

Healthy Christchurch

Newsletter #59, Here-turi-kōkā (August) 2008

From the Healthy Christchurch Coordinators

Your trusty coordinators are back—Robyn from attending the Public Health Association's annual conference, this year at Waitangi, and Kathryn from the northern hemisphere.

Public Health Association Conference 2 – 4 July 2008

The theme for this year's conference was "Tapu & Noa...environmental, physical or both..." aimed to look to the future by recognising what has happened, what is happening, and what could happen.

This was my first conference so I was excited and intimidated. Excited by the prospect of attending a plethora of presentations and workshops, and meeting a huge range of diverse people working within the public health arena. Doubly excited by my first ever journey to Waitangi, a place of rich historical significance associated with Te Tiriti o Waitangi, the founding document of our nation andintimidated by being in the presence of a huge pool of collective knowledge and experience and worried that I would be revealed as an impostor masquerading as a health promoter. I needn't have worried, everyone was friendly and relished every opportunity to share, connect and exchange ideas.

From the Powhiri at Te Tii Marae to the daily presence of kaumatua, korero, waiata and kapahaka it was a wonderful experience for everyone. I heard comments like "I have never attended something where the Maori culture has been so much a part of everything. I really like it and wish we had more of this where I work." This was a definite highlight for me.

The days were filled with 7 plenary sessions, 54 oral presentations and 17 interactive workshops to choose from, covering a vast array of subject matter. Exhausting!

The most memorable presentation was a prime example of successful intersectoral collaboration. It was given by Ngati Hine Health Trust and called "The process will lead you to the outcome: How a small community in Northland was able to eradicate a serious health problem".

Whangaroa, a community of about 3000 people used to have the highest rate of rheumatic fever in New Zealand. In February 2002 the Public Health Service joined forces with the Iwi, Runanga, the Primary Health Care Provider in Whangaroa and the school to start a school-based throat swabbing and treatment programme. The last case of rheumatic fever from Whangaroa was notified 8 days after the programme started in 2002. "He Korowai Oranga" is a MoH strategy which sets the direction for Maori health development in New Zealand. It was launched after the Whangaroa project started in 2002. When compared with the "He Korowai Oranga" framework, the Whangaroa rheumatic fever prevention programme used similar pathways:

- A community development approach
- It was based on the principles of partnership-participation-protection
- There was effective service delivery that was evidence-based and outcome focused
- It involved multiple agencies – both mainstream and Iwi based

The outcome has been whanau ora – six years free of rheumatic fever in Whangaroa!

The conference was an excellent and intensive way to find out what's going on, what's new, what others are doing and how. The only negative aspect was that the 3 days were so jam packed with presentations and workshops that there was very little time for reflection.

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I took some time at the end of the 2nd day to walk to the Treaty grounds. It was magic. It was late in the day and staff were just closing the Treaty house so I only saw 1 other member of the public there. The air was clear, a tui sang near the carved meeting house and the view from in front of the Treaty house out over the bay, spectacular. As the light began to lose its sparkle I stood quietly and watched as the caretaker lowered and removed the flag for the evening, then I slowly meandered back down the hill towards the place where the waka awaits its next ceremonial engagement. This was my first experience of the place where our nation was born, where Kawanatanga, Tino Rangatiratanga, Oritetanga were accepted as being the foundation for the future of Aotearoa and it was one of quiet reflection and hope.

Back from a stint in the northern hemisphere

Certainly a highlight of my 6 week trip was my bi-annual visit with my (almost) 98 year old mother who is doing very well, thank you! In fact, I have received a couple of emails from her since my return. Although frail, she is the picture of health in many ways and has a wicked sense of humour which keeps her retirement community neighbours in stitches. Her secret to longevity and mental acuity? Reading! A former librarian, she always has 5 or 6 books on the go (down from 7-8 due to macular degeneration that is causing her eyesight to deteriorate).

The Healthy Christchurch priority 'to reduce health inequalities by working to improve the health status of those who are worse off'

Update on a collaborative pilot project to improve the health of Christchurch families with small children and who are living in substandard housing.

