Health Equity 101!

KPI Programme: Mental Health and Addiction

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Te Ngira
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Te Whare Wānanga o Waikato

Overview

- What is health equity and what are inequities in health outcomes
- Experience of health inequities in Aotearoa New Zealand
- Pathways to inequities
- Opportunities for action
- Q & A

Health inequities - definition

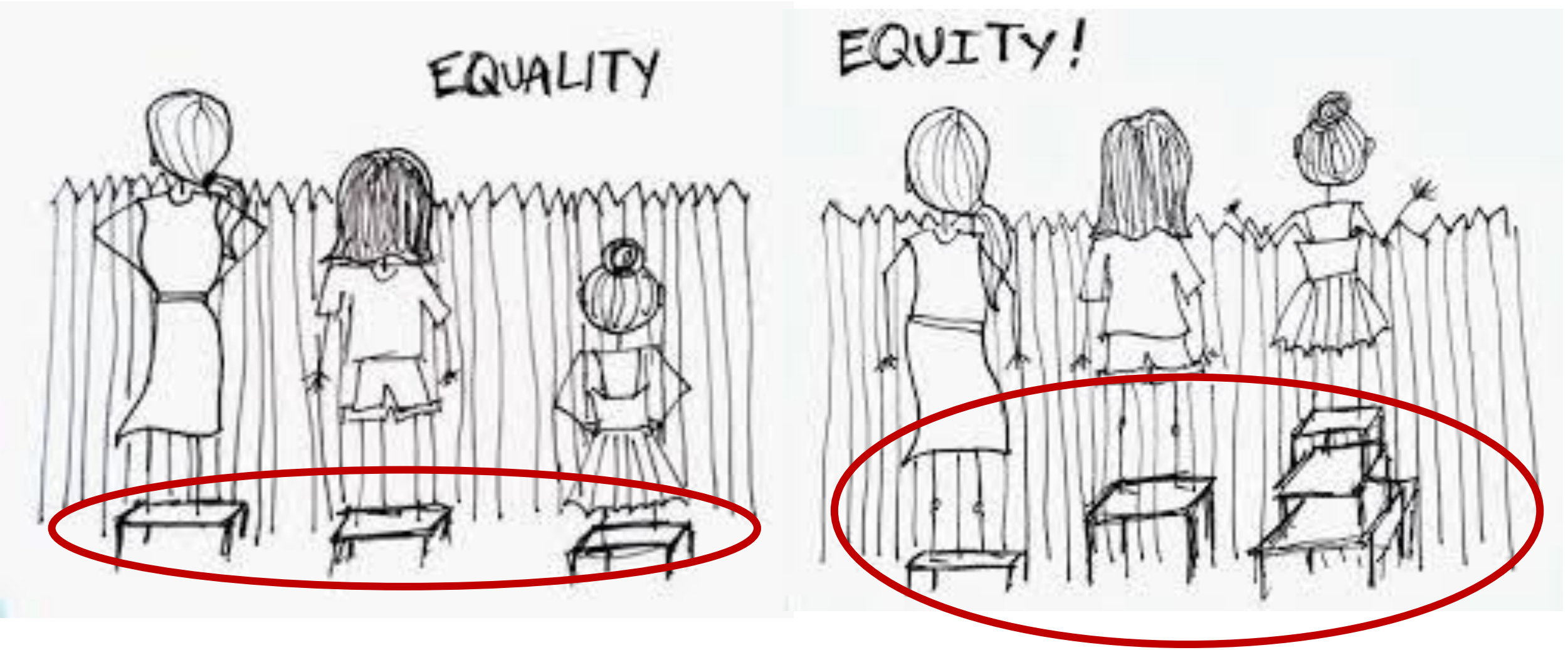
- Differences in health status between populations are common (eg prostate cancer)
- Some differences however are important as they are:
  - **unnecessary**
  - **avoidable**
  - **unfair** and
  - **unjust**"
- Importantly.....

Avoidable + Unfair = **Fixable**

- Inequities form a moral incentive for action

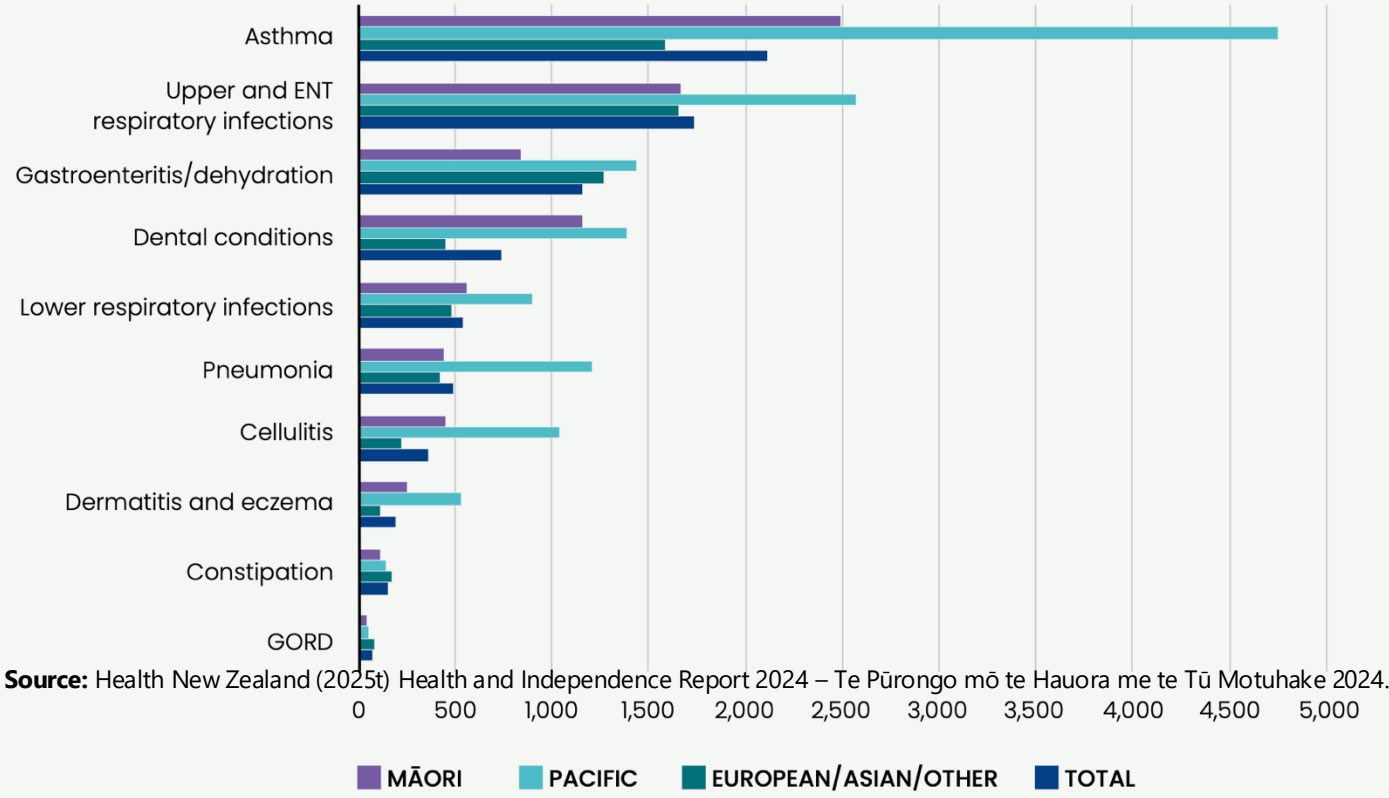
Whitehead M. 1992. The concepts and principles of equity and health. International Journal of Health Services 22: 429–445. p. 431

