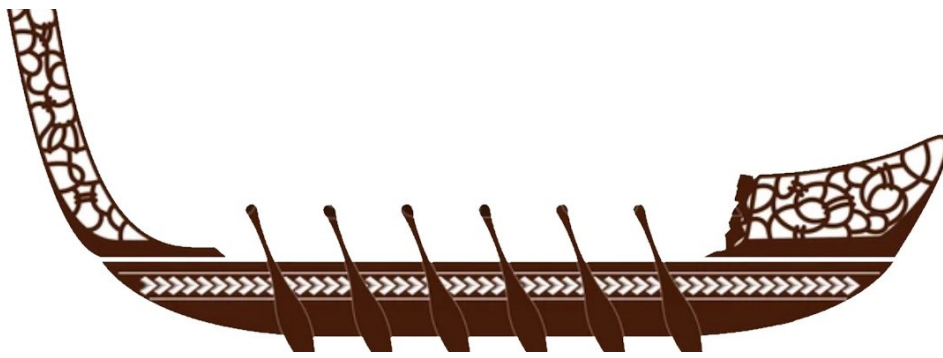




New Zealand College of Public Health Medicine

ANNUAL SCIENTIFIC MEETING and WORKSHOP



WELLINGTON

11—13 September 2023

Programme Outline

11—12 Sept 2023 | Annual Scientific Meeting: *Ka mua, ka muri—Public Health in times of transition*

13 Sept 2023 | Workshop: *Misinformation and how you can tackle it*

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President's Welcome

It is my pleasure to welcome you to the 2023 Annual Scientific Meeting of the New Zealand College of Public Health Medicine.

Our theme for this year's conference is Ka mua, ka muri: Public Health in Times of Transition; an important theme as we reflect on the changes that have been made and those that are still required to ensure that our health system is pro-equity, anti-racist, culturally safe and ensures pae ora for all.

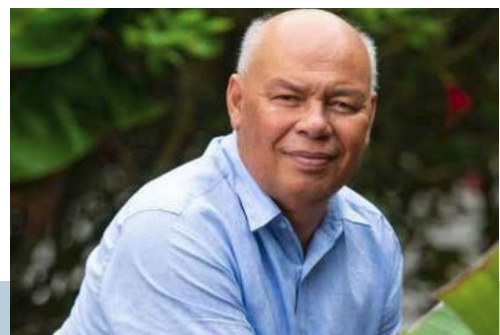
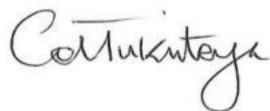
We recognise Professor Peter Crampton as our George Salmond Orator this year. We look forward to hearing his views on the Pae Ora reforms: there are few as well positioned as him to be providing this reflection.

Working effectively for equity in the relational sphere is the theme for the first morning of the ASM. We will hear from Dr Carwyn Jones, Professor Heather Came and Professor David Tipene-Leach. Our afternoon session has a focus on Cultural Safety, and we look forward to hearing from Associate Professor Elana Curtis, as well as from Shirley Simmonds, and Associate Professors Ruth Cunningham and Polly Atatoa Carr. We also look forward to hearing from Selah Hart, on 'Putting relationships at the heart of achieving health equity for Māori'.

The theme for the morning of Day 2 is Working with Communities, and we will hear from Associate Professor Tristram Ingham, Melanie Turner and her team from Healthy Families NZ, Cheryl Davies from Kōkiri Marae, and Jim Wiki from HQSC. The ASM closes with a session on Aspirational thinking to achieve Pae Ora. Hikitia Ropata will talk about the role and function of the Iwi Māori Partnership Boards in transforming the health system. Professor Robyn Whittaker will talk about the potential and risks in the use of artificial intelligence for health, and Professor Jonathan Boston will speak on 'Responding to the long-term challenges facing humanity, with particular reference to climate change'.

We look forward also to welcoming our new Fellows and Associate Members at our Fellowship ceremony on Monday afternoon, and to hearing from Dr Glenn Colquhoun at the ceremony.

I hope you find inspiration in the presentations and enjoy the opportunity to connect with colleagues from across the motu, in beautiful Wellington.



Sir Collin Tukuitonga, President of NZCPHM

Many thanks to the ASM Organising Committee:

- ◆ Ruth Richards (Convener)
- ◆ Margot McLean
- ◆ Bronwen Chesterfield
- ◆ Tess Luff
- ◆ Hannah Cooper

General Information

Venues

The ASM will be held at the Wharewaka, Wellington waterfront.

Day 1 and day 2 of the ASM will be held in the Mākaro room.

The Matui room, upstairs, will be available for parents and others who wish to view the proceedings remotely. The sessions will be projected to this location. The Matui room will also be used to serve kai, and display the posters.

The Workshop will be held upstairs in the Matiu room.

Registration Desk

The registration desk will be located in front of the Mākaro room.

Fellowship Ceremony

The Fellowship Ceremony will be held in the Mākaro room at 4:15pm on Monday 11 September, 2023. The Livestreaming video link is:

<https://us06web.zoom.us/j/88633954670?pwd=aldvbzhMOUNzb0xyendSaHJxR01tZz09>

Webinar ID: 886 3395 4670 | Passcode: 206232

Conference Dinner

The ASM dinner will be held on Monday evening at 7:00pm in the Boatshed, located alongside the Wharewaka.

Catering

All lunches and teas will be served in the Matiu room upstairs.

Wi-Fi

Limited free Wi-Fi is available in the conference rooms. Login information will be made available in the conference room each day.

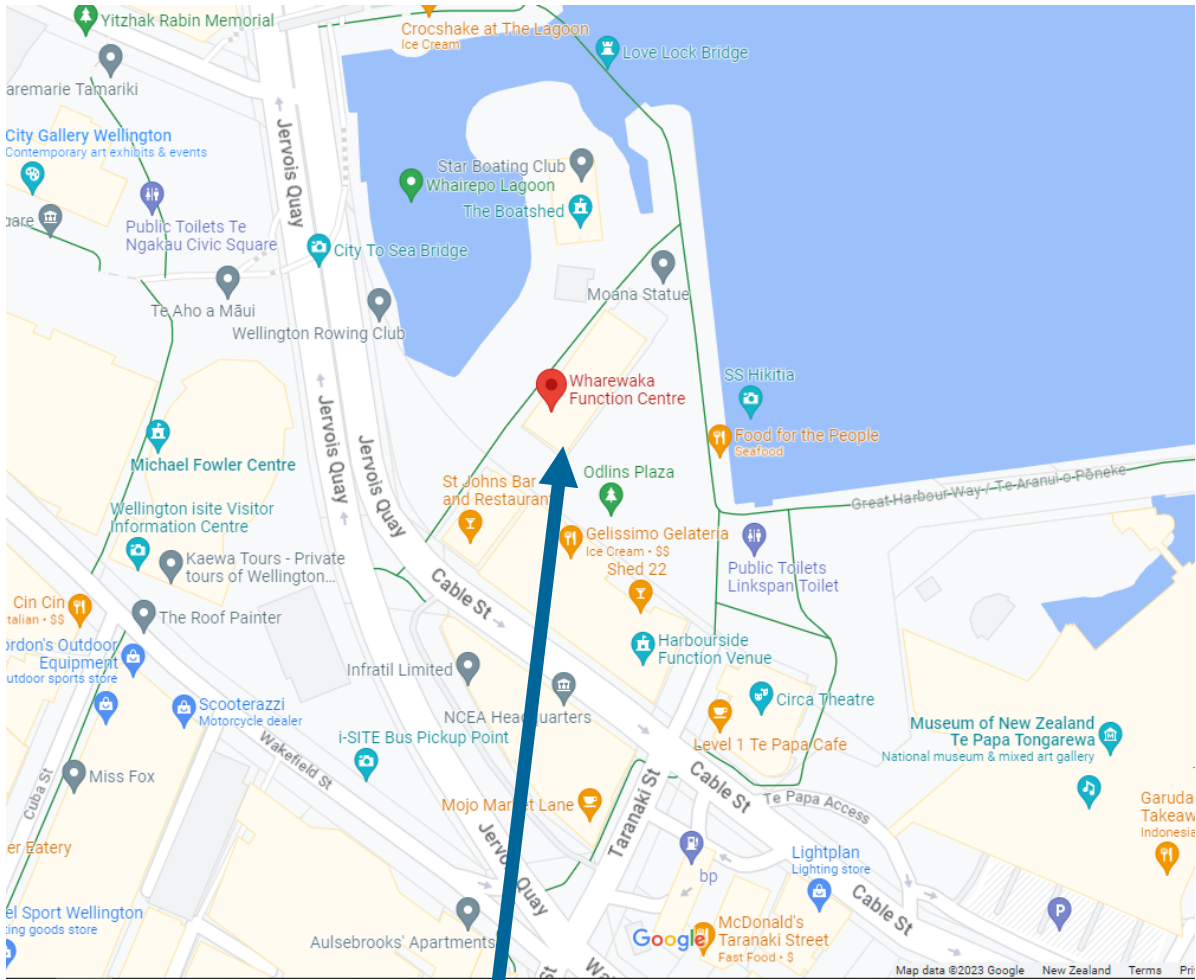
Mobile Phones



Please be considerate of our keynote speakers and presenters and turn your mobile phone off during sessions.

Tracking of Professional Standards (TOPS)

Your attendance and presentation at this ASM count towards TOPS points. We suggest you keep a record of your attendance as evidence for any future audit of your TOPS points.



