



Life and Health Re-imagined

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Equity during recovery

Addressing social and health inequities as we emerge from lockdown

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Summary - Protecting Australian society against some of the trends in social and health inequities

Healthcare systems

- The expansion of telehealth and other online initiatives are positive developments, but Australia's digital inequities must be addressed to ensure these initiatives do not widen the gap.
- The effective leadership of the Aboriginal Community Controlled sector was highlighted in its response to the pandemic. The importance of Aboriginal community control is vital to future health policy.

Economic and social policy

- Keeping the positive social welfare changes in place that have occurred due to coronavirus will go a long way to prevent a widening of health inequities.
- Jobs matter for health but the types of jobs and who gets them can cause social inequities to widen. Young people and women have been disproportionately affected by the pandemic's impact on work. While the JobSeeker allowance will provide some immediate financial relief, the longer term systemic issues of poor working conditions must be addressed.

Education policy

- Childcare is an extremely important setting for children's health, as well as their subsequent adult health, and provides a mechanism via which to reduce health inequities across the lifecourse.
- To reduce the education gap that has arisen due to the pandemic, the Grattan Institute recommends that the Australian government invest in a six-month tutoring blitz to help 1 million disadvantaged school students recover learning lost during the coronavirus lockdowns.
- In a society recovering from the ravages of a pandemic the critical skills learnt in humanities, law and social science will be an essential asset for the future.

Democratic expression

- Recent protests seen around the country have highlighted the ongoing structural discrimination and racism evident in Australia.

Introduction

The 2019 novel coronavirus disease (COVID-19), which is caused by the pathogen severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), did not create health inequities, they were pervasive beforehand. Coronavirus is acting as a magnifying glass, highlighting the larger pandemic of social inequities in health across the world¹⁻¹⁰.

Like other high income countries, the health of Australia's population has improved significantly. However while life expectancy, a marker of health, has gone up steadily since the beginning of the 20th century, from 2013 life expectancy for both males and females in Australia has stagnated. Close examination of the Australian data indicates that this reflects a growing divide between the lowest socioeconomic group and the highest.

Analysis across all ages in 2015 revealed that people living in the lowest socioeconomic quintile areas had age-standardised mortality rates almost 50% higher than those living in the richest quintile areas¹¹.

Very recently, Adair and Lopez (2020, p.42) showed that from 2011 to 2016, inequities in premature mortality had widened for the lowest socioeconomic group compared with the highest socioeconomic group for males (1.97 to 2.11, or 14%) and females (1.78 to 1.98, or 26%). This means that men and women between the ages of 35 and 74 years living in the lowest area socioeconomic quintile had mortality rates twice as high as those in the highest quintile¹².

Rurality also predicts death rates. People living in outer regional, remote and very remote areas have death rates that are about 40% higher than in major cities, and the gap has been increasing. The life expectancy gap between Indigenous and non-Indigenous Australians while narrowing remains unacceptably high¹³.

Coronavirus and the risks for health inequities

And then along came coronavirus.

More than 10 million people globally have coronavirus. In Australia the number of cases exceeds 7700 [29th June 2020 <https://www.worldometers.info/coronavirus/>]. The risk of respiratory failure and death among infected individuals is much higher among people with pre-existing health conditions including diabetes, obesity, heart disease, lung disease and asthma¹⁴.

Rates of many of these conditions are elevated among older people, poor, and marginalised racial and ethnic groups^{1,15,16}. Rates of poor mental health are also higher among these populations¹⁷, and it is highly likely that these rates will be exacerbated by coronavirus.

People are scared. They fear for their loved ones, their livelihoods, their loss of identity and have uncertainty about the rules of society now and post coronavirus. It is likely that thousands of people, especially health workers, will suffer from post-traumatic stress disorder^{18,19}.

However, focusing on the 'vulnerability' of disease risk or death among particular population groups obfuscates the social, economic and political factors that structure health inequity²⁰. The impact of coronavirus and government responses to it are not felt equally across society because of the underlying inequities in everyday life²¹.

