

Fair Health Facts 2009



Summary

Health is a necessary resource for living. With good health people are capable of growing, learning, sharing and enjoying life – they can participate fully in society and the economy. Inequalities (or avoidable and unfair differences) in health provide a fundamental measure of the fairness of a society.

The 15 summary indicators presented in this report together provide a brief but comprehensive picture of fair health in Victoria. Where reliable data are available, the Victorian average is compared to the experiences of four population groups identified by *A Fairer Victoria*. Those groups are:

- socio-economically disadvantaged,
- Indigenous,
- residents of rural and regional areas,
- people from non-English speaking backgrounds.

The indicators have been organised into four sections that reflect a model of cause, potential change and current action.

The aim of reducing inequalities in health is already integral to Victorian health and human services programs. This is evident from investments in Victoria’s acute health system, prevention programs such as tobacco control and broader action to address social disadvantage.

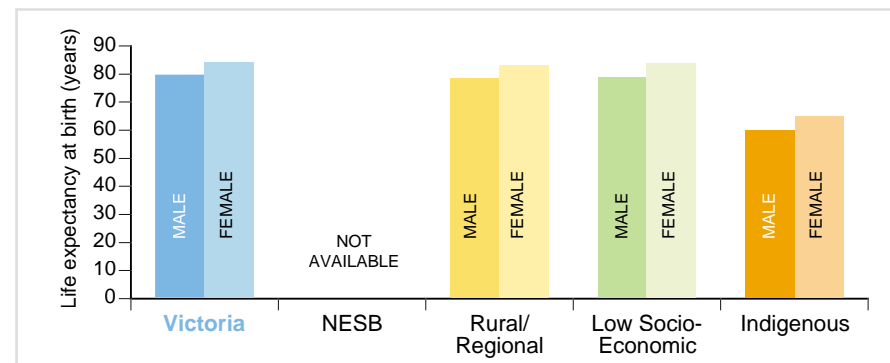
This report was prepared by the Allen Consulting Group for the Victorian Department of Human Services. A more detailed report with data sources, qualifications and discussion has also been prepared as a companion to this summary.

HEADLINE HEALTH OUTCOMES

INDICATOR 1 LIFE EXPECTANCY

Life expectancy at birth is an important measure of long-term health and wellbeing. Every step up the social ladder results in increased life expectancy – this is true in Victoria and around the world. In Victoria, the average life expectancy is 79.8 years for men and 84.3 years for women. However, the life expectancy gap between Indigenous Victorians and non-Indigenous Victorians is 19.8 years for men and 19.2 years for women. This gap is larger than between many other Indigenous and non-indigenous populations across the world.

MALE AND FEMALE LIFE EXPECTANCY

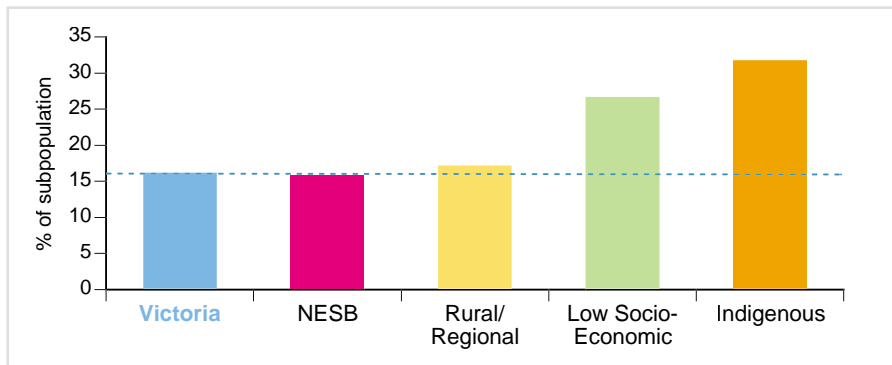


Year: 2005; Source: DHS, Health Intelligence Unit analysis & ABS, cat. no. 4704.0
www.health.vic.gov.au/healthstatus/le.htm