Wharewaka Function Centre



Location:

Wharewaka Function Centre on
 Frank Kitts Lagoon
 2 Taranaki St
 Taranaki St Wharf
 Odlines Square
 Wellington

Lagoon entrance leads to Karaka Café & Ground Floor - Mākaro Room

Harbourside entrance leads to all function rooms: Ground Floor - Mākaro Room | Top Floor - Matiu & Mopuna

For taxi drop-offs: As there is limited vehicle access, we suggest you are dropped off at Te Papa Museum which is a 2 minute walk to the Wharewaka Function Centre.

Ka mua, ka muri

Public Health in Times of Transition

Rāhina / Monday 11 September 2023

Ata / Morning Programme

8:30am Registration

9:00am **Mihi whakatau**

Welcome: Sir Collin Tukuitonga, President of NZCPHM

9:30am **George Salmond Oration**

Peter Crampton : *Will the Pae Ora reforms strengthen public health, rangatiratanga for Māori, and equity of health outcomes?*

10:15am - 10:45am **Paramanawa / Morning tea**

10:45am - 12:30pm **Scientific session - Working effectively for equity in the relational sphere**

Chair: Peter Crampton

10:45am **Carwyn Jones :** *Constitutional reform*

11:05am **Heather Came :** *Working effectively for equity: exposing excuses for racism*

11:25am **David Tipene-Leach :** *The intersection of Māori health and public health – a 'Māori health' career in reflection*

11:45am Panel Discussion

12:30pm - 2:00pm **Tina / Lunch**

Biking on the waterfront

Wellington cultural walk

Individual activity— Walk along the waterfront, or visit Te Papa

Tongarewa | Museum of New Zealand

Annual Scientific Meeting

Rāhina/ Monday, 11 September 2023

Ahiahi / Afternoon Programme

2:00pm - 3:00pm Scientific session: Cultural Safety

Chair: Hannah Cooper

2:00pm **Elana Curtis** : *The shift to cultural safety – exploring how racism plays out in public health practice*

2:30pm **Shirley Simmonds, Ruth Cunningham, and Polly Atatoa Carr, with Bronwen Chesterfield and Dougal Thorburn**: *The Te Ora/CMC Cultural Safety Training Plan for Vocational Medicine in Aotearoa and its adaption for use by the NZCPHM training programme*

3:00pm - 3:30pm Paramanawa / Afternoon tea

3:30pm - 4:00pm Scientific session - Cultural safety cont.

Chair: Karen Wright

3:30pm **Selah Hart** : *Putting relationships at the heart of achieving health equity for Māori*

3:45pm **Stephen Palmer** : *Taku haerenga ki te hono ki te whakapapa me te whenua - My journey to connect with whakapapa and land*

4:00pm - 4:15pm Short break

4:15pm - 5:00pm Fellowship Ceremony - Mākaro room

Speaker: Dr Glenn Colquhoun

7:00pm Conference Dinner - served in the Boatshed

Annual Scientific Meeting

Rātū / Tuesday, 12 September 2023

Ata / Morning Programme

9:00am - 10:20am Scientific session - Working with communities

Chair: Bronwen Chesterfield

9:00am **Tristram Ingham** : *Disability – The only path is Partnership*

9:20am **Melanie Turner, Si'ata Tavite and Nicola Dennison** : *Work360 South Auckland Businesses Health Initiative - Bridging worlds through understanding: It's not just translation, it's connection*

9:40am **Cheryl Davies** : *Working effectively with communities*

10:00am **Jim Wiki** : *Whakarongo mai: Listening to whānau voices, our learnings for delivering better health services*

10:20am - 10:45am Paramanawa / Morning tea

10:45am - 12:15pm Scientific session - Submitted Papers

Chair: Jill McKenzie

10:45am **Gerard Sonder** : *Selective under-representation of Pacific peoples in population estimates for health indicator measurements in Aotearoa New Zealand misinforms policy making*

11:00am **Nethmi Kearns** : *The Epidemiology of Infectious Disease Hospitalisations in Aotearoa New Zealand during the COVID-19 Pandemic*

11:15am **Joanna Strom** : *What's happening to the cost of feeding children in Aotearoa, New Zealand, according to the Ministry of Health guidelines?*

11:30am - 12:15pm Poster Presentations - Matiu room

12:15pm - 1:30pm Tina / Lunch

Biking on the waterfront

Wellington cultural walk

Walk along the waterfront, or visit Te Papa Tongarewa | Museum of New Zealand – individual activity

Annual Scientific Meeting

Rātū / Tuesday, 12 September 2023

Ahiahi / Afternoon Programme

1:30pm - 2:30pm Scientific session - Submitted papers

Chair: Kerry Sexton

1:30pm **Isabel Foley and Bridget Wilson** : *Responding to Cyclone Gabrielle: Reflections from Te Matau a Māui Hawke's Bay*

1:45pm **Shanthi Ameratunga** : *Inclusive Streetscapes: an equity-oriented community-based participatory research study exploring opportunities for active travel among kaumaatua/older people and disabled people in Tāmaki Makaurau*

2:00pm **Jamie Hosking** : *Modelling transport policy impacts on health equity and greenhouse gas emissions in Tāmaki Makaurau Auckland*

2:15pm **Amanda D'Souza and Alison Blaiklock** : *Abuse in Care: A public health crisis is no longer hidden*

2:30pm - 3:00pm Paramanawa / afternoon tea

3:00pm - 4:00pm Scientific session – Aspirational thinking to achieve Pae Ora

Chair: Margot McLean

3:00pm **Hikitia Ropata** : *Aspirations for Pae Ora*

3:20pm **Robyn Whittaker** : *Artificial Intelligence*

3:40pm **Jonathan Boston** : *Responding to the long-term challenges facing humanity, with particular reference to climate change*

4:00pm John Snow Pump Handle Registrar Award

Karakia whakamutunga

4:15pm Close of Annual Scientific Meeting

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George Salmond Oration

Rāhina / Monday 11 September 2023

Professor Peter Crampton



Professor of Public Health in the Kōhatu Centre for Hauora Māori, University of Otago

Peter Crampton is Professor of Public Health in the Kōhatu Centre for Hauora Māori at the University of Otago. He started his professional life as a general practitioner and later specialised in public health medicine. His academic career has spanned a variety of roles including serving as University of Otago Pro-Vice-Chancellor of Health Sciences and Dean of the Otago Medical School.

His research is focused on social indicators and social epidemiology, health care policy, health care organisation and funding, and Māori health. He teaches undergraduate and postgraduate courses related to public health, health systems, health services management and Māori health. Peter has served on numerous government advisory panels in a variety of policy areas related to public health, health services, and health workforce, including the Government's 2018-2020 Review of the Health and Disability System. He is a board member of Te Tāhū Hauora (Health Quality and Safety Commission) and is a member of the statutory Public Health Advisory Committee.

Abstract

Will the Pae Ora reforms strengthen public health, rangatiratanga for Māori, and equity of health outcomes?

I start the presentation by acknowledging the contributions to public health in Aotearoa made by George Salmond. I then turn my attention to the Pae Ora reforms, with the aim of exploring the question: will the new public health system and structures strengthen public health, rangatiratanga for Māori, and equity of health outcomes across society?

While it is important to acknowledge that it will take a minimum of two to five years for the Pae Ora reforms to bed in and for the strengths and weaknesses of the new system to become more apparent, it is nevertheless possible to consider the public health challenges that Aotearoa society faces and assess the likely capacity of the new public health system to address these challenges.

I discuss the capacity of the system to alter its long-standing patterns of behaviour grounded in colonialism, in order to increase rangatiratanga for Māori and drive more effective pro-equity public health policies.

I conclude that, although the system has traditionally demonstrated resistance to culture and behaviour change, I believe there are grounds for optimism and, at the least, there are policy areas where we can focus our collective attention in order to drive strengthened rangatiratanga for Māori and greater equity of health outcomes.

Working effectively for equity in the relational sphere

Dr Carwyn Jones



Lead Academic in the Ahunga Tikanga - Māori Laws and Philosophy programme, Te Wānanga o Raukawa

Carwyn Jones (Ngāti Kahungunu) is Lead Academic in the Ahunga Tikanga - Māori Laws and Philosophy programme at Te Wānanga o Raukawa and an Honorary Adjunct Professor in Te Kawa a Māui - the School of Māori Studies at Te Herenga Waka - Victoria University of Wellington.

*Carwyn's primary research interests relate to Te Tiriti o Waitangi (the Treaty of Waitangi), the rights of Indigenous peoples, and Indigenous legal traditions. He has published numerous articles on these topics and was a member of Matike Mai Aotearoa - the Independent Working Group on Constitutional Transformation. He is the author of *New Treaty, New Tradition – Reconciling New Zealand and Māori Law* and editor of *Indigenous Peoples and the State: International Perspectives on the Treaty of Waitangi*. He is also co-editor of the *Māori Law Review*, and of *AlterNative – an international journal of Indigenous peoples*.*

Abstract

Constitutional reform

This presentation will discuss the importance of constitutional reform as a foundation for working effectively for equity and improving public health in Aotearoa. Drawing particularly on the work of Matike Mai Aotearoa - The Independent Working Group on Constitutional Transformation, led by Margaret Mutu and Moana Jackson, I will explore key values that could helpfully underpin constitutional reform in Aotearoa in order to provide a basis for models of public decision-making that give effect to the relationship envisaged in Te Tiriti o Waitangi.

Professor Heather Came



Adjunct Professor, Te Herenga Waka – Victoria University of Wellington

Heather Came is a seventh generation Pākehā New Zealander. She is an activist scholar with a commitment to applied research that disrupts institutional racism and strengthens application of Te Tiriti o Waitangi. Prior to entering academic life her professional background was in health promotion and public health.

