Workforce Training And Upskilling Important Part Of Health Promotion Development

On-going improvement of our health promotion short course is the reason for the recent meeting of its five tutors and supporting staff. Eight courses are set for 2010, some of which have been offered.

An appropriate introduction to the basics of health promotion, the course is a joint venture between the Forum and the Manukau Institute of Technology. The course especially suits those who are new or have been practising health promotion but have not formally studied its theory, practical skills and strategies.

People from other professions who wish to work in health promotion will also find the course very helpful. Similarly, managers of health promotion teams and initiatives will benefit from the eight-day course. More course details and enrolment forms are available on our website: www.hauora.co.nz.

Whanau Ora - He Whakataurite: a personal perspective

On the 8th April 2010 the Whanau Ora initiative was launched with the release of a report on the policy compiled by the Taskforce for Whanau-Centred Initiatives. This, as expected, has resulted in an unprecedented proliferation of the term “whanau ora” into the everyday vocabulary of all New Zealanders. It has also brought with it the usual diverse opinions and perspectives, whether supportive or otherwise, from across the gamut of this comparatively small society. Certainly thoughts on the merits and drawbacks have come thick and fast. This, of course, is the domain of new high level policy. It comes with the territory and no political strategist is exempt- voters and constituents will ensure that.

Regardless, Whanau Ora is set to roll out in July with a small ‘seeding’ budget, initially for administration set up costs, with the remainder being divided and devolved to providers. In what looks to be a fairly compressed timeline, it is expected that contracts will be drawn up and allocated to successful applicants early in the new financial year. A total of $30 million will be allocated to 20 Whanau Ora providers at $1.5 million each. To do this and in the language of the taskforce, funds will be “unbundled” from Health, Social Welfare and Maori Affairs ministries and redeployed to community organisations. Providers will deliver assistance to whanau and focus on issues such as ill-health, employment, crime and the full spectrum of existing social problems. The critical difference is that the providers will work with whole whanau rather than individuals alone and will be a type of ‘one stop shop’ crucial link to services.

continued on page 6
From the Executive Director

Having a Tobacco Free New Zealand by 2020 is becoming a very real possibility with the substantial rises in tobacco taxation which went through Parliament with the support of almost all Members.

We congratulate Hon. Tariana Turia for her leadership and everyone involved for this enormously important achievement.

The legislation to bring in the tax rises went through Parliament with the support of the National, Labour, Maori, Green and United Future parties and one member of the Act party. This shows that we have attained public support and political commitment to a very important health promotion measure.

2020 will be 70 years after the British Medical Journal publishing a paper by Richard Doll which showed the relationship between smoking and lung cancer. Success in health promotion often takes long time frames – and will continue to require effective, well-informed, sustainable and comprehensive services and workforce.

From the Managing Editor

Welcome to our 2010 Autumn edition! As you read this Hauora, the debate on Whanau Ora might still continue. But from a health promotion perspective, one thing is clear. The policy is an empowering health promotion strategy for community and whanau development. Whanau Ora gives whanau and families leadership and ownership of their wellbeing and future. It focuses and builds on strengths rather than dwelling on deficits. Trevor Simpson discusses Whanau Ora from a Maori and health promotion perspective on pages 1 and 6. I briefly explore the concept from a Pacific perspective on page 12.

Raising the price of tobacco in order to discourage smoking was one of several health issues that recently dominated the local headlines while ecological disasters – both natural and man-made – such as the volcano eruption in Iceland and the oil spill in the Mexican gulf, were prominent in the global media. Stephanie Erick writes on a Pacific response to the tax rise while Alex Macmillan and Jamie Hosking write on climate change and human wellbeing in our Keeping Up To Date.

Alex also teams up with Rhys Jones to examine environmental sustainability. Not only do we try to bring analysis and reflection on health issues but we wish to keep you posted on our contribution to the training of the health promotion workforce.

In his first contribution, our cartoonist, Grant Hocking, picks on health promotion funding. He also writes on tobacco and social marketing among young people, offering some lessons. See page 11.

May I take this opportunity to acknowledge our contributing writers. Thank you and keep the articles coming. Happy reading!

Sione Tu’itahi
Dr Ian Hassall’s long work in advocating for the health and wellbeing of children was recognised by UNICEF awarding Ian the extremely prestigious international Aldo Farina award.

Ian is perhaps best known as New Zealand’s first Children’s Commissioner. He was a paediatrician who has been a leader in many of the advances to protect and promote the health of children—including swimming pool fencing; the development of child protection services and legislation; New Zealand’s ratification of the UN Convention on the Rights of the Child; advocacy around child poverty; the formation of the Brainwave Trust, Parent Help, the Kids Help Foundation, and Every Child Counts; and repeal of Section 59 of the Crimes Act. He is currently a research associate at the Institute of Public Policy at Auckland University of Technology.

Ian spoke at a June function in Auckland to mark the award. He talked about the importance of the children’s movement and where the movement is heading. Here is some of his speech:

Jenny and I are warmed and lifted up by your presence and good wishes but I’d like this to be a celebration of what we have been doing in the last two decades. We have grown over the last two decades. We are (not in order of importance), Barnardos, Plunket, Save the Children, Unicef and the Institute of Public Policy, the Children’s Issues Centre and its successor, Child Poverty Action Group, ACYA, Great Potentials, SHINE, the Office of the Children’s Commissioner, the Every Child Counts coalition, our friends in Parliament, in the Territorial Local Authorities, in the media, in the justice system, in health, welfare and education, in academia and the research communities, in the faith communities, in the celebrity world, in the world of arts and letters. Together we are a formidable force.

