Hume Whittlesea Primary Care Partnership (HWPCP) response to the Senate Committees on Community Affairs:

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

1.0 Context

The Hume Whittlesea Primary Care Partnership (HWPCP) is a voluntary alliance comprising of 30 primary care agencies operating in the local government areas (LGA's) of Hume and Whittlesea, located in outer Northern Metropolitan Melbourne Region (NMMR). See www.hwpcp.org.au for a list of HWPCP members.

The HWPCP is funded by the Victorian Department of Health to facilitate strategic partnerships and integrated approaches to achieving real improvements in health and wellbeing outcomes in the NMMR. The HWPCP alliance work together to support and improve the planning, coordination and delivery of health and community services through collaborating on primary health care initiatives that require a partnership approach.

HWPCP has a key role in population health planning, integrated health promotion and prevention for communities in Hume and Whittlesea LGA's. It also focuses on service system redesign and coordination and integrated chronic disease management. The HWPCP has adopted the healthy communities approach within its planning framework which uses integration of population health promotion into the prevention and management of chronic disease. The HWPCP use a social model of health approach in planning and implementation of strategic priorities. The social model of health is a conceptual framework within which improvements in health and wellbeing are achieved by directing effort towards addressing the social and environmental determinants of health.

2.0 Social determinants of health and HWPCP catchment

The HWPCP recognises the complexities in catchment health planning and supports coordination across a continuum of care that provides health promotion, prevention, early intervention, diagnosis, treatment, recovery/rehabilitation and palliative care. The PCP acknowledges complex and multiple co-morbidities. By recognising the social and environmental determinants of health the PCP alliance reflects the range of agencies that contribute to the improvement of the health and well-being of the population, as well as access to high quality health and community services.

Growth Corridor

Both the municipalities of Hume and Whittlesea have been designated two of the five Melbourne growth areas by the Growth Area Authority[1] and as such are continuing to experience a rapid

population growth. Population forecasts indicate that the percentage of the ageing population in both Hume and Whittlesea is continuing to grow as a proportion of the total population. Growth will be particularly amongst persons aged 60+. It is projected that the number of residents aged 65+ will almost triple by 2030 both municipalities have acknowledged the need to address the dual challenges of major growth in young families as well as escalating aged care demands. Significant population growth continues to fuel demand for accessible, coordinated and well designed community infrastructure. Integrated community facilities are a vital component of creating healthy communities, supporting social inclusion and enhancing the wellbeing of local residents. Communities with access to high quality social infrastructure have better access to services and more opportunities to participate in community life.

Disadvantage

Hume is the 16th most disadvantaged LGA in Victoria (out of 80) and the fourth most disadvantaged in the Metropolitan area (out of 31). While different suburbs within Hume have different disadvantage rating, nevertheless, all suburbs fall between the most disadvantaged and low disadvantage levels. Whittlesea is the 27th most disadvantaged LGA in Victoria (out of 80) and the sixth most disadvantaged in the Metropolitan area (out of 31). Disadvantage is distributed diversely across Whittlesea, ranging from the most to least disadvantaged range. The older more established suburbs such as Lalor and Thomastown are the most disadvantaged, while the Eastern and Northern parts of the LGA fall within the least disadvantaged.

Determinants of Health and Status

Hume and Whittlesea LGA's have a relatively disadvantaged population with a high unemployment at 10.0%. Over 30% of the population was born overseas with a high proportion of residents of Hume and Whittlesea have low English proficiency, coming from countries such as Italy, Lebanon, Turkey and Greece. Evidence suggests that disadvantaged populations are less likely or able to take preventative measures to preserve or improve their health and are more likely to engage in behaviours that lead to disease or poor health. HWPCP catchment has obesity levels, type 2 diabetes, lack of physical activity and smoking rates above Victorian averages with Hume in the top ten LGAs for people self reporting poor health[2].

For example, using a social determinants of health approach, Hume's population experiences a range of attributes predicative of poorer health status.

