



Hauora

A newsletter of the Health Promotion Forum

APRIL 2007

NEWSLETTER 73

Health Promotion in Action

Fundraising the Health Way —with Fruits and Veggies

Hauora interviewed Pauline Love, from Te Puna Waiora, Gisborne, who was part of a team that came up with an innovative and healthy way to fundraise. Here is her story:

How did it start?

It was started by a meeting with Gisborne Toy Library, regarding fundraising. We the committee discussed what we could do, apart from selling chocolate, Parent Centre Gisborne had the same idea so we decided we would join forces and make fruit boxes.

What were your aims and what outcomes did you expect?

Aim was fundraise \$1000 but we made \$2500 and the outcome was a better healthier choice for people.

Who was your target audience? And what was the response like?

Community were the target audience, old and young. The response was great we could have made a least another 200 boxes.



Debbie Blakeman of Te Puna Waiora packing fruits and vegetables for the fundraising.

If you are using a particular health promotion model – e.g. Ottawa Charter or Te Pae Mahutonga – please tell me how you use it?

Didn't use a model we just wanted a healthier option to be offered to the community.

How did you overcome some of the challenges you

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Balloon Day Asthma

Looking for helpers for Balloon Day – let's do more for the 1 in 4

The Asthma and Respiratory Foundation is hunting for helpers in the build up to Balloon Day on 5 May 2007. The purpose of the day is to raise money for child asthma research – **one in four** Kiwi kids now has asthma.

Duties range from hanging up some posters in your office or community during the build up, helping out on the big day, or just telling your friends and family. We certainly appreciate any assistance, and are open to creative ideas for your promotional ideas – we can supply asthma resources, balloons, and t-shirts!

Please email debi@asthmanz.co.nz to register your interest.

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From the Editor...

From the Editor...

Welcome to our first edition for 2007!

As mentioned in the last newsletter, our new title is **Hauora**. **Hauora** is a Maori term that can be translated as holistic health and wellbeing. We adopt the name from the vision statement of the Health Promotion Forum, **Hauora – Everyone's right**.

Also for the first time we publish our quarterly newsletter under a new look and format. The new look includes the lay out and a new logo.

With the new lay-out we move the editorial page to page 2. We also print in full colours.

Our new logo, which was launched at our national conference last October at Ratana Pa, Rangitikei, is a **koru** in the shape of the globe and is in **paua** blue colour. **Koru** – the youngest leaf of the **ponga** or fern tree symbolises health, wellbeing, growth and vibrancy. The **paua** (abalone shell) blue colour makes it uniquely **Aotearoa** New Zealand while the global shape symbolises our interconnectedness with the rest of the world.

This winning design is the work of Rhiannon Stevens, an Auckland high school student.

As for the format we will merge our second publication, **Keeping Up to Date**, as a special section of the newsletter. Starting with our next edition, this merge can increase readership and lessen production and distribution costs.

These few changes are all aimed at achieving the purposes of the newsletter:

- to inform you, a member of the health promotion workforce, on topical health issues and current affairs and development within the health promotion workforce
- to share the latest in health promotion skills and knowledge with the workforce
- to discuss ideas and views for the ongoing development of the health promotion workforce

We value your feedback on the look and contents of the newsletter. So please send us that email on what we do well and where and how we can improve.

Enjoy!

Sione Tu'itahi

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Fundraising the Health Way –with Fruits and Veggies

came across when you implemented your project?

Venue was a problem, but one of our committee members gave us her house to bag the produce in the conservatory, in her kitchen and in her lounge.

Ran out of bags, ran out of produce – so bought some in, needed more helpers. We found that most of the committee of the Gisborne Toy Library attended to bag the produce and help but only one from the Parents Centre arrived to help so next time only Gisborne Toy Library.

What were some of the lessons that you as health promoter have learnt – so far?

Buy in from the Community, get more sponsorship, put it on the radio, organise the community donations to come in a certain times so not to overload the packers with produce. Work out the exact date and find out what produce will be available on that day. Providers promise you produce but sometimes it isn't exactly what you need. EG. Leaderbrand promised us a lot of broccoli – 6 boxes was what we received.



Happy and smiling - some members of the Te Puna Wairoa fundraising team.

Where to from here?

We have done Winter Boxes we are now getting ready for Summer boxes.

Anything else that you wish to share?

It was a worthwhile job but very exhausting. You will realise the commitment of some people when the programme is running.

Thank you for sharing your story...

A Collective Identity for Health Promotion in Aotearoa-New Zealand

By Helen Rance, Health Promotion Forum of New Zealand

Introduction

This paper considers how the sector might approach the development of a collective identity for health promotion which

- can support and strengthen the workforce
- uphold and improve the standard of health promotion training and practice.

This discussion paper is to inform debate, discussion and planning. In the first instance it was presented to the Health Promotion Forum (HPF) Council early in October 2006 and now they are sharing this concept and consulting with the health promotion workforce. It is a living document and will develop as feedback is received. It was last revised and updated in January 2007.

Feedback

We value your comments and ideas to help shape a collective identity that will work best for you and we encourage you to raise and discuss these issues in your workplace.

A feedback form is attached to this paper or if you prefer phone Helen.

