



Pacific Peoples' Health

New Zealand College of Public Health Medicine Policy Statement

Policy Statement

This statement replaces the New Zealand College of Public Health Medicine (NZCPHM)'s Pacific Peoples' Health policy statement of 2015.ⁱ

As a Pacific nation, New Zealand has a responsibility to its region, citizens within its Realm, and all Pacific peoples living in New Zealand. The NZCPHM recognises that optimal and equitable health for Pacific peoples is their right as citizens, and considers the health inequities faced by Pacific peoples living in New Zealand unacceptable. The NZCPHM calls for the prioritisation of Pacific health in public policy and investment, with strengthened efforts to identify and address the key drivers of health inequities for Pacific peoples in New Zealand.

Key Messages

- In New Zealand, Pacific peoples experience poorer health status and life expectancy, and a disproportionate burden of communicable disease, non-communicable diseases and risk factors compared with non-Pacific peoples.
- Pacific peoples' health is influenced by socioeconomic factors such as housing, education, employment, infrastructure and environment, as well as wider environmental influences like the climate change crisis.
- The NZCPHM considers these health inequities to be systematic, avoidable, unjust and unacceptable and calls for the prioritisation of Pacific health in public policy and investment, with efforts to address the key drivers of these inequities.
- The NZCPHM also calls for a social determinants approach to Pacific peoples' health, that applies an equity lens that is holistic and rights-based.

Background

The context of public health and NZCPHM policy statements

Public health is the art and science of preventing disease, prolonging life, and promoting health through the organised efforts of society.¹ Public health has historically been the biggest driver of improved health for people.² Advancements in public health in the last 100 years, such as vaccination, control of infectious diseases through clean water and improved sanitation, and the recognition of tobacco use as a health hazard, have led to improvements in health and wellbeing, and a substantial increase in life expectancy.³

ⁱ New Zealand College of Public Health Medicine. Pacific Peoples' Health Policy Statement. NZCPHM: Wellington, 2015. (https://www.nzcpm.org.nz/media/87942/2015_08_14_pacific_peoples_health_policy_statement.pdf)

The NZCPHM represents the medical speciality of public health medicine in New Zealand. 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 is focussed on achieving health equity across ethnic, socioeconomic, age, ability, and cultural groups, and promoting environments in which everyone can be healthy.⁴

Public health medicine specialists have a professional responsibility to act as advocates for health for everyone in society.⁵⁻⁷ This means the NZCPHM advocates for and supports evidence-informed⁷ equity-enhancing⁸ policies for health and wellbeing that accord with te Tiriti o Waitangi, the United Nations (UN) Sustainable Development Goals, and health promotion and Health in All Policies approaches, each grounded in the societalⁱⁱ, economic and environmental determinants of health.⁶⁻¹⁶ In relation to the health of Pacific peoples, the NZCPHM calls for the prioritisation of Pacific health in public policy and investment, with strengthened efforts to identify and address the key drivers of health inequities for Pacific peoples in New Zealand.

Further information on the context of public health and NZCPHM policy statements is available on the [NZCPHM website](#).

The relationship between New Zealand and Pacific Peoples

Pacific peoples come from the 22 Pacific Island countries and territoriesⁱⁱⁱ and comprise distinct populations with diverse political structures, socio-economic status, language and cultures. The Pacific Island countries and territories comprise 11 million people living on 550,000 km² landmass spread over the 165 million km² surface area of the Pacific Ocean.¹⁷ Additionally, there are 300,000 people that identify as Pacific living in New Zealand.¹⁸ While the primary focus of this policy is the New Zealand-based Pacific population, there are related issues that arise from the historical and enduring familial and cultural links to the wider Pacific region.

New Zealand is geographically a Pacific nation, as are New Zealand's territories Tokelau and the Ross Dependency, and the self-governing associated states of the Cook Islands and Niue. New Zealand's association with Pacific peoples dates to the early settlement of New Zealand by East Polynesians (New Zealand Māori Tangata Whenua), British-inherited colonial relationships, New Zealand Māori, Cook Islands Māori, and Niue soldier reinforcements to the World War New Zealand Expeditionary Force in particular the New Zealand (Māori) Battalion, the migration of Pacific peoples to New Zealand for employment and education opportunities (1940-mid-1970s), and to current day Pacific culture solidified and celebrated in New Zealand society. New Zealand has a Treaty of Friendship with Samoa (1962). In 2013, 7.4% of the New Zealand population (295,941 people) identified as Pacific, with just over one third (36%) aged less than 14 years. The Pacific population in New Zealand is significantly younger than non-Pacific populations and therefore requires targeted policies to

ⁱⁱ Societal determinants of health include commercial, political, governance, economic, cultural, even religious determinants — being the societal structures that are the conditions for health and disease. Each of the structural determinants eventually impact on health in a positive or negative way.

