



NEW ZEALAND COLLEGE  
OF PUBLIC HEALTH MEDICINE

# A Prescription for Health and Equity for All

OCTOBER 2020

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. We describe the key health and social issues that harm the health and well-being of all New Zealanders - and prescribe effective and efficient solutions.

If government chooses to act on this evidence-based advice, and in partnership with tangata whenua with te Tiriti o Waitangi (the Treaty of Waitangi), the outcomes will be:

- Better health and quality of life for New Zealanders
- The elimination of health inequities
- Increased productivity and reduced costs for the health and social sectors.

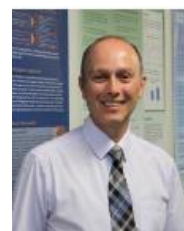
We identified the 10 health priorities described in this document through consultation with our members, who are specialist doctors working at the forefront of issues that impact on the public health and social wellbeing of all New Zealanders.

*The College's vision is a fair and healthy Aotearoa New Zealand, where each one of us, of any ethnic identity or culture and in paid work or not, can easily connect with friends and loved ones, live in a safe healthy home, be physically active most days as bodily able, rest and recreate, eat mostly plants, give our best in our home, community, workplace and learning, and be well supported by health services and each other.*

*This is where the four cornerstones of our hauora whare—physical, emotional, social and spiritual—stand in a healthy environment, where atmospheric warming is kept below 1.5°C, freshwater is protected and plentiful, and antimicrobial resistance is avoided.*

Our shared COVID-19 experience has further exposed the fault lines in health services and public health capacity and resourcing, along with the health inequity across our country. It has also expanded our vision of what can happen when we work together and care for each other.

**Dr James Miller**  
President, NZCPHM



## OUR 10 HEALTH PRIORITIES

- Rapidly protect our climate
- Achieve health equity and advance Māori health and Pacific peoples' health
- Eliminate child poverty, ensure child health and address the environmental causes of childhood obesity
- Safeguard and enhance mental health and wellbeing
- Reduce harm from alcohol consumption
- Make New Zealand smoke-free by 2025
- Guarantee the quality and quantity of New Zealand's housing
- Tackle antimicrobial resistance
- Restore the quality of New Zealand's freshwater
- Invest in public health infrastructure and the public health medicine workforce

## PUBLIC HEALTH MEDICINE AND THE COLLEGE

The NZCPHM represents the medical specialty of public health medicine in New Zealand. We have 205 active members including 184 fully qualified specialists, with the remainder being advanced trainees in 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 where everyone can be healthy.

## RAPIDLY PROTECT OUR CLIMATE



**Well-planned action to reduce greenhouse gas pollution can bring substantial health gains—where tackling climate change could be the greatest global health opportunity of the 21<sup>st</sup> century.<sup>1</sup> Climate impacts, if unchecked, will widen inequities. Climate destruction is contributing to major health issues, growing disease burdens and increasing premature death for populations around the world. The continuing health effects are potentially catastrophic, and New Zealanders will not be immune from these consequences.**

### Strategy

Generate urgent action from the public, institutions and government to address climate destruction across society, fairly.<sup>2,3</sup>

### Actions

- Set more ambitious targets nationally to cut New Zealand's net greenhouse gas emissions by more than 7.6% every year this decade,<sup>4,5</sup> and in keeping with the Climate Equity Reference framework<sup>6,7,8,9</sup>
- Incentivise carbon-neutral business and health sector practices, and carbon-neutral electricity production
- Prevent new fossil fuel extraction and phase out existing operations—while supporting local communities
- Continue to incentivise home insulation
- Develop sustainable and accessible transport environments that facilitate active and public transport, and support district health boards to take a lead in this action in their regions
- Empower the state sector, including the health sector, to be a role model in mitigating climate change by funding emissions measurement and management, so that the sector's emissions are more than halved this decade through actions such as alternative transport schemes



