



Good health for all    Health equity in Aotearoa  
Hauora mō te katoa    Oranga mō te ao

Gather Share Learn



Public Health Association of New Zealand

**Annual Report 2021**

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The Public Health Association (PHA) is an umbrella voluntary association for all those who see themselves as part of the public health workforce and are concerned about health equity. Our vision is: Health equity in Aotearoa Hauora mō te katoa. Oranga mō te ao.

The PHA seeks to be a strong, informed and influential voice for public health through which its diverse range of members can work together to achieve shared goals and improve the health of New Zealanders.

The PHA currently has around 300 members. Our members and friends work together to:

- Provide a collective voice on the social determinants of health
- Gather, share and learn with others in public health
- Influence policy to improve the health of all people living in New Zealand
- Keep up-to-date with events and issues in the public health sector

#### Ngā mihi nui

As a voluntary organisation committed to improving the health of all New Zealanders, we rely on the generosity of the volunteer time given by members to make our work possible. Members donate their knowledge and skills to ensure the work of the PHA is timely and is based on the best available evidence for which we are very grateful.

An electronic version of this annual report is available online from the PHA website.



## From the President



Maxine Stewart

Tena koutou katoa,

Ngā mihi ki a koutou i runga anō i ngā tini āhuatanga o te wā

The world has changed significantly in the last 12 months due to the impact of the COVID-19 pandemic: but we must also at times celebrate, commiserate and reflect on the opportunities for change, evolving public expectations and many positive advances .

I wish to acknowledge all of our members who steadfastly advocate in their respective professional, community and/or personal capacity to do what needs to be done to eliminate this terrible pandemic while continuing action on the other endemic public health issues that required our attention from before the pandemic.

For 2021, the association focussed on;

- Re-vitalising the membership and caucus groups nationally, and working on increasing the membership and volunteerism
- Ensuring up to date Public Health material (National / International) was available on line
- Co-hosting the annual post-budget debate in Wellington
- Participating in an active and varied public submissions programme
- Assisting the Midlands DHB's senior and management groups programme plan with training on mapping and disrupting racism
- With STIR, facilitating online anti-racism webinars
- Setting up a system to accelerate the leadership, innovation and assisting in growing our people, membership and members
- Co- hosting the 7<sup>th</sup> WFPHA Workshop on COVID-19 response

In late 2020, we welcomed Grant Berghan as Chief Executive to the Association. We are already reaping the benefits of his 30 plus years in Public Health and his knowledge in supporting infrastructure development with private and public businesses. I wish to acknowledge Grant's mahi for the year and his leadership in growing and equipping our Association for an evolving landscape now and into the future.



I wish to extend a mihi to the existing PHA council and their solid foundation and expertise on public health issues. The council are all worth their weight in gold. We created two sub-committees, one being a finance, the other a policy and procedure committee.

All have been tremendously supportive to actioning the vision and strategies of the association. In particular, as these are all volunteers' roles, to bringing into effect past remits of a co-chair's role and increased Māori membership on the executive council.

These remits will take effect in 2022 -2023.

Nga mihinui ki a koutou



## From the CEO



Grant Berghan PHANZ CEO

### The Chief Executive Officer's report:

Ko te maunga tapu i Huruiki ka tare-hua,  
 E mihi ana ki te whenua  
 E tangi ana ki nga tangata.  
 Korohihi po, korohihi ao,  
 O rongo I tungi ai ki te mata hou o Tu  
 Tu winiwini tu wanowano  
 Tu whakaputaina ki te wheao, ki te ao marama.  
 Whano whano  
 Haere mai te toki  
 Haumi e hui e taiki e.

Tena tatou katoa;

These are extraordinary times. COVID 19 has so ruptured our existing world that to move forward will require a complete break from the past and the reimagining of a new society built on a reset of our social and economic frameworks. A resilient society is built on trust, a sense of belonging, a willingness to participate and help others, and policies that ensure social and economic inclusion<sup>[4]</sup>. How we rebuild will determine whether we emerge from this pandemic with our social cohesion intact or shredded, as COVID fatigue erodes our tolerance, goodwill and the inclination to collaborate. This is a time to be united by what we share in common rather than divided by those things that challenge us.

Māori would argue that at the heart of any rebuild should be a genuine commitment to Te Tiriti o Waitangi, and an honouring of that sacred covenant between Māori and the Crown. This is the pathway the Public Health Association has chosen to pursue, with the implementation at the 2021 AGM of a remit which enables a Māori Co-President and “at least half the governance body” to be Māori. In what is arguably, one of the most significant remits in the history of the PHA, the PHA will be bolstered by the leadership of an additional five



Māori public health leaders. As we brace ourselves for an escalation of the spread of the delta variant through our communities at this time, the injection of Māori leadership into the PHA could not have come at a more opportune time. We welcome all new members to the PHA Executive Council, and offer our heartfelt thanks to those who are standing down.

At the same time as the COVID 19 incursion, we are undergoing a significant reform of our Health and Disability Sector. The reforms go beyond the recommendations made by the Simpson report on the Review of the Health and Disability Sector (June, 2020) and are the most significant changes to the Health sector in more than thirty years. In short, the Simpson review found the current health system not fit for purpose. It recommended a tripartite structure led by the Ministry of Health and supported by two new entities, Health NZ, within which the functions of the 20 DHBs would be merged, and a Māori Health Authority, who would lead the improvement in hauora health outcomes. A new National Public Health Service (located within Health NZ) will bring together the 12 Public Health Units as a single operational service, and within the Ministry of Health, a new Public Health Agency (note the acronym) will provide policy advice, strategy, monitoring and public health intelligence.

Primary and community care will be reorganised to serve communities through localities, while hospital and specialist services will be planned and managed by Health NZ.

Te Hiringa Hauora, the Health Promotion Agency, will be disestablished, and its functions transferred to Health NZ, and the Ministry of Health, with the functions within Health NZ becoming a shared service across Health NZ and the Māori Health Authority.

These are big changes. But what do they mean for public health and the future of the Public Health Association of New Zealand?

Although the health and disability system performs well against most international comparisons, outcomes for Māori, Pacifica peoples and disabled people are persistently worse and have been so for decades. Successive Ministries and iterations of DHB Boards and decades of “good public health intentions” have failed to change the dismal outcomes for our most vulnerable groups – outcomes that are getting worse under COVID 19. We have struggled to shift the focus from illness and treatment to improving health outcomes by preventing disease and promoting healthy behaviours across all sectors. We failed to constrain the powerful commercial interests who have successfully lobbied our Governments and undermined our public health interests for decades in order to maintain their privilege. These reforms provide us with a unique and rare opportunity to reset the public health dial, to leverage this viral contagion to amplify public health influence, expertise, action, and outcomes across the Whole of Government and Whole of Community (the Whole). And they provide us with the chance to better exploit the synergy that lies at the intersection of Māori health (hauora aa iwi) and public health (hauora aa iwi).

