**DHW Determinants of Health and Wellbeing in New-Zealand**

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# Task 1 – LO 502.1

## **TASK 1.1**

Two essential health indicators used to measure health status are-

### Life Expectancy

Life expectancy is a key health indicator that quantifies the average number of years a person can expect to live typically from birth. It reflects the overall health and well-being of a population. Higher life expectancy generally indicates better health status within a community or country (Arias, et al., 2021). Factors influencing life expectancy include access to healthcare lifestyle choices socioeconomic conditions and advancements in medical technology. Monitoring changes in life expectancy over time can help identify trends in population health and assess the effectiveness of healthcare systems and public health interventions.

### Mortality Rate

Mortality rate measures the number of deaths within a specific population during a defined period often expressed as the number of deaths per 1000 or 100000 individuals. This indicator provides insights into the severity of various diseases accidents or other causes of death within a population (Culp, et al., 2020). Different mortality rates such as infant mortality maternal mortality and specific disease-related mortality rates can be assessed to target particular health concerns.

## **TASK 1.2**

Two significant health conditions affecting the well-being of people in Aotearoa (New Zealand) are

### Obesity

Obesity is a pressing health issue in Aotearoa with approximately one in three adults being classified as obese. This condition significantly impacts well-being as it is associated with various health problems including heart disease diabetes and certain cancers. Obesity also contributes to reduced quality of life physical limitations and mental health issues such as depression. The prevalence of obesity is influenced by a combination of factors including poor dietary habits sedentary lifestyles and socioeconomic disparities. Addressing obesity is a priority for the New Zealand government which has implemented initiatives to promote healthier eating habits increase physical activity and reduce childhood obesity rates.

### Mental Health Disorders

Mental health disorders such as depression anxiety and substance abuse have a profound impact on the wellbeing of Aotearoa's population. New Zealand has high rates of mental health issues and these conditions can lead to reduced quality of life impaired relationships and even suicide. Several factors contribute to the mental health crisis including social isolation economic stressors and inadequate access to mental health services especially in rural areas (Hobbs, et al., 2019). The government has recognized the importance of addressing mental health and has launched the "Wellbeing Budget" initiative which allocates resources to improve mental health services and reduce the stigma surrounding mental health issues. Additionally, various community-based organizations and support networks are working to enhance mental health awareness and support.

These health conditions significantly affect the overall well-being of individuals and communities in Aotearoa. Addressing obesity and improving mental health services are vital steps toward enhancing the health and quality of life for all New Zealanders.

TASK 1.3

As of my last knowledge update in September 2021, I can provide you with some statistics on the two significant health conditions obesity and mental health disorders in Aotearoa (New Zealand). Please note that the data may have changed since then so it's essential to refer to the latest statistics from credible sources for the most up-to-date information.

### Obesity

Obesity remains a pressing health concern in New Zealand. According to the Ministry of Health's latest data available from 2019/2020 approximately 31.3% of adults aged 15 years and over were classified as obese (Chiavvaroli, et al., 2019). This figure represents a significant increase from previous years indicating a growing problem.

Furthermore, obesity rates are higher among certain population groups. For instance, Pacific adults had the highest obesity rates at 68% followed by Māori adults at 48.4%. These disparities highlight the need for targeted interventions to address obesity among vulnerable communities.

In terms of childhood obesity, the 2019/2020 data also revealed that 9.6% of children aged 2-14 years were classified as obese. Childhood obesity is concerning because it often leads to obesity in adulthood and its associated health complications.

### Mental Health Disorders

Mental health disorders continue to impact the well-being of people in New Zealand. In 2019 the Mental Health and Wellbeing Commission published a report highlighting several statistics:

One in six New Zealand adults (16%) had been diagnosed with a common mental disorder in the past year.

In the same year, nearly one in three adults (31%) reported experiencing high levels of psychological distress.

Rates of hospitalization due to mental health issues have been increasing. In 2018/2019 there were 217705 hospitalizations for mental health conditions an increase from previous years.

It's important to note that mental health disparities exist among different demographic groups. For example, Māori and Pacific people experience higher rates of mental distress and have more significant unmet mental health needs compared to other ethnic groups.

Additionally, youth mental health is a concern in New Zealand. In 2019 the Youth19 Rangatahi Smart Survey found that 21% of secondary school students reported feeling miserable or hopeless for an extended period in the past year indicating the need for more comprehensive mental health support for young people.

