Submission to Senate Inquiry:

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

Tasmanian Social Determinants of Health Advocacy Network

October 2012

About the Tasmanian Social Determinants of Health Advocacy Network

Background

In response to the World Health Organisation's Commission on Social Determinants of Health report, *Closing the gap in a generation: health equity through action on the social determinants of health,* and other activities that led to a greater focus on the Social Determinants of Health (SDoH) at the international and national level, the Australian Health Promotion Association (AHPA Tas) and Tasmanian Council of Social Service (TasCOSS) undertook to raise awareness of the SDoH in the Tasmanian context.

As a result of this partnership a series of 10 action sheets (plus one introductory sheet) were developed covering the following determinants:

- Aboriginality
- Education & literacy
- Food
- Health & social services' system
- Housing
- Poverty
- Sex, sexuality & gender identity
- Social exclusion
- Transport
- Work.

In considering ways to continue the momentum generated by this piece of work, a number of non-government organisations, researchers and peers, determined that it would be appropriate to establish a network with a focus on the SDoH (19 May 2012). This was considered an appropriate next step because at the time there was no clear leadership for action on the SDoH in Tasmania that also provided an opportunity for interested parties from across the community to be part of the conversation and implement action.

Purpose of the Network

The purpose of the Network is to work together to leverage action on the Social Determinants of Health so as to improve health and wellbeing outcomes for all Tasmanians.

Vision of the Network

All Tasmanians have the opportunity to live a long, healthy life regardless of their income, education, employment, gender, sexuality, capabilities, cultural background, who they are or where they live.

Membership

Membership of the Network is open to all Tasmanians who share in this vision. Membership is free of charge. Membership to the Network can be obtained by providing a name, organisation (where there is one but individuals can join as individuals), address, telephone and email address to the Facilitator. The Network currently has almost 120 members across Tasmania.

Our comments

We welcome the opportunity to provide comment 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.*

We strongly encourage the Government to respond to the WHO's *Closing the gap within a generation* report and we call on the Australian Government to develop and implement a National strategy to reduce inequities in health through action on the social determinants of health.

Below we will address the terms of reference:

(a) Government's response to other relevant WHO reports and declarations;

While Australia is often regarded as a leader in innovative health care, when it comes to acting on the social determinants of health it does not have a history of responding to WHO reports and declarations in manner that has led to more equitable health outcomes. On the contrary we believes Australia should be ashamed of the fact that we have failed to provide all Australians with equal opportunities to live a healthy life.

Already back in 1978, the Declaration of Alma Ata highlighted that, *"existing gross inequality in the health status of the people, particularly between developed and developing countries as well as within countries, is politically, socially, and economically unacceptable and is, therefore, of common concern to all countries".* Australia did not respond and today, some 34 years after this Declaration, we see unacceptable inequalities in health across Australia, particularly implicating our indigenous populations and other vulnerable peoples.

The first International Conference on Health Promotion in Ottawa in 1986 presented a Charter for action to achieve *Health for All* by the year 2000 and beyond. This Charter provided a strong foundation for health promotion action, calling on societies to build healthy public policy, reorient health services, build personal skills, strengthen community action and create supportive environments. Again, Australia's response to this call for action was not memorable.

In 1997, the Jakarta Declaration on Leading Health Promotion into the 21st Century called for health promotion to be recognised as a key investment. It recognised health as being a basic human right that is essential for social and economic development. It highlighted the perquisites for health - social determinants that are important for the health of Australians – including peace, shelter, education, social security, social relations, food, income, the empowerment of women, a stable eco-system, sustainable resource use, social justice, respect for human rights, equity and poverty, as well as emerging trends such as demographic change, transnational changes and mental health problems, which, it stated, required an urgent response.

The Declaration called for greater investment and action in health promotion as a means of having a greater impact on the determinants of health. Health promotion in the true sense of the word - not merely health education - was recognised as a way to achieve the greatest health gains for people, to contribute significantly to the reduction of inequities in health, to further human rights and to build social capital. The ultimate goal, it was stated, was to increase health expectancy, and to narrow the gap in health expectancy between countries and groups. Unfortunately health promotion in Australia has continually been pushed

aside as a result of our overbearing obsession with the medical model, above and beyond the protection and promotion of health and wellbeing.

