Briefing

Briefing to the incoming Minister of Health – Public health, population health and prevention

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To:	Hon Dr Shane Reti, Minister of Health		
Consulted:	Health New Zealand: ☒	Māori Health Authority: ☒	

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Minister's office to complete:

☐ Approved	☐ Decline	☐ Noted
☐ Needs change	☐ Seen	☐ Overtaken by events
☐ See Minister's Notes	☐ Withdrawn	

Comment:

Briefing to the incoming Minister of Health: Public health, population health and prevention

Security level:	IN CONFIDENCE	Date:	8 December 2023
To:	Hon Dr Shane Reti, Minister of Health		

Purpose of report

1. This briefing provides an overview of the key issues and opportunities to improve population health and wellbeing using prevention and public health approaches. This is shared advice from the Public Health Agency (part of the Ministry of Health | Manatū Hauora), The National Public Health Service (part of Health New Zealand | Te Whatu Ora), and the Māori Health Authority | Te Aka Whai Ora.

Summary

2. Preventable illness and injury remain the leading cause of health loss in New Zealand and continue to place significant pressure on our communities, our health systems, and the broader economy.

3. A system shift is needed. One that places far greater attention on prevention; keeping people well, forestalling the development of disease or injury, and protecting them from health threats.

4. This change will not only support the vision of pae ora (healthy futures) for all New Zealanders to live fulfilling and productive lives, but will also strengthen the sustainability of our health services in the face of increasing costs, including reducing the impact on our hospitals from avoidable admissions.

5. Key priorities that require greater public health action include:

    a. more deliberate and sustained action to address non-communicable diseases, such as heart disease, cancer, and diabetes

    b. attention on areas that require immediate improvement such as childhood immunisation and cancer screening rates, particularly for Māori and Pacific peoples

    c. continued momentum on priority programmes that have potential for significant health gain, such as Smokefree 2025

    d. ensuring we have a comprehensive public health protection system that is equipped to identify, mitigate, protect against, and respond to public health threats, such as communicable diseases, water contamination, air pollution and extreme weather events associated with climate change.

6. Effective prevention approaches have multiple components, work across the prevention continuum, and use a range of levers from regulation to health promotion. Generally, interventions that focus "upstream" in the causal pathway on populations and the broader determinants of health have a larger impact, greater potential for equity, and tend to be more cost-effective (or even cost-saving) than interventions focused "downstream" on individuals at high risk of poor outcomes.

7. The unified health system enables us to take a more comprehensive approach to public health and prevention at national and local levels, and with a greater alignment of direction. Getting the right scale and mix of interventions is important. Our efforts on tobacco control have shown that with sustained commitment and multi-component action New Zealand can be a world leader in public health action.

8. We note the public health priorities signalled in the National Party manifesto and coalition agreements with ACT New Zealand and New Zealand First. These include greater attention to improve childhood immunisation rates, expanding breast cancer screening eligibility, repealing recent amendments to the Smokefree Environments and Regulated Products Act 1990 and associated regulations, and addressing youth vaping.. We stand ready to provide you with further advice on how the Government's priorities can be achieved.

Recommendations

We recommend you:

a) **Note** the challenges facing the health of New Zealanders, the sustainability of   **Noted** the health system, and the impact on the broader economy.

b) **Note** the case for a far greater focus on prevention, public and population   **Noted** health to address the drivers of poor health outcomes and inequities.

c) **Note** that advice will be provided to you in the coming days and weeks on   **Noted** the Government's public health priorities including childhood immunisation, breast cancer screening, amending the Smokefree Environments and Regulated Products Act 1990 and addressing youth vaping.

d) **Indicate** whether you would like an opportunity to discuss issues raised in (**Yes**/**No** this briefing with senior officials.

Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora
Date: 8 December 2023

Hon Dr Shane Reti

Minister of Health
Date: 12/12/2023

Briefing to the incoming Minister of Health: Public health, population health and prevention

Prevention is better than cure – the case for greater investment in prevention

The system is under pressure

9. Demographic changes, with an ageing population, a rising proportion of the population living with long-term health conditions, and persistent, yet avoidable, health inequities, are placing increasing demands on our primary, specialist and hospital health services. These are likely to result in escalating costs year on year.

