

4 October 2012

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

The Australian Health Promotion Association Ltd (AHPA) welcomes the opportunity to provide comment on Australia's domestic response to the World Health Organisation's (WHO) Commission on the Social Determinants of Health report to the Senate Standing Committees on Community Affairs.

AHPA is the peak professional body for health promotion in Australia. It is a member based national not-for-profit organisation with a national Board of Directors, National Committees and State Branches. It provides a forum for the exchange of ideas, knowledge, information, and advocacy for population health and health promotion. AHPA's objectives include providing opportunities for professional development, increasing public and health professional awareness of the roles and functions of health promotion practitioners; advocacy, and contributing to discussion, debate and decision-making on health promotion policy and programs.

At a national level, two of AHPA's major ongoing initiatives are an annual National Health Promotion Conference and a peer-reviewed publication entitled *Health Promotion Journal of Australia*. The annual National Health Promotion Conference has regularly embedded themes and speakers (local, national and international) on SDOH action to positively influence population health and wellbeing. Likewise AHPA's *Health Promotion Journal of Australia* publishes leading peer-reviewed papers on the SDOH on a regular basis. Indeed, AHPA published a special edition dedicated to the topic of SDOH in December 2006 with support from Professor Fran Baum (an AHPA Fellow and Former Commissioner with the WHO Commission on SDOH). AHPA has since published a special issue on policies and programs to promote health equity in December 2009. We would be prepared to provide complimentary copies to the Senate Committee if that would be useful. AHPA also conducts professional development and publishes a regular newsletter *Update* that provides commentary, latest reports, journal article refs, and 'how to guides' to keep the professional health promotion workforce updated and resourced with the latest information on the SDOH.

Following the release of the WHO's Commission on the social determinants of health in August 2008, the AHPA's NSW Branch published the 'Social Determinants of Health: areas for action'. This publication outlined 10 determinants of health, gave an overview of 'what we know', together with actions of what could/should be done within the Australian context to work towards a fairer, more equitable and healthier Australian society for all of us. This publication is available on request from AHPA.

Formal AHPA National Committees that report to the AHPA Board of Directors and which are of interest to this inquiry include:

- Aboriginal and Torres Strait Islander Committee
- *Health Promotion Journal of Australia* Committee
- Strategic Directions Committee
- Health Promotion Career Structure and Development Committee
- Advocacy Committee

Membership of AHPA includes health promotion practitioners, policy makers, researchers and students. Other members include those involved in promoting physical, mental, social, cultural and environmental health. Members come from a broad range of sectors including health, education, welfare, environment, transport, law enforcement, town planning, housing, oral health and politics. Members are drawn from Government departments and agencies, universities, non-Government organisations, industry, community-based organisations.

Given contemporary health promotion practice focuses on ameliorating the detrimental impact of the SDOH and building the capacity for individuals and groups to make healthy lifestyle choices, AHPA strongly supports government policies and action that respond to the WHO “Closing the gap within a generation” report to improve health outcomes for all Australians.

### **Addressing the terms of reference**

AHPA notes this is not an inquiry into the social determinants themselves and has focused on

1. the government’s response to other relevant WHO reports and declarations
2. impacts of the government’s response
3. the extent to which the Commonwealth is adopting a social determinants of health approach
4. Scope for improving awareness of the social determinants of health.

