



Health indicators of child poverty in New Zealand

Health indicators of child poverty

This paper examines selected risk factors and health status indicators that show a statistically significant difference between children living in the most and least deprived socioeconomic areas.

Child poverty in New Zealand

There is no Government-endorsed measure of poverty in New Zealand so estimates vary depending upon methodologies used. [Analysis by the Ministry of Social Development](#) based on data from Statistics New Zealand's Household Economic Survey, estimated that in 2013 there were 230,000 children aged 0–17 years (22% of children in New Zealand) living in households with incomes below low-income thresholds (60% of the median fixed line); after subtracting for housing costs. This income measure was selected because it is used (not endorsed) by the Ministry of Social Development for reporting income poverty trends.

[The Children's Commissioner's Expert Advisory Group](#) cited evidence that New Zealand children living in poverty had poorer health outcomes compared to those living in households with average and higher incomes. The group refers to the Dunedin longitudinal study which found that children who grew up in socioeconomically deprived areas had poorer cardiovascular health, dental health, and were at a higher risk of alcohol and drug addiction in later life compared to those from least deprived socioeconomic areas.

Nutrition

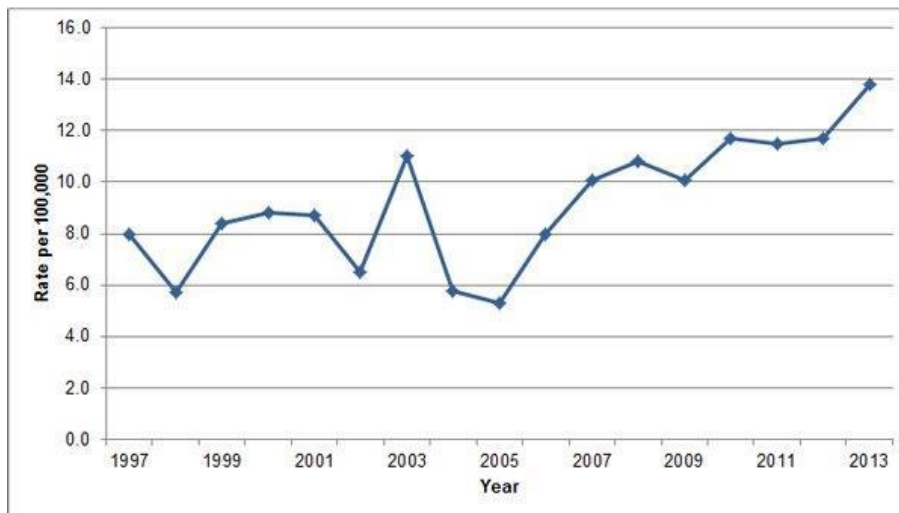
According to the [Ministry of Health's New Zealand Health Survey](#) in 2012/13, children (aged 2–14 years) living in the most deprived areas were less likely to have breakfast at home every day than children in the least deprived areas (79.3% compared to 92.5%). They were nearly three times more likely to have had fast food more than three times in the past week, and were more likely to be obese (20.2% compared to 4.8%). The survey also noted that these higher rates among the most deprived socioeconomic areas are not explained by differences in ethnicity, age, or sex.

Rheumatic fever

Socioeconomic and environmental factors have an indirect effect on the occurrence of rheumatic fever in the population. Factors include poverty, poor nutrition, overcrowding, inadequate housing, and insufficient access to health services. Children and young people aged 0–24 years living in the most deprived areas were 25 times more likely to be admitted to hospital due to acute rheumatic fever compared to those living in least deprived areas in 2006-2010.

In 2013, the rate of notifiable rheumatic fever among children aged 0–19 years was 13.8 per 100,000 population (168 notifications) compared to 8.0 (91 notifications) in 1997.

Rheumatic fever rate per 100,000 population for 0–19 years 1997–2013



Source: The Institute of Environmental Science and Research Ltd, [Notifiable disease \(Rheumatic Fever\) counts and rates by age group](#), New Zealand Public Health Observatory, August 2014.

Note: Rate per population was calculated using estimated residential population data as at 31 December from Statistics New Zealand.

Sudden Unexpected Death in Infancy (SUDI)

Causes of SUDI include: accidental suffocation or strangulation in bed, inhalation of food or gastric contents, or unspecified causes. Between 2008 and 2012, SUDI was the leading cause of death in post-neonatal infants (infants aged 28 days to less than one year). [National Mortality Collection data](#) showed that SUDI accounted for 39.8% of post-neonatal deaths (246 of 618 total deaths) down from 41% (279 of 680 total deaths) between 2006 and 2010. SUDI in children was five times more likely in the most deprived areas compared to the least deprived between 2006 and 2010.

Recent government initiatives

The following are examples of recent government initiatives that address health issues in children aggravated by poverty:

- In October 2011, the Government announced an extension of free doctors visits and prescriptions for children under six years of age (Zero Fees for Under Sixes scheme) to include after-hours visits for children.
- As part of Budget 2014, it was announced that the Zero Fees for Under Sixes scheme would be extended to include children under 13 years of age from July 2015.
- In June 2012, a target was set to reduce the hospitalisation rate of rheumatic fever by two-thirds to 1.4 cases per 100,000 (children and adults) by 2017 as part of the Better Public Services programme. It was announced in Budget 2014 that total investment in the Rheumatic Fever programme would be \$65.3 million over six years, focussing on free drop-in sore throat clinics in at-risk communities for early diagnosis and treatment of group A streptococcus throat infections, a precursor of rheumatic fever.

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