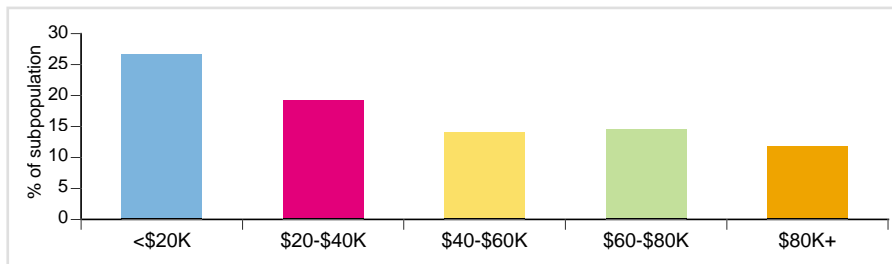
INDICATOR 2 SELF-REPORTED HEALTH

Self-assessed health is a reliable indicator of illness, overall well-being and health service use. The proportion of Indigenous and low socio-economic Victorians rating their health as poor or fair suggests long-term/persistent health problems that inhibit their ability to enjoy life and participate fully in society. Victorians from a non-English speaking background report better results than the general Victorian population – this suggests the potential for improvement for all other population groups. Additionally, each step up the social ladder corresponds with improvement in self-reported health.

POOR/FAIR SELF-REPORTED HEALTH STATUS BY SUBPOPULATION



POOR/FAIR SELF-REPORTED HEALTH STATUS BY INCOME

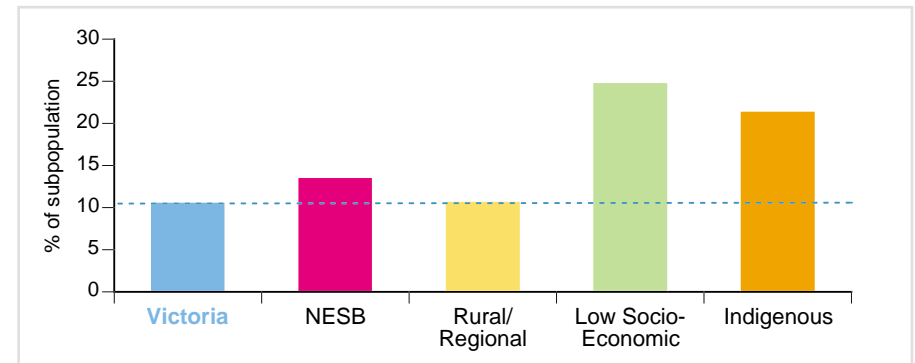


Year: 2007; Source: DHS, Victorian Population Health Survey, 2007 (VPHS) www.health.vic.gov.au/vphs.htm

INDICATOR 3 MENTAL HEALTH

Psychological distress is an important indicator of overall health and wellbeing. The proportion of low socio-economic status and Indigenous Victorians reporting high or very high levels of psychological distress suggests that these populations have significant psychological strain in their lives which can influence their ability to fully participate in society and attain optimum wellbeing. This type of psychological distress can manifest itself as depression, anxiety and anger and can be transient and short lived or long term.

