



**RACP**  
**Specialists. Together**  
EDUCATE ADVOCATE INNOVATE

**The Royal Australasian College of Physicians'  
2023 Aotearoa New Zealand Election statement**

## About the RACP

The RACP trains, educates and advocates on behalf of over 18,863 physicians and 8,830 trainee physicians, across Aotearoa New Zealand and Australia. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

To sit alongside our **#HealHealthcare** election statement on the health workforce, this document outlines other priority advocacy areas for the RACP including our positions on:

- Hauora Māori me Ōritetanga | Māori health and equity
- Achieving health equity through the social determinants of health: #MakeItTheNorm campaign
- Climate change and health

## Hauora Māori me Ōritetanga | Māori health and equity

The RACP is committed to improving health equity for Māori as tangata whenua of Aotearoa New Zealand. RACP is of the view that our health system must be pro-equity and anti-racist, and give effect to the Articles of Te Tiriti of Waitangi (Te Tiriti). Marked health disparities persist between Māori and non-Māori for a range of conditions, including ischaemic heart disease, diabetes, stroke, bronchiectasis, rheumatic heart disease and several cancers. Māori adults also have lower access to health care than non-Māori adults.

In 2020, the RACP [welcomed health system reform](#) in line with the recommendations of the [WAI 2575 Health Services and Outcomes Inquiry](#). The RACP supports the principle of the Te Whatu Ora policy to address inequities in our healthcare system and endorses the goals of a single national health entity and Māori Health Authority (since named Te Whatu Ora and Te Aka Whai Ora) to work in tandem to achieve equity in health care outcomes and give effect to Te Tiriti. The RACP supports the expression of the Health System Principles in the New Zealand Health Charter, mandated use of policy tools by other social sector agencies (including Health Equity Assessments<sup>i</sup>, [Health Impact Assessments](#) and [Health in all Policies \(HiAP\)](#)<sup>ii</sup>), to ensure accountability for working to address the wider societal determinants of health in decision-making<sup>iii</sup>. The RACP has participated in engagement opportunities concerning the design of the reformed system and continues to have a voice in influencing its delivery.

Alongside our support of health reform, the RACP endorses initiatives around the [prioritisation of health resources according to equity](#) and need, advocating for the delivery of a culturally safe and pro-equity health system. Ethnicity bias is a known and concerning reality in the health system<sup>iv</sup>. Having a process that looks at patient ethnicity, alongside other key factors such as disease severity, access issues, and socioeconomic factors, is important in creating a more equitable health system for all. See media release: ['Innovations in health must work to reduce health inequities' says RACP](#) (3 July 2023).

The RACP's [Indigenous Strategic Framework](#) (ISF) establishes indigenous health and education as core business of the College across advocacy, education and training, continuing professional development, organisational cultural safety and regulatory requirements. This prioritises action on

increasing the Māori and Pasifika medical workforce and strengthening the cultural safety within the Pākehā and tauīwi workforce.

The RACP has a key commitment to develop and implement strategic initiatives that effectively contribute to improved health outcomes for Māori through the following priorities, which are to:

- contribute to addressing Māori health equity differences
- grow the Māori physician workforce
- equip and educate the broader physician workforce to improve Māori health
- foster a culturally safe and competent College
- meet the new regulatory standards and requirements of the Medical Council of New Zealand.

### ***Ōritetanga means Maori co-governance for effective tobacco control***

In 2022 the RACP welcomed the [Smokefree Environments and Regulated Products \(Smoked Tobacco\) Amendment Bill](#) as a key step towards addressing the disproportionate harm to Māori through achieving the Smokefree 2025 goal. RACP supported decolonising tobacco and eliminating the harm tobacco products causes by transforming Aotearoa NZ to a smokefree nation by 2025.

- The health impacts from smoking are deeply inequitable in Aotearoa New Zealand.
- Tobacco smoking in Māori communities contributes to over half of all deaths, being attributed to preventable causes such as lung cancer.
- Empowerment of tino rangatiratanga, and mana motuhake is at the heart of effective Māori governance in smoking reduction.

