

# newsletter

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*The Whiu Whanau was one of the highlights of the recent bi-annual conference of the Health Promotion Forum at Ratana Pa. The cultural group used Maori performing arts, story telling, a range of music genres, to convey health issues and messages at the conference. See more conference stories and photos on pages 2, 3, and 4.*

## The Challenge of Hauora - Everyone's Right

*By Dr. Louise Signal*

It was with great pleasure that I provided the summary address at the conference *Te Wero – Challenging Health Promotion* held at Ratana Pa in October. The focus of my presentation was “Hauora – Everyone’s Right”. I argued that health inequalities are unfair, unjust, avoidable and can be eliminated and that key drivers of inequalities are deprivation and racism. Ricci Harris and colleagues illustrate this in a recent paper that concludes that the combination of deprivation and discrimination seems to account for much of the difference in health outcomes between Maori and European New Zealanders (Harris, Tobias et al. 2006).

The role of racism in creating health inequalities and the need to intervene to address racism, particularly institutionalised racism, was a key theme of the conference and one addressed

*Continued overleaf*

# The Challenge of Hauora - Everyone's Right *(continue from front page)*

by all key speakers. Institutionalised racism is defined as, 'differential access to the goods, services, and opportunities of society by race' (Jones 2000), p. 1212) and is a major challenge in health promotion and the health sector more widely.

Health promotion has a strong rhetorical commitment to equity in health but, unfortunately, too often health promotion has met the needs of those who need it least. However, as health promoters we have considerable potential to promote equity in health. Health promotion has recognised the importance of equity, we undertake needs assessments into which we can build an equity approach, we work at a range of levels from policy to community to individuals and we are committed to evaluating our interventions. Furthermore, we have a range of tools and strategies at hand to progress an equity agenda such as:

1. A commitment to the Treaty-based health promotion. The health promotion ethics statement recognises Maori as tangata whenua, acknowledges te Tiriti o Waitangi and commits to equal health status for Maori (Health Promotion Forum of New Zealand 2000). Elana Taipapaki Curtis stressed the importance of a Treaty-based approach in her keynote presentation and argued for prioritising the health of Maori.
2. We can build an equity lens into our work making sure we focus on those least privileged in our society and continually asking who will benefit from our interventions.
3. We can end victim blaming, a message both Elana and Tariana Turia delivered in their keynote presentations.
4. We can watch our gaze. If we focus on individuals, blaming them for their poor health, it is with individuals that we will intervene. If, however, we focus on the context in which people live their lives we will create a supportive environment for health. Tariana challenged us to work at this level, as T. W. Ratana did, focusing on the role of the environment in health.
5. We can follow Ratana's example and be leaders for equity engaging in the political and policy-making processes in health and other sectors.
6. We can focus on institutional change for equity. We can critique the institutions we work in, and the ones we are trying to influence, to ensure that they operate in equitable ways and avoid the discrimination that results from institutionalised inequalities such as racism and sexism.
7. We have many tools to assist us in our work such as the TUHA-NZ document (Martin 2002), the HEAT tool (Ministry of Health, Public Health Consultancy et al. 2004), Health Impact Assessment (Public Health Advisory Committee 2005) and planning and evaluation templates with an equity focus.
8. Finally, we can support each other to address inequalities in health with equity focused teamwork, peer review and mentoring.

At the conference I challenged the participants to identify one thing that they would commit to doing to tackle inequalities in health at work tomorrow. What will you do?

I concluded my presentation by celebrating, a challenge that Tariana had issued in her presentation. I congratulated the Health Promotion Forum on a challenging, informative and inspiring conference. The music, the laughter, the venue, the kai and the learning were wonderful. The conference delivered challenges



*MP Tariana Turia, Co-Leader of the Maori Party, speaking at the Te Wero conference*

aplenty both challenges that we can commit to, such as addressing institutionalised racism, and the challenges we will face along the way. The conference also brought together the health promotion workforce who spoke of their successes and challenges, health promotion academics such as Elana Taipapaki Curtis, Sitaleki Finau and Peter Crampton, health promotion kaumatua such as Paratene Ngata, health promotion policy-makers such as Don Matheson, and politicians committed to health promotion such as Tariana Turia. If the conference at Ratana Pa is a gauge of where health promotion is at in New Zealand I saw passion, commitment, intelligence and skill. Health promotion is in good hands and good heart.

