

System Responses to Socioeconomic Determinants of Health

Introduction

There is definitely a directly proportional relationship between low socioeconomic status and health. A statement like this needs referencing. Health is defined as having physical, mental, social and spiritual components as a balance in one's life. This sentence does not make sense. If any one of the components is tipped out of balance then health is affected. says who? Again, a reference needed. Studies have illustrated that people with low socio-economic status are more prone to suffer from ill health and it could be due to multi-factorial reasons. Which studies?. There are many ways of looking at patterns and trends in health and illness. Health and illness are socially stratified and there are a growing number of papers and reports that provide a picture of the social distribution of health and illness. Some of the groups identified as being of low socio-economic status are:

- 1]-Families at or below the poverty line
- 2]-Indigenous Australians
- 3]-Refugees and Asylum Seekers
- 4]-Homeless People

The Australian Government through its policies and procedures attempts to alleviate some of the problems that these groups face. The challenge that the Public Health System faces is to understand the social patterns of health and illness and then improve and refine the existing measures. According to whom? Why should we just look at existing measures? This sort of statement should not appear in an introduction to a lit review. Instead, we need to know what you are going to do in the review and what the overall direction of the argument is.

- 1] Families that live at or below the poverty line

Poverty has a strong influence on health. This sentence should have started off as "According to Travers and Richardson, 1993, Australian studies et etc. If, indeed, that's what Travers has argued. Australian studies are closely aligned to the British tradition where poverty surveys were done using the income as the main measure [Travers and Richardson,1993].The notion of relative poverty was introduced as absolute poverty proved to be of a less useful concept in developed countries. this needs explaining. Townsend's [1979,p.31] work on poverty demonstrates this approach well-` Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved in the society to which they belong`.

In Australia the most commonly used measure of poverty is the Henderson Poverty Line. This was developed by Ronald Henderson whilst doing the Government Inquiry into

Poverty Reference required. It estimates how much a family of different sizes or an individual would need to pay for their essential living costs. It's Use It is, not shortened forms of speech a representation of a very basic living standard. It's regulated in line with the average income. Families at or below the poverty line have inadequate income resulting in poor standard of living in terms of food, shelter, clothing and health. They are also unable to participate fully in society through lack of employment, education, recreation and social relationships Reference required.

Lloyd, Harding and Payne-2004 estimated the poverty rate among Australians using the OECD Half Median Poverty Line. They found the poverty rate to be 11%, which meant that 1 in 9 Australians lived in poverty. Having low incomes meant living in poor areas which became a vicious cycle of un-employment, social marginalization and stigmatization. It also puts a lot of pressure to work longer hours in order to meet the demands of a family which in turn decreases the time available for family and community work. This all needs referencing.

Education and training are essential in helping to reduce poverty. Studies by Lloyd, Harding and Payne, 2004, demonstrated that in 2001, the risk of those with no qualification living in poverty was 13.6% This is a meaningless statement. Risk of what? 13.6% of what?.

2] Indigenous People

Aboriginal people of Australia have exceptionally poor health status partly because of their genetic make up and partly due to their low socio-economic status A big statement that needs justifying through making references to published work which argues this..

Data from Western Australia and Northern Territory suggest that the all – cause mortality rate was 2.1 times higher for Aboriginal and Torres Strait Islander peoples compared to other Australians This is better: we have a fact here, but still no justification for this being caused by low SES or genetics. The burden of disease suffered by Indigenous Australians is estimated to be 2 1/2 times greater than the burden of disease in the total Australian Population Is this repetition? Is all cause mortality the same as the burden of disease. This student sounds confused.

Specific Causes Of The Burden Of Disease This heading makes no sense. The paper seems to be arguing that social conditions are associated with a greater burden of disease, then here the author goes on to discuss clinical issues and illnesses.

A] Ischemic Heart Disease

This was the major cause of the disease burden experienced by Indigenous males. It accounted for 12% of the total Indigenous male burden Reference?. Ischaemic heart disease is a circulatory system disease of which the underlying problem is atherosclerosis – a process that clogs blood vessels with deposits of fat and cholesterol which build up on the inner lining of the vessels. It becomes most serious when it affects the blood supply to the heart which can lead to angina, heart attack or sudden death. If it affects the blood

supply to the brain, it can cause stroke We don't need these clinical details in a lit review about social disadvantage and ill health.

Hospitalization for Circulatory Disease for Indigenous Australians were twice the rates when compared to other Australians. This is demonstrated by table 7.12 in AIHW

National Morbidity Database Inadequate form of referencing.

Hospitalization for high blood pressure was also substantially higher in the Indigenous population than among other Australians. No attempt made to explain why this might be so in social terms.

