

Child health and government policy

Innes Asher 19 June 2010



CHiLD
POVERTY
ACTION
GROUP

Ehara tāku toa i te toa takitahi ēngari he toa takimano e

My strength is not mine alone, but that of many

**I started training in paediatrics in 1974,
and have been a paediatrician for 30 years**

I See Worse Disease and More of it Than 20 Years Ago

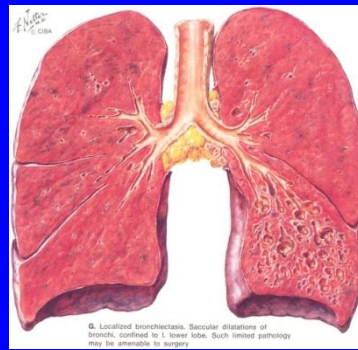
NZ hospitalisation rates for pneumonia in children are 5-10 times higher than those of other OECD countries

Repeated or severe pneumonia can cause permanent progressive lung damage = bronchiectasis

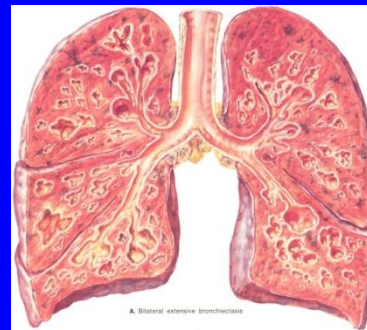
NZ incidence of bronchiectasis 8-9 times OECD countries



Child with
bronchiectasis



Normal lungs with
bronchiectasis
on bottom right



Bronchiectasis
all areas of the
lungs



Too sick to work or
death eg aged 35 yrs

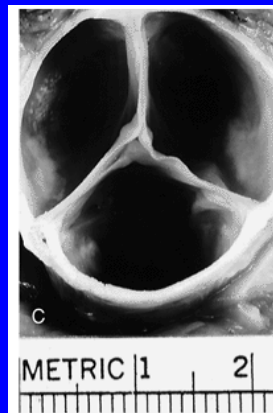
I See Worse Disease and More of it Than 20 Years Ago

Streptococcal sore throats can cause rheumatic fever
which can damage heart valves

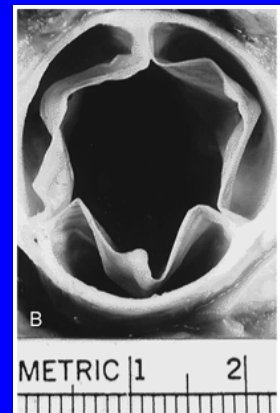
NZ hospitalisation rates for rheumatic fever in children
are 13 times other OECD countries



Strep sore throat



Normal heart
valve



Damaged valve
which leaks



Too sick to work or
death eg aged 30 yrs

I See Worse Disease and More of it Than 20 Years Ago

A scratch or an insect bite can proceed to serious skin infection where the flesh gets infected

Hospitalisations for serious skin infections have doubled since 1994, and are double Australian rates



