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GUEST EDITORIAL

A health budget for all New Zealanders?

Speech notes provided by Brian Easton, economist, edited by Noeline Holt, manager, PHA

Brian Easton addressed the PHA post budget breakfast in Wellington in May. He made the presentation on behalf of Susan St John, economic adviser to The Poverty Action Group - an Auckland based group committed to addressing the economic and associated difficulties faced by children and their families. Brian acknowledged Susan's sterling work in this area and briefly summarised some of her recent work as reported in the paper, "Financial Assistance for the Young: New Zealand's incoherent welfare state." He followed with some comments of his own.

Business Roundtable shift

Brian began with a brief reference to the chairman of the Business Roundtable. Murray Horne had stated that the elimination of absolute poverty in New Zealand required a higher growth rate. He also emphasised the invaluable role of getting people into paid employment and a better quality education. "What strikes me is the similarity of Horne's views to most of the people at this meeting." said Brian. He continued, "There are differences, and one could exaggerate them. But one has a feeling one could sit down with Horne and have a civilised discussion over the differences, rather than engage in an ideological shouting match." Brian further stated that the shift from the past approach of the Business Roundable was welcome, and for his part he was glad to see the Business Roundtable joining the mainstream.

To Brian the key element in Horne's vision was summarised by his statement '*There is a role for redistribution of wealth, but there had to be a focus on economic growth.*' "So he [Horne] does not rule out some economic redistribution in the fight against poverty, although he sees that as relatively limited compared to generating jobs and prosperity. I am comfortable with that approach," said Brian. He went on to ask, "Where is limited redistribution absolutely necessary? The CPAG and myself consider the single most important redistribution has to be towards children, or more precisely the income of the households in which the children reside, because the jobs and prosperity strategy does not address their needs."

Three reasons why redistribution must address children's needs

1. Any analysis of poverty shows that the single largest group of the poor are households with children - not beneficiary households, solo parent households, Maori or Pacific Island households, households with the sick or invalided, nor ones which have low quality or expensive housing. It was acknowledged that these household types have high incidences of poverty. How, the largest group of the poor were those with children, many of whom are beneficiaries, with only one adult in the family, are Maori or Pacific Island, have members who are sick or invalided, and/or have unsatisfactory housing. But poor households could also have two adults, who may be Pakeha, be dependent on wages, live in modest to adequate housing, and where everyone is reasonably well (although more prone to illness than more affluent households). Unless poverty is addressed in households with children, this group of poor will get missed and if those households are addressed it will relieve poverty in

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the other groups.

Horne says "..economic growth is the tide which rises all boats". But Susan St John's work shows that will not apply to poor households with children because they face very high effective marginal tax rates. If their gross income goes up - perhaps because they have worked harder or longer - their disposable income will not rise to the same extent, because the limited family assistance they are entitled to is bled out at a high rate. The highest marginal tax rates are on the poor, although there is almost a conspiracy to ignore that fact. Pro-rich commentators agonise over the rates they pay, how, for every dollar they earn and cannot hide in a tax haven, 39 cents is taken away, and how, if the rate was lowered to 33 cents, they would have an incentive to earn more money. This is despite already having an increase in their income from the tax cuts. Nobody mentions that poor families often face double those tax rates. "Personally, I would have no objection if a cut in tax rates on the poor and the resulting increase in disposable income meant that some parents may work shorter hours and spend more time with their children," said Brian. He further added "..but the pro-rich tell us they will work longer, add to the labour supply and benefit the economy this way too."

2. Susan St John has shown that not only do the poor with children face high effective marginal tax rates, but the limited levels of support and thresholds have not been indexed for inflation or general movements in incomes. A vicious poverty trap is subsequently generated because most of any additional earned income is clawed back by the government in lower family assistance. Even in a mildly inflationary environment it is possible for the poor to be worse off as a result. The rising tide may actually sink the more water-logged boats.

3. Susan has also noted that the incoherence of the various arrangements means that some families do not get even the little support the state offers them in principle, while other families are sufficiently confused by the incoherence to result in their not responding in the most effective way to the plethora of befuddling incentives (Kevin Hackwell, in his address to the post budget breakfast, gave many examples of the low response rate).