She is a founder member and co-chair of STIR: Stop Institutional Racism, and a longstanding member of Tāmaki Tiriti Workers. In 2022 she was made a Member of the Order of New Zealand for her contributions to Māori, education and health. Heather has an extensive background in antiracism activism. In 2021 Heather was named joint Kāhui Hauora Tūmatanui New Zealand Public Health Association Public Health Champion with Auckland Regional Public Health Service. This award celebrates a lifetime contribution to public health. In 2023 she was appointed an Adjunct Professor at Te Herenga Waka – Victoria University of Wellington and started her own consultancy Heather Came & Associates.

Abstract

Working effectively for equity: exposing excuses for racism

Some say aiming for equitable health outcomes lacks ambition and we should be aiming for beyond equity. Others say we shouldn't have race-based health policy as we are all New Zealanders. Policy and practice rhetoric about pursuing equity has been around for decades in the health sector. The Wai 2575 Waitangi Tribunal report exposed the failure of the health system to uphold Te Tiriti o Waitangi and deliver equitable health outcomes for Māori whānau.

The drivers of inequity are complex including intergenerational trauma of colonisation, monocultural health policy, institutional and personally-mediated racism, and chronic under investment in Māori health. Racism is a system of power that disadvantages one group while advantaging another enabled by humans. Humans enable racism through regularly articulating excuses for i) maintaining an inequitable status quo and ii) our (Pākehā) steadfast inaction in the face of need. This presentation shares 50+ excuses for racism sourced from the health sector in the last fifteen years. It is time to shed light on these linguistic enablers of racism and lean into the wicked ethical challenge of transforming our health system to move beyond inequities.

Professor David Tipene-Leach



Professor of Māori and Indigenous Research at Te Pūkenga, Hawke's Bay

David Tipene-Leach, (Ngāti Kere) is Professor of Māori and Indigenous Research at Te Pūkenga, Hawke's Bay and co-Director of Te Kura I Awarua Rangahau Māori Research Centre. He is a Distinguished Fellow of the Royal New Zealand College of General Practitioners and a Fellow of the New Zealand College of Public Health Medicine. David Tipene-Leach is a champion for

Māori health equity and cultural safety and is widely known for his innovative work in prevention strategies for sudden infant death syndrome.

Abstract

The intersection of Māori health and public health – a 'Māori health' career in reflection

Escaping from (untrained) general practice into a Diploma of Community Health was a chance to 'do Māori health' without the grind of patients stuck in a mire of poverty and ill-health. Doing the 'academic medicine' pathway (teaching Māori health) was a way of not being in the Medical Officer of Health mould. Going backwards and forwards between PH in academia and general practice GP with Māori health providers helped maintain the 'Māori health doctor' archetype. Developing and training community health workers, promoting immunisation in Decile 9/10 communities, the prevention of diabetes and obesity, developing the mātauranga Māori based wahakura for prevention of SUDI across the GP and PH workplaces, promoting equitable outcomes for Māori and the role cultural safety in the health workplace are the realms of the Māori doctor. We should really have a breakaway 'Māori Health College'.

Cultural Safety

Associate Professor Elana Curtis



Associate Professor Elana Curtis (FNZCPHM, MD, MPH, MBChB)

Elana Taipapaki Curtis (Ngāti Rongomai, Ngāti Pīkiao, Te Arawa) is a Māori public health physician. She has over 17 years experience at the University of Auckland where she has held the Director of Vision 20:20 position at Te Kupenga Hauora Māori, within the Faculty of Medical and Health Sciences.

She completed her Doctor of Medicine (MD) focused on Indigenous health workforce development and has been involved in Kaupapa Māori Research investigating indigenous and ethnic inequities within tertiary and health care contexts including breast cancer, cardiovascular disease, emergency department care, racism within clinical decision making and cultural safety. She has multiple international and national awards including the Māori TV Matariki Te Tupu-ā-Rangi Award for Health and Science, the LIMELite Award for Excellence in Indigenous Health Education Research (Leaders in Indigenous Medical Education) and the Ako Aotearoa National Tertiary Teaching Excellence Award (Kaupapa Māori Category). Through her own consultancy business Taikura Consultants Ltd, she continues to teach and work in Māori health.

Abstract

The shift to cultural safety – exploring how racism plays out in public health practice

As health professionals, we are all charged with being culturally safe and ‘doing equity’ in order to address Māori health. Despite this, equity and cultural safety often sits as a tick box at the heading our presentation – without further explanation and action. Alternatively, interventions to address cultural safety within health systems have typically focused on improving cultural sensitivity of health professionals, increasing workforce diversity and incorporating indigenous understandings of health, and are often one-off, individual-focused initiatives.

Associate Professor Elana Curtis will draw on her experience as an academic and now consultant in Māori health contributing to the current health reformation on why Māori ‘needs’ and Māori ‘rights’ must be at the heart of health professional understanding of equity and cultural safety for Māori. Some common behaviours and practices of public health professionals and institutions that potentially perpetuate or exacerbate Indigenous inequities in health will be categorised. This presentation is offered to assist public health professionals in critically reflecting on the cultural safety of their work, and to progress the development of anti-racist, decolonising public health practice and practitioners. Anti-racism requires a redistribution of power, privilege, resources and opportunity, and requires people and institutions to examine their power and privilege and acknowledge and address power imbalances.

Shirley Simmonds, Ruth Cunningham, Polly Atatoa Carr, with Dougal Thorburn, and Bronwen Chesterfield



Shirley Simmonds, Kaupapa Māori Researcher

Shirley Simmonds is a Kaupapa Māori Researcher and mother of two young sons, Tamihana and Raukawa. She initially trained in Science and Adult Education, turning to Public Health and research almost 20 years ago. Her areas of expertise include; Kaupapa Māori Epidemiology, Hauora Māori, both quantitative and qualitative research, evaluation, adult education, facilitation, development of models and frameworks, strategic planning, curriculum design and learning material development. Shirley is a passionate advocate of te reo Māori and is involved in a number of reo initiatives. Shirley and her whānau currently live in Tauranga Moana but are in the process of transitioning to their kāinga tūturu in South Waikato.



Associate Professor Ruth Cunningham, Department of Public Health, University of Otago Wellington

Ruth Cunningham is a public health physician and epidemiologist and an Associate Professor in the Department of Public Health at the University of Otago Wellington. Much of her work focuses on addressing health inequities and biases in the health system. Ruth is also Education and Placements Lead for the NZCPHM, and in this role instigated a pilot programme of supported peer groups for registrars to explore and develop cultural safety competencies.



Associate Professor Polly Atatoa Carr, Te Ngira: Institute for Population Research, University of Waikato

Polly Atatoa Carr is a public health physician in paediatrics at Te Whatu Ora Waikato and an Associate Professor in Te Ngira: Institute for Population Research at the University of Waikato. Her work, research and practice focuses on achieving health equity for children and young people in the context of their whānau, and life course epidemiology. Polly is also Training Programme Director for the NZCPHM, supporting innovation and improvements within the training programme including the pilot of supported peer groups for registrars to explore and develop cultural safety competencies.



Peer group facilitators Dr Bronwen Chesterfield and Dr Dougal Thorburn will be assisting with the presentation as they reflect on their experiences facilitating the peer groups.

Abstract

The Te Ora/CMC Cultural Safety Training Plan for Vocational Medicine in Aotearoa and its adaption for use by the NZCPHM training programme

The Cultural Safety Training Plan was developed in a collaboration between Te Ora and the Council of Medical Colleges in 2022, and draws greatly on the work of Irihapeti Ramsden, along with recent research and learnings. Cultural Safety requires a specific focus on the needs and desires of the patient, whānau and communities, as defined by themselves. It examines power imbalances, promotes transformative action, and requires a commitment to ongoing development of critical consciousness. In the first part of this presentation Shirley will describe the development and key components of the Training Plan and some key considerations for implementation.

In the second part of this presentation, we will introduce the peer group programme for NZCPHM registrars which has been developed based on the Te ORA/CMC cultural safety training framework. The programme is currently being piloted with two groups, each supported by a Fellow, and continues to be developed. We will hear from the Fellows involved about the experience of facilitating these groups and discuss the next steps for this programme and the opportunities for Fellows to get involved. There will also be an opportunity to discuss the role of this and other mechanisms for registrars and Fellows to continue to develop our cultural safety competencies.

Selah Hart



Maiaka Hāpori Deputy Chief Executive Public and Population Health, Te Aka Whai Ora

A well-known face in Māori public health, Selah Hart grew up in Blenheim and has whakapapa links to Ngāti Kuia, Ngāi Tahu, Ngāti Toa Rangatira, Ngāti Apa Ki Te Ra To and Ngāti Kahungunu ki Wairarapa. She has worked in various roles in Māori health since 2006, including as CEO for Hāpai Te Hauora. She is now Maiaka Hāpori Deputy Chief Executive Public and Population Health at Te Aka Whai Ora, where she is focused on advancing health outcomes, equity, and accessibility for Māori.

Dedicated to the aspiration of whānau, hapu, iwi and hāpori in achieving hauora, Selah has led many advocacy campaigns in addressing and creating systemic changes to the health system with a focus on addressing inequities. In her years of experience leading such work, she has learnt that community engagement and relationship-building is central to driving change.

