



PHA Conference 2008: Tapu... Noa... Environmental, physical or both



The organising committee is feeling the pressure – and the excitement - with the annual PHA conference just weeks away.

The timetable is taking shape and reflects a really diverse programme.

The conference theme “Tapu.. Noa.. Environmental, physical or both” has opened the door to a range of varied presentations:

- from the effect of colonisation on Māori health to the role of the mobile phone in quit services
- from community action to reduce local promotion of alcohol, to applying Treaty of Waitangi principles to the work of the Mental Health Foundation
- from how much children’s rights, including the right to health, were recognised in the development of the Working For Families programme, to helping the elderly age resiliently
- from making non-violence understandable, desirable and do-able, to how a small Northland community eradicated a serious health problem.

The conference organisers’ goal is “Putā ki te whai ao, ki te ao marama...” they want participants to experience a “journey” of learning. This is reflected in the way the three days have been ordered.

Day One (Te Ao Hurihuri) will set the scene by reflecting on public health in the modern world and what it means for the future.

Day Two is dedicated to Maturanga and Kaitiakitanga. Maturanga will fill our kete of knowledge through sharing, discussing, debate and analysis. Kaitiakitanga will also focus on guardianship: How are we now, how can we further protect and sustain our environment and our people.

Day Three (Manaakitanga) will recognise that public health action is

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“The PHA, an informed, collaborative and strong advocate for public health”



Dr Colin Tukuitonga



Prof Papaarangi Reid



Prof John Raeburn



Sue Bradford MP

by the people and for the people: How are we looking after ourselves and each other?

The breadth of presentations is also reflected in the key note speakers.

- Dr Colin Tukuitonga is chief executive of the Ministry of Pacific Island Affairs, and has broad experience in the Pacific and international health arenas.
- Associate Professor Papaarangi Reid is a leading advocate and researcher of Māori health issues and was the 2007 Public Health Champion, from the University of Auckland.
- Professor John Raeburn is internationally recognised for his work in mental health promotion and community development.
- Sue Bradford MP is a home grown revolution-

ary who has gone from using megaphones and placards to parliamentary questions and select committees.

“We are getting really excited about hosting this year’s PHA conference,” says Lisa McNab, conference organising committee chair.

“We are in the home stretch now and planning lots of extra-curricular activities to make delegates’ visit as meaningful and enjoyable as possible.

“The conference will be held at the Copthorne Hotel, only a small distance from the Treaty grounds and we hope that delegates will reflect on how the Treaty of Waitangi can be used in our everyday practice.”

Go to the official conference website for more information and to book your seat at what promises to be a stimulating, challenging and fascinating conference.

http://www.rokmanagementsolutions.co.nz/pha_conf08_home.html.

Round the branches

Canterbury

In each issue of the PHA News we catch up with one of the PHA branches.

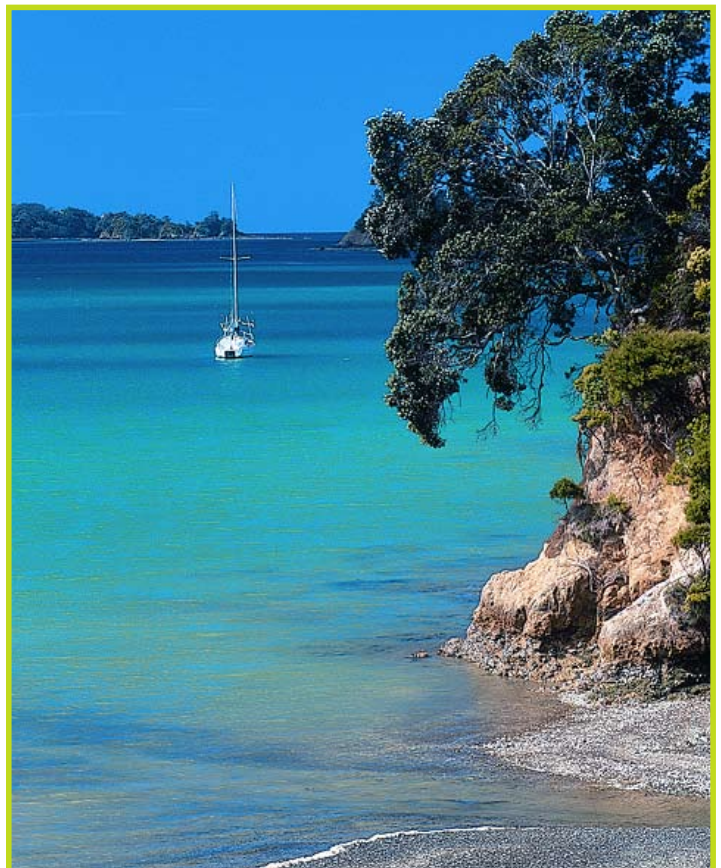


Since our successful seminar: ‘Marketing Healthy Eating – the Great Divide’ last year we have maintained a fairly low profile. We have developed guidelines for providing financial assistance to members seeking support for workforce development, including attendance at workshops and conferences. A more systematic approach will allow more funds to be disbursed.

