



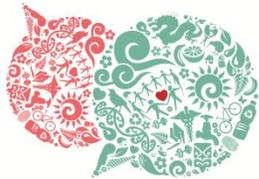
New Zealand Health in All Policies Conference

1st May 2015

The Tea House

Riccarton Park, 165 Racecourse Road, Christchurch

Programme





**“Taking the Pulse”
Reflecting on HiAP in
New Zealand**



**Friday 1st May 2015
Conference Programme**

Draft as at 24/04/2015

8:30-8:45am	Arrival/Networking	
8:45-9:00am	Karakia Session One Chaired by Associate Professor Louise Signal, Wellington School of Medicine.	
9:00am	Keynote - What is Health in All Policies	Rob Quigley
9:30am	Short Presentations	
	Dr Robbie Beaglehole	Sugary Drinks and Public Policy
	Dr Fiona Haigh	Human Rights and HIA
	Emeritus Prof Andrew Hornblow	Pegasus Health the Evolution of Primary Care and Health in All Policies
	Dr Patrick Harris and Dr Fiona Haigh	Trading Away Health: A Health Impact Assessment of the Trans Pacific Trade Agreement
10:30-11:00am	Morning Tea	
	Session Two Chaired by Mr Rex Williams Commissioner Environment Canterbury	
11:00am	Keynote:	Professor Sir Peter Gluckman
11:30am	Keynote: Relationships are the currency of the future	Ana Apatu and Henare O'Keefe
12:10-12:45pm	Lunch Time	
12:45pm	Chaired by Mary Richardson Christchurch City Council	
	Keynote: Mind the Gap	Associate Professor Susan Morton
	Short Presentations Dr Lucy D'Aeth	A Canterbury That's More Than Just All Right...How Do We Make This Happen?



	Dr Adrian Field and Dr Alex Macmillan	Te Ara Mua Future Streets: Engaging Communities and Challenging Polices
1:30pm	Keynote: Economic Perspectives on Health in All Policies	Professor Paul Dalziel Lincoln University
	Short presentations Martin Witt and Amanda Dodd	The Cancer Society – Long Term Plans, Pathway to Smokefree New Zealand by 2025
	George Darroch	Health in No Policies: Attaining Decision Making Consensus When Health Outcomes Aren't 'Obvious'
	Dr Alex Macmillan	Transport and Health in All Policies
2:45-3pm	Afternoon Tea	
3pm	Keynote Where to now? The Mayor of Christchurch Lianne Dalziel	
	Interactive Action and Planning Session	
4:45pm	Karakia	



Keynote speakers at the HiAP NZ Conference



Robert Quigley is director of Quigley and Watts Ltd, a Wellington based company of 7 staff that supports individuals and organisations to create thriving communities. Robert has worked at the Ministry of Health in New Zealand, the Health Development Agency in England and the World Health Organization in Geneva. Robert's current role is to support agencies when developing complex policies and plans that may affect communities. He is also an experienced researcher and facilitator.

Robert is an experienced HIA and HiAP practitioner, strategist, trainer and author. Recently, Robert developed and delivered the World Health Organization's first international course on Health in All Policies (delivered to 35 nationalities in Adelaide). He has worked within and across multiple sectors including local and regional government, transport, energy and the social sectors. He is the lead author on the joint International Association of Impact Assessment and World Health Organization 'Principles and Practice of HIA', 2006.



Professor Sir Peter Gluckman began his career as a paediatrician with an interest in endocrinology (hormonal biology). He is now the Prime Minister's Chief Science Advisor and the Co-chair of the World Health Organisation Commission on Ending Childhood Obesity. He was the founding Director of the Liggins Institute and is one of New Zealand's best-known scientists. He is internationally respected for his work promoting the use of evidence in policy formation and the translation of scientific knowledge into better social, economic, and environmental outcomes.

