



CHiLD
POVERTY
ACTION
GROUP

Te Tuia
WELL CHILD



Nikki Turner
March 2010





There are ...”consistent, comprehensive and compelling disparities in health outcomes and exposure to the determinants of ill health”....”despite the strength of these longstanding health inequalities, they do not create dismay, disbelief or horror. They have become expected. This acceptance and normalisation of inequalities provides an excuse for government inaction.”

Papaarangi Reid and Bridget Robson “Hauora Maori Standards of Health IV A study for the years 2000 - 2005





URGENCY to ACT

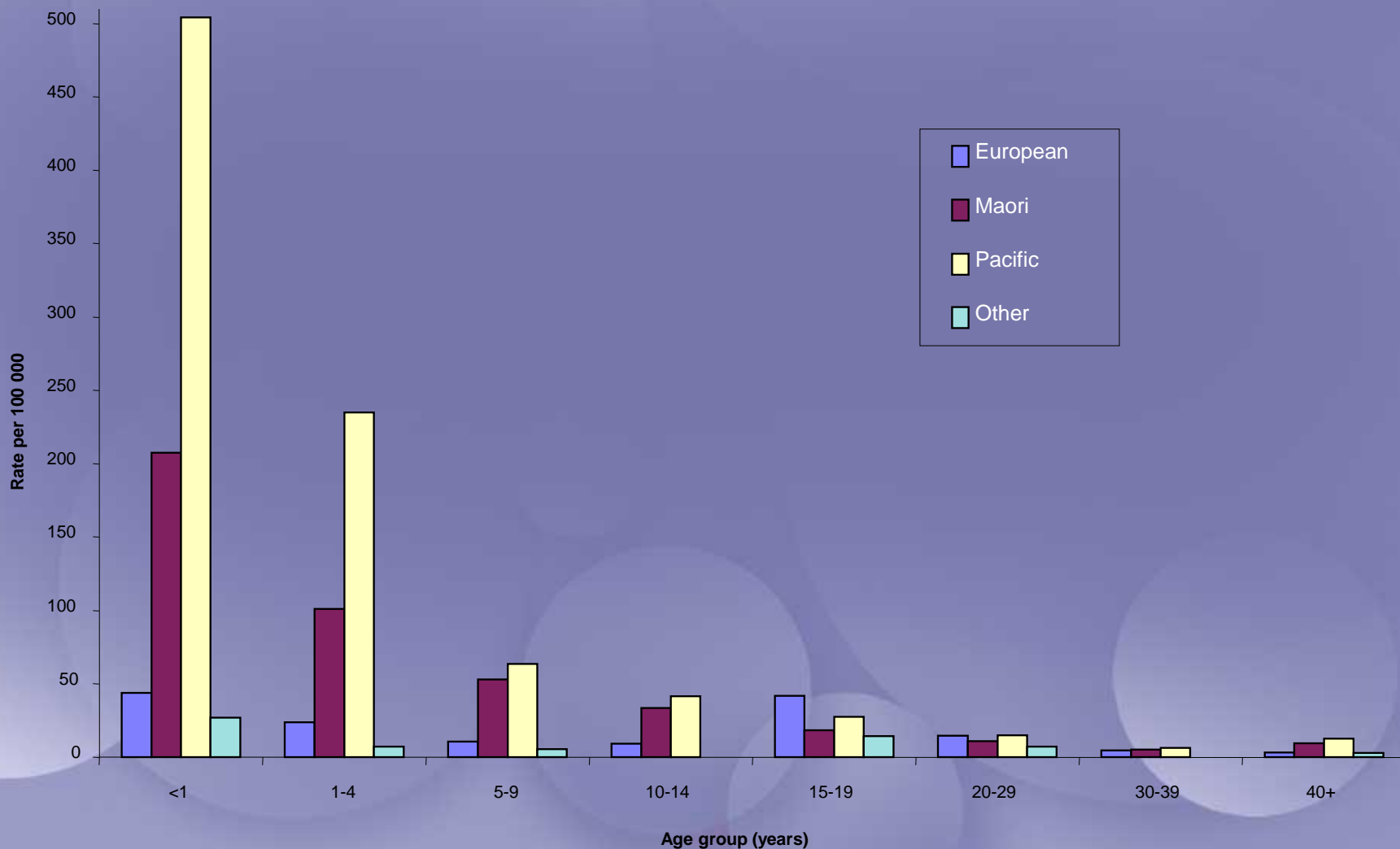
"Many things we need can wait. The child cannot. Now is the time his bones are being formed; his blood is being made; his mind is being developed. To him we cannot say tomorrow. His name is today."

Gabriela Mistral



A picture of a child's limb
severely affected from
meningococcal disease, that
will need to be amputated

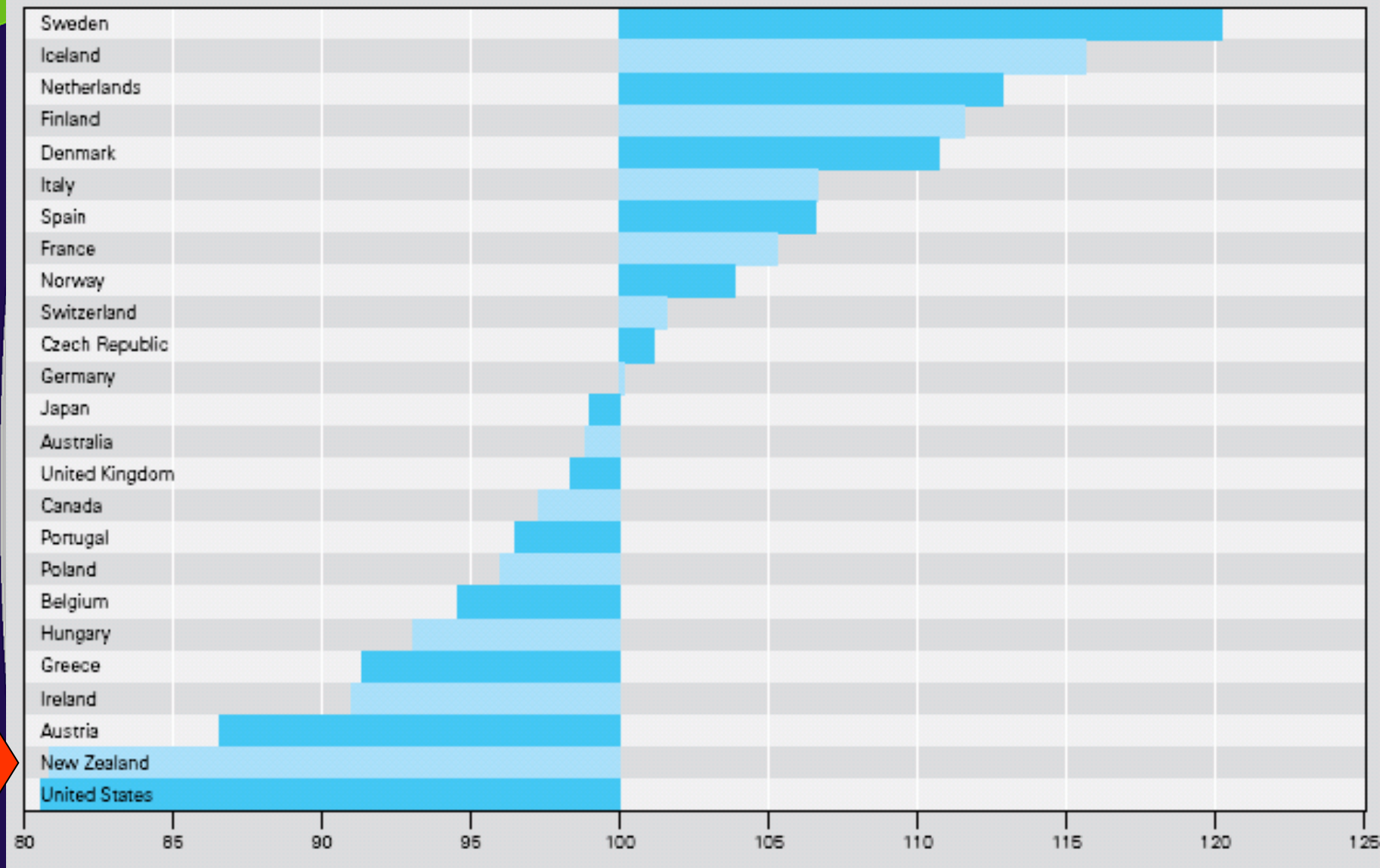
Meningococcal Disease Rates by Age & Ethnicity (2002)







