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# Northern Rivers Equity Profile: Phase 1 - September 2003

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# **Northern Rivers Equity Profile**

**Phase 1 - September 2003**

**Sallie Newell, Donna Lloyd & Therese Dunn**

**Northern Rivers Area Health Service  
Population Health Directorate Seminar  
(November 2003)**

# What is the Northern Rivers Equity Profile?

- Presents regional health information
  - **Outcomes** – mortality & morbidity
  - **Determinants** – personal, social, economic, community & environmental factors
- Compares population sub-groups
  - Northern Rivers vs NSW
  - Within Northern Rivers



# Why do we need an Equity Profile?

- NSW Health made equity a core principle
  - All AHSs to develop Equity Profile – by March 02

“Individuals and their ill health cannot be understood solely by looking inside their bodies and brains: one must also look inside their communities, their networks, their workplaces, their families and even the trajectories of their life.”

Lomas (1996)



# Objectives of the Equity Profile

- Identify appropriate indicators & groups
- Present available data - identify current inequities (regional and intra-regional)
- Identify data gaps - for future collection
- Monitor changes in health equity over time
- Inform strategic planning processes
  - NRAHS and beyond
- Promote early intervention
  - By addressing health determinants
- Establish health equity as core principle for NRAHS



# Developing the Equity Profile (1)

- Health Equity Working Group established
- Major review of existing indicators & profiles
  - No comprehensive model existed
  - 4 major principles identified
    - ❖ Holistic definition of health
    - ❖ Population health approach
    - ❖ Life course approach
    - ❖ Health gradient approach
  - HEWG Determinants of Health Model developed



# Northern Rivers HEWG Determinants of Health Model

## GLOBAL FORCES

World economics, markets & trade, environmental conditions eg global warming & man made natural disasters etc.

## GOVT POLICIES

Economic, welfare, housing, taxation, local regional national priorities, public safety initiatives etc.

## LIFESTYLE

Diet & nutrition, tobacco, alcohol & other drug use etc.

## PSYCHOSOCIAL

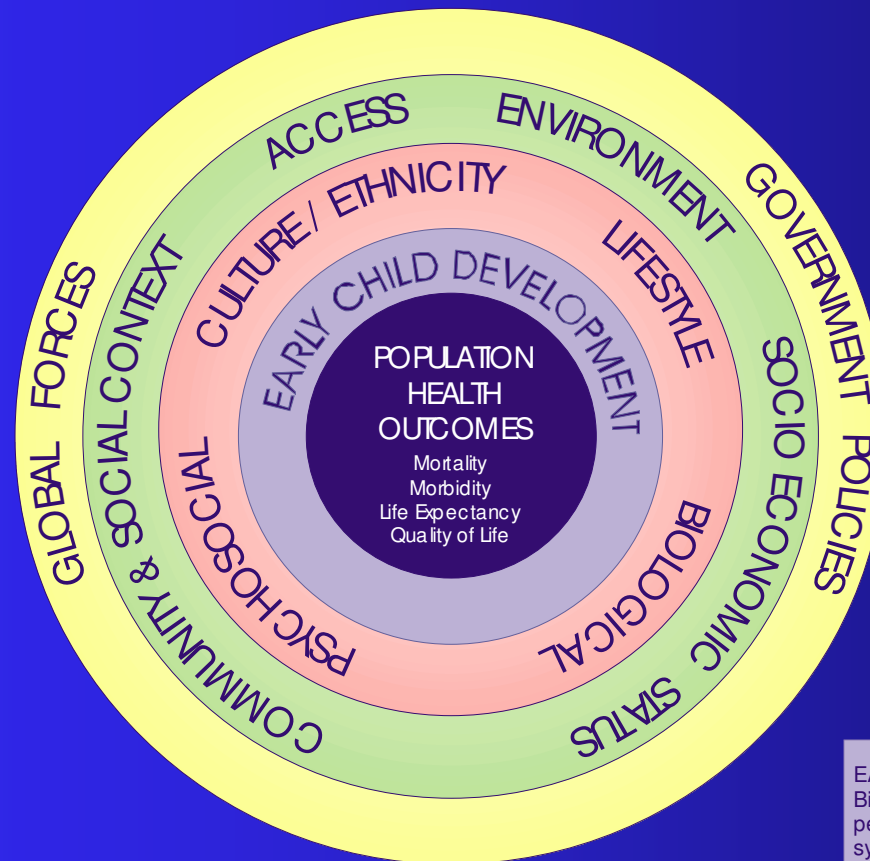
Self esteem, coping, isolation, level of control, anxiety, stress, depression, anger etc.

## BIOLOGICAL

Age, gender, genes etc.