Policy and advocacy work continues. We have maintained an interest in the ‘bounty packs’ supplied to new mothers at Christchurch Women’s Hospital and are pleased to report that the content of these packs is more aligned with health promotion principles than in the past. We have also written to the Christchurch Press on breastfeeding at work.

We provided financial support for Gay’s visit to Christchurch for the workshop on the Public Health Bill. We did not make a submission as a Branch, but many members, particularly those attending the workshop, were involved in preparing submissions from a wide range of local organisations.

Pauline Barnett, Chair, Canterbury PHA



The conference will be held in beautiful Waitangi. Picture above courtesy Destination Northland.

Image of Prof Papaarangi Reid: Qiane Corfield/Mana Magazine.

He mana tō ia tamaiti/Every child counts

Recognising champions for children

Call for nominations: Every Child Counts Annual Awards

Members of the public are being asked to bring the nation's attention to the people, groups or institutions working to make a positive difference for our children.

"Every Child Counts* is asking people to nominate those working in their communities to make a positive difference for children for the annual Every Child Counts awards. The awards are an opportunity to recognise the champions for children, celebrate their success and prompt others to step up for children, says Deborah Morris-Travers, Project Manager.

The awards will be presented by the Governor-General His Excellency Hon Anand Satyanand at the annual Every Child Counts conference in Wellington on September 10 and 11. The 2008 conference theme is: For our children: A better today, a better tomorrow. What's it going to take?

The Every Child Counts awards, first presented in 2007, are for:

- an institution or organisation that has made a significant difference in 2007-08 to improve the status and wellbeing of children.
- an individual who has made a difference by an action or role in 2007/08 that improves the status and wellbeing of children.

"You may know the nominee or simply know of them

and their work. They may be working on a neighbourhood, regional or national level. Anyone is eligible; the only criterion is that the nominee(s) must be recognised in their community or sector for a significant achievement promoting children's interests," said Ms Morris-Travers.

Last year's recipients were the New Zealand Parliament for its overwhelming support in passing the new law that amended Section 59 of the Crimes Act to ban physical punishment of children, and Beth Wood, founder of EPOCH (End Physical Punishment of Children), who has worked for many years to create awareness of the needs and rights of children.

Nomination forms are available online at: www.everychildcounts.org.nz. This is a non-monetary award designed to honor and celebrate those whose effort and commitment have shown they've "got what it takes" to make a difference.

Nominations are due by 15 July and must be sent to: Every Child Counts Awards Nominations, PO Box 6434, Wellington or by email to children1st@xtra.co.nz.

For more information contact: Deborah Morris-Travers
Tel: 0274 544 299.

* Every Child Counts is a coalition including Barnardos, Plunket, Save the Children, Unicef NZ, Te Kahui Mana Ririki, and AUT's Institute of Public Policy, supported by more than 350 other organisations and thousands of individual supporters – www.everychildcounts.org.nz.

The "causes of the causes" of death and disease

A Commission on the Social Determinants of Health has been established by the World Health Organization looking at "the causes of the causes" of death and disease. Its focus is on inequity. The Commission has prepared an interim statement: *Achieving health equity: from root causes to fair outcomes.*

The work of the WHO Commission on the Social Determinants of Health is enormously important for health in New Zealand and the world.

The Commission confirms that the conditions in which people grow, live, work and age have a powerful influence on health. Inequalities in these conditions lead to inequalities in health.

They call for major social changes – "The vast majority of inequalities in health, between and within countries, are avoidable and, hence, inequitable. Our success in improving health and reducing these inequities depends on serious attention to the underlying societal causes. Technical solutions within the health sector are important, but are not sufficient."

The Commission identifies that a combination of

environments – home, school, work, neighbourhood, and the health-care system – can unequally expose different groups to health damaging factors.

Action on the conditions within the environments can improve people's material conditions, psychosocial resources, and behavioural opportunities. Ending inequity requires material, psychosocial and political empowerment.

The Commission has collected and developed a wonderful set of resources on social determinants of health and health inequalities. They established "knowledge hubs" and all the resources, including the Interim Statement, can be found on http://www.who.int/social_determinants/en/.

The Health Promotion Forum is running two seminars on the WHO Commission on the Social Determinants of Health. These are in Auckland on Wednesday 18 June and in Wellington on Tuesday 24 June 2008.