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

address health inequities.¹⁸ Almost half of Pacific peoples in New Zealand identified as Samoan, 21% as Cook Islanders, 20% Tongan and 8% Niuean.¹⁸ Some two thirds of Pacific peoples (62%) were born in New Zealand; an increase from 58% in 2001. The majority of Pacific peoples live in the North Island (Auckland 66%, Wellington 12%), with about 7% in the South Island.

In general, Pacific peoples continue to maintain strong links to their Pacific Island countries; Pacific peoples in New Zealand traditionally support family in the Pacific islands, as well as new arrivals from the Pacific to New Zealand. The increasingly significant size of the Pacific population in New Zealand, our history, and our ongoing responsibility to the Pacific region mean that the health and wellbeing of New Zealand will always be linked to the health status of Pacific peoples.

The health status of Pacific Peoples in New Zealand

The health of Pacific peoples in New Zealand is unacceptably poor compared with other New Zealanders. Life expectancy for Pacific peoples is at least six years less than that of the New Zealand population.^{19,20} Pacific peoples carry a significant burden of disease, with high rates of rheumatic fever, communicable (tuberculosis, respiratory and skin infections) and non-communicable diseases (cardiovascular, diabetes, stroke, cancer, asthma, mental health-suicide, injuries) as well as risk factors (smoking, alcohol use, obesity, gout, and poor nutrition).^{20, 21}

Pacific peoples' infant mortality rates in the past decade have consistently remained about 20% higher than those for the New Zealand population. The rates of severe and persistent poverty amongst Pacific children are at least double those of NZ-European children, with serious health implications and the continuance of a poverty cycle within the respective ethnic group.²²⁻²⁵ In addition, health system performance indicators such as ambulatory sensitive hospital admissions rates among Pacific peoples are twice those of the overall New Zealand population, suggesting a strong need to identify and address key drivers in primary health and community settings.

Past action to improve Pacific Peoples' health

In 1997, New Zealand introduced a policy framework for working towards better health outcomes for Pacific peoples, drawing on the principles of the Yanuca Island (Fiji) Pacific Health Ministers Declaration of Health in the Pacific in the 21st Century (1995) and the Pacific Healthy Islands vision, as well as the Ottawa Charter (1986).^{26,27} Subsequent health, disability and primary health care strategies have continued to shape the prioritisation, design and delivery of responsive health care services to ensure universal health coverage for Pacific peoples, including:

- the Pacific Health and Disability Action plan (2002)²⁸,
- 'Ala Mo'ui (Pathways to Pacific Health and Wellbeing) 2010-2014 (2010)²⁹, and
- 'Ala Mo'ui 2014-2018 (2014),¹⁹ to be succeeded by a new [Pacific Health Action Plan](#).

Pacific provider and workforce development initiatives have also contributed to the increase in 'by Pacific for Pacific' services. These services have had some success, with Pacific peoples comprising half of Pacific provider enrollees, however almost two thirds of Pacific peoples in New Zealand are enrolled with non-Pacific providers.²¹

These strategies and initiatives are often based on the epidemiology of 'Pacific peoples', but this grouping in fact covers a wide variety of different cultures and ethnicities, and 'multi-ethnicity' is increasingly common. High quality ethnicity data is vital to monitoring and measuring progress

towards achieving health equity, and to inform the design of responsive context specific health services. The NZCPHM endorses the standardised approach to ethnicity data as outlined in the *Ethnicity Data Protocols* for the health and disability sector³⁰ and in the *Ethnicity Data Protocols Supplementary Notes*.³¹

Influences on Pacific Health in New Zealand

Social and economic factors influence the health status of populations.

