HEALTH SERVICES AND THE NATIONAL ANTI-POVERTY STRATEGY

Published by Combat Poverty Agency, Department of Health and Children, Health Boards Executive, the Institute of Public Health in Ireland and the Office for Social Inclusion, Department of Social and Family Affairs and Health Boards

Combat Poverty Agency
working for the prevention and elimination of poverty

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AN ROINN SLÁINTE AGUS LEANAÍ

The Health Boards Executive
Working Together for Health

THE INSTITUTE OF PUBLIC HEALTH IN IRELAND

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POVERTY AND HEALTH

Poverty is one of the most important factors that influences health. Poverty contributes to poor health both directly, such as through damp and inadequate accommodation, and indirectly, through poorer diet and higher stress. Being poor makes it difficult to access or afford adequate health care when needed and can reduce the opportunity and motivation to adopt a healthy lifestyle.

Some minority groups such as homeless people, Travellers, prisoners and refugees and asylum seekers experience particular health problems.

The National Health Strategy, *Quality and Fairness: A Health System for You* identifies socio-economic factors that influence health. These include income level, employment status, education, and access to services such as health and housing. These reflect the main themes of the National Anti-Poverty Strategy (NAPS) and show how policies in a range of areas can impact on health.

The Government's most up to date plan to tackle poverty, the National Action Plan against Poverty and Social Exclusion (NAP/inclusion) incorporates the latest data on poverty in Ireland. It reports that consistent poverty has fallen from 15.1% in 1994 to 5.2% in 2001. The consistent poverty indicator measures people's lack of basic necessities and their income. The NAP/inclusion also reports that 21.9% of Ireland's population were at risk of poverty (this measures income poverty below 60% of median income). Older people were a particularly high risk group.

WHAT IS POVERTY?

The definition of poverty underpinning the NAPS and NAP/inclusion 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 other resources people may be excluded and marginalised from participating in activities, which are considered the norm for other people in society.

POVERTY AND HEALTH: SOME FACTS

- Poor people have poorer health and die younger than people who are better off. The higher your social class and income the better health you are likely to have.
- Between 1989 and 1998 the total death rate of the lowest occupational group was 100 to 200 per cent higher than in the highest occupational group.
- The death rate among working age men in the unskilled manual groups from circulatory diseases is more than 3 times that of working age men from the professional categories. The death rate from cancers is over twice as high among men from the unskilled manual groups, and the death rate from injuries and poisonings is over 6 times higher.
- The life expectancy of Traveller men is 10 years shorter than for settled men.
- Irish women have significantly higher death rates from cancers and circulatory diseases than their EU counterparts.
- In 1998 the death rate for Irish women from circulatory system diseases was 257 per 100,000 compared to 214.1 per 100,000 for the EU average.
- Traveller women have a life expectancy of 12 years less than settled women.
- The rate of low birth weight among unskilled manual groups is twice that of the professional groups.
- The proportion of babies of low birth weight (below 2,500 grams) increased from 4.2 per cent to 4.9 per cent during the 1990s.
- Infant mortality among Travellers is three times higher than in the settled population.
- Households headed by an ill/disabled person had one of the highest risks of poverty in 2001.
- People experiencing poverty report higher levels of mental illness and stress. There is a strong relationship between the experience of basic deprivation and psychological well-being.

WHAT IS THE NATIONAL ANTI-POVERTY STRATEGY? (NAPS)

The National Anti-Poverty Strategy (NAPS), originally published in 1997, is a ten-year Government plan to reduce poverty. The current plan, *Building an Inclusive Society* was launched in 2002 and is a revision of the 1997 plan.

The Government's second National Action Plan against Poverty and Social Exclusion (NAP/inclusion) was more recently launched in 2003 as part of an EU-wide effort to make a decisive impact on poverty by 2010. It incorporates the NAPS. The NAP/inclusion is a two year plan until 2005. Each EU member state has published a NAP/inclusion.

Both NAPS and the NAP/inclusion were developed in consultation with the social partners - representatives of business, trade unions, community and voluntary sector and farmers.

The keys areas identified for action in the revised NAPS (2002) and NAP/inclusion (2003) are:

- unemployment
- income adequacy
- educational disadvantage
- health
- housing
- disadvantaged rural and urban areas.

These policies contain targets under the various themes (outlined above) and take account of the following groups at risk of poverty: older people, children, women and people with disabilities, new and emerging groups such as migrants and ethnic minorities.

WHAT ARE THE NAPS HEALTH TARGETS?

Regional and local health services have a central role to play in bringing NAPS to local level and in achieving the national health targets set out in the revised NAPS and NAP/inclusion.

The NAPS health targets aim to reduce health inequalities by 2007 by meeting the following key targets.