Abstract

Putting relationships at the heart of achieving health equity for Māori

Te Aka Whai Ora – the Māori Health Authority – was established just over a year ago as part of the reformed health system to drive transformational change and address intergenerational Māori health inequities. This presentation, from Maiaka Hāpori Deputy Chief Executive Public and Population Health Selah Hart, will highlight how Te Aka Whai Ora is working in the relational sphere – nurturing and enhancing its relationships across the wider health system, putting communities at the heart of its mahi, and lifting the voice of whānau – in its mission to make the healthcare system in Aotearoa New Zealand more equitable and accessible for Māori.

The Te Aka Whai Ora approach to working effectively for equity in the relational sphere is grounded in the understanding that relationships are fundamental to individuals' wellbeing and sense of belonging, and that the quality of relationships can directly impact health outcomes. With that in mind, Te Aka Whai Ora is working to create health services where everyone feels valued, respected, and included, and where the needs and experiences of whānau and communities are listened to. In this presentation, Selah will discuss the transformative potential of community engagement and relationship-building in achieving health equity for Māori, which will see a future where every individual, regardless of their background, has equal opportunities for improved health and wellbeing in Aotearoa New Zealand.

Working with communities

Tūrei / Tuesday, 12 September 2023

Associate Professor Dr Tristram Ingham



Deputy Head of Department, Research Associate Professor and Clinical Epidemiologist, Department of Medicine, University of Otago, Wellington

Tristram R. Ingham is the Deputy Head of Department, Research Associate Professor and Clinical Epidemiologist in the Department of Medicine at the University of Otago - Wellington. Tristram received a Bachelor of Medicine and Bachelor of Surgery in 1997 from the University of Otago, New Zealand.

Tristram has clinical, academic, and governance expertise in addressing health inequities, Māori health, long-term conditions, disability rights and health care governance. Tristram was a part of the machinery of government group that recommended the creation of Whaikaha - Ministry of Disabled Peoples and was the co-chair of the Partnership Board that oversaw Whaikaha's establishment. Dr Ingham is an Honorary Fellow of the New Zealand College of Public Health Medicine, a Member of the Institute of Directors in New Zealand, and a Member of the Royal Society Te Apārangi.

Abstract

Disability – The only path is Partnership

Partnership lies at the heart of Te Tiriti o Waitangi and is implicit to both the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the UN Declaration on Indigenous Peoples (UNDRIP) – that together form the human rights framework underpinning Disabled People and Tāngata Whaikaha Māori (disabled Māori) rights. Partnership means coming together as equals, having shared decision-making processes, and having equal responsibility for outcomes. As no less than three Royal Commissions of Enquiry (Waitangi Tribunal Wai2575, Abuse in Care, and Covid-19) currently wade through the horrific effects of systemic abuse of authority afflicted on disabled people and tāngata whaikaha Māori, both historic and current, under the guise of ‘care’ or ‘support’ we must realise that the case for change is pressing.

Partnership is not the *status quo* where, at best, well-meaning officials or health professionals engage in sector-led consultation, with a few shoulder-tapped unresourced individuals, proxy voices, or service providers – all within unreasonably short timeframes. As both the health and disability systems are undergoing a ‘once-in-a-generation transformation’ it is critical that agencies develop genuine partnerships with disabled communities if they want to achieve effective results and better outcomes. Communities need to be resourced - independently of ‘service contracts’ - to develop collective voice and mana motuhake in all matters affecting them. This presentation will outline the key transformative changes facing the sector, highlight opportunities for Public Health to better recognise it’s roles in driving change, and require that partnership is a path, indeed the only path, to genuine transformative change for disabled people and tāngata whaikaha Māori in Aotearoa.

Melanie Turner, Si'ata Tavite and Nicola Dennison



Melanie Turner, Senior Portfolio Manager, Healthy Communities team, Te Whatu Ora (Health New Zealand)

Melanie Turner is a Senior Portfolio Manager in the Healthy Communities team at Te Whatu Ora (Health New Zealand). Melanie is the lead for the Healthy Families NZ initiative and the Alcohol and Drug harm work programmes. Melanie has worked in the public sector since 2006, first in local government (Auckland City Council and Auckland Transport), and more recently, as the National Strategy Manager at the Commission for Financial Capability.

Melanie has a passion for community-led development, collective impact and co-design, and was a contributor to the redesign of budgeting services (MSD) and the establishment of the National Building Financial Capability Trust (FinCap) as an interim board member. She has a Masters degree (Hons) in Sociology, a Postgraduate Certificate in Public Sector Management, and a Postgraduate Certificate Diploma in Social Sector Evaluation Research (Hons). Melanie lives in Auckland and sits on the Strategic Leadership Groups for all Healthy Families NZ locations.



Si'ata Tavite, People and Practice Lead in the Healthy Families South Auckland (HFSA), The Cause Collective

Si'ata Tavite hails from the village of Masilamea, Tongatapu and lives in Tāmaki Makaurau. Si'ata is the People and Practice Lead in the Healthy Families South Auckland (HFSA) team based at The Cause Collective. Prior to joining HFSA, Si'ata worked in the tertiary education sector in Aotearoa and Fiji.

Si'ata is a firm believer that solutions for our Pasifika community, regardless of what the challenge is, cannot be developed without the wealth of indigenous knowledge and practices within the Pasifika community. She has a Master of Business Administration, and a post-graduate diploma in accounting and financial management. She is an active member in her Tongan and church community.



Nicola Dennison, Programme Manager, The Cause Collective

Nicola Dennison is the Programme Manager at The Cause Collective leading the workplace wellbeing work with large businesses in South Auckland. She is of Rangitāne, Ngāti Rārua, and Ngāti Kahungunu descent. Nicola has spent the last 12 years in health working for ACC and also third party injury claims insurance and now The Cause Collective.

Her passion for ensuring safety extends beyond physical wellbeing to fostering inclusivity, wellbeing and engagement within a workplace.

South Auckland is an ever-growing diverse community and she works with business leaders, helping them with tools and resources to effectively engage with their diverse workforce.

Abstract

Work360 South Auckland Businesses Health Initiative - Bridging worlds through understanding: It's not just translation, it's connection

Healthy Families NZ is a large-scale prevention initiative that brings community and stakeholder leadership together in a united effort for better health in the places we live, learn, work and play. The Healthy Families NZ approach focuses on addressing the systemic conditions that impact our health and wellbeing, to reduce the risk of preventable chronic disease. Partnered with Te Whatu Ora, the 11 Healthy Families teams are within a range of lead providers including, Iwi, Local Government, Regional Sports Trusts and Pacific community organisations. The 11 teams are connected through their systems and prevention approach.

The Cause Collective (TCC) houses one of the Healthy Families South Auckland (HFSA) teams. TCC is a Pacific community organisation focused on the wellbeing of Pacific peoples and South Auckland communities. Our approach is underpinned by Pacific and Māori indigenous knowledge and prevention systems which guides our understanding of wellbeing.

In 2020, the three groups with the highest workplace incidences were migrant workers, Pacific and Māori. How do we address this alongside health and wellbeing?

Work360 is a workplace wellbeing initiative which is carried out in conjunction with ACC and Te Whatu Ora, along with South Auckland businesses such as Fonterra, Armourguard and Visy.

This initiative recognises the relationship between wellbeing and productivity in the workplace to help businesses to connect, engage and enhance wellbeing in their respective businesses. When we know what the unique work challenges are in the organisation, we are in a better position to understand what solutions might look like to support both wellbeing and productivity. Understanding the challenges in South Auckland businesses with high Pacific workforces requires more than translation skills, with connection being a key component.

Cheryl Davies



Manager, Tu Kōtahi Māori Asthma and Research Trust

Cheryl Davies (Ngāti Raukawa/Ngāti WehiWehi/Ngāti Mutunga o Wharekaui) is the Manager of Tu Kōtahi Māori Asthma and Research Trust and is a senior Kaupapa Māori researcher. For over two decades, Cheryl has worked in transformative research partnering with Māori communities. Cheryl was instrumental in the development of the Kaupapa Māori framework 'Whānau Tuatahi' which facilitates community–researcher partnerships to give voice to whānau wellbeing aspirations.

Abstract

Working effectively with communities

Me mahi tahi tātau, ka ora ai te iwi

How can we work more collaboratively to provide wrap around support for our whānau and communities? How can we work in a way that enables the seamless delivery of services between Māori health providers, primary and secondary care. How can we support the relationships between whānau and providers; and between different providers that care for whānau?

In this presentation, Cheryl will draw on more than three decades of experience working for Māori communities. She will discuss the Whānau Ora/whānau centred approach to care and will outline the strength of working collectively with whānau.

Jim Wiki



Senior advisor, Ahuahu Kaunuku at the Health Quality and Safety Commission

Jim Wiki is of Te Aupōuri descent. Jim is a senior advisor for Ahuahu Kaunuku at the Health Quality and Safety Commission. He holds a Bachelor of Education and a Postgraduate Diploma in Business and Administration (Management). Jim worked for Capital & Coast District Health Board for 17 years in the Māori Health directorate, focused on achieving optimal health for Māori through the strategy, planning, monitoring of Māori health, and funding of Māori health providers. Prior

to this, Jim taught traditional carving for a number of years before managing a marae-based Māori health provider in Porirua.

Abstract

Whakarongo mai: Listening to whānau voices, our learnings for delivering better health services

Often when the health sector engages with the public, we ask what people think about the work we have done rather than ‘how we should do things’. Changes to the health system require us to work together to increase equity and better serve our community. Working with Iwi-Māori partnership boards will become increasingly important as they are tasked with collecting whānau voices to inform health providers in this work. Listening to whānau voice is critical to this.

Collecting whānau voices required us to listen with our ears, eyes, hearts and minds. This work was derived through a wānanga process of karakia, waiata, kōrero and whakarongo.

