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## Barry's Blurb

Welcome to the 9th newsletter from the EHI team. Our apologies for the communication hiatus since our last newsletter, but we have waited until we knew the outcome of our contract renewal. I am delighted to report that our contract with the Ministry of Health has been extended for another three years (see the link below to the press release). On behalf of the EHI team, I would like to thank you for your enthusiastic support over the last three years, and we are looking forward to continuing our collaboration with you.

As you will read in this newsletter, we have been continuing our work on exciting projects and the development of various information products related to indicators of environmental health. Having created the national hub for EHIs, we are encouraging people and organisations to make use of the data and information we have provided. We are currently developing indicators for the new domain of vulnerable populations.

As always, please don't hesitate to contact us if you have any suggestions or comments related to our work.

Read the press release [here](#).



[B.Borman@massey.ac.nz](mailto:B.Borman@massey.ac.nz)



## EHI website makes the grade

Our EHI website ([www.ehinz.ac.nz](http://www.ehinz.ac.nz)) recently made the shortlist for Best Plain English Website (Public Sector/NGO) at the 2015 New Zealand Plain English Awards.

The NZ Plain English Awards are the ‘premier industry benchmark for high standards and achievements in plain English’. The Best Plain English Website awards recognise the best examples of very clear, reader-focused websites.

We’re very pleased to have received this public recognition for the website and for our work.

For more information about the awards, visit the [NZ Plain English Awards website](#).

## Highlights from the EHI factsheets

Topic	Highlights
<a href="#">Second-hand smoke exposure in the home</a>	<ul style="list-style-type: none"><li>• About 45,000 children and 106,000 non-smokers were exposed to second-hand smoke in their home in 2012/13.</li><li>• There has been a large drop in exposure to second-hand smoke in the home since 2006/07, for both children (9.6% to 5.0%) and non-smoking adults (7.5% to 3.7%).</li><li>• Higher rates of exposure were seen in children, Māori, and people living in more socioeconomically deprived areas.</li></ul>
<a href="#">Lead absorption notifications in New Zealand</a>	<ul style="list-style-type: none"><li>• In 2013, there were 81 lead notifications that occurred in occupational settings,</li><li>• Ninety-nine lead notifications were from non-occupational</li></ul>

	<p>settings, of which 13 were in children under 15 years.</p> <ul style="list-style-type: none"> <li>• Child lead notifications in 2013 were at their highest since 2003</li> <li>• For children, the main sources of lead exposure were lead fishing sinkers and lead-based paint. For adults, lead-based paint and indoor rifle range were the most common sources of lead exposure.</li> </ul>
<u><a href="#">Meningococcal disease notifications</a></u>	<ul style="list-style-type: none"> <li>• The number of meningococcal disease notifications in New Zealand has dropped to 46 cases in 2014, from 68 in 2013</li> <li>• The highest rates of meningococcal disease are among those aged less than one year, Māori and Pacific peoples</li> <li>• The rate of meningococcal disease (1.0 per 100,000 population) in 2014 is the lowest since 1997.</li> </ul>
<u><a href="#">Number of livestock by type in New Zealand</a></u>	<ul style="list-style-type: none"> <li>• Total livestock decreased by nearly one million between 2013 (42 million) and 2014 (41 million)</li> <li>• The number of dairy cattle increased from 6.5 million to 6.7 million during 2013-2014, compared to a decline in the number of other livestock.</li> </ul>
<u><a href="#">Vector-borne diseases notifications</a></u>	<ul style="list-style-type: none"> <li>• In 2014, 320 cases of vector-borne diseases were notified in New Zealand - the highest number of notifications since 1997</li> <li>• Notifications of dengue fever increased by 68% to 178 cases in 2014 compared to 106 cases in 2013</li> <li>• Fifty-seven cases of Zika fever were notified in 2014. Prior to this, only one case of Zika fever was notified in 2002</li> <li>• Forty-four cases of Chikungunya fever were notified. Before 2014, only five cases were notified since 1997</li> </ul>
<u><a href="#">Dengue fever and malaria notifications</a></u>	<ul style="list-style-type: none"> <li>• In 2014, 178 cases of dengue fever were notified in New Zealand, an increase of two thirds compared to 106 cases in 2013.</li> <li>• In 2014, the number of malaria notifications (33 notifications) was almost one third fewer than in 2013 (47 notifications).</li> </ul>

Contact Fei Xu ([f.xu@massey.ac.nz](mailto:f.xu@massey.ac.nz)) for more information on the EHI factsheets.