HIGH/VERY HIGH KESSLER 10 SCORE

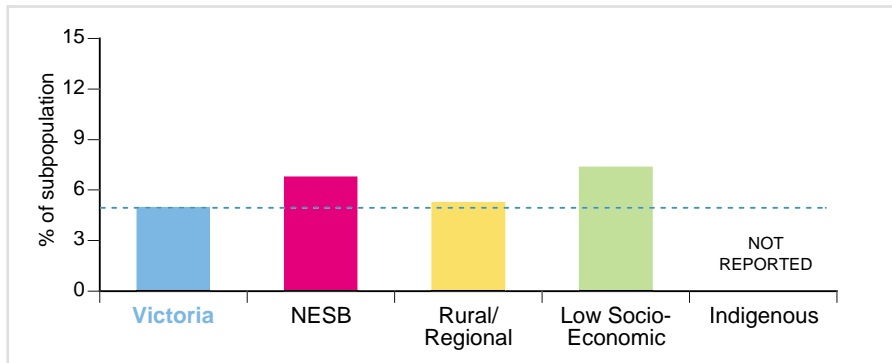


Year: 2007; Source: VPHS

INDICATOR 4 DIABETES PREVALENCE

Diabetes is one of several key chronic diseases that together account for 80% of the disease burden in Victoria. Victorians with low socio-economic status and from non-English speaking backgrounds have higher than average rates of diabetes. This also puts them at greater risk for other diseases, especially cardiovascular disease (where there is also observable inequalities). Measuring prevalence is difficult because half of cases are estimated to be undiagnosed. Data estimates for Indigenous Victorians are unreliable so are not reported here but research indicates that prevalence within the Indigenous population in Australia is three times the average.

SELF-REPORTED LIFE-TIME PREVALENCE OF DOCTOR-DIAGNOSED DIABETES



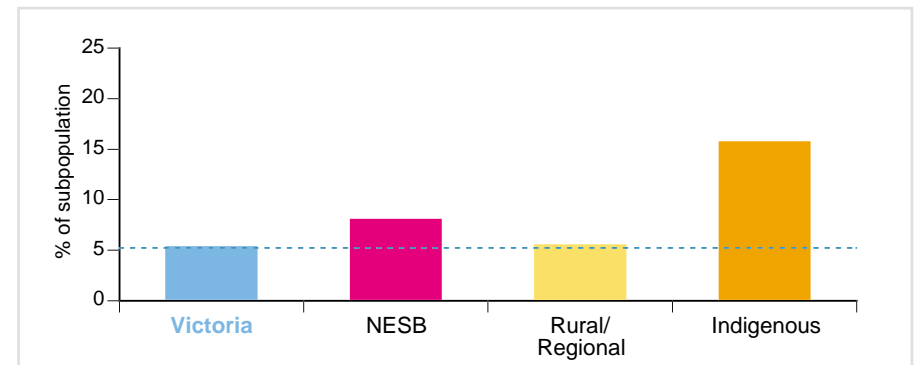
Year: 2007; Source: VPHS

DIMENSION ONE: REDUCE DISADVANTAGE AND DISCRIMINATION THAT LEADS TO ILLNESS

INDICATOR 5 UNEMPLOYMENT

10.9 % of Victorians live in poverty. Poverty and unemployment means having less resources to support good health. The gap in employment levels between the total Victorian population and Indigenous Victorians is significant. Indigenous Victorians not only experience less social and economic security but also are more likely to experience reduced life expectancy, premature mortality and increased rates of disease.

UNEMPLOYMENT RATE

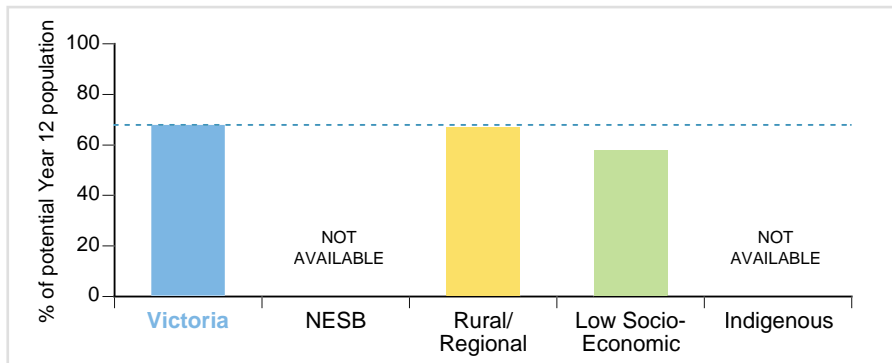


Year 2006; Source: ABS, cat. no. 2068.0

INDICATOR 6 YEAR 12 OR EQUIVALENT COMPLETION

There is an established connection between low educational attainment and poor health. Young people with low levels of education and skills face a challenging environment. Without the skills and knowledge gained in formal education they often lack the tools to deal effectively with these challenges. Young people from a low socio-economic 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.