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# Ratana Pa: A pleasant and stimulating experience in health promotion.

**By Kenneth.S.Harry\*** *Health Promoter, Pacific Peoples Addiction Services Inc. (PPASI)*

## Introduction

On Sunday October 15<sup>th</sup> 2006 I traveled from Hamilton to Wanganui by Intercity bus to attend the Te Wero Health Promotion Conference, which was held at Ratana Pa from October 16<sup>th</sup>-18<sup>th</sup>. The bus trip was pleasant and the rest break in Raetihi was reminiscent of my eighteenth year when I planted trees in the hills of Pipiriki. In Wanganui I enjoyed a crisp but lung-gasping walk to the Four Winds Motel to retire for the evening.

The next morning a van load of fellow conference goers picked me up and we headed out to Ratana Pa, which is a spiritually beautiful place and offered a pleasant and uplifting experience in health promotion. We were free to walk around the settlement; to leave our possessions on the ground, to visit and pray in the temple while at the same time receiving a powhiri that involved a warm and sincere welcome by the children of Ratana Pa.

My first lesson in health promotion was the need to be passionate about the wellbeing of other people. The second lesson was about being sincere and caring in my engagement with my fellow human beings. The other lessons were delivered by the conference presenters. Five of these presenters made significant intellectual contributions to my health promoter's toolkit.

## Dr Ngata

Dr Ngata spoke about living and competing in a global environment. As health promoters we must strive to be interactive, intimate, informative, and develop strategic alliances. He spoke about pushing the boundaries, and used his recent cybertangi as an example. At the same time we should measure health promotion theories and practices through sound and robust research, development and evaluation.

## Tupe Taisalika

A simple form of Dr Ngata's process was carried out by Tupe and his contemporaries from October-December 2005 when they organised and held a *Pacific in the Park* event in Auckland. The event set out to raise the awareness of PG on the development and quality of life of Pacific youth. It involved six weeks of interactive, intimate and informative planning, as well as identifying and forming strategic alliances with people who could offer positive and constructive assistance.

*Pacific in the Park* was held on a Friday afternoon in early December 2005. Some of the objectives of Tupe and his alliances were to:

- Educate the generation of the day
- Invite PG families to do skits about their experiences
- Get kids to write about PG on graffiti sheets
- Open kids up to learning
- Offer free giveaways to kids.

I am already discussing hosting a similar event with positive and constructive contemporaries based around problem gambling here in Hamilton. Why? Pacific problem gambling awareness needs to get out to more Pacific people. Pacific people always support each other. But more importantly, Tupe reminded us through Romans 8: 37: "In the eyes of God we are all conquerors...".

## Whiu Family

This brings me to the divine lesson of the Whiu family: Inspiring, energetic, educational, and multi-talented and skilled. They used performing arts to promote good health, specifically the use of Maori historical events to convey positive messages, which is their blueprint for constructive values and customs, thinking and traditions. Their messages were non-threatening and related well to the New Zealand Health Strategy. Another strategy was to empower parents to allow children to play so that they could grow and strive to stretch boundaries, which eventually will empower more upbeat, stimulating and confident young people with good self esteem. The lesson here is to practice what one preaches, or in our case, promotes.



*Ruia Aperahama of Ratana Pa was the inspiring MC for the Te Wero conference*

## Professor Sitaleki Finau

Like the Whiu Family, Professor Finau was like a breath of fresh Aotea air. He encouraged the health promoters to contribute to policy. He challenged Pacific health promoters to generate research information, recognise its short term relevance, and do our own analysis of primary evidence. In other words, do our own research with regards to the background information that we need to use in our health promotion activities. I would have to convince both my managers that I can fit research outputs into PPASI's contractual frame. That's my wero.

