



4.2 Social determinants of health

Evidence supports the close relationship between people's health and the living and working conditions which form their social environment. Factors such as socioeconomic position, conditions of employment, power and social support—known collectively as the social determinants of health—act together to strengthen or undermine the health of individuals and communities. The World Health Organization (WHO) describes social determinants as:

...the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces (CSDH 2008).

According to the WHO, social inequalities and disadvantage are the main reason for unfair and avoidable differences in health outcomes and life expectancy across groups in society. In 2015, the all-cause mortality rate for people in the lowest socioeconomic group was 1.5 times as high as for people in the highest socioeconomic group (see Chapter 5.1 'Socioeconomic groups'). This is reflected in life expectancy gaps. In 2011, Australian males and females in the lowest socioeconomic group lived, on average, 5.7 and 3.3 years less than males and females in the highest socioeconomic group.

This snapshot provides a brief overview of some of the key social determinants of health in Australia.

Socioeconomic position

Socioeconomic position can be described by indicators such as educational attainment, income or occupation. In general, every step up the socioeconomic ladder is accompanied by a benefit for health. The relationship is two-way—poor health can be both a product of, and contribute to, lower socioeconomic position (see Chapter 5.1 'Socioeconomic groups').

- In 2017, 66% of people aged 20–64 held a non-school qualification, an increase of 8.5 percentage points since 2007 (ABS 2017a).
- Around 13% of the Australian population were estimated to be in relative income poverty in 2013–14, a figure that has changed little over the last 10 years (ACOSS 2016).
- Among major occupation groups, Managers had the highest average weekly total cash earnings in 2016 (\$2,298), and Sales workers, the lowest (\$652) (ABS 2017b).

Early life

The foundations of adult health are laid in-utero and during the perinatal and early childhood periods. The different domains of early childhood development—physical, social/emotional and language/cognition—strongly influence school success, economic participation, social citizenship and health.

- One in 10 (10%) mothers who gave birth in 2015 smoked at some time during their pregnancy, a drop from 15% in 2009. In 2015, smoking rates varied from 3.4% in the highest socioeconomic group to 18% in the lowest socioeconomic group.





- More than 1 in 5 (22%) children entering primary school in 2015 were assessed as being developmentally vulnerable on one or more domains, including physical health and wellbeing, social competence, emotional maturity, language and cognition skills, or communication skills and general knowledge.
- One in 10 (10%) children aged 4–12 were classified as having abnormal social and emotional wellbeing in 2013–14, affecting their individual and relational characteristics in their home, school and community environments.

Social exclusion

Social exclusion is a term that describes social disadvantage and lack of resources, opportunity, participation and skills (McLachlan et al. 2013) (see Glossary). Social exclusion through discrimination or stigmatisation can cause psychological damage and harm health through long-term stress and anxiety. Poor health can also lead to social exclusion.

- More than one-fifth (22%, or 4.3 million people) of Australians aged 15 and over experienced some degree of social exclusion in 2015, with 5.3% (1.0 million) experiencing deep social exclusion and 1.1% (210,000) very deep social exclusion (Brotherhood of St Laurence & Melbourne Institute 2017).
- People in certain groups are more likely to experience social exclusion, including women, people aged over 65, immigrants from non-English speaking countries, Aboriginal and Torres Strait Islander people, people with disability or a long-term health condition, early school leavers, single-person and lone-parent households, and public housing tenants (Brotherhood of St Laurence & Melbourne Institute 2017).

Employment and work

The psychosocial stress caused by unemployment has a strong impact on physical and mental health and wellbeing. Once employed, participating in quality work helps to protect health, instilling self-esteem and a positive sense of identity, while providing the opportunity for social interaction and personal development.

- The proportion of the Australian population aged 15 and over who are employed (employment-to-population ratio) has fluctuated over the last 20 years, from 58% in December 1997 to 62% in December 2017. Over the same period, the unemployment rate fell from 7.9% to 5.4% (ABS 2017c).
- In June 2017, there were 1.4 million jobless families in Australia (21% of all families)—a similar figure to that in June 2012 (20%)—and around 339,000 jobless families (11%) had dependants (ABS 2017d).

Housing and homelessness

Access to appropriate, affordable and secure housing can limit the risk of Australians being socially excluded by factors such as homelessness, overcrowding and poor physical and mental health.

Poor-quality housing influences physical and mental health. Young people, Indigenous Australians, people with long-term health conditions or disability, people living in





low-income housing, or people who are unemployed or underemployed are at greatest risk of living in poor-quality housing (Baker et al. 2016).

- On Census night in 2016, more than 116,000 men, women and children in Australia were estimated to be homeless, or 50 per 10,000 population—an increase of 4.6% from 48 per 10,000 population in 2011 (ABS 2018).
- As at 30 June 2016, around 195,000 households were on social housing waiting lists, with 47% having waited for more than 2 years.
- In 2016, overcrowding in households, based on those households needing one or more extra bedroom, was 3.8%, up from 3.4% in 2011. Overcrowding was much higher for Indigenous households at 10% (but down from 12% in 2011).

