Social determinants of health inequity and Local Government

Fran Baum
Southgate Institute for Health, Society & Equity

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Overview

• Evidence on how social determinants affect our health and well-being

• Importance of equity

• Creating healthy societies
Commission on the Social Determinants of Health

- Launched 28th August 2008 by Dr. Margaret Chan, Director General, WHO in Geneva
- "Health inequity really is a matter of life and death" Margaret Chan
Basic logic: what good does it do to treat people's illnesses/addictions/send them to gaol/

then give them no choice to go back to or no control over the conditions that made them sick/addicted/commit crime in the first place?
“The Commission’s main finding is straightforward. The social conditions in which people are born, live, and work are the single most important determinant of good health or ill health, of a long and productive life, or a short and miserable one. .......This ends the debate decisively. Health care is an important determinant of health. Lifestyles are important determinants of health. ....But, let me emphasize, it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place”.

Dr Margaret Chan
Director-General
World Health Organization
"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. Social injustice is killing people on a grand scale."
Premature mortality: Premature deaths at ages 15–64 years, by sex and socioeconomic status, 2002–2006
Final Report: Value Base

• Need for more health equity because “it is right and just” & a human right

• Quality and distribution of health seen as a judge of the success of a society

• Empowerment central
Examples of social determinants affecting health
Up to 65 percent of those living in public rental accommodation have long term health problems compared with only 15 per cent of home-owners.

The most discriminating socio-economic factors for smoking are education, housing tenure and income.
Aboriginal reports of racism

- 153 Aboriginal people living in Adelaide
- Non-random sample
- Interviews conducted by Aboriginal project manager and Aboriginal interviewers
Racism in at least one institutional setting

<table>
<thead>
<tr>
<th>Never/hardly ever</th>
<th>Sometimes</th>
<th>Often/very often</th>
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<td>16</td>
<td>30</td>
<td>54</td>
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– “You could be the only person on the back of the bus and no one will sit with you if you’re Nunga...everyone else will stand up around you” (002)

– “If I’m going into the shop and like there might be one or two before me, then about three or four come and then she goes onto them I’ll just say ‘I’m not just a shadow standing here. I was here before them’” (056)

– “People are always watching you and watching what you’re doing and, you know. Watching where your hands are and shit. Like I said now I just go and show them my bag anyway, as I’m walking out. Just you know...even if they don’t ask” (Belinda, 30yrs)

– “You get called ‘black mongrel’ when you’re walking along’ (Mary, 51 yrs)
Effects on health of racism

Increased experiences of racism linked to worse mental health (Ziersch at al, ANZJPH, 2011)

...even growing up, I mean. it’s just you feel inferior you know. people are staring at you, watching you. You just know it, and it does make you feel like, I don’t know. I think it has affected my health because now. I have a bit of nerve problems and I really think it makes me. Because I’m not coping with people, with racism and that you know? I think it has in a way affected my health, the racism that I grew up with and that, you know. (Linda, 50yrs)

...Purely because again because with racism you feel depressed which could then you know go into eating, the wrong [thing], drinking smoking whatever so yeah. (Shane, 31yrs)

(Source: Zierch, Gallaher, Baum & Bentley, Social Science & Medicine, 2011)
Indigenous and non-Indigenous daily smokers over 18 yrs by age: 2004-05

ABS Tobacco smoking in Australia 2004-05
Tobacco use: Social determinants of being an Indigenous non-smoker (Thomas et al 2008)

• The strongest associations with being a non-smoker are for those not arrested or incarcerated in the last 5 years

• Indigenous people who have not been removed from their natural family are twice as likely to be a non-smoker, to never have smoked or to have quit

Working class women and smoking – Graham (1987, 1994)

• Demonstrated that women use smoking as a means of coping with stressful lives
• “having a fag” was one of the small pleasures in an otherwise difficult life
Making sense of risky behaviour

- The function of risk behaviours is to help individuals and groups manage the difficulties and problems of daily life (not to support) deviant behaviors’ (Wenzel, 1994:131) and “The outcomes of risk behaviours are mainly relaxation, pleasure, fun, i.e., wellbeing for a short period of time” (Wenzel, 1994:132).
Overview