## ACHIEVE HEALTH EQUITY

**Fixing health inequities is primarily a human rights issue; it is also cost-effective. In Aotearoa New Zealand, the urgent need for health equity is most glaringly evident in the differences in life expectancy and disability-adjusted life years between Māori and non-Māori. The health equity issues facing Māori are a breach of te Tiriti o Waitangi.<sup>10</sup>**

**For Pacific peoples too, the health equity issues are deeply concerning.**

**In developed countries, the critical influences on health lie 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.**

**Further, the COVID-19 pandemic has shown that when one group has poorer access to health-promoting environments (such as adequate housing and adequate income), this inequity threatens all of society by creating settings that help transmit pathogens.**

### Strategy

Prioritise, embed and fund whole-of-government approaches that address and invest in the societal determinants of health, in order to improve health and eliminate health inequities<sup>11</sup>.

### Actions

- Provide everyone with what they need to thrive, so always prioritise the needs of those who are most disadvantaged, as a way of shaping effective approaches to achieving equity. When taking universal actions, make their intensity proportionate to the level of disadvantage, so that those most in need gain the most from them<sup>10</sup>
- Provide local, accessible, culturally appropriate, affordable health care for priority population groups such as Māori and Pacific populations, refugees and those on low incomes. Provide equitable access to high-quality health care, which has equitable health outcomes. Make services for Māori by Māori, and for Pacific peoples by Pacific peoples, which are resourced properly — so that services are appropriate, engaging and effective
- Continue investment in policies that improve everyone's health, such as obesity reduction, tobacco and alcohol control, healthy homes and immunisation
- Invest in Health Impact Assessments across government policies and embed them in all regulatory impact assessments where policy could impact health outcomes and/or equity directly or indirectly.<sup>12</sup> In particular, assess the health impact of policies addressing education, employment, housing, transport, taxation and social security
- Establish a Health in All Policies (HiAP) unit that provides training and capacity-building within all government departments and district health boards around health equity, the social determinants of health and the support tools for implementing a HiAP approach, including Health Impact Assessments<sup>13</sup>
- Address commercial determinants and strongly manage conflicts of interest, so that groups with vested interests, such as profit-maximisation, are prevented from influencing policy development in ways that threaten equity<sup>12</sup>



**Health inequities between Māori and non-Māori are large and pervasive, persist across lifespans and over time, and are unjust and unacceptable.<sup>14</sup>**

**Inequities in determinants of health between Māori and non-Māori are well documented. They include inequities in education; employment; income; income support; housing; dealings with the criminal justice system; health literacy; deprivation; experiences of racism; and access to and quality of health care in New Zealand. The failure to redress these health inequities, and with urgency, breaches the Crown's Tiriti o Waitangi obligations to Māori.<sup>10</sup>**

**Māori as the indigenous peoples of Aotearoa New Zealand have unique rights under both te Tiriti o Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples.<sup>15</sup>**

**In 2019 the Waitangi Tribunal identified the following markers of institutionalised racism in the New Zealand health system: the lack of accountability in achieving equity in health outcomes for Māori, inadequate data reporting on how the primary care system performs for Māori and unconscious bias in the sector (Wai 2575).<sup>16</sup> The tribunal also considered that achieving equitable health outcomes for Māori is a responsibility of ALL sectors, not just the health sector.<sup>16</sup>**

**It is crucial to see the health inequities faced by Māori as an issue for all of society, so that all New Zealanders own and support solutions.**

## 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<sup>14</sup>—as indeed, achieving equity for Māori must be a focus for all government policy and action. Set targets, and ensure effective monitoring and reporting on outcomes.

