**1 December 2015**

Re: Submission on the Update of the New Zealand Health Strategy

To Whom It May Concern:

This submission is on behalf of Te Ara Hā Ora, the National Māori Tobacco Control Leadership Service based in Tamaki Makaurau. The purpose of Te Ara Hā Ora is to work with Māori to take action to eliminate tobacco from Māori communities. To achieve this goal we grow local, regional and national leadership, increase communication and enhance collaboration across the country. Te Ara Hā Ora is dedicated to ensuring that Māori are strongly represented in local, regional and national tobacco control initiatives, especially in regards to policy development opportunities.

We would like to take this opportunity to acknowledge the many strengths of the proposed update of the New Zealand Health Strategy. The focus on strengthening the health care system, the need to improve the health status of Māori, whānau ora, reducing harm to young people, housing, climate change and the role that changing technologies will have in the future health of New Zealanders is commendable.

However, from the perspective of population health, prevention, and cost effectiveness, the draft Strategy could be strengthened, particularly around smoking - which from our reading - is scarcely mentioned in the draft.

Tobacco smoking remains the number one preventable risk factor for health loss in NZ. It is also a major contributor to health disparities between Māori and non-Māori. In 2011, the New Zealand government committed to the Smokefree 2025 Goal. The New Zealand tobacco control sector have also developed a "roadmap of actions", which sets out a detailed plan for reaching the 2025. Furthermore, the Government recently committed to developing a comprehensive strategy for achieving the 2025 Smokefree Goal. From our reading, neither of the aforementioned are acknowledged in the draft Strategy. Given the governments commitment to the 2025 goal and that cost-effectiveness and substantial economic benefits are key elements of this strategy, the lack of strong actions around the major causes of preventable illness and disease, like tobacco, is of concern.

## Key Recommendations:

### *Prevention*

- A stronger focus on preventative measures is needed, especially initiatives to address tobacco smoking, New Zealand's major cause of preventable illness and death. Stronger preventative measure in this area have been shown to be cost effective in that they lead to reduced health care costs over time and deliver the best health outcomes in the long term.
- A stronger focus on population health goals, like Smokefree New Zealand 2025, with more concrete actions and commitment are needed. Existing strategies and frameworks for reaching 2025, namely the "Roadmap of Actions" developed by the New Zealand tobacco control sector, and the Te Ara Hā Ora Strategic plan for Māori also deserve acknowledgement.

### *Priority Populations*

- A stronger focus on priority populations like Māori and Pacific, and reducing health disparities are needed. Initiatives that address the wider negative determinants of health (poverty, education, employment) and improve access and "user experiences" in the primary care and cessation/treatment setting have been seen as key factors to addressing the high smoking rates amongst Māori.
- Targeting priority populations through prevention or stop smoking support makes fiscal sense, as Māori experience the greatest level of harm from tobacco smoking and associated long term conditions like heart disease and cancer.
- Based on the principles of the treaty and the current health status of Māori, we believe that the guiding principle "*Acknowledging the* ***special relationship*** between Māori and the Crown *under the* ***Treaty of Waitangi"*** should be given higher priority and consideration in the updated Strategy.

## *Justification and evidence for recommendations:*

### Prevention

**What the Strategy says:**

> *Like many other health systems around the world, our system faces the challenges of an ageing population and a growing burden of long-term conditions, such as heart disease, diabetes and mental health conditions. Issues such as obesity can also lead to longer-term health problems.*

**Our response:**

The Update of the New Zealand Health Strategy identifies our "strong primary care focus with a widely supported focus on wellness" as a key strength of the current New Zealand health system. However, focussing on the urgent, and devoting the majority of our resources to urgent matters, has the potential to ignore opportunities to reduce need in the future, and also may be unethical. If we keep spend solely on immediate need and neglect public health initiatives, then it is possible that more people will die prematurely.

Many countries now recognise that increasing the resources allocated to public health initiatives, especially initiatives to reduce the prevalence of smoking, combat obesity, and reduce the harms associated with alcohol, is essential to better long term health outcomes.

**What the Strategy says:**

> *The Treasury considers that New Zealand cannot afford to keep providing services as we do now. It projects that, without significant change, government health spending would have to rise from about 7 per cent of GDP now, to about 11 per cent of GDP in 2060*

**Our response:**

Research also shows that investing in prevention and other public health measures is cost effective. Such investment saves considerable clinical treatment costs, and maintains the health of the workforce - which is a prerequisite for economic prosperity.

### *Priority populations*

**What the Strategy says:**

> *Some of New Zealand's population groups receive unequal benefits from the health and disability system. This can be seen in life expectancy statistics; while New Zealanders overall are living longer, Māori and Pacific peoples still have a lower life expectancy.*

**Our response:**

Tailored public health measures are critical to population level efforts to reduce health inequalities, and have more reach and impact at a population level than interventions in the secondary and tertiary health sectors.