Over the years a swag of reports and declarations including the Adelaide Recommendations on Healthy Public Policy in 1988, the Sundsvall Statement on Supportive Environments for Health in Sweden in 1991, the Mexico Ministerial Statement for the Promotion of Health: From Ideas to Action in 2000, and the Bangkok Charter for Health Promotion in a Globalized World in 2005 have all seen very little concerted responses from Australia.

Although this Senate inquiry is occurring some five years after the Commission on Social Determinants of Health handed down its final report, we are heartened to see the social determinants are finally on the table at the national level and would hope to see that it will lead to a comprehensive response and long-term plan to reduce inequities in health across Australia. As stated in the Closing the Gap Report: *"There is enough evidence on the social determinants of health to act now."*

(b) impacts of the Government's response;

As stated above, there has generally not been any planned response to the recommendations of international reports and declarations in Australia. Any reporting that does occur is usually 'after the fact' – jurisdictions are requested to identify initiatives that fit with the recommendations, rather than contribute to a comprehensive national planned and funded implementation process. We hope to see a 'new' approach to the Government's response to the Closing the Gap Report, which seeks to engage with stakeholders in meaningful ways to prepare a detailed and long-term strategy to progress action on the social determinants of health as a matter of priority.

(c) extent to which the Commonwealth is adopting a social determinants of health approach through:

(i) relevant Commonwealth programs and services,

While some Commonwealth programs and services do appear to recognise vulnerable communities, we do not believe that there is a determined effort across programs and services to act on the social determinants of health and reduce inequities in health.

We are particularly concerned about the *Closing the Gap* initiative which used a 'top-down' approach with considerable control exerted by the Commonwealth through standardised implementation and reporting processes, rather than a community development model that would have been much more relevant, particularly to small dispersed Aboriginal populations such as Tasmania.

Closing the Gap failed to recognise that some key definitions of Aboriginal health actually include in health what are more normally seen as social determinants. Poverty and the environment are examples. This point serves to emphasise the need for more of a bottom up approach to the social determinants of health (and not just in the context of Aboriginal health).

The *Northern Territory Intervention* has been much criticised for ignoring the recommendations of the *Children Are Sacred Report* from Pat Anderson and Rex Wilde which was based on the voices of Aboriginal peoples in the Territory. There needs instead to be within Government policy a major rethink about the importance of community autonomy for and in Aboriginal health starting with a much greater respect in the Commonwealth for such autonomy.

Other factors of importance to Aboriginal health that are not gaining the prominence they merit in the Government's initiative are culture and land. The destruction of culture is a major contributor to the malaise of Aboriginal society, in turn alcohol and substance abuse and ill-health. Respect for and the rebuilding of Aboriginal culture is pivotal yet it is all too little recognised in the Government policies.

Land and loss of land rights are also central. The fact that the *'return to country'* movement has been shown to boost health is heartening. What is not is that evidence is being ignored by the Northern Territory and the Commonwealth Governments in their 'spokes and wheel' model in the Territory.

Certainly in Aboriginal health but more generally we appeal to the Government to ensure that where possible policies on the social determinants of health are evidence based.

(ii) the structures and activities of national health agencies, and

Similarly, with regard to national health agencies, we don't believe there has been a comprehensive approach to implementing a social determinants approach. The Australian National Preventive Health Agency, for example, is a welcome initiative but its focus is too narrow. The Agency's focus is on lifestyle risk factors. There needs to be a greater recognition in government policy and agencies that the social determinants of health are much wider and indeed a different construct than prevention. That points to creating national and local social determinants of health agencies perhaps at state level as with the Tasmanian Social Determinants of Health Advocacy Network in Tasmania.

