Symposium celebrates 25th anniversary of Health Promotion Forum

By Sarita Dara
As a student of Public Health program representing the Centre for Public Health Research, Massey University, I would like to express my immense gratitude to the organizers of the HPF of NZ for giving me an opportunity to participate in the HPF Symposium, 2013 in Wellington.

This year HPF celebrated 25 years of its journey in promoting health in NZ. The theme of the symposium was aptly titled “Titiro Whakamuri, Titiro Whakamua”. The journey of 25 years that went by were acknowledged and celebrated during the symposium. At the same time the challenges for the next 25 years were recognized and discussed in the context of lessons learnt from the past.

The symposium was attended by participants from diverse professional backgrounds and affiliations with a common interest in promoting health. There were many opportunities to learn, interact and network.

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HPF and HePPRU to Co-host IUHPE South West Pacific Regional Office

By Sione Tu’itahi
The Health Promotion Forum of New Zealand Runanga Whakapiki Ake I Te Hauora o Aotearoa and the Health Promotion, Policy Research Unit (HePPRU), Department of Public Health Otago University will soon co-host the South West Pacific Regional (SWP) office of the International Union for Health Promotion and Education (IUHPE).

HPF Executive Director, Sione Tu’itahi, has been appointed as the SWP Regional Vice-President of IUHPE. Associate Professor Louise Signal, Director of HePPRU, has also been appointed as Regional Director.

Co-hosting the office and the new appointments were made at the recent meeting of the SWP Regional Committee. The SWP Region is one of eight regions that IUHPE is subdivided into. The regional office is being hosted in Australia by the School of Public Health, University of Griffith, Queensland, Australia. Sione will take over from Professor Don Stewart as Vice President while Louise will take over from Dr Neil Harris as Regional Director.

Sione says that being involved with IUHPE will enhance the global reach of New Zealand health promotion and vice-versa, while maintaining a national relevance and a local impact.

IUHPE is over half a century old and draws its strength from being a unique worldwide, independent and professional association of individuals

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economic insecurity is rapidly translating populations. The resulting social and distribution of the world’s resources redress the growing imbalance in the contribution to advocacy and action to inequalities in socio-economic status. Increasing in accordance with increasing Inequalities in health status are of the world. To accomplish its mission to promote HPF and HePPRU to Co-host IUHPE South West Pacific Regional Office Passionate about health promotion: the Health Promotion Forum - 10 years on and growing Last 25 Years of Health Promotion Forum The Helsinki Statement on Health in All Policies Savings from Preventing Lifetime Smoking and Obesity in Young Adults: A Scoping Study 1St New Zealand Population Health Congress adult health and wellbeing, and to organisations committed to improving the health and wellbeing of the people through education, community action and the development of healthy public policy. Health promotion aims to empower people to control their own health by gaining control over the underlying factors that influence health. As long as these factors - peace, shelter, food, income, a stable eco-system, sustainable resources, social justice and equity - remain unchallenged, the IUHPE’s existence and activities are vital to accomplish its mission to promote global health and wellbeing, and to contribute to the achievement of equity in health between and within countries of the world. Inequalities in health status are increasing in accordance with increasing inequalities in socio-economic status. The IUHPE can make a significant contribution to advocacy and action to redress the growing imbalance in the distribution of the world’s resources between high-income and low- and middle-income countries, as well as among different population groups. The burden of poor health continues to fall disproportionately on lower income countries and the most vulnerable populations. The resulting social and economic insecurity is rapidly translating into an increasing gap between rich and poor within all countries in access to and application of the resources necessary for health. The IUHPE fulfils its mission by building and operating an independent, global, professional network of people and institutions to encourage the free exchange of ideas, knowledge, know-how, experiences, and the development of relevant collaborative projects, both at global and regional levels. The five goals of IUHPE are: • Greater equity in the health of populations between and within countries of the world; • Effective alliances and partnerships to produce optimal health promotion outcomes; • Broadly accessible evidence-based knowledge and practical experience in health promotion; • Excellence in policy and practice for effective, quality health promotion; and • High levels of capacity in individuals, organisations and countries to undertake health promotion activities. Objectives To achieve these goals the IUHPE will pursue the following: • Increased investment in health promotion by governments, intergovernmental and non-governmental organisations, academic institutions and the private sector; • An increase in organisational, governmental and inter-governmental policies and practices that result in greater equity in health between and within countries; • Improvements in policy and practice of governments at all levels, organisations and sectors that influence the determinants of the health of populations; • Strong alliances and partnerships among all sectors based on agreed ethical principles, mutual understanding and respect; • Activities that contribute to the development, translation and exchange of knowledge and practice that advance the field of health promotion; • The wide dissemination of knowledge to health promotion practitioners as well as to policy-makers, government officials and other key individuals and organisations; • A strong and universally accessible knowledge base for effective, quality health promotion; • Improved mechanisms for the exchange of ideas, experience and knowledge that promote health and wellbeing; • A global forum for mutual support and professional advancement of members; and • Capacity-building opportunities for individuals and institutions to better carry out health promotion initiatives and advocacy efforts.
Symposium celebrates 25th anniversary of Health Promotion Forum continued

After a warm welcome ceremony, the conference began with the opening key note address by Professor Pou Temara. His talk was an inspiring start to the symposium proceedings with the key message reminding everyone to move out from “grievance and dependency mode” to “development mode” in the coming 25 years. Professor Pou Temara talked of moving forward with renewed vigor, drawing on the strengths from the past.

In his address, Pro Vice Chancellor Peter Crampton spoke about “Promoting Health in our Pacific Island Nation” and discussed the health tasks and challenges of NZ as a Central Pacific Island. He shared evidence that happiness and wealth do not always walk hand in hand and emphasized that neither happiness nor health can be bought with greater wealth. He conveyed that values and science (evidence) are two important attributes for developing effective health promotion programs and that each on its own is incomplete.

