



Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Community.affairs.sen@aph.gov.au

Dear Secretary,

RE: Response to the Senate Committee on Community Affairs: Australia's domestic response to the World Health Organisation's (WHO) Commission on Social Determinants of Health report – *Closing the gap within a generation*

1. Introduction

Western Region Health Centre (WRHC) is pleased to have the opportunity to respond to this most important Senate Committee Inquiry. The World Health Organisation (WHO) report "Closing the gap within a generation" presented Australia with a powerful reform agenda to tackle health inequality through addressing the social determinants of health.

WRHC strongly supports the Commonwealth Government's efforts to promote health and wellbeing across the Australian population. Measures such as the introduction of the National Disability Insurance Scheme, the upcoming Dental Health Reform Package, and achieving the mandate for plain packaging of cigarettes are all representative of significant Government action that will enhance the health and wellbeing of Australians.

As an organisation that works in some of the most disadvantaged communities in Australia, WRHC is very aware of the benefits of government actions such as those mentioned above, but we are also faced on a daily basis with the health consequences of the growing disparities between the 'haves' and the 'have nots'. We therefore have focused our response on what we consider are some of the most important features of an effective, and sustainable program to address social determinants that can be taken up by the Australian Government.

This submission is made in addition to that already submitted by the HealthWest Primary Care Partnership, of which WRHC is a member.

1.1 Western Region Health Centre

WRHC is a not-for-profit community health organisation that employs approximately 450 staff to deliver a broad range of services including community and allied health, medical, dental, counselling, mental health, health promotion and support and outreach to people and communities in Melbourne's west.

Western Region Health Centre's vision is to create healthy and connected communities in Melbourne's West through the delivery of high quality, accessible community and health services. We seek to achieve this vision through rights-based practice in which our Strategic Goals include to:

- Listen to the people we work with;
- Understand our communities' needs;
- Build environments that promote health and wellbeing; and
- Lead change for people and communities

The WRHC catchment extends across six Local Government Areas (LGAs) including Hobsons Bay, Maribyrnong, Brimbank, Melton, Wyndham, and Hume. These are amongst the most socially and economically disadvantaged of all Victorian LGAs. Clients come from over 120 countries and 70 language groups, including many recently arrived refugees.

1.2 Terms of Reference

WRHC understands the Terms of Reference for this inquiry to be as follows.

Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation", including the:

- (a) Government's response to other relevant WHO reports and declarations;*
- (b) impacts of the Government's response;*
- (c) extent to which the Commonwealth is adopting a social determinants of health approach through:
 - (i) relevant Commonwealth programs and services,*
 - (ii) the structures and activities of national health agencies, and*
 - (iii) appropriate Commonwealth data gathering and analysis; and**
- (d) scope for improving awareness of social determinants of health:
 - (i) in the community,*
 - (ii) within government programs, and*
 - (iii) amongst health and community service providers.**

1.3 The social characteristics of Melbourne's west

The western metropolitan region of Melbourne is an area of diverse characteristics, incorporating inner-city areas that are gentrifying, long established middle-suburban areas of entrenched disadvantage and rapid growth in outer suburban areas. Wyndham and Melton are the fastest growing LGAs in Australia. Additionally, the following descriptors apply:

- Low Socio-Economic Indices (SEIFA rankings) for selected suburbs with Brimbank and Maribyrnong ranked 2nd and 3rd most disadvantaged LGAs in the Melbourne Statistical Division; Hobsons Bay is ranked 9th, Melton 10th, and Wyndham at 14th (based on the 2006 SEIFA Index of Disadvantage).
- Lower individual income in Brimbank, Melton, Maribyrnong and Wyndham when compared with Victorian and metropolitan Melbourne averages.
- Higher proportion of welfare dependent and other low income families in Brimbank, Maribyrnong, Melton and Wyndham than Victorian and metropolitan averages.
- Higher unemployment rate across all LGAs when compared with Victorian average.
- Higher rate of teenage pregnancies in Maribyrnong, Melton and Wyndham when compared with the Victorian rate.
- The population of the west is culturally diverse, and there are a number of new and emerging communities with large numbers of people arriving on humanitarian visas.

The population characteristics and the geographic spread of the community means that many of the social determinants of health affect individuals and groups communities in different ways.

The case study below provides a snapshot of how multiple social determinants of health impact an individual.

"The prevalence of drug use in the developed world is higher in countries with greater inequity. Australia has high levels of inequity compared with many other developed countries, so it is not surprising that the prevalence of drug use is high.....reducing inequity is essential to harm reduction...illicit drug consumption should be redefined primarily as a health and social problem, and that means increasing funding available for health and social interventions which brings a much better return on investment" (Wodak, A 2010 Reducing Inequality cuts drug harms annex bulletin 8:3 p1).