10. Non-communicable diseases are the leading cause of health loss (early death, illness or disability) and health inequity in New Zealand. Many conditions share modifiable risk factors, such as tobacco and alcohol use, poor nutrition, high body mass index (BMI) and physical inactivity. The prevalence of these conditions is high and rising, particularly for Māori and Pacific populations who experience the onset of disease at a younger age, and face a higher risk of complications and early death.

11. System pressures are not just from the slow burning epidemics of heart and respiratory disease, poor mental health, stroke, cancer and diabetes. As COVID-19 has shown, health threats with the potential for catastrophic impacts (whether due to infectious pathogens, antimicrobial resistance, environmental pollution, climate change, geopolitical instability, or geological events) will require us to be ever vigilant and prepared to prevent, mitigate, protect, and respond.

12. Communicable diseases, whether these arise from contaminated water (eg, campylobacteriosis), are related to poverty (eg, rheumatic fever), or are the result of inadequate vaccination coverage (eg, measles), are all largely preventable. Outbreaks can swiftly overwhelm primary and hospital services, and result in death or long-term disability.

Costs to the health system, society and the economy are significant and likely to escalate

13. Both communicable and non-communicable conditions have significant social and economic impacts for individuals, their whānau, the health system, the economy and society in general. These impacts can be quantified as both direct (health system costs) and indirect (loss of earnings, loss of productivity, premature death) costs.

14. The majority (59%) of health expenditure in New Zealand is attributable to non-communicable diseases, and these costs are expected to increase.

    a. Obesity has an estimated $2 billion of direct health system costs annually (8% of health expenditure), and an estimated total societal cost of $9-12 billion.

b. The total cost of type 2 diabetes in New Zealand is estimated to be $2.1 billion or 0.67% of GDP. This cost is projected to increase 63% to $3.5 billion by 2040. The bulk of these costs are within the public health system, but economic costs to individuals and their families are also substantial.

c. The annual cohort of strokes based on 2020 figures are expected to result in over $1.3 billion in social and economic costs over the next 5 years.

d. Substandard housing conditions (cold, damp, mouldy, overcrowded, or unsafe) are estimated to cost the public health system around $141 million annually. This includes almost 37,000 hospital nights attributable to damp and mouldy homes, approximately 2,000 to cold homes; and 800 nights due to household crowding per year.

15. Health inequities have a high cost to individuals, families, society, and the economy. Conservative estimates have calculated that Māori health inequities cost New Zealand at least $1.03 billion per year.

The economic costs are significant, yet nearly a third of chronic disease is preventable

16. Public health approaches have proven to be highly effective in preventing disease, improving the quality of life, and supporting ongoing financial sustainability.

17. For example, if all modifiable cancer risk factors were addressed, about 40% of cancer-related health loss could be prevented. This would mean that together the people of New Zealand would have over 90,000 more years of life in full health (worth approximately $3.8 billion using the Treasury valuation) every year, and of the approximately 10,600 New Zealanders estimated to die each year from cancer, almost 4,400 fewer people would die. This is much more than the health gain achieved through cancer treatment.

18. Alcohol alone is responsible for 6.6% of all cancer deaths in New Zealand (over 640 deaths). In 2020, alcohol was the cause of an estimated 950 new cancer cases, of which 39% were bowel cancer and 28% were breast cancer.

Investing upstream is effective, cost-effective and more equitable

19. A strong body of evidence shows that prevention is cost effective in both the short and long term. A systematic review of a range of public health interventions in high income countries (including New Zealand) estimated the mean return investment (ROI) was 14.3 to 1. Some interventions produced rapid returns (eg, falls prevention) while larger returns for other initiatives were seen over a longer timeframe (eg, immunisation). Health protection and regulatory interventions at a national level (eg, sugar sweetened beverage excise tax) were likely to provide the highest return.

20. Prevention approaches lie on a continuum. Actions can address the more immediate drivers of poor health (such as acting on food insecurity through school lunch programmes) or can focus on changing the wider, upstream influences (such as regulating the supply of harmful products, like tobacco, alcohol, firearms and gambling products or reducing the impacts of poverty (eg, robust child dental or mental health programmes) or by reducing poverty itself. Interventions that focus on childhood (eg, immunisation, dental health, nutrition, family violence prevention) are another way to

invest "upstream" in the life course and deliver benefits for the individual and society in the long-term.

21. The public health impact pyramid (below) provides a useful framework to prioritise action to improve health outcomes.

