



# VicHealth LETTER

HEALTH EQUITY EDITION

ISSUE NO. 37



## Levelling the playing field

## Taking action to reduce health inequities

### ALSO IN THIS ISSUE

INSIGHTS FROM  
HEALTH EQUITY  
THOUGHT LEADERS

INTRODUCING OUR ACTION  
AGENDA FOR HEALTH  
PROMOTION

PREVENTING DISCRIMINATORY  
BARRIERS FOR PEOPLE WITH  
DISABILITIES

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# Message from the Chair



**We all want a healthier life. For more than 25 years VicHealth has been at the forefront of efforts to improve health for all Victorians.**

A wealth of evidence suggests that people experiencing social and economic disadvantage generally have poorer health. For example, disease burden associated with cardiovascular disease is 17.6% higher among Australians of lower socioeconomic status.

Much of this health divide is preventable. One of the challenges of preventing illness is to maintain and build on health gains across the population while placing emphasis on those groups whose disease burden is especially high. This includes targeting the conditions that lead people into unhealthy and risk-taking behaviours around tobacco use, alcohol consumption, poor nutrition and physical inactivity.

The recently launched **VicHealth Action Agenda for Health Promotion** outlines the work we will undertake with our partners over the next 10 years for a healthier Victoria for everyone. Developed over a year-long period of consultation and analysis, this is an agenda for action – it's about doing and achieving.

In the Action Agenda we have chosen to concentrate our efforts on five strategic imperatives: promote

healthy eating, encourage regular physical activity, prevent tobacco use, prevent harm from alcohol and improve mental wellbeing. These imperatives specifically address the greatest burden of disease and disability, and offer the greatest potential for health gains.

For more than two decades VicHealth has addressed sensitive and difficult issues – including those that involved venturing into untested territory and those affecting Victorians with limited opportunity to have their voices heard. We will continue to extend this pioneering work, as well as meet new challenges and make new gains for a Victoria where everyone can enjoy better health.

**Mark Birrell**  
Chair of the Board

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Front cover image: [Left to right] Mohamed Mohamed and Cem Cil come together for the 2012 U-Nite Football Club, an annual event organised by Football Federation Victoria and supported by VicHealth that celebrates the cultural diversity of football in Victoria [see [page 18](#)].

# CEO's FOREWORD

**In this edition of the *VicHealth Letter*, we focus on health equity.**

VicHealth believes every aspect of health promotion must include fairness and inclusivity – in planning and in practice. We are committed to improving the understanding and awareness of issues that influence the health of populations, including those people who face significant barriers to better health.

In this *VicHealth Letter* we explore key differences in health status between people.

We are excited to feature interviews with leading thought leaders on this topic, Professor Ichiro Kawachi and Professor Sir Michael Marmot. These influential experts provide powerful strategies for achieving health equity, and share their vision for the future on [pages five](#) and [14](#).

The 'Creating fair foundations for health equity' piece on [page six](#) explores the drivers of health equity: the social and economic conditions which protect or damage health. The piece also outlines the steps to take for action in this area, the role of health promotion, VicHealth's investment in vital research and the value of our programs.

Evidence shows people with disabilities experience substantial disadvantage and much poorer health outcomes than the general Australian population. In 'Discrimination. A major barrier to health for people with disabilities' on [page 16](#), we discuss the needs of people with disabilities and introduce VicHealth's framework and evidence-based resource which provides useful information to policy-makers and practitioners.

Culturally and linguistically diverse [CALD] communities may also experience health gaps. VicHealth works with partners to encourage Victorians from CALD backgrounds to participate in physical activity as well as connect with their communities, which also contributes to their mental wellbeing. The universal language of sport, and the positive health opportunities it presents, is highlighted in 'Sporting clubs strive for participation and health' on [page 18](#).

We also present a unique look at the VicHealth Action Agenda for Health Promotion on [page 12](#), which outlines our strategic priorities and introduces a new model for delivering on our commitments. The VicHealth model has three key elements – to innovate, inform and integrate. Each component will be critical to realising our aspirations and identifying our refined role.

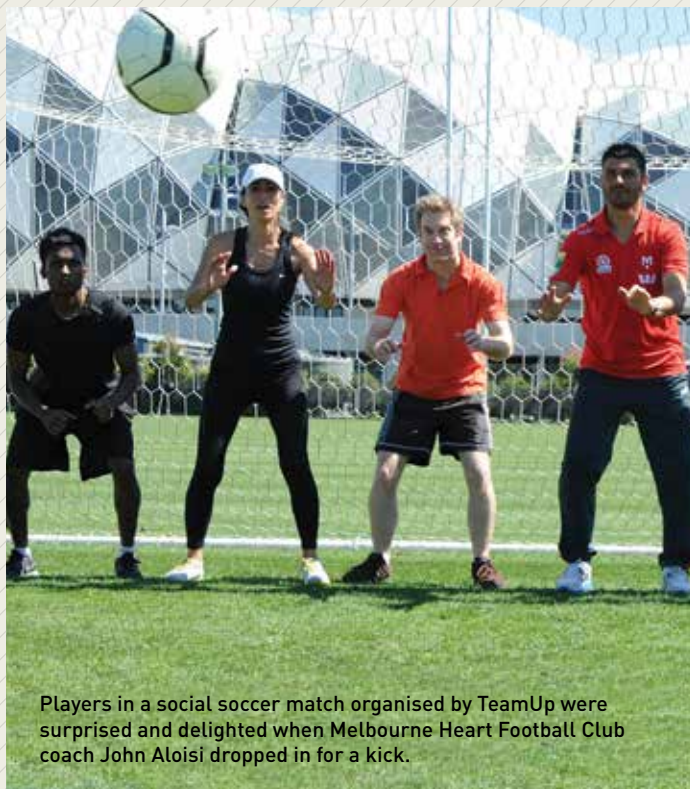
Our regular sections, including news items and research highlights, keep you updated on important health promotion developments.

Health equity opens up a number of complex issues and we hope this edition of the *VicHealth Letter* will not only raise awareness but provide insight to help reduce inequity.

