

Why do inequities exist in the **HEALTH OF AUSTRALIANS?**

This Option further explores concepts that were raised in Core 1, such as equity, social justice and the determinants of health. In this chapter you will study the factors that create health inequities and identify how these factors contribute to the inequities experienced by different population groups in Australia. You will also explore how multiple risk factors contribute to health inequities and how these inequities may be managed to improve the health of Australians.

Without peace and justice, without enough food and water, without education and decent housing, and without providing each and all with a useful role in society and adequate income, there can be no health for the people, no real growth and no social development.

WHO, quoted in F Baum, *The New Public Health: An Australian Perspective*,
Oxford University Press, Melbourne





Factors that create health inequities

There are many factors within society that act as barriers to achieving optimal health. The major causes of health inequities in Australia are:

- daily living conditions
- quality of early years of life
- access to services and transport
- socio-economic factors
- social attributes (such as discrimination and social exclusion)
- government policies and priorities (in health, economic and social contexts)

Unfortunately, many Australians simultaneously experience a number of these social risk factors that affect health. Most of these are beyond the control of the individual, so it is inappropriate to 'blame the victim' and to say that people should 'get a job', 'move house' or 'get an education' to improve their circumstances. As a society, Australia needs to consider how the levels of disadvantage experienced by many people today can be reduced so that everyone has the same opportunities to reach optimal health. To do this effectively, we must recognise the underlying social causes of the health inequities that exist, and consider health in its broadest sense. Action to achieve equity in health needs to be underpinned by principles of **social justice**.

Daily living conditions

Secure and adequate living conditions are essential for maintaining health. A person's daily living conditions include whether the person has access to:

- a water supply
- nutritious food
- garbage disposal
- sewage disposal
- adequate lighting and heating
- a dwelling that is not overcrowded in relation to the number of people living in it.

People living in urban areas take for granted the many services they receive, such as clean water and garbage disposal. In some outer-urban, rural and remote locations,



Figure 23.1 Daily living conditions include access to garbage disposal services

residents are not always guaranteed access to clean water, garbage disposal and waste removal. This greatly affects the health of people in those communities because without those services they become more susceptible to communicable diseases. Living in crowded conditions can also increase susceptibility to those diseases and can create stress, which can influence an individual's mental health.

We cannot assume that all Australians live in a particular type of dwelling. Homeless people, for example, have to survive in conditions that are not conducive to good health. They experience high levels of stress due to living in crowded and often chaotic conditions. Many homeless people encounter difficulties accessing health services, and many are susceptible to **exploitation** in terms of drug use and prostitution. They suffer higher rates of tuberculosis, cardiorespiratory illness, skin conditions, inadequate nutrition and sleep deprivation. Many homeless people lack the basic requirements for health.

Where people live can also lead to differences in health status. People living close to industrial areas can experience health problems associated with pollution. People residing in crowded cities with a large number of cars and associated traffic congestion can experience health problems due to high levels of lead in the air. This can be particularly harmful to the development of young children.



Figure 23.2 The foundations of adult health are laid down before birth and in early childhood

Quality of early years of life

The foundations of adult health are laid down before birth and in early childhood. Slow growth and poor early experiences become biologically embedded during development. They increase the lifetime risk of poor emotional health and reduce physical cognitive and emotional functioning into adulthood. Poor experiences during pregnancy (such as nutritional deficiencies; maternal smoking, alcohol and drug use; and inadequate **prenatal** care) can lead to poor **foetal** development, which is a risk factor for poor health later in life.

Access to services and transport

It is important that all Australians have equal access to health care and transport. This requires the provision of services that are within the reach of the population and meet the needs of the population. To ensure this is achieved involves an analysis of the characteristics of the population in terms of:

- age
- gender
- ethnic background
- socio-economic status
- disability
- geographic location
- educational level.

People will be more likely to access services if they believe that those services are culturally appropriate, and employ health workers who are sensitive to their situation. It is also important that health services are available to people in terms of the distance they have to travel, how long they have to wait for service, the physical access to the building in which the service is located (such as adequate wheelchair access) and the amount they have to pay for the service. In Australia, **Medicare** ensures that all citizens have access to basic health care (see Chapter 3).

Some areas are not well serviced by public transport. This means that those without cars can experience social

isolation and an inability to access essential services. Some people live a long distance from health services. This is particularly true in rural and remote areas.

