



## Introduction

Public health aims to prevent disease, improve health, and champion equitable health outcomes. High quality public health infrastructure is much more than publicly funded clinical services. Understanding and connecting the determinants of health and wellbeing ensures good health is shared fairly amongst everyone.

In this document, the New Zealand College of Public Health Medicine (NZCPHM) outlines the four most important public health priorities for Aotearoa New Zealand and the steps needed to achieve them. This evidence-based advice, alongside centering the voices of tangata whenua (within te Tiriti o Waitangi) and other priority populations, supports:

- better health and wellbeing outcomes for people and communities (the purpose of the Pae Ora (Healthy Futures) Act 2022)
- the elimination of health inequities
- reduced costs for health and social sectors
- improved productivity across the economy

## Four public health priorities to improve health and achieve equity.

This document outlines the four most important public health priorities for Aotearoa New Zealand. They are interlinked, and the recommended actions are considered to be realistic, achievable, cost-effective and aligned with national goals.

1. Stabilise climate changes with decisive mitigation, optimise healthy adaptation and ensure healthy environments.
2. Fulfil the purpose of the Pae Ora (Healthy Futures) Act 2022.<sup>1</sup>
3. Stop health harm from the commercial determinants of health.
4. Increase ongoing investment in the publicly funded health system.

These priorities demand a future-focused, long-term governance approach. The health and wellbeing of people and communities need to be at the centre in all planning and policy making, taking a Health in All Policies approach. The voices of tangata whenua and other priority populations matter the most.



## WHY INVESTING IN PUBLIC HEALTH MAKES GOOD SENSE

### Why investing in Public Health makes good sense

The evidence is clear that investing in public health makes good sense economically, socially and clinically.<sup>2</sup>

### Public health approaches boost the health and wellbeing of all New Zealanders

Broadly, public health programmes are about protecting natural, social, physical and cultural environments, reducing harm to people and communities and supporting communities to build their own health-promoting environments. Public health practitioners take a collaborative, holistic and systems approach to their work – within the health sector and with other sectors and agencies. These sectors include Civil Defence and Emergency Management; Ministries for Environment, Education and Transport; regional and local government; and iwi/Māori. This broad public health approach draws on a growing body of evidence showing how the impacts of climate change, economic and social systems, and historical determinants of health such as colonisation are interrelated and strongly shape our health and wellbeing.

### Investing in public health is value for money

From economic, social and clinical perspectives, spending on public health must be seen as an investment, not a cost burden, and is critical to reducing demand for health care services.<sup>3</sup> A holistic public health approach enables individuals and communities to be healthy.

A recent example is the management of the COVID-19 pandemic in Aotearoa New Zealand, which used effective public health strategies including: taking a precautionary science-based and data-driven approach; supporting people to quarantine and isolate safely; resourcing Māori and Pacific communities to direct and lead programmes for their people and within their communities; and giving economic support to business. These approaches mean that Aotearoa New Zealand continues to have the lowest excess death rate globally (as of July 2023) and, as the Organisation for Economic Co-operation and Development (OECD) has noted, Aotearoa New Zealand's 'economy recovered quickly from the COVID-19 shock thanks to effective virus containment, along with measures to protect jobs and incomes'.<sup>4,5,6</sup>

Public health interventions are cost-effective and help improve health outcomes over the short to long term.<sup>7,8,9,10,11,12</sup> For example, a systematic review of high-income countries with universal health care (including Aotearoa New Zealand) has estimated that investing \$1 in public health interventions delivers up to \$14.30 in health benefits.<sup>9</sup> Public health interventions such as fluoridation of drinking water, comprehensive road safety programmes, screening and immunisation programmes all help improve lives and reduce demand for health care services.





## **PRIORITY ONE: Stabilise climate changes with decisive mitigation, optimise healthy adaptation and ensure healthy environments**

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Climate changes are the biggest threat to the health and wellbeing of people and communities in Aotearoa New Zealand, in both the short and long term. A Mātauranga Māori perspective understands that the health of tāngata is inextricably bound to the health of Papatūānuku and Ranginui. When the wellbeing of the moana, the roto and the awa is at risk, so is the wellbeing of the tangata whenua.

Papatūānuku is sick. Aotearoa-based weather events (such as Cyclone Gabrielle) and international weather events (such as record heatwaves, supply chain shortages from crop failures) are making people's lives harder and devastating economies.

Aotearoa New Zealand's climate actions must accelerate so that we fairly contribute to the global efforts to limit planetary heating to within the humanly adaptable 1.5 degrees Celsius.<sup>13</sup> Every tenth of a degree beyond 1.5 degrees matters massively. Aotearoa New Zealand has had the highest historical cumulative per-person emissions since 1850 in the world.<sup>14</sup> We continue to be a high per-capita emitter, and we are relatively wealthy. Yet Aotearoa New Zealand has merely signed up to the 'average' global ambition of halving climate-damaging emissions by 2030. Worse, this target is net emissions so that means achieving a 22% cut in gross emissions, planting short-term forestry and relying on paying billions of dollars offshore (dollars better invested in New Zealanders' health) for other countries to hopefully cut two-thirds of those gross emissions for us.

