



29 July 2016

**Submission to the Ministry of Health and the Ministry of Business, Innovation and  
Employment:**

**New Zealand Health Research Strategy: Public Discussion Document**

The New Zealand College of Public Health Medicine (NZCPHM) would like to thank the Ministry of Health and the Ministry of Business, Innovation and Employment for the opportunity to make a public submission on the New Zealand Health Research Strategy: Public Discussion Document (Health Research Strategy).

The NZCPHM is the professional body representing the medical specialty of public health medicine in Aotearoa / New Zealand. We have 224 members, all of whom are medical doctors, including 187 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with 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. The NZCPHM strives to achieve health gain and equity for our population, reducing inequalities across socioeconomic and cultural groups, and promoting environments in which everyone can be healthy.

**Health Equity**

The NZCPHM recognises the World Health Organization's definition of equity which is, "the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically".<sup>1</sup> The NZCPHM sees achieving equity of health outcomes as a critical component of public health medicine.<sup>2</sup> The vision and mission proposed in the Health Research Strategy do not encourage and/or require researchers to focus on reducing health inequities as well as improving the health of the total population. Health equity will only become a reality if there is a mind-set change throughout the system, where a research focus on equity becomes the norm rather than the exception. Actions taken to promote health equity benefit society in many ways and the reduction of health inequities has a profound positive effect on the quality of life and longevity of everyone, not just those who suffer the most from material deprivation, or those who are exposed to negative life course events.<sup>2</sup> There is also a profound positive effect on the economy.<sup>2</sup> Given what is already known about health equity, the NZCPHM considers health equity to be a crucial principle that must be embedded explicitly throughout the Health Research Strategy.

We note that both the phrases, “inequalities in health outcomes” and, “equity of health outcomes” have been used in this strategic priority example. The term equity is the preferential term to equality because it better recognises that failure to avoid or overcome inequalities infringes on fairness and human rights norms.<sup>1</sup> It is recommended terms such as equity should be defined in a glossary in the Health Research Strategy document and that the terms equity and equality should not be used interchangeably.

It is good that the second Strategic Priority proposed in the Health Research Strategy, “unlocking the factors determining health and wellbeing for New Zealanders now and into the future” begins to acknowledge the importance of researching the social determinants of health. However, a far greater emphasis is required. The NZCPHM recommends that this Strategic Priority be listed as number one, rather than two.

### **Greater Focus on Aotearoa/ New Zealand**

The NZCPHM recommends that the Health Research Strategy has greater specificity for Aotearoa/ New Zealand and its unique and diverse population groups. We note that the proposed guiding principles state, “decision making acknowledges the special relationship between Māori and the Crown under the Treaty of Waitangi”. Te Tiriti o Waitangi (te Tiriti) is Aotearoa/ New Zealand’s founding document and is fundamental to the relationship between Māori and the Crown. Te Tiriti must underpin the Health Research Strategy and inform all research activity across health and related sectors to address the diverse aspirations and needs of Māori, and all New Zealanders. In light of the impetus to have a greater focus on health equity and to give te Tiriti primacy, the NZCPHM recommends that a commitment to honouring te Tiriti is made rather than an acknowledgement, and that this guiding principle is number one on this list. The NZCPHM also recommends that the commitment to te Tiriti o Waitangi is made explicit in the details of the vision and mission.

The proposed guiding principle, “acknowledge different worldviews including Pacific research frameworks” appears to be the only reference to Pacific peoples in the vision, mission and guiding principles of the Health Research Strategy, with Pacific populations only referred to in one of the strategic priorities. As a Pacific nation, Aotearoa/ New Zealand has a responsibility to the Pacific region, citizens within its realm, and to all Pacific peoples living within Aotearoa/ New Zealand.<sup>3</sup> It is critical that the Health Research Strategy reflects this through greater recognition of the importance of research that improves health and wellbeing, and reduces health inequities for Pacific peoples.

In addition, under Strategic Priority Five, “providing research infrastructure and building skills”, there is only very brief mention of investing in capacity and capability in Māori and Pacific health research. There is no recognition of the additional responsibilities that the health and disability system places on Māori and Pacific health researchers in Māori and Pacific health improvement. For example, improving health and reducing inequities for Māori and Pacific peoples is the responsibility of the health and disability system, not just that of Māori and Pacific health researchers. However, Māori and Pacific health researchers are expected (both by their own communities as well as by non-Māori/non-Pacific) to work over and above their professional research obligations in order to mitigate negative impacts of the inequities that Māori and Pacific communities experience with respect to health determinants and the access to resources needed to improve their health outcomes. The NZCPHM calls for acknowledgement of the special role of Māori and Pacific health

researchers, in the form of appropriate resourcing for capacity and capability building in Māori and Pacific health research.

