



## **Public Health Association of Australia (Qld Branch) Social Determinants of Health Seminar Presentation**

### **Overview**

Consideration of the social determinants of health is one of the key principles of public health research and practice. This seminar brings together two of Australia's best know experts in the social determinants of health in the same program.

Professor Jake Najman will talk about the association between poverty and mental illness with data from one of the longest running Australian cohort studies, conducted right here in Brisbane. Professor Gavin Turrell will move from his usual focus on "upstream approaches" to addressing social determinants to provide some critical insights on how public health practitioners can incorporate "downstream approaches" to tackling health inequalities.

### **Who should attend?**

Students, teachers, academics, researchers, practitioners in population health and related fields

### **Presenters:**

**Professor Jake Najman** has a joint appointment as Director of the Queensland Alcohol and Drug Research and Education Centre, School of Population Health; and Professor of Sociology in the School of Social Science, University of Queensland. He has taught and researched in the field of social science and public health for over 30 years. Jake has authored, co-authored and co-edited ten monographs and over 350 research papers. He has served on numerous NHMRC committees (NHMRC Illicit Drugs Strategy Research Committee, NHMRC Prevention Working Group, and has been successful in obtaining over 80 research grants. He is a fellow of the Academy of Social Sciences of Australia. His published research is frequently cited in the literature.

**Professor Gavin Turrell** is a Principal Research Fellow in the School of Public Health at QUT and is supported by a NHMRC Senior Research Fellowship (2006-2015). Gavin's primary research interests are in social epidemiology, with a particular focus on the social determinants of health and health inequalities. His research is mainly population-based and examines how social and economic factors (measured at the individual, group, and area levels) influence health and health-related behaviours. His work is increasingly focusing on ways to reduce health inequalities through public policy, health policy, health promotion, and other intervention strategies.

**When and where:**

- Thursday 17<sup>th</sup> May @ 5.30pm at the Cancer Council Queensland
- Coffee. Tea and light refreshments provided.
- Cost: PHAA members FREE, and non-members \$10
- RSVP Peter Anderson [p.anderson@asthmaqld.org.au](mailto:p.anderson@asthmaqld.org.au) by Tuesday 15<sup>th</sup> May

**Synopses**

**Presentation 1: Does Exposure to Poverty in Childhood and Adolescence Predict the Onset of Mental Illness in Adulthood? (Professor Najman)**

There are a large number of studies confirming the association between poverty and mental illness. Since the 1940s it has been accepted that those in poverty experience higher levels of a wide range of mental illnesses. This finding is consistent with the broader observation, repeatedly also confirmed, that the economically disadvantaged experience higher rates of morbidity and mortality from most known causes of illness. There is a good deal of debate concerning why the economically disadvantaged might experience higher rates of mental illness. One possibility is that those who are poor and/or economically disadvantaged experience a childhood and adolescent developmental period involving higher levels of adversity and trauma. This paper provides a test of this possibility using data taken from a large scale population based birth cohort study.

The Mater-University of Queensland Study of Pregnancy (MUSP) and its outcomes recruited 7223 pregnancy mothers who gave birth to a live singleton child over the period 1981-84. These mothers and their children have been followed-up at 5, 14 and 21 years after the birth. Data on exposure to adversity are collected using an 8 item index of life events occurring in the fetal period, and at 5 and 14 years of age. Rates of mental illness are assessed using the Composite International Diagnostic Interview (CIDI) at the 21 year follow-up.

The findings confirm the higher rates of adversity experienced by economically disadvantaged children over the early life course. These higher rates of adversity experienced over the early life course appear to account for a substantial component of the association between poverty and mental illness in adulthood.

**Presentation 2: Downstream approaches to the Social Determinants of Health and Tackling Health Inequalities (Professor Turrell)**

It is widely recognized that social and economic inequalities are the fundamental causes of health inequalities. As such, “upstream” policies and interventions that attempt to improve living and working conditions (e.g. via housing, urban planning, transport, education & welfare) are seen to play *the* primary role in tackling health inequalities. At the same time “downstream” approaches to addressing inequalities in health (e.g. medical care, health promotion and education) have been characterized as victim blaming, and criticised for having limited effectiveness and contributing to widening inequalities. These (and other) critiques of downstream approaches are encapsulated in a central position statement of the WHO Commission on the Social Determinants of Health: *Why treat people...without changing what makes them sick?* In this presentation, I begin by acknowledging that the root-causes of health inequalities are structural (i.e. social and economic): however, the health-related effects of these structured inequalities are experienced at the individual and personal level hence there is an important contribution to be made by downstream efforts. The aim of this presentation is to examine the role that downstream approaches can play in responding to the social determinants of health and tackling health inequalities.