Health and Safety of children, an OECD overview



Rates for Preventable Serious Bacterial Infections and Respiratory Diseases: International Comparisons

NZ rates are much higher for most of these preventable diseases

Disease	Other OECD Countries relative rate	New Zealand relative rate
Meningococcal disease	1 (Australia, Canada, USA)	5-17 1998 1 2008
Rheumatic fever	1 (OECD)	13.8
Serious skin infections	1 (USA, Australia)	2
Whooping cough	1 (UK, USA)	5-10
Pneumonia	1 (USA)	5-10
Bronchiectasis	1 (Finland)	8

Craig E, et al. NZCYES: Indicator Handbook. 2007.

Hospitalisation for Preventable Serious Bacterial Infections and Respiratory Diseases, Risk by 'Deprivation', 0-14 years, 2002-2006

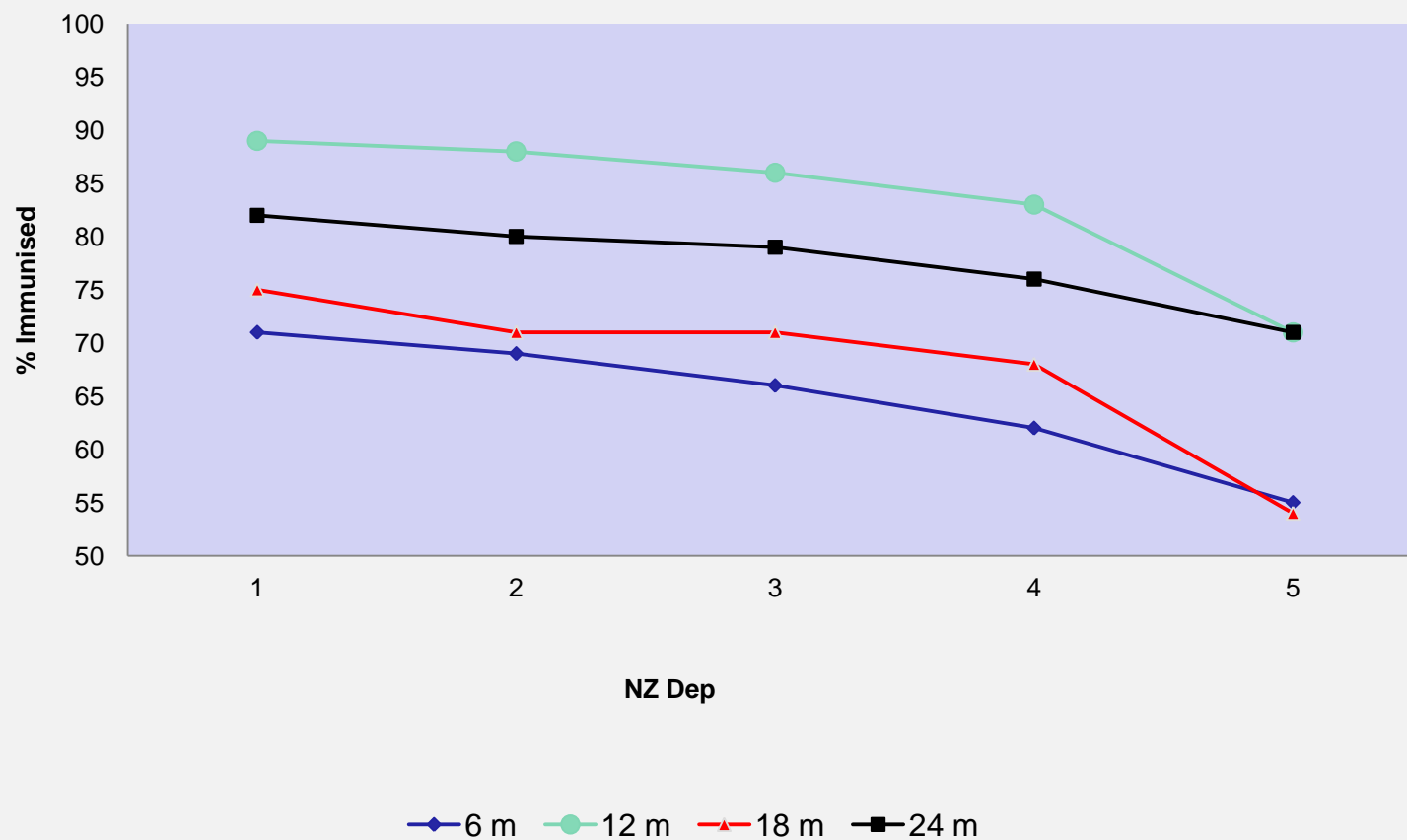
Cause of Hospital Admission	Least deprived (NZDep1)	Most deprived (NZDep10)
Meningococcal disease [#]	1	4.93
Rheumatic fever	1	28.65*
Serious skin infection	1	5.16
Tuberculosis	1	5.06*
Gastroenteritis	1	2.00
Bronchiolitis ^{##}	1	6.18
Pertussis	1	3.70*
Pneumonia	1	4.47
Bronchiectasis	1	15.58
Asthma	1	3.35
[#] 0-24yr ^{##} <1yr		
*NZDep9-10		

Source: Craig E, *et al.* NZCYES: Indicator Handbook. 2007.



