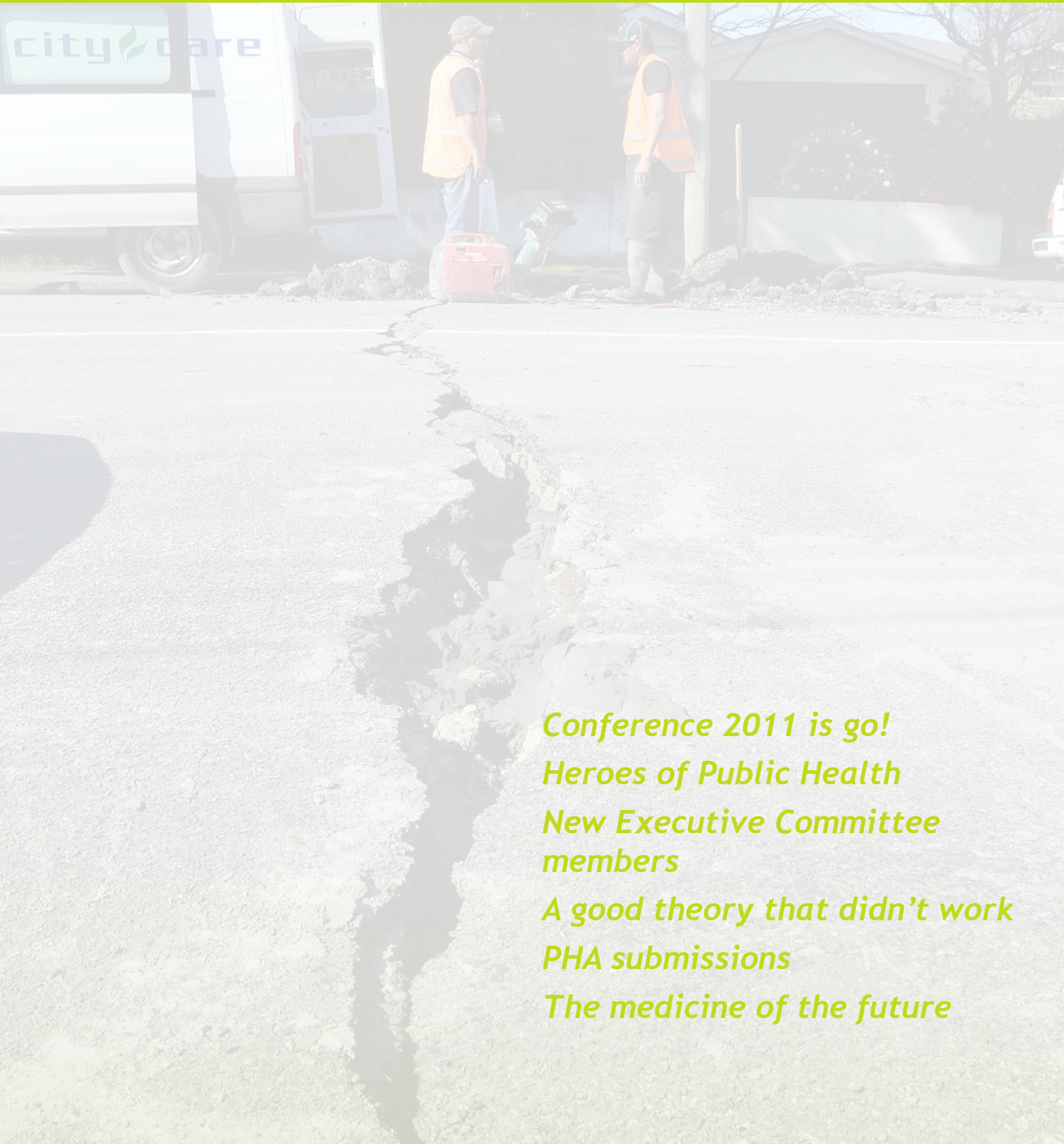




Public Health
ASSOCIATION OF NZ INC
KĀHUI HAUORA TŪMATANUI

PHA NEWS – April 2011



Conference 2011 is go!

