

## Section 2

### A focus on the determinants of health and wellbeing

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## The notion of inequality

Overall, the level of wellbeing of the South Australian population is high when compared to the populations of many overseas countries. Examples include our life expectancy and overall infant mortality rates.

However, there are substantial differences in the wellbeing of specific groups within our population. For example, compared with other South Australians, Aboriginal people are disadvantaged across a broad range of social and economic factors, including education, health, employment, income and housing. This is the result of many underlying causes, including the intergenerational effects of forced separations from family and culture, and the lasting impacts of colonisation and discrimination. This has placed them at greater risk of poorer life outcomes, and there has been substantial evidence for decades, that, for example, the health of Aboriginal people is significantly worse than that of the non-Indigenous population <sup>(1)</sup>.

These and other disparities are referred to as 'inequalities', reflecting the fact that differences in wellbeing exist. The notion of 'inequality' implies a sense of two things being different, not the same. Numerous inequalities exist across the population and they tend to divide the community into different groupings.

There are many types of inequality – age, sex, ethnicity, social and economic position, disability, geographical area, remoteness, and so on. Some dimensions of inequality are unavoidable and not amenable to change, such as age. Other inequalities occur as a result of differences in access to educational opportunities, material resources, safe working conditions, effective services, living conditions in childhood, racism and discrimination, and so on. This lack of opportunity can also alter expectations of what life offers in the future.

Many inequalities are potentially avoidable and therefore, the fact that they occur implies a degree of unfairness, or inequity. Such inequities occur as a consequence of unjustifiable differences in opportunity, which result in unequal access to health services, nutritious food, adequate housing, safe transport and so on <sup>(2)</sup>.

## The impact of social and economic inequalities

Economic inequality is evident in the uneven distribution of wealth in society. It implies an unequal distribution of the ability to purchase 'goods' such as housing, education, recreation, health care and other opportunities, and the choice to do so <sup>(3)</sup>.

Social inequality is the expression of the lack of access to these opportunities and represents a degree of exclusion of people from full and equal participation in what we believe is worthwhile, valued and socially desirable <sup>(3)</sup>.

Thus, economic and social inequalities are inextricably linked, and their combined impact results in limited opportunities and life chances for many who are affected by them <sup>(4)</sup>. This is particularly the case for Aboriginal people. Such inequalities tend to stratify the community into hierarchies, with those who have the most resources, opportunities and power to choose, at the top; and those with increasingly less, in layers below them. The effect of these hierarchies is to entrench differences in wellbeing across the population.

Socioeconomic disadvantage takes many forms. For some, it is the inability to obtain the essentials of life such as shelter and adequate food; for others, it is a matter of low income; for others, a problem of discrimination and exclusion from opportunities in society <sup>(5)</sup>. Defining disadvantage only in terms of poverty or low income minimises the importance of access to appropriate services, safe environments, and the quality of housing or level of education that is available <sup>(6)</sup>. A complete definition needs to extend beyond a lack of economic resources to encompass many of the serious environmental, structural and social issues faced by individuals, their families and their communities <sup>(7, 8)</sup>. Examples of these are under- and unemployment, homelessness or transience, discrimination and racism, unsupported lone parenthood, educational under-achievement, admission into state care, violence and abuse, and behavioural and mental health problems.

For many disadvantaged groups within the population, the impact of social inequality limits their ability to influence change, and makes them more vulnerable to poor health and wellbeing. Some of these groups include people with disabilities; those for whom English is not their first language; young offenders; and refugees from a range of different cultures and ethnic backgrounds.

Increasing inequality is a matter for significant community concern because it tends to unravel the social fabric of society, through its adverse effects on individuals' life chances and their ability to participate as active citizens in all areas of community life. These effects may also be handed down from generation to generation. The 'hidden damage' from social and economic inequalities shapes every aspect of life: from the ability to learn and the foundations of health laid down in childhood, the safety of our neighbourhoods and the productivity of our enterprises, to our collective identity as a community.

