

newsletter

Number 70

April - June 2006

ISSN 1172-7217

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Training the Health Promotion Workforce: (Left to Right) Joy Potaka-England, of Te Roopu Huihuinga Hauora; Julie Tolladay-Poulton, Good Health, Wanganui; and Patricia Whatuira, of Age Concern, attended a health promotion course conducted by the Health Promotion Forum. See full story on page 2

Preparing for an Influenza Pandemic

Welcome to our first quarterly newsletter for 2006! Preparing for an influenza pandemic is the theme. This theme was chosen for two reasons: to provide useful tools for planning and action, and to highlight the need to address inequity issues as we prepare for a pandemic.

Most of the articles, therefore, contain information, helpful hints, and perspectives that can further enhance your ability as providers and health promoters to respond effectively to the needs of communities throughout the country in the event of a pandemic.

A variety of sources and writers have provided many of the stories, with different angles of understanding on the need to be prepared. The view and experience, for instance, of *pakeke* and *kaumatua* (page 9) reminds us of the need to be appropriately skilled to work with Maori, and be mindful of specific needs of the diverse communities we work with. The special feature on the 1918 Flu Pandemic (page 6) offers many lessons on the need to be prepared.

Addressing equity issues in our planning is highlighted in the article on a recent workshop on pandemic planning (page 3). The story from the World Health Organisation (page 2) underlines the global nature of health issues; we cannot afford to be insular in our approach. Enjoy!

Please Feedback

We welcome your feedback on the contents, the feel and look of the newsletter. What have you found helpful and useful? How can we improve? What stories should we include or exclude? What is missing? Do you prefer an electronic newsletter or still want the hard copy? Let us know so that we can improve the newsletter for you. Please complete the survey form on page 16. Or send us an email. Our email address is hpf@hpforum.org.nz

Training the health promotion workforce

Twenty seven health promoters participated in the **Certificate of Achievement - Introducing Health Promotion** course conducted by the Health Promotion Forum in Palmerston recently.

Ranging from those with 20 years of health promotion work experience and tertiary level qualifications to community workers who were new to health promotion, participants enjoyed their time together while they learned from tutor Debbie Hager, and from each other, sharing experience and networking.

The course is one of several training programmes that the Forum offers under its work force development role.

Among the 27 participants were (pictured below) Donna Rewi, of the Wairoa Primary Health Care Organisation (PHO), and Nigel McRoberts, of Manaaki House Trust-Wairoa Taiwhenua.



If there is an influenza pandemic, what happens?

For planning purposes the different stages of an influenza pandemic have been grouped and defined by the World Health Organisation (WHO) and the New Zealand Ministry of Health with colour codes: Code White, Code Yellow, Code Red and Code Green. When we are notified by the WHO that there is a pandemic, we go to Code Red.

Code White is information/advisory only, used in the planning stages of pandemic preparedness.

Code Yellow is a standby phase, used to alert the health sector when there has been a significant development in the virus overseas, or single isolated cases in New Zealand.

Code Red is the response phase, encompassing the national strategy of 'keep it out', 'stamp it out' and 'manage it' stages.

Code Green is to notify stand down and recovery phase. people and encouraged others to lobby for changes

- We decided our top priorities and kept pushing for these
- We worked out when were the best times to advocate
- We wrote out our recommendations, got them photocopied and handed them out to delegates and the

group revising the draft

- We worked hard and looked after each other!

Ten Things You Need to Know About the pandemic

Test your knowledge of the pandemic influenza against these ten things that the World Health Organization (WHO) thinks that you need to know:

1. Pandemic influenza is different from avian influenza.

Avian influenza refers to a large group of different influenza viruses that primarily affect birds. On rare occasions, these bird viruses can infect other species, including pigs and humans. The vast majority of avian influenza viruses do not infect humans. An influenza pandemic can occur when a new subtype emerges that has not previously circulated in humans, and spreads easily between people. For this reason, avian H5N1 is a strain with pandemic potential, since it might ultimately adapt into a strain that is contagious among humans. Once this adaptation occurs, it will no longer be a bird virus—it will be a human influenza virus. Influenza pandemics are caused by new influenza viruses that have adapted to humans.

2. Influenza pandemics are recurring events.

An influenza pandemic is a rare but recurrent event. Three pandemics occurred in the previous century: "Spanish influenza" in 1918, "Asian influenza" in 1957, and "Hong Kong influenza" in 1968. The 1918 pandemic killed an estimated 40–50 million people worldwide. That pandemic, which was exceptional, is considered to have been one of the deadliest disease events in human history. Subsequent pandemics were much milder, with an estimated 2 million deaths in 1957 and 1 million deaths in 1968. A pandemic occurs when a new influenza virus emerges and starts spreading as easily as normal influenza – by coughing and sneezing. Because the virus is new, the human immune system will have no pre-existing immunity. This makes it likely that people who contract the new influenza will experience more serious disease than that caused by normal influenza.

3. The world may be on the brink of another pandemic.

Health experts have been monitoring a new and extremely severe influenza virus – the H5N1 strain – for almost eight years. The H5N1 strain first infected humans in Hong Kong in 1997, causing 18 cases, including six deaths. Since mid-2003, this virus has caused the largest and most severe outbreaks in poultry on record. In December 2003, infections in people exposed to sick birds were identified. Since then, over 100 human cases have been laboratory confirmed in four Asian countries (Cambodia, Indonesia, Thailand, and Viet Nam), and more than half of these people have died. Most cases have occurred in previously healthy children and young adults. Fortunately, the virus does not jump easily from birds to humans, or spread readily among humans. Should H5N1 evolve to a form as contagious as normal influenza, a pandemic could begin.

4. All countries will be affected.

Once a fully contagious virus emerges, its global spread is considered inevitable. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it. The pandemics of the previous century encircled the globe in 6 to 9 months, even when most international travel was by ship. Given the speed and volume of international air travel today, the virus could spread more rapidly, possibly reaching all continents in less than 3 months.

5. Widespread illness will occur.

Because most people will have no immunity to the pandemic virus, infection and illness rates are expected to be higher than during seasonal epidemics of normal influenza. Current projections for the next pandemic estimate that a substantial percentage of the world's population

will require some form of medical care. Few countries have the staff, facilities, equipment, and hospital beds needed to cope with large numbers of people who suddenly fall ill.

6. Medical supplies will be inadequate. Supplies of vaccines and antiviral drugs – the two most important medical interventions for reducing illness and deaths during a pandemic – will be inadequate in all countries at the start of a pandemic and for many months thereafter. A vaccine cannot be developed ahead of time, as it must be specific to the exact strain of influenza causing the pandemic. It is expected to take many weeks from the time the new virus is first identified until a vaccine can be developed to protect people against it. Inadequate supplies of vaccines are of particular concern, as vaccines are considered the first line of defence for protecting populations. On present trends, many developing countries will have no access to vaccines throughout the duration of a pandemic.

