



CHiLD  
POVERTY  
ACTION  
GROUP

## Child Poverty in New Zealand - a primary care lens

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# Future Direction: Your Road Map





**UFFP**

*Ultra Functional Finger Probe*  
Takes Vital Signs,  
EKG and BP.  
Detects blood glucose  
levels. Sends results  
to wrist monitor  
Records findings  
wirelessly  
to EPC (Electronic  
Patient Chart)

**EWM**

*Electronic Wrist Monitor*  
Visual monitoring of patients  
with 3-way audio/conferencing  
and physician paging unit.  
Dosage calculator and  
pharmacology reference.

**MBDU**

*Medicine Belt Dispenser Unit*  
Accepts pre-calculated  
time-activated  
cartridges from pharmacy.

**PBP**

*Power Bar Pouches*  
For snacks on the run.

**AGSB**

*Anti-Gravity Space Boots*  
Gravity-defying space-technology footwear  
VMEN Commands:  
Rear heel jet thrusters  
Calf fin steering  
10mph acceleration and braking system.

**VMEN**

*Voice Modulator & Eye Navigator*  
Sends/documents verbal nurses  
notes to EPC. Activates Voice  
commands for medication belt  
and power boots.  
Phone and PA intercom for  
emergencies.

**LFAM**

*Laminar Flow Air Mask*  
Employs Laminar Air Flow  
Defense Shield creating a  
facial microbe-activated invisible  
air mask.

**BASI**

*Bilateral Arm Strength Intensifier*  
Pneumatic system maximizes  
forearm lifting power up to  
5000 psi. Makes lifting patients  
up to 500 pounds as easy  
as lifting a feather.