This project commenced in July 08 and is winding down. The signatories involved have included Tenants Protection Agency (TPA) and Work and Income, with representatives from several other signatories overseeing the project and serving as a reference group. Small amounts of funding have been provided by Christchurch City Council, Canterbury District Health Board, and the Department of Buildings and Housing.

A local Work and Income office, after explaining the pilot project to selected clients (those who were renting privately, had requested an accommodation supplement AND had a child or children under 5 living in the property) asked if they would like to participate. With the family's permission, TPA then carried out an inspection of the property using the standards set out in the Residential Tenancy Act. As part of the inspection, TPA took photos, supplied the inspection report to the tenants and discussed with them whether the property met the legislated standard and what their rights are under the Residential Tenancy Act. An offer, rarely taken up, was made to also send the inspection report to the property owner/manager and to help the tenant work with their landlords to get problems on the premises remedied.

TPA is also doing subsequent inspections to document changes, if any, to the status of the property. Some of the preliminary results have been disheartening. One property was in such a dilapidated condition that TPA felt obliged to help the family find better accommodation. TPA was dismayed to see the same property (no noticeable improvements made) let to a new family a week later. This situation resulted in TPA convening a meeting with authorities that have various responsibilities when it comes to unsanitary or unsafe housing (e.g., health, council, fire service) to discuss how best to convey to tenants, concerned neighbours, social service agencies etc the steps needed to report a situation and for mitigation to occur. This is likely to be the subject of another, related project, as it is a confusing and complex area.

An evaluation process was incorporated during the pilot's planning phase, and a final report is now in the making. The idea is to present findings to the project's funders and other parties, including to Healthy Christchurch signatories at the 3rd annual Poverty Forum scheduled for International Day for the Eradication of Poverty in October.

Recent hui in the series to assist Healthy Christchurch signatories to work in a Treaty-based way.

You may wonder what the connection is between working in a Treaty-based way and reducing health inequalities. As a population group, Maori have poorer health statistics than non-Maori. Fortunately, their statistics have been improving over recent years. It is difficult to know exactly why this is so; it could be due to improvements in the wider social determinants of health (e.g., education, income and employment levels). It may also relate to increases in the number of 'by Maori for Maori' service providers and of mainstream organisations that have taken on board the principles of Te Tiriti o Waitangi and therefore now work more effectively with Maori than they have in the past. It could be decreases in smoking and/or increases in physical activity. Or....it could be all of the above in various proportions!

Many organisations which are part of the Healthy Christchurch network (and others) have shown a strong interest in learning more about the Treaty and about how to work more effectively in a Treaty-based way. In response, several Healthy Christchurch signatories have collaborated over the years to organise a series of 5 hui starting in 2006 to help signatories address this. Credit must go to Charter signatory Network Waitangi Otautahi which has been a strong driver for this series. Here is a brief synopsis of each event:

May 2006. 'Te Tiriti o Waitangi and How it Relates to Health Inequalities.' This hui was aimed at giving participants an understanding of the Treaty, what is in it, what it means and how it relates to signatories' work. Ninety-four people from 40 organisations (25 of which were signatories) attended.

July 2006. 'Human Rights and the Treaty of Waitangi.' Organised by the Human Rights Commission, this symposium was attended by 54 people from 24 organisations (15 of which were signatories) and focused on Te Tiriti in a human rights context.

November 2006. 'Working in a Treaty-based Way: Making It Real.' Thirty people attended from 21 organisations (17 of which were signatories) to look at ways they could operationalise Te Tiriti in their workplaces.

September 2007. 'Making it Real.....Continued. Where We've Got To. Where to Next?' This hui involved a professional facilitator and was aimed at promoting a better understanding of Te Tiriti and its relevance to health inequalities, our mahi and ourselves. Twenty-seven people from 26 organisations (19 of which were signatories) attended.

