

TACKLING INEQUALITIES: RESEARCH, POLICY, PRACTICE AND ADVOCACY

GUEST EDITORIAL

Elizabeth Harris

*Centre for Health Equity Training, Research and Evaluation
South Western Sydney Area Health Service*

Peter Sainsbury

*Division of Population Health
Central Sydney Area Health Service*

The May 2001 issue of the Bulletin highlighted some significant inequalities in health and its determinants. In this issue we consider the roles of research, policy, practice and advocacy in tackling inequalities, and focus on some current Australian initiatives.

Health professionals and the health sector have a strong, though not universal or consistent, history of commitment to assisting disadvantaged people and reducing health inequalities. Many health care workers have striven in their personal and professional lives to help disadvantaged individuals and to direct the attention of health care services and society generally to the problems associated with, for instance, poverty, discrimination and geographical isolation. Systems and services have been created to promote equity of access to health services: for instance, Medicare, the NSW Health Resource Distribution Formula, and health care interpreter services. In addition, over recent years the health sector has developed a strong evidence base regarding the existence, origins and description of health inequalities.

Based on this evidence, and concerns for social justice, there has been growing pressure in recent years for the health sector as a whole to act to reduce health inequalities. Counterbalancing the strong desire to act, however, has been an awareness that:

- the evidence concerning the effectiveness of specific interventions to reduce inequalities is nowhere near as strong as the descriptive evidence;
- there is a paucity of models to guide the overall strategy;
- the causes of health inequalities largely rest in the broader social and, often global, economic environments;
- the problem is so immense that it can seem overwhelming;

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- powerful vested interests that have no desire to reduce inequalities covertly and overtly oppose the pressure for change;
- the health sector workforce is not well versed in the political and bureaucratic skills necessary to negotiate the changes required.

So, where are the opportunities to act and what can public health workers do? The articles in this issue provide some answers to these questions. Looking at the big picture, but with an eye on public health, Stilwell provides a lucid summary of some of the forces that create globalisation, its positive and negative consequences, and its inherent contradictions. While accepting that globalisation is inevitable, Stilwell emphasises that its form and consequences are not, and that there are opportunities to create a 'truly progressive globalisation' in which health inequalities are redressed. Wise makes a similar point as a prelude to identifying some very real opportunities for public health workers to influence the policies and practices of organisations and governments to reduce inequalities. Wise encourages us to act to influence the causes of inequalities rather than simply respond to its problems.

Dixon and Sibthorpe describe the Health Inequalities Research Collaboration that has been funded by the Commonwealth Government. The Collaboration is attempting to coordinate the efforts and output of researchers throughout Australia with an interest in health inequalities. The aims are to ensure that health inequalities research becomes a priority for organisations funding research, and that the outputs of the research are oriented to action to reduce inequalities. The current initiative by the NSW Department of Health to develop a Health and Equity Statement is described by Hyde. The Statement, due for release later this year, will complement and provide strategies for the achievement of the priority in *Healthy People 2005* to reduce inequalities in health in NSW.¹ Significantly, the clear intent is to develop strategies that will be incorporated into the routine activities of the health system.

Finally, Awofeso, Levy and Morris describe a tobacco control program in NSW Correctional Centres. Prison inmates experience multiple disadvantage (before and during incarceration) and there can be few more challenging settings than prison in which to control tobacco usage and exposure to tobacco smoke. Nonetheless, this paper provides encouragement for tackling tough problems.

For our own part we would emphasise the importance of the following measures to reduce health inequalities:

for governments generally to:

- stop making inequalities worse—recent examples of policies that have had a harmful effect on poorer people and/or favoured affluent people include the abolition of the Commonwealth Dental Health Program in 1996, the actual form of the Goods and Services Tax that was introduced in 2000, and the incentives offered to encourage people to take out private health insurance during 1999 and 2000;
- ensure that Health Impact Statements (which include consideration of the impact on health equity) are prepared on all proposed government policies and programs and major private sector developments—what, for instance, will be the impact of the expansion of gambling on health and health inequalities?
- reshape thinking on the goals of social and economic progress through, for instance, regular reporting of an index of human and social capital;

for health services to:

- identify the reduction of health inequalities as an explicit goal;
- allocate resources and target services to ensure that the inverse care law does not operate in either the access to or quality of illness care services;
- develop health promotion programs such that inequalities are not inadvertently increased because the more affluent groups in society benefit most;
- develop information systems that routinely monitor the magnitude of health inequalities and the progress of health authorities in reducing them;
- invest in research that systematically builds an evidence base regarding interventions;
- develop coalitions for action to reduce health inequalities with other government departments, non-government organisations, the private sector and the community;
- develop mutually reinforcing multilevel (local, state, national) programs to reduce inequalities;
- act as advocates for the disadvantaged and for change.

It is likely that, as in democratic societies elsewhere, Australian health inequalities will be reduced incrementally rather than by any dramatic political change or technological advance. The measures proposed in this issue form part of an incremental approach, and are capable of being implemented in the short term. We would ask health workers, and others, throughout Australia to turn their desire to act into personal and organisational action to reduce inequalities in health.

REFERENCE

1. Public Health Division, NSW Department of Health. *Healthy People 2005—New Directions for Public Health in NSW*. Sydney: NSW Department of Health, 2000. ☐