- To reduce the gap in premature mortality between the lowest and the highest socio-economic groups by at least 10% for circulatory diseases, cancers and injuries and poisoning by 2007
- To reduce the gap in low birth weight rates for children from the lowest and highest socio-economic group by 10% by 2007
- To reduce the gap in life expectancy between the Traveller community and the whole population by at least 10% by 2007.

The National Health Strategy reinforces the policy commitment to meet these targets and to develop new targets for Travellers, asylum seekers and refugees. It also contains actions aimed at improving the health of groups in vulnerable circumstances by delivering existing national strategies, such as the Youth Homeless Strategy and the National Drugs Strategy, and by developing new initiatives.

Due to the wide range of factors that impact on health, government policies and strategies in a range of areas, including income maintenance, education and housing, also have a significant role to play to improve health and to meet the health targets. The National Health Strategy commitment to introduce Health Impact Assessment (HIA) is a recognition of this.

THE HEALTH SERVICES AND NAPS

The health services play a central role in meeting the NAPS health targets and combating health inequalities by planning, delivering and supporting services for people at risk of or experiencing poverty.

The range and diversity of services provided means that many people within the health services undertake work that impacts on poverty.

Services that work with children, young people and families at risk, drug users, the homeless and Travellers can contribute to preventing or reducing people's experience of poverty

Other services, including hospitals, primary care and continuing care, mental health, health promotion, information and environmental health also impact on poverty by providing services to the wider population of people experiencing poverty and exclusion.

The provision of information and equitable access to and utilisation of appropriate services is central to better health. Participation of communities is necessary and important to shape more appropriate and people-centred health services.

NAPS and the National Health Strategy are cross-cutting strategies that require co-ordinated action by a range of agencies. There are a number of ways of ensuring this:

Poverty Proofing is a way of identifying how policy or work practices, including those relating to health and the health services, impact on the lives of those who are poor.

Health Impact Assessment (HIA) is a way of assessing the impact of the policies and programmes on health, with a particular focus on health inequalities.

Multi and Inter-sectoral Working: The National Health Strategy points to the need for the health services to develop

- Intra-sectoral working - different sections and disciplines within heath services working together
- Inter-sectoral working - health services working with other sectors e.g. local authorities, schools and community and voluntary organisations to address health inequalities.

WORKING FOR BETTER HEALTH

The Midland Health Board in conjunction with Athlone Community Task Force (ACT) have a peer led nutrition project using the healthy eating programme developed by the Department of Health and Children, entitled 'Healthy Food Made Easy'. This is targeted at socially disadvantaged groups. The aim of the project is to empower and support low-income groups to choose healthier diets and thereby develop healthy eating habits for themselves and their families. The emphasis has been on training twenty women through a six-week training programme. The women then promote healthy diets within their communities. Approximately 100 programmes have been delivered in 2003-2004 and an evaluation is in progress. A template/check is used as a screening tool and aims to ensure that the programme is targeted at those groups that are disadvantaged.

A primary health care project established in County Louth in 1998 employs seven Traveller women as community healthcare workers, who provide information and support to the wider Traveller community. The focus of their training and work in their community has been on information provision, antenatal services, promoting safety in the home through fire safety and a childhood accident prevention programme. They also support the Traveller culture awareness training as community educators. A second primary health care project commenced in Navan, County Meath in September 2003 and 12 Traveller women participate in training. Training is supported by FÁS which pays for tuition and all training allowances for participants, while premises/venues are funded by the health board. In 2000, a baseline study was conducted in Co Louth with an accompanying follow up study to gauge impact of the primary healthcare project.

In the South Western Area Health Board a fast track system has been developed for homeless people with no medical cards. This involves Community Welfare Officers (CWOs) and local GPs. When a homeless person without a medical card presents to a GP, the GP fills in an application form for that person and sends it to the CWO who is part of a multi-disciplinary team dealing with the homeless. The application is processed within 48 hours (normal processing time can take between four and six weeks).
In the case of Cedar House, a hostel for homeless people a local GP provides services to homeless people. A medical card number has been obtained for the hostel and the Primary Care Unit is examining the possibility of issuing medical card numbers for GP practices involved in servicing the needs of homeless people. A discharge policy for homeless people leaving hospital has also been developed that links the homeless services, the hospitals and the health board's multi-disciplinary team.

WHO IS RESPONSIBLE FOR NAPS?

Individual Government departments and various agencies and bodies have responsibility for the implementation of the NAPS and NAP/inclusion. This is particularly the case for the objectives, implementation measures and further development of policies and programmes that are their specific responsibility.

The Office for Social Inclusion, located in the Department of Social and Family Affairs is the Government Office with overall responsibility for developing, co-ordinating and driving the NAP/inclusion process. It supports government departments and others to implement NAPS and NAP/inclusion.

The institutional structures underpinning the NAPS and some of those in place to support the National Health Strategy provide opportunities for co-operation across government departments, agencies and sectors in meeting the NAPS health targets. The Department of Health and Children has responsibility for driving the achievement of the NAPS health targets.