In 2021/22, the Health Quality & Safety Commission (the Commission) embarked on a series of 12 wānanga with rangatahi, tangata whaiora, kaumātua, tangata kahukura (Black Power representatives), rongoā practitioners and health and wellbeing kaimahi to capture whānau, hapū and marae voices. We wanted to understand their experiences of engaging with health and disability services and to identify and understand what good engagement looks like. We focused on three key questions:

- What is your experience of how health providers engage with you?
- What does good engagement look like?
- What do you value?

Māori are a collective people, and the concept of whānau reflects this collectivism. Acknowledging, respecting and encouraging the individuality of whānau members is equally important. This way of being and living ensures a variety of perspectives are considered in the collective approach and decision-making.

To better serve whānau, we need to understand the people within them. In this presentation, we share some of these voices to illustrate the realities of the wide range of people we met to help shed light on who they are, what they need, and what they want health providers to know.

The presentation will discuss what we heard from whānau about their experience of engaging with health services and their thoughts on how health services could better engage with whānau. Whānau talked about how their experience of engaging with health services impacted their lives as individuals but often did not take into account the impact on their wider whānau. Some solutions were simple and some quite complex, yet all were critical to their hauora, their health and their wellbeing. We will present their expectations when engaging with health services.

Working with communities

Hikitia Ropata



Chair, Āti Awa Toa Hauora Partnership Board

Hikitia Ropata is of Ngāti Toarangatira, Te Āti Awa ki Whakarongotai, Ngāti Raukawa and Ngāti Porou descent. Hikitia is the Pou Arahi (operations manager) for Ahuahu Kaunuku at the Health Quality and Safety Commission. Hikitia has worked across a number of portfolios including social, economic, health, education and environment, most recently the Nursing Council of New Zealand.

She holds a Bachelor of Arts in Criminology and a Masters in Public Policy. In her spare time, Hikitia represents Ngāti Toarangatira on a number of health, environment and business committees across the Ngāti

Toarangatira rohe. Hikitia is currently the chair of the Āti Awa Toa Hauora Iwi Māori Partnership Board and is an elected Council member with the Greater Wellington Regional Council.

Abstract

Aspirations for Pae Ora

Iwi Māori Partnership Boards (IMPBs) have been established to support the transformation of our health system to achieve better health equity for Māori. Hikitia Ropata Chair, Āti Awa Toa Hauora Partnership Board (AATHPB) will talk about the role and functions of the IMPBs and outline the opportunities and challenges facing the Āti Awa Toa Hauora Partnership Board.

Professor Robyn Whittaker



Director of Evidence, Research and Clinical Trials in the Service Improvement and Innovation directorate of Te Whatu Ora

Robyn Whittaker is a Public Health Physician and current Director of Evidence, Research and Clinical Trials in the Service Improvement and Innovation directorate of Te Whatu Ora. She previously led the innovation stream in Waitematā's Institute for Innovation and Improvement, where she established and chaired the first Artificial Intelligence (AI) Governance Group

within our public health services. She is also a member of the WHO's Ethics and Governance for AI in Healthcare Expert Group and chair of the Te Whatu Ora National AI and Algorithm Expert Advisory Group.

Robyn's research interests have been in digital health and developing health interventions to be delivered to people via their mobile phones. She is Adjunct Professor at the National Institute for Health Innovation, School of Population Health, University of Auckland. She has been an invited member of WHO's Digital Health Technical Advisory Group, Be Healthy Be Mobile global mHealth initiative, NZ Telehealth Leadership Group, Te Tītiki Mataora/Medtech IQ, and the Prime Minister Chief Advisor's Panel on AI in Health.

Abstract

Artificial Intelligence (AI)

Artificial Intelligence (AI) tools are starting to be used in health care, public health and direct-to-consumer programmes internationally. To date, most have been specific or 'narrow' AI that can carry out one task faster or more accurately than humans, or can provide a quick synthesis of large amounts of data to assist healthcare providers in decision-making.

Generative AI tools however are those trained on enormous data sets that can generate new content. There is great potential in the use of AI for health, however there are also risks.

Robyn will outline the process established to review and assess the use of narrow AI tools in Te Whatu Ora, the disruption caused by the open accessibility of generative AI tools, and the current guidance on their use.

Professor Jonathan Boston



Emeritus Professor, Public Policy, School of Government, Victoria University of Wellington

Jonathan Boston, ONZM, is Emeritus Professor of Public Policy in the School of Government at Victoria University of Wellington. His research interests include climate change policy (both mitigation and adaptation); child poverty; governance (especially anticipatory governance); public management; tertiary education funding (especially research funding); and welfare state design. He has served at various times as the Director of the Institute of Policy Studies and the Director of the Institute for Governance and Policy Studies at Victoria University of Wellington. In the early 2000's he served as a member of the Tertiary Education Advisory Committee and helped design and implement the Performance-Based Research Fund in New Zealand's tertiary education sector. During 2012-13 he co-chaired the Expert Advisory Group on Solutions to Child Poverty for the Children's Commissioner. In 2021 he was seconded to the Ministry for the Environment to contribute to policy advice on various aspects of environmental policy, including resource management issues. He is currently a member of the Expert Working Group on Managed Retreat for the Ministry for the Environment and has also been assisting the Environmental Defence Society with their current project on climate change adaptation. Over the years he has served on the boards of various non-governmental organizations, such as Oxfam Aotearoa (2013-22).

Abstract

Responding to the long-term challenges facing humanity, with particular reference to climate change

Humanity faces multiple existential threats, not least the failure to live within real, non-negotiable biophysical constraints. Of particular concern is the failure of the international community thus far to secure rapid and sustained reductions in global greenhouse gas emissions, especially the decarbonization of global energy and transport systems. As a result, humanity will be forced to live with, and endeavour to adapt to, increasingly severe climate change-related events. These will include more extreme storms, droughts, heatwaves, fires, and floods, along with increasing ocean acidification and significant biodiversity loss, and an accelerating rate of sea level rise (e.g. from about 4 centimetres a decade currently to several times this rate by the end of the century).

Yet even with rapid global decarbonization and the achievement of net zero emissions by mid-century, the latest scientific evidence suggests that critical tipping points may be crossed over the next few decades, thus generating significant positive feedbacks. These could contribute, among other things, to multi-meter sea level rise by 2150, with severe social, economic, and ecological effects, including major impacts on human health.

Given these projections, the global community must prepare for extensive damage to coastal dwellings and infrastructure, and the need to relocate hundreds of millions of people. Aotearoa New Zealand will be among those countries most severely affected by sea level rise: it has the ninth longest coastline in the world; most of its cities and towns are located on or near the coast; and around 40% of coastal areas are subsiding.

This paper explores the policy measures needed in Aotearoa New Zealand to enable effective and equitable adaptation to the impacts of climate change, giving particular attention to the planning, funding, and implementation of managed retreat or planned relocation, as it is variously called. The implications of managed retreat for human health and the provision of health services are also considered.

Workshop

Misinformation and how you can tackle it

Rāapa / Wednesday 13 September

Facilitator: Dr John Kerr

Workshop Outline

This workshop will provide an overview of mis- and disinformation in public health. In addition to a general introduction to the topic, content will cover practical approaches for addressing misinformation, and the wider social implications of false and misleading information in Aotearoa.

The workshop will be a mix of seminar and practical sessions, including a guest presentations from Professor Sander van der Linden, Professor Michael Baker and Q&A discussion from Kate Hannah, Director of the Disinformation Project.

Workshop Objectives

- Understand the varying definitions of misinformation and their limitations
- Understand key ways that misinformation can impact public health
- Identify techniques used to spread misinformation
- Understand and apply strategies and tactics for addressing misinformation
- Gain a wider understanding of mis- and dis information in the Aotearoa New Zealand context

Workshop Facilitator



Dr John Kerr - Science Lead, Public Health Communication Centre, and Senior Research Fellow, University of Otago, Wellington

John Kerr has an academic background in psychology and science communication. His research interests include beliefs about debated scientific issues, political attitudes, and the communication of scientific information to non-experts. Outside of research, he has also worked in publishing and communications roles in the UK and New

Zealand, most recently as a Media Advisor at the Science Media Centre (2011-2016). He recently returned to Wellington from the UK where he held a Research Associate position at the Winton Centre for Risk and Evidence Communication at the University of Cambridge.

Workshop Presenters



Professor Michael Baker - Professor of Public Health and Director, Public Health Communication Centre, University of Otago, Wellington

Michael Baker is a public health physician and Professor of Public Health as well as an award-winning science communicator. His research has focused on environmental health, housing and health and infectious disease—most notably COVID-19 in recent years. Michael's work on public health, and the COVID-19 response in particular, was recognised by a number of recent awards including: the Critic and Conscience of Society Award (from Universities NZ), the Public Health Champion award (from the Public Health Association of NZ), being made a Member of the NZ Order of Merit (MNZM), and 2020 Wellingtonian of the Year. He was

awarded the Prime Minister's Science Communication Prize in 2021 and the Royal Society Te Apārangi Callaghan Medal for Science Communication in 2022.

Workshop Presenters



Professor Sander van der Linden — Director, Cambridge Social Decision Making-Lab, School of Psychology, University of Cambridge, United Kingdom

Dubbed Cambridge's 'defence against the dark arts teacher', Sander van der Linden is Director of the Cambridge Social Decision-Making Lab. Before coming to Cambridge, he held posts at Princeton and Yale University. His research interests centre around the psychology of human judgment and decision-making. In particular, he is interested in the social influence and persuasion process and how people are influenced by (mis)information and gain resistance to persuasion through psychological inoculation. He is also interested in the study of fake news, media effects, social networks, and belief systems (e.g., conspiracy theories), as well as the emergence of social norms, polarization, reasoning about evidence, and public understanding of risk and uncertainty.



