

Health Inequalities: Key Trends and Implications for Health Care

**Presentation to
Primary and Community Health Network Victoria
Forum on
General Practice and Community Health**

March 2, 2007

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Health inequalities (inequities?) are...

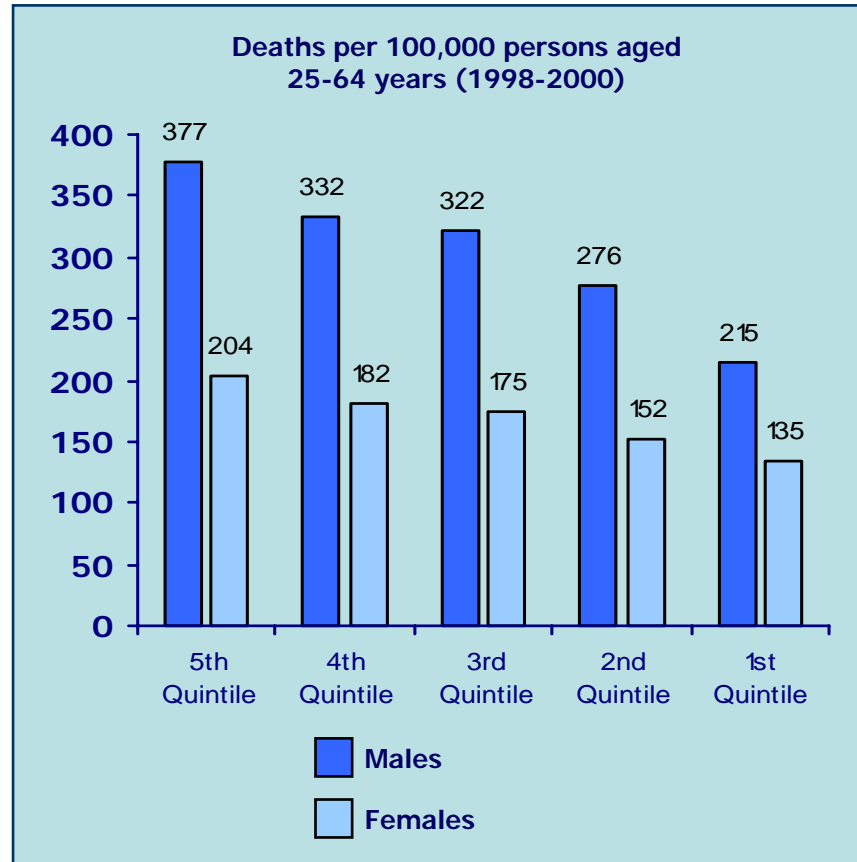
'...unjust, unfair and avoidable differences in health status or health care due to social or economic circumstances.'

