DIFFERENCES IN HEALTH AND WELLBEING OUTCOMES

Differential health and wellbeing outcomes are seen in life expectancy, mortality rates, morbidity rates and self-rated health. These differences are socially produced, systematic in their distribution across the population, avoidable and unfair.

SOCIAL POSITION

INDIVIDUAL HEALTH-RELATED FACTORS

Individuals' health-related knowledge, attitudes and behaviours result from and are responses to, their socioeconomic, political and cultural context, social position and daily living conditions.

Positive changes in health-related knowledge, attitudes and behaviours are most achievable for people who have minimal social barriers. Therefore, a behavioural or lifestyle focus, on its own, could increase health inequities rather than reduce them.

Taking an equity focus in knowledge, attitude and behaviour change strategies is most effective and sustainable when complemented and reinforced by changes to the socioeconomic, political and cultural context, and/or daily living conditions.

Examples of action at this level

- Smoking cessation programs that are tailored to particular consumer needs and supported by other strategies such as restrictions on tobacco advertising, availability and smokefree area policies
- School-based sexuality education that is supported by a whole school approach to healthy relationships
- Mobile phone applications for individual health behaviour change, supported by social marketing that challenges societal norms and values
- Individual behaviour and risk profiling conducted in workplaces, followed up and supported by workplace health promotion strategies

Prompts for planning*

- What are the social variations in knowledge, attitudes and behaviours of interest? What additional individual level supports are needed?
- Could you also (or alternatively) work with others to influence the socioeconomic, political and cultural context, or daily living conditions?

SOCIAL POSITION

DAILY LIVING CONDITIONS

Social stratification means that different social groups have differential exposure and vulnerability to a range of daily living conditions — or the circumstances in which they are born, grow, live, work and age. The quality of these conditions affects people's material circumstances, psychosocial control and social connection, and can be protective or damaging to health.

Early child development refers to physical, social/emotional, and language/cognitive development between the prenatal period and eight years of age. This is the most important developmental phase in the lifespan.

Education refers to the development of knowledge and skills for problem solving, and a sense of control and mastery over life circumstances. Education increases work opportunities, security, satisfaction, and income.

Work and employment refers to nature of employment and working conditions including job security, flexibility, control, physical working conditions, and social connection.

Physical environment refers to built and natural environments - including housing, transport systems, air quality, place of residence, neighbourhood design and green space.

Social participation refers to supportive relationships, involvement in community activities and civic engagement (participation in decision making and implementation processes).

Health care services include preventative and treatment services. Accessibility of health care services is central to their performance in meeting health needs.

Examples of action at this level

- Early childhood development programs and services such as new parents' groups
- School programs that ease students' transitions in starting and finishing school
- Authentic youth participation and leadership in schools
- Organisational policies that enable and encourage women in leadership positions
- Organisational policies that guarantee adequate income and employee benefits supportive of good work/life balance
- Housing developments that address security of tenure, space, place, affordability and quality of housing
- Collaboration between planners and residents on neighbourhood quality – for promotion of walking, cycling and playing
- Community advocacy for public transport infrastructure
- Volunteering programs
- Civic engagement for social change, using digital technologies
- Community-controlled health organisations
- State-funded, universally available immunisation programs, cancer screening, contraception, and breastfeeding programs
- Primary health care – socially appropriate, universally accessible, evidence-based first level care that gives priority to those most in need; maximises community and individual participation and control; and involves collaboration and partnership with other sectors to promote public health

Prompts for planning*

- How could you improve the quality of people's daily living conditions?
- How can you frame the issues to engage relevant sectors?
- What are the most pressing issues concerning community members/consumers?
- Ensure your program includes authentic and meaningful participation of community members/consumers, to accurately determine needs and proposed solutions, and to empower and build community capacity
- How could your service be more approachable, acceptable, available, affordable and appropriate?
- Could you also (or alternatively) work to influence the socioeconomic and political context, or norms and values that create social hierarchies and subsequent inequitable exposure and vulnerability to daily living conditions?

SOCIAL POSITION

The socioeconomic, political and cultural context creates a process of social stratification, or ranking, which assigns individuals to different social positions. The process of stratification results in the unequal distribution of power, economic resources and prestige.

Key markers of social position include educational attainment, occupational status, income level, gender, race/ethnicity, Aboriginality and disability.

SOCIOECONOMIC, POLITICAL AND CULTURAL CONTEXT

The socioeconomic, political and cultural context encompasses governance, policy, and dominant cultural and societal norms and values. These exert a deep and powerful influence on health through their impact on social stratification and peoples' daily living conditions.

Governance refers to the system of values, policies and institutions by which society manages economic, political and social affairs through interaction within and among the state, civil society and private sector. It includes the definition of needs, civil participation, accountability and transparency in public administration, and the laws, rules and practices that set limits and provide incentives for individuals and organisations.

Policy refers to macro-economic and social policies, including fiscal policy, trade, labour market structures, social welfare, land and housing, education, health, medical care, transport, water and sanitation.

Dominant cultural and societal norms and values constitute an important part of the context in which policies are developed and implemented. Examples include the value placed on health as a collective or individual responsibility, the perceived role of women in society, and the value of upholding international obligations and treaties on human rights.

Examples of action at this level

- Constitutional recognition of Indigenous Australians
- Development of Disability Care Australia (National Disability Insurance Scheme)
- Equitable taxation and income redistribution
- Local government policy that controls alcohol outlet density
- Media that promotes public debate about individual choice versus collective responsibility for health
- Arts sector work that promotes awareness and challenges cultural stereotypes

Prompts for planning*

- Consider how governance processes empower some people over others, to generate and maintain social hierarchies — how could you challenge or influence these processes?
- Which policies create social hierarchies and exclusion of some groups? What would more equitable policies look like? What are the opportunities for challenging or influencing these policies?
- Which cultural and societal norms and values generate or perpetuate social hierarchies by favouring, advantaging, excluding or degrading some people or groups? Where do these norms and values come from? How could they be challenged or changed?
- How could you meaningfully engage affected groups, to build capacity and advocate for change?

The layers of influence and entry points for action

* Health promotion planning should incorporate evaluation planning. Guidance on evaluating health equity impact will be provided in resources that will be released at a later date.