You can find more information about these seminars and other coming events on <http://www.pha.org.nz/comeingevents.html> or <http://www.hauora.co.nz/page.php?6>.

Poverty and children

This issue of the *PHA News* looks at the first of a series of crucial public health issues that we would like to see reflected in the election debate. This article looks at poverty and its influence on children's and young people's health.

Today's incidence of preventable illness among New Zealand children is shockingly high for a first world country that has been experiencing an economic boom for many years.

There has been a recent levelling-off of cases of childhood respiratory illnesses, skin infections, gastroenteritis, child abuse and injury. However, current rates are much higher than those in the 80s and are worse than almost every other OECD country.

Increasing wages and extensions to Working for Families have undoubtedly benefited many children, but there remain an estimated 150,000 children in severe and significant hardship whose health status has remained unchanged by the country's economic prosperity.

As the recent report *Left Behind: How Social and Economic Inequalities Damage New Zealand Children* highlights, poverty is a key determinant of children's health in a range of ways. Increased exposure to disease and infection through poor housing and overcrowding, stress and poor nutrition depressing a child's immune system, parental lack of awareness of children's health needs, and financial (or transport) barriers to accessing healthcare all contribute to our children's poor health.

A child growing up in New Zealand in poverty is three times as likely to be sick as a child growing up in a higher income household, being attacked by old-fashioned diseases such as tuberculosis, meningococcal disease, rheumatic fever, gastroenteritis, bronchiectasis and pneumonia.

Left Behind, from the Child Poverty Action Group (CPAG), goes on to say: "Particular attention needs to be given to Māori and Pasifika children, who continue to suffer significantly more than children from other ethnic backgrounds. There are a range of poverty-related and other reasons for these inequities, but it remains unacceptable and unjust that these children carry such a high burden of ill-health."

Long time PHA member and Council representative John Waldon, who is completing his PhD on child health self assessment, agrees, saying the health of children of ethnic minorities is the least valued in New Zealand society. He calls these children – and the elderly – the "canaries in the coalmine".

"If there are any gaps in the health system, any challenges to public health, these two groups bear the brunt of them. They are the ones to get sick and die first.

"People living in poverty don't make for a politically



"A child growing up in New Zealand in poverty is three times as likely to be sick as a child growing up in a higher income household."

'sexy' topic, so I will be listening to the candidate who is prepared to acknowledge that poverty is an ongoing challenge for New Zealand and wants to do something about that. Most have put it in the too hard basket.

"I will definitely not be taking any notice of the candidate who offers tax cuts. For many beneficiaries, tax cuts are about as meaningful as the promise of a trip to the moon."

The CPAG report notes that what is even more frightening about children living in poverty now is that it will affect them through into adulthood in "a range of health, social and economic ways". Damage done in childhood does not get undone when a child grows up.

PHA Council member Sarah Helm is executive director of New Zealand Aotearoa Adolescent Health and Development. She says young people are in a phase of making decisions for themselves: buying food, finding a job, finding a place to live. "If they are poor they are going to be less able to make the decisions that are right for them, and I suspect this has a profound impact on their wellbeing far beyond the actual experience – perhaps even lifelong."

Sarah Helm says the country needs health services, non-judgemental and with a youth focus, that are above all, physically accessible to young people wherever they live in New Zealand.

“The country is in dire need of more youth development services, particularly outside the main urban centres,” she says. “And they all have to be adequately resourced. Some of the existing services are unable to function as well as they should because they receive so little funding.”

Sarah says that making young people who are poor, marginalised, or living in abusive family situations stay at school or training two more years, as the Government is proposing, solves little for those who are already struggling. “I’ll be taking notice of the politicians who propose a benefit young people can actually live on, and who propose to put in place the resources and support young people need, to themselves make the decisions that will benefit them the most.”

Alison Blaiklock, chair of Action for Child and Youth Aotearoa (ACYA), says New Zealand is breaching the

United Nations Convention on the Rights of the Child (UNCROC) which it ratified in 1993.

“Children have the right to be free of poverty,” she says. “New Zealand agreed to be legally bound to UNCROC and so has agreed to do everything possible to end child poverty. Children who live in cold, damp housing, who get regularly sick because of a lack of proper nutrition, or overcrowding, or the financial inability of their families to take them to a doctor when they are first ill, are not able to enjoy their rights to an adequate standard of living, health and health care.”

Alison suggests that people listen for the specifics in politicians’ appeals for votes.

“Lifting the country’s most vulnerable children out of poverty will take substantial resources. What are they actually going to do to lift children out of poverty, how great is their commitment to doing it, and what is their time frame to have done it by?”