Figure 1: The Public Health Impact Pyramid
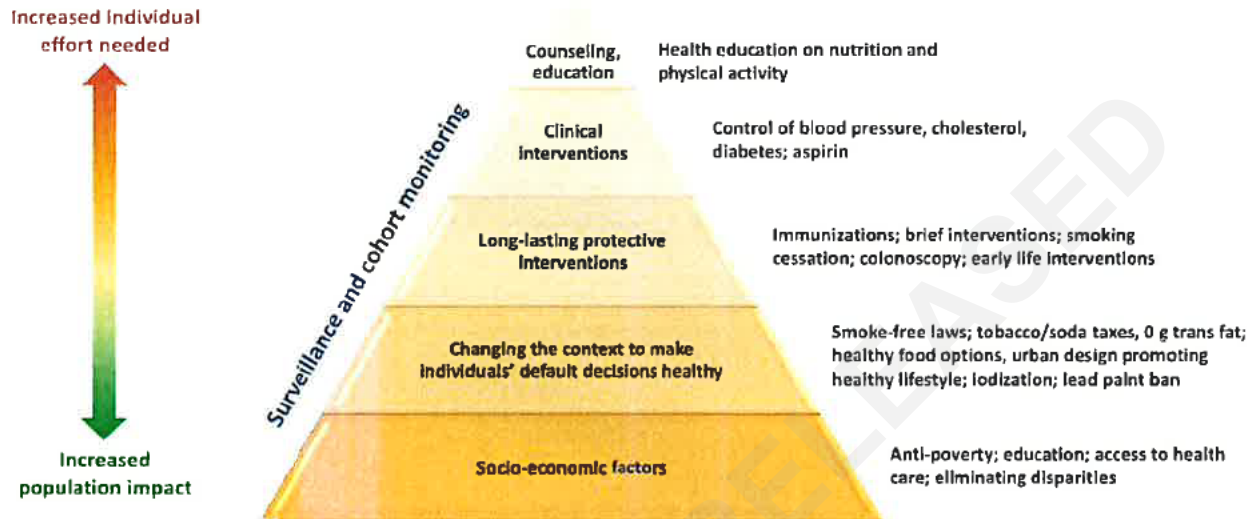
Source: Frieden T. American Journal of Public Health. 2010;100(4):590-595

22. Evidence shows that interventions that are focused on populations or population groups and address the broader influences on behaviour are generally more effective, cost-effective, and equitable than those focused on 'high-risk' individuals at the top of the pyramid. A combined approach, with activity targeted at each level, will achieve the maximum public health benefit.

The health reforms enable a stronger and more coordinated focus on prevention

23. The health reforms have enabled a strengthened public health and prevention ecosystem. Under the Pae Ora (Healthy Futures) Act 2022, the health sector principles include the requirement that the health sector should protect and promote people's health and wellbeing, by:

   a. adopting population health approaches that prevent, reduce, or delay the onset of health needs

   b. undertaking promotional and preventative measures to protect and improve Māori health and wellbeing

   c. working to improve mental and physical health, and diagnose and treat mental and physical health problems equitably

   d. collaborating with agencies and organisations to address the wider determinants of health

   e. undertaking promotional and preventative measures to address the wider determinants of health, including climate change and housing, that adversely affect people's health.

24. The reformed health system supports a more comprehensive and integrated focus to tackle the determinants of health and address the drivers of population inequities. This involves being more systematic about using a range of levers, such as policy, regulation, partnerships with other sectors, joint planning with iwi, and engagement with communities, through to preventive interventions delivered by community and primary care providers.

25. Key public health organisational features of the reformed system include:

   a. the establishment of the Public Health Agency as a separate directorate within the Ministry of Health | Manatū Hauora, providing public health leadership across the health system and beyond

   b. the bringing together of all the operational public health functions across New Zealand into a single business unit - the National Public Health Service (NPHS) of Health New Zealand | Te Whatu Ora, with layers of action across several settings and contexts at local, regional and national levels. This includes commissioning services (both from within NPHS, and through other directorates within Health New Zealand) that focus on community and public health

   c. a dedicated focus on improving Māori health outcomes and responsiveness to the Crown's obligations to Māori under Te Tiriti o Waitangi, including through the work of the Māori Health Authority | Te Aka Whai Ora at national, regional and local levels, through Iwi Māori Partnership Boards, and the commissioning of hauora Māori providers to deliver services that focus on population health

   d. the establishment of the Public Health Advisory Committee to provide independent expert advice on public health issues.