In other words, Aotearoa New Zealand has in effect promised to cut around only 7% of our gross domestic emissions by 2030 – and even the planning to reach that token effort is uncertain. This threatens Aotearoa New Zealand with a last-century infrastructure legacy, fails to grasp huge health and economic opportunities, undermines global efforts to keep the rise in temperature to 1.5 to 2 degrees, and is extremely inequitable on a global scale.

Aotearoa New Zealand has also failed to fund our fair share of Climate Finance and stand with our Pacific neighbours to pay well-funded 'Loss and Damage' reparations for the least culpable nations who are unfairly hurt, first and worst. With fair funding of Climate Finance and 'Loss and Damage' reparations, and accelerating adaptation challenges in Aotearoa New Zealand, there will be little capacity, if any, to fund offshore credits.

Other environmental challenges we face in Aotearoa New Zealand include poor air quality, poor water quality, inadequate housing, more pandemics more often<sup>15,16,17,18,19</sup> and the global threat of antimicrobial resistance – which are all made worse with global heating.<sup>20</sup>

At the same time, stabilising climate changes and optimising healthy adaptation present an unprecedented opportunity for health equity and better health outcomes.<sup>21</sup> For example, actions to rapidly cut climate-damaging transport emissions, or to provide housing that is better insulated and more affordable to heat and cool, mean much better health and wellbeing.<sup>22</sup> Reducing real emissions here right now grows jobs and puts Aotearoa New Zealand's economy in a much healthier place to deal with the climate challenges ahead.

Failure to plan and rapidly implement decisive global mitigation risks profound harms to mental health and social cohesion within years; Aotearoa New Zealand will not be immune to this. Every action, big and small, contributes.<sup>23</sup>





## PRIORITY ONE: Stabilise climate changes with decisive mitigation, optimise healthy adaptation and ensure healthy environments

### A. Stabilise climate changes with decisive rapid mitigation and optimise healthy adaptation

Rapidly<sup>24</sup> and fairly<sup>25</sup> reducing Aotearoa New Zealand's climate pollution, and maximising win-win co-benefits, together present the most important health challenge and opportunity.

#### Actions

- Take a new Nationally Determined Contribution (NDC) to the United Nations (UN) Climate Change Conference of the Parties on 30 November 2023. This NDC must promise real cuts to gross emissions, calculated according to our fair effort as a good global citizen<sup>26,27</sup> and adjusted according to the 2023 Global Stocktake<sup>28</sup> of overall efforts to date (for half a chance of limiting warming within 1.5 degrees and two-thirds of a chance of doing so within 2 degrees). This will likely mean Aotearoa New Zealand has less than half of currently budgeted emissions capacity, and we must hit neutral then negative emissions closer to 2030 than 2050.<sup>29</sup>
- Prioritise:
  - embedding Mātauranga Māori approaches<sup>30</sup> to climate action and adaptation
  - strengthening te Tiriti o Waitangi rights and ensuring equity throughout Aotearoa New Zealand's transition, with direct funding to protect lower-income households
  - rapidly cutting gross domestic emissions through two well-functioning, tightly capped Emissions Trading Schemes (for gross carbon dioxide cuts and biogenic methane cuts)
  - fast regulatory phasing out of fossil fuels, fossil methane leaks and synthetic nitrogen fertiliser well before 2030, plus complementary legislation, policies, investment, advice and powerful public education
  - managing the critical pathway from tightened emissions budget limits to neutral then negative emissions, by a co-governed carbon removals project.
- Take this chance to centre Mātauranga Māori, te Tiriti o Waitangi, equity, and human health and wellbeing in all climate stabilisation – which maximises health gains and effectively creates a double dividend<sup>31</sup> from smart climate action by cutting health services demand as well as climate harm.
- Accelerate, resource, promote and ensure that all government adaptation planning centres Mātauranga Māori, tino rangatiratanga, equity, and human health and wellbeing. This includes the Health Adaptation Plan that Te Whatu Ora is currently developing.
- Fund, accelerate and expand the Carbon Neutral Government Programme, which includes work across the public health sector<sup>32</sup> – and switch to rapidly cutting gross emissions, not offsetting.<sup>33,34</sup> Rename it the Carbon Free Government Programme.





## PRIORITY ONE: Stabilise climate changes with decisive mitigation, optimise healthy adaptation and ensure healthy environments

### B. Ensure healthy environments

#### i. Create healthy and health-promoting urban environments

Urbanisation is a major demographic trend in the 20<sup>th</sup> and 21<sup>st</sup> centuries – and a key determinant of health and of disease. Let us focus resource management, urban planning and infrastructure systems on human wellbeing – to maximise health gains and minimise disease harm.

