

newsletter

Number 66

January 2005

ISSN 1172-7217

- Tsunami aftermath
- Healthy Cities
- International Mental Health Promotion Conference
- Update on the Forum
- Resources and Coming Events



Walking in the sunshine at Greymouth's celebration of a Town on Its Feet

Get Active – Get the Results You Want

In Greymouth West Coasters celebrated *A Town on its Feet* at the Push Play Day on November 5th 2004. At this event, organised by *Active West Coast*, around 2000 people walked enough kilometres to circumnavigate the South Island one and a half times.

Active West Coast is a collective of groups involved in physical activity, including Coast Health Care, Disability Information, Sport Buller, Sport West Coast, Diabetes Society, Heart Foundation, Cancer Society, Arthritis New Zealand and Community & Public Health – West Coast DHB.

Congratulations to the health promoters of *Active West Coast* getting so many people up and moving!

TSUNAMI AFTERMATH – A PUBLIC HEALTH PERSPECTIVE

Compassion and Poverty

New Zealanders, along with most of the world, have responded to the devastating consequences of the Tsunami in the Indian Ocean with deep concern and a desire to help the millions of people, families and communities affected by this huge-scale tragedy – the biggest disaster through natural causes in our memories.

This shocking event draws our attention again to the terrible consequences of poverty and inequalities as such disasters affect the poor much more than the rich. Jeffrey Sachs, who is the director of the Earth Institute at Columbia University in New York and a highly respected economist and world-leading authority on development, says

“Undeniably, most of the people who died—and most who now struggle to survive—are poor. If the tsunami had hit rich regions instead, the loss of life would have been vastly lower. While all of us are vulnerable to the furies of nature—earthquakes, droughts, floods, epidemic diseases, blights and pests—these scourges systematically claim the lives of the poor in vastly greater numbers than they do the rich.”

What the rich world suffers as hardships the poor world often suffers as mass death. The rich, unlike the poor, can afford to live in fortified structures away from floodplains, riverbanks and hillsides. The rich, unlike the poor, have early-warning systems—seismic monitors, weather forecasts and disease-surveillance systems. The rich, unlike the poor, have cars and trucks that enable them to leave on short notice when a physical disaster threatens. And rich countries, unlike poor ones, can quickly mobilize food, drinking water, backup power generators, doctors and emergency medical supplies in the aftermath of disaster.”

Many in public health are asking themselves “How can we extend the caring response of governments and people to this dramatic event to address the ongoing and gruelling results of inequalities that happen day after day, year after year?” Every year more than 10 million children die of preventable illness, 500,000 women a year die in pregnancy and childbirth, of the 42 million people living with AIDS 39 million live in developing countries, and more than one billion people lack daily access to safe drinking water.*

“If rich countries continue with business as usual, responding generously to the current disaster but failing to address the dire underlying situation of the world’s poor, the world will repeatedly confront the tragic arithmetic of life and death. This is not merely a sound forecast based on the likelihood of future earthquakes, droughts, floods, landslides and epidemic diseases. It also reflects the grim fact that life-and-death disasters of the poor are with us every day.”

Immediate and Long-term Actions

The initial response to the needs of the afflicted coastal communities of East & South Asia and Africa has of necessity been to provide emergency care, expertise, supplies and services to tend the injured, help prevent epidemics and restore basic life needs such as water, food, medical care and temporary shelter.

But there is a long haul ahead. The next stages, where communities begin to process what has happened to them and then begin to rebuild their social and physical environments will require large amounts of dedicated and sustained effort and resources.

Community rebuilding is community development which takes time and requires due processes that ensure the community is empowered. Health promotion models and approaches will be needed. There will be no quick fix. At the International Community Development Conference in Rotorua, 2001 a presentation** discussed community recovery in Papua New Guinea for those people who had survived long-term civil war and ongoing violence. The main lesson the aid workers learned was that traumatised communities needed a lot of time to deal with their grief, despair, fear and depression before any meaningful community rebuilding could occur. Once the traumatising events ceased the spiritual, emotional and mental health needs of the people were paramount, as they will be for the survivors of the tsunami.

Shanthi Ameratunga is a paediatrician and Acting Director of the Injury Prevention Research Centre at the University of Auckland, who comes from Sri Lanka. She says “There is a great outpouring of empathy now, but we need a long-term approach – beyond medical and survival issues into community redevelopment and community empowerment.”

Shanthi believes that the long-term meaningful commitment of international relief agencies in the affected countries can help nurture relationships with communities and provide useful support and experience to reduce the impact of this disaster. This requires an understanding of the strengths of the communities involved as well as the social and political issues. Partnerships with local NGOs that work with diverse groups - and understand the local people, their languages, cultures, social structures and skills - will be particularly important to bridge political and ethnic differences.