## Actions

- Promote, protect and fulfil government's obligations to uphold the indigenous rights of Māori under te Tiriti o Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples
- Adopt cross-agency intersectoral, whole-of-government approaches that align with Tiriti o Waitangi principles, in order to tackle determinants of health such as income, education, and housing<sup>16</sup>
- Identify and eliminate inequities in access to and quality of health care for Māori to ensure equitable outcomes from that care
- Prioritise the development and retention of the Māori health workforce, including by at least maintaining a critical Māori public health and medical workforce
- Promote Whānau Ora<sup>17</sup> and support it to expand its coverage and impact through continued sustained investment<sup>18</sup>
- 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, rheumatic fever prevention and treatment, oral health, and hearing and vision screening
- Require the Ministry of Health and all health organisations to have plans that recognise, 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, upholds Māori health rights and explicitly considers use of, and builds capacity in, Kaupapa Māori methodology and other Māori methodologies



## ADVANCE PACIFIC PEOPLES' HEALTH

**In New Zealand, Pacific peoples experience poor health status and life expectancy.<sup>19</sup> Compared with non-Pacific peoples, they carry a disproportionate burden of communicable diseases, non-communicable disease and risk factors for ill health. Pacific peoples also are more likely to be exposed to determinants of ill health, such as crowded housing, lowest incomes and an obesogenic food environment.**

**As a Pacific nation, New Zealand has an ongoing responsibility to the region. It has a key role to play in developing regional responses and in supporting the capacity of the region to deal with infectious disease outbreaks such as the 2019 measles outbreak, natural disasters, and climate-crisis induced extreme weather events and trends.**

### Strategy

Prioritise the health of Pacific peoples in New Zealand. Partner to develop and implement strategies that secure and improve the health of other countries in the Pacific region.

### Actions

- Prioritise Pacific health in public policy and investment with efforts to identify and eliminate the key drivers of Pacific health inequities, by:
  - Enforcing minimum standards for rental housing to ensure healthy housing for the increasing number of Pacific peoples living in these settings
  - Addressing the serious undersupply of housing and the related overcrowding issues for Pacific families by increasing the quantity of affordable, safe, high-quality housing
  - Investing in a multi-faceted, comprehensive, whole-of-society approach to make healthy foods the easy choice
  - Prioritising a greater investment in active transport infrastructure, such as for walking, cycling and public transport, particularly in areas with a high proportion of Pacific residents
- Increase investment in Pacific health care providers and health workforce development
- Standardise approaches to ethnicity data, use the Ethnicity Data Protocols for the health and disability sector and take account of multi-ethnicity classification when working with data
- Support the Pacific region to adapt to and mitigate climate change consequences by:
  - Ensuring New Zealand plays our part as a wealthy, high-emitting nation to cut our greenhouse gas pollution by more than 7.6% every year this decade,<sup>4,5</sup> as well as exceeding reductions targets under the Climate Change Response (Zero Carbon) Amendment Act 2019
  - Increasing aid to Pacific nations (in the form of funding, personnel, expertise working in partnership) to support the development of infrastructure that will help the region to adapt to and mitigate climate crisis effects in the long term

## ELIMINATE CHILD POVERTY AND ENSURE CHILD HEALTH



**New Zealand still has unacceptably high numbers of children growing up in material poverty (although the proportion has decreased slightly since 2016).<sup>20</sup> 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.<sup>21</sup>**

### Strategy

Significantly accelerate work towards reducing child poverty to meet the national child poverty reduction targets set under the Child Poverty Reduction Plan 2018.<sup>22</sup> Ensure effective monitoring and reporting on outcomes.

### Actions

- Keep work on track to more than meet the Child Poverty Reduction targets, such as to reduce the proportion of children living in material hardship from the baseline of 13% in 2018 to 10% by 2021 and then to 6%, halving the baseline, by 2028
- 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<sup>23</sup>
- Publish a report on the progress of the recommendations made in the *Inquiry into Improving Child Health Outcomes and Preventing Child Abuse*,<sup>24</sup> and create a plan of action for areas where little or no progress has been made
- Invest in evidence-based approaches focused on reducing exposure to key modifiable risk factors of poor child health and wellbeing
- Implement the recommendations of the United Nations Convention on the Rights of the Child's 2016 report<sup>25</sup>



