A Prescription for Health and Equity for All

This prescription for health and equity for all has been prepared by the New Zealand College of Public Health Medicine (NZCPHM) as a Briefing for the Incoming Minister of Health. It describes key health and social issues which affect the health status and well-being of all New Zealanders, and identifies strategies and actions that will address these issues effectively. The outcomes will be better health, elimination of health inequities, enhanced quality of life, increased productivity and reduced burdens and costs to the health and social sectors.

Our eight priorities described in this document have been identified through a process of consultation with our members, who are specialist doctors working at the forefront of issues that impact on the public health and social well-being of all New Zealanders.

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PUBLIC HEALTH MEDICINE AND THE COLLEGE

The NZCPHM represents the medical specialty of public health medicine in New Zealand. We have 221 members including 183 fully qualified specialists with the majority of the remainder being registrars in advanced training in the specialty of public health medicine.

Public Health Medicine is defined as the branch of medicine concerned with the epidemiological analysis of the health and health care of populations and population groups. It involves the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. Public health also includes a strong focus on achieving health equity across ethnic, socioeconomic and cultural groups, and promoting environments in which everyone can be healthy.
Compelling health inequities exist in New Zealand between Māori and non-Māori. These inequities are large, pervasive and persist across the lifespan and over time.

There are well documented inequities in determinants of health between Māori and non-Māori, including in education; employment; income; housing; income support; dealings with the criminal justice system; health literacy; deprivation; experiences of racism; and access to, and quality of, health care in New Zealand.

Māori as the indigenous peoples of Aotearoa / New Zealand have unique rights under te Tiriti o Waitangi (the Treaty of Waitangi) and the United Nations Declaration on the Rights of Indigenous Peoples. Inaction in the face of need is widely recognised as a marker of institutionalised racism, and ongoing inequities are considered by many to be breach of the Treaty. Increased action towards eliminating inequities could reduce the risk to the Crown given the upcoming Treaty of Waitangi health claims (Wai 2499).1

It is crucial that the health inequities faced by Māori are viewed as an issue for all of society so that the solutions are owned and supported by all New Zealanders.

**Strategy**

Prioritise improving Māori health and achieving health equity for Māori as a focus for health policy and action by policy-makers and practitioners working at all levels of the health and disability sector.

**Actions**

- Promote, protect and fulfil government’s obligations to the indigenous rights of Māori as per te Tiriti o Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples
- Adopt a cross-agency commitment to achieving equity in access to the determinants of health such as income, education, and housing
- Identify and eliminate inequities in access to, and quality of, health care for Māori to ensure equitable outcomes from care
- Prioritise Māori health workforce development including at least maintaining a critical public health and medical workforce. This is essential for an efficient and equitable public health system
- Support a best start to a healthy life for tamariki Māori and their whānau by achieving equitable access to high quality effective antenatal services, and early childhood services such as Well Child Tamariki Ora, immunisation, oral health, and hearing and vision screening
- Require the Ministry and all health organisations to have in place a plan to monitor and eliminate institutional racism, and to report on progress annually
- Standardise approaches to ethnicity data using the Ethnicity Data Protocols for the health and disability sector, and the Ethnicity Data Protocols Supplementary Notes
- Ensure that government-funded health research prioritises achieving health equity, considers Māori health rights, and explicitly considers use of Kaupapa Māori methodology, and other Māori methodologies.
Addressing health inequities is primarily a human rights issue; doing so is also cost effective. In developed countries, the critical influences on health lie both inside and outside of the health sector. Inaction on the social determinants of health threatens to undermine social development and economic growth by widening the gap in health status between population groups.

**Strategy**
Take a whole-of-government approach to improving health and reducing health disparities.

**Actions**
- Assess policies addressing education, employment, housing, taxation, and social security for health impact
- Provide local, accessible, affordable health care for priority population groups such as Māori and Pacific populations, refugees and those on low incomes. Ensure equitable access and quality of health care as well as equitable health outcomes
- Continue investment in policies that improve everyone’s health such as tobacco control, home insulation and immunisation
- Ensure training around health equity and the social determinants of health for all government departments
- Reinstate the health impact assessment support unit or similar.

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New Zealand has an unacceptably high number of children growing up in material poverty (14% of children living in material hardship and 8% are living in severe material hardship in 2016). Children living in deprivation are much more likely to suffer from preventable disease, poor nutrition, and injury from abuse, maltreatment, or neglect. Māori and Pacific children would benefit most from efforts to reduce poverty rates.

**Strategy**
Obtain cross-party agreement for a whole-of-government plan to reduce child poverty which identifies greater, sustained investment in policies and services for children, particularly in early childhood, and which has active surveillance and reporting of measurable targets.