7. Large numbers of deaths will occur. Historically, the number of deaths during a pandemic has varied greatly. Death rates are largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and vulnerability of affected populations, and the effectiveness of preventive measures. Accurate predictions of mortality cannot be made before the pandemic virus emerges and begins to spread. All estimates of the number of deaths are purely speculative. WHO has used a relatively conservative estimate – from 2 million to 7.4 million deaths – because it provides a useful and plausible planning target. This estimate is based on the comparatively mild 1957 pandemic. Estimates based on a more virulent virus, closer to the one seen in 1918, have been made and are much higher. However, the 1918 pandemic was considered exceptional.

8. Economic and social disruption will be great. High rates of illness and worker absenteeism are expected, and these will contribute to social and economic disruption. Past pandemics have spread globally in two and sometimes three waves. Not all parts of the world or of a single country are expected to be severely affected at the same time. Social and economic disruptions could be temporary, but may be amplified in today's closely interrelated and interdependent systems of trade and commerce. Social disruption may be greatest when rates of absenteeism impair essential services, such as power, transportation, and communications.

9. Every country must be prepared.

WHO has issued a series of recommended strategic actions for responding to the influenza pandemic threat. See website: <http://www.who.int/csr/disease/influenza/pandemic10things/en/index.html> The actions are designed to provide different layers of defence that reflect the complexity of the evolving situation. Recommended actions are different for the present phase of pandemic alert, the emergence of a pandemic virus, and the declaration of a pandemic and its subsequent international spread.

10. WHO is the lead agency for a pandemic response, and will alert the world when the pandemic threat increases.

WHO works closely with ministries of health and various public health organizations globally to support countries' surveillance of circulating influenza strains. A sensitive surveillance system that can detect emerging influenza strains is essential for the rapid detection of a pandemic virus.

Six distinct phases have been defined to facilitate pandemic preparedness planning, with roles defined for governments, industry, and WHO. The present situation is categorized as phase 3: a virus new to humans is causing infections, but does not spread easily from one person to another.

(Adapted from an October 2005 article on the WHO website: <http://www.int/csr/disease/influenza/pandemic/10things/en/>)



Kathrine Clarke, Chief Executive, Hapai Te Hauora Ltd, one of the four presenters at the recent influenza pandemic workshop that the Health Promotion Forum held in Auckland recently.

Pandemic Planning Workshop Highlights Mental Health and Inequity Issues

Twenty-six health workers participated in a workshop on pandemic planning and related issues that the Health Promotion Forum organised in Auckland recently. Four speakers presented on different aspects of the topic and provided hints and information for health promoters to use if a pandemic strikes.

Dr William Rainger, of the Auckland Regional Public Health Service (ARPHS) gave a historical overview of the pandemic and updated the meeting with details of regional and national pandemic planning.

Ms Kathrine Clarke, of Hapai Te Hauora, highlighted issues that are significant for Maori when planning for the pandemic. Dr. Maika Kinahoi Veikune, of the Counties Manukau District Health Board, outlined issues that workers should note when they work with Pacific communities in the event of a pandemic.

Ms Shae Ronald, of the Mental Health Foundation, focused on the need to ensure that health inequities are dealt before, during, and after a pandemic strike.

Pointing to the impact of a potential pandemic on the mental and emotional wellbeing of communities, Ms Ronald explored tactics that could be useful before a pandemic such as a supportive environment, during a pandemic, such as communication and connection, and after a pandemic such as appropriate ways of dealing with grief and trauma.

She reminded the participants of issues such as: the focus of workers should not be on the physical impact only, potentially isolated populations such as mental health services, rest homes, prisons, single people at home, parentless children. Referring to children and young people, she suggested a 'Three Cs' approach – Care, Communicate and Check.

For example, she said, workers should be with patients, identify signs of distress, and respond to their need, help children identify needs, provide age appropriate information, involve children and young people in planning, and monitor their access to media information regarding the pandemic.

Participants found the information provided by the presenters very helpful for their work and planning for an influenza pandemic.

Getting Ready for a Pandemic

When a new influenza virus infects many people around the world by spreading easily between people, the World Health Organisation may declare that there is an influenza pandemic.

Health experts and governments around the world are worried that the influenza virus H5N1 affecting birds (avian influenza or bird flu) could change into a virus that spreads easily from person to person. If this happens, an influenza pandemic could occur. If the new virus enters New Zealand (and it likely would, given global air travel), many of us could become very sick over a short period of time.

Here are a few simple things you can do now to prepare for a possible pandemic, whether from 'bird flu' or from some other form of influenza.

Have a plan

During a pandemic, you or your family members may be so sick that you need to stay at home for several weeks, caring for each other. Make a plan with family and friends so it includes:

- Who could help with food and supplies if you and your household are ill.
- If you have prescription medicines (e.g. for blood pressure), renew your prescription well before you run out.
- The telephone numbers of people who live near you, as well as your doctor's phone number (keep this in a place that is easy to see, eg; on the fridge door).
- An emergency supplies kit - see the 'Emergency Survival Items' list on the inside back cover of the Yellow Pages. Or check the Ministry of Civil Defence and Emergency Management website on www.civildefence.govt.nz - select 'Be Prepared' then select 'What to do.'

Build up your emergency supplies kit

- Have a supply of food and drinks to last for at least a week. Choose long lasting foods in cans and packets and dried foods.
- Paracetamol and Ibuprofen (Brufen) are good for bringing down a fever and reducing aches and pains. Of these two medications, paracetamol is

safest. Do not use anything else for children unless you talk to your doctor or pharmacist first.

- Masks worn by sick people can help stop the spread of germs. You can buy masks from a pharmacy or from a hardware store. If there is a pandemic, people will be told how and when to use their masks. A mask can be worn only for a short time, and needs changing when wet from sneezing and coughing.
- Have tissues (or toilet paper) and plastic bags – supermarket bags are good – to put the used tissues into.
- Think about things to do if you and your family have to stay home for a couple of weeks (eg, books, games and videos).

Consider getting a flu jab

- Ask your doctor for an influenza vaccination each year. The usual yearly flu jab may not protect you against a new influenza virus, but it will help stop you getting very ill if you pick up other influenza viruses. Because these viruses change all the time, you need to get vaccinated every year.
- Vaccination is free for people aged 65 years and over, and adults and children with certain long-term (chronic) conditions.

Hygiene - keeping clean

- Washing and drying your hands properly is one of the best ways of protecting yourself against the spread of germs. Wash hands for at least 20 seconds with either soap or an alcohol-based rub. Drying hands for 20 seconds is important too. Twenty seconds is as long as it takes to sing "Happy Birthday" twice through. (It's longer than you think!)
- Wash and dry hands:
 - before preparing food and eating .

