

Health in All Policies Collaboration



Submission to the Senate inquiry:

Australia's domestic response to the World Health

Organization's Commission on Social Determinants of Health

Report *Closing the gap within a generation.*

The Health in All Policies (HiAP) Collaboration in Tasmania welcomes the opportunity to provide a submission to this inquiry. It is with the following comment in mind that we provide this submission.

Why do we have almost 60 per cent of Tasmanians over the age of 65 years living in Socio-Economic Index (SEIFA) quintile 1 when across the straight and up into the Australian Capital Territory – where most of our health, education, welfare policies originate – 66 per cent of people aged over 65 live in the 5th quintile?

Excerpt from Catholic Health Australia's book *Determining the Future: A Fair Go & Health for All* (pp.225-26).

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APPENDIX 1 – Health in All Policies Collaboration information sheet

Background to the Health in All Policies Collaboration in Tasmania

Prior to the 2009 Tasmanian state election, a group of non-government organisations collectively called for a fairer Tasmania, and action on the social determinants of health under the banner of the Tasmanian Council of Social Service's *Our Island Our Voices* campaign.

As a result of this campaign, we were able to obtain statements of tri-partisan support, in varying degrees of specificity to:

1. Adopt a paradigm shift in thinking towards a health in all policies approach
2. Establish a Health in All Policies taskforce
3. Further investment into the funding of health and well-being and chronic disease prevention.

Following the election, the Health in All Policies (HiAP) Collaboration was established to continue to advocate for these actions to be implemented. The HiAP Collaboration noted at this time the significant work being undertaken internationally in this area, but also the Health in All Policies work occurring closer to home in South Australia. A paper which provides an overview of the HiAP Collaboration can be found at ATTACHMENT 1.

Members of the Collaboration include:

- Tasmanian Council of Social Services
- Tasmanian Branch of the Public Health Association Australia
- Members of the Tasmanian Chronic Disease Prevention Alliance which include:
 - National Heart Foundation (Tasmania)
 - Cancer Council Tasmania
 - Diabetes Tasmania
 - National Stroke Foundation (Tasmania)
 - Arthritis Tasmania
 - Asthma Foundation (Tasmania)
 - Kidney Health Australia (Tasmania)

Subsequent to the 2009 election, all parties and independents in the Tasmanian parliament have continued to engage with the Collaboration around Health in All Policies approaches.

The HiAP Collaboration's advocacy efforts resulted in the Tasmanian Government initiating the *Fair and Healthy Tasmania Strategic Review*, which has subsequently, lead to the establishment of the Health and Well Being Advisory Council in Tasmania. The members of this Advisory Council are appointed by the Tasmanian Health Minister, and their purpose is to provide advice to the Tasmanian Government and the broader community on the best ways to improve health outcomes and reduce health inequity in Tasmania. The HiAP Collaboration sees the establishment of this Advisory Council as positive; however we continue to call for a model for intersectoral action to address the social determinants of health in Tasmania as outlined in ATTACHMENT 1.

In April of this year, the HiAP Collaboration (supported by Catholic Health Australia), hosted a forum for Tasmanian state and federal members of parliament, their advisors, heads of departments and senior staff, elected mayors of local government, as well as members of the business community. Internationally renowned experts on the social determinants of health provided an overview of their current thinking of what could and should be done.

Following the forum, participants were encouraged to:

- (1) Call on the Tasmanian parliament to support the establishment of a joint parliamentary select committee to examine the causes of poor health and well being in Tasmania; and
- (2) Call on the federal parliament to support a senate committee inquiry at a national level.

As a result of this advocacy work, a motion to establish a Joint Select Committee to inquire into issues pertaining to the social determinants of health in Tasmania was introduced and passed in the Lower House, subsequently passed with amendment in the Upper House, and now awaiting debate on the amendment in the Lower House with indications of tri-partite support from the three political parties represented in the

Tasmanian Parliament. The Upper House amendment was based on the advocacy efforts of the HiAP Collaboration.