### **Prioritisation of primary prevention research**

The NZCPHM recommends that primary prevention of illness is a prioritised area of research in the Health Research Strategy. Primary prevention can be defined as “preventing the onset of disease by altering behaviours or exposures that can lead to disease, or by protection against the effect of exposure to a disease agent”<sup>4</sup>. A greater focus on research in primary prevention will align with the New Zealand Health Strategy (NZHS) which states, “by focusing on preventing illness ... we can help people ... avoid developing long-term health conditions”,<sup>5</sup> providing details of the intended increase in efforts within the area of prevention.<sup>6</sup> An example of such research is that of a randomised controlled trial conducted in approximately 800 houses in Taranaki.<sup>7</sup> The research found that a set of simple and inexpensive measures including hand rails on stairs and grab rails in bathrooms resulted in a 26% reduction in injuries caused at home.<sup>7</sup> The social costs of injuries in the home in 2008 were estimated to be around \$13 billion, 3.5 times more than road injuries.<sup>8</sup>

A further example of primary prevention research is that in housing improvement intervention programmes such as the *Healthy Housing Programme* (a collaboration between Housing New Zealand Corporation and District Health Boards)<sup>9</sup>. This research has demonstrated that housing interventions can reduce potentially avoidable hospital admissions<sup>9</sup>. Given that primary prevention has a crucial role in improving the health status of New Zealanders, it is imperative that the Health Research Strategy reflects this strongly.

Health literacy is linked to primary prevention and the NZCPHM also calls for this to be acknowledged as a key research area in the Health Research Strategy. A focus on health literacy, defined as, “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”<sup>10</sup> aligns with the New Zealand Health Strategy’s emphasis on, “build[ing] health literacy and active two way engagement”.

### **Health in all policies**

The NZCPHM agrees with the proposed guiding principle stating, “break down interdisciplinary barriers”. However the definition of “interdisciplinary” is unclear as this could be disciplines within the health and disability sector or intersectoral, for example, environmental research. It is recommended that the health in all policies (HiAP) approach should be included as a guiding principle in the Health Research Strategy with the Ministry of Health leading and promoting this approach. The World Health Organization defines HiAP as “an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity”.<sup>11</sup> This approach acknowledges that health and wellbeing is significantly determined by factors that lie outside the health and disability sector itself.

### **Long term funding of longitudinal studies**

The NZCPHM recommends the Health Research Strategy strongly supports the secure long term funding of longitudinal studies. Longitudinal studies in Aotearoa/ New Zealand such as Growing Up in New Zealand<sup>12</sup> and the Dunedin Study<sup>13</sup> provide invaluable information for use in New Zealand and internationally to develop our understanding of our population’s wellbeing. For example, the

Growing Up in New Zealand leads the way in international longitudinal studies by starting before the baby is born<sup>12</sup> (and therefore providing contemporary evidence of the critical antenatal influences on the lifecourse), including independent information from both parents, and retaining over 90% of a cohort of approximately 7000 children<sup>12</sup>. Further, with this sample size it is highly cost-effective to strategically invest in nested case-control and intervention studies within the cohort to maximise existing investment. Longitudinal studies provide a unique opportunity to: consider the underlying processes associated with health and development; play an important role regarding achieving population health and health equity; and provide information to a number of Ministries for policy and programme evaluation and development.

### **Implementation of research (translation of research after publication)**

Finally, the NZCPHM supports Strategic Priority Four, “enhancing the uptake of health research results across the social and health sectors” but reiterates the importance of health equity in this area. The focus must be on implementation of research that not only improves health but also reduces health inequities in Aotearoa / New Zealand.

Thank you for the opportunity for the NZCPHM to submit on the New Zealand Health Research Strategy: Public Discussion Document. We hope our input is helpful and please do not hesitate to contact the NZCPHM if we can be of further assistance.

Yours faithfully,



Dr Felicity Dumble, President Elect, NZCPHM

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