Whitehead, M. 'The concepts and principles of equity and health', WHO, 1990

Health inequality trends

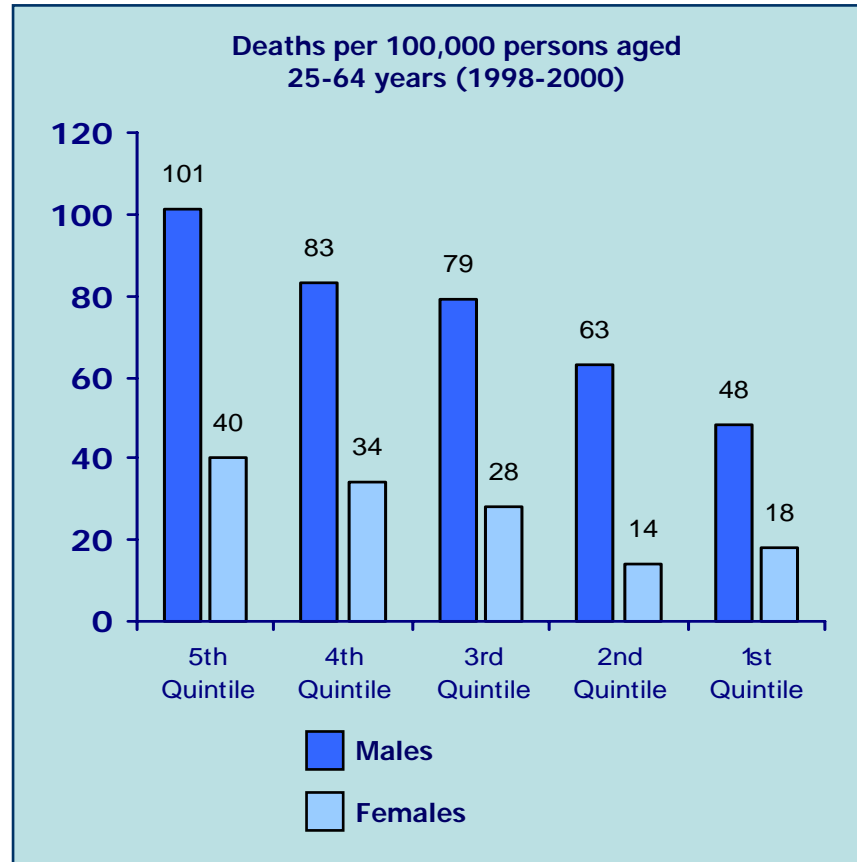
- **Despite overall improvements in Australian health outcomes significant health inequalities persist in relation to:**
 - Rates of death, illness and injury
 - Self rated health
 - Factors influencing health outcomes (eg. smoking, physical activity, high blood pressure, health knowledge)
- **Key factors associated with health inequalities include:**
 - Access to income and resources (eg. food, housing, education)
 - Employment, occupation, job stress
 - Aboriginality
 - Social exclusion (eg. refugees; unemployed, disability, mental illness, homelessness)
 - Gender
 - Area of residence
 - Health care: access and quality?

Mortality rates are highest for lowest income earners



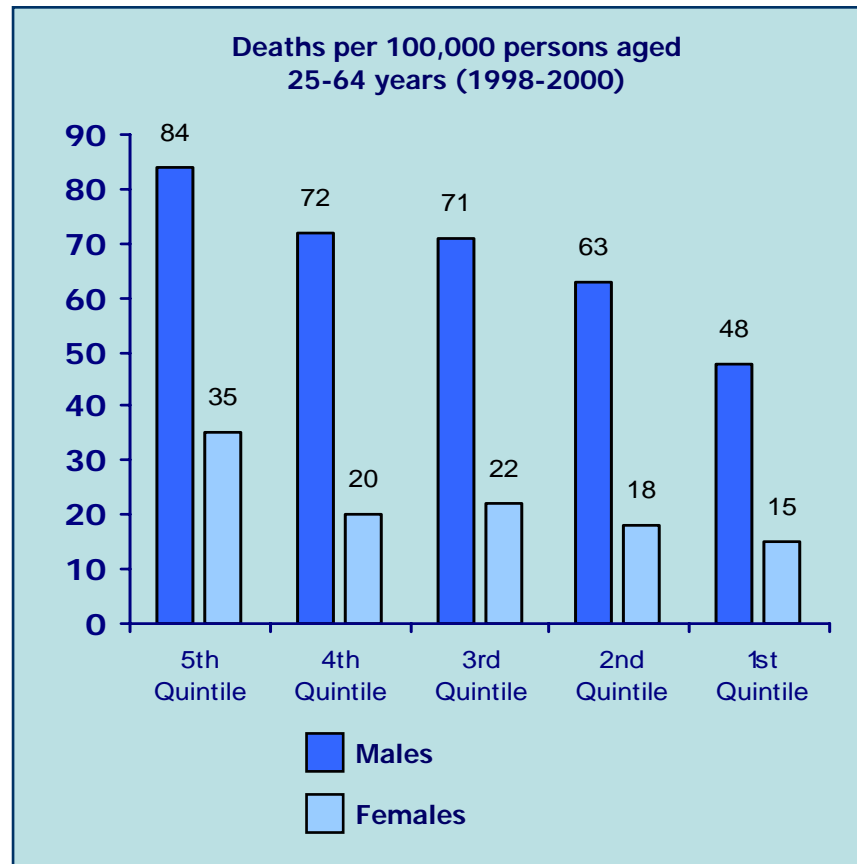
Source: Draper, G., Turrell, G. and Oldenburg, B. F. (2004) Health Inequalities in Australia: Mortality. Health Inequalities Monitoring Series No. 1. Cat. No PHE 55., Queensland University of Technology and the Australian Institute of Health and Welfare, Canberra.

