Australian Government
Australian Social Inclusion Board

Gerry McInally
A/g Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Mr McInally

On behalf of the Australian Social Inclusion Board (the Board), I am pleased to have the opportunity to provide evidence to the Inquiry into Australia's domestic response to the World Health Organization (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation" (2008). As advocates of the social inclusion agenda, the Board has provided evidence that looks at the link between social inclusion and social determinants of health.

Health and inclusion have a symbiotic relationship. Good health is a key requirement to access other life opportunities, such as education and employment. Conversely, the lower a person's socio-economic position the higher their risk of poor health. In Australia, 35% of people in the lowest income quintile reported fair or poor health compared to 7% in the highest quintile. Health is determined by a range of factors and their interactions, including wealth and inclusion. Health status is not only affected by access to health care and services. Maternal health, early childhood experiences, diet, education, and economic opportunity are just some of the factors that contribute to a person's overall health and wellbeing. Coping with stigma and discrimination, and not feeling a sense of control over current or future life circumstances, take a heavy toll on a person's health status. Place-based factors also contribute: community safety; community function and cohesion; employment opportunities; the prevalence of drug use; safe and stable housing; access to transport, fresh food and other essential services are the conditions of our daily lives. These circumstances dictate our health status and risk protective factors.

Unequal distribution of resources, opportunities and capabilities shape the social and material circumstances in which we live. Inequalities in life circumstances lead to inequalities in health. But the converse can also occur. Poor health can lead to socio-economic disadvantage. Poor health is a significant barrier to employment for many people which can further amount to low or loss of income, instability of housing, and disintegration of social connectedness.

Postal Address Australian Social Inclusion Board Secretariat, PO Box 6500, CANBERRA ACT 2600
Telephone: +61 2 6271 5271 Fax: +61 2 6271 5300 Website: www.socialinclusion.gov.au

Australian Government
Australian Social Inclusion Board

Action to reduce inequalities in health across Australia requires a broad investment in holistic services, consistent with the social inclusion agenda.

I have attached a paper outlining in more detail the Board's views on this matter and appreciate the Committee taking it into consideration.

Yours sincerely

Lin Hatfield Dodds
Chair – Australian Social Inclusion Board
6 December 2012

Postal Address Australian Social Inclusion Board Secretariat, PO Box 6500, CANBERRA ACT 2600
Telephone: +61 2 6271 5271 Fax: +61 2 6271 5300 Website: www.socialinclusion.gov.au

AUSTRALIA'S DOMESTIC RESPONSE TO THE WORLD HEALTH ORGANIZATION'S (WHO) COMMISSION ON SOCIAL DETERMINANTS OF HEALTH REPORT *CLOSING THE GAP WITHIN A GENERATION* (2008)

The Social Inclusion Approach

The Government's social inclusion agenda aims to achieve better outcomes for the most disadvantaged in the community and to improve social inclusion in society as a whole. The Australian Government's vision of a socially inclusive society is one in which all Australians have the opportunity and support they need to participate fully in the nation's economic and community life, develop their own potential and be treated with dignity and respect. The Government's aspirational Principles for Social Inclusion in Australia, developed with advice from the Board, are:

1. reducing disadvantage by making sure people in need are better able to benefit from access to good health, education and other services;

2. increasing social, civic and economic participation by helping everyone get the skills and support they need so they can work and connect with the community, even during hard times; and

3. developing a greater voice, combined with greater responsibility by governments and other organisations giving people a say in what services they need and how they work, and people taking responsibility to make the best use of the opportunities available.[1]

The social inclusion agenda aims to incorporate these principles across government, giving priority in all programs to the most vulnerable, and to reduce disadvantage by:

- building on individual and collective community strengths;
- building partnerships with key stakeholders;
- developing tailored services;
- giving a high priority to early intervention and prevention, consistent with a public health approach;
- building joined-up services and whole of government solutions;
- using evidence and integrated data to inform policy;
- using locational approaches; and
- planning for sustainability.

Focusing on social inclusion is important because it recognises the complex and interrelated factors – beyond poverty alone – which lead to, or maintain exclusion, vulnerability and disadvantage. The agenda is driven by the knowledge that entrenched disadvantage has a high economic cost. Addressing social exclusion reduces costs to the economy caused by lower productivity and workforce participation, preventable health problems, long-term welfare dependence, and increased rates of crime, distrust and social isolation.

