



# The Budget, the recession and the people

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“The PHA – leading the public health approach for health equity, underpinned by Te Tiriti o Waitangi”

*What impact will the recession and the new Budget have on public health in New Zealand?*

# Budget has little for those in need

*The Wellington Branch of the PHA hosted its annual post-Budget breakfast on 29 May. Here are the thoughts of the four guest speakers.*

## Peter Conway, Secretary of the New Zealand Council of Trade Unions



Peter Conway said he believed the level of debt is primarily an issue about the current account deficit and not all that much about public debt.

The underlying problems with the current account deficit can be traced back to housing, savings and privatisation policies. This Budget simply did not have the scale and urgency required to address the spike in unemployment.

*“Standards and Pools are happy; I’m not so sure about the unemployed and poor.”*

“I would have liked to have seen more borrowing in the short term,

for temporary employment schemes, environmental projects and investment in human capital – training and skills. We needed a Budget that was about jobs

and people.”

He said the insulation package was good news, but those with the most money will be in the best position to take advantage of the subsidy.

The Budget was called the “road to recovery” but it looks like a low road. He was disappointed there was little focus in the Budget on research and development, or innovation.

Peter said the suspension of payments to the Super Fund was a real concern and raised questions about the age of entitlement to superannuation.

The operating allowance for the next Budget is very tight and has to impact on health spending.

“We are in a period where tight economic times are combining with a National Government belief in small government and business friendly policy.”

## Anne Else, Child Poverty Action Group

Anne Else said that both household debt and inequality have risen dramatically in New Zealand in recent years. Our degree of inequality is the 23rd worst out of the 30 OECD countries.



“We are no longer a fairly equal society. The people who suffer worst are the children of those at the bottom.”

She said there was solid evidence that large income disparities have a negative impact on children’s health, self esteem and education.

*“Very little in this Budget to help low income people and children living in poverty.”*

“There was no mention in this Budget of inequality. There was no direct provision in the Budget to help reduce child poverty. The main reason for child poverty is low benefits. Some beneficiaries with children are living on 35 percent of

the average wage.”

Unemployment was already 12 percent among Māori and 13 percent among Pacific peoples, compared with 5 percent overall, she said.

“Parents who lose their jobs, or too many hours, also lose their \$60 a week in-work tax credits from Work-

ing for Families – a double whammy. The part of the ReStart package called ReCover extends these credits for 16 weeks.

“But by the end of April 2009, just 762 families had been able to get their in-work tax credits extended because of job loss. Yet 7000 people lost their jobs in the previous three months alone.”

She said job losses were coming on top of significant price shocks for people, such as the cost of electricity.

“Domestic energy users now subsidise commercial energy users.”

She welcomed the home insulation programme, but noted that the money appeared to be aimed at homeowners.

“Most low income people have very little hope of owning their own house. Providing decent housing would have a big impact on the health and future of these people.”

She was also pleased about increased funding for early childhood education and for health care.

“But having to spend a lot on health care to deal with the preventable effects of poverty is not sensible nor efficient.”

## Derek Gill, Senior Research Fellow on secondment to Victoria University's Institute of Policy Studies

Derek Gill told the audience that this was a very difficult time to be a Minister of Finance.

"In this Budget, the Government has taken a conservative position in terms of when the return to growth is expected. The Budget is moderate, medium, central. It is not slash and burn."

He said the Government was between a rock and a hard place. The rock was the current economic situation, and the hard place the Government's election commitments.

New Zealand was looking at an increasing expenditure and debt to GDP ratio, he said.

"Michael Cullen did a good job of bringing down the debt to GDP ratio – but those gains are going to be eliminated over the next five years because of the economic situation."

However, he said that compared with other countries in the OECD, New Zealand was very well placed on public debt, but exposed on private external debt.

Commenting on the suspension of contributions to the Super Fund, he said given the continued increase in life expectancy, it was a question of when, not if, New Zealand was going to move away from

60 percent at 65, that is, superannuation tied to age (65) and to being 60 percent of the average wage.

"We have to have that debate in a multi-party way so it ceases to be an election football."