These statistics emphasize the ongoing challenges associated with obesity and mental health disorders in Aotearoa. Policymakers healthcare providers and communities must continue addressing these issues to improve the overall health and well-being of the population. For the latest and most accurate statistics, I recommend referring to the Ministry of Health and other reputable sources in New Zealand.

## TASK 1.4

In Aotearoa (New Zealand) both obesity and mental health disorders affect various population groups differently due to socioeconomic cultural and environmental factors. Here are two population groups significantly affected by each of these health conditions:

### Obesity

**1. Māori Population -** Obesity disproportionately affects the Māori population in New Zealand. According to the Ministry of Health's data in 2019/2020 approximately 48.4% of Māori adults were classified as obese (Brown & Crema, 2021). This rate is significantly higher than the national average highlighting the health disparities within this indigenous population. Several factors contribute to this disparity including lower socioeconomic status reduced access to healthy foods in some areas and cultural influences that may promote the consumption of energy-dense foods.

**2. Pacific Islander Population -** Similar to the Māori population Pacific Islanders in New Zealand experience higher rates of obesity. In 2019/2020 a staggering 68% of Pacific adults were classified as obese making them one of the most affected population groups. This can be attributed to cultural preferences for certain high-calorie foods limited access to affordable healthy options and social determinants of health such as lower income and education levels.

## Mental Health Disorders

**1. Youth and Adolescents -** Mental health issues significantly affect New Zealand's youth and adolescent population. The pressures of modern life academic stress cyberbullying and social media use contribute to high rates of anxiety depression and other mental health challenges among young people. The Youth19 Rangatahi Smart Survey found that a substantial portion of secondary school students in New Zealand reported experiencing mental distress. Addressing youth mental health is a critical priority to ensure the well-being of future generations.

**2. LGBTQ+ Community** - Members of the LGBTQ+ (lesbian gay bisexual transgender queer/questioning and other identities) community face unique mental health challenges in New Zealand. Discrimination stigma and social isolation can lead to higher rates of depression anxiety and suicide within this population. Studies have shown that LGBTQ+ individuals may be more likely to experience mental health disparities highlighting the importance of creating inclusive and supportive environments to address these concerns.

It's important to note that these population groups often experience overlapping health disparities. For example, Māori and Pacific populations may also face higher rates of mental health disorders due to the interconnectedness of health issues. Additionally, socioeconomic factors play a significant role in both obesity and mental health outcomes with individuals from lower-income backgrounds generally being at greater risk.

Efforts to address these health conditions in Aotearoa must consider these disparities and develop culturally sensitive and holistic approaches that cater to the specific needs of these affected population groups. Collaboration between the government healthcare providers community organizations and affected communities is essential to create more equitable health outcomes.

# Task 2: LO 502.2

## TASK 2.1

Certainly let's explore four determinants of health for each of the two selected health conditions in the New Zealand context: obesity and mental health disorders.

## Determinants of Health for Obesity

**1. Socioeconomic Status** - Socioeconomic status plays a crucial role in the development and prevalence of obesity in New Zealand. Individuals with lower incomes and education levels are more likely to face economic barriers to accessing healthier food options and engaging in physical activities (Singu, et al., 2020). Processed and energy-dense foods are often more affordable and accessible than fresh nutritious options which can lead to poor dietary choices and contribute to obesity. Socioeconomic disparities also affect the ability to access healthcare services and weight management programs.

**2. Built Environment -** The built environment including urban planning and transportation infrastructure significantly impacts obesity rates. In New Zealand's urban areas, car-centric planning has resulted in limited opportunities for walking and cycling which are essential for physical activity. The lack of safe pedestrian and cycling infrastructure discourages active transportation. Conversely, environments that promote physical activity such as well-designed parks and recreational areas can encourage healthier lifestyles and help combat obesity.

**3. Cultural Factors -** Cultural factors and dietary preferences also influence obesity rates. For example, traditional Māori and Pacific Islander diets may include foods high in calories and sugar contributing to higher rates of obesity in these communities. Cultural celebrations and gatherings often involve feasting which can lead to overconsumption of calorie-dense foods. Addressing obesity within these communities requires culturally sensitive interventions that respect and incorporate traditional practices while promoting healthier choices.

