



Hauora

A newsletter of the Health Promotion Forum

SUMMER 2009 - 2010

NEWSLETTER 80

Health Promotion Textbook Online

HPF Symposium

July 1-2

See you at the 2010 symposium of the Health Promotion Forum on July 1-2, Wellington.

Participants in the 2009 symposium each received a hard copy of the Reviews of Health Promotion Practice in Aotearoa New Zealand, which was launched at the symposium.

Now available on the Forum website, the e-book was written and edited by a staff and student team (pictured right) from the Health Promotion Research and Policy Unit of the University of Otago. Read more about the symposium on pages 3, 4, 12.



Ways forward for health promotion: a personal perspective

By Alison Blaiklock, Executive Director, Health Promotion Forum

These are challenging times for health promotion in New Zealand. For many of us, the way in which we work in 2010 will be very different from the way we worked in 2009.

The changing environment

We have a popular centre-right coalition government led by National and including the diverse aims and values of the Maori Party, Act and United Future. The international recession may have ongoing impacts on New Zealand as a country heavily reliant on trade and tourism. The reduction in economic activity means the government gets less tax and this may result in an ongoing reduction in government expenditure.

This government has very different views to the previous government about what role the state should play in the economy, provision of services, and society. If its changes are similar to the reforms of the economy and

the state that went on for a decade after 1984, there will be an increase in health inequities.

There is a move away from shared and collective responsibility to a focus on individual and family responsibility.

The idea of whanau-centred approaches to improving wellbeing is gaining a much wider base of political support.

We are experiencing a change in the political, economic and social climate. But the change in the earth's natural climate with global warming will have an even bigger impact on our work in the long term.

Changes in government priorities

The prioritisation and increasing costs of treatment services, and the reduced tax take will mean less funding for public health. This government's public health priorities emphasise immunisation and smoking cessation and its major programme to make houses warmer and more

energy-efficient. Funding for Healthy Eating and social marketing has been substantially cut. Parts of public health will be affected by changes to regulatory frameworks, environmental legislation and local government.

Services to improve health that are being prioritised appear to be those for which there is considerable public support, that directly provide clinical treatment, reinforce individual and family responsibility, where there are opportunities for delivery by the private sector, and which have the potential to quickly contribute to the Gross Domestic Product.

This is likely to lead to a greater proportion of health promotion services being delivered in primary health care and other clinical settings, and in the future, through Whanau Ora services.

A reduction in public health funding

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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 has been wonderful to meet so many of you at our Symposium, workshops and seminars and to hear again and again about the impressive work of health promoters.

There is now a widespread consensus that there should be a professional society of health promoters in New Zealand. We are, in collaboration with the Public Health Association and Hauora.com, setting up a small working group that will establish a society in 2010. We look forward to many of you being involved in the society.

In 2010, we will also be reviewing the health promotion competencies – please let us know if you would like to contribute.

We appreciate the positive comments about the ongoing development of our website www.hauora.co.nz We are continuing to provide short courses, workshops, seminars and other educational and professional development opportunities. Thank you very much to the people who advised us on what you want offered and where in 2010 – your feedback is very helpful.

We will also be holding some meetings around the country to discuss the changing environment for health promotion.

Our Symposium will be in Wellington on 1 and 2 July (more details to follow) and we very much hope you are able to come.

Heoi ano, na

Alison



Professor Sir Mason Durie



Mr. John Wong and Mr. Richard Wallace, Kaumatua for the Forum, who is also a QSM recipient in past years.

Health Promotion Champions Recognized in New Year Honours List

Knights Companion of the New Zealand Order of Merit

Professor Mason Harold Durie CNZM, Fielding for services to Maori health, in particular public health services.

Te Toihuarewa Mason Harold Durie CNZ

Professor Mason Durie has been a dedicated advocate of health promotion and Maori health for many years and is the esteemed author of Te Pae Mahutonga. The HPF Board and Operations Team are delighted

to see his work recognized in the New Years Honours and offer our congratulations.

Te Toihuarewa Mason Durie, to tatou aumangea ki to tatou Hauora Maori. Kua rahi ona mahi a te manukura nei, nana ano te pukapuka ko Te Pae Mahutonga i tuhi. Kei te harikoa Te Poari HPF me te tima o nga kaiwhakahaere i ona mahi, a, e tautoko ana ratou i tona whiwhinga i te honoretanga o te tau hou. Wehe ana i te rekareka.

Congratulations!

QSM Queens Service Medal

John Hin Chi Wong, Manukau for services to the ethnic community

Metara Whakanui Ratonga a Te Kuini

John Hin Chi Wong Mahi ratonga ki nga tangata no wahi ke e noho ana ki Manukau

This award is a small recognition of John's amazing work for many people including as the Asian Services Director at The Problem Gambling Foundation of NZ. John is a member of the HPF Board. The Board and Operations team send our congratulations to John.

He iti kahurangi tenei hei whakanui i te mahi papai rawa a Hone ki te tiaki i nga tangata huhua. Ko ia te Kaiwhakahaere Ratonga mo te Ropu Awhina Mate Petipeti o Aotearoa mo nga Iniana. Ko ia hoki he mema no runga i te poari HPF. Ano nei nga mihi a te poari me te tima o nga kaiwhakahaere ki a ia.



