# Submission from Liz Furler to the Community Affairs References Committee enquiring into Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation"

## 1. INTRODUCTORY REMARKS

Thank you for accepting this late submission.

I am making this submission as an individual.

The views expressed in this submission are informed by over 30 years of experience at senior management level in government and not-for-profit organisations at both national and state levels in public health and education. Throughout my career I attempted to ensure that, whatever the policies, programs and organisations were for which I had custodianship, they addressed the social determinants of health appropriately with the aim of reducing health and social inequities in Australian society.

In 1989 I was fortunate to be awarded a WHO Travelling Fellowship, to study inter-sectoral public health policy development and planning processes in Europe.

I have had the privilege of direct involvement in leading numerous initiatives which have attempted to introduce a social view of health in Australia at national and state-levels, and plenty of opportunity to reflect on failures and successes.

My submission addresses the following Terms of Reference:

> "(c) the extent to which the Commonwealth is adopting a social determinants of health approach through:
>
> > (i) relevant Commonwealth programs and services,
> > (ii) the structures and activities of national health agencies, and
> > (iii) appropriate Commonwealth data gathering and analysis; and
>
> (d) the 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."

In addition, my submission focuses on the issues and proposals that I believe are within scope of the influence of the Senate committee.

## 2. RE THE COMMITTEE'S TERM OF REFERENCE (C) THE EXTENT TO WHICH THE COMMONWEALTH IS ADOPTING A SOCIAL DETERMINANTS OF HEALTH APPROACH THROUGH:

### (I) RELEVANT COMMONWEALTH PROGRAMS AND SERVICES,
### (II) THE STRUCTURES AND ACTIVITIES OF NATIONAL HEALTH AGENCIES, AND
### (III) APPROPRIATE COMMONWEALTH DATA GATHERING AND ANALYSIS.

It is my experience that the Commonwealth these days is more comfortable than it used to be acknowledging the legitimacy and evidence-base which underpins "a social determinants of health approach". This is reflected in the language and rhetoric around COAG, several National Agreements and associated National Partnerships, the establishment of ANPHA, several health programs and initiatives especially for Aboriginal and Torres Strait Islander people and, more broadly the current and previous Australian Governments' various efforts to invest in the first few years of children's lives, and the current Government's efforts to improve schooling outcomes for all Australian children and young people.

However, the actual design, resourcing, implementation, governance, monitoring, reporting and evaluation of programs and services tend not to permit "a social determinants of health approach" on the ground and in practice which requires, for example:

- Policies, practices, timeframes and resources allocated to support meaningful and effective community and stakeholder involvement at all these stages of design, resourcing, implementation, governance, monitoring, reporting and evaluation
- A commitment to invest for periods significantly longer than is the norm in our political and administrative systems
- Significant flexibility in program design and administration to allow local customisation and targeting of interventions
- Investment in change management initiatives, including the education and training at undergraduate, post-graduate and continuing professional development levels of health and other professionals so that they can actually work effectively together across disciplinary and portfolio boundaries
- Resources to support a community development approach from program design to roll-out
- Resources for the collection of qualitative and quantitative data and information from multiple sources over long periods of time to monitor and report on progress and impact, and undertake rigorous independent evaluation which involves the people and communities themselves who are the targets of the interventions.

While recent Commonwealth initiatives have provided welcome additional funding for services they have seriously under-funded (in some cases not allocated any funding for) the critical change management involved in successfully implementing new ways of doing things.

***Proposal 1: The Committee consider how the Senate might, in the Senate Estimates process explicitly and systematically scrutinise (and call Ministers and public servants to account for) the extent to which the resources allocated in the Budget to relevant programs and initiatives adequately support the levels of***

***community development and involvement, change management, customisation and targeting, data and information systems, and investment over time required to ensure the health gap is reduced.***

***Proposal 2: The Committee consider how the Senate Estimates process might explicitly and systematically require Ministers and public servants to clarify for the public, through Parliament, the evidence-base (and the strength of that evidence) upon which both the initiative and the levels and types of resources to be allocated have been determined. This additional information might be considered for inclusion (summary style) in the Portfolio Budget Statements (PBS).***

