



# Weighing up the costs in health care

While much of the public debate about health revolves around the importance of genetics and lifestyle, a growing body of evidence suggests far more attention should be paid to social and economic influences on health. **Melissa Sweet** investigates.

Early childhood nurse Lisa McIntyre has spent much of the past three years visiting homes where depression, isolation, poverty, and violence are part of the fabric of daily life.

Through her work, as part of a landmark trial evaluating sustained home visiting of disadvantaged families by nurses, she has seen the human cost of what is dryly known in research jargon as 'the social determinants of health'.

Ms McIntyre says her work on the project, based in south-western Sydney, has given her a much deeper understanding of how a person's social, economic and cultural background affects their health, access to health services and ability to raise their children in a healthy environment.

The trial's results are not yet available but its preliminary findings, as well as similar studies elsewhere, suggest that such programs could play an important role in tackling some of the factors contributing to health inequalities in Australia.

## The challenges of swimming upstream

But the many barriers to the wider implementation of such programs - including funding, staffing, and training issues - also illustrate the huge challenges facing those who seek to influence the social determinants of health.

In a health system where so much funding and attention is focused on acute services, it is a struggle to win resources and support for programs which may take years to yield a payoff. As well, interventions tackling the social determinants of health - which typically involve working in partnership with communities - can challenge traditional health practices.

The home visiting trial, for example, involved nurses working in a partnership model with families, supporting them to prioritise and solve their own problems, rather than imposing experts' views and solutions.

'It was very difficult to learn,' said Ms



Photo courtesy: Susannah Wimberley.

McIntyre. 'When you've been trained and are very used to working in a medical model, it's very difficult to try to take on a new way of working. Nurses just want to fix things, to make things better and sort things out.'

However, Ms McIntyre has learnt that working in partnership, while more demanding and time-consuming, is much more rewarding and effective than simply telling people what to do. 'I can tell you what I think you need to do but, unless you own that and take it on board, you won't do it,' she said.

## Evidence-based interventions required

The impact on health of social and economic factors, known also as upstream determinants, has been written about for hundreds of years, but the last few decades have seen an explosion of interest in the field.

The challenge, according to many observers, now lies in turning the tidal wave of rhetoric into evidence-based interventions which make a difference.

Researchers suggest these should focus on macro-level social and economic policies, improved living and working conditions, strengthening communities, improving behavioural risk factors, empowering individuals, strengthening their social networks, and improving responses from health and associated services (Oldenburg et al 2000).

However, health bureaucrats and ministers are nervous about tackling the issue, according to Associate Professor Peter Sainsbury, former president of the Public Health Association of Australia.

'The social determinants lie outside health,' he said. 'In other words it means taking responsibility for something you have little capacity to affect. And if you were to really start investing in it, it would consume vast resources.'

Nor is it a politically popular field at a time when many government pronouncements and policies promote individualism and the responsibility of the individual, he adds.

'I've heard (Health Minister) Tony Abbott say he doesn't believe in social determinants, that health should stick to treating illness,' said Professor Sainsbury. 'He quite clearly believes that the only people to blame for poverty are poor people, that poor people can solve poverty.'

## Making the public aware

However, the new Social Determinants of Health Action Group is determined to push the issue onto the political agenda by encouraging greater public awareness.

'Politicians blow with the wind and will advocate for whatever they will get a vote on,' said one of the group's founding members, Sydney paediatrician Dr Garth Alperstein.

'Our hypothesis is if the population is well enough informed, they can influence politicians with their vote. If enough people know that tax policies that reduce the gap between the rich and poor will improve the overall health of the country, then they might nag their politicians about that.'

'One of our ten-year goals is to inform the general public as much as we can in language they can understand about these upstream determinants and how they can use their vote to influence them.'

Dr Alperstein said health workers and nurses in particular could play a valuable role in putting social determinants on the public and political agenda, as well as having a direct impact by working with other agencies which influence health, such as education, housing and community services.

According to Professor Brian Oldenburg, chair of International Public Health at Monash University in Melbourne, all health professionals need to understand the impact of social determinants, not only in causing health problems but also on when and how people present and their likely outcomes.

'On average people who are more disadvantaged are going to present later with health problems, present with more serious problems and have poorer outcomes,' he said.

Professor Oldenburg believes Australia has

been slower than comparable countries to implement policies and services specifically targeting the needs of disadvantaged.