## What factors determine our wellbeing?

Our wellbeing is influenced by many different factors. Those that are believed to have the most significant effects are known as ‘the determinants of health and wellbeing’. Figure 1 illustrates the determinants in terms of ‘layers of influence’, starting with individual factors and extending to aspects of the wider community<sup>(9)</sup>. While many human services make a direct contribution to the health and wellbeing of a population, **Figure 1** shows that many of the key determinants of wellbeing are found in sectors such as education, housing, employment, and the environment.

This model links influences from various areas – including society-wide factors (e.g., physical, environmental, socioeconomic), middle-level factors (e.g., health care and other services) and individual and small-group factors (e.g., tobacco use), to explain the origins of health and wellbeing<sup>(10)</sup>.

Other useful models have also been developed. In 1986, the Ottawa Charter for Health Promotion<sup>(11)</sup> recognised the fundamental conditions for health and wellbeing to be peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.

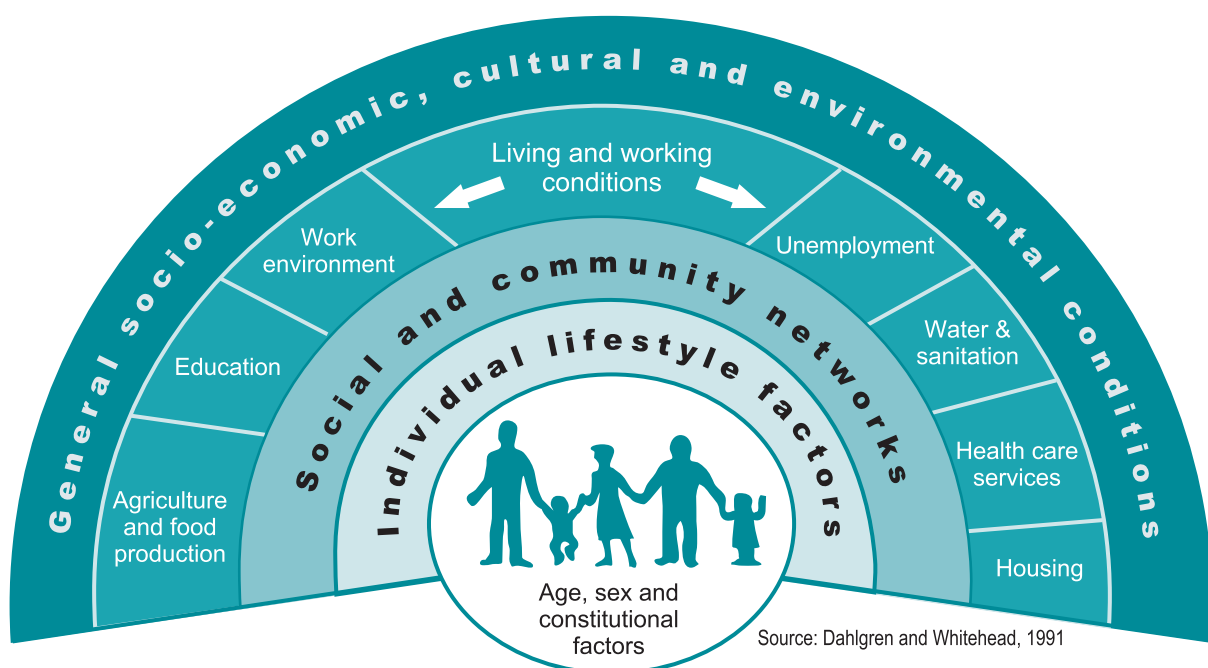
More recently, the World Health Organization<sup>(12)</sup> has published “The Solid Facts” which identifies

the following areas as important social determinants where action can be taken to reduce inequalities:

1. The social gradient
2. Stress
3. Early life
4. Social exclusion
5. Work
6. Unemployment
7. Social support
8. Addiction
9. Food
10. Transport.

Together, these models identify the important roles played by public policy, culture, aspects of environment, human services, community and social support, personal behaviours and skills, in addition to biological factors, as fundamental in determining our health and wellbeing.