## CULTURE & ETHNICITY

Social & cultural traditions, belief & meaning systems, attitudes, values & norms etc



## ENVIRONMENT

Air, water, noise & soil quality  
built environment  
housing, workplace, transport systems etc.

## ACCESS TO SERVICES

Primary, secondary, tertiary health care, social services, transport, housing, leisure, education, employment services, recreational facilities etc

## SOCIO ECONOMIC STATUS

Wealth, income, education, occupation, employment etc

## COMMUNITY & SOCIAL CONTEXT

Social networks, community connectedness, social capital, social exclusion etc

## EARLY CHILD DEVELOPMENT

Biological embedding, sensitive periods, endocrine & immune system, nurturing & attachment, parental styles, family structure, low birthweight etc



## Developing the Equity Profile (2)

- All indicators classified into model categories
- Indicator groups prioritised by 'experts'
- HEWG Indicator Working Group
  - Technical & methodological issues
  - Gathering & presenting indicator data
- HEWG Report Working Group
  - Content & format issues
  - Synthesising literature





# Criteria for Prioritising Indicators

- Data already exist & accessible
  - regional level &/or LGA level
- Data regularly collected
  - allow comparisons to assess changes over time
  - minimise costs to NRAHS
- Indicators valid & reliable
- Inequities known / likely to exist
- Inequities able to be detected



# Summary - Health Outcome Indicators

- **Mortality indicators**
  - All cause
  - Specific major causes (17)
  - Avoidable mortality (4)
- **Morbidity indicators**
  - Major disease incidences &/or prevalences (8)
  - Communicable disease notifications (8 + 9)
  - Dental health (1)
  - Self-rated physical health / wellbeing (0 + 3)



# Summary - Determinant Indicators

HEWG Model Category	Included	Coming	Exploring
Early childhood development	5	12	8
Culture / ethnicity	1	1	1
Lifestyle	8	2	2
Biological	3	0	0
Psychosocial	1	4	3
Access	3	0	10
Environmental	1	0	10
Socioeconomic	4	5	6
Community & social context	6	0	7



# Groups Compared

- **Area comparisons**
  - Northern Rivers vs overall NSW
  - Northern Rivers vs rural NSW
- **Intra-Area comparisons**
  - 10 LGAs
  - Males vs females
  - Aboriginal vs non-Aboriginal residents
  - Age groups
  - Socioeconomic gradients
- **Time comparisons**
  - Monitor changes in inequities



# Key Findings - Pop Health Outcomes

- NR vs overall NSW - largely comparable

- NR better

- ❖ Female all-cause deaths
- ❖ Gonorrhoea, Hep A & Hep B notifications

- NR worse

- ❖ Male CVD, melanoma & injury deaths
- ❖ Melanoma incidence
- ❖ Pertussis, Q fever, Hep C & salmonella notifications

- NR vs rural NSW - largely comparable

- NR better

- ❖ Female and male all-cause deaths

- NR worse

- ❖ Male melanoma deaths & incidence
- ❖ Pertussis, Q fever, Hep C & salmonella notifications



# Key Findings – Pop Health Outcomes

- Within Northern Rivers
  - **Males** = often higher mortality than females
  - **Aboriginal residents** = often higher mortality than non-Aboriginal
  - **Aboriginal males** = often higher mortality than Aboriginal females
  - **Lower SES** = more avoidable mortality
  - **LGAs** = much variation
    - ❖ **High all-cause male mortality** = Richmond Valley, Grafton
    - ❖ **High all-cause female mortality** = Richmond Valley, Grafton, Kyogle, Lismore
    - ❖ **Low all-cause male mortality** = Kyogle, Copmanhurst & Ballina
    - ❖ **Low all-cause female mortality** = Copmanhurst, Maclean, Pristine Waters & Ballina



# Key Findings - Health Determinants

- **NR vs NSW**
  - **NR better**
    - ❖ Mammographic & Pap screening (overall & rural)
    - ❖ Female veg intake (overall)
  - **NR worse**
    - ❖ Oral health (overall & rural)
    - ❖ Male tobacco smoking (overall)
- **Within Northern Rivers**
  - Lower SES = more teenage mothers
  - Males = more smoking & risky drinking
  - Females = higher fruit and veg intakes



# What Happens Next?

- **Equity Profile Advisory Group to be established:**
  - Oversee Profile dissemination, including on internet
  - Explore solutions for remaining methodological issues
  - Identify existing data to fill gaps / inadequacies
  - Recommend how to collect other necessary data
  - Oversee & prioritise indicators for future phases of Profile
- **Establish collaborative partnerships**
- **Develop Northern Rivers Health & Equity Statement**
  - Identify key focus areas
  - Prioritise intervention strategies for implementation
- **Do something!!!**