### Nurses' play integral role

While many social determinants lie outside the influence of health systems and professionals, Professor Oldenburg says nurses have an important role in identifying and tackling barriers to patients' care. This could involve, for example, ensuring home care or telephone follow-up for patients without the means to transport themselves to health services.

It is also important for nurses to be conscious at a clinical level of the social forces affecting patients' health, according to Professor Lesley Barclay, Professor of Health Services Development at Charles Darwin University in Darwin. 'Unless a nurse understands the context under which disease or illness or trauma occur, you're likely to have limited effectiveness,' she said.

This is particularly important when dealing with people from rural and remote communities. 'The difficulty is that many health workers in a variety of disciplines are educated in systems that are urban,' said Professor Barclay.

She believes nursing and midwifery education should include a greater focus on social determinants of health.

Meanwhile, major reforms of the nursing

curriculum are underway at Charles Darwin University to ensure nurses develop a deeper understanding of population health perspectives.

'We want to reframe the way nurses think so that social determinants are embedded in their approach,' says Associate Professor Isabelle Ellis, a lecturer who has worked in remote area and Indigenous nursing for many years.

Rather than simply treating diabetes, for example, nurses will be encouraged to think about their role in advocating for healthier environments which make it easier for people to eat well and exercise more.

Professor Ellis believes there is great potential for nurses to assume a much broader role as community health advocates. 'Nurses are a very large proportion of the population,' she said. 'We know that society thinks nurses are great people.'

'When we say something, people listen to us so I think we actually have a responsibility to make sure that when we do put our voice out there, we know what we're talking about and have a real influence on the issues that we know are going to affect society's health.'

### References

1. Oldenburg B., McGuffog I. and Turrell G. 2000. Socioeconomic determinants of health in Australia: policy responses and intervention options. *Medical Journal of Australia*. 15:172(10): 489-92.

## Taking a public stand

After three years of working with homeless men at the Matthew Talbot hostel in Sydney, Toby Raeburn has many gut-wrenching stories about the traumas of those who struggle at the bottom of the social heap.

But perhaps one of his most shocking stories involves a brutally frank comment made by a Canberra bureaucrat when explaining to Mr Raeburn what politicians thought of the hostel's clientele.

'He made the comment that politically it would be far better if these people could be knocked over by a bulldozer and pushed into a rubbish dump,' recounts Mr Raeburn. 'This is the way Canberra views these people - they don't pay taxes and they soak up money because of the chronicity of their illness.'

Experiences such as this help explain why Mr Raeburn redefined his role while working as the nursing unit manager in the hostel's primary care clinic. He decided that while his work in the clinic, whether treating tinea or mental illness, was important, it was what he did outside the clinic that had most potential to help his clients.

It didn't always make him popular with his

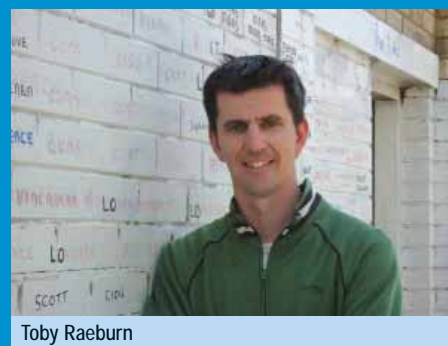
employer but Mr Raeburn has become a determined advocate for improved funding and services for homeless people and people who are mentally ill. 'In the last few years I engaged a lot politically, speaking at forums on mental health,' he says.

'I'm on the steering committee of the Mental Health Workers Alliance. I think it is very important for nurses in this sort of place to let our voices be heard because that is the only way our clients have a voice. They don't do it for themselves.'

Mr Raeburn believes advocacy is also important for helping to influence community attitudes and to overcome the stigma which contributes to so much discrimination against his clients.

He recently left the security of his job at the hostel to work for a charity he has established, ROAM Communities (Recovery through Ownership, Action and Management), which provides support to people with mental illness who are at risk of becoming homeless.

The charity involves University of Sydney nursing students visiting clients placed in housing after leaving crisis accommodation



Toby Raeburn

centres. The key to the program's success, says Mr Raeburn, is the consistency of the relationships between the students and their clients.

Mr Raeburn believes nurses and nursing organisations can be their own worst enemies in defining the role of nurses too narrowly. 'Nurses can engage with systems and can have some broader input,' he says.

For his colleague Sally Cantwell, however, the real reward of working at the Matthew Talbot hostel comes from making a difference for individual clients.