Where are we heading? There is, of course, important work being done directly with children and their families in health, education, social work and care and in research and policy development in relation to those primary fields. This work is indispensable and our credibility depends on close and continuing reference to it. But we must also give our attention to the wider world of government, politics and public affairs that fail to deliver what children need and what is their right and that is what we have been doing in the last two decades.

Three important elements of our strategy are:

• introduction of mandated attention to children’s interests into the structures and processes of government;
• establishment of an effective lobby for children;
• development of a child-aware political philosophy.

In relation to the first of these elements, we still do not have regular consideration of children’s interests in government decision-making. Ways of making that happen include mandatory child impact reporting and a Minister for Children in Cabinet with an Office for Children to advise her. But that will only work if the second element is present, that is, a strong popular representative lobby for children to monitor and engage with the political process. Such a lobby and a positive political response to it requires the status of children to be raised more generally and that brings

in the third element. Development of children’s status as people upon whom this attention must be focused depends upon a coherent political ideology of children and their place in our aspirations.

None of these steps is without precedent in the world. We can aim to put them together.

At the apex of the strategy is a new political philosophy and that is what I want to talk about last.

Neoliberalism, the dominant political philosophy of the last 25 years has had its day. In the last two years it has failed spectacularly even in its own terms but its failings were evident from the beginning. One of the most serious among them was that it had no place for children or the people who cared for them. Efforts were made by people such as Gary Becker of the Chicago school to manufacture a place but these were always implausible to say the least.

I see a new political philosophy taking shape. It recognises and celebrates connectedness, interdependence and responsibility as foundations of individual, communal and national strength. It sees a narrative that stretches into the future. It is sensible about environmental sustainability. A central feature of this new philosophy is attention to relationships. The most powerful model of a sustaining relationship that is our heritage as human beings is that of parents, family and community with their children. The writings of Anne Manne, Sue Gerhardt, Nancy Folbre, our own Marilyn Waring and many others are contributing to the development of this philosophy.

As a movement, we are achieving some recognition. Lesley (Max) is our first Dame. Teuila (Percival) and Susan (St John) were recognised in the Queen’s Birthday list. It is our responsibility to translate this recognition into positive change.

I, and all of us here are fortunate to have been a part of the evolution of a children’s movement which is gaining momentum here and worldwide. It has been driven with a mix of patience and impatience. It is with that sense of “can’t wait but have to” that I look forward to future developments.
Earlier this month a document was published that has the potential to change the future for our children here in New Zealand. “The Best Start in Life: Achieving effective action on child health and wellbeing”, is a very readable report written by the Public Health Advisory Committee (PHAC) and submitted to the Minister of Health. It summarises the areas in which New Zealand needs to do better for our children’s health, and lays out an evidence-based and sensible plan of how to achieve this.

The report makes for a sobering yet inspiring read.

With so much open space and the benefits of a good education and health system, New Zealand has the potential to be the perfect environment for a child to thrive. However, the statistics reveal a less comfortable picture. Suboptimal housing, poor access to primary healthcare, the inaffordability of nutritious food and the number of children living in poverty are all contributors to the health of our children being far from perfect, and the inequity across groups is significant, with Maori and Pacific children over represented.

The 2008 UNICEF report, An Overview of Child Well-being in Rich Countries, highlighted areas in which New Zealand is lagging behind its comparable neighbours and this was echoed in the Organisation for Economic Cooperation and Development (OECD) report, Doing Better for Children, 2009 (see Table 1).

Whilst in some areas New Zealand is performing well, for example, and certainly no country performs well in all sectors, overall New Zealand ranked 29th out of 30 countries for child health and safety and fell in the bottom third for most indicators. The reasons for this are multifactorial, including uncoordinated services and low government spending in certain areas, but local research has shown that within these statistics lie significant inequities across different groups.

In the UNICEF report New Zealand ranked 24 out of 24 for deaths from injury and accidents. The rate of child abuse is four to six times the rate of countries with the lowest incidence. Rates of pneumonia, rheumatic fever and other communicable diseases are also high. Within these statistics local studies have shown the risk of infections in Maori and Pacific children are significantly (up to 48 times) higher when compared to non-Maori non-Pacific children. (Monitoring the Health of New Zealand Children and Young People: Indicator Handbook.)

So how can these measures be improved?

The PHAC report sets out a clear strategy which draws on plans already in place in countries including Australia, the United Kingdom and Canada, and integrates principles from Whanau Ora.

The main recommendations to the Minister of Health include:

1. A new overarching law for the wellbeing of children, and a senior Cabinet Minister for Children
2. Take a whole of government approach
3. Use an integrated approach for service delivery
4. Improve our monitoring of child health by using a nationally agreed set of indicators.

More specific areas that need improvements are outlined as:

- Investment in early childhood
- Different policies on child health with each successive government leads to unfinished projects and strategies and inconsistent approaches
- Services currently delivered by sector rather than based on needs which leads to duplication, gaps in service, confusion and frustration for service users
- Sharing of information is incomplete and inconsistent between agencies
- Children with disabilities are the most vulnerable
- the monitoring of child health currently is incomplete and not standardised

The overriding message from the report is that we need to have a specific child health strategy and we need strong government leadership from someone whose very job is to advocate for our children both in terms of that strategy and all other policy decisions.