% Immunised by NZ Dep


April - July 2008



Source: NIR Data 2008



‘Waimarie’

- 7 months old
 - 1 vaccination
 - Admitted with whooping cough
- 
- Solo mother, 17 years, one other sibling
 - No education past 14 years
 - History of physical/sexual abuse
 - Significant debt, Car repossessed
 - Very shy of authority figures – health, social services...
 - Abusive partner, drugs,
 - Moved 4 times since child is born
 - Currently with Aunty’s whanau, 16 in house, cold, damp, smokers



Why does she get sick?

- Organism and transmission
- Host immune response
- Access to health care





Why does she get sick?

- **Spread of the 'bug'**
 - Overcrowded
 - Surrounded by other sick people
 - Hygiene – coughing, handwashing
- **Weaker immune response**
 - Stressed
 - Not fully immunised
 - Poor nutrition
- **Reduced access to health care services**
 - Mother knowledge level
 - Late presentation
 - Cost/access





‘Jack’

- **9 years**
- **father in jail**
- **2 siblings, further sibling drowned aged 3 yrs**
- **Mother 29: medical condition, unable to sustain a job though trying – in and out of jobs**
- **Overweight**
- **Learning difficulties at school**
- **Bullying in the playground**



Medical history:

- **Multiple visits to GP and A +M**

Asthma, eczema, chest infections, skin infections, injuries, 10 hospital admissions – bronchiolitis (baby x2) asthma (x3), broken leg, head injury, cellulitis (x2), dental abscess



Jack's future.....

- **Poor health lifelong**
- **Obesity**
- **Drug and alcohol abuse**
- **School failure, limited occupational options**
- **Criminality**
- **Broken relationships**
- **Shorter life expectancy**





‘Kevin’

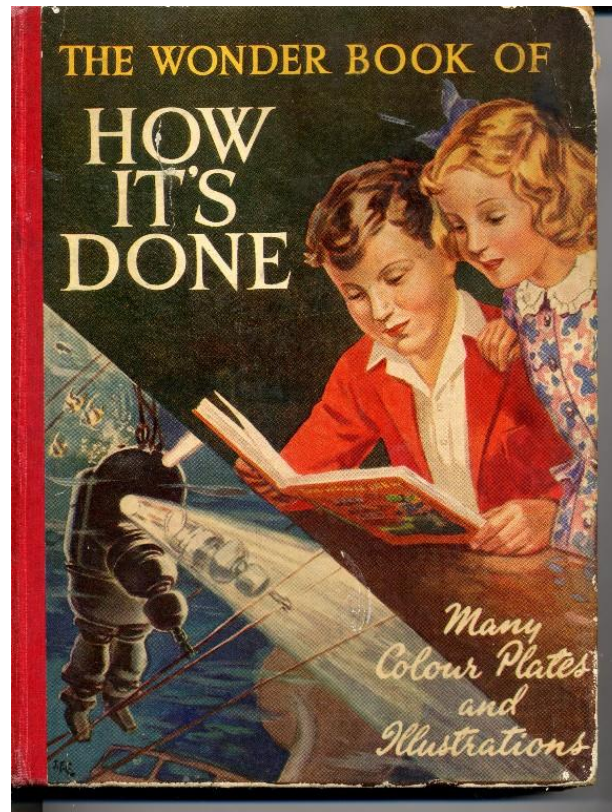
“I can’t sleep doctor”

- **49 years, rough sleeper**
- **Father drug and alcohol addiction, violent**
- **Left school early, semiliterate**
- **Strong gang affiliation till mid-life**
- **Multiple street drugs, P, alcohol.....**
- **Wife and 3 kids for 10 years**
 - She was scared of the gang world
 - Left him for a rich man in Australia
 - No contact with kids at all
- **Starting to drink meths**
- **?lwi unsure**





Where do we start.....?