## ADDRESS THE ENVIRONMENTAL CAUSES OF 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.<sup>26</sup> Childhood obesity is associated with a wide range of health complications and an increased risk of premature onset of illnesses such as diabetes. In addition, it is a significant risk factor for adult obesity, which is associated with premature mortality and chronic morbidity.**

### Strategy

Take the lead and commit further to tackling the environmental causes of childhood obesity through legislative, fiscal and educational/awareness actions. Coordinate policy across all government sectors and institutions.<sup>27</sup>

### Actions

- Take stronger action to address the obesogenic environment, including by:
  - Addressing food marketing—limiting advertising, marketing and sponsorship related to energy-dense, nutrient-poor food and beverages
  - Improving reformulation and labelling of food and beverages
  - Creating healthier retail environments (for example, limiting product placement and price promotions of energy-dense, nutrient-poor food and beverages in supermarkets)
  - Instigating government-led monitoring and evaluation processes
- Reduce the risk of obesity through actions that target the critical life stages of preconception and pregnancy; infancy and early childhood; and older childhood and adolescence
- Tax sugar-sweetened beverages to fund health promotion
- Promote breastfeeding
- Ensure that a nutritious plant-based diet is easy and affordable for all households
- Develop guidelines, policy and recommendations for all relevant sectors—including the private sector—to implement action to reduce childhood obesity
- Use the *Government Healthy Food Environment Policy Index (Food-EPI)* to monitor and benchmark food environments, relevant government policies and private sector actions—to help achieve national accountability and action within government and the food industry<sup>28,29</sup>





New Zealanders experience a devastating burden of mental illness, addiction, suicide and unmet need for mental health services.<sup>30</sup> Mental illness has huge costs for both individuals and society, disproportionately affecting some groups including the socioeconomically deprived and Māori and Pacific communities. For young people aged 15-24 years, an estimated 23% of health loss as measured by disability-adjusted life years is associated with mental health issues.<sup>31</sup>

Particularly in the context of COVID-19 and its economic effects, there is an urgent need to shift the focus to preventative measures and supporting the mental wellbeing of the whole population consistent with the recommendations in the *Protecting and Promoting Mental Wellbeing: Beyond COVID-19* report.<sup>32</sup> This would include expanding the role of communities in the design, implementation and evaluation of supports and interventions, and empowering them to take on that function. Simultaneously, a preventative focus will require addressing the structural determinants that threaten mental wellbeing, such as poverty, employment and homelessness.<sup>32</sup>

### Strategy

Adopt a public health approach to mental health that addresses the socioeconomic determinants of mental health and promotes the prevention of mental illness, along with effective treatment, care and recovery, with a particular focus on achieving equity in mental health outcomes.

### Actions

- Address the socioeconomic determinants of mental health and wellbeing by:
  - Including mental health and wellbeing in all policies
  - Including the wellbeing of young people and children in all policies
  - Investing in early life: infant, child and youth mental health
  - Implementing strong policies to reduce alcohol-related harm and illicit drug-related harm
- Improve the mental health and wellbeing of Māori and eliminate inequities by:
  - Recognising and giving effect to te Tiriti o Waitangi
  - Supporting Māori communities: social connection and cultural identity, eliminating material poverty and addressing institutional racism
- Improve data collection of the Programme for the Integration of Mental Health Data (PRIMHD), in particular by including primary care data, having better data capture of diagnoses, and having more holistic and functional outcome measures; and supporting and funding a national mental health and addiction survey
- Support and fund a national mental health and addiction survey
- Implement the recommendations from the He Ara Oranga Mental Health and Addictions Inquiry, particularly regarding a whole-of-government approach to promoting psychosocial wellbeing<sup>33</sup>

## REDUCE HARM FROM ALCOHOL CONSUMPTION



Unsafe alcohol use accounts for approximately 24% of all injuries and 18% of all mental illness (mainly through alcohol use disorders) in New Zealand.

