

# Child health and poverty in NZ: a way forward

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CHiLD  
POVERTY  
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# Adult health is affected by early childhood adversity



Toxic stress resulting from early childhood adversity (including poverty and racism) can lead to:

- lifelong impairments in learning, behaviour and both physical and mental health
  - eg increases cardiovascular disease, viral hepatitis, liver cancer, asthma, COPD, autoimmune diseases, poor dental health, depression
- adoption of unhealthy lifestyles as a coping mechanism
  - tobacco use, illicit drug use, obesity, promiscuity, gambling



# **Adult health is affected by early childhood adversity**



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**Early childhood adversity can be  
worsened by bad policies and  
lessened by good policies**

# What is the difference between Glasgow and NZ?

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**Both have poverty, yet Glasgow does not have high rates of preventable diseases in children**



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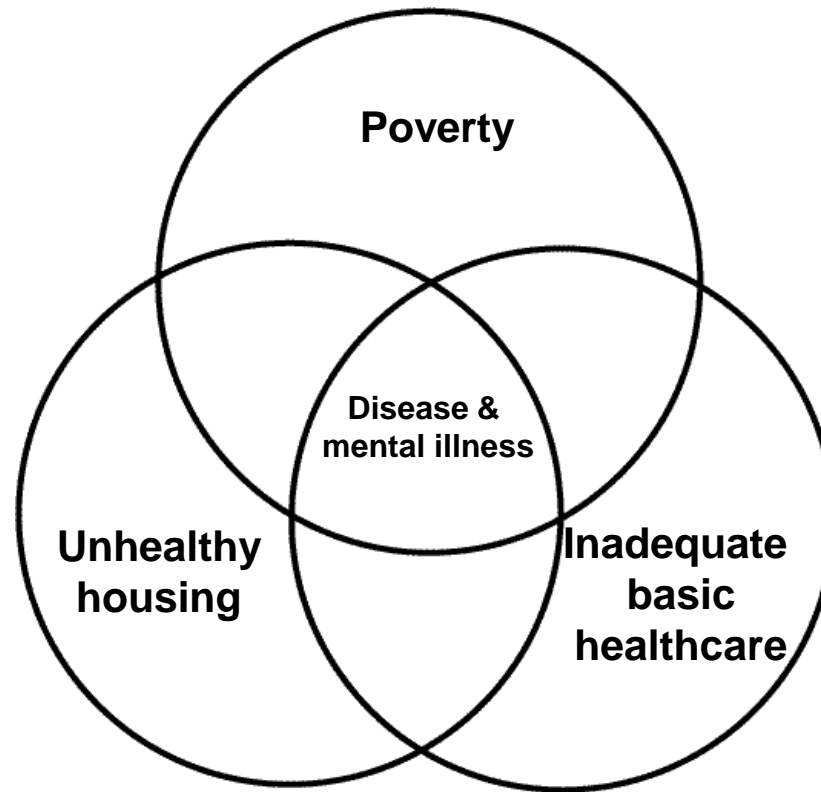


***Glasgow has good quality housing structure and free primary health care at all hours.***

# New Zealand's triple jeopardy for preventable diseases and mental illness

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*All of these influenced by policies*



# In this lecture

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- **Some respiratory diseases**
- **Poverty**
- **Inadequate basic health care**
- **Housing**
- **Policy solutions**

# Emma-Lita Bourne (2 years) died in Aug 2014

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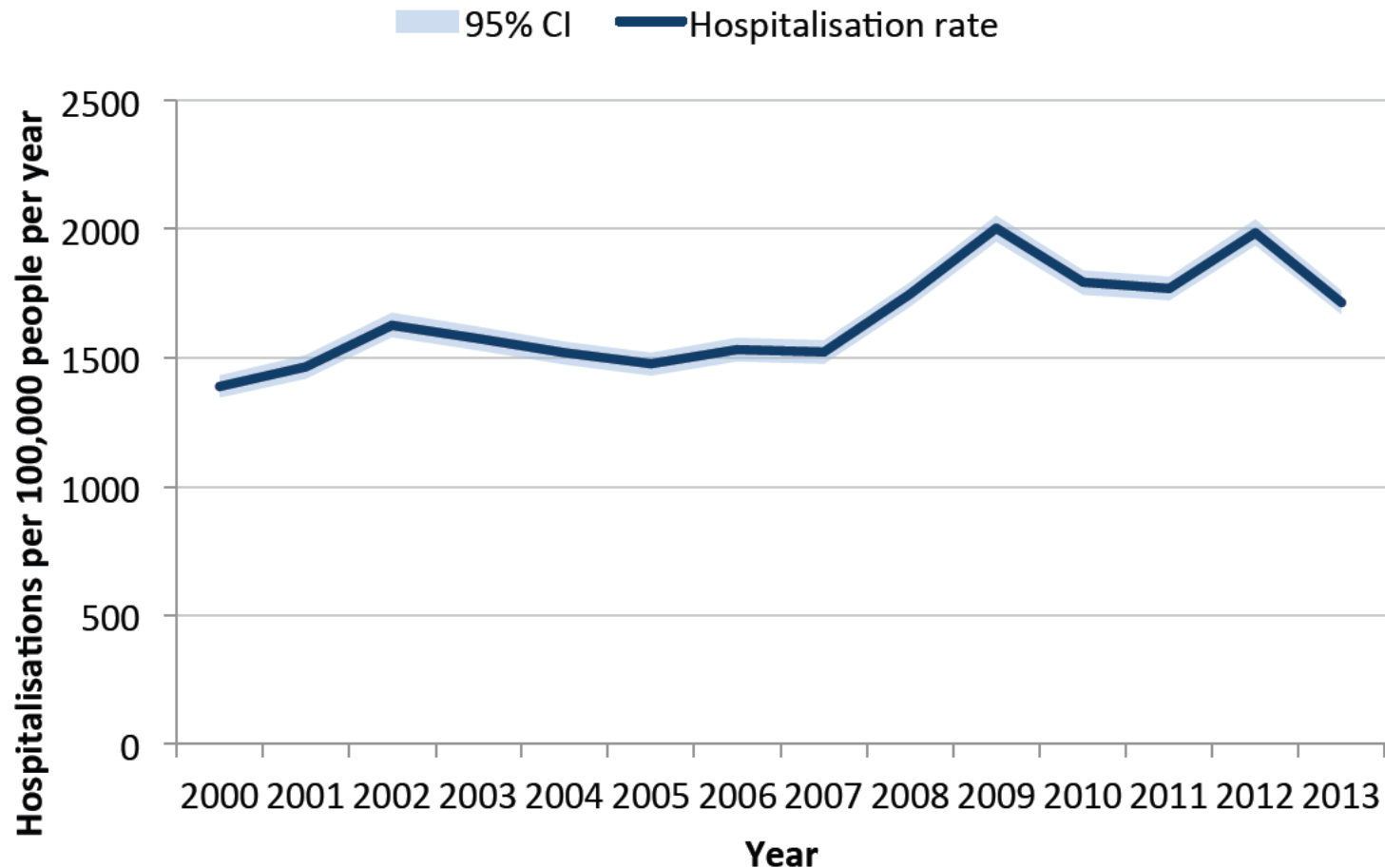