Impetigo

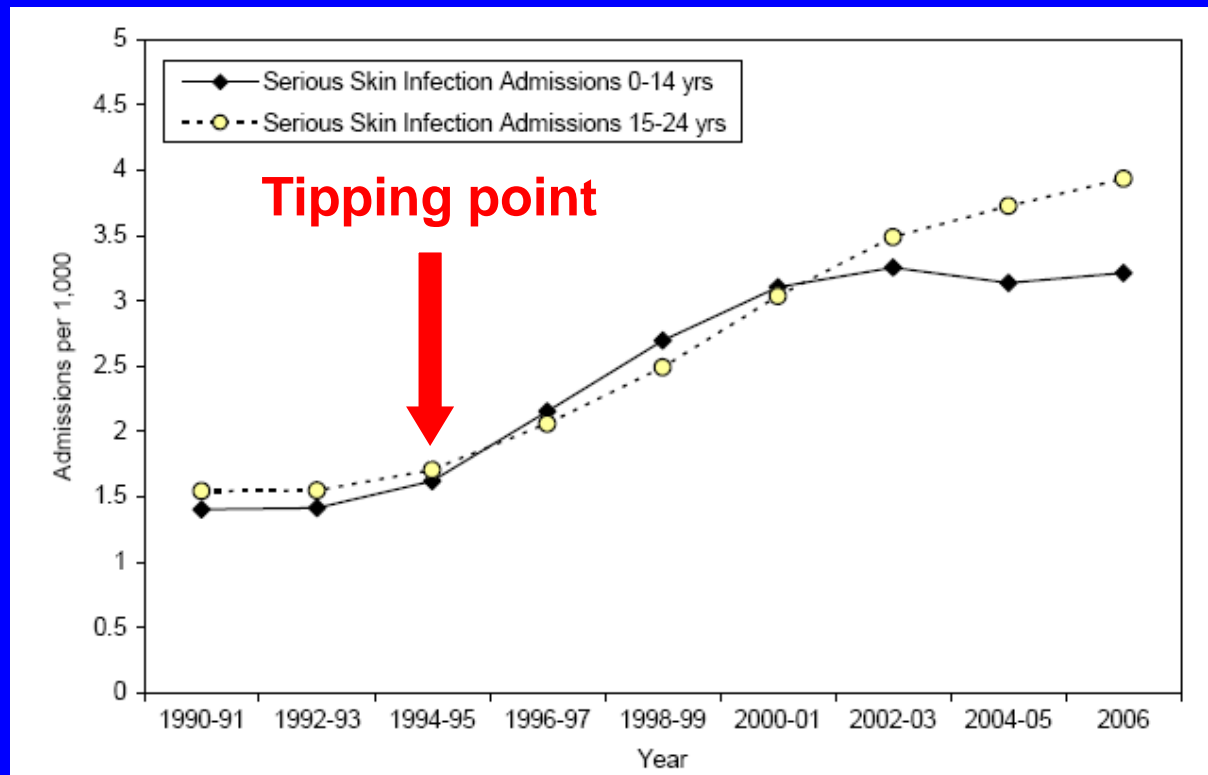


Serious skin infections



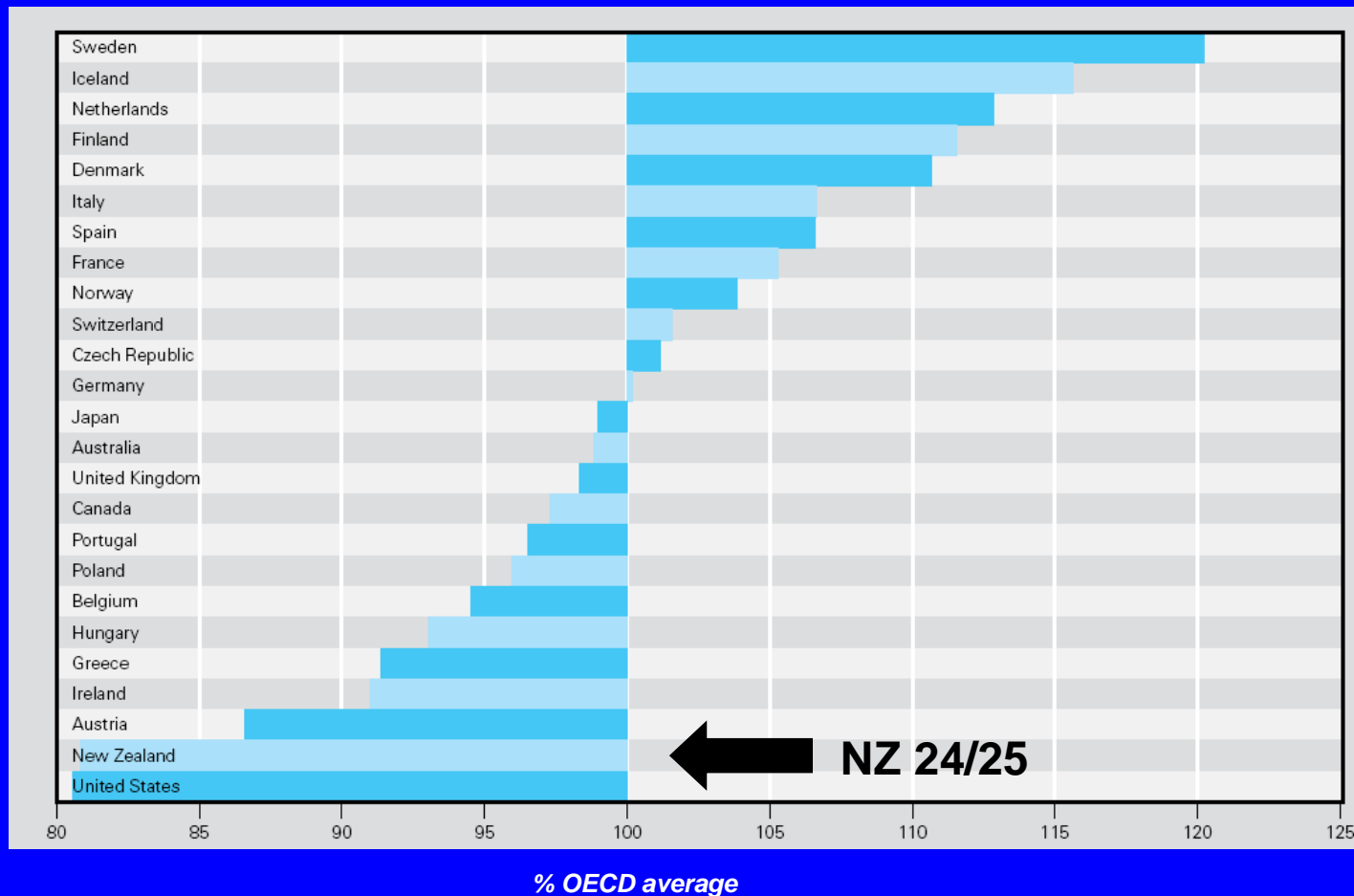
A Doubling of Serious Skin Infection Hospital Admissions 1994-2000 Indicates a Tipping Point for Child Health Around 1994

(years shown 1990-2006)



International comparisons

NZ children's health and safety – OECD (infant deaths, immunisation rates, deaths from injuries)



“Outcomes for NZ children are weak in several key areas...”

- *Highest rates of suicide 15-19yr*
- *Child mortality higher than average*
- *Immunisation rates are poor esp for measles & pertussis*

NZ needs to take a stronger policy focus on child poverty and child health....

NZ spends less than the OECD average on young children...

NZ should spend considerably more on younger, disadvantaged children”

New Zealand Child and Youth Epidemiology Service 2004

Monitoring the Health of
New Zealand Children
and Young People

Indicator Handbook



Dr Liz Craig PhD

PSNZ

Māori SIDS Programme

University of Auckland

University of Otago

Funding: MoH & DHBs

Rates for serious bacterial infections and respiratory diseases International comparisons

Disease	Other OECD countries relative rate	NZ relative rate
Meningococcal disease	1 (Australia, Canada, USA)	5-17 1998 1 2007
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

