

1. INTRODUCTION

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The launch of *In All Fairness* represents a pledge by NSW Health to move beyond describing the patterns of health inequality in NSW to a commitment to action to reduce them. It seeks to build on existing policies and services, which are addressing health inequality across the health system, and in doing so reminds us that we already have a body of knowledge and experience that can guide development. In this Supplement, articles that have previously been published in the *NSW Public Health Bulletin*, which can inform the implementation of *In All Fairness*, have been brought together as a resource for health policymakers and practitioners across the State. Most of the articles were published in five issues of the *Bulletin* that focused on health inequalities during 2001 and 2002. These five issues contain many other articles about health inequalities, which will provide readers with additional information and perspectives.¹

The overview of the health and equity statement and the accompanying articles make a strong case for action, and in doing so it is timely to reflect on why it is important to tackle health inequality.^{2,3,4} At the most basic level, there are powerful moral arguments for the health system to work towards the reduction of health inequalities. It is 'fair'. This argument recognizes that the achievement by every individual of their optimum health status should be seen as a basic human right. Most of us would agree that the high levels of premature death, illness and disability experienced by the most socially disadvantaged in our community need to be addressed. How healthy we are and what health services we can access should not be dependent on how much we earn or where we live. Fairness is a value that permeates our health system and we need to be vigilant in protecting and upholding it.

It is also important to address health inequality because it affects us all directly and indirectly. There is a strong social gradient in all health measures: throughout the whole of society, groups who are a little more privileged are also a little healthier than groups who are less privileged. This fact reflects the systematic distribution of opportunities for health throughout society and not just the difference between the richest and the poorest. In a more indirect way it has been argued that, regardless of the average level of income in a society, societies with wide differences in income distribution have greater social

exclusion, lower thresholds for violence, and weaker social ties.⁵ This is seen not only as a waste of human capital but also as creating groups of people with little identification with the values and aspirations of the wider society, with resultant costs in crime, injury, social welfare, and health programs having to be met by the wider community.³

Perhaps the most contested, but potentially most exciting, reason why it is important to address health inequalities is because there is something we can do, provided we are willing to make a sustained commitment to implementing programs and policies that have been demonstrated to work. These actions will need to be taken within the health system, by other government and non-government bodies and by the community itself, recognising that a health-producing society is also a socially and economically just society.⁶ Many of these actions are outlined in *In all Fairness* and remind us that effective action needs to be taken at local, regional, state, and national levels.

If we are to address health inequalities we need to: be clear about the nature and extent of the problem; develop an understanding of why these patterns of health inequality occur and appear to be so persistent; and, finally, develop an evidence base of what works. This supplement has been organised in a way that will help with these tasks. It begins with an overview of *In All Fairness* that outlines the rationale for NSW Health taking action to address health inequalities and provides an overview of the six key focus areas. It is followed by articles from earlier issues of the *NSW Public Health Bulletin*, which are organised under a number of themes. The first two themes provide an overview of issues related to the measurement of health inequalities and general approaches to understanding the patterns of inequalities and what can be done about them. These are followed by papers organized around the key focus area of *In All Fairness*:

- strong beginnings: investing in the early years of life;
- increased participation: engaging communities for better health outcomes;
- developing a strong primary health care system;
- regional planning and intersectoral action;
- organisational development: building our capacity to act;
- resource for long term change in health and equity.

Collectively these articles provide us with some clear messages. First, the articles that deal with measuring health inequalities in NSW describe persistent patterns of health inequality (Moore and Jorm) that are resulting in large numbers of potentially preventable deaths, predominantly in low socioeconomic groups (Hayen et al.). These differences can be seen across all conditions,

for example end stage renal disease (Cass, Cunningham, and Hoy), and are significant, leading McCracken to conclude that if the health of people in the poorest areas of NSW was the same as those in the richest areas, close to 5,000 lives would be saved each year. The authors of all these articles recognise the need to place these patterns of health inequality in the social context in which they occur, including the need to understand the effect of social conditions throughout the life cycle. The article by Harding on income inequality in Australia reminds us that the social environment is not static and there is increased evidence of income inequality in Australia that has the potential to negatively affect health.