July 2008. 'Working Together. Sharing Our Insights.' This event was a collaboration under the Healthy Christchurch banner between Network Waitangi Otautahi and the Human Rights Commission. It provided a forum for Maori and Pakeha caucuses to discuss effective strategies for working in a Treaty-based way. Fifteen people from 9 organisations attended (6 of which were signatories).

In all, 220 people from 120 organisations (82 of which were signatories to the Healthy Christchurch Charter) have participated in the series. All of these hui were evaluated by participants; feedback has been very positive. As part of the evaluation, participants indicated not only what they learned but also what they planned to take back to their respective organisations. In an ideal world, it would be good if we could contact past participants to see how they followed through and the differences (if any) their participation made to their organisation and to Maori. Such an exercise is beyond the current resources of Healthy Christchurch, plus it may not be possible to directly attribute improvements in Maori health to participation in this series.

A set of proceedings from each hui has been (or will be) placed on the Healthy Christchurch Information Base.

Regulation beats education

Here is an excerpt from an opinion piece about the Public Health Bill by the Public Health Association's National Executive Officer Gay Keating and Executive Director of the Obesity Action Coalition Leigh Sturgiss. It was published in the *Dominion Post* 3 April 08 and in the June 08 issue of the *PHA News*.

'...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 sewerage 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 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.

.....The main causes of ill health and death today are not communicable diseases (i.e. 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 those 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 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 and 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.

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.'

Upcoming Events

- 'New Zealand's health system: A system or collection of 21?' Presented by Director General of Health Stephan McKernan. 12.30-1.30pm, Friday 8 August, Rolleston Lecture Theatre, Christchurch Hospital.
- 'Mahi Tahi – Maori health is every health worker's business.' Presented by Associate Professor Papaarangi Reid, Umuaki/Deputy Dean Maori, Te Kupenga Hauora Maori, University of Auckland. 12.30-1.30pm, Friday 15 August, Rolleston Lecture Theatre, Christchurch Hospital.

Training and Workshops

Sexual & Racial Harassment and Bullying in the Workplace

The Human Rights Commission is providing workshops on harassment and bullying. The workshops are free, of two and a half hours duration and will be accessible and relevant.

Sexual and racial harassment:

Date: Wednesday 13 August 2008

Time: 9.30am

Place: Level 2 Conference Rm, Christchurch Community House 141 Hereford St

Bullying in the workplace:

Date: Tuesday 26 August 2008

Time: 9.30am – 12.30pm

Place: Level 2 Conference Rm, Christchurch Community House, 141 Hereford St

Enquiries about both workshops and to RSVP either phone Karolin Potter 353 0957 or email karolinp@hrc.co.nz

Understanding Bipolar Disorder

Target audience: Mental Health Support Workers who have a basic understanding of Bipolar Disorder, or have attended 'Introduction to Bipolar Disorder' - Mental Health Education & Education Centre

Date : 28 August 2008

Time: 9.30am – 4.30pm

Venue: Oxford Tce Baptist Church Lounge

Facilitator/s: Frances Caldwell
– Service Leader/Family Worker Bipolar Support Canterbury
Dr Richard Porter
– Psychiatrist, CDHB

Cost/Subsidised

\$75.00 (incl. GST) for employees of organisations with a CDHB Mental Health Contract.

*** Priority places will be given to these employees.**

Cost/No subsidy \$95.00 (incl. GST)

Please contact Mental Health Education & Resource Centre for further information on 365 5344 or email pip@mherc.org.nz

Get Set Go!

An essential workshop and resource for organisers of community programmes and events. Topics include budgets and funding; promotion and publicity; effective evaluations; trouble shooting tips for events; and designing programmes to suit your community.

Cost: \$30 for voluntary organisations/individuals (ask us about our group fee)
\$50 for Government agencies or business organisations

Space is limited to 15 people per session, so be in quick!