(iii) appropriate Commonwealth data gathering and analysis; and

While data relevant to the social determinants is collected and some analysis is carried out with a health lens, there is no strategic framework that enables the findings of this data to be translated into actions to reduce inequities in health. The data that is collected is usually not analysed from a health equity point of view. Individuals, communities, departments and organisations are able to access data, for example about education and literacy, housing, family structures, transport, employment, income and so forth, but there are no comprehensive approaches to pulling this data together at a national level to help prioritise action on the social determinants of health at a systems level. As a result, we regularly see micro-level initiatives trying to address poor health outcomes that clearly require macro-level change.

As stated by Marmot et al (2012) in *WHO European review of social determinants of health and the health divide* (The Lancet, vol 380: 1011-102), improving health equity needs an evidence-based

approach and up to date information. A monitoring system that provides information about the distribution and trends in determinants is an essential part of a social determinants approach to improving health equity. In Australia, we must ensure a greater degree of accountability and develop processes that enable us to undertake regular reporting and scrutiny of inequities in health.

We call on the Australian Government to develop and implement a National strategy to reduce inequities in health, which includes sound evidence, comprehensive monitoring and reporting.

(d) scope for improving awareness of social determinants of health:
(i) in the community,
(ii) within government programs, and
(iii) amongst health and community service providers.

Raising awareness of the social determinants of health is important but we urge the Government to move beyond awareness raising to action and definite outcomes. If we don't, people will tend to say 'yes I understand the social determinants of health but what's the big deal and what can be done?' To sell the message, we need to be offering more concrete reasons and more substantive solutions. Investment in the social determinants of health makes good economic sense. Keeping people well is a good thing morally and socially but it also helps to constrain the ever growing economic costs of health care, as the recent CHA - NATSEM Report[1] showed.

(i) **Community:** We need to foster broader community ownership of the social determinants of health. For example, we believe one priority area is the early years, where we need a commitment to sustainable parenting programs, adequate supports from employers including workplace health and well being programs and adequate parental and carer leave, and partnerships with educational institutions and a range of community services. This is noted in the WHO European review (The Lancet Vol 380 p1017), *"The systems that encourage a good start in life include policies characterised by excellent health care before and after birth, an employment and a social protection system that recognises the risk posed by poverty and stress in early childhood, good parental leave arrangements, support for parenting and high quality early education and care'.* The focus of community awareness must be on sharing the responsibility for health and wellbeing across different sectors and parts of the community.

Critically informed citizens in for example Citizens' Juries, need to be involved in determining the social determinants of health. The social determinants of health as set out by Marmot and Wilkinson are a major start but we would ask the Government to recognise that they are but a start and that definitions of the social determinants o f health are not universal and not equally applicable in Harare, Hanoi and Hobart and indeed not even Hobart, Bunbury and Gundagai. Moreover we want the people of Hobart (as well as Burnie, Queenstown, St Helens etc) to be given good information and asked what they think are the social determinants of health and what priority they attach to which (The Tasmanian Social Determinants of Health Advocacy Network is planning action on these fronts in different parts of Tasmania.) We ask the Commonwealth to adopt this principle more generally. There

[1] CHA-NATSEM, 2012, *The Cost of Inaction on the Social Determinants of Health.*

is also good evidence that getting people participating in their communities whether it be line dancing or community gardening is good for health. Building communities and funding community activities are important ingredients of any social determinants of health program.

(ii) **Within Government programs:** Government programs need to strengthen their engagement strategies. Much of what is at the heart of the social determinants of health is not the core responsibility of health programs or services. It is imperative that Government programs work across sectors and the community.

(iii) **Community and health providers.** Raising awareness of the social determinants o f health among community and health providers is important however again we believe it's important to move beyond awareness raising. What is needed in many community and health services is a reorientation of the service to ensure a greater focus on addressing the social determinants of health, and a change in the culture of organisations. Some specific examples include models of 'self management' and health literacy programs that could be further imbedded in the provision of services. Services should have over-arching principles of practice that are aligned with a social determinants of health approach.

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The views expressed in this paper are those of the authors.

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