The next set of articles examines approaches to addressing health inequality, and in doing so try to understand why these health inequalities occur. Turrell reminds us of the importance of unpacking the factors influencing health at upstream, midstream, and downstream levels, and stresses the value of taking a social-ecological approach to the problem. Wise, in her article on taking responsibility for addressing health inequalities, echoes the importance of understanding the forces that create inequality at global, national and local levels—and she challenges us not to see these forces as overwhelming and inevitably harmful to health but as areas where we as public health practitioners need to be actively engaged. Eckersley calls on us to think about how we want to measure progress: Will a wealth producing society deliver health?

The articles organised around the key focus areas in *In All Fairness* provide us with an overview of the range of actions that need to be taken to address health inequalities:

- conscious use of policy as a vehicle of change (Alperstein and Nosser; Wraith and Murphy);
- the importance of engaging those most affected in finding solutions (Harris et al.; Williams and Kakakios);
- ensuring access to high quality health services that are relevant to the groups they are targeting (Harris and Furler; Woods);
- the importance of developing strategies for working across sectors to address underlying social determinants of health (Fragar; Scanlon and Raphael);
- taking a systematic approach to the development of capacity (Lyle and Kerr) and developing methods for assessing whether what we are doing is having a positive effect on health (Mahoney);
- making sure that health resources are allocated in a fair way (Gibbs, Sondalini and Pearse).

NSW is not alone in trying to address health inequality and, just as we should not ignore the experience that we already have in this area, we should also make sure that we learn from the experiences of other countries. To this end, a list of relevant websites and references has been included below to provide readers with additional guidance on where they can seek further information.

REFERENCES

1. *NSW Public Health Bull* May 2001, 12(5); July 2001, 12(7); March 2002, 13(3); June 2002, 13(6); July 2002, 13(7).
2. Harris E and Simpson S. Health inequality: An introduction. *Health Promotion Journal of Australia* 2003; 14(3): 208–212.
3. Woodward A and Kawachi I. Why reduce health inequality? *J Epidemiol Community Health* 2000; 54: 923–29.
4. Graham H. Tackling inequalities in England: Remedying Health Disadvantages, Narrowing Gaps or Reducing Health Gradients. *Int Soc Pol* 2004; 33(1): 115–131.
5. Wallace R and Wallace D. Community marginalisation and the diffusion of disease and disorder in the United States. *Br Med J* 1997; 314: 1341–45.
6. Kreiger N and Birn A. A vision of social justice as the foundation of public health: Commemorating 150 years of the spirit of 1848. *Am J Public Health* 1998; 57(6): 1001–15.

HELPFUL WEBSITES

- <http://internal.health.nsw.gov.au/public-health/equity>
- International Journal for Equity in Health www.equityhealthj.com
- Population Health Division, NSW Health www.health.nsw.gov.au/public-health
- NSW Public Health Bulletin www.health.nsw.gov.au/public-health/phb/phb.html
- United Kingdom Health Variations Programme www.lancs.ac.uk/fss/apsocsc/hvp
- Australian Health Inequalities Research Collaboration www.hirc.health.gov.au
- Australian Health Inequalities Research Collaboration: Children, Youth and Families Network www.hlth.qut.edu.au/ph/cyf
- United Kingdom Health Equity Network www.ukhen.org
- International Society for Equity in Health www.iseqh.org
- Asia-Pacific Associates for Equity in Health <http://netclub.kmu.edu.tw/~slan>
- A source of information and contact point for research into health inequality www.social-medicine.com
- World Bank gateway for information about poverty and sustainable development www.worldbank.org/poverty/health
- Southern African Regional Network on Equity and Health www.equinet.org.zw
- United States Department of Health and Human Services Initiative to Eliminate Racial and Ethnic Disparities in Health <http://raceandhealth.hhs.gov>
- United States Office of Minority Health www.omhrc.gov/omhhome.htm

