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HEALTH INEQUALITIES: SOMETHING OLD, SOMETHING NEW

GUEST EDITORIAL

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There are substantial inequalities in health in NSW and Australia generally.[1,2] These inequalities translate into large differences in levels of mortality and morbidity for individuals and communities. For instance, the most disadvantaged quintile of the Australian population aged less than 65 suffers 60 per cent more years of life lost due to premature death than the most advantaged quintile of the population.[2] Such inequalities are important whether your perspective is social justice (that is, they are unfair and preventable) or economic (that is, they have high direct and indirect costs on the health system and the wider community).

Health inequalities associated with, for instance, income, socioeconomic status, employment status, gender, ethnicity, and place of residence, have been extensively and repeatedly described in developed countries since the middle of the nineteenth century. Put simply, as far as financial resources are concerned: wealthy people are healthy people; poor people have poor health. Over the last decade, however, there has been a dramatic increase in the interest shown in health inequalities in Australia and overseas by health service policy makers, planners, providers, researchers and commentators.

The recent surge of interest can largely be traced back to the publication of the now iconic Black Report in the United Kingdom in 1980.[3] The Black Report's extensive review of continuing inequalities and its postulated explanations and policy recommendations provided the stimulus for a sharp increase in the number of articles and books about inequalities in the health and medical literature of North America, Europe, and

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Australasia. Initially, these mostly provided further descriptions of health inequalities and sought clarification of the causes, sometimes with longitudinal studies. These publications were, however, significant in two major ways. First, they confirmed the ubiquity of health inequalities in developed countries. Second, they demonstrated that—despite the increasing wealth of developed countries and the development of sophisticated social welfare systems—health inequalities were not decreasing. There is not the space here to review the extensive literature on health inequalities, but references 1–9 will provide readers with useful overviews. A summary of what can be asserted with some certainty about the relationship between socioeconomic status and health is provided in the box below.

WHAT DO WE KNOW ABOUT HEALTH INEQUALITIES ASSOCIATED WITH SOCIOECONOMIC STATUS IN DEVELOPED COUNTRIES?

- However socioeconomic status and health are measured, affluent, privileged people have better health and lower mortality than poor, disadvantaged people.
- If society is divided into 2–5 groups ranging from least to most affluent, the illness and mortality rates are approximately 1.5–5 times greater in the least affluent group.
- Health increases along a gradient as affluence increases—that is, throughout the whole spectrum of society a little more affluence is associated with slightly better health.
- Health inequalities have been described:
  — in all developed countries
  — at national, regional and local levels within countries
  — for almost all diseases and causes of death
  — for men and women
  — across the whole age range.
- Differences in lifestyle (for example: smoking, diet, exercise) explain approximately 1/3–1/2 of the difference.
- The health gap between rich and poor is not decreasing.

Over the last decade dissatisfaction with simply describing yet more health inequalities has grown among health workers and there has been increasing interest in finding policies and programs that might begin to redress the problem.[6–8,10–14] One manifestation of this in Australia has been the steady stream of overseas luminaries to our shores in the last five years: for example, Leonard Syme, George Kaplan, John Lynch and Ichiro Kawachi from the USA; and Donald Acheson, Jerry Morris, Richard Wilkinson, Peter Townsend, Ken Judge, Martin McKee, David Hunter and Michael Marmot from the UK. Governments and other organisations have also begun to take some leadership for the issue within Australia. This has led, for example, to the establishment of the Commonwealth funded Health Inequalities Research Collaboration, the funding of equity specific projects and programs, and the development of a Health and Equity Statement for NSW Health.

We are, therefore, delighted to be guest editors of a series of issues of the *NSW Public Health Bulletin* that we hope will contribute to an informed debate on health inequalities. The first two issues will describe some major health inequalities, examine some of the global and national factors that influence them, and highlight a selection of current Australian policy and research initiatives. Subsequent issues will focus on ways of reducing health inequalities. Locally relevant studies are being sought for inclusion (see Call for Articles on page 120). Overall our aims are to provide readers with a background to the current knowledge about and interest in health inequalities, to showcase current work in NSW, and to stimulate consideration of what is being and could be done to reduce health inequalities.

In this first issue we publish three articles about health inequalities and one about income inequalities. As well as presenting examples of inequalities, the articles provide information about relevant databases and identify shortcomings with the available data. Starting in NSW, Moore and Jorm present some striking examples of health inequalities by sex, country of birth, indigenous status, geographic remoteness, socioeconomic disadvantage of place of residence, labour force participation and level of education. Moore and Jorm's findings indicate the considerable value of routine national and state data collections such as the Australian Bureau of Statistics' census and mortality data, and the NSW Health Survey and Midwives Data Collection.

Looking south, Vos et al. utilise data from the Victorian Burden of Disease Study, part of a larger Australian study based on the methods developed for the Global Burden of Disease Study,[2,15] to identify geographical and gender-based inequalities in life expectancy and years of life lost in Victoria. The authors also highlight the great complexity in attributing causation.