Equality and equity – what's the difference?



Inequities in Aotearoa NZ

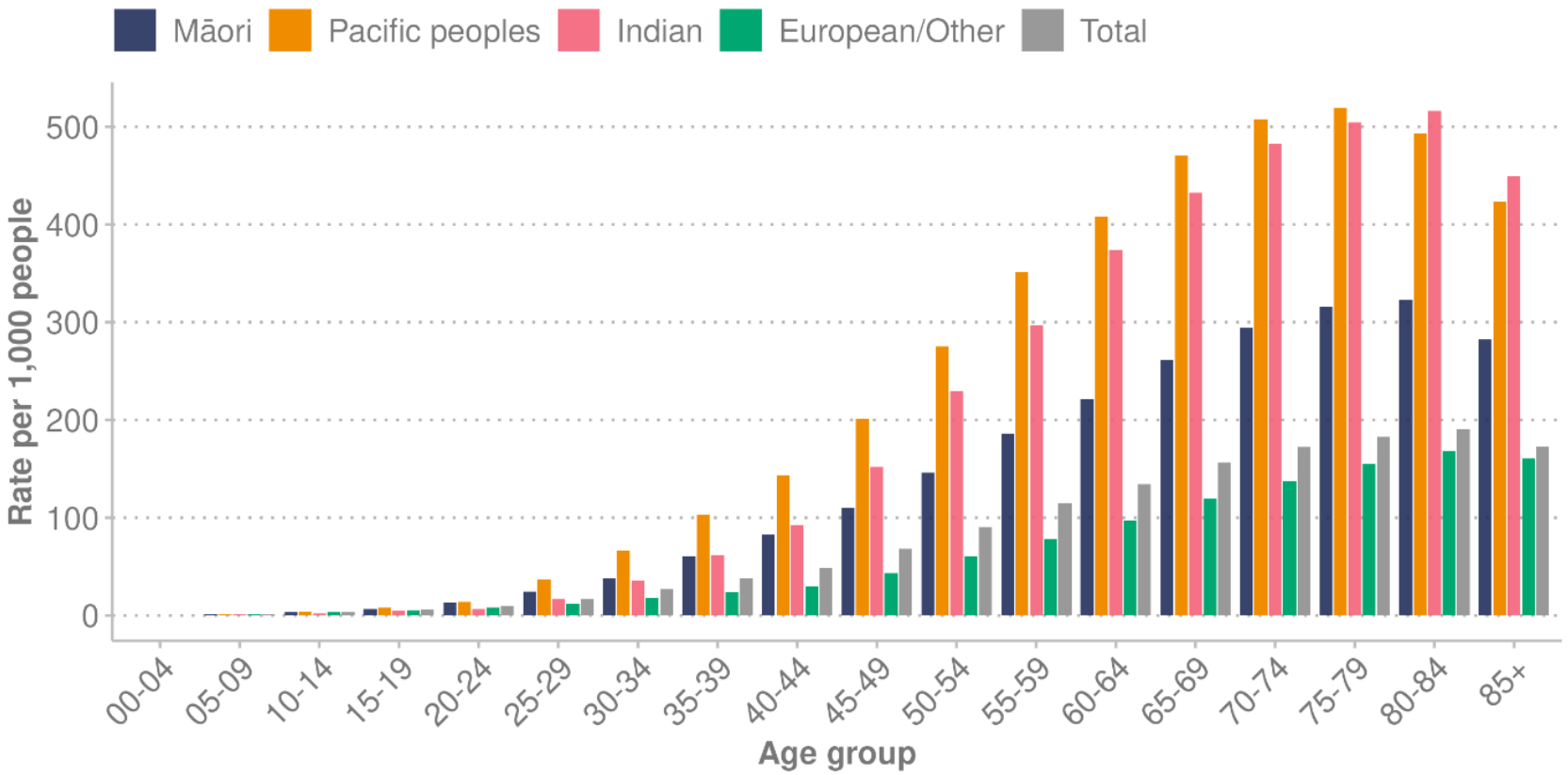
Figure 134: Top 10 ASH conditions, 0–4 age group, rate per 100,000 population, 12 months to end March 2023



Source: Health New Zealand (2025t) Health and Independence Report 2024 – Te Pūrongo mō te Hauora me te Tū Motuhake 2024. Wellington: Ministry of Health