Associate Professor Cindy Kiro (right), Massey University, facilitating a workshop on global inequities, at the Forum's 2009 Symposium.

Reflections on the 2009 HPF Symposium

By Ieti Lima

My brief is to provide a personal point of view and reflect on the Health Promotion Forum (HPF) 2009 Symposium in Wellington in July. I had started working as a health promotion strategist looking after the Pacific portfolio at the Health Promotion Forum (HPF) for about four months when I attended the Symposium.

As a student and researcher I had been to several conferences and symposiums here and overseas, both as a presenter, facilitator, or just an observer. I had also helped co-ordinate and organise academic seminars and community fono for years. So attending the 2009 Symposium as a HPF staff member with minimum involvement other than ushering a particular group of participants from one workshop to the next to ensure minimum clogging up of group movements at the start and end of the concurrent symposium workshops was in a sense, relaxing, even enjoyable.

But there was something else about the HPF 2009 Symposium which was rather different, almost endearing, actually. For a small non-government organisation I find the HPF quite a refreshing work place. I confess I didn't really understand what health promotion was when earlier in the year, a colleague said they were looking for a Health Promotion Strategist to look after the Pacific health development portfolio. I wasn't exactly enthused about getting involved in an organisation I didn't even know much about, but I was coming to the end of a fixed appointment elsewhere

so was at the stage of pondering where to, and what next. The management thought I may be someone who could be turned into a health promoter and hired me for a short stint. I was grateful for the opportunity, and was subsequently welcomed to the world of health promotion.

As a small organisation, in terms of staff numbers I got to know most of the HPF staff relatively quickly. I think therein lies the difference between working within a small organisation with few staff and other workplaces where it takes a lot longer to be familiar with a large number of people. By the time of the HPF Symposium, I had been with the HPF for over four months, had got to know all of the staff and management, and also been introduced to some of the HPF Board members including some Reference Group members. In a sense, the Symposium offered a window of opportunity for me to observe my work colleagues operate in another environment outside of our normal work place. It was an awesome networking opportunity not only with a few people who I knew, but with other participants who were all there to listen to academics share their knowledge and expertise, but also other people who are working at the grassroots share their own experience working with communities. I met some Pacific people working in various aspects of health and social sectors, and have now been linked up with some of them on a not-too-infrequent basis.

Overall, I think the Health Promotion Forum 2009 Symposium symbolises

for me an ideal environment where established senior academics and grassroots community and health workers get the opportunity to come together and share experiences and learn from each other. For example, Professor Mason Durie, a noted Maori leader who has been in the forefront of Maori health development over decades, a renowned international figure in indigenous health circles and Maori mental health, as well as a very senior academic who is valued and respected by colleagues and peers, was a special highlight for me. His passion and commitment to health promotion and health and wellbeing generally, and willingness to share his vast traditional understanding and knowledge of Maori issues was enlightening and empowering. Professor Mason Durie's generosity with and unreserved willingness to share his intellect with participants was highlighted by the manner in which he summed up the Symposium proceedings ever so succinctly. It was brilliant and refreshing.

But I think the scene and tenor for an enjoyable forum and valuable sharing opportunity was superbly set by earlier speakers and presenters. The Honourable Governor General of New Zealand, His Excellency Sir Anand Satyanand in his eloquent opening address was compassionate and benevolent. His attention to cultural protocols recognising the significance of Maori structures in line with the theme of the symposium was culturally appropriate and invigorating.

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Governor General opens the HPF 2009 Symposium

In his address to open the Health Promotion Forum (HPF) 2009 Symposium in Wellington in July, New Zealand's Governor General, His Excellency Sir Anand Satyanand, highlighted the relevance of the 1986 Ottawa Charter in guiding "the work of health promoters to this day."

Recognising "Hauora" as the theme of the Symposium, and the importance of holistic health and wellbeing in difficult times, His Excellency aptly provided a context as he spoke about his own personal experience as the member of a family where health had been a primary concern. He identified three perspectives – "personal, professional and patient" which he said had provided him with an appreciation for the work undertaken by those working in the health sector.

- My father practised as a GP in Auckland for many years whilst my mother worked as a Karitane nurse before being married.
- I am also ... someone with a long-standing interest in the health profession—an interest that was perhaps established courtesy of both my parent's occupations, and subsequently repeated in my working life. As a working lawyer, Judge and Ombudsman, I have had a number of opportunities to remain involved with many contemporary medico-legal issues.
- I am also speaking today as a former patient. After a road accident sustained by Susan and I in July 2002 and an odontoid fracture of C2, I spent three months in the "derrick round the head" environment of halo traction equipment.

His Excellency added that the above connections with health, disability and wellbeing have widened further since his appointment as Governor-General in August 2006, a role which means ... "with my wife Susan, Patron of about 150 organisations, many of which have an interest in health."

He also spoke about the relevance of the Ottawa Charter to health promotion, recognising that while "peace, shelter, education, food, income, sustainable resources and social justice were the fundamental conditions for health, he noted that the Charter went further by emphasising that "these had to be achieved within a wider framework."