#### **1. Government’s response to other relevant WHO reports and declarations**

AHPA is concerned that the Commonwealth Government has not made a formal public statement or response to the WHO Commission on the Social Determinants of Health (CSDH) final report (2008). Many other countries have. In England, for example, following the release of the WHO’s CSDH, the Secretary of State for Health asked for the results to be applied to England to, among other things, show how the evidence could be translated into practice. The review was done. The results and recommendations are available in *Fair Society, Healthy Lives. The Marmot Review*. This is not to say that the English approach is necessarily the way to go in Australia but AHPA asked at that time ‘Where is the national leadership and action in Australia?’ ‘Where is the focus and action on the social determinants of health at the national level?’ (AHPA’s newsletter *Update* June 2010 <http://www.healthpromotion.org.au/downloads/AHP-Updates/Latest-Issues/> )

These questions are still pertinent. To-date no national response has occurred in Australia. While there has been an acknowledgement of the importance of addressing the SDOH in multiple discussion papers and in some national policies and strategies, it is business as usual. A formal national response is well overdue. Lack of a formal response and insufficient resourcing to progress action on the SDOH has stifled Australia’s potential to provide national leadership on this issue.

AHPA is very willing to work with State and Commonwealth Governments to prepare an explicit Australian response and strategy to progress action on the SDOH as a matter of priority.

#### **2. Impacts of the Government’s response**

Given the three overarching recommendations made by the WHO Commission on SDOH are:

1. Improve Daily Living Conditions
2. Tackle the inequitable distribution of power, money and resources

### 3. Measure and Understand the Problem and Assess the Impact of Action

AHPA acknowledges the recent and ongoing work of the Commonwealth Government through their:

- *National Health Reform* agenda and the key recommendation of the National Health and Hospitals Reform Commission with its clear emphasis on addressing the health needs of the most vulnerable groups is strongly supported by AHPA. AHPA acknowledges that disadvantaged/vulnerable populations and/or the need to address health inequalities have been a focus of several recent Australian Government health policies, strategies and frameworks. However, it should be noted that the current focus, programs, action and discourse remain on addressing lifestyle 'risk factors', chronic disease prevention and medical health care, once disease and injury have occurred. Ultimately this does not address the underlying SDOH, nor does it reduce inequalities or prevent ill health for future generations. As Marmot, the internationally renowned researcher and former Chair of the WHO's CSDH noted, '*This link between social conditions and health is not a footnote to the "real" concerns with health – health care and unhealthy behaviours – it should become the main focus.*' It is often asked 'What benefit is it to treat people and then send them back into the conditions that contributed to their problems?'
- *Australian National Preventive Health Agency 2010*. AHPA recognises the establishment of the Australian National Preventive Health Agency, a key recommendation of the National Health and Hospitals Reform Commission and the National Preventive Health Taskforce, in partnership with State and Commonwealth governments, is driving national capacity and innovation around preventive health policies and programs.

While currently focussed on preventive health initiatives targeting obesity, harmful alcohol consumption and tobacco, AHPA considers that the Agency is well placed to have an explicit focus on *health promotion*, in contrast to preventive health. This would better position the Agency to highlight the impact of SDOH on the health of the Australian community, and to champion innovative approaches and partnerships which address SDOH. The Agency would need to be sufficiently resourced to undertake this role.

- *National Preventive Research Strategy 2012* has the central goal of enabling Australians to lead healthy, productive lives to their full capacity. AHPA feels this goal aligns with the definition of health promotion which also aligns with the ANPHA focus to ultimately enable the creation of healthier lives unmarred by preventable diseases and illnesses.

*The World Health Organisation (WHO) Ottawa Charter 1986 defines health promotion as the process of enabling people to increase control over the determinants of health and thereby improve their health. WHO also defines health as a sense of well-being, and is not merely the prevention of illness or impairment.*

Research funds are required to further enable evidence and evidence-creating approaches to be embedded into the national prevention effort, as well as building research capacity, particularly in the areas of evaluation and implementation. AHPA also considers that the establishment of the Translational Research Faculty within the National Health and Medical Research Council (NHMRC) provides an exciting opportunity to examine how health promotion research can support practical

action on addressing the SDOH. AHPA has notified the NHMRC of our interest in this regard, but with no response at the time of writing this submission