Professor Sir Peter is a Fellow of The Royal Society (London), the Commonwealth's most prestigious scientific organisation. He is the only New Zealander elected to the Institute of Medicine of the National Academies of Science (USA) and the Academy of Medical Sciences of Great Britain. In 2009 he became a Knight of the New Zealand Order of Merit for services to medicine. In 2001 he received New Zealand's top science award, the Rutherford Medal.





Henare Ngaera O'Keefe was born and raised in Ruatoria and is a Flaxmere Ward Councillor for the Hastings District Council and Justice of the Peace. Henare spent 23 years working at Tomoana Freezing Works in a variety of roles – from labourer to leading hand. Following the closure of the works, Henare became actively involved in community work, including as a facilitator and social welfare manager at Tomoana Resource Centre – establishing a food bank and working with over 800 former colleagues to help them find alternative work – and fostering over 200 children with his wife Pam, as well as raising their own four children.

Henare has worked a lot with young people, including through youth justice and family violence programmes, and as an ambassador for Books in Homes and the Yellow Ribbon programme (to prevent youth suicide). Henare was awarded New Zealand's community hero for 2012. Henare's governance experience ranges from marae management to ministerial appointments.



Ana Apatu is of Ngāti Kahungunu descent from the Ngāti Hine Manu hapū. She currently works as Chief Executive U-Turn Trust, a charitable trust working with the community of Flaxmere Hawke's Bay. Ana has a wealth of experience in large national and public health organisations.

She is passionate about developing strategies to improve health particularly with Māori, Pacific and low income families. Ana has a background as a Registered Nurse and has a Bachelor of Nursing and a GradDip in Public Health.



Associate Professor Susan Morton is the Director of the Centre for Longitudinal Research at the University of Auckland. This cross-faculty centre is the home of the contemporary longitudinal study – Growing Up in New Zealand, which she has been the Principal Investigator of since its inception in 2005.

Susan is a Public Health Physician and an expert in perinatal epidemiology and translational research and economic modelling of life course outcomes.





Professor Paul Dalziel has been Professor of Economics at Lincoln University since 2002 and is Deputy Director of the university's Agribusiness and Economics Research Unit. His research focuses on economic and social policy, with a particular interest in regional economic development.

Paul has published more than 100 refereed articles and book chapters. He is the co-author with Caroline Saunders of *Wellbeing Economics: Future Directions for New Zealand* (Bridget Williams Books 2014).



Mayor Lianne Dalziel - Christchurch City Council

Hon Lianne Dalziel (LLB) was elected as the Mayor of Christchurch in October 2013, after serving for 23 years in the New Zealand Parliament, the last four terms as the Member of Parliament for Christchurch East.

Lianne served as a Cabinet Minister in the 5th Labour Government under the leadership of Prime Minister Rt. Hon Helen Clark (1999-2008). During that time Lianne held a number of portfolios, including Immigration, Commerce, Food Safety, Women's Affairs and Senior Citizens and associate roles in Education and Justice.

Lianne has become a champion of resilience, with Christchurch selected as one of the first tranche of cities to participate in the 100 Resilient City Network pioneered by the Rockefeller Foundation.



Short Presentations: Speaker Biographies and Abstracts



Dr Robert Beaglehole graduated from the School of Dentistry at Otago University in 1997. In 2003 Rob received a Master's of Dental Public Health from UCL in London, UK. He then moved into the area of public health and policy development, spending a year in the public health division at the head office of the FDI World Dental Federation in Geneva. After returning to New Zealand in 2005 Rob moved into the arena of politics, where he was the Senior Political Advisor to the Associate Minister of Health in Parliament (responsible for tobacco, alcohol and gambling). Currently, Rob is working as the Principal Dental Office and senior hospital dentist for the Nelson Marlborough District Health Board. He is the New Zealand Dental Association Spokesperson on Water Fluoridation. He has been instrumental in helping place the dangers of sugary drinks on the national agenda, including helping to initiate policies where no sugary drinks are sold at some DHBs, Councils and schools around NZ. He appeared in the 2014 Nigel Latta episode on sugar and in 2015 was the focus of one of the *Sunday* episodes on TV1. He is passionate about reducing the pain and suffering of our children.