The indications thus far are that the Government is strengthening public health leadership and infrastructure from the Centre (ie a new Public Health Agency, a new National Public Health Service, a new expert advisory committee on public health) and reconfiguring architecture in order to be more efficient. The focus appears to be mainly on responding to



national emergencies such as the current pandemic, and effecting the necessary legislative changes to enable delivery of the new Vision. This is good stuff but again, the detail relating to how public health will work with our most vulnerable communities (Māori, Pacifica, disabled), a significant part of our *raison d'être*, is absent. Similarly, there has been little discussion on the role that the public health NGO sector (including the Public Health Association) will play, into the future. We would argue that a strong NGO sector in a democratic society is fundamental to good government, not only to hold Government to account, but because NGO organisations traditionally are more flexible, agile and closer to local communities than Government agencies can be.

Despite the distractions of COVID 19 and our current health sector reforms, this is a crucial time for Public Health. It is not yet clear whether the proposed changes will be sufficient to ensure that our sector grows and thrives in the face of radical uncertainty. But if public health is to be at the heart of the reformed health and disability sector, then there is a lot more work to be done to ensure that:

- Leadership is distributed and not resident in one person or role;
- Vulnerable populations and groups are at the heart of the public health strategy;
- The NGO public health sector is strengthened;
- The relationship between Māori health and public health is strengthened;
- Social cohesion strategies feature strongly;
- Public health extends itself beyond the health and disability silo to encompass the Whole.

Finally, I wish to acknowledge and thank:

- Our staff at national office, Fiona Blacklock, Leah Bain, Dr Leonie Walker and Nikita Kataria for their hard work on behalf of the organisation;
- Our Chairperson, Maxine Shortland, for her capable guidance, strategic nous and leadership;
- Our Board members, Fran Kewene, Hineira Hamiora, Toni Richardson, Gail Duncan, Dr Nicole Coupe, Dr Lifeng Zhou, Dr Jalal Mohammed for their unselfish contribution to the leadership of the Public Health Association. Special mention to Toni Paterson for her many years of service and exceptional contribution to the organisation.
- Our hundreds of members throughout the country for their fidelity to this organisation.
- And I wish to extend a warm welcome to the new members of the PHA Executive Council including though not limited to:

Co-Chairperson Nari Faieri, Chris Webber, Karmin Erueti Dr Teah Carlson and Leah Bain

Grant Berghan  
Chief Executive Officer,  
11th November, 2021.



## Branch Reports



AUT Branch PHA Annual Report: November 2020- September 2021

*Ahakoā he iti he pounamu - Although it is small it is precious*

It has been an exciting first year for the Auckland University of Technology branch of the NZ PHA. We have grown our financial membership to around 50 financial members and our informal network via our teams' site sits at around 120 colleagues, students and alumni connected to our branch.

We have established a series of working groups.

**Research policy and advocacy network** – this rōpū is trying to build the public health advocacy capacity of branch members and foster informed kōrero around public health issues. This rōpū is also interested in supporting researchers to use their research to influence public policy for improved public health outcomes. They were the driving force behind the inaugural public health winter advocacy series.

**Health Promoting Faculty working group** – this rōpū continues to socialise the idea of our faculty becoming a Health Promoting Faculty. They have hosted a wellbeing workshop and with the arrival of our new Dean we will be pitching a formal proposal to secure official endorsement and resources to support this endeavour.

**PHA learning and teaching network** has been very active meeting monthly planning how to decolonise teaching and curriculum within our Faculty. They successfully advocated for the establishment of series of two-day Te Tiriti o Waitangi training over the next year for all Tangata Tiriti staff within the Faculty. They have also hosted unique learning and teaching forums.

**Infrastructure team** has quietly worked in the background providing support to the working groups, recruiting new members, minding our accounts and helping land events.



We have contributed to ten events outlined below - many of which were open to public health colleagues around the country. We have created Faculty wide interest in public health far beyond AUT's boutique public health department.

1. 24<sup>th</sup> November 2020 – **A conversation with Prof Peter Crampton** (Otago University) – a hybrid virtual and face to face public lecture at south campus



PHA members and colleagues AUT south campus. Photo: Denis Came-Friar

Prof Peter did a broad ranging scholarly kōrero sharing his experiences on the health sector review advisory committee. He argued for increased investment in public health so New Zealand's public health institutions were fit for purpose in a covid-19 and post-covid19 world. We were delighted to be able to celebrate a public health colleague with such mana and standing in the academic community. Recording available here: <https://bit.ly/2XxYJs0>

2. 9 Feb 2021 - **A conversation with Grant Berghan a Māori health champion**

Grant Berghan (PHA CEO) launched his inaugural national PHA road trip at AUT South in Tāmaki Makaurau with a warning about a looming existential crisis in public health. His visionary kōrero focused on healing and preparation for opportunities in the changing health sector. Andrew Little's response to the Health and Disability Sector Review was expected imminently. Grant explained how he would use his road trip to take the temperature of PHA members everywhere. His message was one of healing through drawing together Māori and Tauīwi perspectives to shape an inclusive response which would reflect the collective essence of both public health and Māori public health. The hui was the first event of the year for the AUT Branch of the PHA. It was well-attended by members and non-members alike. We were buoyed by Grant's personable face-to-face approach, wisdom and optimism. We counselled him to ride carefully and urged him to come back with his findings soon.

Recording available here: [Call for Action Session with Grant.mp4](#)



3. 22 March 2021 – **Beyond diversity the myth of inclusion** a webinar featuring Manjeet Birk (Carleton University – Canada), Jean Allen (AUT) and Rhema Vaithianathan (AUT). On the back of the release of the Davenport report into harassment and bullying at AUT we decided to explore more deeply what diversity and inclusion mean in the context of public institutions through the perspective of three academics. They provided sharp analysis and emphasised the importance of action to addressing gender-based discrimination and racism on campus. They also examined about how or why particular privileged groups of people would or should give up their power? They also questioned whether diversity and inclusion were actually achieving anything long term, or just another form of tokenism.

Recording available here: <https://bit.ly/3zzcLGN>

#### 4. 27<sup>th</sup> March 2021 - **Planning to end racism: A national gathering**

In partnership with STIR: Stop Institutional Racism and NZ PHA Head office we co-hosted 75 anti-racism practitioners at AUT south campus. The kaupapa of the day was to collectively explore what we thought was important to include in the forthcoming National Action plan on Racism (NAPR). The NAPR is currently being developed by the Ministry of Justice (leading government engagement) and the Human Rights Commission (leading civil society engagement). We ran the day using a three-way caucus model with tangata whenua (led by Grant Berghan), tangata Tiriti – Pākehā (led by Catherine Delahunty and Heather Came-Friar) and tangata Tiriti Tauwiwi people of colour (led by Ara Simmons).



Anti-racism practitioners gathered at AUT south campus. Ara Simmons, Grant Berghan, Catherine Delahunty and Heather Came-Friar. Photos: Denis Came-Friar

We developed a 10,000 word briefing paper that is Māori centred and articulates what Te Tiriti based anti-racism looks like while holding the integrity of the unique views of each caucus.



STIR, & NZ Public Health Association. (2021). [Briefing paper on the forthcoming National Action Plan Against Racism Against Racism](https://www.pha.org.nz/resources/Documents/Briefing%20paper%20final.pdf).

