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Survey Investigates Discrimination and Mental Illness

Discrimination has a profound impact on people's lives. 'Imagine if you were suddenly denied a job, a loan, a home, insurance, or even access to your children. Or if you felt unable to share your experience, good or bad, for fear of the consequences of doing so,' says Gerard Vaughan, national project manager for Like Minds.



Gerard Vaughan, national project manager for Like Minds.

'While we know discrimination exists, we don't know details about how discrimination affects people with experience of mental illness in their daily lives, or the kind of discrimination people experience – whether in housing or employment, or the way people are treated by banks, health providers, sporting clubs, their neighbours, friends of families,' says Gerard.

The Like Minds project is gathering information about the nature and impact of discrimination towards people with mental illness through a national discrimination survey. The Mental Health Foundation is co-ordinating the survey through a contract with the Ministry of Health.

The survey is the first of its kind in New Zealand, and is one of only a few surveys around the world to gather specific evidence on discrimination experienced by mental health service users.

The closing date for completed surveys was 30 May. 'The response was excellent, and will really help with getting a good handle on the details around people's experiences. The results will help to shape the future direction of work in the Like Minds project, particularly policy and advocacy work with agencies that work closely with people with mental illness, and the awareness-raising and educational work within communities, including employers, local government, the media, health services and the general public.'

For information about the survey, or to pick up a survey form, contact Gerard Vaughan Gerard_Vaughan@moh.govt.nz. The survey is also available online at the Like Minds website www.likeminds.govt.nz.

Editorial

Colin Tukuitonga, Director of Public Health

Severe Acute Respiratory Syndrome (SARS) has reminded us once again of the critical role that public health has in leading the societal response in the protection of the health of its citizens.

We are also reminded that the key to controlling epidemics is to block the transmission of infection. Once again, the unpredictable nature of epidemics and the absence of basic information about SARS presented a major challenge for us in responding reliably to people's questions about SARS.

Our immediate objective was to prevent the introduction of SARS into the country or at least delay its arrival while people most at risk (primarily staff in the health sector and those working at the borders) were informed and prepared for the inevitable arrival of SARS. Our second line of defence was to identify, isolate and prevent the risk of transmission of SARS within New Zealand. These two strategies remain the mainstays of our response to the SARS threat.

Our approach is guided by observations in the worst affected countries and limited information provided by WHO and other sources. In the worst affected countries, SARS has primarily affected frontline health care staff and



their families. Nearly all of the countries outside the worst affected areas that have reported SARS have contained the infection to few cases. This is attributable to better awareness and meticulous infection control.

There was every reason to expect that New Zealand would quickly identify, isolate and prevent transmission of SARS. Hawke's Bay staff demonstrated that this is possible in New Zealand. Our challenge now is to repeat the Hawke's Bay benchmark on every occasion.

While SARS appears to be contained in many places except China, we will continue to strengthen border control measures and support frontline health care and border control staff.

SARS has highlighted a number of issues at international and national level for consideration. At the international level, do we have a robust enough system for surveillance and early warning of threats to human

health that readily cross borders. Modern travel has significantly increased the risk to human health in one country from threats originating beyond their borders. It is possible that SARS could have been prevented much earlier and the economic losses and social disruption minimised.

Nationally, is our current devolved health care arrangement conducive to responding rapidly and effectively to public health threats? Is it an over-reaction to consider more robust border health screening measures on a more permanent basis? How do we ensure that the public health workforce capacity is enhanced to deal with emergencies and threats of this kind?

Thus far, I believe that public health has performed extremely well overall. It is the nature of our work that if the public health sector responds well and major health problems are averted, it is difficult to demonstrate that something important was achieved. However, when public health does not respond well enough, major health, social and economic problems ensue.

We are by no means safe from SARS and there is much to do. It is unclear what SARS will do in the medium and long term but it is highly likely that our objective now is to learn to live with it.

BreastScreen Aotearoa

responding to calls for age range extension

Since the launch of the national breast screening programme, BreastScreen Aotearoa, there have been calls for an extension of the present age range for breast screening services.

At the programme launch in December 1998 the then Minister of Health stated that after a period to allow for the successful establishment of the programme, consideration would be given to extending the age range of 50–64 to include women up to the age of 69.