**Jerril Rechter**  
Chief Executive Officer







Players in a social soccer match organised by TeamUp were surprised and delighted when Melbourne Heart Football Club coach John Aloisi dropped in for a kick.

## TEAMUP FOR FITNESS AND FUN

TeamUp, a free smartphone app launched by VicHealth, is just one example of the increasing use of online technology to connect people and make physical activity more accessible to everyone.

The app, launched in March, offers users hundreds of sporting activities happening locally, seven days a week. It's also free to list an activity, browse and contact event organisers.

Sporting heroes from around the state are also on board to encourage participation, including ambassadors from Melbourne Heart, Melbourne Rebels, Melbourne Storm, Melbourne Tigers, Melbourne Vixens and Surfing Victoria.

[www.teamup.com.au](http://www.teamup.com.au)



## SOWING THE SEED FOR A HEALTHIER VICTORIA

In an exciting new approach, VicHealth invited people from various sectors to cultivate innovative ways to improve local fresh food production and distribution.

The Seed Challenge offered up to \$100,000 for the brightest ideas using digital technology to make nutritious food sustainable, available, and affordable for all Victorians.

The top 10 most promising social innovations were recently announced and overall winners will be announced in September.

[www.seedchallenge.vic.gov.au](http://www.seedchallenge.vic.gov.au)



## BUILDING HEALTHIER WORKPLACES

At the first statewide Workplace Health Promotion Forum, presented in partnership with the Department of Health, WorkSafe Victoria and VicHealth, hundreds of people attended to engage with industry experts and help enhance health outcomes for Victorian workers.

The forum held in June provided an opportunity for practitioners, industry professionals, and health experts to share their knowledge on workplace health and wellbeing. It included panel discussions, presentations and skill-building workshops.

To read a report about VicHealth's Creating Healthy Workplaces program visit:

[www.vichealth.vic.gov.au/CHW-insights](http://www.vichealth.vic.gov.au/CHW-insights)



## AUSTRALIA-FIRST VICHEALTH PROGRAM

VicHealth, in partnership with Monash City Council and MonashLink Community Health Service, has launched an Australia-first program to pilot a new model promoting equal and respectful relationships between men and women.

The \$1 million 'Generating Equality and Respect' program involves a 'demonstration site' established in Clayton where primary prevention programs will be implemented with a range of groups and organisations.

The outcome of this three-year program has the potential to be introduced in other municipalities in the future.



## NEW ARTS PROJECTS GET PEOPLE MOVING

In May VicHealth selected five arts and cultural organisations to get thousands of Victorians physically active through participating in arts activities.

VicHealth's MOTION projects work in partnership with local communities to provide free, vibrant, and unique ways to get people moving more often, and to meet new people while having fun.

For a list of the MOTION projects and for more information visit:

[www.vichealth.vic.gov.au/MOTION](http://www.vichealth.vic.gov.au/MOTION)

## Meet Professor Ichiro Kawachi

**Ichiro Kawachi, M.D., Ph.D., is Professor of Social Epidemiology, and Chair of the Department of Social and Behavioral Sciences at the Harvard School of Public Health. Earlier this year VicHealth was pleased to support Professor Kawachi's visit to Australia where he met with CEO Jerril Rechter and shared his expertise with the executive management team. He also discussed the developments in social and economic determinants of population health with staff. Below is an extract of the interview we conducted with the Professor during his visit.**



VIDEO | [VIEW THE FULL VIDEO INTERVIEW](#)

### How would you explain the social determinants of health and its link to health inequities?

The social determinants of health are all around us, consisting of: the quality of education we receive, neighbourhoods we live in, jobs we do and our income. These social conditions are all important drivers in our health but differences exist between people's access to education, job security and helpful neighbourhoods. By addressing these differences and improving these conditions we can help reduce health inequities.

### Critics of the 'social determinants perspective' say people should be responsible for their own health. How do you respond?

I think, on one level, it's true that people are responsible for their own lifestyle choices but the 'social determinants perspective' is that our choices are constrained. Responsibility matters but we also need to create a level playing field, by ensuring people are not misled with information provided from food companies, for example. No matter how strongly motivated someone is to take charge of their healthy eating habits, it won't be enough if the information they receive on packaged foods is misleading.

### What are the challenges in addressing the social determinants of health?

One challenge is that 'social determinants' is a form of prevention and it's always more compelling to talk about saving an identifiable victim rather than saving statistical lives.

Another problem is that many social determinants require investments that take many years before yielding any benefits. Unfortunately, there's often a mismatch between a politician's lifecycle and seeing the benefits of that investment. And it takes strong political willpower to make that decision.

### Where do you think people in health promotion need to channel their resources to reduce health inequities?

A tonne of evidence shows that the earlier we start to invest in higher-quality education, the better off children will be – from competitiveness in the job market to improved health behaviours. Strong and secure job conditions are also paramount; people have to be assured of the prospect of a decent paying job in order to be able to invest in their later health. The growing gap in wealth and income in developed countries is also a major health concern.

### What is 'behavioural economics'?

Behavioural economics has been around for about 20 years but in the field of public health I think its impact is still emerging. It basically revises the notion that most of us behave in rational ways that weigh the costs and benefits in different kinds of behaviour, whether it's to quit smoking or go to the gym. All these behaviours have – until now – been analysed in public health as if they were deliberate not automatic. Behavioural economics gives us a set of tools to analyse these behaviours and try to nudge people in directions that are in their long-term health interests.

### What opportunities for health promotion do you see in behavioural economics?

For decades, industries such as tobacco, food, television and advertising have been utilising concepts from behavioural economics and appealing to consumers' emotions in order to sell their products. It seems to me that people in public health can learn a great deal from the field of behavioural economics as well as related fields of psychology and neurosciences to try to make more effective the kind of health messaging and health promotion strategies that we employ.



