



Choosing a healthier, fairer future for Aotearoa: New report provides the direction

15 September 2025

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Summary

The Public Health Advisory Committee has just released a pivotal report, *Determining Our Future*, which sets out key opportunities for Government and societal action to improve health and equity in Aotearoa New Zealand (NZ). This report updates the landmark 1998 report on social, cultural and economic determinants of health which also highlighted these critical health determinants. Revisiting these issues more than 25 years later shows mixed progress. Life expectancy, child poverty, and smoking rates have improved. But major inequities persist, and areas such as housing, food security, psychological distress, and environmental conditions have worsened.

Political trade-offs, commercial influence, and reluctance to adopt evidence-informed but challenging policies have slowed action. The committee's recommendations include developing multi-partisan, long-term wellbeing goals; highly coordinated cross-government action with communities; and a more redistributive model of economic growth that supports greater fairness. Without a fundamental change in direction, NZ risks repeating another generation of missed opportunities to improve health and equity in this country.

In 1998, then Health Minister Bill English was presented with a landmark report on the determinants of health from the National Health Committee.¹ It showed that health depends on institutional and commercial priorities much more than individual choices. Broader factors—good housing, secure employment, strong communities, quality education—are the bedrock of a healthy population. The report called on government to recognise these wider factors and work across sectors to strengthen them. English's response at the time, paraphrased by the media, was simply: “old news.”^{2,3}

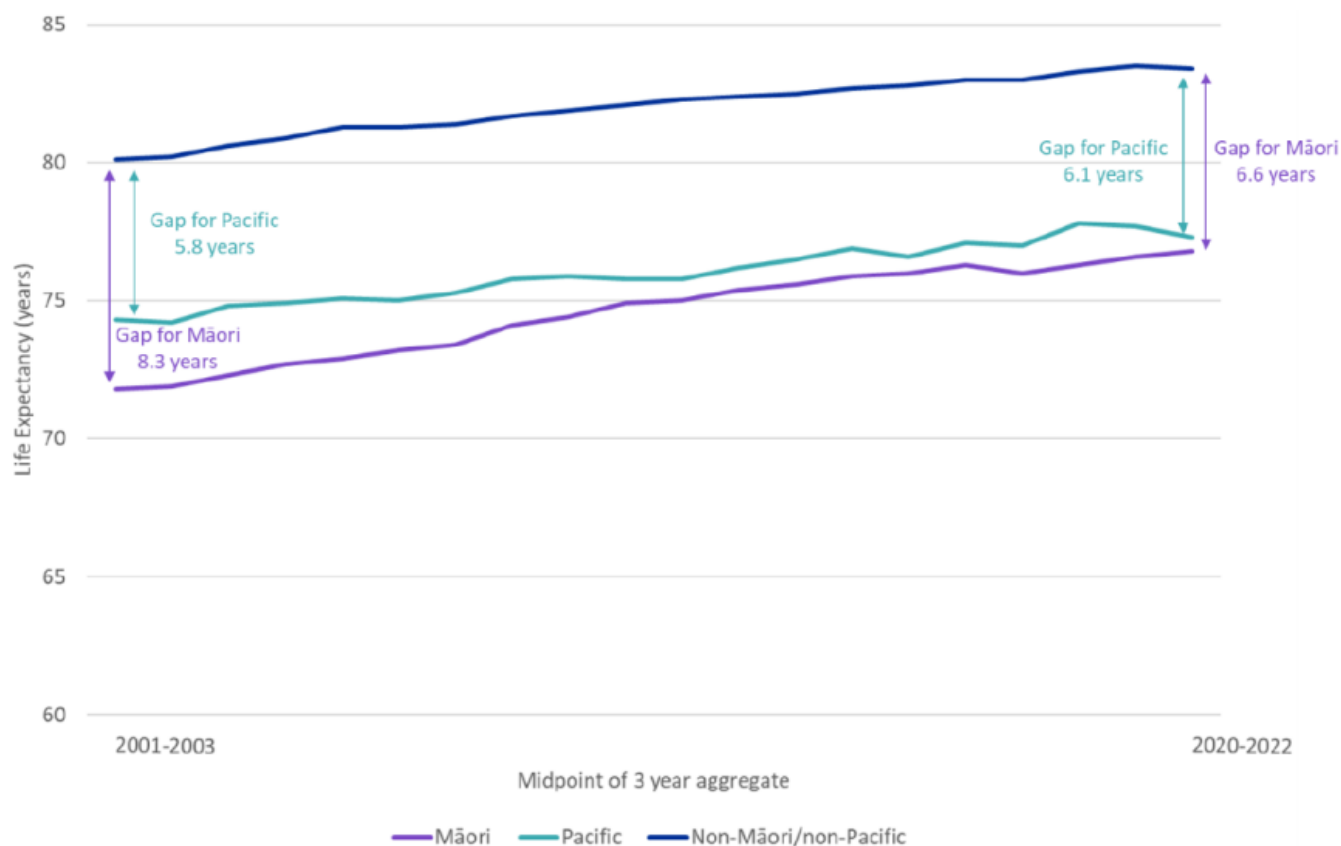
Progress on determinants patchy at best

Fast forward 27 years. Last month, the Government's Public Health Advisory Committee (PHAC) released *Determining Our Future*, the first major national report on the determinants of health in more than a quarter of a century.⁴ Reflecting on the intervening years, the report notes areas of progress—for example, child poverty rates have declined since the mid-2010s, and life expectancy has increased overall. Yet in other areas, progress has stagnated or reversed. Rental costs and availability of quality, affordable public and community housing remain major barriers to good health. Entrenched inequities between Māori, Pacific peoples and other New Zealanders persist through systemic biases, despite recognition that these disparities are unfair, avoidable, and need to change.⁵ Rates of preventable diseases linked to unhealthy commodities, such as alcohol and junk food, remain stubbornly high.