Following a recent review of BreastScreen Aotearoa by Professor Chamberlain of the South West Wales Cancer Institute, the National Screening Unit (NSU) is undertaking work to assess the policy implications and evidence relating to the breast screening age range and to provide an indication of the current capacity of breast screening services in New Zealand.

Ongoing projects relating to the age range extension programme include:

- evaluation of international evidence
- collection of information on existing capacity, equipment usage and staff resources
- consideration of regional population growth and age range increases
- development and analysis of policy options

- analysis of financial and economic impacts
- recommendations and forecasting of future national requirements.

Related projects include:

- workforce development programmes
- policy and quality standard updates
- construction of new mobile units
- development of new data management requirements
- review of service configuration in Auckland and Northland
- development of new service provision cost models
- reducing inequalities work aimed at improving participation of Māori and Pacific women
- GP funding and recruitment pilot work
- development of new health promotion resources and media campaign.

Professor Chamberlain's review indicated that the national programme is currently meeting international quality standards in relation to safety, acceptability and efficiency and provides a strong basis from which to extend the programme.

Workforce Development Planning

The Public Health Directorate will be starting a public health workforce plan from July 2003. The goal of the project is to develop a framework and pathway for the public health workforce for the next 3–5 years.

One of the challenges is to develop a conceptual framework wide enough to encompass all the work of public health including new opportunities and emergent issues while still recognising the particular needs of the many disciplines and areas of expertise.

A number of baseline information gathering exercises are under way. These include work around the public health workforce needs of Māori and of the newly established Primary Health Organisations. The planning process will also involve pulling together work already completed – for instance in the area of Pacific public health and health protection as well as assessing and updating previous recommendations.

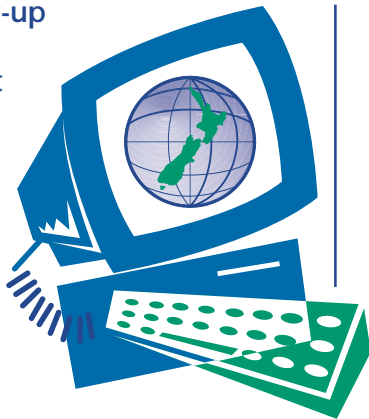
Input will be sought from the sector over the course of the project – if you are interested in taking part in this please register your interest with Rockshan at Rockshan_creado@moh.govt.nz

Freshening up the National Drug Policy website

Even websites need a tidy-up now and again. Recently, Ministry staff did just that for the National Drug Policy website www.ndp.govt.nz.

It's been made snappier and more user friendly, and more emphasis has been put on colour photographs. These developments will help make the material more interesting and accessible to a wider range of people. The website is a central resource for all those working in the tobacco, alcohol, illicit and other drug fields. It's also a mine of information for students, lecturers and members of the public keen to keep up with the latest developments.

The website holds information from the government agencies that make up the Inter-Agency Committee on Drugs as well as non-government organisations working in the field.



The Ministry of Health maintains the site as part of its role overseeing the National Drug Policy.

Key items on the site include:

- news and press releases
- government announcements
- meeting minutes and papers from the Inter-Agency Committee on Drugs; the Ministerial Committee on Drug Policy; and the Expert Advisory Committee on Drugs
- *Drug Policy Update*, a quarterly newsletter available online as well as in hard copy
- documents and information relating to alcohol, tobacco, cannabis, other illicit drugs and other substances
- relevant links to numerous government, agency and informational websites.

The Ministry is keeping an eye on usage. Like any website the visitors are mainly locals but with a healthy smattering of overseas users as well. About a thousand different people clicked into the site in the month following its makeover.

Boost for Outreach Immunisation Services

The National Immunisation Programme (NIP) will fund 16 DHBs in the development of new outreach immunisation services. Vaccinations will be offered outside the usual general practice and primary health care settings including homes, marae, kohanga reo and other community venues.

This will better enable children to be immunised and linked back to primary health care and Well Child/Tamariki Ora service providers, says NIP programme manager Dr Clair Mills.

The National Immunisation Register, due to be operational nationwide by the end of 2004, will help to identify those children who require referral to outreach immunisation services and

follow up. 'Information and linkages to the Register will be vital. Referral processes need to be well established between primary health care and outreach immunisation services,' says Dr Mills. 'DHBs will also need to work with relevant providers to prioritise those children who are not accessing immunisation in general practice settings.'