## Professor Peter Crampton

An even greater wero were the passionate and inspiring objectives of Professor Crampton. The Professor stated that food is the centre of our lives. This fact is true with Pacific people. It guides our behaviour and practices towards each other. The Professor's challenge to the health promoters at Ratana Pa was about reshaping our world view through genealogy and health promotion practices. He recommended that we start this new wero by:

- Reducing the ecological footprints
- Shifting to forms of transport that need fossil fuels
- Shifting the human diet away from animal products
- Decreasing the large supply of fast foods.
- Regulating the marketing of fast food.

I am planning to transform these recommendations over to problem gambling and deliver these health messages in my community presentations.

## *Ratana Pa continued*



*Te Herekiele Herewini, Chairman of the Health Promotion Forum's Council, launching the new logo for the Forum. See other story in this edition.*

## **Conclusion**

I delivered just over four hundred face-to-face community presentations from September 5<sup>th</sup> 2005 to June 30<sup>th</sup> 2006 here in Hamilton, Tokoroa and Huntly that focused on problem gambling, alcohol, other drugs, violence prevention and life skills. My health promotion requires a more collaborative approach with other services to be even more effective. Assertiveness and confidence play vital roles as does planning and organising. Another useful quality not mentioned at this conference is patience and tack. Some of the Waikato communities do not respond to health promotion requests without some form of negotiation and maneuvering. Does one therefore begin preaching or promoting more aggressively the messages of good health? My challenge is to define the boundary more clearly because there are still large numbers of people in this country who need to hear our messages.

Consequently, my passion for health promotion has intensified. I am probably even more sincere and passionate about caring for the people I work with in the community. I have certainly added to my toolkit. My return bus ride home was even more pleasant and stimulating. I was the only person looking out the window down into the gullies as the bus traversed the windy and steep road between Wanganui and Raetihi.

Thank you to the Health Promotion Forum of New Zealand for the opportunity to engage with my fellow health promoters who are all strong, smart and inspiring people. Thank you to the beautiful people of Ratana Pa for feeding me and giving me shelter while I was away from my family. May the Lord our God continue to bless us in our work.

\* Kenneth Harry was one of two participants who received a Health Promotion Forum scholarship to attend the Te Wero conference.

## **Northshore Festival**



*Associate Minister of Pacific Island Affairs Luamanuvao Winnie Laban addressing the crowd at the first ever Pasifika Festival in North Shore City held on December 9. Standing behind her, from left, are Mayor George Wood, Labour MP Anne Hartley, and Mrs Wood. The festival was to celebrate the establishment of the Pasifika Forum for the socio-economic and cultural health and wellbeing of Pasifika peoples in the city. Health Promotion Strategist Sione Tu'itahi, of the Forum, is a member of the group that spearheaded the initiative.*

## **Wellington Pacific workshops**



*Some of the 30-plus Pacific and Maori health promoters who attended a workshop on the Ottawa Charter and Pacific health promotion that the Forum recently facilitated in Wellington. The workshop was one of many workshops that the Forum held throughout the country over the last three months as part of its training the health promotion workforce.*

# Integrated Health Promotion, Community Development and Social Capital

By Fran Manahi Coordinator, Te Waipounamu Health Promotion Coalition

**Community development**, in very simple terms, is the process of developing social capital. Community Development is not a job or a profession. It is a mindset, a particular way of working that links personal troubles to public issues. Community development represents a vision of how things might be organised differently so that genuine ecological sustainability and social justice, which seem unachievable at global or national levels, can be realised in the experience of human community. (Ife, 1995)

**Social capital** represents a way of thinking about the broader determinants of health and about how to influence them through community-based approaches to reduce inequalities in health and wellbeing. It is a process that emphasises the importance of working with people as they define their own goals, mobilise resources, and develop action plans for addressing problems they have collectively identified.

A focus on social capital supports a balance of strategies that address behaviour and those strategies that focus on the settings in which people live, work and play.

**Integrated health promotion** means that more emphasis is needed on efforts to strengthen the mechanisms by which people come together, interact and, in some cases, take action to promote health.