- United States Healthy People 2010
www.health.gov/healthypeople
- International Poverty and Health Network
www.iphn.org
- University of Washington Population Health Forum
<http://depts.washington.edu/eqhlth>
- University of Texas Inequality Project
<http://utip.gov.utexas.edu>
- Archives of Social Determinants of Health Listserver
<http://listserv.yorku.ca/archives/sdoh.html>
- A policy resource maintained by the government of the United Kingdom
www.policyhub.gov.uk/evalpolicy/index.asp

HELPFUL REFERENCES

- Turrell G, Mathers CD. Socioeconomic status and health in Australia. *Medical Journal of Australia* 2000; 172: 434–38. (See also other articles in the same issue.)
- Wilkinson R, Marmot M. *The Solid Facts* (second edition). Copenhagen: World Health Organization, 2003. Available online at www.who.dk/document/e81384.pdf.
- Lynch J, Davey Smith G, Hillemeir M et al. Income inequality, the psychosocial environment, and health: comparison of wealthy nations. *Lancet* 2001; 358: 194–2000.
- Public Health Division. *The health of the people of New South Wales: Report of the Chief Health Officer, 2002*. Sydney: NSW Department of Health, 2002. Available online at www.health.nsw.gov.au/public-health/chorep.
- Public Health Division. *Report of the 1997 and 1998 NSW Health Surveys*. Sydney: NSW Department of Health, 2000. Available online at www.health.nsw.gov.au/public-health/nswhs/hsindex.htm.
- Macinko JA, Starfield B. Annotated bibliography on equity in health, 1980–2001. *International Journal for Equity in Health* 2002; 1(1). Available online at www.equityhealthj.com/content/1/1/1.
- Smith GD, Bartley M, Blane. The Black Report on socioeconomic inequalities in health 10 years on. *British Medical Journal* 1990; 301: 373–377.
- Hawe P, Shiell A. Social capital and health promotion: A review. *Social Science and Medicine* September 2000; 51(6): 871–85.
- Krieger N. Theories of social epidemiology for the 21st century: An ecosocial perspective. *International Journal of Epidemiology*; 30: 668–677.
- *Social Science and Medicine* 2004; 58(8): 1461–1574. (Whole issue is devoted to Health inequalities and the psychosocial environment).
- Harris E, Sainsbury P, Nutbeam D (editors). *Perspectives on health inequity*. Sydney: Australian Centre for Health Promotion, 1999.
- *Four Steps Towards Equity: A Tool for Health Promotion Practice*. Sydney: NSW Health Promotion Directors Network, 2003. Available online at www.health.nsw.gov.au/pubs/h/pdf/equity-project-report.pdf
- McCracken K. What if NSW was more equal? *NSW Public Health Bulletin* 2002; 13(6): 123–127. Available online at www.nsw.health.gov.au/public-health/phb/phb.html.
- *NSW Public Health Bulletin Health Inequalities Series*: May 2001, 12(5); July 2001, 12(7); March 2002, 13(3); June 2002, 13(6); and July 2002, 13(7). Available online at www.nsw.health.gov.au/public-health/phb/phb.html.
- Wanless D. *Securing Good Health for the Whole Population: Final Report February 2004*. Available online from www.hm-treasury.gov.uk/recent_pubs.cfm.
- Tackling Health Inequalities: A Program for Action. Available online from www.doh.gov.uk/health_inequalities/programmeforaction/index.htm.
- Wilkins R, Berthelot J-M, Ng E. Trends in mortality by neighbourhood income in urban Canada from 1971 to 1996. Supplement to *Health Reports* 2002; 13: 1–27. Available online at www.statcan.ca/english/freepub/82-003-SIE/2002001/pdf/82-003-SIE2002007.pdf. ☒