The strategy must be something that is agreed upon and retained by each successive government and within all departments, to allow unity in approach and integration of services – thereby leaving behind the near impossible task of navigating a number of different departments in order to meet a child’s needs. This is a scenario that will be familiar particularly for families and health providers of children with disabilities.

By recording data according to an agreed set of indicators we can make more informed decisions about what does and does not work for our population.

Early childhood spending is an area identified that New Zealand can improve on, and has been shown to give much more “bang for the buck” when compared with spending on older children, with better outcomes across many areas and especially for more disadvantaged children. Initiatives should include, amongst others:

- free primary healthcare for all young children and pregnant women
- subsidised nutritious food for young children and new mothers
- quality early childhood education targeted at disadvantaged families
- improving access to parenting programmes
- extending paid parental leave entitlements
- improving housing and community safety.

This document echoes the recent WHO
By Ieti Lima

A new initiative aimed at addressing the pressing need to broaden and deepen public discussion on health and health policy in New Zealand, as well as promoting health and wellbeing of all New Zealanders, was launched in February at the Wellington Convention Centre in Wellington.

Named the Ian and Elespie Prior Policy Centre for Health and Wellbeing (Prior Policy Centre), the Centre recognises and builds on the late Ian Prior and his wife Elespie’s contributions to New Zealand society. Ian Prior, who died in Wellington on 17th February 2009, was a strong advocate for public health and had a long standing interest in linking evidence to policy. Throughout his career Ian Prior was strongly supported by his wife Elespie, said organisers of the new Centre, and confirmed by Ian’s relatives present at the launch.

In his opening mihi at the launch of the new Centre, Denis O’Reilly “a recipient of the largesse” of Ian and Elespie Prior, urged the organisers of the new initiative and those who were invited to the launch “to pick up Ian and Elespie’s challenge, to give of our time, and to maintain their sense of the importance of assisting people to find their own material and spiritual independence.”

A background paper prepared by the group of senior public health professionals, academics, and friends, some of whom had worked with Ian Prior over the years noted that the main focus of the Centre is on individual and clinical health service interventions. The paper also states that there are two justifications for the Prior Policy Centre, which has the support of the Prior family:

- The pressing need to develop and disseminate authoritative research and policy for public discussion on the role of health and social interventions in:
  - promoting and improving the health and wellbeing of all New Zealanders,
  - and reducing the adverse impact of social and economic forces on health and health inequalities.
- The need to translate policy evidence into action and interventions and to support ongoing evaluations.

The Prior Policy Centre aims to:

- Act as an independent and authoritative policy action group;
- Develop innovative approaches to promoting health and wellbeing through appropriate health and environmental policy development and its dissemination;
- Engage and work with the community in the policy development process to enable shared understanding and the implementation of favoured health policies; and
- Actively involve Maori and marginalized groups in its work.

The launch of the Prior Policy Centre was planned to coincide with and celebrate the anniversary of Ian Prior’s death in February 2009. The launch was attended by some of Ian Prior’s relatives, Suvi Jessie and Owen Prior as well as senior public health practitioners and physicians, senior public servants and academics, colleagues and friends including a group of women from the Tokelauan community in Wellington.

A debate titled: Public health is mis-focused and largely ineffective provided a light-hearted and sometimes contradictory positions from the team members. The Affirmative team of Alastair Woodward (University of Auckland) and Gay Keating (Public Health Association), tried valiantly to defend a somewhat nebulous topic against John Raeburn (University of Technology) and Geoff Simmons (Otago University). The Moderator, Ruth Bonita ruled the debate a draw.

The report also refers to Whanau Ora and the importance of integrating this into a national strategy for child health. The principles of a whole of government commitment, integrating services and empowering whanau and communities to improve their health, whilst being driven by a task-specific leader, are common to both documents.

Unfortunately this excellent report has largely been overlooked by the media.

The responsibility then must fall with the health workforce to bring it into the limelight and encourage its momentum so that urgent action can be taken.

Our attitude towards children needs to change – they must be made a priority within our society. We have enough evidence now that things need to change, for the benefit of our children and therefore our nation, and we have a duty to make this change happen.

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The report, Closing the Gap in a Generation. This report focused on the importance of resolving social inequities in order to tackle health, and drew particular importance on issues such as early child development, housing, and reducing the complexities of services, as well as improving monitoring and reporting systems.

Some of the Tokelau women who attended the launch of the Prior Policy Centre in Wellington are: Sene Tala, Nive Ahelemo, Vicky Tuia, Cara Fleming and Anna Tuia.

ISSUE 81 : HAUORA PAGE 5
Whanau Ora as a concept is not new. When He Korowai Oranga, Maori Health Strategy 2002 was promulgated, Tariana Turia, as Labour’s Associate Minister of Health defined Whanau Ora as being the overall aim where Maori whanau would be supported to achieve their maximum health and wellbeing. This places whanau rather than individuals as the basic unit of Maori society and requires that to a higher degree, efforts to address health outcomes are focussed on the collective. Although He Korowai Oranga and Whanau Ora sit as documents in juxtaposition, the language and philosophies are remarkably similar. Both frameworks have aspirational aims centred on whanau, and principles based on effective resourcing, competent and innovative provision, and describe key areas in which results are expected. There is a strong, underpinning kaupapa Maori presence throughout, a call for a spirit of collaboration and an expressed intention to adhere to the principles of Te Tiriti o Waitangi.