Heroes of Public Health

*New Executive Committee
members*

A good theory that didn't work

PHA submissions

The medicine of the future

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The PHA News can be viewed on the PHA website: www.pha.org.nz.

PHA Conference 2011

Creating our Future – Now 31 August – 2 September 2011

There are just days left for would-be presenters to submit their abstracts! Despite the devastation wrought by the 22 February earthquake, including forcing a change of venue from the University of Canterbury to the Lincoln University, the Organising Committee is soldiering on with conference key dates left untouched.

That includes the date for closure for abstract submissions: midnight, Thursday 21 April.

Lincoln University, about 20 minutes drive from Christchurch, was untouched by the February quake, and had just slight damage to a single 1920s brick building in the September shake. All its buildings have been inspected by a structural engineer and have been verified as safe.

Lincoln also fits very well with the Committee's desire to live its values by minimising the conference carbon footprint, because Lincoln town is applying for Envirotown status – visit www.lincolnenvirotown.org.nz to find out what that means.

The Committee is also applying to get CarboNZero™ status for the conference. This is an internationally accredited greenhouse gas certification programme that provides the tools and resources to help an event or organisation measure, manage and mitigate its greenhouse gas emissions, with credibility and integrity. To this end, the Committee is asking potential presenters and other delegates to think outside the square in terms of minimising their carbon footprint in their journey to and from the hui.

Since the quake, the Committee has become very interested in attracting abstracts about community resilience and disaster recovery – this, they believe, fits in well with the *Sustainable communities* theme of the conference.

The themes and streams of the conference are:

- **A vision for the future of public health:** for projects or work that suggest new ways of working in public health or successful models of intervention.
- **Sustainable communities and environments:** for projects or work that suggest ways of sustaining strong communities and safe environments
- **Diversity:** for projects or activities that reflect health development issues for specific communities or groups of people.

The Committee would like to host more than the usual number of workshops, as their interactive nature allows for more delegate participation and enables problem-solving, brain-storming and strategising to identify ways we can



Vivien Daley

Conference congratulations from PHA President, Richard Egan



Richard Egan

After the 22 February earthquake in Christchurch, one of my thoughts, after making sure friends and colleagues were okay, was that the PHA conference for 2011 would probably not be held in Canterbury, if it was still held at all. Not only was there likely to be substantial damage to the venue, the University of Canterbury (I wasn't wrong as it turned out), but the Organising Committee members would now have far more pressing things to focus on than the PHA's annual hui.

But it seems I did not fully appreciate the Committee members' determination and pluck. Only a few days after the quake, and while dealing with its distressing aftermath, the Committee made the unexpected decision that, indeed, the PHA conference would be held in

Canterbury, if not at the University. Now, only a few weeks since Cantabs' lives were turned upside down – literally in some cases – Lincoln University has been booked and conference preparations are all on track.

I would like to take this opportunity to acknowledge the convenor Lynley Cook and her fellow Committee members for their tenacity and grit in keeping the conference in Canterbury, and to thank them for showing such spirit.

I think the least we can all do is think about submitting an abstract or registering to attend, and help this rather special group make the 2011 conference the roaring success it deserves to be.

Richard Egan

achieve progress. To balance the potentially larger number of longer presentations, the Committee is also encouraging presenters to make five minute addresses. We're keen to highlight communication skills and believe the ability to get a message to an audience in just five minutes is an increasingly desirable skill in the 21st century!

There will be help for people who are not sure how to condense their message to the bare minimum.

Abstracts are therefore invited for:

1. **Workshops** (45 mins or 1 hour) – In your abstract please explain how you will ensure active participation by those attending
2. **Oral presentations** – standard (15 minutes + five minutes for questions)
3. **Speed presentations** – short (five minutes oral presentation with dedicated discussion time at the end of the session).

More than one abstract may be submitted but each must be limited to 300 words. All abstracts will be reviewed by the Committee, and we may want to contact authors for clarification before deciding whether to accept abstracts.

Submit abstracts at <http://abstracts.pha.org.nz>. Remember, the period for submission closes midnight, Thursday 21 April 2011.

