medical students do not graduate with less qualifications than any other medical student. No! The minute amount of funding that goes to Maori providers (about 1%) is not subject to scrutiny of how tax money is spent any more than any other GP's practice - in fact frequently MORE scrutiny. Every advertising company worth its salt will tell you that to get meaningful behaviour change you target your messages.

In our new PHA Strategic Plan 2004-2009 members introduced the strategy "*build public support for public health*". It is clear from the recent debates that we are not getting the messages about effective public health practice out there.

### What To Do

Can you write a letter to the editor, upskill yourself and your co-workers, arrange a group, offer a meeting? Think about the ways that you personally and/or your branch can dispel ignorance and the fear of change that goes with ignorance.

I am happy to talk anywhere, to anyone on effective public health practice, as are others.

### Advocacy Update

At the end of last year the Director-General of Health received a report advising that the Ministry should not have any contracts with non-government organisations (NGOs) to carry out

advocacy. The proposed approach would limit NGOs with a Ministry contract from making public statements, contacting any MP, or making submissions to Parliament. By extension it would apply to any voluntary sector group with any contract with government.

We are now awaiting a consultation paper from the Ministry of Health on specific guidelines around advocacy. This has been drafted within the Ministry of Health and they are now undergoing consultation with other ministries before releasing it to the sector.

### Implications for DHBs and Public Health Services

Advocacy by DHBs (including the public health services) is likely to be controlled by guidelines at least as strict as those for NGOs.

The proposed Crown Entities Bill will ensure that Crown entities are very clear on their degree of autonomy from government. The State Services Commissioner will be able to make guidelines for Crown entities such as DHBs. It is unlikely that the guidelines for a government-owned organisation will be more permissive than the constraints imposed by contract on NGOs. Read about it in the Public Finance (State Sector Management) Bill. [www.treasury.govt.nz/pfssm-bill-dec03.pdf](http://www.treasury.govt.nz/pfssm-bill-dec03.pdf).

### Ministry approach to essentials of health

Late last year I wrote to the Director General of Health congratulating them on the *New Zealand Food, New Zealand Children* report. Sadly the data shows that over 20% of households with children reported they could not afford to eat properly all of the time, and that about 18% of households said they "eat less because of lack of money". I then asked what action the Ministry is taking to ensure that all New Zealand children "have access to the essentials of health, such as adequate housing and food, and not grow up in poverty".

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<sup>10</sup> World Health Organisation. (2002). *Ibid.*

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## Growing Our Own –The Workforce Challenge!

*by Vivien Daley, conference convenor*

An enthusiastic team is already working hard in Canterbury to organise the 2004 PHA annual conference. This year's theme *Growing Our Own* is about how we can grow capacity in all sectors to promote public health, and we are planning a conference that will appeal to a wide variety of groups.

### Something for everyone

Key speakers from a wide range of disciplines and expertise have expressed interest. Some topics to be covered will include *Te Pae Mahutonga*, emergency planning, the health of Pacific people living in New Zealand and our Pacific neighbours.

The conference will address issues of significant interest for the health protection workforce and we are keen to see large numbers of registrations from this group. Time slots and rooms will be provided at conference to give professional groups the chance to meet and discuss relevant issues. We ask PHA members in public health units to encourage their staff to come to the conference.

### A forum for new ideas and expertise

There have been many exciting developments for public health over the past year, particularly in primary health care. Come to the 2004 conference to share expertise and ideas and listen to the latest developments in public health. Abstracts are due in by **20 March**. We look forward to seeing you in Christchurch.

### Canterbury – the winter wonderland

The added attraction of a trip to Christchurch in June/July. The snow on the slopes should be great for people wanting some rest and recreation before or after conference! The conference venue is sited in the central city, with easy access to many restaurants and shopping. Christchurch's new art gallery is a must to visit.

## Reclaiming Breastfeeding – E Hoki Ki Te Ukaipo

by Damiane Rikihana, PHA Maori Media Adviser

A public health initiative in Christchurch is winning wide applause for its efforts to encourage and support Maori women to breastfeed their babies.

