Everything but 'health'

Fair:
just, right,
equitable

A submission to the Community Affairs References Committee Inquiry into Australia's domestic response to the World Health Organisation's (WHO) Commission on Social Determinants of Health report *Closing the gap within a generation* from the Social Determinants of Health Alliance

SDOHA

SOCIAL DETERMINANTS
OF HEALTH ALLIANCE

The Social Determinants of Health Alliance calls for:

- Adoption of the WHO framework articulated above and contained in the Commission on Social Determinants of Health report *Closing the Gap in a Generation*. This adoption would embed the paradigm change and commitment to addressing the social determinants of health.

- Leadership from the Department of Prime Minister and Cabinet to implement a coordinated whole-of-government approach to social determinants of health and health inequities.

- Federal Government encouragement for COAG to adopt the WHO framework, and a COAG-led discussion with states and territories to examine the impact of the social determinants of health through their administration of state-based policies and programs, for example within the justice system, housing, utilities and community-based services.

- Delivery of an annual report to Parliament by the Prime Minister on the social determinants of health that aims to monitor the distribution of health inequities in order to feed back into policy development.

- Implementation of mechanisms to routinely assess the impacts of policies on health and equity across all sectors of government: options may include application of health impact assessments (the potential effects on population health from procedures, methods and tools used in policies, programs or projects) or a "health in all policies" approach similar to that used in South Australia (commencing prior to a policy or proposal being developed).

- An equity audit of existing health and social programs – conducted as a starting point to support the development of a national strategy. The audit should include information on accessibility and use of programs, as well as duplication.

- Development of a national strategy to address health inequity by actions to reduce social inequities in income distribution, educational achievements, labour market, working environments, health behaviours and health services.

- Continued action in partnership with Indigenous communities and leaders to advance the social, economic and cultural development of Aboriginal and Torres Strait Islander peoples through action on social determinants of health – including in the justice system and policing.

- Building on the social inclusion agenda to address social determinants of health affecting disadvantaged groups and areas of concentrated disadvantage.

- A Productivity Commission assessment of the cost of health inequity and the benefits of adopting a Social Determinants of Health approach.

- A specific focus on understanding and evaluating effective interventions to address social determinants of health and health inequities within ANPHA, ARC and NHMRC research agendas.

Introduction

The Social Determinants of Health Alliance

- The Social Determinants of Health Alliance is a group of like-minded organisations established to advocate to governments at all levels to lead coordinated action across sectors on the determinants of health in order to reduce health inequities in Australia. Abundant evidence shows that the higher your income or level of education in Australia, the better your health will tend to be. People in the most disadvantaged social groups are also far more likely than those in the higher socioeconomic groups to have long-term physical or mental health problems. Thus, they may be less able to complete an education or maintain a job to retirement, and are more likely to die at a younger age[1].

- The Alliance welcomes the opportunity to make a submission to this Inquiry, and endorses the focus on the social determinants of health.

Why was SDOHA formed?

- For many years, and particularly the last decade, a number of Australian organisations, academics and public policy leaders have become increasingly interested in improving Australians' well-being and reducing health inequities by addressing the social factors -- or "determinants" -- that strongly influence people's health. The Social Determinants of Health Alliance was formed in October 2012 with the goal of working with governments to improve health outcomes for all Australians, and especially among those who are subject to social or economic disadvantage. The Alliance membership includes some of Australia's leading health equity researchers as well as leading health promotion and social service organisations.

Issues related to this Inquiry

- The Department of Health and Ageing submission to this Inquiry details how universal and targeted services and programs form Australia's health system and that there are initiatives in place that use cross-sectoral approaches and multiple policy levers. The submission provides many examples of this in practice and quotes the *Closing the Gap Prime Minister's Report* frequently. We acknowledge some of these initiatives are in keeping with a social determinants of health agenda, including those on social inclusion. The Alliance has several concerns, though, about what the department's submission does not address clearly (or adequately).
- Firstly, there is the often individualised nature of many of these programs. A way to highlight this is to look to last year's Prime Ministerial speech on the *Closing the Gap* report where the Prime Minister said:

  > … So I see 'Closing the Gap' is a call for changes in behaviour. A call to every person, to every family, to every community.

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[1] Commission on the Social Determinants of Health (2008) *Closing the gap in a generation: Health equity through action on the social determinants of health.* Geneva: World Health Organisation

> To take care of your children. To take a job when you find one. To create a safe environment. To send your kids to school, pay your rent, save up for a home. To respect good social norms and to respect the law. And to reach out to other Australians.[2]

This approach does not adequately acknowledge how the social determinants impact upon Indigenous Australians, but rather sees the 'gap' as caused by flawed individual behaviour. The social determinants of health approach is not about individuals but rather it is about how social determinants affect populations. A social determinants of health approach acknowledges a role for individual action, but also recognises that individuals' choices are strongly influenced by their social circumstances, over the life course.

- This lack of understanding and utilisation of the term 'social determinants' have been highlighted through your Senate public hearings. As the Senate Committee has pointed out, a quick search of the use of the term in previous hearings held by the Community Affairs Committee reveals little or no use of the term. It would appear there is some way to go to advance understanding of social determinants of health within government, and of how this can be used to understand health inequities between different population groups.

- Your recent public hearing with the Australian National Preventive Health Agency (11 December 2012) involved a lengthy discussion about the use of the term 'social determinants of health' and the Alliance would agree with Ms Sylvan's statement that "it is almost [all] about the governmental agenda around inequality"[3], i.e. it is often government's actions outside the health sector that can most significantly reduce health inequities. That is why this submission is about "everything but 'health'".