There are other factors of life in rural and remote locations that can contribute to variations in health status. Access to health care can be an issue in many rural centres. This is particularly true in smaller towns because many rural centres in Australia have difficulty attracting doctors and other health staff to work there. Also more people experience accidents and injury in these locations. Many young people have to leave towns in rural and remote areas to seek employment and educational opportunities elsewhere. This has led to a reduction in the population and, as a result, many services have been cut in these areas.

Cycling and walking (including to and from public transport) promote health as they are forms of exercise, reduce the incidence of vehicle accidents and air pollution, and increase social contact. People without private transport and people in places with poor or no public transport are less able to participate fully in the life of the community. This has associated health impacts.

Research and Review

- 1 Identify** experiences in the early years of life that may positively and negatively contribute to the inequities experienced by different population groups in Australia.
- 2 Analyse** the factors that make it difficult for some individuals to access health services.
- 3 Discuss** how a person's geographic location can influence that person's health.

Socio-economic factors

A number of **indicators** determine an individual's socio-economic status. The Australian Bureau of Statistics (ABS) uses **indices** of socio-economic advantage to determine socio-economic conditions in an area. These indices include:

- relative socio-economic disadvantage (measured by income, tertiary education and occupation)
- economic resources (measured by dwelling size, income and multiple car ownership)
- education and occupation (measured by higher education qualifications and high level of skill).

The greater a person's level of socio-economic disadvantage, the poorer will be that person's health status. If an individual has few economic resources, that person might not, for example, be able to afford nutritious food and quality housing. Men and women of low socio-economic status have a higher death rate, and report higher levels of illness and reduced levels of activity due to illness. They make greater use of primary and secondary health services, and less use of preventative and screening services. Therefore, their health worsens before they seek care. In addition, they are more likely to have lifestyle risk factors, such as consuming an inadequate diet, smoking, drinking excessively and engaging in an inadequate level of physical activity.

Although it is known that individuals who are socio-economically disadvantaged experience poorer health status compared with the rest of the population, it is not known exactly why this relationship exists. Studies have not determined whether low socio-economic status actually causes poor health. What these studies have revealed is that lower levels of economic resources and inadequate social support negatively affect health, directly or indirectly.

Occupation

There are enormous differences in the types of work that individuals perform. Occupation influences health status in a number of ways. First, it determines the amount of economic resources that individuals have at their disposal. Second, occupation influences health by the nature of the work required in that occupation. Some occupations are more hazardous, and safety issues in these occupations are therefore of greater importance. 'Blue-collar' workers have the highest incidence of occupational ill-health, and make up a high percentage of those with reported occupational illness and injury.

The influence of occupation on health goes beyond physical health as a result of safe work practices. Job satisfaction and having the freedom to make some decisions about one's work can also impact on a person's



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health status. Healthy workplaces take into consideration these psychological and social aspects of work, as well as the physical safety of employees.

Access to, and level of, education

Groups with the worst health status tend to have the least education. Adequate education can provide people with the necessary knowledge, skills and attitudes to lead healthy lives. Education also contributes to employment prospects, which can determine the economic resources that a person will have.

One important aspect of education is development of literacy skills. Without basic literacy skills, individuals might not be able to read instructions on medications or safety warnings in the workplace. This can have direct effects on their health. Individuals with a low literacy level are less able to use written information; that is, less able to read, comprehend and act on the information. This can lead to feelings of powerlessness and low self-esteem. It is therefore important that all people in society have access to education.

Unfortunately, this is not the case. Individuals face many barriers in gaining access to educational opportunities. These include:

- cultural **alienation** from the school system
- insufficient resources to participate fully in the school's community
- pressures to leave formal education early to earn money.

In addition, with the trend towards increased fees, access to tertiary education is becoming increasingly difficult for those with limited economic resources.

Australia's population has a high proportion of migrants who need opportunities to learn English. In the late 1990s, funding for such programs was reduced. This means that only those migrants who can afford access to these programs will be able to improve their opportunities to participate fully in Australian society.

Critical inquiry

- 1 Describe** what you consider should be the minimum standard-of-living conditions for all Australians. What actions would be needed to attain these?
- 2 a Investigate** the responsibilities of both employers and employees under occupational health and safety legislation.
b Evaluate the effectiveness of such legislation, particularly with regard to the psychological aspects of work (such as stress and employee involvement in decisions that affect them).

Social attributes

Groups experiencing disadvantage or difficulty may be exposed to multiple risk factors contributing to health inequities. These include social exclusion, racism and discrimination.