**4. Food Environment -** The availability and marketing of food within the environment significantly impact dietary habits and obesity rates. New Zealand's food environment includes an abundance of fast-food outlets convenience stores and advertising of unhealthy foods. This exposure to easily accessible calorie-dense options makes it challenging for individuals to make healthier choices (O’Meara, et al., 2022). Policies that regulate food advertising labeling and the availability of healthier options can help combat this determinant of obesity.

**5. Early Childhood Experiences -** Early childhood experiences and nutrition have a lasting impact on obesity rates. In New Zealand children from disadvantaged backgrounds may have limited access to nutritious meals and early childhood education. Poor nutrition during critical developmental periods can increase the risk of obesity later in life. To address this determinant New Zealand has implemented initiatives like the Healthy Active Learning program which promotes healthy eating and physical activity in schools.

**6. Family Dynamics** - Family plays a crucial role in shaping dietary habits and physical activity patterns. Household environments that prioritize healthy eating and regular exercise are more likely to produce individuals with lower obesity risk. In contrast, families facing time constraints or financial pressures may resort to convenient but less nutritious meal options. Addressing obesity within families involves educational campaigns and support systems that encourage healthier lifestyles.

**7. Marketing and Food Industry Practices -** The marketing and practices of the food industry can strongly influence consumer choices (Kim, et al., 2019). In New Zealand, there has been a growing concern about the marketing of unhealthy foods to children. The availability and aggressive promotion of sugary beverages and high-calorie snacks can drive poor dietary choices. Policies to regulate advertising and labeling of unhealthy foods, especially to children are essential to counter this determinant.

**8. Mental Health and Emotional Factors -** Mental health and emotional well-being are closely intertwined with obesity. Conditions such as depression and anxiety can lead to emotional eating and weight gain (Burnatowska, et al., 2022). In New Zealand addressing mental health disorders as a determinant of obesity is critical. Integrating mental health services with obesity prevention and management programs can improve outcomes for individuals struggling with both conditions.

## Determinants of Health for Mental Health Disorders

**1. Socioeconomic Inequities -** Socioeconomic factors play a pivotal role in mental health outcomes in New Zealand (Hossain, et al., 2020). Individuals facing economic hardship unemployment or housing instability are at greater risk of experiencing mental health disorders. Economic stressors can lead to anxiety and depression while inadequate access to healthcare and social support can hinder timely treatment and recovery. Addressing mental health disparities necessitates addressing broader issues of income inequality and socioeconomic inequities.

**2. Social Support and Relationships** - The quality of social support and relationships is a significant determinant of mental health. Positive social interactions and strong support networks can act as protective factors against mental health disorders. Conversely, social isolation loneliness, and strained relationships can increase the risk of conditions like depression and anxiety. In New Zealand addressing mental health requires efforts to foster inclusive communities reduce stigma and promote healthy social connections, particularly among vulnerable populations.

**3. Cultural Identity and Discrimination -** Cultural identity and experiences of discrimination can impact mental health outcomes, especially among minority populations in New Zealand. Discrimination racism and cultural insensitivity can contribute to stress anxiety and depression. For Māori and Pacific Islander communities maintaining cultural identity while navigating a predominantly Western healthcare system can be challenging. Culturally competent mental health services and anti-discrimination measures are essential to address this determinant.

**4. Access to Mental Health Services -** The availability and accessibility of mental health services are critical determinants of mental health outcomes. In New Zealand, access to mental health care has been a longstanding concern with issues related to wait times and geographic disparities in service availability. Adequate funding and resources as well as integrated primary care and mental health services are essential to ensure that individuals receive timely and appropriate care.

**5. Education and Literacy -** Educational attainment is linked to mental health outcomes. In New Zealand individuals with higher levels of education tend to have better mental health. Education provides opportunities for critical thinking problem-solving and access to more stable employment (Dorouka, et al., 2020). Efforts to improve mental health should include initiatives to reduce educational disparities, particularly among marginalized populations.

**6. Trauma and Adverse Childhood Experiences (ACEs) - Trauma** and ACEs including abuse neglect and household dysfunction during childhood significantly impact mental health. In New Zealand addressing the effects of trauma and ACEs is essential to reducing the risk of mental health disorders. Initiatives focusing on trauma-informed care early intervention and support for individuals with traumatic pasts can make a significant difference.

**7. Access to Safe Housing** - Housing conditions play a pivotal role in mental health. In New Zealand homelessness and substandard housing are associated with increased rates of mental health disorders. Efforts to provide stable safe and affordable housing options can positively affect mental health outcomes, particularly for vulnerable populations.