Inequalities within NZ

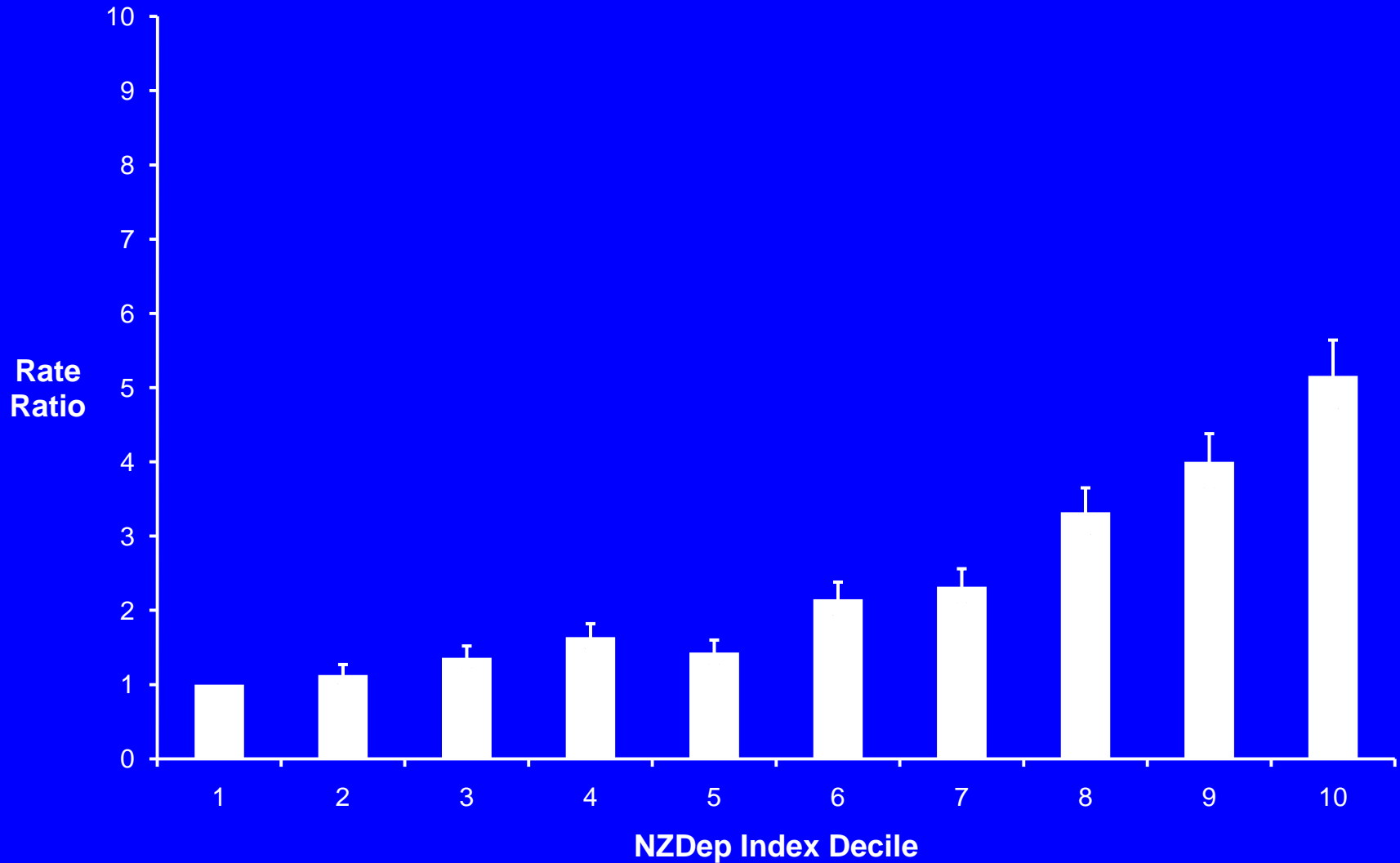
Hospitalisation for serious bacterial infections and respiratory diseases risk by 'DEPRIVATION' 0-14 yr 2002-2006

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

Serious skin infection hospital admissions 0-14 Years by NZDep Decile, 2002-6

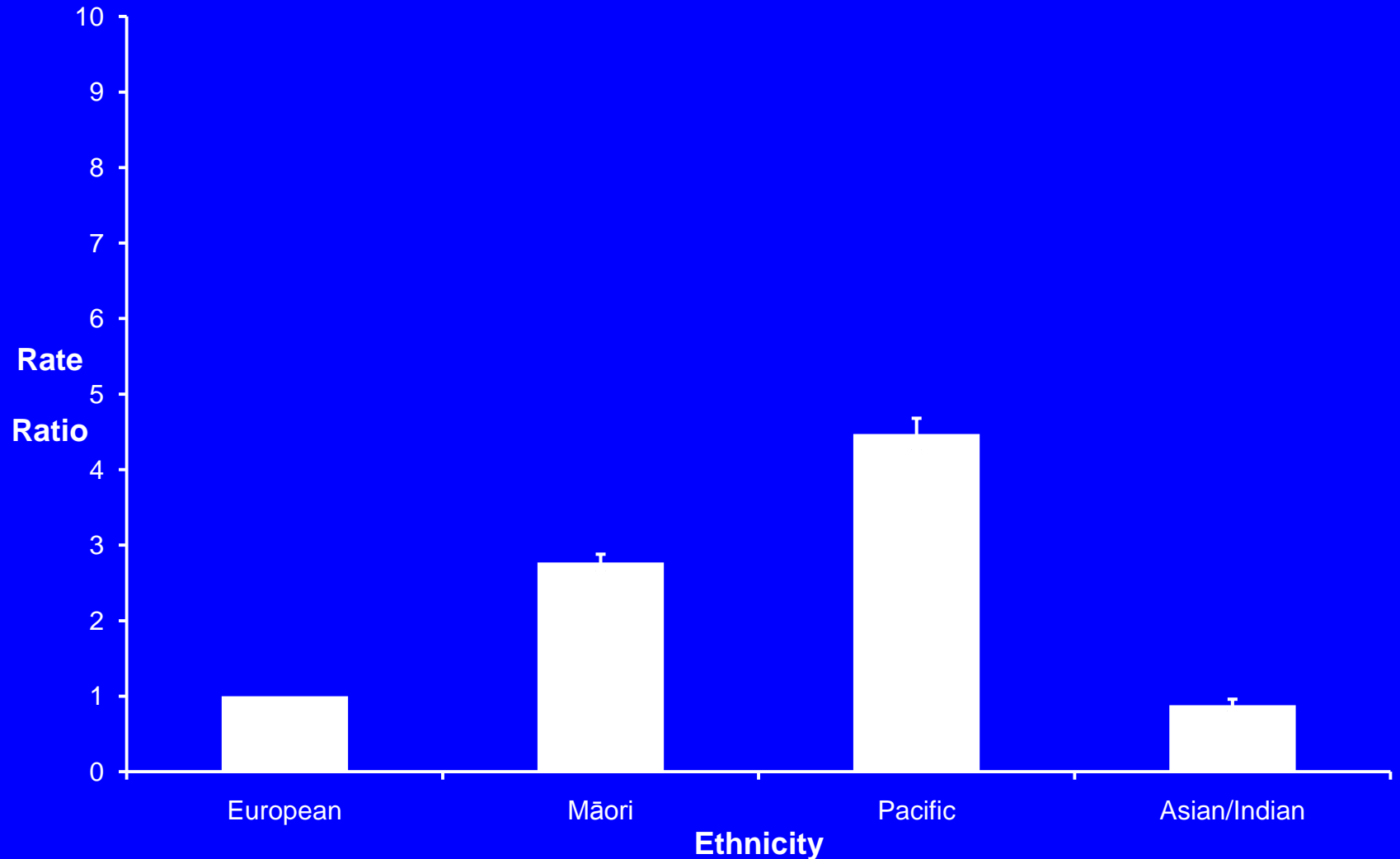


Hospitalisation for serious bacterial infections and respiratory diseases risk by ETHNICITY 0-14 yr 2002-2006