The terms of reference for the Committee as they currently stand are:

That a Joint Select Committee be appointed with power to send for persons and papers, with leave to sit during any adjournment of either House and with leave to adjourn from place to place, to inquire into and report upon:

1. The current impact of inequalities in the major social determinants of health on the health outcomes, including mental health outcomes of Tasmanians and including current evidence describing social gradients in health, and the capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health;
2. The need for an integrated and collaborative preventative health care model which focuses on the prevention, early detection and early intervention for chronic disease;
3. The need for structural and economic reform that promotes the integration of a preventative approach to health and wellbeing, including the consideration of funding models;
4. The extent to which experience and expertise in the social determinants of health is appropriately represented on whole of government committees or advisory groups;
5. The level of government and other funding for research addressing social determinants of health;
6. Any other matter incidental thereto.

If the Joint House Committee is established, it is envisaged that it will report back to parliament by 30 September 2013.

More recently, a Social Determinants of Health Advocacy Network has been established in Tasmania (a collaboration between the Tasmanian Council of Social

Services and the Tasmanian branch of the Australian Health Promotion Association), with interest in the Network, and its membership growing rapidly.

The HiAP Collaboration works closely with the Social Determinants of Health Advocacy Network as well as the Health and Well Being Advisory Council, with all recognising the importance of pulling together to see action in this space.

The HiAP Collaboration also recognises the work being undertaken by the Population Health Equity unit within the Department of Health and Human Services, and their involvement on a range of Tasmanian government inter-agency working groups.

The HiAP Collaboration also meets regularly with the Tasmanian Medicare Local. The Tasmanian Medicare Local, with funding recently announced by Federal Minister for Health Tanya Plibersek, is currently developing, and will implement (pilot) initiatives to improve the health of Tasmanians through addressing the social determinants of health, as well as targeted initiatives to promote the reduction of health risk factors. The Tasmanian Medicare Local seeks to:

- Reduce inequalities in health and improve health outcomes across Tasmania
- Improve health system efficiency, and
- Reduce health system pressure.

National Centre for Social and Economic Modelling (NATSEM) report

In August 2012 - a short time after the HiAP Collaboration's forum on the social determinants of health was held, NATSEM released a report (commissioned by Catholic Health Australia) entitled *The Cost of Inaction on the Social Determinants of Health*. This report provided an outline of the economic and health gains that could be made if the World Health Organisation's (WHO) recommendations from *Closing the Gap Within a Generation* were fully implemented in Australia.

Following the release of the NATSEM report, the HiAP Collaboration utilised the NATSEM analysis to estimate what the potential effect would be in Tasmania if the WHO recommendations were fully implemented. Although perhaps the interpolation method is crude, the Tasmanian estimates were calculated as being 3% of the national figures. The 3% figure was used as the Tasmanian population is approximately 2.3% of the national population, with an additional 0.7 percentage

points applied due to a higher proportion of Tasmania's population being in the lowest Socio-Economic Index of Financial Advantage decile.

Using this approach, it was estimated that:

- 15,000 Tasmanians could avoid suffering from a chronic illness
- 5,100 extra Tasmanians could enter the workforce, generating \$240 million in extra savings
- Annual savings of \$120 million in welfare support payments could be made
- 1,800 fewer people admitted to hospital annually, resulting in savings of \$69 million in hospital expenditure
- 165,000 fewer Medicare services would be needed each year, resulting in annual savings of \$8.2 million
- 159,000 fewer Pharmaceutical Benefit Scheme scripts would be filled each year, resulting in annual savings of \$5.5 million each year.

Addressing the Senate Committee Terms of Reference

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

- a) Government's response to other relevant WHO reports and declarations;**
- b) Impacts of the Government's response;**

Whilst it is noted that there are some programs that attempt to address the social determinants of health in Australia, it is disappointing that the Australian Government has not implicitly responded to the WHO's *Closing the gap in a generation* report.

The HiAP Collaboration supports the information provided by Catholic Health Australia in its submission to this inquiry (available here: <https://senate.aph.gov.au/submissions/comitees/viewdocument.aspx?id=463b5866-024c-4ace-ae6d-26ea08b526ad>), as well as their recommendations related to this section of their submission.