Evidence also links alcohol intake with suicide: alcohol abuse and intoxication are often present in suicidal behaviour, people abusing alcohol have an increased risk of suicide, and increasing alcohol consumption in a population is associated with increases in suicide rates.<sup>34</sup>

The NZCPHM calls for the adoption of all of the measures proposed in the 2010 Law Commission report *Alcohol in our lives: curbing the harm*.<sup>35</sup>

### Strategy

Strengthen existing measures to change New Zealand's drinking culture and introduce new, evidence-based actions that substantially reduce the hazardous consumption of alcohol.

### Actions

- Increase the price of alcohol
- Raise the age for purchasing alcohol
- Reduce the accessibility of alcohol
- Strengthen the regulations for marketing of alcohol, including advertising, promotion and sponsorship
- Eliminate the influence of the alcohol industry on health policy and actions
- Increase treatment opportunities for people who drink heavily
- Support enhanced mental and emotional wellness (through actions described under the previous priority)



### 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. Smoking is a leading, preventable contributor to death and health inequities. In 2018, 15% of New Zealand adults overall were smokers, compared with 33% of Māori adults and 23% of Pacific adults.<sup>36</sup> Projections of future smoking prevalence suggest that the current interventions and policies are insufficient for New Zealand to achieve our 2025 Smokefree target.<sup>37</sup>

## MAKE NEW ZEALAND SMOKE-FREE BY 2025

### Strategy

Urgently adopt the Smokefree 2025 action plan, including specific measures to ensure that Smokefree 2025 is achieved for Māori and Pacific peoples.<sup>38</sup>

### Actions

- Adopt the recommendations of the tobacco control sector outlined in the *Achieving Smokefree Aotearoa* action plan to support a smoke-free New Zealand by 2025,<sup>39</sup> which include:
  - Setting a minimum retail price for all tobacco products
  - Regulating and reducing retail availability of tobacco products
  - Making tobacco products less appealing and less addictive
  - Continuing to conduct well-resourced mass media campaigns, including by-Māori-for-Māori campaigns, to deter uptake and promote quitting
  - Enhancing existing targeted smoking cessation support services
- Target the tobacco industry, such as through divestment and mass media 'industry denormalisation' campaigns
- Undertake comprehensive evaluation and monitoring, and review and amend the strategy as necessary



## GUARANTEE THE QUALITY AND QUANTITY OF NEW ZEALAND'S HOUSING

**Healthy housing is a fundamental requirement for a healthy population and is a cost-effective way of reducing respiratory illness, general practitioner visits, hospitalisations and time off work or school, as well as reducing energy use, which helps to protect our climate. Conversely, poor housing conditions are linked to crowding-related infectious diseases, injury, social problems and mental health issues. For Māori, connections to whenua and kāinga have long been strained by colonial settlement and discriminatory policies.<sup>40</sup> Māori home ownership sits at only 28%, far below the national average of 50%, and Māori are over-represented in low-income households in areas with poorer-quality housing.<sup>41</sup>**

### Strategy

Support and expand housing initiatives and reforms that transform housing quantity and quality, especially for the most vulnerable in our population, so that everyone can afford to live in a healthy home.<sup>42</sup>

### Actions

- Urgently implement the requirements of the Healthy Homes Guarantee Act 2017 and the Residential Tenancies (Healthy Homes Standards) Regulations 2019, to ensure that all rental housing meets the minimum standards. That is, all rental houses should be dry, ventilated and thermally efficient, which includes having good insulation, draughts stopped and heating installed
- Continue home insulation incentives, so that almost all New Zealand houses are well insulated by 2030
- Urgently increase the availability of adequate, affordable, safe and healthy housing (with links to affordable public transport networks and safe active transport routes) for low-income New Zealanders and ensure a sustainable supply for the future
- Support contemporary papa kāinga housing initiatives for Māori that combine the best of Mātauranga Māori with the best of new housing technology, to help Māori realise housing aspirations and strengthen the economic and social resilience of communities<sup>40</sup>
- Incorporate universal building design principles into current housing standards,<sup>43</sup> to improve the quality of housing stock, reduce climate-damaging emissions, and help develop a housing stock that meets housing needs across the life course and for all people of all abilities<sup>44</sup>



