Australian Government

Australian Institute of Health and Welfare



6.6 Social determinants and Indigenous health

Good health is related to a complex set of underlying factors that include health behaviours, access to and use of health services, environmental factors and health endowment. These are not randomly distributed throughout society but are related to what are called the social determinants of health (see Chapter 1.1 'What is health?'; Chapter 4.2 'Social determinants of health').

Broadly, social determinants are the circumstances in which people grow, live, work and age. They can be measured by indicators that reflect an individual's own personal situation—such as their income, education, employment, and levels of social support and social inclusion. For Aboriginal and Torres Strait Islander Australians, social determinants also include factors such as cultural identity, family, participation in cultural activities and access to traditional lands (see Chapter 6.1 'Profile of Indigenous Australians').

Social determinants can also reflect the broader social and political context in which people live. This can be captured to some degree by area-level indicators of socioeconomic position, accessibility of health services, and characteristics of the built environment that promote health (including green space, playgrounds and good housing stock).

This snapshot presents examples of the relationship between selected social determinants and three aspects of Indigenous health: child health, self-assessed health status, and health behaviours. The focus is predominantly on how these social determinants help to explain variation in behaviours and outcomes among the Indigenous population.

Social determinants and child health

The association between social determinants and child health is well established, and is evident before and during pregnancy. For example, women with higher levels of socioeconomic resources and social capital have been shown to have better pre-pregnancy health, greater access to and use of health services, better access to nutritious foods during pregnancy, more social support and better housing, and to face less income-related stress. These factors affect infant health and development, which, in turn, have lifelong effects (AIHW 2014; Behrman & Butler 2007; Burris et al 2011).

For example, babies who weigh less than 2,500 g at birth (low birthweight) are at higher risk of dying during infancy, and of having poorer long-term health and development (Arnold et al. 2016; Zhang et al. 2014). The most recent data (2015) show that 12% of babies born to Indigenous mothers were of low birthweight, a rate that is 1.9 times that of babies born to non-Indigenous mothers.

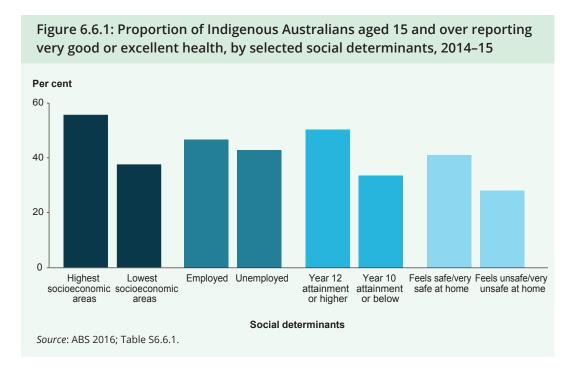




Data from the National Perinatal Minimum Data set show that nearly half (49%) of Indigenous mothers who gave birth in 2014 lived in the lowest socioeconomic areas, while only 4.0% lived in the highest socioeconomic areas. A multivariate analysis of perinatal data for 2012–2014 indicates that (excluding preterm and multiple births) 51% of low birthweight births to Indigenous mothers were attributable to smoking, compared with 16% for non-Indigenous mothers. Another 21% were attributable to the socioeconomic context of the areas in which Indigenous mothers live (as measured by the Socio-Economic Indexes for Areas). After adjusting for age differences and other factors, it was estimated that if Indigenous mothers had the same distribution across socioeconomic areas as non-Indigenous mothers, the rate of low birthweight would be reduced by 10%.

Social determinants and self-assessed health

Indigenous Australians most likely to report very good or excellent health in 2014–15 lived in the highest socioeconomic areas, were employed, had higher educational attainment (Year 12 or higher), and felt safe or very safe alone in their homes after dark (Figure 6.6.1).

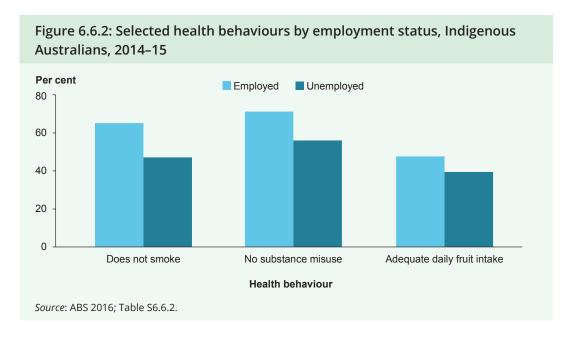


Social determinants and health behaviours

The social gradient in health is clear in a number of health behaviours: Indigenous Australians with more social, economic and cultural advantages are more likely to engage in behaviours that promote good health. For example, Indigenous Australians who were employed in 2014–15 were less likely to smoke, less likely to use illicit substances, and more likely to have an adequate daily fruit intake than Indigenous people who were unemployed (Figure 6.6.2).







Smoking is the single most important preventable cause of ill health and death in Australia (see Chapter 6.5 'Health behaviours of Indigenous Australians'). Several indicators within the broad category of social determinants are associated with smoking rates among Indigenous Australians:

- Indigenous Australians in the highest two income quintiles were less likely to smoke than Indigenous people in the lowest income quintile (30% versus 56% in 2014–15).
- Indigenous adults with higher levels of educational attainment were less likely to smoke in 2014–15—28% of Indigenous people who completed year 12 smoked, compared with 51% of Indigenous people who reached Year 11 or below.
- Indigenous Australians living in the highest socioeconomic areas were less likely to smoke than Indigenous people in the lowest socioeconomic areas (18% versus 50% in 2014–15).
- Indigenous Australians who participated in organised sports were less likely to smoke than Indigenous people who did not: 32% versus 47% in 2014–15 (ABS 2016).

What is missing from the picture?

While there is a great deal of evidence on the socioeconomic aspects of social determinants, there is less work on the other aspects of social determinants (such as social capital). As well, our ability to examine the effects of social determinants on infant health outcomes is hampered by the lack of data on key maternal factors. These factors include educational attainment, which has been shown to be a key determinant of pregnancy-related health, behaviours and infant health outcomes in other countries.

Where do I go for more information?

More information on the social determinants of Indigenous health in Australia can be found in the *Closing the Gap targets: analysis of progress and key drivers of change* report, available at <www.aihw.gov.au>.







References

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