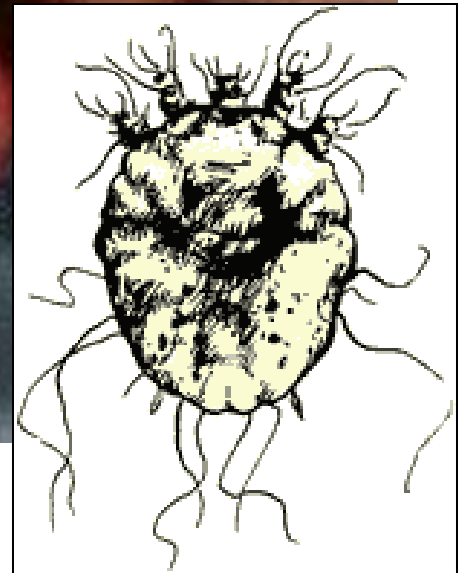


- **Awareness**
- **Empathy**
- **Practical help**
- **Advocacy**



Awareness



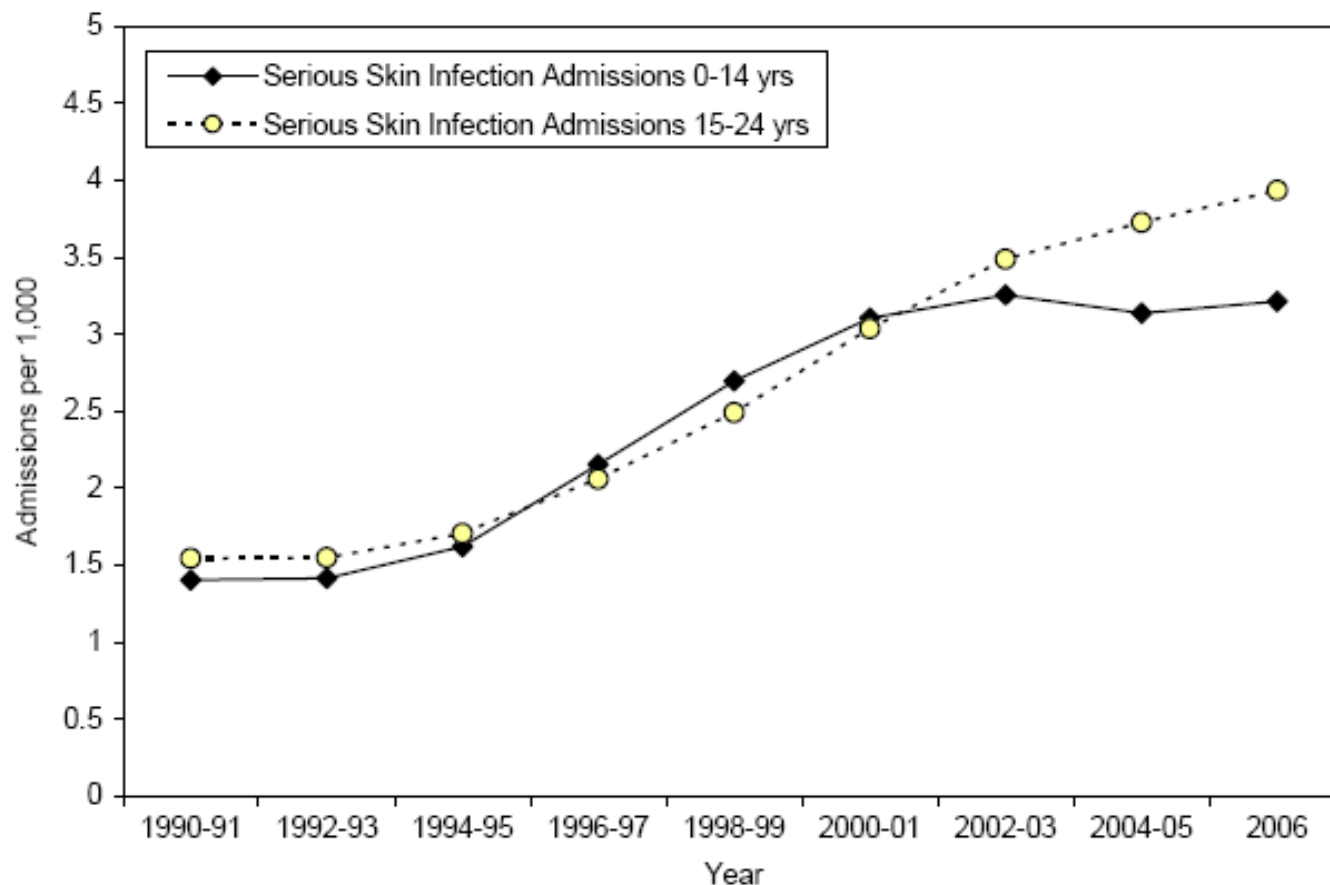






Serious skin infections

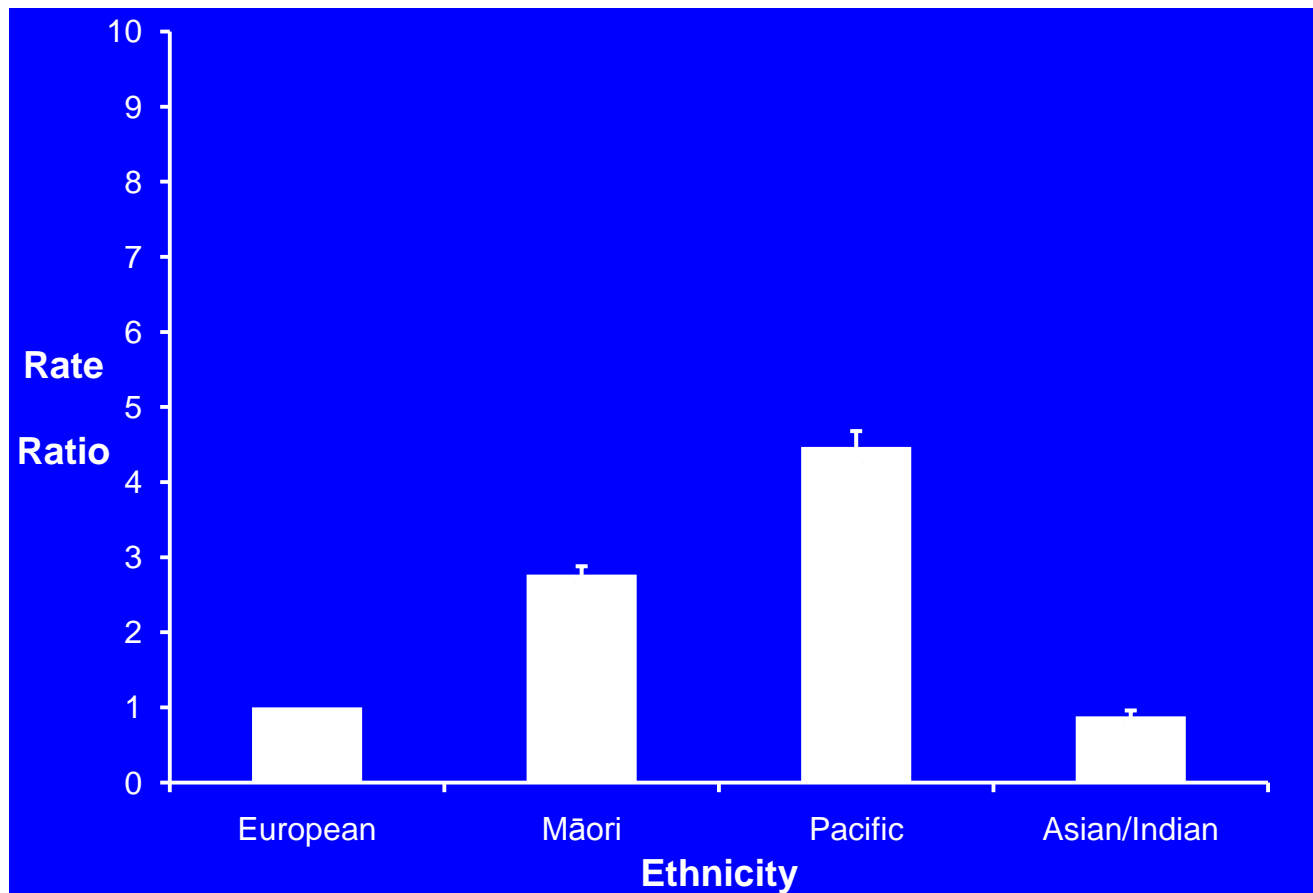
Hospital admissions 1990-2006



Graph from NZCHES, University of Otago

Serious Skin Infection Hospital Admissions 0-14 Years by Ethnicity

Māori have 3 times higher rates , and Pacific 5 times higher rates







After-hours costs.....