The key note address on Day 2 by Tania Hodges on “Leadership – ordinary people doing extraordinary things with a purpose” invoked everyone in the audience to take on leadership roles. It was a motivational talk peppered with real life examples and real people from the Maori leadership programs as well as gems of wisdom from eminent people. The talk highlighted the qualities of leaders and about attributes of Maori leadership.

Four workshops were conducted and each workshop was in alignment with the theme of the symposium. The workshops provoked interesting discussions among the participants and everyone was left hungry for more at the conclusion of the workshops.

Workshop on “Economic globalization and health promotion: is the healthy choice the easy choice?” by Richard Egan and Rebecca Llewellyn explored the concept of Neoliberalism and Health promotion; the discussion was focused on identification of barriers and ways to overcome the barriers due to the neoliberal climate in the next 25 years.

Workshop on “Critical Success Factors for Pacific Well-being” by Tevita Funaki and Sally Dalhousie showcased the successful health model for pacific population in the Auckland region by West Fono Health Trust. The speakers shared the journey of West Fono from 1980’s until 2013 and how regeneration and strategic overhaul in 2010 has helped West Fono provide affordable, accessible, culturally appropriate, holistic and integrated healthcare to Pacific and other high needs population groups.

Workshop on “Treaty based health promotion: An honest look at what we have done and how to do it better” by Adrian Te Patu and Associate Professor Louise Signal brought into focus the treaty based practice and helped to identify the enablers and barriers to treaty based practice based on past experiences. Everyone was asked to reflect on what can be done to honour the treaty in health promotion practice in the future. At the conclusion of the workshop, we received TUHA –NZ handbook as a tool to assist in treaty based practice.

Workshop on “How are we going to achieve the Smokefree 2025 Goal?” by Dr Prudence Stone and Skye Kimura – Paul challenged the participants to find a role within the Smokefree National Action Plan (SNAP). Stakeholders and potential collaborators across New Zealand were identified during the workshop by using the collective experiences of all participants and ideas were shared on how to achieve the SNAP goal.

The symposium concluded with summation by a panel of speakers summarizing the main take home points about relationship building, community engagement, workforce development and most importantly acceptance and acknowledgment of treaty in practice of health promotion.

Comments during the panel discussion were very positive with participants suggesting more time and new topics for workshops such as Health Literacy, Focus on Pacific Health and other ethnicities. Also, Associate Professor Louise Signal shared about “The Helsinki Statement on Health in All Policies” from the 8th Global Conference on Health Promotion, Helsinki, June 2013 (www.healthpromotion2013.org ). She urged everyone to use the document in the course of their work.

Overall, the symposium provided a glimpse of the energy, dedication and teamwork of the members of the HPF of NZ and infused the participants with renewed knowledge, vigor and commitment to health promotion.

Editor’s Note: This year’s Health Promotion Forum Symposium is significant for a number of reasons, one of which is the celebration of the HPF’s 25th anniversary. The Symposium theme TūtīoWhakamuri TūtīoWhakamua – A generation from now - aptly encapsulates what the HPF has achieved since its inception. We covered and promoted it effectively in our Autumn 2013, Hauora Issue 87. So for this Issue of the Hauora, the management and team have decided that instead of us promoting our own Symposium, we would give other people not related to the HPF the opportunity to report on their experiences as Symposium participants.

To celebrate the 25 years of the HPF, scholarships were offered to help support candidates interested in attending the Symposium. One of the criteria was that those who succeed, and agree to attend the Symposium would submit a brief report on their experiences as Symposium participants. Six of the Symposium scholarship recipients submitted reports within three weeks following the Symposium. The first report received is the one by Sarita Dala, Centre for Public Health Research, Massey University. The other five reports are also published in the next two pages of this Issue. The recipients’ reports are published with minimal editing.
Reflections of Scholarship Recipients on the 2013 HPF Symposium

By Mirella Mairi

Being a recipient of the Lucy kappa scholarship offered by the Health Promotion Forum of New Zealand this year was a great honour and privilege. This scholarship allowed me to attend a two day symposium at Wellington's Brentwood Hotel. It was attended by many passionate health promoters from all around the country and of many different disciplines. The symposium showcased a great range of inspirational keynote speakers and interactive workshops all tying in the theme of Titiro Whakamuri Titiro Whakamua.

One of the most compelling talks given at the symposium for me was that of Tania Hodges, around the Maori leadership program which she facilitates. Although the program is aimed at developing effective Maori leaders, I think the messages put across by Tania are applicable to student nurses, health promoters, mothers, doctors; to everybody no matter what line of work they may be in. She made me realise that “I am it and there is no line behind me”. I need to be authentic and consistent with who I am and in doing so, I am showing others what my values are and what I stand for as well as setting the scene for others to also be themselves. This is a concept in which I have applied in my studies as a second year nursing student. It has been hard to sort of “get out of the shadows” if you will, and take ownership for my own future, and seeing how important it is to be the real me, but I can definitely see some big positive changes taking place in my life as a student and as a future nurse. I feel like I am starting to know my true potential in terms of what I can do for my people and their wellbeing as well as what I stand for and know that others can rely on me if needed.

What Tania has taught me in the little time she had has made an impact on me and I try to encourage my fellow classmates to do the same, considering that leadership is as applicable today as it will be tomorrow. We all need to stand up and be honest, forward looking, knowledgeable, confident and inspirational student nurses so that we can be great nursing leaders in the not so distant future and be better equipped to help our nation; our communities; our people. I try to remind my classmates and myself for that matter, that by engaging our minds and our hearts in all that we do, we will soon have passionate, effective health leaders all heading towards one common goal “everyone’s right to Hauora”.