Ms Cantwell, who has been at the hostel for two decades, also takes great satisfaction from building long-term relationships with clients. 'I have known some of them for 20 years,' she says. 'People end up trusting you.'

# A broader understanding of Indigenous health

Poor housing, limited education and employment opportunities, and lack of access to affordable, healthy foods are all examples of socioeconomic factors which impair the health of Aboriginal and Torres Strait Islander people.

But Juanita Sherwood, a nurse who has worked in Aboriginal health and education in urban, rural and remote settings for about 25 years, is frustrated by efforts to explain Indigenous health using the social determinants of health model.

Ms Sherwood, an Aboriginal research fellow at the Centre for Remote Health in Alice Springs, who is finalising a PhD on why research has not led to improvements in Aboriginal health, says the model does not adequately reflect Indigenous understandings of health.

'My concern about a lot of the determinants is that they've come from a world view that's not Indigenous,' she says. 'Why are we using determinants coming from England to explore Indigenous health? Most people who use the determinants are still speaking from a biomedical model and it does not reflect what's needed in Aboriginal health.'

Ms Sherwood says the social determinants model does not adequately acknowledge the impact of institutionalised racism and colonisation.

'It's about recognising there's a critical difference in the way we see health from an Aboriginal perspective,' she says. 'It's far more encompassing of history. Our definition of health is that it's physical, social, emotional and spiritual well-being. The social determinants are too narrow and they problematise things without providing context.'

Associate Professor Sue Kildea, a midwife who has worked extensively in remote Aboriginal communities, agrees that improving Indigenous health requires more than addressing social and economic disadvantage.

'We do have to say sorry to Aboriginal people,' she says. 'That's hugely important. And we need to listen to Aboriginal people and give them more control over looking after their matters and what's important to them.'

Professor Kildea, of the Graduate School for Health Practice at the Institute of Advanced Studies in Darwin and vice president of the Council of Remote Area Nurses of Australia, says culturally inappropriate health services can exacerbate rather than improve health outcomes.

The common practice of removing Aboriginal women from their communities to give birth, sometimes many hundreds of kilometres away, was having harmful long-term consequences. Children were not getting the right start in life, and family and community relationships were suffering, Professor Kildea said.



Associate Professor Sue Kildea

'Young women are having babies without the right people beside them, without the right ceremony,' she said. 'It's not culturally safe. We should be providing birthing services in remote and rural communities.'

Professor Kildea said she had learnt from her own experiences the importance of working with other sectors, community members and Aboriginal health workers.

For example, rather than simply advising a young pregnant woman who was not gaining weight to eat more, she would work with elders to ensure more food was made available. Similarly, rather than simply dispensing antibiotics to a child with gastroenteritis, she would liaise with the local council to get the water supply to the child's house fixed or to have other maintenance done.

'It's a completely different way of working,' she said. 'It's hard because it's not how we were taught to work.'

# Reviewing the history and the evidence

A landmark study, the 1980 *Black Report* in Britain examined why health inequities persisted 30 years after the establishment of the National Health Service. It concluded, health inequalities were not caused by lack of access to good health care but were due to socioeconomic and material conditions in the broader society.

Many studies around the world have shown that:

- areas with lowest socioeconomic status have the highest rates of premature death
- smoking, overweight and hazardous or harmful alcohol consumption are associated with socioeconomic disadvantage

- men in the bottom quintile of socio-economic disadvantage are far more likely to die between the ages of 25 and 65
- people in disadvantaged groups not only have higher mortality and morbidity rates, they are also less likely to receive good health care at an early stage of their illness or disease.

A growing body of evidence suggests a nation's mortality and life expectancy is strongly related to the degree of income inequality

In a 1998 report, *The Solid Facts: Social Determinants of Health*, British researchers identified ten areas requiring action to improve health equity. These were:

- 1 prevent people from falling into long-term disadvantage
- 2 address the social and psychological environmental affects of health
- 3 ensure a good environment in early childhood
- 4 address the impact of work on health



- 5 address the problems of unemployment and job insecurity
- 6 promote friendship, social relations, strong supportive networks and social cohesion
- 7 address the dangers of social exclusion
- 8 address the effects of alcohol and other drugs
- 9 ensure access to supplies of healthy food for everyone
- 10 ensure access to healthier transport systems.

Source: Griffiths R., Craze L., Fernandez R., Langdon R. and Gentles L. 2001. *Health and Equity: A Targeted Literature Review*. South Western Sydney Area Health Service and University of Western Sydney.