Mortality rates for diseases of the circulatory system



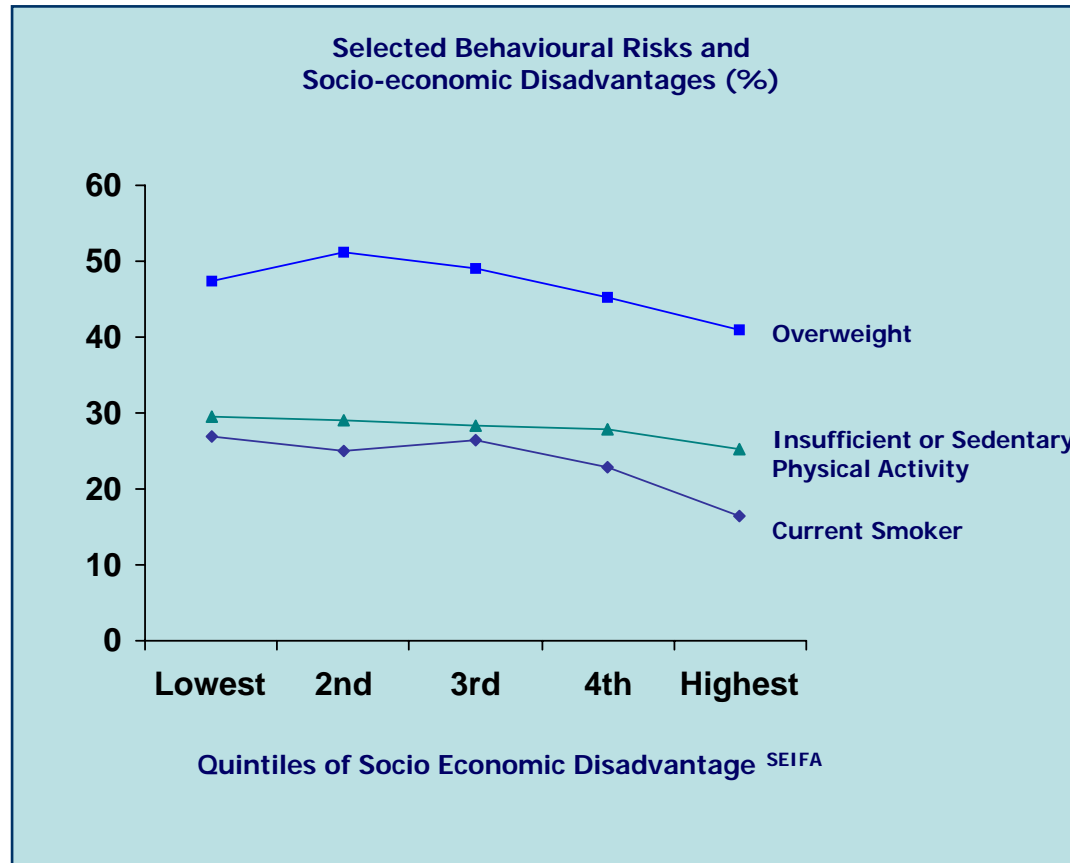
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Mortality rates from accidents and injury



Source: Draper, G., Turrell, G. and Oldenburg, B. F. (2004) Health Inequalities in Australia: Mortality. Health Inequalities Monitoring Series No. 1. Cat. No PHE 55., Queensland University of Technology and the Australian Institute of Health and Welfare, Canberra.

Lower socio-economic groups are most exposed to risk factors for chronic illnesses



Source: Victorian Population Health Survey, 2003

Lower socio-economic status patients tend to...

- Have lower use of preventative services
- Take longer to seek treatment
- Receive shorter consultations
- Be less likely to have a diagnostic test ordered
- Receive less medical information and advice
- Be more likely to be prescribed medication for anxiety and depression

Source: Furler, J., Naccarella, L., James, C., Macdonald, J. and Hill, G. RACGP, Action on Health Inequalities Through General Practice III: 2004