Jo was born to a teenage mother. Both parents used heroin regularly and struggled on a low income. When Jo was 3 years old her mother died of an overdose. Increasingly she had to help care for her younger sibling, and as a result missed a lot of school, resulting in her low level of education and literacy. Her father died when she was 16. Around this time Jo began using heroin in an effort to self-medicate away the sadness and pain she was feeling. She was living alone in a squat when she was first referred to the Homeless Persons Program (HPP). Her boyfriend had recently been arrested and gaoled. Jo received the support of a program nurse through this period and through two later successful pregnancies, the first birth occurring when she was 18. The program nurse was able to advocate for Jo -gaining her drug treatment and helping her to improve her diet. She remains in stable public housing and her children enjoy life with her.

2.0 WRHC's commitment to the Social Determinants of Health

The World Health Organisation identifies that 'promoting and protecting health, and respecting, protecting and fulfilling human rights are inextricably linked' (WHO, 2002). Our submission is underpinned by the principle that access to health services, and achieving the highest level of health is a fundamental human right.

WRHC recognises that health and illness are influenced by a range of social determinants. The approach embraced by WRHC means the services we provide respond holistically to the health of the individual, including the necessary aspects of physical, emotional, social, psychological and spiritual health. Our services are targeted to those most in need, and these population groups are also those who are most at risk of experiencing the negative impacts of determinants that concomitantly have an adverse affect on health.

Our work is guided by the Centre's Strategic Plan in which the vision is to 'create healthy and connected communities in Melbourne's West through the delivery of high quality, accessible community and health services'. The Centre's Strategic Plan provides defined goals and outcomes which are underpinned by the performance framework in which the Determinants of Health are addressed. There are a number of challenges, however, that need to be overcome in order to progress the Centre's Social Determinants of Health approach to preventing ill-health, and promoting wellbeing within the community.

Boris has a complex medical history. He has been residing at Footscray Supported Residential Service since 2002. Previous to that Boris was living in the Werribee area, where transport services were underdeveloped and access to affordable healthy food was challenging. As a teenager he visited a private dentist where they charged him \$250.00. This was a cost that he was unable to afford so he never returned.

Over the next few years Boris went to the dental hospital when he had dental pain. On these visits he had teeth extracted.

Boris was first seen at Western Region Health Centre in 2003 for an examination. Because Boris resided in Supported Residential Service, the treatment was at no cost to Boris. According to the clinicians notes he wanted all his remaining teeth. The operator who treated Boris felt that he would struggle with a denture. Poor oral hygiene was noted as an issue. Over the following years Boris had a number of appointments where he had further teeth extracted. He also failed to attend on a number of occasions, mainly due to the fact that transport wasn't readily available for him.

Boris did not seek dental treatment at WRHC again until 2009 when he attended an emergency appointment. He presented unaccompanied and according to the clinicians notes he was unsure of medications he was taking, and that only one tooth remained. In April he had this tooth removed. He was placed on the priority denture wait list.

When Boris was removed from the wait list in June of 2010, 2 appointments had been made for denture construction but he failed to attend both appointments. In October WRHC undertook a dental screen at the SRS – Boris was again placed on the wait list. Subsequently he attended **all** appointments, facilitated by transport that was provided.

Boris is thrilled with his new dentures; he states he struggles with them a little particularly the lower but he persists, he removes the lower when he eats. The technician advised him to use a denture adhesive to help with retention, which he has followed. The only concern he has at the moment was the ongoing costs involved with purchasing denture adhesive.

For many of WRHC's clients, there are ongoing challenges in maintaining a level of health. It is very clear that a range of Social Determinants effect each member of the community in very different ways. In this example, Boris' ability to maintain good health was challenged by access to affordable food, public transport, the cost of health care and a previously poor experience at a health service.

2.1 Collaborative Planning

WRHC recognises that addressing the Social Determinants of Health requires a whole of government effort, and does not rest not only with those who work within the traditional health sector. The following example is pertinent.

WRHC welcomes the Victorian Government's decision to align Local Council and Community Health planning cycles and agrees that this has the potential to make significant gains in the ability to address the social determinants of health. There are still significant challenges, however, in achieving a full Determinants of Health approach and in this regard we reference two sections from Annex A, the *Closing the Gap* Report recommendations.

Recommendation 1 Ch5 Item 6.3 calls for Local Government to plan for healthy eating through retail planning, and to limit the number of alcohol outlets via 'good' environmental design and regulatory controls. The current Victorian policy environment does not support this recommendation, instead making it near impossible for communities to achieve these goals. WRHC, together with Health West Primary Care Partnership are committed to continued advocacy to prevent for example, the increasing establishment of takeaway food and alcohol outlets within the community.