***The RACP recommends the incoming Minister funds opportunities for Te Aka Whai Ora to see the full benefits of co-governance in action, ensuring Māori have a role in protecting their communities from tobacco-related harm.***

## **Achieving health equity through the social determinants of health: #MakeittheNorm campaign**

While the workforce is an enabler for the health system, it is also determined by the wider social determinants of health. The environments in which people are born, grow, live, work and age each shape and sustain people's health and wellbeing.

Every day our physicians see the impacts of substandard housing and poor working conditions in the increasing prevalence of chronic illness and preventable communicable diseases, leading to long term health issues, disability and adverse outcomes for education and employment.

When the distribution of resources is uneven, people and whānau often experience disproportionate adverse health and social outcomes. They are more likely to experience barriers to health, compounded by the traumatic legacy of colonisation and racism within our health and social systems.

At the 2020 election, RACP called for **healthy housing, good work, whānau wellbeing and health equity** to be the norm for all people in our nation through its campaign [#MakeItTheNorm](#).

In 2023, the social determinants of health continue to be key drivers of health and wellbeing outcomes. Inflation and the cost of living has increased substantially and is now the number one issue of concern to New Zealanders<sup>v</sup>. Poor and expensive housing continues to impact on health outcomes and approximately 24,000 households are on the Public Housing Waiting List<sup>vi</sup>. One in ten children remain living in material deprivation<sup>vii</sup> and 15% of Kiwi kids experience moderate food insecurity, with 2% severely impacted<sup>viii</sup>. Tamariki Māori and Pasifika children continue to face substantially greater barriers to warm, dry and secure homes and food security<sup>vii</sup>.



This animation tells the story of Tom and his whānau, and how housing, work, learning, health and wellbeing are all intertwined.

See it at <https://www.racp.edu.au/advocacy/make-it-the-norm/toms-story>

## RACP previous recommendations to government and progress against these

We wish to acknowledge progress already made against the MakeItTheNorm recommendations in 2020 and highlight areas that require action by an incoming government in 2023.

### Make Healthy Housing the norm

- **Interest from Residential Tenancies** [bonds are invested in Tenancy Advocacy services](#). RACP is concerned that this has not been achieved.



- **Build all new public housing to [universal design](#) standards.** Media reports that Kāinga Ora has delivered only 10%, rather than its 15% target of building new homes to Accessibility Policy standards between July 2020 and December 2022<sup>ix</sup>. This requires an urgent rethink, especially given the Retirement Commission's recent predictions for a doubling of the number of retirees predicted to rent over the next 25 years, increasing from 20% of the population over 65 to 40%<sup>x</sup>.
- **[Bring forward Kāinga Ora compliance](#) with Healthy Homes Standards to July 2022.** RACP is concerned the need for compliance has been pushed back to July 2024.

## Make Good Work the norm

- **[Changes to social security legislation](#) to enact the principles under Te Tiriti o Waitangi, and enable dignified lives; including raising main benefit levels and abatement rates, reforming relationship clauses and Working For Families so that it is fit for Aotearoa in the twenty-first century.** RACP acknowledges that main benefits and the minimum wage increased in 2023, and after a review of the Working for Families tax credit system ending in 2022 there are more families receiving a \$72.50 a week tax credit. However, measures of material deprivation indicate that many families do not get the financial assistance they need to support their children adequately in 2023<sup>vii</sup>.
- **[Double mandatory available sick leave](#) to 10 days; allow for use if dependents are unwell, for example half days, or allowing advance use/carrying over allocations into following years.** RACP is pleased to note that minimum sick leave entitlements increased from 5 to 10 days per year on 24 July 2021.
- **Policies and programmes [actively support the importance of unpaid work](#), which is valued as a productive and net benefit to societal wellbeing.** In Budget 2023, the Government enhanced the KiwiSaver scheme for parents (\$19.6 million total operating), recognising the unpaid nature of childcare. RACP acknowledges this as a step in the right direction and calls for more support to acknowledge this key labour market.