Cause of hospital admission	European	Māori	Pacific	Asian/Indian
Meningococcal disease#	1	2.13	4.05	0.31
Rheumatic fever	1	22.97	48.62	0.99
Serious skin infections	1	2.77	4.77	0.88
Tuberculosis	1	11.10	45.18	54.98
Gastroenteritis	1	0.88	1.45	1.10
Bronchiolitis	1	2.95	4.34	0.45
Pneumonia	1	2.04	5.07	1.05
Whooping cough	1	2.25	2.77	0.29
Bronchiectasis	1	4.03	10.63	0.7
Asthma	1	2.19	3.14	1.14

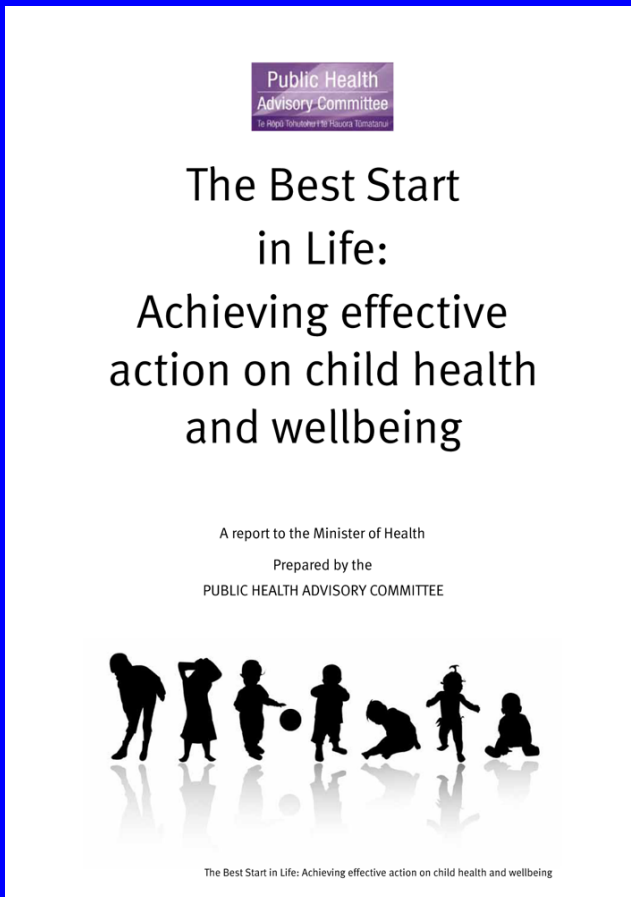
Craig E, et al. NZCYES: Indicator Handbook. 2007.

Serious skin infection hospital admissions 0-14 Years by Ethnicity 2002-6



These Problems Have Complex Origins

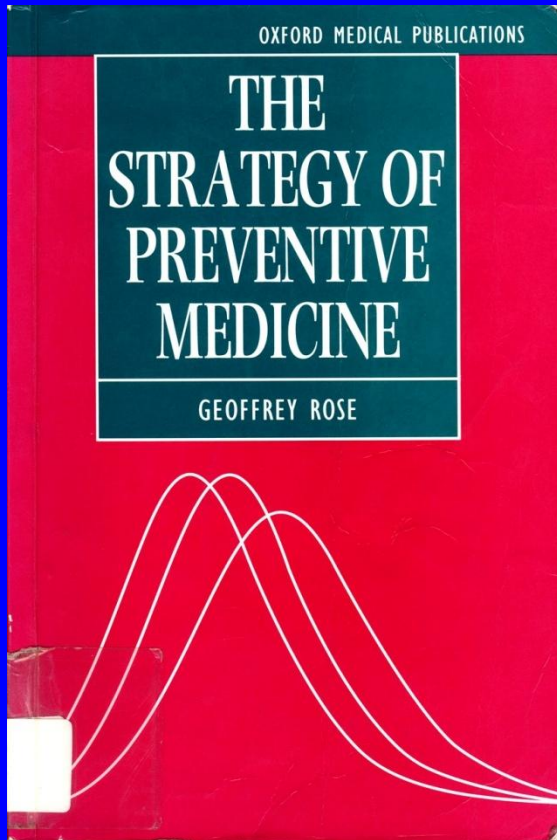
Investing more in children and improving their start
will reduce long-term welfare dependency



The depth of problems
and recommendations
for solving them are
addressed in this report
to the Minister of Health
by the Public Health Advisory
Committee 3 June 2010

1992

Professor Sir Geoffrey Rose

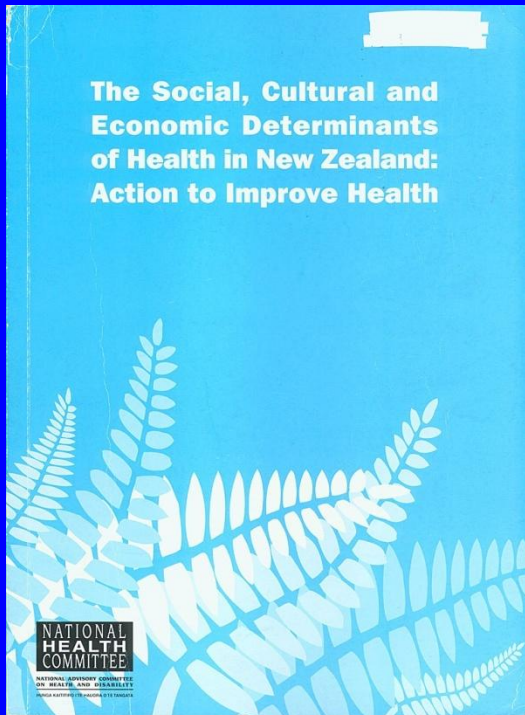


“The primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social.”

Medicine and politics cannot and should not be kept apart.”