## 3. RE THE COMMITTEE'S TERM OF REFERENCE (C) (II) THE EXTENT TO WHICH THE COMMONWEALTH IS ADOPTING A SOCIAL DETERMINANTS OF HEALTH APPROACH THROUGH THE STRUCTURES AND ACTIVITIES OF NATIONAL HEALTH AGENCIES

The establishment of ANPHA is great step forward: a Commonwealth statutory authority with its own legislation, to promote, lead, facilitate and coordinate effective national preventive health effort in Australia. Positioned in the Commonwealth's health portfolio, it is well-placed in partnership with NHMRC, the department and others to drive a stronger focus on prevention across all levels of the health system (primary, secondary and tertiary), from research through to policy and practice. There is much to be done in this space. Our most successful public health and health promotion strategies and campaigns in Australia were planned and delivered from strong and enduring platforms comprised of close working relationships across public health and clinical communities, research and academic communities, community and consumer organisations, and government. These "platforms" don't come about by accident; they require resourcing and investment in building leadership. In addition, we know that efficient translation of research findings into policy and practice comes about when national health agencies invest in bringing "bench and field" together for the long haul around clearly specified issues or problems (see Brendan Gibson's PhD thesis (2003), *From Transfer to Transformation: Rethinking the Relationship between Research and Policy*, Australian National University, Canberra.). Again, this requires resources. It is not at all clear that the current "stable' of national preventive health strategies exemplify best practice, or are resourced to the levels or for the range of activities that would realise best practice.

***Proposal 3: The Committee consider the merits of:***

- ***establishing Australian best-practice standards for effective national preventive health strategies (which necessarily reflect "a social determinants of health approach" as part of their design and roll-out). ANPHA may be well-placed to lead this work***
- ***a process for benchmarking, quality assuring or accrediting current and future national preventive health strategies against these standards, and***
- ***the Senate Estimates Committees scrutinising the extent to which new and ongoing initiatives have been conceptualised and resourced to ensure they are capable of implementing a "social determinants of health approach".***

In the late 1990s and for several years the Commonwealth Department of Health and Ageing invested in a Corporate Masters of Public Health with the aim of ensuring staff had the competencies to add value to the national public health effort, and play an effective role. It may be time again to assess the extent to which staff, in national health agencies have the capabilities to add value to the national public health industry sector by, for example understanding, and supporting the implementation of "a social determinants of health approach".

***Proposal 4: The Committee consider the merits of:***

- ***clarifying key capabilities linked to "a social determinants of health approach" for relevant staff in the APS, as the basis for agencies reviewing their capacity and taking action to address any gaps or weaknesses. ANPHA may be well-placed to lead this work, in collaboration with other relevant agencies.***

The above discussion and proposals 3 and 4 relate to national health agencies and their staff. However, if the Committee believes it is important to better align Commonwealth policies, programs, initiatives and investments to tackle behavioural, social, economic and environmental drivers of health outcomes, and in such a way that the health gap and other inequalities are reduced or eliminated over time, it may be necessary to refashion and reposition ANPHA so that its influence extends beyond the health portfolio; OR create additional capability outside the health portfolio. (It is not enough to focus on national health agencies; most of the social determinants of health lie outside their immediate sphere of influence.)

In relation to the latter option, there may be at least 2 pathways worth considering. One might be to extend the remit of the new Parliamentary Budget Office (PBO) so that it is capable of providing independent and non-partisan analysis of budget cycle, fiscal policy and financial, HEALTH AND SOCIAL implications of proposals and initiatives (not just financial implications).

A second option might be to request, through COAG, the COAG Reform Council (CRC) to work with ANPHA to consider new and innovative governance, monitoring and reporting arrangements that facilitate cross-portfolio policy formulation, planning, program implementation, monitoring, reporting and evaluation; for trialling and evaluation in several priority areas such as the reduction of obesity and overweight among the Australian population. Better coordinated and/or integrated interventions in diverse settings to tackle obesity are funded under several National Agreements and National Partnerships that potentially span education, health care, disability and Indigenous reform and capital cities.