Literature documenting the status of Māori health in Aotearoa/New Zealand overwhelmingly confirm that Māori are poorly represented in positive health and wellbeing outcomes (Pomare, 1995; Robson & Harris, 2007). Māori have significantly

higher mortality rates than non-Māori; lead in almost every major disease category (e.g. asthma, ischemic heart disease; breast and lung cancer); have a higher prevalence of chronic diseases than non-Māori; and experience higher mortality rates as a result of a chronic disease (Pomare, 1995; Robson & Harris, 2007).

Currently 32.7 per cent of Māori identify as being regular smokers – more than double the smoking rates of non-Māori.[1] Among Māori men the regular smoking rate is 30.5 per cent and among women it is 34.7 per cent.[2] 40.5 per cent of Māori women of childbearing age (20- 44 years) smoke regularly.[3] In 2014, Māori girls were more than three times more likely to be a regular smoker than non-Māori girls.[4] Māori boys were also more than three times more likely to be regular smokers than non-Māori boys.[5] Māori girls have consistently had the highest daily smoking rates of Māori and non-Māori boys and girls since 2000.[6] Although data is limited, it is estimated that 33 per cent of all cigarette equivalents are smoked by those with a mental illness.[7] Figures from the Ministry of Health also show that in 2010/11 Māori had the highest rate of mental health and addiction service use (4938 people seen for every 100,000 Māori) when compared with Pacific people and other ethnicities.[8]

The relative lack of information on 'what is effective' for Māori has been a major concern in Māori health promotion. While a number of programmes have been shown to be effective with non-Māori, less impact has been shown on Māori health (Barwick & others, 2000).

**What the Strategy says:**

> *Stronger partnerships and changing approaches will allow us to do even more.*

**Our response:**

The Bangkok Charter for Health Promotion in a Globalised World (World Health Organisation 2005), an international forum that built on the Ottawa Charter (World Health Organization 1986), highlighted as one of the key issues to be addressed, at both local and global levels, the links between inequalities being faced by indigenous people and their health status. Mason Durie, a prominent Māori researcher also concluded that the preferred path to goals of Māori development should be based on 'Māori social structures, Māori delivery systems and a Māori cultural context'.

**What the Strategy says:**

> *The principle that acknowledges the Treaty of Waitangi should guide the design of training for health workers and board members to ensure they have appropriate knowledge about the Treaty, its implications for the participation of Māori in the health system, partnership approaches to services, and the need to improve the health status of Māori.*

**Our response:**

The 1980s saw a growing challenge by many Māori health providers and consumers of the shortcomings of western-based models of health. This coincided with a resurgence in aspects of Māori culture, a greater awareness of the impact of colonisation and increasing understanding of the relevance of the Treaty of Waitangi to contemporary

[1] Retrieved from http://www.ash.org.nz/wp-content/uploads/2015/03/Maori-smoking-2013-14.pdf
[2] Retrieved from http://www.ash.org.nz/wp-content/uploads/2015/03/Maori-smoking-2013-14.pdf
[3] Retrieved from http://www.ash.org.nz/wp-content/uploads/2015/03/Maori-smoking-2013-14.pdf
[4] Retrived from http://www.ash.org.nz/wp-content/uploads/2015/03/F4-2014-Maori-smoking.pdf
[5] Retrived from http://www.ash.org.nz/wp-content/uploads/2015/03/F4-2014-Maori-smoking.pdf
[6] Retrived from http://www.ash.org.nz/wp-content/uploads/2015/03/F4-2014-Maori-smoking.pdf
[7] Retrived from http://www.quit.org.nz/file/research/2014/mental-illness-research-paper-24-november-2014.pdf
[8] Retrieved from http://www.mentalhealth.org.nz/assets/Uploads/MHF-Quick-facts-and-stats-FINAL.pdf

New Zealand society. In the health sector, the Treaty of Waitangi has often been interpreted in terms of the right of Māori to make decisions about their own health care, and attainment of equity of health status. Thus many Māori argue for increased delivery of services 'to Māori by Māori' and for control of the resources to facilitate this (Huriwai, 2002).

**What the Strategy says:**

> *New Zealand's Māori Health Strategy, He Korowai Oranga, uses the concept of mauri ora to reflect its focus on individual people. It says that people using health services need pathways to care that meet their immediate needs as well as their future needs, across all stages of their life. This Strategy similarly acknowledges that need.*

**Our response:**

The last 30 years has seen the development a number of tīkanga and kaupapa Māori based paradigms and models – many of them now 'common place' in the Māori health sector –as a way to address the aforementioned issues and concerns of Māori.

**What the Strategy says:**

> *A focus on prevention and making healthy choices easy, through approaches at both population and individual levels, can help stop or slow the occurrence of some health conditions.*

**Our response:**

Targeting priority populations through prevention or early detection initiatives makes fiscal sense as these groups are more likely to be affected by long-term conditions such as heart disease and cancer.

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