**The growing gap in wealth and income in developed countries is a major health concern.**



# CREATING FAIR FOUNDATIONS FOR HEALTH EQUITY



**While Australia's relative economic prosperity has led to significant improvements in life expectancy and other health outcomes for the population, particular segments of the population do not experience the health benefits many take for granted.<sup>1,2</sup>**

**Unfortunately, gaps in health outcomes continue to widen, writes Kellie Horton, VicHealth Health Inequalities Manager.**

People who live in the most disadvantaged suburbs of major cities or in rural areas of Australia are likely to die earlier and have poorer health than the rest of the population.<sup>3</sup> Indigenous people of Australia die at twice the rate of all Australians and have a life expectancy that is between 10 and 12 years less than non-Indigenous people.<sup>4</sup> Victorians with a disability are more likely to report poor health than those without a disability.

Genetic and biological factors alone cannot explain such differences in rates and patterns of death and disease. These differences are neither naturally occurring nor the result of health-related behaviours of particular population groups.

**Health inequities** are differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair.

Both international and Australian research shows that those from low-income households are more likely to suffer lower health levels than people from higher-income households.<sup>5</sup> Health inequity is not, however, just a concern of people who are most socioeconomically disadvantaged. There is evidence of a gradient effect, with health improving each step up the ladder as socioeconomic status rises.<sup>6,7</sup>

Put simply, the drivers of health inequity are the social, cultural and economic conditions (or social determinants) which protect or damage health, and which are not equally available to all groups within our society. A number of these social and economic conditions and their distribution in the Victorian population are described on the next page.

The **social determinants of health** are the social conditions in which people are born, grow, live, work, play and age – that influence their health.



# Health inequities in Victoria and their social determinants

## Access to food

Food is a basic necessity for a healthy life; however, nearly a quarter of Victorians with low socioeconomic status report that within the last 12 months they ran out of food and couldn't afford to buy more.<sup>8</sup> Non-English speaking Victorians and rural/regional Victorians report slightly more food insecurity than the general population.<sup>9</sup>

## Lack of participation in, and access to, physical activity

Engaging in moderate physical activity is a major protective factor for maintaining good health over a lifetime. Close to 34% of Victorians do not engage in a satisfactory amount of physical activity, with non-English-speaking Victorians and those on low incomes less likely to engage in satisfactory levels.<sup>14</sup>

## Lack of access to arts and community events

Participating in community cultural and arts events encourages individual skill development and social connections between people and groups. Studies show people from households with lower levels of income participate less in all types of community events.<sup>15</sup>

## Poverty\*

There has been an increase in the proportion of people living in poverty in Victoria in recent years with almost 12% of Victorians living in poverty (VCOSS 2012). Poverty is considered a significant contributor to mental disorders, and vice-versa. For instance, depression is 1.5 to 2 times more prevalent among the low-income groups of a population.<sup>10</sup>

\*Poverty is defined as a household income less than half the median OECD equivalised household disposable income of all Australians, which is equivalent to \$26,572.

## Unemployment and lack of meaningful employment

The burden of unemployment tends to be concentrated within particular regions and among particular population groups such as recent migrants, young people and Indigenous Australians (ABS 2003a). Unemployed people and those who experience job insecurity report the lowest levels of self-rated health and wellbeing<sup>11</sup> and may experience depression, anxiety and distress as well as lower self-esteem and confidence.<sup>12</sup>

## School participation

Young Victorians from a low socioeconomic background have a lower level of year 12 or equivalent completion. This puts them at a distinct disadvantage when transitioning from school to work and puts them at higher risk of unemployment and long-term disadvantage.

## Housing stress

Rental affordability rates can impact on health as tenants may be forced into sub-standard dwellings, overcrowded homes and experience high levels of anxiety. Rental affordability in Victoria has been falling since 2006 and across Victoria only 20.8% of rental lettings were affordable for lower income households in March 2008.<sup>13</sup>

## Health inequity is preventable


The World Health Organization [WHO] Commission on the Social Determinants of Health observed that strong political, social and economic forces give rise to unfair distribution of opportunities to access power, wealth and other necessary resources for a healthy life.

Commission Chair Professor Sir Michael Marmot noted at the launch of the *Closing the Gap* report in 2008 that, "social injustice is killing people on a grand scale". (Read our interview with Marmot on [page 14](#) in which he outlines progress on the Commission's recommendations.)



Young Victorians from a low socioeconomic background have a lower level of year 12 or equivalent completion.





**It is vital that groups of people who are missing out on fundamental resources and opportunities are supported.**



The Commission report says: “the development of a society, rich or poor, can be judged by the quality of its population’s health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health”.<sup>16</sup>

The WHO *Closing the Gap* report provides a global blueprint for action to achieve health equity. It recommends three guiding principles:

- 1 Improve the conditions of daily life, the circumstances in which people are born, grow, live, work, and age.
- 2 Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.
- 3 Measure the problem, evaluate action, expand the knowledge base, develop a workforce trained in the social determinants of health and raise public awareness about the social determinants of health.

The challenge, almost five years since the release of this report, is still to determine how best to translate these principles into action within a Victorian and Australian context.

### The role of health promotion

While the health sector has little influence over the conditions of daily life (such as education, employment and urban planning) or the structural drivers of those conditions (such as macro-economic and social policy) health promotion can play a major role. It can develop partnerships with those sectors that have access to the levers for structural change to maximise the health and equity impacts of their actions.

Addressing health equity through health promotion has typically taken the form of increasing access to, or removing barriers to, a wide range of health-promoting activities and resources (such as physical activity, quality housing, healthy food, connection to community organisations and meaningful employment) for groups experiencing health inequities, often identified as ‘priority population groups’. Priority population groups in Victoria include Aboriginal Victorians, people with a disability, culturally and linguistically diverse people, rural and remote communities and people from low-income households.

It is vital that groups of people who are missing out on fundamental resources and opportunities are supported to access them. As health promoters we do this in two main ways:

- 1 Providing additional or specific resources and opportunities through direct programs to priority groups.
- 2 Working with other sectors to change the environments in which people live so that they better provide the chance for priority population groups to participate in the social and economic life of the community (and experience the subsequent health benefits).

The important work of addressing existing health inequities must continue while groups within our communities suffer poorer health than the rest of the Victorian population.

