

POSITION STATEMENT – Priority Populations

It is the position of the Australian Health Promotion Association (WA Branch) that our members support:

- Targeted health promotion interventions that reach priority population groups, including Indigenous Australians, people living in rural and remote areas, socioeconomically disadvantaged people, pensioners, prisoners, migrants and refugees and people living with a mental illness.
- A comprehensive approach to priority populations should include programs which aim to:
 - promote the development of a positive and holistic view of priority groups;
 - ensure the delivery of programs are culturally appropriate;
 - deliver credible and evidence based information appropriate to the priority groups; and
 - provide assistance and information to priority populations to assist in improving health outcomes.
- The continued work in partnership with significant stakeholders, leaders and communities to address the social determinants of health and health inequalities experienced by priority population groups.
- Continued and increased state and federal funding for collaborative prevention programs targeting priority population groups to improve health outcomes and reduce health disparities.

Background

The Australian Health Promotion Association (WA Branch) supports a population health approach in the area of priority population groups as described by the Australian Institute of Health and Welfare. *“The study of population health is focused on understanding health and disease in community, and on improving health and well-being through priority health approaches addressing the disparities in health status between social groups. There are a number of population subgroups who do not enjoy the same level of health as the general population and identified as priority population groups”¹.*

In Australia, there a number of priority population groups who, due to variety of factors, have a poorer quality of health than the general population. Targeted interventions need to be developed to reduce inequity and improve health outcomes among these priority population groups.

Indigenous Australians

In Australia there are two Indigenous populations; Aboriginal people and Torres Strait Islanders. Indigenous Australians have significant poorer health outcomes and lower life expectancy than non-Indigenous Australians². The life expectancy gap between Indigenous Australians and non-Indigenous Australians is 12 and 10 years for males and females respectively².

People living in rural or remote areas

Those living in rural and remote areas tend to experience higher levels of illness and disease risk factors than those living in metro areas³. This is largely due to the fact that people living in rural and remote areas do not have the same opportunity and access to adequate health services compared with those living in metropolitan areas.

¹ Australian Institute of Health and Welfare. 2013. Population Health. Available at: <http://www.aihw.gov.au/population-health>.

² Australian Institute of Health and Welfare. 2012. Australia’s Health 2012. Available at: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737422169>.

³ Australian Institute of Health and Welfare. 2008. Rural, regional and remote health: indicators of health status determinants of health. Available at: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459831>.

POSITION STATEMENT – Priority Populations

Socioeconomically disadvantaged people

There has been a strong link associated between an individual's socio-economic status and level of health, with disadvantaged populations experiencing poorer health outcomes. There are many factors that can have a negative impact on an individual's health; these include education, geographic location, occupation, income, access to health service, health beliefs and behaviours as well as the environment in which people live⁴.

Pensioners

About 14% of the Australian population is aged 65 years or older and this is projected to increase by over 80% in the next twenty years⁵. Activity limitations and various long-term health conditions tend to become more common with age which impact on an individual's health care needs and their quality of life.

Prisoners

More prisoners engage in risky health behaviours, including tobacco smoking, alcohol misuse and illicit and injecting drug use and unsafe sex. Prisoners also have higher rates of mental health problems, substance dependence, cognitive disability, acquired brain injury, communicable and non-communicable diseases than the general population^{6 7}.

Migrants and refugees

Australia is a diverse society made up of many cultures. Over time, this has continued to expand and Australia has formed one of the largest multicultural societies worldwide. Many refugees may have been exposed to a number of adverse situations or conditions in their country of origin, during their flight, or whilst in their country of asylum which may have a detrimental impact on their health. A number of barriers including language, culture, transport and cost may reduce access to health care⁸.

People living with a mental illness

A mental illness describes a number of clinically diagnosable disorders that significantly interferes with an individual's cognitive, emotional or social abilities⁹. People living with a mental illness have a lower life expectancy than the general population¹⁰. About 80% of deaths are attributed to physical illness such as cardiovascular and respiratory diseases and cancer.

Endorsed August 2014

Reviewed and re-endorsed August 2017

⁴ Australian Institute of Health and Welfare. 2013. Socio-economic disadvantage and health. Available at: <http://www.aihw.gov.au/socio-economic-disadvantage-and-health/>.

⁵ Australian Institute of Health and Welfare. 2013. Australia's Welfare 2013. Available at: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544075>.

⁶ Public Health Association of Australia. 2013. Policy-at-a-glance – prisoner health policy. Available at: <http://www.phaa.net.au/documents/130919PHAA%20Prisoner%20Health%20Policy.pdf>.

⁷ The Australian Institute of Health and Welfare. 2013. The health of Australia's prisoners. Available at: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129543945>.

⁸ Public Health Association of Australia. 2012. Policy-at-a-glance – refugee and asylum seeker health policy. Available at: http://www.phaa.net.au/documents/130201_Refugee%20Health%20Policy%20FINAL.pdf.

⁹ Australian Health Ministers. 2003. National mental health plan 2003-2008. Available at http://peu.unimelb.edu.au/_data/assets/pdf_file/0009/32310/national_mental_health_plan_20032008.pdf.

¹⁰ Lawrence D, Hancock KJ, Kisely S. 2013. The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers. *BMJ (Online)*; 346:f2539. Available at: <http://www.bmj.com/content/346/bmj.f2539>.