

## ***Brief Report on the Health Promotion Forum New Zealand Symposium held at Brentwood Hotel, Wellington on 15-16 July 2009.***

Firstly, I would like to acknowledge the Health Promotion Forum NZ for granting me the scholarship to enable me attend the symposium and so grateful for the wonderful opportunity, without which I would not have the opportunity to learn about new developments in Health Promotion in practice in NZ.

### **Health Promotion Forum Symposium**

The two days health promotion symposium was indeed very interactive, informational and the topics chosen were well suited for what is happening currently in the global context.

The session presented by Professor Phillipa Howden Chapman on housing and its contribution to protection and promotion of health was very informational. A home (House) of course is where families spent most of their times, where children play and nourishes and inadequate house built with poor materials or poor designed home with poor environmental conditions including neighbourhood can have a lot of impact to human health. The case like in NZ as stated by Professor Chapman in their longitudinal study of the impact of housing and human health reveals a how health indicators as determinants of health can contribute to changes in government policies and programmes to effect change and achieve better quality of life. In today's modern world where the effect of climatic change is becoming so evident and increase in respiratory diseases due to poor housing and environmental pollution, having a decent home to protect us from ill health is a prerequisite to achieving good quality of life.

The first two workshop sessions on global warming and its effects to human health and global inequalities were also very informative. Global warming and its effects to climatic change are indeed pressing issues for small island states in the pacific particularly the atoll islands of Tuvalu and Kiribati. However, the Solomon Islands are no exception. The atoll islands of Sikaina, Lord Howe and reef out layers in the Solomon Islands are also under threat to the effect of climatic change and sea level rise. We are living in a global community and whatever affects the other countries would of course affect other neighbouring countries. Given the scarcity of available durable land and poor economic status of the small Island states in the pacific, the effects of sea level rise would put more pressure to the already poor status of the island countries economy if there would be a massive relocation of the people affected.

This leads on to the issue of global inequalities. It is evident from World Health Organisations 2008 report on social determinants of health that the gaps between the rich and poor countries remain a global phenomena, Social justices is matter of life and death (WHO, 2008). WHO (2008) further states that "these inequities in health, avoidable health inequities, arise because of the circumstances in which people grow, live, work and age and the systems put in place to deal with illness. The conditions in which people live and die are in turn shaped by political social and economic forces" (WHO, 2008, p. 1).

The United Nations and other international organizations, IMF, World Bank and G8 nations would do well to address the global inequities in health in developing sustainable developments that would create job opportunities and alleviate poverty mostly in the third world countries. The global inequities of health can only be addressed to international collaboration and redirection of funding to those who needed most other than investing in warfare and impoverished technology.

The last two sessions on global recession (impact of tobacco) on human health and child rights were also very educational and informative. Tobacco of course is one of the leading causes of lung cancer

in the world, and will continue to be a health threat so long as the world leading tobacco industries existed. This has become the challenge to health promoters and advocates on what strategies to develop in order to tackle this number one killer especially among the poor countries. The trend is that, tobacco companies are targeting more of the third world countries other than the developed countries and have been very influential in advocating health promotion activities through sponsorship of sport activities, donations and the huge tax revenue the governments benefited. The strategy used by these tobacco companies somehow compromises the health workers job as such, health promoters and advocates have to be more vigilant and tactful based on evidenced based practice to counteract their tactics as tobacco regardless of what they do will remain a number one causes and killer of lung cancer. The session has been very inspirational and broadens my knowledge and understanding on how best to tackle the problem of tobacco and health in the context of indigenous people.

The session on child right is also very informational especially on the discussion on cultural perspective to child discipline and child rights.

The presentation by Professor Mason Durie on anticipating change, what would it like in the next 25 years has been very inspiring, informational and interactive. As health workers we have to be visionary in whatever we are doing. The strong emphasis on the socio ecological model of indigenous health rooted to the family as the centre point of any changes has been very inspirational. Our indigenous perspective of health (well being) and life is closely interrelated to our mother nature as we value the environment (all that are living in it, both living and non living things) have a profound contribution to our well being, as our view of health is in a more holistic manner. We care for the environment and the environment will care for us. Our day to day interaction with the environment speaks for itself, and this is based on our strong conviction that the environment (land) is our mother, and when we die we will return to the land.

In conclusion, the health promotion symposium in general for me has been very instrumental, informational and very inspiring especially, as we are faced with the effects of climatic change, global inequalities in health, due to global recession and disparity and global colonisation. The challenge for us health workers is to be visionary and proactive in the deliberation of health promotion activities to better serve our communities in closing the gap of health inequities among nations, communities and families.

Thank you

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**References:** WHO (2008). *Commission of Social Determinants of Health final report: Closing the gap in a generation-Health equity through action on the social determinants of health*. Geneva: Commission on Social Determinants of Health