Fiona Haigh (MPH, LLB, BsocSci) is a research fellow at the Centre for Health Equity Training Research and Evaluation (CHETRE), University of New South Wales, Australia. Fiona is an experienced Health Impact Assessment (HIA), researcher and educator. She has spent the last twelve years working in the field of HIA in Germany, United Kingdom and Australia and has led or contributed to over 20 HIAs on policies, programmes and projects at local, regional, national and international levels. To date she has published over 40 articles, book chapters, and reports based on her research and practice. In 2013 Fiona was awarded a National Health and Medical Research Council Postgraduate Research Scholarship to carry out doctoral research investigating integrating a human rights framework into HIA.

Abstract: Human Rights and HIA

Dr Fiona Haigh (University of New South Wales, Australia)

Health impact assessment (HIA) and human rights both contribute to the promotion of physical and mental health and wellbeing. Human rights provide an ethical and legal framework, while HIA provides evidence-based methods and tools, derived from social and natural sciences, for policy evaluation. Scholars have proposed that international human rights laws and standards provide a legally binding and morally compelling framework for HIA. Several human rights monitoring mechanisms – including the UN Committee on the Rights of the Child, the UN Committee on Economic, Social and Cultural Rights and the UN Special Rapporteur on the right to health – have called on governments to perform human rights-based impact assessments.

It has been hypothesized that HIA can provide a well established evidence based (scientific) method to systematically and transparently assess impacts on the right to health; while human rights contribute a legally binding and morally compelling framework that allows governments and governmental agencies to be held accountable drawing attention to the legal and policy context within which health interventions occur. Despite increasing attention given to human rights and health by policy makers and researchers little has been achieved to date when it comes to integrating human rights considerations into HIA work. Thus, there are few methodologies and tools developed to identify and trace the context specific pathways between a policy, human rights and health outcomes; explain why relationships between these exist or what 'mechanisms' might account for them. In the absence of such explanations it is difficult to decide 'what to do' to improve human rights and health outcomes.

This presentation explores integrating human rights into Health Impact Assessment (HIA) methodology. In particular we report on research examining the fit between HIA and human rights, how HRHIA could work and what are the implications of integrating human rights into Health Impact Assessment (HIA) methodology.





Prof Andrew Hornblow has a background in clinical psychology and public health. He is an Emeritus Professor of the University of Otago and was for eight years (1994-2002) Dean of Otago's Christchurch School of Medicine and Health Sciences. Later, as an Adjunct Professor of the University of Canterbury, he established the University's Health Sciences Centre.

Over the last 30 years Andrew has held a variety of national professional and health sector roles, including President of the NZ Psychological Society, Chairman of the Mental Health Foundation, Foundation President of the Public Health Association, Chair of the Health Workforce Advisory Committee and Chair of the Alcohol Advisory Council. He has also had a long-standing involvement with various community organisations in the Canterbury region.

As Independent Chair of Partnership Health Canterbury Andrew helped facilitate the amalgamation with Pegasus Health (Charitable) Ltd in 2013. He is now a Director of Pegasus Health and Chair of its Community Board. He is also Patron of ComCare and a Healthy Christchurch Champion.

Andrew was appointed a Companion of the New Zealand Order of Merit (CNZM) in 2002.

Abstract: Pegasus Health, the evolution of primary health care, and HiAP

Prof Andrew Hornblow

Community Board Chair, Pegasus Health Charitable (Ltd)

Primary Health Organisations (PHOs) are at the interface of primary health care and HiAP. To play their part in addressing the social determinants of health PHOs must engage increasingly with policies which impact on both the delivery of health services and on health outcomes.

