

Submission to the Senate inquiry:

Closing the gap within a generation, WHO report.

From Merri Community Health Services

Introduction

Merri Community Health Services (MCHS) provides a range of services including a range of Allied Health disciplines, generalist and specialist counselling programs, aged and disability services, case management, family support, carer support programs, and social support programs for people with a mental illness, as well as health promotion programs and public dental services. MCHS is an independent not for profit organisation that receives funding from both state and commonwealth government under various funding frameworks to deliver services to the community of Moreland and numerous sub regional services across multiple LGAs.

MCHS welcomes the Federal Senate Committee's enquiry into Australia's domestic response to World Health Organisation's (WHO) Commission on Social Determinants of Health report, "Closing the gap within a generation". We see this as an exciting and timely step towards prioritising the social determinants of health (SDOH) at a whole of government level.

MCHS has a dedicated health promotion and research team that work within health promotion and support various research projects within the context of the primary healthcare sector in the state of Victoria. MCHS appreciates the impacts of Australia's domestic response to this report at all levels of our work. The SDOH are integral to health promotion, and the Government's response to the report and approach to addressing the SDOH impact upon the efficacy, reach and capacity of health promotion strategies and interventions in fundamental ways.

In particular, the Federal Government's lead on a variety of initiatives – whether they are directly related to the Victorian Community Health setting or not – impacts practice at a local level. For example, the Federal Government's strong and decisive leadership on tobacco control and legislative reform has provided inspiration around evidence-informed change and has acted as a catalyst for further prevention interventions both Australia-wide and internationally. The Federal Government's refusal to bow to industry pressure on this issue has been a role model for evidence-informed change in many health areas, which must be commended.

Such policy and legislative leadership has great potential to be extended to other areas of population health. This is particularly relevant in areas where behaviour change models as standalone interventions are still touted as effective and efficient interventions, despite their lack of acknowledgement and ability in addressing the SDOH. Health Impact Assessments throughout all levels of Government have the potential to maximize the health of all Australians whilst ensuring that evidence is informing all levels of decision making.

Through strong and effective leadership we see the potential for the Federal Government to guide resources into interventions, policies and research that focus upon a SDOH approach, in order to complement and build upon more traditional research in biomedical and clinical areas. By doing so, the Government can invest in a whole of life approach to health, enabling settings-based approaches that can address health inequities across Australia.

Furthermore, we see the Government playing a significant role in building capacity to address population health and inequity at various levels of Government and other sectors in the community. Building capacity across all levels and entities increases opportunities around consolidation of data collection, analysis and application, as well as enabling a 'health in all policies' approach across all levels.

Leadership

Strong, decisive and coordinated leadership is required to embed the SDOH into all areas and levels of government if real changes in health equity and health outcomes are to be observed. The Federal Government has already demonstrated its capacity for such leadership through tobacco control and reform in Australia. However, although we have observed great overall reductions in smoking rates across Australia, a failure to acknowledge the SDOH has seen high levels of smoking continue in disadvantaged communities, with current statistics indicating that people from lower socio-economic backgrounds are twice as likely to smoke. Nonetheless, reforms in tobacco legislation has set the precedent for Federal Government leadership in health, and is a demonstrated example effective of 'upstream' interventions at a population level.

The evidence for prioritizing the SDOH for all health issues exists – it is time for the Federal Government to acknowledge this and to use the evidence to inform policy at all levels across all sectors. Through the National Preventative Health Partnership for Health (NPAPH) and the National Preventative Health Taskforce (NPHT) the Federal Government is in a prime position to make evidence informed decisions to lead the

Australian health sector into a new way of working, focusing on a SDOH approach across all levels, rather than promoting a traditional emphasis on lifestyle risks. While the Council of Australian Governments (COAG's) NPAPH states a commitment to social inclusion and indigenous disadvantage, the performance benchmarks unfortunately do not reflect this accurately and it is individual health gains that are measured, not equity outcomes. Measuring average health gains across the population on their own without working to address the factors influencing the SDOH does little to effectively address the SDOH in the longer term, whereas equity outcomes have the potential for long-term impacts on health.

