Pacific Peoples’ Health

New Zealand College of Public Health Medicine Policy Statement

Policy Statement
This statement replaces the New Zealand College of Public Health Medicine (NZCPHM)’s Pacific Peoples’ Health policy statement of 2015.

As a Pacific nation, New Zealand has a responsibility to its region, citizens within its Realm, and all Pacific peoples living in New Zealand. The NZCPHM recognises that optimal and equitable health for Pacific peoples is their right as citizens, and considers the health inequities faced by Pacific peoples living in New Zealand unacceptable. The NZCPHM calls for the prioritisation of Pacific health in public policy and investment, with strengthened efforts to identify and address the key drivers of health inequities for Pacific peoples in New Zealand.

Key Messages
• In New Zealand, Pacific peoples experience poorer health status and life expectancy, and a disproportionate burden of communicable disease, non-communicable diseases and risk factors compared with non-Pacific peoples.
• Pacific peoples’ health is influenced by socioeconomic factors such as housing, education, employment, infrastructure and environment, as well as wider environmental influences like the climate change crisis.
• The NZCPHM considers these health inequities to be systematic, avoidable, unjust and unacceptable and calls for the prioritisation of Pacific health in public policy and investment, with efforts to address the key drivers of these inequities.
• The NZCPHM also calls for a social determinants approach to Pacific peoples’ health, that applies an equity lens that is holistic and rights-based.

Background
The context of public health and NZCPHM policy statements
Public health is the art and science of preventing disease, prolonging life, and promoting health through the organised efforts of society. Public health has historically been the biggest driver of improved health for people. Advancements in public health in the last 100 years, such as vaccination, control of infectious diseases through clean water and improved sanitation, and the recognition of tobacco use as a health hazard, have led to improvements in health and wellbeing, and a substantial increase in life expectancy.

The NZCPHM represents the medical speciality of public health medicine in New Zealand. 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 is focussed on achieving health equity across ethnic, socioeconomic, age, ability, and cultural groups, and promoting environments in which everyone can be healthy.4

Public health medicine specialists have a professional responsibility to act as advocates for health for everyone in society.5-7 This means the NZCPHM advocates for and supports evidence-informed8 policies for health and wellbeing that accord with te Tiriti o Waitangi, the United Nations (UN) Sustainable Development Goals, and health promotion and Health in All Policies approaches, each grounded in the societal9, economic and environmental determinants of health.6-16 In relation to the health of Pacific peoples, the NZCPHM calls for the prioritisation of Pacific health in public policy and investment, with strengthened efforts to identify and address the key drivers of health inequities for Pacific peoples in New Zealand.

Further information on the context of public health and NZCPHM policy statements is available on the NZCPHM website.

The relationship between New Zealand and Pacific Peoples

Pacific peoples come from the 22 Pacific Island countries and territories11 and comprise distinct populations with diverse political structures, socio-economic status, language and cultures. The Pacific Island countries and territories comprise 11 million people living on 550,000 km² landmass spread over the 165 million km² surface area of the Pacific Ocean.17 Additionally, there are 300,000 people that identify as Pacific living in New Zealand.18 While the primary focus of this policy is the New Zealand-based Pacific population, there are related issues that arise from the historical and enduring familial and cultural links to the wider Pacific region.

New Zealand is geographically a Pacific nation, as are New Zealand’s territories Tokelau and the Ross Dependency, and the self-governing associated states of the Cook Islands and Niue. New Zealand’s association with Pacific peoples dates to the early settlement of New Zealand by East Polynesians (New Zealand Māori Tangata Whenua), British-inherited colonial relationships, New Zealand Māori, Cook Islands Māori, and Niue soldier reinforcements to the World War New Zealand Expeditionary Force in particular the New Zealand (Māori) Battalion, the migration of Pacific peoples to New Zealand for employment and education opportunities (1940-mid-1970s), and to current day Pacific culture solidified and celebrated in New Zealand society. New Zealand has a Treaty of Friendship with Samoa (1962). In 2013, 7.4% of the New Zealand population (295,941 people) identified as Pacific, with just over one third (36%) aged less than 14 years. The Pacific population in New Zealand is significantly younger than non-Pacific populations and therefore requires targeted policies to