The entire experience opened and expanded my mind, my eyes, my thoughts, my passion for health promotion and most of all my heart. I have and will continue to share and apply the knowledge which I have learnt from this experience and given the opportunity again, I would definitely attend next year’s Symposium and strongly encourage all those involved in health to do the same, you will not regret it! After all, we are all health promoters at heart.

No reira, Tēnā koutou, tēnā koutou, tēnā tātou katoa.

Morgan Taylor

My experience of the Symposium was amazing, as a Health Promoter new to the role it has inspired me and given me the push forward that I needed to continue pursuing the career path. On the first day I arrived I found everybody extremely inviting and kind, the conference room was set out great, not only the organisers but the people that attended were equally delightful. Once we sat down we were wonderfully greeted by the organisers and guest speakers. By this stage I had already introduced myself to a number of people and had met some lovely health promoters.

During the first day I made some notes about how I was feeling. While listening to Pou Temara some words came to my mind including, Spiritual, inspirational and touching. I defiantly learnt a lot from him, I came back and shared with my work colleagues his story of his past and the advice and wisdom he had to share, I particularly liked the quote he shared “The student who remains a student ultimately fails the teacher”. That has stuck in my head and is something I will continue to live by. While he was talking I could not help but notice the amount of passion and commitment he portrayed and that was truly inspiring.

As a Pakeha working in a Maori Health organisation, at times has its challenges, being a part of the Health Symposium forum really gave me a much broader perspective and encouraged me more to get involved with Health Promotion and what its purposes are. It was very beneficial for me to widen my network and to talk to some great people. The workshop that stood out to me was West Fono Pacific Health Trust, I wanted to sit and listen to more of both the CEO and Sally. The determination and commitment of the CEO was truly amazing and inspirational, I came back to work and spoke to my manager about him the most, as a Health Promoter I would be honoured to work with someone with such pride as he had. The organisation itself sounded amazing and is really good to know that there are such great services in New Zealand.

I got some really good advice out of the West Fono Workshop particularly about funding especially in small organisations to bring the funders to the work place and let them see what the workers do and their day to day struggles with workers and their clients.

I was interested in the Smoking Cessation workshop the theory itself intrigued me. I personally would love to see New Zealand smoke free by 2025, I believe it will take great awareness and publication, most of all public dedication. I wish them all the best in their endeavour and will be getting on board where I can to help.

The Symposium encouraged me into doing research into my community, also in the organisation which I work to identify what areas I would like to work in, and what areas are at risk. I believe this symposium and its contents should be offered and available to anyone not just health promoters working in the industry but up and coming health promoters like myself needing encouragement and direction.

I would like to take this time to once again thank you for the opportunity I was given to be a part of the 2013 Symposium, without it I would not know what I do today. So Thank You.
Reflections of Scholarship Recipients on the 2013 HPF Symposium

Emma Stringer

Rather than review each speaker and workshop of the forum, I thought I would focus on the standout moments for me, whether that be because I found the speaker engaging, the topic enlightening or because I took an opposing view.

Opening speaker Professor Pou Temara was an insightful and engaging choice to start the forum. He took the theme of “Titiro Whakamuri Titiro Whakamua / A Generation from Now” and explained it in a story which allowed for comprehension of the theme without it being spelled out. I enjoyed his candour and the personal slant he brought to his delivery. He used his life story to exemplify the theme.

The other two keynote speakers, Professor Peter Crampton and Tania Hodges were also very enjoyable, particularly Tania who is an inspiring woman. I also found Adrian Te Patu and the MC Tipene very engaging whenever they were speaking. These two added much humour and a light touch to sometimes very serious topics and created a really enjoyable environment while still remaining professional.

The workshop which triggered the must “ah ha” moments for me was Economic Globalization and Health Promotion by Rebecca Llewellyn and Richard Egan. This interaction of topics, Politics, Geography, Economics and Health, was new to many of the participants in the workshop but a cross section of interest topics for me. Rebecca explained and defined things well which was a great introduction to people who have not considered this interaction previously. Richard facilitated the discussion with questions that were understandable and achievable to all. During the discussion time some of the participants would indicate they have never considered this topic before and then continue to offer their perspectives and insights. This shows how thoughtful and engaging the topic and the presentation was; people with no previous recognition of it were able to discuss and debate new ideas. This certainly was the workshop that resonated with me, particularly as I caught myself thinking it over on the train home.

The workshop which I did not engage with and did not find useful was that of Prudence Stone and Sky Keimura-Paul. This is not a reflection on them personally as their passion and intelligence was plain to see. They are clearly very involved and motivated in their work to create a SmokeFree New Zealand and I am a big advocate of this. However I did not find the structure of the workshop easy to follow and the purpose and direction was unclear. We were asked to provide contacts of people, without qualification of what this information would be used for and this did not sit comfortably with me.

Finally thank you for the opportunity to attend this forum as a student. It was clearly very well organised by passionate people.

Marguerite McGuckin

I te tuatahi kei te pirangi au te tuku mihi ki koutau o te kaupapa nei i homai nga hiruhuru kia tae atu ki te hui. Na reira kei te mihi. Ki nga kaikorero katao o te hui kei whena mai koutau. He maha nga akoranga. Kei te ki ano taku kete. Kei te mihi.

Kaore he kupu aku e taea ana te whakatinanahia aku korero katao ki etehi o nga whakaaturanga o te hui taurua. Hui mai i te timatanga ki te whakamutunga. Ki te whakarongo o nga korero o professor Pou Temara ki whakapaea nei o te hui taurua e o nga korero i whai ake. Ko ana korero o ona matua tipuna me te uwerewa me ana akoranga he taonga. Ka tika te korero “Titiro Whakamuri Whakamua” na reira ka tika kia timata ia me ana korero. Ko te tumanako ma ana korero whakapehi iwi ki tahuna ano te ahi kei roto i a ahu ki te whawhai tonu mo nga whakaaro rangatira ki te eti maori.

