



## Introducing the Public Health Solutions Blog Series

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**For the next few weeks, Public Health Expert blog will be publishing a series of invited blogs on the best public health interventions the government can put in place to reduce pressure on the health system.**

The health system is in unprecedented waters. As one author put it [“the rules of engagement” underpinning how the health system works have changed](#). Covid-19 has increased immediate demand on the healthcare system with waves of acute infection, which need to be managed with a depleted workforce experiencing illness itself. Simultaneously Covid-19 has fueled long-term demand on health services as a result of deferred routine care and long covid (which will need ongoing multidisciplinary specialist care). Population mental health, which was already comparatively poor in this country, has gotten worse in recent years with [higher levels of psychological distress](#) and an increase in demand for [mental health services](#). Long standing health workforce shortages have been amplified by Covid-19, and [burnout, exhaustion and distress amongst clinical staff are acute](#).

It is hard to overstate the challenge of catching up on delayed care, dealing with new conditions and managing ongoing waves of Covid-19 infection, while ensuring a safe and healthy working environment for our health professionals. There are no easy or quick fixes to this. We cannot recruit or train our way out of this. Health professionals take many years to train and almost every high-income country is in the [same situation](#) as us, fighting over the same [international pool of health professionals](#). Recruiting healthcare workers from low-income countries, with less resilient health sectors than our own, to plug gaps in our own workforce is [ethically dubious](#). Moreover, NZ is a signatory to a [WHO voluntary Code of Practice](#) to ensure that low-income countries are not disadvantaged by this practice. We also know that a stressed health system does badly on inequalities. For example, the drop off in childhood vaccinations for all children in recent years has been [worse for Māori and Pacific children](#) and lung [cancer registrations and investigations seemed to reduce in Māori](#) (but not non-Māori/non-Pacific people) during the 2020 lockdown.

This is a grim analysis, and it demands that we do things differently. And we can. There are a range of public health interventions we can put in place that will reduce demand on the health system. These interventions would improve overall health and wellbeing, and [many would have benefits to other sectors as well e.g. through improved productivity](#). Despite the common belief that public health actions take decades to have impact, many public health interventions act very quickly to start improving health. For example, [vaccination](#), [folic acid supplementation](#), [interventions to reduce diabetes](#), [improvements in air quality](#), and [speed limit changes](#). We also know that Government can act quickly and decisively in a crisis; policy that seemed impossible can rapidly become normal.

In this series we are inviting experts in a range in public health areas to contribute short blogs on the interventions that would make a real and immediate difference to our health services. We intend to publish 2 blogs a week for the next few weeks on topics ranging from food and nutrition and alcohol policy through to mental health. Some of the interventions will be controversial, some will seem common sense, but all would make a much-needed difference to our health services. New Zealanders want their loved ones to receive timely and high-quality healthcare. Putting in place public health interventions that quickly reduce the need for healthcare should be an integral part of our strategy to manage the health system crisis.

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*Image by Luke Pilkinton-Ching, University of Otago Wellington*

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