Contact Us

If you are interested in being further involved or forming a working group please contact

- Helen Rance phone: 03 544 6840 or email: helenr@hpforum.org.nz or
- Alison Blaiklock phone: 09 520 3711 or email: alisonb@hpforum.org.nz
- Joanne Aoake phone: 09 520 1713 or email: joanne@hpforum.org.nz
- Sione Tu'itahi phone: 09 520 3706 or email: sione@hpforum.org.nz

2 The Journey so far 1997

The journey started at the 4th HPF conference October 1997 'Creating The Future' where the format was concurrent workshops and "The focus was to be us, the health promotion workforce, our stories and strengthening our future. And so it proved to be" (HPF Newsletter # 42 December 1997).

The Forum was subsequently funded for a workforce development project addressing a number of issues raised in the remits, including the development of core competencies and competency based standards for health promotion. After an extensive consultative process *Ngā Kaiakatanga Hauora mō Aotearoa, Health Promotion Competencies for Aotearoa-New Zealand* were published in May 2000.

Other funding supported the development of a framework to operationalize Te Tiriti o Waitangi and *TUHA-NZ* was published in June 2002.

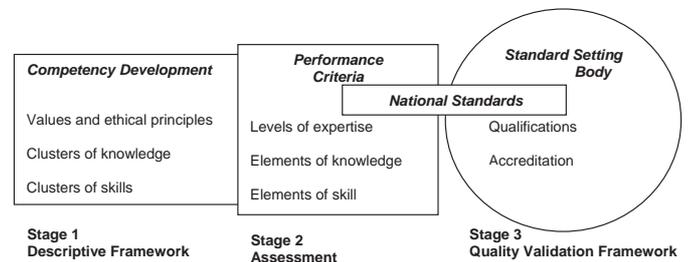
“Current health promotion sector is fluid, disorganized and with no shared sector standards of practice that are visible and easily accessible.”
- Faye Ryan, 2002

Other remits to come from workshops at the 1997 Conference called for;

- “A position to begin the process of establishing a training standards board that represents the workforce.”
- “To investigate the viability of developing a professional association for health promotion. That this process not be rushed but be started by the HPF with the establishment of a network of interested people.”
- A call for ethical guidelines was later incorporated into the Competencies document.

1999

At the 5th HPF Conference 'Health Promotion on the Move' Napier October 1999 the coordinators of the Competencies project conducted consultative workshops and presented the following model for competencies implementation.



Stage one of this process has been completed. While stage two is described in the Competencies document it is not yet supported by implementation pathways.

2002

At the HPF's 6th biennial conference 'Making the Connections' held in Christchurch 2002 Faye Ryan presented a paper called "Health Promotion Centre Stage, Coming Ready or Not."

As she predicted, health promotion has come to the fore of government thinking and health policy, provider organizations have proliferated, and there are high expectations for health promotion to deliver results. However the "current health promotion sector is fluid, disorganized and with no shared sector standards of practice that are visible and easily accessible."

Faye's paper was part of a larger workshop which presented an 'action statement' to the final plenary of the Conference.

The 'action statement' included a call for

- "action to progress the health promotion competencies to nationally adopted standards", and for
- "the HPF (to) be urgently funded to develop mechanisms to establish, implement and monitor health promotion standards of practice through the health sector eg, - professional body/ association – advocacy to the Ministry of health re contracting from a standards position."

2003 / 2005

During 2003 the competencies were reviewed for content, gaps, usefulness and future directions. "A Review of the use and future of *Ngā Kaiakatanga Hauora mō Aotearoa, Health Promotion Competencies for Aotearoa-New Zealand*" was submitted to the Ministry of Health and the workforce in January 2004.

Among the 17 recommendations are the following;

"#1 That a comprehensive strategic and action plan to strengthen the development of health promotion knowledge and skills be developed in conjunction with other workforce developments in Public health."

"#15 That the health promotion sector investigates the feasibility of setting up a health promotion association to support and strengthen the development of health promotion knowledge skill and practice."

Public Health Workforce Development Project (PHWDP)

Work started on several aspects of this Project with various workforce survey's in 2003 and a series of consultation hui throughout 2005.

2006

A Discussion Document on Draft Generic Competencies for Public Health Practitioners in Aotearoa-New Zealand was circulated for consultation in the later quarter of 2006. This project is led by the Public Health Association with HPF involvement at governance and working group levels. Helen Rance represents the HPF on the Working Group.

The draft generic competencies focus on entry into the public health workforce, and sit alongside and complement other discipline specific competencies.

Strategies to Strengthen the Health Promotion Workforce in Aotearoa-New Zealand

Seven Think Pieces or discussion papers, 'on developing the workforce for health promotion in Aotearoa,' were commissioned in 2006 as part of the wider body of work of the PHWDP.

Helen Rance and Fran Manahi coordinated input from others for the HPF's 'A Practitioners Perspective.' This paper identified the HPF as "the best placed organisation from which to establish a national focal point for the Health Promotion workforce. The HPF has a national overview, with established expert reference groups and access to expertise through its operations team and strategic alliances with other organisations. Their membership provides extensive stake holder and workforce networks from which to seek further mandate."

These 'Think Pieces,' support the concept of a collective identity and the summary document offers;

"I Investigate options for the setting up of a sector-wide body for workforce development.

Many of the suggestions for moving forward are predicated on a body/organisation/association being in place to provide the necessary infrastructure.