He noted that the three areas into which much of the money goes – education, health and income support – were not cut and indeed were increasing relative to GDP.

"It is clear that the core public sector will continue to face cuts. But in general, the Budget has not made it any clearer on where the Government is going, other than in economic and fiscal policy. It has yet to clearly articulate its social policies or how it will live within the fiscal track in the Budget."

For more information, copies of Derek's recent IPANZ presentation on the Budget can be found at: <http://ips.ac.nz/events/commentary/>.



*"This is the most scary time since the great depression."*

## Gabrielle Maxwell, former Director of the Crime and Justice Research Centre at Victoria University, Wellington

Gabrielle Maxwell said the notion you could punish and disenfranchise poorer people ran through the Budget.

"There is nothing about helping people who don't have the skills or who aren't showing initiative. It's a winners' Budget."

She said the \$900 million for justice sector initiatives over the next four years was being wastefully spent – with a large chunk going to prisons.

"We should be sending money on alternatives. There is no evidence that the proposals to increase sentences and reduce parole will reduce crime.

"We do know that the best way to reduce reoffending is to keep people out of prison for as long as possible.

"The Corrections budget is up. Prison capacity will be increased and a large number of prison cells will have two beds in them."

She said this would lead to overcrowding – with more people in prisons than they were designed to

accommodate. Overcrowding would result in more problem behaviour and the need for more guards.

Ms Maxwell said there were some positives in the justice spending. There was more funding for psychologists and probation officers, as well as for victim services.

"But these are relatively trivial compared with spending on initiatives that aren't proven to be effective or have been proven to be ineffective.

"More money is also going to Police. This could help them to continue to build new community initiatives.

"But I fear that the main reason we will need more police is because there will be so many more poor, jobless and disaffected people."



*"\$900 million of Justice funding could have been much better spent."*

# Food policy councils make healthy foods more accessible

*On 25 May, New Zealand and overseas physical activity and nutrition experts gathered at the Agencies for Nutrition Action conference in Wellington.*

**The focus of the conference** was on promoting nutrition and physical activity in sustainable ways. It also highlighted that many sectors – such as food businesses, conservation, education, transport, recreation, social development and local government – are well placed to influence nutrition and physical activity.

Dr Karen Webb, from the University of California, shared her experience of working with communities to improve food choices, food environments and food security.

She explained how food policy councils in America were used as models for a similar group within the Penrith City Council in western Sydney.

*“Food policy councils typically address important issues that undermine healthy eating and food security.”*

“When the food policy council started out, we set several objectives including: improving the availability of healthy food choices; improving household access and resources to acquire healthy foods; preserving local agriculture and sustainable practices for food production and distribution; and protecting food safety.”

The Penrith Food Project was the first of its kind in Australia, and has now run for nearly 20 years.

“Before a project like this can get off the ground, it’s important to assess its feasibility within a particular community. Think about the challenges you’re likely to meet and whether you have the support you need from both government decision makers and local organisations,” Dr Webb said.

“Food policy councils typically address important issues that undermine healthy eating and food security. Doing audits of local food outlets, schools, worksites, public places, emergency food distribution, etc, can generate a good starter list for policy action.

“Often, you have to run activities and demonstrate



what you mean by improvements in healthy food choices and food security, and then work towards the policy action.

*“The bus routes to local shopping centres were altered to make food more accessible.”*

“For example, we ran open farm days for the public which became a Sydney tourist destination and an electoral plus for the mayor. Eventually, the city council began taking steps to strengthen its support for preserving local agriculture. We learned a lot about other sectors simply by working with people such as farmers and seeing how they do business.”

The Penrith Food Project and the food policy councils are examples of people taking leadership in a community to make healthy food more available and affordable for disadvantaged groups.

“The project tackled these issues in a number of ways. One was dealing with transportation to acquire food; the bus routes to local shopping centres were

altered to make food more accessible.

“Home-delivered fruits and vegetables were made more available as well. We worked to get planning guidelines in place requiring parenting rooms in new public buildings, a quiet place for mothers to breastfeed when on outings.”

This idea was so popular it won the support of the National General Assembly.