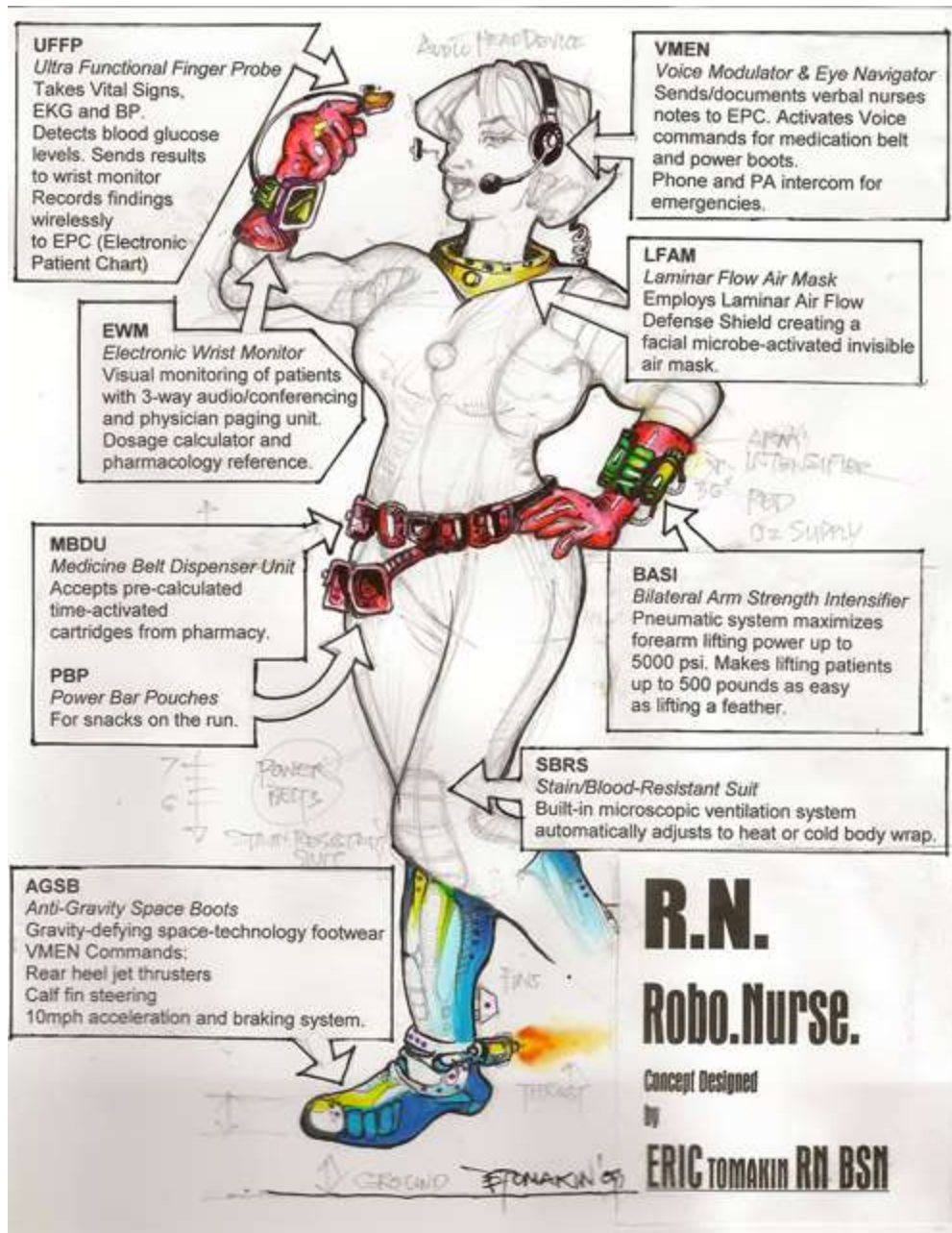
**SBRS**

*Stain/Blood-Resistant Suit*  
Built-in microscopic ventilation system  
automatically adjusts to heat or cold body wrap.

# R.N. Robo.Nurse.

Concept Designed  
by

**ERIC TOMAKIN RN BSN**



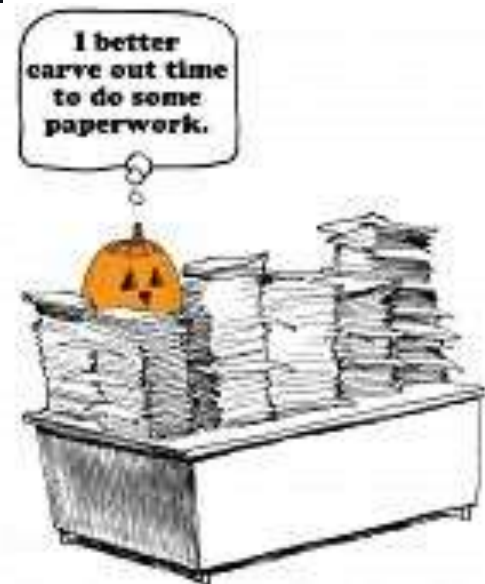
But in our reality





[CIV H3N2 + CIV H3N8]

**FLU SHOTS  
AVAILABLE  
HERE!**

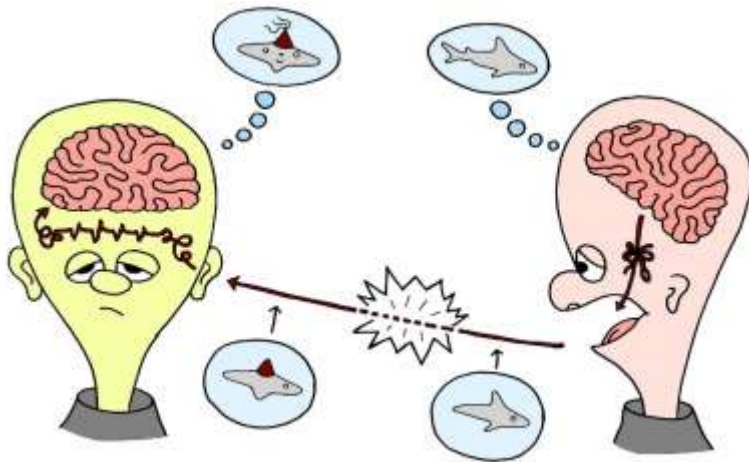


What we have to offer.....

# Communication

## Compassion

## Expertise





..but it can be really hard



# recognition





# Juliette



- 7 months old
- Presents to GP on Monday morning
- Only 1 vaccination
- Admitted to hospital with pneumonia
  
- Solo mother, 17 years, one other sibling
  - No education past 14 years
  - History of physical/sexual abuse
  - Significant debt, Car repossessed
  - Very shy of authority figures – health, social services...
- Abusive partner, awol, drugs, criminal conviction  
.....
- Moved 4 times since child is born
  - Currently with Aunty's whanau, 16 in house, cold, damp, smokers

# Why does she get sick?

- Spread of the 'bug'
  - Overcrowded
  - Surrounded by other sick people
  - Hygiene – coughing, handwashing
- Weaker immune response
  - Stressed
  - Not fully immunised
  - Poor nutrition
- Reduced access to health care services
  - Mother knowledge level
  - Late presentation
  - Cost/access







Jack is a 9 year old boy well know to my general practice. He has come in very many times to us and the local A & M with a range of health issues: *asthma, eczema, chest infections, skin infections, injuries.*

Since birth he has had TEN hospital admissions:  
*bronchiolitis (baby x2) asthma (x3), broken leg, head injury, cellulitis (x2), dental abscess*

Jack is overweight, doing poorly at school, described by the school as having a learning difficulty. Furthermore the school are concerned because he is a playground bully.

