



## NEWSLETTER

September 2011

### Letter from the President

Dear Fellows and Registrars

It is with both excitement and a little apprehension that I begin my tenure as President of the College. I would like to thank the past President and Council for their tremendous contribution to the development of the College and am looking forward to expanding on what has been achieved so far. In the words of John Donne, "No man is an island; entire of itself; every man is a piece of the continent, a part of the main...." it is with this in mind that I welcome the support of new and continuing Council members and look forward to serving you, the members of our College.

The College continues to undergo many changes and I have great confidence that it will go from strength to strength. I would like to welcome Jane Dancer as the College General Manager. Jane brings a wealth of experience to the role with expertise in training and professional development. We are committed to maintaining a strong, high quality training programme and Jane

will be instrumental in the consolidation and further development of this.

I enjoyed seeing so many of you at the ASM in Wellington last month. The programme was well put together and the George Salmond Oration from Philippa Howden-Chapman was a highlight along with some moving addresses from our Christchurch colleagues. The ASM is an excellent opportunity to catch up with colleagues and to find out about some of the excellent work being done by public health physicians in this country so I would encourage you to attend next year.

The agenda for the upcoming council meeting is filling fast and we will keep you informed of discussions around policy and education. I have written to the Minister of Health on behalf of the College, encouraging his continued support for the reduction of non-communicable diseases at the United Nations meeting this month. It is important that we develop a voice around important public health issues and with your support we will continue to de-

velop our position on these as they arise. If you have specific areas of concern/interest, please put it forward to be considered by the policy committee.

Some of the areas I will be paying particular attention to include developing a clear vision for the future direction of the College, consolidating some of the excellent progress made to date, and building relationships with colleagues both nationally and internationally.

The new council has its first meeting in October and you will be updated on relevant outcomes from this meeting in the next newsletter.

*Julia Peters*

**President NZCPHM**

Quote of the month

*We are what we repeatedly do. Excellence, therefore, is not an act but a habit.*

- Aristotle -

### Inside this issue:

<u>Our people - The TPP</u>	<b>2-5</b>
<u>Upcoming workshops</u>	<b>5</b>
<u>Upcoming conferences</u>	<b>6</b>
<u>Items of interest</u>	<b>6</b>
<u>College News</u>	<b>7-10</b>
<u>Public health in the news</u>	<b>11</b>

### Special points of interest:

- The Trans-Pacific Partnership - a review by Dr Karen Bartholomew
- Changes to TOPS
- NZCPHM ASM 2011
- We need your participation - feedback to [admin@populationhealth.org.nz](mailto:admin@populationhealth.org.nz)

Follow us on



## The Trans-Pacific Partnership (TPP)

Earlier this year, Auckland Fellows and Registrars met for an evening to listen to speakers and participate in discussions on the Trans-Pacific Partnership. This article, written by Dr Karen Bartholomew in her own time, was an outcome of that meeting.

### Introduction

- New Zealand is currently involved in negotiating the Trans-Pacific Partnership Agreement (TPPA) with 8 other countries: United States of America (US), Australia, Brunei, Chile, Malaysia, Peru, Singapore, and Vietnam.
- Negotiations are sensitive, have been conducted in a confidential environment and there is little publically available information.
- The TPPA potentially contains provisions that could dramatically alter crucial aspects of New Zealander's lives.
- There are concerns about the effects free trade agreements (FTAs) like the TPPA on human rights, health, wellbeing and the environment.
- As health professionals we need to know what the TPPA is and how it could affect New Zealand; our health system, our patients and ourselves.
- The TPPA is complex, but we really do need to take the time to find out a bit more and to ask our professional organisations to advocate on our behalf.

### What is the Trans-Pacific Partnership?

- Technically, the TPPA is an expanded version of an existing FTA between New Zealand, Chile, Singapore and Brunei. This FTA was formerly called the Trans-Pacific Strategic Economic (known as P4) and was signed in 2005.
- In practice, the US and four other countries are negotiating a new agreement based on the US template for FTAs, which is more radical than the P4 because it grants foreign investors (generally multinational corporations) more extensive rights, including over intellectual property. It also potentially allows them to restrict or influence the kinds of services, policies and laws that governments can have into the future.
- We are not the only ones affected by the TPPA. Some of the other parties involved are developing countries. Although most already have reasonably liberal trade policies, countries like Vietnam are especially vulnerable to pressure to accept TPPA provisions and clauses, like the provisions affecting pharmaceuticals detailed below. We have a responsibility as a high income country (and as good international citizens) to help protect vulnerable nations in our region.

