2000

Socio-economic status & health inequalities: a review & the implications for health promotion

Sallie Newell
Southern Cross University

Publication details
Newell, S 2000. 'Socio-economic status & health inequalities: a review & the implications for health promotion', paper presented to Northern Rivers Area Health Service Health Promotion Staff, Lismore, NSW.
Socio-Economic Status & Health Inequalities: A Review & the Implications for Health Promotion

Sallie Newell
Research & Evaluation Coordinator
Health Promotion Unit, NRAHS

Presentation for HPU Staff (November 2000)
“The issue of socioeconomic status is by far the most overwhelmingly significant risk factor for health and wellbeing. It has always been so and it remains so today”

Len Syme, UCLA-B
What are SES Health Inequalities?

Review of >200 Australian studies:

- lower SES people:
  - have higher rates of most diseases
  - have higher rates of mental health problems
  - have higher disease-related morbidity
  - have higher mortality rates
  - die younger

Why are there SES Health Inequalities?

• Much research exploring “HOW”:
  – biological factors
  – environmental stressors
  – health risk behaviours
  – psychosocial factors

• Within Health Promotion ... increased morbidity & mortality traditionally attributed to lower SES people:
  – having poorer knowledge about / attitudes towards health & health behaviours
  – engaging in more health risk behaviours
  – engaging in less health promoting behaviours

Trying to Reduce SES Health Inequalities

• Interventions aimed at:
  – improving health-related knowledge / attitudes
  – warning against health risk behaviours
  – encouraging health promoting behaviours

➡ Some success BUT better among higher SES

➡ Increased SES health inequalities
Rethinking SES Health Inequalities

• Lower SES people have reduced psychosocial wellbeing:
  – lower perceived control
  – lower self-esteem
  – more negative attributional styles
  – more pessimistic thinking
  – lower self-efficacy
  – more feelings of powerlessness

➡ Less “empowered”
  ➡ Potential barrier to HP messages
  ➡ Potential mediator of poor physical health outcomes
Empowerment & Health Inequalities

• Lack of “empowerment” associated with:
  – reduced physical wellbeing
  – increased mortality
  – less health promoting behaviours
  – more health risk behaviours
  – reduced mental wellbeing
  – reduced cognitive functioning / academic achievement
  – more anti-social / criminal behaviour
Alternative Intervention Strategy?

Increase individuals’ feelings of “empowerment” / psychosocial wellbeing

↓

Improved health-related knowledge / attitudes
More health promoting behaviours
Less health risk behaviours

↓

Less morbidity
Less mortality
Psychosocial v SES factors in Health Outcomes

• Big literatures on both but less studies have explored both simultaneously

• But, those that have suggest:
  – Psychosocial factors are the stronger predictors, explaining $\frac{1}{2}$ variance attributed to SES
  – Psychosocial factors are independent predictors, even controlling for poorer initial SES, health status and risk factors
Can psychosocial factors be changed? (1)

- YES - many studies, across all age-groups:
  - Len Syme’s Wellness Guide for new low-SES mothers:
    - practical handbook for life’s challenges / choices
    - women’s problems-solving skills (N & creativity)
    - for issues in Guide & not in Guide.

- Although health outcomes not measured directly, likely to have improved due to in empowerment
Can psychosocial factors be changed? (2)

• Examples of more direct health benefits from psychosocial interventions:
  – ↑ treatment compliance in chronic disease
  – ↓ adolescents’ uptake of smoking, alcohol & other drugs
  – ↓ irrational beliefs and ↑ coping, QoL, mental & physical wellbeing among elderly
  – ↑ longevity among nursing home patients given choices

• Most impressive = parenting / early childhood interventions
When to Intervene?

• Prevention better than cure

• Empowerment affected by very early experiences
  – physical factors
  – social factors
  – environmental factors
  – economic situation

➤ Need to intervene early

➤ Need to intervene with parents and children
Any Evidence of Effective Programs?

• Many studies:
  – parenting interventions
  – early childhood interventions

• Mainly from educational / social welfare perspective

• Consistently positive results:
  – across many studies
  – from many countries
  – including long term follow-ups
Parent/Early Childhood Interventions

PARENTS’ BENEFITS

- Improved Parenting skills
  - Parenting skills

- Improved Self efficacy as parent
  - Self efficacy
  - Psychosocial wellbeing

- Improved Participation
  - Ongoing education
  - Workforce

  Longer
  - Time between children

SOCIETAL BENEFITS

- Reduced Crime
- Reduced Welfare costs
- Reduced Health system costs

KIDS’ BENEFITS

- Improved Antenatal care
  - Nutrition, medical & dental care

- Improved Height and weight gain
  - General health

- Improved Family Relationships
  - Parent
  - Child

- Reduced Infant mortality

- Reduced Infant morbidity

- Improved Social competence/cooperativeness
  - Social skills/problem solving
  - Perseverance

- Improved Self confidence
  - Independence

- Reduced Anxiety

- Reduced Depression

- Improved Attitudes to education
  - Educational achievement
  - Workforce participation

- Reduced Antisocial/ delinquent behaviours
  - Criminal activity

PREDICTED FUTURE BENEFITS

- Improved More health promoting behaviours
- Improved knowledge/attitudes

- Reduced Mortality
- Reduced Morbidity

PARENTS’ BENEFITS

KIDS’ BENEFITS

SOCIETAL BENEFITS

PREDICTED FUTURE BENEFITS

Improved SES

- Income
- Occupation
- Education

Reduced Mortality

Reduced Morbidity
Benefits of Early Psychosocial Interventions

• Assists other mechanisms:
  – biological
  – environmental
  – health behaviours / risk factors

• Suggests multiple actions towards reducing health inequalities
  ➡ great opportunity for diverse health promotion outcomes
What Makes an Effective Program?

• Various styles of intervention are effective but important themes are:
  – being supportive & encouraging (vs blaming & punishing)
  – being preventive
  – having a positive message, not necessarily health-related
  – developing general life skills
  – targeting families together
  – addressing psychosocial wellbeing (eg: CBT, RET)
What Makes an Effective Program?

All programs
- supportive & encouraging (vs blaming & punishing)
- preventive / early intervention focus
- positive message, not necessarily health-related
- develop general life skills
- target psychosocial wellbeing (eg: CBT, RET)
- high quality
- structured
- well-trained staff
- involve parents & children
- assist transitions

Parent programs
- start prenatally
- educational & service provision
- long term programs
- continuity of care-provider

Child programs
- start young
- low child to staff ratio
- minimum of 1 year’s duration
- multiple components
- child-directed activities
- provide food
Implications for HP - Implementation

• **Rethinking nature of HP interventions:**
  – need to be empowering
  – can be structural
  – need to consider long-term sustainability
  – consider impact on health inequalities
  – need community involvement

• **Advocating for empowering interventions**
  – seeking funding, assisting evaluation / monitoring
  – engaging partners - communities, councils, health services, schools, preschools
Implications for HP - Research

• Explore gaps in the literature:
  – gather evidence re: direct link between early psychosocial interventions and later health outcomes
  – explore effectiveness of different types of psychosocial interventions for different groups
  – conduct regular monitoring surveys:
    • psychosocial & physical wellbeing
    • health promoting behaviours / attitudes / risk factors
    • exposure to NRAHS HP interventions