Housing

In New Zealand, Pacific peoples are more likely to live in areas of high neighbourhood deprivation compared to non-Pacific, with the skewed profile similar to that of New Zealand Māori.³² According to the Ministry of Health, 27% of Pacific peoples meet the criteria for living in severe hardship compared to 8% of the total population. In addition, 15% of Pacific peoples live in significant hardship, with only 1% enjoying 'very good living standards'.³³ Importantly, a significant proportion (40%) of Pacific people live in overcrowded houses.³⁴

Part of the solution is to improve the availability, quality, quantity, and affordability of rental housing in New Zealand, and increasing available housing to buy affordably. The number of Pacific peoples living in rental housing since 2001 increased by 60%, compared with a 3% increase for those who owned their own home. As noted in the NZPCHM Housing Policy, regulated minimum standards for all New Zealand houses and ongoing investment in evidence-based housing interventions would positively impact the health of Pacific peoples.³⁵

Education and employment

Education qualifications are closely linked to income and job opportunities later in life as well as improved general well-being.^{36, 37} Educational attainment and employment are lower for Pacific people compared with other New Zealanders.^{32, 38} Although the gap between Pacific and non-Pacific participation in early childhood education has been closing recently, there are still substantial gaps in secondary schooling.³⁹ In 2014, 29% of students that identified as Pasifika achieved university entrance, compared with 54% of New Zealand European students and 60% of Asian students.⁴⁰ In 2013, unemployment rates for Pacific peoples (14%) were more than twice that of all New Zealanders (6%).⁴¹

Immediate environment

Most of New Zealand's urban infrastructure favours motor vehicle use, particularly in Auckland where the majority of Pacific peoples in New Zealand live. However, many Pacific peoples do use public and active transport.^{42, 43} This healthy behaviour should be supported through transport and urban design, for example by ensuring there are bus routes and safe walk/cycle ways to isolated areas.⁴⁴

The obesogenic food environment is an unhealthy influence on Pacific peoples' inequitably high obesity rates with highly marketed, energy dense, nutritionally-deficient food prevailing as the more affordable option.⁴⁵

Wider environmental influences

The health and environmental impacts of the climate change crisis are likely to disproportionately affect Pacific peoples in New Zealand. Climate crisis-induced extreme weather events, rising seas,

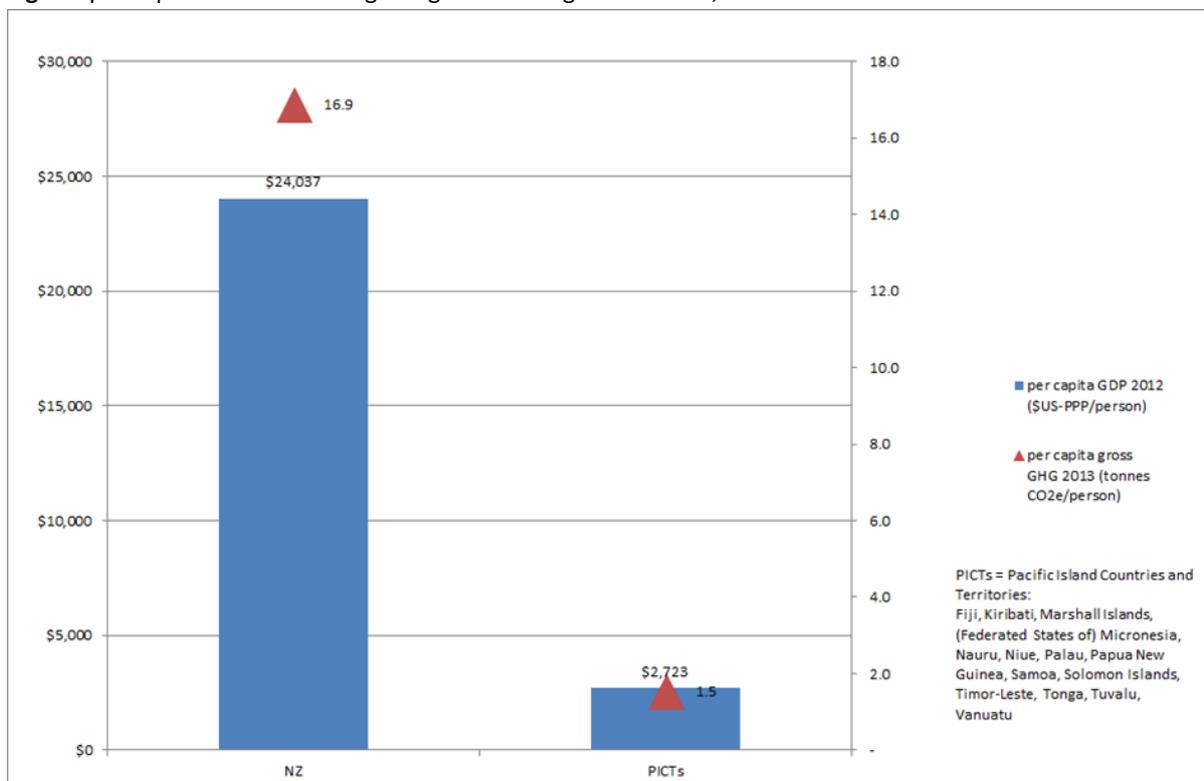
and ocean acidification threaten the livelihood of small Pacific island developing states.⁴⁶⁻⁵⁰ New Zealand is likely to see an increasing number of climate crisis migrants from the Pacific, which will have financial, housing and health impacts on Pacific peoples in New Zealand, as well as Pacific Island-based peoples dependent on financial support from New Zealand-based family members.⁵¹⁻⁵³ Pacific island countries have close relationships with New Zealand, and limiting temperature increase is important to the wellbeing of Pacific peoples in New Zealand, which cannot be separated from the wellbeing of people in the Pacific.