“We worked to support changes in regulations about farm gate sales, and changes in regulations prohibiting fruit cart sales on train station entrances.”

Dr Webb said one reason the project was so successful was the effective collaboration between different sectors, led by senior people from many organisations including agriculture, local government urban planning and social services, local retailers, and transport.

“It’s hard work to get food policy projects implemented and it involves constant political management and advocacy. You have to use your champions well, at strategic times to command respect and be persuasive.

*“We need people out there in every sector who will stand up and be champions for the cause.”*

“But it’s wonderful to see a committed group of people able to achieve so much more than they could do by themselves. I’d encourage people to have a go.

“There’s an awful lot more to learn about how we can work together and help communities build food security. We need people out there in every sector who will stand up and be champions for the cause.”

# Obesity Action Coalition contract expires

*The Obesity Action Coalition (OAC) has been told by the Ministry of Health that its contract will not be renewed.*



Leigh Sturgiss

**Director Leigh Sturgiss** says OAC has been advised that its contract has been considered, along with other nutrition and physical activity services that the Ministry funds, and as part of the Government’s line-by-line review of departmental expenditure.

“Unfortunately, as a result of this review our contract will not be renewed after 30 June 2009.”

Leigh says the Ministry has acknowledged and commended OAC for its significant contribution towards active advocacy to reduce the prevalence and impact of obesity in New Zealand, as well as promoting healthy lifestyles and influencing the development of healthy public policy on the prevention of obesity.

“So, where does this leave OAC? We will continue operating as we are until the end of June, and we will be seeking alternative funding from other organisations in an attempt to keep on operating from July.

“The OAC Board would like to thank all supporters and members for their continued encouragement.”

The New Zealand Association of Gerontology & Age Concern New Zealand are pleased to announce their first combined conference “**Living in an Ageing Society**”, 7-9 October 2009, Wellington Convention Centre. To register and for full information on the conference, visit [www.confer.co.nz/ageing2009](http://www.confer.co.nz/ageing2009).

If you have any questions, contact the conference manager at:

Conferences & Events Ltd

Tel: +64 4 384 1511

Email: [louise@confer.co.nz](mailto:louise@confer.co.nz)

Fax: +64 4 384 4677

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# Impact of the recession on public health

*With another Budget behind us, there continues to be a lot of talk about the recession, and the effect it is having on this country's economy. What is receiving less attention is the impact unemployment and lower incomes have on people, and in particular on their health.*

*We take a look at the likely effects of the recession on public health, avoidable hospital admissions, primary health care, mental health and smoking.*

## Recessions linked to increased illness and death

*Dr Gay Keating,  
National Executive Office  
Public Health Association*

**During times of financial turmoil**, there is an increase in illness and death, and governments need to act to protect the lives of their citizens. They can do this by ensuring the social impacts of economic change are well managed.



*“People who are sick cannot work to their potential nor innovate to the extent they can when they are well.”*

The international evidence is clear. Countries with social safety nets that do not let the rich get richer while other families go under, that say, genuinely, “We are all in this together”, are the countries whose citizens fare well. In other countries faced with the same situation life expectancy can plummet.

Health and wellbeing are an essential part of a nation's infrastructure. People who are sick cannot work to their potential nor innovate to the extent they can when they are well. Ensuring both adults and children (the workforce of the future) are strong and healthy is a prerequisite for a highly skilled workforce capable of increasing productivity.

In particular, this Government will need to actively intervene to stop the economic recession having a disproportionately negative impact on Māori.

We have seen in previous recessions that Māori life expectancy is driven down.

It would be a tragic irony, at a time when this country has been progressively healing the injuries and injustices of the past, if Government inaction in 2009 was to lead to disproportionate death rates for Māori.

## Recession provides financial motivation to quit smoking

*Ben Youdan  
Action on Smoking and  
Health*

### **The World Health**

**Organization** rates tobacco tax increases as one of the most important and effective policy measures governments can take because they relate directly to reduced tobacco use. Smokers make quit attempts at the announcement of the tax increase, not when the increase is implemented, meaning the public health benefits occur immediately.



In times of recession people try to spend less of their disposable income and quitting smoking can save individuals thousands of dollars a year. After health concerns, saving money is the most frequently cited reason smokers give for wanting to quit.