“The past will never be forgotten but we can move on” Tamati Kruger, Tuhoe.

Tahi ra, i whai mai a Peter Crampton me ana titirohana ki te eti maori me te hanga hoki o te Titiri ki roto i te aho Hauora, a, ko te kiririma o nga taonga tukuiho me te Hauora mo te katao. Kei whena mai tatau me te korero pea o etehi o nga ture i whakatotonga e te kawangatanga i raro i nga tau 1891 – 1912.

The Public Health Act, 1901
The Midwives Act, 1904
Nurses for Maori 1909
The Old Age Pension Act
Children were prohibited from smoking 1903
Nurses for Maori 1909
The Midwives Act, 1904
The Public Health Act, 1901

He tika, tena o tena o tatau ki roto i nga roopu iti ano. Ko te tumanako ki tu tuaha enei momo hui hei kai ma ratau.

He pai hoki ki te whakarongo ki te mahi hoki ki runga i te kaupapa Economic Globalisation, Neoliberalism and Health Promotion. Ko tatau kupa neoliberalism he kupu hou ki ahu nei. Na reira ki runga i tena he pai ki te whakarongo ki nga whakaaro o tena o tena ki roto i nga roopo. Te pai hoki ki te mahi ki roto i nga roopo iti. I taura po tonu he pai anio ki te kai tahi, ki te waiata tahi, te ki korero tahi, te wa whakawhanaungatanga. Kei whena mai te whakawhanaungatanga, ko tenei te wa ka moho tetehi ki tetehi me o ratu mahi, ki te whakawhitihiti korero mo nga korero o te ra. Me haere tonu tenei kaupapa.

Te ra whai muri i tu tuatahi a Tania Hodges, he whahine toa. Ano korero ka hoki atu ia ki te whanau, hapu me te iwi. Kia tika pai tatau i era ka whakaaro rangatira. Ka tino akiaki ia kia tu tatau hei rangatira i kia ahu e nga hoki, nga whakawhitihiti korero mo nga korero mo nga whakawhitihiti korero. He pai ano nga maho whai muri mo Te Titiri o Waitangi. Kia tirohia nga waiwhakamua “Me aha tatau hei whakamahia Te Titiri ki roto i a tatau nei mahi” He pai ano ki te whakarongo ki nga whakaaro o tena o tena o tatau ki roto i nga roopo iti ano. Ko tena whai muri a tatau tahi, he whakarongo tahi, te wa whakawhanaungatanga, ko tenei te wa ka moho tetehi ki te tetehi me o ratu mahi, ki te whakawhitihiti korero mo nga korero o te ra. Me haere tonu tenei kaupapa.

Finally thank you for the opportunity to attend this forum as a student. It was clearly very well organised by passionate people.
Reflections of Scholarship Recipients on the 2013 HPF Symposium

Amanda D’Souza, HePPRU
Otago University
Wellington, July 2013

The Health Promotion Forum Symposium was a special opportunity to converse with new and old colleagues, to build knowledge, and to take time out of our busy lives to reflect and think creatively on the big issues which impact on our lives and work. At a time when health promotion practice is viewed as a ‘nice to have’, rather than essential, it is even more important to have the chance to get together, to be inspired and reinvigorated for the coming year.

The key note speakers were inspiring and challenged their audience. Professor Crampton’s speech was beautifully tailored to the audience and was a refreshingly honest and frank appraisal of health promotion in ‘our Pacific nation’. He challenged participants to be proud and sure-footed on our values of social justice, empowerment, democracy, equity and human rights. He also challenged us to pursue relentlessly the objectives of improving population health and reducing health inequalities and to help steer New Zealand’s evolving identity away from the ideology of materialism and individualism of recent decades towards that of a fairer and more caring society.

Professor Temaraprovied a moving history of his experience as a child growing up in teUrewera and set a clear challenge for each audience member to cast their own shadow, to be teachers and leaders for the next generation. Both presentations were directly relevant to my PhD topic which is on the priority accorded to children in public health association, or the Health Promotion Agency. There is more scope to work jointly with other organisations such as academic departments, the Public Health Association, or the Health Promotion Agency and others.

Tania Hodges demonstrated the lasting impact and power of innovative, culturally specific initiatives such as the Māori leadership programme. This was a practical example of a measure which helps address the damage inflicted from colonisation, which tied in nicely with the first two speakers.

The Neoliberalism workshop was also relevant for my PhD research, providing an opportunity to consider its negative impact on health promotion. The Pacific Wellbeing workshop described an impressive service, however it really only got to the more challenging and interesting aspects of critical success factors at the very end. The example of the highly successful Smokefree advocacy is excellent and provides lessons which are generalizable and applicable to other issues. Unfortunately I had to leave at Friday lunchtime to host a seminar elsewhere. The final session on the future of health promotion was timely, given the need to regroup as a discipline and to celebrate the HPF’s 25th anniversary. I enjoyed looking at all the editions of the HPF newsletter over time – it is easy to forget to celebrate how far we have come.

I think that it is tremendously important to maintain and build on the strong foundation of health promotion in Aotearoa New Zealand. The world is in a period of change and we continue to be challenged to show the benefit we bring and to increase the profile of health promotion. The HPF is well-positioned and its profile and influence will be boosted by its new leadership role within the South Western Pacific office of the International Union for Health Promotion and Education. This should be celebrated and used to increase the profile of health promotion in New Zealand. There could be scope to widen the symposium audience by marketing the symposium more broadly, to make it relevant to an even wider range of organisations, capitalising on the growing concern about inequalities and poverty in New Zealand.