(Adapted from the Ministry of Health website)

More information on influenza and planning for an influenza pandemic is available on <http://www.moh.govt.nz/pandemicinfluenza>

Hui Prepares Tai Tokerau Maori for Pandemic

An inter-sectoral pandemic *hui* was recently held at the offices of Manaia PHO in Whangarei, to discuss and plan a collective approach in informing and preparing Maori Communities of Tai Tokerau in the advent of an influenza pandemic, *Shirley Anne** writes.

As with many organisations and groups, the subject of an influenza pandemic is very topical. The Government and local agencies are taking it seriously by dedicating resources, personnel, marketing and funding towards informing the communities of the dangers and how to prevent and protect from infections of this magnitude.

Gaps within the planning and delivery for Maori started to show. We don't have to look far in history to see how past pandemic and epidemic has dramatically affected Maori. This *hui* was called to start the *korero* and create a forum to discuss organisational plans, existing resources and how we can work more effectively in a collective approach to ensure all Maori are provided with the information, have an understanding of the information and are assisted in preparing themselves and their *whanau* to cope with a pandemic by prevention and protection.

The Directors of Terenga Paraoa Ltd, which is the governance partner of Manaia Primary Health Organisation, Whangarei called this *hui* in an effort to create a forum to start the initial *korero*. In attendance were representatives from: Northland District Health Board, Public health unit, New Zealand Police, New Zealand Fire Service, Te Hauora o NgatiHine Trust, Te Hauora o Kia Ora Ngati Wai, Whangarei District Council, Manaia Primary Health Organisation, and the National Maori SIDS

After general discussions, which included what current planning, and delivery from services to date, the following outcomes were reached:

Aim:

To ensure Maori are prepared for a pandemic and are included as partners in the planning process.

Objectives: - it is essential to work towards:

- Clear Communication, Consistent Messages, Appropriate Messengers, Appropriate presentations and approaches, *Tautoko* within Services, Collective voice, Collective Plan
- Utilising the Marae as Core Centres for Whanau / Hapu, Useful resource development
- Assistance in Planning and Preparation, Strong evidence-based facts that ensure clear and consistency messages within Services and Communities.

Next Stage:

1. The group have agreed to continue to meet.
2. If successful with securing funding for a dedicated coordinator, the group will function as the support and advisory Komiti for the coordinator.

* *Shirley Anne* - Director of Terenga Paraoa Ltd, Manaia Primary Health Organisation, Whangarei

Planning for the pandemic with Pacific people

By Dr. Aumea Herman

An influenza pandemic has potential to cause significant morbidity and mortality for Pacific peoples in New Zealand. Previous experience with SARS would suggest that the social and economic ramifications could also be severe.

New Zealand has adopted a whole of government approach to tackle this threat which includes government ministries, local councils and the private sector. An enormous effort has been required to develop an influenza action plan for New Zealand, and this process is ongoing. There is also international collaboration with leading agencies such as the World Health Organisation. While this process continues to generate valuable information and best evidence – the challenge for Pacific peoples is around how this information can be distilled into key messages that are simple, relevant, culturally appropriate and can be understood (ie translated) while being able to compete with all the other information that is available widely throughout the media.

Health promotion is a vehicle that can assist in transferring health information to Pacific communities so that they in turn can become more knowledgeable and empowered to make healthier change, to protect them from this disease. More importantly is the need to incorporate Pacific values, beliefs and practices that also reflect the diversity in nations, languages and cultures of the Pacific.

The Ottawa Charter, Vision of Healthy Pacific Islands, Nutbeam's Outcome model for health promotion, and Raeburn and Corbett's community health programmes framework all demonstrate various iterations of health promotion models that can be applied for Pacific communities. Recent learnings from Pacific health work have demonstrated success in mobilising Pacific communities for action to improve health in particular the Hepatitis B screening and Meningococcal B vaccine immunisation programmes. The National Pacific diabetes initiative validated key principles around service design and delivery and the need to keep Pacific peoples and communities central to all work.

While the elements of health promotion for Pacific peoples should remain flexible and locally relevant it is important to:

- Emphasise Pacific community inclusion and consideration in planning
 - Encourage Pacific community ownership, leadership, social cohesion and empowerment
 - Establish clear lines of community communication, development of culturally appropriate messages, media, messenger and focus on disease prevention - cough etiquette, hand washing, social distancing
 - Aim to improve health outcomes or reduce health inequalities
 - Ensure adequate resourcing and evaluation of programme
 - Promote healthier public policies and environments
- Dr Herman is a public health physician based with the Counties Manukau District Health Board Pacific Health Team. She is also working at the University of Auckland with the Traffic Related Injury in the Pacific research project.

Lessons from the past

The 1918 Flu Pandemic

The Black Plague

He took me in his arms and carried me to see my dead sister before she was carried to the grave. He took me for a last visit to my mother for he thought that both of us would die. But we didn't. We gasped for breath, our chests and throats rattled with the passage of the hard-won air. We sweated and we shivered, we fainted and revived. Death waited for us but we survived.

(From a 1967 radio documentary about the pandemic, 'The Great Plague').

Current anxiety over the danger of avian influenza virus – H5N1 – has revived memories of New Zealand's worst disease outbreak, the lethal influenza pandemic of 1918. In two months New Zealand lost about half as many people to influenza as it had in the whole of the First World War.

Was the *Niagara* to blame?

Many people believed the deadly flu virus came to New Zealand aboard the Royal Mail liner *Niagara*, which arrived in Auckland from Vancouver and San Francisco on 12 October 1918. However this is now no longer believed to be the case.

The 'Spanish flu', as it was often called, arrived in New Zealand in early October 1918, probably with returning troops. By the time it eased in December **the death toll had topped 8600, including at least 2160 Maori.** Worldwide, the flu is now thought to have killed as many as 50 million people.

At the height of the crisis, during November, the whole country held its breath: schools, factories, shops, theatres and hotels were closed. One man recalled how he: stood in the middle of Wellington City at 2 p.m. on a weekday afternoon, and there was not a soul to be seen - no trams running, no shops open - It was really a City of the Dead.

The virus struck with little warning. Apparently healthy people could collapse within hours of the first symptoms appearing; some died within a day. Often, corpses turned purple or black, adding to the grief of survivors and evoking images of the Black Death of the fourteenth century. Across the country, schools and halls were turned into makeshift hospitals. Much of the burden of caring for the sick fell on

volunteer caregivers, especially women.

Impact on Maori

The virus had an especially deadly impact on Maori, whose death rate, 4.2 percent, was about seven times that of Pakeha. Many people blamed substandard housing — Maori rural dwellings often had earthen floors and were damp and overcrowded — but the small size and isolation of Maori settlements also compounded the misery. The flu spread so fast that remote communities had little or no warning of its arrival. In the absence of outside help, there were often not enough locals left standing to care for the sick.