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8 Societal determinants of health include commercial, political, governance, economic, cultural, even religious determinants — being the societal structures that are the conditions for health and disease. Each of the structural determinants eventually impact on health in a positive or negative way.

address health inequities. Almost half of Pacific peoples in New Zealand identified as Samoan, 21% as Cook Islanders, 20% Tongan and 8% Niuean. Some two thirds of Pacific peoples (62%) were born in New Zealand; an increase from 58% in 2001. The majority of Pacific peoples live in the North Island (Auckland 66%, Wellington 12%), with about 7% in the South Island.

In general, Pacific peoples continue to maintain strong links to their Pacific Island countries; Pacific peoples in New Zealand traditionally support family in the Pacific islands, as well as new arrivals from the Pacific to New Zealand. The increasingly significant size of the Pacific population in New Zealand, our history, and our ongoing responsibility to the Pacific region mean that the health and wellbeing of New Zealand will always be linked to the health status of Pacific peoples.

**The health status of Pacific Peoples in New Zealand**

The health of Pacific peoples in New Zealand is unacceptably poor compared with other New Zealanders. Life expectancy for Pacific peoples is at least six years less than that of the New Zealand population. Pacific peoples carry a significant burden of disease, with high rates of rheumatic fever, communicable (tuberculosis, respiratory and skin infections) and non-communicable diseases (cardiovascular, diabetes, stroke, cancer, asthma, mental health-suicide, injuries) as well as risk factors (smoking, alcohol use, obesity, gout, and poor nutrition).

Pacific peoples’ infant mortality rates in the past decade have consistently remained about 20% higher than those for the New Zealand population. The rates of severe and persistent poverty amongst Pacific children are at least double those of NZ-European children, with serious health implications and the continuance of a poverty cycle within the respective ethnic group. In addition, health system performance indicators such as ambulatory sensitive hospital admissions rates among Pacific people are twice those of the overall New Zealand population, suggesting a strong need to identify and address key drivers in primary health and community settings.

**Past action to improve Pacific Peoples’ health**

In 1997, New Zealand introduced a policy framework for working towards better health outcomes for Pacific peoples, drawing on the principles of the Yanuca Island (Fiji) Pacific Health Ministers Declaration of Health in the Pacific in the 21st Century (1995) and the Pacific Healthy Islands vision, as well as the Ottawa Charter (1986). Subsequent health, disability and primary health care strategies have continued to shape the prioritisation, design and delivery of responsive health care services to ensure universal health coverage for Pacific peoples, including:

- the Pacific Health and Disability Action plan (2002),
- ‘Ala Mo’ui (Pathways to Pacific Health and Wellbeing) 2010-2014 (2010), and

Pacific provider and workforce development initiatives have also contributed to the increase in ‘by Pacific for Pacific’ services. These services have had some success, with Pacific peoples comprising half of Pacific provider enrollees, however almost two thirds of Pacific peoples in New Zealand are enrolled with non-Pacific providers.

These strategies and initiatives are often based on the epidemiology of ‘Pacific peoples’, but this grouping in fact covers a wide variety of different cultures and ethnicities, and ‘multi-ethnicity’ is increasingly common. High quality ethnicity data is vital to monitoring and measuring progress.
towards achieving health equity, and to inform the design of responsive context specific health services. The NZCPHM endorses the standardised approach to ethnicity data as outlined in the *Ethnicity Data Protocols for the health and disability sector* and in the *Ethnicity Data Protocols Supplementary Notes*.

**Influences on Pacific Health in New Zealand**

Social and economic factors influence the health status of populations.

**Housing**

In New Zealand, Pacific peoples are more likely to live in areas of high neighbourhood deprivation compared to non-Pacific, with the skewed profile similar to that of New Zealand Māori. According to the Ministry of Health, 27% of Pacific peoples meet the criteria for living in severe hardship compared to 8% of the total population. In addition, 15% of Pacific peoples live in significant hardship, with only 1% enjoying ‘very good living standards’. Importantly, a significant proportion (40%) of Pacific people live in overcrowded houses.

