

# Building capacity to address health inequities


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August 2008



**Government  
of South Australia**

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SA Health



*“We would like to acknowledge this land that we meet on today is the traditional lands for the Kurna people and that we respect their spiritual relationship with their country.*

*We also acknowledge the Kurna people as the custodians of the greater Adelaide region and that their cultural and heritage beliefs are still as important to the living Kurna people today.”*

# Building capacity to address health inequities

- > The challenge to act
- > The steps
- > The issues
- > Smoking and equity
- > Elements critical to building equity capacity

# The challenge to act

- > Unfair variations in health outcomes well documented in SA
- > Established link between low SES and poorer health outcomes
- > What works? Using the evidence

# The steps

- > Review national/international evidence (including the grey literature)
- > Cross reference with SASP health targets
- > Apply an equity lens

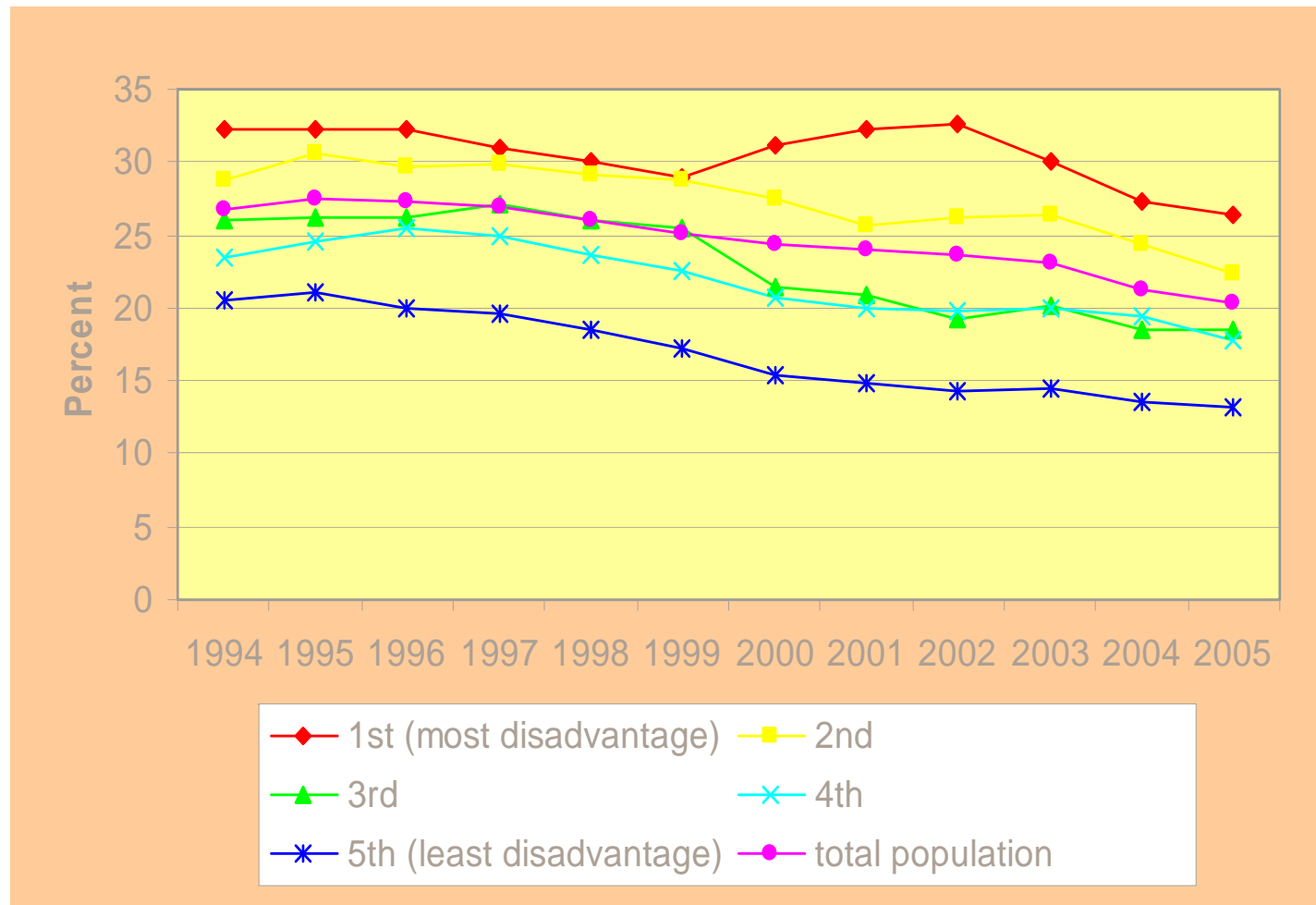
# The issues

- > Tension between population based & equity focused strategies
- > Evidence base for equity focus isn't always there
- > We need an eclectic mix of strategies