**Coroner:**

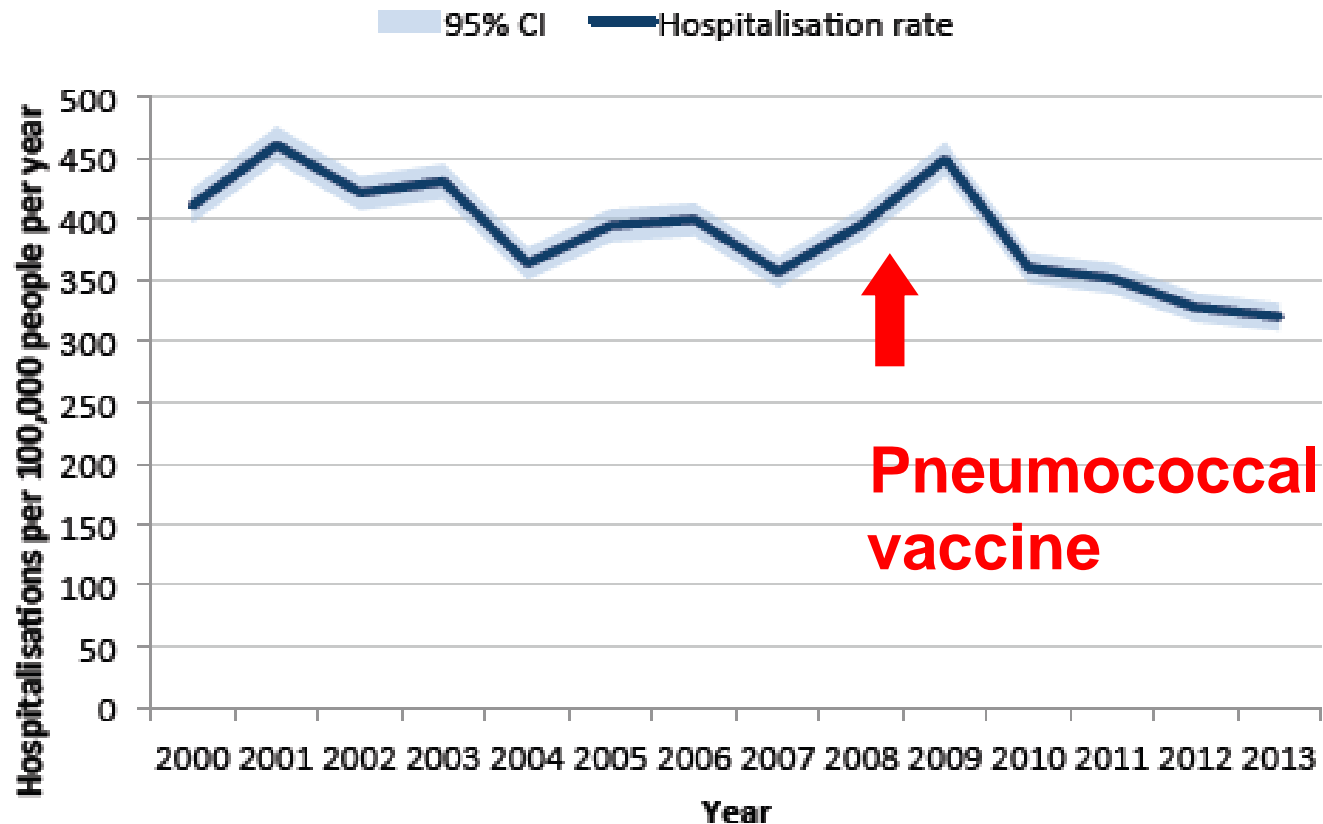
**Cold, damp house contributed to her death from pneumonia**



