

# Mind the Gap

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# Overview of Equity in NZ

- What is equity?
- Why equity matters?
- How are we doing in NZ?
- How can we reduce inequities in health?



# What is Equity?

- Mooney 1983 'equal treatment for equal need'
- Differences in health that are unnecessary, avoidable, unfair and unjust (Whitehead 1992)
- Equity is an ethical principle, closely aligned to human rights
- Equity means social justice or fairness
- Equity is not the same as equality – equality can be described as the state of being equal while equity is an ethical construct that recognizes different groups need different approaches and resources to achieve similar outcomes



# **NZ MOH definition of equity**

In Aotearoa/New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage may require different approaches and resources to get equitable outcomes

NZ MOH - Achieving equity in health outcomes 2018



# Why equity matters?

- Hart's Inverse Care Law 1971
- Says much about us as a people, nation
- Our values - human rights, social justice, fairness
- Personal health costs
- Impacts on quality of care
- Significant cost to the health system
- Reflects the collective



# Equity in New Zealand

- Differences in Life Expectancy at Birth
- All cause mortality 2-3 times higher in Pacific and Maori
- Starts in childhood e.g. Maori and Pacific children 6x more likely to be hospitalized with bronchiolitis
- Suicide rates in young people much higher among Maori and Pacific
- Differences in social and economic determinants e.g housing, income, education



# Life Expectancy at Birth in NZ

Population Group	Life Expectancy 2012-2014 (yrs)		Difference (Years)
Pacific	Men	75	5 years
	Women	78	6 years
Maori	Men	73	7 years
	Women	77	7 years
Non-Maori, no Pacific	Men	80	
	Women	84	



# What has happened in NZ?

- Coronary heart disease among Pacific Island people in NZ – **NZ Med J 1990 103(898)448-449.**
- Analysis of national and ARCOS heart disease mortality data 1973-77, 1978-82, 1983-86
- Age-std heart disease mortality for Pacific men was 175/100,000 and 52/100,00 for women cf 154/100,000 and 36/100,000 for Pakeha
- Slow decline among Pacific, then static 83-86 period



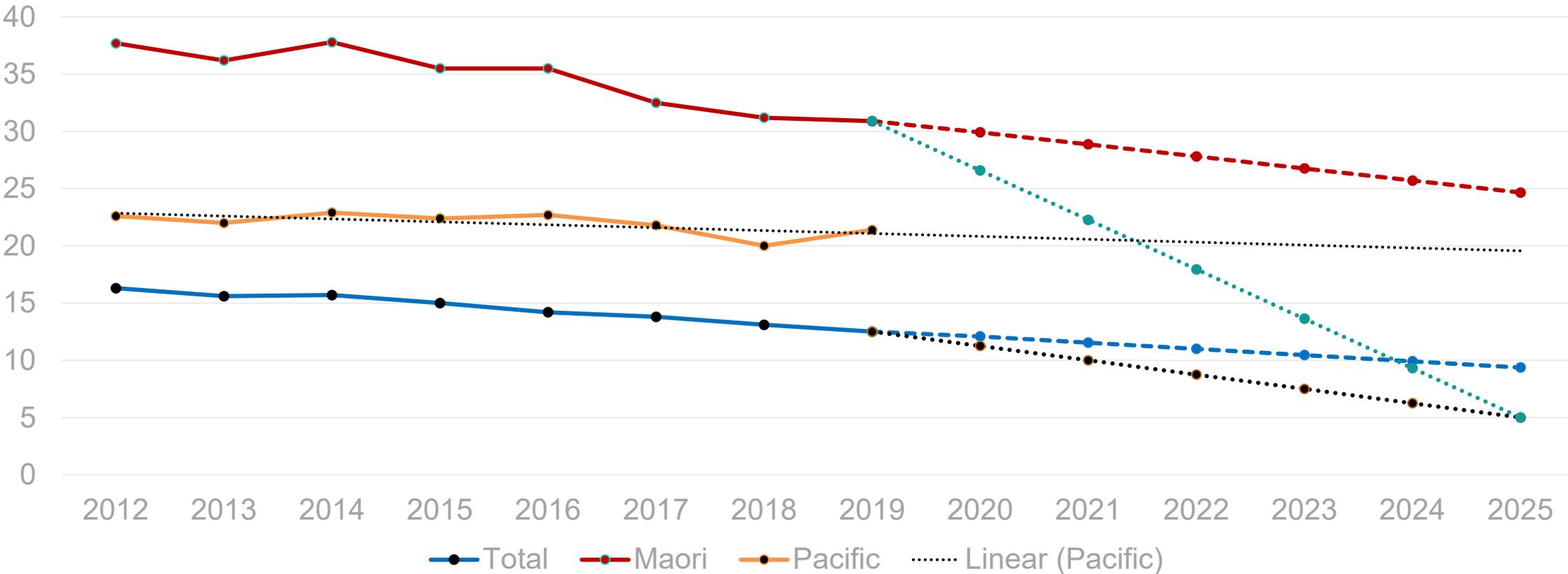
# High Needs – Lower Care

- Hart's Inverse Care Law
- Ethnic and gender differences in the use of coronary artery revascularization procedures in NZ. [NZ Med J 2002; 115\(1152\):179-82.](#)
- Pacific and Maori has higher rates of heart disease but less likely to receive coronary artery bypass grafts (CABG) percutaneous transluminal coronary angioplasty (PTCA)

