

The New Zealand government should be commended for including the nation's wellbeing as a measure of success. However, health inequity in New Zealand is persistent.<sup>1,2</sup> The few credible reductions in inequity between Māori and non-Māori populations raise questions about the effectiveness of policies to date.<sup>1-3</sup> As we discuss, to address inequity, New Zealand may have to revisit deep-rooted historical, cultural, and systemic issues.

Intergenerational inequity is entrenched through colonisation, the ramifications of which are passed to current generations.<sup>3</sup> Māori people have been politically, economically, and socially undermined, leading but not limited to, lower income and life expectancy, poorer education and health outcomes, and stigmatisation within healthcare.<sup>1</sup> Indeed, the harmful effects of Crown action, inaction, laws and policies upon Māori health are the subject of 180+ claims currently before the Waitangi Tribunal, as part of the Health Services and Outcomes Inquiry (WAI 2575). However, in spite of overwhelming evidence regarding the social and economic determinants of population health<sup>1,4</sup> the consideration of Māori health inequity in a broader socio-political context remains contentious. While there continues to be a proliferation of research on the health outcomes of indigenous peoples, colonisation figures less frequently as an explanation.<sup>3</sup> The conceptualisation of inequity according to surface causes (health practices, psychosocial resources, health system access) or social status (socioeconomic position, ethnicity) belies the upstream drivers of structural inequity – ‘basic’ causes such as the colonial underpinnings of dominant culture, economic structures, political and legal systems.<sup>1</sup> Furthermore, colonisation is often situated as a historical event rather than an ongoing process negatively impacting on indigenous health.<sup>3</sup>

Initiatives designed to improve the health of Māori people include the establishment of Māori providers, cultural competence training, community-led programmes, and a health literacy focus. More recently it included a cross-government, culturally-grounded approach to providing services and opportunities to families; Whānau Ora. However, these initiatives are often constrained by systemic inertia and an apparent ambivalence towards addressing the underlying causes of Māori health inequities. Without appropriate dialogue, we risk becoming complacent about the tragedy and injustice of inequities.<sup>5</sup> While redistribution, decolonisation and power-sharing remain aspirational for indigenous peoples, public health has much to offer such dialogue; firstly via systemic and health determinants reorientation, and secondly, via the simultaneous encouragement of equity-focused policies and practices nationally and globally.

**Author's contributions:** all authors made contributions to this manuscript.

**Conflict of interest:** all authors have none to declare.

**Role of funding source:** none.

**Ethics committee:** N/A

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