##### **Actions**

- Reform the resource management system using a Health in All Policies approach with a strong focus on wellbeing. As part of this approach, set ambitious targets for health and evidence-based limits on unhealthy exposures and hazards, including climate change.
- Develop sustainable and accessible urban transport systems that facilitate safe active and public transport through high-quality built infrastructure.<sup>36,37</sup>
- Make low-carbon forms of transport equitable and low-cost, through extending subsidised public transport, affordable car share, and subsidies for bike and e-bike purchases.
- Invest in community arts, culture, sport, youth activities and other events in public settings to promote social cohesion and wellbeing.





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### B. Ensure healthy environments

#### ii. Ensure safe indoor and outdoor air quality

Human-induced outdoor air pollution is one of the most harmful toxic exposures in Aotearoa, comparable with harm from tobacco use. In this country, it leads to 3300 premature deaths (one in 10 deaths), 13,100 cardiovascular and respiratory hospitalisations, 13,200 cases of asthma, and health and climate costs to a value of \$15.6 billion per year.<sup>38</sup> Petrol and diesel vehicle tailpipe pollution is responsible for most of these deaths and health and climate costs nationally.

Evidence is growing that poor indoor air quality is responsible for at least as many deaths as outdoor air pollution. Air-cleaning technologies are needed to reduce the impact of airborne infectious diseases like influenza, respiratory syncytial virus (RSV) and COVID-19, which have acute and chronic morbidity and mortality. It is only a matter of time before the next global pandemic occurs, and establishing equitable provision of clean air before this occurs could be critical to an effective response.<sup>39,40</sup>

#### **Actions**

- Accelerate progress towards and far exceed the Emissions Reduction Plan's targets for vehicle-kilometres-travelled (VKT) reductions.<sup>41</sup> Lower VKT is the number one way to deal with dirty air and has important gains for climate and physical activity.<sup>42</sup>
- Rapidly implement modern standards for vehicle emissions such as Euro 6 and 7 to bring Aotearoa in line with world-leading countries. This action is projected to save over \$6 billion in health and social costs over the next 25 years.<sup>43</sup>
- Phase out the use of fossil fuels (e.g., gas) for home cooking and heating, starting with banning new gas connections within a year.
- Build clean indoor-air infrastructure in all public spaces. Begin by making the issue visible with widespread carbon dioxide monitoring (as in countries like Belgium and France).<sup>44</sup>





## PRIORITY ONE: Stabilise climate changes with decisive mitigation, optimise healthy adaptation and ensure healthy environments

### B. Ensure healthy environments

#### iii. Protect and improve the quality of freshwater

Nearly half of the length of our rivers is now unsuitable for contact recreational use. The intensification of agriculture has contributed to groundwater contamination, reducing its suitability as a source of untreated drinking water. Micro-organisms such as *Campylobacter* (which caused the Havelock North drinking water outbreak in 2016<sup>45,46</sup>) and increased levels of nitrates (which may increase bowel cancer risk) are two examples. The health of our freshwater is precarious, with more deterioration than improvement.<sup>18</sup>

##### **Actions**

- Adopt a One Health approach to coordinate action between agencies responsible for human health, animal health and environmental health.<sup>48</sup>
- Set a bottom line for nitrogen levels 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.<sup>49</sup>

#### iv. Safe, secure and healthy housing

Healthy housing is a fundamental requirement for a healthy population.<sup>50</sup> It is a cost-effective way of reducing respiratory illness and other infectious diseases, general practitioner visits, hospitalisations and time off work or school. Climate-related co-benefits of housing improvements are significant – for example, reduced energy use. In Aotearoa housing issues related to equity and human rights need to be urgently addressed.

##### **Actions**

- Rapidly progress a review of the building code to ensure climate-resilient housing and public buildings. Review ventilation standards and requirements for safe public buildings.
- Expand plans for provision of affordable housing for priority populations.<sup>51</sup>
- Continue to progress home insulation incentives, so that almost all Aotearoa New Zealand houses are well insulated by 2030.
- Support contemporary papakāinga 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.





## PRIORITY ONE: Stabilise climate changes with decisive mitigation, optimise healthy adaptation and ensure healthy environments

### B. Ensure healthy environments

#### v. Reduce the threat of antimicrobial resistance (AMR)

Resistance to many common antimicrobials is now endemic in Aotearoa New Zealand.<sup>52</sup> AMR is a multifactorial issue, with drivers related to climate change, veterinary and agricultural practices, and prescription/dispensing behaviours within the health system.<sup>53,54</sup>

Infection prevention and control capacity is a precious and limited resource in Aotearoa. Improving and increasing this in all parts of the health system from staff (numbers and training) to infrastructure (buildings and ventilation systems) to vaccination programmes must be a priority.

#### **Actions**

- Implement antimicrobial stewardship as a national public health priority, and reprise the Aotearoa New Zealand Antimicrobial Resistance Action Plan.<sup>55</sup> This will require widespread commitment and leadership from human health, animal health and agricultural sectors in Aotearoa New Zealand, working together with global governance bodies.<sup>56,57</sup>
- Urgently improve and increase cross-disciplinary infection prevention and control (IPC) capacity nationally.