1998

Professor Robert Beaglehole et al



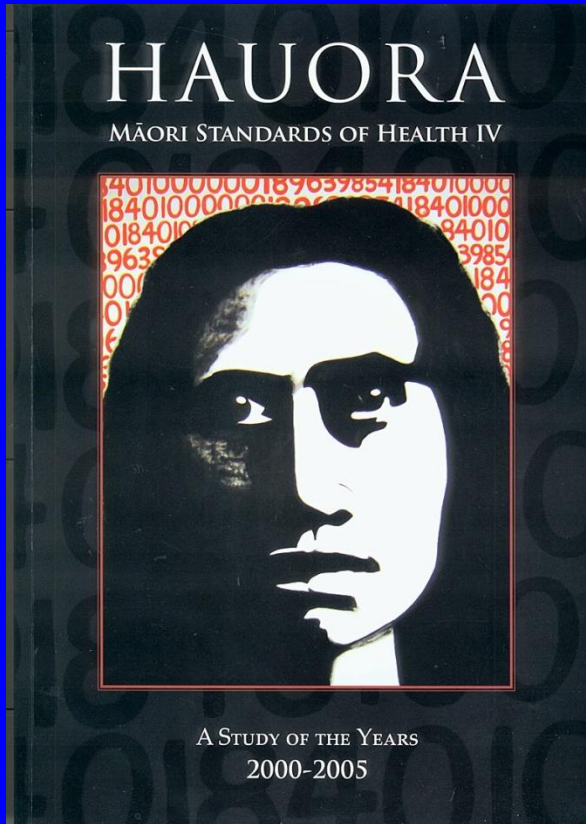
“Social, cultural and economic factors are the most important determinants of health. ..

There are deficiencies in income, education and housing which contribute to ill health, and the marked ethnic disparities. ..

There are immediate health gains to be made by applying information and knowledge that is already available”.

2007

Drs Papaarangi Reid & Bridget Robson



“...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”

What is the Root Cause of These Preventable Diseases?

Poverty

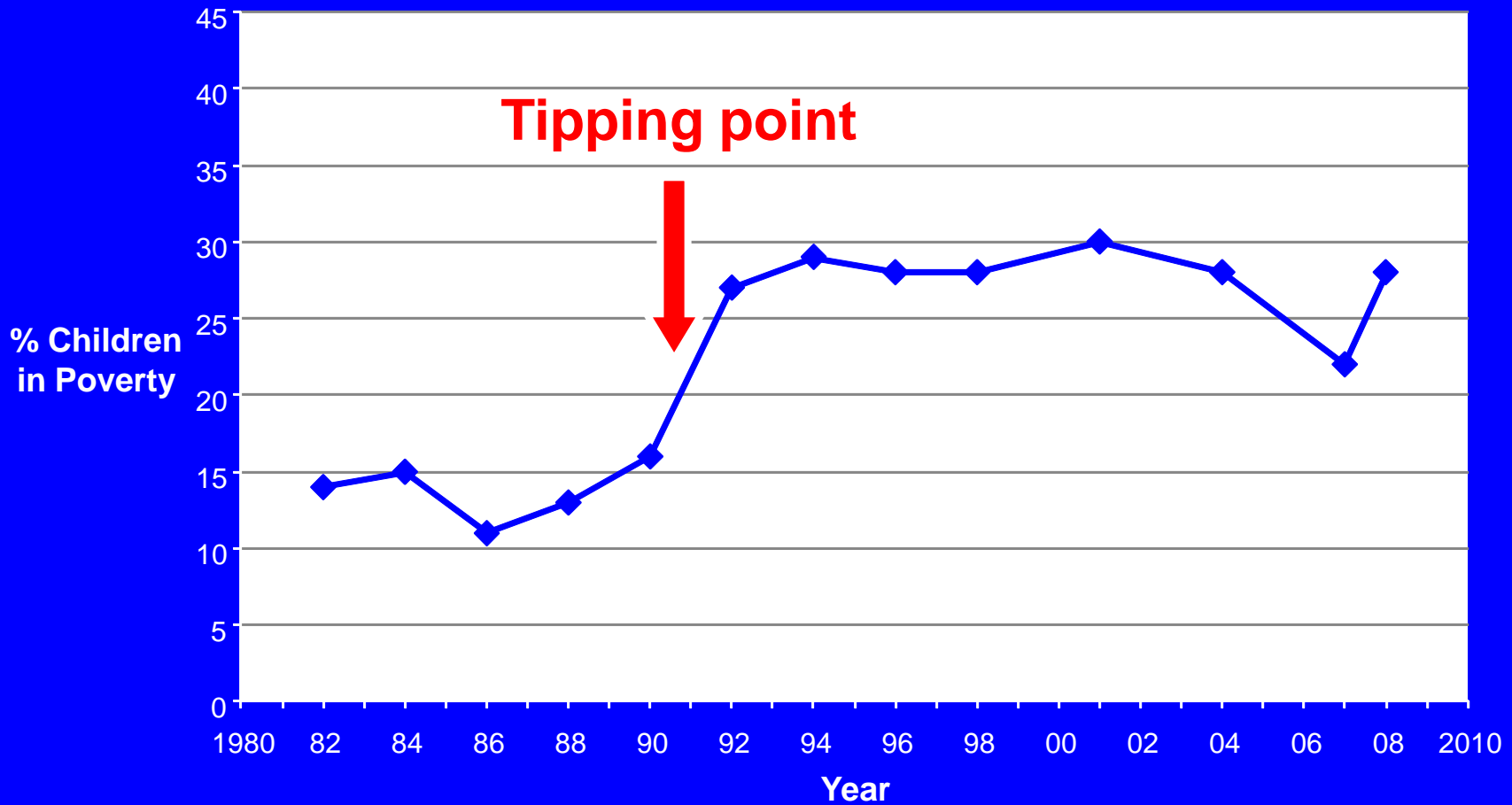
A Practical Definition of Poverty in NZ

Insufficient income for:

- Health care (transport, doctors fees, prescription costs, hospital parking)
- Nutritious food
- Adequate housing (not crowded, damp, cold or too costly)
- Clothing, shoes, bedding, washing & drying facilities
- Education (transport, stationery, school donations, exam fees, school trips)

Twice As Many NZ Children Are in Poverty Now Compared With the 1980s

(below 60% median household income after housing costs)



