

Reducing inequalities and improving population health and disability outcomes

Introduction

Significant inequalities in health exist between different groups of New Zealanders. The reasons, or causal paths, for health inequalities are complex. The solutions are generally beyond the control of the groups most affected. In New Zealand, as elsewhere, health inequalities exist between socio-economic groups, ethnic groups, males and females and people living in different geographical areas.

Inequalities in the distribution of and access to material resources such as income, education, employment and housing primarily generate health inequalities. Differential access to health care services and differences in care for those receiving services also has a considerable impact on health status and mortality.

The issue of inequalities in health between population groups has developed over many years. The structure of society has an impact on the health of population groups. A systematic and sustained effort to reverse the trends and give everyone the opportunity for good health is needed to address this major public health problem.

A whole of government approach is required to address the wider determinants of health that are outside the influence of the health sector. The education, housing and employment sectors can all consider the health impact of their policies, and the health sector impacts on those sectors too. Intersectoral collaboration, which has already started can be strengthened.

Effective action to address health inequalities must take a balanced approach that both tackles the social and economic inequalities that are the root causes of health inequality, and improves access to and effectiveness of health services for all.

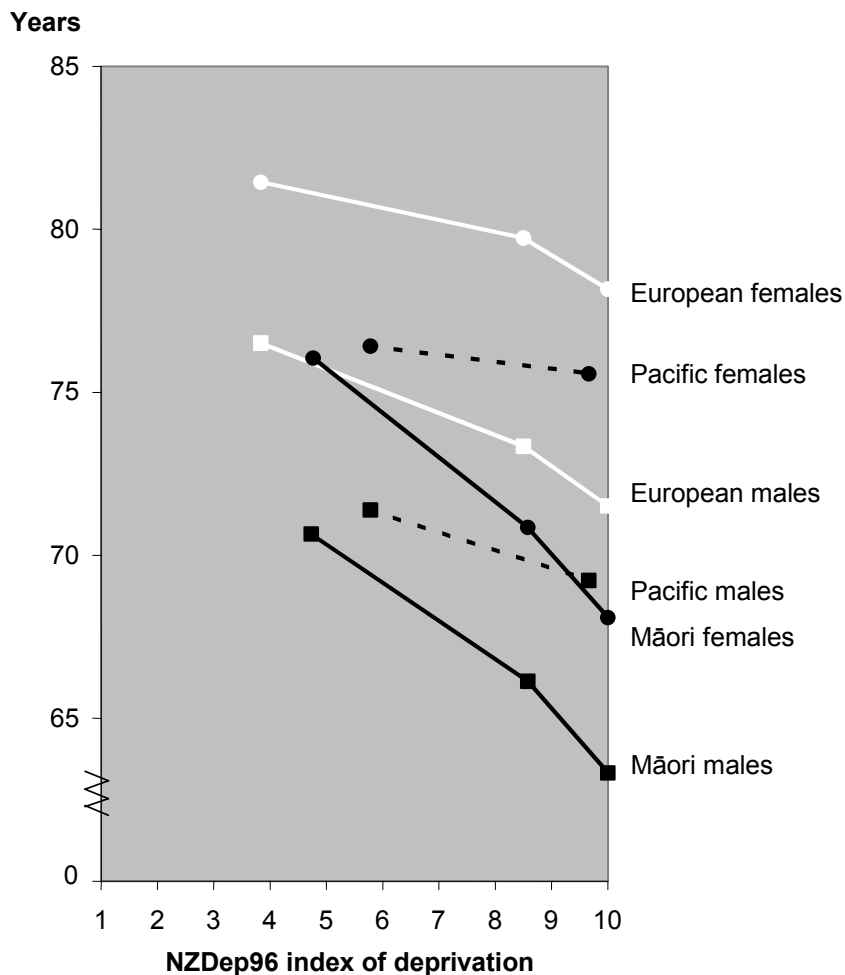
Health inequalities in New Zealand

In countries with a colonial past, such as New Zealand, indigenous peoples have poorer health, even when social and economic status is taken into account (see figure 1). Māori at all educational, occupational and income levels have poorer health status than non-Māori. It is difficult to unravel the impact of colonisation from the impact of ethnicity and immigration. For example, Pacific peoples who

have immigrated to New Zealand have a health status that is generally intermediate between Māori and non-Māori. The health status of other immigrant groups, for example the Asian community, is an issue that is developing rapidly. The causal pathways may be different, but the outcome is similar – health inequalities.