	Hume	**Victoria**
Unemployment rate	8.4%	5.0%
Completed higher education qualification	28%	43%
Low income families with dependent children	16%	9%
Race/ethnicity: • Aboriginal & Torres Strait Islander • Speak a language other than English at home • One in eight Humanitarian migrants to Melbourne, settle in Hume	 1.5% 38%	 0.6% 21%

Source: Hume City Council: 2011[3]

This diversity of economic and demographic statistics across both Hume and Whittlesea, and the geographic spread of the population, means that many of the social determinants of health affect communities in different ways.

3.0 The extent to which the Commonwealth is adopting a social determinants of health approach and the current challenges facing government and organisations

The Australian Government's endorsement of the recommendations contained in Annex A of the Commission on Social Determinant's report provides an opportunity to support all levels of government as well as the organisations dedicated to promoting health and wellbeing to work within a social determinants of health framework.

HWPCP Partnership recognises the large scale public health and wellbeing interventions that the Australian government is currently undertaking, aiming to improve social determinants by targeting policy reform and supportive social environments. These are viewed as essential preconditions that will support better health outcomes. Reforms such as the National Disability Insurance Scheme and plain packaging of cigarettes legislation will have wide ranging impacts on the health of Australians, and we congratulate the boldness of the Australian government in these initiatives.

However, there are a number of challenges in the current policy and programmatic environment that limit both the ability of governments and organisations to work within a social determinants of health framework. We raise these in this submission as we feel there is a risk that Australia will embrace in principle the recommendations in the report, yet fail to implement these effectively due to the following issues.

3.1 Integrated and multi-sectoral approach

Responsibility for health is beyond just the health sector and encompasses the wider processes that enable people to increase control over, and improve their health. Social determinants of health needs to be recognised as important and embraced by every sector. However the current challenges facing organisations are engaging sectors in strategic partnerships and planning. Sectors need to work in an integrated approach to address "health" together (ie. Education, Housing, Economics, Transport, Employment) and as such, this approach is directly in-line with the WHO"s definition of a "healthy city".

Targeting social determinants is key to addressing enhanced health outcomes for disadvantaged populations. The efficacy of a social determinant approach is best supported where there is clear cross sectoral partnership commitment. A functional partnership platform is an essential precondition to the development and evaluation of a range of inter-locking prevention strategies. Most importantly, these activities need to be conceptually and practically developed on the basis of gender, diversity and culture.

Delivering stronger integrated care across the acute- primary care service continuum means that an integrated area based approach to planning and delivery will be essential. This requires greater awareness and structural change in 'traditional" non-health sectors to embrace their vital role in contributing to an integrated multi-sectoral approach to addressing social determinants of health.

There are a multitude of highly credible policies, programs and service providers seeking to redress social determinants as well as others such as homelessness, gender based violence, age, physical and mental disabilities etc. These may be initiated and/or co-ordinated through Local, State or Federal authorities or many different community based agencies. Various endeavours are also being undertaken to enhance environmental conditions including urban planning, transport and economic development. Again, these typically involve a multitude of government and non-government players and their corollary policies, programs, statutory frameworks etc. None have both the

expressed mandate and funded capacity to be the central/lead coordinating body with the necessary cross-sectoral authority to influence.

In practical terms this leads to scenarios where the actions of different stakeholders can be at cross-purposes. For example, within Hume, a "Jobs and Skills Joint Taskforce" has been established to improve the rates of local jobs for local people and ensure that those seeking work have skills and attributes matched to the needs of employers. It includes representatives of local businesses, education providers, labour market training programs as well as local and federal economic development initiatives. The Taskforce is however endeavouring to progress in an environment where, on one hand the Commonwealth Government has recently selected the area as a site its new intensive employment support programs for vulnerable families while at the same time, the State government has made significant reductions to the TAFE budget which means that staff and courses at the local institute will be significantly cut.

Local example of best practice; the NWMR Regional Office (State Department of Health) has expressly articulated a SDOH framework in planning and coordination, known as the Regional Management Forum. This forum consists of State Departmental representation from health, education, transport, housing and employment. In partnership with local preventative health workers they have been building pathways for collaboration with the other state education, transport and housing departments as well as a range of other stakeholders such as urban/statutory planners and local government authorities.