Financial motivation to quit is likely to be greater in a recession and, to make them work, it is crucial that any substantive price increase is supported with access to quit smoking treatments and therapies.

New Zealand has one of the highest rates in the world of roll-your-own (RYO) tobacco consumption with roughly half of all smokers using hand-rolled cigarettes. This creates unique challenges for increasing tax in New Zealand.

*“After health concerns, saving money is the most frequently cited reason smokers give for wanting to quit.”*

Because tobacco in New Zealand is taxed by weight, regardless of whether it will be used in factory made or hand-rolled cigarettes, smokers have been able to use this type of tobacco to save money and continue to smoke, rather than quit when cigarette prices rise.

The average hand-rolled cigarette contains about

0.45g of tobacco, compared to 0.75g in a factory made cigarette. As a result, smoking hand-rolled cigarettes will save nearly 50 percent of the cost of the equivalent number of factory made cigarettes. This has an unintended consequence of undermining any tobacco tax increase in New Zealand.

Increased tobacco prices are proven to reduce consumption. However, because of our tax system, smokers have switched to using RYO en masse. These cigarettes are no less harmful, so in order to ensure we get the intended health benefits of tax increases, all cigarettes must be taxed on a per cigarette basis and smokers encouraged to quit.

*“The consequences of inaction are therefore greater than those of price increases.”*

When considering the perceived risks of a price increase on tobacco, it is vital to remember that one in two smokers will die prematurely as a consequence of smoking. These are not fast deaths, but often involve protracted and painful illnesses.

These illnesses and the deaths from smoking are the ultimate harm. Not only do they deprive friends and families of loved ones, they also cause significant hardship by removing a person’s ability to earn and to lead a healthy life within their community. As smoking rates are significantly higher in lower income communities, the burden of smoking-related disease is also higher.

The consequences of inaction are therefore greater than those of price increases. Alongside a price increase we would also endorse increased targeting of stop smoking services and support of communities with higher smoking rates.

Price increases do reduce smoking rates and we must provide as much support as possible to encourage this reduction.



Roughly half of New Zealand smokers use hand-rolled cigarettes.

## Recession risks increase of avoidable child hospital admissions

*Professor Innes Asher,  
University of Auckland*



**The number of paediatric hospital admissions** due to avoidable conditions is already high – in large part due to successive governments’ neglect of the determinants of children’s health – and without intervention they will rise during harder economic times. Three things are vital to avoid an increase in paediatric admissions during the recession.

Firstly the payment for children given to low income families in work – the in-work tax credit – must be extended to beneficiary families where the bulk of the 22 percent of children living in poverty are found.

Secondly the direct cost of visiting the doctor at any time of the day or night, any day of the week, should be capped at \$7.50 for those under 18, if not made completely free. Our doctors’ fees are outrageously high by international standards. Children are free in the UK, Europe and Canada, and fees range from nothing to \$7.50 in Australia.

*“Quite apart from the philosophy of caring for our most vulnerable citizens, it makes good economic sense to look after children’s health.”*

Thirdly, the quality of housing has a profound effect on child health, so initiatives to retrofit our old housing stock with insulation must be continued. The Government cannot afford NOT to do these things; they are vital and especially so during a recession.

Quite apart from the philosophy of caring for our most vulnerable citizens, it makes good economic sense to look after children’s health. Many of our current invalid beneficiaries are suffering from chronic lung or heart damage, or other permanent disabilities, the aftermath of childhood sickness.

As a country we pay in two ways for this because invalid beneficiaries cannot work and thus contribute to society and the economy, and taxpayers have to pay them health benefits.

Moreover cycles of poverty may be set up whereby beneficiaries’ children are brought up in poverty and may develop serious sicknesses or disabilities themselves.

## Keeping Well Programme, Wider Wellington Region: Doctors' visits must be affordable

Kathrine Clarke

**It is vital there is a commitment** from Government that there will be no increase in fees for visiting the doctor or for using other primary health care services.

Apart from capping fees, or even reducing them if possible, good access to primary health care is essential if people are not to suffer unduly because of the recession.