Whole settlements were decimated: at Mangatawhiri in Waikato, about 50 out of 200 local Maori died. Whina Cooper recalled similar suffering at Panguru, Hokianga: Everyone was sick, no one to help, they were dying one after the other. My father was very, very sick then. He was the first to die. I couldn't do anything for him. I remember we put him in a coffin, like a box. There were many others, you could see them on the roads, on the sledges, the ones that are able to drag them away, dragged them away to the cemetery. No time for tangis.

Even worse was the flu's impact on Western Samoa, then under New Zealand military rule. There, over 7500 — one in five people — died, at least partly because of the negligence of the New Zealand authorities in enforcing a quarantine.

Remembering the Pandemic

This collection of recollections from people who lived through the pandemic are taken from a 1967 radio documentary by Jim Henderson called 'The Great Plague'. None of the interviewees are named in the documentary.

Black Plague

[Woman speaking] I well remember my husband, who was custodian of the town hall at the time, coming home very depressed and telling me all about this awful flu epidemic that was spreading so fast. The patients had very high temperatures and when they died the bodies turned black just like the plague and it was really serious. He felt that if he got it that would be the end. So I said well it's no use frightening ourselves into it, we must take every precaution and hope for the best. I used to disinfect the drains well and we gargled with a weak solution of Condy's fluid everyday. Tom used to spray the car with formalin

1918 Pandemic (Cont.)

after taking patients to the hospital. It spread so fast that they had to put up a marquee to take their overflow of patients.

[Woman speaking] Well I was very bad in bed, I worked at dress making and I just fell on the table and [was] taken home in a taxi and I . . . had to sit up in bed when the war was over and wave a little flag, I couldn't go out to celebrate - my boyfriend was away at the war at the time.

[Woman speaking] And it came, Armistice Day. I went to town early that morning - a friend came and drove me in - as we simply had to have more hospitals, more room to nurse cases. I got into town just before 9 and the bells started ringing. I said 'whatever is going on?' 'It's peace' they said, 'peace!' How I loathed the sound of it. Everything shut up and I could get nothing, not a thing until tomorrow. And that was just the day that I'm sure cost hundreds of lives. But simply had those people been able to be taken in to those hospitals that day, they might have been spared. You couldn't do a thing about it, it was peace and everyone was celebrating.

Carrying the dead

[Man speaking] At all times it seems, day and night, ambulances were on the move everywhere. They must have been manned in relays. In those days there was no free ambulance, the hospitals carried their own. These vehicles had tinkling bells instead of sirens.

[Woman speaking] At night time was, I think, the most saddest of all because the trucks were rumbling past my place all night long. We found out after that they didn't have time to make coffins they were just buried in boxes and the sad part was when we went over to cemetery later, when it was all over, no one knew where they were putting the flowers, they just put them on a mound of ground and trusted the luck of it being one of their own.

Cures

[Man speaking] And I had a mate standing - we were on the corner and he fell down by the lamppost and . . . he hadn't had anything to drink that day. So then he managed to get home and he had the black plague all right, black spots all over him and he was taking mulled beer, if you know what that is, heated beer. It's no good. Every morning I visited him and now he says, 'I'm going Harry', course I couldn't say otherwise. . . and then he recuperated!

[Woman speaking] Some used gargles and that sort of thing and there was this formalin place. And the old fashioned remedy of wearing a camphor bag - that was very prominent - and people had them on their children

and on themselves and um I don't know whether it had the effect, but sometimes just the thought that you got something like that is a help to people's morale isn't it?

[Man speaking] Most of them got over it but if you bled at the nose - if they bled at the nose - they got over it. If they didn't they went black and that was a finish.

[Woman speaking] I was living with my sister and she would have a fire set ready for me to light with sulphur sprinkled all over the wood. Before I mixed with the family I went to this room, lit the fire and bent over it and inhaled some of the fumes and was also fumigated at the same time. We kept away from crowds and never took home books from libraries.

Delirium

[Woman speaking] And the thing was they came in with terrific temperatures and if we couldn't get those temperatures down, they dropped suddenly - below subnormal - and they started delirium. And once they got very delirious, we just couldn't save them and there was no way of bringing the temperatures down then except by cold sponging. And that had to be done by somebody with experience you see, otherwise they'd get an awful shock if it's badly done and chills as well. So I'm trying to keep the patients moderately clean and then when they got really delirious keeping them in bed. And the noise of the delirium at night was terrific.

[Man speaking] And he went raving mad one night before they took him away. He was running around the room with a knife. . . he just couldn't control himself. So they came and took him away to the hospital. Next morning they came over and told me poor old Jack had died, so that was one of my mates who went.

[Man speaking] One particular night there was a chap - I won't mention any names - but he jumped out of bed and I grabbed him and I said 'where are you going?' He was a big fella and of course I'm not very big, but I got me arms around just big around him and said 'come on, come on back to bed'. 'Let me go, let me go' he said, 'let me go' he said, 'I must get down and meet Massey and Ward'. Massey and Ward at that time were coming back from an Imperial conference at home [Britain] you see, and anyway I said 'come on get back into bed'. Yes, I got him back - I just got him on to bed and he said 'oh God' he said, and he was dead as a doornail, just went dead.

Kids coping

[Woman speaking] Interviewer: Was it a problem with the children running around?

1918 Pandemic (Cont.)

[Woman speaking] Answer: Ah no, the children were very good; we had to keep them, they were not allowed out the gate. They had to play in their own back yards. So no the children seemed to realize too how dreadful the time was and the unfortunate part was when anyone having a baby, the mothers were lost, the babies seemed to survive. But there was a dreadful lot of babies were left without their mothers. And I think that was one of the saddest parts.

[Man speaking] At the school, when we're in the class, and that some of my friends whose parents had passed away would all of a sudden start their crying and the teacher would have to console them later.

[Man speaking] I remember that the schools were closed and we rather enjoyed the holiday, the extended holiday for the tragedies that were happening everyday. It didn't touch me, I was far too young to realize.

Kids helping

[Woman speaking] Mother would come home and she would boil up and make the most beautiful vegetable and meat soups and then I would take them in thermos flasks to people who were too ill to perhaps warm their own food. And I wasn't allowed to enter the house, I just placed it on the door step and then went back to my pony and where people were a little better I could carry it in a billy in a jelly form and people were able to get food in that manner. But most of these people were almost unable to more than come to the door and just pick up the container that was left for them.

[Woman speaking] It wasn't safe for men to go out on the farms alone in case they were struck down and no one knew where they were. So one of the children or someone, they generally went in twos. When we wanted to do our shopping we had to go into Waverly by a horse and gig and when we got into the grocer's shop we rattled a kerosene tin which was hanging from a beam of the verandah. They came out to their door, took our order and then put the things on the pavement and we collected them and put our money into a mug with disinfectant in it and they collected it out of the mug.