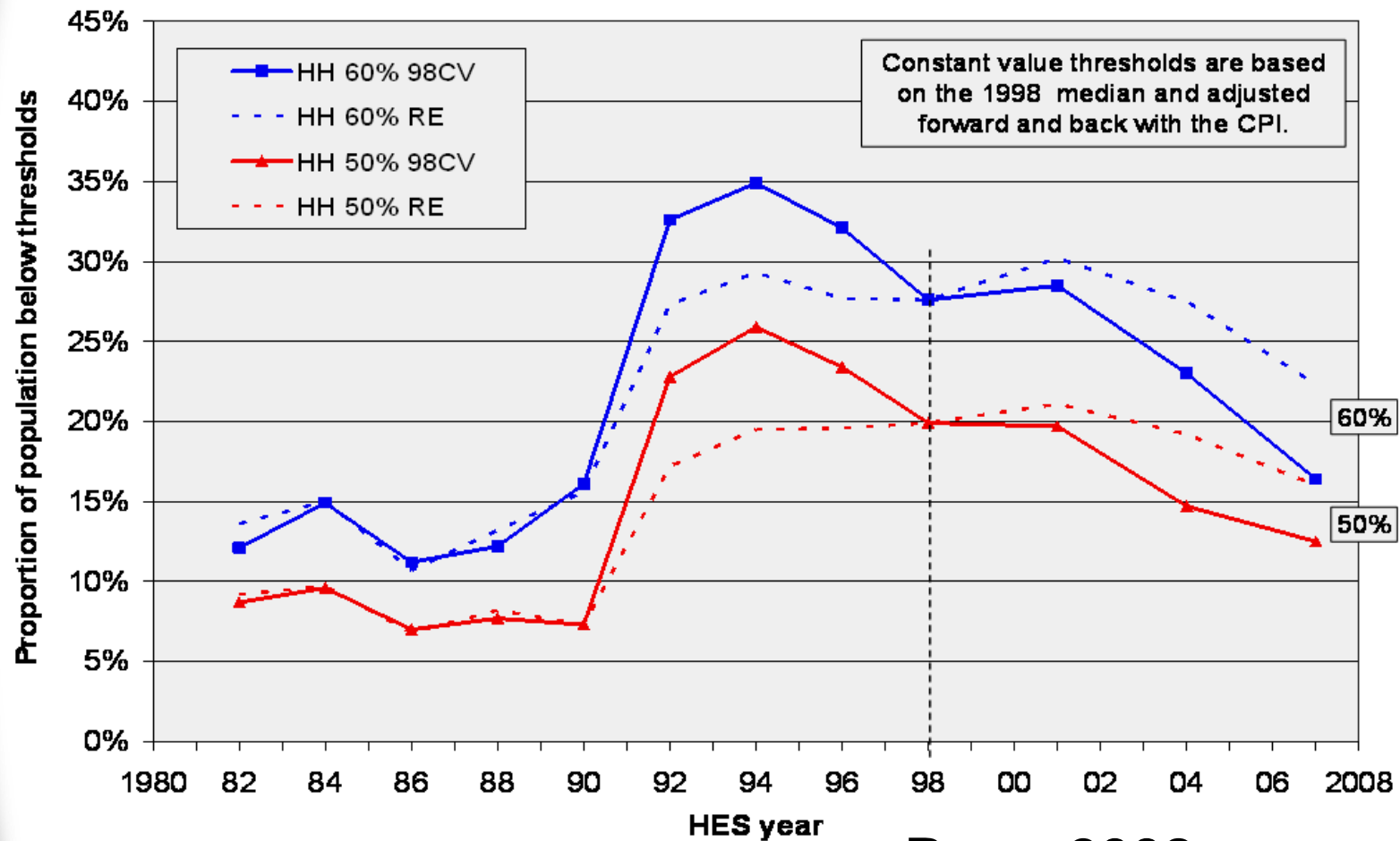




District	Under 6 yrs Range	Over 6 yrs Range
Auckland	Free	\$10 - \$50
Bay of Plenty	Free(hospital) - \$120	Free(hospital) - \$120
Canterbury	\$13- \$42	\$28 - \$57
South Canterbury	Free - \$30	\$17 - \$45
Capital & Coast (Wellington)	\$25	\$50
Counties Manukau	Free	Free - \$25
Hawkes Bay	\$5 - \$6	\$21 - \$26
Hutt	\$12 - \$25	\$45
Lakes (Rotorua, Taupo)	Free - \$22	\$21 - \$45
Mid Central (Manawatu)	\$8 - \$35	\$10 - \$40
Nelson Marlborough	\$10	\$40
Northland	Free - \$25	\$15 - \$55
Otago	Free - \$32	\$15 - \$57
Southland	\$17 - \$40	\$30 - \$55
Tairāwhiti	Discretion Free - \$25	Discretion Free-\$35
Taranaki	Free - \$27	\$25 - \$40
WestCoast	Free - \$10	\$25 - \$50
Waikato	Free - \$5	\$20 - \$25
Waitemata	\$6 - \$20	\$20 - \$35
Wairarapa	Free - \$5	\$25 - \$47
Wanganui	Free - \$5	Free (hospital) - \$29



Persistence of child poverty



Perry 2008



Why does childhood poverty matter?

Poverty in childhood affects their whole life

- affecting every health outcome
- educational outcome
- future jobs and income





Poverty leads to poor health

"Income is the single most important determinant of health. There is a persistent correlation worldwide between low income and poor health."

The National Health Committee in its report to the MOH in June 1998

"Determinants of Health in New Zealand: Action to Improve Health"



Poor children get sick more often

- The likelihood of a child being sick is 3 times higher for those in the bottom household income quintile

(Easton and Ballantyne, 2002)

- Hospital admission rates for children are significantly higher in low income areas

(Graham, Leversha and Vogel 2001)





A child from a low-income household has a 1.87 times higher risk of dying from an injury (non-road traffic accident) than from a high income family.

Overall a child from a low-income household has a 1.4 times higher risk of dying than a child from a wealthy household.

Shaw C, Blakely T, Crampton P, Atkinson J *The contribution of causes of death to socioeconomic inequalities in child mortality:*

New Zealand 1981-1999 Vol 118 No 1227 NZMJ 16 Dec 2005





Long term effects:

Poverty in childhood has long-lasting negative effects on adult health

University of Otago study; 1000 children born 1972-1973

Children who grow up in poorer families had more heart disease, poor dental health and more drug abuse as adults, regardless of their eventual income.

Poulton R, Caspi A, Milne B et al Association between children's experience of socioeconomic disadvantage and adult health: a life-course study Lancet 2002;360:1640-45



Practical definition of poverty in New Zealand

Insufficient income for:

Health care (transport, doctors fees, prescription costs, hospital parking)

Nutritious food every day

Adequate housing (not crowded or cold)

Clothing, shoes, bedding, washing facilities

Education (stationery, school donations, exam fees, school trips)



	% in severe/ significant hardship 2000	% in severe/ significant hardship 2004
CHILDREN	18%	26%
Adults 25-44 yrs	12%	15%
Adults 45 – 64 yrs	8%	10%
ADULTS 45 – 64 yrs	2%	4%

