Multiple Disadvantage

Some Queenslanders are far more likely to suffer poverty and social exclusion. And the effects are multiplied when individuals and families belong to more than one group.

QCOSS recognises the serious disadvantage faced by:
- Aboriginal and Torres Strait Islander communities
- People in rural and remote communities
- Culturally and linguistically diverse communities
- People with a disability
- Young people
- Older people
- Lesbian, Gay, Bisexual and Transgender communities

Research on the social determinants of health (SDH) clearly shows that the most disadvantaged people in society bear the greatest burden of ill health.

Good health is essential for us to live and to enjoy our daily lives with dignity. To have good health means far more than simply being free from disease – it means a broader physical, mental and social well-being. There is increasing evidence that the health of a population is directly related to the type of society it lives in.

Fairness and social justice are key levers to reduce these differences in health. The SDH framework is increasingly being applied to understand, explain and develop strategies to tackle unacceptable levels of health inequalities in many countries, including Australia. For example, a 2010 report on the review of health inequalities in England, *Fair Society, Healthy Lives*, stresses that people need to have control over their own lives to positively influence their own health behaviours and that of their family. This can only happen when "conditions in which people are born, grow, live work and age are favourable." Similarly, Wilkinson and Pickett provide evidence that a person’s social position impacts negatively on many outcomes such as drug use, mental health, obesity and educational performance and lead to social exclusion.

Without addressing these underlying determinants of health and ensuring the resources and means needed to be healthy, ‘risky behaviour’ such as alcohol abuse, physical inactivity, smoking and poor nutrition is unlikely to change at an individual level.

In Queensland:
- 1,702 people die each year from socioeconomic disadvantage.
- People living in poverty lose over 4 years of healthy life.
- The life expectancy gap between people who live in remote and very remote parts of Queensland and those that live in major cities is 5.6 years.
Recognising Progress

QCOSS welcomes the Queensland Government’s

- focus on preventative health in *Towards Q2: Tomorrow’s Queensland* strategy, which includes targets to reduce tobacco smoking, overweight and obesity, risky alcohol consumption, and unsafe sun exposure by one-third by 2020.

- commitment to improving and strengthening the primary healthcare system in Queensland through support for and implementation of the national health reform initiatives.

- support for Health Consumers Queensland and for recognising the important role of community and consumer engagement in the development of health policy and delivery of health services.

How Poverty and Disadvantage Affect Health

- The **early years of a child’s life** are critical for long-term physical and mental health and wellbeing. Poverty can lead to limited educational attainment and employment opportunities, poor self esteem and ‘risky behaviours’ (for example, drug abuse). This cycle of disadvantage can also be passed from generation to generation.

- **Poor education contributes to limited employment opportunities**, lower income, higher reliance on welfare and less likelihood of home ownership. Any of these factors can result in lack of access to appropriate and affordable housing, leading to poor health and social exclusion. People who are unemployed, and their families, have a greater risk of early death.

- People living in disadvantaged areas in Queensland are at greater risk of developing chronic diseases due to their **exposure to risk factors** such as smoking and drug abuse. Statistics show that smoking rates in these areas are 90 per cent higher; obesity is double and death rates from alcohol misuse 80 per cent higher.

- **Cultural differences, language barriers and perceived discrimination** make it hard for certain population groups to access existing health services.

- **Affordability of healthy food** is critical for good health. Some low income families regularly go without food or resort to the cheapest food available which is often low in nutritional value. Fresh and healthy food is also very **expensive in some rural and remote areas** due to transportation and storage costs.

- **Poor diet**, due to lack of knowledge and skills to make healthy food choices, is an issue across all adult population groups in Queensland. Only 11 per cent of adults in Queensland ate enough vegetables and only 57 per cent ate enough fruit in 2010.
Need for Visionary Leadership

According to the World Health Organisation (WHO), recognising ‘equity’ as a key value in public health policies and programs requires “a combination of visionary technical and political leadership, an appreciation that long-term sustainability depends on integration and institutionalisation and that there are no quick fixes to public health challenges.

Programmes must get out of their comfort zones and, in addition to applying traditional biomedical and programmatic tools, they have to learn to address the economic, social, cultural and political realities in which public health conditions and inequities exist.”

- Addressing health inequalities requires leadership, clearly articulated goals, policy objectives and systemic advocacy. Ministerial level leadership and central agency support is vital to drive collaborative action.

- Queensland needs a framework for action to understand and address the social determinants of health, supported by mechanisms to promote a whole of Government, multisectoral approach, effective local delivery and a participatory decision-making process.

- Addressing health inequalities also requires action across all areas affecting the health of the population, including investment in early childhood development, education and employment, housing and a good standard of living for all people. Action in these areas has been sporadic and lacking in cohesion.

- Action across health inequalities requires a continued focus on early intervention and prevention strategies, including targeted health promotion strategies to reach the most disadvantaged.

- The Queensland Government’s commitment to the Queensland Compact and community and consumer engagement needs to be supported and strengthened through meaningful engagement with a range of stakeholders, including non-government organisations, community members, consumers and consumer groups to develop policies, programs and services.
QCOSS Recommendations

1. The Queensland Government develop a comprehensive framework to acknowledge and address the social and economic conditions that contribute to poor health supported by mechanisms to promote a whole of Government, multisectoral approach; effective local delivery; and participation in decision making. This work should follow and build upon the example of Health in All Policies in South Australia.

2. The responsibility for framing the new health strategy for Queensland is raised to State Ministerial level, with action driven and monitored by the Department of the Premier and Cabinet.

3. The Queensland Government continue to partner and work collaboratively with non-government organisations, consumers and consumer groups as well as the broader community to address the social determinants of health and identify options to deliver more accessible and equitable health care to disadvantaged individuals and groups in Queensland.

(Note: Equity and access to health services is also critical for good health. These issues are explored further in the QCOSS Health Access and Equity policy paper)

6 Queensland Health (July 2011). Queensland Health Strategic Plan 2011-2015. p7
7 ACOSS; A Fair go for all Australians, International comparison 2007, 10 essentials, p18
10 Queensland Health (July 2011). Queensland Health Strategic Plan 2011-2015. p6