Overwhelmed

[Woman speaking] It just got so that if you wanted help - if you didn't feel so well - you opened your window and you put a white rag out the window and you unlocked your front door and left a white rag on the handle of the door you see so that anybody could come in and when

these people who were going around on motorbikes in cars saw them you see they got out to investigate because it was beyond, you couldn't deal with it. You just couldn't deal with it at all. It was beyond anything.

[Woman speaking] I lived in Wellington at the time and was working in a chemist shop. People started to pour in with prescriptions of all descriptions and people were collapsing on the road and being picked up and taken to hospital until the hospitals were full and then it began that we could hardly deal with them for the simple reason they came in so thick and fast. I gave prescriptions. I was working in the shop and the chemist was working flat out and the doctors finally put the prescription in the paper and so they copied it out and copied this and gave it in bulk form.

Need for nurses

[Woman speaking] Well the Red Cross give girls or women training in home nursing at the beginning of every year and if girls would only take that training from my experience of the epidemic it was one of the best things that they could do. It was a very good training for 3 months and if anybody came into the hospital when we were desperate you could even take a temperature, or make a bed or a pulse or had any idea of nursing we would fall almost on our necks with gratitude because we didn't have to show them around you see. We just said get to it and we look after them you see. So ever since then I worked a good deal in the Red Cross you see in Hastings and Havelock and my great idea is to get every girl trained that I could in this course of home nursing. We'll have epidemics again and we'll have emergencies again probably of the Civil Defense now is working as you know probably don't you. Well what they wanted is people who can nurse. Don't you agree?

(Reprinted with permission from '1918 Flu Pandemic')

www.nzhistory.net.nz/culture/influenza-pandemic - on the Ministry for Culture and Heritage's NZHistory.net.nz website. Please note that the original article was slightly edited for reasons of space and style.

From the editor: I highly recommend the original article. Visitors to the website can listen to recollections of the pandemic from people who lived through it.

Learning From Pakeke and Kaumatua

Helpful hints from Pakeke and Kaumatua

To learn from diverse perspectives and experience as we prepare for a pandemic, and to be aware of some of the issues specific to Maori, **Joanne Aoake** interviewed eight *pakeke* and *kaumatua* from (Tainui, Te Arawa and Mataatua). The following are excerpts from their wide-ranging conversation. A glossary of Maori terms used in this article is listed at the end of the story:

Mac-Matuakore Macmillan Koperu (Ngati Pango, Raukawa-Tainui)

Mr. Koperu emphasised four points: the need for clear communication, know the people you work with, the role of *kuia* and *mokopuna*, and a role for the army.

On the need for clear communication and knowing the people you work with, Mr. Koperu said, “The language that we would use and how things are put across to people is important. So who is putting this information to our people is the key.”



Referring to his time in the army, Mr Koperu said, it was easy for fellow Maori soldiers to tell the area that people came from through the use of their tribe’s *haka*. Whilst his army mates were all Maori they were not all the same. Their language, *tikanga* and *kawa* were different. That needs to be taken into consideration when working with people from different areas.

“If *Ka Mate Ka Mate* started, Oh well that’s us (Tainui).” But if the *haka* started with ‘*Te Kokoma Te Kokoma*’ we know that those fellows were from Ngati Porou, he added, pointing out the importance for health promoters to really know the people they work with.

With regards to the role of *kuia* he said that, “the *kuia* are really the ones who educate the *moko*. The *kuia* can tell you where everyone is, what they are doing and what are the good and maybe not so good things happening. So you need to get to them especially for this thing (pandemic preparation).”

Taking care of the *mokopuna* is a concern for Mr Koperu. His children and his *moko* have never had to “do it hard like we did



when they were younger.” So he is concerned about the wellbeing of his *moko*

Mr Koperu thinks the army might have a role in a pandemic. He considers them to be the right tool to be used in such a break out as they can be medics, cooks and maintain order.

Whakirangi Williams (Tuhourangi)

Mrs Williams believes that most people know things such as basic hygiene. “Washing your hands, it’s simple. *Whanau* have a responsibility for their own.”

Her concern is about the need for authorities, providers and health workers to work as partners with the communities and learn from each other. She said communities only hear gloomy and frightening things and are constantly being told what to do.

“What about all the things we can do and we might be able to help them if someone listened. What about the other pandemics that are here right now like diabetes, cancer, heart disease and P (methamphetamine)?”

She is concerned that policies made at high levels such as in parliament are not translated into actual outcomes and the dream for improved wellbeing is yet to be achieved. “The dream is still the same from years ago. We want to make the world a better place for our *mokopuna*.”

Huhana Clayton-Evans (Te Arawa)

Mrs Clayton-Evans is frustrated over the lack of proper consultation with Maori on policies, and the lack of resources. She believes that Maori were not being taken seriously by authorities, and always have to wait to be invited to join committees to have the voice.

“It is like continuously being the constant after thought. How do you support those without a voice and or don’t understand such as the mentally disabled?” she asked.

Learning From Pakeke and Kaumatua

Cont.

Another observation is that a partnership with *iwi* is lacking. The government and DHBs are charged with organisational goals, not *iwi* goals. She added that *iwi* have yet to discuss this. They will determine what the best plans are for them.

A final concern is the well being of *mokopuna*. She said there should be a better future for them.

Henry Te Mete (Ngati Kirihiki and Ngati Hangarau)

History can teach us how to prepare better for an influenza pandemic, according to Mr. Te Mete. “The closest thing to this flu pandemic is the Depression (1929).”

He recalled that the depression was cruel and hard on his parents. His mother especially had a hard life bringing up six boys and one girl. All the children had to work and help the family. Children suffered from scabies from lack of soap and there was no electrical power but they scraped through. They supplemented the food by hunting, growing big potatoes gardens, and gathering watercress and other vegetables.

Mr. Te Mete and his wife, Eunice, have eight sons, but only one of them could take care of the family in terms of hunting. The rest would starve, Mr. Te Mete said. “You think you are doing the right thing by sending the children to be educated, but basic things like gardening and hunting, which will take care of the family if the pandemic comes, they can’t do. You can make it through living off the land and the sea.” So he is worried about the wellbeing of his *mokopuna* who live in cities.

Referring to his rural community, Mr Te Mete said, the only information (about the pandemic) they get is from TV and the newspaper, otherwise they have no communication from anywhere. They need to prepare and would like the medical people to come to speak at their *marae*. They have an *iwi* service that knows all their people so it should be the *iwi* service.

Mr Te Mete also points to the spiritual dimension of health for Maori, and the need to include spiritual means of healing and obtaining health. “Don’t forget the power of prayer,” he said.

Eunice Whanaupani Smith (Raukawa–Ngati Haua)

Trained as a nurse, Mrs Smith worked at a time when the epidemic was polio. She understands the medical needs but is concerned



at the lack of support for rural communities. “I don’t know if it is because we are country people that we get no information only from TV and what we have read,” she said.