*E Hoki Ki Te Ukaipo* runs a breastfeeding support group, provides home visits and telephone support. Set up six months ago, it now has more than 30 mothers involved and referrals continue to grow, thanks to an extensive network of Maori community health workers in the region.

### Commendation awarded

In recognition of its work, *E Hoki Ki Te Ukaipo* was recently awarded a commendation by the Canterbury Branch of the Public Health Association. Wendy Dallas-Katoa of the PHA Canterbury branch said *E Hoki Ki Te Ukaipo* was recognised for its work because it was a positive response to a local concern and it typified innovations occurring in Maori public health. "This is an initiative that has come about because of a direct call by the community to reclaim our traditional practice of nurturing at the breast," said Wendy. "It pulls together all the strands of good public health practice - raising awareness, providing appropriate information, drawing on the best practice of similar support groups around the country, and ensuring wide community collaboration with Maori health workers, whanau, midwives, nurses, Plunket kaiawhina, and organisations like kohanga reo and La Leche League." Wendy also noted that *E Hoki Ki Te Ukaipo* also models on the World Health Organisation recommendations that there are mother-to-mother support groups in the community and that there is accurate and complete information about breastfeeding that takes into account cultural circumstances.

### Wider applications

Teresa Whatarangi (Tainui/Maniapoto), a registered comprehensive nurse, says that as

well as offering practical advice and information, *E Hoki Ki Te Ukaipo* support group allows Maori mothers to learn from each other, create new friendships and solve day to day problems. A breastfeeding mother herself, Teresa says there are societal pressures on women that sometimes discourage nurturing at the breast - so local people decided it was important to promote the benefits of breastfeeding.

"Because hospital stays are short, women don't have the chance to learn about breastfeeding, especially as it can be three or four days before milk arrives." Teresa says, "Breastfeeding is still frowned upon in some public places and mothers often need to get back to work soon after having a baby. All these pressures work against Maori mothers' breastfeeding." She added that breastfeeding doesn't come naturally and is difficult to learn. "Women complain about soreness so we show them how to make sure baby has latched on to the breast correctly, how to sit comfortably, and hold baby in the right position. "We talk about the benefits of breast milk - that it is the first form of immunisation for baby. The antibodies in the milk lower the chances of baby having allergic reactions, children sleep more soundly, and are happier and contented. Breastfeeding is also convenient and inexpensive," said Teresa.

### Breast is best

Susan Proctor (Ngai Tahu) is part of the support group and has been breastfeeding for 19 months. A former biology and science teacher, she says that baby formula just doesn't 'cut the mustard' when compared to breast milk. "It's a superior source of nutrition - absolutely. The strongest thing about breastfeeding is the closeness that mothers and their babies enjoy. Someone else can bottle feed your baby, but only a mother can breastfeed." Susan says she gets a lot out of talking with other Maori mothers and information

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## .....E Hoki Ki Te Ukaipo

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that's currently available about breastfeeding stands in stark contrast to the values of Maori whanau. "There are views that mothers should regulate feeding, not let baby go to sleep on the breast, and avoid having baby in bed with them. I think mothers should follow their baby's cues. Breastfeed when baby is hungry and be in close proximity to baby if that helps a mother continue breastfeeding. Babies are their mothers' best teachers," Susan says.

*E Hoki Ki Te Ukaipo* is now seeking funding to produce breastfeeding resources for Maori women and their whanau. In future, Teresa Whatarangi says, she would like to see *E Hoki Ki Te Ukaipo* be a provider of free and accessible breastfeeding support as well as delivering promotion and education activities.

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## Maori Caucus Workforce Development Hui

*By Damiane Rikihana, PHA Maori Communications Adviser*

How do those of us with long experience in public health pass on our knowledge and information to Maori coming through the ranks?

That was one of the key questions put to a PHA workforce hui organised by the PHA Maori Caucus at Te Puea Marae in Auckland recently.

