Child Health in Te Tai Tokerau
The No.1 challenge in Te Tai Tokerau: Inequities in child health

- No children from **NZDep 1** (most privileged) were admitted to the children’s ward in the 3 months May-July; 75% of admissions were children from NZDep 7-10 areas

- Tamariki Māori hospital admission rates >2x Pākehā

- Pākehā children are >2x less likely to be admitted for respiratory infections and >5x less likely for skin infections than tamariki Māori

- **BUT:** Tamariki Māori in Te Tai Tokerau have lower utilisation/access to primary care despite evidence of greater need (AND we do worse than the national average - also for children living in NZDep8-10 areas)
A conceptual model: “Basic” and “Surface” Causes of Health Inequities

“Basic Causes”
- Colonisation
- Economic & legal structures
- Institutional racism
- Biological & genetic make-up

Social Status Causes
- Income, Employment, Education, NZ Dep etc

“Surface Causes”
- Stress & psychosocial resources
- Health practices e.g. smoking & access to medical care

Biological Processes
- CVS, CNS, endocrine, metabolic and immune responses;
  epigenetics;
  “embodiment” of inequality

Health Status
- Mental & physical health;
  Morbidity & mortality

Adapted for New Zealand from Williams DR (1997) AEP 7:322-333
‘Basic causes’ that have created - and maintain - the unequal distribution of determinants of health for children in Te Tai Tokerau
A conceptual model: “Basic” and “Surface” Causes of Health Inequities

“Basic Causes”
Colonisation
Economic & legal structures
Institutional racism
Biological & genetic make-up

Social Status Causes
Income, Employment, Education, NZ Dep etc

“Surface Causes”
Stress & psychosocial resources
Health practices e.g. smoking & access to medical care

Biological Processes
CVS, CNS, endocrine, metabolic and immune responses; epigenetics; “embodiment” of inequality

Health Status
Mental & physical health; Morbidity & mortality

Adapted for New Zealand from Williams DR (1997) AEP 7:322-333
Where we live, whether we have work or what sort of job we have, what we earn… These factors have a big impact on the health of our tamariki & whānau…. Socio-economic inequalities are key drivers of child health inequities in Te Tai Tokerau.
A conceptual model: “Basic” and “Surface” Causes of Health Inequities

“Basic Causes”
Colonisation
Economic & legal structures
Institutional racism
Biological & genetic make-up

Social Status
Income, Employment, Education, NZ Dep etc

“Surface Causes”
Stress & psychosocial resources
Health practices e.g. smoking & access to medical care

Biological Processes
CVS, CNS, endocrine, metabolic and immune responses; epigenetics; “embodiment” of inequality

Health Status
Mental & physical health; Morbidity & mortality

Adapted for New Zealand from Williams DR (1997) AEP 7:322-333
Differential access to health care; AND differential quality of care received ....

- Differential access to care well demonstrated in Te Tai Tokerau
- Strong evidence of differences in quality of care received:
  “Despite the limitations of this review...the findings are relatively consistent. Each study noted a difference in the quality of care for Maori compared with non-Maori. In the majority of these investigations, Maori received the poorer treatment according to current standards or clinical need. The evidence for disparities in obstetric intervention is particularly consistent and of high quality....”

Addressing health inequities

Some principles...

• Children live within their whanau - and our broader society
• Achieving equity needs an explicit focus
• Analysis and understanding of inequity (and the flipside; who benefits from privilege)
• Multi-level strategies are needed for complex problems BUT health services and health professionals play a major role; we need to ensure equity (not equality) in our own services
• Use evidence (when it is available)...monitor and evaluate impacts.
Addressing child health inequities in Te Tai Tokerau

• An example: Vaccine preventable diseases
Northland Children Fully Immunised as at 1 year old

data source POP12 - NIR Datamart

~16% gap

July 2008
Māori: non-Māori inequities in vaccine preventable diseases: the “commonly accepted” explanations

- Māori parents don’t bother to show up to vaccinate their children
- They don’t think it is important
- It’s because they are poor/disorganised/the car isn’t registered/have too many kids etc...