Reflecting on being a member of a family of 10 children, the family made do with watercress, *pakeha* turnip tops, wild pork, eels, potatoes and kumara. While she advocated ‘We need to get back to the basics grow and preserve your own kai,’ she is not sure if her *mokopuna* can live such a lifestyle. However, she would like to see all her *mokopuna* return home in the event of a pandemic.

And here is some advice from Mrs Smith, the nurse: Hygiene is the most important thing; we need to educate the parents; teach the children about hygiene, washing hands especially; if they get ill isolate them. Here is how to isolate a sick person: Identify the sickness first; don’t diagnose yourself; e supportive of one another.

She also suggested that we take lessons from what other countries have done.

The last three participants had a joint conversation. They are related and come from the same *marae*, and share *mokopuna*

Ella Bidios (Te Arawa, Ngapuhi and Rangiwēhiwēhi)

Mrs Bidios gave practical advice on what might be done to help *whanau*, especially *mokopuna*, in the event of a pandemic.

“As *kaumatua kuia* we need to live in reality,” she said. “If this flu comes we need to take care of the living and in the event of death, wrap our people put them down. We will tangi later.”

Her worry about the *mokopuna* comes from a questioning of their skills to cope with such a pandemic. “Some are too busy chasing the dollar and won’t know how to take care of their children. They don’t know how to go with out.”

As a child during the Great Depression of 1929, Mrs Bidios ate *kinikini* (flour and water), porridge, watercress and koura from the river. If there was meat it usually was for the workers.

“That’s what we were use to; we didn’t know we were missing out on anything. We had big gardens and sometimes go to the sea for pipi, mussels we lived on brisket bones and fish heads. Our kids today couldn’t live on that”



“We need the health people or hospital people, GPs etc to come to our *marae* and tell us about this bird pandemic. “It is then up to us what plans we will put in place for our *whanau* and the *marae*.”

Mason Tuhakarina (Tainui and Te Arawa)

Mr. Tuhakarina likens the preparation for the flu pandemic to another time. A time when you had big gardens, some of the houses still had dirt floors and *raupo* roofs. Kerosene tins were used as pots and you used a copper for cooking and washing.

Mason remembers the tin isolation huts that were built on properties around Morrisville when he was about 7 (he is now in his late 70s). He could not remember what the disease was but “that is where you went when you were suffering from the disease.”

He is still a keen gardener and believes he is prepared at least with food for the pandemic. But he is worried about the *mokopuna* and whether they are ready for a pandemic. Not many, if any, of them are gardeners, but he will have *kai* for them.

He only has to look over his neighbour’s fence (his nephews’ house) and knows they are not prepared. There are no *kai* gardens, no signs of readiness.

He agrees that those people from the hospital or health centres should come to their *marae* and speak to them, the *hapu*, who then take care of plans for their people

Marcia Tuhakarina (Ngati Whakaue)

Mrs Tuhakarina wants people to be ready, especially the *mokopuna* and the help they need to be ready. She recalls that although her grandmother lived simply with dirt floor, cooking over a fire off that floor, surrounded by her chicken, cats and dogs, she seemed to cope well. But she is not sure if “they (her *mokopuna*) can even garden to take care of themselves. It is up to us to talk with them and help them prepare”

Mrs Tuhakarina said they need to get the information on how to prepare for the pandemic, and “how we should get the information to people who don’t understand. We need to speak about it at *tangi* or wherever we meet with people. People need to ready be, the flu has no friends.”

She supports the suggestion of GPs, hospital people, or Maori providers to visit the *marae* and speak with the *hapu*.

Glossary of Terms

<i>Hapu</i>	sub-tribe
<i>Iwi</i>	tribe
<i>Kawa</i>	protocol
<i>Kaumatua</i>	elder
<i>Kinikini</i>	flour and water dumplings
<i>Kuia</i>	elder women
<i>Marae</i>	meeting area
<i>Maatamua</i>	eldest <i>moko</i>
<i>Moko</i>	an abbreviation for <i>mokopuna</i>
<i>Mokopuna</i>	grandchildren
<i>Pakeke</i>	younger elder
<i>Tangi</i>	mourning period
<i>Tikanga</i>	custom
<i>Wairua</i>	spirit

Learning from the Wisdom of the Elders

by **Joanne Aoake**

I am privileged. I got more than I asked for when I interviewed the eight *kaumatua* and *pakeke*. In addition to the views and ideas to help in preparing for a flu pandemic, I was taught Maori history, protocols and genealogies. Equally important was the lesson on how to engage with these elders and learn from their wisdom and experience.

While I am very privileged, I cannot do justice to this set of interviews which gave me more than health-related information. Moreover, I cannot convey the *wairua* which inevitably embraced each session, nor the humility with which the participants offered their stories and views. I would have liked to put all of what they have said down, but then it will be a book and not an article for our newsletter. I wish to thank all the interviewees for the opportunity to converse with them.

Forum Staff Advise on Pandemic Planning

by **Joanne Aoake**

As a member of Te Taumata Roopu, I was recently nominated to join the Pandemic Influenza Reference Committee (PIRC). Established to provide the Ministry of Health with expert advice on Public Health issues affecting Maori people, Te Taumata Roopu has a particular lens that will be applied whilst participating in the committee. This lens has a general focus on District Health Boards’ approach and involvement with Maori communities in planning and implementing their local pandemic plans. Te Taumata Roopu would look at ways that it could be of most help to the DHBs in preparing their plans.

Our Executive Director, Alison Blaiklock, is also a member of the PIRC. She attended their meeting at the end of February and advocated that there needed to be an equity-based approach to pandemic planning which prioritized the people who were most vulnerable. She said that the involvement of community groups and health

Continued on page 12

- Assessing the implications for the health sector if there is a need to escalate its response consistent with the current plan,
- Critiquing relevant information and advice for providers of health care.
- Providing a forum for assessing advice on the management of surge capacity.
- Discussing planning for the most effective use of resources in the event of a pandemic

Outcomes: PIRC will have achieved its purpose if;

- Its assessment of the response of the health sector is evidenced by sound and verifiable appraisals of capability,
- That the planned response of the health service is well coordinated at both national and local level
- The information and advice provided is consistent with the pandemic plan and relevant to the needs of health care professionals and providers,

Accountabilities: The PIRC does not cut across existing accountabilities in particular DHB roles for their District in the event of an emergency.

The Committee is intended to assist a whole-of-country view to the total planning environment and to assist in gap definition.

Who else is on it?

Composition of PIRC: PIRC will have an independent chair who reports to the Director of Public Health and comprise representatives of:

DHBs with a focus on persons representing those with responsibilities for major incident planning and management
Those representing hospital services involving emergency care and the management of infectious diseases

Maori Providers

NGOs

Private Hospitals

Mental Health and Disability Support Services and

Various other support services.