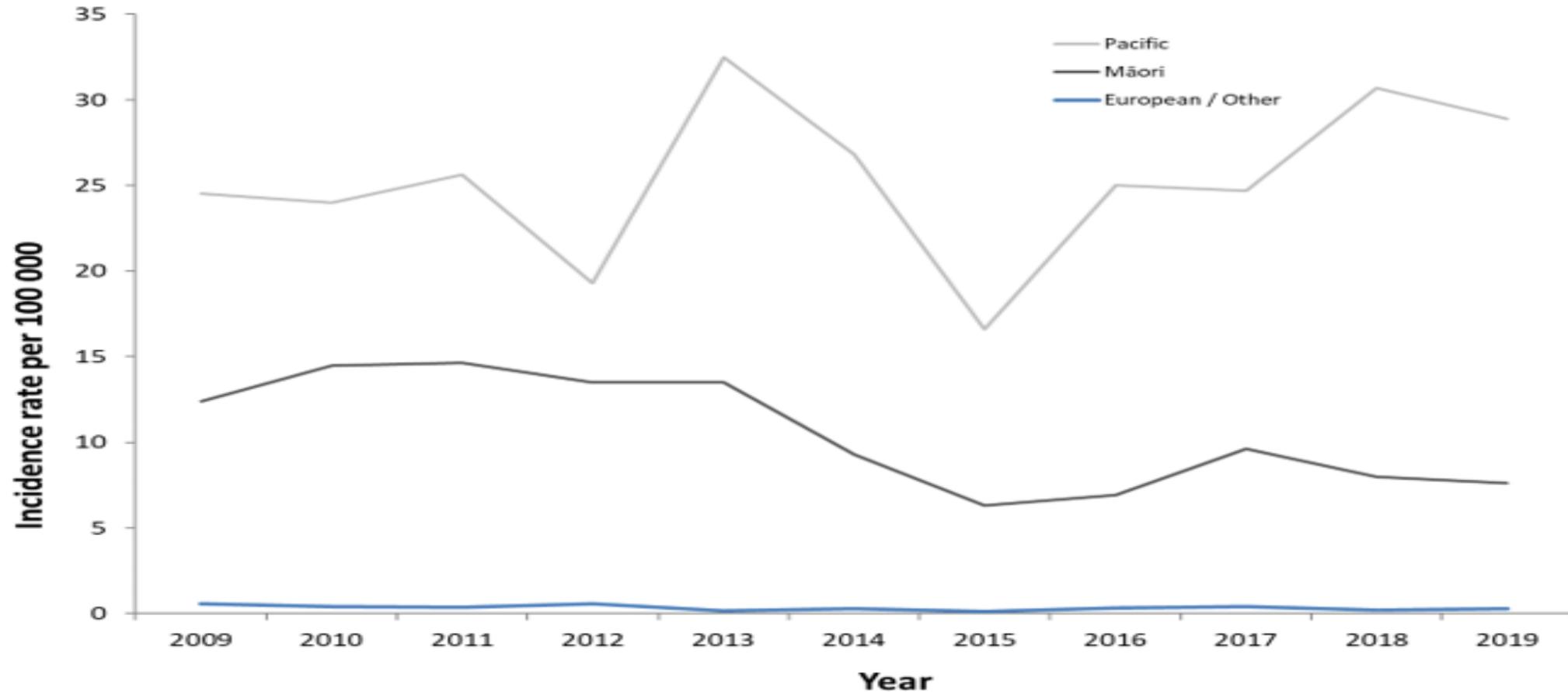


# Smoking rates by ethnicity

Actual v Required smoking daily smoking



# Rheumatic Fever Incidence, NZ 2009-2019



# Reducing Inequities in Health

- Develop communities of opportunity to reduce impact of systemic racism e.g reduce childhood poverty
- Ensure access to high quality care for all
- Strengthen preventive healthcare approaches
- Address social needs as part of healthcare delivery
- Diversify healthcare workforce to reflect patient population
- Raise awareness about the pervasiveness of inequities



# Marmot UK Review

- giving every child the best start in life enabling all children, young people and adults to maximise their capabilities, have control over their lives
- creating fair employment and good work for all
- ensuring a healthy standard of living for all
- creating and developing healthy and sustainable places and communities
- strengthening the role and impact of ill-health prevention.

# Achieving equity in health outcomes

- There is a long history of defining and explaining the concept and ethics of health equity in NZ and globally
- Despite best efforts, inequitable health outcomes remain pervasive
- A review of selected papers identifies social determinants of health as key drivers of inequity
- The economic cost of not addressing health equity is high, and far reaching.
- The Treaty of Waitangi guarantees equity by recognising health as a taonga
- New Zealand has many of the necessary conditions to achieve equitable health outcomes.
- The health sector should not hesitate to draw on its collective resources to resolve differences in health equity. Government has given the mandate for a pro-equity agenda.



# Institute for Health Improvement USA

## Guide for the five framework components:

- Make Equity a Strategic Priority
- Build Infrastructure to Support Health Equity
- Address the Multiple Determinants of Health
- Eliminate Racism and Other Forms of Oppression
- Partner with the Community to Improve Health Equity



# Conclusions

- Ethnic inequities described for most health conditions
- No/little change over many decades; pervasive
- Tudor Hart Inverse Care Law 1971
- Rheumatic Fever incidence rates
- Socioeconomic determinants; housing, income, education
- Courage - a new agenda and commitment
- Good authorising environment currently