Opening the two day hui, PHA President, Marty Rogers, said the Maori public health workforce had to face the challenge of investing time and planning strategies to keep Maori supported and enthused in their work, "...so the innovations and enthusiasm they bring to their work are not diminished..."

"This is particularly critical, given the current political environment which can leave public health workers feeling like they can't do their work effectively. They either leave the workforce or, if they have well established expertise, they are quickly snapped up by bigger agencies leaving us with sizeable skill gaps within our communities," said Marty.

More than 30 people from Christchurch to Kaitaia attended the hui which featured two training workshops. One workshop focused on mentoring presented by Megan Tunks, and the other on ways of working with the media presented by Damiane Rikihana.

### Strategies decided

The hui proposed several strategies for Maori Caucus to pursue with the PHA, including identification of current Maori members of the PHA with the expertise and knowledge to set up a mentoring programme for new and potential Maori members of the PHA; and intensive follow up media training for a small select group of Maori willing to speak publicly on key issues in the media.

Pictured left (from left) are Maori Caucus representatives Wendy Dallas-Katoa, Kathrine Clarke, and Auckland PHA branch member Megan Tunks.

## Wake Up and Smell That Freshly Percolated Coffee— but at what cost?

*By Marion Poore and Marie Kelliher, Otago/Southland Branch PHA*

Back at the office, and Christmas a mere fleeting memory. Don't stress, it's the beginning of a new year and morning tea is beckoning. Out the door to your local for that flat white or decaf latte and a catch up chat with a friend from the office. Over steaming hot coffee and that indulgent slice you reminisce about the brilliant Christmas break you had at the beach or river, cycling or tramping, or just relaxing at the family bach that you've owned since time immemorial. Ah, the delights Aotearoa/New Zealand can offer, and yet wherever you go, you can still get a good cup of coffee. However, the cost our country will have to pay for making that cup of coffee is the new beast we should be taking time to examine.

Making that cup of coffee requires electricity and New Zealand's State Owned Enterprise, Meridian Energy, has come up with a new and improved way of producing more power at a cost of only \$1.2 billion. Not only will Project Aqua provide more energy to ensure a constant supply of coffee for city dwellers, but it will also cause irreversible environmental damage to the Lower Waitaki Valley, put pressure on the infrastructure of the Waitaki and Oamaru communities, and ignore public health issues, which do not require consideration under the Resource Management Act.

It's a new year so let's get the blood pumping. Project Aqua is the 'think big' power scheme of the 2000's. We want to raise awareness in the public health community of the potential devastation on the public health of the Waitaki and Oamaru communities and the larger issue of sustainable energy use for all New Zealanders.

### What is the Project Aqua Proposal?

Meridian Energy is proposing a \$1.2 billion small dam hydro-electricity scheme on the lower Waitaki River. Approximately 70 per cent of the average river water flow will be diverted into a

canal at Kurow. The canal will be between 80-150 metres wide by between 7-20 metres deep and will carry water some 60km along the south side of the river, through six power stations before returning to the riverbed about six km from the coast. It will generate some 524 MW of energy, enough to power a city the size of Wellington. Construction is planned to take six years over two stages, with significant physical and social upheaval for people living in the lower Waitaki Valley.

If this proposal goes ahead, most of the Waitaki River will be modified from its source waters near Aoraki/Mt Cook to the sea. Others in the Waitaki Valley have also applied to take water from the catchment, mainly for irrigation purposes. If all these applications proceed, water in the Waitaki River would be fully allocated, preventing future generations from accessing the resource. In effect the river would cease to flow.

### Legislative changes especially for Project Aqua

The Project is considered to be so major that the Minister for the Environment, Marian Hobbs, has 'called in' eight of the key consents for the Project Aqua Proposal and other consent application for large irrigation proposals. This means she has taken over the decision-making responsibility for the applications from the local councils (Otago Regional Council, Environment Canterbury, Waitaki District Council, and Waimate District Council).