# Childhood bronchiolitis hospitalisations per 100,000 people per year 2000-2013

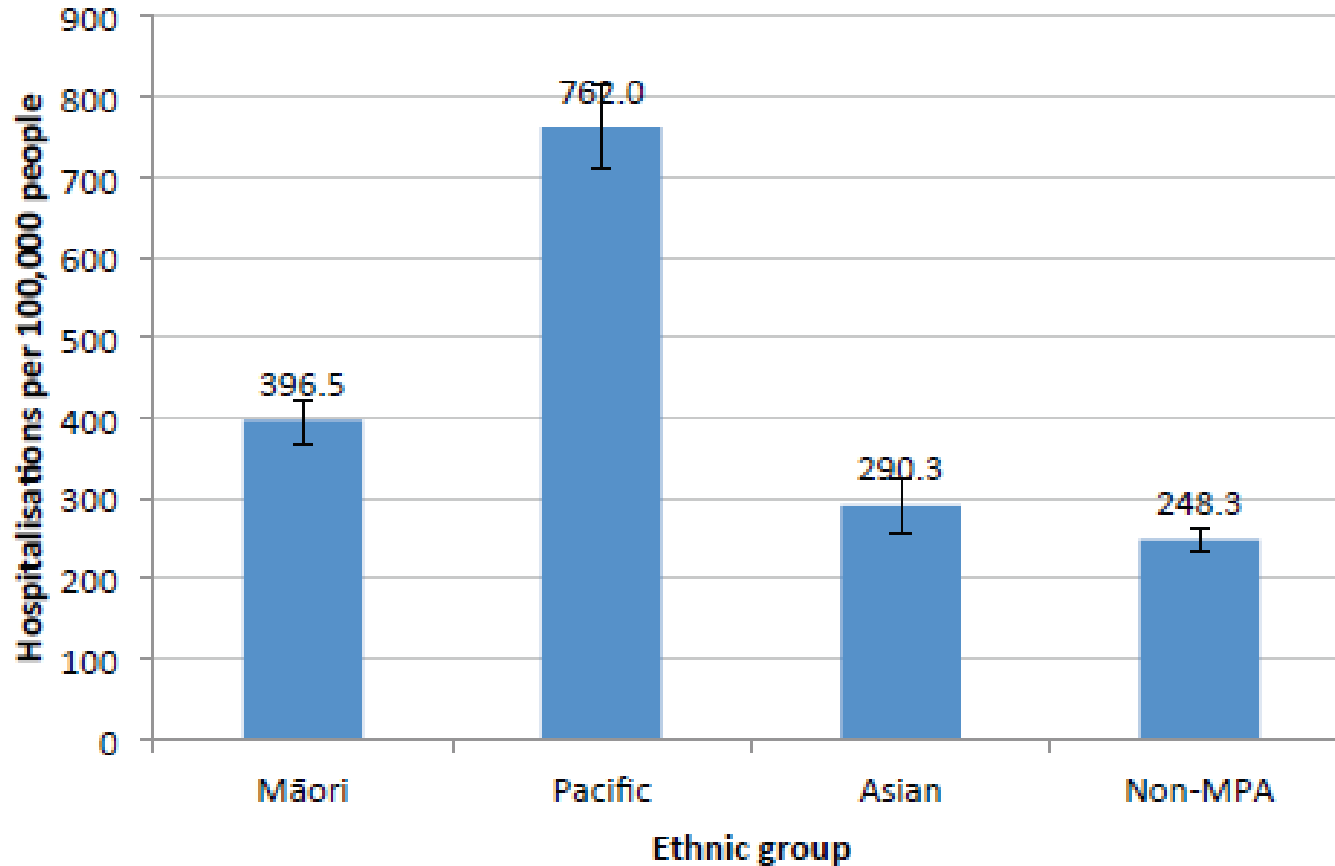


# Childhood pneumonia hospitalisations per 100,000 per year 2000-2013



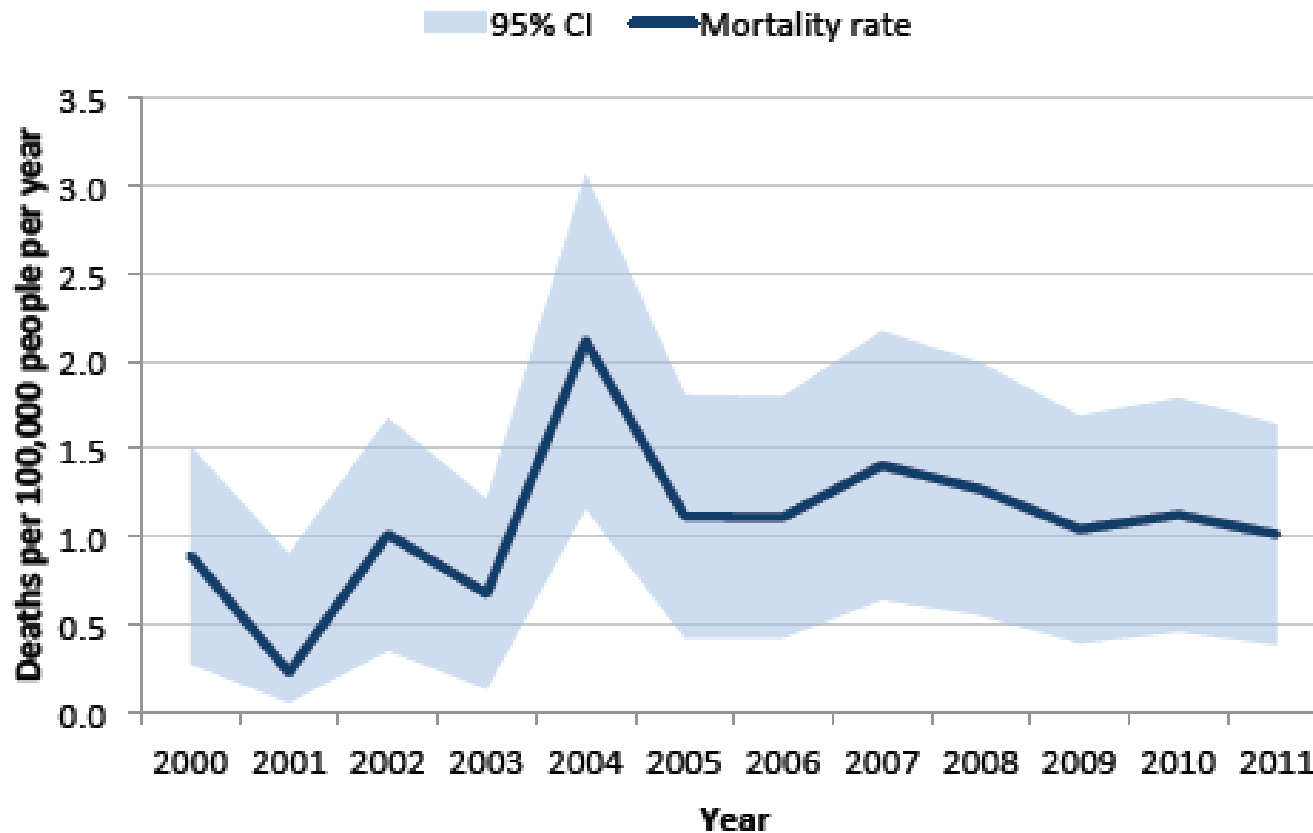
# Childhood pneumonia hospitalisations per 100,000 by ethnic group, 2013

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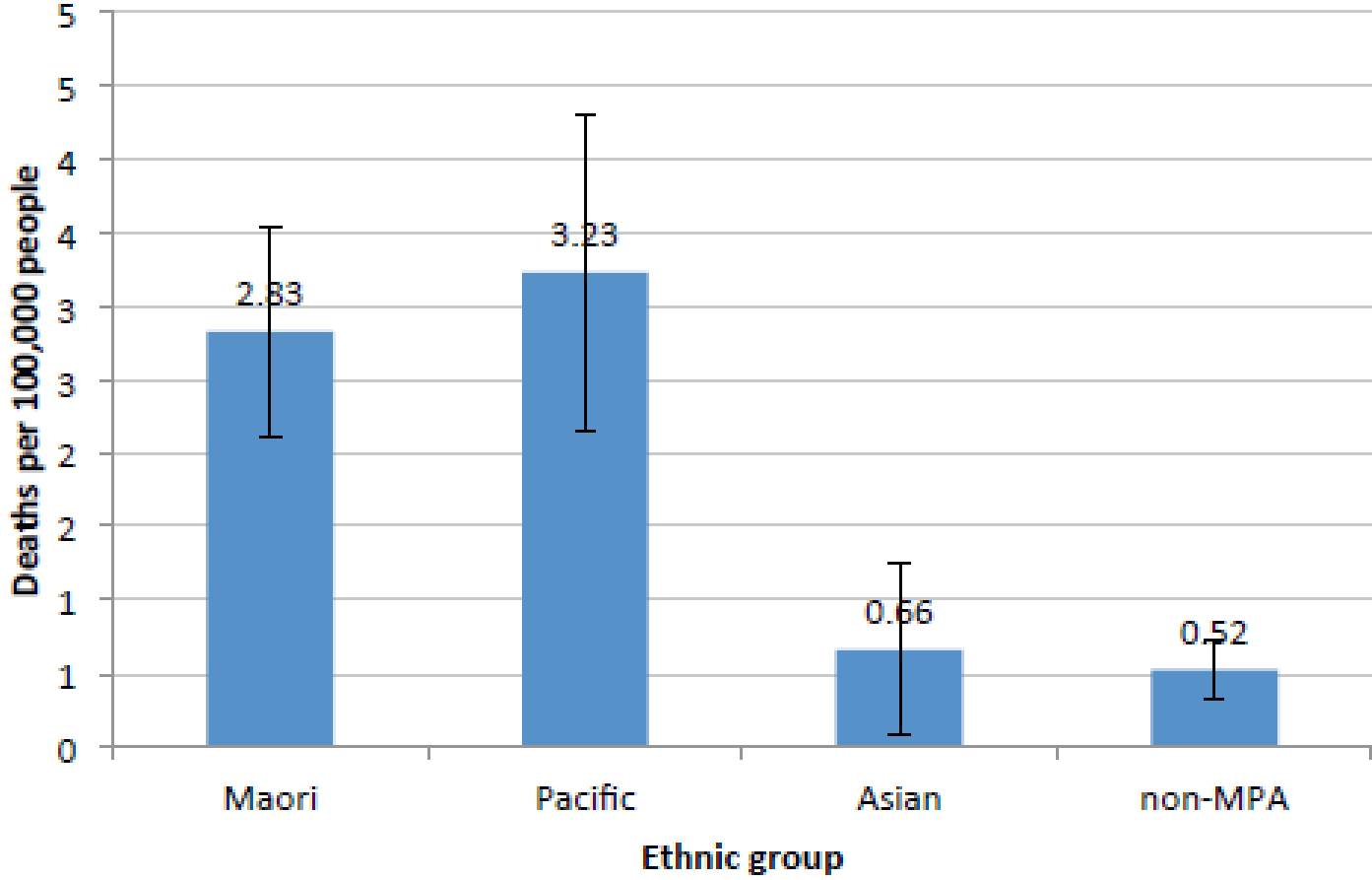


