



4 October 2012

CENTRE FOR PRIMARY HEALTH CARE & EQUITY
(CPHCE)

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Senators

Australia's domestic response to WHO Commission on Social Determinants of Health (SDOH) report 'Closing the gap within a generation'

The Centre for Health Equity Training Research and Evaluation (CHETRE) is one of Australia's leading research organizations focused on program, policy and service level interventions to promote health equity. We have three major research programs of work: an Early Childhood program focused on interventions for vulnerable mothers and community sector models of service integration; a Healthy People and Places program focused on community intervention and public policy decision-making; and an Implementation Science program focused on scaling up effective interventions and developing models for national and international delivery. The centre is uniquely positioned to act on issues of health equity within community and health systems, being affiliated with the Centre for Primary Health Care and Equity at the University of NSW, Population Health, Sydney and South West Sydney Local Health Districts and the Ingham Institute for Applied Medical Research. CHETRE is the leader of international research collaborations and has strong local connections to communities and human service sectors within the south west Sydney region.

We welcome the opportunity to contribute to the senate inquiry and have scoped our response around our current research programs and evidence in addressing health equity. In doing so, we focus on scope for improving awareness of the social determinants of health (through demonstrated evidence and actions):

- (i) in the community,
- (ii) within government programs, and
- (iii) amongst health and community service providers.

In the community

Our research in the community has focused on addressing vulnerable and disadvantaged populations at high health need. We implement models that are developed and tested within local service and community systems to ensure effectiveness and practical validity and present opportunities for broader implementation (e.g. MECOSH is currently being implemented nationally and in the United Kingdom). Three recent examples are:

- MECSH (Maternal Early Childhood Sustained Home-visiting) is a sustained home visiting program for vulnerable and disadvantaged mothers at risk of poor maternal and child health. The program is embedded within health service structures, delivering a comprehensive, integrated approach for young children and families. Outcomes of the MECSH trial show improvements for both mothers and children, including improvements in engagement, cognitive development and home environment [1]. A trial based on MECSH is now being implemented within community health services for Aboriginal mothers, Bulundidi Guduga, following 5-year follow-up of developmental outcomes for the Guduga cohort [2].
- Walk the Talk is a psychoeducational group training program, based on the principles of cognitive behaviour therapy, for people who are long-term unemployed. The program has been tested with different groups (e.g. long-term unemployed, people with a psychiatric disability, the very long term unemployed people and those with significant barriers to work), over different time administrations (e.g. 2-days, 2hr or 4hr sessions over 3-8 weeks) and in different settings (e.g. job agencies, mental health services, general practice); and has demonstrated improvements in mental health, self-efficacy, optimism, attitudes to work and employment outcomes [3]. Walk the Talk is currently available for licensing by suitably trained professionals in the employment, health and community services sector.
- Community STaR (Service for Training and Research) is a joint CHETRE, local government and community sector initiative focused on developing, implementing and disseminating evidence in complex area based intervention. The service is located within a disadvantaged community in south west Sydney and provides opportunities for training, volunteering and part-time or casual employment for local residents, as well as skill development for front-line service workers. Since beginning in October 2010, Community STaR has led several activities including a community survey of social issues, undertaken by local unemployed who received training and payment and a forum to support both community managers and frontline service workers to access publically available health, education and socioeconomic data on their local area [4].

Within government programs

Our research within government programs has focused on frameworks and tools to support effective decision-making in policy and programs that support the social determinants of health. This work is undertaken with collaborators in the health, housing and local government sectors and involves both research and organisational capacity building to support implementation and effectiveness. Two recent examples are:

- Health Impact Assessment (HIA) is a tool for assessing the health impacts of plans, policies and programs. Our work in this area involves conducting Health Impact Assessments on a range of proposals, teaching others to conduct HIA, and conducting research to evaluate the impact and effectiveness of HIA. Over the last decade the Stream has built sustained relationships within the health and other sectors (particularly housing and local government), contributed to the development of tools to support and expand health influence on public policy (particularly in urban planning), and has developed HIA as a structured method to increase positive impact of public policy on the health of populations, and on health equity [5].
- The joint CHETRE, NSW Land and Housing Corporation, and South West Sydney Local Health District social housing transition program is focussed on developing evidence, both empirical and practice-based, to support the implementation of community renewal programs and deliver improvements in the social determinants of health for individuals, families and

communities. A framework for integrating and applying evidence in housing and suburb renewal informed the intervention specifications for a Public Private Partnership (PPP) in redeveloping the Airds Bradbury public housing estate in south west Sydney [6].

Amongst health and community service providers

Our research amongst health and community service providers has focused on developing the capacity of health and human services providers to address the social determinants of health in their services and communities. This work uses a method of intervention based on intensive learning and support with a range of service providers and community. Two recent examples are:

- The Working in Locationally Disadvantaged Communities program is a learning by doing model to build the knowledge and skills of health and human service workers and community groups in improving the health of people living in disadvantaged communities. Development of the program was informed by research that identified competencies for the public health workforce to work effectively in locationally disadvantaged communities [7]. To date, 8 project teams have graduated from the 12-month program.
- The Common language (CL) program, developed by the Dartington Social Research Unit in the UK, is a comprehensive professional development program designed to support the provision of integrated children's services with a whole of community driven outcomes agenda. While the program has been found to be valuable in achieving service integration and is widely implemented in the UK [8], Common Language has not yet been trialled in Australia. After a visit with the developers of the program last year we are now planning to run a trial of the model with service providers working in a disadvantaged community in south west Sydney.

Yours sincerely

A/Prof Lynn Kemp

Director

Selected references

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