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Clean, green and getting sicker

We spend $6.5 billion a year on health, most of it on hospital services, reports CATHERINE MASTERS, but we do a poor job of keeping people out of hospital.

Health professionals are growing worried about New Zealand's public health. Some New Zealanders have Third World diseases, such as rheumatic fever and tuberculosis, which should not be here at all.

The meningitis epidemic continues to rage. The life expectancy of a Maori child born in Otara differs from that of a Pakeha child born in Remuera.

The number of women in some groups who reach the age of 70 is decreasing - and these are just a few examples. An OECD report issued last year contained a damning statistic on New Zealand's health.

Of the OECD's 29 member countries, New Zealand was the only one where female premature mortality - avoidable deaths before the age of 70 - increased between 1990 and 1995. Avoidable deaths are defined as those considered preventable because of medical advances, improvements to social amenities and the environment and healthier lifestyles.

All other OECD populations, apart from Hungarian men, were either stable or improved their rates during that time. Public health experts say the chilling fact went largely unnoticed.

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No one jumped up and down, asking how this could be in clean, green New Zealand. The director of the Public Health Association, Dr Don Matheson, says the statistic is appalling and quite extraordinary.

"We are actually the basket case of healthy populations in terms of the OECD," he says. "I think that is one of the most serious issues facing the nation. Not only have we not done particularly well, we've done particularly badly compared with every other country in a similar situation to us."

The term 'public health' should not be confused with public health services, such as those provided by hospitals. It encompasses everything which affects people's health, from local council roading policies to the hole in the ozone layer to national economic policies.

Hospital-type services make up only 20 per cent of all public health, says Dr Matheson, yet they receive almost all of the $6.5 billion of taxpayers' money dedicated to health.

"As public health is about the

survival green of the population, it is an absolutely core thing in terms of how we run our lives, our Governments and our society," he said. But why is New Zealand faring so badly?

Dr Matheson says the one thing New Zealand has done better than other OECD countries is the "maldistribution" of wealth, making the rich richer and the poor poorer. He says the distribution of things like income, jobs, housing and education is the key element in determining the health of the population.

"Our Government was focused on economics, and the assumption was made that if the economy went well, the health of the population would follow." In fact, our health was worse than that of other, similar populations.

"What happens is that we decide a policy around benefits, but ignore the impact on the health of the population," Dr Matheson said.

"An example would be benefit cuts. Part of this downturn we are seeing is probably due to a range of things that happened in the late '8Os and '90s when opportunities and wealth for a sector of the population got considerably worse, while wealth for the upper part of society improved."

For some New Zealand women, the results of ignoring health impact are stark. Take a hypothetical case of a woman who dies prematurely, says Dr Matheson. "What you get are levels of causation. You could say what killed her? Lung cancer. What caused the lung cancer? It was the smoking. What caused the smoking? It was the tobacco company advertising, it was the fact she was depressed and had low self-esteem, the fact that health promotion programmes haven't been as effec- tive for Maori women on benefits."

There is a whole range of things - and then behind that seem to be issues such as relative advantage and disadvantage. So poverty, low income, maybe poor housing and poor diet may have come into it."

half the school dental workforce was axed during the so-called health reforms, he sald. The consequence had been "whole schools of children with foul teeth."

He says the present health service spends its money patching people up and ignores the other fundamentals. The real test of Government policies was their impact on population's health.

"We haven't even been asking that question," he says. "We've been doing the poli- cy for a whole lot of other reasons ... Nothing is wrong with those reasons - but we've been neglecting the impact on human beings."

The first thing we need to do is to start valuing human beings, says Dr Matheson. "We've got to put the survival of the human population up there along with eco- nomic growth as a key driver. We have a Fiscal Responsibility Act but we don't have a human survival act."

Bob McKegg, the outgoing president of the Public Health Association, gives another long-term example of policy having an adverse effect on people's lives. In 1993, about half the school dental workforce was axed during the so-called health reforms, he sald. The consequence had been "whole schools of children with foul teeth." Longer-term effects would be huge dental bills for affected children, possible unemployment and social stigma. That came out clearly in a Northland survey of health - people with teeth got jobs, people without teeth didn't.

Bob McKegg wants at least 5 per cent - instead of less than 2 per cent - of the health budget to go to public health. He also wants a public audit of all legislation and how it affects health. It needs a public health monitor to monitor legislation going through the House, he sald.

"The Ministry of Health had a public health division, but this did not have the resources to do the job. I keep coming back to that 5 per cent figure. As a developing, vulnerable nation in both economic and social senses, we need that 5 per cent to survive, I think."

Peter Crampton is a public health department senior lecturer in the Wellington School of Medicine. He says public health is a public issue which cannot be ignored, even by people in the privileged echelons of society.

"If you want to be cynical, you could say the history of public health is the history of the rich trying to protect themselves from the diseases of the poor. Even if you are the most cynical person in the world it still matters that the person next door has got tuberculosis, there is no escaping that"•