# 110 childhood pneumonia deaths 2000-2011 (10 per year)

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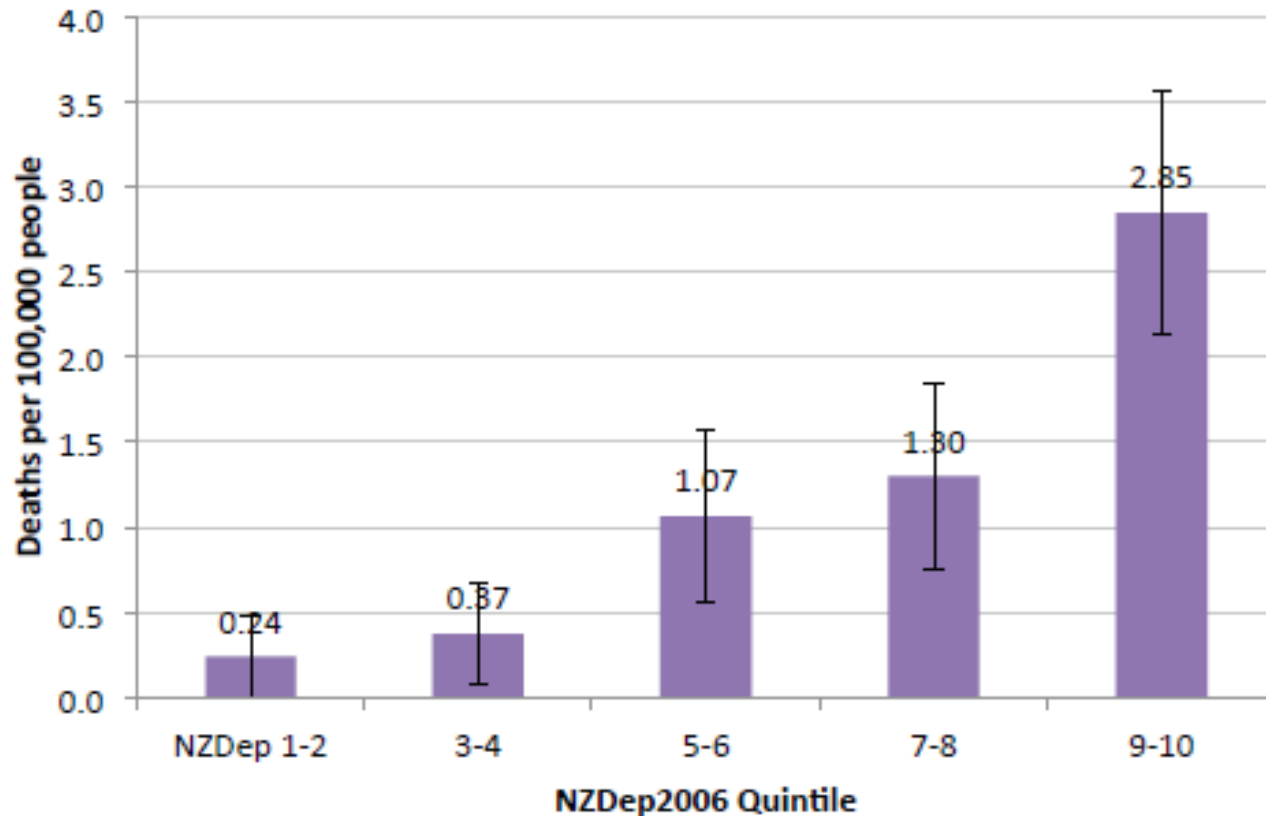


# Childhood pneumonia deaths by ethnic group 2002-2011



# Childhood pneumonia deaths by deprivation index, 2002-2011

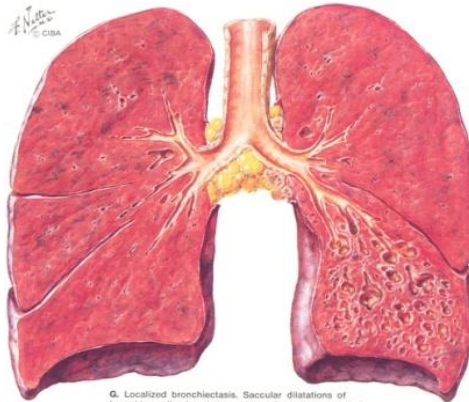
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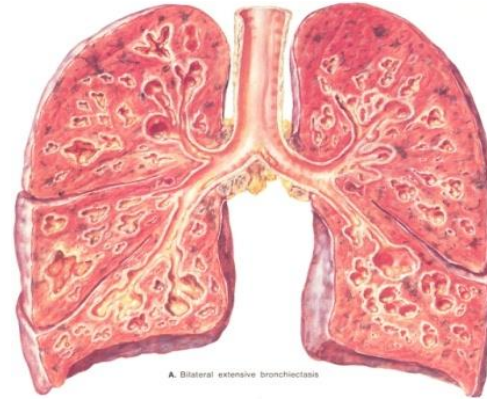
# Bronchiectasis

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- Caused by repeated or severe pneumonia
- In NZ is 8-9 times commoner than UK and Finland
- In NZ average age at diagnosis is 3 years
- Most NZ children with bronchiectasis have more than half their lungs damaged



Normal lungs with  
bronchiectasis  
on bottom right



Bronchiectasis  
all areas of the lungs

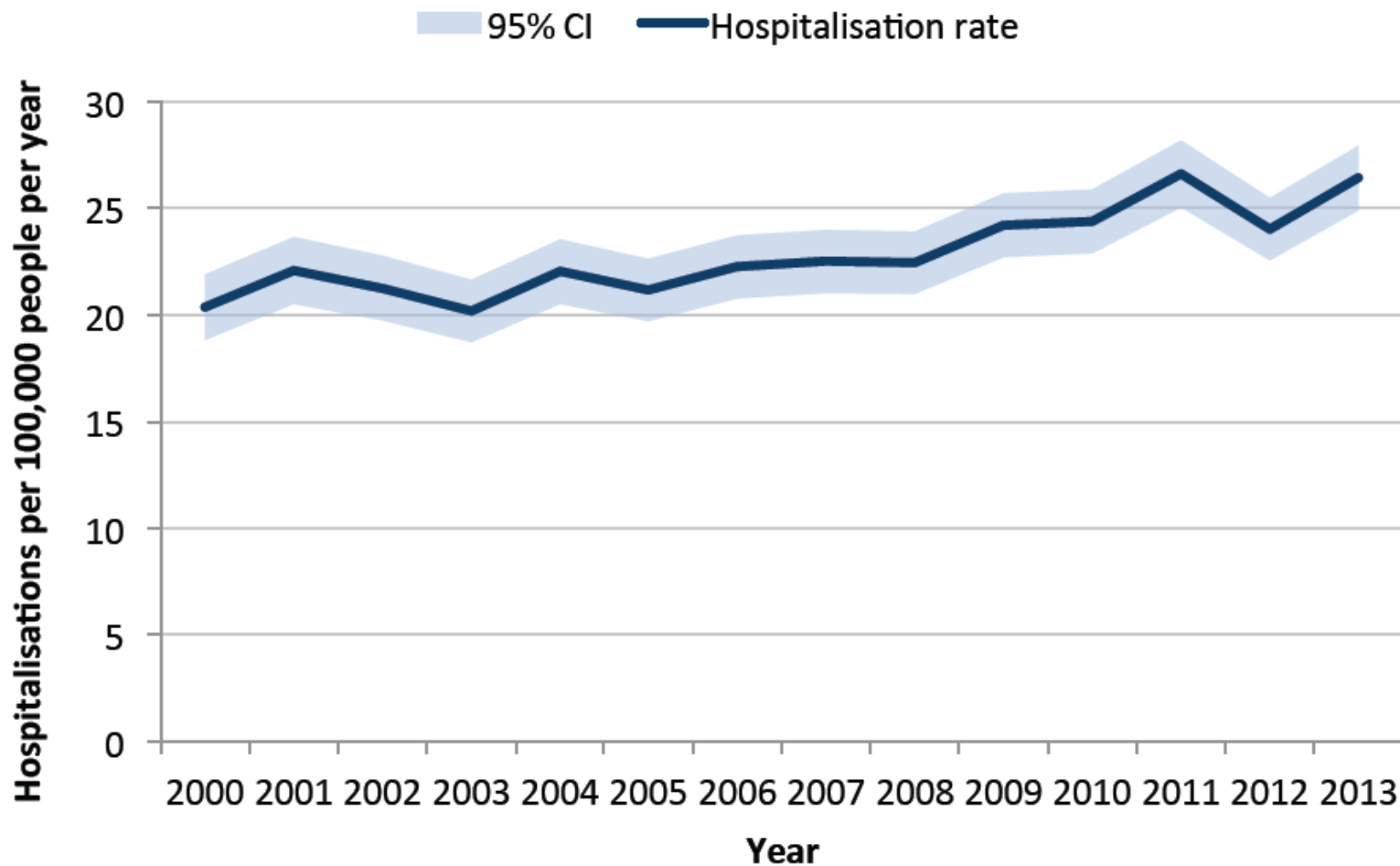
# Bronchiectasis hospital admissions in 0-24 year olds. Risk by Ethnicity 2006-2010