His Excellency explained that the Charter outlined five areas for action:

- building healthy public policy;
- creating supportive environments;



*The Hon Sir Anand Satyanand and Lady Susan Satyanand
(Photo: Official website of the Governor General)*

- strengthening community action;
- developing personal skills; and
- re-orientating health care services toward prevention of illness and promotion of health.

He argued that the Charter "has been energised by the release of the final report of the Commission on Social Determinants of Health, established under the auspices of the World Health Organization. He noted that the report "has won international praise for its forthright approach, by viewing health as a human right."

His Excellency cited the Commission report thus:

"Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others. ... Differences of this magnitude, within and between countries, simply should never happen."

He said "good health promotion is about ensuring healthy communities, symbolically represented by the fence at the top of the cliff rather than the ambulance at the bottom."

"The Commission went much further by effectively questioning why the cliff exists in the first place. It called for a new approach to development that saw health as the goal of all social policies rather merely a welcome by-product. And most strikingly, it challenged the nations, communities and the international community to close the health gap in a generation."

His Excellency then spoke about the

relevance of the Commission's report to New Zealand.

"... we are familiar with many of these issues and New Zealanders continue to face serious challenges to our health. For example, the media continues to run stories of increasing rates of preventable diseases such as diabetes and HIV-Aids. Also, 45 years after the first American Surgeon-General's report on the dangers of tobacco use, one in five New Zealand adults continues to smoke."

He said while the life expectancy of all New Zealanders continues to increase there continue to be "significant differences between the average life span of Māori and Pacific New Zealanders and the rest of the population."

His Excellency also spoke about the economic crisis.

"History shows the stress and tension caused by the economic downturns often have a negative effect on the wellbeing of individuals, families and communities. This all paints a somewhat grim picture. But it does not have to be unremitting gloom."

His Excellency concluded by encouraging participants, mostly health promoters to continue to encourage and promote initiatives which address inevitable health issues that will continue to place demands on the health system.

"I know you already have strong links with many community groups, but I urge you to look more widely. I am certain that relationships can be built with willing partners so long as it is based on clearly defined projects or initiatives. Can we close the gaps within a generation? Maybe not, but we have it within our own hands to make a start."

Programme to Enhance Leadership in Public Health

By Jo Elvidge

Project Manager, Public Health Workforce Development Northern Operations, Public Health Group Health & Disability National Services, National Health Board Business Unit, Ministry of Health

A new leadership programme is being designed for the public health sector. It starts in June 2010 and will be run by Catapult, a specialist leadership development organisation, and Quigley and Watts, a public health consulting group.

This is a unique opportunity to take your performance to the next level, learn more about yourself, and develop your ability to lead for public health outcomes. There will be two separate streams for emerging leaders and current leaders to cater for those recently appointed to leadership positions (through the emerging leaders programme) as well as those who are experienced leaders or managers (through the current leaders programme).

The programmes will involve six contact days over ten months with additional

on the job coaching. Participants will create/formulate/construct a personal development plan, based on their assessed needs. The programme content is based on sector consultation and needs assessment and will compliment the existing Maori and Pacific leadership programmes.

The establishment of the leadership programme is in fulfilment of the Ministry's Te Uru Kahikatea workforce development strategy to enhance the public health sector capability to lead health sector and community action. "More than most other fields, public health requires leadership at all levels, as public health is fundamentally about influencing policies and practices, for the purpose of improving the health of communities."

The requirements for public health leadership have been reviewed, (see Nichols-Dunsmuir A, 2004, Public health leadership programme review: Issues and options for New Zealand available from <http://www.publichealthworkforce.org.nz/reports--resources/ph-wd-reports--publications.aspx#1>). The public health leadership programme should develop

a durable toolkit of skills to build participant's capability to improve health outcomes. This would include the abilities to:

- think strategically, (locally, regionally, nationally & internationally)
- plan cost-effective evidence based interventions informed by analysis of the social, policy and regulatory contexts affecting health
- work collaboratively with diverse stakeholders across the health and wider government, local government and community sector
- build partnerships and coalitions
- research and present evidence
- articulate public health perspectives
- advance policy to improve health outcomes
- speak confidently and write effectively for a range of audiences from senior managers to community organisations
- manage public health projects and/or programmes

Catapult and Quigley and Watts were selected because of their winning

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Where is the Starting Point for the Community?

By Donna Leatherby

Member, Health Promotion Forum Board, Taranaki

Have you heard this statement before? "We are about serving our communities' needs." That statement is often heard voiced by many well meaning people.

This article looks at "Community needs." Service providers, whether in health or any other sector, are simply that – they provide services. Those services are often determined by 'the funders.' That's the prevailing thinking and behavior that has existed within our society for many decades.

I want to look at our society – from a community perspective. What does a community really want? Let's quickly glance back into our history. Did our communities really want Tobacco – Alcohol – denial of being taught Te Reo Maori?

I would suggest that often our communities are 'persuaded' by others that all these 'needs' are essential, and even 'good for you.' Over time the community may eventually believe it could not live life without them.

The point to ponder is; who decided what communities would have - the communities themselves? Or someone from outside those communities? To service the community – interesting to note where the starting point was!!