As expected there are grey areas particularly in relation to a cross sector, collaborative approach to Whanau Ora. So far there is little information available which discusses the legal framework upon which to forge this important work ahead. There is likely to be some “patch protecting’ and resistance to funding losses from the various government departments, more importantly so in the current political and economic climate. Without legislation to force the hand of top officials the way ahead seems somewhat fragile and having a less than robust protection mechanism for insuring that Whanau Ora has some continuity and strength, severely diminishes the potential of the programme.

Evidently, there is already growing international interest in how Whanau Ora will fare. This is not altogether surprising as this is cutting edge public policy affecting an indigenous group and is motivated by the political will of a minority party to serve its constituents. It is a courageous, ambitious and risky undertaking but has the potential to have a lasting effect across a range of contexts- social, economic and cultural. Significantly, Whanau Ora and the New Zealand Government’s decision to support the UN Declaration on the Rights of Indigenous Peoples arrive, perhaps only coincidentally, at the same time. In both cases however the attention and critical appraisal of global interest groups will be worth noting.

continued from page 1

He Urupounamu/Implications for Health Promotion

At this early juncture the full implications for health promotion practice are not sufficiently clear but we can make some fairly informed inferences in light of the Taskforce Report and the prevailing political environment. In the first instance, the retraction and redistribution of funds from the vote health budget will, almost inevitably, result in job losses. Public Health services that are situated away from the frontline are usually the first to suffer and are often conveniently categorized as ‘non-essential’ as a means to justify job reductions. This will occur, (actually it’s happening now) even in the knowledge that population health approaches are indispensable if there is to be any movement on the 13 immediate action priority objectives of the New Zealand Health Strategy (2000). Secondly the remaining workforce will be tasked with bearing the burden of the reduction; public health targets will be retained with less employees to carry out the duties effectively and therefore the capacity to attain quality outcomes will be reduced. In addition, although difficult to quantify, the potential damage in relation to loss of leadership, corporate knowledge and health promotion experience is likely to be acute. This will put in jeopardy the ability for health promotion and public health sectors generally to recover should the political climate and economic situation improve.

Notwithstanding the fact that Whanau Ora has inherent risks and therefore the potential for negative outcomes across several parameters it also proffers a number of opportunities for health promotion practice. An initial observation shows that Whanau Ora reflects the language of health promotion and depicts a clear relationship to the rhetoric contained in both the Ottawa Charter for Health Promotion and the Maori health promotion framework of Te Pae Mahutonga. Although primarily concerned with improving health outcomes across populations, health promotion is equally concerned with the process of enabling people to increase control over and to improve their health. This is also a principal objective for Whanau Ora.

As with Whanau Ora, health promotion makes reference to the prerequisites of health. We simply cannot have healthy whanau where there are issues with shelter, education, food, income, social justice and equity. Additionally, the Ottawa Charter points out that the prospects for health are not guaranteed by work carried out in the health sector alone. There must be a concerted and coordinated effort across a number of sectors- social and economic, non-government and voluntary organisations, local authorities and professionals. Of course health promoters have been espousing the virtues of this approach since at least 1986 when the Charter was penned but Whanau Ora provides a brand new platform from which to take the lead.

One of the 7 underpinning principles and an area of particular emphasis for Whanau Ora is Nga Kaupapa Tuku Iho. This is defined as the ways in which Maori values, beliefs, obligations and responsibilities are available to guide whanau in their day to day lives. This aspect lays down a fairly hefty challenge for Whanau Ora. Many whanau are disconnected from their historical and traditional roots, are devoid of knowledge of things Maori, and in some cases take an apathetic view of such matters. Unravelling the complex causes of this will require some unique and specialised talents. Professor Mason Durie’s Te Pae Mahutonga (or Te Paemahau Tonga) provides a framework and platform to address some of the barriers and calls for health promotion to facilitate access to te ao Maori. This, among other things, alludes to using health promotion acumen to ease access to societal domains where being Maori is fostered and not hindered. It also calls on Nga Manukura or Maori leadership to engage at all levels and to cement alliances between the various groups and organisations. At any rate the Te Paemahau Tonga as a model for Maori health promotion vividly reflects Nga Kaupapa Tuku Iho and provides an innovative and culturally balanced approach to Whanau Ora.

Health Promotion is well placed to take a leading role. One reason is that practitioners of health promotion have a distinctive set of skills from those that are required for personal health and treatment services. They must be capable of working effectively both across and within communities. Ultimately, health promoters are charged with understanding the wider implications- whether a project will work or not in their communities, socio-economic variations and distribution, social barriers, education issues and so on. Another reason is that, in a pragmatic sense, the Whanau Ora providers working closely with whanau will spend much of the time focussing on the immediate needs of the participants and will most likely be cumbered from addressing wider population level concerns. For example, a whanau might have a need stemming from inadequate accommodation. Although a service provider may be able to work through an amicable and forthright solution for the whanau it may be that there are extenuating housing issues at play, perhaps poor town planning, insufficient water and sanitation.
By Sione Tu’itahi

Times are socially and economically tough for New Zealand and the global community. The recession is still hanging over many nations. There have been a string of disasters – natural in some cases such as the Haiti earthquake, the Pacific and South Asia tsunamis, and the Iceland volcanic eruption. Some were man-made such as the Gulf of Mexico oil spill, war and conflicts in several regions that led to the suffering of many – especially women, children and families, the most vulnerable of society.