Pacific island countries advocated strongly for the 1.5°C global temperature rise target in the Paris Agreement.⁵⁴ Per capita, Pacific Islands emit very little greenhouse gases already, and New Zealand has emitted large amounts especially historically – yet Pacific Islands will be hit first with sea level rises and more tropical cyclones. These will have economic impacts on their already comparatively low GDP (\$2700 per capita overall), similar to Nigeria’s, less than India’s and just 1/9th of New Zealand’s⁵⁵ (see table and figure below). The NZCPHM considers these differences to be perverse and unfair.⁵⁶

Table: population, GDP and 2013 gross greenhouse gas emissions, New Zealand and Pacific Islands

	population 2014 (million)	GDP 2012 (billion \$US- PPP)	gross GHG 2013 (MtCO2e)
NZ	4.551	\$109.402	76.93
PICTs	10.967	\$29.858	16.98

Figure: per capita GDP and 2013 gross greenhouse gas emissions, New Zealand and Pacific Islands



The NZCPM therefore calls for New Zealand to set ambitious and fair targets to reduce greenhouse gas emissions, to help mitigate the climate crisis with its existential threat to Pacific peoples.^{57, 58, 59}

Healthy public policy

The burden of non-communicable diseases (NCDs) in New Zealand is disproportionately higher among Pacific peoples and New Zealand Māori. The increasing prevalence of diabetes, cancer, cardiovascular disease, stroke, and chronic respiratory diseases requires multipronged intersectoral actions that additionally address the social and economic drivers. It is essential that patients with NCDs receive optimal funded treatment.

New Zealand's role in Pacific Islands' health

For both practical and ethical reasons, it is critical that New Zealand supports infectious disease control measures among Pacific Island populations, both in New Zealand and in the Pacific region. Travel between New Zealand and the Pacific Island nations is frequent, and consequently there is a continuing risk that infectious diseases endemic to some Pacific nations are imported, such as typhoid, hepatitis A, tuberculosis, and vector borne diseases such as dengue.^{60, 61} Similarly, infectious diseases present in New Zealand can be exported to Pacific nations. The measles outbreak in New Zealand in 2019 poses serious threats to Pacific Island countries and territories. Maintaining high vaccination rates across the Pacific region and in New Zealand, as well as promoting vaccination among travellers, is crucial to preventing outbreaks of such infectious diseases. Initiatives must also mitigate emerging antimicrobial resistance among Pacific peoples.

New Zealand plays an important role to support Pacific nations' access to safe, quality, affordable essential medicines and vaccines, as well as diagnostic and rehabilitative services and palliative care.^{62, 63}

Recommendations

Promoting and protecting the health of Pacific populations is social justice. The health disparities of Pacific peoples in New Zealand are systematic, avoidable, unfair, and unjust.⁸ There is an ethical and moral obligation for all New Zealanders to promote and protect Pacific peoples' health and wellbeing. Opportunities to identify the root causes of health inequities within the Pacific context should be a priority, considering not only the size of the problem, but how it is distributed in society, noting the differential vulnerabilities, exposures, and impacts. The NZCPHM calls for a social determinants approach to Pacific health, that applies an equity lens that is holistic and rights-based. It is also in New Zealand's interest to engage positively with its Pacific neighbours for economic, social, climate, and global security efforts.

The NZCPHM calls for:

- The prioritisation of Pacific health in public policy and investment, with efforts to identify and address the key drivers of health inequalities for Pacific peoples in New Zealand.
- The design and implementation of context-specific strategies that result in sustained improvements in population health outcomes.
- Particular emphasis on areas with high Pacific populations eg. the Auckland region, where action will have most impact.
- Development of policy around the needs of those ineligible for funded health care.
- Standardised approaches to ethnicity data, using the Ethnicity Data protocols for the health and disability sector and in the Ethnicity Data Protocols Supplementary Notes.
- Greater recognition of multi-ethnicity, with data, partnerships and strategies to address these groups' particular needs.