At the same time, we can work to prevent health inequities by looking ‘upstream’ to see what common issues are affecting these groups and causing them to end up in a position where targeted health promotion activity is required.

In order to explore these issues we must consider the socioeconomic and political context, which encompasses governance, policy and dominant cultural and societal norms and values. These exert a very deep and powerful influence on health and, while they may be the most difficult place for health promotion to have an impact, they are the upstream determinants of health inequity.

### VicHealth action

For 16 years VicHealth has been funding research and community-based programs to tackle health inequities.

To meet the needs of population groups experiencing health inequities our investments have included work in helping to reduce race-based discrimination, supporting Indigenous arts organisations and through programs such as the **State Sporting Association Participation Program (SSAPP)**.

SSAPP aims to create organisational and environmental change within the sports sector so that sporting clubs are more welcoming, accessible and supportive of a diverse range of participants. Sports funded through SSAPP are changing the way they deliver their core business so that women, Aboriginal Victorians, culturally and linguistically diverse communities and people with a disability have greater opportunities to participate and benefit from the physical and mental health benefits that sport can deliver. See **page 18** on how sports clubs are helping to increase opportunities for people in priority groups.

Other work currently underway to address health inequities aims to influence the socioeconomic and political context by challenging dominant societal norms and values in relation to gender in order to prevent violence against women.

VicHealth’s new Action Agenda for Health Promotion outlines our ongoing commitment to health equity. To ensure that we achieve a balance in meeting the needs of groups experiencing health inequities and addressing the most upstream determinants of health inequity, we have recently adapted and applied the work of the WHO Commission on the Social Determinants of Health to the Australian context, and produced an action-oriented framework to guide health promotion. The VicHealth Framework for Health Equity outlines and describes the social determinants of health inequities, and provides practical entry points for action.

The full framework will be completed in late 2013.

Read more VicHealth resources on health inequities **here**.



# INTRODUCING OUR ACTION AGENDA

## OUR ORIGIN

VICHEALTH IS A WORLD-FIRST HEALTH PROMOTION FOUNDATION. WE WERE ESTABLISHED WITH ALL-PARTY SUPPORT BY THE STATE PARLIAMENT OF VICTORIA WITH THE STATUTORY OBJECTIVES MANDATED BY THE TOBACCO ACT 1987 (VIC):

- to fund activity related to the promotion of good health, safety or the prevention and early detection of disease
- to increase awareness of programs for promoting good health in the community through the sponsorship of sports, the arts and popular culture
- to encourage healthy lifestyles in the community and support activities involving participation in healthy pursuits
- to fund research and development activities in support of these activities.

## OUR COMMITMENT

In partnership with others, we promote good health

We recognise that the social and economic conditions for all people influence their health

We promote fairness and opportunity for better health

We support initiatives that assist individuals, communities, workplaces and broader society to improve wellbeing

We seek to prevent chronic conditions for all Victorians

## OUR FOCUS

PROMOTE HEALTHY EATING

ENCOURAGE REGULAR PHYSICAL ACTIVITY

PREVENT TOBACCO USE

PREVENT HARM FROM ALCOHOL

IMPROVE MENTAL WELLBEING

## OUR 10-YEAR GOAL

2013 More Victorians adopt a healthier diet  
More Victorians engage in physical activity  
More Victorians tobacco-free  
More Victorians drink less alcohol  
More Victorians resilient and connected  
2023

## OUR 3-YEAR PRIORITIES

2013 More people choosing water and healthy food options  
More people physically active, participating and engaging in sport and walking  
More people smoke-free and less harm among resistant smokers  
More people actively seeking the best ways to reduce alcohol-related harm  
Build stronger approaches to resilience, focusing on young people  
2016

## OUR MODEL

### INNOVATE

Drive bold new ways to address our health priorities

### INFORM

Instigate action and broaden our impact

### INTEGRATE

Embed interventions into the Victorian Prevention System

## OUR RESULTS

We track our progress through:

- Measuring effectiveness
- Evaluation of processes
- Economic analysis
- Engagement with community and professional reference groups

### OUR ACTIONS

- Cutting-edge interventions
- Digital technologies
- Pioneering research
- Cross-sectoral knowledge
- Social marketing
- Public debate
- Communications
- Strategic partnerships
- Policy and best practice
- Supporting the Victorian Prevention System
- Strategic investments and co-funding
- Training and development

[VIEW THE FULL VICHEALTH ACTION AGENDA FOR HEALTH PROMOTION](#)

[vichealth.vic.gov.au/actionagenda](http://vichealth.vic.gov.au/actionagenda)

# Marmot

## Tackling the social determinants of health

**Almost five years after the launch of the landmark report of the World Health Organization's (WHO) Commission on Social Determinants of Health *Closing the Gap in a Generation: Health Equity Through Action on the Determinants of Health*, Professor Sir Michael Marmot – the Chair of the Commission – is still in demand.**

**Andrew Ross spoke to Marmot at the Australian National University in Canberra.**

**A**t the time of the launch of the Commission's report, Professor Sir Michael Marmot said that a toxic combination of poor social policies, bad politics and unfair economies were "causing health and disease on a grand scale". While that might sound pretty dispiriting Marmot describes himself as an "evidence-based optimist":