Recommendation

1. That the Australian National Preventative Health Agency (ANPHA) use a social determinants framework or lens in all research conducted by the agency in order to begin to identify and address the factors that influence health in Australia.
2. That additional support be provided for the collection of socio-economic coded health service use and cost data.
3. That the evaluative component of any research undertaken by ANPHA is grounded with a view to ensuring evidence-informed policy and practice.
4. That locally based entities (such as local area health authorities, Medicare Locals, Local Health Networks or local governments or shires) develop and support policies, strategies, programs and action plans that address social determinants of health within their own catchment areas – with clearly defined goals, activities and accountability mechanisms – and identify resources for their implementation.
5. That locally based entities build public understanding of health inequities and social determinants within their catchment areas.
6. That firm political commitment to addressing the social determinants of health is undertaken.
7. That a Commonwealth coordination role be established to ensure a shared understanding of goals, approaches, roles and accountabilities for outcomes.
8. Australian Medicare Local Alliance to take a lead role in coordination of planning with other local entities, to address the social determinants of health, and the National Health Performance Authority to report on social determinant data produced by Medicare Locals.
9. That the Social Inclusion Unit continues to identify areas that require action for the most disadvantaged in the community.
10. That the Social Inclusion Unit develops principles for action on the social determinants of health.

The extent to which the Commonwealth is adopting a social determinants of health approach through: (i) relevant Commonwealth programs and services.

The HiAP Collaboration supports the information provided by Catholic Health Australia in its submission to this inquiry (available here:

<https://senate.aph.gov.au/submissions/comitees/viewdocument.aspx?id=463b5866->

[024c-4ace-ae6d-26ea08b526ad](#)), as well as their recommendations related to this section of their submission.

Recommendation

11. All government social policy plans should follow the lead of the Discussion Paper for the Development of a National Aboriginal Health Plan and have determinants of health as a key consideration and opportunity to improve health and well-being.
12. Resources for Closing the Gap initiatives to remain separate in any process that audits government programs with the aim of reducing duplication.

In addition, the HiAP Collaboration would like to take the opportunity to reinforce the need for a Health in All Policies approach to be adopted in Australia. Health in All Policies aims for major prevention gains and health advances by bringing about changes and improvements in our social, physical and economic environments. It promotes policies for improved health across all areas of government. It is a way of encouraging all sectors to consider the health, well-being and equity impacts of their policies and practices. It acknowledges that health is a priority for government and that a healthier population can make a significant contribution to achieving the goals of all sectors of government. With this in mind, when thinking about a framework to address the social determinants of health, it is imperative that it is not “left” to the health department to drive, where more often than not, they have no influence over other sectors. Similarly, if the Australian National Preventative Health Agency is expected to deliver better health outcomes for Australia, it needs to have its current remit which focuses on behaviour change for addressing risk-factors broadened to pursue action on the social determinants of health and health equity.

Extent to which the Commonwealth is adopting a social determinants of health approach through: (ii) the structures and activities of national health agencies.

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<https://senate.aph.gov.au/submissions/comitees/viewdocument.aspx?id=463b5866-024c-4ace-ae6d-26ea08b526ad>), as well as their recommendations related to this section of their submission.

Recommendation

13. That the renewal of existing National Partnership Agreements consider using this opportunity to help guide government policy-making and program design for improving the health and social determinants of all Australians.

Extent to which the Commonwealth is adopting a social determinants of health approach through: (iii) appropriate Commonwealth data gathering and analysis.

The HiAP Collaboration supports the information provided by Catholic Health Australia in its submission to this inquiry (available here: <https://senate.apf.gov.au/submissions/comitees/viewdocument.aspx?id=463b5866-024c-4ace-ae6d-26ea08b526ad>), as well as their recommendations related to this section of their submission.

Recommendation

14. Work to commence on the identification of data sources, selection of indicators, data collection and setting of targets.
15. Identify a process that allows the sharing of data across sectors and ministries so that it can be used to conduct health and equity assessments of all policies before implementation.
16. Public Health Information Development Unit and Australian Institute of Health and Welfare to partner in the collation of information and data on the social gradient of health in Australia.
17. The Prime Minister to report to Parliament annually on the progress of action on the social determinants of health. The annual report to be coordinated by the Social Inclusion Unit and conducted by the Productivity Commission.

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.