3.2 "Down stream" Policy and Funding shifts

Baum (2011)[4] examined commitments to address health inequities within Australian government initiatives between 2008-2011 through health promotion and chronic disease prevention. A considerable investment in health promotion and disease prevention have been represented through the Council of Australian Governments (COAG) 'National Partnership Agreement on Preventive Health (NPAPH)', National Preventative Health Taskforce Report 'Australia: The Healthiest Country by 2020'[5]; and the Australia Governments response to the Taskforce Report 'Taking Preventative Action'[6]. All of these initiatives recognised people living in social and economic disadvantage would expect poor health outcomes.

HWPCP Partnership respectfully acknowledges that important and unifying national role for the Australian government to set the social determinants agenda, provide leadership around the development of an area based social determinant planning framework. In practical terms - HWPCP considers the establishment of the Australian National Preventative Healthy Agency (ANPHA) as an important leadership measure by the Australian government in raising prevention within the National Health Reform agenda. It is however noted that to date ANPHA efforts are aimed at reducing the prevalence and costs of chronic disease with a fragmented funding focus on downstream healthy lifestyle initiatives (individual health and behaviour change) and not on changing the social determinants of health. More specifically, these types of interventions posses limited sustainability and nett benefit especially as they relate to those populations who experience the poorest health and the greatest social disadvantage.

The recent 2012 Health Australia report outlines the economic cost of not addressing social determinants and ultimately, budget cuts to primary prevention will increase pressure on the delivery of health services in the long term. Therefore, addressing burgeoning chronic illness, complex conditions, population growth and ageing will not be feasible based on present models of care, funding models and siloed policy approaches.

Recent funding reductions by a number of State Governments to key primary prevention programme areas, marks a clear shift in health policy terms towards addressing the immediate cost impact of chronic disease conditions in the community. This funding preference for 'down-stream' health service delivery is at the expense of the clear need to resource "upstream" prevention planning and action. It is the view of the HWPCP that a new and cogent area based integrated planning method is required. A planning approach which is responsive to local and population needs, and which supports the development and evaluation of an integrated primary care approach.

3.3 Fragmented approaches trying to address complex, interlinked issues

Social determinants of health operate in a complex, interlinked and dynamic environment. Many of the current approaches to addressing these determinants at the Commonwealth level attempt to address each determinant in isolation. For example, the 'Swap it, don't stop it' campaign focuses on obesity and encourages individual behaviour change in healthier eating and increasing physical activity.[7] This campaign attempts to isolate two determinants of obesity in lieu of addressing the complex range of issues that intersect to promote unhealthy lifestyles, such as urban planning, car reliance, access to financial resources, marketing of unhealthy food and physical access to both healthy and unhealthy foods.[8] This example illustrates that social determinants of a health cannot be isolated and addressed through a single intervention – comprehensive, aligned and linterlinked responses are required. This point highlights again the importance of an area based population planning approach (comprising Health, Education, Employment, Training and Transport) which according to Poore (2004) can be defined as -

1. Focus on the health of populations
2. Address the determinants of health and their interactions
3. Base decisions on evidence
4. Increase upstream investments
5. Apply multiple strategies
6. Collaborate across sectors and levels
7. Employ mechanisms for public involvement
8. Demonstrate accountability for health outcomes

Weakening the collaborative intersections between Health, Education, Employment, Training and Transport by compromising, for example stakeholder resources, only services to structurally weaken the efficacy of an area based population planning approach.

3.4 Primary Health Care Vs Primary Care and implementation of Medicare Local

Keleher (2001)[9] raises the issues of misunderstanding between the concept of Primary Health Care and Primary Care in practice and highlights the importance of taking comprehensive Primary Health Care approaches to address existing inequalities in health. Conceptually, Primary Health Care is an evidenced system response to reducing health inequities and ameliorating the effects of disadvantage. Primary Care instead focuses more on providing services with the concept of client's first point entry drawing the principal of the biomedical model. Historically, the term Primary Care has been used to represent Primary Health Care, which is problematic because of the scope and ethos underpinning these two different concepts of care. Indeed, the focus of community based organisations and primary care providers should focus on contributing to the implementation of Primary Health Care approach to address existing inequities in health.