Kate Hannah — Director, The Disinformation Project, and Principal Investigator, Te Pūnaha Matatini

Kate Hannah is the Founder and Director of The Disinformation Project Aotearoa, a research consortium which has studied misinformation and disinformation in Aotearoa New Zealand since February 2020. A cultural historian of science and technology, Hannah focuses on the role of the internet in information disorders, dangerous speech, and hate speech, with specific interest in the role of and impacts of misogyny, racism, and white supremacism in socio-political discourses.

She is experienced in research translation for decision-makers, communication, public engagement and consultation, and community co-development of research and research outcomes. Part of the Te Pūnaha Matatini team that won the 2021 Prime Minister's Science Prize for their work in supporting Aotearoa New Zealand's Covid response, Hannah is a US State Department 2022 International Visitor Leadership Program alum, participating in a programme focused on Disinformation in the Pacific. She is a PhD candidate and research associate with the Centre for Science and Society at Te Herenga Waka – Victoria University of Wellington.

Workshop Programme

Rāapa / Wednesday 13 September 2023

8:30am Registration

9:00am Karakia, welcome

Overview of misinformation

10:30am - 11:00am Paramanawa / Morning tea

11:00am Misinformation tactics

12:00pm - 1:00pm Tina / Lunch

1:00pm Monitoring and addressing misinformation

1:30pm Practical exercise

2:30pm - 3:00pm Paramanawa / afternoon tea

3:00pm Kate Hannah, Disinformation Project, presentation and Q&A

4:00pm Karakia

Close

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Taku haerenga ki te hono ki te whakapapa me te whenua - My journey to connect with whakapapa and land

Stephen Palmer

Hutt Valley District Health Board, Lower Hutt

Background and aims

E kore au e ngaro, he kākano i ruia mai i rangiātea - I will never be lost, for I am a seed sown in the dawn.

This whakataukī emphasizes the enduring nature of one's essence or identity. It suggests that no matter the challenges or obstacles faced, the individual remains connected to their ancestral origins and possesses the potential for growth and accomplishment. It conveys a message of resilience, determination, and the belief that one's heritage and inherent qualities provide strength and guidance throughout life's journey.

Method

Tōku kuia whātupuna - my great (3x) grandmother was born in about 1810 on the Chatham Islands and was saved by sealers from certain death. There is a carving of her at Te Rau Aroha Marae in Bluff. One of her daughters married William McCleure Palmer, a whaler who was 7th child of convicts who were transported to Sydney.

I always knew about the Māori ancestry and there is some Māori land. However, very little was passed down through the generations. Along with my whānau we are progressing on our journey.

Results

Repair and restoration of my wairua.

Practice Points

As a Fellow of the College I represent the Māori Caucus on the College Council and the Finance and Risk Committee. I am also involved in the College's Whā me Whā Panel.

This is a personal journey to:

- enhance my understanding of myself, where I come from and my own cultural heritage, values and history;
- identify and address their own biases, attitudes, assumptions, stereotypes, prejudices, privileges and characteristics;
- engage in ongoing self-reflection and self-awareness of own conduct and interactions;
- commit to transformative change, and identify and implement alternative personal practices that contribute to equity.

Selective under-representation of Pacific peoples in population estimates for health indicator measurements in Aotearoa New Zealand misinforms policy making

Gerard JB Sonder*, Corina Grey, Debbie Ryan, Jacqueline Cumming, Andrew Sporle, Phillip C Hill

**Pacific Perspectives Ltd, Wellington*

Background and aims

The 'Census of Populations and Dwellings' is the five yearly count of people and dwellings. Best available populations (BAP) are subnational population projections based on census data and demographic assumptions. These are developed for healthcare planning and funding allocation but are also used to calculate and monitor population health measures. Pacific people are systematically undercounted in the census, but the impact on health measures is not well studied.

For COVID-19 vaccination coverage, health service user (HSU) data were considered a more reliable population count than BAP but introduced new biases. We examined the impact of both types of population counts on health indicators by ethnic group and geographic area.

Method

We investigated the interaction between geographic area and ethnicity by comparing BAP and HSU data. For the indicators 'access to primary care' and 'uptake of cervical cancer screening' we replaced BAP population counts with HSU counts and examined the impact this had on population measures for different ethnic groups in different geographic areas.

Results

The overall census 2018 response rate declined by 10% from 2013, but for Māori and Pacific people this was 21% and 23%, respectively. The Census undercount was highest in Counties Manukau district which has the largest Pacific population in the country. The difference between HSU count and BAP count was also largest in these populations, reflecting their higher underestimate in BAP. Both health indicators in Counties Manukau are currently estimated as highest for Pacific compared to other ethnic groups and "access to care" consistently exceeds 100%. Changes in trends coincided mostly with adjustments in BAP. Based on HSU, both indicators were lowest for Pacific compared to other ethnic groups.

Conclusion

The current use of BAP for denominators for national surveillance does not enable reliable examination of trends in key health indicators for Pacific people. HSU denominators are not suitable to monitor health indicators. New, transparent, digital ways of obtaining more reliable, timely, less biased, population data are urgently needed to guide policymaking under the new health reforms.

Practice Points

- BAP projections have not been developed for use as the denominator in health status statistics and surveillance and are not suitable for this purpose. Under the current health reforms, public health will be delivered in smaller geographic areas, which will magnify the impact of using BAP denominators on the quality of health statistics.
- Instead of BAP, new stable, transparent, accurate and consistent denominators are needed to achieve better equity in health. Digital ways of obtaining more reliable, timely, less biased, population data are urgently needed to reverse the rapidly increasing equity gaps. The involvement of some form of population-based register would enable localities to monitor health indicators and improve equity, both nationally and on a locality level.
- The inaccuracies in Pacific population data have been obvious for a long time but still persist. A Pacific focus on all data analyses is urgently needed.

The Epidemiology of Infectious Disease Hospitalisations in Aotearoa New Zealand during the COVID-19 Pandemic

Nethmi Kearns

University of Otago Wellington

Background and aims

Aotearoa New Zealand (NZ), with its aggressive response using public health and social measures (PHSM) to the COVID-19 pandemic, was able to limit the number of COVID-19 cases and related hospitalisations. However, the impact of such measures on hospitalisations due to other infectious diseases in NZ is less well understood. The objectives of this research were to determine changes in infectious disease hospitalisation rates in 2020 compared to 2015-2019 and by age group, ethnicity and level of socioeconomic deprivation.

Method

Acute overnight hospital admission events in NZ public hospitals between 01/01/2015 to 31/12/2020 were sourced from the National Minimum Dataset. ICD-10 codes of discharge diagnoses with infectious aetiology were reclassified into infectious disease categories. Age-standardised hospital admission rates and rate ratios were calculated.

Results

Over 2015-2020, there were 854 812 acute overnight admission events for 582 822 individual patients with 1 406 413 infectious disease diagnoses relating to the acute overnight admission events. In 2020, age-standardised annual rate of infectious disease hospitalisations decreased by 21.3% to 2413.6 admissions per 100 000 people. The biggest relative and absolute decrease in admissions were seen in lower respiratory tract infections (42% reduction, -464.7 per 100 000). Admission rates decreased below historical rates in all age groups in 2020 with the largest reductions seen in children aged five years and younger, and adults aged 70 years and above. Admission rates in 2020 fell from historical rates in all ethnic groups. Ethnic inequities persisted for Māori and Pacific, with age standardised rate ratios remaining double that of the European and other group. Admission rates decreased in 2020 across all NZDep2018 quintiles.

Conclusion

This study found that the incidence of infectious disease hospitalisations decreased in 2020 compared to the preceding five years. Despite this decrease, ethnic and socioeconomic inequities in infectious disease hospitalisation rates persisted.

Practice Points

- NZ's unique experience of stringent PSHM with very few COVID-19 cases provides an opportunity to rethink prevention of a range of infectious diseases.
- These findings raise the possibility that some of these interventions could be transferable when managing non-COVID infections and can inform public health policies aimed at reducing the burden of infectious diseases and protecting public health.

What's happening to the cost of feeding children in Aotearoa, New Zealand, according to the Ministry of Health guidelines?

**Dr Joanna Strom *, Dr Sally Mackay, Dr Braden Te Ao, Prof Emer. Innes Asher,
Prof Emer. Elaine Rush**

**Strom/Mackay/Te Ao – University of Auckland*

Asher/Rush – Child Poverty Action Group

Background and aims

Food prices impact choices households make about the quality and quantity of food they consume. However, little is published about the changing prices in Aotearoa, New Zealand (NZ), of a healthy diet for children that follows NZ dietary guidelines. This exploratory study aimed to create a low-cost healthy food basket to monitor price changes using foods from the Food Price Index (FPI) for children in NZ.

Method

Food items from the FPI were placed into groups based on the NZ dietary guidelines and an interactive low-cost food basket scalar was developed based on low average prices, edible weight, and serving size. The number of servings of each food group for boys and girls aged 1-18 years (and seven modelled households) varied in line with the dietary guidelines. Nutrient analysis informed minor alterations to further optimize nutrition and meet energy needs for a physical activity level of 1.6.