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Recommendation

18. The Australian Government to support and adopt Catholic Health Australia's plan for action on the social determinants of health outlined in their submission to this inquiry.

In addition, the HiAP Collaboration asserts that there is a great need to improve the awareness of the social determinants of health – within the community, within government programs, as well as amongst health and community service providers. There is a need for everyone - be they parents, teachers, health workers, developers, planners, food producers etc. - to understand that the decisions or actions that they make in their daily lives, can have an affect on either improving or making no difference to health outcomes, or in fact have a detrimental affect, causing poor health outcomes.

Final comments

The HiAP Collaboration fully supports the Senate Committee inquiry into Australia's domestic response to the World Health Organization's Commission on Social Determinants of Health report *Closing the gap within a generation*, and would be pleased to give evidence before this Senate inquiry.

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Intersectoral action to achieve *Health in All Policies* A practical approach for a healthy Tasmania

Tasmania is over represented in Australian preventable ill-health data. Disadvantaged Tasmanians shoulder an inequitable and unfair share of this burden. The total expenses for health and welfare in 2010-11 currently account for 33.7% of the total State budget. The 2010 Intergenerational Report highlights that our health and hospitals system is not adequately prepared for future challenges – with the combination of an ageing and growing population, the increased burden of chronic disease, ongoing workforce shortages and rising costs. Federal Treasury has concluded that by 2045-46, spending on health and hospitals would consume the entire revenue raised by state governments.

A large part of the increase in health spending arises from treating preventable conditions, but the health care system alone cannot prevent them. A new approach to improving the health and well-being of the population is needed – *Health in All Policies* is such an approach and one we call on the Tasmanian Government to adopt.

Health in All Policies: what is it?

Health in All Policies aims for major prevention gains and health advances by bringing about changes and improvements in our social, physical and economic environments. It promotes policies for improved health across all areas of government. It is a way of encouraging all sectors to consider the health, well-being and equality impacts of their policies and practices. It acknowledges that health is a priority for government and that a healthier population can make a significant contribution to achieving the goals of all sectors of government.

Why we need a *Health in All Policies* approach?

Health in All Policies focuses on the determinants of health. Health determinants are factors that most significantly influence health, including biological factors, lifestyle factors, environments, culture, societal structure and policies. These determinants are often better addressed through policies, interventions and actions outside the health sector. For example, we can improve health through environments that invite people to be physically active, through a shift towards a healthier food supply, through low rates of unemployment, job and housing security, good social support systems, or through the education of parents who lay the foundations for the health of the next generation. Thus, in order to effectively prevent illness and to improve the conditions which promote health, a partnership is needed between the health sector and other sectors of government, who have more influence over these conditions.

It requires a shift in our thinking from associating “health” with illness and hospitals to thinking about health as a positive concept that requires a holistic approach – with contributions to the health of all Tasmanians coming from all sectors and departments.

In general, disadvantaged groups do not benefit as quickly from improvements in health determinants as advantaged groups do. Compared to other Australians, Tasmanians have some of the poorest health outcomes and socio-economic indicators. An explicit focus on the determinants of inequalities in health is necessary in order to ensure improved equity in health.

Overall, the *Health in All Policy* approach aims to:

- create a healthier population with flow-on effects such as a better workforce, a stronger economy, improved standard of living, attracting migration to and investment in Tasmania
- limit or reduce the rapid increase in health expenditure
- decrease the inequalities in health

This approach has already been taken up in many European countries and has recently been adopted by the South Australian Government (see <http://www.health.sa.gov.au/pehs/HiAP.htm>). Examples of work across government

sectors that will have a positive effect on the health and wellbeing of Tasmanians already exist. For example: the adoption of an Innovation Strategy entailing the establishment of a food bowl; the National Broadband Network; the development of renewable energy; and sustainability. *Health in All Policies* builds on this existing intersectoral approach. It will help the government to deliver on existing government objectives, such as the Food Security recommendations from the Social Inclusion Strategy report and the Tasmania *Together 2020* goals.