# Youth Smoking

- > Universal tobacco control strategies are working ... but
  - Much higher rate of smoking in low SES
  - Gap between lowest & highest SES rates remains stable and significant
  - Nearly 50% current smokers aged 15-29 are in **most disadvantaged** quintile

# Smoking Rates by SES



**Figure 1:** Smoking prevalence by Index of disadvantage quintiles for people over 15 years: 3 year moving averages, 1994-2005. (Tobacco Control Unit March 2007)

# The findings

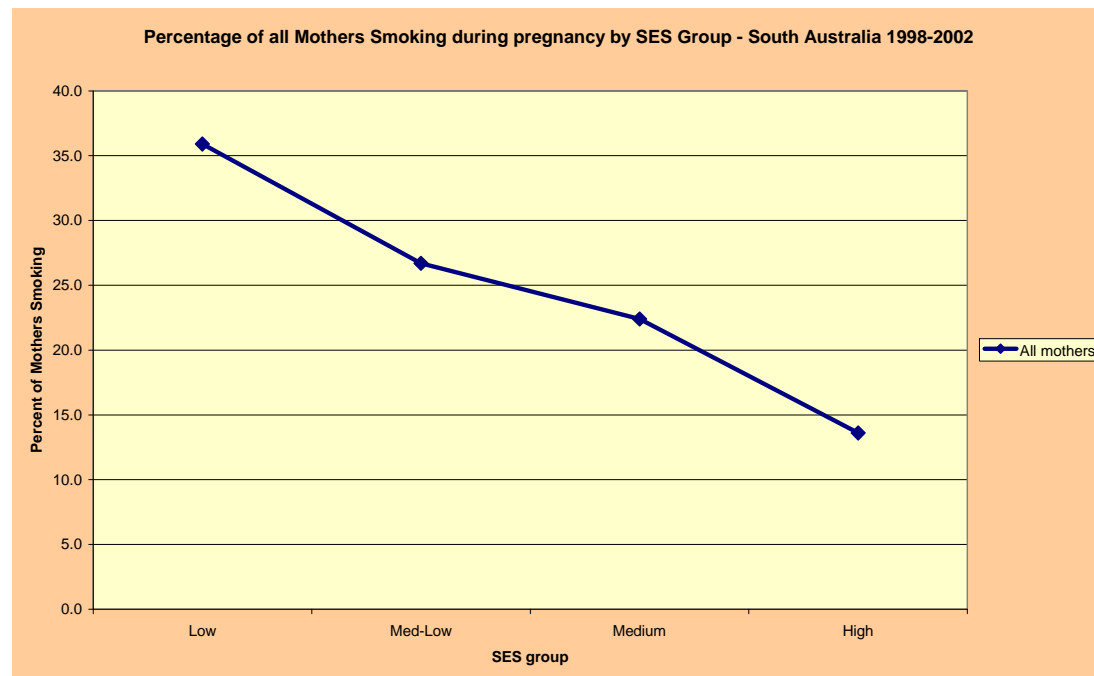
- > Address youth smoking in broader context of poverty and disadvantage
- > 'Ideal' approach = low SES young people's needs fairly balanced with population wide focus
- > Multi component approach
- > Long term/sustainable funding

## Recommended areas for intervention

- > Develop a youth friendly QUIT model for 12-18 year olds (disadvantaged and Aboriginal young people focus)
- > Subsidise NRT for low SES and Aboriginal 18 – 29 year olds
- > Introduce subsidised NRT as an adjunct to the QUIT ‘Smoking in Pregnancy’ program

## >Smoking and low birthweight

- > Significant social gradient for smoking rates among pregnant SA women – low birthweight/infant mortality.



**Figure 2:** Percentage of all mothers Smoking by SES Group - South Australia 1998-2002 (Pregnancy Outcomes Unit September 2007)

# Smoking and low birthweight

- > % of Aboriginal women smoking during pregnancy is high, relative to rates for non-indigenous women

## **Equity strategies**

- > Support best practice community antenatal care models for Aboriginal women and their babies
- > Subsidised NRT as an adjunct to QUIT 'Smoking in Pregnancy' program

## Elements critical to building equity capacity

- > Effective story telling
- > Building relationships
- > Applying an equity lens
- > Providing leadership for innovation



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