Dr Nikki Turner is health spokesperson for CPAG and Director of the Immunisation Advisory Centre. Nikki specialises in immunisation and preventive child health

■ Election Focus

In this issue of the *PHA News* we are focussing on the crucial public health issues for children and their families in the light of the coming election.

The WHO Commission on the Social Determinants of Health (see *Causes of the causes*, page 3) says improving health depends on serious attention to the underlying societal causes. Two situations identified by the Commission relate directly to children and a third (health systems) applies at least as much to children as to adults.

The growing environment: child survival, early child development and education

The seeds of adult health and health inequity are sown in early childhood. There are four major preventable risk factors, each directly connected with poverty: stunting, iodine deficiency, iron-deficiency anaemia, and inadequate cognitive stimulation.

A child’s early environment has a vital impact on the way the brain develops. While physical health and nutrition are important, a young child needs to spend its time in caring, responsive environments that protect from inappropriate disapproval and punishment.

Education and the life-course

One key factor that may mitigate adverse child development is education. Education and the associated high social standing in adult life may protect against health-damaging early life exposures

A key measure of social stratification in countries rich and poor is education – at a fundamental level this raises the central role of literacy in health equity. The influence of education on health is seen not only as a difference between those with some and those with none but it is a gradient running to the highest level.

Health systems

Given the high burden of illness particularly among the socially disadvantaged, it is urgent to make health systems more responsive to population needs.

Charging at the point of use are a disincentive to use of health care. Out-of-pocket expenditures for health care tend to deter poorer people from using services, leading to untreated illness.

Questions to ask politicians and political parties:

- What is your timetable to eliminate child poverty?
- What is your plan to ensure that all children have adequate, nutritious food?
- What will you do to protect all children from inappropriate disapproval and punishment?
- What concrete steps will you take to ensure that education helps children who are suffering childhood deprivation, rather than perpetuate disadvantage life-long?
- What will you do to make primary care responsive and affordable?

issues and says it is macro-economics which is the strongest determinant of childhood health. She will be listening therefore to the candidates who talk about a tax redistribution to benefit children.

“It makes economic sense to do this,” says Nikki. “The country cannot afford, in economic terms, let alone social terms, to leave any child behind. Their situation is an immediate burden on the health system and a future one on the education and welfare, as well as health, systems.

“I will be noting the Government politician who says when it comes to families in poverty the Government should not rest on any laurels it may have garnered through its Working for Families package; I will be noting the opposition politician who says that the health of children, particularly those living in poor families, will be a budget priority for them.

“Included in specific measures, I want to hear a commitment to 24-hour seven-day free primary health care for everyone to the age of 18.”

Professor Innes Asher works at the University of Auckland Department of Paediatrics: Child and Youth Health and at Starship Children’s Health. She also wants to see free medical care and medicines until the age of 18, all hours of the day and night. “At present, the cost of taking a child to the doctor is prohibitive to many families. Children who cannot afford to go to the doctor get sicker and sicker until they are forced to go to hospital – that is totally unacceptable.”

Innes Asher says she will listen to the candidate who wants to introduce a \$60 child-related payment to families reliant on a benefit, bringing them the same advantage as those who qualify for Working for Families.

“I also want to hear politicians talk about ensuring that all tenants in private housing who receive the accommodation supplement live in dry, warm homes. Now that all state tenants are to have their homes retrofitted within five years, it is only fair that private landlords who benefit from the accommodation supplement do the same thing. Damp, cold housing makes children sick.” Professor Asher says.

The coming election will be held during a time of economic uncertainty. After many boom years, New Zealanders and the New Zealand economy are being hit by multiple woes: rising petrol prices, rising food prices, rising energy prices. As *Left Behind* notes:

“It is of significant concern that if the economy does not continue to prosper, we can expect to see our already dismal child health statistics worsen again as poverty prevention and income protection measures are still inadequate.”

There may never be a better time to persuade politicians they will get our vote when they focus, properly, on child poverty.

Celebrating Primary Health Care in Aotearoa-New Zealand: Moving towards the vision of the Alma-Ata Declaration

A symposium to commemorate the 30th anniversary of the Alma-Ata Declaration (WHO and UNICEF 1978), which identified comprehensive primary health care as a potent approach to reducing health inequalities.

School of Population Health
Auckland University
11-12 September

The Alma-Ata Declaration stated that (amongst other things) primary health care:

- addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly
- involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors
- demands the coordinated efforts of all those sectors.

The full Declaration can be found at http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf.

This symposium is an opportunity to bring together those working in primary health care and public health practitioners.

The keynote speaker is likely to be Dr Halfdan Mahler who was the Director General of the WHO at the time of the Declaration.

For further information contact Pat Neuwelt p.neuwelt@auckland.ac.nz.