People who have money, secure employment, comfortable and spacious homes in neighbourhoods with areas to walk (parks, beaches, lakesides) and reliable and fast internet are much better placed to socially isolate and practice physical distancing²².

By contrast, people who are homeless or living in over-crowded homes with few or unsafe open areas and inadequate access to the internet²³ or institutions (prisons and detention centres) will be more at risk of the negative effects of the isolation^{24,25}. Those holding insecure and casual jobs have been the first to be laid-off and face unemployment, with its attendant mental and physical health effects²⁶.

Some recent data from Victoria highlights these stark realities. In 2017 the proportion of Victorians experiencing high psychological distress was 17.5%⁴⁶, whereas a recent VicHealth survey of 2000 Victorians during the coronavirus lockdown found 44% of Victorians experienced high psychological distress. For those who lost their jobs during the lockdown it was significantly higher (60%)⁴⁶. And while 8% of Victorians surveyed ran out of food due to a shortage of money during the lockdown that figure was 19% among those who had lost their jobs⁴⁵.

The Australian COVID-19 response and its health equity implications

Overall, the pandemic will almost certainly increase health inequities between and within countries, including Australia, and will reinforce the existing inequitable trends.

Below we consider some of the coronavirus related public policy developments that could protect Australian society against some of the trends in social and health inequities.

Healthcare systems

Coronavirus has made it very clear that publicly funded and managed health systems are the most effective and efficient. In Australia the health system has responded well but the shortages of testing and personal protective equipment have highlighted the structural inadequacies resulting from long supply chains and lack of national stockpiles designed for use in a pandemic due to the 'just-in-time' manufacturing approach justified as a cost-saving practice²⁶.

There have been positive healthcare policy interventions. Primary care has played an important role in countering the disruptions to healthcare during the pandemic. Physical distancing has required new forms of patient-practitioner interactions.

One of the early interventions by the Commonwealth was to expand people's access to telehealth and enable electronic delivery of prescriptions to the pharmacy²⁷.

Telehealth enables patients to consult health professionals via video-conference or telephone, thus enabling healthcare workers and patients to remain at home. These are positive developments but to prevent them widening health inequities, Australia's digital inequities, as noted previously, must be addressed²⁸. Similarly, if the telehealth program continues it cannot remain restricted to special needs groups, and must be evaluated from an equity perspective.

The effective leadership of the Aboriginal Community Controlled sector was highlighted in its response to the pandemic. Very quickly the sector organised to ensure that remote Aboriginal communities were protected and involved in the public health pandemic response and Aboriginal people more generally received appropriate and timely information²⁹. The importance of Aboriginal community control is vital to future health policy.

However, to prevent a massive widening in health inequities, coronavirus throws into sharp focus the need to go beyond the healthcare system³⁰. Policies and actions that were considered unthinkable before coronavirus were introduced almost overnight as society was catapulted into new ways of being. Here we focus only on Federal level responses.

Economic and social policy

With vast numbers of people unexpectedly out of work – nearly 600,000 people lost their job in April – social policy changed. The Commonwealth increased the JobSeeker Payment (previously Newstart) by \$550 per fortnight for six months³¹.

Poverty, job and financial insecurity and loss of identity is not new in Australia. Before coronavirus, 14% of Australians lived in poverty, and the income of Australian working and middle class households had not grown as much or as quickly as those who already have very high incomes³².

Income inequality reduces trust, self-worth, and a sense of community, which gives rise to feelings of social exclusion, insecurity and stress³³. The growth in precarious employment (such as temporary work, part-time work, informal work, and piece work)³⁴ has affected people's income, job security and access to paid leave. Unemployment not only reduced people's income but also their sense of identity³⁵.

All of this is bad for health equity³⁶. Keeping in place the positive social welfare changes that have occurred due to coronavirus will go a long way to prevent a widening of health inequities.

One aim of the economic stimulus that is currently being rolled out is to re-energise the labour market. The HomeBuilder Program is one of the interventions, and offers owner-occupiers a \$25,000 grant to build a new home or substantially renovate their existing home, thereby providing work for tradespeople.