- Continued and increased support for Pacific provider and workforce development and investment in pipelines approaches from schools to the workforce, and the various funding streams available for Pacific health workforce development etc.
- Increased aid to Pacific nations (funding, personnel, expertise working in partnership), with the particular aim of reducing preventable endemic diseases, support for workforce development, and activities that impact on the climate crisis.
- Strengthening of inclusiveness and support for cultural diversity and “saying no to racism” and cease the “othering” of minority groups.
- A multi-faceted, comprehensive, whole-of-society approach to make healthy foods the easy choice.⁶⁴

The NZCPHM also reaffirms its recommendations from related Policy Statements, including calls for:

- Regulated minimum standards for rental housing to ensure healthy housing for the increasing number of Pacific peoples living in these settings.
- Immediate actions to address the serious undersupply of housing and the related overcrowding issues for Pacific families by increasing the number of affordable, quality housing (for rent and ownership).
- Prioritisation of Pacific communities in a National Action Plan, to transform our neighbourhoods and cities into places that are easier to be active in, and to substantially increase investments in walking, cycling and public transport infrastructure.
- More ambitious targets to reduce greenhouse gas emissions fairly to help mitigate the climate crisis.

Links with other NZCPHM policies:

[Health equity](#)

[Public Health as an investment](#)

[Immunisation](#)

[Rheumatic fever](#)

[First 1000 days of life](#)

[Tobacco control](#)

[Alcohol](#)

[Housing](#)

[Water Fluoridation](#)

[Trans Pacific Partnership Agreement](#)

[Climate Change](#)

[Child Poverty and Health](#)

[Transport](#)

Acknowledgement

This policy statement was developed by the NZCPHM Policy Committee, NZCPHM members and staff. Authorship or review is recorded in the list of policy statement main authors on the College's Policy Statements webpage at <https://www.nzcphm.org.nz/policy-publications>.

References and further information

1. Acheson D. Public Health in England: The Report of the Committee of Inquiry into the Future Development of Public Health Function. London: HMSO, 1988.
2. World Health Organization. WHO Regional Committee for Europe: Advancing public health for sustainable development in the WHO European Region. EUR/RC68/17. Copenhagen: WHO Regional Office for Europe, 2018. (http://www.euro.who.int/data/assets/pdf_file/0004/380029/68wd17e_AdvancePublicHealth_180624.pdf?ua=1).

3. Centers for Disease Control and Prevention. Ten Great Public Health Achievements -- United States, 1900-1999. *MMWR Morb Mortal Wkly Rep.* 1999;48(12):241-3. (<https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>).
4. New Zealand College of Public Health Medicine. A Prescription for Health and Equity for All. NZCPHM briefing for the Incoming Minister of Health. Wellington: NZCPHM, 2017. (https://www.nzcpmh.org.nz/media/108722/2017_bim_a_prescription_for_health_and_equity_for_all_final.pdf).
5. World Health Organization. Health Promotion Glossary. Geneva: World Health Organization, 1998. (<http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf?ua=1>)
6. New Zealand Medical Association. Consensus statement on the role of the doctor in New Zealand. NZMA Position Statement. Wellington: NZMA, 2011. (<https://www.nzma.org.nz/publications/role-of-the-doctor-consensusstatement>)
7. Gluckman P. Enhancing evidence-informed policy making: a report by the Prime Minister's Chief Science Advisor. Wellington: Office of the Prime Minister's Chief Science Advisor, 2017. (<http://www.pmcsa.org.nz/wpcontent/uploads/17-07-07-Enhancing-evidence-informed-policy-making.pdf>)
8. New Zealand College of Public Health Medicine / New Zealand Medical Association. NZCPHM Policy Statement on Health Equity (adopting, with added public health medicine context, the New Zealand Medical Association Position Statement on Health Equity 2011). Wellington: NZCPHM, 2016. (https://www.nzcpmh.org.nz/media/58923/2016_11_17_nzcpmh_health_equity_policy_statement.pdf)
9. New Zealand College of Public Health Medicine. NZCPHM Policy Statement on Māori Health. Wellington: NZCPHM, 2015. (https://www.nzcpmh.org.nz/media/89786/2015_11_30_m_ori_health_policy_statement.pdf)
10. United Nations. Sustainable Development Goals. (<https://www.un.org/sustainabledevelopment/sustainabledevelopment-goals/>).
11. World Health Organization. The Ottawa Charter for Health Promotion. First International Conference on Health Promotion, Ottawa, 21 November 1986. (<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html>)
12. World Health Organization. The Bangkok Charter for Health Promotion in a Globalized World. 2005. (http://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf).
13. World Health Organization. Adelaide Statement II. Outcome Statement from the 2017 International Conference Health in All Policies: Progressing the Sustainable Development Goals. 2017. (http://www.who.int/social_determinants/SDH-adelaide-statement-2017.pdf).
14. World Health Organization. Health in All Policies (HiAP) Framework for Country Action. Geneva: WHO, 2013. (<http://www.who.int/healthpromotion/frameworkforcountryaction/en/>)
15. United Nations. Transforming our world: the 2030 Agenda for Sustainable Development. 2015. (<https://sustainabledevelopment.un.org/post2015/transformingourworld>).
16. Ministry of Health. Māori health models – Te Pae Mahutonga. 2017. (<https://www.health.govt.nz/ourwork/populations/maori-health/maori-health-models/maori-health-models-te-pae-mahutonga>)
17. Statistics for Development. 2013 Population & Demographic Indicators (January 2014 Update). Noumea, NC: Secretariat of the Pacific Community, 2014. (<http://www.spc.int/sdd/>)
18. Statistics New Zealand. 2013 Census QuickStats about Culture and Identity. Wellington: Stats NZ, Apr 2014. (http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-culture_identity/pacific-peoples.aspx)