Built environment

The built environment is the setting for human activity. It affects health equity through its influence on local resources, behaviour and safety. The built environment also affects other social determinants, including housing conditions, access to work and educational opportunities.

Urban environments that promote health encourage and support physical activity; they also strengthen social interaction and enable access to healthy food.

- Almost all (98%) Canberra residents lived within 400 metres of public green space in 2011, compared with 79% of Melbourne residents (Coleman 2017).
- Nearly one-quarter (22% or 2.0 million people) of commuters had lengthy travel times of 45 minutes or more one way in 2012, with resultant financial costs through journey delay, as well as stress, fatigue and other health impacts (Coleman 2017).

Better health through action on social determinants

Action on the social determinants of health is an appropriate way to tackle unfair and avoidable health inequalities.

One study estimates that if action were taken on social determinants—and the health gaps between the most and least disadvantaged closed—0.5 million Australians could be spared chronic illness, \$2.3 billion in annual hospital costs could be saved, and Pharmaceutical Benefit Scheme prescription numbers cut by 5.3 million (Brown et al. 2012). In Australia, a focus has been on social and cultural determinants aiming to close the gap in Indigenous health (see Chapter 6.6 'Social determinants and Indigenous health').

The WHO Commission on Social Determinants of Health has suggested that countries adopt a 'whole-of-government' approach to deal with the social determinants of health, with policies and interventions from all sectors and levels of society (WHO 2011). The evidence shows that actions within four main areas (early child development, fair employment and decent work, social protection, and the living environment) are likely to have the greatest impact on the social determinants of health (Saunders et al. 2017).





What is missing from the picture?

Data and analysis gaps limit the monitoring of social determinants. Many health data collections do not include socioeconomic information. There is scope to link health and welfare data—as in the South Australian Early Childhood Data Project (Nuske et al. 2016)—to provide a broader understanding of the experience of population cohorts, the relationships between health and welfare, and greater evidence for causal pathways to good health.

Where do I go for more information?

A detailed discussion of social determinants of health appeared in *Australia's health 2016*. For more information on disadvantage and social inequalities, see the AIHW report *Australia's welfare 2017*.

The WHO plays a leading role in supporting countries to take action on the social determinants of health: <www.who.int/social_determinants/sdh_definition/en>.

References

- ABS (Australian Bureau of Statistics) 2017a. Education and work, Australia, May 2017. ABS cat. no. 6227.0. Canberra: ABS.
- ABS 2017b. Employee earnings and hours, Australia, May 2016. ABS cat. no. 6306.0. Canberra: ABS.
- ABS 2017c. Labour force survey, April 2017. ABS cat. no. 6202.0. Canberra: ABS.
- ABS 2017d. Labour force, Australia: labour force status and other characteristics of families, June 2017. ABS cat. no. 6224.0.55.001. Canberra: ABS.
- ABS 2018. Census of population and housing: estimating homelessness, 2016. ABS cat. no. 2049.0. Canberra: ABS.
- ACOSS (Australian Council of Social Service) 2016. Poverty in Australia 2016. Sydney: ACOSS.
- Baker E, Lester LH, Bentley R & Beer A 2016. Poor housing quality: prevalence and health effects. *Journal of Prevention & Intervention in the Community* 44:219–32.
- Brotherhood of St Laurence & Melbourne Institute 2017. Social exclusion monitor. Melbourne: Brotherhood of St Laurence. Viewed 19 January 2017, <<https://www.bsl.org.au/research/social-exclusion-monitor/>>.
- Brown L, Thurecht L & Nepal B 2012. The cost of inaction on the social determinants of health. Report no. 2/2012: CHA-NATSEM second report on health inequalities. Canberra: National Centre for Social and Economic Modelling.
- Coleman S 2017. Australia: state of the environment 2016: built environment. Canberra: Department of the Environment and Energy.
- CSDH (Commission on Social Determinants of Health) 2008. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: World Health Organization.
- McLachlan R, Gilfillan G & Gordon J 2013. Deep and persistent disadvantage in Australia. Canberra: Productivity Commission.
- Nuske T, Pilkington R, Gialamas A, Chittleborough C, Smithers L & Lynch J 2016. The early childhood data project. Research series 2016. Adelaide: School of Public Health, The University of Adelaide.
- Saunders M, Barr B, McHale P & Hamelmann C 2017. Key policies for addressing the social determinants of health and health inequities. Copenhagen: World Health Organization Regional Office for Europe.
- WHO (World Health Organization) 2011. Closing the gap: policy into practice on social determinants of health: discussion paper. Geneva: WHO.