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European	Māori	Pacific	Asian/Indian
1	7.51	11.2	1.30

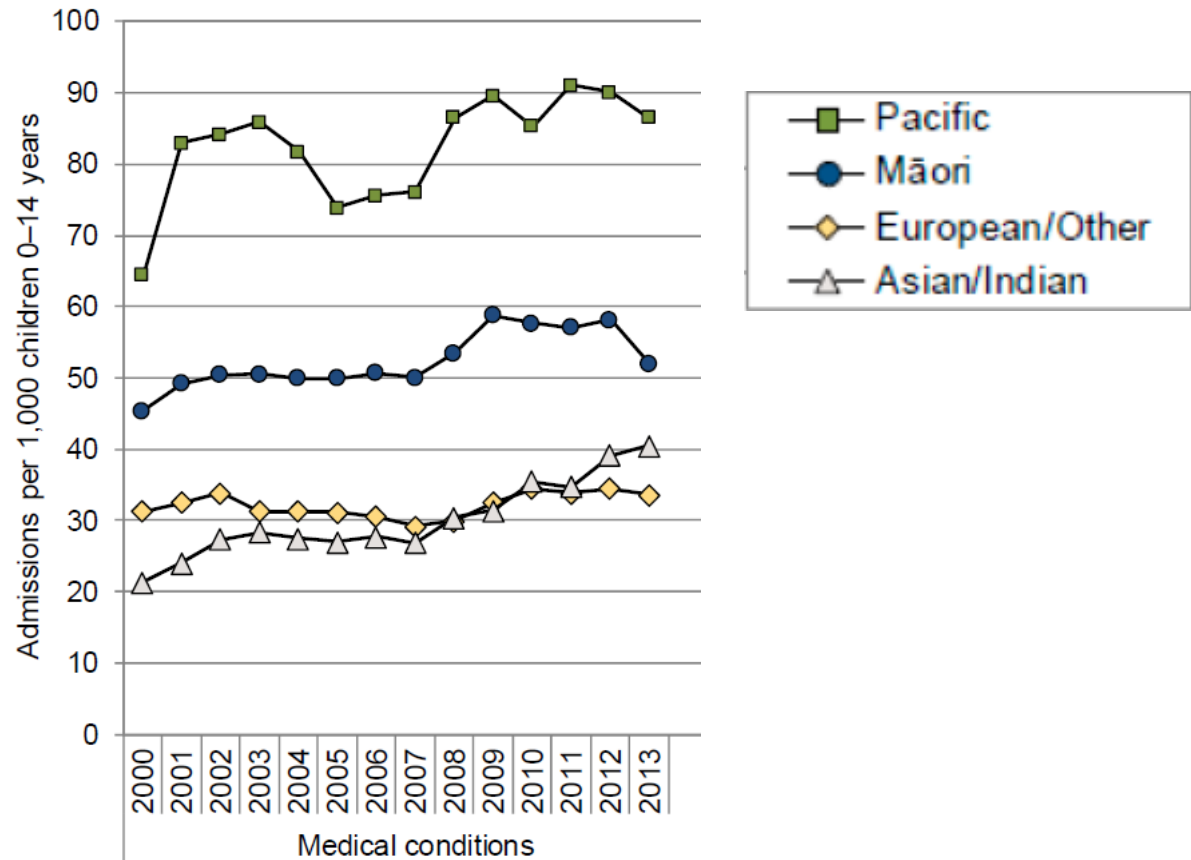


# NZ Bronchiectasis hospitalisations All ages 2000-2013



# Hospital Admissions for Medical Conditions with a Social Gradient\*, Children Aged 0–14 Years, New Zealand 2000–2013

\*asthma  
 bronchiolitis  
 pneumonia  
 gastroenteritis  
 serious skin  
 infections,  
 rheumatic  
 fever,  
 bronchiectasis  
 etc



# Why has child poverty increased?

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**Factors which impact on child poverty rates:**

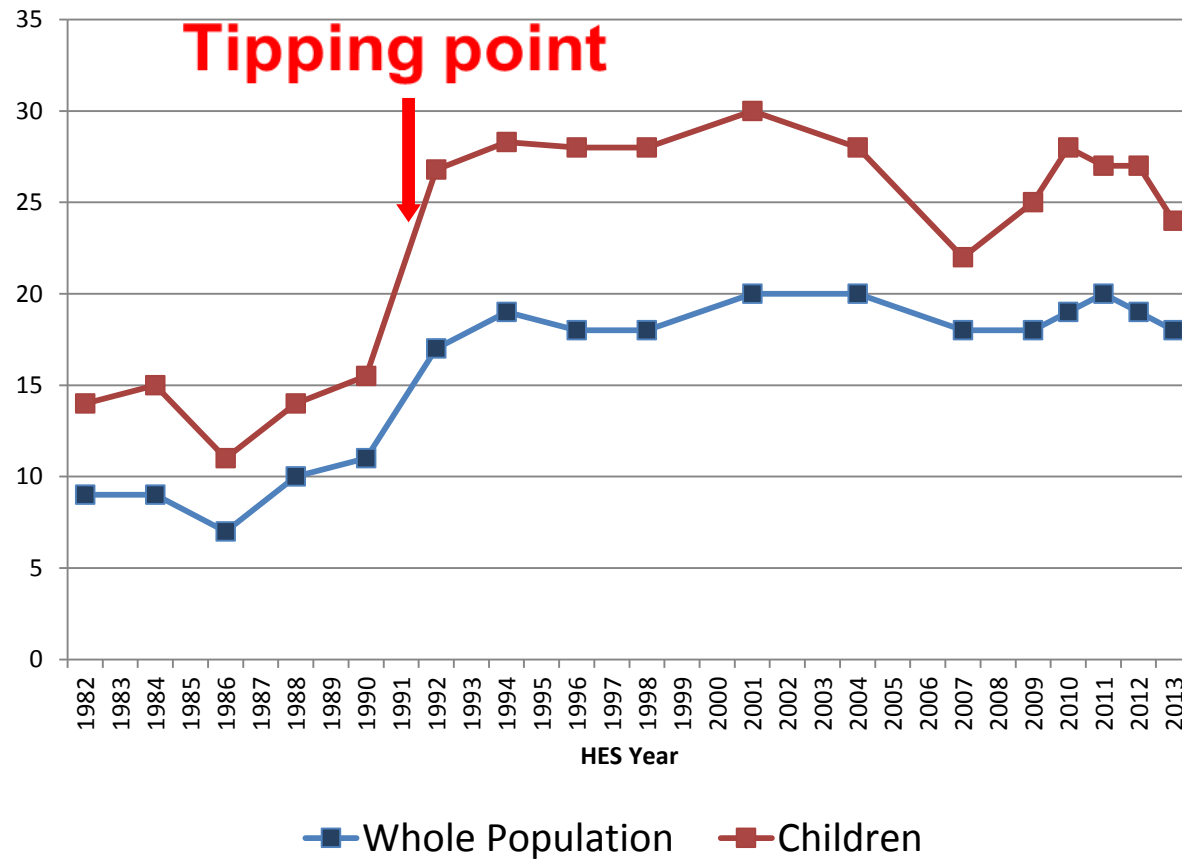
- **Policy changes**
- **Society's structural and cultural norms**
- **The economy and labour market**
- **Demographic shifts**