The recent Medicare Local program aims to coordinate Primary Health Care delivery to address the health needs and service gaps in their local communities[10]. Following back to the concept of Primary Health Care as taking multi-sectoral approach and addressing non-health factors which are crucial determinants to health, the Medicare Local program has the potential over time to transition into strategic lead agency funding a range of providers that to address health inequities. It is important to note that MLs are relatively new structures and clearly in an establishment and development phase, which will obviously transition into the implementation of many important strategies to lead to improved health outcomes. This work will be best achieved via an integrated planning approach and one which is guided and measured by a social determinants of health approach.

4.0 Recommendations for increasing adoption of a social determinants of health approach

HWPCP Partnership makes the following recommendations with regard to Australian government action on adopting a social determinants of health approach.

4.1 Endorse the recommendations made in the WHO report

Primary care services that predominantly focus on individual behaviour change models of care, risk not addressing key local social determinants which will lead to poor health outcome into the future. The recommendations of the WHO report provide a framework for action to address the inequitable distribution of power, money and resources that create poor health outcomes.

Recommendation 1: HWPCP Partnership recommends the Australian government endorse the recommendations of the WHO report.

4.2 Support endorsement of WHO report with action

Address health inequities in Australia necessitates a systematic, collaborative, whole-of-government action to address the social determinants of poor health. The South Australian government's *Health in All Policies*[11] approach provides a positive example of how whole-of-government alignment can influence health outcomes.

Recommendation 2: HWPCP Partnership recommends that endorsement of the WHO report be followed by collaborative, whole-of-government action.

4.3 Australian government provide leadership to influence State policy, planning and funding

A collaborative approach across all three tiers of Government (Commonwealth, State and Local) in examining and actioning a social health determinant approach is fundamental. The Australian government has a role in providing leadership on this approach to support action at the State and Local levels.

Recommendation 3: HWPCP Partnership recommends the Australian government provide National Policy leadership for action on social determinants of health thereby enabling measurable local action by State and local Government partners.

4.4 *National Policy reforms as 'enablers" for action on social determinants of health*

The HWPCP Partnership notes the **National Plan to Reduce Violence against Women and their Children 2010-2022**[12] and urges that the recommendations from this national plan be implemented in the context of establishing a social health determinant framework.

The **Gonski review** of education funding[13] and the **Henry review**[14] into tax system reform, are clear current examples of key National policy reforms which will enable many more Australians to increase their access to economic resources and ultimately improve health outcomes. Other National reforms which will shape action on social determinants of health, include the *National Housing Affordability Agreement.* HWPCP Partnership urges further action to improve house affordability as a key determinant of health.[15]

Recommendation 4: HWPCP Partnership recommends the Australian government strengthen the 'enabling' environment for action on social determinants of healthy through implementing recommendations from the *National Plan to Reduce Violence against Women and their Children 2010-2022, The Gonski* and *Henry* reviews as well as addressing housing affordability.

4.5 Area Based Planning and strengthening the role of the Australian National Preventative Health Agency to focus on social determinants of health

HWPCP Partnership recognises the Australian National Preventative Health Agency (ANPHA) as the key agency driving national change in preventative health programs and policy. The role of ANPHA needs to be strengthened to extend its SDOH reform capabilities across whole of Government. ANPHA, as national legislated organisation is in a unique position to address social determinants of health by driving change that promotes health in all areas of government policy, not just health policy. This cross Government approach is highly consistent with the Area Based Planning framework as developed in the State Department of Health North west Metropolitan Region of Melbourne.

Recommendation 5: HWPCP Partnership recommends that the Australian National Preventative Health Agency consider the adoption of an Area Based Planning framework as developed in the State Department of Health North west Metropolitan Region of Melbourne as a means to strengthen action on social determinants of health.

5.0 References

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