The Resource Management (Waitaki Catchment) Amendment Bill was introduced to the House on 3 December last year. This amendment will allow the many applications for water use in the catchment to be considered together on their merits as there is no overall water catchment management plan to guide decision making. The bill provides for a two-stage

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.....wake up and smell the coffee

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process to determine the strategic allocation of water. First an independent statutory board will develop a framework to approve allocation of the available water among categories of competing activities, second a panel of commissioners will be appointed to decide resource consent applications for water use in the Waitaki Catchment as assessed against the framework.

### What about public health?

There is no doubt that development can have beneficial effects on health and well-being through employment opportunities, economic advancement and the use of natural resources to provide circumstances that improve living standards.

Major projects such as the one proposed can also have adverse impacts related to changes in physical environments that impact on cultural values, recreational and amenity opportunities, impacts on the social fabric of communities through alienation and disempowerment, and impacts on the ability of the local infrastructures to accommodate an influx of people and their families working on the construction of Project Aqua.

### Balancing these tensions

The World Health Organisation and several other countries have developed principles for addressing these complex issues that recognise the importance of improving human health by promoting sustainable development (i,ii,iii,iv,v).

Four basic principles are(1):

- to consider the health of communities affected by projects policies and plans.
- to consider the consequences of development policies and programmes for human health.
- to use the Health Impact Assessment process to provide best factual information on the consequences for health of projects policies and plans.
- to make information on health impacts of projects available to the public.

The RMA 1991 requires an assessment of environmental effects (AEE) when any consent application is lodged. Most reports focus on the

effects of human activity on the environment. While this is important, the effects of environmental change on human health also need to be considered and a health impact statement is a way of assessing the likely risks and benefits from the development.

Health impact assessment is defined in the Gothenburg Consensus Paper as:

'a combination of procedures or methods by which a policy, programme, or project may be judged as the effects it may have on the health of a population' (3). It is a process that systematically identifies and examines in a balanced way the potential positive and negative health impacts of a development. It is something that should be done in the early planning stages of any major development. Internationally it has become a key aspect of informed decision-making in a variety of circumstances and situations(5).

Some of the public health issues:

1. No HIA has been done for this project. That means no assessment of the impact of this project on the public and personal health of the local communities and migrant workers and their families.
2. Specific legislation has been introduced to address complex environmental issues. Is this a repeat of the Clutha Development (Clyde Dam) Empowering Act 1982, or the Manapouri-Te Anau Development Act 1963? Perhaps it is time to closely examine whether the provision of the RMA recognises the precautionary principle and sustainability. Both are fundamental public health principles (6).
3. One territorial local authority supports this project, while the other has yet to make any public statement. How do these small bodies balance the economic development opportunities that elected bodies are expected to promote in their communities with their regulatory duties regarding long term environmental protection and sustainability? Yes, there is employment in the medium term but what happens to these communities after the project is completed? Yes, Project Aqua provides opportunities for building

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## Low Cost Transport Improves Community Health

By Vivien Daley, Chairperson, Canterbury Branch PHA

A low cost bus service aimed at improving the health and wellbeing of one Christchurch community was the winner of the PHA Canterbury branch's 2003 health promotion award which was presented in December.

The Shirley Shopper was initiated by City Councillor, Ingrid Stonhill, who was concerned about the high proportion of single parent families, beneficiaries, and families without cars, in the suburb of Shirley. Residents had told Cr Stonhill they frequently returned home from grocery shopping with defrosted food, which poses a serious health risk.

A partnership between The Palms Mall, Red Bus, and Christchurch City Council saw the transport service get underway. Residents pay just one dollar to use the 20 seater bus, which can be hailed at any point along the bus route. The driver assists the elderly and people with infants to get on and off the bus and will also help residents carry bags to their gates.

In presenting the award, the chair of the Canterbury DHB's Community and Public Health

Advisory Committee, Alison Wilkie, said the *Shirley Shopper* bus exemplifies how public health must have a multi-faceted approach.

"A City Council that is prepared to negotiate with, and supplement a bus service that helps people be independent in their chosen communities empowers the individuals. It gives them a sense of control over their lives - important factors in health."

