

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 Mäori 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 determinants of 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



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