Health equity – in search of Narnia

In the spirit of Puanga, I think firstly of those who have passed on, blazing a pathway for us to follow – and I think particularly of Denis McLeod and Lucy Kapa – who both gave so generously of themselves in their commitment to health promotion and public health.

No reira, te hunga mate ki te hunga mate, te hunga ora ki te hunga ora, tēnā koutou.

What will our horizons hold for us in 2012? What pathway will we follow?

I have called this address, *Health equity – in search of Narnia*. What is the new world that we can create – how do we shape a future rich for our mokopuna to inherit?

Firstly, I mihi to those thought leaders and visionaries who have helped to shape the programme for this forum:

- **Associate Professor Michael Baker** – who has stretched our thinking in his work on interventions to prevent infectious disease;

- **Professor Rhema Vaithianathan; Dr Clair Mills and Dr Paparangi Reid** who have brought their combined wisdom to bear in estimating the economic cost of health inequalities between Māori and non-Māori children;

- And I want to take this opportunity too, to acknowledge the vast contribution of **Dr Alison Blaiklock** as your former Executive Director; and to welcome **Mr Sione Tū’itahi** for his appointment as the new Director.

As I thought about the theme of this forum, my mind kept returning to a story we’ve probably all heard once upon a time.

And so I start at Chapter One,

“This must be a simply enormous wardrobe!” thought Lucy, going still further in and pushing the soft folds of the coats aside to make room for her.
Then she noticed that there was something crunching under her feet. ... But instead of feeling the hard, smooth wood of the floor of the wardrobe, she felt something soft and powdery and extremely cold."

The story is one of transformation, from the hustle and bustle of every-day to the brave new world of Narnia.

The transformation represented in The Lion, the Witch and the Wardrobe is the perfect metaphor of the challenge we have before us, in seeking equity in a changing world.

From fiction to fact; at times I know that we feel submerged in an enormous wardrobe in which epidemics and economics compete for air.

We long to squeeze through the crushing space and find a new way to enable all our people the best chance to achieve positive outcomes, to taste the crisp fresh air before them.

This conference starts from a premise that the severity of the economic situation at home and globally is having a direct impact on the health and wellbeing of our population.

Communicable and non-communicable disease are squashed onto a health agenda which is already feeling the weight of persistent deprivation upon some sectors of our population.

Even with the best interests at heart the job seems enormous.

In 2011/12 for instance, each DHB prepared an annual Māori health plan to report against a set of fifteen indicators in nine health issue areas. We’re talking about smoking, cancer, diabetes, cardiovascular disease, workforce, immunisation, data quality, access to care and maternal health.

In any one of those areas the challenge is immense.

But when we overlay any of these issues with the lens of deprivation, the context for change becomes even more complicated. Health equity demands that we must take into account the broader determinants of health and wellbeing such as income levels, housing conditions and access to health services. Let’s look at just three aspects of this.

As Professor Baker will tell us, the risk of hospital admission for infectious disease is highest in the most economically deprived populations, in Māori and Pasifika peoples and in those under five and over seventy years of age.

Rheumatic fever – often called the neglected disease – is not just about a course of treatment – it also requires partnerships between health and housing agencies, to increase the quality and availability of appropriate housing.
And what we also know is that socio-economic deprivation increases the risk of death from respiratory disease more for Māori than non-Māori.

This is accounted for in two ways. Firstly, Māori are significantly over-represented with over 56% of Māori in the three most deprived socio-economic deciles. But there is also ample evidence to suggest that access to preventative health care and differential asthma treatment by ethnicity are factors contributing to asthma inequalities for Māori.

The impacts of health inequalities are compounded by the pervasive effects of socio-economic deprivation and differential treatment by ethnicity or what might also be described as institutional racism.

While reducing inequalities is costly, the cost of doing nothing is profound. We have a moral and an ethical duty to take whatever action we can to improve life outcomes for all; to push through the crowded wardrobe – no matter how overwhelming the task may seem.

That is when a forum such as this becomes so life-changing. Because it provides us with a few days in time, to walk right through that wardrobe of misery and contemplate what could be. I take us back to Narnia:

“Well, sir, if things are real, they’re there all the time.”

“Are they?” said the Professor; and Peter did not quite know what to say.

How real is it that widening social inequalities characterise the health system that we know? Since when did inequalities become the norm?

Are we simply to accept that ethnic and socio-economic disparities form the fabric of our society? Are the conditions of poverty simply to be tolerated, hospital admissions to rise unabated? I say not.

All of you are here because you believe that fundamentally, we have a right to expect a dramatic and sustainable improvement in health outcomes.

But we won’t get there by simply doing what we have always done. We must ask the hard questions; we must ask why. And just as importantly we must come up with new strategies, alternative solutions to at least try to make the difference we need.

Importantly, we know that we can expect to be successful because our experience is showing us that we have a right to demand more of our health services; more of ourselves.