19. Ministry of Health. 'Ala Mo'ui Pathways to Pacific Health and Wellbeing 2014-2018. Wellington: MoH, 2014. (<http://www.health.govt.nz/system/files/documents/publications/ala-moui-pathways-to-pacific-health-and-wellbeing-2014-2018-jun14.pdf>)
20. Ministry of Health. Tupu Ola Moui: Pacific Health Chart Book 2012. Wellington: MoH, 2012. (<http://www.health.govt.nz/publication/tupu-ola-moui-pacific-health-chart-book-2012>)
21. Health Partners Consulting Group. *Metro-Auckland Pacific Population Health Profile*. Auckland: Health Partners Consulting Group, 2012. (<http://www.health.govt.nz/publication/metro-auckland-pacific-population-health-profile>)
22. Imlach Gunasekara F, Carter K. Dynamics of Income in Children in New Zealand 2002-2009: A Descriptive Analysis of the Survey of Family, Income and Employment (SoFIE). Wellington: UoO, 2012. Public Health Monograph Series No28. (<http://www.otago.ac.nz/wellington/otago036608.pdf>)
23. Expert Advisory Group on Solutions to Child Poverty. Solutions to Child Poverty in New Zealand: Evidence for Action. Wellington: Office of the Children's Commissioner, 2012. (<http://www.occ.org.nz/assets/Uploads/EAG/Final-report/Final-report-Solutions-to-child-poverty-evidence-for-action.pdf>)
24. Maloney T, Maani S, Pacheco G. Intergenerational Welfare Participation in New Zealand. Aust Econ Pap. 2008;42:346-362. (<https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-8454.00203>)
25. Maloney T. Are the Outcomes of Young Adults Linked to the Family Income Experienced in Childhood? Soc Policy J N Z. 2004;22:55-82. (<https://www.msdc.govt.nz/documents/about-msdc-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj22/22-pages55-82.pdf>)
26. World Health Organisation. Yanuca Island Declaration. Manila: WHO, 1995. (http://whqlibdoc.who.int/wpro/1994-99/WPR_RC46_INF_DOC1.pdf)
27. World Health Organisation. The Ottawa Charter for Health Promotion. Geneva: WHO, 1986 (<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>)
28. Minister of Health. The Pacific Health and Disability Action Plan. Wellington: Ministry of Health, 2002. (http://www.health.govt.nz/system/files/documents/publications/pacific_health.pdf)
29. Minister of Health and Minister of Pacific Island Affairs. Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2010-2014. Wellington: Ministry of Health, 2010. (<http://www.health.govt.nz/system/files/documents/publications/ala-moui-pathways-to-pacific-health-wellbeing2010-2014.pdf>)
30. Ministry of Health. Ethnicity Data Protocols for the Health and Disability Sector. Wellington: MoH, 2004. (<http://www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector>)
31. Ministry of Health. Ethnicity Data Protocols Supplementary Notes. Wellington: MoH, 2009. (<http://www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector>)
32. Tanielu R, Johnson A. This is Home: An update on the State of Pacific people in New Zealand. Auckland: The Salvation Army, New Zealand; 2014. (<http://www.salvationarmy.org.nz/research-media/social-policy-and-parliamentary-unit/latest-report/this-is-home>)
33. Ministry of Health. Factors affecting Pacific Peoples' Health. Ministry of Health webpage: (<http://www.health.govt.nz/our-work/populations/pacific-health/factors-affecting-pacific-peoples-health>)
34. Statistics NZ. Living in a crowded house: Exploring the ethnicity and well-being of people in crowded households. Wellington: Stats NZ, May 2018.

