



Public Health Association
AUSTRALIA

**PHAA Response to the Catholic Health Australia-NATSEM
Report 'The Cost of Inaction on the Social Determinants of
Health'**

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13 August 2012

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level. Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Response to report on the cost of inaction on the Social Determinants of Health

The PHAA welcomes the Catholic Health Australia-NATSEM Report: The Cost of Inaction on the Social Determinants of Health¹. The economic analysis of the cost of inaction on the social determinants of health to Australia adds to extensive international evidence and complements compelling equity and rights-based arguments for action.

The PHAA acknowledges that action on the social determinants of health is essential to protecting and promoting population health and wellbeing. Every wave of the Household, Income and Labour Dynamics in Australia (HILDA) Survey has thus far reported a clear difference in health status of the cohort when stratified by socio-economic classification. This is supported by evidence from other countries around the world, and particularly from Australia where Aboriginal and Torres Strait Islander peoples are at a social, economic and health disadvantage within a developed nation.^{2,3}

The relationship between social determinants and health and wellbeing is evident not just when considering physical health, but also mental health. The overall prevalence of common mental health disorders follows a social gradient, with high rates of problems associated with low income, insecure housing, limited education, recent unemployment, high-demand or low-control work, child abuse or neglect, poor neighbourhood conditions, and low social support.⁴ The World Health Organization has described the relationship between social determinants and mental health, and the need for action, as follows:

Put simply, mental disorders are inequitably distributed, as people who are socially and economically disadvantaged bear a disproportionate burden of mental disorders and their adverse consequences. A vicious cycle of disadvantage and mental disorder is the result of the dynamic interrelationship between them... Population-level interventions targeting social determinants of mental disorders are likely to exert small but, from a public health point of view, potentially important effects of population mental health, given the high prevalence of mental disorders.⁵

Recognizing the need for action outside of the formal health system, state governments have articulated their commitment to addressing health inequities that result from or are associated with the social determinants of health.⁶ Despite this, action on the social determinants of health is often overlooked, which only serves to maintain the status quo. The adoption of a 'health in all policies' approach – the systematic consideration of the health impact of policies in all sectors – is therefore strongly advocated.⁷ In 2006, based on data from developed nations of Europe and from the UK, a World Health Organisation publication proposed approaches to tackling social inequities in health.⁸ The Commission on Social Determinants of Health in 2008 resulted in the seminal document calling for global efforts to close this health gap in a generation.⁹ The need to address the social determinants of health has been recently reaffirmed in the Rio Political Declaration on Social Determinants of Health (2011), which calls for governments to take action on social determinants, to create "vibrant, inclusive, equitable, economically productive and healthy societies..."

Clearly, the cost of inaction is substantial. Population projections from Wave 8 of HILDA (2008) indicate that nearly 14 per cent of Australians aged between 25 and 64 are disadvantaged by virtue of the fact that they live in Australia's poorest 20 per cent of households, one of every four would have left high school before completing year 12; nearly 500,000 (4 per cent) live in public rental accommodation, and over one in five individuals experience a low level of social connectedness.

The CHA-NATSEM Second Report on Health Inequalities¹ presents the cost of Government inaction on social determinants of health in terms of the loss of potential social and economic benefits that otherwise would have accrued to individuals in the most disadvantaged socio-economic groups if they had had the same health profile as those who are least disadvantaged. The tremendous cost-savings accrue from avoiding a chronic illness in half a million Australians of working age, saving about 2.3 billion dollars in hospital expenditure, annual savings of \$273 million from reduced Medicare services and generating 8 billion dollars in earnings if this group enters the workforce. Further savings accrue from annual savings of 4 billion dollars in welfare support payments and another 184.5 million dollars from fewer Pharmaceutical Benefit Scheme scripts being filled. In particular, it is important to emphasise the importance of early intervention for mental health disorders, with a focus on the youth population and the societal and economic benefits to be gained from this.

Key messages / recommendations

It is essential that Australian governments address the social determinants of health to improve people's health and well-being. This should include:

- The Senate Standing Committee on Community Affairs conducting a Senate inquiry to investigate the effectiveness of whole-of-government policy solutions to address the social determinants of health, and promote mental and physical health and wellbeing.
- Development of a comprehensive policy framework to address the social determinants of health and reduce health inequities.
- Federal and State Governments adopting a 'Health in all Policies' approach.
- Continued implementation of the recommendations of the 2008 WHO report⁹. This includes:
 - Investment in policies and programs that improve the conditions of daily life – the circumstances in which people are born, grow, live, work and age; and
 - Policies that reduce the inequitable distribution of resources.

References

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