**The emergence and increasing speed of antimicrobial resistance (AMR) is a growing threat to global public health. Resistance to many common antimicrobials is now endemic in New Zealand, in both community and health care settings. New Zealand's AMR policies and interventions must work to achieve health equity, given the higher burden of infectious diseases in Māori and Pacific peoples.**<sup>45,46</sup>

### Strategy

Recognise antimicrobial stewardship as a national public health priority, requiring widespread commitment and leadership from human, animal and agricultural sectors in New Zealand, working together.<sup>47,48</sup>

### Actions

- Implement fully the New Zealand AMR Action Plan<sup>49</sup>
- Implement the national guidelines on Carbapenemase-producing *Enterobacteriaceae* (CPE)<sup>50</sup> to prevent, manage and control CPE in health care facilities, and particularly long-term residential care facilities
- Explore the full range of AMR policy options, including regulatory, legislative, fiscal and service provision levers
- Work towards developing international governance structures, treaties and targets on AMR<sup>51</sup>
- Evaluate New Zealand's AMR policies and interventions to ensure they are working to achieve health equity
- Invest in upstream interventions that address the drivers of health inequities from infectious diseases, such as interventions that promote immunisation, breastfeeding and nutrition, and that reduce overcrowded housing and smoking



## RESTORE THE QUALITY OF NEW ZEALAND'S FRESHWATER

**New Zealand's freshwater system is an important resource for the quality of our drinking water. Yet, over the past three decades, dairy farming and other human activities, such as urban development and forestry, have become increasingly intensive, degrading the quality of our freshwater.**

**Contamination of freshwater sources has also resulted in incidents such as the large *Campylobacter* outbreak in Havelock North in 2016.**

**The health of our water bodies and ecosystems will have a direct impact on our ability to adapt to and mitigate imminent climate threats, and climate change will affect the availability of freshwater. Only proper analysis and planning for climate change mitigation can ensure the health and viability of New Zealand's freshwater for future generations.<sup>52</sup>**

### Strategy

Prioritise actions to restore the quality of potable and recreational freshwater, and the management of wetlands and freshwater systems, including adequate resourcing of the workforce responsible for freshwater monitoring.

### Actions

- Generate urgent action to prevent further degradation of freshwater resources, make immediate improvements in water quality, and reverse past damage to water resources, waterways and ecosystems
- Implement the actions outlined in the *Action for Healthy Waterways Plan*<sup>53</sup>
- Urgently set a bottom line for nitrogen pollution in rivers, which takes into consideration time lags from land use changes and dairy intensification. We call for a maximum annual median limit of dissolved inorganic nitrogen (DIN) that is considerably lower than 1 mg/L, to prevent detriments to ecosystems and human health
- Use public health and microbial expertise to review the proposed management of *E.coli* in rivers and lakes— where the standard of 540 *E.coli* per 100 mL sets the bacterial level too high
- Strengthen provisions in the *National Policy Statement for Freshwater Management* and the *National Environmental Standards for Freshwater* to protect and promote the essential role of wetlands in climate change mitigation, including by:
  - Adequately identifying the risk to remaining wetlands (both coastal and inland) from sea level rise, flooding and storm surges
  - Setting bottom-line quality indicators for wetlands
  - Examining wetlands more thoroughly in the context of climate change mitigation
  - Setting targets for wetlands that would maximise their role in mitigating climate change and in this way protecting human health
- Use existing public health expertise in the regions to monitoring freshwater quality in ways that do not compromise this workforce's essential health protection and public health activities<sup>52</sup>

# INVEST IN PUBLIC HEALTH INFRASTRUCTURE AND THE PUBLIC HEALTH MEDICINE WORKFORCE



Health has been shown to be a major contributor to economic growth. Investment in public health is linked to improvements in health, wellbeing and quality of life, and is associated with increased labour supply and productivity.<sup>12,54,55,56</sup> Evidence indicates a 14:1 median return on investment for public health interventions.<sup>57</sup>