Results

The final food basket scalar contained 62 low-cost foods (with 6% of energy from condiments and discretionary foods). The food basket prices increased over the past five years and more so over the previous two years. On average, this increased by almost 18% to the year-ending April 2023, on top of an 11% increase from the year-ending April 2022. The increase in food prices contributes to substantial financial shortfalls modelled for households who receive government support.

Conclusion

These hypothetical food baskets (for children of different ages and modelled households) provide robust modelling of food price changes for a diet of low-cost foods which follow NZ dietary guidelines. This could be updated monthly based on the FPI to continue to understand the cost of a healthy, low-cost diet and inform food and poverty-related policy.

Practice Points

An implication for practice is the consideration of how to use data that is already collected (such as the FPI) to provide more public-health-informed analysis that may be able to influence policy.

Responding to Cyclone Gabrielle: Reflections from Te Matau a Māui Hawke's Bay

Isabel Foley*, Bridget Wilson*, Simon Baker

**Te Matau a Māui Hawke's Bay*

Background and aims

Cyclone Gabrielle struck the North Island of Aotearoa New Zealand in February 2023. The extent of destruction in Hawke's Bay far exceeded predictions and the impact of the event on lives, homes, and whenua will be felt within communities for many years to come.

The aim of this presentation is to provide a summary of the public health service response to Cyclone Gabrielle and offer reflections on strengthening preparedness, equity-based responses and community resilience for future extreme weather events.

Method

A narrative description alongside qualitative and quantitative data is used to describe the event impacts, the key public health actions undertaken and the reflections and learnings from staff.

Results

The public health service response to Cyclone Gabrielle in Hawke's Bay highlighted both successes and areas for improvement in aspects of preparedness, relationships, resources, staff welfare, and equity. While strengthened regional and national operational relationships through the newly formed National Public Health Service significantly aided operational capacity for response, local knowledge and relationships remained critical.

Conclusion

The learnings from this response have implications for emergency response planning and improvement both within Hawke's Bay and across the National Public Health Service. Given the predictions of an increase in extreme weather events driven by climate change it will be increasingly important that we are able to provide effective and equitable public health responses to support communities through natural disasters.

Practice Points

- Local public health services will be increasingly faced with responding to extreme weather, strong local relationships with other key response agencies and communities is critical to ensure an effective and equitable response to future events.
- An explicit equity focus must be integrated within all aspects of emergency response.
- Communities show incredible capacity for emergency response and resilience and there needs to be active efforts made to resource and foster community led action.

Inclusive Streetscapes: an equity-oriented community-based participatory research study exploring opportunities for active travel among kaumaatua/older people and disabled people in Tāmaki Makaurau

Shanthi Ameratunga*, Anneka Anderson, Julie Spray, Mythily Meher, Whaea Julie Wade, Whaea Dolly Paul, Bridget Doran, Malakai 'Ofanoa, Roshini Peiris-John, Janine Wiles, Esther Willing, Karen Witten

**Host organisation: School of Population Health, University of Auckland*

Background and aims

The Outcomes Framework of the Ministry of Transport asserts that the purpose of our transport system is to improve people's wellbeing, making active travel an attractive option. Yet, how pathways to mobility and wellbeing for older and/or disabled people are hindered by place-based scenarios and transport decisions are infrequently considered in active travel plans. The Inclusive Streetscapes project explored how kaumātua/older residents and disabled people residing in ethnically and socio-economically diverse communities construct the meaning, value, and challenges of getting about.

Method

The community-based participatory research study involved 62 go-along qualitative interviews (Māori and Pacific participants comprising a third each) complemented with photovoice and interactive community workshops in four case study sites in Tāmaki Makaurau (Auckland). The study explored community perceptions of wellbeing as experienced through the losses, stresses and joys of journeys and travel, navigating everyday life contexts and places.

Results

We identified how transport infrastructure and related histories of colonisation and dispossession have powerful, enmeshed influences on people's day-to-day lives, mobility and wellbeing. Transport practices and consultation processes produce, reproduce, and amplify inequities. More particularly, transport practices and consultation processes produce, reproduce, and amplify inequities. Our findings indicate the need to consider intersectionality in transport consultation and design, acknowledging that some forms of marginalisation (age, socio-economic status, ethnic minority status, illness and disability) are not discrete and independent, but tend to coalesce and intensify with social stratification.

Conclusion

Our findings speak to the need for urgent action expressed by communities, embracing a decolonizing framework to address prevailing policy and practice gaps in transport planning, and infrastructural mechanisms that serve as important predictors threatening community wellbeing and health equity.

Practice Points

- It is imperative to consider intersectionality in transport consultation and design, acknowledging that some forms of marginalisation (age, socio-economic status, ethnic minority status, illness and disability) are not discrete and independent, but tend to coalesce and intensify with social stratification.
- Public health professionals have important responsibilities to work intersectorally, engaging with transport professionals local, regional and national efforts to decolonise dominant western-centric transport designs and modes of consultation.
- While the challenges to mitigating the risks of climate change with equity-oriented transport policies are particularly substantial in Tāmaki Makaurau, future research should consider case studies in other settings where there are lessons to be learned from successes and ongoing barriers to progress.

Modelling transport policy impacts on health equity and greenhouse gas emissions in Tāmaki Makaurau Auckland

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Background and aims

Transport systems are an important determinant of population health and health equity, as well as a leading contributor to greenhouse gas (GHG) emissions. Consequently, transport policies have important health, health equity and climate implications. We present a case study of quantifying these impacts for two transport policies in Tāmaki Makaurau Auckland: distance-based charges for car use, and free public transport.

Method

Using the Macro Strategic Model, the primary transport model for Tāmaki Makaurau Auckland, and the Integrated Transport and Health Impacts Modelling Tool, we investigated the impacts of the two policies, individually and in combination, stratified by socio-economic status (SES).

Results

Modelling results found gains in disability-adjusted life years and reductions in GHG emissions from both policies, with the greatest benefits from a combined scenario. Modelled health effects were more beneficial for the low-SES group than for the high-SES group, with the greatest differential seen in the combined scenario. Compared with free public transport, the distance-based pricing scenario was associated with greater reductions in car use and GHG emissions, a greater increase in public transport use, greater gains in DALYs, and a greater differential between low- and high-SES groups.

Conclusion

These transport policies may both reduce GHG emissions and also improve some aspects of health equity. However, there may be unwanted effects that were not included in this modelling. In particular, distance-based pricing seems likely to reduce disposable income most for the low-income population, and may create financial barriers to accessing important health determinants such as employment and education, and these impacts would need to be adequately mitigated.

Practice Points

- Transport policies have the potential to substantially reduce GHG emissions
- Health impacts of transport policies may differ substantially by SES
- Policies to reduce transport emissions need to address financial impacts, especially for low-SES groups

Abuse in Care: A public health crisis is no longer hidden

Amanda D'Souza*, Alison Blaiklock*, Paula Toko King, Ruth Cunningham, Peter Crampton

**University of Otago, Wellington*

Background and aims

Warning: Some content is distressing

The Royal Commission of Inquiry into Abuse in Care (the Inquiry) is uncovering the terrible and widespread abuse, ill-treatment, and torture of many children, young people and adults in the care of state and faith-based institutions. What happened represents profound sustained breaches of te Tiriti o Waitangi and human rights. The Inquiry's final report is due next year.

The health impacts of violence are multi-dimensional, long-lasting, and intergenerational. We will outline the progress of the Inquiry, responses from the Crown and faith-based institutions, and discuss public health implications.

Method

We reviewed key Inquiry documents, including the 2021 redress and 2022 Lake Alice Hospital reports, and will present reflections.

Results

Inquiry reports and public hearings describe widespread violence against people in care and identify major systemic failings and cover-ups with profound health and equity impacts. There has been little health sector response to date. Multiple barriers exist for survivors and their whānau to access safe, timely, effective, appropriate, and trauma-informed health and disability services.

We propose College advocacy to promote: I. Implementation of the Inquiry's recommendations on redress for survivors and their whānau; II, Strengthened legal protection from abuse in care; III, In partnership with survivors, development of equitable, effective, and appropriate trauma-informed health and disability services for survivors and whānau; IV. Workforce development and training and support for health providers.

Conclusion

Violence is a toxic exposure that has been perpetuated, sanctioned, and covered up by the state. The health impacts have not yet been adequately identified or addressed. There has not been much public health involvement in the Inquiry and Crown Response Unit. Public health physicians have a duty to advocate for te Tiriti rights and human rights of children, young people, adults and whānau harmed by abuse in care and to stop it ever happening again.

Practice Points

- Abuse in care is a toxic exposure that the health and disability system contributed to and is yet to adequately address—as public health physicians we have a duty to reflect and acknowledge our accountability.
- Public health advocacy, expertise and leadership is needed to achieve justice for survivors and whānau, and to prevent abuse in care from happening; we encourage you to get involved.
- This is a distressing issue—we must be compassionate towards others and ourselves.

Posters

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Posters will be displayed in the Matiu room over tea and lunch.

They will also be available on the member section of the College website.

How to improve public health through decreasing meat consumption

Emily A.C. Grundy, Peter Slattery, Alexander K. Saeri, Kieren Watkins, Thomas Houlden, Neil Farr, Henry Askin, Joannie Lee, Alex Mintoft-Jones*, Sophia Cyna, Alyssa Dziegielewski, Romy Gelber, Amy Rowe, Maya B. Mathur, Shane Timmons h i, Kun Zhao, Matti Wilks, Jacob R. Peacock, Jamie Harris, Daniel L. Rosenfeld, Chris Bryant, David Moss, Michael Zorker

*BehaviourWorks Australia, Monash Sustainable Development Institute, Monash University, Melbourne, Australia

Background and aims

The 2019 global burden of disease study estimates that, globally, 1,700,000 deaths and 44,000,000 disability-adjusted life years lost are attributable to diets high in red and processed meat (1). Consumption of meat increases the risk of heart disease, diabetes, and some cancers (2). As such, evidence-based nutrition guidelines, such as those from the Harvard School of Public Health recommend reducing meat consumption (3).