There are calls from the social sector and industry to reorient this program and stimulate the economy with jobs in energy efficient and solar, low-income housing installation through a National Low Income Energy Productivity Program. "Doing so would create tens of thousands of shovel ready jobs, cut energy bills for people on low incomes who will spend back into the economy, and reduce carbon emissions⁴⁷."

Jobs matter for health but the types of jobs and who gets them can cause social inequities to widen, which flow through to affect health inequities³⁶. Young people and women have been disproportionately affected by the pandemic's impact on work.

These groups are more likely to be in the retail and hospitality sector where much of the job losses have occurred. While the JobSeeker allowance will provide some immediate financial relief, the longer term systemic issues of poor working conditions in these sectors must be addressed.

Education policy

A child's early environment affects the way the brain develops and has lifelong consequences including health outcomes³⁷. Childcare is therefore an extremely important setting for children's health, as well as their subsequent adult health, and provides a mechanism via which to reduce health inequities across the lifecycle.

The free childcare policy was introduced because of coronavirus as a temporary measure to ensure that the childcare centres survived the economic lock down. The Federal Government paid childcare services a weekly subsidy to continue to deliver early childhood education and care. From July 2020 that policy will be reversed despite calls for its extension.

The Australia Institute's economic calculation indicates that retaining free childcare would have short term stimulus benefits as well as long term benefits for the economy and equity³⁸.

Formal education remains the major route out of disadvantage, but poorer children perform educationally less well than better-off children. Children dropping out of school, or not entering employment or training after formal schooling, are a particularly high-risk group. This is a very real issue now in light of the pandemic's impact on schooling. According to a recent report from the Grattan Institute "...most students did not learn as much while at home as they would have in their classroom – and disadvantaged students were hardest hit"³⁹.

To reduce the education gap that has arisen due to the pandemic, that report recommends that the Australian government invest in a six-month tutoring blitz to help 1 million disadvantaged school students recover learning lost during the coronavirus lockdowns.

Australia's universities have been hard hit by the coronavirus pandemic primarily because of the loss of international students. Public universities have not been eligible for the Job Keeper allowance and the sector is threatened with mass redundancies.

A recent government announcement proposed measures which would particularly disadvantage future students wishing to study humanities, law or social science topics. The inappropriateness of this and its possible impact on health has already been canvassed on social media⁴⁰. In a society recovering from the ravages of an epidemic the critical skills learnt in these disciplines will be an essential asset for the future.

Democratic expression

In April protests were held demanding a stop to the lockdown, claiming that its impacts were more severe than those likely to be incurred by coronavirus. These protesters relied on appeals to individual freedoms and presented the government restrictions as being part of the Nanny state – a not unusual response to public health restrictions. They were also noting, however, that the lockdown had a health impact because of the way it affects the social and economic determinants of health. This tension will remain until a vaccine is available.

The other protests fuelled by coronavirus have been those promoting the message Black Lives Matter. While these protests started as a result of a murder in the US they also have been a response to the evidence that people of colour in the US and elsewhere have been more likely to be infected by the virus and to die from coronavirus. These protests have been taken up in Australia and linked to the ongoing structural discrimination and racism evident in Australia.

A time for hope?

Courageous public policy, incredible community resilience, and the voice of the collective has been unleashed in Australia and globally.

These positive developments are critical for health equity. They should be maintained and used to build new approaches for the future. We need a host of coherent multisectoral actions⁴¹, the embedding of culturally safe policy⁴², and inclusive governance models⁴³.

While there have been some real glimmers of hope for policies that will help with social and health equity, what remains missing is action to address the structural drivers of inequities that shape the conditions of everyday life. If we are serious about learning from this experience, we need to acknowledge the centrality of wealth redistribution, public provision and social protection to a resilient, healthy and fair society⁴⁴.



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VicHealth is committed to health equity, which means levelling the playing field between people who can easily access good health and people who face barriers, to achieve the highest level of health for *everyone*.



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