This review by Dr Karen Bartholomew (Public Health Registrar) represents her own research and views and is not intended as and should not be interpreted as a policy statement officially endorsed by the NZ College of Public Health Medicine.

### Proposed benefits of the TPP

- Free trade is considered highly significant for a small exporting country like New Zealand, particularly with important markets such as the US, India and China (with whom a FTA was signed in 2008).
- There are two purposes for a FTA like the TPPA:
  - To remove barriers to trade between signatory countries, and
  - To create a 'high quality' FTA that other Asia-Pacific countries will want to join.
- Because there are already many FTA's among the TPPA parties, it is thought that removal of trade barriers will, in practice, be limited. However, because New Zealand is one of four countries that does not already have a US FTA, it hopes to get *new* and *extended* access to US markets.
- The most common perception is that the TPPA will eliminate (or reduce) tariffs on our dairy products in the US. This could allow New Zealand companies (like Fonterra) to improve their economic gains in the US market, which are hypothesised to flow through to economic gain for New Zealand as a whole. However, New Zealand negotiators recognise this will be difficult as the US (like China) is very protective of its dairy market.
- It must be remembered that because the details of the TPP negotiations are not public, it is unclear exactly what (and in what magnitude, with what restrictions) might be achieved in terms of agricultural benefits.

### Concerns about the TPP

- The US is the dominant player in the negotiations and an agreement will need approval by the US Congress. The influence of various 'big' industries (like the agriculture, tobacco, pharmaceuticals, insurance, food, and chemical industries) on the US negotiating position has been a concern; particularly the recent information about the extent of the industry Pharmaceutical Research and Manufacturers of America (PhRMA) contributions to US senators who support a hard line on PHARMAC in the TPPA negotiations.

- There is marked information asymmetry in these negotiations. The details of the provisions up for negotiation have been made available to US advisory bodies (largely industry representatives) from the early stages of negotiation. No details have been made available to those whom these provisions may ultimately affect (groups or the general public; even opposition government parties do not have this information).
- A consortium of concerned academics have laid a complaint with the United Nations in March 2011, suggesting that withholding this information is a breach of human rights: the right to information and participation in public affairs, in order to make informed political decisions via the democratic process.
- While the issues of most concern relate to health, there are extensive provisions up for negotiation that will impact on other areas which are important to New Zealanders (and in the broadest conception, do also relate to health), including: human rights, indigenous rights, environmental protections, financial services, intellectual property, food standards and labelling, public services and so on.
- The TPPA is a very complex document, and lack of publically available information makes detailed analysis difficult.

## Health related issues in the TPPA

- *Affordability of pharmaceuticals:* The Pharmaceutical Management Agency (PHARMAC) decides on behalf of District Health Boards which medicines are subsidised in New Zealand. A number of provisions proposed for inclusion in the TPPA relate directly to pharmaceutical pricing (see Pg4). If these provisions are incorporated there is likely to be increased cost of medicines (for the health system as a whole and for individual patients) and reduced access to medicines, particularly for those on low incomes.
- *Weakened public health and environmental related regulations:* The TPPA could give foreign companies the ability to sue governments about regulations and laws that they feel are barriers to commercial enterprise, free trade or competition (see the investor-state clause in the table Pg4). Experience in other countries suggests multinational corporations *will* utilise these provisions to sue, with targets for this form of action including: drinking water provision, tobacco and alcohol regulations, environmental protections and indigenous resources. For New Zealand there is a

possibility of targeting our recent smoke-free gains (and those proposed by the Maori Affairs Select Committee last year), and our very early alcohol reforms. Industries (such as large US chemical and tobacco companies) are very active in this area. For example, even though Australia said no to investor-enforcement powers in its FTA with the US, Philip Morris is now using the back-door of an investment agreement between Australia and Hong Kong to sue Australia in a confidential international tribunal over its new plain packaging tobacco laws.