Summarising data from Fig 44, The Living Standards Report, MSD 2004

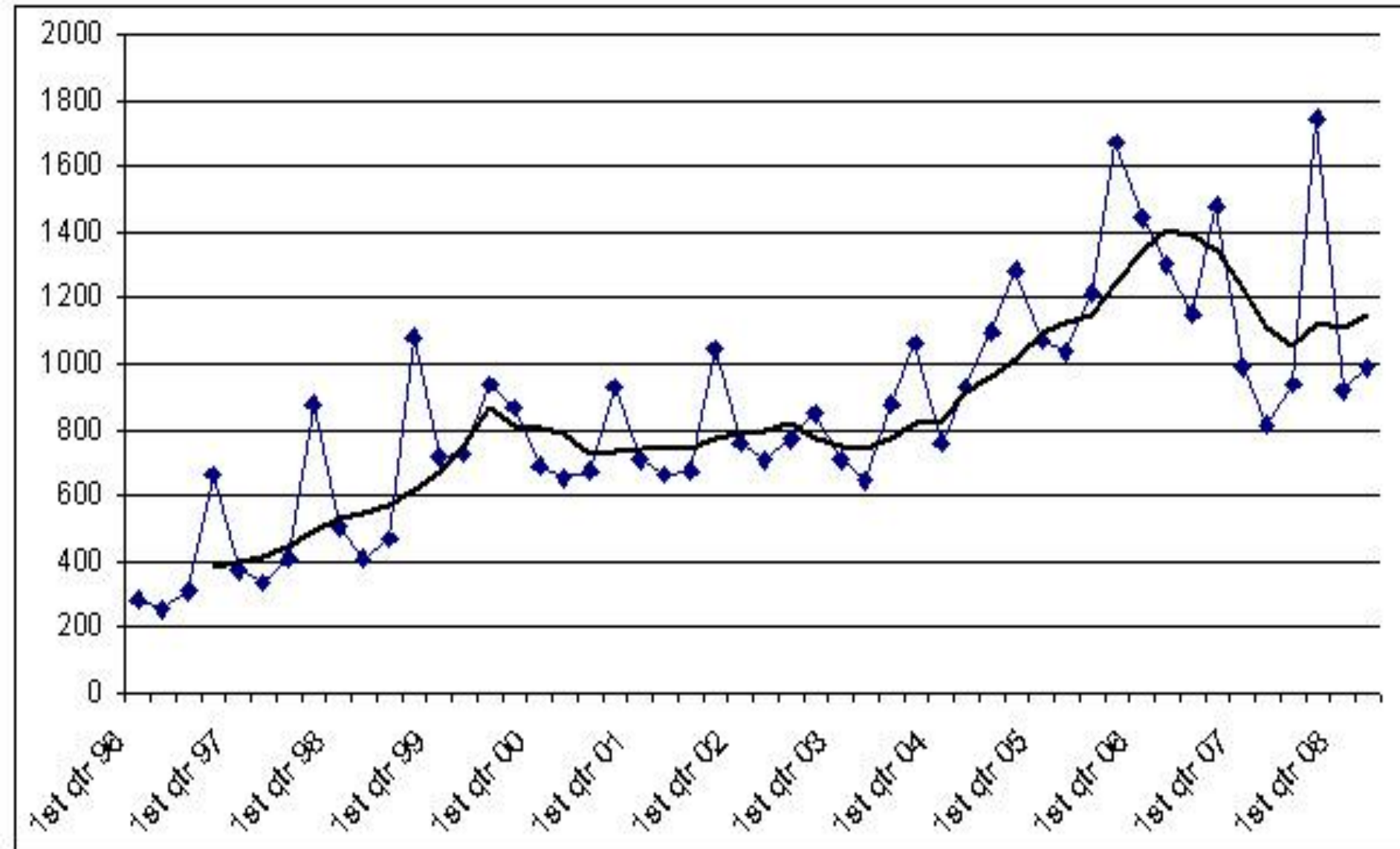


“If you have five bucks left to feed the family with at the end of the week, you’ll go and get \$4 worth of chips and a loaf of Rivermill bread, not fruit and vegetables.”

NZ Teacher 2005



Increasing Foodbank use Auckland City Mission





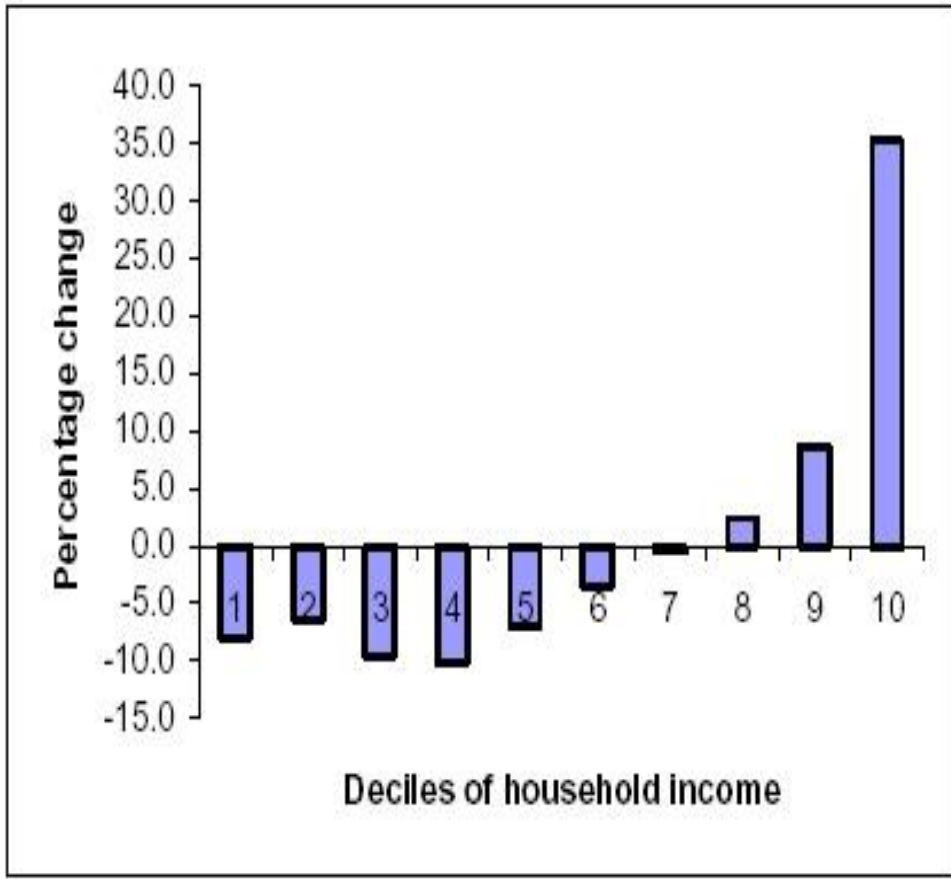
Empathy

Email to CPAG 29/1/10

“There will always be inequality because even amongst those with the best choices available to them, people have differing aspirations, and some will chose to make the most of their talents and abilities, and others will not. A just society will not reward the indolent the same as the industrious”



Figure 1: Percentage change in average household equivalent disposable income by decile, 1982 – 2001 (in \$2001)