- Most stark and enduring by ethnicity

Inequities in Aotearoa NZ



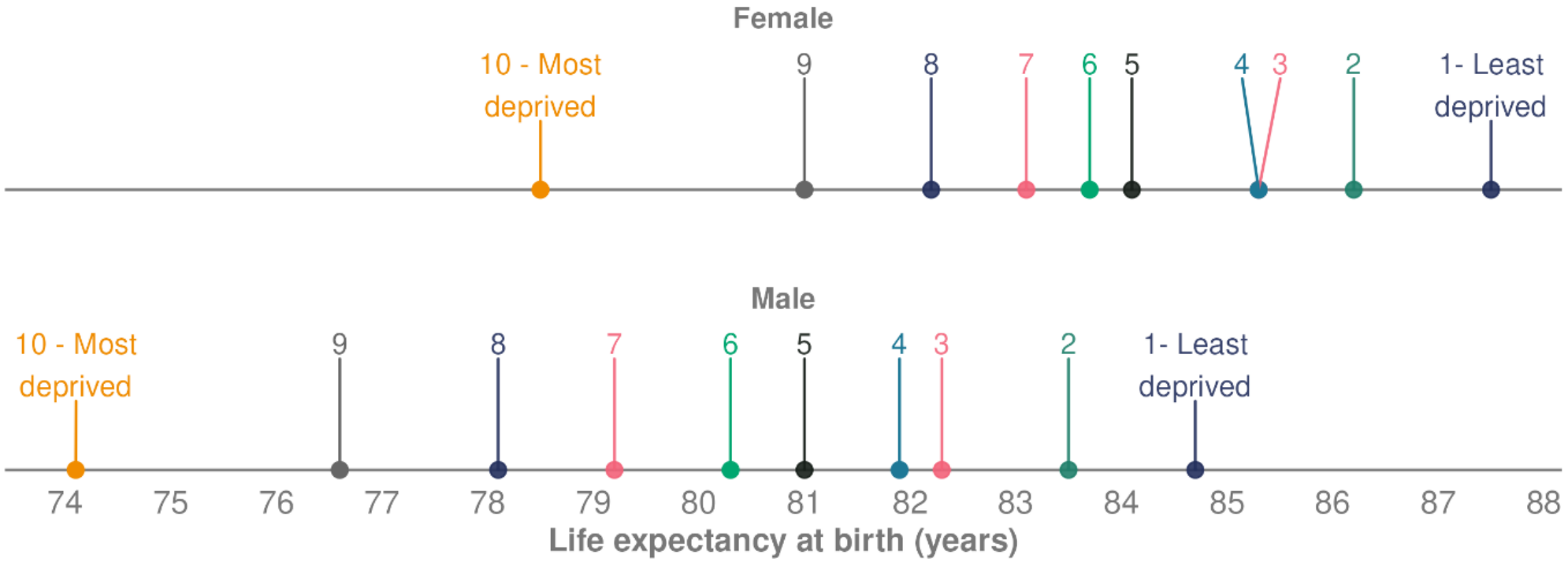
- Most stark and enduring by ethnicity

Source: Health New Zealand (2025t) Health and Independence Report 2024 – Te Pūrongo mō te Hauora me te Tū Motuhake 2024. Wellington: Ministry of Health

Other communities also experience inequities in health outcomes

- Socioeconomic inequities

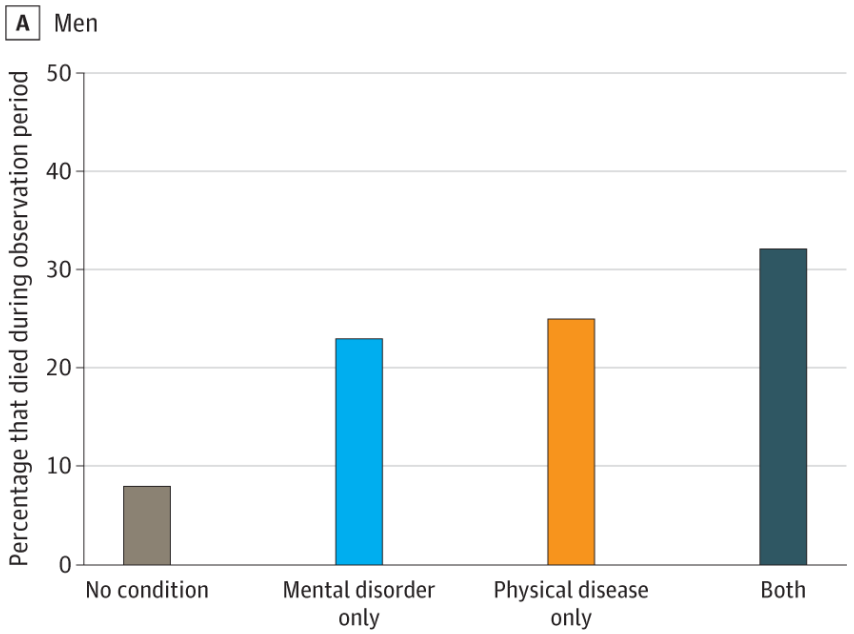
Life expectancy at birth, by deprivation decile and gender, 2017–2019

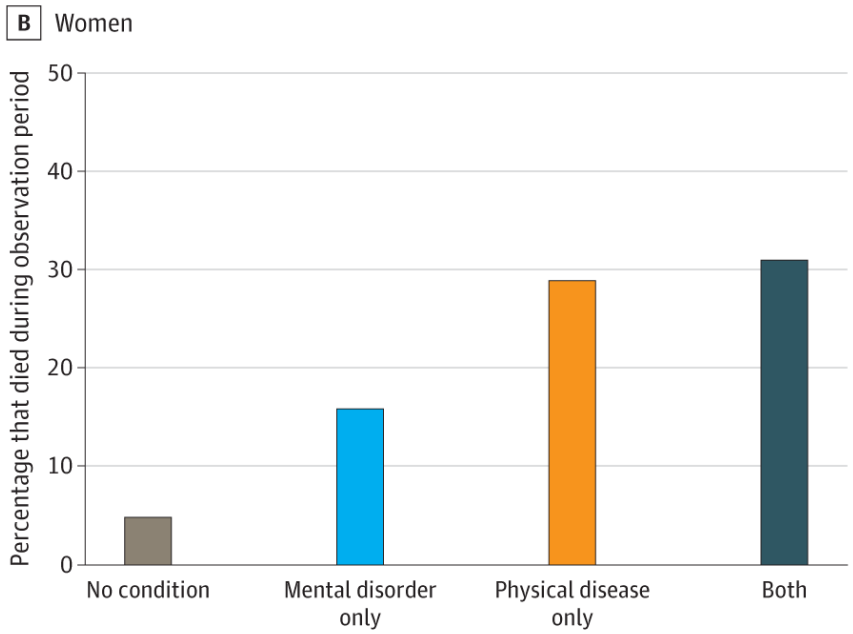


Source: Health New Zealand (2025t) Health and Independence Report 2024 – Te Pūrongo mō te Hauora me te Tū Motuhake 2024. Wellington: Ministry of Health

Other communities also experience inequities in health outcomes

- Tangata whaiora



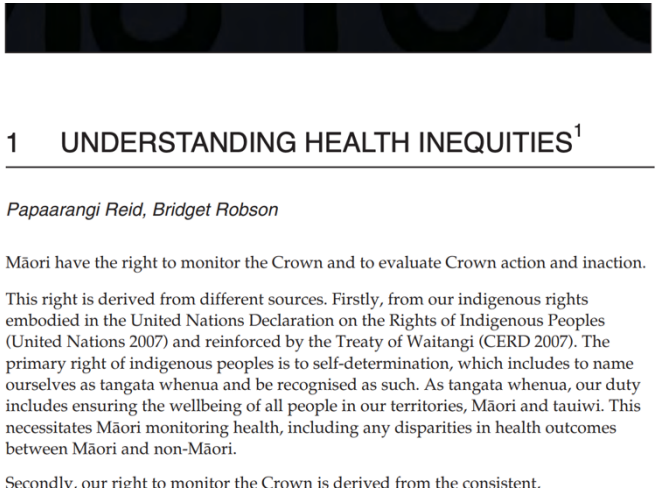


Richmond-Rakerd et al Longitudinal Associations of Mental Disorders With Physical Diseases and Mortality

JAMA. 2021;4(1):e2033448.

