Dear Member,

Background

The National Anti-poverty Strategy (NAPS) was published in 1997 following the government’s commitment to the development of an anti-poverty strategy at the UN World Summit in Copenhagen, 1995. The NAPS set a ten-year programme for poverty reduction and outlined five areas of focus; income inadequacy, unemployment, educational disadvantage, urban concentrations of poverty and rural poverty.

While health issues were outlined in NAPS, no specific health targets were set. However, the NAPS did oblige all government departments to take the reduction of poverty into account in their strategic planning process and poverty proofing was introduced across all government policies. Under the Programme for Prosperity and Fairness (PPF), the NAPS was reviewed and new targets were set in ‘health’ and ‘accommodation/housing’, while targets in the other areas were also revised.

This report brings together the outcome of a ten month consultation process (October 2000-July 2001) and identifies a limited number (15) of defined targets that, if achieved, will have positive impacts on health and decrease differentials in health status within our society (health inequalities).
Link between poverty, social exclusion, inequality and health

The link between poverty and health is well established. Poorer people experience poorer health. Poverty is known to contribute to poor health directly (e.g. through inadequate housing or poor environment) and indirectly (e.g. through poor diet or stress). Being poor also makes it more difficult to access or afford health care, and to reduce the opportunity for adopting a healthy lifestyle.

Many national and international studies have demonstrated the gap between the health of the rich and the poor, as well as the gradient in health favouring those higher up in the socio-economic scale. Inequalities in health are a major challenge in Ireland, as in many other countries. However, inequalities are not inevitable and may be reduced by appropriate policy and action.

NAPS and health report

In this context, in Autumn 2000 as part of the review of the national anti-poverty strategy, a NAPS and Health working group was established by the Department of Health and Children to develop ‘health’ targets and an associated implementation and monitoring framework. In order to support this work a wide-ranging consultation process was undertaken with the public, community and voluntary organisations, and the public service sector. Specific sub-groups were also established to work on areas of particular concern such as impact of public policy on health, access to services and information and research. The consultation process was facilitated by the Institute of Public Health, assisted by an operational team.

Target setting and implementation strategy

The setting of targets to reduce inequalities in health has a number of functions including inspiring and motivating as well as encouraging cooperation among agencies. Setting targets can help focus efforts, are useful to measure progress towards equity and improve accountability in the use of resources.

Targets are set taking into account agreed policies and strategies and should reflect areas of community concern. There should be evidence that achieving the target will lead to a reduction in health inequalities and associated poverty (evidence-based). The targets set should be specific, measurable, achievable, and realistic. Actions to achieve the targets should be identified and a time frame within which the targets should be achieved should also be determined (time-bound).

The 15 targets proposed by the working group were selected to reduce the gap in health between rich and poor, promote equity of access to health services and develop new ways of working to address the main factors which link poverty and ill health. The targets are intended to address the main impacts of poverty on health and vice versa. The need to develop better information systems as well as the need to review and revise the targets as better information emerges has also been built into the targets.

Targets were set under the four main headings of
1. Health status (Targets 1-4),
2. Equity of access and personal social services (Targets 5-11)
3. Public policy (Target 12)

For each target the report outlines the rationale for, and objective of, each target; the links with other government policies; a range of indicators to measure and monitor progress; the information system to be used; an implementation strategy; and recommendations for indicator reviews and revision.
Targets 1-4 on health status

The first four targets were selected to reflect the overall goal of the NAPS health targets i.e. to eliminate the impact of deprivation and disadvantage on health status. These targets address the major causes of premature morbidity and mortality in Ireland (cardiovascular disease, cancer injuries and poisoning) and focus on groups at particular risk of deprivation and disadvantage (travellers, asylum seekers, refugees, and children from the lower-socio-economic groups).

The targets state that by 2007 there should be a 10% lowering in the gap between the lowest and highest socio-economic groups for the following:
- Premature mortality from circulatory cancer and for injuries and poisoning (Target 1);
- Low birth weights (Target 4).
- By 2003, the life expectancy and health status of Travellers, asylum seekers and refugees should be monitored so that targets can be set for asylum seekers and refugees and reviewed and revised for Travellers (Target 3).
- There should be a 10% lowering in the gap of life expectancy between travelling community and whole community (Target 2);

Targets 5-11 on equity of access and personal social services

By the year 2007, to improve equity in access to health services there should be increased equity of access to
- Effective primary health care services (Target 5),
- Public acute hospital services (Target 6),
- Effective interventions for cardiovascular disease and cancers (Target 7),
- Community supports for continuing care (Target 8).

To address the inequity in access relating to income the working group recommended that
- The income threshold for the medical card should be increased, taking particular account of the needs of children (Target 10).
- Additionally, they recommended that an equality dimension should be integrated into the delivery and development of health and personal social services (Target 11).

To address the impact of injury on health they recommended that by 2003
- A comprehensive injury prevention strategy be developed to reduce higher injury rates in people at risk (children, young men and older people in lower socio-economic groups) (Target 9).

Target 12 on impact of public policy on health targets

Many factors within the social and economic environment impact on health, including housing, education, levels of inequality, employment, agriculture and transport. The working group recommended a target which requires that
- All government departments to recognise and accept their responsibility for health by developing multisectoral working and adoption of Health Impact Assessment by 2007 (Target 12).

They also recommended that targets be set on child poverty, relative income inequality and income inadequacy and endorsed the importance of targets in the areas of housing, transport, education and environment.
Monitoring and revision targets

The last three targets are concerned with the need to monitor progress in achieving NAPS health targets. The group recommended that

- Systems to monitor NAPS health targets and indicators should be included within the National Health Information strategy (Target 13);
- A programme of research should be set up to support the development of further NAPS health targets and indicators (Target 14);
- Adequate resources should be provided to ensure that NAPS health targets and implementation strategies are reviewed and revised (Target 15)

The inclusion of health as a priority in the NAPS and the explicit NAPS targets in the health strategy are significant policy developments in Ireland and in association with other targets set (e.g. reducing long term unemployment and child poverty, housing, accommodation and education targets) are all central to health improvement.

Yours sincerely,

Dr. Kevin Kelleher,
Director of Public Health.