By that I mean primary health care must be accessible to people in need, in a timely way, but also within reach geographically whether they live in a rural area or in some of the poorer urban communities where public transport may not be reliable and car ownership is low.

Government needs to continue to focus on the wider determinants of health during the downturn, continuing to ensure that housing, particularly in low income areas, is upgraded so homes are warm and dry. It needs to continue to support the gains made in tobacco control, including smoking cessation, and ensure all New Zealanders have easy access to affordable and high quality food.

Above all, the Government must follow through on its stated goal of keeping as many people employed as possible, and financially supporting those who lose their jobs.

## The recession and primary health care

*Professor Tony Dowell,  
Head of Primary Health Care  
and General Practice,  
Wellington School of  
Medicine*

**The recession is already making** its effects felt in GP consultations. People are presenting with stress and anxiety because they either suspect their job is on the line or it has already gone. We therefore need to ensure that mental health resourcing at primary health level is maintained and strengthened.

I don't envy District Health Boards or the Govern-



ment trying to decide where to spend the health dollar. But I do believe primary health care should be front and centre of funding, particularly during tough economic times. It's not just about enhancing primary health care for its own sake. It's also about mitigating the effects of increasing numbers of people turning up to emergency departments.

*“Children and young adults are the groups most sensitive to a deteriorating economic climate. They suffer long before adults.”*

Primary health care workers do not need to be told there is a recession. Primary health care is in many ways going in the right direction; we just need the tools to maintain and nurture what we are already doing.

Another area that needs addressing during the financial crisis is the access of children and young adults to health services. These are the groups most sensitive to a deteriorating economic climate. They suffer long before adults. We need low-cost or free primary health care outside “office” hours for young New Zealanders. The responsibility for this rests with District Health Boards.

Finally, we need – as individuals, families, whānau, communities and at government level – to be asking ourselves and each other what price we put on keeping healthy during a recession; how do we maintain and enhance our health to minimise the chances of needing medical help.

## The recession and mental health

*Judi Clements,  
Chief Executive,  
Mental Health Foundation*

**Requests for information** are rising significantly, as are hits on the Mental Health Foundation's website and visits to its resource centre. We cannot definitely say this is a result of the recession, but it is likely. There are increasing numbers of people who have always felt happy and comfortable financially who are suddenly worried about job loss and dwindling assets. That can produce fear, anxiety and stress which can lead to depression.

In “normal” times of economic prosperity about a fifth of people going to their GP are doing so because of





a mental health issue.

Research shows that 47 percent of New Zealanders will have a mental health problem at some stage in their lives. It is part of the human condition to experience worry and stress at some point.

Going to your GP is a potential source of help and for some people medication works well. For some, talking therapies or counselling might help but these are not always available.

*“Perhaps the silver lining of the recession is that more people might be focusing on what is really important in their lives.”*

There is a definite gap in the health system when worry and stress don't go away and a person feels like they need help. Unless it is linked to ACC, or people are fortunate enough to be in an area where the PHO picks up the cost, many people cannot get talking therapies unless they are willing and able to pay.

Friends and supporters of people experiencing stress or depression should encourage them to talk, initiating the conversation about how they are feeling and why. It's very important that people don't bottle things up or feel it's their fault or weakness.

Perhaps the silver lining of the recession is that more

people might be focusing on what is really important in their lives such as friends and whānau rather than being overtaken by consumerism.

There is a return to social connectedness – with family and whānau, with others in the community. We can support each other more in difficult economic times.

These are fundamental requirements for good mental health.

*“We have a wonderful, accessible physical environment and we need to make the most of it.”*

There are plenty of things to do that don't cost money. It only needs people to search out activities, like walking on the beach. It is well known and proven that physical activity benefits mental health and wellbeing as well as physical health.

We have a wonderful, accessible physical environment and we need to make the most of it.

For those who may not be particularly fearful of losing their jobs but feel blue because the “news is all bad”, I suggest standing back from constant media harping about the gloom and doom.

Look at it from a distance and you'll find it's not all bad. There are plenty of good things happening. It really helps to develop a 'glass half full' attitude.