How do inequities happen?

- 1. Differential access to the determinants of health
  - "health inequities arise because of a toxic combination of poor social policies, unfair economic arrangements and bad politics. These in turn affect the circumstances in which people are born, grow, live, work and age." (Marmot and Friel 2008)
- 2. Differential access to health care
- 3. Differences in the health care quality received



1 UNDERSTANDING HEALTH INEQUITIES[1]

Papaarangi Reid, Bridget Robson

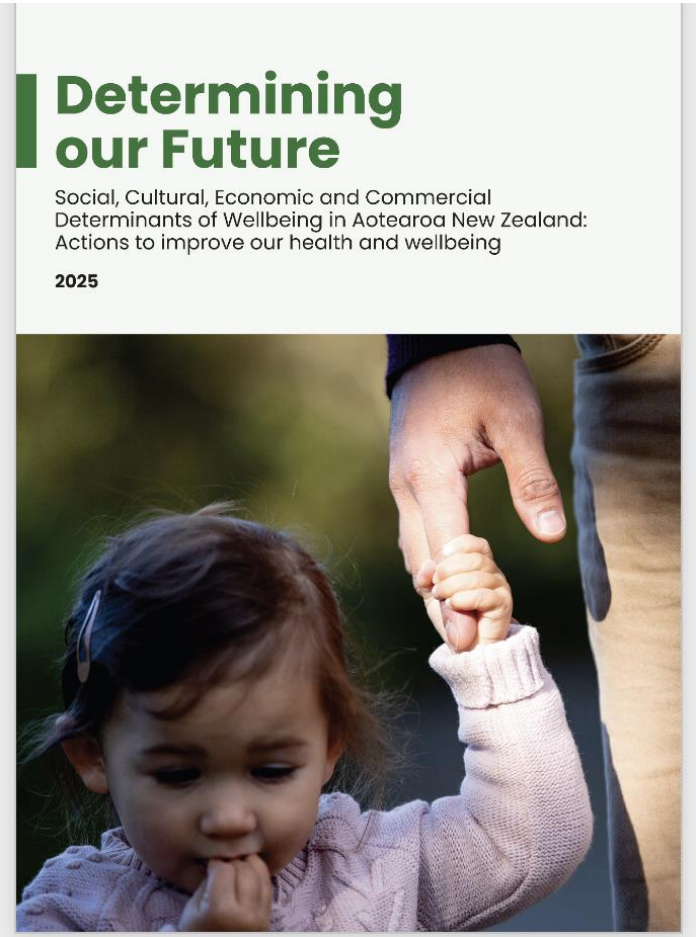
Māori have the right to monitor the Crown and to evaluate Crown action and inaction.

This right is derived from different sources. Firstly, from our indigenous rights embodied in the United Nations Declaration on the Rights of Indigenous Peoples (United Nations 2007) and reinforced by the Treaty of Waitangi (CERD 2007). The primary right of indigenous peoples is to self-determination, which includes to name ourselves as tangata whenua and be recognised as such. As tangata whenua, our duty includes ensuring the wellbeing of all people in our territories, Māori and tauiwi. This necessitates Māori monitoring health, including any disparities in health outcomes between Māori and non-Māori.

Secondly, our right to monitor the Crown is derived from the consistent.

Reid, P., & Robson, B. (2000). Understanding health inequities. *Hauora: Māori Standards of Health IV. A study of the years*, *2005*, 3-10.https://www.otago.ac.nz/__data/assets/pdf_file/0020/315443/chapter-1-understanding-health-inequities-067740.pdf.