Reorienting health services - Gay Keating

The WHO Commission on Social Determinants of Health identifies the importance of making health services more responsive to population needs. What are some key ways PHOs can orient health services to population needs?

Think prevention

Health services are not well placed to promote good health – they are better placed to prevent sickness or to prevent a small sickness from turning into a life-threatening event. Looking at the Ministry of Health's reports on preventable hospital admissions and avoidable mortality, the big things standing out are infectious disease and asthma in Māori and Pacific children and adults; and cardiovascular disease in adults, especially Māori and Pacific peoples.

Almost all infectious and cardiovascular disease can be prevented and treated early before they get to a dangerous state. Early detection and treatment is where health services can be really effective, and immunisation is an example of where personal health services are effective at primary prevention (preventing the disease from happening to that individual).

Think investment in children

What happens at one point in your life can influence you for the rest of your life – obvious really, isn't it? But it does mean that if we are to have healthy adults we have to pay attention to our children and youth. Illness in childhood can irreversibly damage you so that you're never able to recover your full potential. So we need to focus now on children to get it right in 30 years time for our adults – to say nothing of the suffering and deaths of children in their own right.

Think family and community

People (especially children) are not isolated units, particularly when we are considering avoidable infectious disease and asthma. The risk factors for these conditions are things like poverty, overcrowding, poor nutrition and medical under treatment.

One person in a family who is exposed to these factors may become ill – but all are at risk. And one family may have someone ill but often these factors are common across a community. So a person who suffers an avoidable hospital illness is an index to a family and a whole community at risk.

Think intersectoral

Factors like poverty and poor housing are not easy for the health service to solve. But the health sector can partner with education and social development agencies. We know poverty, poor education,

underemployment, absent fathers and poor health in the family are all factors that increase the chance of bad health, low education, low job prospects, involvement in crime, and unplanned pregnancy for children as they grow up. Health, education and social development agencies have all got a shared interest in working together to make sure that all children get the best start possible.

Think right-to-health

The Bangkok Charter for health promotion notes that the United Nations recognises the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being.

In a country claiming to provide free medical consultations to children there should be no reason for untreated and under-treated infections that result in preventable multi-lobe bronchiectasis or subcutaneous abscess. But that's what's happening. Children here are being denied their right to health.

What's the health service that we need?

So what's the health service that can focus on infectious disease and asthma in children, particularly Māori and Pacific families, taking account of the family and community environment and medical under treatment?

We need whānau ora/well child services that are smart, engaged with their communities, acceptable to families, and well linked to the local primary care services, the local health promotion services and the local education and social development agencies.

In fact, they should be a responsibility of PHOs – if the PHOs can demonstrate they can work with other agencies to provide coverage to all families in their communities. If PHOs are unable to do that then funding should be withheld until they develop sufficient maturity to work collaboratively.

The service needs to support the whole family. So it doesn't just focus on child immunisation, it also works the networks so that Mum gets back into doing something about her education.

It needs to be a service that picks up families that are clearly at risk. The child who suffers from a severe, avoidable hospital admission, particularly an infectious disease or asthma, is an index case to an environment in which other children are at risk.

A major move would be to expand Family Start-type services from being a few pilot sites to being a well-evaluated, evidence-based service available throughout the country.

National office roundup

It has been an extremely busy time for National Office since the last newsletter in February.

After conducting a series of nationwide workshops getting feedback on the proposed Public Health Bill, Gay wrote a formal submission, followed up by an oral submission.

In addition she has been busy with media work, speaking to various releases (see below), particularly the call by the PHA for the removal of the Goods and Services Tax from nutritious food so budget-minded people (and who isn't these days?) can at least afford the basics.

www.pha.org.nz

Did you know the PHA site contains several regularly updated sections?

- *From the journals* contains excerpts from recent public health related journals, both locally and from overseas.
- *Coming events* lists coming conferences and seminars.
- Our *job vacancies* page contains a list of current situations vacant.

If you haven't had a good browse around the site for a while, we invite you to come and look again!

Media work

Since the last newsletter, the following media statements have been released:

- 17 February Response to Family First opinion piece on physical discipline (Letter to the editor, *Dominion Post*)
- 25 February Response to Stay Displays Coalition's assertion that tobacco displays do not tempt young people or would-be quitters (Letter to the editor, *Dominion Post*)
- 3 March Opinion piece, together with the Obesity Action Coalition, supporting the Public Health Bill's intention to limit the power of junk food industry
- 18 March Backing comments by retiring judge on supporting first three years of life (Letter to the editor, *New Zealand Herald*)
- 19 March Concern about conflicts of interest of members of district health boards
- 31 March Applauding Government's move to alter ERA so women get time and facilities to breastfeed in the workplace (Letter to the editor, *Dominion Post*)
- 08 April Call for dairies to follow the lead of Kaitaia's tobacco-free "VIP"
- 9 April Response to research that that found urban planning has no substantial role to play in battling obesity (Letter to the editor, *New Zealand Herald*)
- 15 April Whānau congratulated for going smokefree at rugby games
- 16 April Response to *Dominion Post* editorial about Public Health Bill (Letter to the editor, *Dominion Post*)
- 16 April Response to opinion piece about parental responsibility in feeding children well (Letter to the editor, *Dominion Post*)
- 18 April Call for relief from rising food prices by removing GST
- 23 April Public Health Association says new legislation must include references to Treaty of Waitangi
- 28 April Public Health Association says money needs to be spent now on eradicating child poverty
- 7 May Response to Nelson police possibly making a link between repeal of s59 of Crimes Act and rising youth violence against parents (Letter to the editor, *Nelson Mail*)
- 7 May PHA congratulating Government move to fund school projects on nutrition (Letter to the editor, *Waikato Times*)
- 16 May PHA applauds budget announcement on warm state housing

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

New public health law and public health ethics course

This year the University of Otago Wellington, Department of Public Health, is offering a special topic: "Public health law and public health ethics" (PUBH 707) as a postgraduate paper in public health.

The course will run in the second semester of 2008: to start 28 July and finish, at the latest, 13 October. It will be taught on Mondays from 9.00 – 3.00pm.

Overview of objective and content

This course will equip participants with an understanding of the framework and scope of public health law in New Zealand, as well as concepts of public health ethics, including Māori ethical perspectives. Teaching of this subject in 2008 will be timely given the 2007 introduction into Parliament of the Public Health Bill (representing the first major overhaul of public health legislation in New Zealand for half a century).

Particular topics will include the law and ethics relating to communicable disease, screening, environmental health, public health emergencies, tobacco, food and nutrition, illicit drugs, radiation safety and alcohol. Central themes will include the concept of risk in public health law and the impact of international law.

Who will be interested in this course?

This course will primarily be of interest to public health practitioners and those interested in public health policy and research. In particular, a knowledge of the framework and some elements of public health law in New Zealand is essential for public health physicians, medical officers of health, health promoters and health protection officers working or intended to work in public health units and district health boards. In addition, the course can be expected to be of interest to some policy staff of the Ministry of Health, employees of local authorities in particular environmental health officers, as well as those lawyers keen on extending their skills in the health sector.

Student assessment

Assessment will be fully internal, based on assignments and seminars.

For more information, contact Louise Delany: louise.delany@otago.ac.nz

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Te Whare Wānanga o Ōtāgo

HUI - Health Promotion in PHOs

29 and 30 July 2008

Mercure Hotel, 345 The Terrace, Wellington

The Ministry of Health is pleased to announce a two-day hui for all those who are involved with or interested in health promotion in Primary Health Organisations (PHOs). This important initiative arises from Te Uru Kahikatea: The Public Health Workforce Development Plan (2007-2016).

The hui has an exciting programme. It will:

- provide an outline on relevant workforce development issues and progress since the Health Promotion in PHOs Hui held in 2006
- discuss what is a "health promoting approach"; what is working (success stories, strengths and possibilities), what can be shared; and, what's happening with smaller, Māori and rural PHOs
- provide an update on relevant national projects
- discuss workforce development issues relating to health promotion in PHOs (eg, national co-ordination, leadership and networking, national issues around competencies and training)
- aim to develop recommendations for continued progress.

If you are interested in presenting a success story or model of what is working in your PHO, please email pohui@xtra.co.nz ASAP. The hui programme and online registration are available by email request or at www.publichealthworkforce.org.nz.

You will want to register early as accommodation and attendance costs will be covered by the Ministry of Health for the first 100 registrations. Priority will be given to small, rural and Māori PHOs. We want you there, so we're also offering financial assistance for travel. Please contact Viv Head on 027 276 9215 to discuss.

For further information see www.publichealthworkforce.org.nz, email pohui@xtra.co.nz or phone Karen on 021 544 694.

Strategic Workforce Development and Project Management Services

Email: headstrategic@xtra.co.nz, 027 276 9215



Long-term strategic focus at Ministry of Health sees public health leadership and principles across all Ministry directorates

The disestablishment of the Public Health Directorate in the Ministry of Health caused much debate.

Here the Director-General of Health responds, describing the way in which public health, far from being made invisible, is at the core of the work of all directorates.

By Stephen McKernan, Director-General of Health, Ministry of Health

A quick look at the health challenges New Zealand faces over the next 20 years provides a salutary reminder of the crucial role public health plays and will need to play within our health system.