Simple measures, such as providing space for people to meet, may be as health promoting as providing health information in an effort to change behaviour.

Service providers can also enhance the social capital within a community by supporting community projects that bring

neighbours together to achieve a mutually beneficial goal, such as beautifying the environment of a public housing estate, establishing a community fruit and vegetable garden or working with the local sporting club to encourage all parts of the community to participate in sporting activities.

## Key Aspects of Community Development

- Believing that the social, cultural and economic lives of people can be improved.
- Working alongside community groups to achieve wellbeing and sustainable communities.
- Enabling people to identify their own resources and strengths and to support them to meet their needs in a constructive manner.
- Encouraging people to work collectively to secure resources and skills. This includes sharing knowledge and disrupting the notion of the “expert”
- Building on existing community networks to develop better support and community control of services.
- Identifying long term strategies for development.

## Service Providers and Community Development

- Service Providers do not necessarily use community development processes. Their focus is on access to services and the wider issues may not be critically examined.
- Service Providers can become agents of the crown and maintain current practices and policies. Community development focuses on social capital and challenging inequality.

- Service Providers do not necessarily have open management structures, they may not include consumers in their decision-making processes, and consumers remain as clients.
- Service Providers may only work with individuals and do not bring groups together to work collectively.
- Service Providers do not always work to empower but can in fact disempower.

## The Health Promoting Way of Working

There are a number of things that Service Providers community health teams, support workers and public health staff can do to support a community and enable community action.

These include:

- identify community priorities
- support local initiatives that make community residents more able to control and improve their situation
- find out what people know and what they think is important
- share information
- assist with skills development
- assist with research and information collection
- help to plan community action
- provide or help to locate resources if needed.

## Key Principles

- The Treaty of Waitangi
- Locating ourselves
- Challenging the relations of power
- Commitment to social change
- Having a vision
- Supporting self-determination
- Working collectively
- Action and reflection

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## Think Piece Papers on developing the workforce for health promotion in Aotearoa New Zealand

By Helen McCracken

The Ministry of Health has recently funded the development of seven “think piece” or discussion papers on developing and strengthening the workforce for health promotion in Aotearoa New Zealand. The papers are part of the wider body of work currently underway with the Public Health Workforce Development Plan (PHWDP).

The priority actions arising from the PHWDP include a major focus on developing appropriate training for public health, especially at undergraduate level, and the development of career pathways, which enable and support transitions across disciplines.

Development of the “think pieces” was one of the recommendations of a think tank meeting of stakeholders from the health promotion sector held in Auckland in February 2006. The papers are now completed and are available to the wider health promotion sector.

The purpose of the papers is to inform on-going discussion on how to build the future capacity and capability of the health promotion workforce as a component of the wider public health sector.

Each of the papers has been written by an author(s) representing a particular perspective.

*Continued overleaf*

## From the Executive Director

Kia ora - Talofa lava - Kia orana - Malo e lelei - Fakalofa lahi atu - Taloha ni - Bula vinaka - Ni Hao - Namaste – Greetings

It was great to meet so many of you at *Te Wero*.

The Conference gave a strong indication of where the Forum is heading with our new direction, challenging both ourselves and our society about what we will do to make Hauora everyone's right.

The strength of the theme ran throughout the Conference – and was demonstrated in the change of programme so that some participants could develop a submission on the Principles of the Treaty of Waitangi Deletion Bill.

We value the many strategic opportunities that arose from being at Ratana, and are enormously appreciative to the people of Ratana for their openness, hospitality and support.

We sincerely thank the many people and organisations who made the Conference possible, including our sponsors, Hapai Te Hauora Tapui (who contributed in many ways), Auckland Regional Public Health Service, Pro Care Health, New Zealand Aids Foundation, the Mental Health Foundation, Regional Public Health in the Wellington Region, Te Rau Matatini, and the Health Sponsorship Council, our wonderful key note speakers, presenters, chairs, and helpers, and the fantastic organising committee.