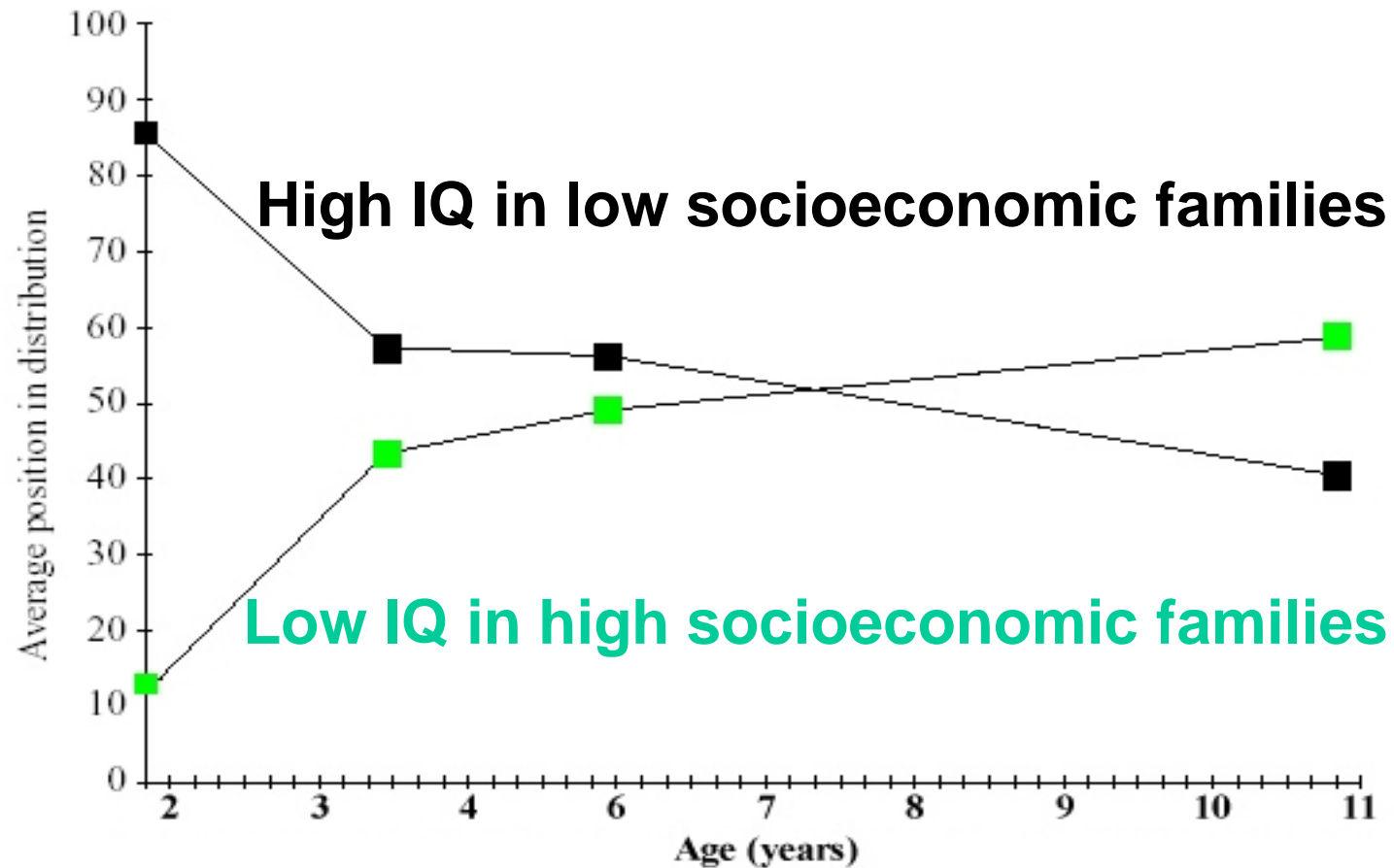


Decile 1 – poorest
10% of population
Decile 10 – richest
10%

Source: (Mowbray, 2001) updated by MSD 2004



Trajectories of Children on the Extremes



Leon Feinstein. Economica 2003; 70: 73-97



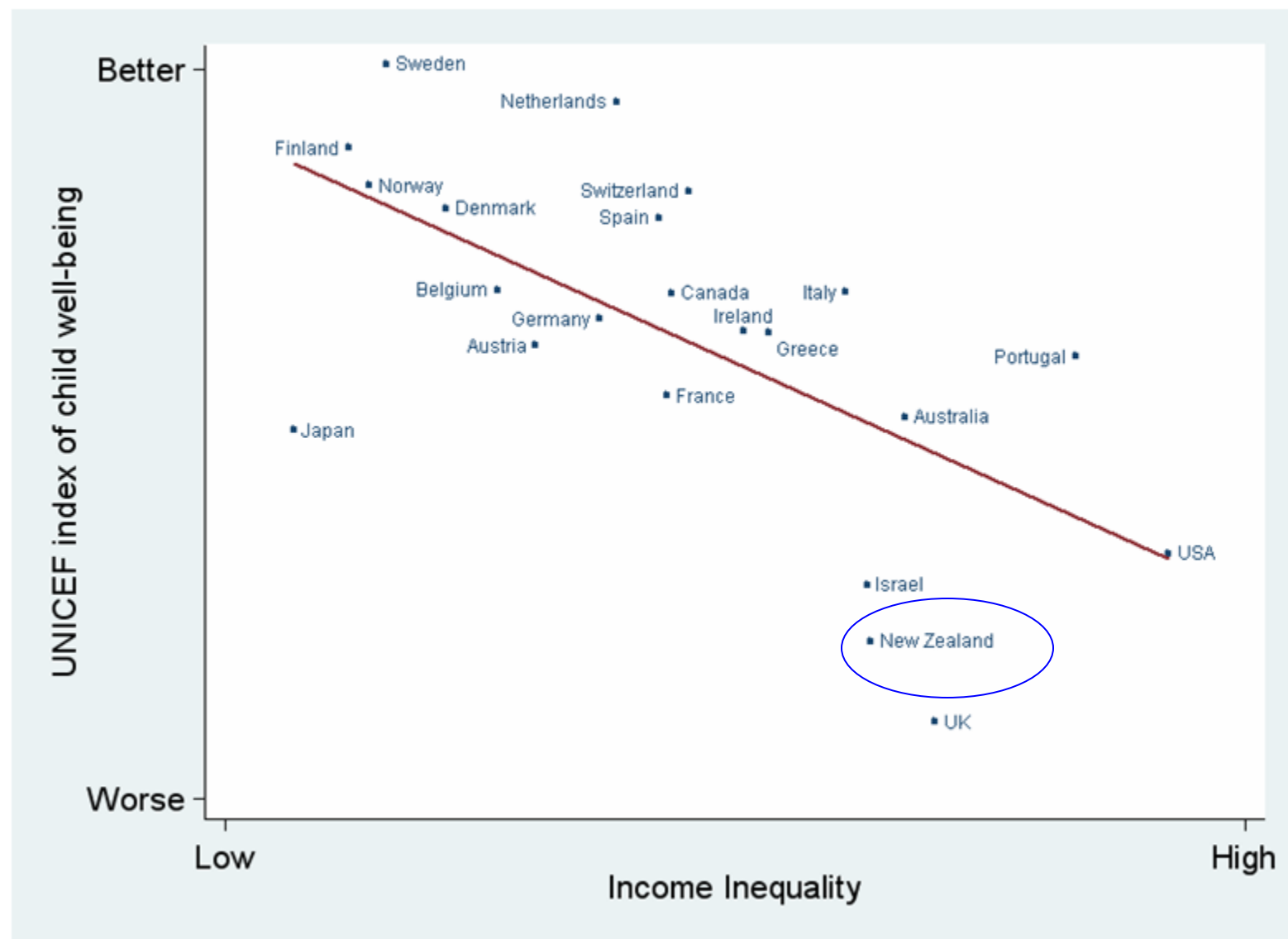
The Spirit Level

Why
More Equal
Societies
Almost
Always Do
Better

Richard
Wilkinson
and Kate
Pickett

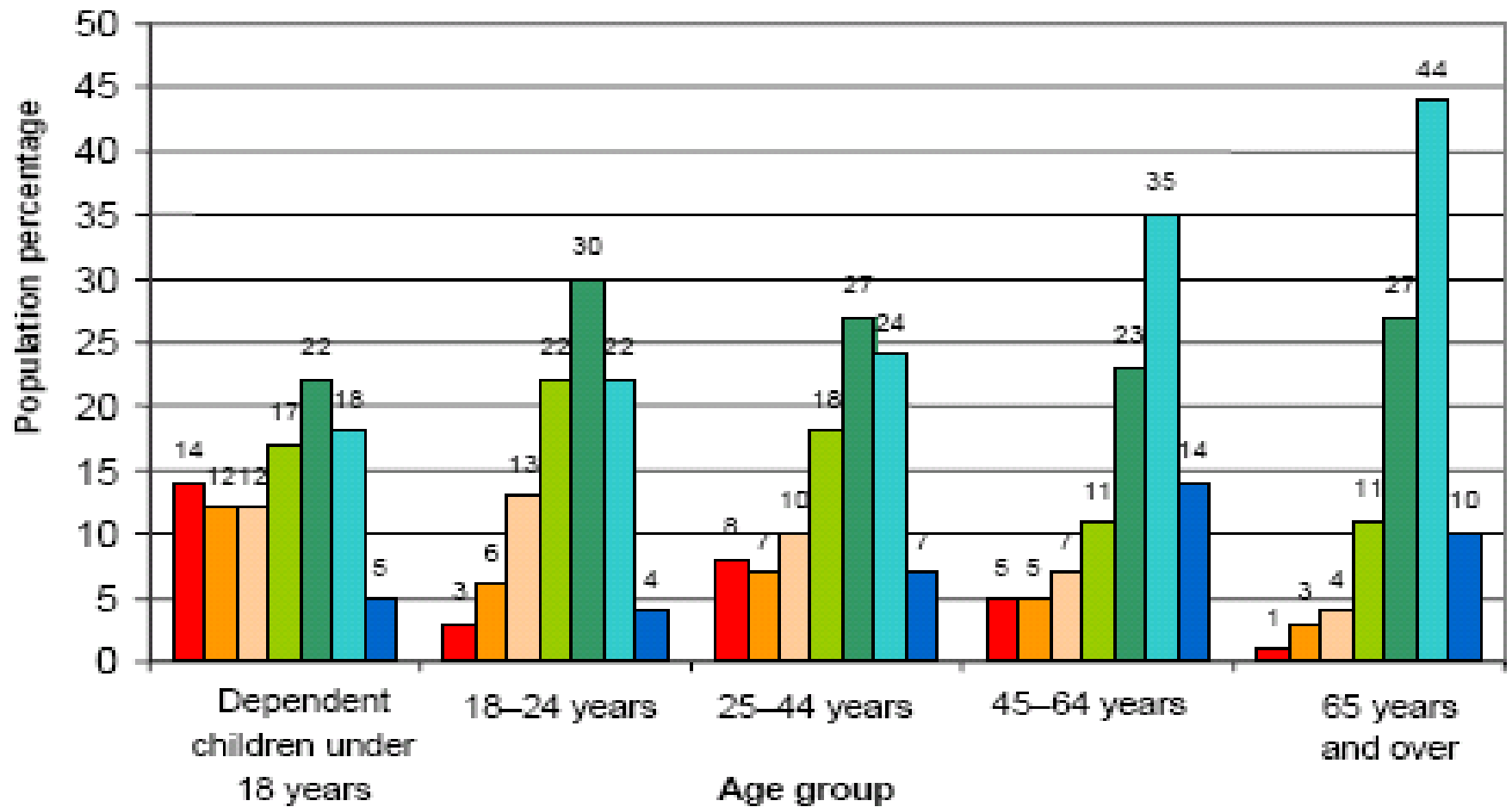


Child Well-being is Better in More Equal Rich Countries



Few old people are in hardship

NZ Super *is* a success story



From: The Living Standards Report, MSD 2004



Why has NZ has been so successful protecting older people from poverty?

We made income a priority with NZ Superannuation

- **Universal - everyone gets it**
- **Simple & adequate**
- **Does not change with work status**
- **Does not reduce in hard times**
- **Linked to prices and wages (indexed)**
- **We don't judge**



Practical Help.....



....? some options for Primary Care

- **Improving access to services**
 - Costs
 - Opening hours
 - Waiting room
- **Trusting relationships**
 - Enrolment and Early engagement
 - Knowledge of whanau , hapau, iwi
 - Stable team
 - Personal touches
- **Population Health approach**
 - Excellent classifications and systems
 - Code household smoking
 - Audits and active precalls/recalls
- **Relationships with our local community**
 - Iwi contacts
 - community groups, church groups
 - NGOs
 - Smoking cessation programmes, Drug and Alcohol services
 - PAFT, Family Start,.....
 - Healthy housing



Advocacy





Commission on Social Determinants of Health FINAL REPORT | EXECUTIVE SUMMARY



Closing the gap in a generation

Health equity through action on
the social determinants of health



**Social injustice is killing
people on a grand scale” Professor
Sir Michael Marmot et al 2008**

*WHO. Closing the Gap in a Generation: Health Equity through Action on
the Social Determinants of Health 2008*



Poverty Reduction Examples

- **Macro:**
 - Structural economic change
 - Taxation
 - Social Security
- **Health**
 - Meningococcal B vaccination campaign