Over recent years Pegasus Health has been heavily involved in the evolution, and transformation, of the health system serving the Canterbury population. Through membership of the Canterbury Clinical Network's Alliance Leadership Team, and its Service Level Alliances and Work Streams, Pegasus has helped facilitate the integration of primary and secondary care, and closer liaison between community based services. Initiatives have included leading the development of Health One and the Electronic Request Management System (ERMS), and many Pegasus members have collaborated in developing the content of Healthpathways and the public website healthinfo.org.nz. Workforce development through Pegasus educational programmes, expansion of brief intervention and health promotion programmes, all reflect a strong commitment to excellence in delivery of clinical services and improved health outcomes.

As part of the evolution of primary health care in the Canterbury region, in early 2013, and following a year or more of discussion and negotiation, Pegasus Health Charitable (Ltd) and Partnership Health Canterbury PHO amalgamated. The amalgamation simplified previous



administrative structures and processes, and resulted in Pegasus taking on the functions of a PHO, thereby broadening Pegasus' role, responsibilities and accountabilities. Also as part of the amalgamation process, Pegasus established a Community Board to work alongside its Clinical Board. The Community Board was given Terms of Reference and powers more influential than those of Pegasus' previous Community Advisory Board.

An initial challenge for the Community Board was to clarify its focus and priorities. A focus on children and youth was seen to have the potential for life span health impact. The Board approved a Child and Youth Plan 2014-9, subsequently endorsed by the Clinical and Pegasus Health Charitable boards. Five areas of special focus are mental health, oral health, obesity, a healthy start, and access to services. Strategies being developed or supported in these areas range from on-line mental health programmes for youth, access issues for higher needs groups, to advocacy around alcohol abuse and community water fluoridation.

Challenges as Pegasus takes a broader HiAP oriented role include facilitating culture change within the organisation, prioritising action areas, resourcing new initiatives, strengthening community engagement and coalition building for joint advocacy on health policy issues.





Dr Patrick Harris

Patrick is a senior research fellow at the Menzies Centre for Health Policy, University of Sydney. He is an NHMRC Early Career Fellow and is a CI on an NHMRC Centre for Research Excellence on the 'Social Determinants of Health Equity: Policy research on the social determinants of health equity'. His research focusses on population health, health equity and public policy. His expertise is in the inclusion of health in public policy, specifically the use of health impact assessments, the links between health and land use planning and the inclusion of health in environmental assessments of major development projects. Methodologically his research is based in combining (critical) realism and new institutionalist approaches to policy analysis. Patrick is an applied researcher and has worked across Australia and internationally with the health sector and other sectors to improve considerations of health and health equity in policy and planning. To date he has published over 65 articles, book chapters, and reports based on his research and practice. In addition to his NHMRC funded work his current projects include; research with the NSW Heart Foundation, NSW Health and the NSW Premiers Council for Active Living to investigate how, why and the extent to which health was considered in the 2011-2013 review of the NSW Land-Use Planning legislation; a Henry Halloran Trust 'Blue Sky' Project investigating the inclusion of health in major transport infrastructure project environmental assessments

Abstract: Trading Away Health: A Health Impact Assessment of the Trans Pacific Trade Agreement

Dr Patrick Harris and Dr Fiona Haigh

The Trans-Pacific Partnership Agreement (TPP) is a free trade agreement (FTA) between 12 Pacific-rim nations including Australia, U.S. and New Zealand. The aim of the TPP is to improve global supply chains, and much of the official discourse has focused on the economic benefits of the agreement. However, it is increasingly recognized that FTAs, when not well designed, have broad reaching population impacts on health. A Health Impact Assessment (HIA) was carried out to determine the potential impacts of the TPP on public health in Australia. The goal of the HIA was not only to elicit the potential health impacts of the TPP, but to also provide an evidence base for advocates to bring health concerns into the public discourse.