The establishment of such a body, its structure, its reach and where it would best be positioned would require a careful and comprehensive consideration of the options available, some of which have been discussed in the papers." Helen McCracken 2006

The summary written by Helen McCracken outlines the main themes and issues that occur across the seven papers and all are recommended reading. They are available from the HPF website, www.hpforum.org.nz.

Selected Models of Collective Action

Other sectors of the health workforce continue to actively develop their identities, to strengthen their voice and establish standards of practice some examples are;

Youth Workers are organizing through a national network. They have chosen a Code

of Ethics as the pathway for a collective identity. Their very diverse workforce bears some similarities with the health promotion workforce. (See www.youthworkers.net.nz)

Health Protection; Non Designated Officers have some flexibility of qualifications when they enter the workforce but to be a **Designated Officer** requires specific qualifications. Ongoing competence is audited by the Ministry of Health (MoH) and practitioners are required each year to achieve a certain number of points to maintain their designation. They do not have a professional association or a focal point outside the MoH.

Maori Community Health Workers have developed their own national entity Te Whiringa. Some are also affiliated with other organisations.

New Zealand Nutrition Foundation is a charitable trust offering both corporate and individual memberships. "It works proactively in all sectors of the food and nutrition industry, Ministry of Health, other health promotion agencies, schools and the media." (NZNF website.) The membership shows some similarities to the Health Promotion sector. It covers a range of qualifications and interests from people with academic, research and science foci, to nutritionists, cooks, and members of the public interested in food issues.

Australian Health Promotion Association (APHA) offers a mix of functions similar to those already offered in Aotearoa by the HPF plus other functions that might be undertaken by a collective identity. They are presently reviewing the Australian Health Promotion Competencies.

Health promotion waiting lists do exist!

We know because we have waiting lists for all workshops, seminars and the MIT Certificate of Achievement in Introducing Health Promotion. It is wonderful that the workforce wants training and that what we are doing is meeting some of your needs!

But it's frustrating for people when they want to come to a great learning event and can't get on it.

So here is what we are doing about this. We are building our own capacity to provide education and training. We want to develop a pool of tutors. We are networking and consulting about your needs, especially with groups of health promoters who haven't had much opportunity for training and education previously. We are developing the quality of what we do so that you get the most benefit out

of a workshop. We have been negotiating with the Ministry of Health for funding to do more education and training. We are exploring other sources of funding also – for example we have just run a course for Counties-District Manukau Health Board's Let Beat Diabetes programme on health education.

So please enroll early! Please tell us about what training you would like to do! This will help us make sure we are offering what you want and us in our discussions with funders.

We are doing other exciting work too – some of it is described elsewhere in the newsletter, and other parts will be in the next newsletter.

Ka kite
Alison

Continued from previous page - A Collective Identity for Health Promotion in Aotearoa-New Zealand

Objectives of the AHPA are:

- To provide opportunities for the professional development of members, including the opportunity to meet and exchange ideas and information.
- To provide opportunities for the exchange of knowledge in the field of health promotion through the annual national health promotion conference, and the publication of the Health Promotion Journal of Australia and other contemporary media.
- To develop and comment upon existing and proposed health promotion policy and programs in the wider community and to advocate for contemporary directions.
- To support members in their endeavours to increase public awareness of the concept of health.
- To make recommendations with respect to the standards and practice of health promotion as well as the training of health promotion practitioners.
- To represent the interests of Australian health promotion practice when liaising with other organisations.

Membership includes provision for Australian and Overseas members in four Corporate and three Individual categories.

- Corporate categories accommodate:
 - C1 Not for profit community organisations
 - C2 Not for profit government organisations
 - C3 For profit organisations
 - C4 Small not for profit community organisations or government agencies.
- Individual membership categories provide for:
 - F1 Full membership – employed
 - F2 Full membership – student or unemployed

RB Individual Restricted Benefits – full time students only A Collective Identity for Health Promotion in Aotearoa-New Zealand

For nigh on ten years the workforce has been requesting and expressing the need for a collective voice and the development of some sort of standards body.

A collective identity refers to 'an organized group, body or collective' that will strengthen the health promotion workforce without restricting its diversity. Health promotion needs a clear and unified voice if it is to be accorded the credibility it seeks, yet that voice also needs to support, encourage and reflect the diversity within the sector.

The collective could be developed as a 'guardian' of health promotion standards rather than an exclusive 'professional association.'

To be effective the collective will need 'buy in' and a mandate from a majority of the workforce. Careful planning to achieve buy in will be essential to engage the diversity of part-time health promoters, volunteers, and many without qualifications. It is likely that a range of strategies and streams will be needed.

Functions of a collective might include:

- Establish agreed standards of health promotion, definitions of best practice and ethical practice
- Develop an advisory group to promote standards in the training sector and provide coordination between the training and practice sectors

Depression ads show strong and positive results

Early research indicates that the TV ads for the National Depression Campaign, which feature former All Black John Kirwan, are having a positive impact on raising awareness of depression throughout New Zealand.

More than six hundred people were interviewed as part of an initial survey, which looked at the first phase of the TV ads, with 78 percent of the respondents recalling that they had seen them. Of these, a slightly higher percentage of females than males, recalled seeing the ad.

