Sydney Local Health District

Submission to

Senate Committee Inquiry

into

Australia's domestic response to WHO Commission on Social Determinants of Health (SDOH) report

'Closing the gap within a generation'

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This submission provides comment and evidence on the Australian response to recommendations by the WHO commission on SDOH, from the perspective of Sydney Local Health District (SLHD).

Background: Overview of the Sydney Local Health District

The Sydney Local Health District (SLHD) is responsible for providing care to more than five hundred and thirty thousand people. This growing and ageing population is culturally and linguistically diverse and includes high and medium density metropolitan and suburban communities.(1) Geographically, the District covers approximately 127 square kilometres and eight local government areas (LGAs) which vary in size and population structure

There are approximately 4,407 Aboriginal residents identifying as Aboriginal or Torres Strait Islander background. Accounting for 0.86% of the population, the largest Aboriginal communities are in the City of Sydney, Marrickville and Canterbury LGAs.

There are also significant culturally and linguistically diverse communities with 51.5% of the population speaking a language other than English at home. However there is variation across the Sydney LHD. Canterbury LGA has the largest communities with 46.9% of people born overseas and 70% speaking a language other than English (LOTE). In contrast, overseas born represent 27% of the Leichhardt population and 21.9% speak a LOTE.

There are variable levels of advantage and disadvantage within SLHN as measured by the SIEFA data (ABS 2006). Canterbury LGA is the third most disadvantaged LGA in metropolitan Sydney and is ranked as the 17th most disadvantaged LGA in NSW.(2) Within LGAs there are also pockets of greater disadvantage as evidenced in suburbs such as Riverwood, Waterloo and Lakemba.

Response to the SDOH enquiry

The report suggests that government policy across these three recommendations is key to closing the gap of health inequity. Action on health inequity through the social determinants of health must be undertaken at a population level and involve collaborative planning and implementation from all levels of government, health providers and related community groups.

To have a lasting and significant impact on the health of Australians, the Commonwealth Government must strive to increase awareness of the social determinants of health in the community and in government departments.

Without a coherent strategy to improve social equity, increase public awareness of the social determinants of health and include multiple sectors, government departments and healthcare providers in a population health planning process, significant impact on the growing rates of chronic diseases will be limited.

Impacts of the Government's response

This submission demonstrates the impact of the Government's response at a local level within a health district in NSW. We provide an outline of current action in SLHD to address these recommendations.

The District deals with the health impacts of the SDOH daily and welcomes the opportunity to report on action currently underway and to consider potential for further initiatives.

SLHD is committed to equity principles, which are reflected in strategic plans, location of services, research programs and targeting of many services to disadvantaged groups. Examples are: Child and Maternal Health Services, Population Health activities, Aboriginal Health Units and programs.

In addition, SLHD has a strong Population Health division which has been working over the last ten years to build links with other government departments such as Housing, Education, Community Services and Planning, to strengthen a SDOH health approach and to improve health outcomes for residents.

The three overarching recommendations of the SDOH commission are:

1. Improve daily living
2. Tackle inequitable distribution of power, money and resources
3. Measure and understand the problem and assess the impact of action.

1 Improve daily living

Equity from the start

SLHD has a number of early childhood programs which target vulnerable families, and contribute to research on health outcomes of supporting early development. Examples are:

- Sustained home visiting for Aboriginal mothers
- *Healthy Beginnings:* Longitudinal research into effective obesity prevention in pre-school children through extended home visiting by nursing staff`
- Promotion of physical activity and healthy nutrition in supported playgroups and family day care

Healthy Places Healthy People: Action to build a flourishing environment

- Population Health has a specialist research team (REMS) to investigate, monitor and advise on a range of environmental issues such as air quality, access to community amenities by disadvantaged groups and impact on health of community amenities.
- Population Health engages actively with policy development and planning across a number of non-Health portfolios including: Housing, Transport, and Urban Planning.
- A Healthy*Urban Development Checklist* has been developed and published, and is widely used to assist health and other workers with comments on urban planning proposals.
- Population Health has a developing focus on sustainability and climate change and the associated health impacts. These issues are to be incorporated into the Healthy Urban Development Checklist, and have been a focus in the conduct of Health Impact Assessments which have been undertaken.

Community Nutrition and Youth Health have developed the Yhunger project to improve food access and physical activity options for young people 14-24 years old, who are at risk or experiencing homelessness.