Each of these social risk factors, in isolation, can create inequities in health status. The reality is that many people in Australian society experience a number of these factors. This exposure to multiple social risk factors can make some individuals within a population more vulnerable. For example, for a male living in a small rural town, there might be limited employment opportunities because of the downturn in many rural economies. This can lead to the inequities that are experienced by those who are economically disadvantaged and unemployed. This man's location might also limit his access to health care. This compounds the health problems he faces. His personal circumstances are thus very disadvantageous in terms of protecting and promoting his health status.

Although generalisations can be made about groups with certain characteristics, there are differences within each group. For example, not all individuals experiencing socio-economic disadvantage will necessarily experience the health inequities generally associated with that group. Although a person might not have a high level of economic resources, this person might have sound living conditions, a job that is challenging and satisfying (even if not well paid), access to health care and strong social supports. This person might also engage in health-enhancing behaviour, such as eating well and participating in regular physical activity. Therefore, although factors such as socio-economic disadvantage put people at risk, they do not automatically create health inequities.



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Social exclusion

Poverty has a major impact on health and premature death. Poverty denies people access to full participation in the life of the community. Those who are homeless have the highest rates of premature death. Social exclusion also results from racism, discrimination, stigmatisation and unemployment. The greater the length of time that people live in disadvantaged circumstances the greater the risk of ill-health, particularly cardiovascular disease. Some people move in and out of poverty during their life, which means the prevalence of people who have experienced social exclusion (and its negative impact) is greater than the current incidence.

Racism

Racism refers to the unequal treatment of people on the basis of their racial background. Australia has a history of racism, particularly with regard to the treatment of the Indigenous Australian population. Racism can contribute to health inequities in a number of ways:

- Racist attitudes can limit an individual's access to employment and educational opportunities.
- People who encounter health professionals who are insensitive to their needs and cultural beliefs about health care will be less likely to seek preventative care.
- When individuals are made to feel different and not accepted as part of their community this can affect their feelings of self-worth, perhaps leading to depression.

Social isolation can also result from racist attitudes, and this has negative effects on mental health. In a statement on social justice, the federal government outlined the importance of valuing cultural diversity. This statement identified the Commonwealth *Racial Hatred Act 1994* as an example of legislation introduced to make racial vilification illegal. This Act enabled people to complain to the Human Rights and Equal Opportunity Commission if they have been victims of racial vilification in the form of public humiliation or intimidating racial behaviour. This is an example of how public policy can influence the health of groups within Australia and how governments can lead in this area by taking a position on important social issues.

Discrimination

Discrimination can be based on a number of factors. As noted earlier, individuals can be discriminated against because of their racial background. People can also be discriminated against on the basis of:

- age
- gender
- marital status
- education level
- place of residence
- having a disability.

When an individual is discriminated against it results in that person not receiving the same opportunities as others. People who experience discrimination might not, for example, gain access to employment, education or health or other services. Those who are discriminated against can feel powerless, have a lack of control over their situation, and develop a sense of hopelessness, which affects their mental health.

Society, as a whole, sometimes discriminates against certain people, such as older age groups. A 50-year-old person trying to gain access to the workforce might discover that there is a general perception that people of this age are ‘past it’, and no longer capable. This misconception can lead to depression in many of those people who are retrenched in their middle age. A society that claims to promote principles of social justice must recognise and acknowledge discriminatory practices, and must implement policies and programs to address those practices.

Critical inquiry

- 1 With respect to racism in Australian society:
 - a Describe the actions that can be taken at government, community and individual levels to eliminate racism from Australian society.
 - b Propose how you would contribute to addressing the health priorities of Australia.
- 2 Certain social risk factors create health inequities. Discuss all the possible risk factors to which an individual could be exposed.
 - a Discuss which public and private sectors in Australia need to contribute to addressing these factors.
 - b Propose how the management of addressing the risk factors could be coordinated to ensure that health inequities are reduced.

Research and Review

- 1 Discrimination can be based on a number of factors, such as age or disability. Discuss the barriers to health that could be encountered by an individual experiencing discrimination.
- 2 Investigate a program that is specifically targeting a disadvantaged group. Your local community health centre or local area health service health promotion unit could advise you about this.
 - a Describe the strategies being implemented in this program.
 - b Discuss how these strategies are contributing to reducing a health inequity.

Government policies and priorities

Health

The government may, at various times, identify particular priorities for investment in health, including public–private partnerships. Health and medical research is influenced by policy decisions at all levels of government, as well as within organisations, such as universities, hospitals and research institutions. For this reason, health professionals look to engage with policy-makers to obtain support for additional high-quality health and medical research.