Three main messages were consistently recalled in the research. The message remembered the most often related to seeking help, with the messages that depression can affect anyone, and that

there is no shame in asking for help, following closely behind.

The research found that males especially, had a good recall of the help seeking message. This is consistent with the significant number of phone calls being made by men, to the depression support line - 0800 111 757 - who would traditionally respond at much lower rates.

Speaking about the response to the campaign so far, the Associate Minister of Health, Jim Anderton said:

“This campaign clearly demonstrates that much can be done to improve the lives of the many New Zealanders who suffer from depression.

“Judging by the numbers calling the depression helpline on 0800 111 757, the ads are prompting people to seek help

and advice. Lifeline, which provides the service, receives an average of about 175 calls a day when the ads are on air, dropping to around 56 calls a day when they are not being broadcast.”

Two new adverts are currently being aired on Sky Sports, and will continue to run until the end of March. These feature John Kirwan speaking about his experience of depression, with a focus on increasing effective interventions for depression – including the benefits of physical activity - and recognising the symptoms.

To view one of the TV ads go to www.depression.org.nz and click on ‘view our TV ads’ in the top right hand corner.

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- Promote health promotion competencies including Maori and Pacific competencies and establish implementation pathways
- Benchmark health promotion activity and action as a guide for new provider organizations
- Develop the ethical guidelines into a code of practice and establish an implementation pathway
- Recognise and reward excellence in the sector
- Research and write a strategic plan to guide health promotion workforce development to ensure a future workforce that is trained to meet a variety of work settings and environments
- Develop nationally consistent pay and qualification processes and other strategies to address inequalities in the workforce.

Delays in organizing health promotion run the risk of it being subsumed by ongoing developments in the broader Public Health sector, or redefined by people with lesser levels of health promotion expertise.

Possible ways forward

Several pathways could progress a collective identity and here are four suggestions for possible ways forward. They are likely to change and evolve and we expect that feedback from the workforce will suggest even more options.

These four suggestions are compatible with the goals of the HPF Strategic plan, particularly Goal 3 around strengthening and building the capacity of the health promotion workforce.

Activities should be started as soon as funding can be found. Other initiatives such as specific competencies for the Māori and Pacific health promotion workforce need not be delayed. Several activities can be undertaken in parallel and processes interlinked.

- 1 The HPF be funded to establish a working group of interested and influential key people in the workforce to:
 - explore and collate relevant information and evidence
 - guide the establishment process
 - establish an initial structure, purpose and functions for a sustainable collective identity.
- 2 The HPF plan proactive approaches for contracts and projects to further the concept of a collective identity.
- 3 The working group analyse recommendations and implications from all eight discussion papers “*Strengthening the Health Promotion Workforce*” and give full consideration to this information when planning subsequent actions.
- 4 The HPF and working group critically analyze and evaluate their ongoing roles and how they fit alongside each other. The different functions of the two bodies be promoted so they are understood, identified and clearly articulated to all stakeholders.

The People's Health Movement in Aotearoa New Zealand

By Dr.Kumanan Rasanathan

In 1978, governments of the world signed up to the Declaration of Alma Ata aimed at providing “health for all” by the year 2000 through a comprehensive primary care approach. Seven years after that deadline, we know that “health for all” is far from being a reality, even in a rich country like New Zealand. As health promoters and public health workers, we know many of the reasons for this, but what action are we taking to re-focus governments and society to this historic promise? The People's Health Movement (PHM) is a worldwide coalition of people's organisations, civil society organisations, NGOs, social activists, health professionals, academics and researchers dedicated to realising “health for all – now!” Recently activists have met in Auckland to discuss how PHM could contribute to increasing health equity in Aotearoa New Zealand and the Pacific.

PHM was born in 2000 when 1450 people from 92 countries met in Savar in Bangladesh to ask what had happened to the Alma Ata dream and share experiences. Out of this first People's Health Assembly (where New Zealand was represented by members of Health Care Aotearoa) came the People's Charter for Health, which is now available in over 40 languages and can be accessed at www.phmovement.org/charter/pch-english.html. The Charter is an unambiguous call for action that tackles the broader determinants of the failure to enact the Alma Ata declaration including the violations of people's right to health; the economic, social and political determinants of health; the environmental determinants of health; war, violence, conflict and natural disasters as the cause of preventable mortality and ill-health; the lack of people-centred health sector reform with the poor; and the failure of multilateral organisations to focus on equity and the participation of the majority of the world's people in decision-making about economic and health policy.

Since 2000, PHM has grown in strength. The second People's Health Assembly was held in Cuenca in 2005 with 1500 representatives from around the world. PHM is now particularly strong at the local level in India and South Asia, as well as in Latin America. Recently PHM led the second world social forum on health at the World Social Forum in

Nairobi, with a major aim of boosting PHM activity in Africa. PHM has current global campaigns around the right to health and women's access to health. PHM is also involved in intensive lobbying of multilateral organizations including the WHO and the World Bank, being highly influential in the formation of the WHO's Commission on Social Determinants of Health (where Australian Fran Baum is a Commissioner as a PHM representative).