## Building Pacific Capacity and Capability in Public Health

Riz Firestone, a new member of the EHI team, is leading a series of professional e-learning short courses on Pacific public health.

These courses aim to provide a short, yet robust, approach for developing the capacity and capability of any professional (be they a community worker, doctor/nurse, health manager, or working in policy) – anyone working within a Pasifika health space could enrol for these courses.

The EHI team has started consulting with other Pacific agencies about developing future online short courses in areas relevant and common to the wider Pacific regions (e.g., One health, agricultural health and animal health). We also welcome any group who is interested in participating in this partnership.

For more information about the short courses, please contact Barry ([B.Borman@massey.ac.nz](mailto:B.Borman@massey.ac.nz)) or Riz ([R.T.Firestone@massey.ac.nz](mailto:R.T.Firestone@massey.ac.nz)).

## Pacific region's serious health issues in the spotlight

At a recent meeting to address public health issues in the Pacific, Barry and Riz proposed creating a hub for environmental health indicators in the Pacific region, similar to the national hub we have built for New Zealand. We have already gained enthusiastic support from potential collaborators in a number of Pacific countries, and we very much look forward to progressing on this new initiative.

Read the press release [here](#).

## Whanganui Affordability Study

Caroline recently developed an economic profile of the Whanganui district, to measure the affordability to ratepayers of upgrading the district's wastewater plant. The study used existing data to model the impact of a scaled series of rate increases on household expenditure. The study also identified vulnerable populations who would be least able to absorb the increased expenditure. Estimates of both the proportion of the population, and the number of people likely to be affected, were identified.

The Whanganui Affordability Study provided input on economic vulnerability into an overall project plan for upgrading key infrastructure. It highlighted the amount of data out there which can be applied to local situations. The study was not exclusive to the wastewater project, but could be used in other areas of council planning and decision making.



## Bowel Screening Pilot Interim Report now available

Deborah, Mathu and Barry carried out the epidemiological analysis for the evaluation of the Bowel Screening Pilot funded by the Ministry of Health. The epidemiological interim report presented findings about participation and outcomes from the first 18 months in the four-year pilot (2012–2015). Participants were aged 50–74 years and lived in the Waitemata District Health Board area, and the results took into account the effects of demographic factors including age, sex, ethnicity and deprivation.

After controlling for all other factors, the results for the first 18 months of the pilot showed that:

- The overall participation rate was 53.5% (among people invited to take part), and the overall detection of adenoma (a non-cancerous tumour) was 3.4%, advanced adenoma was 1.9%, and cancer was 0.2%.
- Participation increased with increasing age, and the detection rate of adenoma, advanced adenoma and cancer increased with increasing age.
- Males were slightly less likely to participate than females. However, males were more likely to have an adenoma, advanced adenoma, or cancer detected than females.
- Participation was particularly low among the Pacific people. Māori were more likely to have an advanced adenoma detected than Europeans, while Asians were less likely to have an advanced adenoma detected than Europeans.
- Participation decreased with increasing deprivation. However, participants in the most deprived areas were more likely to have an adenoma or advanced adenoma detected than participants from the least deprived areas.

The complete results from Round One of the Bowel Screening Pilot are now available on the [Ministry of Health's website](#).

The full evaluation report of the four-year pilot will be completed in 2016.

## Evaluation of the Healthy Families New Zealand Initiative

Healthy Families NZ aims to improve people's health where they live, learn, work and play, in order to prevent chronic disease – by making good food choices, being physically active, sustaining a healthy weight, being smokefree and reducing alcohol-related harm. The initiative brings community leadership together, and challenges communities to think differently about the underlying causes of poor health, and to make changes – in schools, workplaces, sports clubs, marae and other key community settings – that will help people make healthier choices.

Anna Matheson, together with Mat Walton and evaluators from the SHORE/Whariki Research Centre, are collaborating to evaluate this complex initiative. The overall design of the evaluation is a comparative case study, which best suits that the initiative is being undertaken in 10 different geographic locations: East Cape, Far North, Invercargill City, Lower Hutt City, Rotorua District, Whanganui District, Manukau Ward, Manurewa-Papakura Ward, Spreydon-Heathcote Ward, and Waitakere Ward. The evaluation will seek to answer

questions in three broad areas: what has been implemented; assessment of the quality of implementation; and what outcomes have been achieved and how. The Baseline data collection is currently underway.