### **3. Extent to which the Commonwealth is adopting a social determinants of health approach through:**

#### **3.1 Relevant Commonwealth programs and services**

*National Partnership Agreement on Preventative Health (NPAPH)*. AHPA acknowledges that the Australian Government has made an unprecedented investment into preventive health in Australia through the NPAPH. Akin to the focus of the Australian Preventive Health Agency, NPAPH investment has primarily been directed towards lifestyle risk factors using a settings approach, rather than an explicit investment into addressing the SDOH. Likewise, the NPAPH investment was awarded to States and Territories on a per capita basis. This led to an inequitable distribution of funding across the Australian population, and ultimately failed to address the needs of those most vulnerable. Further investment and action reflecting whole-of-government strategies to address SDOH is urgently required. In addition, evaluating and monitoring innovative approaches to progress action on the SDOH is warranted. The Health-in-all-Policies approach currently being pioneered by the South Australia Government in collaboration with the World Health Organisation is an exemplar.

Through the Commonwealth Government's health reform process and the establishment of Medicare Locals, the government appears to be demonstrating a strong commitment to an SDoH approach. Further expansion and strong governance is required to maintain the integrity of such organisations. Furthermore a strong health promotion focus should be embedded across all levels of health service delivery, perhaps leading to a clearer outline of how health promotion fits within a broader health and community service delivery framework at a national level. The composition of Medicare Local Boards will significantly influence the operations and governance of each Medicare Local, which in turn will influence the respective ability of each Medicare Local to take effective and efficient action on the SDOH.

AHPA acknowledges the significant investments made through the Indigenous Early Childhood Development National Partnership Agreement. This builds on the WHO recommendation for strong development in the early years. AHPA considers this is the ideal starting place to focus action on the SDOH. Coordination and collaboration of mainstream health services and Aboriginal Medical Services needs to be strengthened. Health care provision for Aboriginal people should be seamless and culturally appropriate across the health sector.

It must be noted that National programs of course require ongoing and meaningful collaboration with State health and other agencies to impact the SDoH. The recent example within the Queensland public service where 180 health promotion and prevention focussed staff members were retrenched from the Department of Health is an obvious demonstration of short-sighted actions that will impact on the ability to implement Commonwealth initiatives to benefit those populations at greatest need within our community.

#### **3.2 The structures and activities of national health agencies**

The Australian National Preventive Health Agency (ANPHA) shows great promise to action preventive health initiatives related to the key risk factors in the areas of obesity, alcohol and tobacco and related chronic disease issues which dramatically impact on Australia's hospital system.

AHPA further urges the consideration of modern health promotion practice, which acknowledges the wider SDoH, which includes the

- provision of supportive educational environments for all Australians
- offsetting the disadvantaged on the social gradient, in order to reduce the impact of economic determinants of health, which includes reducing unemployment and improving job satisfaction
- reduction of stress and other mental health issues, including addiction; and
- creating social supports across the community, and in turn, the reduction of social exclusion.

These additional social determinants impact on the levels of health across the nation, as well as the risk to individuals in developing chronic diseases. AHPA recommends the adoption of a wider preventive health agenda which encompasses broader comprehensive health promotion action. AHPA recognises the ANPHA required a starting point for action. However, it is important to work towards researching, rigorously evaluating and promoting comprehensive social strategies, not just those that directly or neatly link to the major contributors of preventable chronic disease. As noted previously ANPHA is well placed to champion innovative approaches and partnerships which address SDOH.

*National structures and strategies. AHPA recognises that there has been some minimal investment into establishing national structures that could be tasked with leading action on the SDOH. For example:*

- *The Australian National Preventive Health Agency Advisory Council*
- *The National Aboriginal and Torres Strait Islander Health Equality Council*
- *Australian Social Inclusion Board*

AHPA is very willing to work with these bodies to bring a more explicit focus on action associated with the SDOH to the forefront of the Australian health system.

