Improving Children’s Lives through Policy

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Health Spokesperson, Child Poverty Action Group
This talk

1. Setting the scene
2. Unhealthy housing and policy solutions
3. Inadequate basic health care and policy solutions
4. Child poverty and policy solutions
5. Policy changes reports
Child Rights – New Zealand Context

- Te Tiriti o Waitangi 1840
- Human Rights Act 1993
- UN Declaration on the Rights of Indigenous Peoples 2007, endorsed by NZ 2010
NZ children <1 year admitted to hospital with lower respiratory infection, rate/1000

12-65 Other OECD

154 NZ:
• 280 Pasifika
• 215 Māori
• 43 Other ethnicities

Hospital Admissions for Medical Conditions with a Social Gradient*, Children Aged 0–14 Years, New Zealand 2000–2015


*asthma
bronchiolitis
pneumonia
gastroenteritis
serious skin infections,
rheumatic fever,
bronchiectasis etc
Hospital Admissions for Medical Conditions with a Social Gradient, Children Aged 0–14 Years, New Zealand 2000–2015

MELAA = Middle Eastern, Latin American or African
NZ children <1 year admitted to hospital with lower respiratory infection, rate/1000

12-65 Other OECD

154 NZ:
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Childhood pneumonia deaths by deprivation quintile, age adjusted 2004-2013

![Graph showing childhood pneumonia deaths by deprivation quintile, age adjusted 2004-2013. The x-axis represents NZDep2006 Quintile with categories NZDep 1-2, 3-4, 5-6, 7-8, and 9-10. The y-axis represents deaths per 100,000 people with values ranging from 0.0 to 4.5. The graph shows a significant increase in deaths from deprivation quintile 9-10 compared to other quintiles.]

Impact of Respiratory Disease 2016, Asthma and Respiratory Foundation
Childhood pneumonia deaths by ethnic group 2004-2013

Impact of Respiratory Disease 2016, Asthma and Respiratory Foundation
Childhood pneumonia deaths hypothetical rates by ethnic group – would more be done?

- European: 3.23
- Māori: 0.66
- Pacific: 0.52
New Zealand’s triple jeopardy for preventable diseases and mental illness

All of these influenced by policies and laws

Policies are fueled by, and fuel prejudice

Chris Slane 2013 with permission
“All economic decisions are moral decisions”

Bryan Bruce award-winning documentary maker
Nov 2015

http://www.stuff.co.nz/business/better-business/74392273/Economic-decisions-are-moral-decisions-Bryan-Bruce
Housing
In NZ some families live in cold, damp, mouldy, crowded homes

“COLD AND DAMP” Mother and her 22-month-old twins and 5-month-old baby.

One baby was in hospital 3 times in one year for bronchiolitis.

Olivia Carvill The Press 15 February 2013
In NZ some families live in garages

“Garage life for two years”
Monica Tischler, Western Leader  3 October 2013
In NZ some families live in cars

Simon Collins NZ Herald 4 October 2014
Emma-Lita Bourne (2 years) died in Aug 2014

Coroner Brandt Shortland 2015:
“it is entirely possible the condition of the house [very cold and damp] contributed to the pneumonia-like illness that [she] was suffering at the time of her death”
The key health issues are

- **Crowding** – private rental too expensive or houses unavailable
- **Poor quality** – cold, damp and mouldy
- **Fuel** – unaffordable or unhealthy
Does making NZ homes healthy improve health?

YES!

- fewer days off school and work
- fewer visits to GPs
- fewer hospital admissions

Jackson G. et al. 2007
“That’s not the New Zealand we want and it’s not acceptable.”
John Key
16 May 2016
The Government’s solutions in 2016?

Chris Slane 4 June 2016 with permission
SOLUTIONS: Five housing policy steps needed

1. Support the Healthy Homes Guarantee Bill (No 2) so that every rental home in NZ would meet minimum standards of heating and insulation (2008 standard).