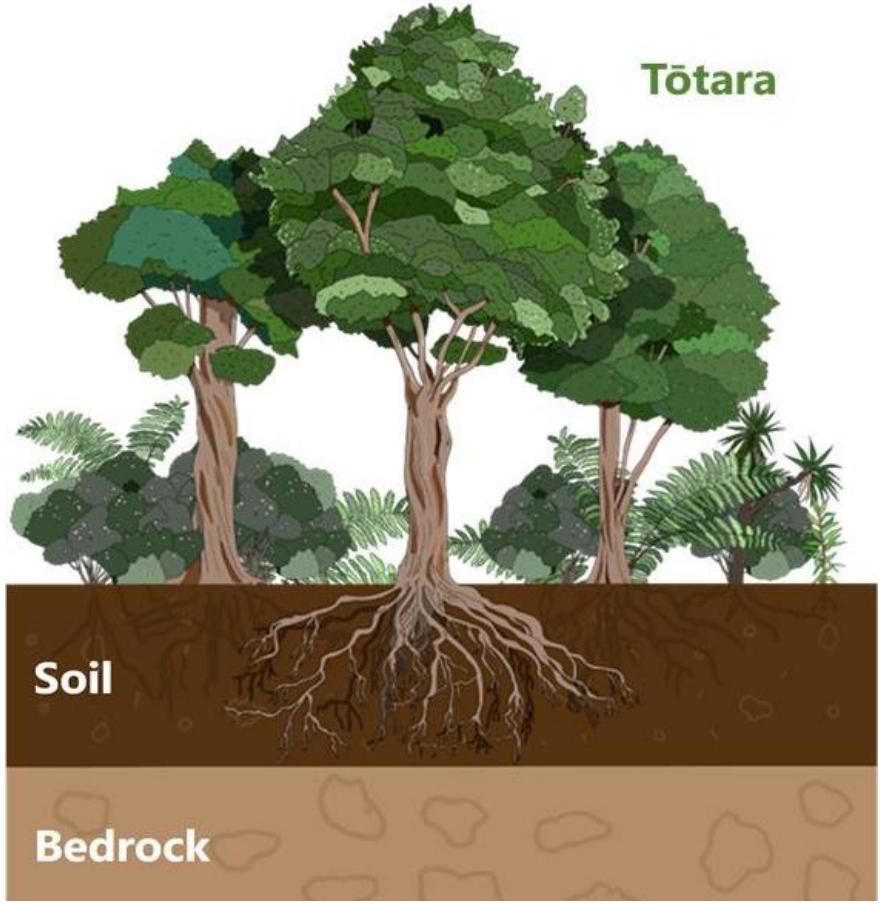
Pathway 1: Determinants of health

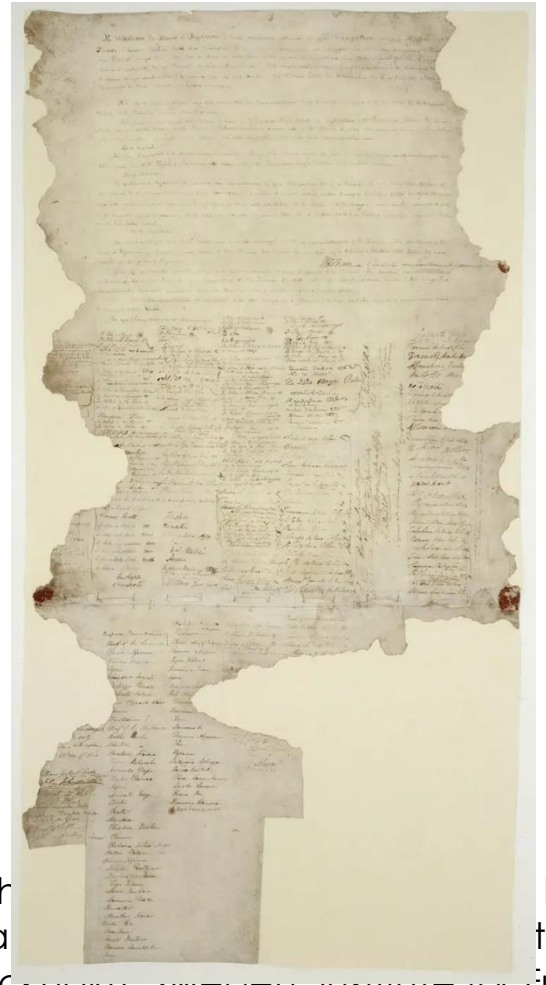


https://www.health.govt.nz/publications/determining-our-future

Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.

Pathway 1: Determinants of health





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Stra ty in Health.
Stockholm, Sweden: Institute for Futures Studies.

https://www.health.govt.nz/publications/determining-our-future

Key determinants

- Income
- Employment
- Secure, warm and uncrowded housing
- Education
- Access to transport and digital technology
- Food security
- Safety from violence, racism and discrimination
- Social connection and belonging
- Cultural identity, belonging and connection to whenua, whānau and community
- Disability support
- Legal and immigration security

NZDep

Differential access to the determinants of health

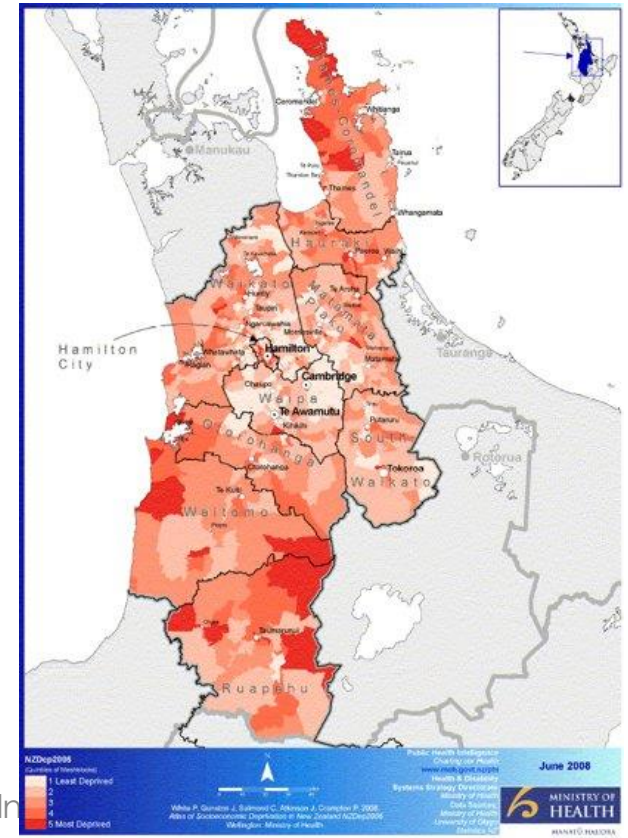
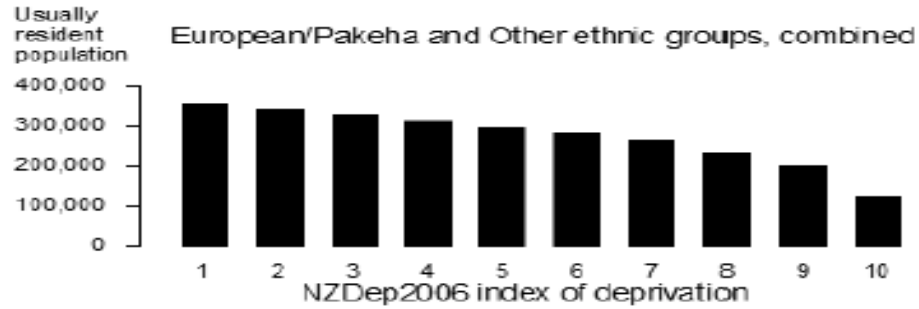
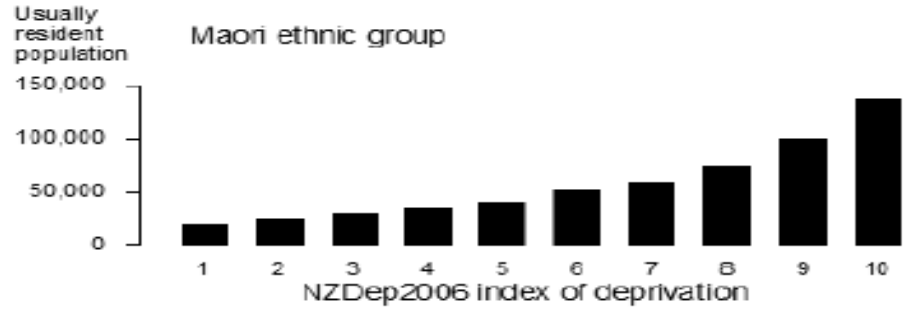
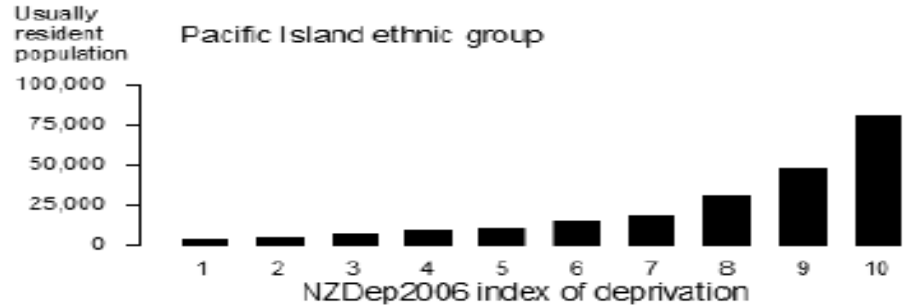
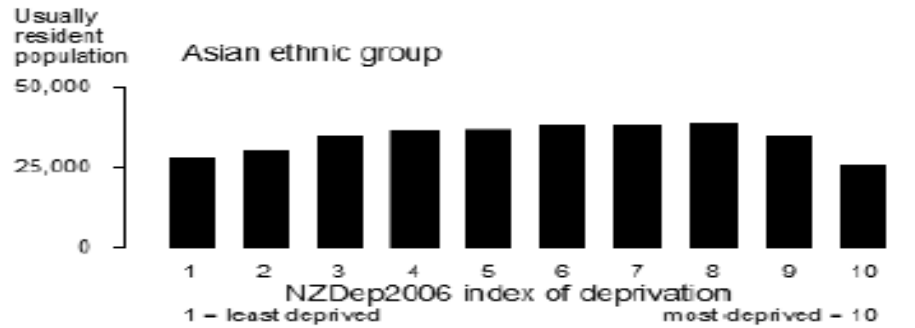