This year, the Committee has decided to have all New Zealand based speakers, recognising that within New Zealand, we have many experts who have international reputations and are international leaders in their fields.



Lincoln University, about 20 minutes drive from Christchurch, was untouched by the February quake.

To date, confirmed speakers are:

- **Prof Peter Crampton** – Pro-Vice-Chancellor, Health Sciences at University of Otago
- **Dr Bob Frame** – Futurist, Landcare
- **Dr Susan Morton** – Director and Principal Investigator leading Growing Up in New Zealand
- **Dr Rhys Jones** – Senior Lecturer at Te Kupenga Hauora Māori in the Faculty of Medical and Health Sciences, University of Auckland. Dr Jones is also a member of OraTaiao, New Zealand's climate and health group representing more than 100 doctors and other health professionals who support any re-thinking by political parties around the Emissions Trading Scheme today
- **Prof Philippa Howden-Chapman** – Programme Director of He Kainga Oranga/Housing and Health Research Programme; Principal Investigator for the Housing, Insulation and Health Study; the Housing, Heating and Health Study; the Tokelau Extended Housing Study and the Housing (Dis)ability Study
- **Dr Anna Stevenson** – Public Health Physician, Canterbury District Health Board and Christchurch City Council
- **Dr David Johnston** – Social Scientist at GNS studying the effects of the Canterbury earthquakes
- **Ms Chrissie Williams** – Christchurch City Councillor
- **Dr Cheryl Brunton** – Medical Officer of Health, Canterbury District Health Board
- **Assoc Prof Elsie Ho.**

So think about what you would like to tell your professional peers about your project, piece of research or programme and submit an abstract. Mark 31 August – 2 September in your diary and make your plans (carbon emitting minimising ones of course) to come to the must attend public health event of 2011!

Vivien Daley (for the Conference Organising Committee)

In the media

Tobacco

The PHA put out two releases on 1 January about the second tax increase on tobacco products: one for mainstream and one for Māori media. Both received excellent pick-up and were published at least 16 times, mainly as adjuncts to stories about increased calls to the Quit Line.

Gay and Keriatā presented orally to the Health Select Committee on display bans in early February, and their submission was reported on twice.

Prevention and inequalities

Three media releases were issued during February/March. Two supported other organisations, e.g. the Association of Salaried Medical Specialists and the New Zealand Medical Association which had put out releases on prevention-related topics. The third media release stated the PHA's agreement with postponing the national census in light of the Christchurch earthquake but it emphasised the importance of

census data for public health.

Gay also appeared on TV3 in early April speaking about the cost of nutritious food and controlling advertising of junkfood.

On behalf of other organisations

Late in 2010 the PHA also assisted some other organisations in achieving media coverage for their public health issues.

In late November, for the University of Auckland's Alistair Woodward and others (including Alex McMillan, the PHA's Transport Representative),

an opinion piece on the need for a better cycling environment was published in the *Dominion Post*, *Rotorua Review* and *Wellingtonion*.

Three media releases were issued in December on behalf of OraTaiao, a group of doctors concerned about climate change.

The PHA has a government contract to encourage and facilitate informed debate on effective public health approaches. However, a lot of our public face in the media comes from advocacy which is not funded under that contract. Instead it depends on members and fundraising. Remember, the PHA only exists because of members' commitment and support! Please consider making a donation of time or money (however small) to help maintain the PHA's independent voice.

PHA media releases are archived online at www.pha.org.nz/keydocs.html#mediareleases.

Restructuring at the Ministry of Health: a good theory that didn't work

The National Executive Officer of the PHA, Dr Gay Keating, says when the Ministry of Health's Director General of Health, Stephen McKernan, led restructuring at the Ministry in 2008, she did not necessarily oppose the dissolution of the Public Health Directorate.

In the June 2008 issue of the PHA News, Mr McKernan explained the need to develop a long-term strategic focus was the key driver behind the reorganisation.