In a broader public health sense, additional human lives are also lost from the effect of meat production on climate change and air pollution (4). Meat production also has much higher rates of work-place injury and deaths than other types of food manufacturing, as well as historically triggering multiple pandemics such as COVID-19, HIV, swine flu and bird flu (5).

Method

Systematic review of systematic reviews (meta – review) on interventions that affect (increase or decrease) animal product consumption.

Results

There was high confidence in the effectiveness of communicating information about the environmental and health consequences of meat consumption. There was also evidence that highlighting dynamic social norms (decreases in meat eaters) was effective.

Conclusion

Key public health implications and actions.

Practice Points

- Communicate health risks of excessive meat consumption to patients, both as it relates to specific health conditions or as general information.
- Prioritize policies that reduce portion sizes in restaurants and supermarkets.

Emma Church*, Susan Wells, Katrina Poppe

**University of Auckland, Auckland*

Background and aims

Scoping reviews are useful for providing a baseline understanding of existing evidence, identifying knowledge gaps, and planning future research and evaluation. This presentation outlines the essential steps involved in conducting a scoping review and utilises a specific example (multimorbidity in cardiovascular disease risk prediction) to demonstrate the process.

Method

A scoping review example is used to demonstrate the application of the Arksey and O'Malley framework which showcases the steps involved in planning and conducting a scoping review, such as defining research questions, searching relevant databases, screening and selecting studies, and synthesising findings.

Results

There are key differences between scoping and the more commonly known systematic review methodology. While both have their place, in public health research and evaluation with a scoping review is a new and additional skill set to add to public health medicine competencies. Key learnings and practical challenges encountered during the conduct of scoping reviews are explored including determining scope and boundaries, keyword selection, managing search results, and synthesising data from diverse studies.

Conclusion

Following a structured scoping review process provides useful information on research and service-evidence gaps in existing literature such as whether equity issues have been investigated and provides valuable insights for planning future health service research and evaluation, including refining research questions, selecting appropriate methodologies, and guiding research and service delivery design.

Practice Points

- Aotearoa New Zealand is currently undergoing major health service reforms. By systematically mapping the existing literature and identifying research and service-evidence gaps, scoping reviews help identify and inform areas for future public health research and evaluation, including the identification of under-researched populations.

Evaluation of COVID-19 Severity Prediction Scores in Aotearoa New Zealand 2022

Karen Wright*, Jonathan Williman, Emma Best, Hasan Bhally, Aliya Bryce, Catherina L Chang, Kevin Chen, Jack Dummer, Mike Epton, William Good, Jennifer Goodison, Corina Grey, Kate Grimwade, Robert J Hancox, Redzuan Hassan, Thomas Hills, Sandra Hotu, Colin McArthur, Susan Morpeth, David Murdoch, Romana Pylypchuk, Nigel Raymond, Steve Ritchie, Debbie Ryan, Malina Storer, Tony Walls, Rachel Webb, Conroy Wong, Michael Maze

**Te Kupenga Hauora Māori, University of Auckland*

Background and aims

Severity prediction scores are essential clinical tools for managing future waves of COVID-19, but risk increasing inequities. We aimed to evaluate COVID-19 risk prediction scores using a pro-equity framework.

Method

We conducted a Tiriti-centred retrospective cohort study in patients hospitalised due to COVID-19 from 1 January – 1 May 2022. Māori health and infectious disease co-leadership was supported by an equity reference group who informed research design and practice. We included all Māori and Pacific, and every second non-Māori, non-Pacific (NMNP) patient, extracted ethnicity data from multiple data sources, and analysed by total response ethnicity to achieve sufficient analytic power.

Results

Of 2,319 adults included, 25% identified as Māori, 39% Pacific, and 37% were NMNP. The median age of Māori was younger (51.5 years) than Pacific (57.0 years) and NMNP (63.0 years). Overall, 6.3% died within 28 days of admission. Re-calibration improved agreement between predicted and observed mortality. C-statistics of severity scores were: 4C mortality, Māori 0.83 (95% CI 0.77, 0.89), Pacific 0.87 (95% CI 0.83, 0.91), NMNP 0.90 (0.87, 0.93); CURB-65 Māori 0.83 (95% CI 0.77, 0.89), Pacific 0.87 (95% CI 0.84, 0.91), NMNP 0.87 (0.83, 0.91); and modified PRIEST, Māori 0.85 (95% CI 0.80, 0.90), Pacific 0.81 (95% CI 0.76, 0.86), NMNP 0.83 (95% CI 0.79, 0.88).

Conclusion

4C mortality, CURB-65 and PRIEST severity scores showed adequate calibration and good discrimination in Māori, Pacific and NMNP patients and are suitable for implementation into clinical practice. Monitoring will be required to ensure accuracy, particularly for Māori where there was less certainty around correlation.

Practice Points

- Te Tiriti o Waitangi provides a research framework to support Māori health gain and equity.
- Action is required to address poor quality ethnicity data in hospital clinical records and prevent perpetuation of inequities through risk prediction.
- A multidisciplinary team is required to develop and implement severity prediction scores.

Analysis of Skin Condition Emergency Department Outcomes via Healthline (run by Whakarongorau Aotearoa)

Wilson, Miriama; Pienaar, Fiona, Ruth, Large*, Wright, Matthew, Foliake, Siale; Mikaere, Martin. Whakarongorau Aotearoa

**Chief Clinical Officer, Whakarongorau Aotearoa // New Zealand Telehealth Services*

Background and aims

Skin conditions disproportionately affect Māori and Pasifika, children under four and New Zealanders living in more deprived areas of Aotearoa. The risk of untreated skin conditions include secondary infection by Staph aureus, Strep progenies and potentially can lead to cellulitis, bacteraemia, osteomyelitis and rheumatic fever and heart disease.

This study aimed to analyse the outcomes of skin condition calls made through Healthline, which callers utilised the image upload facility within healthline and investigate the disposition of these callers.

Method

Skin conditions with an ED outcome were analysed in this research including demographics of service users, age group, ethnicity and area of residence. This research had a specific interest in whether Māori and Pasifika were utilising the service and their subsequent call outcomes. Deprivation data was accessed to investigate possible correlations with skin conditions ED outcome data.

Results

Māori and those living in more rural areas are overrepresented in skin condition ED outcome calls. This is likely to be secondary to inaccessibility and unaffordability of health services in Aotearoa. Pasifika data does not match the high numbers of Pacific peoples presenting at ED with severe skin conditions, this indicates a lower use of the Healthline service by Pasifika.

Conclusion

A free Telehealth service providing access to imaging upload and diagnosis and prescribing could decrease the incidence of severe skin conditions and their sequelae in New Zealand.

Practice Points

- Telehealth services can provide a safe and effective way to provide health care where access is difficult
- Reducing access block to healthcare by Telehealth could help reduce skin major sequelae from skin conditions
- Further investigation into the use of these services by Pacific peoples is required

Museum of New Zealand Te Papa Tongarewa



55 Cable Street, Te Aro, Wellington

The Museum of New Zealand Te Papa Tongarewa is New Zealand's national museum. Te Papa is the 26th-most-visited art gallery in the world and it takes pride of place on Wellington's waterfront. Reflecting the country's identity, history, and culture, New Zealand's national museum operates under a bicultural philosophy, emphasising the living stories behind its cultural treasures.

Just a two minute walk from The Wharewaka Function Centre, discover the rich stories of New Zealand. Te Papa has something for everyone, from precious Māori and Pacific treasures, to the colossal squid and the national art collection.

Entry is free, but charges apply to some short-term exhibitions and activities | Open daily, 10am–6pm

Te Wharewaka o Pōneke Education & Tours



Level 1, 2 Taranaki Street, Taranaki Wharf, Wellington

Te Wharewaka o Pōneke's Cultural Walking Tours offer you a chance to experience Māori culture right here in Wellington's Central Business District. Uncovering Wellington's rich and diverse Māori history, this indigenous Māori cultural experience provides visitors to Wellington with an authentic and unique opportunity to share the stories of Te Whanganui-ā-Tara (Wellington) from a Te Ātiawa/Taranaki Whānui (tribe) perspective.

Tour dates:

11 September 2023: Tour departs at 12:15pm

12 September 2023: Tour departs at 12:45pm

Duration: 1 hour

Bookings are essential and can be done via the NZCPHM [website](#).

Offsetting Our Emissions



<https://ekos.co.nz/>

COVID-19 precautions

As public health practitioners, delegates are aware of the risks of transmitting COVID-19 and other communicable diseases in large gatherings.

Pre-travel: Participants are advised that if unwell, they should stay at home and connect into the ASM virtually.

Vulnerable attendees should take responsibility for managing their own risk and should consider attending virtually.

At the ASM venue: Hand sanitiser and masks will be provided. RAT tests are available in case they are needed.

Participants are asked to be mindful of bottlenecks (doorways and narrow passageways) and to maintain social distancing.

Daily catering is buffet-style in the Matiu room. The area is spacious, and hand sanitiser will be provided. Mingling outdoors is encouraged.

The dinner venue is spacious, with high ceilings. There will be no other groups using the venue at the same time. Serving will be buffet-style, and hand sanitiser will be provided.