B] Rheumatic Heart Disease

Rheumatic Heart Disease is the long term damage caused to the heart muscle or heart valves as a result of Acute Rheumatic Fever. Acute Rheumatic Fever is a delayed complication of throat/skin infection caused by Streptococcus A Bacterium. Both of these conditions are preventable. They are always associated with over-crowding and poor sanitary conditions. Since there is poor access to medical care, these diseases don't get proper diagnosis or don't get the correct treatment This sounds like the author's opinion, which is not backed up by reference to the literature. If you are doing a lit review, you need to include the lit!. This leads to their occurrence and re-currence in some groups of population. A register has been kept in the Top End of the Northern Territory since 1997 and in Central Australia since 2002 for people with known or suspected Rheumatic Fever and Rheumatic Heart Disease Reference?. Between 2003 and 2006, 250 new cases were diagnosed out of which 246 were Aboriginal or Torres Strait Islander people Reference?.

C] Diabetes Mellitus

This is a significant problem for Aboriginal Australians. There are 3 main types of diabetes ie. - Type1- characterized by total absence of insulin in the body.

- Type2- very low levels of insulin in the body or inability of the body to use insulin properly.

- Gestational- occurs only during pregnancy and disappears when the baby is born.

A comparison was done by whom? which showed that Indigenous Australians had diabetes three times higher than other Australians. [graph 7.15-chapter7- Health Status in The Health and Welfare of Aboriginal and Torres Strait Islander Peoples]. The greatest difference was among those aged 35-44yrs and 45-54 yrs. The rate of Diabetes was about 5 times higher in Indigenous Australians than non- Indigenous Australians. It also revealed that that hospitalization rates for all types of diabetes was about 4-5 times higher in the Aboriginal community. One of the major complications of uncontrolled diabetes is kidney dysfunction. The main function of the kidneys is to regulate the water content, mineral composition and acidity of the body. They are also involved in excretion of the metabolic waste products. Disease affecting the kidneys has a major impact on the quality of life. When the kidneys cease to function properly, there is a build up of waste products in the body with water retention Again, too much science and clinical analysis, not enough about the main point of reviewing the literature on social disadvantage and health.

The treatment for this is renal dialysis and the patient might actually need kidney transplantation to maintain life. ANZDATA is a registry which contains names of people with end stage renal disease. In 2005- 2,654 new patients registered with ANZDATA. Out of these 207 were identified as Aboriginal or Torres Strait Islander. Prevalence of presumed serious renal disease in disorders of Aboriginal people is eight times that of the general population. Hoy, Norman et al.[1997] have speculated that the rates of kidney disease in some remote communities may be among the highest in the world. OK, but WHY?? Again, no argument made about social conditions.

D] Anxiety and Depression

There are high levels of unmet need in relation to mental health Says who?. Aboriginal people suffer mental health problems at a very high rate which when it goes unchecked results in self harm, suicide, domestic violence, child abuse and substance abuse. Trauma and grief are sometimes overwhelming problems and escape may result in alcohol dependency References required for all of these points.

For the first time national data about the social and emotional wellbeing of indigenous adults were collected in the 2004-05 NATSIHS Needs referencing. It included measures of psychological distress, the impact of psychological distress, positive wellbeing, feelings of anger, perception of discrimination, cultural identification and removal from family. A “Kessler-5”[K5] score was used to measure the psychological distress. The results indicated that 27% of indigenous adults had very high levels of psychological distress and it did not differ significantly by age group or geographic remoteness. By utilizing data from both the 2004-05 NATSIHS and K5 score, it was seen that Indigenous Australians had twice the levels psychological stress.

The 1997 Wilson Report, “The Stolen Generation”, has focused attention on the lasting trauma on a whole generation of Aboriginal people What is this? What does it have to do with stress levels? Plenty. But the author has failed to provide an argument with reference to the mass of literature which has something to say on this issue..

E] Health Risk Factors

There is strong evidence from Australia and other developed countries that low socio-economic status is associated with poor health and increased exposure to health risk factors Repetition but at least we have a few references![Blakely, Hales & Woodward 2004;Turrell & Mathers 2000;Carson et al 2007]. For example it was shown that indigenous people with low levels of educational attainment engaged in behaviors that were detrimental to their health. They smoked regularly, consumed alcohol at high risk levels, refrained from exercise and intake of fresh fruits and vegetables was very low on a daily basis.

Tobacco smoking was the leading cause of the burden of disease and injury for Indigenous Australians in 2003, accounting for 12.1% of the total burden and 20% of all deaths [Vos et al 2007]. While smoking rates have decreased slightly over the years for the total Australian population, there has been no significant change in smoking rates for the Indigenous population Reference required, plus arguments reviewed as to why this might be the case. High incidence of cancers of the lung, mouth and throat were found

among the Aboriginal people. This has been attributed to high rates of smoking starting early in life.

Another risk factor is excessive alcohol consumption. Those who regularly drink at harmful levels place themselves at increased risk of chronic ill health and premature death. In 2003, alcohol was associated with 7% of all deaths and 6% of the total burden of disease for Indigenous Australians[Vos et al 2007].

There has been an abundance of national policies to improve the health of Indigenous Australians but it seems that none of them have been very effective A big statement, made without argument or foundation. A study was done to understand the problems within the Indigenous health policy process and how these problems impacted on the policy implementation Which study? By whom?. At the end of the study three specific themes were demonstrated as the weaknesses in policy process from the formulation stage onward. There was a need for – increased Indigenous involvement in policy formulation at the senior Australian Government level.