Auckland, NZ: STIR: Stop Institutional Racism and NZ Public Health Association. [Retrieve - <https://www.pha.org.nz/resources/Documents/Briefing%20paper%20final.pdf>]

This gathering has also led to the formation of a national network of anti-racism practitioners which will be meeting together quarterly to engage in whanaungatanga and strengthen collaboration across a disparate anti-racism sector.

#### 5. 31<sup>st</sup> March 2021 - **Critical te Tiriti analysis: A tool to strengthen te Tiriti compliance**

We hosted a full day workshop led by Heather Came and Jacquie Kidd at AUT south campus.

Critical te Tiriti Analysis (CTA) was developed by Dominic O’Sullivan (Charles Sturt University), Tim McCreanor (Massey University) and Heather Came (AUT) to assess Te Tiriti o Waitangi compliance of policy. CTA is a process of assessing the influence of Te Tiriti by reviewing a policy or proposal against the agreement’s five elements– the preamble, the three written and the fourth oral article. It is a simple five step process of i) orientation to the document, ii) closer examination against the elements of Te Tiriti iii) determination against a set of indicators iii) strengthening practice – suggestions of how to improve the policy with reference to te Tiriti, and v) Māori final word – an overall assessment of Te Tiriti compliance.

Seventy-five people attended this sold-out fundraising event which was attended by both locals and colleagues flying in from around the country.

#### 6. 26<sup>th</sup> May 2021 - **Radical (self and collective care)** the art of preventing burn-out, navigating burnout and the importance of collective action – virtual- Toni Shepherd (Auckland DHB), Selina Robinson (NZ Nurses Organisation) and Julie Douglas (AUT).

Covid-19 continues to put additional pressure on academics with the switch to on-line teaching, the uncertain fiscal situation and the transition to Canvas a new learning and teaching platform. It is challenging to maintain work-life balance, it is a struggle to stay centred and well. In this webinar we were gifted three perspectives on how to maintain individual and collective wellbeing. Thanks to the Tertiary Education Union for collaborating on this webinar.

#### 7. 21<sup>st</sup> June 2021 - **Creating rainbow curriculum** and supporting LGBT+ students/colleagues in gender fluid times – south campus– Prof Welby Ings, Prof Marilyn Waring, Geoff Rua’ine.

Pride celebrations originated in the northern hemisphere and were traditionally celebrated in June around Stonewall Day – 28<sup>th</sup> June. This day literally marks a riot in New York in 1969 when the rainbow community fought back after a police raid at a gay bar. We decided to mark the occasion in two ways



i) through the yarn bomb pictured below #somewhere under the rainbow and ii) through a learning and teaching curriculum workshop. The speakers were powerful and personal; sharing lived experiences that brought history to life in a meaningful way. There remains much to talk about in this dynamic space and it seems few of our programmes in the health faculty have embedded rainbow curriculum. This is the beginning of a longer conversation; meantime Jess Lewthwaite AUT's rainbow community co-ordinator is available to help academics that want to strengthen their rainbow expertise and curriculum. Thanks to the midwifery crew for the soup kitchen.



Photo: Prof Judith McAra-Couper

#### 8. Winter public health advocacy series – 5- 9 July

We had the pleasure to host the Inaugural Winter Public Health Advocacy Series for a week this year in early July. Lunchtime webinars were available each day with a different theme inviting vibrant, curious, and motivating conversations filled with candor. We were honoured to have guest speakers share their wisdom and lived experience of advocacy in the field.

- Writing submissions to influence public health outcomes – Dr Heather Came-Friar and Janell Dymus-Kurei <https://www.facebook.com/watch/?v=800434827530377>
- Writing effective policy positions to inform public health advocacy – Kali Mercier and Dr Richard Egan <https://www.facebook.com/watch/?v=194081662659693>
- Presenting to a select committee – Nándor Tánczos and Dr Grace Wong <https://www.facebook.com/phanewzealand/videos/438143470928831>
- Strengthening media advocacy skills – Mapihi Opai and Nicola Igusa with Dr Huhana Hickey and Prof Mohan Dutta [PHA@AUT - Strengthening media advocacy skills.mp4](#)
- Using social media for public health advocacy – Catherine Delahunty, Stephen Blyth, and Anna Rawhiti-Connell [PHA@AUT - Using social media for public health advocacy.mp4](#)

Thank you to all involved. Especially Grace Wong for “grace under fire” and Jo Egan for her leadership.



9. 9<sup>th</sup> August 2021 **Karakia in the workplace** - public lecture city campus collaborating with the Diversity Forum with Dr Valance Smith, Teresa Krishnan, Prof Edwina Pio, and Annabel Farry  
For some colleagues the use of karakia within the university is tricky, problematic, and potentially offensive. For others of us it is a way to integrate tikanga, celebrate wairua and open up and hold a space. This well attended session in collaboration with the Diversity Forum was a safe space to kōrero about how we are using karakia on campus and what it can mean to our practice.

10. 16<sup>th</sup> August 2021 - **Critical te Tiriti analysis**: A tool to strengthen te Tiriti compliance – Dr Heather Came and A/Prof Jacque Kidd – south campus.

A repeat of the March CTA workshop this session was also sold-out and has helped cover costs of the branches' annual activities.

#### 11. Financial update

Incomings		Outgoings	
Membership fees July 2020 – Sept 2021	\$554.30	Koha Crampton public lecture - Nov 2020	\$50
CTA March 2021	\$1713.63	Koha radical care webinar – May 2021	\$132.50
CTA August 2021	Approx \$1500	Koha rainbow curriculum – June 2021	\$132.50
		Koha winter advocacy school – July 2021	\$370
		Koha for CTA workshops – March and August 2021	\$225
<b>Total</b>	<b>\$3767.93</b>	<b>Total</b>	<b>\$910</b>
<b>Overall balance</b>			

- Only approximate figures available at the time of submission.



## 12. Membership update

Financial/ renewing members	Approximately 63
AUT branch teams site network	127 network members

Finally, many thanks to our interim committee that have made this magic happen.

Balakrishnan Nair, Jalal Mohammed, Ritesh Singh, Judith McAra-Couper, Susan Crowther, Erica Hinckson, Eleanor Holroyd and Jo Egan.

Thanks to our outgoing treasurer Ann George we really appreciated your contribution to our branch.

Thanks to Jacquie Kidd for your generous support of our fundraising efforts.

Thanks to Jalal Mohammed for his service on the PHA Executive Council.

Thanks to Head Office – particularly to Leah Bain and Grant Berghan for your tautoko.

Ngā mihi



Heather Came-Friar

Interim Chair AUT branch NZ PHA



## Wellington Branch Brief Report: June 2020- June 2021.



Ramil Adhikari, Co- Chair.

E ngā mana,

E ngā reo,

E ngā karangatanga maha,

Tēnā koutou.

The Covid 19 – Pandemic has created a challenging situation to our people and communities wellbeing. The Public Health Wellington Branch has been engaged through out the year. As we are aware of the challenging circumstance has been arose this year since last year since when COVID – 19 was found in New Zealand (NZ). The Public Health Wellington Branch has supported the government policies and promoted the awareness in the community in different aspects. The Branch and branch members have been supporting community for mental health wellbeing during lockdown & post lockdown by supporting the students and immigrants who got affected by it. Also, COVID-19 social awareness message has been promoted for non- English speaker especially targeting to the senior citizen migrated to New Zealand has promoted in written and verbally about the.