## Meetings and Presentations

### PHA Conference

The Public Health Association held its conference in a rather chilly Dunedin this year. It was well attended with over 400 delegates. The theme of the conference was “*Healthy people, healthy nation – Public Health is everybody’s business*” and was split into four strands:

- Civic action for a civil society
- Commerce and public health
- Economics of wellbeing
- Future of public health

Keynote speakers posed interesting and challenging questions, including how our cities can adapt to become more sustainable, and how we can address the growing problem of obesity.

Caroline gave presentations on two of these themes, with an overview of the CPHROnline website, and results of a cost-effectiveness analysis of community water fluoridation. Both topics were well received. The first sparked enquiries for further data to be displayed – for example on breastfeeding, as well as interest in using the website for data. The second, as always, sparked lively debate, and very positive debate on the expansion of community water fluoridation into new communities.

Read more about the conference [here](#).

### The New Zealand HealthWork Conference

Barry and Fei received very favourable responses from 80 delegates to their presentation of the latest results from our occupational disease surveillance system at the New Zealand HealthWork Conference in Auckland on the 4 November.

The conference, hosted by Thomson Reuters (publisher of Employment Today and Safeguard), aimed to challenge, inspire and expand people's understanding of worker health and wellbeing.

Read more about the conference [here](#).

### **Meeting with the Joint Centre for Disaster Research**

The EHI team met with David Johnston and other team members from the Joint Centre for Disaster Research (JCDR, a joint venture between Massey University and GNS Science). Members of the EHI team and JCDR shared their insights on vulnerable populations and health aspects of disasters.

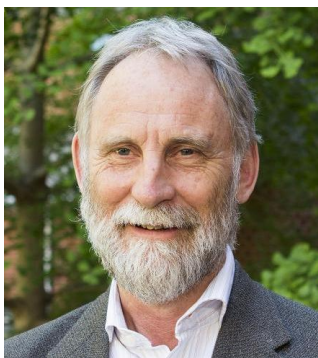
## **EHI News**



Barry Borman has been promoted to Professor. A great recognition of all the work Barry does at CPHR and Massey more generally.

Congratulations Barry!!

Congratulations to Deborah Read who has been appointed by the Minister of Health to the Health Practitioners' Disciplinary Tribunal for a term of five years. Deborah has recently also been reappointed to the Advertising Standards Complaints Board for a second three-year term.



Steve Haslett is now Director, Statistical Consulting Unit, at the Australian National University. Steve has already made an important contribution to our work, providing both in-depth statistical advice and mentoring. He will continue to be closely involved in our EHI programme.





Frances Graham (fourth from the left), who has managed our contract for the Ministry of Health (MoH), has taken a position as Senior Science Officer, Victorian Health Department. It was a pleasure collaborating with Frances over many years, and she added immensely to the EHI programme, both providing her technical expertise and representing the MoH, our major stakeholder. On behalf of the EHI team, we wish Frances all the very best in her new position.

## Farewell and Welcome



The EHI team said a sad farewell to Andrew Parnell who worked with us for 20 months as an Analyst. In the EHI team, Andrew was involved in providing spatial analyses for indicator development, producing environmental health information for policy development and decision making, and disseminating it through the EHINZ website. Andrew is now with the Ministry for Primary Industries as a GIS Analyst.



The EHI team welcome Riz Firestone on board. Riz currently leads a research program focusing on life-course epidemiology across a range of non-communicable diseases, including maternal and child health, respiratory health, and investigation of the social-cultural determinants of obesity. She will be using this Fellowship to advance her skillset, knowledge and expertise in the area of obesity research and interventions, Pacific youth and participation action research with the aim of developing a fully-fledged programme of research which is internationally competitive and will sustain her career in Pacific health research for the long-term.