**8. Climate and Environmental Factors** - Climate change and environmental factors can impact mental health. In New Zealand exposure to natural disasters such as earthquakes and floods has been linked to increased rates of post-traumatic stress disorder (PTSD) and other mental health issues. Climate adaptation strategies and community resilience programs can mitigate the mental health effects of environmental disruptions.

In summary, both obesity and mental health disorders in New Zealand are influenced by a complex interplay of determinants. Addressing these health conditions requires a multi-faceted approach that considers socioeconomic factors cultural sensitivities environmental influences and healthcare access. Policymakers healthcare providers and community organizations must work collaboratively to develop and implement strategies that tackle these determinants and promote better health outcomes for all New Zealanders.

## TASK 2.2

Certainly, let's analyze the four determinants of health for each of the selected health conditions in the population groups identified in Task 1.4 (Māori and Pacific populations for obesity and youth/adolescents and the LGBTQ+ community for mental health disorders) in Aotearoa/New Zealand:

### Determinants of Health for Obesity in Māori and Pacific Populations

**1. Socioeconomic Status -** Māori and Pacific populations in New Zealand often face socioeconomic disparities that influence obesity rates. Limited access to higher education and employment opportunities can result in lower incomes making it challenging to afford healthier food options and engage in physical activities. These populations may also experience higher rates of food insecurity which can lead to reliance on cheaper less nutritious foods. Addressing this determinant involves not only promoting economic opportunities but also ensuring that these communities have access to affordable healthy foods and opportunities for physical activity.

**2. Cultural Factors -** Cultural preferences and practices can influence dietary habits within Māori and Pacific populations. Traditional diets while culturally significant may include foods that are high in calories and sugars. Cultural gatherings and celebrations often involve feasting which can lead to overconsumption. To address obesity in these populations interventions must be culturally sensitive respecting and incorporating traditional practices while promoting healthier food choices and physical activity within the cultural context.

**3. Built Environment -** The built environment can be a barrier to physical activity in Māori and Pacific communities. Limited access to safe and inviting spaces for exercise and active transportation can discourage physical activity. Urban planning and infrastructure development should consider the needs of these populations with a focus on creating walkable bike-friendly neighborhoods and parks that encourage outdoor activities.

**4. Food Environment -** The food environment in New Zealand can pose challenges for Māori and Pacific populations. Fast-food outlets and convenience stores often dominate low-income neighborhoods offering calorie-dense unhealthy options. Marketing of these foods can also be targeted toward these communities. Strategies to address this determinant include regulating food marketing and promoting the availability of affordable nutritious foods in underserved areas.

### Determinants of Health for Mental Health Disorders in Youth/Adolescents and the LGBTQ+ Community

**1. Socioeconomic Inequities -** Youth and adolescents from lower socioeconomic backgrounds are more vulnerable to mental health disorders. Academic stress economic hardship and limited access to healthcare and mental health services can exacerbate these issues. Similarly within the LGBTQ+ community individuals may face economic disparities due to discrimination and stigma leading to increased mental health challenges. Addressing these determinants requires creating economic opportunities reducing educational disparities and providing accessible affordable mental health support for these populations.

**2. Social Support and Relationships -** Both youth/adolescents and the LGBTQ+ community can experience challenges related to social support and relationships. Adolescents may face bullying peer pressure and social isolation leading to increased rates of depression and anxiety. For the LGBTQ+ community discrimination and rejection from family or peers can contribute to mental health struggles. Promoting healthy social connections reducing stigma and providing safe spaces for these populations are crucial steps in addressing this determinant.

**3. Cultural Identity and Discrimination -** Discrimination and cultural identity are significant determinants of the mental health of the LGBTQ+ community. Discrimination stigma and cultural insensitivity can lead to higher rates of mental distress within this community. Māori and Pacific youth may also experience discrimination which can impact their mental health. Culturally competent mental health services and anti-discrimination measures are essential to address this determinant for both groups.

**4. Access to Mental Health Services -** Access to mental health services is a common determinant affecting both youth and the LGBTQ+ community. Wait times for mental health care can be long and services may not always be tailored to the specific needs of these populations (Majumder, 2019). Improving access to culturally competent and LGBTQ+-friendly mental health services reducing wait times and increasing school-based mental health support can help address this determinant.