Brian then spoke of the work that he and Suzie Ballantyne are currently writing up, based on the household survey when it had some health status questions attached. The work is incomplete, but using a more rigorous statistical methodology than has been used in the past, it confirms the high numbers of children among the poor, and that poor children are more likely to be sick children. Brian added "What the data does not tell is whether poverty causes illness or illness poverty, but if the sick are concentrated among the poor, then the welfare state is not functioning properly. Although the research does show that some measures to limit the spending of the sick appear to have a little success."

CPAG work acknowledged

Though not in a position to describe what the CPAG position is on the 2002 budget, Brian surmised that they would approve of a number of measures that have been announced with this latest budget. "However, I am sure that they are terribly disappointed that the inefficient and inadequate assistance to families has not been addressed, and as far as we know is not being addressed with the caveat that the government has instituted a programme to identify material hardship. In the interim child poverty, despite being widespread and having long run impacts on the welfare of the nation, is simply not high enough on the public policy agenda," Brian said. He finished his presentation with a commendation on the efforts of the CPAG in making the welfare of children a national priority.

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PHA News invites your comments on Brian's article. Please email Public Health Association pha@actrix.co.nz

Breakfast conversations

with keynote speakers a conference first!

by Marion Poore, PHA conference organising committee

Not too many sleeps to go before the Conference Organising Committee looks forward to welcoming everyone to Dunedin with a big dose of Southern hospitality. As a 'first' for PHA on Day 3 conferences keynote speakers will each lead a 'breakfast conversation'. This will give delegates the opportunity for discussion in an informal way with keynote speakers.

What's on the menu?

Fran Baum Healthy Cities - what progress in 15 years?

Fran Baum will review progress with the implementation of the WHO Healthy Cities movement. She will draw on her long-standing relationship with the Healthy Cities Initiative in Noarlunga South Australia and on her consultancy work for WHO in the South East Asian and Western Pacific regions to provide examples of Healthy Cities in practice. She will also discuss the factors that facilitate and hinder the development of Healthy Cities projects.

The session will be structured to encourage discussion and debate about the value of Healthy Cities approaches to health promotion.

Richard Esckersley - Political Opinion and Public Health – where to draw the line?

Explanations for differences in health between individuals can differ from explanations for differences between populations. As we move from the more immediate causes of individual health to the more distant causes of population health, the science tends to get fuzzier and the politics more sensitive.

In mapping the causes of mortality and morbidity, is there a point at which views become less a matter of scientific evidence and more a question of political opinion? If so, where does public health draw the line between what is, and is not, the legitimate concern of health professionals? Or, alternatively, can paying more attention to the far social reaches of causation improve our understanding of the nearer, personal factors influencing health and well-being?

Richard Eckersley will lead this interactive discussion on what is and is not the legitimate concern of health professionals.

Robin Kearns - How do we place ourselves in public health?

A focus on people and place in public health requires both an outward and inward perspective: outward to the sites in which public health is produced and literally 'takes place'; as well as inward to consider how we place ourselves with respect to the goals of public health. In an increasingly privatised society, there is surely dissonance if our commitment to public health is largely for personal gain. How, then, can we mix the personal and the political — private with public life? Is it healthy to do so? As a beginning, this conversation will explore how our commitment to public health advocacy, policy and research can be informed and sustained by recommitment to that place between home and work: the neighbourhood.

Tony McMichael - Global Change – a 'risk factor' for human health?

Human population health is not just an input to socio-economic development (as recently emphasised by WHO), but is a critical outcome. Over time, population health should be a marker of sustainability.

As population numbers increase, as the pressures of consumption and emissions impair global environmental processes, and as economic and other inequalities persist, this composite issue is assuming an international dimension. Therefore, population health researchers have an important contribution to make to the debate about the "sustainability transition".