## PRIORITY TWO: Fulfil the purpose of the Pae Ora (Healthy Futures) Act 2022

### A. Centre the health system on te Tiriti o Waitangi

In 2019 the Waitangi Tribunal identified the following markers of institutionalised racism in the Aotearoa 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>58</sup> The Tribunal recommended that five principles be applied to the primary health care system: tino rangatiratanga; equity; active protection; options; and partnership. These principles must also apply to the wider health and disability system.

The Pae Ora (Healthy Futures) Act 2022 applies these five principles by establishing Te Aka Whai Ora – the Māori Health Authority. Health equity and the elimination of health disparities, especially for Māori, are seen as a priority.<sup>1</sup>

The NZCPHM supports the kaupapa of Te Aka Whai Ora and contends that Te Aka Whai Ora's mahi is essential for tino rangatiratanga and should be prioritised as a focus for health equity for Māori in health policy.<sup>59</sup> Decision-makers, policy makers, health workers and the health system must address and resource systematic change at all levels of the health and disability sector<sup>15</sup> to ensure tino rangatiratanga and equitable health outcomes for Māori.

#### **Actions**

- Adopt cross-agency intersectoral, whole-of-government approaches that align with the five Tiriti o Waitangi principles, to address health determinants such as income, education and housing.
- Immediately prioritise the development and retention of the Māori health workforce, including the critical Māori public health and medical workforces.
- Champion Whānau Ora.<sup>60,61</sup>
- Implement the findings of the Human Rights Commission report *Maranga Mai! The dynamics and impacts of white supremacy, racism, and colonisation upon tangata whenua in Aotearoa New Zealand*,<sup>62</sup> so that all health organisations have plans that recognise, monitor and eliminate institutional racism, and report on progress annually.
- Standardise approaches to ethnicity data, use the Ethnicity Data Protocols<sup>63</sup> for the health and disability sector, and take account of multi-ethnicity classification when working with data.



## B. Achieve Health equity

Making health equity a reality will improve the health of all New Zealanders. The Pae Ora (Healthy Futures) Act 2022 identifies equity as a key principle for establishing a health system free from discrimination and racism.<sup>1</sup>

### i. Ensure equitable health outcomes for Māori

Inequities in determinants of health between Māori and non-Māori are well documented and include inequities in education; employment; income; housing; the justice system; deprivation; and access to and quality of health care in Aotearoa New Zealand. The resulting health inequities between Māori and non-Māori are large and pervasive, persist across lifespans and over time, and are unjust and unacceptable.<sup>37</sup>

#### **Action**

- Work towards developing a health system based on the principles of te Tiriti o Waitangi, that recognises the impact of colonisation and racism on Māori.<sup>36</sup> This is the first step for tino rangatiratanga and equitable health outcomes for Māori.



## B. Achieve Health equity

### ii. Ensure equitable health outcomes for Pacific peoples

Pacific peoples carry a disproportionate burden of communicable diseases, non-communicable disease and risk factors for ill health.<sup>64,65</sup> Pacific peoples are also more likely to be exposed to determinants of ill health, such as crowded housing, lowest incomes and an unhealthy food environment. This situation must and can be changed. Successful campaigns draw on the knowledge and links within Pacific communities and providers, and allocate the resources and capability to co-design and deliver public health initiatives.<sup>66,67</sup> During COVID-19, support of Pacific health leadership to establish a coordinated national Pacific public health response resulted in a highly successful 'By Pacific, For Pacific' strategy. Empowering Pacific communities to act and drive health improvement and service planning is essential for pae ora.

#### **Actions**

- Reorient health systems to involve, resource and support Pacific communities and Pacific providers to co-design, lead and develop strategies that best meet their needs.
- Focus efforts to secure high-quality standardised data sources that measure health disparities across the health system.
- Work with Pacific leaders and training institutions to grow, upskill and retain the Pacific health workforce for population parity and power.



## B. Achieve Health equity

### iii. Ensure equitable health outcomes for other priority populations

Other priority populations in Aotearoa New Zealand experience discrimination that may impact on their wellbeing and life chances. These include migrant populations, LGBTIQ+, people living with disabilities and people living in rural areas.<sup>68,69,70</sup>

Broad whole-of-government prioritising and investment in the societal determinants of health will help eliminate health inequities and improve health outcomes overall.<sup>71</sup>

#### **Actions**

- Continue investing in policies that improve everyone's health by reducing access to commercial determinants of disease such as tobacco and alcohol and sugary drinks, and increasing the availability of healthy homes and immunisations.
- Establish a Health in All Policies (HiAP) unit, providing training and capacity-building across the health sector and all government departments. This is for greater understanding of health equity, increased capacity to work in partnership, and ability to use tools needed to support working in ways that promote 'multi-solving' solutions such as Health Impact Assessments.<sup>72</sup>
- Build capacity across the whole of government to undertake evaluation of policies, programmes and projects. Require assessment of the impact on health equity of these activities.