One would think with such a past history – we would have learnt some lessons. One of those lessons might be to allow communities to decide for themselves their own needs.

Does that sound too risky? Is it possible (we) think communities won't know or perhaps others think they know better? Perhaps there is some thinking about 'well they don't have the skills, abilities or qualifications.' Some of that maybe true but it's not an answer to the question, it's just another barrier.

So how can (we) support our communities?

Some suggestions:

- Empower communities and support them with what they want to address.
- Community 'drivers'. Consider communities' values and purpose. Where and how does community decision-making operate? Does

the community have the required 'infra-structure' to function within the compliance and regulated society that is often required? Community capacity needs to be appreciated. To help upskill communities, consider building community capacity through the input you provide.

- Determine community needs. Let the community tell their stories of needs and wants. The community needs to share its own korero and it's the role of others to listen. From a community perspective, to be listened to is the start of an empowering process in itself.

Following on from these points will be the strategic planning processes and that's another article in itself.

This article has focused only on locating a possible starting point and explained the whole ethos of where community development should ideally and realistically commence from.

Effective community development is not just about delivery of services. It starts with community themselves - they know their issues and they also have their own solutions.



News from Nairobi

Closing the Implementation Gap in Health Promotion

*You are not sick because you are failing
You are sick because we are failing you*
Professor Miriam Were

Closing the Implementation Gap was the key theme of the 7th Global Conference on Health Promotion held in Nairobi, Kenya in October 2009. The conference continues the series held since the Ottawa Conference of 1986 at which the Ottawa Charter for

Health Promotion was developed. Over 600 people (over half from Africa) from more than 100 countries participated including politicians, senior public servants, community representatives, practitioners, and academics. It was my great pleasure to be one of few New Zealanders at the meeting.

As the final press release noted:

At the end of the historic 5-day

conference which was opened by His Excellency President Mwai Kibaki of Kenya, the participants issued the "The Nairobi Call to Action for Closing the Implementation Gap in Health Promotion", emphasising that health promotion is the most cost-effective strategy to improve health and quality of life. The Call to Action identifies the major actions required to reduce health
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New feature in Hauora newsletter

Profiles of various individuals and organisations closely associated with the work of the Health Promotion Forum (HPF) will be an added feature

of the Hauora Newsletter. In this issue we profile Associate Professor Louise Signal, who kindly provided a brief but inspirational report of the 7th Global

Conference on Health Promotion held in Nairobi, Kenya in October 2009 (See photo of Louise Signal and her story above).

PROFILE - Associate Professor Louise Signal

Louise is a Director of the Health Promotion and Policy Research Unit and HIA Research Unit at the University of Otago, Wellington. She has worked and done research in the field of health promotion for 25 years in a range of roles, including Senior Advisor (Health Promotion) for the New Zealand Ministry of Health. Louise is a social scientist with a PhD in Community Health from the University of Toronto. Her research interests include tackling inequalities in health, health impact assessment, and healthy eating and healthy action. She teaches undergraduate and postgraduate

courses in health promotion. She recently co-edited a book on health promotion in New Zealand which is available from this website.

Signal, L., Egan, R. & Cook, L. (Editors) 2009 Reviews of Health Promotion Practice in Aotearoa New Zealand 2007-2008. Wellington, Health Promotion and Policy Research Unit, University of Otago and Auckland, Health Promotion Forum of New Zealand.

Louise is also the Chairperson of the Health Promotion Forum Academic Reference Group.

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News from Nairobi - Closing the Implementation Gap in Health Promotion

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inequities and boost progress towards the Millennium Development Goals. Urging fast action as he performed the official closing of the conference, His Excellency Stephen Kalonzo Musyoka, the Vice-President of Kenya said: "We have no option but to 'answer this call and get to work'". Dr Fiona Adshead in her closing remarks said the ambition of the conference was to "take forward the Call to Action and fire up action in Member States".

The Call to Action calls on governments, civil society, development organizations and health services to join forces and reposition health promotion policies and programmes to curb the unacceptable global toll of preventable ill-health. It identifies five action strategies: building capacity for health promotion,

strengthening health systems, partnerships and inter-sectoral action, community empowerment, and health literacy. The Call to Action was the result of the collective work of the meeting participants. It was truly an example of participation in action. A copy of the Call to Action can be found on

http://www.iuhpeconference.net/downloads/en/Thematisches/0910_WHO_Conference_Health_Promotion.pdf

The conference showcased Africa. It showcased health promotion in Africa. Beginning to understand the health challenges of Africa at first hand reinforced to me that anything is possible in New Zealand if there is political will. I had the privilege of visiting the Kenya Women with AIDS (KENWA) project in

the slums of Nairobi. We were welcomed by women who were living with AIDS in a joyous celebration of life. KENWA was inspirational in the community development work they did helping women to live by providing hope, health education, food, anti-viral drugs, health care and education for their children. The slogan on the KENWA t-shirt was 'never give up and never forget'. It can be easy in the face of adversity to feel that our work is difficult, but if these women can keep going, so can we.