- It is also crucial to understand that health inequities do not just affect the most disadvantaged groups, but occur on a gradient across the social spectrum. Thus, whilst a targeted program approach to address inequities is often appropriate, it must be seen as part of a system providing universal access (not universal entitlement) to health care, education, housing, etc.[4],[5]

- The setting up of various national bodies to report on and/or develop policies to address the various issues around health inequity is to be applauded but, without measures (resources, levers etc.) to make use of these bodies' findings at the local level, little progress will occur. It is worth noting that efficiency-- rather than equity, is the short-term priority of the National Health Performance Authority.

- The issue of equity was never addressed fully during the workings of the National Health and Hospital Reform Commission, and this has been a significant failure of the recent health reform process. The *Healthier Future for All Australians - Final Report June 2009* identified a

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[2] Gillard, Julia (2011) PM's closing the gap speech on indigenous Australia, 9th February 2011; HTTP://www.theaustralian.com.au/national-affairs/pms-closing-the-gap-speech-on-indigenous-Australia-in-full/story-fn59niix-1226002750396

[3] http://parlinfo.aph.gov.au/parlInfo/download/committees/commsen/202a6a32-6c3f-4a8a-8778-9b757268bd32/toc_pdf/Community%20Affairs%20References%20Committee_2012_12_11_1600.pdf;fileType=application%2Fpdf#search=%22committees/commsen/202a6a32-6c3f-4a8a-8778-9b757268bd32/0000%22 accessed 13th December 2012

[4] Commission on the Social Determinants of Health (2008) *Closing the gap in a generation: Health equity through action on the social determinants of health.* Geneva: World Health Organisation

[5] Marmot, M. et al (2010) *Fair society, healthy lives: Strategic Review of Health Inequalities in England Post-2010.* London: UK Department of Health http://www.ucl.ac.uk/gheg/marmotreview

number of design and governance principles[6] for the health system, one being "equity". This principle, as articulated in Appendix F, says:

> Addressing inequity in health and aged care access and outcomes also requires action beyond universal programs, including through engagement with other policy sectors (such as the education system, and employment) and a focus on the social determinants of health.

To date, there appears to be little evidence of the application of this principle within the governance and design of health reform.

Importance of action

- There must be an increase in the breadth and depth of responsibility for creating healthy societies within Australia – and much of this responsibility also lies outside of health. The case to act can be articulated across a number of areas, particularly on grounds of equity and social justice. But importantly to the nation, the social and economic costs of inaction on the social determinants provide perhaps the most compelling argument.

- Catholic Health Australia and the National Centre for Social and Economic Modelling released in August 2012 a report entitled *The Cost of Inaction on the Social Determinants of Health*[7] which suggested that if the World Health Organisation's recommendations were adopted within Australia:

  - 500,000 Australians could avoid suffering a chronic illness;
  - 170,000 extra Australians could enter the workforce, generating $8 billion in extra earnings;
  - Annual savings of $4 billion in welfare support payments could be made;
  - 60,000 fewer people would need to be admitted to hospital annually, resulting in savings of $2.3 billion in hospital expenditure;
  - 5.5 million fewer Medicare services would be needed each year, resulting in annual savings of $273 million;
  - 5.3 million fewer Pharmaceutical Benefit Scheme scripts would be filled each year, resulting in annual savings of $184.5 million each year.

- A range of coordinated and accountable actions is required in areas of education, employment, early childhood, the built environment, economic policy and social inclusion in order to achieve sustainable development and increased productivity into the future.

Social determinants

- In essence, the evidence on social determinants of health illustrates the sensitivity of health to the social environment. It is now well established that the most common forms of physical and mental ill-health that affect populations are strongly influenced by factors in the social environment, which exert an influence over the life course.

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[6] Appendix F: Design and Governance Principles
http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/1AFDEAF1FB76A1D8CA257600000B5BE2/$File/APPENDIX%20F.pdf
accessed September 11th, 2012
[7] http://www.natsem.canberra.edu.au/storage/CHA-NATSEM%20Cost%20of%20Inaction.pdf

- The social determinants of health are the circumstances in which people are born, grow up, live, work and age, as well as the systems put in place to treat illness. These circumstances and the way they are distributed are in turn shaped by wider economic and social policies, and political decisions.[8]

- The agreed World Health Organisation social determinants of health are[9]:

Social gradient	Stress	Early life	Social exclusion	Work
Unemployment	Social support	Addiction	Food	Transport

- In addition to these factors, it is also essential to recognise potential health impacts of events in the (human influenced) natural environment and, most particularly, the adverse effects of climate change on human health and health inequities, both globally and in Australia.[10]

Recommendations

The Social Determinants of Health Alliance calls for Government to adopt the recommendations of the WHO Commission on the Social Determinants of Health, that is, within Australia, to:

   1. Improve daily living conditions

   2. Tackle the inequitable distribution of power, money and resources

   3. Measure and understand the problem and assess the impact of action

Specifically the Social Determinants of Health Alliance calls for:

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[8] http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/index.html, accessed 12th December 2012

[9] The Solid Facts, 2nd edition, http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf, page 7

[10] McMichael, A.J., et al.(2006). Climate change and human health: present and future risks. *The Lancet,* 367(9513), 859-869.

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