## Make Whānau Wellbeing the norm

- **Whānau experiencing family violence [have access to wraparound support](#) to assist with health, counselling, and accessing the justice system.** RACP supports the launch of Te Aorerekura - the National Strategy to Eliminate Family Violence and Sexual Violence in December 2021 and seeks continued funding towards its implementation.
- **Primary mental health and wellbeing initiatives must be [implemented as a priority](#), especially in the wake of COVID-19.** RACP acknowledges the Government committed an unprecedented \$1.9 billion to improving mental health services, a significant proportion of which went to primary mental health and wellbeing initiatives. Budget 2022 also provided \$100 million over four years to trial new models of specialist mental health and addiction services and increase availability for people with specific needs in targeted areas across the country. RACP calls for more of the same in future budgets<sup>xi</sup> and supports ongoing independent monitoring and reporting on mental health and addiction services, such as the Mental Health and Wellbeing Commission's recent [Te Huringa Service Monitoring Report](#).

- **The [marketing and advertising](#) of unhealthy foods are centrally regulated.** RACP asks the government to take heed of the growing appetite to clamp down on unhealthy food marketed to children. Consumer NZ in February 2021 found majority support (67 percent) for regulation of food marketing in Aotearoa NZ<sup>xii</sup>. In 2022 RACP supported Ministry of Education's proposal for regulations aimed at the [promotion and provision of healthy drinks in schools](#) requiring primary schools to only provide healthy drinks, these being water, milk and non-dairy milk alternatives.
- **Recommendations of the Law Commission's 2010 Review of [alcohol legislation](#) are revisited.** RACP is concerned that this has not been revisited.
- **Harm reduction and health-centred approaches to addiction.** RACP welcomes the increase in sustainable funding for the Alcohol and Other Drug Treatment Courts (AODTCs) provided in Budget 2022 and calls for more investment into harm reduction approaches that frame addiction as a health issue in future budgets<sup>xiii</sup>. In 2022 RACP supported the provisions of the [Sale and Supply of Alcohol \(Community Participation\) Amendment Bill](#) to improve community participation in alcohol licensing processes and harm reduction measures such as reducing hours of availability and limiting the density of liquor suppliers, a stance based on evidence clearly showing the link between density of outlets and alcohol-related harm.
- **[No advertising or marketing](#) of payday and high-cost lenders on TV, radio, print or Internet.** RACP observes continued lack of regulation, with [media reporting](#) the number of people complaining about financial lenders to the Financial Services Complaints arm of the Financial Ombudsman Service spiking by 37 percent in the past year, and the number of complaints increased by 25 percent as more people feel economic strain.

## Make Health Equity the norm

- **Health resources must be [prioritised according to equity](#) and need, delivered by a culturally safe and pro-equity health system.** The establishment of Te Aka Whai Ora is a step in the right direction but there is much work for an incoming government to do to achieve a culturally safe and pro-equity health system. See our workforce statement for policy asks regarding a culturally safe workforce and stance on prioritisation of resources in the section above on Hauora Māori me Ōritetanga | Māori health and equity.
- **[Establish an independent public health agency](#).** RACP welcomes the establishment on 1 July 2022 of Te Pou Hauora Tūmatanui, of the Public Health Agency (PHA), although note that this is not independent, sitting within Manatū Hauora/ Ministry of Health. In 2021 the RACP supported the establishment of a Public Health Agency under the Pae Ora legislation to provide leadership and advice on public health matters support and advocated for at least two public health medicine specialists to sit on the Expert Advisory Committee and the Director General of Health to report on key public health indicators<sup>xiv</sup>. The RACP has also developed a position statement on the Role of Public Health Physicians in Aotearoa New Zealand to support ongoing recruitment of physicians who wish to work in this specialty.
- **People who experience long-term conditions and/or disabilities are supported to enjoy a [good quality of life](#).** RACP views this as an ongoing area for investment given the projected increase in people with chronic conditions and/or disabilities. The shift towards the care of people with health conditions and disabilities being provided in community-based settings rather than institutions is likely to continue. We are concerned that the increased

expectations of individuals, families and whānau to provide care is not accompanied by sufficiently resourced support services.