26. These changes provide clearer accountabilities, greater alignment of strategic priorities, better coordination of cross sectoral action at national and local levels, and more joined up ways to anticipate, mitigate, and respond to health risks.

27. A number of mechanisms have been established to ensure the distinct components of public health function effectively as a system. These include a Shared Public Health Leadership Group and the role of the Director of Public Health who provides clinical leadership in both the Public Health Agency and the National Public Health Service.

28. In addition, the Director of Public Health has a statutory role under the Health Act 1956 to independently advise and/or report to the Minister of Health on any matter relating to public health.

The full suite of public health functions will deliver improved population health outcomes

29. The full suite of essential public health functions are delivered across the reformed health system. These involve the 3 core services of prevention, promotion, and protection, along with the 4 system enablers of governance, workforce, information, and advocacy (see Appendix 1).

30. It is important that these are all delivered effectively to achieve the greatest impact on health outcomes. The New Zealand experience with tobacco control shows that using a full suite of levers across the core functions, and enduring political leadership over successive governments can result in positive change.

Complex challenges require action at multiple points and levels

31. The 7 leading risk factors contributing to health loss in New Zealand are tobacco use, alcohol use, poor nutrition, high BMI, high systolic blood pressure, high fasting blood glucose, and air pollution. Tobacco, alcohol, and poor nutrition alone make up nearly one-third of the healthy life-years lost annually.

32. These risk factors are all modifiable through government policy, and sustained cross government action. Addressing these risk factors, and their upstream determinants, will be key to ensuring a sustainable health system into the future.

33. A systems approach recognises that health outcomes are shaped by a complex interplay of social, cultural, economic, digital, commercial, and environmental factors, and that there are many players involved in shaping these. Factors such as income, education, and employment often compound one another. These also pattern exposures to other risk factors such as tobacco use, poor nutrition, family violence/sexual violence (largely experienced by women), overcrowded and poor-quality housing (the majority of homeless are women), and drug and alcohol use. Appendix 2 sets out the wider set of health determinants.

34. The quality, type, variety and amount of food and drinks consumed is strongly influenced by availability, cost, and marketing. High deprivation neighbourhoods are often targeted, with greater density of alcohol and fast food outlets, as well as nutritionally poor value products (including, but not limited to salt, fat, and sugar). There are a range of evidence-based regulatory approaches available to tackle these issues.

35. Māori, Pacific peoples, disabled people, and people living in the most deprived neighbourhoods are disproportionately impacted by unhealthy environments and face additional socio-economic barriers to maintaining a healthy diet and staying physically active. Girls and women in New Zealand are also less physically active than males. Older women disproportionately experience Alzheimer's disease some of which can be prevented by living more active lives.

Focusing efforts on key stages of life that shape future health and wellbeing

36. A life course approach recognises that there are sensitive periods or critical time windows that can profoundly alter development and shape lifelong health and intergenerational wellbeing. Many challenges experienced by adults have their roots in the early years of life, such as obesity, cancer, stroke, heart disease, and mental health problems.

37. The first few years of a child's life are critical. This is a key time to support parents and whānau to promote broader whānau wellbeing. Investing in the wellbeing of tamariki holds great potential to reduce long-term economic costs and be a circuit breaker for cycles of intergenerational disadvantage.

38. There are also opportunities to better align investment in a life course approach. The new Kahu Taurima-Maternity and Early Years transformation programme being led by Te Whatu Ora and Te Aka Whai Ora builds on life course evidence. It will redesign and integrate the model of care for maternity and early years services for a child's first 2,000 days from conception to 5 years old, with a focus on whānau so that every child has the strongest start to life.

39. Another programme recognising formative developmental periods, and the intergenerational impact of traumatic experiences on wellbeing, is the National Strategy to Eliminate Family and Sexual Violence - Te Aorerekura. This work recognises the significant impact across the life course that exposure to or experience of violence can cause. It is also a key example of the importance of collaborative efforts across communities, specific sectors, and government agencies.

Effective partnerships across a range of sectors are critical

40. The health system has a critical role in working collaboratively with other sectors to influence strategies, policies and services, and support them to consider the positive and negative impacts of their actions with the aim of improving health outcomes.