Additionally, placing health promotion in New Zealand within the international context could help during a challenging time as it can provide a strong endorsement of our work. For example, the recent declaration from the 8thGlobal Conference on Health Promotion helps support our work and would be of interest to many. There may be opportunities for seminars or symposia to discuss the implications of this declaration, or to discuss the health promotion landscape in New Zealand e.g. a critical look at what has been the impact of the new Health Promotion Agency. There is more scope to work jointly with other organisations such as academic departments, the Public Health Association, or the Health Promotion Agency and others.

Overall, I think the symposium was excellent with a good range of topics, difficult to achieve given the need to meet the needs of a diverse audience. I was particularly impressed with the cultural diversity of the symposium in terms of presentations, workshops and audience. A minor point, it might be useful to have titles of the keynote presentations on the programme next year. It might be worth considering the value of inviting key decision-makers to update the audience on developments during the year (e.g. the Director General of Health, Minister of Health), including inviting politicians to discuss their policies for health promotion. There will be advantages and disadvantages, but it could serve to remind politicians of the importance of health promotion as they prepare their (brief) speech.

Finally, I am very grateful to the HPF Symposium scholarship which allowed me to attend this event.

Kia ora.
Passionate about health promotion: the Health Promotion Forum - 10 years on and growing

(The original article entitled “Passionate about health promotion: the Health Promotion Forum – 10 years on and growing” was printed in the HPF Newsletter, April 1997, Issue 40. It was updated by Helen Rance in February 2009 and is printed here in that adapted form, other than the addition of the two most recent HPF Council Chairs.)

In 1986, the five strands of the Ottawa Charter became the international guiding principles of health promotion practice. In New Zealand these, combined with Te Tiriti of Waitangi, became the foundations on which health promotion practice was to develop.

In 1983 Professor Lawrence Green, regarded as one of the leading lights in health promotion, was brought to New Zealand by the Medical Research Council (MRC) to speak at a series of workshops on the planning and evaluation of health education and health promotion. Health promotion as a profession was evolving around the world from a more traditional health education practice. Professor Green’s visit highlighted a need for an independent forum to co-ordinate regional and voluntary opinion on health education and health promotion and to liaise with government organisations in the establishment of national goals.

Over the next few years the MRC supported the development of such a forum through the establishment of an ad-hoc steering committee. It included the Departments of Health and Education, Auckland and Otago universities, the Mental Health Foundation, the National Heart Foundation, the Cancer Society, Maori Women’s Welfare League (MWWL), the Accident Compensation Corporation and the Alcoholic Liquor Advisory Council (ALAC). Funding from several of these organisations, as well as grants from the McKenzie and Sutherland Self Help Trusts, provided the financial support which established the Health Promotion Forum secretariat and allowed the appointment of its first research and executive officer in 1986. The Forum’s first home was at the University of Auckland’s Department of Community Health.

An interview with former directors Cheryl Hamilton, Candace Bagnall and Kim Con way, provides a historical journey through the Forum’s development. Each of these women share a background of involvement in social change movements and a strong commitment to social justice and community participation. These principles along with the energy and vision of each director helped to create the dynamic organisation the Forum is today.

Larry Peters, from Waikato University’s Department of Community Psychology was the Forum’s first director. Larry began to establish a national database of health promotion research and programmes and involved the Forum in co-ordinating a national nutrition symposium before returning to his native Canada after one year. By the time of Larry’s departure, the Forum was ready to develop a broader community base. Kim Conway, who had been working with ALAC, then at the cutting edge of health promotion and community action initiatives, and who had been in the alcohol field for a number of years, was recruited for this purpose on a part-time basis.

Kim’s first task was a needs assessment with the health promotion community. This brought a call for information on issues and training, as well as advocacy on behalf of the health promotion field. In response, a directory of health promotion organisations was created and info sheets, which led to the development of the newsletter, were published. An initial series of training workshops was also set up.

Kim established the Forum’s legal structure and its inaugural general meeting as an incorporated society was held in November 1988. A national body, the Forum is administered by an Auckland based secretariat. Its governing body is a council of representatives from elected member organisations. Founding members, wanting to ensure a bi-cultural perspective for the organisation, reflected this in the constitution. Kim recalled that in 1988 “a lot of organisations were just finding their feet with treaty issues” and commitment to Te Tiriti o Waitangi was still too controversial for one organisation which withdrew its support. All three past directors acknowledged the Forum’s first chairperson, the late Dr Erithapeti Rehu-Murchie (MWWL), for her commitment to partnership and her wise leadership and nurturing of the Forum during those formative years.

By 1990, health promotion as a discipline had grown and so had the Forum. While Kim remained with the organisation part-time she handed over to full-time director, Candace Bagnall. Candace brought a strong social advocacy and policy background as well as education resource production skills to the Forum. She had recently returned to New Zealand from working as a programme and policy advisor in the Premier’s department in Victoria, Australia. She had also spent some years living in Northland at a critical time of what is now called the Maori cultural renaissance. Through her involvement in HART (Halt All Racist Tours) she was part of a small group which hosted the hikoi of 1994 through Tai Tokerau to Waitangi. Candace applied her passion and experience in these areas to the continued bi-cultural development of the Forum, the production of a national newsletter and launched the Forum’s bi-annual conferences.

The Forum’s membership doubled as Candace further strengthened the health promotion networks. “The establishment of the database and health promotion directory named those who were interested in health promotion. It allowed them to feel part of a new and emerging health promotion profession.”

Candace’s success in building relationships with key stakeholders also contributed greatly to consolidating the Forum’s position and increasing its profile and credibility. This included gaining the support of the Auckland Area Health Board and the late Dr John McLeod to set up the Forum at the health promotion community resource centre in Newmarket. In March 1992 the Forum shifted to the present site at 27 Gillies Avenue Newmarket.