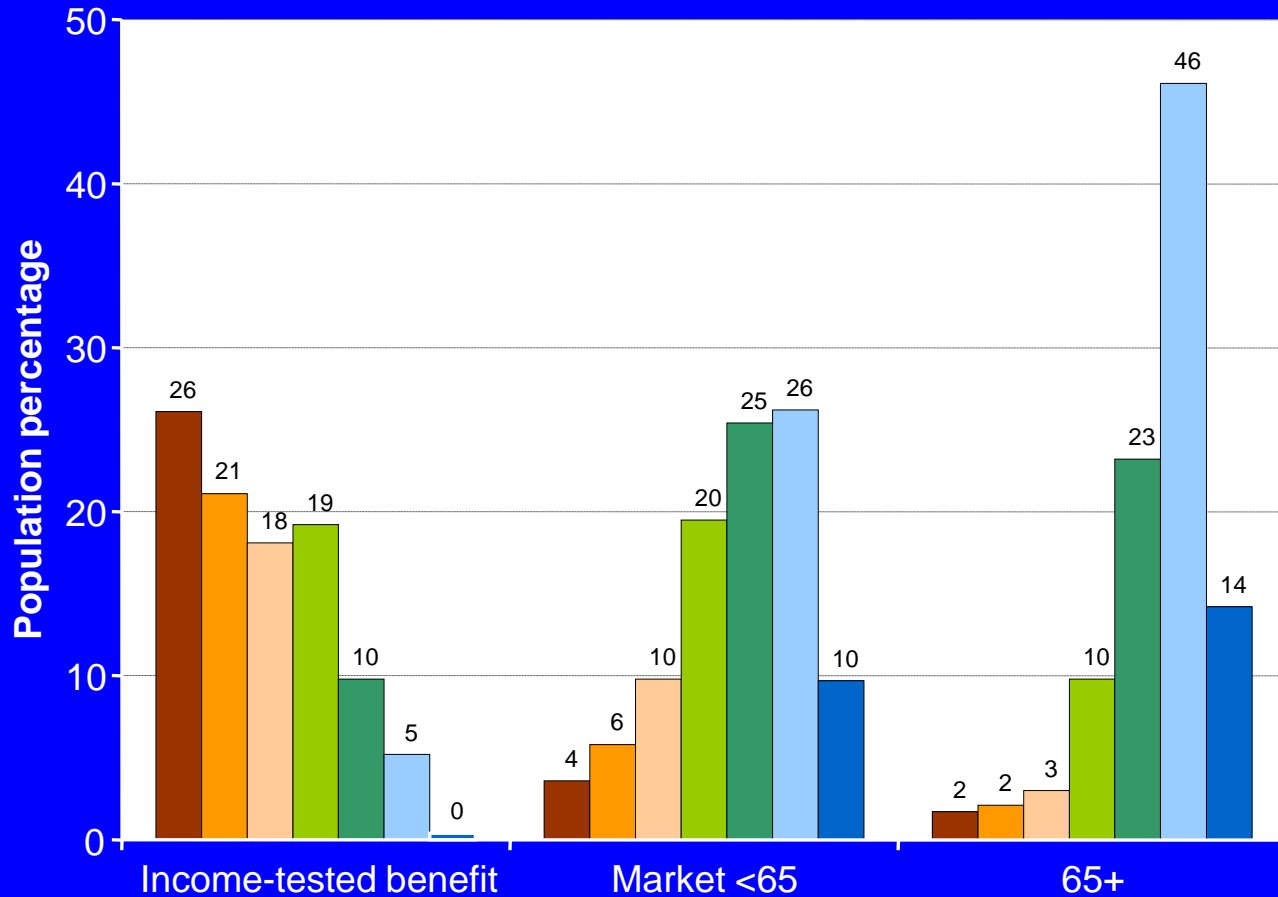
Perry. Ministry of Social Development. 2007.

Several Changes in Policy Adversely Affecting Incomes of Low Income Households With Children

- Low wages and relatively high taxes for the low paid
- Family income support inadequate for low income families
 - No indexing of family income support for 20 years (1989-2008)
 - 1991 The universal family benefit abolished
- Beneficiary families treated very harshly
 - 1991 Benefits cut by 21% and not restored relatively
 - 1996 Child Tax Credit introduced excluding children of beneficiaries
 - 2007 Working for Families In Work Tax Credit
 - The Human Rights Tribunal in 2008 found this constitutes real and substantive discrimination against children

The NZ Paradox:

Many more children in beneficiary families are in severe or significant hardship while the elderly (supported by superannuation) are protected



Left to right columns: severe hardship, significant hardship, some hardship, fairly comfortable, comfortable, good, very good living standards

Ministry of Social Development. 2009 (data from before onset of recession).

