

# Health Promotion Forum Symposium

## *“Hauora, Everyone’s Right 2009”*

### Report from Healthy Inangahua Project Coordinator

What an inspirational and informative conference. From hereon in, if I only ever attend one conference per year, this is it!

All the speakers were thought-provoking, from the convener and board members, to the workshop facilitators, and particularly the key-note speakers. The experience has further encouraged me to ensure a Maori tikanga workshop be held in our community in the near future. Despite my ignorance being keenly felt, the level of cultural respect was enjoyed and appreciated.

#### **Opening Key-Note Speaker – Sir Anand Satyanand**

Once again it was a pleasure to meet our Governor General, Sir Anand Satyanand, albeit in a somewhat more formal environment (last time was at the re-opening of Reefton’s Oddfellows Hall – a decidedly more relaxed and slightly quirky affair). Learning a little more of his personal journey confirmed he is a highly experienced and qualified gent who has managed to retain a warm genuineness. I admire his manner. His challenge to us all to *create willing partnerships* was heartening, as this is what Healthy Inangahua Project (HIP) is already doing. I came away inspired to further strengthen and expand our existing network.

#### **Keynote Speaker – Professor Philipa Howden Chapman**

Professor Howden Chapman spoke of the Healthy Homes project – how housing relates to health outcomes and how and why the original partnerships were formed. She stressed we can make a positive difference and that the recession does not have to negatively impact upon health, rather that the outcomes depend on policies.

The New Zealand winter mortality rate records approximately 1,600 excess deaths per year, one of the worst rates in the OECD. The most effective way to improve the quality of housing is to insulate. This leads to a 23% reduction in electricity use, reduced asthma rates, and reduced home injuries (amongst others). The benefit cost ratio is 2:1, enhancing employment, health and education outcomes, as well as reducing CO<sup>2</sup> emissions. Household temperatures under 10°C cause people to shiver, reducing their circulation, thickening their blood and contributing to heart stress. Fuel poverty is a problem for those on lower incomes. She suggested we use heat as medicine, providing power vouchers and/or tapping into the current subsidies to install more efficient forms of heating. Wood pellet burners are the most expensive to install but are the most cost-effective to run.

She encouraged us to adopt a coordinated approach to attracting likely partners, emphasising the significant multiple benefits. Her challenge to all symposium participants was to *model healthy homes ourselves*.

As a bonus, on behalf of the 33 Inangahua households who benefited from the Healthy Homes project, I was able to thank her publicly for the positive differences her trial project had produced.

## **Workshop – Global Warming**

*Presented by Helen Viggers from the Centre for Sustainable Cities*

Climate change is happening, the only question is will the temperature rise 2° or 5° in our lifetimes, causing the sea levels to rise an estimated 1 metre or up to 12 metres? Either way the world will face the need to resettle its population and in our neighbourhood the Kiribas Islands will be one of the first countries requiring resettlement. (Guidelines recommend a maximum carbon reading of 350ppm – it is currently at 360ppm and with a significant time lag this reading is likely to continue to rise.)

Helen pointed out that indoor pollution generally follows the 1,000x rule – ie pollution indoors is approximately 1,000 times more concentrated than exterior air quality.

With increases in temperature we can expect increased pollen (and allergies), smog and forest fires. The Australian drought was a result of an increase of only 1°C. We need to prepare for an increase of infectious diseases, more extreme weather events, and an increased demand for housing. ***Are we prepared – at personal, community and national levels?***

## **Workshop – Global Inequalities**

*Presented by Cindy Kiro*

This workshop looked at why inequalities matter to health, how global is linked to national and local, why wellbeing is built on a rights based approach and why the s59 repeal is a health rights issue. The World Report on Violence Against Children (*Piheiro*) is the most comprehensive in the world. Look also at “The Whitehorse Study”. Cuba shows a positive example of reducing health inequalities through its commitment to good policies.

We need to move from a welfare position (doing for/to) to a development position (doing with) through to a rights based position (empowering). In the future society will be increasingly reliant on the very children that are currently excluded (through education, poverty etc), especially those “brown”. We need to encourage life skills for children and youth – allow them to accumulate their own kete.

Cindy’s challenge was to ***reduce the inequities between adult and child, and to move to a rights based model.***

## **Keynote Speaker – Professor Mason Durie**

What an honour to listen to this man!

Looking back at where we have come over the last 25 years we can see there were many unpredictable changes. The future is no different, though we can use a number of methodologies to explore the future – past trends, demographic projections, statistics, horizon scanning, life-course epidemiology, and scenario developments. The most significant change will come from whanau.

The current generation are healthier than our parents/grandparents, live longer, are taller, worldly wise, te reo is commonplace – the present generation show an increased youthful vitality. Health of indigenous populations is enhanced by strengthening cultural identity.