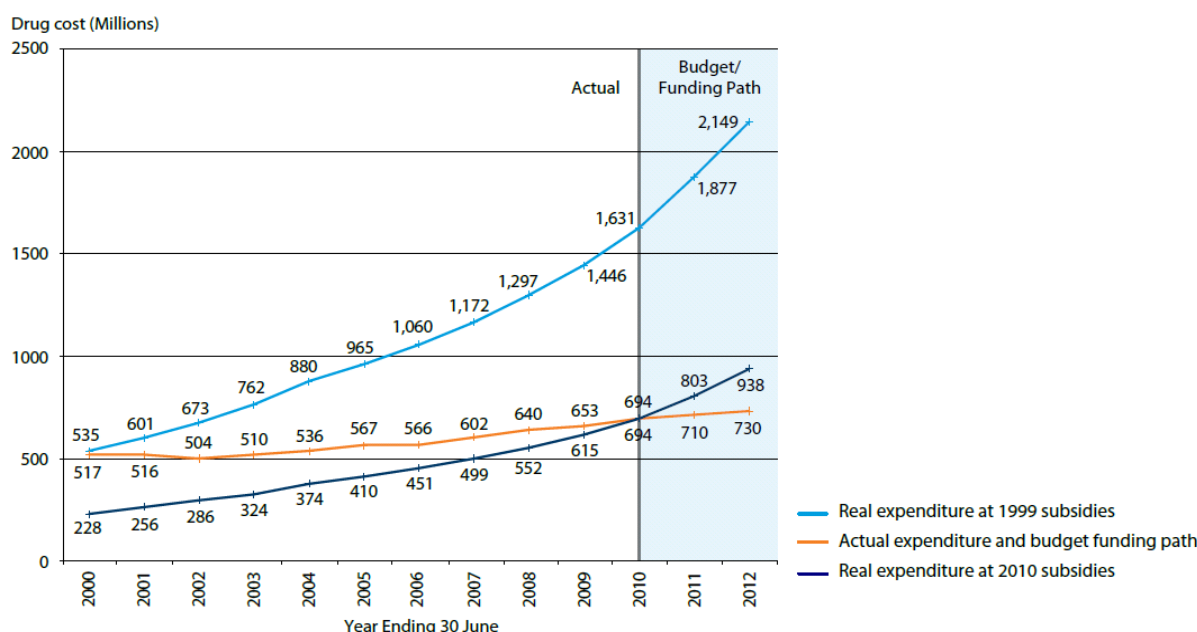
- *Concerns about ACC:* If ACC is privatised in the near future, the TPPA requires equal access to the workplace insurance market for the large US insurance companies. Provisions in the TPPA may also block a reversion to state control of ACC in the event of failed privatisation.
- *Concerns about foreign ownership of many health related services:* For example, aged care facility chains, drinking water provision, waste treatment services, public private partnerships to run hospitals, and so on.

## PHARMAC and the TPPA

- PHARMAC uses a range of methods to price and purchase medicines. In order to get the most health improvement for New Zealanders PHARMAC utilises cost-effectiveness evaluation for new medicines, and reference pricing mechanisms (alongside other methods) to contain pharmaceutical expenditure for the health system as a whole.
- The graph on the next page demonstrates how successful PHARMAC is at cost containment.
- This system is regarded as exceptionally successful around the world.
- We are a small country with very a small pharmaceutical industry base. To curtail the ever increasing cost, and get the best value for money, we need PHARMAC and we should value what they do.
- Opponents of PHARMAC (generally from the pharmaceutical industry) seek to strip cost effectiveness from PHARMAC's consideration, preferring a platform that focuses on pharmaceutical innovation and quality.
- The work of PHARMAC is watched very closely by the rest of the world. Pharmaceutical industry profits have been affected by PHARMAC's processes in New Zealand, and the licensing process for generic medicines has also been able to affect the world price of some medicines.