Whilst PHM is involved in global action, it is not an NGO, but rather a network of country circles whose primary focus is advocacy based on voluntary effort in their own settings. There is a strong and growing PHM presence in Australia, but until now, there has been no PHM presence in New Zealand, despite the presence of New Zealanders at both People's Health Assemblies. Given the work of organisations like Health Care Aotearoa and the Health Promotion Forum, and the fact that we are one of the few countries to have the Alma Ata declaration's wording as integral to our primary care strategy, this seems an anomaly. In October last year, the Health Promotion Forum hosted a meeting of activists interested in setting up a PHM circle here, and a further meeting was held in December at the School of Population Health.

From these meetings it was decided that there was a niche for a voluntary, openly political group like PHM here, but that it was important that it work with existing progressive organisations like the Public Health Association, Hapai Te Hauora Tapui, Health Care Aotearoa and the Health Promotion Forum; and consider how it might focus its activities towards increased health equity for Maori and in the Pacific, in addition to supporting global issues. Other aims are to engage beyond the health sector and to provide a support network for health activists.

It is thus very early beginnings for PHM in Aotearoa and it will take time for it to build. If you are interested in shaping the path of PHM here or finding out more, you can email [phm\[at\]phm.org.nz](mailto:phm[at]phm.org.nz), join the PHM Aotearoa New Zealand email list at www.phm.org.nz/mailman/listinfo/phm-list_phm.org.nz or visit the PHM Global website at www.phmovement.org.

Kumanan Rasanathan

People's Health Movement Aotearoa New Zealand

Health Promotion Strategist, Health Promotion Forum

Different cultural groups view the world differently and therefore value and do things differently. Pacific peoples, for instance, value a more collective approach to life in general than being individualistic. They also define health and wellbeing within a broad framework that includes physical, mental, spiritual, environmental and collectivist dimensions. Health models translate values and perspectives to frameworks to provide health promoters and other health workers pathways for action within a cultural and socio-political context, hence the need for Pacific health promotion models.

Over the last two decades Pacific peoples in New Zealand and island nations evolved Pacific models for their work in health and education. In a way, it was a response to the fact that models developed in other cultural contexts, such as the Ottawa Charter, do not adequately reflect Pacific values and perspectives.

Most of these Pacific models such as the *Kakala* by Konai Helu-Thaman, and the *Fa'afaletui* by Carmel Peteru and Kiwi Tamasese, were developed for the purpose of academic research. Only a few were specifically established for health work. One of those few is the *Fonofale* model developed by Karl Pulotu-Endemann. This brief background paper has no scope to elaborate on these models. Instead, it focuses on a model that I recently introduced in a number of Health Promotion Forum workshops. This model is called *Fonua*. The purpose of this paper is to provide a more comprehensive understanding of *Fonua* as a health promotion model. While the concept of *fonua* is common to most Pacific cultures, my analysis of *fonua* is largely based on my research in a Tongan context.

Fonua means land and its people and their on-going relationship, a concept that is present in many other Pacific cultures. It is *vanua* in Fiji, *fanua* in Samoa, *whenua* in Maori, 'enua in the Cook Islands. It refers to the intricate web of connected, on-going relationship between the entire physical and social environment and humanity, and between man (and women) and his fellow human beings.

Taufe'ulungaki (2004) elaborates on the concept of *fonua*, in the course of defining the concept of health and well being from a Pacific perspective. She observes that,

The concept of 'health'...means the well being of the whole person: that is his/her spiritual, mental and physical well being, which is an interpretation that is consistent with the Pacific's holistic worldviews. Well being and health refer not just to individuals but also to communities, the environment in which they live, and the relationship that binds them together. This set of interdependent relationships is what I meant by 'fonua' in Tongan...In other words, 'fonua' is a Pacific concept of community (Taufe'ulungaki, 2004, p.3).¹

Central to the explanation of *fonua* by Taufe'ulungaki is the interdependent relationship among peoples, and between people and the environment. The ultimate purpose of this relationship and exchange between the environment and humanity is to maintain harmony in life in sustainable ways. The concept and practice of *tauhi va* (literally maintaining of space) refers to the maintaining of these multiple relationships (Mahina, 2005)². At the community and national level, the maintaining of these relationships is called, *tauhi fonua* (maintaining the well being of people and society).

Certain processes in the Tongan culture, and elements in Tongan language, illustrate the significant influence of the *fonua* construct in Tongan thinking and socio-political and economic organisation. One example is the natural cycle of human life. In the world of the womb, the baby is sustained by her *fonua*, the placenta. The baby is later born into the *fonua* (land), where she experiences life and builds relationships with the *fonua*: the entire ecology, including its human inhabitants. As part of the birth process, the remains of the *fonua* (placenta) that sustained the baby are returned by burial to the *fonua* (physical land). The *pito* (umbilical cord that connects the baby to the *fonua*, placenta) once it falls off, is also returned to the *fonua* (physical land) through a similar burying ritual. Upon her death, she is returned to her *fonualoto*, (land within the land), or her grave.

Underpinned by the *fonua* framework, this life cycle process signifies how humanity is physically and spiritually inseparable from its ecological context. In other words, humanity cannot exist independently of its environment, hence the inevitability of the need for a harmonious and sustainable approach to life.

Another example is how *fonua* as both a concept and a practice is applied in a number of specific contexts. The various ways of applying *fonua* demonstrate the multi-dimensional nature of *fonua* which, in turn, explain its centrality and influence in Tongan culture and society. Some of the *fonua*-derived concepts and notions and specifically the political, economic, and spiritual dimensions of *fonua* are briefly discussed below.