The need to develop a long-term strategic focus was a key driver and rationale behind the recent changes at the Ministry of Health.

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 and 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.

New appointments have been made, while key people also remain such as Director of Public Health Dr Mark Jacobs, Chief Advisor Public Health Dr Ashley Bloomfield and Deputy Director of Public Health Dr Fran McGrath.

The new structure means exciting new 'across-Ministry programmes' with strong public health components are now possible.

These are structured programmes, with a programme lead, that help draw together the work being done in each area, and support the sector to deliver the 10 Health Targets set last year.

For example, the long-term conditions programme has been set up to promote a whole-of-system change in the way we think about and provide support for people affected by long-term conditions.

Dr Jane O'Hallahan, who led the Meningococcal B Immunisation Programme, is leading this team. The work has two main fronts. Firstly, to create sustainable cross-Ministry processes for working on long-term conditions and secondly to galvanise action for effective long-term condition management in the health sector and intersectorally.

This work recognises there is some excellent initiatives

happening but in the words of the National Health Committee in 2007 there is a need for a 'comprehensive and coherent focus on the needs of people with long-term conditions'.

Located in the Sector Capability and Innovation Directorate, the long-term conditions team is ideally situated to engage with teams from

Healthy Eating Healthy Action and tobacco control, through to primary health care, nursing innovations, CVD/diabetes, cancer, and oral health.

In their across-Ministry capacity, the long-term conditions team can bring together colleagues in mental health, Maori health, the health of older people, and other population health teams.

A public health approach is at the heart of this work. The incidence and impact of long-term conditions cannot be reduced using the traditional model of health care provision. Instead, we need a new approach in which communities are engaged and empowered to plan and provide for the health of their population.

Other recent work has been undertaken by the Ministry on breastfeeding. Breastfeeding activities align with target eight of the Health Targets, which is to improve nutrition, increase physical activity and reduce obesity.

Improving breastfeeding rates needs a comprehensive, coordinated approach encompassing protection, promotion and support at local, regional and national levels in a range of settings and sectors. A well trained, well supported and effective workforce is critical.

An across-Ministry approach is taken, involving the policy groups for the service areas of maternity, primary care, public health, nutrition and well child, as well as workforce development. The Information Directorate and Public Health Intelligence are involved in monitoring and evaluation; Public Health Operations in contracting for service provision of the Baby Friendly Initiative; and



“As a society, we still face many challenges to health, and the importance of prevention and public health intervention remains as strong as ever.”

the Healthy Eating, Healthy Action team for the social marketing campaign, and the coordination of DHB activities.

There is also a nucleus of public health activity in the Ministry, the Office of the Director of Public Health, Dr Mark Jacobs, based in the Health and Disability Systems Strategy Directorate.

This 10-15 strong group provides strategic input on public and population health issues across the Ministry, and across the wider public sector.

The group has a key role in building networks across the sector, with other sectors and internationally, to strengthen public health action.

The group has a statutory role via the Director of Public Health, which includes providing independent advice to the Minister and Director-General on public health.

It also leads the work on reviewing and developing the legislative framework for public and population health matters.

An important recent initiative was the establishment of a Health Impact Assessment (HIA) unit in the Office of the Director of Public Health in August 2007.

The Unit is well placed to help ensure HIA is embedded across agencies to improve health outcomes and reduce health inequalities.

Its role includes raising awareness about HIA and the tools available to undertake it at a policy or project level, supporting the development and effective use of the HIA approach in New Zealand and providing technical advice, guidance and support to those who are starting or undertaking a HIA.

The Unit will also build up an evidence base of information, tips, case studies, and good practice in New Zealand and overseas and contribute to the provision of new research that will inform and improve judgements about the potential impacts of policies, programmes and projects on health.

The Unit will work closely with Public Health Intelligence, which continues to gather and analyse public health information for the Ministry and wider sector.

Finally, what is really important is that it is not just me emphasising that public health is at the centre of the Ministry's work. Director of Public Health Mark Jacobs comments:

"There are always challenges in implementing new structures, but I'm confident that the changes in the Ministry present a number of opportunities for public health.

"The key opportunity, I think, is to use the fact that "public health is every Ministry of Health directorate's

business" to really put achieving population health gain and reducing health inequalities at the centre of what the Ministry, and the sector, is all about. Organisations like the PHA will of course have an important role to play in helping us do this."

As a society, we still face many challenges to health, and the importance of prevention and public health intervention remains as strong as ever.

I'd like to thank the Public Health Association for giving me the chance to tell you more about the nuts and bolts work that is underway to bring about our shared vision of a healthier New Zealand, and I look forward to working with you in future.

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Stephen McKernan has held senior executive roles in the New Zealand health system for the past 18 years.