Thursday 4th September, 9.30am to 1.00pm

Venue: Linwood Service

Contact: Healthy Christchurch Coordinators
Kathryn Cannan: 03 3786 820 or
Robyn Wallace: 03 3786 838
Email: healthychristchurch@cph.co.nz

Centre Boardroom, 180 Smith Street, Linwood

Thursday 2nd October, 9.30am to 1.00pm

Venue: Papanui Library/Service Centre Boardroom, Cnr Langdons Rd & Restel St

If you have any queries or would like us to run a workshop with your team at a time and place to suit you call us to discuss the options, Jacqui on 941 5333 or Diana on 941 6628.

Resources

Free Legal Help More Accessible

Community Law Canterbury is a not for profit community law centre providing free legal information, advice, assistance and representation. The centre location is 281 Madras St, Christchurch. The new toll free information line will make Community Law Canterbury's services more accessible during 10am to 4pm Monday to Friday. The number is 371 3819 for callers in Christchurch. Out of town callers should dial: 0508 CANLAW - 0800 226 529.

"Left Behind: How social and income inequalities damage NZ children"

April 2008 Edited by Dr Susan St John and Donna Wynd, and written by a range of experts this report outlines how increasing inequalities are harmful to children and society at large - and what to do about it.

Download the executive summary www.cpaq.org.nz or write to admin@cpaq.org.nz to request a copy of the full report (~180 pages). Suggested purchase price is \$25 - for those able to afford it. Most important, however, is that our information gets to where it needs to go! We welcome requests for complimentary copies for unwaged people and students. **Child Poverty Action Group Inc.** P.O. Box 56-150, Auckland. Phone (09) 303-9260. End child poverty in NZ by 2020: A rich life for all children.

Vacancies

CANTERBURY COMMUNITY PRIMARY HEALTH ORGANISATION

Oral Health Promoter for Children under Five Years and Adolescents

An opportunity to facilitate positive change by promoting and improving the oral health of children (under five years) and adolescents in the 13 to 18 age group.

A key focus will be working with other primary health organisations, community groups and oral health providers.

Canterbury Community Primary Health Organisation on behalf of the five PHOs in Canterbury is seeking to appoint an Oral Health Promoter for a three year contract. Must have excellent co-ordination skills, and be a self starter who is goal orientated and committed to achieving results. This is an opportunity for someone with previous co-ordination and/or project management skills and with experience working in public health and/or health promotion.

Applications

For further information and a copy of the position description, please contact Laila Cooper on (03)381 8000 or email laila@ccpho.org.nz

Applications **close Monday 11 August 2008** and are to be forwarded to:

Oral Health Promoter Vacancy
Canterbury Community PHO
P.O.Box 32077
Christchurch 8147

Contact: Healthy Christchurch Coordinators
Kathryn Cannan: 03 3786 820 or
Robyn Wallace: 03 3786 838
Email: healthychristchurch@cph.co.nz

Items of Interest

The Healthy Christchurch initiative is being evaluated

The Healthy Christchurch Steering Group has decided that it's time for the second evaluation of the initiative. The first one was carried out in 2003, about a year after its launch, by the Christchurch School of Medicine. An independent contractor will do this one. She has already met with a few of you to get a feel for the kinds of questions that signatories should be asked.

Evaluation is important to the success of any initiative or project; Healthy Christchurch is no exception. This will be a great opportunity to say what you think about being part of the Healthy Christchurch network, what works and doesn't work for your organisation and the future direction your organisation would like to see for the initiative.

Through the miracle of modern technology, those of you hooked up to the Internet will be able to answer the survey questions electronically. There will also be a regular postal version as well. Your trusty coordinators will keep you informed.

Update on the Energy Costs Action Group's (ECAG) letter to the Public Health Advisory Committee

The April 08 Healthy Christchurch newsletter contained an item about a letter that the Energy Costs Action Group (a collaborative group formed under the Healthy Christchurch banner to address the impact of the high costs of power on people with low incomes) wrote in March to the Public Health Advisory Committee (PHAC) in which the Group expressed its concerns about the health impacts of unflued gas heaters. NB: PHAC is a statutory sub-committee of the National Health Committee. It provides the Minister of Health with independent advice on public health issues.