41. Key examples at a national level include Housing and Urban Development (eg, healthy housing, urban design); Ministry for the Environment (climate change, environmental sustainability, community resilience and air quality); Taumata Arowai (safe drinking water); NZ Transport Agency | Waka Kotahi and Sport New Zealand (active transport and physical activity); Ministry for Primary Industries (food standards and safety, food policy, biosecurity, animal health and the prevention of zoonotic diseases); Ministry of Social Development (food security); Ministry of Education (wellbeing in schools, Ka Ora Ka Ako – healthy school lunches); and Ministry of Justice (prevention of family and sexual violence, and alcohol harm).

42. At a local level this involves working closely with local government, iwi, and communities around issues such as community safety, water fluoridation, local food systems, transport and urban design, and alcohol policy. Healthy Families New Zealand, launched in 2015, is a key example of this approach.

Having strong systems to respond to threats

43. While non-communicable diseases are the most significant health burden in New Zealand, the COVID-19 pandemic has highlighted New Zealand's vulnerability to global health threats with far reaching consequences. We need to build on the lessons from the pandemic to support system resilience and ensure we are as prepared as possible to protect, mitigate, and respond to future communicable disease health threats.

44. New Zealand is an active participant in 2 parallel World Health Organization (WHO) negotiations to improve the global pandemic prevention, preparedness and response (PPR). These include the Working Group on International Health Regulations (co-chaired by Sir Ashley Bloomfield) which is tasked with agreeing amendments to the International Health Regulations, and the WHO Intergovernmental Negotiating Body, which is negotiating a 'pandemic treaty' on PPR.

45. The origins of COVID-19 have also thrown a spotlight on the interconnectedness of human, animal, and environmental health. A One Health approach seeks to deliver an integrated approach to understanding, preventing, and controlling infectious disease, requiring us to work closely across sectors. Work to address antimicrobial resistance is a key example of this, with a coordinated programme of cross sectoral action required to maintain the efficacy of antimicrobials into the future.

46. A One Health approach is also embedded in the work that focuses on health at the border. Our borders are important as they are both New Zealand's gateway to the world,

and equally our protection from potential risks and threats. This work takes a risk-based approach to mitigating and managing those threats while facilitating movement and trade.

47. Climate change is a threat not only to the environment, but to human health and community wellbeing. Public health action has a role in both mitigation and adaptation. The effects of climate change are increasingly being realised in New Zealand with more frequent, severe weather events.

48. Climate change will continue to disrupt safe water supplies, food systems and supply chains, may lead to the establishment of new vector-borne diseases (such as dengue fever), cause significant morbidity and mortality through heat events, and result in significant community, economic and geopolitical instability. This is especially true in rural New Zealand. One in five New Zealanders live in rural communities and these communities suffer disproportionately from the impact of flooding and natural disasters which exacerbate poverty and inequities. Women also experience greater risks of family violence and sexual violence during such emergency events.

Ensuring the basics are done well

49. It's not just novel pathogens that present threats. While we have managed to contain recent measles and pertussis cases through rapid contact tracing and case management, until we improve our immunisation rates there remains a high risk of further vaccine preventable outbreaks.

50. The recent cryptosporidium outbreak in Queenstown shows that we can't be complacent about getting the basics right, like safe reliable drinking water. That outbreak is a reminder of the relationship between environmental and human health, and the role that agencies outside of the health sector play in delivering core public health functions (such as Taumata Arowai and local government). It also highlights the need to future proof the infrastructure for our water services system to meet the challenges of population growth, climate change, and natural disasters.

Fit for purpose data, monitoring and surveillance systems

51. Having a fit for purpose public health knowledge and surveillance system is a fundamental element for the rapid detection of emerging pathogens as well to monitor mortality and morbidity trends more broadly. Good data are essential for good decision making. The health reforms are supporting us to strengthen the public health knowledge and surveillance system.

52. Good data also means having a regular pipeline of survey data to track trends over time and across population groups to drive evidence-based decision making on issues (eg, tobacco and alcohol use, food and nutrition, obesity, mental health, unmet healthcare need, barriers to access primary care, public attitudes etc). Good data are also key to understanding the impact of policy interventions. Crucially our last Children's Nutrition Survey was over 20 years ago (and for adults, 15 years ago), during which time the foods consumed have changed significantly.