In the country, the recession is still strongly felt in many quarters. There are cuts in government funding, affecting health, education and other sectors. Health providers are proper sizing or downsizing in order to weather the impact. Health promoters are among those who have lost jobs, probably reducing the chance to address inequities in both the health promotion workforce and in the communities.

It is timely to rethink the development of the capacity and capability of the health promotion workforce during these difficult times – from a community perspective. One strategy might be to extend more health promotion training opportunities to community organisations and voluntary groups. It can be done equitably by prioritising communities where health needs are highest.

If health promotion is working with peoples and communities to have greater control of their health then it can be argued that the more they are provided with health promotion knowledge and skills the more chance they will be in control of their own wellbeing.

Through approaches such as adult and community education, health promotion knowledge and skills can enrich the toolkit of communities. While some may argue that health promotion is a profession and discipline within public health and therefore should be offered formally, it should be remembered that health promotion is also an approach and its basics can be learned by anyone who wants to.

Furthermore, health promotion based on western perspective and experience is only one part of the picture. Equally valid and important is the indigenous knowledge in health promotion of Maori as well as those of Pacific peoples and other ethnic minorities. While there are differences, these approaches have a lot in common and can complement each other.

Many communities of high health needs are already working to address contributing factors, and training can complement their existing knowledge and experience. For instance, at a recent meeting to address the socio-economic needs of several Pacific ethnic groups in Auckland, I learned how communities lead themselves in addressing the social and economic determinants of health. During tea break a community leader briefly shared with me that his church-based group had extended its health initiative of healthy eating and healthy action to include evening homework centres for their children. Also, he plans to introduce workshops on job search and further education for adults in his church who are unemployed. Another leader shared how his church had extended physical exercise and cooking classes to include home gardening. He was quick to add that families in his congregation are leading the way.

Health promotion is in the business of community development and empowerment. Knowledge is power and offering training to the voluntary sector and communities is empowering. Through short educational activities such as workshops, hui and fono community voluntary workers can acquire health promotion skills that can edify their cultural and community competencies. It can also be the stepping stone for those who are keen to learn more in formal educational and training institutions.

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systems, a lack of adherence to tenancy laws, increased rentals, heating costs etc. This highlights a core strength of health promotion and that is an attention to the determinants of health at every point on the continuum from population health through to personal health. There is a concentration not only on the immediate and pressing needs but on the entire breadth of things that may be effecting a desired outcome. Health promotion therefore has much to offer Whanau Ora and much to offer providers. At this time we can be assured of one thing; that in the final analysis, Whanau Ora will be judged on the results and outcomes for whanau. It is political manoeuvre that could produce fruit where no other has and maximising the potential for this to occur is, for all intents and purposes, the domain of health promotion.

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**Coming Events...**

**HPF 2010 Symposium**
1-2 July Brentwood Hotel, Wellington

**Public Health Association (PHA) Conference**
August 2010, Ngaruawahia, Aotearoa
Registrations open: 11th May 2010

**Family Planning Conference**
15-17 October 2010 Wellington Convention Centre, Wellington
Call for Abstracts closes 30 June 2010

**15th South Pacific Nurses Organisation Forum**
8th – 11th November 2010, Aotea Centre, Auckland, New Zealand
Call for abstracts closes Monday 26th April 2010

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**From the Editor**

We would love to inform the health promotion workforce about your events and activities. We welcome editorial contributions too.

Email us: hpf@hauora.co.nz
Or visit our website: www.hauora.co.nz

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**ISSUE 81 : HAUORA PAGE 7**
Developing the capacity and capability of Pacific providers and their Pacific health and disability workforce has been documented in, and identified as an important area of focus of the Ministry of Health workforce development strategies for several years. Reducing inequalities and increasing the number of Pacific peoples in the health workforce, for example, were specific aims of the Ministry of Health’s 2000 New Zealand Health Strategy.

The Health Workforce Advisory Committee (HWAC) also identified Pacific health workforce development as one of seven priority areas for national health workforce development (HWAC 2003).

Clearly, Pacific health and disability workforce development has long been identified as an integral part of efforts to improve health and disability outcomes for Pacific peoples in New Zealand which would in turn, contribute to a broader sense, to achieving health and wellbeing for the New Zealand public (Ministry of Health, 2002).

The Pacific Health and Disability Workforce Plan (Ministry of Health, 2004) which outlined the Government’s strategy to improve health outcomes for Pacific peoples and foster leadership and promote participation by Pacific peoples with disabilities identified the following goals designed to contribute to a competent and qualified Pacific health and disability workforce that will meet Pacific peoples’ needs:

1. Increase the capacity and capability of the Pacific health and disability workforce.
2. Promote Pacific models of care and cultural competence.
3. Advance opportunities in the Pacific health and disability workforce.
4. Improve information about the Pacific health and disability workforce.