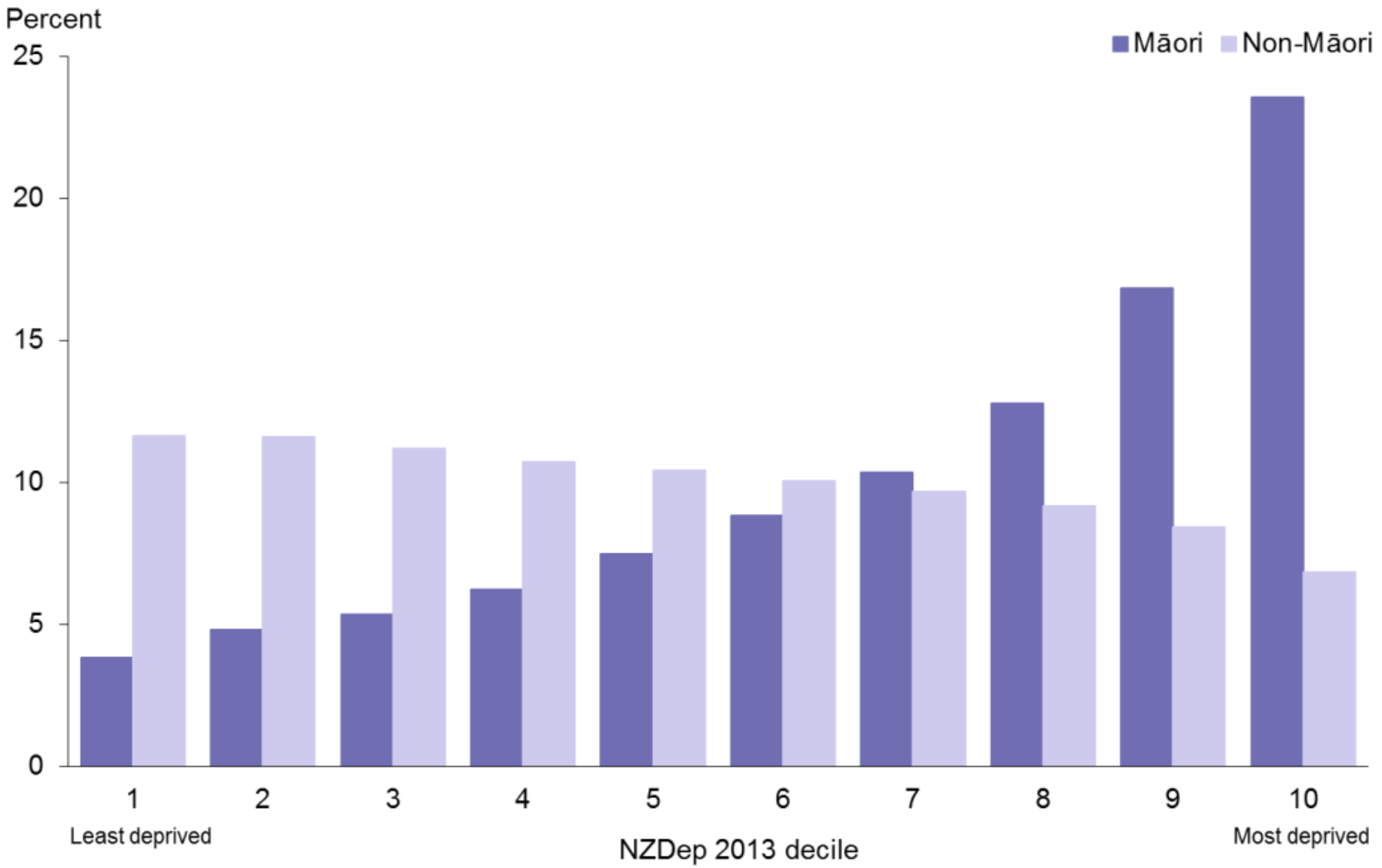
Figure 2. Ethnic disparities in relative socio-economic deprivation as measured by NZDep2006










Percent
Māori
Non-Māori
25
20
15
10
5
0
1
2
3
4
5
6
7
8
9
10
Least deprived
Most deprived
NZDep 2013 decile