# Child income poverty following income policy changes

Main source of parent's income	Before 1991 benefit cuts	After 1991 benefit cuts (1994)*	Before Working For Families (2004)	After Working For Families (2009)
Parent in paid work				
Income poverty	18-20%	18-20%	21%	11%
Parent on benefit				
Income poverty	25%	75%	75%	75%

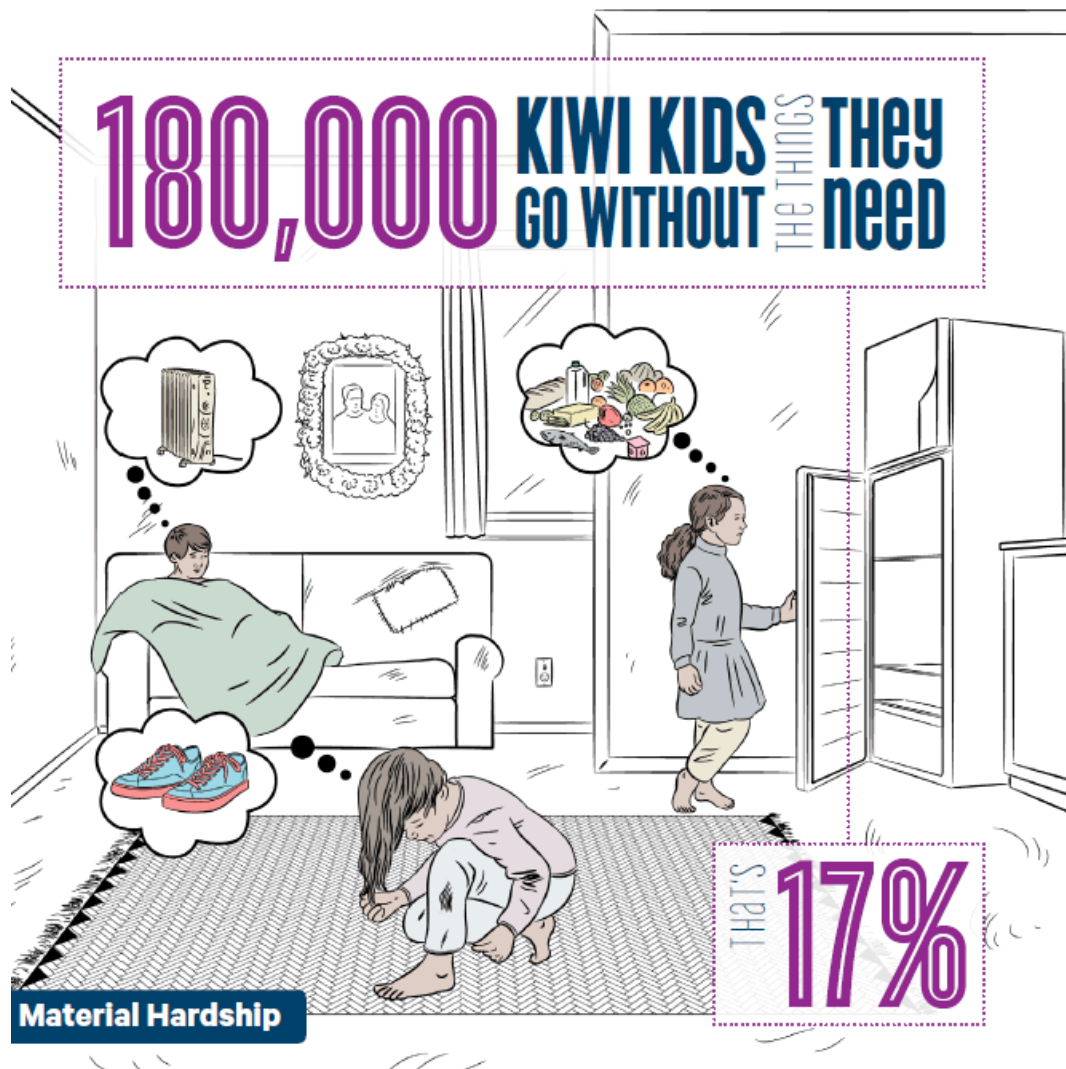
# NZ Poverty: child vs whole population 1982-2013

(<60% median disposable household income after housing costs)



# Material Hardship = Deprivation of essentials

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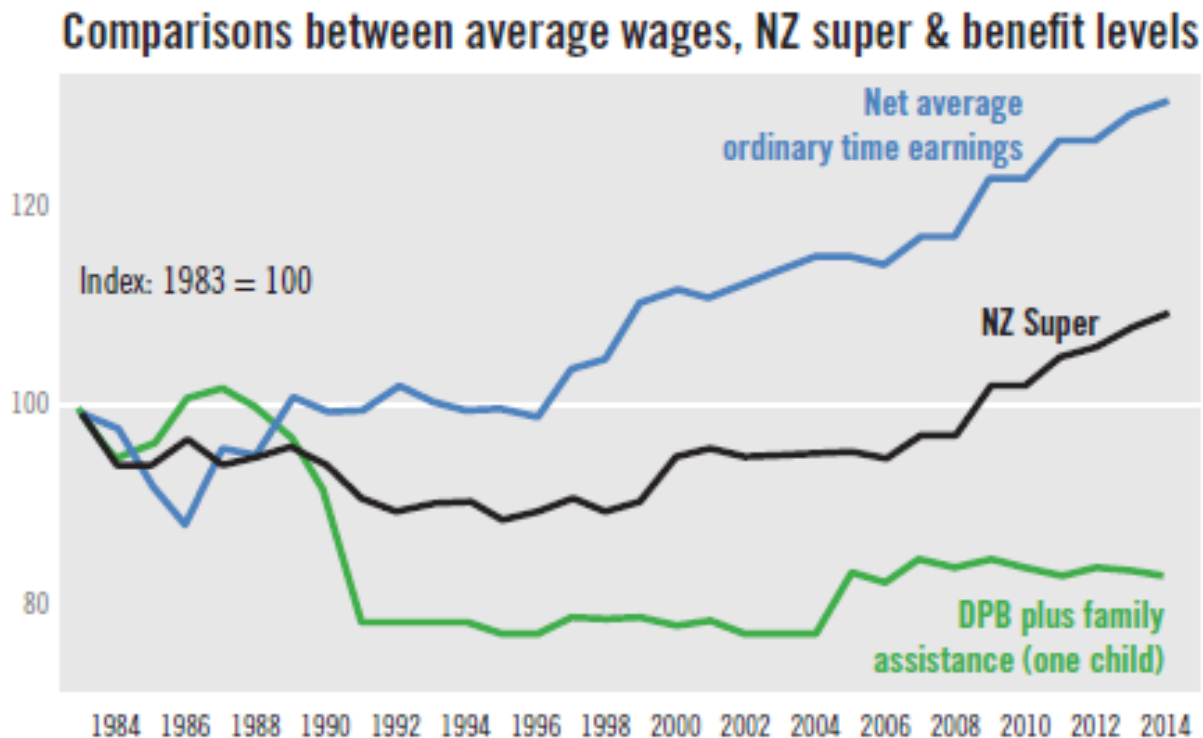