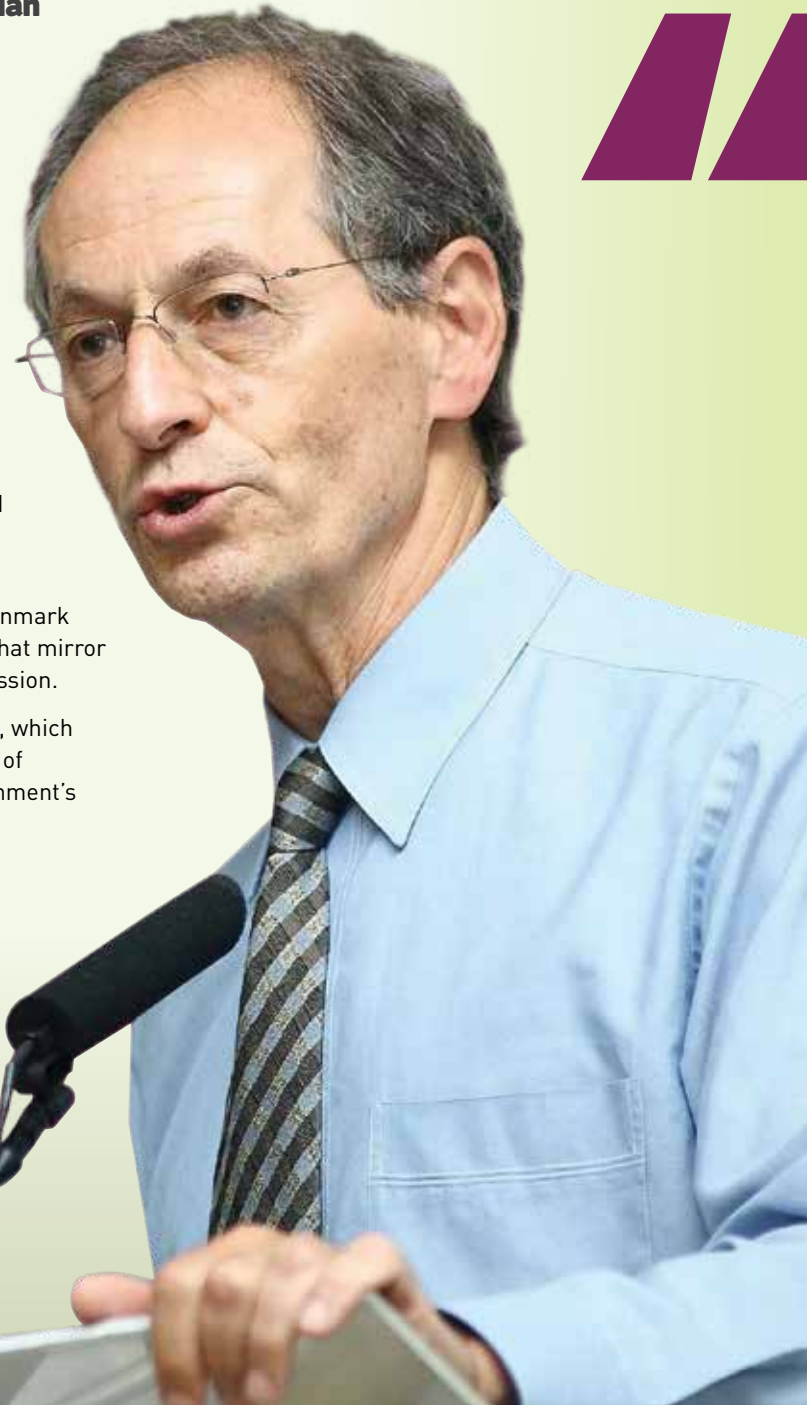
"There are not many days when I think, 'Oh dear, this really isn't going to work'. There are many more days when I think, 'Wow, there are people here who really want to try and figure out how we take this forward.'"

Much has happened in the UK and Europe since 2008 to keep him hopeful. A number of countries – England, Brazil, and Denmark – have set up their own national reviews of health inequities that mirror the approach of the World Health Organization (WHO) Commission.

Marmot chaired the English review *Fair Society, Healthy Lives*, which is known as the *Marmot Review*. The review survived a change of government in 2010 and heavily influenced the Coalition government's public health white paper *Healthy Lives, Healthy People*.

In October 2011, following a recommendation in the Commission's report for a global summit, Rio De Janeiro hosted the World Conference on Social Determinants of Health. The conference brought more than 1000 participants together and resulted in the adoption of the Rio Political Declaration on Social Determinants of Health. The declaration commits countries to implementing a 'social determinants of health approach' to reduce health inequities. A resolution endorsing the declaration was adopted in May 2012 by WHO Member States, including Australia.

Pictured: Sir Michael Marmot



### **Can we afford to tackle social determinants? Can we afford not to?**

The international financial system came close to collapse only weeks after the Commission's report was published in 2008. National economies remain precarious in many parts of the globe.

And yet one of the key recommendations of the report is to improve the conditions of daily life for people who are currently disadvantaged. In such a difficult economic climate, an agenda that promotes better health by lifting people out of poverty will surely fall on deaf ears?

Marmot agrees that some of the findings of the report are difficult to hear. But he has been struck by how they have resonated with so many people.

outside of the control of the health sector, but have a huge influence on people's ability to lead healthy lives. This is one of the key themes of the report.

Getting people to work beyond their organisational and sectoral boundaries is notoriously difficult. Does Marmot think we can be any good at working in partnership?

"I work at a university; it's hard to find a place where people are more locked into their way of doing things. Likewise, in the world outside, it's a big challenge to get people to work across sectors, but that's what we have to do."

### **The Australian response**

In Australia, the Senate Standing Committee on Community Affairs established an inquiry in 2012 into the domestic response to the Commission's report.

**People working in local government know that early childhood impacts on health ... They know that being unemployed is a disaster for people's physical and mental health. They know that what we talked about in the review somehow speaks to them. – Sir Michael Marmot**

"[Our report] relates to people's lives. For example, people working in local government know that our experiences in early childhood carry through to health in adulthood. They know that being unemployed is a disaster for people's physical and mental health. They know that what we talked about in the review somehow speaks to them.

"They also understand that investing in tackling the social determinants of health can actually be good value for money," Marmot said.

In Australia, the recently formed **Social Determinants of Health Alliance (SDOHA)** argues that: "one of the beauties of the social determinants of health agenda ... is that it doesn't necessitate much – if any – spending".

A spokesman for SDOHA, Michael Moore, said that adopting the recommendations of the Commission's report "won't add dollars to the Budget, but would change the way politicians and bureaucrats think about health and the ways in which any policy decision can affect people's health – positively or negatively".

### **Working in partnership**

The key to success is getting all sectors to agree that "health equity is everyone's business".

Marmot says that working out how to engage with other sectors is a crucial role for health organisations at all levels: "partnership working is key".