[1] *http://www.socialinclusion.gov.au/sites/www.socialinclusion.gov.au/files/publications/pdf/SIPrincilpes.pdf*

A picture of health inequality in Australia

Australia is a healthy country, on the international scale, but there still exist disparities in health among Australians. The people least likely to have good health are those who have the most social and economic disadvantage. Disadvantaged and excluded Australians are more likely to suffer poorer health outcomes than other Australians. For example:

- One third (33%) of those in the lowest income quintile reported fair or poor health compared with just 6.5% of those in the highest income quintile.[2]
- Adults living in jobless families with dependent children were almost three times as likely as working families with dependent children to report fair or poor health in 2010 (23% compared to 8.2%).[3]
- Low levels of income and education, unstable and unsafe housing, and limited access to services or support networks, all contribute to poor health.[4]
- Aboriginal and Torres Strait Islander Australians have a life expectancy that is 10 to 12 years less than the non-Indigenous population, while people with mental illness have an estimated 2.5 times higher mortality rates than the general population.[5]
- People born in non-English speaking countries are more likely than the general population to have fair or poor health. People who do not speak English well or at all are less likely to assess their health as good or better (59% compared to 83% of all people).[6]
- People who are most socio-economically disadvantaged are twice as likely to have a long-term health condition, than those who are least disadvantaged.[7]

The social inclusion priority groups that are the focus of the social inclusion agenda match the groups identified as most at risk of poor health:

- jobless families with children;
- children at greatest risk of long term disadvantage;
- people at risk of, or already experiencing, homelessness;
- people with a disability or mental illness and their carers;
- Aboriginal and Torres Strait Australians; and
- those in cycles of entrenched, multiple and intergenerational disadvantage.

Action on the social determinants of health will both improve health status of at risk groups and will serve to protect people in adverse circumstances from developing health problems.

---

[2] ASIB (2012) *Social inclusion in Australia: How Australia is faring, 2nd Edition*, Canberra, p.39
[3] *Ibid*, p.7.
[4] *Ibid.*
[5] ASIB (2009) *A Compendium of Social Inclusion Indicators*, Canberra, p.74; ABS Deaths Australia (2005) cat. no. 3302.0.
[6] ASIB (2012) *Social inclusion in Australia: How Australia is faring, 2nd Edition*, Canberra, p.45.
[7] Brown, L. and Nepal, B. (2012). *The Cost of Inaction on the Social Determinants of Health*. Canberra, CHA-NATSEM.

Aboriginal and Torres Strait Islander Social and Cultural Determinants of Health

Aboriginal and Torres Strait Islander peoples make up a small proportion of the total Australian population yet they experience significant and disproportionate disadvantage in educational attainment, employment, social and health outcomes[8]. Historical and contemporary policies and practices continue to contribute to disparities in health and wellbeing. Colonisation, loss, trauma, grief, separation of families and children, acquisition of land, loss of languages and cultural practices, disconnection from cultural identity, social inequalities, racism and discrimination are responsible for ongoing, intergenerational disruption and dysfunction of individual health, family wellbeing, and community cohesion.

Determinants of particular significance to Aboriginal communities include a strong sense of identity, connection to land, connection to culture, or inversely whether they feel stigma or discrimination or have been removed from their families and homelands.[9] Current evidence demonstrates that strong cultural links and practices – for example: extended family, access to traditional land, use of traditional dialects and languages – are protective factors and improve childhood and adolescent resilience against emotional and behavioural problems.[10] Healthy communities may be said to be those whose members have the physical and other capacities to contribute to cultural, social, political and economic activities.

The Commonwealth of Australian Governments 'Closing the Gap' targets include a focus on achieving health equality, a path supported by the entire Aboriginal and Torres Strait Islander health sector. In particular there is agreement to:

- developing a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequalities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non- Indigenous Australians by 2030;

- ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.

The Closing the Gap Campaign (led by Aboriginal and Torres Strait Islander members) promotes the elimination of Aboriginal and Torres Strait Islander health disparities through the implementation of a human rights based approach, as set out in Dr Tom Calma's Aboriginal and Torres Strait Islander Commissioner's Social Justice Report 2005. This includes the creation of a generational Aboriginal and Torres Strait Islander health equality plan with ambitious yet realistic targets supported by a partnership between Aboriginal and Torres Strait Islander peoples, their representatives and Australian governments. The Close the Gap Campaign continues to work with Australian governments to achieve Aboriginal and Torres Strait Islander health equality.

---

[8] Australian Institute of Health and Welfare 2011. The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011. Cat. no. IHW 42. Canberra: AIHW.

[9] See B Carson, T Dunbar, R D Chenhall, & R Baillie. *The Social Determinants of Indigenous Health.* Allen and Unwin, March 2007.

[10] Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes T, Eades S, D'Antoine H, Read A, Ishiguchi P, Doyle S, The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People, Telethon Institute for Child Health Research, 2004, Perth