Life expectancy is lower for indigenous than non indigenous Victorians



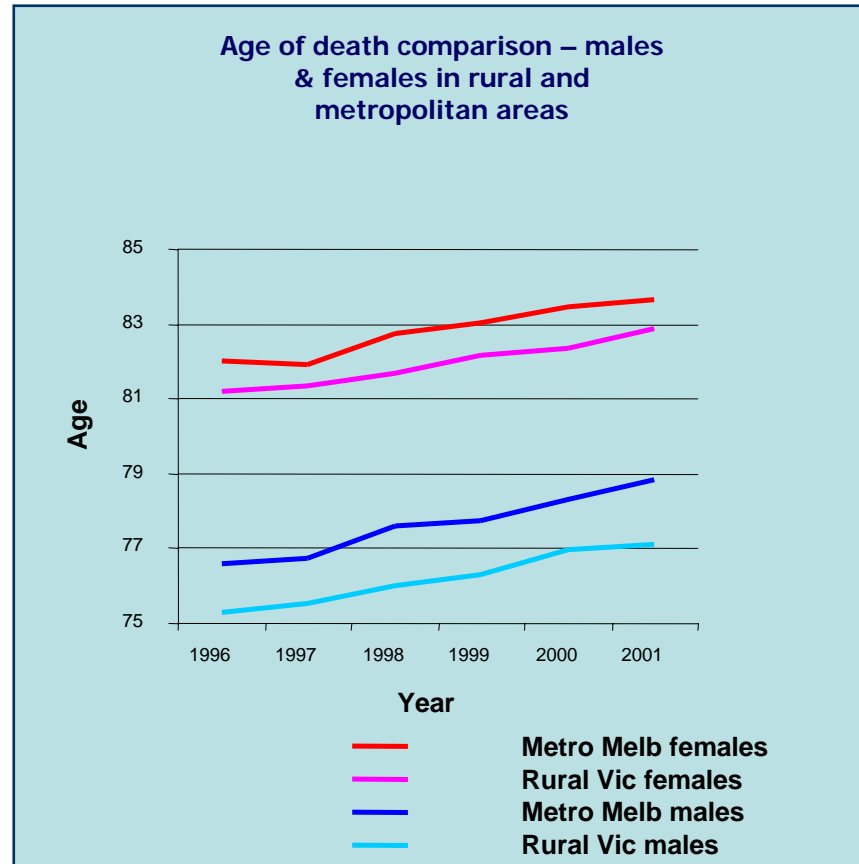
Source: C. Mathers, T. Vos, C. Astevenson, *The Burden Of Disease And Injury*, AIHW 1999 cat. No. PHE 17, ABS Mortality 1996-2001,

Health inequalities: Indigenous and non-Indigenous Australians

- Babies born to Indigenous mothers are twice as likely to be of low birth weight and twice as likely to die at birth compared with other babies.
- Aboriginal boys born today have a 45 per cent chance of living to age 65 (85 per cent for non-Aboriginal boys); Aboriginal girls have a 54 per cent chance of living to age 65 (89 per cent for non-Aboriginal girls).
- Indigenous Australians have much higher levels of morbidity, with rates of hospitalisation higher compared with all Australians in every age group.
- Indigenous Australians have higher rates of deaths due to circulatory diseases, injury, respiratory diseases, cancer and diabetes than non-Indigenous people. There are 15 times more deaths from infectious diseases than expected, based on the rates for all Australians.
- Indigenous Australians are more likely to die from mental disorders such as depression, psychosis, self-harm and substance misuse than the non-Indigenous population.

Source: ABS 2003, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, cat. no. 4704.0; and *A Report to the Australian Health Ministers' Conference from Australian Health Care Agreement Reference Groups*, September 2002, p. 61

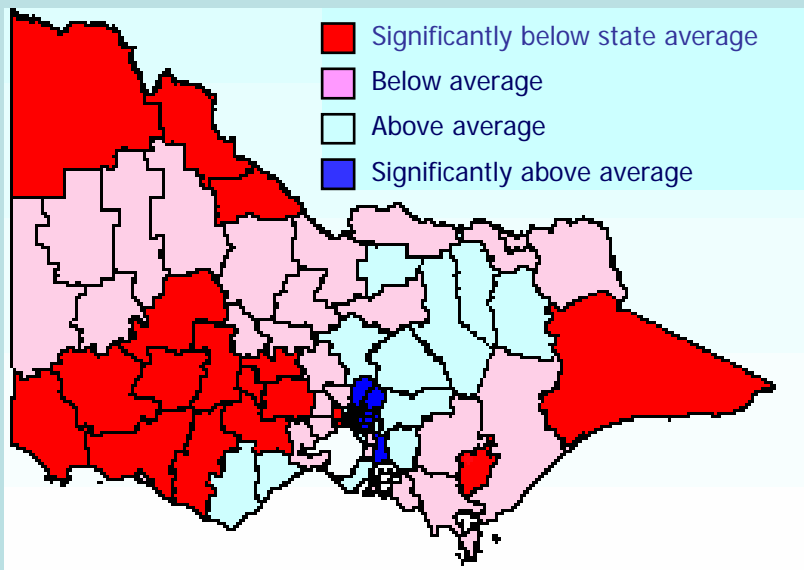
Health inequalities are higher in non-metropolitan Victoria (note relationship between geography and socio-economic status)