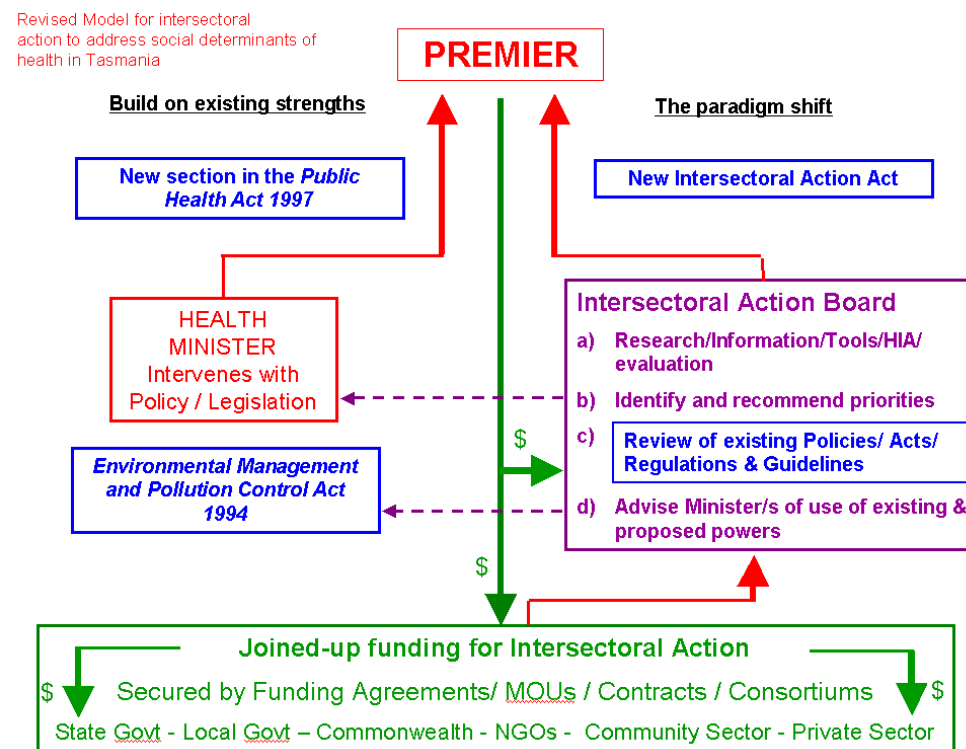
As identified in the Social Inclusion Strategy for Tasmania, there are sometimes issues that do not fit neatly under the portfolio of individual ministers or government departments or spheres of government. For *Health in All Policies* to work there is a need for joint effort within and between spheres of government, communities and businesses with an approach that fits logically into these already existing strategic frameworks.

What is required to establish a *Health in All Policies* approach?

It is recognised that the *Health in All Policies* agenda is much broader than the health sector. An approach that could achieve *Health in All Policies* would be to enact a new Intersectoral Action Act (name to be determined) which would enable the establishment of an independent Intersectoral Board (name also to be determined). This Board would then advise the Premier on priority areas for action and funding which would address the complex health challenges, including addressing the social determinants of health, across portfolio boundaries. This requires a whole of parliament/whole of government approach that is cross-sectional and multi-level across the many portfolios that impact on health.

In order for an Intersectoral Board to advise the Premier, a Population and Social Health Information and Research Centre would need to be established (and managed by the Board), which would provide the relevant research and data to identify priority areas for action and funding. The Intersectoral Board would also be responsible for reviewing existing Policies, Acts and Regulations. Additionally, a new section of the Public Health Act 1997 (similar to section 54 of the Quebec Public Health Act) could be established which would ensure legislative provisions that government ministries and agencies adopt do not adversely affect the health of Tasmanians, and would see the Minister for Health

(through advice from the Intersectoral Board) providing advice to other government ministries and agencies. This would also facilitate the use of Health Impact Assessments to be required for new laws, regulations, policies or guidelines being introduced by Government, and not restricted to just Environmental Management and Pollution Control Act 1994 which is currently the case.



A well-implemented *Health in All Policies* approach would ensure that the health of all Tasmanians is a government priority. The health of the population would sit alongside and carry as equal weight as the economic health of the state. Good population health contributes positively to increased workforce participation and productivity, social inclusion, sustainability and the economy - in fact - *it benefits everyone*. A *Health in All Policies* approach has the potential to see Tasmanian's health outcomes leapfrog ahead of the rest of Australia.