Fair Employment & Decent Work

- As a major local employer, SLHD has an Aboriginal Workforce Strategy and supports Aboriginal recruitment and retention across departments in the LHD.
- Aboriginal Trainee group programs are run regularly in several hospitals.
- Health Promotion partnership programs to address food security include pathways to training and employment.
- Community members are trained and employed to carry out community surveys in disadvantaged suburbs

2 Tackle inequitable distribution of power, money and resources

Health equity in all policies, systems and programs

SLHD works in partnership with other government departments and NGOs to develop cross-sector policy and programs to improve health equity. Some recent examples include:

- Through CHETRE, SLHD has developed systems for Health Impact Assessment (HIA)
- Training in HIA for health and other agencies has been developed and delivered by CHETRE across NSW.
- Specific Equity Focused HIA has also been developed.
- SLHD takes an active role in local government community strategic planning.
- SLHD makes regular submissions to public policy documents. Recent examples include: NSW Issues and Green Papers on planning reform; Senate Enquiry into the adequacy of pensions; National Food Plan Green Paper.
- Implementation of a Speech Pathology Brokerage Service with Schools focussing on schools with high levels of disadvantage.

Political empowerment, inclusion and voice.

- SLHD has established strong infrastructure to support Community Participation at many levels, with dedicated staff positions to support and widen participation.
- Consumers are represented on the LHD Board, on interviewing panels, and in many LHD-wide and local committees such as mental health, multicultural health
- Health Promotion and CHETRE work with NGOs and community members to devise appropriate local solutions to issues of health and wellbeing, and provide training in advocacy and leadership.
- CHETRE provides training for staff and residents working in disadvantaged communities through a supported, project-based program.

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

The SLHD Health Plan makes explicit links between SDOH and health outcomes

SLHD has a strong focus on research and investigation. In Population Health, this is achieved both through dedicated teams at REMS and CHETRE, and in many large and small-scale population level projects in health promotion. These contribute to evidence of need and analysis of the impacts of SDOH, as well as to evidence of effective interventions. Recent examples are:

- Sustained home visiting for Aboriginal babies
- Longitudinal research into effective obesity prevention in pre-school children through extended home visiting by nursing staff through the Healthy Beginnings program (3)
- Evaluation of community development programs and interventions in socioeconomically disadvantaged communities (4)
- Using health evidence in policy and planning to support a healthy urban environment (5)

What could be done to further raise awareness of SDOH?

Equity audits could be developed and applied to every level of program and planning

It is notable that descriptions of disadvantage are often more comprehensive than suggested strategies to tackle it: comprehensive strategies are needed to complement the continuing emphasis on individual education and persuasion

Build on opportunities to expand and extend cross-sector projects, especially in areas and among groups of concentrated disadvantage

Need for better information to guide actions:

- Need for more/better statistics on disadvantage experienced by Aboriginal & Torres Strait Islander
- Need for more community consultation to back up statistical data
- Need for better data on prevalence of food insecurity: support the proposal in the National Food Plan Green Paper for a *State of the Food System* report, with the proviso that this must include regular monitoring of food insecurity to provide accurate trend and prevalence data
- Scope for improving awareness of SDOH: need to elevate status of SDOH as focus of intervention

Need for more interdisciplinary projects

There is further potential to cross-link issues eg

- climate change and physical activity
- physical activity and social connectedness
- local and resilient food security and climate change
- physical activity and public transport
- food security impact on educational outcomes

Increase work in areas of locational disadvantage

Experience in Sydney LHD shows there is often co-location of impacts of SDOH such as poor public transport, high number of outlets of junk and fast foods compared to healthy food access, few avenues for employment, poor access to services and amenities.

Build support for SDOH and prevention approach

More work to develop cost benefit analyses of investment in prevention programs and SDOH approach to validate this work in terms of health expenditure/savings.

Maintain focus and structures for prevention work

Despite the growth of preventable ill health and premature mortality through chronic disease, a prevention approach, let alone a comprehensive SDOH approach, is still vulnerable to political decisions as witnessed by the axing of public health and health promotion in Queensland.

Health in All Policies

To enable an effective and sustainable approach to address SDOH there needs to be high level policy commitment which then drives decisions about priorities and resourcing at lower levels. A 'health in all policies' approach should be developed for the Australian context which recognises the broad range of factors impacting on health, the measures and strategies required to address these, and to ensure that they are built into strategic and business planning across all sectors.

References

(1) Sydney Local Health District. About us. Accessed 8 August 2012 from: http://www.slhd.nsw.gov.au/about.html

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(4) Qummouh, R, Rose, VK, & Hall, P, 'In Press: Specific issues, exact locations: case study of a community mapping project to improve safety in a disadvantaged community', Health Promotion Journal of Australia, 2012

(5) Harris, PJ, Haigh, F, Sainsbury, P, & Wise, M, 'Influencing land use planning: making the most of opportunities to work upstream', Australian and New Zealand Journal of Public Health 2012; 36: 5 - 7.