The political dimension of *fonua* refers to the use of power and authority to order society, and to guide the relationship between fellow human beings as well as between man and nature. In terms of governance and leadership, the concept *tufunga fonua* refers to statecraft and nation-building, and transforming societal disharmony to harmony. The concept of *tauhi fonua* refers to the role and responsibility of guarding society and maintaining peace and harmony. The concept of *langa fonua* refers to positive, community and nation building.

The economic dimension of *fonua* refers to the symbiotic and reciprocal relationship between humanity and its environment. For instance, *tala-e-fonua* (system of knowledge of the land) informs the traditional agricultural practices of Tongans as to when to prepare the land, when to plant and harvest, or why and how to fallow the land. Many Tongans also draw from the same system of knowledge for their farming practices to inform their marine activities such as navigation and fisheries.

Maintaining a sustainable, harmonious and balanced relationship with nature and one's fellow human beings, both at the individual and collective levels, illustrates the spiritual dimension of *fonua*. Since the introduction of monotheistic religion, Tongans re-conceptualised the spiritual dimension of *fonua* to include God, the creator of the universe. The concept of "*tokalingolingo-e-melino-he-fonua*" (peace and harmony rule supreme in the land) refers to both a process and a state when peace and harmony is reached in society, and its balance and sustainability is successfully maintained.

Fonua is a Tongan framework that encompasses most, if not all aspects, of the Tongan culture and society. As discussed above, *fonua* is the framework through which Tongans view the full cycle of life – from birth to death, and maintaining relationship, *tauhi va*, and sustaining community, *tauhi fonua*. As a model it has political, economic and spiritual dimensions, offering structures and practical tools such as *langa fonua*. For these reasons, *fonua* can be a model for Pacific health promotion. Using Tongan/Pacific models will help Pacific peoples relate their views, values and experience through a framework that is most likely to convey them accurately.

Endnotes

¹Dr. Ana Maui Taufe'ulungaki, "Fonua: Reclaiming Pacific Communities in Aotearoa," keynote address, Lotu Mo'ui Symposium, Counties Manukau, September 11, 2004

² Dr 'Okusitino Mahina, personal communication, 2005

Easy Evaluation

Three day Workshops led by SHORE/Whariki, Massey University

Would you like to design practical ways to evaluate your projects, gain more skills and confidence in using evaluation in your work or better understand how to apply programme logic?

Easy Evaluation is a practical, customised, hands on, three-day workshop which covers:

- What is Evaluation and why do it?
- Programme Logic; Process and Outcome/Impact Evaluation
- Developing an Evaluation Plan for one of YOUR projects
- Setting priorities in evaluation and evaluation reports

Learn new skills or refresh your skills in programme planning and evaluation. These workshops are free, but only 20 places are available in each course so register early.

Easy Evaluation 3 Day Workshops (*funded by the Ministry of Health*)

HEHA Workshops Especially for HEHA managers/ staff from DHBs, NGOs, Councils, RSTs, etc		General Workshops For staff from public health organisations, local Councils, etc	
<i>Dates</i>	<i>Place</i>	<i>Dates</i>	<i>Place</i>
7-9 May	Auckland	21-23 May	Rotorua
19-21 June	Hamilton	29-31 May	Wellington
26-29 June	Wellington	6-8 June	Christchurch
25-27 July	Christchurch		

To register please contact Channel Lee at Massey University, Auckland
c.j.lee@massey.ac.nz or 09 366 6136

Evaluation: Sources of Information

School of Population Health, University of Auckland

By Dr Jennifer Hand

A good way to start accessing the information you need for evaluation is to participate in conferences, join a discussion group on line and read or listen to reports of evaluations.

There are local and international organisations of professional evaluators, notably the newly formed national organisation Aotearoa New Zealand Evaluation Association (**anzea**) and the Australasian Evaluation Society (AES) www.aes.asn.au. Both organisations promote ethics and standards in evaluation. To join **anzea** contact Rachael Trotman: rachael.trotman@xtra.co.nz

Consultants working in groups or for private companies, researchers and academics working at universities and polytechnics around the country may also be available to assist directly (for example in planning and the writing up of evaluations) or through their own published work

The book edited by Neil Lunt, Carl Davidson and Kate McKegg "Evaluating Policy and Practice: A New Zealand Reader" (Lunt N, Davidson C & McKegg K. eds 2003. Auckland, Pearson Education) is a very interesting collection of articles about evaluation in New Zealand.

Examples of evaluations and information on what works are available from:

SHORE The Centre for Social & Health Outcomes Research and Evaluation www.shore.ac.nz and WHARIKI www.shore.ac.nz/whariki. SHORE and WHARIKI have undertaken formative, process, impact and outcome evaluations of a range of programme types and specialise in complementary methodologies for hard to reach groups.