• How social determinants affect our health and well-being
  
  • **Equity is good for all of us**

• Creating healthy societies
Epidemiology of Inequality

- More equal societies are healthier
- More equity leads to more just social policies
- Less crime more cohesion
Health and Social Problems are Worse in More Unequal Countries

**Index of:**
- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

**Source:** Wilkinson & Pickett, *The Spirit Level* (2009)

[www.equalitytrust.org.uk](http://www.equalitytrust.org.uk)
“If people’s perception of their happiness is judged according to what they have relative to others, then substantial economic inequality is a recipe for widespread social discontent”

“..the redress of economic inequality is central to the achievement of a good society”

“When inequities become too great the idea of community becomes impossible.” (Raymond Arons)
Health and well-being is not just about how rich we are but about what we choose to do with resources
# United States compared to Costa Rica

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<thead>
<tr>
<th>Indicator</th>
<th>US</th>
<th>Costa Rica</th>
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<tbody>
<tr>
<td>Life expectancy at birth</td>
<td>78.5</td>
<td>79.3</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Happy Planet Index</td>
<td>37.3 (ranked 105th)</td>
<td>64.0 (ranked 1)</td>
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<tr>
<td>Gross National Income (per capita US $)</td>
<td>43,017</td>
<td>10,497</td>
</tr>
<tr>
<td>Health expenditure (per capita US $)</td>
<td>7960</td>
<td>1155</td>
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Cost or distribution issue?

William Beveridge (founder of UK Welfare state) argued for:

“bread and health for all before cakes and circuses for anyone”
Overview

• How social determinants affect our health and well-being
• Equity is good for all of us
• Creating healthy societies: practices and policies
Whole of government & economy approach

- Vision and commitment to health and well-being equity
- Health, well-being & equity adopted as shared goal of government
- Make all sectors aware of and accountable for their health, social and environmental impact
- Integrated policy responses
- Regulate private sector to ensure it acts in a way that promotes & supports health and pays sufficient taxation
- Taxation as the “price of civilisation” to invest in good quality public services
Senate Standing Committee on Community Affairs

- Investigation into Australia’s domestic response to CSDH
- Established Sept 2012
- Reported March 2013

**Recommended:**
- Adoption of report
- Ensure SDH in all relevant policies
- One agency to have mandate to address issues across portfolios
- NH&MRC give greater emphasis to SDH
- Annual progress reports to parliament
Healthy Societies: key messages from reviews of SDH for local government

• Promote health in everyday settings – workplaces, schools, sports clubs, don’t victim blame
• Make places safe so people are happy to move around their community and create social capital
• Make healthy choices the easy choices (e.g. restrict tobacco and fast food and encourage walking)
• Give every child the best start in life - Invest in supporting and developing all children and especially those from disadvantaged families (subject to “toxic stress” Shonkoff, 2005)
• Take equity into account – what resources do people have?
• Help people in an empowering way and support them to make healthy choices – involvement them in planning for healthy communities – community development strategies
• Encourage joined-up action regionally and locally
Whole of society approach

• These policy objectives will require action by all levels of government including local, health service, NGOs, private sector and community groups.

• Effective local delivery requires participatory decision making at the local level and requires empowering local communities and individuals
Recognition of the need for integrated, holistic solutions to issues

- CSDH – Health Equity in all Policies
- Healthy Cities
  - Healthy schools
  - Healthy workplaces
- Healthy Islands
- Child-friendly cities
- Inter Sectoral Action
  - Cross cutting governance
  - Integrated
  - Deals with complexity
  - Participatory
  - Joint visions, plans and goals
  - Uses power of regulation
  - Political support
- Regional roundtables
- Sustainable & livable cities
- Integrated design
- UK Joined Up government
- EU/SA Health in All Policies
Health (Equity) Impact Assessment

• A tool to measure health impact of a new development
• Participatory process
• Have been shown to be effective in encouraging greater consideration of health impact on local government decision making
Health in All Policies: Asks how do we create health & well-being?
Health in all Policies: the Definition in South Australia

• Health in all Policies (HiAP) is an innovative policy strategy that responds to the critical role that health plays in the economies and social life of 21st century societies. It introduces **better health** (improved population health outcomes) and **closing the health gap** as a **shared goal** across all parts of Government and addresses complex health challenges through an **integrated policy response** across portfolio boundaries.
• Health in All Policies in SA is facilitated by health sector by direction and authority from Premier and Cabinet

• Health sector as catalyst and understanding the political & bureaucratic imperatives of other sectors and building workforce capacity to engage in cross-sector action

• Role of Local Government in HiAP is being developed
HiAP and SASP

- South Australia’s Strategic Plan (SASP) is the starting point for South Australia’s HiAP approach.