## C. Ensure good health for all Tamariki and rangatahi, whānau and communities

A life-course approach to health and wellbeing recognises that experiences early in life shape people's long-term health and disease risk. Investing in the health and wellbeing of whānau, tamariki and rangatahi now will improve future health gain. By ensuring a healthy start, through building strong supportive communities and directly supporting families, we create the conditions for our tamariki and rangatahi to grow and thrive.

The Child and Youth Wellbeing Strategy and Action Plan has improved the wellbeing of people under the age of 25 years. We support this approach and call for much more investment into this programme of action to eliminate persistently high rates of preventable hospitalisations, ill health and large health inequities among children and young people.<sup>73</sup>

### i. Focus on the first 1000 days of life

The preconception period and first 1000 days of life lay the foundations for life-long health and wellbeing for all people.<sup>74</sup> This is a crucial period of brain and organ development that is heavily influenced by the environment through many different pathways. Optimising the first 1000 days for each Aotearoa New Zealand child means focusing on a healthy pregnancy and a healthy early childhood. For children to have the best start in life, it is important that they are fully immunised, have access to newborn metabolic and hearing screening and to pre-school dental services, start early childhood education and have a primary care provider.

#### **Actions**

- Support actions that give a best start to a healthy life for tamariki Māori and their whānau by providing equitable access to high-quality, effective Māori-led 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.
- Increase the Best Start Tax Credit and make it universal for all children aged under three years.
- Expand paid parental leave to at least six months for both parents.
- Ensure high-quality childcare services are affordable and accessible for every child.



## C. Ensure good health for all Tamariki and rangatahi, whānau and communities

### ii. Eliminate child poverty

Children who live in poverty are deprived of the material resources they need to develop and thrive.<sup>75</sup> They are unable to enjoy their basic human rights, achieve their full potential or participate as equal members in society. Eliminating child poverty will positively address all the determinants for health and wellbeing for children.<sup>54</sup>

The short-term impacts of child poverty include sudden unexpected death in infancy (SUDI), rheumatic fever, vaccine-preventable diseases, diseases related to overcrowding, child maltreatment death, and accidents and injuries. Mortality among tamariki and rangatahi is three times higher for those living in the most deprived areas compared with those in the least deprived areas.<sup>75</sup> In adulthood, children who have grown up in poverty are more likely to face economic hardship – creating and perpetuating an intergenerational poverty cycle.

No child should live in severe poverty, yet the proportion of children living in severe poverty has decreased only slightly since 2016.<sup>77,78</sup>

#### **Actions**

- Expand free access to primary health care services and prescriptions for children up to the age of 18 years.
- Expand Working for Families with a system that enhances payments to all low-income children on the same basis of need by increasing support credit, raising the abatement threshold and increasing the abatement rate – so that no child in this country lives in poverty.
- Immediately incorporate the UN Convention on the Rights of the Child into law and implement the recommendations from the UN Committee on the Rights of the Child 2023.<sup>79</sup>



## C. Ensure good health for all Tamariki and rangatahi, whānau and communities

### iii. Ensure high childhood immunisation coverage to protect all communities

Immunisation is a highly effective population health measure in reducing the transmission of many infectious diseases, as well as preventing some cancers, at both individual and population levels.<sup>80</sup> Immunisation rates in Aotearoa New Zealand have declined since 2015, leaving children vulnerable to preventable diseases and death.<sup>81</sup> Inequity in immunisation coverage for tamariki Māori and children living in high-deprivation areas is substantial. Declining vaccination coverage places communities with high rates of people who are unvaccinated or have incomplete/delayed childhood vaccination at greater risk through reduced herd immunity. Top priority is resourcing, creating and sustaining real partnerships with communities already experiencing the highest health disparities.

#### **Actions**

- Eliminate systemic barriers to immunisation linked to socioeconomic factors, rurality and parental support.
- Partner with communities to address vaccine hesitancy and misinformation.
- Ensure culturally appropriate support for families to access immunisation sessions.
- Provide sufficient local and flexible community outreach immunisation services.



## **C. Ensure good health for all Tamariki and rangatahi, whānau and communities**

### **iv. Achieve good mental health and wellbeing**

There is no health without mental health, because mental health and physical health are inextricably intertwined.<sup>82,83,84</sup>

The importance of early intervention and support during childhood cannot be overstated as there is substantive evidence confirming the relationship between childhood trauma (for example, family violence) and poorer mental health outcomes in adulthood. To reduce the many risk factors that give rise to mental ill-health, a cross-sectoral and multi-disciplinary programme of action is needed based on a Health in All Policies approach focused on mental health to address the key drivers and develop solutions.

#### **Actions**

- Support and fully resource kaupapa Māori approaches to lead and develop programmes that best meet Māori needs.
- Support and fully resource other priority populations to lead and develop programmes that best meet their needs.
- Recognise and respond to the impacts of systemic injustices on mental health and wellbeing.
- Improve data collection to support a better understanding of the prevalence of mental health issues so targeted solutions can be developed.
- Ensure a proactive focus on mental health and wellbeing in all government policies – including policies on climate change.
- Develop a public mental health evidence-base to inform policies and funding related to new initiatives, and resource evaluation of current programmes. This includes championing research in mental health and addiction to prioritise programmes that work.