Part of the solution is to improve the availability, quality, quantity, and affordability of rental housing in New Zealand, and increasing available housing to buy affordably. The number of Pacific peoples living in rental housing since 2001 increased by 60%, compared with a 3% increase for those who owned their own home. As noted in the NZPCHM Housing Policy, regulated minimum standards for all New Zealand houses and ongoing investment in evidence-based housing interventions would positively impact the health of Pacific peoples.

**Education and employment**

Education qualifications are closely linked to income and job opportunities later in life as well as improved general well-being. Educational attainment and employment are lower for Pacific people compared with other New Zealanders. Although the gap between Pacific and non-Pacific participation in early childhood education has been closing recently, there are still substantial gaps in secondary schooling. In 2014, 29% of students that identified as Pasifika achieved university entrance, compared with 54% of New Zealand European students and 60% of Asian students. In 2013, unemployment rates for Pacific peoples (14%) were more than twice that of all New Zealanders (6%).

**Immediate environment**

Most of New Zealand’s urban infrastructure favours motor vehicle use, particularly in Auckland where the majority of Pacific peoples in New Zealand live. However, many Pacific peoples do use public and active transport. This healthy behaviour should be supported through transport and urban design, for example by ensuring there are bus routes and safe walk/cycle ways to isolated areas.

The obesogenic food environment is an unhealthy influence on Pacific peoples’ inequitably high obesity rates with highly marketed, energy dense, nutritionally-deficient food prevailing as the more affordable option.

**Wider environmental influences**

The health and environmental impacts of the climate change crisis are likely to disproportionately affect Pacific peoples in New Zealand. Climate crisis-induced extreme weather events, rising seas,
and ocean acidification threaten the livelihood of small Pacific island developing states.\textsuperscript{46-50} New Zealand is likely to see an increasing number of climate crisis migrants from the Pacific, which will have financial, housing and health impacts on Pacific peoples in New Zealand, as well as Pacific Island-based peoples dependent on financial support from New Zealand-based family members.\textsuperscript{51-53} Pacific island countries have close relationships with New Zealand, and limiting temperature increase is important to the wellbeing of Pacific peoples in New Zealand, which cannot be separated from the wellbeing of people in the Pacific.

Pacific island countries advocated strongly for the 1.5°C global temperature rise target in the Paris Agreement.\textsuperscript{54} Per capita, Pacific Islands emit very little greenhouse gases already, and New Zealand has emitted large amounts especially historically – yet Pacific Islands will be hit first with sea level rises and more tropical cyclones. These will have economic impacts on their already comparatively low GDP ($2700 per capita overall), similar to Nigeria’s, less than India’s and just 1/9th of New Zealand’s\textsuperscript{55} (see table and figure below). The NZCPHM considers these differences to be perverse and unfair.\textsuperscript{56}

\textbf{Table:} population, GDP and 2013 gross greenhouse gas emissions, New Zealand and Pacific Islands

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<thead>
<tr>
<th></th>
<th>population</th>
<th>GDP 2012 (billion $US-PPP)</th>
<th>gross GHG 2013 (MtCO2e)</th>
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<tr>
<td>NZ</td>
<td>4.551</td>
<td>$109.402</td>
<td>76.93</td>
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<td>PICTs</td>
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\textbf{Figure:} per capita GDP and 2013 gross greenhouse gas emissions, New Zealand and Pacific Islands

The NZCPM therefore calls for New Zealand to set ambitious and fair targets to reduce greenhouse gas emissions, to help mitigate the climate crisis with its existential threat to Pacific peoples.\textsuperscript{57, 58, 59}
**Healthy public policy**

The burden of non-communicable diseases (NCDs) in New Zealand is disproportionately higher among Pacific peoples and New Zealand Māori. The increasing prevalence of diabetes, cancer, cardiovascular disease, stroke, and chronic respiratory diseases requires multipronged intersectoral actions that additionally address the social and economic drivers. It is essential that patients with NCDs receive optimal funded treatment.