Ka kite

Alison Blaiklock

## From the Editor...

As part of the new strategic direction that the Health Promotion Forum has taken, our newsletter will change its name to *Hauora* as from March 2007. *Hauora – Everyone's right* (holistic health and wellbeing) is the vision of the Forum.

Another change in our communication channels will be our refereed publication, 'Keeping Up to Date,' which will be incorporated under one cover with the newsletter. This merge will make both publications more accessible, their quality enhanced and more economical to produce.

The new logo for the Health Promotion Forum, a *koru* (youngest leave of the fern) within a globe of *paua* (*abalone shell*) colour, will be featured as part of the masthead for the newsletter. Briefly, the new logo symbolises:

- life, health and wellbeing – the *koru*
  - Aotearoa New Zealand - the *koru* and the *paua* colour
  - The health and wellbeing of New Zealand is inevitably entwined with the health of the global society – the *koru* within the globe
- Te Herekiele Herewini, Chairman of the Forum, launched the new logo at the bi-annual conference of the Forum at Ratana Pa last October. The new logo replaces the two logos of the 'black hawk' and the 'leaves' adopted in the past as logos for the Forum. The Forum wishes to acknowledge those people who gifted the two old logos.

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## Think Piece Papers continued

'The health promotion practitioner' was written by Helen Rance, Fran Manahi and the Health Promotion Forum team. 'The health promotion workforce in Public Health Units' was written by Gerrie van der Zanden of the Canterbury District Health Board while Fiona McAlevey of the Mental Health Foundation wrote 'The health promotion workforce in NGOs.' 'The health promotion workforce in the PHO environment' is based on the consultation at the National Networking Hui for Health Promotion within PHOs in June 2006. 'The Maori health promotion workforce' was written by the team from Hapai Te Hauora Tapui Ltd. The Pacific health promotion workforce was written by Dr Ate Moala of the Pacific Child, Youth and Family Integrated Care. 'The health promotion workforce and the education sector' was written by John F. Smith, Auckland University of Technology.

Each author was asked, from their own particular perspective, to identify a range of strategies that would best enable the development of a well trained workforce with the skills and capability to lead health promotion in New Zealand at all levels. To achieve this outcome the authors were asked to address the following specific questions:

- How can **access, cohesion and linkages** in the development and delivery of health promotion training best be achieved?
- How can **strong and diverse leadership** in health promotion be developed and promoted?
- How can a **strong focus on community development** for the health promotion workforce be maintained?

- How can a **strong focus on the determinants** of health and the **reduction of inequalities** for the health promotion workforce be developed?
- How can the voice of health promotion within public health and primary health care **be strengthened**?
- How can **competence** in the workforce for health promotion be built and ensured?
- How can **cultural competence** in the workforce for health promotion be built and ensured?
- Are there any **other strategies** you would recommend to support the **development of a well-trained workforce** for health promotion?

Since the papers address the same questions they can usefully be considered as a compendium, each, adding value to the other across a range of workforce issues. Each paper also stands alone giving a valuable insight into a particular perspective.

While we are sure you will enjoy reading each of the papers in full we have also provided a summary of some of the main themes that occur across the think pieces. The summary reflects the reality that the strategies and solutions put forward to address the same issues are often quite different. The Ministry does not necessarily endorse or support the particular views expressed in any of the think pieces.

- The seven 'think pieces' can be on the Health Promotion Forum's website: [www.hpforum.org.nz](http://www.hpforum.org.nz).

## Who are we?

We are a regional service within Hutt Valley District Health Board (HVDHB) and our geographical area of service delivery spans Hutt Valley DHB, Capital & Coast DHB and Wairarapa DHB. We also provide some services to Mid Central DHB, Hawkes Bay DHB and Tairāwhiti DHB, making us the third largest Public Health service in New Zealand, in terms of population and geographic coverage.

We deliver a range of population and personal health services, aiming to improve the health of communities throughout the greater Wellington region.

## What do we do?

We promote positive health outcomes by supporting: **healthy public policy, community action, healthy environments**, and the **development of individual's skills**, which enable people to make the best choices about their health and well-being.