- increased participation of Indigenous community-controlled health organizations in the policy making process
- Ensuring that policies have the necessary resources for their implementation.

The disease burden of Indigenous peoples is a global concern. Many developed countries like America, NZ and Canada have made significant gains in Indigenous health over recent years, except Australia Evidence? References?. The disease pattern and history of the Aboriginal Australians is not unique. Unlike the other countries, Australia has never had a formal treaty between Indigenous Australians and the colonizers of Australia. This treaty has played a significant role in the development of health services, in social and economic issues for the Indigenous peoples of NZ, Canada and the US.

3] Refugees and Asylum seekers.

The numbers of refugees and asylum seekers is growing and this has become a new public health concern Says who? Again, reference missing. When people flee their own country, they seek sanctuary in a different state/country. They apply for ‘asylum’ ie. The right to be recognized as a refugee with legal protection and material assistance as the status implies. When these refugees and asylum seekers flee their country of origin, they take significant risks with their lives and health. Some could have been victims of political terrorism in their own country and suffered torture before escaping. Many are also separated from their family and friends. Once they are accepted in a host country, the after effects of torture and years of living as a refugee take their toll. They often experience mental health problems [UNHCR,1995]. Australia’s policy of detaining asylum seekers in a detention centre is likely to have a severe impact on the mental health of these migrants Reference?.

There is constant outbreak of infectious diseases in the refugee camps which pose a massive public health concern Reference?. Another public health concern is the need for clean water and sanitation. The hard line policies (Value judgement – avoid this in a literature review.) adopted by the Government for asylum seekers have met with resistance from the Australian public in recent times Reference?. Protests have been staged at detention centers which have resulted in some of the detention centers closing down and the Government stopping the practice of holding children in detention. Asylum seekers and refugees pose significant Don't use the word "significant" unless it is statistically so. Compared to, for example, the number of adverse events in hospitals, a handful of asylum seekers having health needs hardly seems significant challenges to the global community. Effective mechanisms need to be put in place so that these people are treated in a fair and just manner.

4] Homeless People

Mortality rates of homeless people are three times more than that of the general population Reference?. They hardly use Avoid colloquialisms the general healthcare system but use emergency services at high rates Reference?. Most of the times these chronically homeless people have severe alcohol problems. Their health conditions and mortality rates are similar to those found in developing countries with the average age at death being about 42 to 52 years. 30%-70% of deaths are related to alcohol Where are the references?.

An intervention program in Seattle was done by whom? When? which provided the chronically homeless people with shelters and treatment in house. The provision of housing reduced hospital visits, admissions, reduced was the use of acute medical services and decreased duration of hospital stays poor expression. This program was targeted at chronic homeless adults with severe alcohol problems who used the local emergency services at the highest levels. The project was controversial since it allowed residents to drink in their own rooms. Abstinence based housing was not a pre-requisite since it would not allow these chronically homeless people to be housed.

The outcomes from the intervention were quite positive as it decreased the over-all costs to the public health system. With this significant saving it also demonstrated reduction in alcohol use for individuals who were housed over the course of the first year. The findings suggest that permanent rather than temporary housing may be necessary to fully realize the cost saving as benefits continued to accrue the longer the individuals were housed. It also improved their basic standard of living No references reviewed in this paragraph whatsoever.

Conclusion

As we have read from statements (not argued) above that there is a significant relationship between health and low socio-economic status. The student has failed to explore this issue properly. The problem exists within a country and between different countries. There is social stratification of health which means that dramatic differences in health exist that are closely linked with degrees of social disadvantage. Such huge

differences should never have happened No value judgements in lit reviews!. These inequalities in health are avoidable. The circumstances in which people grow, live, work and age and the systems that have been put in place to deal with illness can give rise to these inequities. The political, social, and economic forces shape the conditions in which people live and die. These social and economic policies have a determining impact on whether a child will grow and develop to his/her full potential and have a flourishing life or his/her life would be hampered with illness and deprivation This is a quote from a famous piece of work which has not been referenced, or put in inverted commas to show that it is a quote. The nature of the health problems that the rich and the poor countries have to solve is very similar. The quality of a population's health indicates how developed that society is. It's determined by how fairly health is distributed across the social spectrum, and how the citizens are protected from disadvantage as a result of ill-health. In 2005 World Health Organization[WHO] set up a commission on Social Determinants of Health. The aim of this commission was to get evidence as to what could be done to promote health equity and to create a global movement to achieve it. One of the outputs was that several countries and agencies became partners seeking to frame policies and programs across the whole of society that influence the social determinants of health and improve health equity. These countries and partners are the leaders in a global movement. The Commission established calls on all the governments and WHO to lead global action on the social determinants of health with the aim of achieving health equity. It is essential that all of these organizations come together now in taking action to improve the lives of the world's citizens Again, this sounds like someone else's words. Achieving equal health throughout the social spectrum within a generation is possible if all governments and agencies work together sincerely.

Bibliography

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