Looking at rebuilding using the strands of the Ottawa Charter demonstrates the wide range of long-term actions needed:

- Build healthy public policy - especially global policy for reducing the world’s inequalities and eliminating poverty.
- Create supportive environments – including social and spiritual support structures as well as physical environments such as safe water supplies and sanitation and new housing and schools.
- Strengthen community action – ensuring that communities own and lead their recovery supported adequately with the necessary resources; listening to where people are at and embracing and supporting local cultural mores and approaches.

“THERE’S NO HEALTH WITHOUT MENTAL HEALTH”

This statement was made by several presenters at the 3rd Biennial World Conference on *The Promotion Of Mental Health And Prevention Of Mental And Behavioural Disorders*, held in Auckland in September.



Materoa Ma, Chair of the New Zealand Mental Health Foundation

The Chair of the New Zealand Mental Health Foundation, Materoa Ma, is passionate about mental health promotion. “In fact” she says, “I am absolutely driven.” For Materoa the Conference was extremely successful in providing a common platform for a really diverse group to get together and share perspectives and experiences. The full spectrum of mental health promotion stakeholders participated in the Conference – people working in treatment areas, health promoters, consumers, policy-makers, world leaders, politicians, planners and funders.

Materoa feels that the Conference raised the level of awareness in several important areas:

- There were significant learnings across the interface between Mental Health Promotion and Mental Health Service Provision. Both the promoters and service providers learnt a great deal from each other’s presentations.
- Mental health issues are important across the whole lifespan – from early childhood, childhood, young adolescence, adolescence, adulthood and old age. The conference highlighted how mental health permeates every aspect of life and it also held a focus on family.

- There was a strong emphasis on issues of mental health for indigenous people. Materoa says that in the arena of international mental health “people often use the word culture, and what they should be saying is indigeneity. Culture means many different things – there is the culture of gender, for example.”

“In New Zealand we may often look outside to other countries to see what people are doing,” says Materoa. “But at this Conference we realised that we are the ones that others are looking to and saying ‘Wow, you’re doing some really wonderful things!’”

One example is the unique population-based *Like Minds Like Mine* campaign that has had huge international recognition. People in other countries are now also hoping to undertake such an effective, organised and public anti-stigma campaign.

Another area of leadership for New Zealand is indigenous issues, solutions and models. At the conference Professor Mason Durie addressed indigeneity and mental health with a presentation on Te Pae Mahutonga to great acclaim and Kathy Irwin from Kohanga Trust highlighted the issue of identity in an educational framework.

Bringing indigenous issues in mental health to the world stage at the international conference was for Materoa “a first step, a baby step – now we have to make sure we keep on stepping to progress and highlight indigenous issues.” Materoa says that New Zealanders will be lobbying for this issue to be on the agenda of the organisers of the next Biennial World Conference in China in 2006, and concludes “It’s for all of us to take up the cause of highlighting and actioning indigenous mental health issues. And this is not exclusive – it also includes every other culture.”

TSUNAMI AFTERMATH continued

- Develop personal skills – participation of local people of all ages and walks of life in rebuilding decisions and processes and encouraging the re-emergence of confidence and hope in the future.
- Re-orient health services – using public health models of integrated local community health services and prioritising public health and primary health care over high tech medical services and buildings. ***

Shanthi Ameratunga notes that it is vital that the tsunami response moves to a population-focused approach with community involvement.

“Right now, we are coping with an awful gaping wound that people on the ground and the international community are struggling to close using sutures, tractors, cleaners and wells. While the scars are unlikely to disappear in our lifetimes, the healing can only start when the links between the people of these communities begin to knit again.”

Tsunami References

*taken from the Report, to the United Nations: *The right of everyone to enjoy the highest attainable standard of physical and mental health*, by Paul Hunt, Special Rapporteur on Human Rights, 2003

**Pitainu, P & Tsitoa, L. *Peace Foundation Melanesia’s community development course*. International Community Development Conference, Rotorua, 2001

***de Araujo R M *Helping others grow their own*. Keynote address at PHANZ Conference, Christchurch, 2004.

Web resource: **Disaster’s End: Transforming Charity to Empowerment**

One of several training packages on the site *Community Empowerment: Methods to strengthen communities: raising capacity in low-income neighbourhoods*

See: www.scn.org/cmp/modules/dis-prin.htm

HEALTHY CITIES – CREATING HEALTHY COMMUNITIES

Healthy Cities/Communities is a worldwide movement that was started by the World Health Organisation (WHO) in the 1980s. It works through partnerships to enhance hauora – the spiritual, mental, physical, social and environmental wellbeing of communities - and there are currently over 1000 active Healthy Cities projects round the world, with more starting all the time. In New Zealand there are 15 established Healthy Cities programmes throughout the country with other communities considering becoming established and many others again with programmes and projects featuring a Healthy Cities approach.

