The National Anti-Poverty Strategy & Health

Presentation at Workshop on Demographic & Socio-economic Data Standards for Health Systems – NCIS as a case study

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Presentation

Outlines:

- background to National Anti-Poverty Strategy (NAPS)

- Key NAPS Health Targets

- Need for monitoring
Brief History of NAPS

- First National Anti-Poverty Strategy (NAPS) 1997
- Led by D/SFA & D/Taoiseach
- Government wide
- Social Partnership Commitment in 2000 to review NAPS
- Set targets in new areas e.g. health, housing
- Review published March 2002 – *Building an Inclusive Society*
Objective of NAPS

To reduce substantially and ideally, eliminate poverty in Ireland, and build a Socially Inclusive Society
The definition of poverty underpinning the NAPS is:

“People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. As a result of inadequate income and resources people may be excluded and marginalised from participating in activities which are considered the norm for other people in society”. 
### Poverty in Ireland

<table>
<thead>
<tr>
<th></th>
<th>1994</th>
<th>1997</th>
<th>2001*</th>
<th>2003*</th>
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</thead>
<tbody>
<tr>
<td><strong>Consistent Poverty</strong> (at 60% median income threshold)</td>
<td>15.1</td>
<td>9.7</td>
<td>5.2</td>
<td>9.4</td>
</tr>
<tr>
<td><strong>Relative Poverty</strong> (60% median income threshold)</td>
<td>15.6</td>
<td>18.2</td>
<td>21.9</td>
<td>22.7</td>
</tr>
</tbody>
</table>

**Sources:** 1994 - 2001 Living in Ireland Surveys (LIIS): 2003 EU Survey on Living and Working Conditions (EU-SILC)  
*NB. CSO state figures for 2001 & 2003 not comparable.*  
See [www.socialinclusion.ie](http://www.socialinclusion.ie) and [www.cso.ie](http://www.cso.ie)
Groups at Greatest Risk of Poverty / Deprivation

- Families with Children especially lone parents and large families on low income
- People with disabilities
- Long term unemployed
- Elderly – especially those living alone
National Action Plan against Poverty and Social Exclusion (NAP / Inclusion) 2003 - 2005

• EU wide initiative under Lisbon Agenda
• EU Member States pledge “to make a decisive impact on poverty by 2010”
• 2 Yearly National Action Plans
• Annual Reporting requirement to EU from 2005 onwards
Key Areas Identified for Action

- Unemployment
- Income adequacy
- Educational disadvantage
- Health
- Housing / Accommodation
- Disadvantaged Rural and Urban areas
Responsibility for NAPS Implementation

• Government Departments & Agencies
  ➢ objectives, implementation measures & development of policies within own remit

• Office of Social Inclusion (OSI) in D/SFA
  ➢ developing, co-ordinating and driving the NAPS / Inclusion process, supports Departments & Others to implement NAPS
NAPS & Health

• Working Group on NAPS & Health established in late 2000.
• IPH provided technical support
• Extensive consultation process
• This report with its targets and measures fed into Government’s review: – *Building an Inclusive Society*
Poverty and Health

Institute of Public Health (IPH) study: Balanda and Wilde 2001

Mortality Rate 1989-1998 from all causes 3.4 times greater for lowest occupational group compared to highest.

For cancer - twice as high
Heart disease - over 3 times as high
Accidents - 6 times as high
Key NAPS health targets

• Reducing differences between socio-economic groups in
  – premature mortality
  – low birth weight

• Improving Traveller life expectancy
Key Targets (contd.)

• To reduce the gap in premature mortality between the lowest and highest socio-economic groups by at least 10 % for circulatory diseases, for cancers and for injuries and poisoning by 2007.

• To reduce the gap in low birth weight rates between children from the lowest and highest socio-economic groups by 10 % from the current level, by 2007.
Key Targets (contd.)

• The gap in life expectancy between the Traveller Community and the whole population will be reduced by at least 10% by 2007.

• Life expectancy of Travellers & of Refugees & Asylum Seekers should be monitored so that targets can be set for Refugees & Asylum Seekers & revised for Travellers by 2003.
Measures and Actions

• Improved access to services and eligibility for them

• Wider Public Policy
  - health impact assessment and intersectoral work

• Monitoring and Research re. targets and indicators
Policy Measures

Increase equity of access to:

• Primary Care
• Acute Care
• Interventions for CVD and Cancer
• Community Supports for continuing care

Injury Prevention Strategy

Integrating Equality Dimension into health services.

Medical Card – income threshold & barriers to uptake - emphasis on families with children.
Monitoring of NAPS / Health

• DOHC commissioned IPH to undertake monitoring
  - premature mortality target
  - low birthweight target
• All Ireland Study on Traveller Health
• Working Group on NAPS and Health reconvened in consultative capacity on monitoring
Monitoring of NAPS / Health (Cont.)

Need to monitor “upstream”
• Access to Services
• Uptake
• Outcomes

Particularly in relation to major national strategies – CVD, Cancer, Primary Care
Some relevant initiatives

- Steering Group on Social & Equality Statistics – led by Dept. of Taoiseach & CSO
- Living in Ireland Survey – ESRI up to 2001
- EU Survey on Income & Living Conditions (EU SILC)
- NAPS Technical Advisory Group led by D/SFA
- Monitoring responsibility of individual Depts.
- IPH – Public Health Observatory
NAPS Reporting structures

• Cabinet Committee on Social Inclusion
• Senior Officials Group on Social Inclusion
• Annual Social Inclusion Forum convened by NESF with C&V Pillar and other sectors
• OSI prepared Annual Report for Govt. 2004
• Progress reports to EU from 2005 onwards
In Conclusion

• NCIS is an ideal context in which to test demographic and socio-economic data standards which would be useful and feasible to collect in a variety of clinical settings.

• Proposed data standards - a key development with potential to yield significant information for planning and monitoring in relation to health inequalities.

• Important example of collaboration between Units in DOHC, NCIS, IPH & CSO.
Resources


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<th>Acronym</th>
<th>Full Form</th>
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<td>CPA</td>
<td>Combat Poverty Agency</td>
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<td>C&amp;V</td>
<td>Community and Voluntary Pillar</td>
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<td>CVD</td>
<td>Cardiovascular Disease</td>
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<tr>
<td>D/SFA</td>
<td>Dept. of Social and Family Affairs</td>
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<tr>
<td>EA</td>
<td>Equality Authority</td>
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<tr>
<td>HIA</td>
<td>Health Impact Assessment</td>
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<td>IPH</td>
<td>Institute for Public Health</td>
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<td>NAPincl</td>
<td>National Action Plan against Poverty and Social Exclusion</td>
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<td>NAPS</td>
<td>National Anti-Poverty Strategy</td>
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<td>NCIS</td>
<td>National Cardiac Information System</td>
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<td>NESC</td>
<td>National Economic and Social Council</td>
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