

# Public Health Association of New Zealand

## Policy on Reducing Health Inequalities

### The Public Health Association notes that:

Social and economic factors are fundamental determinants of health inequalities. Key social and economic determinants of health inequalities that have been identified in research include: income, education, employment, occupation, housing and racism.

The Ministry of Health's report *Social Inequalities in Health: New Zealand 1999* makes the following summary statement on recent New Zealand evidence related to the social and economic determinants of health inequalities: <sup>1, p.147</sup> <sup>2</sup>

Findings from New Zealand data are largely consistent with those from international research. We have found a strong and consistent relationship between *socio-economic* factors (such as deprivation, education, employment, income, occupational class, and housing conditions) and *behavioural risk* factors (such as smoking, hazardous patterns of alcohol consumption and obesity). Likewise, we have shown a strong and consistent relationship between *socio-economic* factors and *health outcomes*, such as poorer self-perceived health, hospitalisation, morbidity and premature mortality. Behavioural risk factors undoubtedly mediate some, but not all, of the association between socio-economic factors and health outcomes.

The National Health Committee presents four key arguments in favour of reducing health inequalities by improving the health status of the most disadvantaged groups: <sup>3, p.53</sup>

- Health inequalities are reducible
- Doing so is equitable (fair)
- Doing so benefits wider society, not just people who are direct recipients of the health gains that reduce inequalities
- Doing so has economic benefits.

Social, economic, and health inequalities are interrelated and overarching. Hence the policy principles listed in this report relate to high-level social policy objectives. The principles apply across all social policy sectors, and are particularly relevant to Treasury, the Ministry of Health, the Ministry of Education, the Ministry of Social Development, Te Puni Kokiri the Ministry of Youth Affairs and the Ministry of Pacific Affairs.

### The Public Health Association affirms the following principles

Policies and interventions are likely to be more successful in reducing inequalities in health if they:

- Have an explicit commitment to implementing the principles of the Treaty of Waitangi - participation, partnership and active protection

- ☐ Acknowledge Maori perspectives of health such as te whare tapu wha<sup>1</sup>
- ☐ Are systems-level interventions that address multiple risk factors
- ☐ Actively involve primary care providers and the district health boards
- ☐ Favour the least advantaged
- ☐ Ensure the participation of the least advantaged
- ☐ Foster social inclusion and minimise stigmatisation
- ☐ Take a population approach
- ☐ Are focused on early rather than late interventions
- ☐ Impact, where possible, on the short, medium and long term
- ☐ Are responsive to changes over time in the social and economic circumstances of populations
- ☐ Increase people's competence and control over their life circumstances
- ☐ Support and build the capacity of local organisations

**The Public Health Association believes the following steps should be taken:**

**General**

- ☐ All central and local government health, economic, housing, employment and other social policy initiatives should have reducing health inequalities (particularly in respect of health outcomes) as an objective.
- ☐ Inequalities in health and social and economic inequalities should be monitored regularly at national and regional levels. The Ministry of Health and the Ministry of Social Development should continue to develop and publish an annual 'state of the nation' report focusing on key health inequality and health determinant indicators related to such groups as Maori and Pacific people, and vulnerable groups such as children, youth, the aged, people with disabilities and sole parents.

**Income**

- ☐ Central government policies should promote proportionately greater real increases in disposable income in the lowest income quintile than in the highest.
- ☐ Central government policies should aim to reduce income inequalities.

**Education**

- ☐ Central government policies should actively seek to implement culturally appropriate ways of increasing pre-school enrolments, reducing the expulsion rate of Maori students, increasing the proportion of students leaving school with qualifications and enrolling in post-school qualifications and reducing the impact of student loans on low-income groups.

**Employment**

- ☐ Central and local government policies should invest in more active labour market policies to increase youth, Maori and Pacific employment rates,
- ☐ Central and local government policies should invest in more active labour market policies to increase security of employment for low-paid workers and to decrease the casualisation of labour.

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<sup>1</sup> Te Whare Tapu Wha is a holistic model of health incorporating four components: taha wairua (spiritual), taha hinengaro (mental), taha tinana (physical) and taha whanau (extended family) 2. Durie M. *Whaiora Maori Health Development*. 2nd ed. Auckland: Oxford University Press, 1998.

## **Housing**

- ❑ Central and local government policies should aim to better align state housing stock with areas of high deprivation.
- ❑ Central and local government policies should make every effort to help people in temporary accommodation into permanent accommodation.
- ❑ Central and local government policies should continue to support income related rentals for state tenants, and should provide similar support for non-state tenants.
- ❑ Central and local government policies should promote housing options for families that reduce the incidence of overcrowding.
- ❑ Central and local government policies should provide subsidised loans to reduce the amount of deferred maintenance and lack of insulation in houses and flats in order to make them warmer and drier.

## **Racism**

- ❑ The Race Relations Conciliator should report annually on the number and types of complaints, including both personal and institutional racism.
- ❑ Central and local government policies should aim to build capacity of Maori and Pacific health professionals.
- ❑ Central and local government policies should aim to increase awareness of racism as a health issue, and contracts with health service providers should support and reinforce these policies.
- ❑ Maori health research funds should be ring fenced.

## **Adopted by the PHA AGM, July 27 2002**

### **Review**

This policy document should be reviewed at least every five years.

### **References**

1. Howden-Chapman P, Tobias M. *Social Inequalities in Health: New Zealand 1999*. Wellington: Ministry of Health, 2000.
2. Durie M. *Whaiora Maori Health Development*. Second ed. Auckland: Oxford University Press, 1998.
3. National Health Committee. *The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health*. Wellington: National Advisory Committee on Health and Disability, 1998.

**PUBLIC HEALTH ASSOCIATION OF NEW ZEALAND**

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**Adopted by the PHA AGM, July 27 2002**

### **Actions the Public Health Association could take**

The PHA should promote and lead public debate regarding the impacts of social and economic factors on health inequalities. This debate should link particularly with the issues of Maori health and the health of children.