In considering the relative position between Māori and non-Māori, it is appropriate that action to reduce inequalities in health in New Zealand is taken within a Treaty of Waitangi framework, not only because of its relevance in describing the relationship between the Crown and Māori, but also that it has a role in articulating the Crown’s broader responsibilities to all New Zealanders (Durie 1998).

Figure 1: Life expectancy at birth for ethnic groups* (by aggregated deprivation decile)



* Population-weighted midpoints of aggregated NZDep96 deciles differ for each ethnic group.
Source: Ministry of Health

Focus to date

Strategic Direction

The Ministry recognises that a systematic and sustained effort is required within a framework to act to reduce health inequalities, so that the direction and boundaries for action are clear, and the points of interface with other sectors are highlighted.

In the health sector, there are two facets to reducing inequalities. The first is an overall reorientation of the health sector, so that the impact of all actions in the sector are viewed with an 'equity lens'. The second is the specific programmes and services that are specifically aimed at reducing inequalities.

Intersectoral action is also required to tackle the wider determinants of health. Health can both work with other sectors on specific programmes and encourage other sectors to consider the impact on health of their actions.

The strategic direction that Health is taking includes all of these aspects of reducing inequalities.

The Ministry, with assistance from an expert advisory group, has developed an intervention framework to provide policymakers, service planners and funders and service providers with a tool to assist them to tackle inequalities in health. It can be used in service delivery, planning and policy areas, locally, regionally or nationally, and on a population or individual basis to plan action to reduce inequalities in health.

There are four levels for intervention (see Appendix 1 for full framework):

1. *Structural* – tackling the root causes of health inequalities, that is, the social, economic, cultural and historical factors that fundamentally determine health
2. *Intermediary pathways* – targeting material resources, psychosocial and behavioural factors that mediate the impact of structural factors on health
3. *Health and disability services* – undertaking specific actions within health and disability services
4. *Impact* – minimising the impact of socio-economic position on disability and illness.

The intervention framework sets out the strategic direction for the Ministry to address health inequalities. It provides an 'equity lens' for all policy analysis, service planning and funding decision making, and also identifies specific intervention points. Action at all four levels of the intervention framework in a coordinated way by a range of players is required to make progress on reducing inequalities.

Central Action

Implementation of the intervention framework is central to the Ministry's core business of reducing inequalities in health. The following components have been identified as essential to the successful implementation of the framework at a central level:

Raising Awareness

A key component of the Ministry's strategic work plan to reduce inequalities is an 'awareness raising' programme which comprises the development of educational resources that form the basis of workshops for health policy-makers, health service planners and funders at the Ministry of Health and District Health Boards (DHBs). The workshops are intended to move the theory of reducing inequalities into practice and highlight action that needs to be taken through service provision, policy and funding decision-making. The first round of DHB workshops is planned for September-November 2002.

Accountability and Monitoring

The Ministry is integrating an inequalities focus into sector accountability systems and processes.

The Ministry has documented the patterns of health, health status and the influence of the wider determinants of health in a series of reports. They include *Social Inequalities in Health Report: New Zealand 1999* (2000), *Burden of Disease and Injury in New Zealand Report* (2001), *Indicators of Inequality Report* (2001) and *Life Expectancy and Small Area Deprivation in New Zealand* (2001).

Documenting inequalities in health is important, but this documentation needs to be extended over time so that the impact of action on inequalities can be monitored over time.

A set of equity indicators is currently being compiled and will be based on the reducing inequalities intervention framework, epidemiological evidence, and current reporting requirements.

The equity indicators should cover:

- Health status, risk factors, access and utilisation according to need, and inputs linked to strategies and programmes
- Inequalities dimensions of socioeconomic position, ethnicity, gender, geographical place
- Ministry and DHB performance

New indicators will be developed and implemented in accordance with the general principles agreed with the health and disability sector, namely:

- in order to minimise reporting burden, priority will be given to indicators where data is currently available through national systems
- the DHBs will be consulted on the development and application of any new indicators.

Ethnicity data collection

Ethnicity data is not collected accurately or in a consistent way, making it difficult to monitor trends, the impact of policies and interventions on Māori and Pacific health.

The Ministry of Health is developing a project to improve ethnicity data collection in the health and disability sector. The development of the new primary health environment provides the sector with an opportunity to collect consistent and high quality ethnicity data as the funding is linked to ethnicity, income and geographic location.