# Child poverty figures, under 18 yr (2013)

<b>Child poverty figures in NZ</b>	<b>No. of children</b>	<b>% of children</b>
<b>Total number of children 0-17 yrs</b>	<b>1,060,000</b>	<b>100%</b>
<b>Income-poverty (&lt;60% median after housing costs)</b>	<b>260,000</b>	<b>24%</b>
<b>Severe income poverty (&lt;50% median after housing costs)</b>	<b>205,000</b>	<b>19%</b>
<b>Material hardship (Material Wellbeing Index)</b>	<b>180,000</b>	<b>17%</b>
<b>Severe income poverty AND material hardship</b>	<b>95,400</b>	<b>9%</b>

# Safety net for children is inadequate: relativities 1983-2013

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Adapted from Perry B. Ministry of Social Development, 2014, page 82, Figure C.8A



**15,000 (25%) newborns/yr miss out on income support**

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**Parents on a benefit do NOT get:**

- **Paid Parental Leave (max \$7,401 net)**
- **In Work Tax Credit (\$3770/yr in 2016)**
- **Parental Tax Credit (\$2,200 net)**

# NZ paradox with income support benefits: children treated much more harshly than adults >65 years

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Characteristic of NZ income support benefits	For families with children	For >65 yrs
Universal	no	yes
Indexed (linked to prices and wages)	no	yes
Simple	no	yes
Income tested	yes	no
Reduces in hard times	yes	no
Recipients of benefits adversely judged by society	yes “beneficiary”	no “superannuitant” “super gold card”

*Source: Susan St John*



# Policy steps to reduce poverty

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- **All adult benefits - increase significantly**
- **Include ALL poor children fully in Working for Families income support**
- **Properly index Working for Families to wages**
- **Make sure ALL newborns get extra support**

# Inadequate basic health care



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**Includes lacking any of these:**

- **Basic hygiene in the home**
- **Health literacy – systemic and family levels**
- **Access to primary health care, including doctor visits and medicines**
- **Enrolment with health providers from pregnancy, regular assessment and coordination**
- **Dental care**
- **Optometry care**



# **Some policy steps needed to improve access to basic healthcare**

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- **All pregnant women enrolled with antenatal care from from early pregnancy**
  - **All children enrolled at birth with GP, National Immunisation Register, Well Child /Tamariki Ora and Dental services**
  - **Primary care services free for all children from last 3 months of pregnancy up to age 18, including GP services, prescriptions, dental and optometry care**

# Unhealthy housing

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## Key health issues

- **Crowding**
- **Poor quality – cold and damp**
- **Fuel – unaffordable or unhealthy**

# 'Houses' for some families are garages, and vehicles

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[Western Leader 3 Oct 2013. www.stuff.co.nz/business/money/9238710/Garage-life-for-two-years](http://www.stuff.co.nz/business/money/9238710/Garage-life-for-two-years)  
[NZ Herald 4 Oct 2014. www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=11336725](http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11336725)



# How does unhealthy housing cause health problems?

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- **Cold – viruses survive better**
  - WHO recommends house temperatures should be 18+ degrees
- **Damp – encourages mould**
- **Mould – mould particles cause airway inflammation**
- **Unflued gas heaters - noxious gases cause cough and wheeze**
- **Crowding – rapid spread of infection between people**



# Does making NZ homes healthy improve health? YES

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- less wheezing
- fewer days off school and work
- fewer visits to GPs
- fewer hospital admissions for respiratory diseases

Howden Chapman P, et al 2007 and 2009  
Jackson G. et al.2007



# **Some policy steps to lessen unhealthy housing**

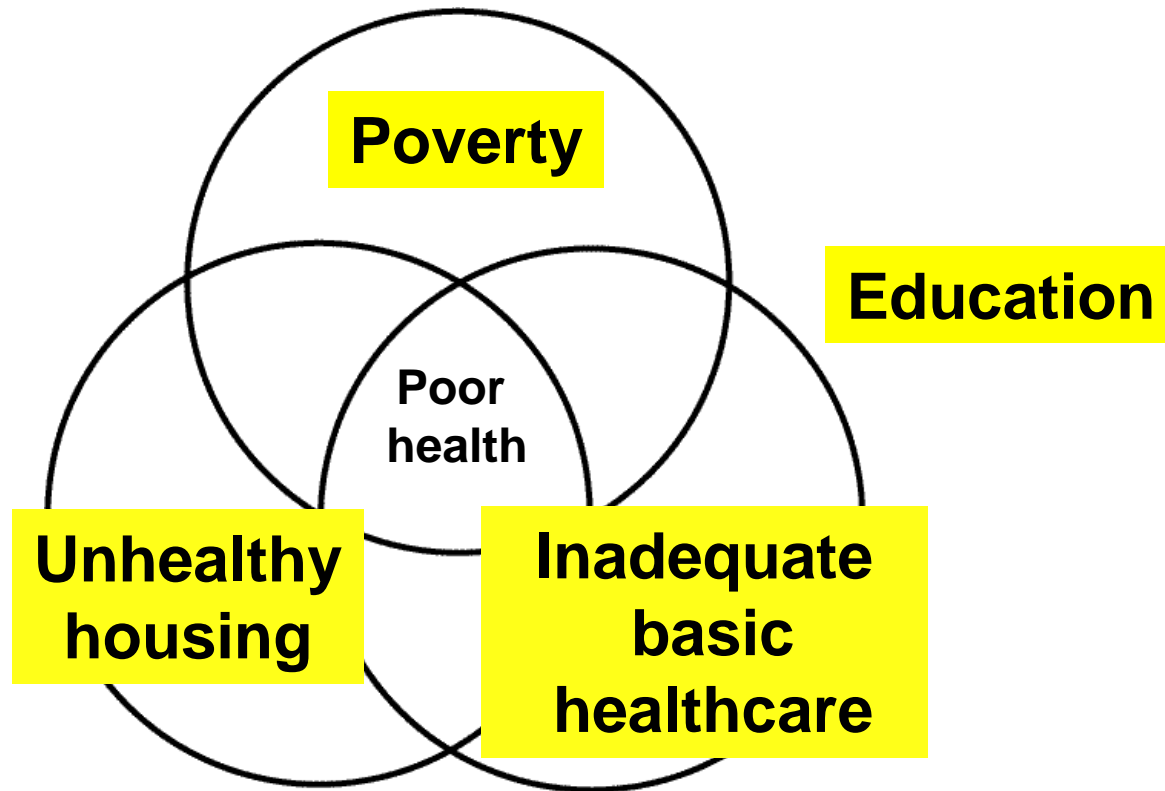
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- 1. Stop selling off state and council housing**
- 2. A \$1 billion annual budget for the provision more state, public and not for profit housing**
- 3. Setting minimum standards for all rented housing**
- 4. Greater tenure and rent protection for tenants**
- 5. A statutory right to be housed**
- 6. State subsidies for modest income homeownership programmes**