Most of the social determinants of health – education, employment, housing, environmental conditions – lie

The committee released its **findings** on 20 March 2013. It recommends that:

- » the government adopts the WHO report and commits to addressing the social determinants of health relevant to the Australian context
- » the government adopts administrative practices that ensure consideration of the social determinants of health in all relevant policy development activities, particularly education, employment, housing, family and social security policy
- » the government places responsibility for addressing social determinants of health within one agency, with a mandate to address issues across portfolios, and that this organisation is required to make annual progress reports to Parliament
- » the National Health and Medical Research Council gives a higher priority to research on public health and social determinants.

The Federal Government is yet to respond to the Senate Committee report. But the evidence-based optimist in Marmot would be encouraged by the progress to this point, both here and elsewhere. It is, he says, ultimately about "creating a fairer society".

"I'd like to think that people are responding positively to that – that's why so many of us do what we do."



# Discrimination. A major barrier to health for people with disabilities

**The recent rollout of the Federal Government's national disability insurance scheme, DisabilityCare Australia, highlighted the importance of providing more support for people with disabilities. It is hoped the scheme will improve the lives of nearly half a million Australians by 2019.**

## **Victoria Kyriakopoulos reports.**

Currently people with disabilities suffer poorer mental and physical health compared to other Victorians. But the real causes of these health inequities are often due to discriminatory social attitudes, practices and structures rather than any physical or intellectual barriers.

VicHealth's recently-released research summary, *Disability and health inequalities in Australia*, developed in partnership with University of Melbourne, confirms that exclusion is one of the major barriers to good health among people with disabilities.

"The biggest myth is that it's because of their disability," says report co-author Monica Kelly, VicHealth's Acting Executive Manager for Participation and Equity for Health.

"There's still an assumption that people are going to suffer worse health because they have a disability – that the disability will have health consequences – but that's not necessarily the case.

"What people with disabilities are dying earlier of and getting sick from ... much of it has nothing to do with their disability but has to do with the fact that they suffer much greater discrimination, much greater violence and social isolation," explains Kelly.

## **People are dying unnecessarily**

The term 'disability' is usually used to describe a broad spectrum of physical, sensory, psychological and intellectual impairment and conditions. But the definition used by the UN Convention on the Rights of Persons with Disabilities, which Australia ratified in 2008, also incorporates, "the impact of attitudinal and environmental barriers that hinder full and active participation in society on an equal basis".

Until recently, little attention has been given to the restrictions in social participation and the unfair and avoidable barriers faced by people with a disability.

"The more we learn about this, the clearer it is that this is an important issue of social justice," says Eric Emerson, Professor of Disability Population Health at the University of Sydney's Centre for Disability Research and Policy.

Emerson, a leading international researcher on the health and social inequalities faced by people with disabilities, argues that while much of the research focus has been on intellectual disability, especially children, the issues around living conditions and discrimination in health care systems applies to all types of disability.

"There's a huge job to be done in mainstream health in trying to get across the significance of the lifestyle and discrimination factors in accounting for the poorer health of people with disabilities.

"It's not due to the person's impairment, it's due to the way that we as a society treat disabled people," he says.

## **VicHealth's disability action plan ... so everyone wins**

In Victoria, a health promotion framework for people with disabilities has been developed as part of the VicHealth's broader efforts to reduce health inequities by addressing the social and economic determinants of health.

Leading by example, VicHealth's *Disability Action Plan* is strengthening internal policies and practices to ensure that the organisation and culture is inclusive to all staff, visitors and stakeholders. Under the Victorian *Disability Act*, all public bodies are required to develop an action plan to reduce barriers and promote inclusion and participation.

As part of VicHealth's *Everyone Wins* program, six state sporting associations are being assisted to bring about sustainable organisation change to increase participation of people with a disability in all roles and at all levels in their sport.

## **Small steps and major shifts**

While there are no quick fixes, VicHealth believes societal changes can help prevent disadvantage and reduce unequal health outcomes – starting with small steps in workplaces, sporting clubs, and health organisations.

"We need to look at how we change the way our organisations work, how we as individuals change the way we think about people with a disability and, at a societal level, how we treat them," says Kelly.

Improving access to health care includes removing barriers such as inadequate transport or lack of assistance with communication, as well as addressing discriminatory attitudes among health staff.

Kelly argues that this is not just a matter of social justice or human rights, but an important public health issue.

"It's in my lifetime that people were denied basic medical care like antibiotics or heart surgery because they had a disability," she says.

One of the most significant examples of the impact of major shifts in social attitudes is improved access to medical care for people with Down syndrome.

"With much better medical care, the life expectancy for people with Down syndrome went from 18 years (in 1963) to over 60 years because for the first time we treated people with Down syndrome as people and provided access to medical care that was available to others in society," Kelly says.

Disability advocacy groups have welcomed VicHealth's initiative in casting the spotlight on the health of people with disabilities.

"To have a disability-specific *Enabling Health* strategy is a real step forward," says Disability Advocacy Resource Unit coordinator Robyn Gaile. "It's the first time there's been a proactive approach to identifying the underlying principles of supporting disabled people to be healthy."

## **Shining a light on disability and health inequity in Australia**

**In Australia, people living with a disability experience substantial disadvantage and suffer worse health than the general population.**

**Overall, people with disabilities have poorer mental health, and are more likely to have a chronic illness such as diabetes, heart disease, and high blood pressure.**

**More than 35% self-report poor or fair health compared to 5% of people without disabilities.**

## **People with a disability in Australia:**

- have lower incomes and are more likely to live in poverty than people without a disability
- are half as likely to be employed as people without a disability compared with the OECD average
- on average, have lower levels of education than the rest of the population across the range of impairment types
- are disadvantaged in the housing market and are particularly vulnerable to the effects of living in inappropriate accommodation
- are more likely to experience violent crime, especially females with intellectual disabilities.





# Sporting clubs

## strive for participation and health

**Football Federation Victoria and Basketball Victoria are providing physical activity opportunities to people in priority population groups, and have become leaders in the field, writes Peter Ryan.**

Football Federation Victoria does not have to explain the game of soccer to community members who have recently arrived in Australia from Africa.

