



18 June, 2012

Ministry for Primary Industries
PO Box 2526
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Tēnā koe

The future of folic acid fortification of bread in New Zealand: MPI discussion paper 2012/02

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to contribute to the discussion on the folic acid fortification of bread in New Zealand, though we strongly regret that this is still at the discussion stage. The knowledge and means to address this significant public health issue and prevent the unnecessary and prolonged human suffering caused through neural tube defects (NTD) has been in the hands of authorities for **decades** and subject to numerous reviews. The continued failure to act to reduce harm because of commercial opposition to mandatory fortification is unconscionable in a democratic country with any pretension to equity and the socially and scientifically responsible use of public health resources.

The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 46,000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and we have over 20 Colleges and Sections representing clinical specialities. This submission is informed by members - particularly those in the Nurses for Children and Young People Aotearoa Section, and staff, including nursing, policy, Māori and research advisers.

In brief, NZNO **supports Option 1** requiring mandatory folic acid fortification of bread as defined by the current standards, but **does not support** further delay or a long phasing-in period.

Discussion

While the incidence of *spina bifida* and other NTDs has fallen in recent years, it does not lessen the need for regulation because the drop is largely attributable to increased awareness of the need for folate in pregnancy and greater availability of pre gestation diagnoses and pregnancy termination. These are, in our opinion, blunt, unpredictable and inequitable instruments with which to control NTDs; they place undue responsibility on individuals for dietary controls which modern commercial agriculture and food production processes that potentially contribute to nutritional deficiencies, do not allow for. Moreover, the absence of regulation specifically fails to address the needs of the poorest, youngest, and most vulnerable members of society, perpetuating the structural discrimination highlighted in the Human Rights Commission's annual Review of Race Relations in New Zealand in 2011 *Tūi Tūi Tutuiā*, and in their earlier discussion paper on *Structural Discrimination: the elephant in the room* (2011), both available from their website: <http://www.hrc.co.nz/>.

There is abundant evidence indicating that entrenched and intolerable health inequalities exist between Māori and non-Māori as a result of differential access to the social and economic resources required for health, and differences in the quality of care and treatments received (see, for instance, Parore, 2012 and Robson, 2012). Ethnic and socio-economic differences in disease incidence and outcomes are symptomatic of systemic or institutionalised racism which the World Health Organisation (WHO) Commission on the Social Determinants of Health has convincingly established can only be addressed by removing the structural (i.e. regulatory and socio economic) barriers to ill health. Of the three overarching recommendations made by the Commission in its Report *Closing the gap in a generation: Health equity through action on the social determinants of health* (WHO, 2008) - improve daily living conditions; tackle the inequitable distribution of power and money and resources; measure and understand the impact of action on the social determinants of health - the second, is most pertinent to this issue.

There clearly is an imbalance of power, money and resources when short-term commercial interests take precedence over robust international evidence and the united advocacy of public health bodies representing those who not only deal directly with the long-term physical, emotional and resourcing consequences of

NTDs, but who also have the training and education necessary to understand the evidence-base for rational, humane and cost-effective regulation.

NZNO **does not support** further delay or a long phasing-in period. The industry has known about this issue for a very long time, and bread makers in other countries have managed to accommodate similar standards for many years. By contrast we draw your attention to the socially proactive response of salt producers in Aotearoa New Zealand who, on hearing WHO recommendations on iodizing salt in 2000, immediately set about researching and developing new processes to accommodate the iodisation of rock salt which had not been available previously, and who prepared for iodisation well before regulation made it mandatory (Head, 2006). We also note, with some disquiet, that the National Health Committee last year sought advice on a referral for funding an innovative surgical intervention for NTDs - prenatal repair of Myelomeningocele (*Spina Bifida*) - the cost, conditions and required expertise for which would inevitably limit its application to only one two fetuses per year. We repeat the advice given in our submission recommending "a parallel action to this medicalised and selective approach i.e. the implementation of long-delayed regulation for folate-enrichment of flour to lower the risk of NTDs generally would lead to better and more equitable health outcomes." This example highlights the risk of inaction on proven preventative health measures which potentially benefit all New Zealanders (though not all will bear children, the costs of resourcing disability, and supporting those not in active employment, are borne by all through universal taxation) by reducing demand for complex secondary healthcare.

In conclusion, NZNO strongly urges the Ministry to put an end to the protracted and divisive debate which has seen successive recommendations for mandatory fortification delayed and led to dozens of children being born with preventable NTDs and whole of life disability. We recommend the Ministry takes immediate steps to implement mandatory fortification in bread.

Nāku noa, nā



Marilyn Head

POLICY ANALYST

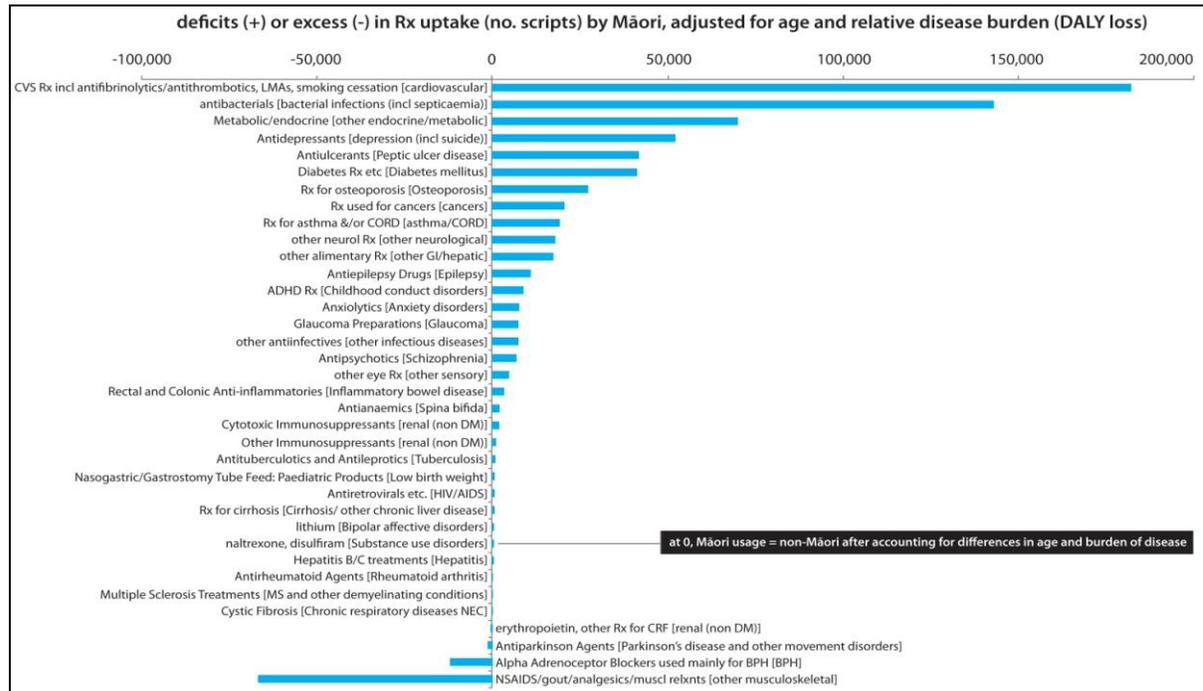
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ABOUT NZNO

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NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.