Links with key Ministry Strategies

A number of the Ministry's key strategies are aligned with the goal of reducing inequalities and are outlined below.

- [The New Zealand Health Strategy \(NZHS\)](#) has been designed specifically to focus the sector on issues that would improve the health of the overall population and reduce inequalities in health between groups within the population. Effective implementation of the NZHS over time will achieve this.
- [He Korowai Oranga - the Māori Health Strategy](#) provides some guidance on how the health sector can work with other government agencies both at the national and local level to achieve health gain for Māori.
- [The Pacific Health and Disability Action Plan \(2002\)](#) is the key Pacific population strategy for improving health outcomes and reducing inequalities for Pacific peoples.
- [The Primary Health Care Strategy \(PHCS\)](#) presents an opportunity to re-orientate the primary care sector towards a public health approach to their work, incorporating population health, health promotion and disease prevention.
- [The New Zealand Disability Strategy \(NZDS\)](#) has a vision and long-term plan to eliminate barriers to a non-disabling society, including for disabled Māori and Pacific peoples.

Specific Demonstration Programmes

Alongside a strategic approach to reducing inequalities there are many immediate actions that can be undertaken in the short-term. Specific demonstration programmes have been established explicitly to reduce health inequalities. The Government has allocated approximately \$27m to four new initiatives specifically intended to reduce inequities in health. These are:

1. *Taitamariki Youth Suicide Prevention Programme* – seeks to improve knowledge and understanding of suicide prevention to enable those in contact with taitamariki to better identify and respond appropriately to taitamariki at risk of suicide. The information resources and training for this programme have been launched nationally.

2. *Intersectoral Community Action for Health* – an intersectoral partnership, focused on extending primary health care, which combines the expertise and commitment of central and local government, iwi and other local organisations, with DHBs and local organisations. Programmes are operating in the high need communities of Porirua, Kapiti, South Auckland and Northland. Māori and Pacific people make up a high proportion of the populations of these areas.
3. *Intensive Home Visiting* – provides a direct home visiting programme to the target population in two pilot sites in Tokoroa and South Auckland. Both sites have finalised the service agreements, and are currently delivering services.
4. *Family Violence Guidelines* – provides advice to all health professionals to ensure early identification, support and access to appropriate services in situations of family violence. *Primary Health Care*¹ – \$5.2 million, spread over 2001/02, 2002/03 and \$2.4 million in 2003/04 and out years (GST inclusive), was allocated in 2001 for primary care providers serving population groups with known poor health status and high unmet health need. This funding was allocated by Government specifically for services to reduce inequalities in health.

Current Issues

Achieving the goal of improving the health of the overall population *and* reducing inequities between different groups within the population requires a change in mind-set within much of the health sector. It necessitates a shift from thinking about individuals to populations; from diseases to determinants of health; and towards looking for solutions not only within the health sector itself, but also in intersectoral action. While these themes have been embraced in some parts of the health sector, significant change will require a fundamental reorientation of health services.

The Ministry of Health's strategic work programme aims to provide policy makers, service planners and funders and service providers with the tools to integrate a focus on reducing inequalities into their everyday work and to work with other sectors to reduce inequalities.

In addition to the strategic work programme and the specific demonstration programmes to reduce inequalities in health, the Ministry is also funding key programmes from within baseline to reduce health inequities in areas such as smoking cessation, healthy housing, injury prevention and many more.

The whole of the health sector can view its work from an equity perspective, so that everyone has equitable access to health services, and equitable pathways through treatment services.

¹ This funding is separate to the funding specifically allocated for the implementation of the Primary Health Care Strategy

The intervention framework to improve health and reduce inequalities indicates the levels of action and who can act. Not everyone is required to act at all levels, but a range of players can act at various points in the framework to produce a concerted response. Being aware that there are a variety of ways to reduce health inequalities, including intersectoral action, and monitoring the impact of actions on health, is a long term strategy.

Table 1: Key milestones

Milestone	Deadline
Publication of <i>Reducing Inequalities in Health</i> - an overview document setting out the New Zealand evidence for health inequalities and the intervention framework.	August 2002
Complete design and implementation plan for the delivery of 'raising awareness' training workshops for the Ministry of Health and DHBs.	August 2002
Consultation on a draft <i>Reducing Inequalities Monitoring Framework</i>	December 2002
Agree national standard for collecting ethnicity data and promulgate it in the sector.	June 2003

Appendix

Intervention Framework to Improve Health and Reduce Inequalities