The Injury Prevention Research Centre (IPRC) at the School of Population Health, Auckland University. Injury prevention literature (IPLit) is online at www.health.auckland.ac.nz/ipc

The Victorian Health Promotion Foundation in Australia www.vichealth.vic.gov.au

The UK Health Development Agency <http://www.healthpromishd-online.org.uk>

The Health Communication Unit at the Centre for Health Promotion, University of Toronto (www.thcu.ca) has evaluation handbooks, information on topics methods guides and a blog for the learning community available on line:

<http://www.thcu.ca/infoandresources/evaluation.htm>

A useful article about criteria for evaluating evidence and for including a range of evidences is L Rychetnik, M Frommer, P Hawe, and A Shiell. "Criteria for evaluating evidence on public health interventions. *Journal of Epidemiology and Community Health*, 2002,56:119-127

The book *Everyday Evaluation on the Run* by Yoland Wadsworth (1997) in a handy A-4 format is an excellent hands-on guide to programme evaluation developed in Australia.

Other evaluation handbooks covering all aspects of evaluation are available on line, notably the WK Kellogg Foundation.

<http://www.wkkf.org/default.aspx?tabid=101&CID=281&CatID=281&ItemID=5000253&NID=20&LanguageID=0>

The Ministry of Health 2006. *A Guide to Developing Public health Programmes: A generic programme logic model*. Occasional Bulletin no. 35. Wellington: Ministry of Health provides good examples of logic models for planning and evaluation.

There is information to help organisations plan for evaluation. For example, the RUFDATA system developed by Murray Saunders is a quick and structured system to assist organisations to decide on the range of evaluative activities to undertake. The paper "Beginning an Evaluation with RUFDATA: Theorising a Practical Approach to Evaluation Planning" is available in the journal *Evaluation*, 2000, volume 6(1):7-21 and on line at

<http://www.centreforexcellence.org.uk/UsersDoc/Rufdatajuly.pdf>

The Key Evaluation Checklist provided by Michael Scriven (2003) is available on line <http://evaluation.wmich.edu/checklists/>

Check consultants in your area or contact the author.

Journals

Evaluation Journal of Australasia

Evaluation Practice

Critical Public Health <http://www.tandf.co.uk/journals/titles/09581596.asp>

Journal of Multidisciplinary Evaluation <http://www.wmich.edu/evalctr/>

From the Editor: This material was prepared in March 2007. Please note that detailed internet addresses may change and you may need to access information through the website of the organisation named.

Coming Events...

2 - 4 May 07

Great Expectations: Health Leaders Conference Wellington

Key themes include:

The importance of a full sector-wide approach for future sustainability of the health system. Strong recognition of the need for explicit public/private and NGO sectors

Opportunities for collaboration across public/private and NGO sectors

Taking a more effective and efficient approach to healthcare, based on research, evidence and information

Please go to <http://www.healthleaders.co.nz>

for more information and to register on line

14 May 07

Pacific Health Promotion Models – a workshop by the Health Promotion Forum, Auckland

Contact sal@hpforum.org.nz for more details

16 May 07

Asian Health Promotion Models, a workshop by the Health Promotion Forum

Contact sal@hpforum.org.nz for more details

23 - 25 May 07

National Nutrition Physical Activity Public Health Conference

Royal Lakeside Novotel, Rotorua

For more information on this conference please contact Ali Copeman at ali@akblimited.co.nz

28 May 07

TUHANZ - Applying the Treaty to our Practice

Health Promotion Forum of NZ, Hamilton (Venue TBA)

This workshop focuses on using the TUHANZ framework to assist health promoters to apply Treaty based thinking and planning to their health promotion practice.

Contact sal@hpforum.org.nz for more details

28 - 29 June 07

Workforce Action: Ready for the Future

DHBNZ, Wellington Convention Centre, 111 Wakefield Street, Wellington

Conference Themes:

- *Coordinating and Leading Workforce Change*
- *Growing the Workforce: Promoting Health Careers*
- *Sustaining and Retaining the Workforce*
- *Flexible Workforce: New approaches, New skills*

If you would like to be kept up to date, please email nicola.papps@dhbnz.org.nz or ph Nicola Papps on 04 495 1782

3 September 07

Evidence, Ethics and Health Promotion A symposium organised by the Health Promotion Forum

Contact sal@hpforum.org.nz for more details

4 - 7 September 2007

Smokefree Oceania Conference 2007 Auckland

Taking abstract submissions now. For more information on this event go to

<http://www.smokefreeoceania.org.nz/>

6th October 2007

2nd NATIONAL Multidisciplinary CONFERENCE of Tongan Health Professionals

Conference Theme:

"Ko e Mo'ui Lelei: Napangapangamalie e Sino, 'Atamai mo e Laumalie"

"Health: Social, Mental, Physical and Spiritual Wellbeing"

First Call for Abstracts

The Tongan Nurses Association is pleased to invite you to submit an abstract for the TNA 2nd National Conference 2007.

Venue: Langham Hotel

83 Symonds Street, Auckland

For more information, please contact:

'Eseta Finau on 0274774867/Lataisia on 09 8260939/

Email: e.finau@auckland.ac.nz

Closing date: The closing date for abstracts is **Friday 16 June 2007**.

Please submit abstracts to the TNA 2007 Conference on email:

tna@tonganhealth.com as an attachment

Australia/South Pacific 2007 - 2008

Pasifika Medical Association 10th Annual Conference 2007 , Samoa

September 17th – 19th 2007

First Call for Abstracts

The Pasifika Medical Association and the Samoa Medical Association are pleased to invite you to submit an abstract for the PMA 10th Annual Conference 2007 in Apia, Samoa.

Conference Theme:

"The Pacific: Our Region, Our People – Sustainable solutions for a healthier future".

