4. The social determinants of health

What are the underlying causes of poor health? Why do Indigenous people in Australia generally have such poor health compared with most Australians? Is it lack of knowledge about health? Poor lifestyle choices? Just sheer laziness?

International research shows that this is not the case. The health and life expectancy of **all people**, wherever they live, is affected by their living circumstances and quality of life. These factors are called the **social determinants of health**. They apply to people all over the world, especially in developed, wealthy countries. Many of these determinants are beyond the control of individual people.

The World Health Organization has produced a booklet and campaigns to promote awareness and action on the social determinants of health[1]. The ten key determinants are summarised under the following headings.

1. The 'social gradient'

A person's social and economic circumstances strongly affect their health throughout life. People further down the social ladder run twice the risk of serious illness and premature death than those near the top. Between top and bottom, health standards show a continuous social gradient that reflects disadvantage.

Disadvantage may mean:

- having few family assets;
- a poor education;
- being in a dead-end or insecure job;
- living in poor housing;
- trying to bring up a family in difficult circumstances; or
- being relatively poor in a rich society.

The longer people live in stressful economic and social circumstances, the greater the 'wear and tear' and the less likely they are to live to a healthy old age.

2. Stress is harmful

Anxiety, insecurity, low self-esteem, lack of control over work or home life, all have powerful effects on health. These are 'psycho-social' risks. They trigger the 'stress response' in our hormonal and nervous system, but when this is turned on too often, the risks are depression, susceptibility to infection, diabetes, high cholesterol, high blood pressure, heart attack and stroke. The closer people are to the lower end of the social scale, the more common these health problems become.

3. The effects of early life last a lifetime

Important foundations of adult health are laid before birth and in early childhood. Poor social and economic circumstances, or poor nutrition of mother or child, can lead to slow growth of the child. This in turn is associated with heart, respiratory and kidney disease and other chronic health problems in adult life. Poor nutrition and physical development affect mental development, and combined with poverty, can mean reduced readiness for school and poor educational attainment – and so a higher risk of unemployment or work in low-status, low-control jobs in adult life.

4. Social exclusion

Social exclusion is harmful. It creates misery and costs lives. People who are socially excluded include groups such as Indigenous peoples, migrants, ethnic minority groups, refugees, the disabled, people with illnesses such as AIDS, and homeless people. Social exclusion and marginalisation, experiences of racism, discrimination and hostility can all harm health. Social exclusion is associated with unemployment and poverty, and the risk factors to health of being low on the social ladder.

5. Stress at work

Stress at work increases the risk of disease. This kind of stress is not that of the busy executive, but the stress of lower level jobs. When people have little control over their work, or few opportunities to use their skills, the risks of illness increase. Jobs with high demand and few rewards carry special risks.

6. Unemployment and job insecurity

Unemployment puts health at risk, especially in regions where unemployment is widespread. Job insecurity is a chronic stress which increases the longer the situation continues.

7. Social support

Good support networks, friendships and relationships *improve* health. Communities with high levels of social cohesion have, for example, lower rates of coronary heart disease – conversely, these diseases increase when social cohesion declines.

8. Addiction

Misuse of alcohol, drugs and tobacco is harmful to health, but is often a response to social breakdown. Alcohol dependence, drug use and smoking cigarettes are all closely associated with social and economic disadvantage and social disruption. Poor economic and social conditions cause more dependence on alcohol. In turn alcohol dependence intensifies the factors that led to its use in the first place. Poor housing, low income, single parenthood, unemployment and homelessness are all associated with high rates of smoking – and in turn smoking is a drain on income and a major cause of ill health.

Blaming the victims of these situations does not solve the problem – the social and economic circumstances that generate drug use need to be changed.

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9. Food

Availability of affordable, healthy food is critical to good health and is an important public health issue. Health experts say that access to good, affordable food makes more difference to what people eat than health education. In other words, it is not just a matter of educating people to eat good food – the food must be available and affordable in the first place. Food poverty can exist side by side with food plenty. When people cannot access good food, they suffer from obesity, cardiovascular disease, diabetes, cancer, eye disease and tooth decay.

10. Transport

In urban areas, healthy transport means better public transport, less traffic, more walking and cycling, which all promote better health. For people in regional, rural and remote areas however, transport is vitally important to health in other ways – access to transport means being able to hunt or get bush tucker, or travel to centres for shopping, school and health care.

Social determinants in Australia

All Australians, not just Indigenous people, are affected by these social determinants. People with low incomes, no work or insecure jobs, or who feel excluded from mainstream society are likely to have poorer health. It is not surprising then that Indigenous peoples, in particular, have poor health in a wealthy country:

- about 30% of Indigenous households (about 120,000 people) are in income poverty; a distinguishing feature is the depth of poverty across a range of welfare indicators[2];
- in 2001, 20% of Indigenous people were unemployed, approximately three times higher than the rate for non-Indigenous Australians[3];
- if Indigenous people on 'work for the dole' schemes were included in unemployment figures, the rate of unemployment in 2001 was 43.4%[4];
- of those classed as employed, 60% worked in low skill occupations and 18% earned their income through 'work for the dole' schemes;
- Indigenous people have lower incomes. In 2001, the average Indigenous household income was $364 per week, 62% of non-Indigenous household income ($585); this was a decline from 1996, when the figure was 64%;
- only about 31% of Indigenous Australians own (or are buying) their own homes, compared with 70% for other Australians[5]; 63% are renting, compared with 26.6% of non-Indigenous households;
- Indigenous people are at least five times more likely to live in overcrowded houses than non-Indigenous people (18.8 times in very remote areas);
- only 38% of Indigenous children complete high school, compared with over 76% of non-Indigenous children[6].

Indigenous people living in remote area communities are particularly disadvantaged. They are distant from health and education services, have few employment opportunities and the cost of living can be so high as to make it impossible for people on low incomes to afford a basic nutritious diet. The cost of fresh food averages between 150-180% of capital city prices, and stocks are often inadequate for community needs because of freight costs, irregular or infrequent deliveries, poor roads, lack of cold storage facilities or poor management (see information sheet number 8).

Few of these factors can be controlled by individuals. Rather than blaming people who are suffering because of these circumstances, the underlying causes of ill health need to be changed.

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Message from Moree

Unemployment is detrimental to health[7], and is a major reason for low Indigenous incomes. Employment prospects are worsening. If current trends continue, the projected rate of Indigenous unemployment (including people on 'work for the dole') will be over 50% by 2011, and if all people who want work are included, the real level of unemployment will be over *60% by 2011*.[8]

In the mid-1990s Moree, once one of the wealthiest towns in north-west NSW, was a town with big social problems and a poor image as a racist town. The Aboriginal Employment Strategy (AES), a community initiative, started in 1997. It is an inspiring example that has delivered jobs for Indigenous people and transformed relations between Indigenous and non-Indigenous Australians.

Working in partnership with the regional cotton industry and local businesses, its achievements include:

- about 700 job placements (retention rates are about 65%, largely due to the seasonal nature of many of the jobs);
- offices have been established in Moree, Tamworth and Dubbo;
- since opening in May 2003, Tamworth has placed about 100 people, with a retention rate of 85%.

One founder, cotton-grower Dick Estens, sums up the success of the program in six words: "Partnerships, Partnerships, Partnerships, Mentors, Mentors, Mentors"[9].

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