In 1991, Cheryl Hamilton, a women’s health activist enjoying a break from being a parliamentary electorate...
secretary, came on board to organise Health Workforce Development Fund training workshops. While this one-off series met some of the identified training need, the workforce was also asking for a qualification from a practical course for workers on the ground. Kim developed the course curriculum for a Certificate in Health Promotion for the Central Institute of Technology and, with Cheryl, tutored the first intake in 1992.

The development of a rapidly expanding health promotion practice was affected considerably by the changing political environment of the early 1990s. The health reforms signalled a new era for the Forum and its members. The organisation’s focus became on the concept of health promotion rather than the specific issues of much of the workforce. In the new political climate the advocacy role became more of a challenge and the Forum, at times, walked a difficult political tightrope.

Contracting and the purchaser provider split were also key components of this new era and the Forum developed contracts with the newly established Public Health Commission for workforce development at the national level and with North Health for regional services.

Candace acknowledged the importance of the shift towards the workforce development work “that Kim and then Cheryl took such a strong lead in. In the end I think it became the main reason for the Forum’s continued existence.”

In 1995 Cheryl exchanged her training role for that of director when Candace moved on to North Health to establish the structure for joint purchasing of national contracts for the four Regional Health Authorities. Cheryl remained in this role until early 2003 and during her years major initiatives at the Forum included the development of TUHA-NZ: Towards an Understanding of Hauora in Aotearoa-New Zealand and Nga Kaitakatanga Hauora mo Aotearoa: Health Promotion Competencies for Aotearoa-new Zealand; three national health promotion Conferences were held biennially, and the course MIT/HPF Certificate of Achievement in Introducing Health Promotion was established.

**Coming of age, 2009**

2003 signalled a period of intensive change for the Forum. For a period after Cheryl left the Forum was managed by a series of acting directors including Keith Preston, Diana MacDonald and Dallas Honey. Teina Kake took over the reins in 2003.

A number of key staff left to further their careers in specialist areas, reflecting a conundrum for the Forum - interest in workforce development and education is often stronger in specific work streams to the detriment of broad based health promotion and generic training. Dr Alison Blaiklock’s arrival as Executive Director late in 2004 signalled a new era for the Forum. She is a public health physician who has worked in health promotion since 1994. Her special interests are the health of children and young people, the determinants of health, and health and human rights.

Alison along with others attended the 6th World Conference (conducted by the World health Organisation) where The Bangkok Charter for Health Promotion in a Globalized World (11 August 2005) was agreed on. This Charter articulated new global approaches to health promotion and pointed new directions for the Forum.

Also in 2005 the Forum signalled a shift in strategic direction with the launch of a new tohu (logo) and slogan ‘Hauora – Everyone’s Right’. The new focus on human rights approaches to health promotion and the need to address inequities prioritises resources around groups with least advantage such as Māori, Pacific, refugees and migrants. The report, Closing the Gaps, from the World Health Organisation Commission on Social Determinants of Health released in 2008 sanctions these approaches and gives direction to health promotion for the foreseeable future. Many changes such as the amended Constitution in 2008 and strengthened infrastructure position the Forum to serve the future workforce. Alison now leads a small team of health promoters with expertise in strategy and workforce development, support staff, contractors and consultants.

Initiatives include, the expansion of the MIT Certificate of Achievement in Introducing Health Promotion, the support for MIT establishing an undergraduate qualification The Diploma in Health Promotion (Level 6, 120 credits), participation in other tertiary education developments, and the establishment of five reference groups - Māori, Pacific, primary health, academic and South Island - from the senior workforce throughout Aotearoa. A change of newsletter name to Hauora, launch of a new website in 2008 and an e bulletin Rongo Korero o Hauora reflect works in progress as the Forum seeks to keep pace with rapidly changing and expanding electronic communications.

Within the Forum strong Māori, strengthening Pacific participation and the growing voice of Asian communities in both governance and service delivery reflect commitment to Te Tiriti o Waitangi, determinants of health and human rights based approaches to health promotion.

During the annual symposium in July 2009 the Forum celebrated its 21 years of existence. At its July 2013 Symposium, the Forum celebrated another milestone, celebrating its 25th anniversary. And as one former HPF Director, Kim Conway states in her brief article on following page, “twenty five plus years on I am impressed that the Health promotion Forum is still alive and well”.

**Forum Council chairs from inception to 2013**

Dr Erihapeti Rehu-Murchie (MWWL)
June Mariu (MWWL)
Druis Barret (MWWL)
Sandra Kirby (ALAC)
Andrea McLeod (Otago DHB, Public Health South)
Te Herekiekie Herewini (AIDs Foundation)
Janferie Bryce-Chapman (Age Concern)
Gary Brown (Hapai)
Donna Leatherby (Toiara – Healthy Lifestyles)
Tau Huirama (Jigsaw Inc.) (Incumbent)
Twenty five plus years on I am impressed that the Health Promotion Forum is still alive and well. Rolling back two decades ago, the HPF started from very modest but ambitious beginnings. We had a whole brave new world of cutting edge policy and progressive practice based on TeTiriti and the Ottawa Charter as our touchstones. We saw the need for an organisation that would be a hub of advocacy and activism in the health sector. What I was most proud of in those early days of my watch as director was:

a) our commitment to TeTiriti in our structure and direction ably guided by our wonderful first chairperson Dr Erihapeti Murchie; and

b) the opportunities for health promotion networking and training that we provided through our first newsletters, workshops, conferences and the development of the Health Promotion Certificate course.