Agreement has been reached with the majority of the 16 DHBs prioritised for outreach immunisation services funding. Proposals have been submitted that identify and recommend their preferred providers to offer outreach immunisation services in their area. A panel consisting of members from the NIP, Pacific Health, Te Kete Hauora, Clinical Services Directorate – WellChild and the Meningococcal

Working hard to contain SARS

Three months ago SARS was not a generally recognised acronym, either within or outside the health sector.

Today, it's part of the vocabulary, reflecting just how much ground the Ministry of Health, the health sector, and public have covered in building New Zealand's readiness and responsiveness to SARS.

In the first month the SARS response team, aided by some very hard-working health professionals around the country, produced protocol and reams of material. We developed and distributed information and advice to nurses, hospital emergency departments, infection control specialists, general practitioners, public health units, medical officers of health, laboratories, airlines, airport authorities, border control authorities, education organisations, homestay hosts and the travel industry.

Keeping SARS out of New Zealand continues to be both a key priority and a team effort.

Collaboration, commitment, and close-working relationships across the health sector have made our response to SARS timely and effective.

Vaccine Strategy team reviewed the proposals. Contracts between the DHBs and providers are due to be finalised by mid-2003.

The NIP is supporting these new services by providing new vaccinators of the outreach immunisation services with a vaccinator-training programme, as well as extra support and mentoring from district immunisation facilitators/co-ordinators for up to one year.

The primary objective of outreach immunisation services is to improve childhood immunisation rates amongst Māori, Pacific and other priority groups.

The aim of the Ministry's immunisation programme is to reduce the impact of vaccine-preventable disease by increasing coverage to 95 percent by 2005. The development of outreach immunisation services is one of an integrated set of strategies aimed at improving coverage.



Some of the Ministry SARS team, from left: Dr Lance Jennings, Chairman of the SARS Technical Advisory Group; Colin Tukuitonga, Director of Public Health; Frances Ross, Chief Media Advisor and Doug Lush, Senior Advisor, Communicable Diseases Team.

Important roles are being played by many, including frontline health staff, District Health Boards, medical officers of health, public health units, and government departments and ministries including customs, immigration, education and tourism.

Overall, SARS preparedness in New Zealand has been helped by two things:

- the experience of Operation Virex in 2002 – a paper-based exercise which informed our national pandemic plan and has been a valuable basis for coping with SARS
- the time between the emergence of SARS internationally and New Zealand's first probable case.

Measures taken at airports to protect our borders from SARS include a statutory declaration and the presence of nurses. New Zealand is the first country to require international passengers to sign declaration forms detailing travel history and health to flag likely exposure to SARS. A thermal imaging camera was also trialled to see if it adds value to border protection.

Prior to implementing the declaration all airlines distributed SARS advice. As a further safeguard nurses were stationed at international airports from mid-April to assist passengers with information, advice and triage if required.

The Ministry also committed early to sharing whatever information it had with the public. Doing so involved setting up a 0800 call centre for public queries, which peaked at 500 calls a day. Our media team provides regular interviews and media releases, while our SARS webpage, www.moh.govt.nz/sars, includes advice for travellers, education organisations, health professionals and airlines.

Asian Public Health Project

Representatives of the Asian community in Auckland approached the Auckland Public Health Locality Team in 2002, requesting that health needs of Asian people be considered in developing public health strategies.

Latest census figures show that 12.5 percent of the population in the Auckland region is Asian. The Ministry responded by facilitating the establishment of an Asian public health project team to oversee an initial assessment. The team included representatives from the Asian Network, the three Auckland DHBs, the Auckland Regional Public Health Service, and staff from the Ministry's Auckland office.

The project team undertook a range of activities including analysis of hospitalisation and death data, a literature review, a health service and health education resources stocktake, key informant interviews and four consultation meetings with Asian communities in the Auckland region. While Asian people in the region have relatively good overall health status, the assessment identifies specific areas of concern such as sexual health, cardiovascular disease and diabetes, mental

health, communicable disease and traffic injuries. On a number of key social indicators of health status, such as income levels and employment, Asian people are at considerably lower levels than the Auckland average.