He said, "This included the need to expand public health leadership and principles across all Ministry directorates in an endeavour to truly embed a public health approach. (It) recognises the Ministry needs to work with the sector in a different way to grow public health within the sector."

"As a result, population and public health is already much better integrated with wider programme and service developments across different areas of the Ministry. The new structure means exciting new 'across-Ministry programmes' with strong public components now possible."

"I thought the rationale 'let's make health outcomes - people dying, suffering, participating - the top priority...' should mean the work of Public Health would continue and flourish."

At the time Dr Keating supported that, believing that placing public health goals and approaches in all the directorates was a good thing.

"I thought the rationale 'let's make health outcomes – people dying, suffering, participating – the top priority and let's make them everybody's responsibility' should mean the work of Public Health would continue and flourish even under a



different structure. Improving health and reducing health inequities would be on everyone's work programme."

Dr Keating also believed the 2008 restructuring placed the Office of the Director of Public Health in a position of strategic leadership.

But she says the evidence since the reorganisation suggests it was a good theory that has not worked.

"We need to have an explicit organisational commitment to public health."

"We have seen the overall focus has gone on headline-capturing issues like budgets and waiting lists. Work across all Directorates to protect health, to put emphasis on early intervention and promotion of health, and work on the reduction of inequities has been less than I expected.

"So I was wrong. Even if improving health and reducing inequities is apparently in the job description of everyone, we need to have an explicit organisational commitment to public health. The Ministry and other health organisations need to have someone at the top management table whose sole focus is getting better and more fair health for New Zealanders.

"But there has been another change. The new 2011 restructuring has yet to settle down. On paper, public health in its many guises is spread across the Ministry.

"It's far from clear if this new structure – that includes now imbedding the Office of the Director of Public Health in the Clinical Leadership, Protection and Regulation Directorate – will be able to offer leadership for better health for New Zealanders and improved health equity."

From there to here: a reflection on inspirational people and places along the way

by Ruth Bonita



From revolutionary songs to revolutionary architecture: Ruth Bonita “back in China after 40 years”, standing in front of the Beijing Opera House, 2007.

I grew up in a small coal mining town in the Blue Mountains of Australia in a household which nurtured a sense of social justice. Only recently have I come to appreciate that my father was my first source of inspiration.

As a university student, in Newcastle, NSW, in the early 1960s I became embroiled in class differences and the injustices of poverty, and took every opportunity to travel with various student schemes: to India under the Experiment in International Living programme; to Papua and New Guinea; and on a joint Australian-New Zealand student trip to the Peoples' Republic of China.

It was literally on the slow boat to China in 1967 that I met my lifelong partner, Robert Beaglehole, a medical student from New Zealand. We arrived in the middle of what was called the Great Proletarian Cultural Revolution, just a few months after the first “big character” posters were hoisted in the streets and the universities had closed down. It was no fluke that most of the 40 visiting students took up careers in political studies, public health, epidemiology, political economy or mental health.

I left teaching behind me when we travelled to London in the 1970s. My first job was with Geoffrey Rose, helping to manage the Heart Disease Prevention Project in UK factory workers. He was my first mentor and his seminal paper *Sick individual, sick populations* and later book *Strategies for prevention* have informed my work ever since.

Back in Wellington after some years, we became involved with Ian Prior at the Epidemiology Unit at Wellington Hospital. Ian could make things happen, including having the foresight to embark on what became Migrant Studies, comparing the health of Tokelauans in Tokelau and then in New Zealand after emigrating.

We returned some years later to Chapel Hill where Robert was a visiting lecturer. It was still one of the main hubs of public health in the USA. It was at this stage I met the next major influence in my career, Professor Earl Siegel, in the Department of Maternal and Child Health.

My topic was an evaluation of a programme to address the dreadful disparities between blacks and whites in perinatal deaths in North Carolina.

This is our sixth instalment in a series in which New Zealand’s public health leaders talk about their heroes.

Ruth Bonita, the PHA’s joint Public Health Champion 2010, shares her public health history, and talks about those who inspired her.