Maori are expected to grow to 22% of the population by 2050, with increased Pacific and Asian populations – pakeha percentages will reduce accordingly.

We can take or make our future – accept our powerlessness, or be ready to respond. Whilst we need good government policy, this needs to be supported by iwi action. In order to reduce inequalities a holistic approach to health and its determinants needs to be embraced.

*Our future lies with whanau – empower them now!*

### **Workshop – Global Colonisation (The Tobacco Industry – The Global Epidemic)**

*Presented by Riripeti and Shane from the Health Sponsorship Council*

Maori smoking rates are double the pakeha rates, though they are declining. Tobacco use is a significant barrier to indigenous development. The whole community needs to put smoking on their health agenda – encourage our leaders to serve and protect. There is a push to “de-normalise” tobacco use. Whilst it is encouraging that workplaces etc are now smoke free there is a push to go one step further – don’t even allow tobacco on the site (ie not even in the back pocket or handbag). “It’s not normal to kill your customers!” (Note: BAT (tobacco co) owns Kraft products – vote with your purchasing power.)

The challenge from this workshop was to *de-normalise tobacco use*.

### **Workshop – Global Recession**

*Presented by Alex Handiside, Youth Development, and Barry, Healthy Porirua Project*

The recession is more profound for young people (Dept Labour 2009). As at March, those aged under 19 made up 19.6% of the unemployment figures. Drug use is likely to increase, as is suicide, violence, mental illness, accident, and respiratory illness. The lower the income, the higher the rates of swine flu. Already the use of libraries and swimming pools has increased. More time is needed to support youth and one-stop shops for youth are required. Use a collaborative approach for joint funding proposals, ensuring good baseline data is gained.

Healthy Porirua Project initially consulted from the top down, and they are now looking at how they may work from the bottom up. Their focus action areas are access to healthy food, housing, safety and connectedness, access to services and facilities, and access to income. Similar to HIP, they have a steering group, a project leader, action area leaders, and five action area groups. The project is now ready to be evaluated but due to funding cuts this is likely to be an internal assessment.

The challenge is to *empower individuals and communities*.

### **Summation – Professor Mason Durie**

We need to build on past experience, establish a vision, plan for sustainability, identify key tasks/opportunities/risks, and create a matrix of goals relevant to New Zealand in the future. *He encouraged us to move from accessing goods and services to benefiting from them.* The Health Promotion Forum celebrated its 21<sup>st</sup> birthday - goals for the next 21 years may include:

<b>Health for all</b>	<b>Planetary rehabilitation</b>	<b>Families</b>
<b>Empowerment</b>	<b>Readiness</b>	<b>Organisational arrangements</b>
<b>Alliances</b>	<b>Ottawa Charter</b>	<b>Rights based approaches</b>
<b>Leadership</b>	<b>Market the message</b>	<b>Universality</b>
<b>Transform society</b>	<b>Overseas trends</b>	<b>Marketing the messages</b>
<b>Holistic philosophies</b>	<b>Tupeka kore</b>	
	<b>Inequalities</b>	
	<b>Organisation arrangements</b>	
	<b>Normalisation</b>	

### **Additional Benefits**

- Skylight provide resources such as books and videos for mental health, particularly for children and teenagers who have experienced grief, loss and trauma. It costs \$10 to access the resources.
- The convener Adrian Te Patu was just as professional, relaxed and humorous as ever. His rendition of Sam Hunt will be a lasting memory!
- Putting faces to names, particularly the Health Promotion Forum board members.
- Resources received
  - Closing the Gap in a Generation (health equity through action on the social determinants of health), *World Health Organisation and Commission on Social Determinants of Health*
  - Reviews of Health Promotion Practice in Aotearoa New Zealand 2007-2008, *Signal, Egan, Cook – Health Promotion Forum, University of Otago*
- Cervical screening priority areas are those aged 30+ who have not had a smear for five years, particularly Maori, Pacific and Asian, plus isolated communities, low income, sexually transmitted diseases, etc. Sexual abuse is an increasing problem on the West Coast.
- Met Richard Wallace, kaumatua for HPF and West Coast – arranged to make HIP presentation in the near future. Strengthened relationship with Daniel (HEHA) and continued networking with Kevin Hague and Tina Fox.
- Coverage of the Symposium is on the Health Promotion Forum website [www.hauora.co.nz](http://www.hauora.co.nz).

### **Overall**

The Symposium was a well-organised gathering with excellent resources and speakers. As mentioned at the beginning of this report, this is a must-do annual conference, both for its sharing of global and national information, and for the confirmation that HIP really is a leader in health promotion practice (albeit on a small scale).

I wish to thank the Health Promotion Forum team for granting me the scholarship to attend. Without such support I simply would not have been able to be there. I also wish to thank Healthy Inangahua Project and its kaitiaki group for their support in encouraging me to attend. The challenge now is to turn some of this knowledge and inspiration into benefits for our community!

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