

Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website : <http://www.ama.com.au/>



MAKE INDIGENOUS HEALTH A PRIORITY
AMA Position Statement on Social Determinants of Health 2020

The COVID-19 pandemic has highlighted the need to prioritise efforts to close the gap between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians, AMA President Dr Omar Khorshid said today.

Releasing the AMA Position Statement on *Social Determinants of Health 2020*, Dr Khorshid said that pandemic-related job losses, economic disruption, and social isolation are disproportionately affecting poorer, disadvantaged Australians, particularly those in rural and remote areas.

“While the Position Statement’s release was delayed by the global pandemic, its findings and recommendations have been reinforced by the disproportionate impact of COVID-19 on vulnerable people,” Dr Khorshid said.

“Every person’s health is shaped by the social, economic, cultural and environmental conditions they live in, and COVID-19 is particularly affecting people who were already in precarious financial, employment, and living situations.

“Australia has done exceptionally well in controlling the virus, but more than 900 Australians have lost their lives, and countless more are experiencing mental and physical health problems.

“Our Aboriginal and Torres Strait Islander community-controlled health services, and all governments, deserve commendation for keeping COVID out of our Indigenous communities, where its impact would be particularly devastating.

“The AMA welcomes moves this year to strengthen the community-controlled sector to deliver vital services and help deliver on the commitments of the new National Agreement on Closing the Gap, but we want to see greater efforts around housing, access to services, food security and other areas.

“Aboriginal and Torres Strait Islander people across all parts of Australia, but more significantly in remote areas, experience food insecurity for a range of reasons including poverty, low income levels, and lack of access to affordable and healthy food.

“There is no doubt that food insecurity is linked to the much higher rates of chronic disease among Aboriginal and Torres Strait Islander people in Australia. The leading contributors to the health gap directly relate to diet - obesity, high blood cholesterol, alcohol consumption, high blood pressure, and low fruit and vegetable intake.

“We need a cross-portfolio Ministerial body to consider and provide advice on policies that may have an impact on health outcomes and health equity.

“All levels of government must take a more proactive role in addressing the social determinants of health, including regular public reporting on progress.

“Research funding bodies, including the National Health and Medical Research Future Fund, the Australian Research Council, and the National Health and Medical Research Council, must commit to funding research into preventive health and population health.

“We have a window of opportunity to improve long-term health by positively influencing infant and child development, including pre-pregnancy counselling to ensure that every child has the best start in life.

“The National Cabinet must address the largest gap in the response so far to the pandemic, which is the exclusion of more than one million people from access to income support and Medicare.

“People on temporary visas, migrant workers, people seeking asylum, and international students are equally exposed to COVID-19, and need income support to prevent them engaging in unsafe paid work, becoming homeless, or living in chronic overcrowded conditions, all of which create serious health risks.”

The *AMA Position Statement on Social Determinants of Health 2020* is available [here](#).

Background

- The 20 per cent of Australians living in the lowest socio-economic areas are 1.6 times more likely as the highest 20 per cent to have at least two chronic health conditions;
- Australians living in the lowest socio-economic areas live about 3 years less than those living in the highest area;
- People reporting the worst mental and physical health are twice as likely to live in poor quality or overcrowded dwellings;
- Mothers in the lowest socio-economic areas are 30 per cent more likely to have a low birthweight baby than mothers in the highest socio-economic areas;
- A higher proportion of people with an employment restriction due to a disability live in the lowest socio-economic areas (26 per cent) than in the highest socio-economic areas (12 per cent);
- Unemployed people are 1.6 times more likely to use cannabis, 2.4 times as likely to use meth/amphetamines and 1.8 times more likely to use ecstasy than employed people;
- Dependent children living in the lowest socio-economic areas are 3.6 times more likely to be exposed to tobacco smoke inside the home as those living in the highest socio-economic areas (7.2 per cent, compared with 2 per cent);
- People in low socio-economic resource households spend proportionally less on medical and health care than other households;
- People living in the lowest socio-economic areas are more than twice as likely to delay seeing, or not see, a dental professional due to cost compared with those living in the highest socio-economic areas (28 per cent compared with 12 per cent).

*Source – *Australian Institute of Health and Welfare*

23 December 2020

CONTACT: AMA Media 0427 209 753 media@ama.com.au