YEAR 12 OR EQUIVALENT COMPLETION

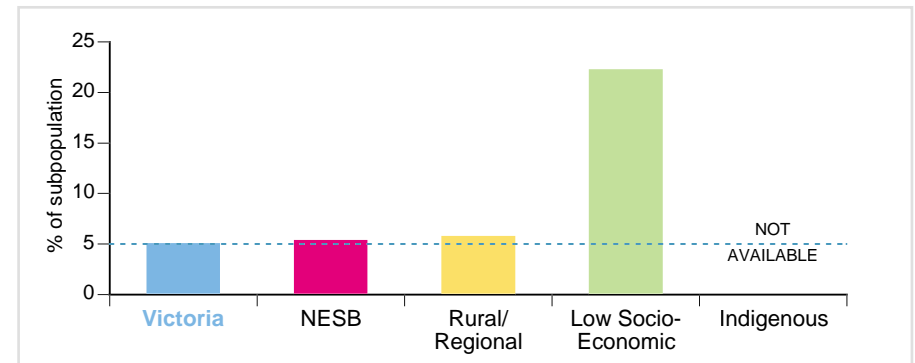


Year 2006; Source: Review of Government Service Provision, 2008

INDICATOR 7 FOOD INSECURITY

Food, like housing, is a basic necessity. The inability to afford food indicates substantial hardship which also has direct health consequences. Victorians with low socio-economic status have significant levels of food insecurity with nearly a quarter reporting that within the last 12 months they ran out of food and couldn't afford to buy more.

FOOD INSECURITY

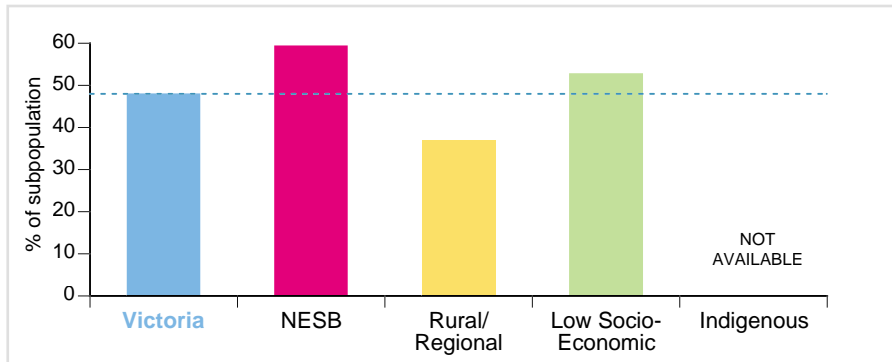


Year: 2007; Source: VPHS

INDICATOR 8 ATTENDANCE AT A COMMUNITY EVENT

Community networks can provide a positive influence on health. In particular, participation in civic activities can improve behavioural and developmental scores, and enhance social and emotional development. Victorians from a non-English speaking background and Victorians of low socio-economic status are less likely to attend community events. This may result in decreased sense of belonging and not feeling safe in local areas. People living in areas with strong community networks experience reduced crime, violence and disharmony.

