



Pacific Peoples' Health

New Zealand College of Public Health Medicine Policy Statement

Policy Statement

As a Pacific nation, New Zealand has a responsibility to its region, citizens within its Realm, and to all Pacific peoples living in New Zealand. The New Zealand College of Public Health Medicine (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 to be unacceptable. The NZCPHM calls for the prioritisation of Pacific health in public policy, with efforts to identify and address the key drivers of health inequities for Pacific peoples in New Zealand.

Background

The relationship between New Zealand and Pacific Peoples

Pacific peoples hail from the 22 Pacific Island countries and territories¹ and comprise distinct populations with diverse political structures, socio-economic status, language and culture. The Pacific covers some 10.6 million people living on 551,312 km² landmass spread over 165 million km² surface area of the Pacific Ocean.¹ Additionally, there are 296,000 people that identify as Pacific living in New Zealand.² The primary focus of this policy is the New Zealand-based Pacific population however there are related issues that arise from the historical, familial and cultural links to the wider Pacific.

New Zealand is, geographically, a Pacific nation and its Realm includes Tokelau, the Ross Dependency, and the self-governing states of the Cook Islands and Niue. New Zealand has had a long history with its Pacific neighbours from its initial settlement by East Polynesians (New Zealand Māori Tangata Whenua), British-inherited colonial relationships, the provision of mostly Cook Islands, Māori, and Niue soldier reinforcements to the World War New Zealand Expeditionary Force in particular the New Zealand (Māori) Battalion, to the encouraged migration of Pacific peoples to New Zealand for employment and education opportunities in the 1940-mid-1970s, to the current day Pacific culture solidified and celebrated in New Zealand society. 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 fact that the Pacific population in New Zealand is significantly younger than its non-Pacific population has important implications for targeted policies to address health inequities.² Almost half of Pacific peoples in New Zealand identified as Samoan, 21% as Cook Islanders, 20% Tongan and 8% Niuean.² Some two thirds of Pacific peoples (62%) are born in New Zealand; an increase from 58% in

¹ Pacific Island countries and territories: American Samoa, Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Pitcairn Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna.

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 have a tradition of supporting both family back in the Pacific, and 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 lower than that of the New Zealand population.^{3,4} 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) and risk factors (smoking, alcohol use, obesity, gout, and poor nutrition).^{4,5}

Infant mortality rates in the past decade have consistently remained about 20% higher than 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 ethnic group.⁶⁻⁹ In addition, health system performance indicators such as ambulatory sensitive hospital admissions rates among Pacific peoples, 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, based on the principles of the Yanuca Island (Fiji) Declaration of Health in the Pacific in the 21st Century (1995) and the Ottawa Charter (1986).^{10,11} Subsequent health, disability and primary health care strategies have continued to shape the prioritisation, design and delivery of responsive health care services for Pacific peoples including;

- the Pacific Health and Disability Action plan (2002)¹²,
- 'Ala Mo'ui (Pathways to Pacific Health and Wellbeing) 2010-2014 (2010)¹³, and
- 'Ala Mo'ui 2014-2018 (2014).³

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 making up half of Pacific provider enrolees, however almost two thirds of Pacific peoples in New Zealand are enrolled with non-Pacific providers.⁵

These initiatives and this policy, are often founded on the epidemiology of Pacific peoples, however it is important to keep in mind that this grouping covers a wide variety of different cultures and ethnicities, and that 'multi-ethnicity' is increasingly common. High quality ethnicity data is vital to monitoring and measuring progress towards achieving health equity, and informs the design of responsive 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*.^{14,15}

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.¹⁶ 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'.¹⁷ It is also important to note that a significant proportion (43%) of Pacific people live in overcrowded houses.¹⁸

Part of the solution to this problem is to improve quality, quantity, and affordability of rental housing in New Zealand. The number of Pacific peoples living in rental housing since 2001 increased by 60% compared to a 3% increase for those who owned their own home. As noted in the NZCPHM 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.¹⁹

Education and employment

Education qualifications are closely linked to income and job opportunities later in life as well as improved general well-being.^{20,21} Education attainment and employment are lower for Pacific people compared with other New Zealanders.^{16,22} Although the gap between Pasifika and non-Pasifika participation in Early Childhood Education has been closing recently, there are still substantial gaps in secondary schooling.²³ In 2014, 28.9% of students that identified as Pasifika achieved university entrance, compared with 54.0% of NZ European students and 59.5% Asian students.²⁴ In 2013, unemployment rates for Pacific peoples (14%) were more than twice that of all New Zealanders (6%).²⁵

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 people – especially in this area – use public and active transport to get around.^{26,27} 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.²⁸

The current 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.²⁹

Wider environmental influences

The health and environmental impacts of climate change are likely to disproportionately affect Pacific peoples in New Zealand. Climate change-induced extreme weather events, rising seas, and ocean acidification already threaten small island states including 14 Pacific Island countries and territories.³⁰⁻³² New Zealand is likely to see an increasing number of climate change refugees 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 NZ-based family members.³³⁻³⁵ New Zealand needs to set ambitious and fair targets to reduce greenhouse gas emissions to help mitigate climate change.

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. 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 hepatitis A, dengue fever, and measles.^{36,37} Similarly, infectious diseases present in New Zealand can be exported to Pacific nations. While advice and vaccinations to travellers is one means of preventing the outbreak of such diseases, treating the source of disease should be the long-term goal. For New Zealand, this would include increasing aid currently provided to Pacific nations and ensuring essential medicines – including vaccines where possible – are available and accessible.^{38,39}

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.⁴⁰ There is an ethical and moral obligation for all New Zealanders to promote and protect Pacific people's 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 advocates for a social determinants approach to Pacific health that applies an equity lens that is holistic and rights-based.

The NZCPHM calls for:

- The prioritisation of Pacific health in public policy, with efforts to identify and address the key drivers of health inequalities for Pacific peoples in New Zealand.
- Standardised approaches to ethnicity data using the Ethnicity Data protocols for the health and disability sector, and in the Ethnicity Data Protocols Supplementary Notes.
- Continued and increased support for Pacific provider and workforce developments.
- Increased aid to Pacific nations with the particular aim of reducing preventable, endemic disease.
- A multi-faceted, comprehensive, whole-of-society approach to make the healthy food the easy choice.⁴¹

The NZCPHM also reaffirms 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 to help mitigate climate change.

Links with other NZCPHM policies:

Health equity	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

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