With bold action significant gains can be made

53. As a result of decades of tobacco control action, we are now seeing impressive downward trends in smoking rates. The Smokefree Aotearoa goal of having less than 5% smoking prevalence is in sight but there is still much more to do to reach this target. Smoking prevalence remains highest among Māori with 19.9% smoking daily and 18.2 % of Pacific peoples. Amendments in 2022 to the Smokefree Environments and Regulated Products Act were aimed at accelerating the push towards the Smokefree 2025 goal by addressing availability, appeal and addictiveness of tobacco.

54. We understand that the Government's Coalition Agreement 100 day plan commits to repeal the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022 in order to remove the requirements for denicotinisation, the reduction in the number of retail outlets. and the generation ban. On 6 December 2023 we provided you and Associate Minister Costello with advice on these matters to inform the preparation of a Cabinet paper (H2023033250).

55. Vaping products were regulated at the end of 2020 so that adults wishing to switch to a less harmful product than cigarettes could do so, while minimising their harm to youth. A balance needs to be set to ensure vaping products are available as a smoking cessation tool, while limiting the risk of nicotine addiction for those who never smoked, especially young people.

56. New regulations to further limit youth vaping have recently come into force. However, high rates of youth vaping show that the regulatory settings will likely need further adjustments to get the balance right. We note that addressing youth vaping is a priority in the Government's Coalition Agreement and we will provide you and Associate Minister Costello with advice in the New Year with options on how best to achieve this.

Priorities going forward

Immediate priorities for a strengthened public health system

57. A unified health system with strong partnerships will support us to better co-ordinate and scale up effective public health approaches. The following priorities require both immediate attention and long-term commitment for durable change.

    a. **Focus attention on critical areas that need immediate action:** improve childhood immunisation, and screening rates, particularly for Māori and Pacific peoples, as well as reduce avoidable admissions to hospital through improving access to primary care and addressing the upstream drivers of poor health

    b. **Maintain momentum on priority programmes:** continue concerted efforts in areas that have significant potential to improve population health and reduce inequities, such as Smokefree 2025, community water fluoridation, HPV vaccination and screening, and HIV, rheumatic fever, and hepatitis C elimination.

    c. **Make a deliberate system shift towards prevention:** invest in preventive action and partnerships; take a life course approach with a focus on the early years; strengthen public health capacity and capability; build the evidence base for cost-effective action; and scale up the implementation of approaches that have proven to be effective.

d. **Address the wider determinants of health:** the shift towards prevention requires systematic action on the broader factors that shape health. For example, the 3 commercial determinants (risk factors) of alcohol, tobacco and unhealthy food account for approximately a third of health loss. New Zealand is falling behind international best practice in taking strong policy action around food and alcohol environments. If we are to bend the curve over the next 3-10 years more attention is needed in this space. A greater focus on the wider determinants of health also facilitates a more holistic, whānau-centred approach - ensuring the whole context of patients' lives informs service provision. This was identified throughout engagement on the Women's Health Strategy, and other pae ora strategies, as important in improving the quality of health services to communities.

e. **Sustain and enhance health protection preparedness and response:** increase system preparedness to identify, mitigate, protect against, and respond to health threats. This includes maintaining sufficient outbreak and emergency planning capacity and capability, as well as refreshed plans for pandemics and national quarantine capability.

f. **Make the health case for greater environmental protection:** air pollution, water contamination, and climate change pose major threats to our wellbeing, security, economy, and the viability of our health system. The health benefits and avoided costs that come with action on these issues are major, and can improve the way we think about environmental, resource management and transport policy across government agencies.

g. **Strengthen population health information and surveillance systems:** ensure we have a robust pipeline of research and data to understand the health of the New Zealand population (including potential threats and factors that shape our wellbeing), to enable us to monitor trends, the impact of our efforts, and to inform decision making.

h. **An unrelenting focus on equity:** continuing to systematically address inequities in health outcomes using data, community voice, and comprehensive and cross sectoral action to understand and address the drivers of inequities.

i. **Honour the Crown's Te Tiriti o Waitangi commitments to Māori:** using public health approaches to deliver more equitable health outcomes for Māori; addressing discrimination in all its forms; protecting mātauranga Māori and enabling iwi, hapū, whānau and Māori communities to exercise their authority to improve their health and wellbeing.

Equity

58. A public health approach recognises that health outcomes are shaped by a range of powerful forces, which are complex, interactive, and cumulative as well as modifiable. Addressing the broader determinants of health and wellbeing will improve not only equitable health outcomes but also improve equity across a range of other social outcomes. There is evidence that these improved outcomes occur not only for population groups experiencing inequities, but also for the population as a whole.