## C. Ensure good health for all Tamariki and rangatahi, whānau and communities

### v. Eliminate inequity in rheumatic fever

The incidence of rheumatic fever in Aotearoa New Zealand is much higher than in comparable countries,<sup>86</sup> with age-adjusted hospitalisation rates in Pacific peoples 83 times and in Māori 25 times the rate in non-Māori, non-Pacific peoples during 2019/20. Such huge inequity is patently unacceptable.

Important remedial determinants of this illness, which has significant lifelong morbidity, include poor housing conditions, improved oral health care, and timely recognition and treatment of the causative infection. The incidence of rheumatic fever is a key performance indicator for our society, requiring a comprehensive approach.

#### **Actions**

- Improve household living conditions and income.
- Ensure that all sore throats in high-risk populations are assessed quickly by reducing barriers to primary care access and evaluating whether rapid Group A streptococcal (GAS) testing is appropriate for the Aotearoa New Zealand context.
- Establish a national rheumatic fever register that facilitates information-sharing across the health sector.
- Investigate making invasive GAS disease a notifiable disease in Aotearoa New Zealand to improve data and monitoring capacity.



## C. Ensure good health for all Tamariki and rangatahi, whānau and communities

### vi. Attain good oral health for everyone

In Aotearoa New Zealand, one in 10 children has teeth removed due to decay – and one in seven adults has had teeth removed due to decay by the time they are in their twenties. Tooth decay causes pain, infection, loss of teeth and poor mental health. Tooth decay poses extra risks for people living with specific health problems such as rheumatic heart disease or congenital heart disease. Reportedly 40% of adults cannot afford dental care.<sup>87</sup> Eating foods with poor nutritional value, high levels of consumption of sugary drinks and smoking also contribute to poor dental health.<sup>88</sup> Children living in the most deprived areas are exposed to the highest level of sugary drink advertising and these drinks are often far cheaper than healthy alternatives.

Children living in areas with fluoridated water have a 40% lower chance of developing tooth decay.<sup>89</sup> Ensuring all populations in Aotearoa New Zealand have access to fluoridated water is a public health measure that is a wise investment: not only does it reduce dental decay, but also it reduces hospital admissions for dental treatment.<sup>90</sup>

#### **Actions**

- Increase data collection around the state of dental health and access to dental care in Aotearoa New Zealand and develop a plan to achieve universal dental health care.
- Ensure timely implementation of the community water fluoridation programme started in July 2022.<sup>91</sup>



## PRIORITY THREE: Stop health harm from the commercial determinants of health

### PRIORITY THREE: Stop health harm from the commercial determinants of health

Tobacco, alcohol, unhealthy food and drink, and obesogenic environments are seriously harming people's lives and health equity in Aotearoa New Zealand. This results in high health sector costs, while bolstering the income of overseas corporations. Recent research demonstrates that tobacco, alcohol, and unhealthy food and drink are responsible for the preventable loss of over 370,000 healthy life-years in Aotearoa New Zealand, every year.<sup>92,93</sup>

Aotearoa New Zealand has led the world in addressing the harms of tobacco. The goal of being Smokefree by 2025, whereby 5000 more people every year will get to live out their natural lifespan, is achievable.

#### A. Reach the vision of Smokefree Aotearoa by 2025

In 2021/22, 8% of Aotearoa New Zealand adults overall were smokers, compared with 20% of Māori adults and 18% of Pacific adults.<sup>87</sup> Although the prevalence of tobacco smoking is reducing overall, partnership and strong support for Māori and Pacific peoples to quit are required to address this inequity and achieve a Smokefree Aotearoa by 2025.<sup>88</sup>

##### **Actions**

- Fully implement Achieving a Smokefree Aotearoa, the Smokefree Aotearoa 2025 Action Plan and the Smokefree Environments and Regulated Products (1990), as amended by the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022.
- Monitor and evaluate the action plan and its key measures, and communicate the evaluation findings in a timely and effective way locally and internationally. This information can inform other public policy initiatives both in Aotearoa New Zealand and globally.





## PRIORITY THREE: Stop health harm from the commercial determinants of health

### B. Change legislation to cut alcohol harm

Consumption of alcohol causes serious harm to people, whānau and communities, and contributes to health and social inequities.<sup>94</sup> Alcohol harms not only individuals consuming alcohol, but also their families, friends and communities, and the economy – alcohol is society’s most harmful drug. Research in Aotearoa New Zealand confirms this link: between 800 and 1000 people die prematurely every year from alcohol-related causes and approximately 940 cancers diagnosed each year are attributable to alcohol. Increasing alcohol consumption in a population is also associated with increases in suicide rates.<sup>95</sup>

While recent progress is noted regarding the regulation of the sale and supply of alcohol (Sale and Supply of Alcohol (Community Participation) Amendment Bill 2022), much more is needed. The NZCPHM calls for the adoption of all the measures proposed in the 2010 Law Commission report *Alcohol in our lives: Curbing the harm*.<sup>96,97</sup>