## The Trans-Pacific Partnership (TPP) Agreement and Public Health cont...

### Impact of PHARMAC on drug expenditure over time



Potential provision:	Potential effect:
Removal of reference pricing	Reference pricing and cost effectiveness evaluation systems (like PHARMAC) mean we can buy the most cost effective medicines for our populations. We have a very small pharmaceutical industry, so we don't have any national interest in keeping the reference prices a bit higher to protect that (unlike the UK and Australia). The challenge to reference pricing via the TPPA is a major concern for New Zealand.
Changes to patents	Possible clauses may include patent ever-greening, patent extensions and patent restoration. Pharmaceutical companies currently patent new drugs for 20 years. When patents expire generics can be generated. The details of the TPPA are still not clear, however there are several proposals which affect patents, such allowing companies to renew their patent for another 20 years by creating a new indication (use) for their product, or presenting it in a new form or dosage, so that it is under patent (and protecting their profits) indefinitely.
Extending data exclusivity	Data exclusivity grants makers of the first (branded) drug exclusive control of their clinical trial data, preventing the effective registration of generic versions of their products. In practical terms, this creates an absolute product monopoly for the duration of the exclusivity period (which stands even if the drug is not patented). In the US, this period is five years, plus an additional three years if the manufacturer presents a new product use. The US may require New Zealand to apply its same data exclusivity rules. This text has not yet been tabled in the TPPA, instead a 'placeholder' for this item was included in the 2007 version.
Limits on generics	There are different provisions in the TPPA which relate to the transport of generic medicines. Some clauses deal with parallel importation, and some with seizures of in-transit generics as a border control issue. These clauses are aimed at limiting the availability of generics, which is a significant issue of concern for New Zealand.
Removal of compulsory licensing	Compulsory licensing refers to public health needs, including in a public health emergency (eg pandemics) where governments can require companies to provide their data or sell their medicines cheaply (eg a vaccine). Experts feel that this provision is unlikely to be up for negotiation in the TPPA, but this is still not clear.
Transparency	PHARMAC doesn't decide what drugs can be sold in New Zealand, just which ones receive government subsidies. US PhRMA says PHARMAC's processes lack transparency and accountability. A Transparency chapter could guarantee them rights of input into decisions on policy and regulation, potentially including a seat on bodies that decide PHARMAC's pricing formula and creation of new categories of medicines that exclude cost-effectiveness criteria.
Investor-state dispute resolution	A provision which allows companies to sue governments directly in private international courts where their investment (including their intellectual property right) has been negatively affected.



## Where to from here?

A number of people and organisations have been discussing the TPPA and the potential impact for New Zealanders.

- The Public Health Association (PHA) and the New Zealand Medical Association (NZMA) have both commented on the TPP and health.
- The New Zealand Nurses Organisation (NZNO) has put out a joint press release on the TPPA, which can be found [here](#).
- The Association of Salaried Medical Specialists (ASMS) has several discussion pages on their website, including a TPPA discussion found [here](#), and a dialogue on the role of PHARMAC [here](#).
- Pharmacy Today has a commentary from a law expert assessing how similar clauses in the Australia-US FTA have impacted the Pharmaceutical Benefits Schedule (PBS), the Australian equivalent of PHARMAC, found [here](#).
- There have been editorials in various newspapers, such as the argument in favour of PHARMAC by Gareth Morgan, see the Health Cheque website [here](#).
- Law Professor Jane Kelsey's (University of Auckland) book, *No Ordinary Deal*, is a very readable account of the TPP, and includes a chapter on public health that covers Australia's experience under the Australia US FTA with its Pharmaceutical Benefits Scheme and other public health policies. See synopsis [here](#).
- The websites [www.TPPWatch.org](http://www.TPPWatch.org) and [www.TPPdigest.org](http://www.TPPdigest.org) have a number of resources, including factsheets and a discussion of the TPP, Te Tiriti o Waitangi and Māori.
- We can also raise awareness with colleagues, colleges and professional bodies.

## References

Faunce, T. A., & Townsend, R. (2011). The Trans-Pacific Partnership Agreement: Challenges for Australian health and medicine policies. *Medical Journal of Australia*, 194(2), 83-86.

PHARMAC. (2010). *Annual Review 2010*. Wellington: Pharmaceutical Management Agency.

## Acknowledgements

Kind thanks to Professor of Law Jane Kelsey and Dr Zaher Babar, both from the University of Auckland, and to Peter Maybarduk of the Global Access to Medicines Programme, for their peer review and comments on this article.

Kind thanks to Dr Babar for allowing adaptation of part

of his presentation: Babar ZU. Trans-Pacific Partnership Agreement and Access to Medicines in New Zealand. Public Health Physicians Meeting, Greenlane Clinical Centre, Auckland 26<sup>th</sup> May 2011.

***Dr Karen Bartholomew has recently been elected as the registrar representative on the College policy committee.***

## Upcoming Workshops

### Health Quality & Safety Commission Forums and Workshop in October

*Quality Forums: Improving Together: consumers, clinicians & services*

The Health Quality & Safety Commission will hold the first of its quality forums in Auckland and Christchurch in October. The forums are open to people working in health, as well as health consumers and groups representing consumer interests. There is no charge to attend.