While food security is not covered in this iteration of MakeItTheNorm, Ka Ora, Ka Ako - the Government's healthy school lunch programme - is not reaching many of those who need it most. Targeting of schools using the Equity Index has meant that up to half of young people living in food insecure households do not have access to this food assistance programme<sup>viii</sup>, suggesting this should be extended as food costs continue to rise.

The RACP has endorsed Child Poverty Action Group's [three key election asks](#) released 100 days out from the election to show how unacceptable levels of deprivation in Aotearoa can be addressed. The three asks are: free preschool education for every child; a warm, safe dry house for every child and good food for every child. RACP maintains an independent voice on the details of recommended actions.

## Climate change and health

RACP asks the government to take urgent action on climate change and prepare our healthcare system for its effects. The latest report from the Intergovernmental Panel on Climate Change's (IPCC) titled Climate Change 2022: Impacts, Adaptation and Vulnerability represents a 'code red for humanity'. The IPCC report identifies catastrophic impacts of climate change to Aotearoa New Zealand<sup>xv</sup>.

**“Climate change is the greatest global health threat facing the world in the 21st century, but it is also the greatest opportunity to redefine the social and environmental determinants of health”**

[The Lancet Commission Report on Climate Change and Health](#)

Aotearoa New Zealand is already seeing the impacts of climate change. The extreme rainfall in January 2023, and Cyclone Gabrielle in February, brought devastating losses of lives, homes and critical infrastructure and highlighted the stark disparities between Māori and non-Māori communities. Scientists note these events reinforce how urgent it is that we both reduce our emissions, and make sure we are adapting to our changing climate<sup>xvi</sup>.

RACP and other medical colleges contend that [climate change is the biggest threat to health system](#). Health systems are both part of the problem and the solution. It is estimated the healthcare sector contributes between 3% and 8% of Aotearoa New Zealand's total greenhouse gas emissions<sup>xvii</sup>. The health care system is also the main line of defence for populations facing health threats resulting from the impacts of climate change including increased temperatures and climate-related extreme weather events. Without urgent action, climate change will continue to have serious and worsening consequences for public health.

***RACP recommends that to ensure Environmentally Sustainable Healthcare the Government should:***

- Establish appropriate metrics and measure the total carbon footprints of the health sector to identify the contribution of different parts of the healthcare system (e.g. transportation, building usage, procurement). This will help focus carbon emission reductions. After establishing a baseline carbon footprint, future measurements would monitor progress and evaluate different reduction strategies.
- Establish Healthcare Sustainability Units which would draw on local best practice as well as leading international models, such as the SDU in the UK. The first tasks of the units would be to: a) consult with stakeholders b) measure the carbon footprint of health services in their jurisdiction c) work with health stakeholders to develop an environmental sustainability strategy d) support health services in their jurisdiction to implement the strategy.
- Consult with health departments, peak health bodies, health researchers and professionals to develop a framework under which the HSUs would operate. In determining the framework under which the HSUs would operate, key stakeholders must be consulted at all stage
- Draw on the expertise of RACP members in the development of HSUs.

See RACP's [Environmentally Sustainable Healthcare Position Statement](#)

***RACP wishes to highlight that policy responses to climate change have co-benefits to health and recommends the Government should:***

- Decrease fossil fuel combustion in energy generation and transport
- Reduce fossil fuel extraction
- Decrease emissions from agriculture and food production
- Improve energy efficiency of homes and buildings.

See RACP's [Health Benefits of Mitigating Climate Change Position Statement](#)



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