Social

The social and political dimensions of health and illness present important challenges to practitioners, administrators and policy-makers. For example, government policies need to acknowledge and value Australia’s cultural diversity.

Certain social policies can contribute to health inequities. For example, in the 1990s, the federal government changed the allocation of funding to child-care centres. An allowance was paid directly to families rather than to child-care centres. This caused a significant increase in the cost of child care. Many parents on lower incomes could no longer afford child care, even with the government allowance. It was no longer economically viable for both parents to work. This government policy decision had an impact on health in a number of ways.

It could be argued that those children who were no longer able to attend a child-care centre had less opportunity for social interaction. They may have also missed the educative value of attending a child-care centre. Participating in work provides adults with the opportunity to socialise and meet challenges, which contributes to their feelings of self-worth. Non-participation in work can increase an individual’s sense of social isolation.



Internet support concerning government policies can be accessed via www.oup.com.au/pdhpe12

Economic

Government can only deliver high-quality health services and infrastructure by maintaining disciplined budgets and encouraging strong economic growth.

The changes in child-care arrangements described above meant that some parents had limited choices and a reduced opportunity to work. It could be argued that this funding allocation discriminated against women. Its greatest effect was on women in poorly paid, part-time or casual work. Also, because women are still the primary carers of children, it is likely that they were more affected than male parents.

Government economic policies that are not directly related to health may still have an impact on people's health and well-being. Consider the example of funding of tertiary education. This can influence people's opportunities to access education. Only those who can afford tertiary education will be able to attend. This might not appear to be directly related to an individual's health status, but education increases a person's literacy level, and this, in turn, influences the person's health.



Figure 23.3 Government policies and priorities, such as in the area of child care, can affect people's health directly and indirectly

Research and Review

1 Choose one of the following population groups in Australia:

- Aboriginal and Torres Strait Islander peoples
- the homeless
- people living with HIV/AIDS
- the incarcerated
- the aged
- those from culturally and linguistically diverse backgrounds
- the unemployed
- geographically remote populations
- people with disabilities.

Discuss how the factors listed below contribute to the inequities experienced by the group:

- a** daily living conditions
- b** quality of early years of life
- c** access to services and transport
- d** socio-economic factors
- e** social attributes (such as discrimination and social exclusion)
- f** government policies and priorities (in health, economic and social contexts).

Critical inquiry

- 1** The federal government introduced a goods and services tax (GST) in 2000.
 - a** **Investigate** how this policy has affected individuals on low incomes, and how it has affected the prices of various essential goods and services.
 - b** **Describe** the effect that this government economic policy has had on health status.
 - c** **Discuss** the contribution of this government economic policy to social justice in Australia.
- 2** Critically **analyse** the potential for populations to be exposed to multiple risk factors contributing to health inequities and the implications for managing the inequities.

Why do inequities exist in the health of Australians?

Chapter summary

- There are many factors within society that act as barriers to achieving optimal health.
- The major causes of health inequities in Australia are daily living conditions, quality of early years of life, access to services and transport, socio-economic factors, social attributes, and government policies and priorities.
- Action to achieve equity in health needs to be underpinned by principles of social justice.
- Secure and adequate living conditions are essential for maintaining health.
- The foundations of adult health are laid down before birth and in early childhood.
- It is important that all Australians have equal access to health care and transport.
- The greater an individual's level of socio-economic disadvantage, the poorer that individual's health status will be.
- Government economic policies (such as the funding of tertiary education) can influence people's opportunities to access education.

Revision activities

- 1 Outline** the factors that create health inequities.
- 2 Identify** the population groups that experience health inequities.
- 3 Describe** the risk factors that contribute to health inequities.
- 4 Outline** the implications for managing health inequities.

Extension activities

- 1 Discuss** the reasons why inequities exist in the health of Australians.
- 2 Identify** how the factors that create health inequities contribute to the inequities experienced by different population groups in Australia.
- 3 Analyse** the potential for populations to be exposed to multiple risk factors contributing to health inequities.
- 4 Discuss** the implications for managing health inequities for Aboriginal and Torres Strait Islander peoples and one other population group.

Exam-style questions

- 1 Outline** factors that create health inequities. (3 marks)
- 2 Describe** how a social justice framework addresses a factor that creates health inequities. (5 marks)
- 3 Clarify** how social risk factors contribute to health inequities in Australia. (5 marks)
- 4 Analyse** the potential for populations to be exposed to multiple risk factors contributing to health inequities and the implications for managing the inequities. (10 marks)
- 5 Discuss** the factors that contribute to the inequities experienced by different population groups in Australia. (8 marks)