We have also continuously promoted the public health related seminars and conferences happening in Wellington region particularly in Universities like, Otago, Massey & Victoria.

We held the Election 2020 Political Forum: Children’s Well-Being 30th September 2020 in collaboration with The Equality Network, Tick4Kids, Child Poverty Action Group and United Community Action Network. Tick4Kids has been our new and strong connection.

We planned to hold our annual Post Budget Breakfast in May 2020, which we have been organising jointly with CPAG for over a decade, but unfortunately COVID got in the way. Our



face to face breakfast meeting in Wellington was cancelled and was replaced with a national online Post Budget event that CPAG took the lead in organising.

We have also continuously promoted the public health related seminars and conferences happening in Wellington region particularly in Universities like, Otago, Massey & Victoria.

The PHA- Wellington branch has participated on 25<sup>th</sup> July together with Pipitea Marae on Alternative Aotearoa seminar at which substantive policy solutions confronting racism, development of a responsive empowering accountable state, empowering youth, ecosystem that allows us to survive, workers and livelihoods, wellbeing, health, and justice were outlined. Dr Jude Ball represented the branch & presented in the 'Health Solutions' session <https://youtu.be/4tQJFiyi-s>.

We held the Election 2020 Political Forum: Children's Well-Being 30th September 2020 in collaboration with The Equality Network, Tick4Kids, Child Poverty Action Group and United Community Action Network. Tick4Kids has been our new and strong connection.

The Branch hold a meet and greet with our new CEO 'Grant Berghan' On Friday (26th February). The Public health issues locally and nationally were discussed. In addition to it, Grant had clarified the engagement and vision of PHANZ towards its mission in future.

### **Influencing public policy:**

Submissions:

We made a submission to the Policy review of Wellington city council in July 2020.

1. Our City Tomorrow (the Draft Spatial Plan); Open consultations and engagements;

The decisions branch applauded, because they will improve the health and wellbeing of Wellington residents, include:

- The decision to adopt an accelerated cycleway development programme in the LTP.
- Spatial Plan decisions that allow for the densification of Wellington's city centre and inner suburbs, creating more homes to address the housing crisis

Note: We also sent a letter regarding Alcohol harm mentioning branch supports on minimizing Alcohol harm in Wellington.



## 2. Central Library consultation- April 2020

The Central Library is one of the most visited places in Wellington and a centrepiece of Wellington City and a key issue for Wellington citizens. PHA, Wellington Branch had commended the Council for the interim library arrangements in establishing two pop-up libraries and maintaining the reserves services and other functions. But there is an urgency for the Central Library to reopen to provide for equity and social inclusion and to revitalise the city centre.

3. We have also promoted for submission in active participation for Air Quality consultation by Ministry for the Environment.

## Ngā Rerenga o Te Tiriti/Our Treaty Journey

The Wellington branch strongly commits to Te Tiriti o Waitangi.

- Building relationships: The branch continues to create good working relationships with the local District Health Board, Wellington City council, Tick4Kids & Child Poverty Action Group

<https://www.tearawhiti.govt.nz/assets/Tools-and-Resources/Building-closer-partnerships-with-Māori-Principles.pdf>

## Membership

Branch membership has an audience in total of 124, out of which 106 are subscribers. Between 5 – 7 people actively contribute to Branch meetings. We are currently seeking people to fulfil some roles.



## Canterbury/West Coast Branch

When our year opened, all eyes were on the future. We held an AGM with a Medical Officer of Health, who reflected on COVID and equity with an eye to rallying 2020's shared conviction, commitment, and action to address further critical public health issues, like climate change. We welcomed Grant to Ōtautahi on his motorcycle tour of Aotearoa; we reflected on the strengths of our region and imagined what the future might look like for the PHA, for the future of public health, for our future in general.

Take our little pieces of wisdom. Take the aspirations, take the plans. Funnel them into a kaleidoscope. Watch them shift and change. This year, it sometimes felt like our hands were on the kaleidoscope; other times, it felt like the grip was COVID's. Regardless, we managed to navigate the movement, to trace some patterns, and to find – or make – some beautiful pictures.

One project of the branch was to reimagine the expression of our commitment to developing the next generation of the public health workforce. We've typically done this through conference scholarships. With conferences mostly off the table this year, we decided to offer a book grant to public health students across two local universities and the polytech. The grant was promoted to acknowledge Viv Daley, a long time leader in the Public Health Association, recognized last year for lifetime achievement. In honour of Viv's interests and spirit of mentorship, we sought to support a student with interest in health promotion, Smokefree, alcohol action, and/or sexual health. We congratulated two students as successful recipients of the book grant. Unfortunately the event to celebrate this was cancelled due to lockdown, but its intent remains strong.

We experimented with a new process for writing a submission this year to our largest local council's Long Term Plan. Through a centrally agreed strategy and a decentralized process, drawing on a realistic mix of the branch's expertise and energy, we were able to advocate for equity, and for our city's libraries, art gallery, community grants, transport, and community action to mitigate climate harm.

COVID brought about many changes this year, and significantly impacted on the capacity of our local PHU to contribute to the PHA. This is a significant challenge facing our branch. More ordinary life events have also coloured our branch, as our members retired, had babies, acquired fur babies, shifted roles, or moved out of the region. This has at times influenced our work, but more importantly, have offered personal examples for the whanaungatanga that involvement with the PHA offers.

Glimpsing towards the kaleidoscope of 2022 and beyond, we see other significant changes on the horizon – COVID's persistent position in our landscape, other persistent or evolving public health issues, the health reforms, and more. We look forward to shaping these from within Waitaha, reflected in partnerships with other regions, and with the PHA as a whole.

Sara Epperson  
*Chair, Canterbury/West Coast Branch*  
*Public Health Association of New Zealand*  
[canterbury@pha.org.nz](mailto:canterbury@pha.org.nz)



## Otago Southland Report 2021

### **Naku te rourou nau te rourou ka ora ai te iwi**

*'With your basket and my basket the people will live.'* Our Branch drew on the collective strengths of engaged members to have a highly productive year. Thanks to everyone who attended monthly meetings/events and contributed to PHA and other activities to address the determinants of health that are driving inequity in Aotearoa.

Our member survey (n=16) yielded valuable insights into members' needs. Our members have diverse public health interests and expertise, but we are united in our support for collective public health action. We value advocacy for public health issues at local, regional and national levels. Inequalities, housing and climate change were preferred topics, so these became priorities for branch activities. We shared these findings with Grant Berghan when he kindly visited us in Ōtepoti and Murihuku (Feb21).

#### *Housing advocacy:*

The housing/rental/homeless crisis was recognised as an important public health issue. To learn more about local issues and proposed solutions, we benefited from several guest speakers: Ben Ross (Habitat for Humanity), Jeremy Baker (Cosy Homes Trust) and Dr James Berghan (University of Otago). Our Ōtepoti housing advocacy group, led by Frances Palmer (members: Shaun, Rob, James, Louise, Jude, Tom), attended most Dunedin events on housing in 2021 - we listened, learnt and shared information with others as we advocated for affordable, accessible and sustainable housing for all (equity). At the event where the PHA was invited to speak, Fran Kewene shared her whānau's story and her insights into the housing crisis.