Who directly do they provide advice to?

The Director of Public Health requires of (PIRC) advice to support key decisions on;

- Where patients are to be seen, assessed and treated
- The availability of clinical guidelines to assess and manage possible and confirmed cases
- How to triage patients and ensure that patients are referred to appropriate care whether it be primary [including home/self care] and hospitals
- How to manage the interface between GP practices and ED in light of increased patient attendances
- The capacity of DHB emergency plans to manage a response to a pandemic of influenza that crosses DHB borders and various escalation criteria
- The availability and application of relevant infection control procedures
- What are likely admission criteria to hospitals, consistent across the country.
- The ongoing provision of diagnostic services
- Maintenance of care to 'out of hospital' patients
- Logistical support for supply of pharmaceuticals and maintenance of blood supplies
- How to maintain or reorganize existing hospital and emergency capacity
- What services will be reduced or cancelled and impacts of same
- Roistering of staff such that spread of infection is minimized, that the right skills continue to be available and staff are supported
- Availability of volunteers, retired person and trainees and availability of on site accommodation
- Provision of mortuary space and safe practice in mortuaries
- Community support for patients
- Any other matters

How can you contribute?

There are a number of ways that people and organisations might contribute to the pandemic planning.

Through their local DHB planning committees

Make contact with the Ministry of Health to the chair person of the (PIRC)

Contact the Health Promotion Forum for more information

- *Joanne Aoake is Senior Health Promotion Advisor (Maori), Health Promotion Forum, and Te Taumata Roopu member*

Resources

WEBSITES

WHO and the Bangkok Charter

The full text of the Bangkok Charter http://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf

The Bangkok Conference

www.who.int/healthpromotion/conferences/6gchp/en/

A WHO Bulletin editorial from some of those in WHO involved in developing the Bangkok Charter

Policy and partnership for health promotion - addressing the determinants of health, by

Kwok-Cho Tang, Robert Beaglehole, Desmond O'Byrne in the Bulletin of the World Health Organisation, Volume 83, Number 10, December 2005, pages 884-887
www.who.int/bulletin/volumes/83/12/884.pdf

The People's Health Movement and the Bangkok Charter

A press release from the People's Health Movement described the Bangkok Charter as a big disappointment that failed to tackle the big structural economic and political issues - see <http://lists.kabissa.org/lists/archives/public/pha-exchange/msg01995.html>. The People's Health Movement submission on the draft Charter is at <http://lists.kabissa.org/lists/archives/public/pha-exchange/msg01937.html>

The Cuerca Declaration developed by PHM at the 2005 People's Health Assembly in Ecuador made much stronger statements about health and globalisation - see <http://phmovement.org>

International Union of Health Promotion and Education and the Bangkok Charter

Discussion about the IUHPE response to the Bangkok Charter continues. Some of this is on the website of the IUHPE electronic journal www.rhpeo.org/reviews/2005/index.htm

Pandemic planning

The New Zealand Ministry of Health website is www.moh.govt.nz/pandemicinfluenza

This contains information for the general public and health professionals on pandemic influenza. It includes Factsheets, Antiviral medication (eg Tamiflu), Vaccines, National Health Emergency Plan and FAQ. The World Health Organisation Epidemic and Pandemic Alert and Response website is www.who.int/csr/en/

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 & 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.
Ph 09 520 3714, Fax 09 520 4152, GST No. 51-246-365
hpf@hpforum.org.nz, www.hpforum.org.nz

Social Policy Journal of New Zealand: Te Puna Whakaaro

The Social Policy Journal is published twice yearly by the Ministry of Social Development to contribute to the development of public debate on social policy issues. Papers in the latest issue (26 November 2005) include: Engaging Communities to Reduce Health Inequalities: why partnership?, The New Zealand Family Violence Clearinghouse, Needs of Pacific Women When They are Victims of Family Violence, Off to a Better Start: What We Know About Early Intervention Services and more. See www.msd.govt.nz/publications/journals-newsletters.html

Update On The Forum

From the Executive Director

Welcome to our first edition for 2006!

This has been a very busy time. We are delighted that Joanne Aoake and Megan Tunks joined our operations team in December. Sione Tu'itahi has now joined us permanently and Fran Manahi is with us as the Co-ordinator for Te Waipounamu Health Promotion Coalition while Helen Rance is on sabbatical. It is a great privilege to work with Sal Stevens, Marg Morrison, Joanne, Megan, Sione and Fran.

We are very appreciative to Anton Blank who did help us out a lot last year by doing brilliant work on the last newsletters. Now that Sione is with us permanently, he has picked up editing the newsletter among his responsibilities and is very much looking forward to hearing your feedback and ideas.

We are also deeply appreciative to the many people who are supporting the work of Forum – Debbie Hager and Raeleen De Joux who are tutors on our short course; the speakers and contributors to workshops and seminars; the members of our Maori, Pacific and academic reference groups; the people who give professional advice and encouragement, and others who support the work in many other ways.

You will see important updates about the Conference and short course elsewhere in the newsletter. We are developing more seminars and workshops and training opportunities – please keep an eye on our emails and website, and let us know what you would like.

This is a challenging time for health promotion. The indications are that changes in the wider social environment will make our work even more important but also tougher. The theme of the Conference at Ratana is very relevant! Please do come! We very much look forward to being with you there!

Ka kite

Alison

Changes to Short Course

Alison Blaiklock, the Health Promotion Forum's Executive Director, explains changes that affect our short course in health promotion. Many of you will know about this from our emails to the people on our database.

“As you know, the Health Promotion Forum and Manukau Institute of Technology (MIT) work together on a course in health promotion for people entering the field. This course is often called the ‘short course in health promotion’. Its full title is the MIT Certificate of Achievement in Introducing Health Promotion. It runs as two block courses (each lasting four days) and assignments. It is held around the country. There is lots of demand for it and we get very positive feedback about how useful it is.

“There is a very constructive working relationship between MIT and the Forum. The short course was developed by the Forum and is taught by Forum tutors. MIT makes sure it meets academic standards.

”There have been some recent changes in the tertiary education sector which are very likely to affect the short course. It looks like the Tertiary Education Commission (which is a funder of MIT) will want changes in the agreement between MIT and the Forum around the teaching of the short course and will say that MIT can only run courses like the short course in the Auckland area. Unfortunately these changes in the tertiary education sector are beyond our control.

”We have been working very hard with MIT to find solutions to the problems. It is quite complicated because the changes in the tertiary education rules are recent - and we keep on thinking that we have found a possible solution and then find that we haven't! We have been able to make arrangements with MIT to do two short courses this year in Palmerston North and Rotorua. But we have had to postpone the one planned for Invercargill. We were very disappointed that this happened.

