

An Intervention Framework for Reducing Inequalities in Health

**Ruth Richards, Teresa Wall,
Sally Stewart, Emma Hindson**

Policy Context

- **Reduce inequalities in health, education, employment and housing:**
- **reduce the inequalities that currently divide our society, and**
- **offer a good future for all by better coordination of strategies across sectors and**
- **by supporting and strengthening the capacity of Māori and Pacific communities**

Overview

What is the Challenge?

- **Inequalities in health between socio-economic, cultural, geographic and gender groups exist**
- **A systematic pattern is evident**
- **Inequalities in distribution of material resources (income, education, employment, housing) generate health inequalities**
- **Wider determinants of health underpin many inequalities**
- **Effective action to address inequalities in health must look beyond health care services to the wider determinantsof health**

Overview – What do we Have to Gain

- **A fairer society where everyone has the opportunity for good health**
- **An inclusive society, where everyone has a sense of belonging and feels their contribution is valued**
- **Better health and well-being for the population as a whole**
- **A stronger economy**

Overview – Explaining Health Inequalities

- **Health information considered as**
 - **Health outcomes – morbidity and mortality**
 - **Health risks – biological, behavioural, environmental**
 - **Health services utilisation**
- **Gaps exist across**
 - **Socioeconomic groupings**
 - **Ethnic groupings**
 - **Geographical location**
 - **Gender groupings**
- **inequalities should be gender specific**

Overview – Intervention Framework

Level 1: Structural

Social, economic and cultural factors fundamentally determine health. These include:

- economic and social policies in other sectors
 - macroeconomic policies (taxation)
 - education
 - labour market (occupation, income)
- power relationships (stratification, discrimination, racism)
- Treaty – governance, Māori as Crown partner

Level 2: Intermediary

The impact of social, economic and cultural factors on health status is mediated through factors, including:

- behaviour/lifestyle
- environmental – physical and psychosocial
- material
- control – internal; empowerment

Level 4: Impact

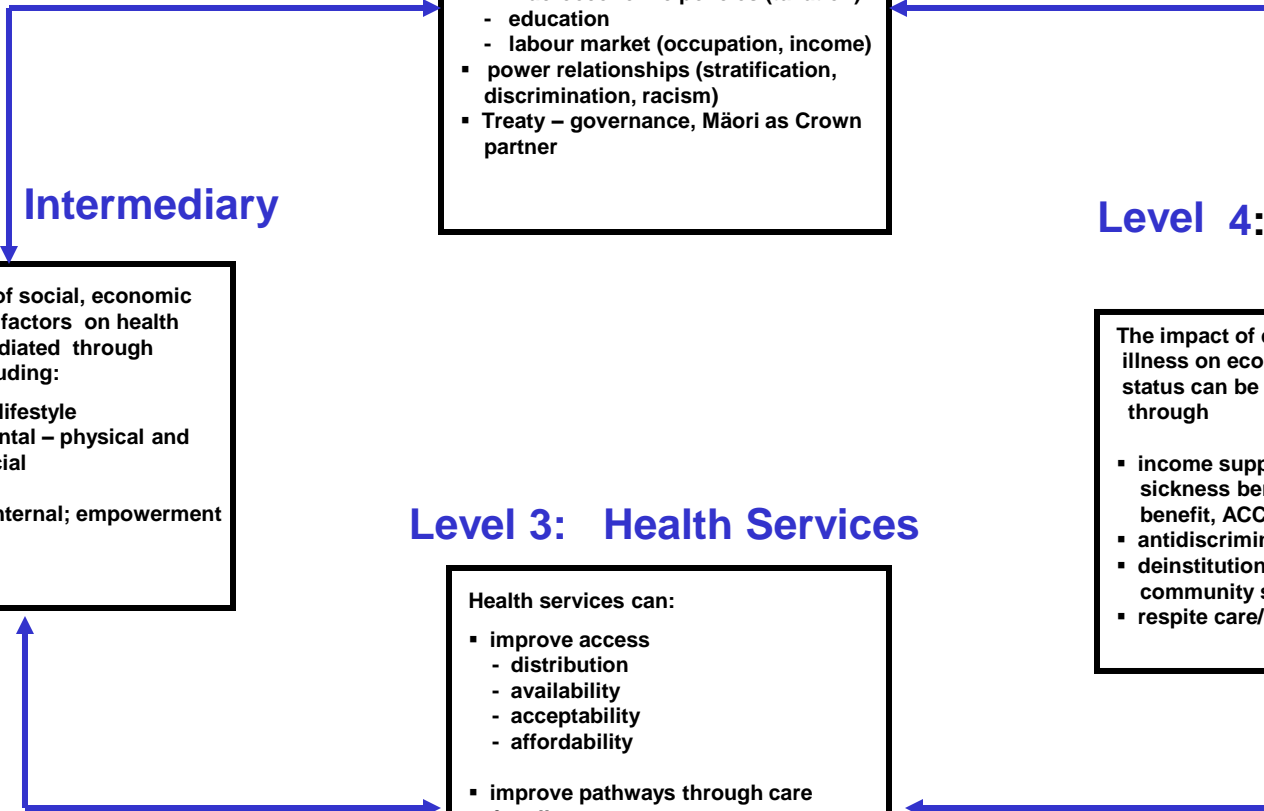
The impact of disability and illness on economic and social status can be minimised through

