



4 December 2015

Update of the New Zealand Health Strategy Submission to the Ministry of Health

Introduction

1. The New Zealand College of Public Health Medicine thanks the Ministry of Health for the opportunity to make a public submission on the draft New Zealand Health Strategy Update (the Strategy).
2. The New Zealand College of Public Health Medicine (NZCPHM) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 226 members, all of whom are medical doctors, including 194 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.
3. 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.
4. The NZCPHM would like to thank the Ministry for the huge amount of time and effort that has gone into creating this draft Update of the New Zealand Health Strategy. Communication about the NZHS from the Ministry has been thorough and frequent, and we have appreciated the varied opportunities to contribute through regional consultation meetings and the online forum.
5. Overall the Strategy has many strong aspects. However, the NZCPHM has two overarching concerns: firstly, the emphasis given to population level approaches to improve health, social determinants and health equity is severely inadequate. Secondly, although the Strategy begins well, looking at health in the widest sense, this quickly deteriorates into a narrow focus on delivery of health services to individuals. These two issues mean that the Strategy misses the opportunity to reach its full potential in terms of supporting all New Zealanders to be healthy in the context of a country with rapidly changing demographics and facing global health challenges.

Vision Statement

6. The opening phrase of the vision statement “that all New Zealanders live well, stay well and get well” is commendable. We think it needs to explicitly include the start of life¹ and quality at the end of life, and suggest the addition of ‘start well’ and ‘end well’ to the statement.
7. Throughout the remainder of the Vision statement, the Strategy and the Roadmap, the focus appears to be primarily on ‘getting well’. It is concerning that there is minimal emphasis on living or staying well; the focus is on what health services are required (designed for value and high performance) and how they should be delivered (people powered, closer to home, by one team, in a smart system). This, in effect, changes the vision for the Health Strategy into a Health Care Services Strategy. With the Strategy being focussed only on the health system, it will be unable to deliver on its stated intent of living and staying well.
8. We are disappointed that the government’s disability strategy has been separated from the health strategy. The Strategy talks about ‘the health and disability system’ but barely mentions people with disabilities or impairments and how they will be supported.

Health equity

9. We acknowledge the use of the word ‘all’ in the vision statement, noting that “the word ‘all’ was chosen to reflect the important need for this Strategy to reduce disparities in health outcomes, and make sure the health system is fair and responsive to the needs of all people — young and old, from all ethnic groups, and wherever they may live”. The NZCPHM considers that the use of “all” is insufficient to generate the level of attention that the current disparities deserve.
10. Compelling health inequities exist in New Zealand by ethnicity and socioeconomic status. These inequities are large, pervasive, and persist across the lifespan and over time. The NZCPHM is committed to a vision of a fair and just society where action is taken to remove the avoidable differences in health outcome. Reaching this vision will require national commitment to achieving equity in access to the determinants of health such as income, education, housing and access, timeliness and quality of health care.
11. It is imperative that an explicit focus on health equity for all groups, but particularly for Māori, is included in the Strategy and the Roadmap.
12. Health equity means having equal opportunity to stay healthy, not just equal access to health care services once people are sick. That is, ‘health’ should be equitable, not just ‘health care outcomes’ as a result of being in the health system. In order to reduce avoidable inequalities in health, the Strategy must take account of conditions in our wider society that contribute to health inequities and activate the levers that can make a difference.

¹ New Zealand College of Public Health Medicine. Policy statement on First 1000 Days of Life. Wellington: New Zealand College of Public Health Medicine, 2013. Available at http://www.nzcpmh.org.nz/media/64578/2013_08_first_1000_days_policy_statement.pdf

13. “Action taken to reduce health inequities through action on the social determinants of health will benefit society in many ways. It will have a profound effect on the quality and longevity of life for everyone, and not just those at the bottom of the gradient, those who suffer the most from material deprivation, or those who are exposed to negative life course events. There is also a profound effect for the economy. Productivity losses through illness, societal costs associated with effects of mental illness, violence, including the costs of law enforcement and incarceration, numbers of people receiving benefits should all be decreased.