2. Warrant of fitness on all rental properties
SOLUTIONS: Five housing policy steps needed

3. Increase the number of State houses and social housing - 1000 units per year
4. Increase emergency housing for 2188 households for those on Priority A list (immediate risk to health and safety)
5. Greater tenure protection for tenants – average tenancy is only 11 months
6. Greater rent protection for tenants
Basic health care
Inadequate basic health care

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
NZ 95% fully immunised at 8 mths by 30 June 2017
ethnicity and deprivation index

Immunisation coverage for children at 8 months – as of December 2016

Some SOLUTIONS to improve access to basic healthcare

• All pregnant women enrolled with antenatal care 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
Income
In NZ some parents struggle to afford to feed themselves and their children

“More Kiwis going hungry – Sallies”
54,000 Emergency food parcels - up 9% from last year.
RadioNZ 2 May 2016
In NZ **HALF** the adults have income less than $32,292 (StatisticsNZ)
- about 40 hours/wk on the minimum wage

In NZ the “1%” earn >$180,000
eg senior doctor like me
Child Poverty
Why has child poverty increased?

Factors which impact on child poverty rates:

• Policy changes
• Society’s structural and cultural norms
• The economy and labour market
• Demographic shifts
NZ Poverty*: child vs whole population 1982-2015
*<60% median disposable household income after housing costs

Perry B. Ministry of Social Development 2016, p112 Table F.4 & p 117 Table F.7
# Child poverty figures, under 18 yr (2015)

<table>
<thead>
<tr>
<th>Child poverty figures in NZ</th>
<th>No. of children</th>
<th>% of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of children 0-17 yrs</td>
<td>1,060,000</td>
<td>100%</td>
</tr>
<tr>
<td>Income-poverty (&lt;60% median after housing costs)</td>
<td>295,000</td>
<td>28%</td>
</tr>
<tr>
<td>Severe income poverty (&lt;50% median after housing costs)</td>
<td>210,000</td>
<td>20%</td>
</tr>
<tr>
<td>Material hardship (EU standard threshold)</td>
<td>155,000</td>
<td>14%</td>
</tr>
<tr>
<td>Severe income poverty AND material hardship</td>
<td>90,000</td>
<td>8%</td>
</tr>
</tbody>
</table>

Ministry of Social Development, 2016
Child income poverty following income policy changes

<table>
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<tbody>
<tr>
<td>Parent in paid work</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Income poverty</td>
<td>18-20%</td>
<td>18-20%</td>
<td>21%</td>
<td>11%</td>
</tr>
<tr>
<td>Parent on benefit</td>
<td></td>
<td></td>
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<tr>
<td>Income poverty</td>
<td>25%</td>
<td>75%</td>
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Perry B. Ministry of Social Development, 2010 p105, Table H.3
Safety net is inadequate for children of beneficiaries
Safety net for children is inadequate: relativities 1983-2013
NZ paradox: income support benefits result in low poverty rates for ≥65 yrs yet high poverty rates for children

<table>
<thead>
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<th>For families with children</th>
<th>For ≥65 yrs</th>
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<tr>
<td>Universal</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Indexed (linked to prices and wages)</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Simple</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Income tested</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Reduces in hard times</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Sanctions (cut) if obligations not met</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Based on</td>
<td>relationships (MSD)</td>
<td>Individual (IRD)</td>
</tr>
<tr>
<td>Society’s judgement</td>
<td>“beneficiary”</td>
<td>“superannuitant” “super gold card”</td>
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Source: Susan St John
SOLUTIONS to reduce child poverty require increased spending

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And increase the minimum wage
We do know what to do:
Children’s Commissioner’s Report 2012

35/78 solutions fully or partially implemented, to mitigate the effects of poverty.

The main solutions to lessen income poverty and increase healthy housing have not been implemented.
We do know what to do:
Report of Health Committee Nov 2013

“Inquiry into improving child health outcomes and preventing child abuse, with a focus on pre-conception until 3 years of age”

125 recommendations

Chair: Dr Paul Hutchinson
We do know what to do:  
Child Poverty Action Group Sept 2014

Our children, 
our choice: 
priorities for policy

This report follows many from CPAG  since 2003

www.cpag.org.nz
We want a country where children can flourish

Reducing the annual number of child hospital admissions for poverty related preventable diseases from 40,000 to 20,000 by 2022.

Four key areas:
• health
• incomes
• housing
• education

For the health of all New Zealanders we need these better policies NOW

“Keep your coins, I want change” (Thanks, Banksy!)