- SASP:
  - is of strategic importance to all government agencies
  - requires all government agencies to achieve their SASP targets

- HIAP provides the framework to:
  - explore some of the interconnections between the SASP targets
  - to identify joint areas of work to achieve a win-win solution
  - progress agencies’ SASP targets and support the health and wellbeing of the population
  - strategic importance to all government agencies
  - requires all government agencies to achieve their SASP targets

2012: 7 Cabinet Strategic Priorities adopted
South Australia’s Health in All Policies (HiAP) Model

Contact HiAP Manager Carmel.Williams@health.sa.gov.au
Health Lens Analysis (HLA) Projects

Current at July 2013

• Family Engagement with Literacy
• Aboriginal Road Safety - Drivers Licensing
• International Students Health and Wellbeing
• Healthy Sustainable Regional Communities in the Upper Spencer Gulf
• Healthy Weight: A Desktop Analysis
• Transit-oriented Developments (TODs)
• Marion City Council - Castle Plaza TOD
• Active Ageing through Workforce Participation
• Active Transport 1 – Economic Assessment for Cycling and Walking
• Active Transport 2 - Cycling Strategy
• Regional Migrant Settlement
• Alternative Water Supplies – Water Security
• Increased Broadband Use (Digital Technology)
• Learning or Earning
• Every Chance for Every Child: Capacity building across Government
• Safe Communities, Healthy Neighbourhoods

Health in all Policies
South Australian Public Health Act

**Objects**

- Early detection, management and amelioration of risks to health
- Provide information to individuals and communities on risks to public health
- Encourage plan, create and maintain a healthy environment
- Policies strategies and campaigns for improving public health of communities in particular for vulnerable groups (esp. ATSI)
- Prevention, early detection, management and control
- Monitoring conditions of public health significance
- Collect information on prevalence

**Scheme for state and local government action for public health**

- To **promote** health and well being
- To **protect** from risks to health
South Australian Public Health Act

Aligned with Council’s traditional roles of

- local representation
- local leadership
- promoting local community wellbeing

Clearer Links to public health role
South Australia: A better place to live.
State Public Health Plan

• What it Does...

• Sets the Scene

  • Establishes relationships & accountabilities

  • Provides direction and focus for action across State: Governments & Communities

  • A driver for Safe Communities Healthy Neighbourhoods strategic priority

  • Local Councils plan consistent with State Plan
State Public Health Plan

Priorities

• Stronger and Healthier Communities and Neighbourhoods for All Generations

• Increasing Opportunities for Healthy Living, Healthy Eating and Being Active

• Preparing for climate change

• Sustaining and Improving Public and Environmental Health Protection

For Further Details contact Danny Broderick, Principal Policy Officer- Public Health
Danny.Broderick2@health.sa.gov.au
Recent developments in SA Health

- McCann Review largely implemented which has resulted in very significant cuts to community health services
- No longer use community development strategies in health centres
- Health Promotion Branch demolished and Primary Prevention Plan not being implemented
- Public Health Division being reviewed and under very tight cost pressure
- Capacity to engage with local government significantly reduced as a result of changes
Action on social determinants of health and well-being has societal-wide benefits

- **Healthier population** - good for employers, education, social interaction, parenting

- Action on SDH highly compatible with low carbon & sustainable futures – good for everyone

- **Economic benefits**: losses from health inequities associated with productivity losses, reduced tax revenue, higher welfare payments, increased treatment costs

- **Lower health care costs increase funds for investment in other sectors** that can be used for measures that support communities – virtuous cycle
Not acting on SDH costs $$$

- $0.5 million Australians freed from chronic illness
- $2.3 billion saved in avoidable hospital costs
- $5.3m cut from PBS
- $4 billion saved in welfare benefits
Key Roles of Local government

Planning & Creating local healthy communities
Using Health Impact Assessment when appropriate
Working with disadvantaged groups to improve their life quality
Advocating for the health of community
Working with other sectors – to promote Health in All Policies

fran.baum@flinders.edu.au