Thanks to all members of the housing advocacy group for your important contributions to our collective voice. Thanks to Frances P., our branch made three written submissions at local and national levels (DCC 2GP, DCC 10yr Plan [+oral session], GPS on Housing and Urban Development), and we contributed to the PHA's Natural and Built Environments Bill submission and the State House Building Coalition's letter to the Minister advocating for an industrial scale state-house building programme.

#### *Ngā rerenga o te Tiriti / our te Tiriti voyage:*

Fran Kewene and Heather Came-Friar inspired, entertained and activated 42 'disruptors' at our full-day workshop on *Disrupting Racism & Upholding Te Tiriti* at the Dunedin Public Art Gallery (Mar21). The experience was enriched with the positive energy of the diverse group from health, disability and social sectors (including 11 from Murihiku). Attendees especially valued the sessions on Te Tiriti: revision, breaches in the health sector (WAI2575), responsiveness planning, and critical policy analysis. Sincere thanks to facilitators, participants, helpers and national staff (Fiona & Leah) for enabling us to host this fabulous event!

This workshop inspired us to think strategically about our Te Tiriti voyage: where we are now, where we want to be in 5-10 years and our next step. We developed a 5-10yr Te Tiriti Responsiveness Plan to guide annual planning for member consideration and approval at our AGM (Sep21). We are committed to creating a



culturally safe environment for the wellbeing of all members, so we can connect and engage in upstream activities to disrupt and transform systems that drive wellbeing/hauora and health equity.

*Many thanks:*

Last October Toni Paterson stepped down as Branch Chair after 5+ years of service in Chair and Secretary roles. In July 2021 Fran Kewene moved to Wellington. We sincerely thank Fran and Toni for their past and present service at PHA branch and national levels.

Throughout this year we welcomed new national office staff (Grant, Léonie, Nikita) and new members, including Frances Palmer and Shauni Burke who enthusiastically engaged in PHA activities - thank you!

And last but not least, a huge thanks to our executive team, Bridget Forsyth (Secretary/Membership Secretary) and Shaun Cavanagh (Treasurer), who work tirelessly to manage Branch communications and to scan the public health landscape for learning and advocacy opportunities to share with members.

With change comes opportunity... we're looking forward to the exciting year ahead of us!

*Otago Southland Branch Exec Team (Louise Mainvil, Bridget Forsyth, Shaun Cavanagh)*



## Annual report by the Asian caucus of the PHA

Dr Lifeng Zhou, Chair of the Asian caucus, 28 October 2021



Fig 1 CPAG (Child Poverty Action Group) and Post-budget breakfast – Executive Council members and speakers

The two big items for the health and disability sector in 2020/21 were the fight against COVID-19 and the health and disability system reform. These were also the focus areas for the Asian caucus.

The Asian caucus had regular virtual engagement with CEO Mr Grant Berghan on the high level updates of health and disability sector reform and the work completed and planned at the national level including Grant’s national tour and his reflections.

The Chair of the Asian caucus Dr Lifeng Zhou worked with the national office of the PHA in planning the pre-conference of the 2022 Asia Pacific Regional Public Health Conference, by liaising with the Asia Pacific regional office. The pre-conference is to be held this November.

Dr Grace Wong worked hard with others in the area of anti-racism (<https://www.aotearoaposter.com/project-team>). Grace is also leading the work drafting a statement on anti-racism from the perspectives of the Asian and ethnic communities.

The Caucus also agreed with the Chair’s idea of setting up “Asian Health Reform Advisory Group” to provide advice to the Transition Unit and the government. Recommendations titled “**make the**



**invisible visible”** are being drafted and will be shared with stakeholders. The caucus had the privilege to talk to MP Naisi Chen this October to share our insights and thoughts about the health reform highlighting equity is also applicable to the Asian and ethnic communities in the spirit of Te Tiriti o Waitangi, and calling for national and regional strategy and plan, and enhanced governance and healthcare operations for Asian and ethnic minorities.

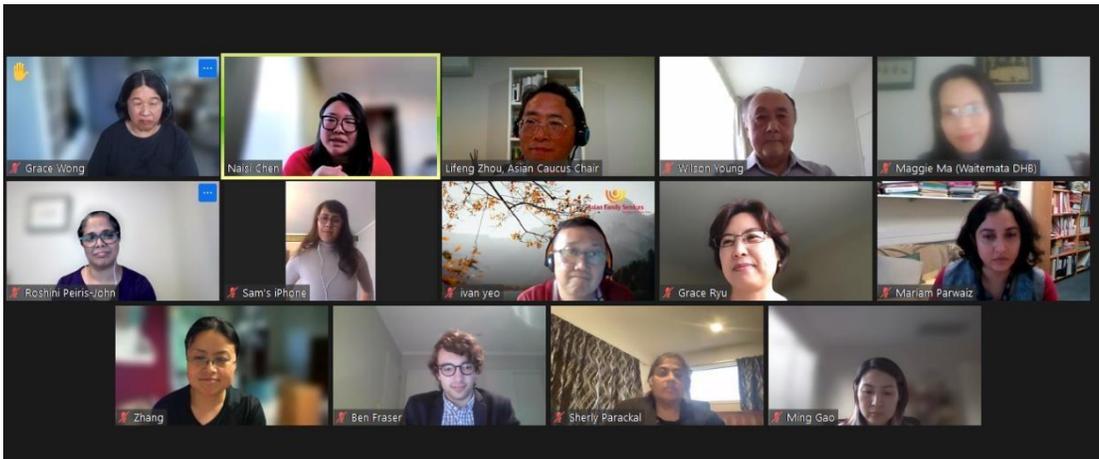


Fig 2 Hui with MP Naisi Chen on the health and disability system reform

With the support of the national office and the Executive Council of the PHA, the Asian caucus was successful in setting up an [official account of WeChat](#) and started to operate it. This official account reinforced the work on vaccination promotion driven by the communities with the support from Waitematā DHB and the Asian caucus of the PHA ([https://mp.weixin.qq.com/s/gDEFbN6cQfqGVd\\_VkpGpLA](https://mp.weixin.qq.com/s/gDEFbN6cQfqGVd_VkpGpLA)).

This account will work with other PHA social media platforms but more importantly it would be a very valuable channel for the Asian caucus in the context of the COVID-19 (e.g. to promote vaccination of COVID-19 vaccine and combat misinformation or false information) and the health system reform.

# National Awards 2021

## Public Health Champions

Each year the PHA honours individuals or groups for their outstanding contribution to public health action by naming them Public Health Champion for the year.

### The Public Health Champions Award

Jointly shared between Associate Professor Heather Came,  
and the Auckland Regional Public Health Service (ARPHS).

### The Pasifika Public Health Award

Dr Api Talemaitoga

### The Tu Rangatira o Te Ora Award

Teresa Olsen, from Kokiri marae health and social services.