NON-ATTENDANCE AT COMMUNITY EVENT



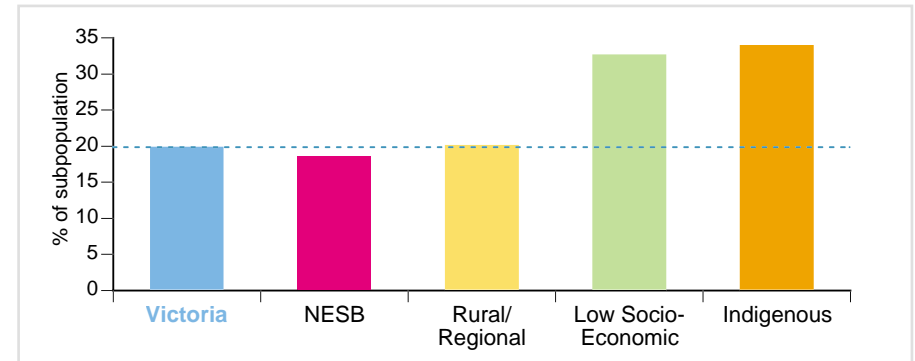
Year: 2007; Source: VPHS

DIMENSION TWO: PROMOTE HEALTH FOR ALL – ENSURE DISEASE PREVENTION AND HEALTH PROMOTION REACH ALL VICTORIANS

INDICATOR 9 PREVALENCE OF CURRENT SMOKING

Despite having one of the lowest smoking rates in the world, tobacco remains the leading cause of preventable deaths and hospitalisation in Australia. Victorians of low socio-economic status and Indigenous Victorians smoke at higher rates than other sub-groups. This puts them at increased risk of negative long-term health effects such as emphysema, coronary heart disease and cancer.

SMOKING STATUS (CURRENT SMOKER)

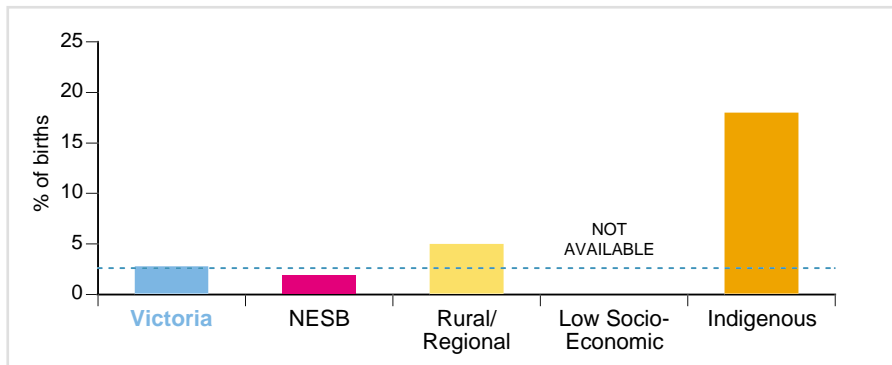


Year: 2007; Source: VPHS

INDICATOR 10 SEXUAL AND REPRODUCTIVE HEALTH:
ADOLESCENT BIRTHS

Giving birth as a teenager is associated with poor outcomes for both mother and baby. Having a baby at a young age puts the mother at increased risk of low participation in education, employment and training after compulsory age. By age 30, these young mothers are far more likely to live in poverty, are less likely to have a partner or be employed. Children born of young mothers are at increased risk of pre-mature birth, low birthweight and Sudden Infant Death Syndrome (SIDS).

