

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

About Us

Family Planning NSW is the state's leading provider of reproductive and sexual health services. We have five fixed clinics in NSW (Ashfield, Fairfield, Penrith, Newcastle and Dubbo) and use innovative partnerships to deliver services in other key locations across the state with more 28,000 client visits annually. We operate a free, confidential telephone information and referral service, connecting our expertise to communities across NSW. We provide information and health promotion activities, as well as education and training for doctors, nurses, teachers and other health, education and welfare professionals.

We are experts on contraception, pregnancy options, STIs, sexuality and sexual function, menstruation, menopause, common gynaecological and vaginal problems, cervical screening, breast awareness and men's health. Our services are targeted to marginalised communities, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people, people from rural and remote communities and same sex attracted people.

As an independent, not for profit organisation, we recognise that everybody in every family should have access to high quality clinical services and information, and we provide a safe place for people to talk about their most intimate and personal issues. We respect the rights of our clients to make choices about their reproductive and sexual health and we treat each and every person with respect, dignity and understanding.

Our work is shaped by our research through Family Planning NSW's Sydney Centre for Reproductive and Sexual Health Research and our evidence-based approach allows us to guide government and other decision making bodies on best practice reproductive and sexual health policy and service delivery.

Submission Response:

It is commendable that the Senate Committee has invited submissions for Australia's domestic response to this report. Family Planning NSW (FPNSW) is pleased to provide the following comments.

Acknowledging and investigating the influence social and environmental factors have on the health of individuals and groups are important steps in achieving the best outcomes in health for everyone. The report of the WHO's Commission on the Social Determinants of Health (CSDH) is aspirational in its goal to make great progress in closing health gaps in a generation, that it is possible to achieve marked improvement in health equity within that time.

Improve the conditions of daily life:

Inequities in conditions of early childhood and schooling, the nature of employment and working conditions, access to health care, the physical form of the built environment, and the

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quality of the natural environment in which people reside, all give rise to inequities in health. It is important to take into account culturally appropriate, gender-sensitive programs since gender socialisation begins early and can have profound future impacts. Education should focus on life skills, healthy behaviour and self-empowerment, particularly targeting females.

Curriculum must reduce gender stereotyping, emphasising the importance of education of females. Equitable access for all children is necessary, regardless of gender or ethnicity, but the most vulnerable must be prioritised. Comprehensive support and education for caregivers is also important.

Australia has a highly urbanised country. Whilst the advantages of urban living include access to essential services in health and education, financial opportunities and convenience, disadvantages result from the unequal distribution of wealth in urban areas.

One of the major barriers to improved health is the potential for government policy to interfere with health goals; for example, trade that promotes the consumption of fatty foods, or urban planning which does not consider health impacts.

Tackle the inequitable distribution of power, money, and resources:

Health inequity within a country is socially, politically and economically unacceptable and is therefore of national concern. To recognise the impact on the nation's health of all government policies across all portfolios, a more holistic approach to health policy development is needed. It is equally important to create the organisational space and capacity to act effectively on health inequity and require investment in the training of policy-makers, health practitioners and many others.

It is important to redefine notions of national progress, success and what we value as a society. Positioning health equity as a marker of successful development - a central policy goal – means reframing development to include economic growth in a sustainable manner.

It is pivotal ultimately for everyone to enjoy the freedom to live healthy and flourishing lives. Empowering the community is an important step towards achieving this goal. People need to have control over their lives, to have a voice, engagement and participation in decision-making.

The nation should target improving the health of all Australians, with a particular focus on the needs of disadvantaged communities. The well-known gap in life expectancy between Indigenous and non-Indigenous Australians bespeaks broad social inequalities, and shows how this disparity costs the nation socially, economically and politically. It is important to develop a detailed understanding of the social determinants of Aboriginal health, and of the types of services and programmes which are effective in improving their health status. The application of social justice is equally imperative in improving the health of the Aboriginal population, including Aboriginal people in the development and implementation of economic and social policies.

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The CSDH adopts a human rights approach to advancing health equity through action on the social determinants of health. In this the rights of children, women and mothers have been highlighted. Even where comprehensive legislation on equality between men and women is in place, gender inequalities and cultural stereotypes often continue to prevail, negatively affecting the equal enjoyment of economic, social and cultural rights for women and especially for those who are disadvantaged and marginalised. Single mothers, in particular, experience multiple forms of discrimination and often encounter difficulties in accessing health facilities, services and goods. They are at risk from a lack of adequate reproductive and sexual health services especially in rural and remote areas. FPNSW adopts a human rights approach in promoting the rights of all people to reproductive and sexual health services.

The Millennium Development Goals (MDGs) are a historic framework providing focus and accountability in addressing some of the world's most pressing development challenges. Linking these goals with those of the CSDH is essential for achieving optimal health of the global population. FPNSW specifically focuses on the attainment of some of these goals within its international development activities: female empowerment and gender equity by disseminating reproductive and sexual health information through culturally appropriate channels; reductions in child and maternal mortality and morbidity through building health promotion capacity, resources and by providing reproductive and sexual health training (eg HIV awareness).

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

In many cases, national health data systems do not include information on underlying determinants of disease. It is essential that existing data sources are linked, including social, structural, legal, environmental and financial data, to provide a more comprehensive picture of the health of the population. It is pertinent to reflect on the types of data routinely gathered, analysed, reported and communicated, and demand a holistic approach to data use. A coordinated and integrated population health information infrastructure is required which should include culturally appropriate and community-relevant indicators. Data in relation to life-course perspective on health disparity issues are equally important. Obtaining reliable and timely data for the health needs and outcomes of culturally and geographically distinct (i.e. rural and remote) groups is a challenge for health planners, but a significant barrier to overcome for good planning. Indicators used in assessing the various phases of research, and programme and policy initiatives need to be culturally appropriate, relevant to the community, and developed collaboratively.

Many health agencies within Australia are increasingly embracing the concept of social determinants of health and well-being, and are cognisant of the role they play in removing social impediments contributing to social inequity, particularly health inequality. FPNSW advocates that the social determinants of health are embraced as a policy tool in health for delivering the best quality services to everyone in NSW through best practice and evidence-based approaches.

The federal government can provide leadership, not only in implementing the CSDH's goals, but also advancing research and assessment, and creating new knowledge by building on the efforts of other countries.

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Recommendations:

That the following issues be incorporated within the Framework:

- 1 Education in life skills, healthy behaviour and self-empowerment, particularly targeting females;
- 2 Improving access to essential services in health, education and financial opportunities for disadvantaged communities;
- 3 Framework of social determinants in all government policies;
- 4 Investment in the training of policy-makers, health practitioners and others on social determinants of health;
- 5 High priority for rapid improvement of social inequalities in Indigenous and other disadvantaged communities;
- 6 Improvement of access to reproductive and sexual health especially for disadvantaged communities;
- 7 Development of a holistic approach to data collection, including the social determinants of health;
- 8 The role of the Commonwealth in leading the implementation of CSDH's goals and advancing research and assessment.