The process used an HIA framework but developed innovative approaches to address the lack of a publically available proposal to assess, the challenge of trying to predict likely future public health policies that could be affected by the TPP and the need to engage advocacy groups in the



process.

The HIA found that many provisions in the TPP have the potential to increase the cost of medicines and limit the ability of Government to implement public health policies. There is particular concern about provisions related to intellectual property and investor state dispute settlement for their potential impact on effective public policies like alcohol warning labels, tobacco advertising, and improved food labelling; and the Pharmaceutical Benefits Scheme. Although our HIA considered the impacts on Australia it is likely that New Zealand would face similar issues.

After the HIA was released in early March 2015, there was an unprecedented amount of public interest in the findings as expressed through over 40 newspaper articles, over 20 radio interviews, and several social media campaigns. The report was likewise cited by members of parliament.

The breadth of interest in the HIA report demonstrates the capacity of HIA to produce evidence-based research that can be used by academics, advocates and the public alike. The integration of advocacy organisations in the HIA process contributed significantly to producing a relevant and useful report and to create a collective voice around the potential impacts of the TPP. HIA has been demonstrated to be a useful tool to systematically identify and unpack the potential health impacts of trade agreements while being flexible enough to incorporate innovative approaches to identify plausible scenarios in the absence of policy detail and engaging advocacy stakeholders in the process. We believe that HIA is a valuable tool for influencing the consideration of health at international policy level.





Dr Lucy D'Aeth is a Public Health Specialist with Community and Public Health, Canterbury District Health Board. She supports a team of health promoters locally and much of her work is focused on wellbeing promotion and health in all policies in post-disaster Christchurch. She leads on research and evaluation for the All Right? wellbeing promotion campaign.

Abstract: A Canterbury that's more than just all righthow do we make it happen?

Dr Lucy D'Aeth

The All Right? campaign is a Healthy Christchurch initiative led by the Canterbury District Health Board and the Mental Health Foundation of New Zealand. The campaign was launched in 2013 to support the improvement of Cantabrians' mental health and wellbeing in the recovery and rebuild from the earthquakes of 2010/11.

All Right? uses a social marketing approach to support people with prompts to prioritise caring for their mental wellbeing and tools for doing this. Evaluation indicates that sixty-six percent of Christchurch residents are aware of the campaign and of these, 89% agree that the campaign messages are helpful.

There is no health without mental health. Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live and social inequalities are associated with increased risk of many common mental disorders. Disaster recovery research indicates that the psychosocial recovery of a population who have experienced a disaster can take between 5 and 10 years.

The campaign's vision is 'A Canterbury that's more than just all Right?.' Achieving this vision requires a mental health in all policies approach, focusing on the policies and environments which enhance wellbeing. This pecha kucha will explore the ways in which the campaign is beginning to influence policy and how it intends to develop this work over the next three to five years.





Dr Adrian Field

Adrian Field is a researcher and evaluator with longstanding interest in the interface between health and urban form, stemming from a PhD in this area. He has led and supported a wide range of health impact assessments in transport and urban development.

Among many diverse research activities, Adrian is currently a member of the Te Ara Mua Future Streets research consortium, which is using participatory research and design approaches to implement innovative street designs in Mangere, with a view to identifying their public health benefits.

From 2006 to 2014, Adrian was a senior consultant and director at Synergia, a consulting, evaluation and research company. In mid-2014, Adrian established Dovetail, a consultancy based in Auckland, and which works as a collaborative hub of researchers and evaluators interested in supporting positive social change in New Zealand communities.

Abstract: Te Ara Mua Future Streets: Engaging communities and challenging policy

Dr Adrian Field and Dr Alex Macmillan

Over half of the world's population and three quarters of OECD residents now live in cities. In the last century, New Zealand's towns and urban areas grew seven-fold while the rural population grew very little. Cities in New Zealand and internationally are at the frontline of addressing public health and environmental sustainability. Concerted and integrated responses from planning, urban design and public health are key to securing an urban form that meets the challenges of cities in the 21st century.