<https://www.stats.govt.nz/reports/living-in-a-crowded-house-exploring-the-ethnicity-and-well-being-of-people-in-crowded-households>)

35. New Zealand College of Public Health Medicine. Housing Policy Statement. Wellington: NZCPHM, 2013.
(<http://www.nzcphm.org.nz/policy-publications>)

36. Earle D. Skills, qualifications and wages: An analysis from the Adult Literacy and Life Skills survey. Wellington: Ministry of Education, 2009.
(<http://www.voiced.edu.au/node/36742>)

37. Callister P, Didham R. Emerging Demographic and Socioeconomic Features of the Pacific Population in New Zealand. Wellington: Institute of Policy Studies, Victoria University, 2008.
(<http://ips.ac.nz/publications/files/f8e7a96f573.pdf#page=24>)

38. Statistics NZ. Education and Pacific Peoples in New Zealand. Wellington: Stats NZ, June 2015.
(http://www.stats.govt.nz/browse_for_stats/people_and_communities/pacific_peoples/pacific-progress-education/introduction.aspx)

39. Ministry of Education. Participation in ECE Services. Wellington: MoE, 2013.
(<https://www.educationcounts.govt.nz/indicators/main/student-engagement-participation/1923>)

40. New Zealand Qualification Authority. Annual Report on NCEA and New Zealand Scholarship Data and Statistics (2014). Wellington: NZQA, 2015.
(<http://www.nzqa.govt.nz/assets/About-us/Publications/stats-reports/ncea-annualreport-2014.pdf>)

41. Howden-Chapman P, Chapman R, Hales S, Britton E, Wilson N. Climate Change and Human Health: impact and adaptation issues for New Zealand. In: Nottage RAC, Wratt DS, Bornman JF, Jones K (eds). Climate Change Adaptation in New Zealand: future scenarios and some sectoral perspectives. Wellington: New Zealand Climate Change Centre, 2010. pp 112-121.
([http://www.nzclimatechangecentre.org/sites/nzclimatechangecentre.org/files/images/research/Climate%20Change%20Adaptation%20in%20New%20Zealand%20\(NZCCC\)%20high%208.pdf](http://www.nzclimatechangecentre.org/sites/nzclimatechangecentre.org/files/images/research/Climate%20Change%20Adaptation%20in%20New%20Zealand%20(NZCCC)%20high%208.pdf))

42. Hale M. Briefing to Auckland Interagency Group for Preventing Obesity: Increasing physical activity through environmental change. Auckland: Healthy Auckland Together, 2014.
(<http://www.arphs.govt.nz/health-information/promoting-health-wellbeing/healthy-auckland-together-news-and-resources>)

43. Sport and Recreation New Zealand. Sport, Recreation and Physical Activity Profile Greater Auckland region 2007/08. Wellington: SPARC, 2009.
(<https://www.yumpu.com/en/document/read/38448742/sport-recreation-and-physical-activity-profile-greater-active-nz>)

44. New Zealand College Public Health Medicine. Transport Policy Statement. Wellington: NZCPHM, 2018.
(<http://www.nzcphm.org.nz/policy-publications>)

45. Elmslie JL, Sellman JD, Schroder RN, Carter FA. The NEEDNT Food List: Non-essential, energy-dense, nutritionally-deficient foods. N Z Med J. 2012; 125(1350):84-92

46. Burson B. Climate Change and Migration: South Pacific perspectives. Wellington: Institute of Policy Studies, Victoria University of Wellington, 2010.
(<http://ips.ac.nz/publications/files/6666ee71bcb.pdf>)

47. Raven J, Caldeira K, Elderfield H, Hoegh-Guldberg O, Liss P, et al. Ocean acidification due to increasing atmospheric carbon dioxide. Policy document 12/05. London: The Royal Society, 2005.
(http://royalsociety.org/uploadedFiles/Royal_Society_Content/policy/publications/2005/9634.pdf)

48. Antarctic and Southern Ocean Coalition (ASOC). Ocean acidification and the Southern Ocean. XXXIV Antarctic Treaty Consultative Meeting; Buenos Aires, Argentina, 20 June - 1 July 2011. CEP 5, ATCM 13.

