




HEALTH, EQUITY AND SUSTAINABILITY

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OVERVIEW

- Ten fundamentals for understanding health
 - Planning for equity and sustainability through Joint Chair ISCHS-Monash University
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1. HEALTH IS NOT CREATED IN THE HEALTH SYSTEM

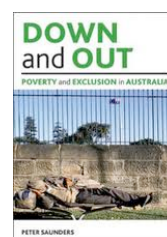


- Health is created where people live, work, play, study, love, raise children, shop, play, google, travel and care for our planet.
 - Sectors that matter for health: education, housing, community services, arts, agriculture, public sector, local government, justice, sport and recreation, transport, academia/research and business.



2. POVERTY IS THE CAUSAL PATHWAY TO POOR HEALTH

- The gradient of poor health is widening
- Poverty predicts poor health
- Our governments could fix poverty with greater political will



3. MORE EQUAL SOCIETIES ALMOST ALWAYS DO BETTER



- Large income inequalities damage the social fabric of society, create mistrust and extremes of poverty and wealth
- A fair tax and social security system is THE most important health reform

Read: THE SPIRIT LEVEL by Wilkinson and Pickett 2009

4. EDUCATION AND LITERACY



- . Only 18% of Australians have high levels of literacy on ABS measures
- Another 34% have functional literacy at the minimum level of competence needed to cope with everyday life and work (ABS 2008).

Health literacy levels are thought to more accurately predict health status than education level, income, ethnic background, or any other socio-demographic variable

5. WORKING CONDITIONS



- WORKHEALTH IS MUCH MORE THAN HAVING HEALTH CHECKS AT WORK.
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- Stress in the workplace increases the risk of disease - having little control or authority in relation to your work decisions causes stress. The effort/reward imbalance is a very significant determinant of health.
- Discrimination, sexism and bullying at work are predictors of poor health



6. EARLY YEARS OF LIFE



- Early years investment is are the most important investment we can make
 - The effects of the early physical and social environments on childhood development last a lifetime and predispose children for adult disease and ill health
 - 20% of children in Australia live in family poverty and are at developmental risk (OECD 2011)
 - Early childhood intervention for vulnerable children is not universally available



7. SOCIAL EXCLUSION



- Social exclusion creates misery
- Social exclusion is frequently related to discrimination base on difference
- People experiencing social isolation and social exclusion experience high levels of stress, loneliness, poor health and higher death rates
- Lack of opportunity, lack of access to money, to work, to education, create disadvantage and feelings of dispossession and alienation
 - People who are excluded have little or no stake in the success of their community or their own health



8. VIOLENCE AGAINST WOMEN AND CHILDREN

- Violence against women and children causes a bigger burden of poor health than any disease or lifestyle risk factor
- 30% of all presentations for emergency housing are women and their children fleeing violence at home



9. FOOD INSECURITY



- Food insecurity affects children's brain development
- Food insecurity means malnourishment and weight control issues exacerbating diabetes and other conditions
- 12% of people regularly experience food insecurity (running out of money for food).
- Unhealthy marketing of food is virtually unregulated by governments
- There are increasing numbers of people whose knowledge of nutrition and food preparation are insufficient to support health.

10. SOCIAL SUPPORT/ SOCIAL SAFETY NET



- Friendship, good social relations and strong supportive networks improve health at home, at work and in the community.
- Support from families, friends and communities is associated with better health. They help people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances.
- The health effect of social relationships may be as important as established risk factors such as smoking, physical activity, obesity and high blood pressure (Public Health Agency of Canada 2011)

Other determinants

TRANSPORT

HEALTH SERVICES

GENDER

CLIMATE CHANGE

ENVIRONMENTS



THE DETERMINANTS OF HEALTH ARE
FUNDAMENTAL TO HEALTH EQUITY

Determinants are the pathways to health
and equity/inequity- most of them are
amenable to change

The challenge for a PCP is in deciding
how to act in ways that create
sustainable change...

WHERE CAN AND SHOULD WE ACT AT PCP LEVEL?



All of these are amenable to change that can create sustainable change in people's lives:

- Education and literacy
- Working conditions
- Food insecurity
- Social exclusion
- Early years of life
- Violence against women and children
- Social support networks



SO HOW ARE WE TAKING ACTION AT INNER SOUTH COMMUNITY HEALTH SERVICES?