Professor Miriam Were, a recent Noguchi Prize recipient, shared personal experiences from her community work in an unforgettable keynote address. She emphasised the problem of low life expectancy in African countries. She also shared her hope that the continent would bridge the gap by coming together to pool efforts. 'President Obama reminds us that we are a lot more capable than we think', she said. She called for 'the politics of hope in the health sector'. In relation to closing the implementation gap she cried 'Yes We Can! Yes We Can! Yes We Are Going To!'

I hope you will be inspired, as I was, to continue your health promotion endeavours with renewed vigour and enthusiasm after a well deserved summer holiday. Happy holidays.

Louise Signal

Director

*Health Promotion & Policy Research Centre
University of Otago, Wellington*

Pacific Health promotion workforce development workshops

By Ieti Lima, Senior Health Promotion Strategist – Pacific, Health Promotion Forum

The Health Promotion Forum offers workshops for the on-going enhancing of the capacity of the health promotion workforce. While these workshops provide skills and knowledge for all, some are tailored to suit particular needs.

Pacific specific workshops aimed at developing the capacity of the Pacific health promotion workforce in New Zealand were generally "popular and well-attended" by Pacific as well as non-Pacific participants during 2009.

The Health Promotion Forum (HPF) Workforce Development and Communications Co-ordinator, Sal Stevens, said Pacific specific workshops are usually fully subscribed, and attended mainly by Pacific people working in public health, health promotion, community workers, as well as other social and health-related areas.

Sal also noted that while Pacific specific workshops are normally popular among the Pacific health workforce, non-Pacific participants also register and attend the Pacific workshops. In April, a HPF Pacific workshop in Hastings, Hawkes Bay, in collaboration with Massey University, was attended by a sizable audience of both Pacific and non-Pacific participants including a Maori couple that travelled across from Palmerston North to participate.

Like other HPF workforce development workshops which cover a range of topical issues related to public health, particularly

promoting health and wellbeing, Pacific workshops attempt to emphasise, and focus on issues relevant to Pacific health and health promotion. One of the more popular Pacific workshop topics relates to the relevance of Pacific health models to health promotion.

Exploring the relevance of, and how to apply Pacific health models to health promotion, the workshop facilitators hope that at the end of the workshop, participants would be able to demonstrate, and gain an understanding of the Pacific health models, and how to apply them in their health promotion work.

For the Pacific health models workshop, the Forum team invite Pacific colleagues knowledgeable in particular health models to present and co-facilitate the workshops. For example, Fuimaono Karl Pulotu-Endemann who developed the Fonofale model has co-facilitated and presented the Fonofale model at workshops in Wellington and Auckland. Other Pacific colleagues including Maiava Carmel Peteru, has also presented the Fa'afaletui model, which she is interrogating in her current doctoral studies at Auckland University, at one of the workshops.

Similarly, the Forum's Deputy Executive Director and Workforce Development and Communications Manager, Sione Tu'itahi, also presents the Fonua Model which he has developed over the years, and is being further examined in his current doctoral research at Massey University.

Programme to Enhance Leadership in Public Health

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combination of in-depth knowledge of the public health sector with excellent skills and experience in running leadership programmes. Both providers have an outstanding reputation for sensitive, principled and thorough work. You can read more about them on their websites (see www.catapult.co.nz and quigleyandwatts.co.nz).

Anyone working in the public health sector may apply for a place on the programme. Application criteria and further details and will be posted on the publichealthworkforce.org.nz website in February/ March 2010. For enquiries prior to this speak to Jo Elvidge, Public Health Workforce Development Manager, Ministry of Health 09-580-9044.



All Black's Asst. Coach Steve Hansen with his kids enjoying safe jumping in their trampoline.

Trampoline Safety this Summer

The popularity of trampolines has seen them literally spring up in backyards across the country, offering hours of fun and a good form of exercise to Kiwi kids. Injuries however are common and Safekids advises parents to take extra care when letting their children play on trampolines.

In the 3 year period May 2006 to April 2009, 161 children were admitted to Starship Children's Health following a trampoline related injury. Admissions revealed that almost half of the injuries were to children 5-9 years old, and injury patterns were consistently high during the summer months and school holidays.

Common injuries range from minor bumps, bruises, sprains and cuts to serious injuries such as broken bones and concussions. Common causes of injury include falling off and landing on a hard surface or object, landing awkwardly while jumping, and collisions with another person while jumping on a trampoline.

"Play sometimes leads to the odd bumps and bruises. While this is a part of growing up, parents should take every precaution to avoid injuries that lead to long term complications or permanent disabilities," said Ann Weaver Director of Safekids New Zealand. "By taking simple and sensible steps, trampolining can be

enjoyed as a safe and healthy activity by the whole family."

Safety Tips:

- ✓ When buying a trampoline, make sure that it complies with NZ or Australia Safety Standards (NZS 5855:1997, NZS 5855:1997AA, AS 4989-2006).
- ✓ Place the trampoline away from structures and objects (i.e. trees, fences). Have a safe fall zone of at least 2.5 metres with a soft, energy absorbing ground (i.e. woodchips, sand or soft lawn). Consider a trampoline with a sturdy net enclosure.
- ✓ No somersaults or flips. Children and adults should NOT attempt tricky manoeuvres unless they have received professional training or have professional supervision.
- ✓ Keep it age appropriate and use correctly. Check if the trampoline is suited to the age of your child, and read the user manual for correct and safe use.
- ✓ Take turns. Never allow more than one child on the trampoline at the same time.

