Northern Rivers Equity Profile: Phase 1 - September 2003

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Northern Rivers
Equity Profile
Phase 1 - September 2003

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Northern Rivers Area Health Service
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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

- **Population Health Outcomes**
  - Mortality
  - Morbidity
  - Life expectancy
  - Quality of Life

- **Early Child Development**
  - Biological embedding, sensitive periods, endocrine & immune system, nurturing & attachment, parental styles, family structure, low birthweight etc.

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

- **Government Policies**
  - Economic, welfare, housing, taxation, local regional national priorities, public safety initiatives etc.

- **Access**
  - Social services, transport, housing, leisure, occupation, community connectedness, social capital, social exclusion etc.

- **Socio-Economic Status**
  - Wealth, income, education, occupation, employment etc.

- **Community & Social Context**
  - Social networks, community connectedness, social capital, social exclusion 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.
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

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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
    - Gonorrhea, 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!!!**