

BOPDHB Position Statement

Health Inequalities

Introduction

The Bay of Plenty District Health Board (BOPDHB) is required under legislation:

- to improve, promote, and protect the health of people and communities;
- to promote the inclusion and participation in society and independence of people with disabilities;
- to reduce health disparities by improving health outcomes for Maori and other population groups;
- to exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services;
- to exhibit a sense of environmental responsibility by having regard to the environmental implications of its operations.

The BOPDHB has prepared a series of position statements which demonstrate its commitment to these objectives, and outlines its viewpoint on different health issues.

1.0 The Bay of Plenty DHB affirms the following:

- 1.1 It will work alongside other sectors of government to prevent or reduce economic and social inequalities that may lead to health inequalities;
- 1.2 It will seek to prevent and reduce health inequalities through equitable health service and programme design, within the allocation of health inputs and resources made available to it by Parliament;
- 1.3 Its explicit commitment to Te Tiriti o Waitangi and the principles of participation, partnership and active protection;
- 1.4 Involving population groups experiencing health inequalities in decision-making on the allocation of health resources, and the design and delivery of health services;
- 1.5 Being responsive to changes over time in the social and economic circumstances experienced by the BOP population, and seeking to increase people's control and capacity to manage their own health.



2.0 The Bay of Plenty DHB notes that:

There is substantial international, national and local research that shows that economic and social inequalities lead to health inequalities. In this context, health inequalities are defined as differences in health outcomes that arise from more than just age and biology (which cannot be prevented or reversed), but are a result of unfairness in the distribution of society's resources and benefits (which can be changed through public policy and specific services). For instance, the higher rate of melanoma in Pakeha compared with Maori is a health disparity but not a health inequality (because it is largely due to differences in skin pigmentation), while the higher rate of rheumatic fever in Maori and Pacific children is a health inequality (in that it is largely a consequence of deprivation, poor housing conditions and access to health services).

Those members of New Zealand society who are proportionally disadvantaged economically and socially for a variety of reasons may include:

- Maori, Pacific peoples and migrants/refugees;
- Children, youth and older people;
- Women or men;
- People with mental ill health and disabilities.

In the Bay of Plenty, He Pou Oranga Tangata Whenua Determinants of Health describes a conceptual framework for toiora (health and wellbeing) as seen through a Maori world view. These determinants include:

- Kotahitanga – maintaining unity of purpose and direction
- Wairuatanga –belief in a spiritual existence as well as a physical one
- Rangatiratanga – leadership and capacity to govern
- Manaakitanga – show respect or care and support
- Kaitiakitanga – quality stewardship and guardianship over people, land and resource
- Ukaipotanga – a place to belong, where you have purpose and gain strength
- Pukengatanga - developing knowledge, skills and attitudes

Health interventions can also lead to inequalities, or exacerbate existing inequalities resulting from economic or social factors. These inequalities may result from differential access to health information or uptake of services, or gaps in service provision by geographical area, age, gender or ethnicity.



Types of economic and social determinants of health, that when differentially distributed across society, can lead to inequalities in health outcomes, include:

- Income
- Educational attainment
- Housing
- Employment safety and security
- Access to affordable health services
- Connectivity into society

Poor health outcomes arising from the social determinants of health may be mediated by behavioural risk factors including:

- Tobacco smoking
- Alcohol and other drug abuse
- Poor nutrition and lack of physical activity
- Abuse and neglect
- Hazardous driving and other risky behaviours.

Health inequalities are preventable and can be reduced through effective health and social policy at a national, regional and district level, and through good health service and programme design.

Bibliography

“The Spirit Level: Why More Equal Societies Almost Always Do Better”. Richard Wilkinson and Kate Pickett. Allen Lane, published by the Penguin Group (2009).

“The Social, Cultural and Economic Determinants of Health in New Zealand: Action to improve Health.” National Advisory Committee on Health and Disability, Wellington (1998).

“Closing the Gap in a Generation: Health equity through action on the social determinants of health.” Commission on Social Determinants of Health. World Health Organisation (2008).

“He Pou Oranga Tangata Whenua Determinants of Health” BOPDHB (2007)

NZMA position statement on Health Equity (2011)

Adopted by the BOPDHB Board at its meeting on 19 October 2011

Review This position statement will be reviewed in three years, or as necessary.





BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