Maoist Red Guards during China’s Great Proletarian Cultural Revolution



Three of Ruth’s Public Health Heroes: from left to right – Sir Geoffrey Rose, Dr Ian Prior and Professor Kjell Asplund



Ruth with World Health Organization Director General JW Lee, 2006



Ruth with life long partner Robert Beaglehole on the Otago Rail Trail, March 2011



Basic Epidemiology, by R Bonita, R Beaglehole and Tord Kjellström, was first published in 1993.

I had come full circle, realising that health (and death) issues were more to do with policies than programmes, and with embedded racism, sexism, and classism than with social justice.

Professor Siegel urged me, on our return to New Zealand in 1980, to work with Dennis Bonham who was well known internationally for his work in the British Perinatal Mortality study. But a chance meeting with Professor Derek North, then Professor of Medicine at the Auckland Medical School, later to become Dean, shifted my interest to stroke, almost the opposite end of the life spectrum.

And so began my involvement in the Auckland Region Coronary or Stroke study which spanned the next two decades and opened up contact with many international colleagues, many of whom were inspirational. Through the World Health Organization’s (WHO’s) MONICA project (Multinational MONItoring of trends and determinants in Cardiovascular disease), I became part of a small worldwide network of epidemiologists; Professor Kjell Asplund, from Sweden, was the inspiration behind this network.

WHO had always been an inspiring institution as the United Nations agency responsible for health. I was most fortunate to be offered a position as Director of Non-Communicable Disease (NCD) Surveillance in Geneva in 1999 and spent the next seven years building surveillance tools for NCD risk factors for disadvantaged populations.

Working for WHO clarified more than ever the importance of health policy and public health in the role of prevention. On our return to New Zealand, Robert and I have continued to inspire each other – working globally, regionally and nationally in the area of the prevention of chronic diseases – and continued to be inspired by the vibrant public health community here.

It is now time to inspire younger colleagues at the beginning of their careers, and my favourite role is mentoring young researchers, especially those from low- and middle-income countries. After all, getting from there to here isn’t always about being fortunate to be in the right place at the right time, though meeting inspirational people along the way surely helps.



Martin Witt

I am currently Manager of Health Promotion and IT Services for the Cancer Society in Canterbury and West Coast, a curious mix but one linked by the need for good quality information!

I have a background in health service information and management in the UK but for the last twelve years have lived in New Zealand. Originally thinking my stay at the Cancer Society would be a couple of years, my career took a slight change when I was offered the opportunity to manage the health promotion department. Part time study at the University of Otago reaffirmed that this change was the right one with the increasing profile of health promotion in public health. My particular interests centre around health inequalities, advocacy and policy development and in recent years I have had a special focus on the role of local authorities in promoting health. Although far too early to assess, this has dramatically shifted in Christchurch since the earthquake, which will undoubtedly impact on the role and function of public health for years to come.

Meet the new PHA Executive Council members!



Layla Lindon-Tonga

I have whakapapa links to Ngāti Porou and Ngā Puhi and am the Regional Public Health Advisor with Ngā Manga Puriri – Northland’s largest problem gambling service.

Studying part-time toward a Masters degree in Health Sciences at AUT, with a focus on addiction and mental health, I have a keen interest in improving health inequalities for minority populations now and into the future. My experience in local public policy development, the community and volunteer sector, as well as in a range of gambling interventions, brings a richness to my new role on the PHA’s Executive Committee.



Ramona Tiatia

I am a Pacific Social Science Researcher completing my doctorate in the Department of Public Health, University of Otago, Wellington. Perhaps my previous advocacy roles will help me as a Pacific Representative on the Executive Council.

I have an interest in home dialysis and am currently working with Capital and Coast DHB on a photographic exhibition. Climate change for Pacific people in Aotearoa is an important priority. Last year when the first Pacific community workshop was run by Wellington City Council, Oxfam and the NZ Centre for Sustainable Cities, I was fortunate to be part of it.

I’ve been a Workplace Assessor for an Industry Training Organisation, a counselor in the first drug treatment unit of a New Zealand prison and, with Pacific factory workers, organised one of the first strikes under the 2000 Employment Relations Act for a national union. I am a proud Samoan descendent of the Pacific region.