# Submissions Report

## July 2020 – August 2021

We have made the following submissions in this period:

STIR & NZPHA. (2021). Briefing paper on the forthcoming National Action Plan against Racism. Auckland, Aotearoa/New Zealand: STIR: Stop Institutional Racism, NZ Public Health Association and Auckland University of Technology.

Letter to Hon Kris Faafoi, supporting alcohol reform , August 2021

Submission to the Joint Venture Family Violence / Sexual Violence

13 Jul 2021

Submission on the Māori Electoral Option consultation July 2021

Submission on the National and Built Environment Act August 2021

CPAG: The first year of Covid 19: Initial outcomes of our collective care for low income children in

Aotearoa NZ - briefing to government June 2021

Joint Venture Family Violence Sexual Violence Consultation 29 June 2021

Letter to Hon James Shaw, Minister for Climate Change 28 March 2021

Drug Law Reform Open Letter to Prime Minister Jacinda Adern

PHA NZCPHM Water Services Bill March 2021

Climate Change Commission Consultation March 2021



# Special Interest Group on Institutional Racism

Annual Report - October 2020- September 2021



Formed in 2013 this PHA SIG is a nationwide network of public health professionals and activist scholars committed to ending institutional racism within the administration of the public health sector. In 2015 we rebranded as STIR: Stop Institutional Racism. The current core membership is Claire Doole, Trevor Simpson (co-chair), Professor Tim McCreanor, Dr Maria Baker, Kate Matheson, Ngaire Rae, Lisa McNab, Dr Nicole Coupe, Leah Bain and Dr Heather Came (Co-Chair). We currently have 750+ associate members through our [Facebook page](#) and an informative [STIR website](#).

## Produce high-quality evidence about racism, anti-racism and te Tiriti o Waitangi application

Critical Tiriti Analysis (CTA) developed by STIR members Heather Came and Tim McCreanor with Dominic O’Sullivan continues to gain traction within the health sector and beyond as a tool to retrospectively review Te Tiriti o Waitangi compliance and increasingly prospectively to inform policy development. Since the initial paper in early 2020, papers have been published using CTA to review cancer control and primary health policy and practice, regulated health practitioners’ competency documents, and the recruitment and performance review processes of public sector chief executives. Several other CTA papers are currently under review. The AUT Branch of the PHA have been running public sold-out public workshops led by Jacquie Kidd and Heather Came as a way to fundraise for the branch and build Te Tiriti/ anti-racism capacity.

Using data from our 2019-20 nationwide public health provider survey several STIR members were involved in publishing a CTA paper on how primary health organisations (PHOs) engage with Te Tiriti in [Health & Social Care in the Community](#). Across the 21 PHOs that responded we found poor to fair compliance with most elements of Te Tiriti but good engagement with equity. We recommended strengthening relationships with Māori, taking a more planned approach with structural mechanisms and normalising Māori world views.



STIR members were involved in writing a CTA paper on regulated health practitioner competency documents for the [NZ Medical Journal](#). This desk-top CTA of 18 regulated health professional bodies competency documents found considerable variation in the quality of the documents reviewed and most were not Te Tiriti compliant. In collaboration with [Ngā Pou Mana Tangata Whenua Allied Health](#) we invited all the regulatory authorities to a webinar to discuss the findings of the study. Twenty-six authority senior leaders attended the constructive dialogue.

As part of a Marsden grant Re-imagining anti-racism theory for the health sector co-led by a STIR member; this year our own Ngaire Rae has began her PhD study on anti-racism praxis from the experience of Pākehā allies during health system reform in Aotearoa. We wish her well with this scholarly adventure.

STIR members also published a viewpoint paper that articulated how Te Tiriti was breached through the Simpson health reforms final report in the [NZ Medical Journal](#). With a colleague we also provided expert commentary on the potential of the Māori Health Authority through [the Conversation](#).

Inspired by the work of Margaret Mutu and Moana Jackson STIR members published a conceptual paper for the [Journal of Bioethical Inquiry](#) about the application of Matike Mai report on constitutional transformation as a novel means to address structural racism within the health system. We argued Matike Mai through its focus on the kāwanatanga, the relational and the tino rangatiratanga sphere could usefully inform the current redesign of the health sector.

STIR members continue to collaborate with claimants to prepare evidence for the next stages of the WAI 2575 Waitangi Tribunal hearings. As part of this mahi we completed a CTA published in the [Australian and New Zealand Journal of Public Health](#) on the recruitment and performance review processes of public sector chief executives in Aotearoa. This paper found no engagement with Te Tiriti or te Ao Māori in the documents released under official information requests.

Thanks to our collaborators and core group activist scholars for their contributions to this significant body of scholarly work. Co-authors included Moahuia Goza, Isla Whittington, Jacquie Kidd, Claire Doole, Ngaire Rae, Deb Heke, Tim McCreanor, Maria Baker, and Trevor Simpson,

## Influence and mobilise the health sector to eliminate racism

For the first time NZ PHA and STIR had a formal presence and booth at Waitangi Day celebrations at Waitangi in 2021. We hosted an information booth about the PHA, public health and Te Tiriti o



Waitangi. We had an action-packed day co-located amongst the Māori health providers of Te Tai Tokerau. We attended the dawn service and ran a popular quiz competition with participants.



Leah Bain, Heather Came-Friar, Grant Berghan (life member) at Waitangi 2021  
Photo: Denis Came-Friar

Planning for Te Tiriti based futures: Anti racism 2022 - (Aka #Decol2022) is well underway. An organising group, with strong representation from STIR, has been formed to plan this online event. The programme is in the process of being finalised and the website is under construction. The event is attracting a considerable number of partners and looks on track to be the largest open-access anti-racism event in the history of this country. We are aiming for 20,000 registrations for the 19-28<sup>th</sup> March event. A new addition to the format in 2022 will be the 24-hour pechakucha for racial justice marathon. As part of this project STIR will be funding a Māori-led wānanga on decolonisation that will run alongside our annual anti-racism master class.

STIR members continue to be actively involved in anti-racism and Te Tiriti training. Members have run workshops for the PHA, assorted universities, district health boards and professional bodies. Feedback is consistently positive, and we struggle to keep up with demand. On the back of that work STIR was invited to submit a proposal to deliver anti-racism training for the NZ Educational Institute. This has led to a significant contract to conduct a nine-stop nationwide tour. STIR members and colleagues have developed a tailored curriculum that they will be delivering in the new year due to covid related delays.

Hundreds of people have attended anti-racism and Te Tiriti workshops led by STIR members in the last year. STIR is currently working with Action Station to secure signatures for an [open letter to Covid Minister Chris Hipkins](#) in relation to statements he made in relation to Māori vaccination rates. We are concerned that the abandonment of an elimination strategy will disproportionately affect Māori. STIR



members have [called out](#) the current vaccination roll out as a breach of Te Tiriti.

He Homiromiro - our virtual decolonisation reading group continues to go from strength to strength. The network now has over 120+ members and we have a core of regular attendees both local and international. Thanks to Alex Hotere-Barnes in relation to his leadership of this network. We are pleased to see the Ministry of Health has launched a programme of anti-racism mahi - Ao Mai te Rā. STIR has been invited to some meetings in relation to this project. Strategically we believe we are bestpositioned as a pro-active critical friend given the reliance of many on government funding.