We monitor and enforce New Zealand legislation to protect and promote healthy environments.

Regional Public Health works to strengthen partnerships with Maori and Pacific Peoples, and to provide appropriate services within these communities.

Our work is continually developing to meet the health needs of the region. Regional Public Health is made up of several core teams:



- Alcohol & Smokefree
- Early Childhood
- Environmental
- Food & Water
- Health Information
- Health Promoting Schools
- Immunisation
- Infectious Diseases
- Injury Prevention
- Mental Health Promotion
- Nutrition & Physical Activity
- Oral Health
- Refugee Health
- School Health
- Social Environments
- Public Health Information & Analysis

For current vacancies within Regional Public Health please refer to the Hutt Valley District Health Board web page:  
[www.huttvalleydhb.org.nz](http://www.huttvalleydhb.org.nz)

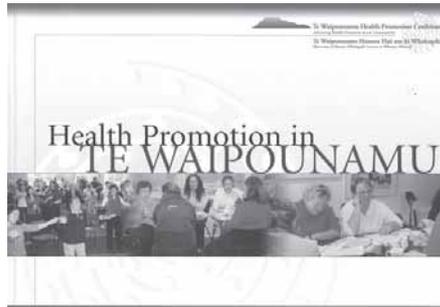
# New Booklet for Health Promotion in Te Waipounamu

This quality and informative Health Promotion resource was recently launched and blessed by Kaumatua at a Health Promotion symposium in Timaru. It is available to individuals and organisations with a focus on healthy communities.

The resource focuses on Health Promotion in Te Waipounamu, and at its inception was designed for District Health Board CPHAC committees.

However the development of primary health organisations (PHOs) and the Local Government Act 2002 indicated that there was a wider market for the resource.

It is particularly useful not only for individual health promoters, but also for the management and governance of organisations such as DHB Public Health Services and CPHAC committees, PHOs, NGOs, Maori and Pacific Health Providers, City and District Councils, Tertiary Institutions and Secondary Schools implementing the Health Promotion content of the Health Curriculum.



The resource content includes: The Ottawa Charter for Health Promotion, Maori and Pacific Health models, case studies (from each South Island DHB) and an overview of how these fit within the structures of District Health Boards. The case studies also link the New Zealand Health Strategy goals with the Public Health Action objectives set by the Ministry of Health.

Produced by Te Waipounamu Health Promotion Coalition this booklet can be ordered from the Co-ordinator Fran Manahi, email: [fran@hpforum.org.nz](mailto:fran@hpforum.org.nz)

## Coming Events 2007

### 18 January 2007 –Health Promotion Workshop

Topic -Using Evidence Based Practice in Health Promotion

Where: Kaitaia

More information to come

### 22 January 2007 Health Promotion Workshop

Topic- Pacific Models of Health Promotion

Where: Auckland

More information to come

### 13 February 2007- Health Promotion Workshop

Topic: Applying the Ottawa Charter to Pacific Health Promotion

Where: Christchurch

### 20 Febuary, 2007 Health Promotion Workshop

Topic -Asian Models of Health

Where: Auckland

More information to come

### International 2007

#### 14 - 15 April, 2007

International Health & Development Conference

University School of Medicine, California, USA

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For more information go to <http://uniteforsight.org/conference/2007/index.php>

## HEALTH PROMOTION FORUM

The Health Promotion Forum is a national network of organisations involved in health promotion activities. For a \$30 membership fee your organisation/community group will receive the quarterly newsletter, reduced fees for our health promotion skills training workshops and access to our network resources and collective advocacy role.

- I enclose \$30 and application form to join the Health Promotion Forum of New Zealand\*
- I enclose a donation for \$...... to the Health Promotion Forum of New Zealand.
- Please put me on your mailing list to receive the free newsletter.

### \*Certain conditions apply:

- Members must have aims and objectives consistent with those of the HPF (please attach a copy of your A & Os)
- Member organisations should receive no revenue or gain from either the tobacco industry or companies with a financial interest in this industry.

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