YOUTH POVERTY AND HEALTH

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"exclusion from the minimum acceptable way of life in one's own society because of inadequate resources"

(Perry 2002)

Poverty rate - children and population



Table 1. Child poverty rates (%) and numbers in 2013 on five measures³⁶²

	After Housing Costs (AHC)			Before Housing Costs (BHC)	
HES year	'fixed line' (07) 60%	'moving line' 60%	'moving line' 50%	'moving line' 60%	'moving line' 50%
2013 rates (%)	22	24	19	20	11
2013 Numbers	230,000	260,000	205,000	215,000	120,000



The aims of this study were to develop an individual/ household measure of poverty using latent class analyses

Describe health outcomes of secondary school students experiencing poverty

Explore the relationship between household poverty and neighbourhood deprivation on health outcomes.







Factor analysis vs Latent class analysis















Number of household deprivation indicators

	No Poverty	Mod Poverty	High Poverty
None	4665 (68.6)	0	0
One	2088 (30.7)	115 (8.3)	0
Two	52 (0.7)	806 (57.9)	56 (19.2)
Three or more	0	469 (33.7)	232 (80.8)

What are the health and wellbeing outcomes of secondary school students experiencing poverty?



What is the relationship between household poverty and neighbourhood deprivation on health outcomes?



Neighbourhood Deprivation Quintile

Predicted probability for Depression



School Socio-economic Quintile

Predicted probability for Depression



Neighbourhood Deprivation Quintile

Predicted probability for Smoking



School Socio-economic Quintile

Predicted probability for Smoking

School Health services

School Health Services Survey

Of the 91 schools that participated in Youth'12, 11 reported no health services except first aid care and 1 school had subsequently closed.

Among the remaining 79 schools, 129 health and pastoral care staff (e.g. guidance counsellors, social workers) were invited to take part in a health services survey.

One hundred and thirteen health and pastoral care staff replied to the health service survey (88% response rate), which included 74 nurses (n=74, 92.5%) and 6 doctors (n=6, 7.5%).

Level of health services in schools



Linking student health outcomes to health services

- No randomised trials of school health services
- Can't link individual use of school health services to health outcomes
- Need to look at overall levels of student health and wellbeing in each school
- Also need to account for background characteristics of students

	Less depression symptoms	Less suicide risk
Level of health service		
Regular clinics from visiting HP	+	+
One person on-site	++	++
Health team on-site	+++	++
Infrastructure		
Hours of nursing/ 100 students	++	+
Hours of GP/ 100 students		++
HEADSS screening	++	
Facilities	+	
Training and continuing education		
Youth health training – post grad	+++	++
Peer review group		+
Collaboration and support		
With pastoral care team		
With local GP/ PHO	+	
Team meetings		
Specialist support – mental health		

	Less binge drinking	Cigarette/ marijuana use
Level of health service		
Regular clinics from visiting HP	-	
One person on-site	-	
Health team on-site	+	
Infrastructure		
Hours of nursing/ 100 students		
Hours of GP/ 100 students		
HEADSS screening		
Facilities		
Training and continuing education		
Youth health training	+	
Peer review group		
Collaboration and support		
With pastoral care team		
With local GP/ PHO		
Team meetings		
Specialist support – mental health		

Association between nursing and doctor hours and self-reported pregnancy



Denny et al, AJPH 2012



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