- income support, (eg, sickness benefit, invalids benefit, ACC)
- antidiscrimination legislation
- deinstitutionalisation/ community support
- respite care/carer support

Level 3: Health Services

Health services can:

- improve access
 - distribution
 - availability
 - acceptability
 - affordability
- improve pathways through care for all groups
- take a population health approach
 - identify population health needs/inequalities;
- match services to identified population health needs



Intervention Level 1

Social, economic and cultural factors fundamentally determine health. These include

- **Economic and social policies in other sectors**
 - **Macroeconomic policies (taxation)**
 - **Education**
 - **Labour market (occupation, income)**
 - **Housing**
- **Power relationships (stratification, discrimination, racism)**
- **Treaty - governance, Maori as Crown partner**

Intervention Level 2

The Impact of Structural Features on Health Status is Mediated through Factors including:

- **Behaviour / lifestyle**
- **Environmental – physical and psychosocial**
- **Material**
- **Control – internal; empowerment**

Intervention Level 3 – Health Services

- **Improve access**
 - **Distribution**
 - **Availability**
 - **Acceptability**
 - **Affordability**
- **Improve pathways through care for all groups**
- **Take a population health approach**
 - **Identify population health needs / inequalities**
 - **Match services to identified needs**

Intervention Level 4

The impact of disability and illness on economic and social status can be minimised through:

- **Income support (benefits)**
- **Sickness benefits, invalids benefits, ACC**
- **Antidiscrimination legislation**
- **Dinstitutionalisation / community support**
- **Respite care / carer support**

Examples of Level 1 Actions

- **Presenting work to Social Equity committee**
- **Intersectoral action on Housing – South Auckland**
- **Commenting on Treasury papers**

Examples of Level 2 Actions

- **Hokianga Water Supply Project**
- **Health Promotion Programmes**
- **Community Development Indicators Project**
- **Specific Contingency Actions (Taitamariki Suicide Prevention, ICAH, Intensive Home Visiting, Family Violence Guidelines)**

Examples of Level 3 Actions

- **Primary Health Care Strategy**
- **Coronary Artery Bypass Grafting**
- **Toolkits for DHB planning**

Examples of Level 4 Actions

- **Like Minds, Like Mine**
- **Taitamariki suicide prevention**

Overview – Who is Responsible for Reducing Inequalities in Health

Action must be taken

- at all levels of the framework**
- By all parts of the health sector**
- At national, regional and local levels**
- With and by other sectors**
- Through policymaking, funding, provision of services and community action**