The false logic of the 'need v race' debate

Will sensible, evidence-based public health policies be changed to comply with the coalition Government's "need, not race" mantra?

By Kathy Spencer

David Seymour's Treaty Principles Bill is being challenged in front of the Waitangi Tribunal, stirring up further division amongst New Zealanders, as well as between the coalition partners.

The ACT Party has proposed a set of principles for the Treaty of Waitangi in which Māori are invisible – a notion that has provoked fierce opposition from Māori and failed to gain the support of any other party in Parliament.

Given the lack of support, it seems inevitable that the bill will be thrown on the policy bonfire once National has met its commitment to ACT to see it through to a select committee.

As he charts his own course, Seymour will continue to take up a lot of oxygen and parliamentary time that could be used to progress coalition initiatives that are actually going somewhere.

Meanwhile, there is a related issue on which National, ACT and NZ First are all agreed, or at least appear to be. It is the assertion in the two coalition agreements that public services should be prioritised "on the basis of need, not race".

On the surface, this slogan has wide appeal. After all, who would argue against need being the main focus of policies in health, housing, and social welfare? But the slogan is flawed because, in many areas of public policy, ethnicity and need are inextricably linked.

In implementing the "need, not race" commitment, the first cab off the rank for the coalition was disestablishing the Māori Health Authority.

Will the coalition partners now turn their attention to other policies that use the connection between high need and ethnicity to target public services? Will these also be ruled-out as 'race-based'?

For instance, over time, the intention is that bowel screening will be available from age 50 for Māori and Pacific people, compared to from age 60 for other ethnicities. This is because the incidence of bowel cancer before age 60 is higher for Māori and Pacific people than for other populations.

In another example, the new self-administered cervical screening test aims to boost low screening rates, especially for Māori women, to prevent disease and reduce deaths. When the smear test had to be done by a GP or nurse, some Māori women were opting out due to past negative experiences and embarrassment.

To me, these are sensible, evidence-based public health policies. However, in future, will similar approaches be seen as offending against the "need, not race" mantra?

On a larger scale, when primary health organisations (PHOs) were introduced in 2002, statistics showed Māori and Pacific people visited a GP less often than other groups, despite having greater health need, and that they were more likely to put off seeing a GP because of cost.

This led to the ethnicity of enrolled patients being included as one of several factors that determine government funding for PHOs. Other patient characteristics used to determine funding are age, gender, socioeconomic grouping, and having conditions that require heavy use of primary care.

Over time, the funding formula for PHOs has failed to keep up with cost pressures, and changing patterns of need. As a result, GP practices have been struggling financially, with many declining new enrolments, and some even closing down.

A 2022 report recommended significant increases in overall funding for primary care, together with higher weightings on ethnicity and socioeconomic status. Minister of Health, Dr Shane Reti, has agreed that funding needs to be overhauled.

This will provide an important test for how ethnicity can be used under the coalition Government. When changes are made, will the existing weighting on ethnicity increase as recommended, will it stay as it is, or will ethnicity disappear altogether?

In another example, Dr Reti has said he wants to equalise health outcomes for Māori and non-Māori. To check on progress, will performance against Reti's new set of health targets be reported by ethnicity?

New Zealand has lowered its overall smoking rate, but there is a glaring disparity by ethnicity: 17% of Māori are daily smokers, compared with only 6% of New Zealanders who describe themselves as European/Other.

After overturning Labour's smokefree provisions, Christopher Luxon assured the public that the Government was committed to lowering smoking rates. Would a smoking cessation programme tailored to Māori be seen as long overdue, or would it be seen as "privileging" Māori smokers over others?

In these examples, connections between high need and ethnicity are part of developing solutions. They show that slogans like "need, not race" are unhelpful. It's not a matter of choosing need or race – it's a matter of deciding how best to address need, given that need and ethnicity are often intertwined.

If ethinicity is to become invisible in public policy, disparities in outcomes for Māori and Pacific people are bound to worsen.

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