([http://www.asoc.org/storage/documents/Meetings/ATCM/XXXIV/Ocean Acidification and the Southern Ocean.pdf](http://www.asoc.org/storage/documents/Meetings/ATCM/XXXIV/Ocean_Acidification_and_the_Southern_Ocean.pdf))

49. Kim R, Costello A, Campbell-Lendrum D. Climate change and health in Pacific island states. Bull World Health Organ. 2015;93(12):819.

(<http://www.who.int/bulletin/volumes/93/12/15-166199/en/>)

50. Climate Analytics. Pacific marine climate change report card reveals full regional impacts. June 2018.

(<http://climateanalytics.org/latest/pacific-marine-climate-change-report-card-reveals-full-regional-impacts>)

51. Connell J. Migration, dependency and inequality in the Pacific: old wine in bigger bottles? (Part 1). In: Firth S (ed). Globalisation and governance in the Pacific Islands. Australia: ANU E Press, 2006.

(http://epress.anu.edu.au/ssgm/global_gov/pdf/globalgov-whole.pdf)

52. Connell J. Migration, dependency and inequality in the Pacific: Old wine in bigger bottles? (Part 2). In: Firth S(ed). Globalisation and governance in the Pacific Islands. Australia: ANU E Press, 2006.

(http://epress.anu.edu.au/ssgm/global_gov/pdf/globalgov-whole.pdf)

53. Ministry of Health. Making a Pacific Difference: Strategic initiatives for the health of Pacific people in New Zealand. Wellington: MoH, 1997.

(<http://www.moh.govt.nz/notebook/nbbooks.nsf/0/CADE5C7B908485034C2565D700185E32>)

54. <http://bigpicture.unfccc.int/#content-the-paris-agreement>, http://unfccc.int/paris_agreement/items/9485.php,

<http://unfccc.int/resource/docs/2015/cop21/eng/10a01.pdf>,

https://unfccc.int/files/essential_background/convention/application/pdf/english_paris_agreement.pdf

55. analysis of CERP calculator data <http://calculator.climateequityreference.org/>;

Metcalfe S, Jones R, Macmillan, A, Springford L, for Ora Taiao: The NZ Climate & Health Council and the New Zealand College of Public Health Medicine. Sharing our global carbon budget. WISE RESPONSE Workshop, Wellington, 13 February 2017. Slide 23.

(https://www.nzcpm.org.nz/media/116403/cc_fair_shares_for_wise_-_powerpoint_presentation_.pdf)

56. Background to the NZCPHM's stance on setting national GHG emissions targets. Supplement one to: NZCPHM Policy Statement on Climate Change.

(https://www.nzcpm.org.nz/media/85324/2018_revised_supplement_1_cc_policy.pdf)

57. New Zealand College of Public Health Medicine. Climate Change – 2018 update-provisos to the New Zealand College of Public Health Medicine Policy Statement on Climate Change. Wellington: NZCPHM, 2018.

(https://www.nzcpm.org.nz/media/125683/climate_change_2018_with_provisos_.pdf)

58. New Zealand College of Public Health Medicine. Submission on the Zero Carbon Bill. Wellington: NZCPHM, 2018.

(https://www.nzcpm.org.nz/media/116691/final_nzcpm_zcb_submission.pdf)

59. New Zealand College of Public Health Medicine. Submission on the Climate Change Response (Zero Carbon) Amendment Bill. Wellington: NZCPHM, 2019.

(https://www.nzcpm.org.nz/media/129315/2019_zero_carbon_amendment_bill_submission_final.pdf)

60. World Health Organisation. Pacific Syndromic Surveillance Report. WHO, 2015.

(http://www.wpro.who.int/southpacific/programmes/communicable_diseases/disease_surveillance_response/PSS-17-May-2015/en/)

61. Secretariat of the Pacific Community. Epidemic and emerging disease alerts in the Pacific region as at 18 May 2015. SPC, 2015.

(<https://reliefweb.int/map/world/epidemic-and-emerging-disease-alerts-pacific-region-18-may-2015>)

62. World Health Organization. WHO Model Lists of Essential Medicines. WHO, 2015.

(<http://www.who.int/medicines/publications/essentialmedicines/en/>)

63. Iro E. Request from Cook Islands Secretary of Health. N Z Med J. 2015;128(1414). (<http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vol-128-no-1414-15-may-2015/6542>)
64. New Zealand Medical Association. Tackling Obesity. Wellington: NZMA, 2014. (<http://www.nzma.org.nz/obesity>)

Adopted by Council: November 2019