Canterbury branch chairperson, Vivien Daley, said the service is an example of a simple public health initiative that can improve health. Ms Daley said the *Shirley Shopper* has started to reduce social isolation and stress of mothers with preschoolers.

"The Canterbury branch believes the *Shirley Shopper* is a good model that can be copied by other local authorities in areas where poor public transport access is an issue."

A collective called *E Hoki Ki Te Ukaipo*, which was set up to increase the number of Maori women breastfeeding, was also recognised in this year's awards (see article on page 5).

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## Participate in Policy Development

By Gay Keating, director PHA

Each year the PHA considers adopting a range of policy statements.

There are options for members to participate in this process through developing and reviewing drafts. All draft policies are sent out to all members for you to have your input.

Don't leave until the last minute. Don't mumble

that you "*don't really agree with such-and-such*".

We will be flagging the opportunities to participate in the process in the next two newsletters, so keep an eye out.

If you want to develop a new policy, or otherwise, please contact Gay on (04) 472-3060 or email [pha.gay@actrix.co.nz](mailto:pha.gay@actrix.co.nz)

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irrigation schemes in a dry landscape but will the resulting intensive agriculture projects (probably dairying) be sustainable in the long term?

4. Where is the commitment to implementing the "Sustainable Development Programme of Action" agreed to by the Government at the World Summit for Economic and Social Development (1995)? This commitment should see implementation of a coherent national energy policy that considers:

- energy efficiency and conservation initiatives, other energy sources such as modern technologies for burning coal, wind and solar power.

Is modifying an easily accessible braided river that is culturally important and with significant tourist and recreational opportunities the best solution to future energy requirements?

### What can you do?

PHA members can

- support the call for an HIA to be completed and considered before Project Aqua commences.
- raise the issue of sustainable energy policies that focus on energy efficiency and conservation, developing smaller scale electricity generating plants utilising alternative energy sources such as wind and solar power, and building these smaller plants closer to the primary users of electricity to minimise the energy lost during

transmission.

- work with their local energy conservation groups and alert local MPs to the concerns about implementing the Government's sustainable energy policies before Project Aqua begins, and suggest other sustainable means of meeting the energy requirements of the population.

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CLOSE DATE  
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**PUBLIC HEALTH ASSOCIATION  
2004 CONFERENCE  
30th JUNE - 2nd JULY  
[m.brown@cont.canterbury.ac.nz](mailto:m.brown@cont.canterbury.ac.nz)**

## Irish Tobacco Ban

Ireland will introduce a tobacco ban on March 29 making it the first country in Europe to outlaw smoking in pubs, bars, and restaurants.

People who defy the ban will be liable to a fine of up to E3,000 (\$NZ5,500)

*DomPost 20 February 2004*

## Second phase of Workforce Development Stocktake Underway

*By Heather Mills, Core Communications*

This month, staff holding public health service roles will have an opportunity to shape their future as part of the public health workforce, says Maggie McGregor, Public Health Development Manager of the Public Health Directorate at the Ministry of Health.

"We all recognise how important it is to ensure a capable and effective public health workforce which is equipped to adapt in an ever-changing environment," says Maggie.

"New public health threats and opportunities, a changing population, increased focus on primary care, and the drive to reduce health inequalities are all highlighting present and potential gaps in the public health workforce".

Maggie notes that while there are many worthwhile initiatives being undertaken at the provider level to address some of these issues, a broader strategic framework is necessary to guide public health workforce development across the public health sector in New Zealand.

As she highlighted in a short article in our last newsletter, the Ministry of Health is working to develop just such a strategic framework - the Public Health Workforce Action Plan (PHWAP).

The first stage of the plan is largely information gathering. Maggie notes that at present there is little information about how many people work in the various disciplines which make up the public health workforce - for example health protection, public health medicine, health promotion, epidemiology. "We also have little information about their ethnicity, their qualifications and skills, their experience, the programme, and geographical areas they work in, and their development needs.