In concluding its letter, the Group said, 'While the Group is concerned with the negative impacts on health of gas heaters, it also recognises that, given the continuing increases in electricity prices, these heaters may increasingly provide people on low incomes a way to stay warm, without plunging them into fuel poverty. Without such heaters, people may end up being cold in winter which is even more damaging to their health. This could put poor families into a position of having to choose between two health-damaging options.'

The Public Health Advisory Committee responded to the Group in a letter dated 25 May. The final paragraph of its letter states, 'After receiving your letter the PHAC has begun finding out what is happening at present to address the issues raised by the use of unflued gas heaters. Once this work is completed the PHAC will advise you of its outcomes.'

The Brain Gain: Top 10 check list for employers of migrants

Employers of skilled migrants in New Zealand have identified a top ten check list for successful workplace relations which can be found in a new publication 'Brain Gain: Migrant Workers in New Zealand', available from the Human Rights Commission.

The ten point check list has been developed with the cooperation of a wide variety of employers in sectors such as dairying, bakery, accountancy, local government, public service and hospitality.

The 'Brain Gain' report profiles best practice examples and advice to other prospective employers of migrants. The ten point check list is:

- Changing recruitment attitudes and practices to give migrants a go
- Talking to prospective employees before they come to New Zealand
- A good training and induction system for new migrants as well as other employees
- Different religious beliefs can be accommodated through good communication and workplace flexibility

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- Languages other than English can be spoken where it does not compromise health and safety and essential work practices
- Helping migrants improve English language competencies helps boost business productivity
- Diversity of staff can be seen as an added value for co-workers in understanding different cultures
- Migrant workers can offer competitive advantage to new clients and customers
- Migrant workers approach employment with appreciation rather than expectation and exhibit a strong work ethic
- Zero tolerance of racial discrimination in the workplace must be led from top management.

To all New Zealanders

The tobacco industry has a problem. Each year nearly 5000 of its best Kiwi customers die from tobacco related diseases. To keep its profits pouring in, the tobacco industry needs new smokers to replace them. The average age of these 'replacement smokers' is just 14 years of age. Most forms of tobacco advertising were eliminated in New Zealand in 1990 with one major exception – tobacco 'powerwalls'. Cigarettes can still be openly promoted at the check-out in thousands of convenience stores, petrol stations and supermarkets around the country. We need your help to end this insidious form of tobacco marketing. Please act now.

What can you do to end tobacco marketing to children?

WATCH THIS: Watch our new documentary 'Out of Sight - Out of Mind'.
Go to: <http://www.protectourchildren.org.nz/index.php?id=996>.

SEND THIS: Send a letter or email to NZ's political leaders asking them to take action.
Go to: <http://www.protectourchildren.org.nz/index.php?id=974>

ORGANISE THIS: Organise a community event to screen the full version of the DVD.
Go to: <http://www.protectourchildren.org.nz/index.php?id=1008>

READ THIS:

Visit our website to learn more about our campaign to get tobacco out of sight in shops.
Go to: <http://www.protectourchildren.org.nz/>

FORWARD THIS:

Forward this message to your friends, family and colleagues encouraging them to help us make smoking history.

In the words of Margaret Mead.....'Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.'

Healthy Christchurch Steering Group

At its 30 July meeting, the Steering Group:

- welcomed new members onto the Steering Group (Fiona Pimm, replacing Henrietta Latimer for Te Runanga o Ngai Tahu and Steve Lavery, replacing Vivien Daley for Pegasus Health);
- received a progress report on the evaluation of Healthy Christchurch;
- received a report on the 24 July 'Sharing Our Insights' hui;
- received a letter of thanks from one of the persons sponsored by the Steering Group to attend the Healthy Cities and Communities short course in April;
- endorsed the applications of Project Lyttelton Inc, Christchurch PHO and Tranx Inc to become signatories to the Healthy Christchurch Charter.

The next meeting of the Steering Group is scheduled for 3 September.

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