Joint Chair in Health Equity between Monash University and ISCHS

Purpose:


- Build evidence base to inform advocacy agenda
- Develop a research agenda
- Organisational Capacity building – research & evaluation
- Inform service development
- Facilitate best practice health promotion
- Establish strategic linkages



AIMS OF JOINT CHAIR POSITION

- build an evidence base about health inequities to inform and support ISCHS's advocacy agenda, guided by a three year research agenda and annual implementation plan;
 - build the internal capacity of ISCHS staff to participate in and lead research and evaluation activities and work with ISCHS staff to translate research outcomes into service development and service delivery;
 - act as a resource to ISCHS in prevention and health promotion best practice to impact on health inequities
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STEPS IN THE PROCESS

- SCOPING STUDY INTERNALLY AND EXTERNALLY
 - BROAD RESEARCH STRATEGY APPROVED BY BOARD
 - PROCESSES FOR SETTING PRIORITIES
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RESEARCH STRATEGY

Establish key concepts

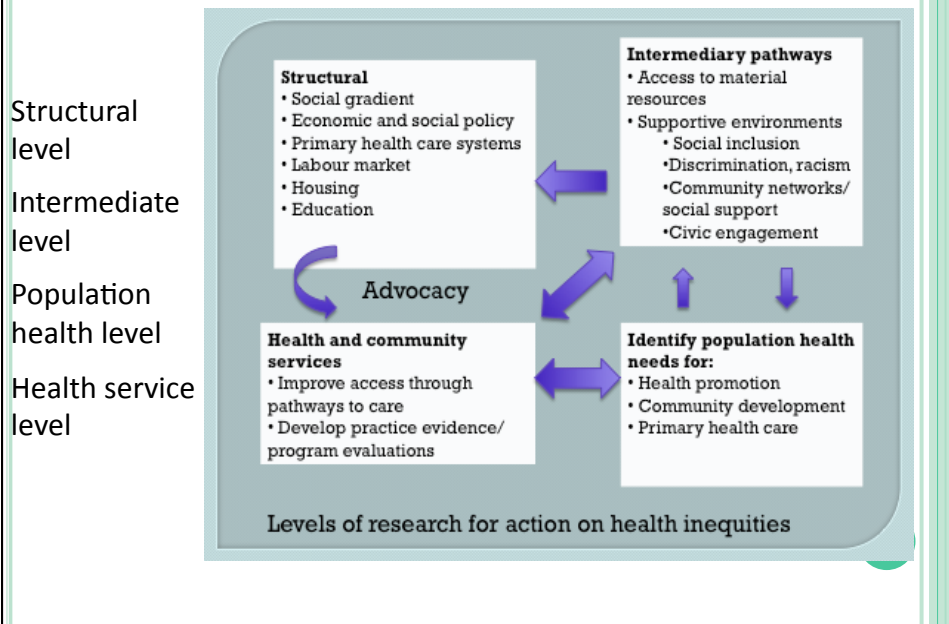
- Determinants of health
- Health equity
- Health inequity
- Population health
 - Health service population
- Role of ISCHS in research

Define roles for ISCHS


- Leadership
- Catalyst
- Advocate
- Collaborator
- Communicator
- Knowledge broker



FOUR LEVELS FOR RESEARCH




POPULATION-FOCUSED HEALTH PROMOTION

- Population and community profiles
 - Social and community networks/strength;
 - Targeted initiatives to promote social inclusion
 - Local social policy coalitions to create the framework for intersectoral action
 - Neighbourhood development:
 - bottom-up approaches supported by cross-sector groups meeting regularly,
 - facilitating action in local communities through community development
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INTERMEDIATE DETERMINANTS OF HEALTH

Build evidence about:

- housing, education, transport, employment
 - financial and geographical inequality
 - access to services (increase poor uptake of benefits advice, awareness of services and people's rights to use them)
 - health and illness inequities between individuals and groups
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STRUCTURAL

General socio-economic, cultural and environmental conditions

- welfare and housing policies,
- funding for primary health care systems and services,
- Increase funding for education, and
- policies which widen the social gradient.



STRATEGIES FOR SUSTAINABLE OUTCOMES

- 1. Work from an evidence base – find out what has been published about what works, for whom, under what circumstances
- 2. Begin planning in relation to determinants, populations, settings and sectors rather than individuals, behaviours and lifestyles
- 3. Establish evaluation to measure what you value.



SUMMARY

- Highlighted linkages between the SDH and the ISCHS research for health equity agenda.
- Shown how the evidence we seek to strengthen about health equity will arise from program evaluations, and research, which are integral to the development of evidence-informed advocacy.
- Success and effectiveness are about achieving demonstrable outcomes for communities.