Public health to me encompasses the whole of life including performing and visual arts, tree planting, local authority waste management and healthy houses. The PHA has a proven record of advocacy for families across sectors and I am excited to be part of an organisation that is led by dynamic champion leaders.



Jean Simpson

I have been a Researcher with the Injury Prevention Research Unit since the mid 1990s, and am currently Deputy Director. My research is predominantly in the area of child safety, although I have diverse research interests including quality in care, motorcycle safety, child road safety, and sports injury prevention. My interest is strongly related to developing strategies for change that recognise the roles systems, government policy, environment, community and behaviour play with respect to injury and its prevention.

I became a member of the PHA well over 20 years ago when I was employed in health education (as it was known then) with the Department of Health / Nelson Marlborough Area Health Board. Before that I was working in voluntary community organisations (in an unrealistic expectation that voluntary work was easier than paid work when you have young children). My experience as a primary school teacher was critical to contributing to these organisations. And, as any teacher knows, working in education is intricately linked to the public health agenda, so I guess my engagement in public health goes further back than any formal appointment in the health sector.



Kiri Leach

Ko Hikurangi te maunga, Waiapu te awa, Ngāti Porou te iwi, Ngāti Kanohi (Ngāi Te Riwai) te hapū, no Whāngara-mai-Tāwhiti ahau.

I have an extensive background in health promotion and am passionate about Māori health and the effects of public health issues on whānau and communities.

I currently work with Pai Ake Solutions in Hamilton as Project Co-ordinator, managing projects that address the impacts of alcohol and drug use and/or co-occurring mental health disorders.

I have a mixed kete of knowledge, with experience and skills in quality assurance, business management, contract management, Māori models of health, event management, resource development and graphic design.



Kodi Hapi

Tēnā koutou e ngā kaipānui. He uri ahau nō Tamihana, nāna te Kingi tuatahi i karauna kia tū hei pou herenga waka mō te iwi Māori. Kia titiro atu au ki te maunga titohea ngā manu e rua, mai Titoki ki Te Rau o Te Huia, te wāhi moe o taku koro. Ka huri taku aro ki Tauranga Moana kua whakaora mai anō e Te Whetu o te Rangī, tihei mauri ora. Nō reira anei ahau, he mokopuna nā rātou mā, e tuku mihi ana ki a koutou katoa.

I have recently accepted the role of Chair for the Auckland Branch of the Public Health Association. This role brings many exciting challenges. The Auckland Branch has the largest membership in the PHA. We have a broad geographical spread and many busy public health leaders. The initial challenge for me is to engage our members to ensure that they have a strong voice within the National Council. I am looking forward to strengthening relationships across the Auckland region by using innovative approaches.

I bring new energy to the role and have held various roles in Māori education, public health policy and planning and funding. I have recently taken up a new role in Māori SIDS as the General Manager. This provides an opportunity for my experiences to inform service development. The General Manager position is a new leadership position for Māori SIDS under its new structure. I humbly accept my new role as Chair and I look forward to serving the Auckland members of the PHA and representing them on the Council. Mauri Ora!

Office roundup

Among the most important things the PHA Office has been involved with over the last few months have been our two submissions to Parliament.

1. to the Justice and Electoral Select Committee on the Alcohol Reform Bill

As a long-term supporter of action to reduce alcohol-related harms, the Public Health Association welcomes the development of this Bill.

From a public health perspective, we support measures to reduce the harms to the 80 percent of New Zealanders who use alcohol. We also believe the freedom to drink alcohol should be balanced against the rights of New Zealanders to be free from the effects of others' alcohol use.

We recognise the Bill is the result of extensive research and policy development. Given this effort, it is disappointing that Government has not taken the opportunity to adopt the comprehensive package of measures internationally recognised as cost-effective, as set out in the Law Commission's report on its review of New Zealand's alcohol laws. The Government has accepted or partially accepted 126 of the Law Commission's 153 recommendations.

Unfortunately, among those it has left out are some of the most effective policy levers to reduce alcohol-related harms, particularly around price and

marketing. We urge the Government to adopt the recommendations as a package.

