



16 March 2012

Committee Secretariat  
Māori Affairs Select Committee  
Parliament Buildings  
Wellington 6011  
via: [www.parliament.co.nz](http://www.parliament.co.nz)

**Submission on the “Inquiry into the determinants of health and wellbeing for Māori children”**

To the Māori Affairs Committee

Thank you for the opportunity to make a submission on the “Inquiry into the determinants of health and wellbeing for Māori children”. This submission is made on behalf of the New Zealand College of Public Health Medicine and we would like to appear before the committee to speak to our submission.

We can be contacted at the New Zealand College of Public Health Medicine via Jane Dancer  
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Yours sincerely

A handwritten signature in black ink that reads "Julia Peters".

Dr Julia Peters  
President, NZCPHM

A handwritten signature in black ink that reads "R. Pink".

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## **Submission on the “Inquiry into the determinants of health and wellbeing for Māori children”**

This submission is made on behalf of the New Zealand College of Public Health Medicine (NZCPHM). The NZCPHM is the professional body in New Zealand of doctors with specific expertise and interest in the practice of 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 health and of health care needs, the development of policy and strategy, the promotion of health, the control and prevention of disease and the organisation of services to best meet those needs.

NZCPHM membership includes 181 fully qualified specialists and 32 registrars who are doctors in training in the speciality.

The NZCPHM supports this inquiry as an important and essential step towards reducing the inequalities in health outcomes which exist for New Zealand Tamariki Māori. Numerous scientific papers describe these inequalities.

These inequalities are unfair and unjust. Rates of diseases like tuberculosis, bronchiectasis, rheumatic fever, infectious skin disease and injury are high in New Zealand and are substantially higher amongst Māori and Pacific people. A recent review of hospital admissions showed clear ethnic and social inequalities in infectious disease risk with Māori and Pacific people having more than twice the rate compared to European and other groups.<sup>1</sup> These inequalities have increased substantially in the past 20 years. These findings support the ongoing need for stronger prevention efforts for infectious diseases and highlight the role of broad social determinants such as income levels, housing conditions and access to health services.

The NZCPHM recommends the following priority areas for improving the wellbeing of Māori children:

1. Address the impact of poor socioeconomic conditions on the health of Māori children

While investment in health services, including preventative services, is a priority to improve the wellbeing of tamariki, existing health disparities will not be addressed successfully without attention being paid to reducing existing levels of poverty amongst tamariki and their whānau. Action needs to be taken across the whole of government to address this situation. Health, welfare and education sectors need to work together to address these issues collectively and collaboratively. One sector on its own is unlikely to be successful. Better investment in the determinants of health is needed – in areas such as education, income, housing, social development and in health. Fiscal and social welfare policy needs to be equitable and fair.

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<sup>1</sup> Baker MG, Barnard LT, Kvalsvig A, Verrall A, Zhang J, Keall M, Wilson N, Wall T, Howden-Chapman P. Increasing incidence of serious infectious diseases and inequalities in New Zealand: a national epidemiological study. *Lancet*. 2012 Feb17. [Epub ahead of print].

2. Invest in maternal health and early childhood.

The foundations of adult health are laid in early childhood and before birth. Promoting early life interventions is one of the most cost effective approaches and is an avenue to reduce health inequalities and to promote Māori wellbeing. Child poverty rates need to be reduced and there needs to be cross party agreement on a strategy for improving the environment in which mothers and children live. Services for mothers and children need to be better coordinated with better communication between the various agencies involved in the transition from maternity services to well child services.

Investment in improved educational outcomes for Tamariki Māori is required at all levels of the education system but in particular in early childhood education and in primary school.

3. Promote the provision of better housing conditions.

Quality housing is especially important for the health and wellbeing of all children. Housing is a key enabler for and support for efforts by the education, health and social welfare sectors and will provide one of the key foundations for Māori long term prosperity and success.

4. Support for whānau.

The health and wellbeing of tamariki cannot be considered in isolation from the health of their whānau and the associated socioeconomic and environmental situations of those whānau.

5. Addressing potentially modifiable disease risk factors in the Whānau.

Key strategies to improve tamariki wellbeing include addressing modifiable disease risk factors in the whānau. There is evidence of the cost-effectiveness at a population level of strategies that address intimate partner violence (IPV), high risk alcohol consumption, inadequate fruit and vegetable consumption, physical inactivity, tobacco smoking and high body mass index. These strategies need to include public policy changes as well as direct intervention e.g. by way of provision of nutritious school meals.

6. Review of current policies and legislation

Tobacco use and alcohol use are ranked as the top two risk factors for health and their use and associated harm can be modified and reduced by good healthy legislation and policies which are based on evidence for effectiveness<sup>2</sup>. We urge the Select Committee to promote the use of evidence based decision making and ensure that all legislative reviews are required to assess the impact on health, on equity and in particular on the impact on the lives of children.

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<sup>2</sup> Wilson N, Blakely T, Foster RH, Hadorn D, Vos T. Prioritizing risk factors to identify preventive interventions for economic assessment. Bull World Health Organ 2012;90:88-96  
<http://www.who.int/bulletin/volumes/90/2/11-091470.pdf>

7. Invest in effective health programmes to improve the health of Tamariki  
Specific focus is required and investment in effective health programmes which are targeted at preventing rheumatic fever, serious skin infections, and reducing avoidable hospitalisations. Both universal and targeted programmes are required - for example consideration could be given to targeted funding of rotavirus vaccine for communities with high rates of rotavirus gastroenteritis.
  
8. Consider the needs of Pacific children  
Although this committee is specifically looking at the issues for Māori children many of the same issues are present for Pacific children. In some cases health disparities are greater for Pacific children and we urge this committee to consider the needs of all children who may be at greater health need.