**Figure 1: The Key Determinants of Health and Wellbeing**



Source: Dahlgren and Whitehead, 1991

## Linking different aspects of wellbeing

Wellbeing is “the state of being or doing well in life; happy, healthy, or prosperous condition; moral or physical welfare (of a person or community)”<sup>(13)</sup>. In the broadest sense, this describes an everyday resource – the capacity to adapt to, respond to, or control life’s challenges and changes<sup>(14)</sup>. Thus, health and wellbeing are inextricably woven together.

As shown in **Figure 1**, health and wellbeing are the result of multiple determinants that operate in combination, within genetic, biological, behavioural, social, cultural and economic contexts, that have differing influences at various points in our lives. For example, family environment has a greater effect on the wellbeing of infants and young children early in life, while neighbourhood and peer group factors and individual behaviours become more important as older children move towards adolescence and adulthood<sup>(10)</sup>.

The life pathways that result are the product of cumulative risk and protective factors and other influences in our social environments. A single risk factor (being obese or having experienced child abuse) may contribute to a wide range of problems, just as one protective factor (good nutrition or having a supportive family) may help to defend against many other problems<sup>(15)</sup>. Environmental risks and protective factors can occur independently, or may cluster together in socially patterned ways<sup>(16)</sup>.

### Cumulative effect of aspects of disadvantage

For example, a child living in an economically deprived community may be more likely to suffer a poor diet and be exposed to unsafe housing conditions and, at the same time, perhaps to witness interpersonal violence.

Over time, the same child may be less likely to attend pre-school, and have less access to books from an early age.

The effects of these experiences and environments may be compounded as the child continues along his or her life path, and can, in turn, ultimately affect school readiness, then school achievement, and workplace readiness and employment prospects<sup>(16)</sup>.

The path that leads to any particular outcome may be very different for different individuals and populations. The timing and sequence of biological, cognitive, psychological, emotional, cultural and historical events and experiences will all influence the development of health and wellbeing in both individuals and across populations.

## Key determinants of wellbeing

The following factors are described in more detail below and reflect many of the indicators included in Section 4.

### 1. Income and socioeconomic position

These are among the most important individual-level determinants, and one’s overall wellbeing tends to improve at each step up the economic and social hierarchy. Thus, people with a higher income generally enjoy better health and longer lives than people with a lower income<sup>(32, 35)</sup>. The rich are healthier than the middle classes, who are in turn healthier than the poor. This is known as ‘the social gradient’. Furthermore, this gradient exists for a wide range of other outcomes – from coping behaviours, to literacy and mathematical achievement<sup>(17)</sup>. The gradient is evident whether one looks at differences in current socioeconomic status or in that of family of origin. These effects seem to persist throughout the lifespan, from birth, through adulthood and into old age, and possibly to the next generation<sup>(18)</sup>.

For most people in South Australia, this variation in health and wellbeing is not due primarily to the lack of money for food, clothing or shelter. Thus, the important factors in explaining differences appear to be not only material conditions, but also the social advantages attached to those conditions. In modern societies, such as ours, these have become major influences on health and wellbeing.

### 2. Culture and kinship

The concept of culture reflects a shared identity based on factors such as common language, related values and attitudes, and similarities in beliefs, lived histories and experiences. For many people, the expression of these aspects of their culture is an enabling and protective factor for their wellbeing<sup>(28)</sup>. Culture, spirituality and kinship have overarching influences on beliefs and practices related to health, wellbeing and healing, including concepts of wellbeing and knowledge of the causes of health and illness and their remedy.

However, minority groups can face risks to their health and wellbeing because of dominant cultural values that contribute to their discrimination, loss or devaluation of language and culture, marginalisation, lack of access to culturally appropriate care and services, and lack of recognition of skills and training<sup>(29)</sup>. Racism and discrimination have direct impacts on health and wellbeing, and indirect effects mediated through various forms of social and economic inequality<sup>(29)</sup>.

### 3. Education and training

Education increases our opportunities for choice of occupation and for income and job security, and also equips us with the skills and ability to control many aspects of our lives – key factors that influence wellbeing throughout the life course. Participation in schooling and/or training is also a major protective factor across a range of risk factors including substance misuse and homelessness.