”We are also exploring ways forward for future short courses so that people entering health promotion can get high quality training throughout the country. We know that the uncertainty about what is happening causes lots of difficulties for people in planning work and family and personal commitments, as well as difficulties for the communities you work with, organisations and employers. So it is very important that we get this sorted.

”We thank the workforce for your patience. We will keep you updated.”

Coming Events

28 June - 2 July 06

Auckland University, Towards Healthier Environments Conference
Waiheke Island, Auckland

See www.sges.auckland.ac.nz and click on conference at the bottom right hand corner or see www.sges.auckland.ac.nz/conferences/igu_the_conference_2006/information.htm

Although the 'official' deadline for abstracts is upon us, prospective local presenters are welcome to make contact with abstracts up until March 7.

5 - 7 July 06

Public Health Association Annual Conference 2006 - Sustaining Public Health
Palmerston North

Sustaining Public Health –Pupuri Te Whare Tapa Wha is the title of the 2006 Annual Conference of the Public Health Association of New Zealand (PHANZ 2006). Sustaining healthy environments are important environmental issues for public health. Public health environment are diverse and supportive: ideally free from pollution and where public health issues can be freely debated. Describing the public health environment - pupuri te whare tapa wha, characterises the role of NZPHA in facilitating a "united front" to "promote public health in the face of influential vested interests" in ever changing times (after Ebrahim & Lau, 2001)

For more information go to www.pha.org.nz

13 - 15 Sep 06

Auckland University of Technology (AUT), in conjunction with The Problem Gambling Foundation of New Zealand - Conference 2006
Auckland

For more information please email conference@pgfnz.co.nz

17 - 19 October 06

Health Promotion Forum Conference
Ratana Pa, Whangaehu

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Update on the Health Promotion Forum's 2006 Conference

Theme: "Te Wero – Challenging Health Promotion"

DATE: 17th – 19th October
VENUE: Ratana Pa (22kms from Wanganui)
COST: (To be advised)

<http://www.wordworx.co.nz/Ratana2002.htm> (for more on Ratana)

This is our first announcement to the Health Promotion Workforce. From now on we will be sending out regular updates. Very soon we will call for such things as

- Registrations
- Abstracts
- Invitations to those that want to make presentations

Update:

"Te Wero – Challenging Health Promotion" Te Wero is the traditional challenge and rite of passage onto the Marae. Our Kaumatua has explained the significance of Te Wero in terms of tikanga and kawa (indigenous lore and practices) as including

- Protocols in Maori, for professional practices and integrity
- Challenging Health Promotion by looking at strengths as opposed to deficits
- Seeing the opportunities for change
- Looking at all our tools for the workforce and how they may use these to influence change such as advocacy

NB: This is a No Tags No Bags conference but a competition will be held where those who bring the best and brightest win a prize

The theme will be “Te Wero: Challenging Health Promotion.” Keep a watch on this website and our emails for more information!

1 - 2 November 06

NZ Association for Adolescent Health and Development, Involve 2006 Conference, Lincoln University Christchurch
Call for abstracts

NZAAHD is pleased to announce the call for abstracts for Involve 06.
www.involve.org.nz

Involve 06 is brought to you by the New Zealand Association for Adolescent Health and Development with support from the Ministry of Youth Development, and in partnership with the National Youth Workers Network. INVOLVE brings together hundreds of diverse peoples from the youth health and development sectors, including: youth health and development providers, practitioners, clinicians, researchers, policy-makers, educators, youth workers, social workers, and more. Involve 06 aims to inspire, inform encourage and challenge.

The conference will:

- put you in touch with other people in the youth sector
- give you the chance to hear from leading youth health and development researchers
- policy-makers and grassroots practitioners provide you with the chance to hear from leading international experts
- an optional full-day workshop on motivational interviewing
- and provide you with an opportunity to share your experiences in working with young people; or present new research and information.

Would you like to present at Involve? If you

would like to present at Involve, check out www.involve.org.nz

Submissions close 7 May 2006 INVOLVE '06 invites expression of interest from youth workers, researchers, academics, and others. Submissions must address the conference's theme: Creativity - Diversity
Abstracts selected for inclusion at INVOLVE '06 will be notified as soon as possible and in any event not later than 30 June 2006 Sarah Helm National Executive Officer New Zealand Association for Adolescent Health & Development (NZAAHD) www.nzaahd.org.nz

Australia/South Pacific 2006

11- 13 September 06

International Society for Equity in Health - ISEQH Fourth International Conference, Adelaide, Australia

The Conference Theme: Creating Healthy Societies through Inclusion and Equity
Website: http://www.iseqh.org/temp_conf2006.htm

In addition, the conference will focus on two new topics, to encourage the presentation and discussion of research and evaluation on the achievement of equity:

Aboriginal health, acknowledging the need to address the inequities experienced by many indigenous communities.

Arts and equity in health, exploring ways to evaluate how working through the arts improves social inclusion and enhances equity in health.

Working Definitions Equity in health: The absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, or geographically.

Inequity in health: Systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, or geographically.

Equity (policy and actions): Active policy decisions and programmatic actions directed at improving equity in health or in reducing or eliminating inequalities in health. Equity (research): Research to elucidate the genesis and characteristics of inequity in health for the purpose of identifying factors amenable to policy decisions and programmatic actions to reduce or eliminate inequities.

Important Dates:

Early registration until July 11, 2006
Conference September 11 to 13, 2006

Additional Information: International Society for Equity in Health 263 McCaul Street, 4th floor Toronto, Canada, M5T 1W7 email: iseqh.info@utoronto.ca phone: +1-416-978-3763 fax: +1-416- 946-3147

International 2006

11 - 13 October 06

The Fourth Biennial World Conference. Oslo, Norway

The Promotion of Mental Health and Prevention of Mental and Behavioural Disorders.

For further details contact Randi Talseth , Voksne for Barn vfb@vfn.no

We want to hear from you!

We want to read about your activities, challenges and success.

If you would like to contribute, please contact:

Sione Tu'itahi
Health Promotion Newsletter
Health Promotion Forum
PO Box 99064
Newmarket
Auckland, New Zealand.
Email: sione@hpforum.org.nz. Ph: 520 3706.

Please Feedback and have a chance to win..!!!

We welcome your feedback on the contents, the feel and look of the newsletter. What have you found helpful and useful? How can we improve? What stories should we include or leave out? What is missing? Do you prefer electronic newsletter or want printed copy? Let us know so that we can improve the newsletter for you. Please complete the form below. All entries go into a draw for movie tickets.

Do you find the contents useful for your work?			
<input type="radio"/> Not at all	<input type="radio"/> Not sure	<input type="radio"/> Useful	<input type="radio"/> Very Useful
Any further comment of the contents?			
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Thank you very much for taking time to feedback. Please send your completed form to the above address. If you would like to go into the draw, please tell us your contact details.