PERCENT OF TOTAL BIRTHS TO WOMEN LESS THAN 20 YEARS OF AGE

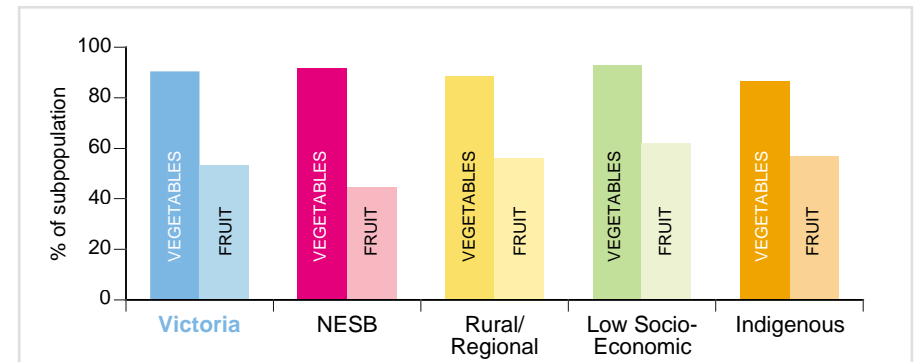


Year: 2006; Source: DHS, Perinatal Data Collection Unit analysis

INDICATOR 11 NUTRITION: FRUIT AND VEGETABLE CONSUMPTION

It is widely recognised that intake of adequate fruit and vegetables is strongly linked to the prevention of numerous chronic diseases. Most Victorians do not eat the recommended serve of vegetables and a high percentage do not eat the recommended serves of fruit. Victorians of low socio-economic status have consistently lower intake of fruit and vegetables than the general population and the other sub-groups which puts them at increased risk for coronary heart disease, hypertension, stroke, Type 2 diabetes, and some cancers.

PERCENT CONSUMING LESS THAN 5 SERVES VEGETABLES AND/OR 2 SERVES FRUIT PER DAY

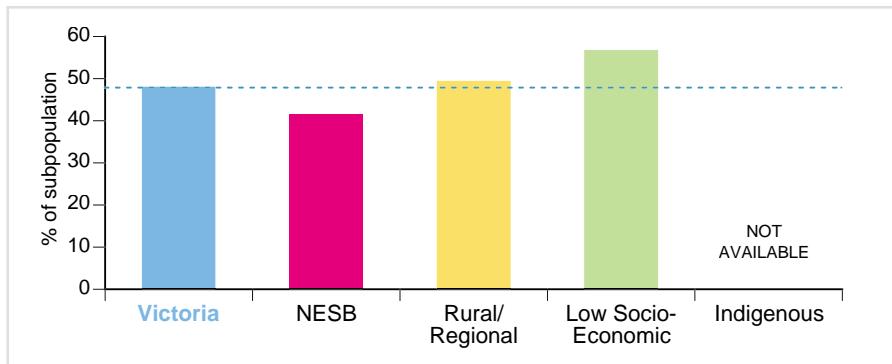


Year: 2007; Source: VPHS

INDICATOR 12 FEELING VALUED BY SOCIETY

Issues of distress, violence and feeling valued have substantial short and long term health impacts. This indicator is a subjective measure of how valued people feel in society. A greater proportion of Victorians of low socio-economic status report not feeling valued by society. As a result of this, they may lack the resources and knowledge to gain access to quality health services and may have greater difficulty coping with stress and illness. They may also experience higher rates of morbidity and mortality than people with social networks.

PERCENT NOT FEELING VALUED BY SOCIETY



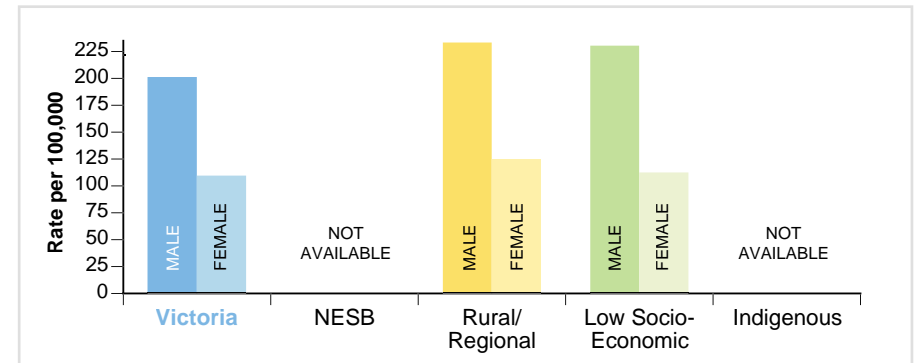
Year: 2007; Source: VPHS

DIMENSION THREE: PROVIDE QUALITY SERVICES, ACCESSIBLE AND AFFORDABLE TO THOSE IN NEED

INDICATOR 13 AVOIDABLE MORTALITY

Avoidable mortality is one of the best overall measures of the health care and preventative health system. It measures early deaths (pre-75yrs) from selected conditions for which effective preventative or medical interventions are available. While rates of avoidable mortality have been declining over time for all groups, Victorians with low socio-economic status and rural/regional Victorians still experience greater rates of avoidable mortality.