For more information on keeping kids safe at home, at play and on the road,



visit www.safekids.org.nz.

About Safekids New Zealand

Safekids New Zealand is the injury prevention service of Starship Children's Health and a member of SAFE KIDS Worldwide. Our mission is to reduce the incidence and severity of unintentional injuries to New Zealand's children aged 0 - 14 years.

For more information, contact Anthony Rola at anthonyr@adhb.govt.nz, visit www.safekids.org.nz or call 09 631 0717.

Share your story

We welcome stories on health promotion activities. Share your experience, success, challenges encountered, and lessons learnt with your fellow health promoters. Contact us at www.hauora.co.nz.

Ways forward for health promotion: a personal perspective

By Alison Blaiklock, Executive Director, Health Promotion Forum

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will probably mean positions with specific statutory responsibilities are retained ahead of other positions. This will especially impact on the health promotion, Maori and Pacific workforces.

Other possible changes are fewer paid positions for health promoters, changes in providers as some organisations lose contracts, some restructure, and some combine and/or work more closely with other providers. Changes in other sectors will also affect what we do.

All of this means it is a stressful and uncertain time – but it is also a time with opportunities.

So what can we all do to ensure that there is the health promotion and public health services and capacity that New Zealand needs to reduce inequities and improve health and wellbeing?

Here are five ways forward.

Leadership

It is up to us as a sector to provide our own leadership – leadership that (in Mason Durie's words at the last Health Promotion Forum Symposium) has to be distributed, networked, forward thinking and courageous.

All of us are leaders in different ways. We need to work together because these times require all of us.

Communication

A lot of the dissatisfaction with the previous government was framed up as being about a “nanny state” and health promotion and public health got caught up in this.

We need to work together to plan how we best communicate with this government and with the current prevailing ideologies to communicate the value and effectiveness of health promotion and public health - without losing our core values.

We need to talk about the importance of prevention, responsible government, the smart state, our common concern and shared responsibility for the wellbeing of children. We need to tell the success stories that abound in health promotion and public health. We need to explain the risks and costs of not doing prevention. We need to become much better at using evidence, economic arguments, and evaluation. Let's challenge the ethics and evidence

behind the suggestion in the Ministerial Review Group report that it may be cheaper to cure people than prevent them getting ill in the first place. Let's reframe the value for money proposition in a way that better reflects the values (and therefore benefits) inherent in good public health and health promotion practice. Without a good definition of 'value', value for money is meaningless.

We must keep explaining why we hold our core values dear – including our commitment to Te Tiriti o Waitangi, Hauora being everyone's right, equity, and improving the social and ecological determinants of health.

Workforce development

“What ought one to say then as each hardship comes? I was practicing for this, I was training for this.” *Epictitus*

New Zealand needs an effective, well-informed, adaptable, and sustainable health promotion and public health workforce. This takes each of us being committed to our own professional development as well as commitment from our employing organisations. A wise strategy in hard times for individuals and organisations is to upskill and undertake further education and training.

Workforce development is the first priority in the Ministry of Health's Statement of Intent. The Implementation of the Ministry's *Te Uru Kahikatea* plan for public health workforce development is leading to increasing opportunities for workforce development. The Health Promotion Forum will continue to provide a range of educational and workforce development opportunities and prioritise the development of Maori and Pacific health promotion practices and workforces; is working to establish a professional society of health promoters in 2010; and is exploring how we can build the voluntary workforce.

Structures and systems

We need to seize opportunities to develop a more effective public health system. Much health promotion happens from organisations outside the health sector. A current example is the work being done to reduce the harmful effects of alcohol on health with advocacy coming from the police

and Law Commission as well as the health promotion and public health sector. It is likely that more of us will work in other sectors in the future.

The reorganisation of the health system provides opportunities to do more in primary health care, work more closely with treatment services; consider what should happen at a national, regional and local level, and what is best done by statutory agencies and what is best done by non-statutory agencies; and in the medium term, develop effective relationships with a wider range of organisations that have roles, responsibilities and impacts around the determinants of health.

This is also a time to reorient what we do in health promotion and public health – for example to incorporate into our priorities the overwhelming evidence of the importance of the early years of life and the impact of social and ecological determinants.

Relationships

In the long term we need to develop a broad-based social consensus about the importance of prevention.

To do this, we need to build strategic relationships and alliances with our colleagues in Maori health, Pacific health, new migrant health, child health, and the disability sector; with clinicians in primary care and specialist services – many of whom understand very well the importance of prevention; with Whanau Ora services as they develop; with politicians in Government and across the political spectrum; with the other sectors and organisations that affect health and equity; with the communities who want our work to continue; with other social movements, including the children's movement, human rights movement, and the environmental movement; and with the wider public who appreciate that some cliffs need fences.

Let's support each other and work together - because it's going to take all of us to ensure the future.

Kia Kaha. Kia Toa. Kia Manawanui.