The research tasks in detecting, attributing

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...breakfast conversations

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and projecting health impacts are complex. At first sight, these questions appear to be of a scale and kind that are unfamiliar to epidemiologists. Some will ask: “Is this really a fit task for epidemiologists?” Some others will answer: “Well, at least by default, yes!” Is public health research to be guided by the classical and comforting canons of reductionism, or can we tackle more complex, system-based problems, learning to live with greater uncertainty?

This conversation could explore the dimensions of global change as a “risk factor” for population health. It could consider both the environmental-change aspect, and the health consequences of economic globalisation and its associated features. Tough questions must be addressed about the nature and quality of evidence attainable in these settings, and how the results of this genre of research can mesh with the policy realm.

Charlotte Paul -The role of public health in changing social norms.

A discussion that will focus on whether public health practitioners should try to change social norms around health behaviours. What are the arguments for and against? If they should, in some situations, what models are there for effective methods?

Join us on the breakfast scene. It promises to be interesting and challenging.

Conference Update

The Full House sign may soon go up on the door - registrations are coming in thick and fast. Have you sent your registration? We are looking forward to catching up with old friends, making new friends, to being challenged, learning new ideas, and having fun. Join us, Otago/Southland will be at its best. See you at conference.

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“Just a pass mark”

by Gay Keating, director, PHA

“Just a pass mark” is how the Public Health Association describes the 2002/3 budget. We have to invest in our children and in prevention, and the budget is a pretty mixed bag.

The PHA has rated the budget on a score card, looking at a healthy society, a healthy environment and lifestyle, and health services. Overall the Government scores well on its focus on investment for the future, especially by investing in health, education and training and housing. Maintaining a tax-based system with no tax cuts to fund these areas is a plus. The funding for meningoccoccal vaccine is excellent, but addressing poor housing, especially overcrowding, is the best thing to prevent the disease. The investment in housing is a good start - although at current rates it will not be until 2020 that New Zealand will have the same number of state houses that it had in the 1990s.

The PHA gave a “fail” to the lack of income support for the most vulnerable children. Too many children are gowing up in poverty, and the budget did not address that. Adjusting Family Support for inflation is the least they could have done.

The lack of specific measures on tobacco, gun or alcohol control, or road safety also rated a fail.

The overall increase in health spending, the primary care funding, the sanitary works subsidy and the stability of the three-year planning horizon all score good marks. However the way in which there is scope for hospital deficits to gobble up any meaningful increase for public health services, Maori health services, and community outreach primary care brings the average down. While there has been a huge increase in spending on health services, it’s going in the wrong direction. When you look at baseline funding, expenditure on public health is still no where near the four per cent of Vote: Health that it was a decade ago.

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BUDGET COMMENT

A Healthy Budget?

Public Health Association Score Card

by Gay Keating, director, PHA

To have healthy New Zealanders we need the pre-conditions for a healthy society, an environment for healthy communities, families and individuals, services to prevent illness and provide early detection and treatment of illness.

A healthy environment and lifestyle for society

Does the budget practice good health and hygiene, and heal our social festering sores?

A fair society
Housing the population
Good education
Eliminating poverty
Participation for people with disabilities
Honouring previous commitments
for example the Treaty
Invest in children

A healthy environment and lifestyle for communities, families and individuals

Does the budget increase safe environments and make it easier for communities, families and individuals to make healthy choices?

Maori development
Tobacco
Alcohol
Road safety
Gun control
Environmental health
Climate change
Taxation supports healthy choices

Good health services

Does the budget provide services to prevent illness and provide early detection and treatment of illness, especially for those with greatest need?

Public health service funding increasing
back up to 4% Vote: Health
Stability for health service planning and
funding
Cost not a barrier for primary care
Funding for services based on need
Replace public advertising of prescription
drugs with information
Skilled sufficient Maori health workforce

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EXECUTIVE NEWS

PHA Champion Award popular

by Noeline Holt, manager, PHA

The PHA is delighted with the response to the call for nominations for the 2002 PHA public health champion. Thank you to all those people who sent in nominations.

This year's champion will join a group of highly respected people such as Helen Glasgow, Pat Ngata, George Salmond and Judith Reinken. However the hard part has just begun. Once again nominations received are of of a very high calibre, we wish we could choose them all.