## Expand and strengthen the capacity, effectiveness and infrastructure of STIR to end racism

In 2020 STIR hosted a three-day anti-racism master class at Kotare Centre for Social Change to build capacity in relation to anti-racism praxis. This event was be led by Miriam Sessa, Heather Came and Grant Berghan. The alumni of this master class continue to be strong allies across all our anti-racism mahi.

In February 2021 STIR took time to reflect and developed a new strategic plan which has four primary pillars: i) research, ii) mobilise, iii) transform and iv) strengthen. A key short-term goal of STIR is to become an Incorporated Society which will enable several of our other proposed actions to be realised. A Tiriti based constitution has been drafted and is currently being worked through by a working group.

STIR over the last eight years has advocated through United Nations human rights bodies for the development of a national action plan on racism. After years of inaction the national action plan is currently being developed by the Ministry of Justice (leading government engagement) and the Human Rights Commission (leading civil society engagement). STIR is not directly involved in the plan's development.

In partnership with NZ PHA in March 2021 STIR co-hosted 75 anti-racism practitioners at a national hui at AUT south campus. The kaupapa of the day was to collectively explore what we thought was important to include in the forthcoming plan. We ran the day using a three-way caucus model with tangata whenua (led by Grant Berghan), tangata Tiriti – Pākehā (led by Catherine Delahunty and Heather Came) and tangata Tiriti Tauwi people of colour (led by Ara Simmons).





Anti-racism practitioners gathered at AUT south campus. Photo: Denis Came-Friar.

We developed a 10,000 word briefing paper that is Māori-centred and articulates what Te Tiriti based anti-racism looks like while holding the integrity of the unique views of each caucus.

- STIR, & NZ Public Health Association. (2021). Briefing paper on the forthcoming National Action Plan Against Racism. Auckland, NZ: STIR: Stop Institutional Racism and NZ Public Health Association. [Retrieve here:](#)

This gathering has led to the formation of a national network of anti-racism practitioners which will be meeting together quarterly to engage in whanaungatanga and strengthen collaboration across a disparate anti-racism sector. STIR is involved in the political distribution of the plan.

The STIR website has been redeveloped and is now more functional. Blogs have been published and members are also active on our Facebook page. Following the Survey Monkey of Facebook members last year, all those who responded were communicated with and informed of proposed developments.

#### 1. Financial update - \$7883.54

Contact co-chairs of STIR [trevor.simpson@pharmac.govt.nz](mailto:trevor.simpson@pharmac.govt.nz) and/or [heather.came@aut.ac.nz](mailto:heather.came@aut.ac.nz)

Trevor Simpson  
STIR Co-chair

Heather Came-Friar  
STIR Co-chair

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Date: 18<sup>th</sup> October 2021

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Date: 17<sup>th</sup> October 2021



## Special Report: 7<sup>th</sup> WFPHA Asia-Pacific Regional Conference



A highly informative preliminary meeting of the 7<sup>th</sup> WFPHA Asia-Pacific Regional Conference on Public Health & Workshop on Vaccination Strategy in BRI Countries was held via Zoom on November 12<sup>th</sup>, 2021.

The workshop, chaired by Xiaofeng Liang (Vice President, CPMA), was opened by Walter Ricciardi President, WFPHA, and Grant Berghan CEO, PHANZ. The workshop was a scene setter for the 7<sup>th</sup> WFPHA conference due to be co-hosted by New Zealand in October or November 2022.

An invited report was presented on prevention and control of COVID-19 and vaccination strategy in the Western-Pacific region by Yoshihiro Takashima, Coordinator, Expanded Programme on Immunization, Division of Communicable Diseases, WHO WPRO.

The meeting was given a sobering overview of the ongoing threats to public health from a raft of vaccine-preventable infectious diseases. He reported declines in childhood vaccination across the Asia Pacific Region that pre-dated Covid-19 with disastrous implications for progress against eradication of measles, Hepatitis B, and even Polio, which had been all but eliminated. He reflected on the unprecedented international scientific and medical collaboration - including the development of highly effective and safe vaccines in an extraordinarily fast timeline.



This was followed by Country reports by Michael Moore Past President, WFPHA (Australia), Zhijie An Deputy Director, National Immunization Programme, China CDC (China), Mitsuo Isono Senior Advisor, Japan International Cooperation Agency (Japan), Michael Baker Professor, Department of Public Health, University of Otago (New Zealand), Muhammad Ashraf Nizami President, Pakistan Medical Association (Pakistan), Teo Yik Ying Dean, School of Public Health, National University of Singapore (Singapore), Le Minh DAT Program Officer and Researcher, Vietnam Public Health Association, and Luis Eugenio de Souza Vice President, WFPHA (Brazil).

While there was considerable variation between strategies and operation of Covid responses and outbreak patterns between countries, it was recognised that (with the exception of Brazil), that countries in the region had had proportionately fewer cases, fewer deaths, and achieved higher vaccination rates than Europe and North America despite slower access to vaccines than most. All had prioritised key groups (health care workers and those most vulnerable by age group), but there were differences in the use of new technology, mandates, vaccines used, immunisations under 16 years of age. Public health measures (masks, vaccine certificates, contact tracing, isolation and quarantine) also varied by country. Perhaps one of the most controversial policy approaches came from Singapore, where vaccination was not mandated - but those voluntarily choosing to remain unvaccinated became ineligible for publically funded health care related to infection with COVID-19.

Grant Berghan then chaired a panel discussion addressing the following questions:

1. How can efforts be made to improve the accessibility and fairness of COVID-19 vaccines in BRI countries, and to promote the fair and equitable distribution of vaccines worldwide?
2. How to improve the capacity of immunization services during the current massive vaccination?
3. How does massive COVID-19 vaccination affect the outcome of the pandemic?

Contributors from New Zealand were Nikki Turner Professor, General Practice at the University of Auckland; Director, Immunisation Advisory Centre and Lifeng Zhou Executive Councillor, PHANZ.

Wide consensus was seen in the necessity for equitable access to vaccines - between richer and poorer countries, between population groups (especially minority and indigenous communities), urban, rural, and geographically remote areas. A call was made for the issue



of Intellectual Property protection that reduced access to poorer countries in particular to be addressed internationally. There was also recognition that innovation and flexibility to respond in non-traditional ways for each health system had been required to cope with the fast evolving pandemic. For some countries this had involved greater use of the private sector, or the military, for others it had involved rapid but limited upskilling of non-regulated health care workers to undertake roles such as contact tracing, testing and vaccinating. Many countries had brought HCW out of retirement - some at considerable cost to their personal health before vaccination became available. The emergence of orchestrated misinformation and civil unrest threatening social cohesion in some countries threaten progress for all. Dr Nikki Turner made 3 key points related to how massive COVID-19 vaccination will affect the outcome of the pandemic. Firstly, she reiterated that the international and local evidence was very strong that showed that the highly effective vaccines can prevent severe disease, long Covid, health service collapse and death - though equity barriers to ensure broad coverage needed to be addressed. Secondly, high rates were required to reduce the spread of the disease, as while there were breakthrough cases, these tended to be shorter and less infectious than among the unvaccinated. Thirdly, she reminded us that high rates were essential to avoid new mutations against which new vaccines might be required. Dr Lifeng Zhou echoed the importance of 'equity' in terms of health, social and economic outcomes and vaccination rates stratified by ethnicity, age, deprivation and urban/rural residence.