His father is in jail. He has a brother and a sister and another died as an infant.

His Mum is 29 with a chronic medical condition. She has been in and out of a lot of jobs, never lasts more than a few months

## Jack's future.....

- Poor health lifelong
- Obesity
- Drug and alcohol abuse
- School failure, limited occupational options
- Criminality
- Broken relationships
- Shorter life expectancy



# Kevin

“I can’t sleep doctor”

- 49 years, rough sleeper
- Father drug and alcohol addiction, violent
- Left school early, semiliterate
- Strong gang affiliation till mid-life
- Multiple street drugs, P, alcohol.....
- Wife and 3 kids for 10 years
  - She was scared of the gang world
  - Left him for a rich man in Australia
  - No contact with kids at all
- Starting to drink meths
- ?lwi unsure



# knowledge





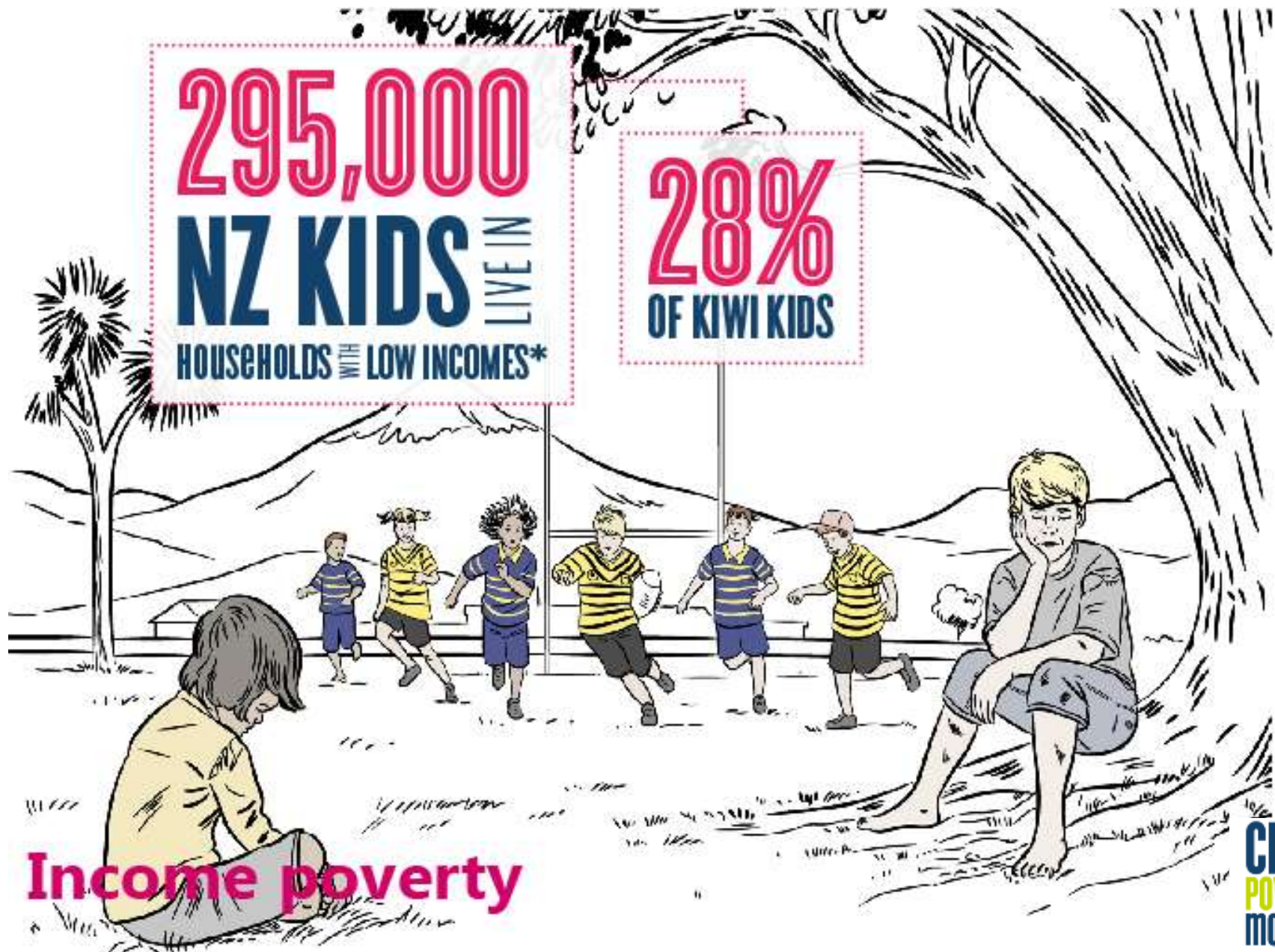
# What is Poverty

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**Absolute poverty:** A lack of resources for the bare minimum existence.