Lower immunisation rates and higher rates of VPDs

- The data must be wrong
- They’re “hard to reach”
- Maybe it is genetic...
Māori: non-Māori inequities in vaccine preventable diseases:
A more complex understanding

Health sector interventions critical

“Basic Causes”
Colonisation, loss of tino rangatiratanga, appropriation of resources
Institutional racism
Economic policies etc

Social Status
Unequal distribution of wealth & income; work, housing, education outcomes

“Surface Causes”
Poorer access to primary care, low immunisation rates
Higher stress & fewer psychosocial resources, lower health literacy etc

Biological Processes
Not immunised, or lower immunity >> greater risk of VPDs

Health Status Inequities in VPDs

Adapted for New Zealand from Williams DR (1997) AEP 7:322-333
Using evidence to reach equity in immunisation coverage

• *Priority and focus given to eliminating inequities*

• **Multi-component strategies** are needed
  – Early contact/enrolment of children
  – Confident and informed health providers
  – Effective practice and data systems (minimising missed opportunities, flexibility, outreach services)
  – Adequate staff, Māori +/or culturally competent staff, respect for tikanga, team commitment and persistence....
Northland Children Fully Immunised as at 1 year old

data source POP12 - NIR Datamart

- Maori
- Non-Maori

Q1 - 08/09 | Q2 - 08/09 | Q3 - 08/09 | Q4 - 08/09 | Q1 - 09/10 | Q2 - 09/10 | Q3 - 09/10 | Q4 - 09/10 | Q1 - 10/11 | Q2 - 10/11
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
76% | 78% | 79% | 81% | 78% | 79% | 81% | 84% | 89% | 82%
66% | 63% | 71% | 65% | 59% | 74% | 78% | 77% | |
Addressing inequities in Rheumatic Fever (and other preventable child ill health)

• Aim for equity, don’t “normalise” the status quo....
• Analyse the data and use evidence to change practice
• Develop multi-level strategies:
  – Advocacy on important determinants such as income, employment and child poverty
  – Housing security, quality, warmth and addressing overcrowding
  – Primary care and school-based programmes; improving access & integration of primary and secondary care
  – Addressing other access barriers e.g. outreach, cultural competence, financial, health literacy etc
Why should we be focused on eliminating Māori:non-Māori child health inequities?

• They’re not fair or just.
• Inequities are **avoidable and preventable**: we can make a difference
• Greater health gain can be achieved by eliminating inequities than just by improving the health of some
• 60% of children born today in Te Tai Tokerau are Māori, we can’t afford not to...
Why should we be interested in eliminating Māori: non Māori child health inequities?

- Child health inequities set the pathway for lifelong inequities in health outcomes
- It’s our responsibility
- It’s a human rights issue
- It’s a Treaty issue: Articles 1 & 3
Inequities in child health

It does not have to be this way and it is not right that it should be like this. Where systematic differences in health are judged to be avoidable by reasonable action they are, quite simply, unfair. It is this that we label health inequity. Putting right these inequities – the huge and remediable differences in health between and within countries – is a matter of social justice. Reducing health inequities is, for the Commission on Social Determinants of Health (hereafter, the Commission), an ethical imperative. Social injustice is killing people on a grand scale.
References

• Crengle S. 2007. Primary Care and Maori: Findings from the National Primary Medical Care Survey. In B Robson and R Harris (eds). Hauora: Maori standards of health IV. A study of the years 2000-2005 (pp225-228). Wellington: Te Ropu Rangahau Hauora a Eru Pomare
References

Other resources

• The HEAT tool

• Treaty resource centre: http://www.trc.org.nz/

• Mauri Ora - Te Tiriti online training
  http://www.mauriora.co.nz/page/mauriora_5.php