AVOIDABLE MORTALITY (MALES AND FEMALES)

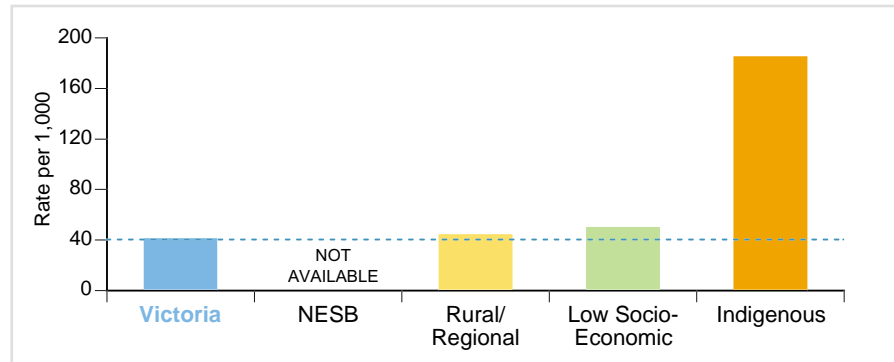


Year: 2003; Source: DHS, Health Intelligence Unit analysis

INDICATOR 14 AVOIDABLE HOSPITALISATIONS (AMBULATORY CARE SENSITIVE CONDITIONS)

This indicator describes conditions that with appropriate primary care, delivered, for example, by a general practitioner or at a community health centre, should not become serious enough to require admission to a hospital. High rates indicate problems with access to or use of these services. The rate of avoidable hospitalisation for Victorians with low socio-economic status is significantly higher than the average. The rate for Indigenous Victorians is substantially higher.

AVOIDABLE HOSPITALISATIONS

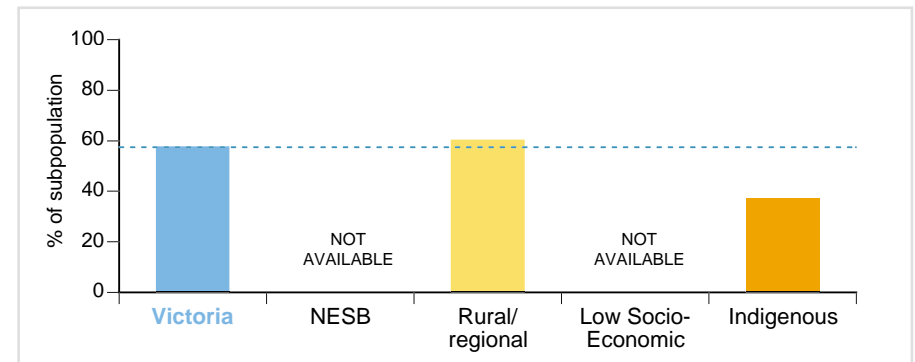


Year: 2005-6; Source: DHS, Health Intelligence Unit analysis & AIHW, 2008

INDICATOR 15 CHILD HEALTH ASSESSMENTS AT 3.5 YEARS

An important measure of health and wellbeing for children is their access to preventive health services and early detection and intervention of physical, social and emotional factoring affecting them. In Victoria, the Maternal and Child Health Service offers universal health screening for children from birth to 3.5 years of age. A large proportion of all children in Victoria and an even larger proportion of Indigenous children in Victoria miss out on the opportunity for preventive care and early identification of health problems.

PROPORTION OF CHILD HEALTH ASSESSMENTS UNDERTAKEN AT 3.5 YEARS



Year 2006-7; Source: DEECD, Maternal and Child Health Services Annual Report, 2006/07