The result: despite pockets of progress, too many New Zealanders still face avoidable barriers to health and wellbeing.

In some ways, this conclusion may sound like “old news” to today's Health Minister. But it still matters. Housing, employment, education, social connection, these remain critical determinants of health. We understand the economic, social, cultural and environmental determinants of health better now than we did in 1998, but we are still slow to act. The reasons are familiar: political trade-offs, reluctance to adopt evidence-informed but challenging interventions, and the powerful influence of commercial interests.

Figure 1. Longitudinal trends in life expectancy by prioritised ethnicity, 2001 to 2022, three-year aggregated estimate, showing persistent gaps for Māori and Pacific peoples compared with Non-Māori/non-Pacific. Source: *Determining our Future*⁴



Not all “old news”

What *is* new is the scale of emerging challenges. Back in 1998, climate change was a future concern, commercial influence in policy was relatively contained, and artificial intelligence belonged to science fiction. In 2025, each of these forces is a lived reality shaping health in Aotearoa.

- **Climate change:** Extreme weather, floods and storms are already disrupting communities, damaging housing, and raising issues of insurability. These shocks ripple into health outcomes, reinforcing inequalities.
- **Artificial intelligence:** AI is reshaping industries at pace. One possible outcome is mass unemployment, a determinant of health already flagged in 1998. The PHAC report suggests bold ideas such as exploring a universal basic income to cushion the social and health impacts.
- **Commercial determinants:** Corporate influence over health policy has grown significantly. From alcohol and food marketing to lobbying against regulation, the report documents how commercial interests too often override population health priorities. Yet, often there is significant public support for action on these determinants.⁶⁻⁸

Responding to these health determinants

The report and an associated editorial in the *New Zealand Medical Journal* notes that social

determinants can be changed with a concerted effort.⁹ A good example is the significant reductions in child poverty which was achieved with changes in tax and social policy. This change had multi-party support resulting in the Child Poverty Reduction Act 2018.

The 200-page PHAC report offers many recommendations. A central theme is the need for better coordination across government. Health must be embedded in all policy domains—housing, transport, employment, education, environment—not treated as the responsibility of the health system alone. This focus reflects the “health in all policies” approach [championed internationally](#) and [present, but under-used](#) here in NZ. The report's findings make clear that NZ is not currently applying a 'joined-up' strategy to tackling the deeper drivers of population health. It also builds on the landmark *World report on social determinants of health equity*, published by the World Health Organization in May of this year.¹⁰

What would this new focus look like in practice? There are [numerous case studies](#) in NZ and internationally. For example, a University of Otago five-year Endeavour grant is evaluating the value of Public and Community Housing and Urban Regeneration, in collaboration with eight communities. It has shown the wide value to health and wellbeing of affordable housing being located strategically close to public transport and other amenities.¹¹

An overseas example is work by the South Australian government which adopted a [health in all policies](#) approach in 2007. This strategy resulted in a greater health focus (including on health determinants) across a range of policy areas, including regional development, transport and water security.

The NZ Government has so far not responded substantively to the PHAC report, either with an “old news” dismissal or new commitments. But the report’s message is clear: if we are serious about improving the health and wellbeing of all New Zealanders, as well as bolstering the economy and productivity long term, the Government cannot afford to ignore these findings. Another 25 years of delay would come at great cost.

What is new in this Briefing?

- The Public Health Advisory Committee has published an extensive report on the social, cultural, economic, and commercial determinants of health.
- Over the past 25 years, there has been progress on some determinants, such as reducing child poverty, but setbacks on others, including declining home ownership.

Implications for public health policy and practice

- Government has the central role in ensuring coordinated action to address the determinants of health and needs to respond to this report. As the report notes “Developing agreed multi-partisan, longer term wellbeing goals is a critical step for government to achieving health equity and wellbeing.”
- Government needs to consider and act on findings and recommendations from the Report. Key focus areas (paraphrased from the report) include:
- Embedding Te Tiriti and human rights as bedrocks of our society and initiating a discussion about how we want to govern our country as we move towards 2040
- Ensuring the whole public service works collectively to achieve wellbeing goals, investing in and empower communities and with a focus on improving health across the lifespan (the Health in All Policies approach)
- Developing a model of economic growth that considers societal well-being and is more equitable and redistributive by design with greater investment in social and health services
- Finding win-win solutions to existential challenges like the climate crisis that recognise the health, social and economic benefits of effective action in these areas
- Ensuring our health system is equitable, accessible, and non-discriminatory in its design and operation.

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[mmendations](#)



Public Health Expert Briefing (ISSN 2816-1203)

Source URL:

<https://www.phcc.org.nz/briefing/choosing-healthier-fairer-future-aotearoa-new-report-provides-direction>