

Impact of inequality on health

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Themes

- Understanding health and what determines health
- Models of health care delivery
 - Medical, behavioural, social
- Equity and primary health care

Health –different viewpoints

- Medical (Traditional)
- Behavioural (Lifestyle)
- Socio- Environmental (Structural)

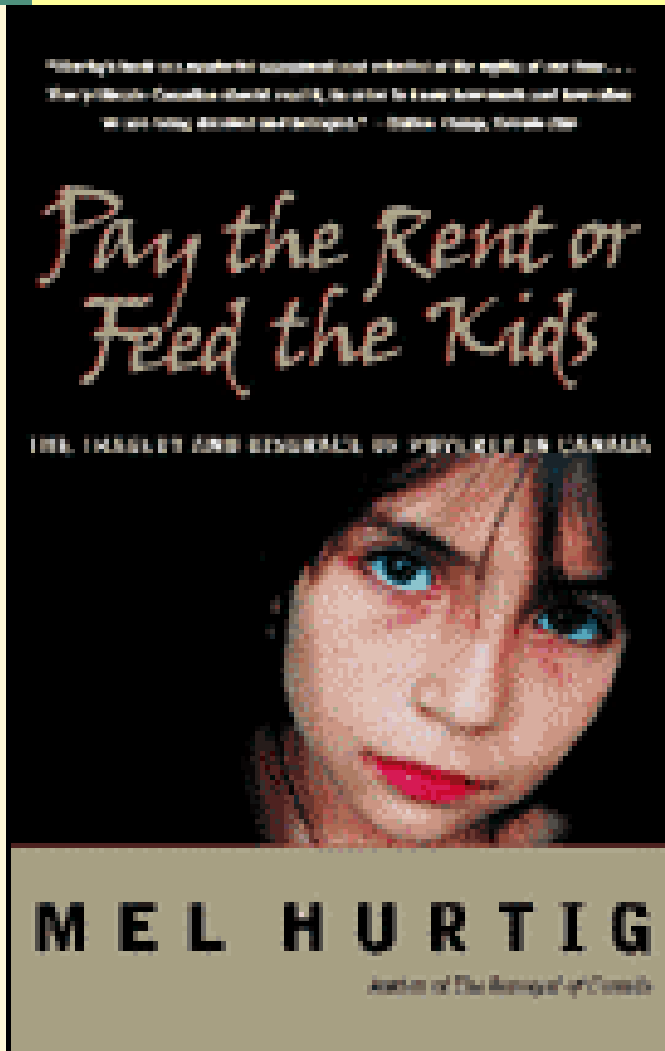
- Each of these approaches leads to different definitions of problems, and different strategies to deal with problems

Health through a medical (traditional) lens...

- Treat the symptoms, manage the disease
- Develop self-management skills of clients with illness
- Individual client sessions (ie with therapists, doctors, counsellors etc)



The response from a socio-environmental lens...



1. Don't be poor – at least not for long
2. Be born into a nice family where there is no violence and enough money
3. Graduate from high school or, better yet, university (don't get pregnant)
4. Don't work at a stressful, low-paid job. Find a job where you have decision-making power and control, and one with subsidised child-care on site
5. Learn to control stress levels (no cigarettes, alcohol or other drugs)
6. Be able to afford holidays
7. Don't be unemployed, underemployed or in jobs without
8. Live in a community where you have a sense of belonging
9. Don't live in an overcrowded or unheated house, near a major road or polluting factory.
10. Make lots of friends and keep them

Two definitions of health from the World Health Organization

- *a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity*

or a more social definition:

- *a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.*
- **Health** is a positive concept emphasizing social and personal resources as well as physical capacities

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- Ill health is concentrated among the worst off with regard to housing, income, social support and social exclusion
 - Health and social inequities are increasing
 - 20-25% children live in family poverty
 - Race/racism, marginality, discrimination, violence, social exclusion, poor education, lack of economic participation are prominent determinants of health

Social exclusion: the inability of our society to keep all groups and individuals within reach of a sense of community, and the tendency to push vulnerable and difficult individuals into the least popular places.

Social foundations of health

- There is growing recognition that the social conditions and settings in which people live their lives are powerful determinants of their health – they have a direct impact on health
- The social foundations of health are understood as including the social context in which people live, work and play and a wide range social, economic, cultural, environmental and political factors that influence the health of every person and population group.