An excellent example of an initiative that does address the SDOH is COAG's Closing the Gap initiative that puts education and employment as a central focus. As such, Closing the Gap does well to strive toward a more equitable Australia for our Indigenous population. This focus is currently at odds with our preventative health agenda, which continues to focus solely on lifestyles and behaviour modification. It is imperative that we align all government policies so that they all strive toward a social determinants focus, it is only with all policies taking the same approach and direction that we can collectively and legitimately attempt to address the SDOH at a population health level.

Alongside this, the potential to lead and direct health research into the SDOH is a domain in which the Federal Government is uniquely placed, through agencies such as the NHMRC and the Australian Research Council. At present much research is focused upon biomedical and clinical methodologies which do not address or take into account the SDOH or their impacts upon health outcomes. Whilst strong evidence already exists to prioritise the SDOH in order to alleviate and remedy health inequities, further evidence is required, focusing upon identifying quantifiable and measurable impacts and outcomes on strategies and interventions addressing the SDOH.

Recommendations

1. Evidence needs to be used to inform health policy. The Federal Government must take decisive action on the SDOH as they have done with tobacco control and refuse to be influenced by industry pressure. Good health policy will set the context for the work primary health care can do at the ground level.
2. Australia's health research needs to be more balanced from a biomedical focus toward a focus on SDOH. Research needs to take a long term view, and provide opportunities to effectively measure impacts and outcomes of interventions focused on addressing the SDOH.

3. The Federal Government needs to take a 'Health in all Policies' approach, to ensure equity and the SDOH are considered in policies across the board at all levels and sectors.

Resources

We are calling on the Federal Government to take active leadership on the SDOH, and also channel resources accordingly.

The formation of the NPHT in 2008 demonstrated the Government's commitment to preventative health in Australia. Although this is a highly commended and positive step towards prioritizing prevention, the resulting initiatives outlined in 'Taking Preventative Action' have unfortunately fallen short of addressing the underlying causes of ill-health.

For example, the Healthy Workers Initiative and the Healthy Children's Initiative, both of which are aimed at promoting improved health behaviours, do not seek to redress disadvantage. Instead, both initiatives aim to promote improved health behaviours among individuals, particularly related to diet and exercise, which does little to address health inequities and the systematic socioeconomic drivers of chronic disease outcomes. Although initiatives such as this have specifically sought to target disadvantaged communities, the compulsory lifestyle behaviour-focused programs on their own will do little to make sustainable change on health outcomes and the SDOH in the long term. Moreover, the short timeframes associated with this funding puts great limits on being able to undertake truly meaningful work at a social determinants level, let alone collect outcome evaluation data. We are fearful that the current investments in these strategies as they stand considering a broader population health perspective; will essentially see very little change in health equity, or even overall health outcomes.

Concerning also, is the current Federal Government's focus on social marketing, as evidenced in the recent 'Swap it, Don't Stop it' campaign. Social marketing as a strategy on its' own, has little overall evidence of effectiveness and may, if at all, widen the gap in health inequities as they target higher socioeconomic groups. Research has shown that social marketing alone is ineffective for lower socioeconomic groups and while useful in its place, social marketing is narrow-focused and relatively weak in its outcomes. Moreover, a focus on social marketing does not recognise the larger systemic and economic forces at play. In order for a social marketing campaign such as this to be effective, a broader population health strategy following the example of Australia's approach to Tobacco Control would be necessary. For example, seeking to

influence legislation at a policy level, such as regulation of food advertising and marketing would need to be considered.

Findings from the University of Canberra Report on The Cost of Inaction on the Social Determinants of Health¹ found that investing in the wrong areas of preventative health is costing the country dearly, both in monetary terms and in terms of continued chronic illness and poor life satisfaction for Australia's most vulnerable. The report found that by investing adequately in the social determinants of health we would see significant reductions in health inequality, with up to 500,000 disadvantaged Australians becoming free from chronic illness. Furthermore, the report noted that a significant number of Australians would see improvements in reported satisfaction with life, massive gains to employment, increases in annual earnings for disadvantaged Australians of working age, reductions in welfare support of \$3-4 billion per year, and millions of dollars worth of savings to the health system. When viewed through this economic lens, it is clear that a focus on the social determinants of health makes sense economically, as well as morally. We therefore implore the Federal Government to focus resources accordingly.