#### **Actions**

- Adopt all the measures proposed in the 2010 Law Commission report.
- Embed Mātauranga Māori and the principles of te Tiriti o Waitangi within strategies and action plans.
- Amend the Sale and Supply of Alcohol Act 2012 to give effect to te Tiriti o Waitangi.
- Apply a rigorous system to assess, monitor and control alcohol harm, and use this information to obtain accurate data for policy evaluation.
- Take concerted action to counteract alcohol industry tactics in marketing, pricing and enhancing alcohol availability, in line with He Ara Oranga.<sup>98</sup>





## PRIORITY THREE: Stop health harm from the commercial determinants of health

### C. Stop the harm from unhealthy food environments

Unhealthy diets contribute to increased risk of communicable and non-communicable diseases including obesity, diabetes, cardiovascular disease and cancer.<sup>99</sup> In Aotearoa New Zealand, about three in 10 children are an unhealthy weight.<sup>100</sup> Children and adults who have an unhealthy weight may experience a wide range of health complications and an increased risk of premature onset of illnesses such as diabetes.<sup>101</sup> Overweight children have a significant risk of being overweight in adulthood, which is associated with premature mortality and chronic morbidity.

Evidence shows that the environments in which people live, work and play have a profound influence on their ability to eat healthily. Food insecurity and poverty also play a role, and access to healthy food is inequitably distributed. Unhealthy food environments include (but are not limited to) environments where food that is ultra-processed and of low nutritional quality is more available, which impacts profoundly on health and inequity in Aotearoa New Zealand.

#### **Actions**

- Implement the evidence-based recommendations from the International Network for Food and Obesity.<sup>102</sup>
  - Implement a tax on sugary drinks.
  - Conduct a new national children's nutrition survey.
  - Increase population nutrition promotion funding.
- Implement a national Nutrition Security Action Plan to rapidly solve the unaffordability and inaccessibility of healthy food.





## PRIORITY FOUR: Increase ongoing investment in the publicly funded health system

### PRIORITY FOUR: Increase ongoing investment in the publicly funded health system

The priorities highlighted in this document all need long-term vision and planning, so new initiatives can be established and robustly evaluated for effectiveness. Vision and system integrity are threatened when changes of government result in policy changes to the detriment of priority populations. To reach the goals of the Pae Ora (Healthy Futures) Act 2022, a sustained approach to planning and investment is required – underpinned by a shared cross-party, long-term vision for health in Aotearoa New Zealand.<sup>103,104</sup>

Ongoing investment in the publicly funded health system is needed to deliver better health outcomes for all. This includes investment in workforce planning and development, evidence-based health services planning and implementation, infrastructure and building programmes, equipment upgrades, and funding mechanisms. Divesting services that are not value for money is also important – by using Health Technology Assessments to help determine value-for-money interventions.<sup>105</sup> The NZCPHM supports the Choosing Wisely initiative, which seeks to allocate resources systematically, cost-effectively, equitably, sustainably and responsibly.<sup>106</sup>

Effective investment in the health system matters. Preventive strategies must balance with health care services for individuals. Integrating public health policy into health system thinking, and strengthening primary and community care, will support and better address the drivers of poor health outcomes.<sup>107,108</sup> Better integration of primary and secondary services, if done carefully, will improve health outcomes.<sup>109</sup>

Sound evidence is a must for developing programmes that deliver value for money and appropriate care to specific populations. Aotearoa New Zealand's comprehensive COVID-19 pandemic response shows that the country can move quickly to enact health strategies based on strong evidence. The NZCPHM supports the upcoming New Zealand Royal Commission on COVID-19,<sup>110</sup> which will generate evidence and crucial lessons for managing future pandemics and for current health protection activity. We must work to avoid repeating a classic 'panic–neglect' cycle. The momentum of the successful COVID-19 response in this country must be nurtured, maintained and adopted in other priority health areas.

An independent, diverse workforce of health researchers and practitioners who well understand the policy environment and machinery of government is essential to contribute to and critique policy and ensure best health outcomes for all.





## PRIORITY FOUR: Increase ongoing investment in the publicly funded health system

### A. Invest in the health workforce

Globally there is a shortage of trained health care workers across many specialties and disciplines and the situation in Aotearoa New Zealand is no exception.<sup>111,112</sup> A long-term pipeline approach to health workforce training and retention is critical to meeting our Tiriti o Waitangi, health and equity needs over time.

Shortages of clinical staff mean that public health programmes to keep people well, prevent illness and reduce demand for health care services matter even more. Upskilling community-based health practitioners such as community kaimahi, practice nurses and pharmacists to give appropriate self-referred health care improves health equity and access to health care. Increasing health literacy helps to reduce some health risks experienced by specific populations.<sup>113</sup> Low health literacy is associated with poor general health, increased hospitalisations, low vaccination uptake and reduced life expectancy.<sup>114</sup> Sustained investment in a strong, diverse public health workforce, including Public Health Medicine Specialists, is crucial to ensuring a resilient and cost-effective health system.