59. All the immediate public health priorities identified in this briefing (paragraph 57), and the system shift more broadly, have an explicit focus on reducing inequities.

60. Having a more concerted focus on prevention and the drivers of inequities requires public health action across sectors at national, regional, and local levels. A whole-of-government lens also provides you, as Minister of Health, with the opportunity to ensure that equity and health concerns are considered alongside economic, social, and environmental matters in key policy decisions.

Next steps

61. This briefing provides a high-level overview of the key issues regarding population health and prevention. More detailed advice can be provided at your request. For example, you have indicated a willingness to look at whether cervical screening should be free for all women.

62. Advice on the Government's priorities, as signalled in the National Party 2023 election manifesto and the coalition agreements with ACT New Zealand and New Zealand First, will be provided to you in the coming days and weeks. These will include proposed actions to repeal the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022, address youth vaping, expand breast cancer screening eligibility, and improve childhood immunisation rates.

63. We would welcome the opportunity to discuss your priorities and any issues raised in this briefing.

ENDS.

Appendix 1: Core public health functions for an effective health system[1]

SERVICES	
Prevention	Primary prevention programmes targeting whole populations or groups of well people at risk of illness or poor health outcomes, such as immunisation, maternal and well-child services, primary prevention of family and sexual violence. Secondary prevention programmes delivered to specific populations such as screening and early detection of disease or other risks factors, eg, cancer screening.
Protection	Protecting communities against public health hazards, such as communicable disease control including contact tracing and case management; border health; emergency preparedness and response; identifying and managing environmental health risks such as biosecurity, food, air and water quality, hazardous substances; international health regulation and co-ordination; health impact assessment; climate change and sustainability.
Promotion	Enabling people to increase control over their health by creating physical, social and cultural environments supportive of health; supporting people to make healthy life choices, eg, through changing social norms and health literacy; and addressing the broader social, economic, cultural and commercial determinants.

ENABLERS	
Governance	Legislation and regulation; system stewardship; health and cross-sector strategy; policy; funding; commissioning; assurance; accountability; and monitoring.
Workforce	Enhancing our system's capability and capacity to improve population health: workforce development for public health, health workers and the wider workforce; building a workforce that better reflects the communities they service; Māori and Pacific leadership visible throughout the system; building and maintaining cultural safety; workforce infrastructure – including standards, curriculum, accreditation, capabilities, teaching and training.
Information	Data, surveillance, and information to identify and understand health risks, health status, trends in disease burden and distribution; monitoring and evaluation; research and evidence; dissemination and promoting uptake of effective approaches.
Advocacy	Leadership; consensus building; community engagement; and communications.

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[1] Adapted from: Crampton P, Matheson D, Cotter M. *Assessing the Design and Capability of Our Public Health System in a Covid and Post-Covid New Zealand*. Policy Quarterly: Vol 16, (3) August 2020

Appendix 2: The wider factors that shape health and wellbeing

The wider determinants of health are a diverse range of social, economic, and environmental factors that influence people's mental and physical health. Although the determinants of health and wellbeing are connected and overlap, they generally fall into the following groups:

a. **social** —racism, and discrimination; gender; housing; education; health literacy; employment; safety and justice; social connections and inclusion; interpersonal violence

b. **economic** — income security; pay equity; poverty; food insecurity; tax and trade policy; minimum wage; government support (income, student allowances, rent subsidies)

c. **commercial** — political advocacy; sales and marketing; potentially harmful products (for example, alcohol, tobacco, drugs, unhealthy food, gambling products)

d. **cultural** — beliefs, behaviours and practices; identity; colonisation; language; connections to whenua, whānau, whakapapa and mātauranga Māori

e. **environmental** — built environment and infrastructure; facilities; transport; population density; safe drinking water; exposure to infectious diseases; exposure to pollution, natural disasters and climate change

f. **occupational** — work conditions, activities, environment; workplace exposure to harmful products

g. **digital** — direct and indirect ways in which digital technology influences equity in health and wellbeing, including through access to technology such as social media (health and wellbeing information, mis- and dis-information, telehealth), and digital literacy.

Source: Ministry of Health. 2023. Health and Independence Report 2022. Wellington: Ministry of Health

Minister's Notes