Read the PHA's full submission at www.pha.org.nz/submissions/submissionAlcoholReformBill110218.pdf.

2. to the Health Select Committee on the Smoke-free Environments (Control and Enforcement) Amendment Bill

As a long-term supporter of smokefree action, the Public Health Association welcomes this Bill. It is time to remove retail tobacco displays completely, and a significant majority of all New Zealanders support this direction.

As we have said in previous submissions on this topic, tobacco is not a normal consumer product, and should not be treated in that way. It is highly addictive, and causes thousands of preventable deaths each year in New Zealand.

Banning the retail display of tobacco products is a health issue, not an economic one. A complete ban on displays is in line with the goals of the Smoke-free Environments Act (1990), as well as with New Zealand's commitments under the Framework Convention on Tobacco Control (2003), which calls on parties to prohibit all forms of tobacco advertising, promotion and sponsorship.

Read the PHA's full submission at www.pha.org.nz/submissions/Submissiontobaccodisplays1101.pdf.

The PHA makes submissions to Parliament as a membership organisation in its role as an independent advocate for public health, and aside from its Ministry of Health funding contract.

Membership-led position statements and action are the life-blood of an independent PHA!

Office staff (from left to right):

Māori Analyst Keriata Stuart;
Office Assistant Anna Harcourt;
Office Manager Raeanna Thomas;
National Executive Officer Gay Keating.



The medicine of the future

The Medicine of the future traces the development of public health in nineteenth century Britain.



On 4 March the Department of Preventive and Social Medicine at the University of Otago launched its quasiquintennial (125th anniversary) history.

The Medicine of the future: a history of the Department of Preventive and Social Medicine, University of Otago, 1886-2011, by Warwick Brunton, initially traces the development of public health in nineteenth century Britain, from growing awareness of epidemic disease, poverty and crime and their connections to rapid urbanisation, to the "sanitary idea", which emphasised public health fundamentals such as disease control and proper drainage, and their administration in the hands of qualified, publicly accountable officials.

At the University of Otago, public health was first taught in 1886 by Francis (Frank) Ogston, a Scot whose inaugural lecture was greeted by "derisive hootings and howls" to the accompaniment of pea-shooters, tin whistles and key-bugles.

From that unhappy, one-man start the Department has grown, slowly at first and later with increasing rapidity, under the guidance of visionary leaders including Sydney Champtaloup, Sir Charles Hercus, Cyril Dixon, and, more recently, Professor Sir David Skegg. It is now one of Australasia's strongest public health research centres and one of the University of Otago's largest departments: a major centre for undergraduate and postgraduate teaching and health research incorporating several research units and employing over 100 people.

The Department's influence on changes in illness and mortality in New Zealand would be hard to measure, but is known to be considerable.

"Ultimately", says Brunton, "public health is neither a professional nor bureaucratic phenomenon

but a social movement that aspires to human perfectability."

This aspiration is reflected in the broadening of the Department's focus from environmental sanitation to specialisations including international health, injury prevention, the safety of medicines, the epidemiology of HIV/AIDS and cancer, the groundbreaking work of the Dunedin Multidisciplinary Health and Development Research Unit, and areas of current concern such as alcohol and climate change.

At the University of Otago the first public health lecture was greeted by "derisive hootings and howls" to the accompaniment of pea-shooters, tin whistles and key-bugles.

Scrupulously researched and detailed, the text is copiously illustrated and enlivened with pen-portraits of the leaders and characters who shaped the Department's history. Extracts from examination papers through the years demonstrate public health's changing and ever-expanding horizons, and substantial appendices list graduates and former staff.

The Medicine of the Future: a History of the Department of Preventive and Social Medicine, University of Otago, 1886-2011, by Warwick Brunton, Department of Preventive and Social Medicine, 2011. ISBN 978-0-473-18254-0.

Copies are available from the Department of Preventive and Social Medicine, University of Otago, P O Box 913, Dunedin, New Zealand.

Email: nicola.casey@otago.ac.nz. Price NZ\$55.00.

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