An independent, diverse workforce of health researchers and practitioners who well understand the policy environment and machinery of government is essential to contribute to and critique policy and ensure best health outcomes for all.

#### **Actions**

- Develop and resource the implementation of a long-term health workforce strategy to meet the changing needs of the population and include community-based pharmacists, nurses and allied health care professionals and others able to respond to local community needs.
- Develop and implement health literacy programmes in partnership with priority populations.





## PRIORITY FOUR: Increase ongoing investment in the publicly funded health system

### B. Continue to grow public health infrastructure

The need for a coordinated, national approach to the planning and delivery of core public health services was made evident during the COVID-19 pandemic<sup>115,116</sup> and other major recent public health events, such as the Havelock North *Campylobacter* outbreak in 2016 and the nationwide measles outbreak in 2019.<sup>117,118</sup>

Current health system reforms and the creation of the National Public Health Service is a chance to ensure better-integrated services, with new entities such as Te Pou Hauora Tūmatanui – Public Health Agency and the Public Health Advisory Committee available to strengthen capacity for public health policy advice to the system.

The NZCPHM supports a national approach to data collection and data modelling to inform regional and local planning needs and their implementation. The health system requires infrastructure able to store large amounts of data and must ensure data integration across the sector with data readily accessible to support surveillance of emerging health issues.<sup>119</sup>

#### **Actions**

- Invest in core public health programmes known to safeguard and improve the population's health and achieve health equity. This should include immunisation and screening programmes, as well as health promotion activities.
- Develop population health surveillance and monitoring systems that are future-focused and able to take advantage of rapid technological developments.
- Invest in the ongoing professional development of the existing public health workforce, including developing and expanding Māori and Pacific public health kaimahi.
- Ensure that doctors undertaking specialist training in the scope of public health medicine are well supported in their training roles throughout their training time.





## PRIORITY FOUR: Increase ongoing investment in the publicly funded health system

### C. Address misinformation and disinformation

The health system needs to be a trusted source of information. Misinformation is created and shared without malicious intent, while disinformation is created and shared with the aim to deceive.<sup>120,121,122</sup> Both misinformation and disinformation became a significant issue during the COVID-19 pandemic and are likely to continue to limit health services delivery.

Investment in reliable and effective communications processes is critical and must be proactive. This must include supporting health staff to kōrero with patients and their whānau in ways that build interpersonal trust. Evidence is non-negotiable but it needs to be conveyed by people who are known for their Tika (truthfulness), Pono (belief) and Aroha (respect), and can validate the information being shared. The communication skills of the Director-General of Health at the start of the COVID-19 pandemic exemplify this. A recent study by the World Health Organization concluded that ‘... infodemics during health emergencies have an adverse effect on society’, that multisectoral actions are needed to counteract infodemics and misinformation, and that early communication from health authorities plays an important mitigation role.<sup>123</sup>

#### **Actions**

- Develop a comprehensive multisector plan to reduce the health harm of misinformation and disinformation. This includes partnering with communities, non-governmental organisations and iwi to develop appropriate messages to counter misinformation.
- Promote public awareness campaigns that share accurate information on controversial topics.
- Provide platforms for the public dissemination of health-related articles, written by trusted health professionals, to provide the public with reliable health-related information.





## PRIORITY FOUR: Increase ongoing investment in the publicly funded health system

### D. Use technology wisely to improve health outcomes

Artificial intelligence (AI) and other technologies have the potential to improve delivery of health care, including delivery of public health services.<sup>124</sup> For example, digital tools used during the COVID-19 pandemic enhanced public health surveillance of the epidemic and informed the response.

Artificial intelligence, in particular machine learning and 'big data', if used appropriately can help improve health outcomes through improving understanding of the determinants of diseases, guiding public health policies and focusing strategies.

While there are potential benefits in using AI, ethical principles must be followed to ensure no harm is done to communities or whānau, such as big data algorithms that inappropriately profile particular groups. Data sovereignty matters: Māori must have sovereignty over their own data. We support adhering to the Māori Data Governance model when advancing this mahi.<sup>125</sup>

#### **Actions**

- Improve and invest in health technology to support health services, including by providing digital services and collecting data to support people's health and wellbeing.
- Ensure appropriate legislation and governance mechanisms are developed when implementing AI technologies, to ensure Māori data sovereignty and protect communities.





### 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, Rheumatic Fever, Public Health as an Investment, Child Poverty and Health, Housing, Tobacco, Healthy Food, Healthy Weight, Alcohol, Mental Health, Antimicrobial Resistance, and other NZCPHM policies and publications at: <http://www.nzcpm.org.nz/policy-publications>.

## Public health medicine and the College

The NZCPHM represents the medical specialty of public health medicine in Aotearoa New Zealand. We have 317 active members including 196 fully qualified specialists, with the remainder being advanced trainees in public health medicine.

The priorities in this document were developed by the College, in consultation with our membership.

**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.



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