The workshop concluded with firm commitment to continue international collaboration to share data and best practice to tackle the pandemic and to reduce the inequity of access to life-saving vaccines.



## From the Treasurer

For the first time (probably ever!) the PHA recorded a financial surplus of \$176,730.

This was largely due to COVID-19, which resulted in a reduction in travel by members and the board, to Grant Berghan's secondment to the Health Promotion Agency (thanks to Leah Bain for stepping up) and due to not having run a PHA conference in 2021.

These funds will be held over till next year.

The full audit report and accounts are available on the website.

Dr Nik Coupe,  
PHA Treasurer



# Financial Statements

## Statement of Comprehensive Revenue and Expenses

### Public Health Association of New Zealand For the year ended 30 June 2021

	NOTES	2021	2020
<b>Operating Revenue</b>			
Donations, fundraising and other similar revenue	3	-	585
Fees, subscriptions and other revenue from members	3	19,782	23,019
Revenue from providing goods and services	3	484,864	391,433
Interest, dividends and other investment revenue	3	873	2,276
<b>Total Operating Revenue</b>		<b>505,519</b>	<b>417,313</b>
<b>Gross Profit</b>		<b>505,519</b>	<b>417,313</b>
<b>Less Expenses</b>			
Volunteer and employee related costs	4	261,754	338,114
Costs related to providing goods and services	4	43,389	75,860
Other Expenses	4	23,646	41,333
<b>Total Expenses</b>		<b>328,789</b>	<b>455,308</b>
<b>Net (Deficit)/Surplus</b>		<b>176,730</b>	<b>(37,995)</b>



# Statement of Financial Position

Public Health Association of New Zealand

As at 30 June 2021

	NOTES	30 JUN 2021	30 JUN 2020
<b>Assets</b>			
<b>Current Assets</b>			
Cash & Bank Balances	5	74,444	20,465
Debtors and Prepayments	5	187,606	40,302
Current Investments	5	93,409	91,765
<b>Total Current Assets</b>		<b>355,460</b>	<b>152,531</b>
<b>Non-Current Assets</b>			
Property, Plant & Equipment	7	2,258	5,142
<b>Total Non-Current Assets</b>		<b>2,258</b>	<b>5,142</b>
<b>Total Assets</b>		<b>357,718</b>	<b>157,673</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Creditors and Accrued Expenses	6	68,310	44,995
<b>Total Current Liabilities</b>		<b>68,310</b>	<b>44,995</b>
<b>Total Liabilities</b>		<b>68,310</b>	<b>44,995</b>
<b>Net Assets</b>		<b>289,408</b>	<b>112,678</b>
<b>Accumulated Funds</b>			
Accumulated Surpluses	8	289,408	112,678
<b>Total Accumulated Funds</b>		<b>289,408</b>	<b>112,678</b>



# Statement of Cash Flows

## Public Health Association of New Zealand For the year ended 30 June 2021

	2021	2020
<b>Cash Flows from Operating Activities</b>		
<b>Cash was received from:</b>		
Donations, fundraising and other similar receipts	-	585
Fees, subscriptions and other receipts from members	22,893	23,019
Receipts from providing goods or services	393,719	399,522
Interest, dividends and other investment receipts	14	2,116
GST	-	5,721
<b>Cash was applied to:</b>		
Payments to suppliers and employees	(316,814)	(451,732)
GST	(45,833)	-
<b>Total Cash Flows from Operating Activities</b>	<b>53,979</b>	<b>(20,769)</b>
<b>Cash Flows from Investing and Financing Activities</b>		
<b>Cash was received from:</b>		
Receipts from sale of investments	-	12,352
<b>Cash was applied to:</b>		
Payments to acquire property, plant and equipment	-	(1,534)
<b>Total Cash Flows from Investing and Financing Activities</b>	<b>-</b>	<b>10,818</b>
<b>Net Increase/(Decrease) in Cash</b>	<b>53,979</b>	<b>(9,951)</b>
<b>Bank Accounts and Cash</b>		
Opening bank accounts and cash	20,464	30,415
Closing bank accounts and cash	74,443	20,464
<b>Net change in cash for period</b>	<b>53,979</b>	<b>(9,951)</b>

These financial statements have been audited.

This is an abridged version of the PHA's annual financial statements. A full report, including notes, is available from the PHA and will be posted on our website.



# Elections

## The Report on the Elections for the Public Health Association of New Zealand 2021.

Date: 18<sup>th</sup> November, 2021.

### Co-President roles:

The Wellington branch of the PHA has nominated Gail Duncan for a general seat representative on the PHA Executive Council, and also for the role of Co-President, with the Association. Under clause 11.1 PHA-NZ Election By-Laws 2015) and given there were no other nominations to the general seat role, nor for the second Co-President's role with the Association, I declare the candidate, Gail Duncan, elected to both roles.

### Maori Caucus Representatives

At the 2020 PHA AGM, the Association approved the remit to amend the Constitution to enable two Co-Presidents of the Association, at least one of whom shall be Māori, and that at least fifty percent of the Council membership shall be Māori.

The remit noted that the Māori caucus shall determine the process for the election of the Māori Co-President, and the other Māori members of the Executive Council.

Accordingly, at a meeting of the Māori caucus held Tuesday 2<sup>nd</sup> November, 2021, the following persons were elected and confirmed as representatives of the Māori caucus of the Public Health Association of New Zealand:

- Nari Faiers – Māori Co-President of the Public Health Association of New Zealand.
- Leah Bain – Executive Council member
- Dr Teah Carlson – Executive Council member
- Chris Webber – Executive Council member
- Karmin Erueti – Executive Council member.

I therefore declare the above named five Māori caucus candidates, as elected to the Executive Council of the PHA-NZ.

### Asian Caucus Representative:

Dr Lifeng Zhou was the only representative nominated for the Asian caucus, and therefore is confirmed as the Asian Caucus representative on the PHA Executive Council.

### Pasifika Caucus Representative:

The Pasifika Caucus has been in abeyance for the past two years. Under clause 9.9 of the Rules of the Association, if an office is vacant, the Executive Council may appoint a member to fill the vacancy and the member so appointed shall hold office until the next succeeding annual general meeting. The Executive



Council of the PHA-NZ is invited to consider this option on behalf of the Pasifika caucus, until such time as the Pasifika caucus has been able to be reconstituted.

I wish to thank all of those Executive Council members (Maxine Shortland, Toni Richardson, Fran Kewene, Hineira Hamiora, and Dr Jalal Mohammed) for their services to the PHA-NZ over the past twelve month period. And I congratulate the new members on their appointments to the Executive Council of the PHA-NZ.

Miss Nikita Kataria,  
Electoral Officer, PHA-NZ.



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