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To: **Strategic and Action Plan for Public Health**

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re Report: **Strategic and Action Plan for Public Health**

Thank you for giving Child Poverty Action Group the opportunity to respond to this document, and for extending the time limit by 24 hours. To show gratitude, our submission is short.

'The Strategic and Action Plan for Public Health will put action around the goals of the New Zealand Health Strategy and also inform performance and funding agreements... It will sit alongside a range of other strategies, including the New Zealand Primary Health Care Strategy and He Korowai Oranga, the Māori Health Strategy, and will:

- establish the strategic framework for planning, funding and providing public health services for the next five to ten years
- describe how health services outside the public health sector can use public health methods to achieve health gain
- define the roles of each component of the New Zealand public health sector
- define the interface between the public health sector and services and other health services, particularly those involved in primary health care
- identify any gaps in the public health sector's current capacity
- set out a programme of action to close these gaps.

Issue-specific and population-specific strategies will need to be consistent with the Plan in relation to their public health components, and the Plan will also guide service providers in their interpretation of toolkits on public health issues.' (*Preparing the New Zealand Strategic and Action Plan for Public Health: Discussion Document for Consultation, September 2001, Ministry of Health*)

CPAG congratulates the Ministry on developing a vision, and the work done towards having a strategy and action plan for public health, expressed in the document: *Preparing the New Zealand Strategic and Action Plan for Public Health: Discussion Document for Consultation, September 2001*. We are very pleased that the *Discussion Document* strongly emphasises determinants of health and addressing inequality. CPAG thanks the Ministry of Health for initiating the *Discussion* but notes that the process does not appear to have involved a wide or representative range of the people and groups who are the recipients of public health services.

CPAG is concerned about the following issues and weaknesses in the *Plan*:

1) **Children are invisible.** The health and well-being of children must be the most important priority for achieving the health and well-being of society. Children's experiences during childhood determine to a great extent their capability and options in the future, yet they are the poorest, most invisible and most powerless group in our society. They are also a significant proportion of our population. In 1998, 3 out of 11 New Zealanders, or more than 27% of the population were under 18 years: over one million children and young persons. Available data indicates that almost one half of all children are in the two lowest family income quintiles, so it is not surprising that the health of our children is deteriorating.

Numerous Ministry of Health reports and documents note the severity of avoidable mortality and morbidity among children, problems that are amenable to public health interventions and action on the determinants of health. Examples are the apallingly high rates of a range of major public health problems among children and young people, including vaccine-preventable and other communicable diseases, injuries, sudden infant death syndrome, iron deficiency anaemia, injuries, abuse, and suicide.

As a first step toward public and social health, we need to ensure official strategies, plans, reports, policies, and legislation make children visible, and include children in an appropriate way. This is essential given their large numbers, their voicelessness and vulnerability, and their absolute influence on the future. We are disappointed that again children are invisible.

2) There is little recognition of public health issues for ethnic minority populations, especially Pacific Island and Asian peoples, and refugees - all of which are populations with high proportions of children. In 1996, almost 40% of Maori and Pacific populations were under 15 years.

3) Lack of detail in the *Discussion Document* diminishes its meaning and usefulness.

CPAG urges and recommends that what children need is a statement as to what they and their families can expect from Public Health, for example:

- easy, safe, free and accessible immunisation and well child care
- access to healthy food, and to safe, nurturing environments for growing, learning and playing
- Action on realisation of their rights as stated in the United Nations Convention on the Rights of the Child. the action plan would itemise all children's rights as agreed in UNCROC.

In summary: If the *Strategic and Action Plan* document is about public health, it is paradoxical that children are invisible. New Zealand is bound by the United Nations Convention on the Rights of the Child to act in the best interests of the child, but this is not possible unless appropriate structures and systems are in place to ensure children are included and visible in 'public plan' discussions and decisions.

Again, CPAG thanks you the opportunity to respond, and we look forward to seeing any report on submissions or proposed changes to the *Strategic and Action Plan for Public Health*.

Yours sincerely

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