NATIONAL STRUCTURES SUPPORTING THE NAPS AND HEALTH

NAPS STRUCTURES	LINK WITH HEALTH
A Cabinet Committee on Social Inclusion, chaired by An Taoiseach	Includes members of the Cabinet Committee on Health, chaired by An Taoiseach.
A Senior Officials Group on Social Inclusion, drawn from all key government departments and chaired by the Dept. of An Taoiseach	Includes Senior Officials from Dept. of Health and Children.
The Office for Social Inclusion	Represented on the NAPS Health Working Group*
Social Inclusion Units in key government departments	Function in relation to health is carried out by Planning & Evaluation Unit in the Dept. of Health and Children. The Dept. of Health and Children funds the Institute of Public Health in Ireland to undertake research and support in relation to health inequalities prevention and reduction.
NAPS Health Working Group	Established and serviced by Dept. of Health and Children. Includes social partners, HeBE, Institute of Public Health in Ireland, Combat Poverty Agency, Office for Social Inclusion and health boards. Has an advisory role in relation to implementation of measures to achieve the NAPS health targets.
Social Inclusion Consultative Group	Includes members from the Dept. of Health and Children and Combat Poverty Agency.
Social Inclusion Forum	A forum for individuals, representatives of the community and voluntary sector and other sectors to input into the NAPS process. Progress in relation to health is reported to the Forum.
The Combat Poverty Agency	Combat Poverty Agency advises Government on the prevention and elimination of poverty. It is represented on a number of health policy fora, and supports the Building Healthy Communities Programme.
The National Economic and Social Forum (NESF)	NESF is responsible for the Social Inclusion Forum which is attended by government officials, individuals and community and voluntary bodies involved in the health area.

LOCAL STRUCTURES FOR INTEGRATED ACTION ON POVERTY AND HEALTH INEQUALITIES

A number of local structures also provide support for integrated actions to tackle poverty and reduce health inequalities. These include:

- **Community Development Support Programme,** Department of Community, Rural and Gaeltacht Affairs supports over 150 locally based groups to identify and address poverty and social exclusion in their own communities.

- **Local Drugs Task Forces** are multi-agency structures in 14 areas (12 in Dublin, one in Cork and one in Bray). They are overseen by The National Drugs Strategy Team.

- **The RAPID programme,** under the aegis of the Department of Community, Rural and Gaeltacht Affairs, operates in 25 urban disadvantaged areas and 20 provincial towns. RAPID stands for Revitalising Areas by Planning, Investment and Development.

  An Area Implementation Team operates in each RAPID area. This comprises State agencies, community and elected representatives and is responsible for planning and implementing the local RAPID plan.

- The **CLÁR programme** (Ceantair Laga Árd-Riachtanais), also under the Department of Community, Rural and Gaeltacht Affairs, was launched in October 2001. It is a targeted investment programme in rural areas. CLÁR complements both the RAPID programme for disadvantaged urban areas and RAPID II, the programme for provincial towns.

- **County and City Development Boards** are structures that bring together agencies such as local government, state agencies (i.e., VECs, FÁS, health boards, county enterprise boards and LEADER groups). This provides an opportunity for these partners to agree a common approach to public services that are delivered locally. Elected local councillors, local development groups and the social partners, including community and voluntary groups are also members. The local authorities lead the County/City Development Boards.

KEY READING

- *The National Action Plan against Poverty and Social Exclusion 2003-2005 is available from the Office for Social Inclusion* or **www.welfare.ie**

- *Building an Inclusive Society, The National Anti-Poverty Strategy 2002-2007* is available from the Office for Social Inclusion or **www.welfare.ie**

- *Monitoring Poverty Trends in Ireland: Results from the 2001 Living in Ireland Survey* is available from The Economic and Social Research Institute or **www.esri.ie**

- *National Health Strategy* is available from Department of Health and Children or **www.doh.ie/instrat/index.html**

- *Report of the Working Group on NAPS* and Health available from Institute of Public Health or **www.publichealth.ie/news/uploads/145-NAPS working group.pdf**

- *Building Healthy Communities Programme* information available from Combat Poverty Agency or **www.combatpoverty.ie/act_programme_poverty.html**

- *Poverty and Health Poverty Briefing* available on **www.combatpoverty.ie/poverty in ireland/poverty briefings**

- *Poverty is Bad for Your Health,* Discussion Paper available from Combat Poverty Agency **www.combatpoverty.ie**

- *Health in Ireland – an Unequal State* available from the Public Health Alliance Ireland c/o Institute of Public Health in Ireland or **www.publichealthallianceireland.org**

- *Inequalities in Perceived Health: Report on All Ireland Social Capital and Health Study* available from Institute of Public Health **www.publichealth.ie**

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