# Call for healthy drug law reform

*The Misuse of Drugs Act has been around for 34 years. It is now being reviewed by the Law Commission, providing a rare opportunity for New Zealand to bring its drug law into the 21st century.*

*New Zealand Drug Foundation Executive Director Ross Bell argues that the review must be based on modern thinking and best available evidence.*



**“This has never worked, so let’s do more of it.”**

Why do we expect one of the most complex social and health issues can be solved through tough action by the criminal justice system? The faith many put in it to fix social ills is misplaced. Indeed, the system itself can be the cause of some of those ills.

Getting ‘tough on drugs’ or fighting the ‘war on drugs’ doesn’t create communities free from drug harm.

We need to understand that the social and health harms from drugs can only be addressed through humane social and health policies and interventions. We do them a disservice when we demand that Customs, Police and Courts fix problems created by social exclusion, poverty, the human condition and even genetics. They are simply not equipped or qualified to do this – yet this is where we invest our energies and resources.

*“A health-based drug law would reduce the barriers that currently stop people seeking help.”*

In Australia (we don’t have New Zealand data, but confidently assume it will be comparable) 57 percent of expenditure on illicit drug policy goes to law enforcement, with only 23 percent to prevention efforts, 17 percent to treatment services and 3 percent to harm reduction initiatives. Acknowledging there is still debate about the best mix of investment, it’s safe to say we have a long way to go before we even reach a balance of approaches.

New Zealand’s obsolete drug law must be reformed so that it can complement the more balanced National Drug Policy. A health-based drug law would respect human rights, including the right of people to equal access to health services. It would reduce the barriers that currently stop people seeking help for drug-related problems and make it easier for them

to access services such as harm reduction programmes or treatment.

Do not be mistaken. This is not a debate about ‘hard’ versus ‘soft’ drug law. Recent World Health Organization research illustrates that “drug use is not simply related to drug policy, since countries with more stringent policies do not have lower levels of illegal drug use than countries with more liberal policies.”

Instead, we hope that as New Zealand reviews its domestic drug law, we stay open to new approaches informed by the best evidence and remain prepared to challenge previously held tenets.

UK Conservative Party Leader David Cameron lamented: “If one takes a slightly progressive – or, as I like to think of it, thoughtful – view [of drug control], one can sometimes be accused of being soft. I reject that utterly.” So do we.

Ross Bell

Learn more about the Misuse of Drugs Act review at [www.nzdf.org.nz/moda](http://www.nzdf.org.nz/moda)

**AT THE HEART  
OF THE MATTER,  
NZ DRUG  
FOUNDATION.**

Te Tūāpapa Tarukino o Aotearoa

## Sad farewell

The PHA notes with sadness, the death of life member Dr Ian Prior, aged 85.

Dr Prior was one of New Zealand’s most eminent epidemiologists. His work in New Zealand and the Pacific region examined all the factors underpinning the health of Pacific populations: environmental, moral, ethnic and cultural.

Ian Prior was noted for his advocacy for Māori and Māori culture and the recipient of many honours. In 1994, he was made a Fellow of the Australasian Faculty of Public Health Medicine, and two years later, an Officer of the New Zealand Order of Merit.



# PHA Conference 2009

*The PHA conference 2009 is shaping up very well. Come and be inspired by a range of experts and connect with your colleagues.*

**We need to affirm the excellent work** being undertaken in public health, show the evidence for positive change and highlight that the 'front line' needs to be at the top of the cliff!

Keynote speakers have all been confirmed, including three quality overseas speakers and a range of local experts.

In his presentation, Professor Stephen Kunitz from New York, will make us think about the impact of regional political cultures on health. Australian Professor Wendy Rodgers will consider the ethical aspects of vulnerability and public health. Dr Michael Selgelid, also from Australia, will explore justice, germs and globalisation.

New Zealand experts include Dr Khyla Russell, Professor Neil Pearce, Louise Delany, Leigh Sturgiss, Grant Berghan and Associate Professor Louise Signal, just to name a few.