Transport infrastructure poses a particular challenge, where the dominant paradigm often has the private car as its centrepiece. Transport infrastructure investments also emphasise economic and safety gains while largely ignoring other public health, social and environmental impacts, including impacts on social and health equity. The ideas and thinking that have shaped transport infrastructure have contributed to such global health problems as obesity and social dislocation.

Interventions to re-shape or retrofit existing urban communities can have multiple co-benefits for social, physical, economic and environmental wellbeing, and increasing community resilience to expected future threats. Creating urban form for people rather than cars, improves people's health, improves perceptions of safety, improves opportunities for physical activity and helps slow the growth of long-term conditions.

Te Ara Mua – Future Streets is a mixed methods intervention study of suburb-wide street changes aimed at making cycling and walking safer and more attractive in Mangere, Auckland. The project, led by a consortium of universities and consultancies, in partnership with Auckland



Transport and New Zealand Transport Agency, brings in leading international thinking in street design, allied with an intensive participatory design process. Te Ara Mua will offer new approaches to design, apply a participatory engagement approach in which knowledge is shared, and look to challenge the ways in which the costs and benefits of street infrastructure are measured, and how these in turn inform policy.

This pecha kucha presentation highlights the contribution that the Te Ara Mua – Future Streets project makes to applying Health In All Policies philosophy at a local level, in a way that challenges established thinking in urban form.





Dr Alex Macmillan is a public health physician and senior lecturer in environmental health at the Department of Preventive and Social Medicine, University of Otago. She has a longstanding research and practice interest in translating evidence about environmental sustainability and health into policy, in climate change, transport and housing. Alex is also involved in community based epidemiological research to understand the impacts of changing urban environments, as the basis for policy and institutional change. She is an honorary senior research associate at the UCL Institute for Environmental Design & Engineering (UCL-IEDE). She is also the Co-Convenor of OraTaiao: The New Zealand Climate and Health Council, a group of over 300 senior health professionals acting for healthy climate change policy.

Abstract: Health in All Transport Policies - are we making progress?

Dr Alex Macmillan

Transport policy has a strong and complex influence on population health, social and health equity, and environmental sustainability, which underpins human health. Currently in New Zealand, transport policy objectives are heavily focused on supporting economic growth through congestion reduction and freight movement, while addressing road traffic injury. Although some attempts have been made to incorporate wider public health objectives into transport planning more recently, these have been hampered by knowledge, skills, institutional and ideological barriers. Using more than a decade of experience with influencing transport policy using an arsenal of approaches, I will explore how successful this influence has been and the factors underpinning more and less successful influence. I will also draw together some insights from this experience for Health in all Policies more generally.





**Martin Witt - Manager, Health Promotion and IT Services
Cancer Society of New Zealand Canterbury West Coast
Division Inc.**

Martin is manager of Health Promotion and IT Services for the Cancer Society in Canterbury and West Coast, a curious mix but one linked by the need for good quality information!

Originally from the UK, where he worked in health service information and management, Martin joined the Cancer Society in 1999 and was given the opportunity to manage the health promotion department. Part time study at the University of Otago reaffirmed that this change was the right one with the increasing profile of health promotion in public health. His interests centre around the development of public policy at both local and national levels, health inequalities, advocacy and the use of IT as a tool to support public health.

In recent years Martin has developed a special focus on the role of local authorities in promoting health and in particular their role in the goal for a Smokefree Aotearoa by 2025. This focus has resulted in the Cancer Society's health promotion team developing their approach to HiAP, which today represents a significant part of their work.



**Amanda Dodd
Healthy Policy Advocate
Cancer Society of New Zealand Canterbury-West Coast
Division Inc.**

Amanda Dodd is the Healthy Policy Advocate at Cancer Society of New Zealand, Canterbury-West Coast branch. Born in Liverpool, U.K in 1971 Amanda is a Political Theory Graduate who has been inspired by the Historical health context of Liverpool. In 1847 William Henry Duncan was appointed Britain's first Medical Officer of Health in Liverpool after tirelessly campaigning for improvements to the poor living conditions of many in the city.