AHPA also acknowledges that some national frameworks, policies and strategies are starting to identify the evidence and necessity to take action on SDOH. For example, the National Male Health Policy (including supporting documents), National Women's Health Policy, National Primary Health Care Strategy and the National Preventative Health Strategy. Generally speaking, there is a lack of accountability associated with these strategies and there has been inadequate funding allocated and system supports put into place to action what is identified and discussed in relation to SDOH. Unfortunately *acknowledgement* of SDOH does not equate to *action* on SDOH. AHPA is prepared to work with Governments and national structures to turn such rhetoric into meaningful and accountable action.

### **3.3 Appropriate Commonwealths data gathering and analysis**

The Commonwealth's step to focus on population health at a local level, allows for epidemiology and statistical collation at a national level, rather than previously only state. Stronger data collection and analysis systems are required at the local level to gain a greater understanding of local health needs and where gaps exist in our health system.

The current systems of monitoring and reporting on health promotion in the delivery of strategies and programs are at best limited and not representative of all current activity in the prevention sector. The inclusion of improved reporting process across the entire health sector would be very welcome.

The national key performance indicators, benchmarks and indicators are a starting point for better reporting. Additionally the need to address the social determinants of health is not reflected well by these benchmarks.

The Senate should strongly advocate for the development of a robust evidence base to inform the choice and design of interventions to improve the SDoH. AHPA would support a model to provide agencies and organisations undertaking funded contracts with support to design an effective evaluation framework as part of approved funding. Stronger links to research centres and evaluation and translational research should continue to be prioritised and appropriately resourced.

#### **4. Scope for improving awareness of social determinants of health:**

##### **4.1 In the community**

Given the huge cost to society, both economically and socially, working to keep people out of hospital, by creating and developing healthy and sustainable physical and social environments that support and provide greater opportunities for individuals and populations to engage in health promoting actions, should be at the top of a national SDoH reform agenda. The community needs to know that health is more than hospitals and waiting lists – capacity building strategies to inform the media, politicians and general public are much needed.

This requires specific action by community agencies and broader government agencies to assist to build and enhance capacity within individuals and communities. Generally this is a key role for the preventive and health promotion workforce, health services, NGOs as well as politicians and the media to assist both individuals and communities to understand the implications of the SDOH and how these aspects can be improved. This could be enhanced by utilising and implementing capacity building models that include action at a number of levels: organisational development, workforce development, tertiary education, resource allocation, leadership and broader, intersectoral partnerships.

##### **4.2 Within government programs**

Ensuring equitable access to health services, population health and community programs in tandem with improving communication between government and non-government organisations has the potential to improve the awareness of the SDoH and improve delivery of health services. Acknowledging the differing social complexities within communities and allowing flexibility of funding and resource distribution within government programs will also allow response to community needs.

The *National Partnership Agreement on Preventative Health (NPAPH)* program offers excellent opportunities to embed the programs within an SDoH framework - for reasons not made clear this is not happening – in fact in several instances this has been actively discouraged. The establishment of the National Preventive Health Agency in 2010, additional COAG funds for health promotion and the influence of the WHO policies on the social determinants of health are promising and important developments. To realise the full potential of these initiatives and their associated expanded funding requires a change in thinking, from silos of disease prevention to creation of the conditions for health.

As we know, most policies and programs that affect health originate outside the health sector so all policies and programs should be viewed with an equity lens – both in their development, their implementation and their evaluation.

#### **4.3 Amongst health and community service providers**

Understanding of the social determinants of health across, not only the health sector but all sectors needs to be implemented. The social determinants of health should underpin all health service delivery and be reflective of community need.

Policies that protect and maintain a skilled health promotion and population health workforce should be paramount in any national SDoH action plan. The workforce should not, must not be dependent on which political party is in power. The health of the population is too important.

#### **Final comments**

AHPA fully supports this Senate enquiry, are pleased to provide comment on this important topic and look forward to the outcome in due course.

AHPA is very willing to give evidence before a Senate enquiry.

Sincerely

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