The full project team report, which was presented to Don Matheson, Deputy Director-General, Public Health at a public meeting in Auckland in March 2003, is available on the Ministry's website under 'Publications by subject – Asian Health'. Ongoing funding has been secured to implement recommendations in the report that relate to public health funding. The Locality Team has a three-pronged approach to implementing the report. This includes:

- funding the Asian Network to continue its advocacy, networking and community development around Asian health issues
- funding the Auckland Regional Public Health Service to spearhead the public health service provision role
- progressively encouraging other mainstream public health providers to address the specific health needs of Asian peoples.

The Refugee Health Education Programme

The Refugee Health Education Programme is a community-based non-government organisation that specialises in providing national health promotion programmes for, and with, African refugee communities in New Zealand.

Its current programme, the African refugee HIV/AIDS Tuelimishane campaign, was established in response to the rising rate of HIV/AIDS among African refugees settling in New Zealand and the social, cultural, and economic implications this has had on both refugee communities and HIV/AIDS services in New Zealand. To date, it has been funded by the Public Health Directorate of the Ministry of Health.

The HIV/AIDS Tuelimishane campaign is based around the Tuelimishane 'let's learn together' model and has involved three key phases: consultation, training and implementation. The first phase has involved comprehensive consultations with African community leaders throughout New Zealand to build relationships and seek advice on how to collaboratively develop appropriate HIV/AIDS refugee community education activities.

Suicide statistics trending down

On Friday 16 May, Hon Jim Anderton released the 2000 All Age Suicide Statistics. Each year the Ministry publishes a factsheet summarising the key statistics relating to all age suicide (a similar factsheet for youth suicide (15–24 years) is also published annually around October).

Listed below are some of the key points relating to the year 2000 all age suicide statistics.

- In 2000, the total number of suicides was 458, down from 516 in 1999 and 577 in 1998. This is the lowest total number since 1986 (414) and the lowest rate since 1985.
- There has been a reduction in total suicide deaths among both males and females in the last two years. In 2000, the female rate was the lowest since 1961.
- In 2000, both the 45–64 year age group and the 65 and over age group recorded the lowest rates since 1948.
- In 2000, a total of 96 young people aged 15–24 years died by suicide, compared with 120 in 1999 and 140 in 1998. Young people still have high rates of suicide but the highest rate is now in the 25–29 year age group.
- Suicide deaths have reduced in non-Māori (378 in 2000, 438 in 1999), but have remained almost

the same in Māori (80 in 2000, 78 in 1999). In 2000, the rate of suicide in Māori was 13.1 per 100,000 compared with 10.7 per 100,000 in non-Māori.

- The hospitalisation rate for intentional self-harm in 2000/2001 was 129.2 per 100,000. The definition of intentional self-harm has been extended so should not be directly compared with previous years. Youth (15–24 years) had the highest hospitalisation rates in 2000/2001 (282.4 per 100,000).
- There is some variation in regional suicide rates for the total population but no pattern.

Both the New Zealand Health Strategy and the soon to be released New Zealand Injury Prevention Strategy identify reducing suicide and suicide attempts across all age groups as key priority issues. A toolkit on suicide prevention, developed for District Health Boards provides guidance on what can be done to address suicide from a health perspective, and over the next year, the Ministry of Health will be looking at how best to provide a comprehensive approach to suicide across all age groups.

The 2000 All Age Suicide Factsheet is available on the Ministry of Health website: www.moh.govt.nz.

The second training phase has involved 'train the trainers' workshops with nominated African community educators throughout the country. The workshops provided basic HIV/AIDS health training and equipped the educators to identify the social and cultural HIV/AIDS issues affecting refugee communities and plan culturally acceptable HIV/AIDS health promotion activities.

The implementation phase has involved the African educators developing their own HIV/AIDS community action plans, which are currently being undertaken within African communities throughout New Zealand. Culturally appropriate resources, handbooks, flipcharts and videos have also been developed in African

languages. This is in collaboration with the educators to use with both New Zealand health professionals and among the communities.

To date, the campaign has been very successful. Both the communities and key HIV/AIDS services have been actively involved in the development of the health promotion campaign – and have been an integral part of the implementation of the programme activities. The programme provides an excellent model of partnership between the Ministry of Health, a community-based non-government organisation, key HIV/AIDS service providers and African refugee communities.

Māori Public Health Action Plan for 2003–2004

The Māori public health action plan for 2003/2004 has been developed to guide the work of the Public Health Directorate of the Ministry of Health for the next 12 to 15 months. The plan was developed by members of Te Totara (Māori staff network within the Public Health Directorate) in consultation with Te Kete Hauora (Māori Health Directorate).