"In December we started a process of interviewing managers of public health organisations that hold a service contract with the Public Health Directorate of the Ministry of Health. This process of gathering organisational level information is now almost complete.

"The second phase of our information gathering process is to conduct a survey of *individuals* who hold public health service roles in these organisations. Over the next few weeks, public health staff will receive a self-completion survey form that seeks their views on a range of topics including their public health role, their training and qualifications, their satisfaction in working in public health and other workforce related issues," said Maggie.

Maggie says completing and returning the survey form will be time well spent as it will give members of the public health workforce the chance to help shape their own future in public health. "We hope that staff will take the time to participate in the survey. The information we gather is critical to ensuring that the Ministry and the sector has a better understanding of the key workforce issues from the perspective of those working at the coalface."

Maggie notes that members of the public health workforce who work for universities and tertiary institutions will not be part of the initial survey, even where they provide public health services. However, a survey of this part of the sector is currently being planned.

If you need further information on the Public Health Workforce Action Plan or the planned survey, or you would like to be included in our database of people who would like to stay in close contact with the development of the PHWAP, please contact the project manager, Viv Head on (09) 817-1416 or email [viv.jake@xtra.co.nz](mailto:viv.jake@xtra.co.nz) or Maggie McGregor on (09) 580-9114.

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"It was the hardest thing I ever did. For anyone thinking of taking it up - don't....,"

*David Bowie on smoking, interview*

*Australasian Women's Weekly February 2004*

## .....Public Health Action

*continued from page 2*

I was invited to discuss this with senior staff in the policy area on the Public Health Directorate.

In answer to my questions they said: *"The main approach (of the Ministry of Health) to building healthy public policy in relation to reducing inequalities in health is an intersectoral one. This involves working across government agencies, both individually and through an officials committee run by the Ministry of Social Development (MSD). MSD now leads the reducing inequalities work for the government. This presents a vehicle with which to work on the determinants of health, for example, Education, the Treasury, Women's Affairs, Te Puni Kokiri, and MSD. It allows discussion with other agencies on the impact of their policies on health, and an opportunity to develop shared outcomes. The work includes consideration of future policy priorities which has included children and poverty among others to date."*

In response to a direct question there has been no specific approach from the Ministry of Health to other Ministries on the food security findings of *New Zealand Food, New Zealand Children* report.

### Director's disaster

Sadly, my hard drive committed suicide the other week. Even more sadly we have discovered that the back up system was not backing up all the nested files. One of the biggest losses was my *"do next month"* list.

If I had said that in 2004 I'd love to come to Invercargill to talk about the health impacts of child poverty - or was it Taranaki and health impact assessment? PLEASE get back to me, as I no longer have these reminders to myself such as who, what and where....

Be assured that the new machine and system has a much more water-tight back up arrangement from now on!

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

### **"Growing our Own - strengthening the public health workforce"**

PHANZ 2004 Conference

Date: June 30-July 2, 2004

Venue: Christchurch

Contact: Conference Office, University of Canterbury

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

email: [m.brown@cont.canterbury.ac.nz](mailto:m.brown@cont.canterbury.ac.nz)

Vivien Daley, conference convenor

email: [vivien\\_d@pegasus.org.nz](mailto:vivien_d@pegasus.org.nz)

**Remember March 20th is the close date for Call for Papers for the 2004 PHANZ conference.**

**See [www.pha.org.nz](http://www.pha.org.nz) for details.**

### **"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](http://www.phaworldcongress.com).

### **"Health 2004"** 18th World Conference on Health Promotion & Health Education

Date: 26-30 April 2004

Venue: Melbourne Convention and Exhibition Centre

Contact: Kim Stevenson

Tel: +61 (3) 9417-0888

Website: [www.health2004.com.au](http://www.health2004.com.au).

### 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 **1 April 2004** to the editor [pha@actrix.co.nz](mailto:pha@actrix.co.nz) or [pha.media@actrix.co.nz](mailto:pha.media@actrix.co.nz) or telephone (04) 472-3060 for further information.

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