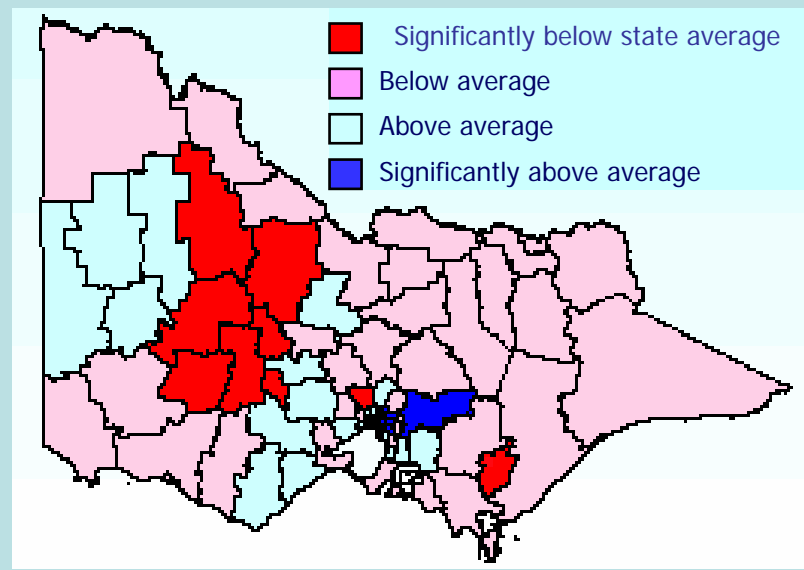
Source: ABS Mortality 1996-2001

Lower than average life expectancy in regional Victoria

Life expectancy for females, Victorian Local Government Areas (1996)



Life expectancy for males, Victorian Local Government Areas (1996)



Source: DHS Burden of Disease estimates, 2001, cited in Department of Sustainability and Environment, *Regional Atlas*, p. 52

Importance of reducing health inequities

- Ethical commitments - fairness and human rights
- Costs: short and long term
- Socio economic inequalities account for significant burden of disease
- Countries with more equitable health have better overall health outcomes (Starfield 1998)
- Countries with more equitable health are more productive economically and more politically stable (Wilkinson and Marmot, 1998)

Source: Furler, J. 'Social Determinants of Health and Health Inequalities: What Role for General Practice, Health Promotion Journal of Australia, Dec 2006, pp. 264-265

Policy principles for reducing health inequities

- Aim to level health outcomes up – not down
- Improve outcomes for most disadvantaged + narrow health divide + reduce inequities across whole population
- Understand and tackle social determinants of health (key drivers of health outcomes are outside health system)
- Improve evidence of relative and absolute changes in health outcomes across the population
- Give voice to the voiceless in considering health priorities
- Gendered understanding and addressing of health inequities
- Relate differences in health by ethnic background and/or geography to socio economic background
- Build health care systems on equity principles: Need rather than ability to pay; non discriminatory standards of care

Source: Whitehead, M. and Dahlgren, G. 'Levelling up: Concepts and Principles for Tackling Social Inequities in Health', WHO, 2006

Health care practice can contribute to reducing health inequalities through

- Being well informed about health inequality trends, impacts and intervention effectiveness
- Making conscious, informed choices about priorities
- Involving and engaging most excluded
- Improving training and professional development, particularly in relation to work with most disadvantaged
- Getting the promotion/prevention/treatment balance right
- Improved cross sector and cross disciplinary collaboration
- Reducing financial barriers to health care
- Population specific health care strategies
- Linking evidence of practice outcomes to broader policy change

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