Income and social status – the chief suspects in inequalities!

- People further down the social ladder usually run at least twice the risk of serious illness and premature death of those near the top.
- Australia has the most stark inequities in health between Indigenous and non-Indigenous people but significant disparities exist with many other population groups whose education and life opportunities have been compromised:
 - Young people, sole mothers, people from CALD backgrounds, isolated elderly

Other determinants of health

- Employment, underemployment
- Social exclusion
- Social support
- Early years of life
- Food security
- Transport
- Gender particularly violence against women
 - Intimate partner violence accounts for highest burden of illness for women (higher than alcohol, tobacco)
- Sexuality and discrimination
- Addiction and substance misuse

Unemployment, underemployment

- Unemployment is directly associated with poor health. Unemployment and employment are directly related to one's position in the social hierarchy and access to resources.
- Employment opportunities are directly related to educational opportunities, while race and ethnicity mediate employment opportunities.
- Unemployment puts health at risk and the risk of poor health, which is higher in regions where unemployment is widespread.
- The health effects of unemployment are linked to both its psychological consequences and financial problems, especially debt.

Social support networks, social environments

- Friendship, good social relations and strong supportive networks improve health at home, at work and in the community. Belonging to a social network of mutual obligation makes people feel cared for, loved, esteemed and valued. This translates not just into improved psychological health, but also to improved physical health. For example, the evidence is clear that married men have better physical health and life expectancy than single men.

Early years of life

- The effects of the early physical and social environment on childhood development last a lifetime. Sub-optimal childhood experiences and a lack of emotional support during this period raise the life-time risk of poor physical health and reduce physical, cognitive and emotional functioning in adulthood.
- Poor social and economic circumstances present the greatest challenge to a child's growth, development and health status.

Food in/security

- A good diet and adequate food supply are central for promoting health and wellbeing. Shortage of food and lack of variety causes malnutrition, while excess food intake contributes to a range of diseases/illnesses.
- Food poverty can exist side by side with food plenty. Food poverty and good nutrition rely as much on education and literacy as on the availability of adequate, affordable food.
- Given the global influences on food production, distribution, cost and quality, healthy food has become a political issue.

Social factors in health care

- Once someone needs health care, their state of health is probably compromised in some way by conditions outside the health system - by factors such as a lack of appropriate education, low levels of literacy, insecure low paid employment, the stress of persistent poverty or marginalisation due to cultural difference
- Inequity decreases access to health services

The challenge

- To **reorient** from one-to-one primary care services to broader **primary health care** that is able to take account of social factors and develop strategies to change unhealthy environments

Investments in health...

UPSTREAM

- **Socio-environmental:** acknowledges the influence of the contexts in which we live our lives (e.g. social, economic, environmental political)
- **Behavioural:** individual responsibility (e.g. behaviour change campaigns such as anti-smoking, safe sex)
- **Biomedical:** diagnosis, treatment, prevention (e.g. immunisation, risk assessment)

DOWNSTREAM

Primary care: focus on individuals	Comprehensive Primary Health Care: focus on populations
Individualised clinical services Secondary – tertiary prevention Health education Screening Immunization	Tackles determinants of health Build capacity of people Health impact awareness of policies on equity/inequity Harm minimization Advocacy for sustainable social and system change
Without bulk billing, there is cost at point of service Access is provided by Medicare but difficult to address equity	No cost at point of service Focused on vulnerable and disadvantaged populations
Examples: General practice Public dental health Some allied health through general practice	Community health, Women’s Health Services Youth services including outreach Not-for-profit agencies providing services for Migrant and Refugee groups Drug and alcohol and primary mental health

Why primary health care ...

- To mediate threats to health
- To tackle health inequities
- To develop a positive health people-centred approach, rather than disease-centred
- intentions to improve and sustain health, not just treat problems
- to enable people to increase control over, and to improve their health
- ensure that people have opportunities to develop the capacity to adapt to, respond to, or control life's challenges and changes, and the necessary resources to act upon the circumstances of their lives that determine their health and wellbeing.

The DHS policy environment

- Ottawa and Jakarta Charters for Health Promotion (WHO)
 - Social model of health
 - Equity of access to services
 - Population health
 - Vulnerable groups
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- Health Promotion is the philosophy and the practice for taking up these challenges

Continuing challenges

- build healthy public policy
- create supportive environments
- strengthen community action
- develop personal skills
- reorient health services