**Relative poverty:** Exclusion from the minimum acceptable way of life in one's own society because of inadequate resources. Often complex origins and solutions.

# Child poverty is a real problem in New Zealand



# Child poverty is a real problem in New Zealand

## Material Hardship

**155,000**  
**NZ KIDS**  
LIVE IN HOUSEHOLDS **7**  
THAT GO WITHOUT  
OR MORE THINGS  
THEY NEED

**14%**  
OF KIWI KIDS



**85,000**  
**NZ KIDS**  
LIVE IN HOUSEHOLDS **9**  
THAT GO WITHOUT  
OR MORE THINGS  
THEY NEED

**8%**  
OF KIWI KIDS

This is a new measure of material hardship introduced into government reporting in 2015.

LIST OF 17 THINGS THAT HOUSEHOLDS ARE GOING WITHOUT

LESSER  
HARDSHIP

GREATER  
HARDSHIP

0 | 1 | 2 | 3 | 4 | 5 | 6 | **7** | 8 | **9** | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17



# Why does childhood poverty matter?

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Poverty in childhood affects their whole life

- affecting every health outcome
- educational outcome
- secure relationships
- future jobs and income



# Who is in most hardship in NZ?

	% in severe/significant hardship 2008
Children 0 – 17 years	23
18 – 24 years	15
25 – 44 years	16
45-64 years	13
65 + years	4
Overall	15

Adapted from: Perry B Non-income measures of material wellbeing and hardship: results from the 2008 New Zealand Living Standards Survey MSD Wellington Dec 2009. p, 22



**empathy**

# What does it mean to be poor?

- Your parents are stressed
- You are stressed
- You cant afford regular nutritious food
- You get sick more often
- You often live in a cold, crowded house
- Your neighbourhood has more crime
- You often have to shift house and school
- You can't participate in hobbies, sports

# ‘Multiple bee stings’



**anger**

# Hospitalisation rates for serious bacterial infections and respiratory diseases

## International Comparisons

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Disease	Other OECD Countries Relative Rate	NZ Relative Rate
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, UK)	8-9



**action**

# But what can I do?



a spiritual desert is spreading - an interior emptiness, an unnamed fear, a quiet sense of despair.