Beverley Johnson, who heads the Board of the Institute of Patient and Family Centered Care in the United States, will be the keynote speaker at the two fora. The Commission has brought her to New Zealand to share her experiences of working with hospitals and health organisations to improve consumer involvement and leadership.

**Auckland Forum: Tuesday October 4<sup>th</sup>** 9am to 5pm Ko Awatea, Middlemore Hospital, Auckland

**Wellington Forum: Thursday October 6<sup>th</sup>** 9am to 5pm Cashmere Club, Garden Room, Colombo St, Christchurch,

*Workshop on consumer engagement: Improving together: strengthening the consumer voice*

The Health Quality & Safety Commission is hosting a workshop in October for people who have an interest in or a responsibility to enhance their organisation's engagement with consumers.

The workshop will be presented by Beverley Johnson who will use a local case study and work with participants to create a plan for the implementation of a consumer group to provide advice to your organisation.

*Who should attend:* Chief Medical Officers, Directors of Nursing, Quality & Risk Managers, clinical leaders and senior clinical staff, and health managers from public and private health organisations.

**Auckland Workshop: Monday October 3<sup>rd</sup>** 9am – 3.30pm, Ko Awatea, Middlemore Hospital, South Auckland. For more information see <http://www.hqsc.govt.nz/page/27856/register-to-hear-beverley-johnson/?tab=2349&section=9214>

## Upcoming Events and Conferences

[Promoting healthy communities: developing and exploring linkages between public health indicators, exposure and hazard exposure](#)

26-27 September 2011, Washington USA

[PHAA 41st Annual Conference - Sustainable Population Health](#)

26 - 28 September 2011, Brisbane Australia

[2011 Australasian Sexual Health Conference](#)

28 - 30 September 2011, Canberra Australia

[Population Health - Methods and Challenges Conference](#)

24 - 26 April 2012, Birmingham, UK

First UK conference on population health research methods, with a focus on the big challenges facing translational research in population health. The emphasis will be on generic methods and issues.

[World Health Summit 2011](#)

23 - 26 October 2011, Berlin, Germany

"Today's science - tomorrow's agenda" will focus on non-communicable diseases and the role of mass media in promotion, new approaches in research and innovation, ensuring public health in times of climate change and innovative models in global health governance.

[Emergence of infectious diseases, environments and biodiversity](#)

4 - 5 November 2011, Libreville (Gabon)

[Otago International Health Research Network Conference](#)

7 - 8 November 2011, Dunedin, NZ

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## Items of interest

[Social Conditions and Urban Health Inequities: Realities, Challenges and Opportunities to Transform the Urban Landscape through Research and Action.](#)

"We know that mental illness is an important **public health** problem in itself and is also associated with chronic medical diseases such as cardiovascular disease, diabetes, obesity, and cancer," Ileana Arias, PhD, principle deputy director of the CDC.

[Hold the raw sprouts : CDC - the risk of 'sproutbreaks'](#)

[NZ Public Health Surveillance Report - September 2011](#)

[National Health Emergency Plan : Mass Casualty Action Plan \(MoH\)](#)

[The Prevention of Legionellosis in New Zealand \(MoH\)](#)

A group of public health organisations said on Friday they were concerned that industries selling fatty foods, alcohol and cigarettes could hijack a United Nations meeting on how to tackle chronic disease in order to protect their own interests.

**At last, a movie with public health heroes....**

**[Contagion the movie : an expert medical review](#)**

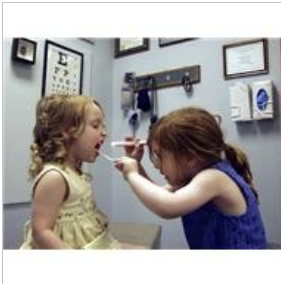
So often, science is trumped by drama in popular movies -- but not this time, says Paul A. Offit, MD, a vaccine co-inventor in real life.

The movie was filmed in part at the Centres for Disease Control and Prevention (CDC) in Atlanta, Georgia.



Filthy Cities : Take a journey through time (and see the evolution of public health) with this fantastic BBC series on filthy cities. Unfortunately the full episodes are not available on line but there are some [clips](#) that make interesting viewing.

## Public health in Action : Say Ahh



The 'Say Ahh' Rheumatic Fever prevention programme is proving successful

The Say Ahh Rheumatic Fever prevention programme was launched on the 14th October 2010.