This plan represents the first phase in developing Māori public health action.

The second phase is completing a Māori public health implementation plan. This will provide guidance on how to implement the Māori public health actions set out in *Achieving health for all people* the strategic framework for public health. It will be designed for use by whānau, hapū, iwi Māori, the health sector and those agencies that influence Māori population health status. The implementation plan is due for completion in June 2004.

Action areas

Five action areas have been developed to help the

Public Health Directorate make progress on improving population health for Māori.

Action one:

Contribute to the framework for Public Health Action: *Achieving Health for all People*

Action two:

Implement He Korowai Oranga.

Action three:

Strengthen Māori public health infrastructure.

Action four:

Develop and implement Māori public health priorities.

Action five:

Measure progress on outcomes for Māori public health.

Although the Action Plan is yet to be published you can obtain a copy by contacting Mary McCulloch on ph (09) 580 9132 or email mary_mcculloch@moh.govt.nz.

Public Health Intelligence Update

In May, Public Health Intelligence (PHI) and Te Kete Hauora held a successful hui on 'Equal Explanatory Power' to help formulate PHI policy about the size of the Māori sample in surveys PHI undertakes and the way in which the sample is gathered.

A number of launches are planned for the coming months. On 20 June, PHI will be launching the Statistics and Social Science Scholarships in Public Health at Massey University. Similar scholarships have been established at Victoria University to also assist the development of the analytical capacity in public health.

Our annual publication *An Indication of New Zealander's Health*, which reports various health indicators, is scheduled for release in the near future.

In late November 2003, we will be releasing the preliminary findings from the 2002/03 New Zealand Health Survey. This survey will deliver high quality information on the health status of New Zealanders and will include for the first time better information on height and weight, people in institutions, and Māori, Pacific and Asian

populations. The preliminary findings are expected to indicate health status in relation to asthma, diabetes, cancer and cardiovascular disease as well information on

diet and nutrition, exercise, use of health services and mental health.

On 7 November 2003, the report on the findings from the National Children's Nutrition Survey will be released. The survey was carried out in 2002 at 160 schools throughout New Zealand and more than 3,200 children participated, including 1,000 Māori and 1,000 Pacific children. The survey is expected to provide definitive information on obesity and the nutritional status of New Zealand children.

PHI expects to publish the findings of the Pacific Drug and Alcohol Use Survey, the first of its type, in late October. Later in the year, the first module of the Health Behaviours Survey (Use of Illicit Drugs) will be released. The results will provide up-to-date information on patterns of illicit drug use as well as changes in use over the past six years.



Meningococcal vaccine trials progressing well

Clinical trials of the group B meningococcal vaccine continue to run smoothly.

Recruitment of children aged six to eight months began last month. Some of the youngsters have already received their first vaccination and the clinical trials team from Auckland University are presently visiting the homes of potential participating families to explain the programme. They have found Plunket's support and assistance an invaluable boost.

Results of completed trials involving adults and schoolchildren are being collated while trials on toddlers (16–24 months) are nearing completion. Initial results indicate that MeNZB provides a good immune response and there has been no serious unexpected adverse event to date.

Such results are encouraging for the Ministry of Health's Meningococcal Vaccine Strategy team as

they continue to plan the proposed national immunisation programme. It is expected that a pilot campaign from late January 2004 would cover about 150,000 children and young adults living within the Counties Manukau District Health Board catchment and an eastern area of Auckland District Health Board's catchment.

The complex planning of a national rollout is progressing but because the immunisation programme cannot be confirmed until around late December when Medsafe delivers their licence recommendation, the key to minimising the number of meningococcal disease cases must continue to be high awareness of the disease and its symptoms and seeking early treatment.

Case numbers are tracking very high this year. As at 16 May, 150 cases of meningococcal disease were reported, with no deaths. This compares to last year's tally for the same period of 139 cases and five deaths.

Establishing a National Public Health Forum

An exciting new initiative aimed at creating a national public health forum has finally got under way. An initial meeting of more than 40 public health providers, DHBs and other stakeholders was held in Wellington on 12 June. The meeting was hosted by the Public Health Association on behalf of the Ministry.