 - Reduction in costs of health care for children (still not free)
 - Housing Insulation



CHiLD POVERTY ACTION GROUP

www.cpag.org.nz

Changes since 2001 potentially addressing child health/child poverty

Income:

- the Working For Families package
- improved child care subsidies
- tax cuts

Health:

- more money in primary health care, PHOs
- more Māori and Pacific health providers
- meningococcal vaccine
- National Immunisation Register
- pneumococcal vaccine

Housing:

- the building of some new state houses (waiting list 11,000)
- the Healthy Housing project which has improved the size and quality of some state houses
- increases in accommodation supplement
- new injection of money to retrofit all state houses with insulation
- insulation subsidies



CPAG:

Actions to reduce child poverty

Focus on the most disadvantaged children first, not last

Plan a programme to halve child poverty within 5 years,
and a timeline to eliminate it

Extend discriminatory In Work Tax Credit to all low income children

Reduce tax on low incomes

Increase level of income-support benefit, and index



Areas for CPAG focus

- **Housing**
- **Nutrition**
- **Access to primary care**
- **Education**



***E aku rangatira, he aha te mea nui o tenei ao?
Maku e kii atu,
he tamariki, he tamariki, a taatou, tamariki.***

Dame Anne Salmond



With thanks to IMAC whanau for the children illustrations



Te Tuia

WELL CHILD

<http://www.wellchild.org.nz/46/>



Vision

The collective vision of Te Tuia Well Child (TTWC) is to live in a country which takes responsibility for our children: New Zealand to offer the best health and well-being outcomes in the world for our children/mokopuna

Consortium Purpose

- To foster leading edge research and provide commentary**
- To advocate for a positive environment where children can flourish**
- To collectively be recognised experts for child health and well being commentary and strategic direction in New Zealand**



Te Tuia
WELL CHILD

March 2010
Edition

CHILD HEALTH WATCH

*Creating awareness of
crucial child health issues*



FINAL WORDS

‘Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has’

Margaret Mead