Evidence shows that health also improves with increasing levels of educational achievement <sup>(4, 18)</sup>. Educational attainment and participation are also steeply graded according to socioeconomic position <sup>(4, 18)</sup>.

### 4. Employment and working conditions

For employed people, those who have more control over their work circumstances and fewer stress-related demands in their jobs are likely to be healthier <sup>(16)</sup>. Workplace hazards and injuries are significant causes of disability and related health problems <sup>(20)</sup>. Furthermore, those who do not have access to secure and satisfying work are less likely to have an adequate income; and unemployment and under-employment are generally associated with reduced life opportunities and poorer health and wellbeing.

### 5. The physical environment

Another significant determinant of wellbeing is the safety, quality and sustainability of our physical environment, which provides the basic necessities for life, such as clean air, water and food; and raw materials for clothing, shelter and industry. Features of the natural and built environments also provide different opportunities for safe recreation and play, transportation, work and housing. For example, a lack of access to transport or adequate housing is a risk factor for poorer health and wellbeing of people and their communities, as is pollution of the air, water or soil.

### 6. Social support networks

Better health and wellbeing are associated with access to support from families, friends and communities. Aspects of these shape our daily experience, and include individual and neighbourhood socioeconomic characteristics, a sense of connectedness, community norms, and spiritual and cultural beliefs and practices. These sources of support help people to deal with crises and difficulties as they arise, to maintain a sense of control over their lives, and to feel able to contribute as members of a community <sup>(22, 33)</sup>.

### 7. Early life factors

Early life is a time when we are particularly vulnerable to risk and protective influences <sup>(18)</sup>. Experiences at the beginning of life may be reflected in health and wellbeing outcomes during the middle and end of life. There is strong evidence of the effect of early life experiences on cognitive function, growth, the ability to learn, physical and mental health, and resilience in later life <sup>(18)</sup>. A life course view highlights the sequencing of events across an entire lifetime. There is also evidence for intergenerational effects; for example, the socioeconomic status of a child's grandfather may predict the child's cognitive and emotional development at 14 years of age <sup>(26)</sup>.

### 8. Individual behaviours and lifestyle factors

Our personal behaviours and practices can promote or compromise health and wellbeing. Factors such as physical activity, tobacco smoking, use of drugs and alcohol, food habits, exposure to chronic stress and gambling have obvious impacts. However, many of these lifestyle behaviours reflect decisions that are socially patterned by people's economic and social circumstances. People with lower incomes have access to fewer alternatives to help reduce stress and cope with life's challenges. As a result, they may be more likely to take up readily available and more economically accessible options, such as tobacco use <sup>(19)</sup>. Not surprisingly therefore, smoking behaviour is steeply graded according to socioeconomic status, resulting in those who are the most disadvantaged having the poorest smoking-related health outcomes <sup>(21, 24)</sup>. Not only does prevalence of smoking increase with socioeconomic disadvantage, the average number of cigarettes smoked per week also increases with disadvantage <sup>(25)</sup>.

### 9. Access to effective human services

The use of effective and appropriate services is a determinant of health and wellbeing, particularly the accessibility of preventive and primary health care services that are universally available, of high quality and culturally relevant. For certain populations who are socially marginalised, access to and availability of appropriate services continue to be important influences on their health and wellbeing. This requires the targetting of resources and services specifically to address their greater need.

## 10. Biologic factors and genetic inheritance

Genetic inheritance, the functioning of individual body systems, gender and the processes of growth and ageing are powerful determinants of health and wellbeing. A person's genetic endowment was once thought to be pre-determined and not amenable to change. However, recent evidence indicates that the ways that genes are expressed are shaped by a person's particular physical, psychological and social environment, and social relationships and environments may influence the expression of DNA throughout one's lifetime <sup>(22)</sup>.

### Key determinants and social inequalities

The factors and conditions that research has shown influence health and wellbeing do not exist in isolation from each other, but rather, function in an intricate web. As is evident above, many of the determinants overlap and more remains to be learned about specific determinants and the ways they influence our wellbeing.