Application for Membership of Health Promotion Forum

The Health Promotion Forum (HPF) is the national umbrella organisation for health promotion and builds leadership, relationships and the workforce in health promotion. The members of HPF are organisations committed to improving hauora, health and wellbeing.

Members elect the HPF Board and receive a discount on HPF workshops and symposia and other benefits. A

strong membership base provides the foundation for HPF's work in advocating for the whole sector and enhancing the credibility of the health promotion workforce.

Membership is open to organisations that support Te Tiriti o Waitangi and the values and purposes of HPF and have aims and objectives that are consistent with HPF's aims and objectives. Requests for membership

are approved by the Health Promotion Forum Board.

HPF is an incorporated society and registered as a Charity with the Charities Commission. Donations are tax deductible. More information about HPF, the benefits of membership, and the HPF Constitution is on the HPF website www.hauora.co.nz

The subscription year is from 1 July to 30 June. Rates for 2009/2010 are:

- \$55 (incl GST) for an organisation with up to 10 Full Time Equivalent (FTE) staff
- \$80 (incl GST) for 11 to 50 FTE staff
- \$110 (incl GST) for 51 to 99 FTE staff
- \$200 (incl GST) for 100 and more FTE staff.

If you have any questions, please contact us on hpf@hauora.co.nz or 09 531 5500.

To apply for membership, please fill out the following form and send it with your subscription fee and a copy of your organisation's aims and objectives to: Health Promotion Forum, P O Box 99064, Newmarket, Auckland 1149.

Name of organisation	
Address of organisation	
Website of organisation (if applicable)	
Name of contact person	
Position of contact person	
Contact person's email	
Contact person's phone number	
Contact person's address (if different to organisation's address)	
Number of staff (please circle)	<ul style="list-style-type: none"> • Up to 10 FTE • 11 to 50 FTE <ul style="list-style-type: none"> • 51 to 99 FTE • 100 or more FTE
<p>I certify that(name of organisation)</p> <ul style="list-style-type: none"> • Supports Te Tiriti o Waitangi and the values and purposes of the Health Promotion Forum • Has aims and objectives that are consistent with those of the Health Promotion Forum's • Does not accept revenue or gain from either the tobacco industry or companies with a financial interest in the tobacco industry. <p>I have attached:</p> <ul style="list-style-type: none"> • Our organisation's aims and objectives <input type="checkbox"/> • Membership fee for 2009/2010 \$..... • Donation \$..... • Total \$..... <p>Signed Name</p> <p>Position Date</p>	

P O Box 99064, Newmarket, Auckland 1149 Level 1, 25 Broadway, Newmarket, Auckland 1023
 Phone (09) 531 5500 Fax (09) 520 4152 Email: hpf@hauora.co.nz Website: www.hauora.co.nz
 Charities Commission Registration Number: CC36008

New Editorial Team for Hauora

This edition of Hauora not only has more pages but also contains more articles by contributors. Contact us if you wish to contribute.

Inviting writers to contribute is part of our on-going goal of improving Hauora to meet the information and learning needs of the health promotion workforce.

Also, we have increased the capacity of our editorial team. Sione Tu'itahi is now managing editor, providing an overview of the overall production. Ieti Lima is the editor, focusing on the editorial contents and co-ordinating the contribution of other writers.

The other two members of our health promotion team, Alison Blaiklock and Helen Rance, also write.

While she continues to edit our e-bulletin, Rongo Korero o Hauora, Helen is also the web editor of our website, www.hauora.co.nz

Reflections on the 2009 HPF Symposium

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His Excellency's reference to his own parents' health backgrounds as well as his and Lady Satyanand's own commitment to health contributed significantly to an atmosphere of warmth and conviviality.

As important was the opportunity to witness some senior academics, including Professor Phillipa Howden Chapman, and Associate Professor Cindy Kiro who have worked in public health related areas including exciting issues around health promotion over the years, as well as other speakers were informative and inspiring. Other presentations by health professionals involved in research and initiatives with and among community groups were also quite instructive and refreshing.

Finally, I think the Symposium was also organised in a manner which provided participants with opportunities to network and mingle in between sessions. And because many people seemed to know some of the other participants, whether from previous forums or through their work in public health and health promotion, there was a sense of conviviality, even informality throughout the two-day forum.

Big Changes on Our Website

By Helen Rance, Web Editor and Senior Health Promotion Startegist – South Island, Health Promotion Forum

Have a look at our new updated website. This website has been going through a major review over the past six months and the results are now looking fantastic.

These improvements are ongoing and we want to keep you informed on changes and developments that are happening in the health promotion sector.

The biggest change is our commitment to keeping the website regularly updated and upcoming improvements to site navigation.

The site, www.hauora.co.nz, contains our 'Hauora' newsletter, 'Rongo Korero o Hauora' the e-bulletin, news clips from the media we think of interest to you, press releases despatched by HPF, global news, and we are exploring ways that members and readers can interact with the site.

The website also gives you information about health promotion tools and resources, HPF publications, extensive Maori and Pacific models of health promotion and dates and information about upcoming workshops and training.

Another new change is in the Profiles of Maori Health Promoters page – we have some amazing people in the sector. The Pacific and Asian pages are being developed there will be some really great profiles and information coming.