Priority VII of the Summary of Priorities documented in Future Workforce 2005-2010, related to Pacific health workforce, identified the need to:

- create organisational environments that recognise and support the ethnically and culturally diverse health and disability workforce;
- recognise community health workers skills and prior learning to reduce barriers to entering other parts of the health and disability sector;
- develop an action programme to promote the health and disability workforce as a career option and create career pathways for the Pacific health and disability workforce; and create incentives for the education sector to ensure a greater proportion of Pacific students complete their courses” (Ministry of Health, 2006)

Most recently, in a joint foreword by Health Minister, Tony Ryall, and Minister of Pacific Island Affairs, Georgina te Heuheu, to ‘Ala Mo’ui: Pathways to Pacific Health and Wellbeing 2010-2014, launched in Auckland in March, acknowledges that at a time when New Zealand “have an ageing health workforce and the nationwide shortage of health professionals worsens, the Pacific working age population is growing.

While the Government’s priority outcomes and actions to turn around Pacific people’s poor health for the next five years outlined in ‘Ala Mo’ui are admirable, I think there is a need for some explanations around the impact of some of the current policy changes on the Pacific health and disability workforce. While the Government’s plans in ‘Ala Mo’ui recognises the need to address some of the challenges facing the health sector with regards the ageing health workforce, there is recognition that the Pacific working age population is increasing. What this means is that a larger percentage of the national health and disability workforce now, and in the future will be people of Pacific ethnicity. Hence the importance of; among other things, improving the methods of recruiting, training and retraining the Pacific health and disability workers.

If developing the Pacific health and disability workforce is a priority as recognised in ‘Ala Mo’ui, why are recent changes in policy impacting negatively on certain sectors of the public health workforce? For example, a public health organisation in Auckland with a small number of Pacific staff, are about to lose the two Pacific health promotion positions soon, if not already. Other Pacific positions in the same organisation have also been reconfigured. Whilst it could be that there may be some compelling reasons why these Pacific positions have been disestablished, it poses another question whether holders of these Pacific positions in the health and disability sector are not capable of performing the roles and responsibilities of those positions.

But Pacific health workers in other parts of the country have also been affected by the new policy changes. In an opinion piece “Short-term gains for long-term losses?” by Penelope Scott, accessible online reports Labour health spokesperson Ruth Dyson, arguing that “… some community health workers have already lost their jobs in areas of health promotion, diabetes checks and other areas important for Maori and Pacific communities.”

Sadly, the impact of recent changes in the Health policy has not been confined to Pacific Providers. Reliable reports of major changes affecting the Pacific staff within the Pacific Health Unit at Counties Manukau District Health Board (CMDHB), are unsettling, to say the least. For a region with the largest concentration of the Pacific population in Aotearoa, these changes which have impacted negatively on the small Pacific staff within the Pacific Health Unit at CMDHB is a sad reflection of the current policy changes.

In light of previous reports that there is currently a significant shortage of New Zealand health and disability workers with an understanding of Pacific health perspectives and Pacific culture in general (Health Workforce Advisory Committee, 2006), it is disconcerting that some minority groups of the total New Zealand population with high health needs appear to have fared worse under the current regime of policy reforms.

Dr Api Talemaitonga, Chief Advisor, Pacific Health, recognises that the priority actions documented in ‘Ala Mo’ui ‘is both directional and positive’. He acknowledges the poorer health status of Pacific people compared to the rest of the New Zealand population, and promotes the need for a collaborative

continued on page 9
As a health promotion organization which promotes healthy lifestyle and wellbeing among Pacific communities, we are very excited about this result and congratulate Minister Tariana Turia for her leadership. It is Tala Pasifika’s mission to support Pacific people to live healthy and free from the burden created by tobacco smoking. Activities over the past months have seen our service and Pacific communities themselves, put a lot of effort into raising awareness of the harmful effects of smoking and supporting the recommendation of tax increases.

We have worked together with other Pacific communities across New Zealand including key organisations such as P.A.C.I.F.I.C.A. Women, Pacific Health and Welfare, and the Smokefree Pacific Action Network. Tala Pasifika is grateful for the many letters of support we have received from Pacific leaders of Pacific Early Childhood Centres in South Auckland as well as youth groups in East Auckland.

Research published by the Ministry of Health last year showed that around half of Pacific current smokers (52%) identified the cost of smoking as a factor in their decision to attempt quitting. Pacific people who had recently tried to quit were more likely to mention the cost of cigarettes as a reason for their most recent quit attempts, compared to Maori, European/Other and Asian.

Heart Foundation, Pacific Health Manager, Louisa Ryan says “This legislation is a great step forward” and says “it is truly an investment for the future of Pacific peoples.”

For help to quit smoking you can call the Quit line on 0800 778 778, you can see your local doctor, or visit the Tala Pasifika website at www.talapasifika.co.nz for a list of Pacific services in your area designed to assist smokers to quit.

For further information please contact:
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Tala Pasifika – National Pacific Tobacco Control Service
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continued from previous page

approach.

I applaud Dr Talemaitonga’s position, and the need for a collaborative approach to address Pacific people’s poor health status. Simply put, poor health can not be remedied by focusing solely on physical illness. Rather, poor health requires a holistic approach which one can argue, the Ministry of Health alone, can not address. I believe it requires the social determinants of health approach advocated by the Commission on Social Determinants of Health (WHO, 2008).