A population-based approach considers the interconnectedness of determinants and mediating factors and their influences on health and wellbeing. For this reason, using a population approach means establishing strong links across many sectors and working together to take action to contribute to the community's health and wellbeing.

#### Housing, nutrition and health

The consequences of poverty are often poor nutrition; damp and inadequately heated housing; increased risk of infection and greater difficulty achieving optimal safety and hygiene <sup>(34)</sup>. Poor housing may be cold, damp, difficult to maintain or keep clean, and may contain dusts and moulds – conditions that are associated with wheezing, breathlessness, coughing, respiratory infections and asthma, especially in young children and older people.

If nutrition is poor, the risk of suffering respiratory infections and asthma in these conditions is increased. This is particularly significant for many disadvantaged Aboriginal families with children who live in remote areas, where the daily temperature range is large, and housing is inadequately constructed or maintained. Inferior housing conditions can also lead to other health hazards, such as a risk of fire or accidental injury.

However, attention must be paid to the nature of any action that is taken to improve the community's wellbeing, to ensure that social and economic inequalities are not increased. Some programs, by their very success, can widen the gap between groups in the population; for example, they may be more attractive to those who are already healthier, or not as effective for certain groups with poorer health, less education or other aspects of disadvantage.

In one smoking cessation initiative, it was found that the prevalence of smoking decreased predominately in those adults with higher education, thus increasing the existing difference with those who were more disadvantaged <sup>(30)</sup>. While smoking prevalence in Australia has reduced considerably over the last 20 years, attributes such as lower education and occupational status, unemployment, rented housing, and living in disadvantaged areas reflect a higher probability of reporting tobacco expenditure <sup>(37)</sup>. As a result, the tax revenue from the sale of tobacco products is being disproportionately drawn from the poorest households and represents a greater proportion of their household budget <sup>(37)</sup>.

#### Smoking and disadvantage over a lifetime

A significantly increased risk of starting to smoke has been observed among people from lower socioeconomic backgrounds. Low socioeconomic background in childhood also increased the risk of progressing to regular smoking, and was associated with a reduced likelihood of smoking cessation. Progressing to regular smoking and smoking persistence were also associated with lower adult socioeconomic background <sup>(36)</sup>.

It is also evident that the ways in which systems such as education and health are delivered and structured can increase existing inequality. For example, schooling can be a way of addressing inequality and also a way of reproducing it. It has been suggested that there are two goals for a social justice program in education: to work to eliminate the contribution that the education system makes to the production over time of social inequality in general; and to maximise the positive contributions that the education system makes to reducing social inequality <sup>(31)</sup>.

Therefore, different approaches and mixes of policies and programs must be mounted to address social inequalities. These approaches may include more precise targeting, but also greater attention to

community-based dimensions of 'interdependence' between individual behaviours, key determinants, and community and institutional resources.

In summary, there is now substantial evidence that wellbeing is the result of complex interactions of the social, biological and ecological environments in which people live <sup>(23)</sup>. If these environments are supportive, they provide a foundation for the development of competence and skills that underpin learning, behaviour and health throughout life <sup>(23)</sup>. However, a lack of enabling social and environmental conditions results in poorer life outcomes for people <sup>(18)</sup>.

This situation, however, is not inevitable. There is a growing body of knowledge that can provide direction for developing policies to reduce inequities in modern societies. The socioeconomic environment is a powerful and potentially modifiable factor and public policy is a key instrument to improve this environment, particularly in areas such as housing, taxation and social security, work environments, urban design, pollution control, educational achievement, and early childhood development <sup>(10)</sup>.

This focus on the environmental context of life in no way implies that other factors such as genetics, lifestyles or use of services do not figure in determining wellbeing; rather, this highlights a greater understanding in recent years of the hidden social factors that underpin differences in the likelihood of having a healthy and fulfilling life. There are a number of benefits that investing in a population approach offers: increased prosperity, because a well-functioning and healthy population is a major contributor to a vibrant economy; reduced expenditures on health, education and social problems; and overall community stability and wellbeing for South Australians.



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