The purpose of the meeting was to establish a two-way mechanism for the Ministry and DHBs' national public health steering group to consult on public health planning, funding, service delivery and sector issues, and for the public health sector to provide input and take part in discussion on public health matters.

The group was asked to come to an agreement and make recommendations on:

- the roles and function of an ongoing national public health forum

- the best model for the New Zealand public health sector
- how a national public health forum should operate (membership, structure, frequency, resources).

Nominations to attend the meeting were sought from various regional and national groupings to ensure a range of perspectives were represented. These included the Ministry of Health public health functions, regional public health sector forums, DHB funders/planners, DHB providers (eg, public health units) national

and regional NGO providers, Māori and Pacific groups, territorial local authorities and wider sector representation such as academics. It wasn't possible for everyone who wanted to come to attend and a challenge of the ongoing forum will be how to involve all parts of the sector in a useful way.

As a result of the meeting an ongoing national forum or agreed mechanism will be established. The recommendations of the meeting, the agreed process and how you can be involved in this exciting new venture for public health will be published on the websites of both the Ministry of Health and the Public Health Association. Any enquiries to maggie_mcgregor@moh.govt.nz

Public Health Risk Management Plans for drinking-water supplies

The Ministry of Health is moving to enhance the drinking-water quality policy that was endorsed by the Director-General in 1995 by augmenting the *Drinking-Water Standards for New Zealand* with the use of risk management plans for drinking-water supplies.

While the drinking-water standards are an essential yardstick for checking that the quality of a drinking-water supply is being maintained they have one serious drawback. For most drinking-water in New Zealand the main risk to public health is from contamination by pathogenic micro-organisms. Using current analytical technology it usually takes from two to three days to establish that the water is microbiologically contaminated. During this time many people may have drunk the water and become sick.

Introduction of risk management techniques will provide a structured way of supplementing the monitoring of the quality of the product with the use of procedures designed to guard against the contamination of the drinking-water before it happens.

To assist in this development, two years ago the Ministry of Health developed a suite of guides to assist drinking-water suppliers to prepare Public Health Risk Management Plans (PHRMP) for their supplies. These are available on the Ministry of Health and the New Zealand Water and Wastes Association websites, and cover all aspects of a drinking-water supply from catchment to consumer.

The PHRMP framework uses features of both the AS/NZ

standard on Risk Management and the Hazard Analysis and Critical Control Point (HACCP) procedures to provide a system that is tailored for use in drinking-water supplies.

The PHRMP focus on identifying any situations (events) that could lead to hazards (chemicals or micro-organisms) being or present in the water and setting in place procedures to prevent such events happening. The PHRMP

¹ Nokes C J and Taylor, M E U, 2003. Towards public health risk management plan implementation in New Zealand. Paper presented at the Water Safety – Risk Management Strategies for Drinking Water conference, Berlin 2003.

framework is designed to set up four barriers to infection by:

- preventing contaminants from entering the raw water of the supply
- removing particles from the water
- inactivating any of micro-organisms in the water
- maintaining the quality of the water during distribution.

The Ministry's strategy was described by Dr Chris Nokes of Institute of Environmental Science and Research at a conference 'Water Safety – Risk Management Strategies for Drinking Water' 2003 April 28–30: Berlin, and was well received.

DHB and Ministry roles in planning and funding of public health services

In April 2001 Cabinet outlined its expectations for the planning and funding of public health services in the DHB environment. The Ministry of Health would continue with overall responsibility for planning and funding and DHBs would progressively assume responsibility for an agreed range of public health services where this optimises public health outcomes.

In responding to this, a key initiative from DHBs and the Ministry has been to develop the position paper, *Shared Decision-Making in the Public*

Health Sector. Implementation of the intent of the paper has been through individual DHB and Ministry of Health arrangements and through the National Public Health Steering Group facilitated by DHBNZ. This steering group has representation from DHBs and the Ministry.

A number of DHBs have continued to show considerable interest in early transfer of funding responsibilities from the Ministry of Health to DHBs. They perceive a conflict between their responsibilities for population health under the New Zealand Public Health and

Smoke-free Environments (Enhanced Protection) Amendment Bill 2003

The Health Select Committee that had been considering this Bill since December 2001 reported it back to Parliament on 18 March 2003 and it is now awaiting its second reading. If passed in its present form it will make significant amendments to the Smoke-free Environments Act 1990.