Amanda has adopted a strong commitment to health and place throughout her professional career working with many voluntary sector infrastructure organisations in the U.K to improve workforce practise and, policy development throughout the Non Governmental Organisation sector. Her last post prior to coming to New Zealand was in a local authority in the field of child welfare, where she gained experience in HiAP concepts as well as Outcome Based



Accountability.

Appointed to the Cancer Society as their Healthy Policy Advocate in 2012, Amanda coordinates a partnership approach to policy work at a local, regional and national level. She supports the advancement of the Society's health advocacy work across all health priorities but with a particular focus on tobacco control, and alcohol risk reduction.

Abstract: The Cancer Society - Long Term Plans, pathway to Smokefree New Zealand by 2025?

Martin Witt and Amanda Dodd



As a community based organisation, the Cancer Society has an established a suite of health promotion programmes designed to raise awareness of lifestyle and cancer risk. Over the last five years the organisation has placed a focus the role of public policy can play in achieving positive health outcomes for our communities. In particular our tobacco control work has placed importance on partnerships with local authorities and other key partners, to facilitate creation of smokefree community spaces. As key steps toward achieving the Smokefree Aotearoa goal by 2025 extending the scope of these policies to go beyond the “greenspace” is essential. Public support for more Smokefree community spaces is strong and there are encouraging signs that other key stakeholders such as businesses are open to further discussions but what do councils think?

With ten years to go to the goal, it is significant that councils are now developing their Long Term Plans [LTP] for the same period offering a timely opportunity for current partnerships to be strengthened. This presentation will outline how the Cancer Society is supporting a Health in All Policies approach, working in partnership to frame the need for councils to demonstrate commitment and leadership in helping ensure that New Zealand does indeed achieve its goal to be Smokefree by 2025. The presentation will address how criteria have been developed to assess the extent to which councils acknowledge their role in promoting Smokefree policy and how this might develop over the next few years. Council responses to submissions will be evaluated against these criteria.

Although there are examples of councils already demonstrating strategies consistent with the 2025 goal, most notably Auckland and Palmerston North , there need to be much stronger signs that other councils recognise the significance of their role; a role that does not mean a large financial commitment. LTP are by their nature based on the use of limited resources, however they are also open to public consultation and intended to be an outline of all council activities that help make communities safe places to live work and play in. Failure to engage councils in the 2025 goal as part of their LTP's in 2015 would seem to be inconsistent with that intention.





George Darroch – Problem Gambling Foundation

BA (Hons), VUW; MPhil, ANU

George is a health promoter with the Problem Gambling Foundation of New Zealand, focusing on harm reduction and changing gambling environments. He has worked in; NZ, Australia, and Timor-Leste, across a range of health and social issues, and is interested in how political and commercial dynamics shape health outcomes.

Abstract: Health In No Policies - Attaining Decision-Making Consensus when Health Outcomes Aren't 'Obvious'.

George Darroch

It is often 'obvious' to those working in health promotion that a particular change would improve the health and wellbeing of a population, with no significant costs or barriers to implementation. These improvements are not obvious to those with decision making power, and are not necessarily obvious to the populations affected. This gap and the conflict it creates are particularly evident at the local government level.

This talk will consider a range of biases and decision making heuristics that prevent decision makers from making change and adopting a 'health-first' approach to competing priorities. These are in turn affected by power structures which create priorities that deliver harmful or non-optimal outcomes.

However, 'health in no policies' is not inevitable, nor does it rely entirely on the goodwill of particular individuals. This talk will then consider how non-optimal decision-making might be circumvented and addressed through the strategic presentation of health policy, using examples from New Zealand and abroad.