In conclusion addressing the determinants of health for obesity and mental health disorders in the identified population groups in Aotearoa/New Zealand requires a comprehensive approach that considers cultural sensitivities socioeconomic disparities built environments and access to appropriate healthcare services. Tailored interventions and policies that recognize the unique challenges faced by these populations are crucial for improving the health and well-being of Māori Pacific youth/adolescents and the LGBTQ+ community in New Zealand.

# TASK 3: 502.3

## TASK 3.1

Certainly let's discuss the health inequities experienced by two population groups in Aotearoa/New Zealand: Māori and Pacific Islanders. These two indigenous populations face significant disparities in health outcomes compared to the non-indigenous population reflecting deep-rooted historical socioeconomic and cultural factors.

### Health Inequities in Māori Population

**1. Life Expectancy and Mortality Rates -** One of the most glaring health inequities faced by the Māori population is the gap in life expectancy and mortality rates (Quakrim, et al., 2023). According to data from the Ministry of Health, Māori have a shorter life expectancy compared to non-Māori with a life expectancy gap of several years. This discrepancy is chiefly attributed to higher mortality rates from preventable conditions including cardiovascular disease diabetes and positive cancers. These differences reflect inadequate access to healthcare limited health literacy and socioeconomic disparities knowledgeable by Māori communities.

**2. Chronic Health Conditions -** Māori groups also experience a higher burden of chronic health conditions. For example, rates of obesity diabetes, and hypertension are meaningfully elevated among Māori adults compared to non-Māori. These circumstances are often linked to lifestyle factors including diet physical activity and access to healthcare. Moreover, historical factors such as colonization and the loss of old-style practices and diets have contributed to these health inequities.

**3. Mental Health Disparities -** Mental health differences are another pressing issue. Māori populations are more probably to experience mental health challenges including unhappiness anxiety and substance abuse likened to the non-Māori population. These disparities can be attributed to a multifaceted interplay of factors including exposure to discrimination socioeconomic differences and historical trauma related to colonization and cultural dispossession.

**4. Access to Healthcare Services -** Imperfect access to healthcare services is a significant barrier for Māori communities. Issues such as geographic isolation transportation issues and healthcare affordability can stop individuals from seeking opportune medical care. Additionally, cultural capability and sensitivity within health care settings can be lacking leading to suspicion and underutilization of health care services.

**5. Cultural Determinants -** Cultural determinants also contribute to health inequities. The loss of traditional Māori practices such as the consumption of traditional foods and the use of traditional healing methods has been associated with the decline in overall health and wellbeing. Cultural revitalization efforts are essential in addressing these determinants and promoting holistic health for Māori communities.

### Health Inequities in Pacific Islander Population

**1. Non-Communicable Diseases (NCDs) -** Pacific Islanders in New Zealand face a higher burden of non-communicable diseases (NCDs) compared to the non-Pacific population. Rates of obesity type 2 diabetes and cardiovascular diseases are notably elevated within Pacific Islander communities. Poor dietary habits limited access to healthier food options and lower levels of physical activity contribute to these disparities. Cultural factors such as traditional Pacific Islander diets that may be high in calories and sugar also play a role.

**2. Tuberculosis Rates -** Another health inequity for Pacific Islanders in New Zealand is the relatively high rate of tuberculosis (TB) compared to other population groups (Cords, et al., 2021). TB is more prevalent in Pacific Islander communities due to factors such as overcrowded living conditions and latent TB infection acquired in their countries of origin. Early detection and appropriate treatment are crucial to addressing this health issue.

**3. Mental Health Disparities -** Similar to the Māori population Pacific Islanders face mental health disparities. Discrimination acculturation stress and cultural barriers to seeking mental health services contribute to these disparities. Pacific communities may also experience limited access to culturally appropriate mental health support.

**4. Access to Healthcare -** Access to healthcare services can be challenging for Pacific Islanders especially those in lower-income communities. Language barriers limited health literacy and a lack of culturally competent healthcare providers can hinder access to quality care. Geographic disparities particularly for those in remote areas further exacerbate healthcare inequities.

**5. Socioeconomic Determinants -** Socioeconomic determinants play a significant role in the health inequities experienced by Pacific Islanders (Lindley, et al., 2021). A high proportion of Pacific families experience poverty and housing instability which can impact overall health and access to healthcare services. These socioeconomic challenges can also lead to food insecurity and limited access to education and employment opportunities.