The ever increasing costs of healthcare are, in part at least, a result of increased treatment costs for conditions that could have been largely prevented through action on the social determinants of health. Addressing the social determinants of health is not just a way to achieve better health equity, but a critical measure to ensure the financial sustainability of the health system. Action on the social determinants of health should therefore be a major focus for the health sector. However, most of the social determinants of health lie beyond the mandate of the health sector. Actions are required in many non-health sectors, including local government, social development, transport, finance, education and justice. The health sector has a role in advocating for and actively encouraging inter-sectoral approaches to addressing the social determinants of health and the whole of society needs to be involved along with the whole of government.²”

The NZCPHM strongly urges the Ministry to include a far greater emphasis on the above aspects of health equity in the final version of the Strategy.

Treaty of Waitangi

14. We note that that the principle “Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi” has moved from being principle no.1 in the original 2000 strategy³ to now being principle no.4. It is unclear whether these principles are in order of importance and this should be clarified in the document.

15. We recommend that ‘a commitment’ to honouring the Treaty is made, rather than just an ‘acknowledgement’. The NZCPHM recommends that this commitment includes prioritising improving Māori health and achieving equity in health between Māori and non-Māori in the Strategy.⁴

16. It is noteworthy that the 2000 Strategy has a much greater explanation of the Treaty and what it means in reference to the Strategy. The 2000 Strategy identifies the ‘3 P’s’ (partnership, participation and protection) and identifies “other goals based on concepts of equity, partnership, and economic and cultural security must also be achieved”. None of this is mentioned or referred to in the updated Strategy and it is not clear whether the old strategy still

² New Zealand College of Public Health Medicine. Policy statement on Health Equity. Wellington: New Zealand College of Public Health Medicine, 2014. Available at http://www.nzcpmh.org.nz/media/58923/2014_11_28_health_equity_policy_statement__revised_.pdf

³ Ministry of Health. New Zealand Health Strategy. Wellington: Ministry of Health, 2000. Available at <https://www.health.govt.nz/system/files/documents/publications/newzealandhealthstrategy.pdf>

⁴ New Zealand College of Public Health Medicine. Policy statement on Māori Health. Wellington: New Zealand College of Public Health Medicine, 2015. Available at http://www.nzcpmh.org.nz/media/89786/2015_11_30_m_ori_health_policy_statement.pdf

applies. The Māori Health Strategy, He Korowai Oranga⁵, is briefly mentioned in the Update but it is not stated specifically that it will be used alongside the Strategy or that its concepts will be incorporated into this Strategy.

Wider approach needed

17. There needs to be considerably more emphasis on the social determinants of health and the importance of constructive working relationships with other government departments such as Education, Housing, Transport, Social Development and Employment. It is clearly apparent to those working in the public health sector that solutions to complex health issues will only be solved through a whole-of-government approach.
18. The NZCPHM recommends that the Strategy adopts a 'Health in All Policies' (HiAP) approach across all of government, with the Ministry of Health leading and promoting this approach. The WHO 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."⁶
19. It could be **argued** that the inclusion of the new **eighth** principle of "thinking beyond narrow definitions of health and collaborating with others" would have negated our concerns that the Strategy was taking a 'siloed' approach to health. However this principle has inadequate attention throughout the rest of the document. The 'Closer to Home' theme makes some mention of collaboration across social agencies but in reality a collaborative approach at the highest level is required in order to provide the infrastructure for inter-sectoral collaboration to bear fruit.
20. Similarly, advocating that there should be 'one –team' is positive but unfortunately it focusses only on the health care team, other than a brief mention of collaborating with researchers. The team members could include iwi representatives, local government officials and councillors, school teachers, police officers and social workers. There are wider teams such as these already established in NZ.

Strategic Themes

21. People-powered is a term which has unclear meaning. The Roadmap describes the aim of having people-centred health services where people are partners in their health care. It is unclear where or how the 'powered' part of the term will be applied. We prefer use of the term 'people-centred' or 'people and whānau-centred'.
22. In the Roadmap, the 5 year goals for a people-powered health strategy include people having access to information to assist them with choices and taking greater responsibility for their own health. This is commendable, but in order to have real control over their health, people need to be unhindered by physical, social, commercial and political environments that promote

⁵ Ministry of Health. He Korowai Oranga: Māori Health Strategy. Wellington: Ministry of Health, 2014. Available at <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga>

⁶ World Health Organization (WHO). Helsinki Statement on Health on all Policies, 2013. Available at http://www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf

unhealthy practices, e.g. where it is easier to take the lift than the stairs at work because the stairs have security locks, or where the sugary drinks are cheaper and closer to the checkout in the supermarket than the milk. The Strategy should include how people will be supported to be healthy through policies and environments which promote healthy behaviours.