The closing date for abstracts is 08 June 2007.

Please submit abstracts to the PMA 2007 Conference Secretariat on email: pma@pacifichealth.org.nz as an attachment.

• Further conference details relating to travel and accommodation packages will be posted shortly.

For further information, please contact PMA Conference Secretariat

Ms Linda Mulitalo , PO Box 23-061 , Hunters Corner, Auckland , New Zealand , Mobile: 021 531 877

Email: pma@pacifichealth.org.nz

Website: www.pacifichealth.org.nz

International 2007 - 2008

10-15 June 2007

International Union for Health Promotion and Education (IUHPE) 19th World Conference

Vancouver, Canada

Health promotion has evolved in response to the need to take action on the broad determinants of health. In 1986, the Ottawa Charter established the fundamental guiding principles and values of health promotion and described five strategic action areas to address these determinants. Now, twenty-one years later, it is timely to revisit the relevance of these action areas in response to global changes. The next World Conference on Health Promotion and Health Education of the International Union for Health Promotion and Education (IUHPE), to be held in Vancouver, Canada, will provide an excellent opportunity to commemorate and revisit the Ottawa Charter. The Conference will challenge the health promotion community to reaffirm the commitment to bringing the vision of the Charter to fruition.

The overall mission of the conference is to review and critically reassess health promotion's progress since the Ottawa Charter and to help set the course for navigating through the new challenges facing health promotion in an increasingly globalized world.

By linking policy, practice and research, Canada 2007 will enhance partnerships and intersectoral collaborations for health promotion. Canada 2007 will truly be an international venture that will take into account the needs and concerns of health promotion at a global level and encourage members to come from all corners of the world to celebrate the renewal of the Ottawa Charter. To visit the official website go to www.iuhpeconference.org

19 - 23 August 2007

2007 World Health Congress of the World Federation for Mental Health

Hong Kong SAR China

The World Federation of Mental Health (WFMH) New Life Psychiatric Rehabilitation Association, The Mental Health Assoc. of Hong Kong and the Hong Kong College of Psychiatrists are honorable to be the hosting organizations of the Congress.

The 2007 World Congress will gather worldwide affiliated scholars, professional, service providers and family caregivers of mental health services, to share and discuss comprehensive mental health issues.

To register online go to www.wmhc2007.com or email info@wmhc2007.com

18 - 20 September, 2007

Setting an Ethical Agenda for Health Promotion

Faculty of Law, Ghent University, Belgium

For more

information www.healthpromotionethics.eu/

Training the workforce

To assist health promoters in working more effectively with New Zealand's increasingly diverse communities, the Health Promotion Forum has introduced a series of workshops that explores health promotion models from Pacific and Asian cultures.

Two workshops on Pacific health models were conducted in Auckland and Christchurch in January and February where Professor Sitaleki Finau and Sione Tu'itahi reviewed existing models and presented a new one, called *fonua*.

A public health specialist and Director of the Pasifika@Massey Strategy, Professor Finau discussed the individualistic values of European cultures, compared to the collectivist values of Pacific peoples, justifying the need for Pacific health promotion models. He also reviewed the strengths and weaknesses of existing Pacific models.

Mr Tu'itahi summarised the *fonua* model as the process of exchange and on-going relationship between human beings and

the entire ecology. Its purpose is to maintain balance and harmony or health and wellbeing for all forms of life, including human beings. A strategic planner at both Massey University and the Health Promotion Forum, Mr Tu'itahi, promoted *fonua* as a model most appropriate for Pacific health promotion because it espouses Pacific worldviews and values and is multi-dimensional enough to encompass the holistic view of Pacific peoples on health and wellbeing.

Associate Professor Samson Tse and Dr Kawshi de Silva discussed Asian health issues, concepts and values in a recent workshop in Auckland that started to explore Asian health models.

Dr. Tse, of the Auckland University's School of Population, outlined the history of migration of diverse Asian ethnic groups and explored values and health issues that could contribute to developing some Asian health models. Dr de Silva, Director of Health Promotion at the Problem Gambling Foundation,



Dr Kawshi de Silva

presented a draft on a 'global' health promotion model that she was developing. A team that is conducting a smoke-free project with Asian families on the North Shore, Auckland, shared their success and experience in applying Asian concepts and practices in its programme. The programme is a joint effort between the Asian Support Services of the Waitemata DHB, the Auckland Regional Public Health, and the North Harbour PHO.

Workshops participants appreciated the new knowledge and skills shared and the collaborative networks formed, especially among Pacific, Asian and European health promoters.

Due to demand from the health promotion workforce, both Pacific and Asian health model workshops will be repeated in Auckland in May. The Pacific workshop is on May 14 whereas the Asian workshop is on May 16.

The new series is part of the implementation of the Forum's strategic plan, which adopts *hauora* – health and wellbeing – as the right of everyone, and prioritises around peoples who are less advantaged such as Maori, Pacific peoples and refugees.

Other training activities being offered around the country include workshops on the Treaty of Waitangi as a framework for health promotion, and short courses on introduction to health promotion.

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:**

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

ORGANISATION

CONTACT NAME & POSITION IN ORGANISATION

ADDRESS

PHONE, FAX, EMAIL

Health Promotion Forum, PO Box 99064, Newmarket, Auckland.
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