The game, says Football Federation Victoria (FFV) Game Development General Manager, Salvatore Carmusciano, is a universal language. "One of the first things they (new arrivals) ask is where they can play football," said Carmusciano.

VicHealth identified culturally and linguistically diverse (CALD) communities, Indigenous Australians, women and people with a disability as those most likely to miss out on organised sport because of factors, often outside their control, that make participation difficult.

People from CALD communities, particularly newly arrived communities, are just some of the priority population groups VicHealth has targeted to engage in physical activity to address health inequities. Read the report [here](#).

The lack of physical activity and social connection among these groups contributes to poorer physical and mental health outcomes than the wider Victorian population.

Issues such as lack of time, participation costs, limited transport options, not being made to feel welcome, and lack of cultural understanding, all impact on a person's willingness and capacity to engage in regular physical activity.

**Football Federation Victoria: the little things that make the difference**

Carmusciano emphasises it's the little things local soccer clubs do that make a big difference in participation rates.

Little things like picking people up from where they live to drive them to and from training; supporting them to access and learn to navigate public transport; writing bi-lingual brochures or translating materials so they can learn with a familiar language. And providing resources to cover insurance and help with playing apparel. These are all critical factors to ensure those who want to be involved can play.

"The key for us is accessibility for everybody and having the flexibility to provide as many opportunities as we can to engage those groups in sport," said Carmusciano.

The work FFV is doing with member clubs, and individuals involved in those clubs, is at the front line of VicHealth strategies to address health inequities through sport. It's a perfect example of the way sporting associations can make small changes to their core operations to provide more inclusive opportunities for participation in physical activity.

**Physical activity: positively critical**

In Australia just 37% of the population does enough physical activity to obtain health benefits.

The World Health Organization leaves no doubt that the goal to increase physical activity is critical to improving population health, recommending that: "daily activity should be accepted as the cornerstone of a healthy lifestyle."

As well as improving fitness, physical activity also provides opportunities for social interaction, reduces isolation and creates more cohesive communities, all essential to improving mental health and wellbeing.

Research shows that communities with high levels of social cohesion, including participation in community organisations and activities, have better health than those with low levels of cohesion.

**VicHealth: supporting clubs to address inequities**

VicHealth's *Everyone Wins* toolkit is one example of a practical resource designed to support sports clubs to implement strategies to attract new members by creating welcoming environments. The toolkit is directed at those operating at a grassroots level and has advice on how to make clubs healthy environments for all.

Carmusciano says such support is critical because people on the ground – who are endeavouring to attract members and participants from groups underrepresented in participation rates – must "have a genuine interest and also have the right skills to foster those relationships". He knows that partnerships between club leaders and community leaders are critical to successful engagement of specific population groups.

**Basketball Victoria: making it happen**

Basketball Victoria's Disability Inclusion Officer Alice Hammond oversees programs developed to create participation opportunities for people with physical and intellectual disabilities. She has seen the connections that grow as a result of sport and the subsequent positive impact on mental health and wellbeing.

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**As well as improving fitness, physical activity also provides opportunities for social interaction...**

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[left to right] Galonzo Kabongo and Abdullahi Hassan at the Australian Somali Football Championships supported by Football Federation Victoria. The aim of the annual event is to engage with the African Australian communities and strengthen social connection around the game of football.

Her attitude is pragmatic, but conveys an energy that says change can occur. It's a matter of prioritising a diversity of participation and making it happen: "Fundamentally sport is sport. The processes may be a little different at times but essentially it's the same blueprint. It's about partnerships, it's about sustainability," said Hammond.

Hammond says those partnerships cannot be in name only. The only path to success is real dialogue.

"There is no point us trying to build programs for people with disabilities without actually knowing what works and doesn't work from their perspective. We also need to review and analyse so that we are actually on track with what we're trying to achieve."

Court hire is one barrier, so Basketball Victoria endeavours to lower that hurdle. Basketball Victoria also has skill development programs such as Carers to Coaches and Adaptive Coaching Workshops, which train people to become better coaches – equipped to effectively work with people regardless of background or circumstance.

Hammond said Basketball Victoria's real challenge is to embed such a strong culture of inclusion that the role of an Inclusion Officer is not even necessary.

Even in an organisation as progressive as Basketball Victoria, this represents a major cultural shift and a change in people's mindset. But it is a serious and achievable goal.

"If we can change the culture, inclusion will just become part of everyday business and not something extra that people have to do," Hammond said.

The organisation has conducted staff workshops, is completing a Disability Action Plan, and has made inclusion a priority in the Basketball Victoria Strategic Plan to make everyone accountable for inclusion.

"Essentially we are trying to breakdown barriers," said Hammond. "A lot of people don't get involved because it is the unknown and a lot of people are a little afraid of the unknown."

**Participation is an everyday thing**

Hammond highlighted the work of The McKinnon Basketball Association, saying they have done a great job at making participation for all part of its day-to-day business. The association has provided a strong example of what can be achieved when everyone's participation becomes the norm.

Programs like this show that, when the interests of organisations align, and work at the grassroots is supported, participation among priority population groups can increase. There is little doubt of the effect that can have.

By creating opportunities for more people to have access to their sport by striving for structural and cultural change within their organisations, Football Federation Victoria and Basketball Victoria are playing a part in reducing inequities and improving the Victorian community's health and wellbeing.

"When it comes to increasing physical and mental health, sport truly does it," said Carmusciano.

Read more VicHealth resources on physical activity [here](#).





## Ensuring a lifetime of good nutrition

It is well established that poor diet in childhood may lead to higher body weight, higher risks for cardiovascular disease and diet-related cancers, but recent VicHealth research revealed that child and adult diets are more closely connected than we might think.

Launched this May, VicHealth produced two videos about important research by Research Fellow Dr Karen Campbell from The Infant Program. The research found that children learn to prefer food in the first few years of life and this will influence what they eat as an adult.

In Australia, by the age of three, most children are eating non-nutritious foods every day and they are spending far too much time in front of the television. As a result, one in five of our toddlers is already overweight or obese.