One of the presenting challenges in this endeavour is that local council planning officers have no mandate to decline a planning application on the basis of the nature of the business. Subsequent challenges by Council or the community to the Victorian Civil Administrative Tribunal (VCAT) are almost always denied with decisions being granted in favour of the business. In this regard, the capacity of businesses to pay for multiple hearings is a major advantage enjoyed by this sector.

The recommendations of the WHO Report do provide a blueprint for action that, if implemented, would address many of the inequities that contribute to poor health outcomes. However unless there is integration of effort across the various levels of government, good intentions will be undermined by conflicting and/or inconsistent policies, legislation and procedures.

Recommendation 1: That the Australian Government develop and implement adequate policy and legislation to support the implementation of the recommendations identified in Annex A of the Closing the Gap report, and supports the development and adoption of consistent policy and legislation at other levels of government to provide a coordinated approach to addressing social determinants.

The WHO Recommendation 2 (10.3) includes the monitoring of the Social Determinants of Health indicators, and undertaking of Health Equity Impact Assessments of all government policies (including those outside the health sector). To date, the concept of the Social Determinants of Health, and the implications for Government is not widely recognised outside of the health sector. This needs to be addressed *before* adequate policy can be established.

Recommendation 2: That the Australian Government carry out full, comprehensive and ongoing training with senior public servants outside the health sector about the relationship between the Social Determinants of Health, their impact on the Community, and how and why Government policies and procedures should be devised and implemented with the Social Determinants of Health as the primary driver.

2.2 Commonwealth Funded programs focussing on individual behaviour change.

In the past the Australian Government has made many attempts to improve health and reduce illness in Australia. Large sums of money have been directed at health promotion programs that primarily focus on individual behaviour change activities. There is a wealth of evidence to support the contention that this rarely works and is most certainly not sustainable in the long term.

By way of example, WRHC is involved in Maribyrnong City Council's Healthy Communities Initiative (HCI) project. Funding of \$78.1 million has been directed to the HCI projects nationwide. In excess of \$700,000 dollars has been directed to Maribyrnong City Council. The Council's project is narrowly focused on individual behaviour change activities, with the aim being to increase the number of adults participating in physical activity and healthy eating programs. This is one of a number of individual behaviour projects designed to address obesity and increase participation in exercise. However despite these efforts obesity in the west continues to rise, and the incidence of diabetes in areas such as Braybrook/Maribyrnong and Brimbank continues to rise rapidly so that these areas experience rates significantly higher than in other parts of Melbourne.

Further, projects implemented in this manner are not sustainable and any positive effects will likely diminish when funding ceases. Project planners failed to recognise that obesity rates and subsequent level of health and illness are influenced heavily by social determinants, and not simply the person's individual ability to access healthy food or physical activity opportunities. Furthermore, the evaluation requirements focuses on immediate impact measures such as 'number of people attended' and are not concerned with long term sustainable outcomes.

Recommendation 3: That the Australian Government, and its agent, the Australian National Preventative Health Agency act on the research evidence that shows that inequities are best addressed through universal strategies that acknowledge the interplay between determinants.

2.3 Funding cuts to prevention funding.

The Commonwealth and Victorian Governments must work collaboratively. The recent \$10 million cut from the Victorian Health budget is an example of where goodwill and positive action at one level of activity can be compromised by policy and action at another level. The degree to which the Australian Government will be able to respond to the Social Determinants of Health is significantly reduced without the Victorian Government support.

This reduction in funding, and indeed the directions of the National Health Reform have a very specific result – this being a focus on hospital care and thus an overemphasis on treating the sick, rather than keeping people healthy. Funding cuts impact directly on the ability of stakeholders to focus on addressing social determinants of health. These stakeholders include local governments and community and women’s health agencies. There is ample evidence to support that illness prevention is more cost effective than cure. The recent report produced by Catholic Health Australia (CHA) in partnership with the National Centre for Social and Economic Modelling (NATSEM) outlined the economic savings that could be achieved by Australia if we were to adopt the WHO recommendations. Specifically, the report identified reduced use of prescribed medicines, reduced use of doctor and medical related services, and reduced use of Australian hospitals.¹ Conversely, budget cuts to the primary prevention programs increase pressure on the delivery of health services in the long term.

Recommendation 4: The Australian Government undertakes substantial work to adequately cost the investment necessary to implement a program of action to address the social determinants of health. That this work address the contributions that should be committed by each level of government to enable alignment, integration and appropriate targeting of activities.

Yours Sincerely,

Lyn Morgain
Chief Executive Officer

¹ CHA-NATSEM (2012). *The cost of inaction on the social determinants of health*. Available at <http://www.natsem.canberra.edu.au/storage/CHA-NATSEM%20Cost%20of%20Inaction.pdf>