Pathway 2: Access

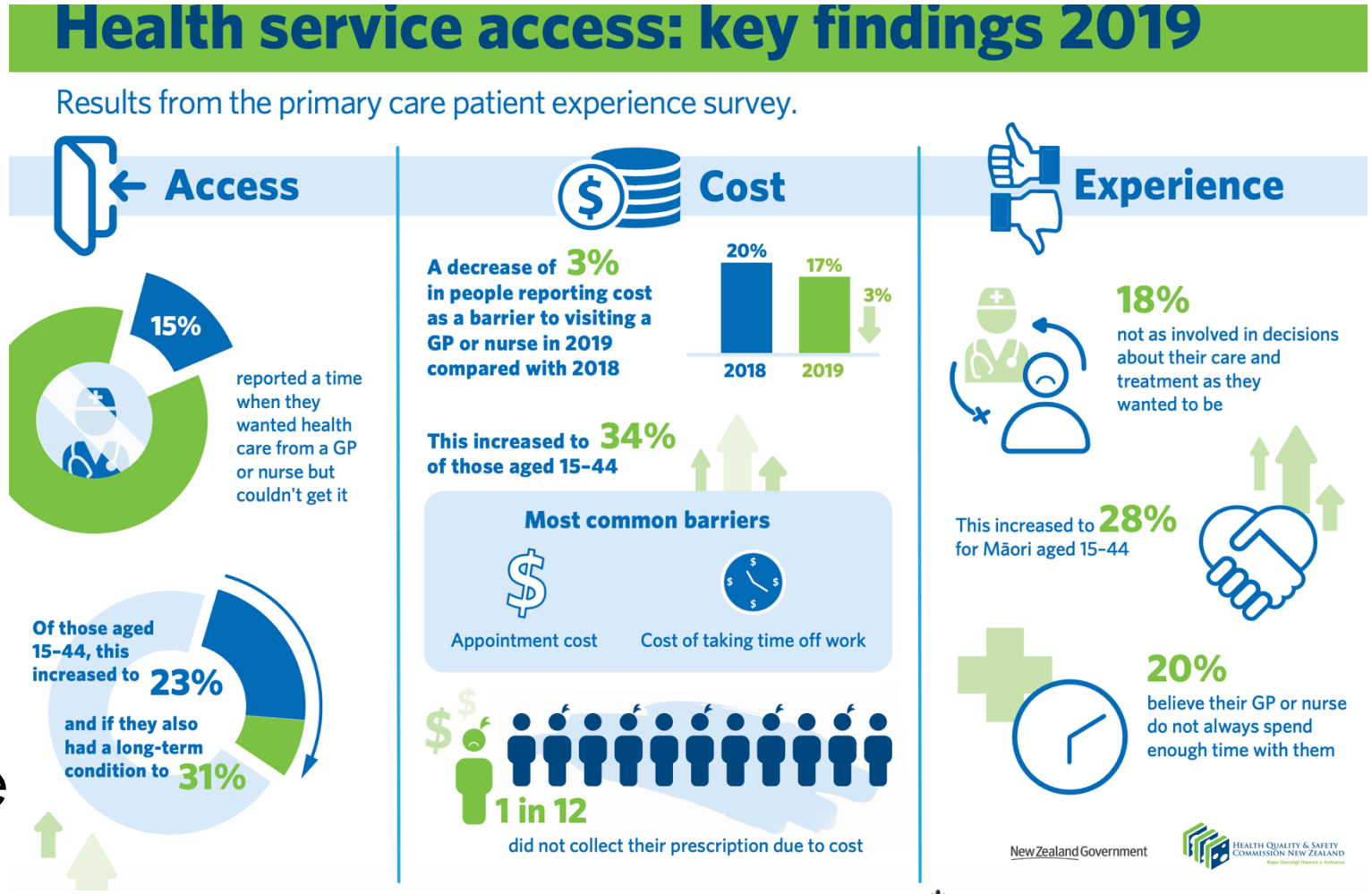
- Access ***to*** care
- Access ***through*** care - being assessed, referred, treated, followed up and discharged safely.

distress → recognition → referral → assessment → diagnosis → treatment and management plan → review → discharge → ongoing support → rehabilitation → recovery

- Inequity can occur at every transition
- Inequities can accumulate if care pathways complex

Components of access

- Availability
- Affordability
- Physical accessibility
- Acceptability
- Cultural safety
- Timeliness
- Continuity
- Appropriateness
- Ability to navigate the system



Health Quality & Safety Commission Te Tāhū Hauora

Components of access

- Availability
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Unmet need for professional mental health support

Increase in unmet need for professional mental health support

- 10.7% of adults had an unmet need for professional help for their emotions, stress, mental health or substance use in 2023/24, compared to 4.9% in 2016/17.
- Unmet need for professional mental health support was highest among adults aged 25–34 years (16.2%).
- 6.5% of children had an unmet need for professional help for their emotions, behaviour, stress, mental health or substance use in 2023/24, compared to 4.8% in 2016/17.
- Disabled adults were more likely to report unmet need for professional mental health support than non-disabled adults (22.2% and 9.6%, respectively). Differences were even greater for disabled and non-disabled children (33.2% and 3.8%, respectively).