In the coming weeks prior to conference one of the nominations will receive a phonecall and be told the great news.

Although only one person will be PHA Champion for 2002, the award is an acknowledgement to all the hardworking people who make a difference to public health.

Contact: pha@actrix.co.nz

Let's debate the issues

It has been suggested that the PHA News, as a way forward, could be used to encourage debate. We thought this was a great idea. We invited selected members to send comments on an article from the April issue of PHA News for publication in this issue. We asked people to tell us what they liked/didn't like about the article, and what should happen next.

Don't wait for us to call you, if you have something to say about a burnng issue contact us at pha@actrix.gen.nz.

Let's Abolish Social Capital Punishment by Neil Pearce

Comment by Peter Crampton, Public Health Medicine Researcher/Lecturer

I enjoyed Neil's thoughtful article. I agree with the thrust of his critique of social capital, but I was surprised by his willingness to therefore write-off income inequality; social capital is just one possible causal mechanism.

For me the question remains: is income inequality destructive of population health? I believe that epidemiology and the social sciences have yet to unravel the complexities inherent in answering this question - it seems naïve to suggest that the latest crop of epidemiological studies can or should put an end to researchers' interest in the health effects of income inequality-promoting economic policies.

I recommend that research stays focused on income inequality.

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Response

The issue is not whether income inequality affects population health in some instances. Probably it does. The issue is whether it is the major determinant of population health that it has been claimed to be. We should be addressing the major determinants of population health, and the current evidence is that income inequality is not one of them. An evidence-based approach is required.

Contact: n.e.pearce@massey.ac.nz

Queensland Indigenous Environmental Health Exchange by Chris Webber

Comment by Phil Shoemack, Medical Officer of Health

Yes, we definitely need to improve our focus on the environment in New Zealand, in much the same way that we need to also pay more attention to health. I suggest that an excellent place to start would be with all central and local government policy initiatives. All policies should be vetted for their impact on the environment and on the health of the population.

Over the past twenty years or so we have become obsessed with market forces and the fiscal impact of policies almost at the expense of everything else. We have tended to neglect environmental and social impacts. This needs to change.

We also seem to have been fixated on dividing things into separate boxes. Unfortunately the result has often been significant gaps appearing between the boxes with the ensuing need for numerous co-ordinating mechanisms (eg Memoranda of Understanding, and co-ordinating groups). We need to get better at integrating things. Let's start by putting environmental concerns and public health back together.

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The Royal New Zealand College of General Practitioners (RNZCGP) has endorsed the Public Health Association of New Zealand National Conference and given approval for up to 15 education hours (= up to 30 credits for Advanced Vocational Education (AVE) and Maintenance of Professional Standards (MOPS) purposes.

Is it time for a New Zealand Primary Health Care Forum?

by George Salmond, Wellington branch PHA

A proposition for discussion

In August 2001 the Royal New Zealand College of General Practitioners initiated a meeting of interested parties to explore the possibility of establishing a New Zealand College of Primary Health Care. The aim was to facilitate collaboration among national professional bodies whose prime focus is education, training and standards in primary health care (PHC).

About fifty people broadly representative of organisations interested in implementation of the New Zealand Primary Health Care strategy attended. At the meeting it was clear that there was little shared understanding about the Strategy and its implementation. Wide support was voiced for the philosophy underpinning the Strategy but there was general uncertainty among those present as to how that philosophy would be expressed in terms of care on the ground.

Despite the information now flowing from the Ministry of Health about the implementation and the setting up of Primary Health Care Organisations (PHO) much remains uncertain. The Government has decided not to take a highly prescriptive approach towards implementing the Strategy leaving considerable scope for District Health Boards (DHB) to shape PHOs in keeping with the wishes of local communities and the interests and attitudes of local service providers. It is therefore likely that there will be considerable variation in the shape and the way in which PHOs operate in different communities and in different parts of the country.