Healthy Cities/Communities encompass community development, effective citizen participation and social justice and operate through establishing relationships so that people work together to build healthy supportive environments where vibrant communities can thrive.

“Cities target and solve local problems and get people from many parts of the community involved in the Healthy City process. Whether the primary reason people convene involves children, environmental concerns, homelessness, safety, education or other issues, the approach is always the same: a collaboration is organised among citizens and people from business, government and other sectors of society who recognise their interaction can be used to impact the well-being of the entire community.”

(From Healthy Cities International Overview - www.healthycities.org/overview.html)

In New Zealand, making it uniquely ours, Healthy Cities is underpinned by Te Tiriti o Waitangi.

Te Ora o Manukau - Manukau the Healthy City is one of the largest Healthy City programmes in New Zealand and has a bicultural structure at both the governing and operational level. There are two Chairs representing both Maori and mainstream signatories, and a Healthy City Coordinator and Te Ora o Manukau Kaiwhakahaere supporting each partnership.

Using the Ottawa Charter with the Treaty as tools for action Healthy Cities/Communities around the country are involved in a vast range of activities and community issues – from child poverty to affordable housing, from sustainable transport to mental health promotion, from employment issues to food banks to community arts to sustainable environments projects, from strengthening families to injury prevention.

The Healthy City Charter

There are many ways of forming intersectoral partnerships that work to address community issues. Such developments are now being encouraged by government, and especially by the Ministries of Social Development, of Health, of the Environment and the Department of Internal Affairs.

Healthy Cities is one model of intersectoral cooperation with a particular strength and key to success: The commitment of local government and communities to work together is enshrined through a signed agreement – The Healthy City Charter.

“When I think about the potential of Healthy Christchurch, I am awestruck at the influence the Charter signatories have! Over two hundred organisations (and counting!) serving as many as 338,000 clients (the estimated size of the city). The potential is vast, even if you consider just the number of employees working in the Charter organisations and their family members! The potential to make huge differences to the people we serve, our own lives, and the lives of our family members seems unlimited.”

Kathryn Cannan co-ordinator of Healthy Christchurch

Building connections between public health and local government

Healthy Cities’ only agenda, which is apolitical, is working together towards the wellbeing of their communities. Under the collective umbrella of Healthy City Charter signatories they contribute towards building healthy public policy at both national and local levels, through national submissions, contributing to working parties and to city/community planning.

Healthy Cities/Communities facilitate communication between local government and community. Territorial Local Authorities (TLAs) are required by the Local Government Act to consult with their communities for planning purposes but many do not have mechanisms to undertake effective consultation. A well-resourced Healthy Cities project is an excellent vehicle for supporting wide community input and providing a public health perspective including an understanding of the determinants of health into long-term city plans.

The thing that makes Healthy Cities/Communities work is that each community assigns their vision and values to collective action. It is a process that takes into account everyone’s unique place in a global, national and local setting under the Healthy Cities umbrella.

Catherine Manning, co-ordinator of Te Ora o Manukau – Manukau the Healthy City

There is a great variety of style, size and activity in the Healthy Cities of Aotearoa-New Zealand. Similarly the populations involved vary enormously from the 320,000 people in mainly urban Manukau City to the 2000 people in the rural area of Inangahua Ward.

At a recent 2-day national workforce development meeting coordinators of Healthy Cities got together to mentor and support each other, to network, share information and collaborate for progressing Healthy Cities in Aotearoa-New Zealand.

Support for Healthy Cities was demonstrated at this meeting by a representative from the Ministry of Social Development as well as by the Ministry of Health with representatives from the Directorates of Public Health, Disability Services and

Mental Health Services. The Minister of Health, Annette King and Associate Minister Damien O'Connor have recently supported Healthy Cities as signatories to the Charter of our newest Healthy Cities project – Healthy Inangahua Project (HIP) on the West Coast which officially began in October 2004.

Summary

In a climate where the power of intersectoral work is being more fully recognised and where good communication between Councils and community are needed to facilitate long and short term planning, the Healthy Cities approach provides a framework that has the potential to make deep and sustainable differences through effective public health action.

WHAT HAS THE HEALTH PROMOTION FORUM BEEN DOING?