— *Pope Benedict XVI* —

**AZ** QUOTES

# **Child poverty is not inevitable**

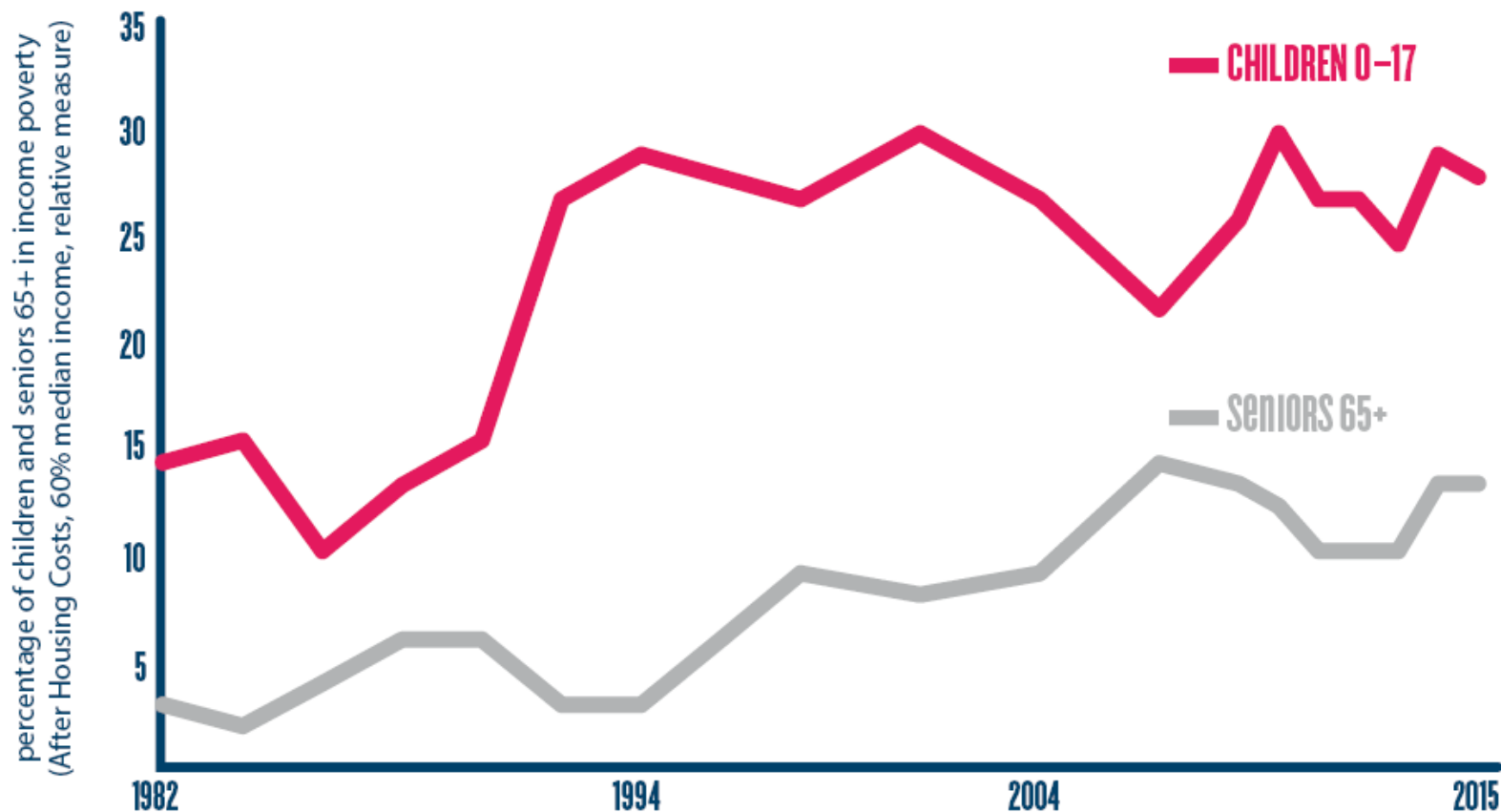
Child poverty has got worse in NZ since early 1990s

More children are poor in NZ than other age groups

Child poverty rates are affected by policy

Income-related child poverty rates are much higher now than in the 1980s

# KIWI CHILDREN LIVING IN HOUSEHOLDS EXPERIENCING Income POVERTY OVER THE LAST THREE DECADES COMPARED TO SENIORS



CHILDREN'S LEVEL OF INCOME POVERTY  
In 1982 = 14%

CHILDREN'S LEVEL OF INCOME POVERTY  
Today = 28%

CHILD  
POVERTY  
MONITOR

# Some recommendations

- **Children's rights and needs at the centre of policy**
- **A comprehensive national plan with actions, targets, measurable outcomes and regular reporting**

Examples of specific recs:

- Universal health services for children, with targeted extra services based on assessment of further need
- A national housing plan
- A housing WOF
- Increase minimum wage and address the needs of children in low income families through well-supported benefits and tax credits
- Review social welfare benefits for adequacy
- Abolish sanctions which reduce the income of beneficiary families with children

# Poverty Reduction Examples

- **Macro**

- Structural economic change
  - Taxation
  - Social Security

- **Health**

- Parent/child Mental Health services
- Meningococcal B vaccination campaign
- Reduction in costs of health care for children (still not free)
- Housing Insulation

# And in primary care ?

- **We care**
- We empathise
- We never give up trying
- We support each other





"Worst case of compassion fatigue i've seen."

# Supporting a good start..

- Good intrauterine care
- Breast feeding, healthy nutrition
- Safe environment – physical, emotional
- Consistent, supportive parenting
- Whanau support
- Good quality early childcare
- Good primary health care – access and services
- Good well child services



# And what can we do better....

- **Improving access to services**
  - Costs
  - Opening hours
  - Waiting room
  - Outreach services, navigators , whanau ora
- **Trusting relationships**
  - Know our people
  - Enrolment and early engagement
  - Stable team
  - Personal touches
- **Population Health approach**
  - Excellent classifications and systems
    - eg code household smoking , code housing conditions
  - Audits and active precalls/recalls
    - Eg immunisation, 6 week checks
- **Relationships with our local community**
  - Community groups, church groups
  - Iwi contacts
  - NGOs
  - Smoking cessation programmes, Drug and Alcohol services
  - PAFT, Whanau Ora, Talking therapies.....
  - Healthy housing

# Being there in the moment



The small touches

Asking the difficult question

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

*My strength is not mine alone,  
but that of many*



***‘Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has’***

**Margaret Mead**