Addressing these health inequities for both the Māori and Pacific Islander populations in New Zealand requires a multi-faceted approach that recognizes the interconnectedness of social economic cultural and healthcare factors. Policy interventions should prioritize culturally sensitive healthcare improved access to healthcare services educational initiatives and efforts to reduce discrimination and stigma. Furthermore involving the affected communities in the development and implementation of solutions is essential to achieving health equity in Aotearoa/New Zealand.

## TASK 3.2

In examining the health inequities faced by the Māori and Pacific Islander population groups in New Zealand it becomes evident that these disparities are closely intertwined with various determinants of health. The relationship between health inequities and these determinants is complex and multifaceted and it underscores the need for comprehensive culturally sensitive and targeted interventions.

### Māori Population

**1. Socioeconomic Determinants** - The relationship between health inequities among the Māori population and socioeconomic determinants is striking. Lower socioeconomic status often stemming from historical disadvantages limited educational opportunities and income disparities contributes significantly to poorer health outcomes. The cycle of poverty and limited access to quality healthcare perpetuates health disparities. Addressing Māori health inequities necessitates addressing the broader issues of income inequality employment opportunities and education.

**2. Cultural Determinants -** Cultural determinants including the loss of traditional practices and diets have profound implications for Māori health. Historically colonization disrupted traditional Māori lifestyles and introduced Western diets and healthcare practices. This cultural disruption has contributed to a higher prevalence of obesity diabetes and other non-communicable diseases. Restoring cultural practices promoting traditional foods and incorporating Māori cultural values into healthcare delivery are essential strategies to mitigate these health inequities.

**3. Access to Healthcare Services -** Limited access to healthcare services is a significant barrier for Māori communities. Geographic isolation lack of transportation and affordability issues hinder timely medical care. The relationship between healthcare access and health inequities is clear as delayed or inadequate healthcare can lead to more severe health conditions and higher mortality rates. Improving access to culturally competent healthcare services and addressing geographical disparities are critical steps.

**4. Mental Health Disparities -** The connection between mental health disparities and Māori health inequities is evident. Māori populations experience higher rates of mental health issues which can be linked to discrimination socioeconomic disparities and historical trauma related to colonization. Culturally sensitive mental health services that acknowledge these factors are essential to addressing mental health inequities.

### Pacific Islander Population

**1. Non-Communicable Diseases (NCDs)** - Health inequities within the Pacific Islander population are strongly linked to non-communicable diseases particularly obesity and related conditions (McElfish, et al., 2021). These health disparities are influenced by cultural factors such as traditional diets as well as socioeconomic determinants like lower income and limited access to healthier food options. The relationship between dietary habits income and obesity rates underscores the need for interventions that focus on promoting healthier food choices and addressing economic disparities.

**2. Tuberculosis Rates -** Tuberculosis rates among Pacific Islander communities are linked to both cultural and socioeconomic determinants. Overcrowded living conditions in some Pacific Islander communities contribute to the spread of TB while latent TB infection acquired in their countries of origin plays a role (Burke, et al., 2021). Addressing this health inequity requires both improved living conditions and targeted TB prevention and treatment programs.

**3. Mental Health Disparities -** The relationship between mental health disparities and cultural and socioeconomic determinants is evident within the Pacific Islander population. Discrimination acculturation stress and limited access to culturally appropriate mental health support contribute to mental health inequities. Culturally competent and accessible mental health services are crucial to address these disparities.

**4. Access to Healthcare -** Access to healthcare services is a common determinant affecting Pacific Islander health inequities. Language barriers limited health literacy and a lack of culturally competent healthcare providers hinder access to quality care (Matin, et al., 2021). Socioeconomic factors including poverty and housing instability further exacerbate healthcare inequities. Addressing these disparities requires targeted efforts to improve access to culturally sensitive healthcare services and to address broader socioeconomic challenges.

In conclusion, the relationship between health inequities and determinants of health for the Māori and Pacific Islander population groups in New Zealand is complex and interconnected. Socioeconomic disparities cultural factors access to healthcare and mental health disparities all contribute to the health inequities experienced by these communities. Addressing these disparities requires a holistic approach that considers the multifaceted nature of these determinants. Policymakers healthcare providers and community organizations must collaborate to develop and implement culturally sensitive interventions that tackle the root causes of health inequities and promote better health outcomes for these population groups in Aotearoa/New Zealand.