Campbell's research has focused on combating these alarming statistics. With her colleagues, she has designed and delivered education sessions to support parents to raise healthy children through early childhood.

In The Infant Program, new mothers in Victoria meet for six weekly sessions over the course of their child's early development – from birth to 18 months – to learn about healthy eating and active play right from the start.

The new videos are a great introduction to Campbell's program.

**Read more and watch the video:**  
[www.vichealth.vic.gov.au/infant-program](http://www.vichealth.vic.gov.au/infant-program)

## Creating equity in sport and recreational opportunities for all Victorians

This year we published the evaluation of VicHealth's Participation in Community Sport and Active Recreation (PICSAR) Program, which funded 61 Victorian projects from 2007 to 2011. The *More than just sport* report captures the lessons and challenges learned in the process of increasing participation of Victorians in community sport and recreation.

PICSAR had a particular focus on improving social connection and reducing health inequities to improve community health and wellbeing by targeting those who are unrepresented in sport: people with disabilities, Aboriginal Victorians, culturally and linguistically diverse communities, and people from low socioeconomic backgrounds.

The PICSAR experience showed the benefits of multi-pronged approaches through strong partnerships in encouraging more people to play sport. It has shaped VicHealth's priorities in recent years as well as future sports funding.

**Read the evaluation:**  
[www.vichealth.vic.gov.au/more-than-just-sport](http://www.vichealth.vic.gov.au/more-than-just-sport)



## Australia's first research on race-based discrimination

VicHealth recently funded a unique research report into bystander behaviour and racism in Victoria. *Choosing to act: Bystander action to prevent race-based discrimination* was launched in June this year.

The research, conducted by the University of Melbourne and the Social Research Centre, surveyed 601 Victorians about their responses to various racist scenarios. Participants were asked about their experiences of witnessing racism in the past 12 months and what they actually did when they saw racism and their motives for acting or not. We found varying degrees of willingness to intervene, depending on the situation.

What excites us about this research is the groundswell of community support for ending racism in Victoria (83%) and that one-third of our interviewees would act in any scenario.

But, more importantly, we're interested in the 13–34% of respondents who were uncomfortable about witnessing racism but felt unable to act. These people represent an extremely valuable untapped community resource in the fight against racism.

The findings provide a sound evidence base to develop further programs that encourage pro-social bystander action and help prevent the serious health impacts caused by racist behaviour.

**Read the research reports:**  
[www.vichealth.vic.gov.au/choosing-to-act](http://www.vichealth.vic.gov.au/choosing-to-act)

**Watch the video:**  
[www.vichealth.vic.gov.au/bystander-action-infographic](http://www.vichealth.vic.gov.au/bystander-action-infographic)



## Social Marketing Research Fellow appointed

In a first for VicHealth, Doctor Krzysztof Kubacki at Griffith University has been appointed to undertake a five-year Social Marketing Research Practice Fellowship. This fellowship acknowledges the advanced role social marketing will play across VicHealth's strategic imperatives in order to drive change in awareness, attitudes and, ultimately, behaviour.

The use and spread of digital communications has become the paradigmatic example of a globalised operating context, transforming conventional business models and society at large. Leading practitioners have urged the health promotion field to make better use of new and emerging technologies. As a pioneer in health promotion VicHealth has committed in its new Action Agenda for Health Promotion to drive bold new ways to address our health priorities using digital platforms.

As part of his work Dr Kubacki will investigate effective use of digital technologies in social marketing. Dr Kubacki has a demonstrated track record in social marketing research, particularly translating social marketing research into business-friendly, applicable practice guidelines. His work will help VicHealth to continue delivering high quality evidence to benefit all Victorians.

## Surveying community attitudes to violence against women

Domestic abuse and sexual assault against women are community issues impacting our wives and partners, mothers, daughters, friends – everyone. One in three women over their lifetimes will be physically assaulted. One in five will be sexually assaulted.

These alarming statistics demonstrate the very real need for changes in behaviour among Australians.

Understanding community attitudes can help us learn from and understand what people think about violence against women, so that we are better placed to know how to prevent it.

The 2014 *National Survey of Community Attitudes to Violence Against Women* (or NCAS) is being led by VicHealth in

partnership with the Commonwealth government as part of the *National Plan to Reduce Violence Against Women and their Children 2010–22*. VicHealth is leading NCAS as part of its broader program (established in 2002) to build knowledge and skills to prevent violence against women.

The survey is being implemented in collaboration with the Social Research Centre, Cultural Partners Australia, the University of Melbourne and a team of national academic and practice experts on violence against women.

**Read more:**  
[www.vichealth.vic.gov.au/preventing-violence-research](http://www.vichealth.vic.gov.au/preventing-violence-research)



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## Further reading

The Solid Facts:

[http://www.euro.who.int/data/assets/pdf\\_file/0005/98438/e81384.pdf](http://www.euro.who.int/data/assets/pdf_file/0005/98438/e81384.pdf)

Commission on Social Determinants of Health:

[http://www.who.int/social\\_determinants/thecommission/en/](http://www.who.int/social_determinants/thecommission/en/)

World Conference on Social Determinants of Health Rio de Janeiro, Brazil, 19-21 October 2011:

<http://www.who.int/sdhconference/en/>

Rio Political Declaration on Social Determinants of Health:

<http://www.who.int/sdhconference/declaration/en/>

Marmot Review (England): <http://www.marmotreview.org/>

European Review of Social Determinants of Health:

<http://www.who.int/sdhconference/background/news/europeanreviewofsocialdeterminantsofhealth/en/>

Social Determinants of Health Alliance (SDOHA):

<http://socialdeterminants.org.au/>

Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report

*Closing the gap within a generation* (Senate report):

[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Committees?url=clac\\_ctte/completed\\_inquiries/2010-13/social\\_determinants\\_of\\_health/report/index.htm](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Committees?url=clac_ctte/completed_inquiries/2010-13/social_determinants_of_health/report/index.htm)

Healthy Lives, Healthy People: our strategy for public health in England:

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

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