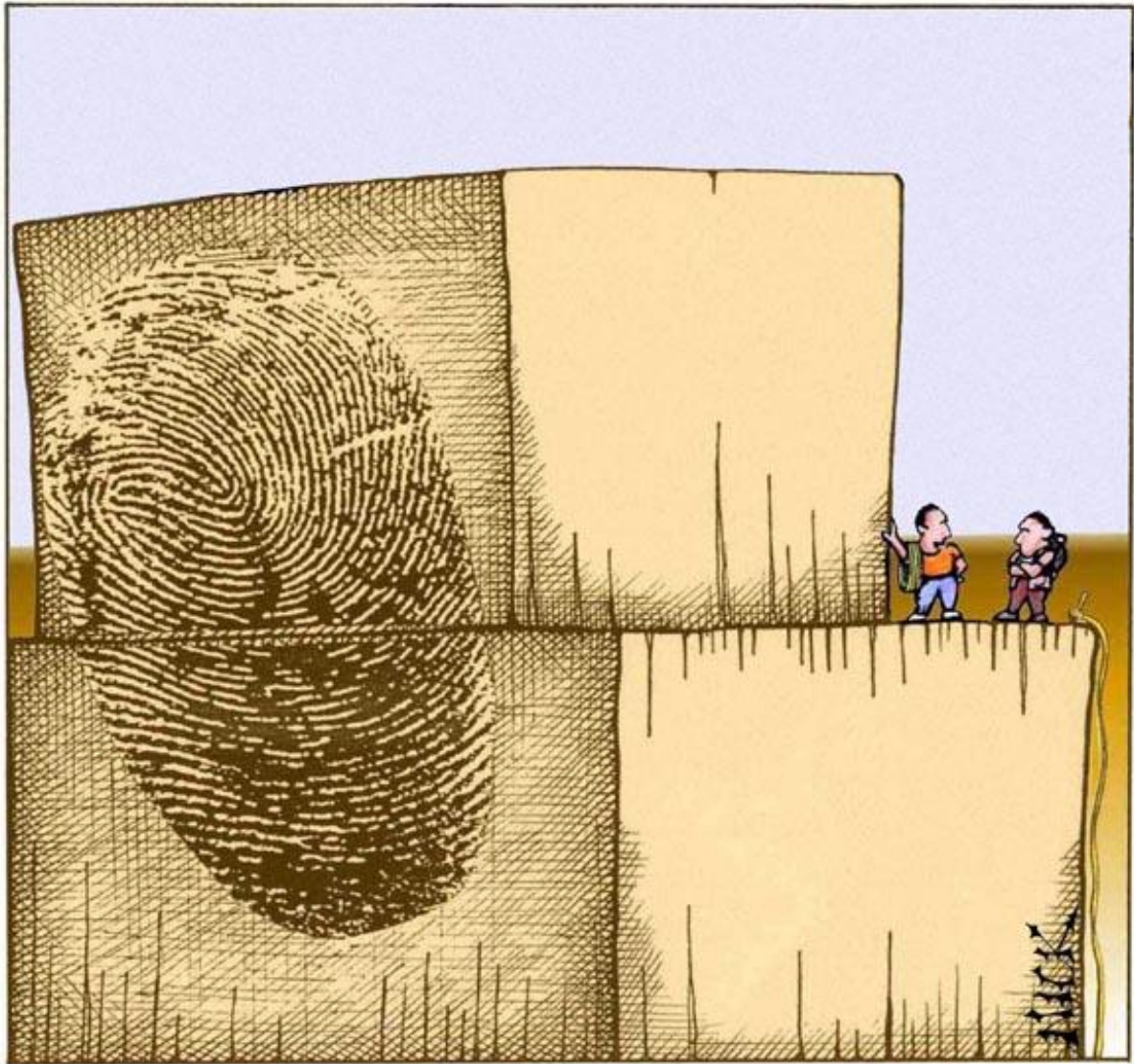
The EHI team is happy to have Anna Matheson on board as well. Anna is a Lecturer and researcher at the Centre for Public Health Research (CPHR) and is the Coordinator of the Post-Graduate Diploma of Public Health (PGDipPH) and Masters of Public Health (MPH) programme here at Massey. As well as teaching and supervision, Anna is involved in research relating to how to effectively reduce health inequalities for Māori, Pacific and low socio-economic groups. Her research in this area to date has focussed on: housing; access to cancer services; access to screening services; food security in the Pacific Islands; and the social barriers globally to achieving universal health coverage. Anna is especially interested in the social determinants of health and the application of theories of complex systems to improve the outcomes of health and social policy interventions.

## Interested in postgraduate study?

Centre for Public Health Research (CPHR) teaches a range of postgraduate papers and programmes in public health. These include

- Postgraduate study in environmental health and epidemiology
- Postgraduate Diploma in Public Health
- Master of Public Health
- PhD.

For more information, visit our [Training page](#).



*"Of course, it's still a complete mystery as to how the ancients even managed to MOVE these massive stones..."*

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