Look at the area of tobacco reform. Cessation and support services were making a difference – but not the significant shift we needed to prevent fetal and infant death; to reduce respiratory related ill-health; to establish a downward trend in cancer rates.
We initiated, therefore, a comprehensive campaign – including ongoing excise increases; tobacco displays will be banned from 23 July of this year; consultation will shortly begin on plain packaging. There are conversations about how we stop adults smoking in cars where children are passengers; we’re talking about better alignment in duty-free; or how to build support for public health campaigns to inspire all our young people to know that smoking is not our future.

And we have a goal in sight – Smokefree Aotearoa by 2025.

Tobacco reform has shown us that we can all be champions of the cause – that we can invest in hope by working together, taking an integrated approach to delivering meaningful care that meets the needs of our populations. And the results are already encouraging.

The good news is that anyone can lead a revolution – even if that revolution is based in our own homes. All it requires is that hunger to make a difference; to crave answers, to consider options rather than simply ‘putting up’ with our lot.

In the Narnia sequel, Prince Caspian is asked:

“Do you feel yourself sufficient to take up the Kingship of Narnia?”

“I - I don't think I do, Sir,” said Caspian. “I'm only a kid.”

“Good,” said Aslan. “If you had felt yourself sufficient, it would have been proof that you were not…”

All of us here today could name local heroes and public health advocates, who have felt the fire burning within to make the difference – to make life better for the people whom they serve. They started not by necessarily having all the answers – but more to the fact – they were driven by the questions that remained unresolved.

This is where our transformation lies – when we know there has to be a better way; that our solutions are workable; we can be the change.

Whānau Ora is driven by the belief that increasing whānau capacity to achieve as a whānau; helping whānau to operate out of the strength of whānau connectedness; to source their solutions in their own whakapapa, customs and resources – is a platform for success.

In essence, Whānau Ora is about promoting our rights and our responsibilities to promote and protect the health and wellbeing of our whānau. It is about empowering all of our whānau to take up the challenge – to fight the fear, and to know they can take up the mantle of a better future for their own.

From Government’s point of view we must live up to the leadership of whānau – to improve our contracting practices, integrate provider contracts and enable our providers and provider collectives to improve outcomes for whānau.
And we must learn from our experiences - that is why the action research component of Whānau Ora is so important.

I want to see Whānau Ora approaches applied in all of our policy and practice.

Take for instance rheumatic fever. Of course a key priority is to swab and treat – to swab tamariki who are complaining of a sore throat and to provide a course of antibiotics for anyone who tests positive for strep A.

But we can also use the opportunity in working with whānau to bring about interventions to reduce overcrowding and improve household temperatures; to broaden the scope of the programme to incorporate skin infection work; to listen to whānau and go the extra mile.

We could apply the Whānau Ora approach in every area of need. Say oral health - while DHBs must work to improve access and outcomes; we can also promote community-wide prevention measures such as healthy eating strategies; reducing soft-drink and sugar consumption; or information and support to enable better engagement with parents and children – facilitating their own self-care and health-enhancing habits.

One of the most inspiring stories I have known is the story of a dozen men in the Hawkes Bay. These were big men – their collective wardrobe was pretty crowded with each of them weighing in at more than 100kg.

And along with the weight came complications – type two diabetes, heart problems, mobility issues, and all the restrictions obesity brings.

One of these men, Les Hokianga, decided action was needed and so began an amazing programme of change which included all of the men cycling over 300km in three days, to bike to Wellington and in doing so change a lifetime of habits.

It started small. Les recalls early on, one of his neighbours standing on the sidelines, eating two pies; watching Les take on the world. And suddenly he thought, “shucks, if HE can do it…..” – he threw his pie on the ground and started training. As Les said, it snowballed from there.

What started from the good idea of one man, became a whānau effort to change to address lifestyle change, to focus on nutrition and physical activity; to believe in wellbeing – psychological, spiritual, physical, social.

I so admire those men – for the courage to believe in themselves, and in taking the action to test their commitment to their cause and to each other.

Finally, I want to wish you all well in this conference – and importantly when you return home. The challenges upon us are many. We know there are many areas of action to target – equitable primary care access; effective population based interventions; better housing; lowering whānau poverty rates; these are all means to improve longer term health outcomes.
But most important of all – it is about setting our own targets and letting our aspirations drive our outcomes. It’s time to get on our bike; to demand answers, to want better.

As the travellers leave the world of Narnia, they are told;

“Some journeys take us far from home.
Some adventures lead us to our destiny”.

Ultimately our greatest adventure is in the journey in our own homes and with our own whānau.

At times we may travel far to seek out options, to practice a new way of being. But our destiny will always be found in the difference we make in our own lives that provides an inspiration for others – whether it be to drop the pie, to throw away the smokes, or choosing to walk in the footsteps of our tupuna.

May you travel with the inspiration and the foundation provided by your whānau, aiga and family informing your every move – and may you return safely home, clear in the vision you will drive for your mokopuna and their mokopuna after them. Tēnā koutou katoa.