23. The NZCPHM agrees with the collaborative and supportive ethos behind the 'one team' theme but, as stated in para 20, the Strategy and Roadmap needs to go beyond a narrow definition of health and collaborate with other sectors to achieve wellbeing.
24. It is important to note that health care that is 'closer to home' does not necessarily result in better health outcomes.
25. The NZCPHM proposes that the five strategic themes should be amended to:
 - People and whānau-centred care
 - Reducing inequity
 - Working across sectors
 - High performing teams
 - Smart systems

Population health priorities

26. The original 2000 Strategy included 13 population health priorities. These are not restated in this updated Strategy so it is unclear whether there remains a commitment to these. Currently, there is minimal inclusion of specific actions to address the major preventable causes of poor health and premature death, which the NZCPHM considers to be a serious omission.
27. A significant example of this is the lack of mention of the current government goal of Smokefree Aotearoa by 2025⁸. Although it is declining, tobacco smoking is the number one preventable risk factor for health loss in NZ⁹ and is also a major contributor to health inequalities. The Roadmap does not include any plans on how to achieve the smokefree goal (e.g. higher tobacco taxes, restricting outlets, intensifying mass media campaigns etc.). Early in the Strategy document the need for a behaviour shift at system level 'from treatment to prevention' is identified, but this is not adequately followed through into the Roadmap.
28. The Roadmap refers to "implement a package of initiatives to prevent and manage obesity". The NZCPHM suggests that the Childhood Obesity Plan¹⁰ be specifically stated if this is what is being implied, but suggests that this obesity plan is an insufficient package of initiatives to have an impact on obesity.
29. Climate change is inadequately addressed in the Strategy, only being mentioned as a global challenge without addressing the impact of climate change on New Zealanders. The NZCPHM

⁸ See <http://smokefree.org.nz/smokefree-2025>

⁹ Ministry of Health. Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016. Wellington: Ministry of Health, 2013. Available at <https://www.health.govt.nz/system/files/documents/publications/health-loss-in-new-zealand-final-v2.pdf>

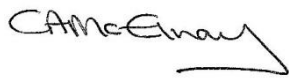
¹⁰ See <http://www.health.govt.nz/our-work/diseases-and-conditions/obesity/childhood-obesity-plan>

considers that climate change is a serious, potentially catastrophic emerging risk to public health, sustainable development and equity. Projected climate change health impacts include malnutrition, deaths and injuries from extreme events, vector-borne disease such as dengue fever, cardio-respiratory effects from air pollution, and diarrhoeal disease. More diffuse effects include mental health problems, migrant health issues and the health issues resulting from civil tension and conflict. Well-planned action to reduce greenhouse gas emissions can bring about substantial health co-benefits and will help New Zealand address its burden of chronic disease.¹¹

30. The NZCPHM proposes that both the Strategy and the Ministry of Health have a role in increasing awareness amongst health professionals, governments and communities about the health implications of climate change and the need for health-promoting mitigation and adaptation.
31. The increasing emergence of antimicrobial resistance is an international health concern. It has been described by the World Health Organization as the third greatest threat to human health, ranking alongside terrorism and climate change.¹² Reviews of the growing burden of antimicrobial resistance in this country have noted that resistance to many common antimicrobials is now endemic in New Zealand, in both community and healthcare settings.¹³ Therefore, the NZCPHM recommends that this significant health threat be included in the Strategy and appropriate actions included in the Roadmap.
32. Finally, additional significant challenges that are not included in the Strategy are health literacy, child poverty and end of life care.

Thank you for the opportunity for the NZCPHM to submit on the New Zealand Health Strategy Update. We hope our feedback is helpful, and would welcome the opportunity to assist the Ministry in any way.

Yours faithfully,



Caroline McElnay, President, NZCPHM

¹¹ New Zealand College of Public Health Medicine. Policy statement on Climate Change. Wellington: New Zealand College of Public Health Medicine, 2013. Available at <http://www.nzcphm.org.nz/policy-publications>

¹² World Health Organization (WHO). Antimicrobial resistance: no action today, no cure tomorrow. WHO Press; 7 April 2011. Available at <http://www.who.int/world-health-day/2011/en/index.html>

¹³ Williamson DA, Heffernan H. The changing landscape of antimicrobial resistance in New Zealand. N Z Med J. 2014;127:41-54. Available at <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2014/vol-127-no-1403/6315>