For HPF members, we can post free of charge your situations vacant and there are also links to information about public health careers.

Pages about the importance of the early years of life and its impact on our health and wellbeing are also under development.

We invite your feedback about what you find useful on our site, links that you use and could be useful for others, keep in touch with us.

Changes in the Board of the Health Promotion Forum

HPF welcomed new Board members and farewelled retiring Board members at the Annual General Meeting last November.

Grant Hocking, Lisa McNab and Pesio Ah-Honi Siitia were elected to the Board, and Frances Smiler-Edwards and John Wong were re-elected. They join Gary Brown, Donna Leatherby and Cinnamon Whitlock. Board members are elected for two year terms, with about half the positions coming up for election every year.

Gary Brown is the interim Chair.

We also farewelled Janferie Bryce-Chapman, Viv Daley, Emma Kutia, Adrian Te Patu and Leota Tu'itahi Tahaafe. Janferie has been the Chair of HPF for the last four years and

her legacy includes the amended Constitution, development of governance policies, and move to new accommodation. Adrian has also been a long-time member of the Board and many of you will know him from his wonderful facilitation of HPF Symposia. Viv has long contributed to HPF in different ways throughout her professional life. Emma and Leota have been more recent Board members whose insights and integrity have been valued.

We are very appreciative to everyone who took part in the elections through putting their names forward and the member organisations who supported the democratic process through being nominators, seconders and voters.

New resources for HPF library

Some key public health reference publications and a variety of very interesting newly-published textbooks comprise additional resources which were recently acquired for the Health Promotion Forum's library. And while a manual index card system is still in use, the newly acquired public health reference books and health promotion textbooks, as well as new titles some very current, have been catalogued using EndNote.



Riripeti Haretuku explaining the many harms of smoking at the 2009 symposium.

Tobacco Industry ‘smoked’ at HPF Symposium Workshop

The tobacco industry received some harsh criticisms at one of the four workshops which examined topics of global focus during the HPF 2009 two-day Symposium at the Brentwood Hotel, Wellington in July. The Global Colonisation workshop, co-facilitated by Riripeti Haretuku of the Health Sponsorship Council, and Shane Kawenata Bradbrook, Director of Te Reo Marama, examined the impact of the tobacco industry on Indigenous people including Maori.

The workshop presenters referred to some of the giants of the tobacco industry which, while profiting enormously from the sale of tobacco internationally, were not accepting responsibility for the harm

smoking causes to people’s health.

The presenters highlighted key provisions in the WHO Framework Convention for Tobacco Control (FCTC) which provides basic tools for countries to enact comprehensive tobacco control legislation which include: a) increasing tobacco taxes; prohibit or restrict duty free sale; protect citizens from tobacco smoke; ban use of misleading and deceptive advertising; comprehensive bans on tobacco advertising, promotion and sponsorship.

Citing health, economic and cultural benefits of a smoke-free Maori and other indigenous people internationally, the workshop presenters identified tobacco and the tobacco industry as barrier and

impediment to indigenous potential and development. The presenters called for tobacco addiction to be aligned with development, self-determination, and social justice frameworks.

Dedicated to tobacco resistance, Te Reo Mārama - Kaupapa Tepuka Kore’s primary role is to advocate to Government and non-Government organisations at a political and policy level on behalf of the Maori community regarding tobacco issues.

- From the Editor: you can access all the powerpoint presentations made at the symposium on our website: www.hauora.co.nz.

Coming Events...

Training Opportunities in Health Promotion

To maintain the currency of your health promotion knowledge and skills, and to ensure that you continue to be a reflective practitioner, choose from the three types of training that the Forum provides for the health promotion workforce.

The first type is the Certificate of Achievement in Introducing Health Promotion (known as the Short course), a joint effort between the Forum and Manukau Institute of Technology (MIT). The course is primarily for community health workers and health promoters who have not done any formal training in health promotion. The course also provides a working knowledge of health promotion to other health workers who wish to move into health promotion work.

Our series of workshops on health promotion knowledge and issues is our second type of

training. These workshops introduce new knowledge, new tools or examine a topical health promotion issue for the on-going professional development of health promoters and other health workers.

Our special two-day workshop on using the Treaty of Waitangi as a framework for health promotion is our third line of training. The workshop is known as TUHA-NZ (a Treaty Understanding of Hauora in Aotearoa New Zealand).

Here are some of the training events of the Health Promotion Forum for the coming months:

- February 24-25, TUHA-NZ workshop, Invercargill. See our website for enrolment details and venue
- March 29- April 1 Short course in health promotion, Rotorua
- March 29 – April 1, Short course in health promotion, New Plymouth

- May 25- 28, Short course in health promotion, Kaitiaki
 - May 25- 28, Short course in health promotion, Auckland
 - May 25- 28, Short course in health promotion, Christchurch
 - July 27-30, Short course in health promotion, Napier
 - July 27-30, Short course in health promotion, Hamilton
 - Sept.21-24, Short course in health promotion, Wellington
 - Sept.21-24, Short course in health promotion, Auckland
- July 1-2, is our annual symposium in Wellington.

All of the above events and other training activities of the Forum are on our website.