In its authoritative and comprehensive review of issues critical to good health Closing the Gaps in a Generation: Health Equity through Action on the Social Determinants of Health (2008), the Commission argues for greater collaboration between key stakeholders including government, health workers, civil society and the business sector:

“Action on the social determinants of health must involve the whole of government, civil society and local communities, business, global and international agencies. Policies and programmes must embrace all the key sectors of society not just the health sector” (WHO, 2008).

In the current adverse economic conditions impacting on societies globally, including New Zealand’s more vulnerable population groups, Government policies need to address inequity in social and economic circumstances. The poorer health status of Pacific peoples in New Zealand was highlighted in the 1997 National Health Committee’s report. The health reforms of the 1990s under the National Government in a sense, introduced health services by Pacific Health Providers which had certain strengths one of which was the availability of a health workforce with social and cultural knowledge including Pacific language skills to enhance communication with, and understanding of Pacific peoples’ health needs and expectations.

Admittedly, much has been achieved since then with regards health service provision for this population group. Most if not all Pacific Health Providers have managed to recruit, train, and retain Pacific staff. But if recent changes in the health policy result in the disestablishment of jobs in the health sector, including Pacific positions, especially in the area of public health and health promotion, then that is a sad reflection of the failure of the system to take into account the needs of a vulnerable population group.
The bill to raise excise tax on tobacco products over each of the next three years was passed in Parliament under extraordinary urgency on Wednesday 28th April. The legislation was supported by all Members of Parliament except four of the five ACT members.

Associate Health Minister, and Maori Party co-leader Hon. Tariana Turia, described the legislation as “an investment in the future”.

According to Minister Turia, exposure to smoking in the home and tobacco use itself resulted in 5000 deaths a year. She said tobacco users in New Zealand “were predominantly young, poor and Maori and Pacific Islanders, and would be sensitive to price rises”.

The increase in tobacco excise tax has received mixed reactions from some quarters of society. Public health groups, for example, welcome the tax increase, but some said it should have been higher.

Heart Foundation, Pacific Health Manager, Louisa Ryan applauds the increase saying: “This legislation is a great step forward … it is truly an investment for the future of Pacific peoples.”

Dr Alison Blaiklock, Executive Director of the Health Promotion Forum, congratulates Hon. Tariana Turia for her leadership and everyone involved for this enormously important achievement. Dr Blaiklock said: “Having a Tobacco Free New Zealand Tupeka Kore Aotearoa by 2020 is becoming a very real possibility with the substantial rises in tobacco taxation which went through Parliament with the support of almost all members.”

Dr Blaiklock added that by 2020, it will have been 70 years after the British Medical Journal published a paper by Richard Doll, which showed the relationship between smoking and lung cancer. She added that “success in health promotion often takes long time frames – and will continue to require effective, well-informed, sustainable and comprehensive services and workforce”.

Smokefree Coalition Director Prudence Stone, says with 2010 declared as the Year of the Lungs by The Forum of International Respiratory Societies, it is fitting that Government “introduce significant tobacco tax increases which would raise the cost of smoking and lower smoking rates”.

Public Health Association (PHA) National Executive Director, Dr Gay Keating says the legislation is a positive step for smokefree initiatives in New Zealand. Dr Keating added:

“We agree with Minister Turia’s view that while the increases announced are lower than ideal, it is a good start. Continued tax increases will send a strong signal.”

However, for Imperial Tobacco New Zealand, excessive tax can be counter-productive to the country’s health initiatives. Imperial Tobacco said the experience overseas “demonstrates that high cigarette prices fuel the growth of illicit tobacco trade but do not significantly reduce smoking prevalence”.

A press release from the Association of Community Retailers (ARC) suggested “the rise in the price of tobacco has now made smokers’ products more valuable and attractive to criminals”. Richard Green, a ARC founding member and spokesman, said:

“All retailers, including dairies, convenience stores and petrol stations, will now be at greater risk to their safety. The tax excise hike will make their premises more susceptible to burglaries at night”.

Libertarianz Party leader, Richard continued on page 11
Health promotion targeting young adults can be a minefield. Take one example: what is a collective label for young adults that does not instantly and completely turn ‘young adults’ off? Not ‘young adults’, that’s for sure! Rangatahi, teenagers, Gen Y, teens, youth or yoof even?

When we health promoters get it wrong, our savvy young people can smell the fun police at the reins a mile off.

The field I work in, tobacco control, is littered internationally with health promotion campaigns designed to keep youth away from tobacco but produce precisely the opposite effect. As I said, it’s a minefield.

Health promoters telling our young people “don’t do it, it’s bad for you!” or “It’s uncool to smoke is the fun police in full force. ‘Don’t,’ can quickly become ‘Why not?’

Fortunately for us, social marketing gurus do the research about young people on our behalf. Years ago I was lucky enough to attend a social marketing seminar organised by the Health Sponsorship Council. One of the presenters was Social Marketing Professor Rob Donovan from Curtin University in Western Australia.

Prof. Donovan showed examples of Australian health promotion campaigns designed by well intentioned and passionate health workers, sitting in comfty offices in Sydney, Melbourne and Perth targeting rural, indigenous, male, female, low decile and a few other populations besides. You can see where this is heading, I’m sure.

Continued from previous page

McGrath, in a press release, labelled the increased excise tax on tobacco “sin taxes … which will make the robbery of cigarettes from corner dairies even more lucrative”.