We brought together so many people from all walks of life, who collectively aspired to embed a diverse and rich holistic knowledge and skills base to achieve our goals of equity and health for all. I worked with some great people across the country and it is still a huge delight to often come across HP course graduates working in an amazing variety of roles and in some fantastic projects advancing the health and wellbeing of our children, families and communities. I believe the HPF has supported the health promotion field hugely in contributing to major health achievements in so many areas through collaboration on health promotion priorities such as smoking, alcohol, injury prevention, nutrition, to name but a few areas. It is still needed as a champion as much today as it was 25 years ago.

Finally, I will always have very fond memories of the Health Promotion Forum, not the least of which are associated with my children, three of whom were intimately acquainted with the HPF as they spent lots of time in its offices and training rooms.

I took six week old Morgan to my job interview for the director’s post and when I stepped down from that role it was to combine the compatible roles of growing and upskilling the health promotion workforce whilst going on to have another two children who spent their early months accompanying me to teach the course (even used for car seat and breastfeeding demonstrations and promotions). The HPF practiced what it preached as a true health promotion aka family-friendly environment!
Last 25 Years of Health Promotion Forum in Photos

Professor Cindy Kiro, presenting at an earlier HPF Symposium. Seated in picture with other participants are Associate Professor Philippa Howden-Chapman (left) and HPF Kaumatua, Richard Wallace.

Richard Egan with Louise Signal and colleagues at the 2013 Symposium Dinner.

Co-Editors Louise Signal, Richard Egan and Lynley Cook with authors of the Reviews of Health Promotion Practice in Aotearoa New Zealand 2007-2008, pictured with Professor Peter Crampton (right), Otago University. The book was published by the Health Promotion Forum of New Zealand and launched at the HPF’s 2010 Symposium.

Helen Rance, Dr Alison Blaiklock and Sione Tu’itahi of the HPF.

HPF staff of 2011 (L to R) Late Whaea Lucy, Sally, Ieti, Margaret, Alison, Sione, Trevor and Gary Brown, a former Chairperson of the Health Promotion Forum.

Sione Tu’itahi with Sally and HPF tutors.

Having a break from the serious stuff at Symposium are Trevor Simpson with colleagues.

Margaret Morrison and Donna Leatherby at the 2013 Symposium
Participants at a Pacific Provider/leaders fono in Porirua on 28th June 2013.

Karren Hicks of HPF and Jenny Bratty of Manukau Institute of Technology at the HPF 2013

Tania Hodges, one of the “most compelling talks given at the symposium” according one participant.

Dawn Gourdie (left) and Maria Pasene, both from Christchurch have had long associations with the HPF

Participants at an HPF workshop for Community Workers, Wairoa, June 2013

Adrian enjoying a joke with a participant during lunch at the Symposium.

Adrian and Louise Signal, having a break during their workshop at the Symposium.
Building on our heritage, looking to our future

The 8th Global Conference on Health Promotion was held in Helsinki, Finland from 10-14 June 2013. The meeting builds upon a rich heritage of ideas, actions and evidence originally inspired by the Alma Ata Declaration on Primary Health Care (1978) and the Ottawa Charter for Health Promotion (1986). These identified intersectoral action and healthy public policy as central elements for the promotion of health, the achievement of health equity, and the realization of health as a human right. Subsequent WHO global health promotion conferences1 cemented key principles for health promotion action. These principles have been reinforced in the 2011 Rio Political Declaration on Social Determinants of Health, the 2011 Political Declaration of the UN High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, and the 2012 Rio+20 Outcome Document (the Future We Want). They are also reflected in many other WHO frameworks, strategies and resolutions, and contribute to the formulation of the post-2015 development goals.

The Helsinki Statement on Health in All Policies

The Helsinki Statement on Health in All Policies with participants at the HPF 2013 Symposium, 4th - 5th July in Wellington.

We, the participants of this conference

Affirm our commitment to equity in health and recognize that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

We recognize that governments have a responsibility for the health of their people and that equity in health is an expression of social justice. We know that good health enhances quality of life, increases capacity for learning, strengthens families and communities and improves workforce productivity. Likewise, action aimed at promoting equity significantly contributes to health, poverty reduction, social inclusion and security.

Health inequities between and within countries are politically, socially and economically unacceptable, as well as unfair and avoidable. Policies made in all sectors can have a profound effect on population health and health equity. In our interconnected world, health is shaped by many powerful forces, especially demographic change, rapid urbanization, climate change and globalization. While some diseases are disappearing as living conditions improve, many diseases of poverty still persist in developing countries. In many countries lifestyles and living and working environments are influenced by unrestrained marketing and subject to unsustainable production and consumption patterns. The health of the people is not only a health sector responsibility, it also embraces wider political issues such as trade and foreign policy. Tackling this requires political will to engage the whole of government in health.

Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being.

We recognize that governments have a range of priorities in which health and equity do not automatically gain precedence over other policy objectives. We call on them to ensure that health considerations are transparently taken into account in policy-making, and to open up opportunities for co-benefits across sectors and society at large.

Policies designed to enable people to lead healthy lives face opposition from many sides. Often they are challenged by the interests of powerful economic forces that resist regulation. Business interests and market power can affect the ability of governments and health systems to promote and protect health and respond to health needs. Health in All Policies is a practical response to these challenges. It can provide a framework for regulation and practical tools that combine health, social and equity goals with economic development, and manage conflicts of interest transparently. These can support relationships with all sectors, including the private sector, to contribute positively to public health outcomes.

We, the participants of this conference

• Affirm the compelling and urgent need for effective policy coherence for health and well-being.
• Recognize that this will require political will, courage and strategic foresight.