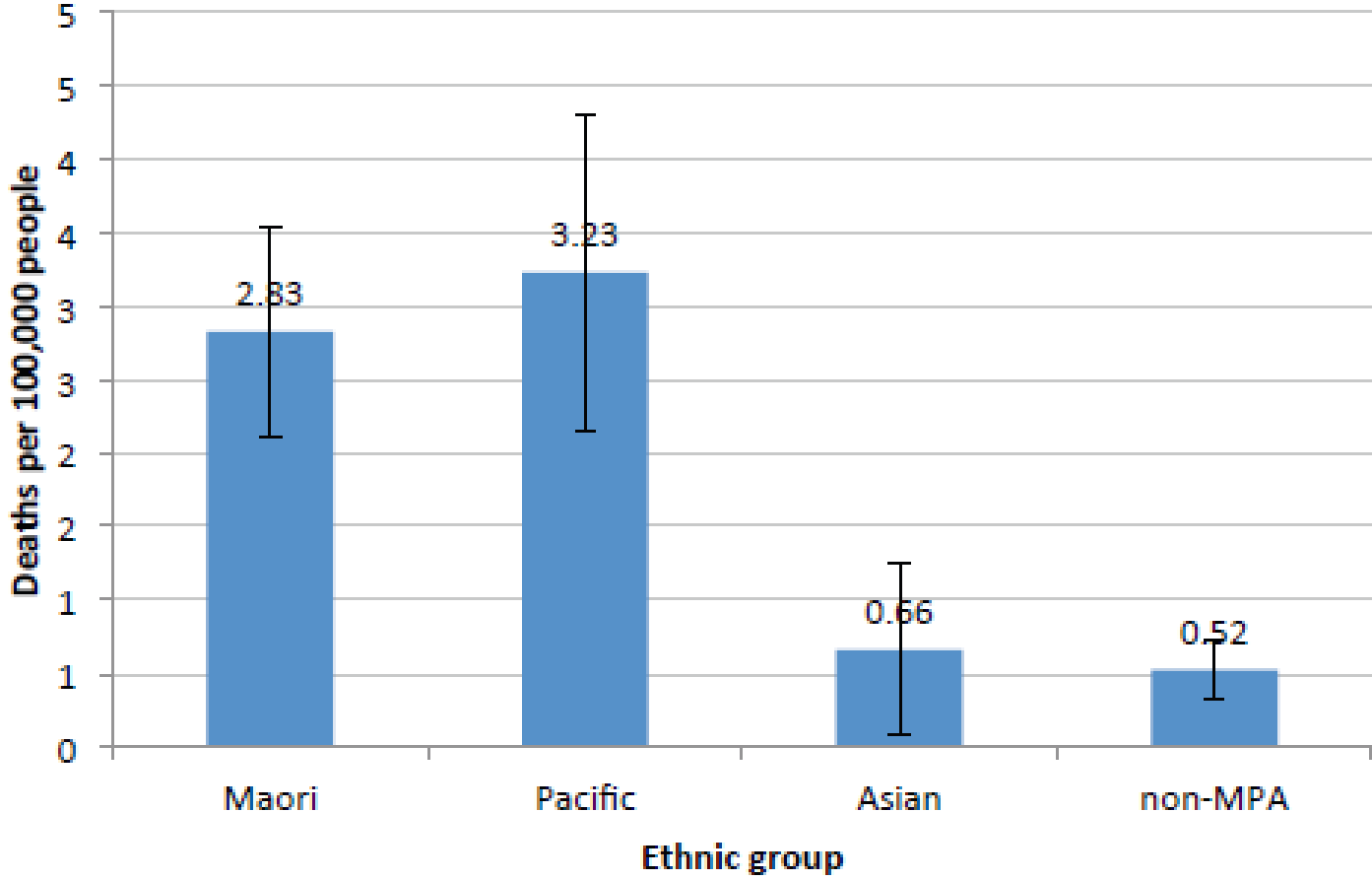


**To address poor health NZ  
must have the right policies  
to address all these areas**

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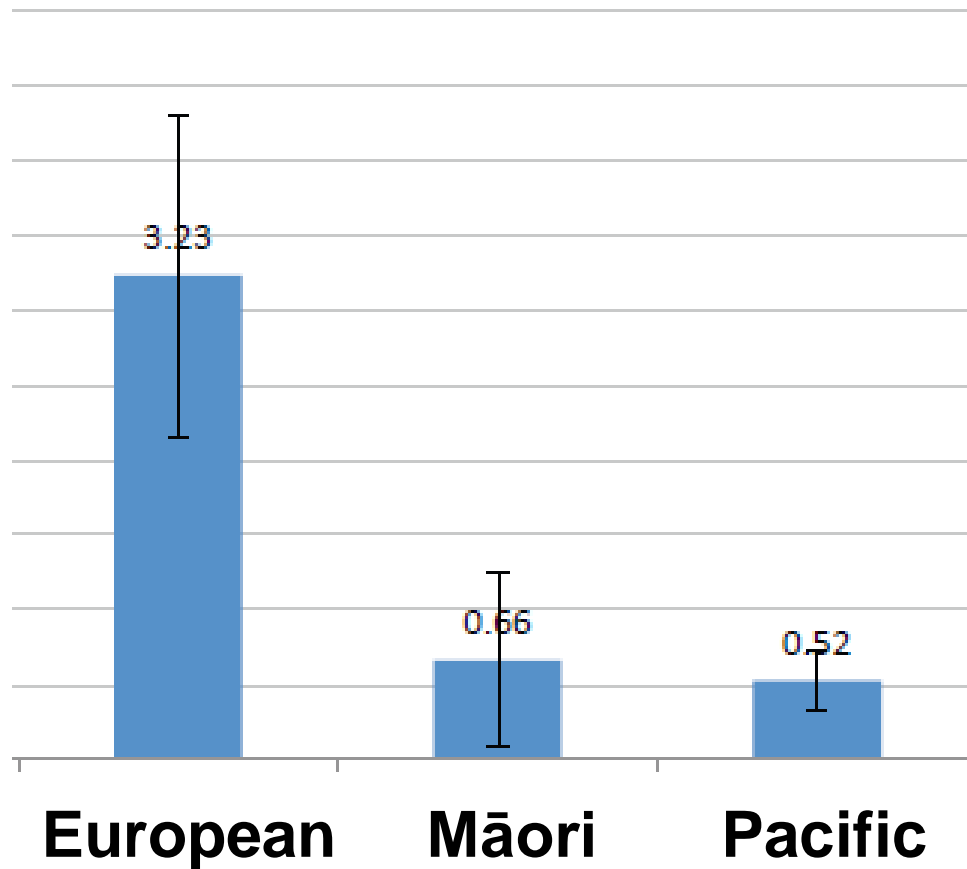


# Childhood pneumonia deaths by ethnic group 2002-2011



# Childhood pneumonia deaths hypothetical rates by ethnic group – would more be done?

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# Life experiences affecting health and wellbeing

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**Pākehā children**

**“like biking with the wind behind them”**



**Māori children**

**“like biking into the wind”**

# Health inequities for Māori: How do we become part of the solution?

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**Our society, our health systems, ourselves  
are part of the problem**

**We can be part of the solution through transformative change  
including reducing the effects of colonisation on,  
and racism in ourselves.**

[www.starship.org.nz/for-health-professionals/paediatric-update/2014-archive/child-health-inequities-how-do-we-become-part-of-the-solution/](http://www.starship.org.nz/for-health-professionals/paediatric-update/2014-archive/child-health-inequities-how-do-we-become-part-of-the-solution/)

<http://www.health.govt.nz/publication/equity-health-care-maori-framework>

# For policy traction to occur

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**Align 3 factors:**

- **The problem needs to be recognised**  
**eg data on child health inequities**
- **Potential solutions need to be identified**  
**eg income needed for essentials**
- **Political imperative needs to exist**  
**eg public opinion**



# Where are we at in NZ?

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- 1. Child poverty and inequities are recognised, but not well understood**
- 2. Policy solutions are identified, but not unanimously agreed**
- 3. Public opinion is moving, but not enough**

# What can you/your organisation do?

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Join CPAG [www.cpag.org.nz](http://www.cpag.org.nz) ?

Talk about it?

Position statement, publication, press releases?

Develop and share more of our own advocacy activities?

Develop 'pre-election' plan to address 1-3 above?

Advocacy with influential people?

Other?