McGrath argued that “the taxes on tobacco already cover the costs of health care caused by smoking related illness, so this is simply an extraordinarily urgent sin tax – a punishment for doing things that don’t hurt anyone but which Nanny State doesn’t like you doing.”

Whilst various stakeholders, depending on whether you’re anti-smoking, pro-smoking, or have a neutral position on the topic, smoking has definitely generated much debate especially since the passage of the hefty excise tax increase regulation in Parliament in April. While smoking is a personal choice and lifestyle behaviour some people choose to engage in, there has over recent years been a propensity towards quit-smoking, which the anti-smoking campaigners including the Quit-smoking crusade have promoted over recent years.

Whether the hefty tax increases which results in huge price increases to tobacco products will prove an effective deterrent for some smokers, only time will tell. What is certain though is that the hefty excise tax increases will mean those who will be undeterred by increased prices of tobacco will be contributing some of their hard-earned wages to boost Government coffers through excise taxes.

Focus!

(By Grant Hocking, Health Protector, ASH)

Health promotion Funding Strategy

“All the money we save from not fixing this bloody fence all the time will go where it’s really needed – cleaning up the mess at the bottom!”

Focus groups cost money to run and most health promoters don’t have anything like the necessary budget to hold a series of formal focus groups to test a new pamphlet design, a series of posters or a health promotion event.

When questioned on how a small, ‘broke’ NGO or community based health promotion service could afford to run focus groups on our tiny budgets, Professor Donovan’s advice was simple: Health promoters might not have much money, but what they do have is commitment, passion and ingenuity. So take a clip board and a pen and go to a factory lunch room, or a bus station, or a supermarket car park or a campus and ask the people there what they think about your plan or your new resource.

People love to have their opinion valued and lots of people love to talk! Personally, I took on board Rob’s advice and have done lots of ‘budget brand’ focus groups on our tiny budgets, Professor Donovan’s advice was simple: Health promoters might not have much money, but what they do have is commitment, passion and ingenuity. So take a clip board and a pen and go to a factory lunch room, or a bus station, or a supermarket car park or a campus and ask the people there what they think about your plan or your new resource.

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While Whanau Ora is primarily for Maori other high needs groups such as Pacific communities can find the approach equally relevant and beneficial. For Pacific peoples Whanau Ora resonates very strongly for a number of reasons.

One reason is that linguistically, both concepts of whanau and ora have similar meaning for many Pacific ethnic groups. For instance, whanau in Te Reo Maori is whanau in Cook Islands Maori, while it is fanau in other Polynesian languages such as Tongan and Samoan. Although the concept has several related meanings, it essentially refers to the collective, extended family. Meanwhile, ora in Te Reo is also ora in Cook Island Maori while it is ola in Samoan and Tongan. The concept refers to life, health and wellbeing, growth, and optimum outcomes.

When combined, the terms Whanau Ora/ Fanau Ola simply means healthy family. On a deeper cultural level, it implies a Fanau that is materially and spiritually healthy because it has greater ownership and leadership of its destiny; its vision and goal is for fanau members to excel in all dimensions of life. So many Pacific ethnic groups can readily identify with the concept and how it is practised.

Another reason for Whanau Ora to be of great significance for Pacific peoples is that, like Maori, Pacific peoples’ collective strength is more in the extended family, rather than the nuclear unit. A Whanau Ora approach, therefore, not only aims to build the capacity of the whanau but is also a strengths-based approach from a Pacific cultural perspective. For many indigenous peoples, especially those who were colonised and dominated, the strengths-based approach is more effective and successful, compared to the problem-based approach and remedial models, often devised and implemented by public agencies, who, in many cases, are constructs of their former colonial masters.

Unlike the deficit models of development that are often imposed on minority groups by authorities, the strengths-based approach is derived from the resilient and tenacious values and principles of the collective such as whanau or bigger human formations such as communities. Such values include being inherently a free and capable being, self-reliance, and reciprocity.

With a more coordinated support of services, where appropriate, these families would like to move beyond dealing with problems to focus on building its capacity. Research shows and anecdotal evidences confirm that many Pacific families are successful because they employ the collectivist approach in their striving for socio-economic advancement.

Rather than based on the expectations of a range of public agencies, Whanau Ora is based on the perspective, needs and aspiration of the whanau. A more empowering approach, it gives greater ownership to whanau to lead and manage their progress and to address issues, at the same time, with the collaboration of a provider that is competent in the Whanau Ora approach.

A Whanau Ora provider can be a one-stop shop with a difference. First, it is based on a holistic approach that can identify and build on the strengths of the extended family and progress to address areas in need of enhancement. Understanding the sum total of the strengths and weaknesses of a family provides a higher chance for effective healing and building of capacity. It is systemic healing rather than a narrow-focus treatment with a reductionist view.

Over the years many Pacific providers have been serving two masters. Not only do they try to meet the specific requirements of their often single-focus contracts, but they also address other equally important issues that are outside their contracts, issues that are also pivotal to the holistic wellbeing of the communities.

In other words, as culturally competent providers, these providers have been using the Whanau Ora approach which is not only effective but is also more culturally appropriate in the eyes of the communities they serve. The Whanau Ora policy might provide an opportunity for these providers to continue to deliver to the communities and clients, with more adequate resourcing, and make a greater difference.