Public health units (PHUs) are at the forefront of dealing with infectious disease crises like the 2019 measles outbreak and the 2020 COVID-19 pandemic and are also involved in other essential health promotion activities. Public health medicine specialists (PHMSs) contribute significantly to the delivery of national priorities such as health equity, child wellbeing and securing safe drinking water. Despite this, the public health services budget has remained at around or below 2.3% of the Vote Health budget for many years, down from 3.8% in 2010/2011, and PHUs have not had an increase in funding.<sup>58</sup> In addition, the PHMS workforce has declined since 2015<sup>59</sup> and is projected to decline further, with restrictions on funded places available for advanced trainees.

Sustained investment in public health infrastructure and a strong PHMS workforce is crucial to ensuring a strong and cost-effective health system.

## Strategy

Increase funding for public health units, enhance public health infrastructure and invest in the PHMS workforce,<sup>60</sup> to ensure New Zealand is prepared to address public health challenges.<sup>12</sup>

## Actions

- Increase the proportion of the Vote Health budget allocated to public health, and in particular to PHUs, and
  - Invest in core public health services known to safeguard and improve the population's health and achieve health equity
  - Increase funding for wider health sector policies, programmes and services known to improve the population's health and achieve equity<sup>12</sup>
  - Increase investment in the public health workforce
  - Invest in the development of the wider public health workforce (especially Māori and Pacific public health expertise and recruitment)
  - Grow and improve health technology to support public health, including contact tracing, and use technology in new ways for public health

## SUMMARY: HOW THESE ISSUES INTERRELATE



Although the public health issues outlined in this briefing are separated into topic areas, in reality they are closely interrelated. Public health action in one area can have benefits across multiple domains. These interrelations are loosely illustrated in Figure 1.

	CP	HE	Māori H	PPH	CPH	ECO	Mental H	AD	T	H	AMR	FQ	PHI
Climate protection	Dark Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue			Light Blue		Light Blue	Light Blue
Health equity	Light Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue		Light Blue	Light Blue
Māori health	Light Blue	Light Blue	Dark Blue		Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue		Light Blue	Light Blue
Pacific People's health	Light Blue	Light Blue		Dark Blue	Light Blue	Light Blue	Light Blue		Light Blue	Light Blue			Light Blue
Child poverty and health		Light Blue	Light Blue	Light Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue			Light Blue
Environmental causes of Childhood obesity	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Dark Blue							Light Blue
Mental health		Light Blue	Light Blue	Light Blue	Light Blue		Dark Blue	Light Blue		Light Blue			Light Blue
Alcohol regulation and illicit drug control		Light Blue	Light Blue	Light Blue	Light Blue		Light Blue	Dark Blue					Light Blue
Tobacco		Light Blue	Light Blue	Light Blue	Light Blue				Dark Blue				Light Blue
Housing	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue		Light Blue	Light Blue	Dark Blue	Light Blue			Light Blue
Antimicrobial resistance		Light Blue	Light Blue	Light Blue	Light Blue				Light Blue	Light Blue	Dark Blue		Light Blue
Freshwater quality	Light Blue		Light Blue	Light Blue	Light Blue					Light Blue		Dark Blue	Light Blue
Public health infrastructure	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue		Light Blue	Light Blue	Light Blue			Dark Blue

**Figure 1.** Relationship between public health priorities and recommended actions in this briefing.

(Dark blue—explicit connections, light blue—implicit connections)

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### FURTHER INFORMATION

For further information on these key health and social issues, refer to the NZCPHM policy statements on Climate Change, Health Equity, Māori Health, Pacific Peoples' Health, Public Health as an Investment, Child Poverty and Health, Housing, Tobacco Control, Childhood Obesity, Alcohol, Mental Health, Antimicrobial Resistance, and other NZCPHM policies and publications at: <http://www.nzcpmh.org.nz/policy-publications>

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