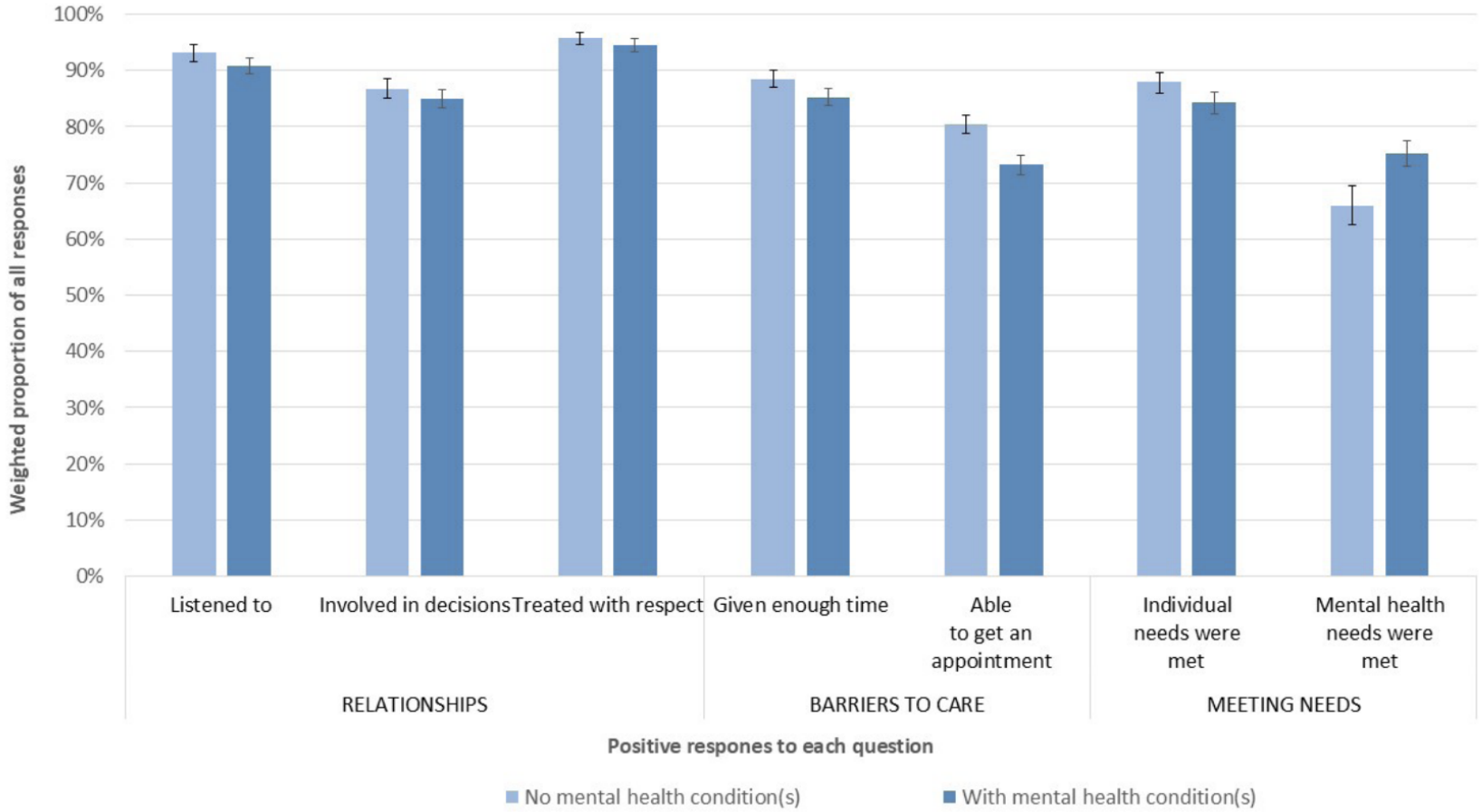
Pathway 3: Quality

- Clinical effectiveness
- Safety
- Respect
- Cultural safety
- Communication
- Shared decision-making
- Continuity
- Appropriate diagnosis
- Appropriate treatment
- Freedom from discrimination
- Experience of care
- Recovery and functional outcomes

Eg of differential quality

- Primary care experience in people with mental health conditions:

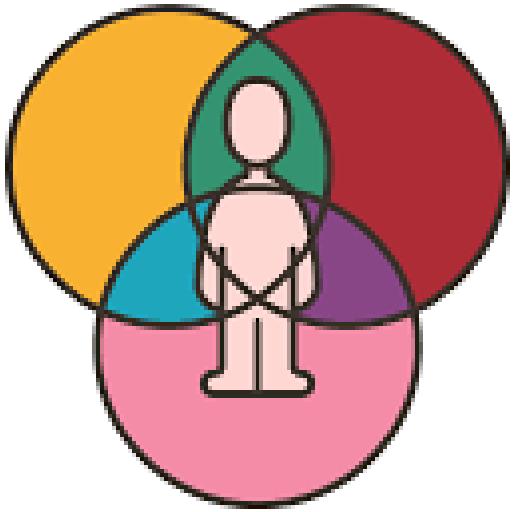
Figure 1: Age/gender-standardised proportions of positive responses to quality of primary healthcare questions for respondents with and without mental health conditions (95% confidence intervals).



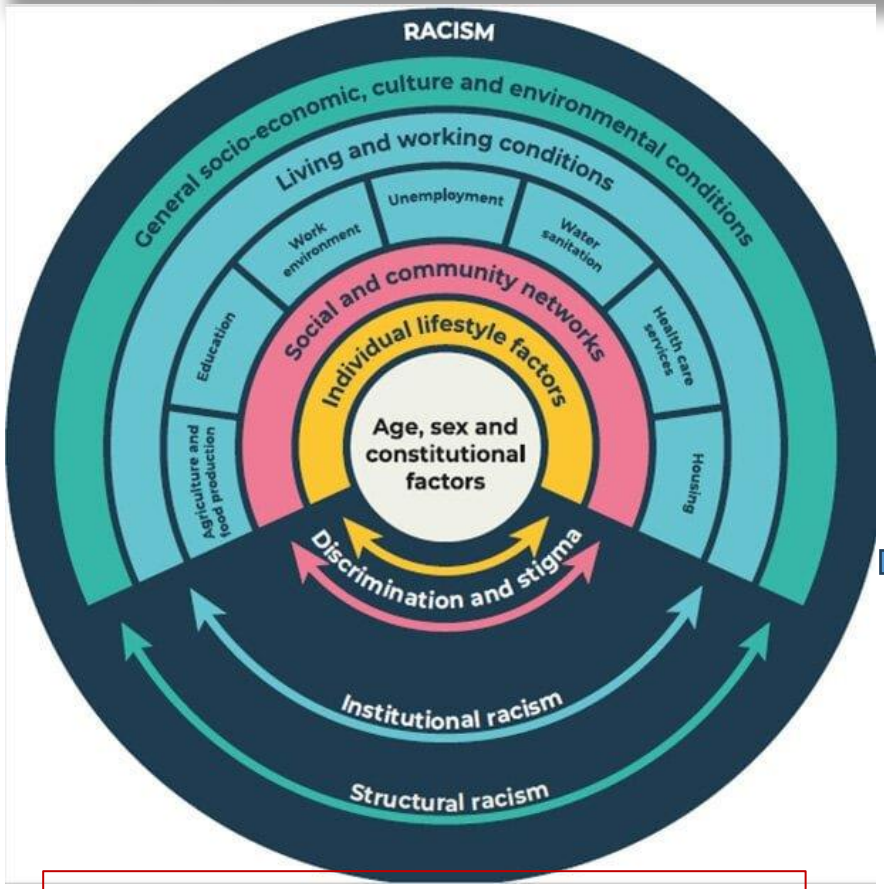
Cunningham et al. 2024 NZMJ. Nov 29; 137(1606). ISSN 1175-8716

Accumulation and intersectionality

- Cumulative inequity can occur:
  - Across the life course
  - Across generations
  - Across socioeconomic domains and influences
  - Across health-system encounters
  - Through interactions between disadvantages.



Opportunities for action



Governance
Monitoring – equity reporting
Tangata whaiora voice

Who are we missing? Why?

Access → **Quality**

What barriers are created and how do they differentiate?
What adaptions are possible?

What does quality look like?
Who has defined quality?
What adaptions can we make?
Who are our partners?

What is the context for wellness, choices, health?

What supports for determinants are possible?

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