We call on governments
to fulfil their obligations to their peoples’ health and well-being by taking the following actions:

• Commit to health and health equity as a political priority by adopting the principles of Health in All Policies and taking action on the social determinants of health.
• Ensure effective structures, processes and resources that enable implementation of the Health in All Policies approach across governments at all levels and between governments.
• Strengthen the capacity of Ministries of Health to engage other sectors of government through leadership, partnership, advocacy and mediation to achieve improved health outcomes.
• Build institutional capacity and skills that enable the implementation of...
Health in All Policies and provide evidence on the determinants of health and inequity and on effective responses.  
• Adopt transparent audit and accountability mechanisms for health and equity impacts that build trust across government and between governments and their people.  
• Establish conflict of interest measures that include effective safeguards to protect policies from distortion by commercial and vested interests and influence.  
• Include communities, social movements and civil society in the development, implementation and monitoring of Health in All Policies, building health literacy in the population.

We call on WHO to  
• Support Member States to put Health in All Policies into practice  
• Strengthen its own capacity in Health in All Policies  
• Use the Health in All Policies approach in working with United Nations agencies and other partners on the unfinished Millennium Development Goals agenda and the post-2015 Development Agenda  
• Urge the United Nations family, other international organizations, multilateral development banks and development agencies to achieve coherence and synergy in their work with Member States to enable implementation of Health in All Policies

We, the participants of this conference  
• Commit ourselves to communicate the key messages of this Helsinki Statement to our governments, institutions and communities.

Savings from Preventing Lifetime Smoking and Obesity in Young Adults: A Scoping Study

This report is to pave the way for such a cost-benefit analysis. We argue that health promotion has for too long been stymied by a perception that they lack the data and indeed the funds to do a perfect benefit analysis.  
This is a scoping study which seeks to illustrate that building a case for health promotion need not be excessively costly, nor does it need to wait for the perfect data. We illustrate the ideas using obesity and smoking as examples. We would however caution the use of the results.  
Smoking prevention and obesity prevention need to serve two standalone priorities in themselves, but at the same time as examples of methodology for CBA of preventive public health programmes in general. It will also be necessary to explain why CBA is even appropriate and to take account of the argument that smokers and obese people are “cheaper” because they die younger. The public health literature advocates prevention programmes as a central plank of New Zealand’s overall health strategy. Among its top priorities, the literature identifies the need to address obesity and smoking (Theo Vos et al., 2010). These two risk factors contribute greatly to the non-communicable disease crisis because they are prevalent and closely correlated with chronic diseases. The New Zealand Government, however, has de-emphasised prevention in national health policy. The position as summed up in the report of the Ministerial Review Group (MRG) (Ministerial Review Group, 2009). The MRG seems at best sceptical of prevention as a major strand of the health care system. It states:  
“Opinion is divided, however, on the much narrower question of the extent to which further spending in this area [prevention] at the expense of more immediate health needs might help reduce further health costs or impose the country’s economic performance, thus making future health spending more affordable. On the question of cost, it is not clear that living longer and generally healthier lives will necessarily reduce our demand on health disability services over our lifetime. Half of all health spending goes on the last year of life and the older we are the more likely we are to suffer from multiple conditions.” (Ministerial Review Group, 2009: 50)

This suggests that prevention requires rigorous analysis to demonstrate that they would save the Government or be self-funding. Rightly or wrongly, this resistance has effectively thrown a gauntlet to the public sector to frame their case in cost-benefit terms and this report is the step to picking up that gauntlet.
The Health Promotion Forum of New Zealand (HPF), the New Zealand College of Public Health Medicine, and the Public Health Association of New Zealand are pleased to announce that the first New Zealand Population Health Congress will be held 6-8th October 2014 at the Aotea Centre, Auckland.

This is a very exciting venture for the three partner organisations. An engaging scientific programme is being devised, and the social programme will include something for everyone. The Congress will provide networking opportunities, a forum for discussing ideas and sharing of information, and an opportunity to influence the future direction of public health in NZ.

The Australasian Epidemiological Association (AEA) has arranged to hold its annual conference immediately following the Congress on the 9th and 10th October at the same venue, allowing attendees the opportunity to get the most out of their stay in the City of Sails.

The Congress programme will be guided by the theme of ‘Connecting Communities, Science and Policy’. We are also exploring additional themes around the art of public health and the use of new communications media. The programme for the final day of the Congress will include sessions of interest to AEA delegates to encourage shared learning and networking with our epidemiologist colleagues. We hope that many of you will attend for the whole week.

We would like to invite health promoters who are interested in helping to plan the Congress to come forward. The Programme Committee and Finance Committee are currently being established, and each of the partner organisations will have members participating in these committees. There will be many other ways in which you can contribute such as participating in abstract selection or planning the social events.

Please contact Sione Tu’itahi or Trevor Simpson by July 31 if you would like to get involved.

Email for Sione and Trevor: sione@hauora.co.nz; trevor@hauora.co.nz

From The Executive Director continued

• An increasing number of tertiary educational institutions, within and outside the country are engaging with us to advance health promotion
• HPF has been chosen to co-host the South West Pacific Regional Office of the International Union for Health Promotion and Education (IUHPE), the global umbrella body and network for health promotion
• The Executive Director has been named as Vice-President of the South West Pacific, IUHPE
• Former Governor General Sir Anand Satyanand and Lady Susan have accepted to be HPF’s first Patrons
• HPF has gained an accreditation certificate from the Quality Improvement Council (Australia)
• The Health Promotion Competencies have been taken up with great interest by educational and health providers around the country

Looking ahead, we are pleased to invite you to the first ever joint population health congress in New Zealand. This is a partnership between the Health Promotion Forum (HPF), Public Health Association (PHA) and the College of Public Health Medicine, to be held at the Aotea Centre, Auckland, on October 6-8, 2014. More detail are on our website www.hauora.co.nz and facebook Health Promotion Forum.

Finally, I wish to thank our 120 member organisations who provided us with the confidence to continue leading the advancement of health promotion as a discipline and providing training for the workforce and the sector in this special year, the 25th anniversary of HPF.

Enjoy
Sione Tu’itahi