We also have an exciting range of speakers in the form of paper presentations and workshops. We have had more than 70 abstracts submitted and the range is extensive. There will be something to challenge everyone in the variety of workshops on offer. For example: indigenous peoples' health, ethics of



PHA Conference 2009 will be held in Dunedin.

health promotion and the developing code of public health ethics.

Come and join us in beautiful Otago in the spring. There is a range of 'extra-conference' activities to appeal to everyone. Check them all out at [www.dcms.co.nz/Conferences/PHA/general.html](http://www.dcms.co.nz/Conferences/PHA/general.html) or via the link on the PHA website: [www.pha.org.nz/phaconference](http://www.pha.org.nz/phaconference).

Richard Egan  
President  
Public Health Association

## Trade and health: an agenda for action

The PHA is concerned at the current lack of Government focus on trade and health. In terms of international health, the PHA believes the following steps should be taken.

- The New Zealand Government and people should actively work with United Nations and WHO to achieve the Millennium Development Goals for the world.
- Government development assistance should increase to at least 0.7 percent of GDP.
- New Zealand assistance should focus more strongly upon the Pacific and South East Asia, and less on other parts of the globe.
- Health assistance should focus on primary

prevention and primary care, supported by assistance for local capacity development.

- New Zealand should regulate or eliminate the export of hazardous products to developing countries (e.g. tobacco products, fatty meat products).
- Health worker training and organisational capacity building programmes should be supported to maintain in-country capacity and capability.

These position statements can be found on the Public Health Association website:

[www.pha.org.nz/policies/phapolicyinthealth.pdf](http://www.pha.org.nz/policies/phapolicyinthealth.pdf).

# Update on public health workforce development

*This is the first in an ongoing series of updates about what is happening in workforce development.*

## New Māori public health leadership programme underway

The new Māori public health leadership programme was launched in February to train Māori public health workers who are keen to lead, or who are already in leadership positions.

There will be two programmes a year over the next three years and the next course begins in June.

This work advances the Te Uru Kahikatea (public health workforce development plan) priority to strengthen the Māori and non-Māori public health workforces to improve Māori health and reduce inequalities, and advance leadership opportunities for Māori working in public health.

If you aspire to strengthen your leadership skills in Māori public health, contact Tania Hodges at Digital Indigenous.com on (07) 858 4940.

More details can be found at <http://www.publichealthworkforce.org.nz/ph-wdp.aspx>.

## Have your say on tools to support workforce development

The Ministry of Health is asking for feedback from the sector on various tools that could be developed to enhance public health workforce development. These include tools to support strategic planning, performance development etc. To see the full list of tools go to [publichealthworkforce.org.nz](http://publichealthworkforce.org.nz). Anyone can offer their response, although the Ministry would particularly welcome feedback from people who can speak for organisations.

## Next step for Generic Public Health Competencies (GPHC)

The Ministry is in the process of getting these on to the NZ Qualifications Authority framework and developing a tool to allow tertiary institutions offering public health qualifications to check how well their courses meet the spread of competencies in the GPHC.

## Media round up

The PHA has released the following media statements this year:

- January 19 Dr Paratene Ngata recognised
- January 27 PHA urges continued focus on prevention
- February 4 PHA applauds Government re-think on insulation scheme
- February 5 Government decision ignores obesity-cancer link, says PHA
- February 18 PHA tells the Government: the recession death rate is in your hands
- April 23 PHA emphasises importance of Resource Management Act to health
- April 29 PHA praises health officials' response to swine flu

To read PHA media releases go to <http://www.pha.org.nz/keydocs.html>.

## New health targets a concern

Diabetes, smoking (cessation) and immunisation stay, but nutrition, physical activity and dental care are out of the Government's new health targets.

The PHA is very concerned at the lack of prevention focus in these new targets. Keeping people well in the first place so you don't have to treat them when they are sick is not rocket science.

A lot of the health budget goes on illnesses that are largely preventable. These include infections, tobacco-related illnesses and type 2 diabetes.

About one in five hospital beds is taken up with someone whose illness could have been prevented. Every preventable admission means that someone else goes further down the waiting list.

Another concern is the dropping of the mental health services target. While mental health services in New Zealand have improved greatly in recent years there is still a long way to go.