It will:

- extend protection for workers, volunteers and the public, particularly against exposure to secondhand smoke
- reduce the harm caused to individuals by their smoking
- further restrict minors' access to smoking products, and the visual influence of smoking in front of minors
- improve consumer information about the health effects of smoking products
- provide limited enforcement powers.

Disability Act 2000 and current funding arrangements. The Public Health Directorate's view has been to stress the importance of 'making the right decisions at the right level'. That is, public health will always need a collaborative approach that needs planning and funding decisions at national, regional and local levels.

The National Public Health Steering Group is working to an 02/03 work programme. A key part of this is a project to 'critically examine models for planning and funding of public health services'. This project has recently begun, led by the steering group, managed by a project manager, and sponsored by a group of DHB CEOs and the DGG, Public Health Directorate. The project is to be completed by end of June.

As a result it is anticipated that there will be DHB and Ministry advice to the Minister. The steering group recognises the need for explicit prior agreement by the Minister, and in turn Cabinet, before any appropriate transfer of responsibilities from Ministry to DHBs could take place.

Among the provisions in the Bill are proposals to:

- ban smoking in all indoor workplaces, including bars, restaurants and other hospitality venues
- ban smoking in all schools, early childhood centres and places of learning for young people (24 hours a day, seven days a week, indoors and outdoors)
- remove exceptions for smoking rooms in workplaces (except for residential accommodation scenarios, such as hospitals, rest homes and residential disability care homes)
- extend the under-18 ban on sale of tobacco products to include a ban on selling herbal smoking products to minors, and provide for a retailer defence if they sight an official evidence-of-age document (photo ID) proving the buyer is at least 18
- ban the 'supply' of smoking products to under-18s in public (including friends and family)
- restrict youth access to tobacco products by requiring vending machines to be activated directly by staff on the premises
- restrict the display of tobacco products for sale, including a prohibition of display within one metre of products that are marketed primarily for children, for example, away from confectionery and soft drinks near points of sale
- ban on co-packaging of tobacco products with other products, such as radios and other items that may be aimed at young people
- better consumer information (including pictorial health warnings), about the substances in tobacco products and their impact on the health of people who smoke the product.

For a copy of the Health Select Committee Report and draft bill, visit the website: www.clerk.parliament.govt.nz. Implementation of the legislation will be tracked by the Ministry of Health at: www.ndp.govt.nz.

Cancer Control Strategy Gathers Momentum

On 5 December 2002 Health Minister Annette King released for consultation the discussion document *Towards a Cancer Control Strategy for New Zealand – Marihi Tauporo*. The document was produced by a partnership between the Ministry of Health and the New Zealand Cancer Control Trust, with funding from the Ministry, the Cancer Society of New Zealand and the Child Cancer Foundation.

The collaboration between the Trust and the Ministry represents a unique commitment of both government and non-government agencies to work together to minimise the incidence and impact of cancer in New Zealand.

The discussion document describes the work carried out by the Cancer Control Steering Group, formed in October 2001, and its five expert working groups. The expert groups were established to identify and recommend priorities for the strategy and covered prevention, screening and early detection, treatment, support and rehabilitation and palliative care.

Consultation on the document, which took place between 5 December 2002 and 14 March 2003, included public forums, along with written submissions from individuals and key stakeholders with an interest and involvement in

the control of cancer. The aim of the consultation was to seek informed comment, highlight any gaps and identify which organisations should be actively involved in implementing the strategy. These include a wide range of government agencies, DHBs, cancer organisations, health professional bodies and community groups.

The analysis of the consultation process is currently informing the final development of the New Zealand Cancer Control Strategy.

A national implementation workshop will be held in Wellington on 30 September and 1 October 2003, shortly after the launch of the strategy. The workshop is being organised by the New Zealand Cancer Control Trust in collaboration with the Ministry of Health, on behalf of the Cancer Control Steering Group. The Genesis Oncology Trust has provided funding for the workshop, which will bring together key stakeholders, from both the government and non-government sectors. The primary aim of the workshop will be to identify important issues for implementation, including initial priorities for action.

Information about the workshop will be available on the websites of the Ministry of Health www.moh.govt.nz and the Trust www.cancercontrol.org.nz.

Public Health Perspectives Mailing List

If you wish to be added to (or taken off) the mail list or advise a change of address please contact:

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