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

We made income a priority with NZ Superannuation

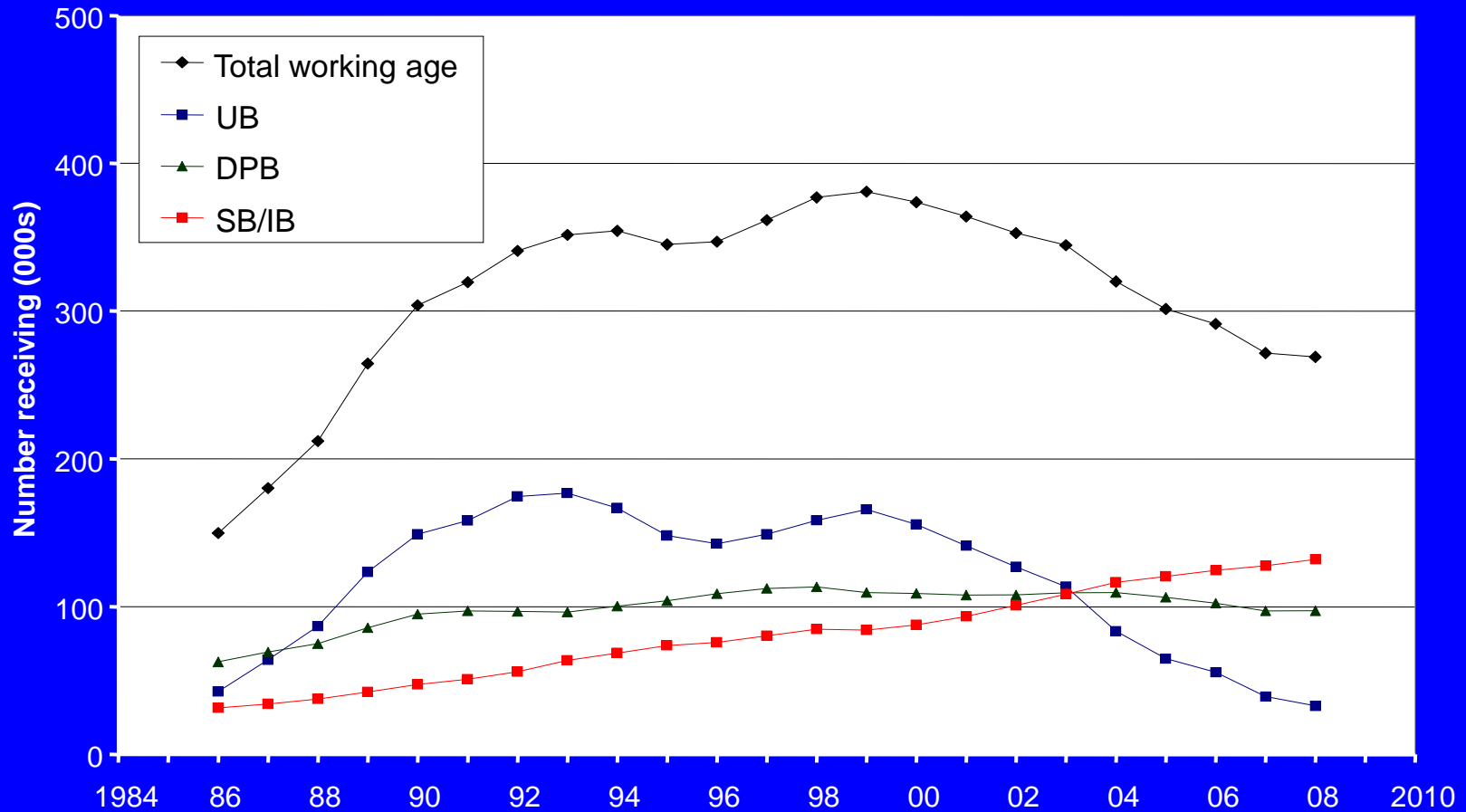
- Universal - everyone gets it
- Simple & adequate
- Does not change with work status
- Does not reduce in hard times
- Linked to prices and wages (indexed)
- We don't judge

Expenditure on NZ Superannuation & main benefits



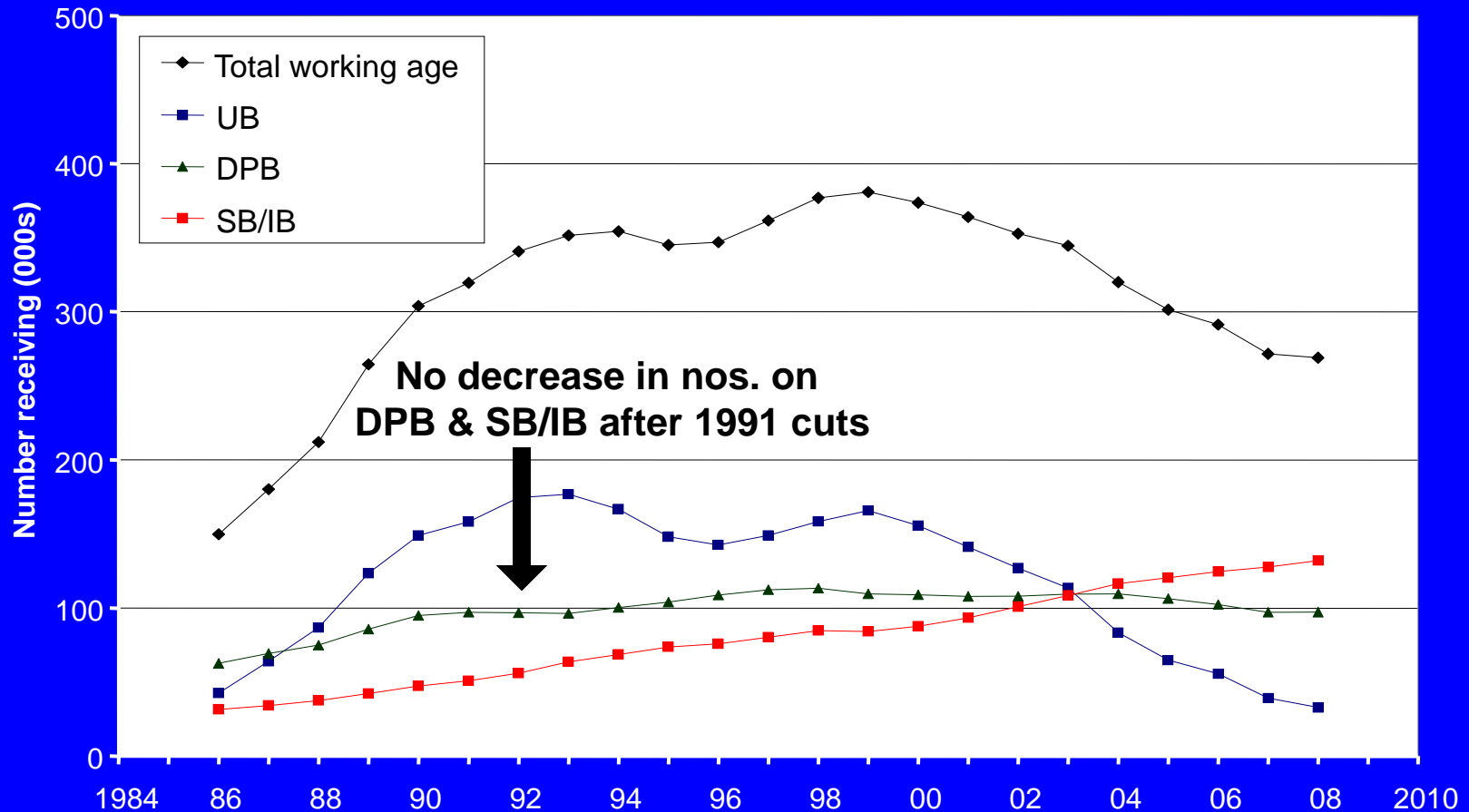
Number of Individuals in Receipt of Working Age Income-tested Benefits, 1986-2008

Numbers on the DPB are fairly constant but the sickness and invalid benefits show increases