He has been a Chief Executive since 1998 with his first appointment being to Hutt Valley Health and subsequently to Hutt Valley DHB in 2000. In 2002 he was appointed Chief Executive of Counties Manukau DHB, one of the country's largest DHBs, serving a high-needs population with an annual budget of \$950 million and employing some 5500 staff.

Mr McKernan has a Bachelor of Business Studies from Massey University and a Diploma in Public Health from the Royal Society of Health. He is an Honorary Fellow of the Australian College of Health Service Executives.

Notice of Annual General Meeting of the Public Health Association of New Zealand

The Annual General Meeting of the PHA will be held on Thursday 3 July 2008 at Waitangi.

Financial members of the PHA will have been sent a full notice of meeting and agenda for the AGM included with their copy of this *PHA News*.

PHA membership renewal

Make sure that you are part of the active PHA network and get your own regular *PHA News*. Many services, including our weekly eBulletin, are available only to financial members.

Membership rates are income-related.

A membership application and renewal form has been sent to financial members with their copy of this *PHA News*. It is also available in the Membership section of the PHA website (www.pha.org.nz).

"There are always challenges in implementing new structures, but I'm confident that the changes in the Ministry present a number of opportunities for public health."

Director of Public Health, Mark Jacobs"

Regulation beats education

This is an opinion piece about the proposed Public Health Bill by PHA National Executive Officer Gay Keating, and Leigh Sturgiss, Executive Director of Obesity Action Coalition. It was published in the *Dominion Post* 3 April 2008.

The Public Health Bill, currently being considered by Parliament's Health Select Committee, is reviewing and updating the Health Act 1956. The National Executive Officer of the Public Health Association, Dr Gay Keating, and the Director of the Obesity Action Coalition, Leigh Sturgiss, say it is the most important piece of public health legislation in decades and will continue to ensure New Zealanders can live healthy lives.

Without public health laws we would live in a country in which it was perfectly OK to be exposed to asbestos at work, have raw sewage running in the drains, eat food from cockroach-infested restaurant kitchens, drink contaminated water, place children in vehicles unrestrained, and dump contaminated waste in the school playground.

To a large extent, it is government rules and regulations that enable us to live the relatively safe and healthy lives that we take for granted in New Zealand. It is these interventions that protect individuals from harm caused by others. Sometimes the freedom individuals have to do certain things (like drinking alcohol and then driving) must be set aside to protect health.

It is perfectly appropriate therefore that the Public Health Bill looks at how the state can help to improve the health of people in the 21st century.

The main causes of ill health and death today are not communicable diseases (ie ones that you can catch from someone else or from contaminated water) but non-communicable ones: obesity, diabetes, cancer and heart disease. The rise in these diseases is no less an epidemic than the polio or tuberculosis epidemics of the 20th century.

The Public Health Bill seeks to help control these non-communicable epidemics. One of the ways it is considering doing that is by limiting the power the junk food industry has over the choices New Zealanders, particularly children, make about what to eat.

We know that education alone is ineffective in changing health behaviours.

Requiring smokefree workplaces, including bars and restaurants, has done more to protect people from



Gay Keating



Leigh Sturgiss

second-hand smoke than mere education about its harms. The law requiring people to wear seatbelts has saved more lives than simply educating people about the benefits of wearing them.

During its Inquiry into Obesity and Type 2 Diabetes the Health Committee noted that behaviour change is not achieved by education and information alone, and that

environmental change is necessary for people to attain and maintain healthy lifestyles.

So while families and children can be educated about what constitutes nutritious food, an environment that supports their choice is also necessary. The big companies producing and marketing unhealthy food are returning a profit to their shareholders. They are not going to change anything till they are forced to and currently the balance is tipped in their favour, enabling them to make money while the health of New Zealanders suffers. The ongoing advertising of fast food to children is a good example of this.

“Banning the television advertising of unhealthy foods and beverages to children may seem like a big call; but five years ago, so did banning smoking in bars.

“A strong response to food advertising would have benefits for the health of all New Zealanders.”

Voluntary self-regulation of marketing doesn't protect population wellbeing (particularly of children); it serves industry interests. Self-regulation has not worked in other areas of health concern, has not worked so far for food and will continue to be ineffective for food.

It's not just health groups and the Government that are concerned with how much influence such advertising has on children. A survey which investigated attitudes towards banning advertisements of unhealthy food and drink products during children's television programmes found almost 71 percent of those surveyed agreed or strongly supported the ban.

Banning the television advertising of unhealthy foods and beverages to children may seem like a big call; but five years ago, so did banning smoking in bars. Like the strong tobacco control measures we have seen, a strong response to food advertising would have benefits for the health of all New Zealanders.