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Productivity Commission
A Fair Chance For All Interim Report
Te Whanganui-a-Tara Wellington

ASMS submission to the Productivity Commission on A Fair Chance For All Inquiry

A fair chance for all

The Association of Salaried Medical Specialists, Toi Mata Hauora (ASMS) appreciates the opportunity to comment on the Productivity Commission's interim report, *A fair chance for all*.

ASMS is the union and professional association of salaried senior doctors and dentists. ASMS was formed in April 1989 to advocate and promote the industrial and professional interests of our members, most of whom are employed by Te Whatu Ora. We have over 5,500 members

This submission reflects views that we have expressed in our advocacy and research work. We accept that the issues associated with persistent disadvantage are complex and that overcoming entrenched disparities requires significant change.

Te Tiriti o Waitangi

ASMS agrees that values should be developed for the public management system that are grounded in te ao Māori and Te Tiriti of Waitangi. The appalling health and education statistics, and high incarceration of Māori, are visible effects of the failure of the Crown to honour Te Tiriti. The impacts on Māori from ongoing colonisation and racism are central to persistent disadvantage and poor health outcomes.

We are hopeful that the health system reforms, established under the Pae Ora (Healthy Futures) Act 2022, provide a basis for a shift towards health equity for Māori, and for Māori decision-making and power-sharing to reflect the Crown's obligations under Te Tiriti. Unfortunately, there is a history of poor implementation and avoidance of legal requirements to respond.^{i ii}

Pathway to equity

ASMS supports the conclusion in the interim report that the way to break the cycle of persistent disadvantage is to remove system barriers that entrench it, maintain discrimination, and favour short-termism. We believe that equity can be achieved when the system that supports privilege is dismantled.

The health reforms hold out a promise of agencies working together on issues arising from deprivation. Notably, that the health sector should protect and promote people's health and

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wellbeing “by collaborating with agencies and organisations to address the wider determinants of health”.ⁱⁱⁱ However, we acknowledge that reforms in health alone are not sufficient to address the complexity and interconnection of factors that create inequities.

ASMS has joined with others in calling for a stronger commitment to addressing the determinants of ill health. This is an area where short-termism and status quo bias perpetuate disadvantage, and where power imbalances have shaped government policy. The consequences are high levels of alcohol and tobacco use amongst Māori and Pacific people, and wide inequities in preventable health loss by ethnicity and levels of disadvantage. Unhealthy diet and high Body Mass Index (BMI) (leading to overweight and obesity) are the biggest preventable health risk factors in this country. Jointly they account for 17.5% of premature death and disability.^{iv} Answers to these problems are known, but a lack of commitment has prevented meaningful action.

We have recommended the adoption of a Health in all Policies (HiAP) approach.¹ The aim of HiAP is to ensure health, wellbeing, sustainability, and equity issues are explicitly addressed in all policy, planning and decision-making processes to improve health outcomes and mitigate health disparities. It requires multisectoral action with a focus on achieving health equity, and consideration of the policy’s impact on people’s health regardless of the primary aim of the policy in question. Many of the factors that play a major role in health and wellbeing are beyond the control or influence of whānau and communities. These factors form a complex system of interconnected elements that is influenced by many sectors, such as local government and transport.

We submitted that the Pae Ora legislation should enable Te Whatu Ora and Te Aka Whai Ora to require public health (and health equity) impact assessments from the Public Health Agency on proposed policies and laws across different areas, such as housing and welfare, without needing Ministerial permission. However, the bill was not amended.

Despite an acceptance that “whole-of-government” policies and approaches are needed to improve outcomes in health, education, and welfare for specific groups of people, creating a cross-sector, joined-up system bringing these sectors together has not occurred. Attempts to coordinate, in areas such as housing and welfare, have never been sufficiently supported to succeed. Persistent disadvantage that stems from a combination of issues such as substandard housing and poor health cannot be addressed through fragmented public policy and services.

Public management system

There need to be stronger policies to address racism. Public health and social organisations should be required to demonstrate how they are supporting health professionals, for example, to achieve culturally safe practice and address racism. Adequate resources should be provided for all government services to achieve cultural safety at every level, including sufficient staffing to allow time for learning and self-reflection.

ASMS agrees that the assumptions and values on which the public management system is built, and the distribution of power within it need, to change. We are interested in the Commission’s idea of building the five values or “means” of He Ara Waiora into public accountability and how this could

¹ HiAP has its roots in the WHO declaration of Alma-Ata (1978) and the Ottawa Charter (1986) with their focus on healthy public policy and the social determinants of health.

help address power imbalances, siloed government and build trust. Māori perspectives on how the power imbalance between Treaty partners that has created mistrust must be understood when considering system level change.^v Without this, decolonisation as represented by Te Tiriti promises, and the guarantee of Māori sovereignty, remains a distant goal.

Nāku noa, nā



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ⁱ Came H, Cornes R, McCreanor T. Treaty of Waitangi in New Zealand public health strategies and plans 2006-2016. N Z Med J. 2018 Feb 2;131(1469):32-37. PMID: 29389926. <https://pubmed.ncbi.nlm.nih.gov/29389926/>

ⁱⁱ Came H, Kidd J, Heke D, McCreanor T. Te Tiriti o Waitangi compliance in regulated health practitioner competency documents in Aotearoa. N Z Med J. 2021 May 21;134(1535):35-43. PMID: 34012139. <https://pubmed.ncbi.nlm.nih.gov/34012139/>

ⁱⁱⁱ Pae Ora (Healthy Futures Act) 2022, s7(1)(e)(iv).

^{iv} ASMS. Creating Solutions Te Ara Whai Tika A roadmap to health equity 2040, 2021.

https://issuu.com/associationofsalariedmedicalspecialists/docs/asms-creating-solutions-fa-web_-_final

^v Office of the Auditor-General, Māori Perspectives on Public Accountability, 4 July 2022.

<https://oag.parliament.nz/2022/maori-perspectives/docs/maori-perspectives.pdf>