This is a public health initiative lead by Dr Caroline McElnay, a health promotion adviser and a local GP. The swabbing and treatment programme has been running over the last year as a result of a cluster of rheumatic fever

cases in Flaxmere, a suburb of Hastings.

In addition to receiving treatment, children with positive throat swabs have been linked into the Healthy homes programme so that their housing conditions can be assessed, with insulation, heating, curtain banks, and injury prevention checks.

Dr McElnay says it is

great to get some additional funding to keep this programme running.

In the 12 months to October 2010 there had been 8 cases of rheumatic fever in Flaxmere.

To date there have been no notified cases from students attending Flaxmere schools taking part in the Say Ahh programme

**.. The NZ Government has an opportunity to lead action to reduce preventable deaths from NCD's...**

This month at the United Nations High-Level Meeting on Non-Communicable Diseases (NCD's) 2011, representatives of the NZ Government have an opportunity to lead action to reduce preventable deaths from NCD's and encourage the development of clear targets that can be measured over time.

The College of Public Health Medicine is a strong advocate for pub-

lic health and the reduction of inequalities through evidence based population health interventions. It wishes to indicate its support for the Minister of Health, the Hon Tony Ryall, to continue to demonstrate strong leadership for the reduction of NCD's through the development of unambiguous political statements and relevant targets. NCD's have significant impact on vulnerable populations and society

as a whole and will continue to do so.

It is our obligation as global citizens to continue to support prevention in NZ through better access to primary care for all, salt reduction, tobacco and alcohol controls along with healthy lifestyle programmes whilst promoting the same for others through representation at these high-level meetings.

## NZCPHM General Manager, Jane Dancer



Jane Dancer

The NZ College of Public Health Medicine is pleased to announce the appointment of Jane Dancer as General Manager.

Jane brings a wealth of experience to the role, having worked for the

past five years at the RNZCGP as National Director, General Practice Education Programme and Group Manager, Professional Development.

College President Julia Peters says "it is with

great pleasure we welcome Jane to the team. Her experience in the area of continuing professional development will benefit the further development of the College."

## Tracking of Professional Standards (TOPS) Programme – using the TOPS database

### Changes to the current TOPS database – Cultural Competence Development Activities

You may have noticed a change to the current TOPS database recently; an additional menu option entitled 'applying cultural competencies' has been included. This change has been made to accommodate the resolution made by Council during June 2010 to extend the definition of cultural competence in order to recognise additional forms of cultural competency development activities. This now means that under the TOPS category 'Cultural Competence Development Activities' there are two branches in which you can obtain points; one branch is the existing 'Developing Cultural Competencies', the other is the newly developed 'Applying Cultural Competencies'. For more details on how this change affects your TOPS activity please see the [TOPS Manual](#). Unfortunately, due to development restrictions, we were unable to arrange for the 'Developing Cultural Competencies' and 'Applying Cultural Competencies' to sit under one cultural competence heading on the website. Although these two sections sit in

the same website menu as the other three categories of TOPS, their points are combined in the system under the one cultural competence category. Points accumulated in this category are reflected in your TOPS Points Totals table as 'Cultural Competence Development'.

### Previous TOPS Activity Records

We often get asked by members if their TOPS entries from previous years are available to them; these records can be found under the '[Activity and Points Summary](#)' menu located in the TOPS section of the website. Please see the screenshots and instructions below for further guidance:



<p><b>TOPS</b></p> <p>Continuing Education Activities</p> <p>Informing and Improving Public Health</p> <p>Peer Review Activities</p> <p>Cultural Competence Development Activities</p> <p>Applying Cultural Competencies</p> <p><b>TOPS Points Totals</b></p> <p>Activity &amp; Points Summary</p> <p>Contact Us</p>	<p>Cultural Competence Development Activities</p> <p><b>All Activities</b></p> <p>Figures are the average of less than 3 years).</p> <p>Continuing Education Activities</p> <p>Conference Attendance</p> <p>Other Educational Meetings</p>	<p>1. Go to: <a href="http://www.populationhealth.org.nz/tops/tops-points-totals.aspx">http://www.populationhealth.org.nz/tops/tops-points-totals.aspx</a></p> <p>2. Click on the 'Activity &amp; Points Summary' menu option located under 'TOPS Points Totals' in the left hand menu.</p>
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<p>Home</p> <p>About the Trust</p> <p>Public Health Medicine Training</p> <p>News</p> <p>Events</p> <p>Vacancies</p> <p>Continuing Professional Development</p> <p>Members</p> <p>External Resources</p>	<p><b>TOPS Activity for Test member</b></p> <p>2009 All Points [ 2011 2010 2009 2008 ]</p> <p><b>Continuing Education Activities</b></p> <p><b>Informing &amp; Improving Public Health</b></p> <p><b>Peer Review Activities</b></p>	<p>3. Click on the year that corresponds with the records you wish to retrieve. A detailed list of all recorded entries for that year will appear under each category heading.</p>
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If you have any questions and/or suggestions regarding the information provided in this update please contact the [Secretariat](#).