**New Zealand’s role in Pacific Islands’ health**

For both practical and ethical reasons, it is critical that New Zealand supports infectious disease control measures among Pacific Island populations, both in New Zealand and in the Pacific region. Travel between New Zealand and the Pacific Island nations is frequent, and consequently there is a continuing risk that infectious diseases endemic to some Pacific nations are imported, such as typhoid, hepatitis A, tuberculosis, and vector borne diseases such as dengue. Similarly, infectious diseases present in New Zealand can be exported to Pacific nations. The measles outbreak in New Zealand in 2019 poses serious threats to Pacific Island countries and territories. Maintaining high vaccination rates across the Pacific region and in New Zealand, as well as promoting vaccination among travellers, is crucial to preventing outbreaks of such infectious diseases. Initiatives must also mitigate emerging antimicrobial resistance among Pacific peoples.

New Zealand plays an important role to support Pacific nations’ access to safe, quality, affordable essential medicines and vaccines, as well as diagnostic and rehabilitative services and palliative care.

**Recommendations**

Promoting and protecting the health of Pacific populations is social justice. The health disparities of Pacific peoples in New Zealand are systematic, avoidable, unfair, and unjust. There is an ethical and moral obligation for all New Zealanders to promote and protect Pacific peoples’ health and wellbeing. Opportunities to identify the root causes of health inequities within the Pacific context should be a priority, considering not only the size of the problem, but how it is distributed in society, noting the differential vulnerabilities, exposures, and impacts. The NZCPHM calls for a social determinants approach to Pacific health, that applies an equity lens that is holistic and rights-based. It is also in New Zealand’s interest to engage positively with its Pacific neighbours for economic, social, climate, and global security efforts.

The NZCPHM calls for:

- The prioritisation of Pacific health in public policy and investment, with efforts to identify and address the key drivers of health inequalities for Pacific peoples in New Zealand.
- The design and implementation of context-specific strategies that result in sustained improvements in population health outcomes.
- Particular emphasis on areas with high Pacific populations eg. the Auckland region, where action will have most impact.
- Development of policy around the needs of those ineligible for funded health care.
- Standardised approaches to ethnicity data, using the Ethnicity Data protocols for the health and disability sector and in the Ethnicity Data Protocols Supplementary Notes.
- Greater recognition of multi-ethnicity, with data, partnerships and strategies to address these groups’ particular needs.
• Continued and increased support for Pacific provider and workforce development and investment in pipelines approaches from schools to the workforce, and the various funding streams available for Pacific health workforce development etc.

• Increased aid to Pacific nations (funding, personnel, expertise working in partnership), with the particular aim of reducing preventable endemic diseases, support for workforce development, and activities that impact on the climate crisis.

• Strengthening of inclusiveness and support for cultural diversity and “saying no to racism” and cease the “othering” of minority groups.

• A multi-faceted, comprehensive, whole-of-society approach to make healthy foods the easy choice.64

The NZCPHM also reaffirms its recommendations from related Policy Statements, including calls for:

• Regulated minimum standards for rental housing to ensure healthy housing for the increasing number of Pacific peoples living in these settings.

• Immediate actions to address the serious undersupply of housing and the related overcrowding issues for Pacific families by increasing the number of affordable, quality housing (for rent and ownership).

• Prioritisation of Pacific communities in a National Action Plan, to transform our neighbourhoods and cities into places that are easier to be active in, and to substantially increase investments in walking, cycling and public transport infrastructure.

• More ambitious targets to reduce greenhouse gas emissions fairly to help mitigate the climate crisis.

Links with other NZCPHM policies:

Health equity
Public Health as an investment Housing
Immunisation Water Fluoridation
Rheumatic fever Trans Pacific Partnership Agreement
First 1000 days of life Climate Change
Tobacco control Child Poverty and Health
Alcohol Transport

Acknowledgement
This policy statement was developed by the NZCPHM Policy Committee, NZCPHM members and staff. Authorship or review is recorded in the list of policy statement main authors on the College’s Policy Statements webpage at https://www.nzcphm.org.nz/policy-publications.

References and further information


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