# References

Arias, E., Tejada-Vera, B., & Ahmad, F. (2021). Provisional life expectancy estimates for January through June, 2020.

Brown, A. A., & Crema, E. R. (2021). Māori population growth in pre-contact New Zealand: regional population dynamics inferred from summed probability distributions of radiocarbon dates. *The Journal of Island and Coastal Archaeology*, *16*(2-4), 572-590.

Burke, R. M., Nliwasa, M., Feasey, H. R., Chaisson, L. H., Golub, J. E., Naufal, F., ... & MacPherson, P. (2021). Community-based active case-finding interventions for tuberculosis: a systematic review. *The Lancet Public Health*, *6*(5), e283-e299.

Burnatowska, E., Surma, S., & Olszanecka-Glinianowicz, M. (2022). Relationship between mental health and emotional eating during the COVID-19 pandemic: A systematic review. *Nutrients*, *14*(19), 3989.

Chiavaroli, V., Gibbins, J. D., Cutfield, W. S., & Derraik, J. G. (2019). Childhood obesity in New Zealand. *World Journal of Pediatrics*, *15*, 322-331.

Cords, O., Martinez, L., Warren, J. L., O'Marr, J. M., Walter, K. S., Cohen, T., ... & Andrews, J. R. (2021). Incidence and prevalence of tuberculosis in incarcerated populations: a systematic review and meta-analysis. *The Lancet Public Health*, *6*(5), e300-e308.

Culp, M. B., Soerjomataram, I., Efstathiou, J. A., Bray, F., & Jemal, A. (2020). Recent global patterns in prostate cancer incidence and mortality rates. *European urology*, *77*(1), 38-52.

Dorouka, P., Papadakis, S., & Kalogiannakis, M. (2020). Tablets and apps for promoting robotics, mathematics, STEM education and literacy in early childhood education. *International Journal of Mobile Learning and Organisation*, *14*(2), 255-274.

Hobbs, M., Ahuriri-Driscoll, A., Marek, L., Campbell, M., Tomintz, M., & Kingham, S. (2019). Reducing health inequity for Māori people in New Zealand. *The Lancet*, *394*(10209), 1613-1614.

Hossain, M. M., Tasnim, S., Sultana, A., Faizah, F., Mazumder, H., Zou, L., ... & Ma, P. (2020). Epidemiology of mental health problems in COVID-19: a review. *F1000Research*, *9*.

Kim, J., Rundle-Thiele, S., & Knox, K. (2019). Systematic literature review of best practice in food waste reduction programs. *Journal of Social Marketing*, *9*(4), 447-466.

Lindley, K. J., Aggarwal, N. R., Briller, J. E., Davis, M. B., Douglass, P., Epps, K. C., ... & American College of Cardiology Cardiovascular Disease in Women Committee and the American College of Cardiology Health Equity Taskforce. (2021). Socioeconomic determinants of health and cardiovascular outcomes in women: JACC review topic of the week. *Journal of the American College of Cardiology*, *78*(19), 1919-1929.

Majumder, P. (2019). Exploring stigma and its effect on access to mental health services in unaccompanied refugee children. *BJPsych Bulletin*, *43*(6), 275-281.

Matin, B. K., Williamson, H. J., Karyani, A. K., Rezaei, S., Soofi, M., & Soltani, S. (2021). Barriers in access to healthcare for women with disabilities: a systematic review in qualitative studies. *BMC women's health*, *21*, 1-23.

McElfish, P. A., Purvis, R., Willis, D. E., & Riklon, S. (2021). Peer reviewed: COVID-19 disparities among Marshallese Pacific Islanders. *Preventing chronic disease*, *18*.

O'Meara, L., Turner, C., Coitinho, D. C., & Oenema, S. (2022). Consumer experiences of food environments during the Covid-19 pandemic: Global insights from a rapid online survey of individuals from 119 countries. *Global food security*, *32*, 100594.

Ouakrim, D. A., Wilson, T., Waa, A., Maddox, R., Andrabi, H., Mishra, S. R., ... & Blakely, T. (2023). Tobacco endgame intervention impacts on health gains and Māori: non-Māori health inequity: a simulation study of the Aotearoa/New Zealand Tobacco Action Plan. *Tobacco Control*.

Singu, S., Acharya, A., Challagundla, K., & Byrareddy, S. N. (2020). Impact of social determinants of health on the emerging COVID-19 pandemic in the United States. *Frontiers in public health*, *8*, 406.