**Actions**
- Honour New Zealand’s commitment to the United Nations Sustainable Development Goals (SDGs), specifically SDG1 to end poverty in all its forms everywhere with a target of halving poverty by 2030
- Publish a report on the progress of the recommendations made in “Inquiry into improving child health outcomes and preventing child abuse, with a focus on preconception until three years of age” and create a plan of action for areas where little or no progress has been made
- Invest in evidence based approaches focussed on reducing exposure to key modifiable risk factors for poor child health and wellbeing
Fundamental health gains will not arise if climate change is not urgently addressed. For society to continue enjoying the gains from a healthy population and cost-effective ends to fewer exacerbations of respiratory illness, fewer GP visits and hospitalisations, less time off work/school, and reduced energy use. Poor housing conditions are also linked to crowding-related infectious diseases, injury, social problems, and mental health problems.

Climate change is almost certainly contributing to major health issues, growing disease burdens and increasing the number of premature deaths for populations around the world. The continuing health effects are potentially catastrophic and New Zealanders will not be immune from the consequences. Well-planned action to reduce greenhouse gas emissions can also bring substantial health gains.

**MITIGATE CLIMATE CHANGE**

**Strategy**
Generate urgent action from the public, institutions, and government to address climate change across society, fairly.

**Actions**
- Set more ambitious targets for greenhouse gas emissions i.e. to be in keeping with the Climate Equity Reference framework
- Incentivise carbon-neutral business and health sector practices, and carbon-neutral electricity production
- Stop new, and phase out existing, fossil fuel extraction – while supporting local communities
- Continue to incentivise home insulation
- Develop sustainable and accessible transport environments that facilitate active and public transport, and support DHBs to take a lead on this in their regions
- Empower the health sector to be a role model in climate change mitigation.
- Require the Ministry of Health and DHBs to support own staff with active and public transport
- Require all DHBs to develop and implement a sustainable development strategy
- Provide funding for DHBs to measure their carbon emissions.

**IMPROVE THE QUALITY & QUANTITY OF NEW ZEALAND’S HOUSING STOCK**

**Strategy**
Develop and implement a long-term housing plan that prioritises healthy housing for our population.

**Actions**
- Require regulated minimum standards for all rental houses backed by evidence-based assessment, i.e. ensuring houses are:
  - Dry and ventilated
  - Safe, e.g. reducing injury hazards through installation of handrails, and visibility strips on glass doors
  - Thermally efficient, e.g. have insulation, draught stopping, and heating installed
  - Secure
  - Equipped with essential amenities, e.g. working toilets, electric lighting, kitchen sink
- Continue to incentivise home insulation
- Urgently increase the availability of adequate, affordable, safe and healthy housing for low income New Zealanders and ensure a sustainable supply for the future.
Support New Zealand to Be Smoke-Free by 2025

Smoking kills 4500–5000 people in New Zealand every year and is linked to many diseases including asthma, chronic obstructive respiratory disease, lung cancer, and other cancers. It is a leading, preventable contributor to death and health inequities.

Strategy
Urgently develop a Smokefree 2025 action plan, including specific measures to ensure that Smokefree 2025 is achieved for Māori and Pacific peoples.

Actions
To be effective the action plan should include a combination of such key components as:
- Further tobacco tax increases, with the additional revenue raised used to support smokers to quit and other measures to achieve Smokefree 2025
- Measures to regulate and reduce retail availability of tobacco products
- Well-resourced mass media campaigns to deter uptake and promote quitting including by-Māori-for-Māori campaigns
- Enhanced, targeted smoking cessation support services
- Further development of health targets, e.g. ‘95% hospitalised patients who smoke will be issued with nicotine replacement therapy’
- Measures targeting the tobacco industry such as divestment and mass media ‘industry de-normalisation’ campaigns
- Comprehensive evaluation and monitoring so that the strategy can be reviewed and amended as necessary.

Address Childhood Obesity

In New Zealand approximately one in nine children is obese and a further two in 10 are overweight, meaning that about three in 10 children are either overweight or obese. Childhood obesity is associated with a wide range of health complications, an increased risk of premature onset of illnesses such as diabetes and is a significant risk factor for adult obesity with associated premature mortality and chronic morbidity.

Strategy
Take leadership and commit further to tackling childhood obesity, and coordinate contributions and policy across all government sectors and institutions.

Actions
- Urgently review the New Zealand Childhood Obesity Plan to emphasise the need to address the obesogenic environment
- Reduce the risk of obesity by taking action during the critical times of preconception and pregnancy; infancy and early childhood; and older childhood and adolescence
- Tax sugar-sweetened beverages to fund health promotion
- Promote breastfeeding
- Develop guidelines, policy and recommendations for all relevant sectors, including the private sector, to implement action to reduce childhood obesity.
Unsafe alcohol use accounts for approximately 24% of all injuries and 18% of all mental illness (mainly through alcohol use disorders) in New Zealand. The NZCPHM recommends that all of the measures proposed in the 2010 Law Commission Report, ‘Alcohol in our lives: curbing the harm’, be adopted.

**Strategy**
Strengthen measures to change New Zealand’s drinking culture and reduce the hazardous consumption of alcohol.

**Actions**
- Increase the price of alcohol
- Raise the purchase age of alcohol
- Reduce accessibility to alcohol
- Strengthen the regulation for marketing of alcohol, including advertising, promotion and sponsorship
- Increase treatment opportunities for heavy drinkers.

**REFERENCES**