Using life expectancy to illustrate his arguments, McKee exposes the vast inequalities in health globally. While it is proper that we should be concerned about inequalities within our own country, where life expectancy at birth for 1991–96 was 57 years (male) and 62 years (female) for indigenous Australians and 75 years (male) and 81 years (female) for all Australians,[16] it is well to remember that Australia is

among the healthiest of nations. As well as discussing problems with the global data and the complexity of developing explanations for health inequalities, McKee emphasises the need to consider conditions within each country when making comparisons.

Of all the social variables, family and personal income have some of the strongest associations with health. Reviewing trends in income inequality in Australia over the last two decades, Harding demonstrates that the popular perception that 'the rich have got richer and the poor have got poorer' is rather more complicated when appropriate methods of analysing the data are used. In summary, after taking account of taxation, welfare payments and family size, the gap in disposable income between Australia's richest and poorest did not increase between 1982 and 1997. Disappointingly though, the people in the middle income brackets did not fare quite so well and there are indications of increasing regional inequalities. If we take account of recent debates about social capital and its effects on health,[17,18] we should also question what has been happening to investment in public infrastructure and public services over the same period. There is probably a popular perception that this also has been decreasing, but is this so? We will return to this in a later issue.

In the next inequalities issue we will focus on Australian initiatives to tackle health inequalities. This will include articles on the national Health Inequalities Research Collaboration, the NSW Department of Health's *Healthy People 2005* direction statement for public health, with its emphasis on reducing health inequalities, and the NSW Department of Health's Health and Equity Statement.

REFERENCES

1 Public Health Division. *The Health of the People of New South Wales—Report of the Chief Health Officer, 2000*. Sydney: NSW Department of Health, 2000.

2 Mathers C, Vos T, Stevenson C. *The Burden of Disease and Injury in Australia*. Canberra: Australian Institute of Health and Welfare, 1999.

3 Townsend P, Davidson N, Whitehead M. *Inequalities in Health. The Black Report and The Health Divide*. London: Penguin Books, 1988.

4 Wilkinson RG. *Unhealthy Societies. The Afflictions of Inequality*. London: Routledge, 1996.

5 Blane D, Brunner E, Wilkinson R (editors). *Health and Social Organisation. Towards a Health Policy for the 21st Century*. London: Routledge, 1996.

6 Wilkinson R, Marmot M (editors). *Social Determinants of Health. The Solid Facts*. Copenhagen: World Health Organization, 1998.

7 Royal Australasian College of Physicians. *For richer, for poorer, in sickness and in health—The Socio-Economic Determinants of Health*. Sydney: Royal Australasian College of Physicians, 1999.

8 Harris E, Sainsbury P, Nutbeam D (editors). *Perspectives on Health Inequity*. Sydney: Australian Centre for Health Promotion, University of Sydney, 1999.

9 Turrell G, Mathers CD. Socioeconomic status and health in Australia. *Med J Aust* 2000; 172: 434–8.

10 Benzeval M, Judge K, Whitehead M (editors). *Tackling Inequalities in Health. An agenda for action*. London: Kings Fund, 1995.

11 Acheson D. *Independent Inquiry into Inequalities in Health*. London: The Stationery Office, 1998.

12 Pantazis C, Gordon D (editors). *The Widening Gap*. Bristol: The Policy Press, 2000.

13 Marmot M. Social determinants of health: from observation to policy. *Med J Aust* 2000; 172: 379–82.

14 Oldenburg B, McGuffog ID, Turrell G. Socioeconomic determinants of health in Australia: policy responses and intervention options. *Med J Aust 2000*; 172: 489–92.

15 Murray CJ, Lopez AD (editors). *The Global Burden of Disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020*. Cambridge, Mass: Harvard University Press, 1996.

16 Australian Institute of Health and Welfare. *Australia's health 2000: the seventh biennial health report of the Australian Institute of Health and Welfare*. Canberra: Australian Institute of Health and Welfare, 2000.

17 Kawachi I, Kennedy BP, Kimberley-Lochner SM, Prothrow-Smith D. Social capital, income inequality, and mortality. *Am J Public Health* 1997; 87: 1491–8.

18 Baum F. Social capital, economic capital and power: further issues for a public health agenda. *J Epidemiol Community Health* 2000; 54: 509–10.

CALL FOR ARTICLES

In future issues of the *NSW Public Health Bulletin's* health inequalities series we would like to include articles from public health policy makers, practitioners and researchers in NSW.

Articles can address any aspect of health inequalities (that is research, policy development, policy analysis, program implementation and evaluation) but must relate to work done in NSW. If you would like to discuss a proposed article before starting work on it, please contact Peter Sainsbury on (02) 9515 3275) or Liz Harris on (02) 9828 6230.

Copies of the Bulletin's guidelines for authors should be obtained from Michael Giffin on (02) 9391 9241 or by emailing **mgiff@doh.health.nsw.gov.au**.