The last quarter of 2004 was a busy time for the Health Promotion Forum. Some of our achievements since September 2004:

- The Health Promotion Forum and Manukau Institute of Technology course - *The Certificate of Achievement in Introducing Health Promotion* has been delivered in both Taranaki* and in Auckland to a total of 58 students.
- Two-day workshops:
 - o *Evaluation and Programme Planning* - both Palmerston North and Christchurch
 - o *Facilitating & Leading Groups & Teams* - both Auckland and Rotorua
 - o *Coaching & Mentoring* – Christchurch
 - o *Principles and Practice in Community Action and Community Development* - Auckland
 - o *Making the Most of the Media* – Whangarei
 - o *National Workshop for Healthy Cities Co-ordinators* – Wellington
- Two seminars on *human rights and public health* - in Auckland and Whangarei**
- Co-host breakfast meeting with Auckland branch of PHA on *Directions of Health Promotion Forum and on the advocacy issue***
- Supported *TWHPC* - Te Waipounamu Health Promotion Coalition***

- Participated in:
 - *National Sector Reference Group for Development of Public Health Workforce Plan* – Auckland
 - *6th Health and Disability Sector NGO/MOH National Forum* – Wellington
 - *Development of a National Public Health Forum* – Wellington
 - *Public Health Advisory Committee consultation meeting on Emerging Issues for Public Health in New Zealand* – Auckland
 - *International Symposium on Public Health and Human Rights* - Melbourne
- Organised meetings, updated website and made a submission on draft Ministry Instruction to MOH staff on NGO contracts and lobbying
- Submission on Public Health Advisory Committee's discussion paper *Emerging issues for public health in New Zealand*
- Appointment of Alison Blaiklock as Executive Director
- Two Council Meetings plus HPF AGM – Christchurch

Note: The Forum is mainly funded through a national contract with the Ministry of Health for the work listed here.

Asterisks indicate funding from Ministry of Health Locality Offices for region-specific contracts:

* MoH Hamilton, ** MoH Northern locality, ***MoH Southern locality.

Update On The Forum



Executive Director with Council members
Front row from left to right: Alison Blaiklock - Health Promotion Forum; Virginia Signal – Cancer Society of NZ, Manawatu; Gerrie van der Zanden – Community & Public Health, Canterbury DHB; Te Herekiele Herewini – NZ Aids Foundation; Brenda Wraight – Nelson Marlborough DHB; Nelson, Melissa Lees – Toi te Ora – Public Health, Bay of Plenty DHB; Dallas Honey - Public Health Association;
Back row from left to right: Richard Egan – Public Health South, Dunedin; Adrian Te Patu – Community & Public Health, Canterbury DHB, Ashburton.
(Not in photo: Kawshi de Silva, National Heart Foundation, Auckland; Janette Reid, Asthma New Zealand, Auckland.)

E hiko ana ki Te Pae Maramatanga Walking towards the New Horizon

The next 12 months promise to bring a focus on building relationships, regional development and reclaiming our role as strategic leader and thinker in health promotion for Aotearoa.

At the international level talks are underway to re-look at the Ottawa Charter and assess its suitability in 2005 and beyond. Unfortunately the people discussing the issue are overwhelmingly from the government sector, with little opportunity for NGO's or community groups having a chance to table our views and perspectives. I look forward to raising this issue with Council.

Te Reo Mihi - Welcome to new Council members

At the 2004 AGM in Christchurch on 28 October more organisations have taken on the challenge of a leadership role at Council level. I would like to acknowledge the new Council members and those carrying on for another year.

I would also like to acknowledge the departure of the following groups from Council, Te Roopu Huihuinga Hauora (Representative Joe Puketapu), Good Health Wanganui (Representative Nikki Wooley) and Health Action Trust (Representative Keith Preston). All three groups have provided a strong voice at the Council table for the last 12 months.

Constitution Review

In closing I would like to say our Constitution is under review for the next 12 months. Our aim is to make it relevant to all the health promotion groups, but also having the flexibility and robustness to ensure Council makes equitable and fair decisions in the interest of improving the health of all communities living in Aotearoa.

Naaku, naa

Te Herekiele Herewini

Te Tiamana Runanga Whakapiki ake I Hauora o Aotearoa
Chair Health Promotion Forum of New Zealand

From our Executive Director

Thank you very much for the warm welcome to my new position at the Health Promotion Forum. It is wonderful to hear how much people support and appreciate the work of the Forum and see the commitment to promoting health from the staff, the membership and the Council.

This issue of the newsletter shows how health promotion is about social change and justice. Improving health means standing alongside those who are marginalised and lack political power, about ending discrimination and about engaging in how our society organises itself.

As Kofi Annan, the Secretary-General of the United Nations has said, it is our "aspiration that health will finally be seen not as a blessing to be wished for, but as a human right to be fought for".

Naku, na
Alison