## NZCPHM Workshop and ASM 2011

The 2011 workshop was convened by Louise Delany, Lecturer, Public Health, University of Otago, Wellington. It was a valuable opportunity for Fellows and Registrars to further their understanding of the ethical values, ideas, assumptions and frameworks that underlie population health and preventative medicine.

Invited addresses from Norman Sharpe, Pat Tuohy and Michael Baker on the role of public health medicine in reducing the burden of rheumatic fever in NZ were well received and prompted some interesting discussions.

Top right: Louise Delany . Below: Participants in the workshop and ASM and the amazing view of Wellington from the venue.



## Congratulations

Congratulations and a warm welcome to new Fellows :

Richard Edwards

Janine Mardani

Emma Britton

Peter Sandiford

Gabrielle McDonald

## Thank you...

Thanks to all of you who registered early to go in the draw to win the Apple iPad kindly donated by Medicus Indemnity NZ.

Congratulations Saira Dayal winner of the Apple iPad.



## 2011 George Salmond Oration

Many thanks to Philippa Howden-Chapman who reinforced how the quality of housing and the building of sustainable, well constructed and supportive communities impacts positively on public health.

She provided a fascinating background to the development of some of the fundamentals of public health through the history of urban development. The presentation will be available on the website.

### Philippa Howden-Chapman

The George Salmond Oration : Good Housing and compact urban form : how to improve public health and sustainability



## ASM - Special Scientific session - Public Health, urban form, housing, and sustainability, with a focus on reconstruction in Christchurch

Christchurch has been a focus for many over the past year. It has been tremendously challenging for Fellows and Registrars who have been trying to rebuild not only their own lives but also the lives of others through their work.

It was good to be brought up to date with all that continues to happen in the reconstruction of Christchurch and the College would like to acknowledge the resilience of our Christchurch colleagues. Thanks to Ramon Pink, Anna Stevenson and Daniel Williams for their addresses at the ASM.





## World view

Housing and health - pilot study findings on the association between residential issues and health and well-being

Assigning adult ratings to movies that include cigarette smokers is bad policy

Despite evidence indicating that public health services are the most effective means of improving the population's health status, health care services receive the bulk of funding and political support. - USA

The world's biggest tobacco company has sought to access highly sensitive academic research into the smoking habits of British teenagers.

Changing the future of obesity : Science, policy and action

Systems science provides a framework for organising the complexity of forces driving the obesity epidemic and has important implications for policy makers.

Greater Lifetime Risk Of Developing COPD Than Heart Failure And Many Common Cancers

Joint Centre Releases Reports on How Poverty Concentration and Racial Segregation Exacerbate Health Inequities

Exercise creativity for wellbeing

Public health at risk in trade talks - TPP

History's biggest killer could be beaten

Anti-Vaccination movement endangers public health



## Public health in the news

Public health and the re-emergence of Christchurch

Effective public health service can prevent a disaster becoming an ongoing tragedy

Poor dental health is a common problem identified in B4 school health checks in Otago and Southland

NZ's obesity rate surges

Mask plan to fight whooping cough

Māori health action plan

Health board member fear 'worse still to come' for quake victims

Second hand smoke may affect kids' mental health

Bacteria on brink of victory

Killer bug outbreak : new vaccine roll-out - Meningococcal disease now an outbreak in Northland

Drop fat by cutting marketing rubbish - Matt McCarten column

## Last words.....



Thanks to all Fellows and Registrars who have contributed to the content of this edition of the newsletter. We know you're all doing great work and have interesting stories, research, and projects to share.

If you'd like to put forward an idea, please email it to [admin@populationhealth.org.nz](mailto:admin@populationhealth.org.nz). It's always nice to put a face to a name so photographs are also appreciated.

Please email [admin@populationhealth.org.nz](mailto:admin@populationhealth.org.nz) with any ideas, submissions or suggestions.