Given this diverse approach it is essential that DHBs and PHOs be encouraged to document and share information about their experience in PHO development. This could include the sharing of stories, action research reports, and the outcomes of more formal research projects. Particularly interesting or innovative initiatives could be formally set up as demonstration projects to facilitate research and information sharing. This in turn could lead to policy development based on locally derived New Zealand evidence. Encouraging and funding research is one thing, sharing and debating the findings of such research is another. It was in this context that this proposal to establish a New Zealand Primary Health Care Forum arose.

Gather and share information

Briefly stated the function of the Forum is to gather and share information, to engage interested parties in structured debate on PHC issues, and to encourage well informed and constructive collaboration and the building of partnerships aimed at quality improvement and best practice in the provision of primary health care.

Membership in the Forum would be open to all organizations interested and engaged in PHC, including consumer and community organisations.

The Forum would operate on the principles of open space technology[1] and would provide a clearing house and focal point for facilitated debate and learning. The Forum would determine its own programme of activities. These would occur in so called ‘open or neutral space’ where individuals and organisations were free to share their experience. The Forum would not strive to achieve consensus nor would it engage in advocacy. The key objective would be to the facilitated gathering and sharing of information, insights and ideas about the evolving PHC experience in New Zealand.

Initially the Forum would be funded by the membership.The cost of setting up a small management group would not be great. If the initiative is successful funding may come from other sources.

Looking ahead the Forum could be a first step on the way towards creating a Institute of Primary Health Care in New Zealand. Such an institute already exists in Australia. Again briefly

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stated the aim of the Institute would be the creation of a national resource to support and promote research and development and shared learning about the evolving PHC experience in New Zealand. As well as providing a national focal point for research and the gathering and sharing of information the Institute could provide the infrastructure needed for ongoing support of the Forum. Just what form such an institute might take would depend upon who was prepared to lead the initiative and what resources could be mobilised. Whatever the form networking and information sharing would be key functions. A 'virtual' institute would therefore be a possibility.

So, what do you think?

[1] Harrison Owen, Open Space Technology: A Users Guide. Berrett-Koehler Publishers, Inc. San Francisco. Second Edition, 2000.

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PHA News invites your comments on George's article. Please email Public Health Association pha@actrix.co.nz

FORTHCOMING EVENTS

"People and Place" Public Health Association NZ Annual Conference
Date: 26-27-28 June 2002
Venue: Dunedin
Contact: Pat Johnston
Dunedin Conference Management Service
PO Box 1029, Dunedin, New Zealand
Email: pat@dcms.co.nz
Website: www.pha.org.nz/conferences

"Health Outcomes 2002: Current Challenges and Future Frontiers" 8th Annual National Health Outcomes Conference
Date: 17-18 July 2002
Venue: Rydges Lakeside, Canberra, Australia
Contact: Lorna Tilley or Jan Sansoni
Health Outcomes Conference Secretariat
Bdlg 8, Canberra Hospital, PO Box 11, Woden, ACT 20606, Australia
Tel: 02 6205-0869/02 6291-7271
Fax: 02 6244-4201
email: lorna.tilley@act.gov.au
website: http://www.health.act.gov.au/ahoc

Next issue August, copy due July 26th.
Please send your article to the editor pha@actrix.gen.nz.

"Health Global Action for a Tobacco Free Future" 12th World Conference on Tobacco
Date: 3-8 August 2002
Venue: Helsinki, Finland
Contact: CongCreator CC Ltd,
email: wctoh2003@congcreator.com
website: http://www.wctoh2003.org

"Clearing the air - What's next" National Smokefree Conference 2002
Date: 9-10 September 2002 (additonal - researchers workshop 11 September)
Venue: Wellington TownHall and Michael Fowler Centre
Contact: Health Sponsorship Council
Tel: 04 472-5777, Fax: 472-5799
email: christine@healthsponsorship.co.nz

"Mobilising Public Health" PHA Australia 34th Annual Conference
Date: 29 Sept - 2 Oct 2002
Venue: Adelaide Festival Centre, Adelaide, Australia
Contact: PHAA Secretariat
Tel: 0061(02) 6285-2373
email: conference@phaa.et.au
www.pha.org.au/conferences

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