

Reducing health inequalities

Local government action guide no. 1

Promoting health and preventing illness in the community



Local governments play a major role in supporting the objectives of the *Public Health and Wellbeing Act 2008* by protecting, improving and promoting public health within their municipality. By integrating action across the social, cultural, built, economic and natural environments, council policies and practices can make major contributions to economic prosperity, community cohesion and population health outcomes.^{1,2}

By tackling some of the conditions that give rise to unfair and avoidable differences in health, councils may improve individuals' opportunities and strengthen their communities. Reducing these differences will benefit the whole community and save Victorians many public health-related costs from managing illness and disease.

This guide is one of ten outlining a range of evidence-informed actions that councils may consider when preparing their Municipal Public Health and Wellbeing Plans and other strategies. The proposed strategies are consistent with national and state health promotion priorities and prevention frameworks, including *The Victorian public health and wellbeing plan 2011–2015*.

Why is reducing health inequalities a public health and wellbeing priority?

- Some people in every Victorian municipality will be burdened by more disease than others and die earlier than others, not just because of what they do, but also because of the pressures associated with where they live and how much they earn.³
- People in some geographic areas of Victoria don't have the same opportunities to be as healthy as others.⁴
- The most socioeconomically disadvantaged people in communities often have the poorest health and lowest life expectancy,⁵ with health status generally improving with wealth.⁶
- Health inequalities can largely be explained by the consequences of unequal access to good housing, education, adequate income and healthy food.⁷

The most marked health inequalities in Victoria are experienced by:⁸

- Aboriginal and Torres Strait Islander people⁹
- newly arrived refugees
- Victorians with disabilities
- Victorians who experience social and economic disadvantage
- Victorians living in rural areas.

Health inequalities are unfair, avoidable and systematic differences in health between groups in the community. If we can successfully address them, more people will have the opportunity to achieve better health.

A sample council strategy to reduce health inequalities

Strategic goal

Council is committed to increasing access to opportunities for all residents to improve their health and wellbeing.

Objectives and actions

Identify and address differences in health status between groups in the community

- Collect and use demographic statistics for planning decisions (e.g. gender, ethnicity, Indigenous status, disability and socioeconomic position).

Ensure all groups in the community have access to services and programs that support health and wellbeing

- Evaluate whether council programs and services are accessed by all local groups in all neighbourhoods.
- Form partnerships with peak agencies and relevant community groups to work efficiently with disadvantaged groups in the municipality.
- Provide programs that produce a long-term protective effect on the health of the most disadvantaged in the municipality, such as programs that improve social and educational outcomes for children and adolescents.¹⁰
- Reduce or remove as many financial barriers as possible to ensure that those facing the greatest financial inequality are not further disadvantaged. Promote these opportunities as widely as possible.
- Engage community members in the planning, delivery and evaluation of services to help ensure they are culturally appropriate and effective.
- Train council staff in anti-discrimination topics such as respect for cultural diversity, gender issues and disability issues.
- Provide resources in languages other than English to improve access to non-English speaking residents.

Minimise barriers to the resources necessary to achieve and maintain good health for priority population groups

- Offer programs for community members to improve their reading, numeracy and other skills.
- Develop programs and services that can generate an income for participants (e.g. social enterprise).
- Work in partnership with community and business to identify and provide training and employment opportunities for people from disadvantaged groups.
- Develop a local housing strategy that addresses inadequate or unaffordable housing, social isolation and health issues.

For specific strategies in these areas, see VicHealth's local government action guides on increasing social connections, reducing race-based discrimination, improving Aboriginal health, increasing participation in physical activity, reducing harm from alcohol, protecting Victorians from skin cancer and reducing tobacco use at www.vichealth.vic.gov.au/localgovernmentguides

References

- 1 Blane, D, Brunner, E & Wilkinson, R, 1996, *Health and social organisation: Towards a health policy for the 21st century*, Routledge, London, p. 12.
- 2 Wilkinson, R & Marmot, M, 2003, *Social determinants of health: The solid facts* (2nd edn), www.euro.who.int/en/what-we-publish/abstracts/social-determinants-of-health.-the-solid-facts
- 3 Australian Institute of Health and Welfare, 2012, *Social distribution of health risks and health outcomes: Preliminary analysis of the National Health Survey 2007-08. Information Paper*, cat. no. PHE 165, AIHW, Canberra.
- 4 Public Health and Development Division, 1999, *The Victorian burden of disease study: Mortality*, Department of Human Services, Melbourne.
- 5 Commission on Social Determinants of Health, 2008, *Closing the gap in a generation: Health equity through action on the social determinants of health (Final report)*, World Health Organization, Geneva.
- 6 Marmot, M, Davey Smith, G & Stansfield, S, 1991, 'Health inequalities among British civil servants: The Whitehall II Study', *Lancet*, vol. 337, pp. 1387-1393.
- 7 Mackenbach, J, Bakker, M, Kunst, A & Diderichsen, F, 2002, 'Socioeconomic inequalities in Europe: An overview', in J Mackenbach & MA Bakker (eds), *Reducing inequalities in health: A European perspective*, Routledge, London.
- 8 VicHealth, 2008, *Burden of disease due to health inequalities: Research summary*, Victorian Health Promotion Foundation, Melbourne.
- 9 Given the marked health gap between Indigenous and non-Indigenous Victorians, a separate guide on Indigenous health promotion has been developed as part of this series and should be read in conjunction with this document (see www.vichealth.vic.gov.au/localgovernmentguides).
- 10 Woodward, A & Kawachi, I, 2000, 'Why reduce health inequalities?', *Journal of Epidemiological Community Health*, vol. 54, pp. 923-929.