Recommendations

4. Initiatives need to take a life course perspective, particularly focusing resources on improving support for families and early childhood education and psychosocial development. This would be a much better investment for Australia than a focus on behavior-change, lifestyle modification models or social marketing initiatives that can sometimes widen the health gap.
5. At the community health level, we need to be given the freedom to take settings based approaches rather than being coerced by funding arrangements to work on risk-factors that may not be responsive to community need. Funding needs to allow freedom to engage with local communities and partner with local agencies (including education, transport and planning authorities) to effectively respond to local needs, build capacity and take a strengths-based approach, thus producing health-promoting environments. A good example of this approach is the WHO Healthy Cities Strategy. The Federal Government needs to focus resources to support this type of work and offer incentives to the States to support this type of work.
6. The Federal Government must put a priority on providing social protection across the life course and addressing intergenerational poverty as a main priority.

¹ The National Centre for Social and Economic Modelling, *The Cost of Inaction on the Social Determinants of Health (CHA-NATSEM Second Report on Health Inequalities)*, Canberra, University of Canberra.

Capacity Building

For real change to be effected on the SDOH and health inequity, capacity needs to be built through all levels of Government, business and the community. Capacity building can be demonstrated at all levels and in many areas, and has the potential to impact upon all levels of the community.

By building the capacity of health surveillance systems to adequately monitor and measure the SDOH and health inequities, the Federal Government has the opportunity to ensure a strong evidence base for change. Bringing together all surveillance systems, both Governmental and non-governmental, gives a unique opportunity to validate and verify data and assess quality and comparability. Embedding the SDOH into these surveillance systems could be used to determine health issues both across and within groups and to assess effectiveness of interventions and improvement over time. Disaggregation of data can enable different stratifiers to be addressed at all levels of interventions, from individual projects to nation-wide campaigns. In addition to the coordination and collaboration of data systems, it is vital that data can be understood and applied by policy makers, health practitioners and the community to ensure that information dissemination is maximized to its full potential.

It is also necessary to build the capacity of workforces to be able to utilise the evidence and identify strategies which can effectively address the SDOH. This is important not only in the health sector, from primary care providers through to policy and management, but also at all levels of Government that impacts upon health, including urban planners, teachers, architects and transport planners. All these sectors have a role to play in addressing the SDOH and their capacity to do so must be built accordingly. Without strong capacity at all levels of Government, business and the community, there is very little that can be done to address the SDOH in a meaningful way due to a lack of understanding of the many complex factors that influence health inequities.

Embedding of Health Impact Assessments into all levels of policy and decision making would create a structured way of entrenching the importance and impacts of the SDOH into all areas of practice.

Recommendations

7. At the community health level there is little we can do individually to address the SDOH in a meaningful way without cooperation from all levels and all sectors. As such, there needs to be a focus on capacity building in all sectors and all levels of government to enable them to work on the social determinants of health.
8. The Federal Government must offer the State Governments incentives to measure reductions in health inequality, rather than overall population averages.
9. Public Health Research must be directed to focus on SDOH.
10. Introduce Health Impact Assessment for all new government policies.

Conclusion

Evidence suggests that re-focusing energy into addressing the SDOH is crucial in addressing long term health outcomes within individuals and communities. However, in order to have an effective and legitimate impact on the SDOH, the Federal Government must demonstrate strong leadership in this area, focus on building capacity across all governments and sectors to enable a 'health in all policies' approach, and direct resources accordingly by allocating funding to interventions specifically focused on addressing the SDOH and reducing inequities. Without this alignment of agendas and resources across all governments and sectors, individual entities are unable to meaningfully tackle the SDOH on their own.