Number of Individuals in Receipt of Working Age Income-tested Benefits, 1986-2008

Numbers on the DPB are fairly constant but the sickness and invalid benefits show increases



The 1990s NZ Experiment of a Stick (cutting benefits) Rather Than a Carrot (lifting wages and lowering taxes for the low paid) Failed, and Damaged Our Children

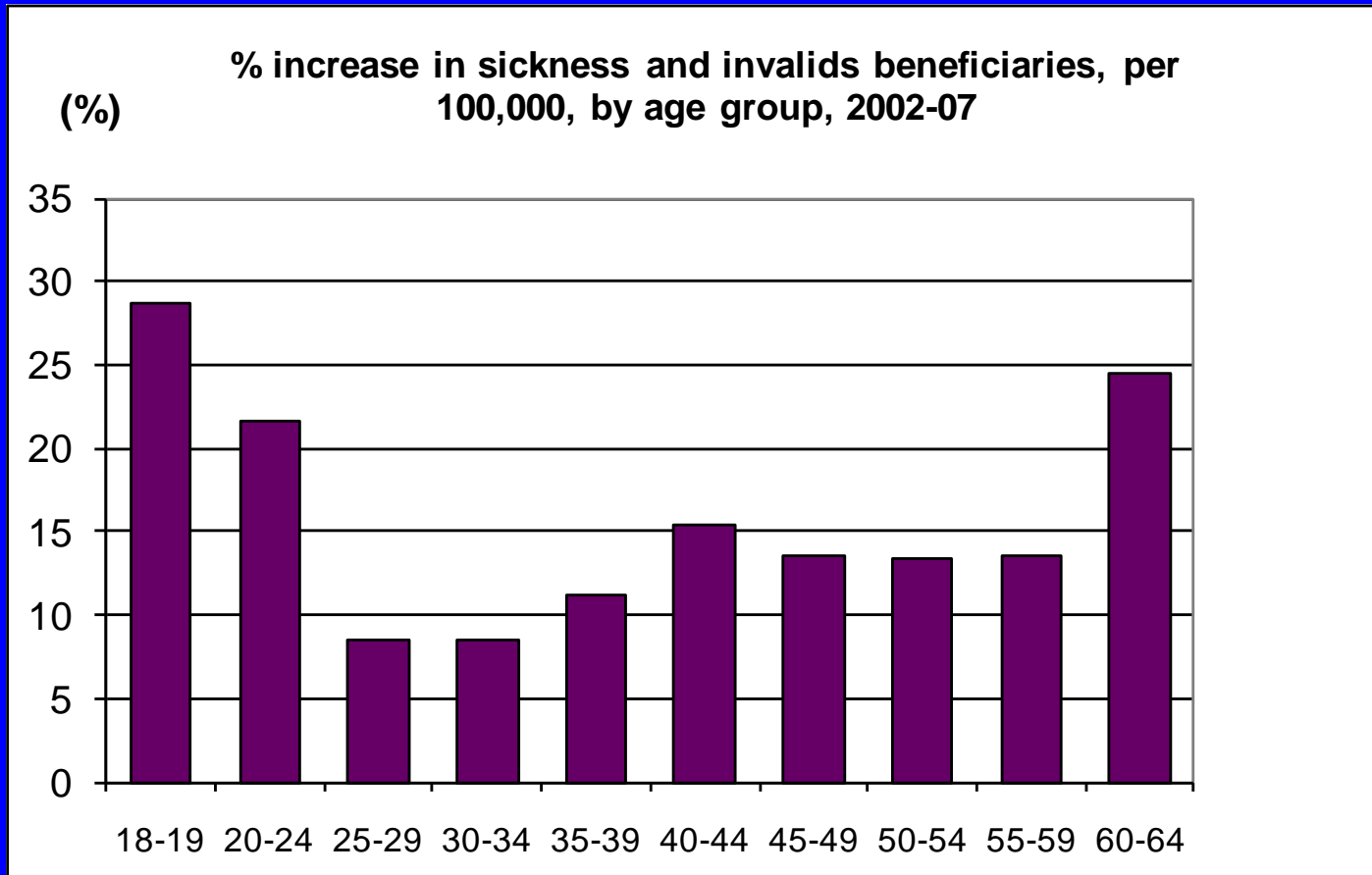
Cutting benefits does not incentivise parents to take up paid work for many reasons including:

- their children need their presence and care
- child care is not accessible or affordable
- there are not jobs at child friendly hours
- there is not local availability of jobs
- jobs are too lowly paid, highly taxed or insecure

The Social Assistance (Future focus) Bill must be crafted to reflect this evidence and improve, not worsen, the poverty of NZ children

Why Such an Increase in Young People on Invalid and Sickness Benefits?

How much is due to mental and physical disease as a result of the increase in child poverty?



Looking After Children and Improving Their Outlook in 2010

- NZ must look at the impact of all policy recommendations on the most disadvantaged children first, not last
- NZ must improve the situation for the most disadvantaged children, not worsen it
- NZ must investigate the reasons for the high number of younger people on invalid and sickness benefits before developing any policy recommendations
- NZ policies aimed at reducing the number of people on invalid and sickness benefit must address root causes in childhood

Actions to improve child health

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

Universal child benefit to under 5yr ?

Actions to improve child health **Nutrition**

**Free healthy breakfasts for children
in Decile 1 & 2 schools**

Actions to improve child health **Housing**

**Extend healthy housing programmes
to all low income households**

**For landlords whose tenants get the
accommodation allowance, introduce a government
subsidy to retrofit these homes with insulation**

WOF for insulation for all rental homes

Actions to improve child health

Primary health care

Immunise 95% of our children on time

**Free health care for children under 6 yr
24 hrs a day 7 days a week**

Need resource and funding models to achieve this

Actions to improve child health **Education**

**Enhance educational access and resources
for the most disadvantaged children**

***Actions to improve child health
WILL RESULT IN SAVINGS AND BETTER
OUTCOMES FOR NZ***

Immediate

Reduction in hospital admissions

Less time off work

Lives saved

Long term

Less child abuse

Fewer young people on invalid benefit

Better adult health outcomes

Lives saved

Break the cycle of intergenerational poverty

Better educated, more productive work force

Better long term economic prosperity



Source: www.mothersmatter.co.nz

Ahokoa he iti, he iti pounamu
Although it is small it is precious indeed