***Proposal 5: The Committee reflect on the need to go beyond a focus on the structures and activities of national health agencies if it is serious about the Commonwealth taking action to adopt a social determinants of health approach; and the opportunity to drive more effective inter-sectoral planning, action and reporting through the new PBO and/or CRC (in collaboration with ANPHA).***

## 4. RE THE COMMITTEE'S TERM OF REFERENCE (C) (III) THE EXTENT TO WHICH THE COMMONWEALTH IS ADOPTING A SOCIAL DETERMINANTS OF HEALTH APPROACH THROUGH APPROPRIATE COMMONWEALTH DATA GATHERING AND ANALYSIS

There is no doubt that data-linkage (the linking of administrative and other data sets in Australia) has the potential to provide a cost-effective platform for the ongoing monitoring and reporting on health, social and other outcomes for Australian people from birth through to death and across generations, and for the rigorous evaluation of the impact of policies, programs and interventions. The Australian Government has made an important and precious early investment in Australia's population health data linkage capability in recent years through NCRIS and the EIF (administered by DIISRTE). Funding support beyond July 2013 is uncertain and, in addition in recent years Commonwealth portfolio agencies have pulled back from collaboration with States and Territories with the result that the opportunity to move swiftly in Australia (to link administrative data sets in such a way that the social determinants of health, their interaction and impacts could be cost-effectively monitored and reported on publicly) is at risk.

However, even if this was addressed it's not just a matter of ongoing support for linking relevant data sets held by State and Commonwealth agencies. It's also important to establish funding and operating models and governance structures for priority applied research and evaluation questions (relating to the social determinants of health) that broaden the investment and support in data-linkage research activity beyond government to philanthropy, industry and business, and include the public and key stakeholders in governance and oversight structures and processes. Unless the general public and key stakeholders are brought along the journey, and understand the importance of tackling the social determinants of health (because of their potential impact on their lives, communities and businesses), they will not demand that they be addressed by current and future governments. And unless current and future governments are sure the public is calling for action in difficult areas such as these, they are not likely to act.

ANPHA is in the process of finalising a National Preventive Health Research Strategy 2012-16. It provides an opportunity to establish an agenda with priorities, which encourages the systematic taking into account of the social determinants of health, and innovative governance arrangements that promote community engagement in the research projects, findings and implications.

***Proposal 6: The Committee moves swiftly to consider:***

- ***ongoing support for data-linkage in Australia to provide a cost-effective platform for monitoring and reporting on the social determinants of health and the evaluation of policies and programs to address them***
- ***the commitment of Commonwealth agencies to work in collaboration with States and Territories to link their data sets in the interests of enabling the cost-effective platform described above to be established***

- ***the potential to engage business, philanthropy and community groups with governments to support medium and long-term policy driven research and evaluation that utilises linked data-sets***
- ***innovative governance structures and processes that include and engage the public, opinion leaders and media in oversighting the research and evaluation running off the platform of linked data sets in Australia, to help ensure the flow of information direct to the public domain about the relationship between individual, behavioural, social, environmental and economic factors and health outcomes and experiences, and***
- ***the potential for ANPHA's National Preventive Health Research Strategy 2012-16 to assist in the gathering of data and information to support social determinants of health approach in Australia.***

## 5. RE THE COMMITTEE'S TERM OF REFERENCE (D) THE 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."**

Proposal 3 above addresses the scope for improving the capacity of government programs to address the social determinants of health, and Proposal 4 above addresses the scope for improving awareness of social determinants of health among members of the APS.

With respect to the scope for improving awareness of social determinants in the community, we know from effective public campaigns and strategies in the past that if we want to lift awareness about critical risk factors, and in a way that helps rather than hinders action, it is important to first gather data and information about existing levels of awareness so that we can get a feel for the "distance to be travelled", and also design effective strategies and interventions which are targeted. Unless this basic business intelligence is gathered first and understood, there is a significant risk that information and awareness plans will be ineffectual and funding will be wasted.

***Proposal 7: The Committee consider the merits of recommending that ANPHA investigate how useful information can be collected about the levels of knowledge, skills and understanding relating to the social determinants of health among members of the general public, either through its proposed National Preventive Health Research Strategy, or as a piece of commissioned market research; as a first step to identifying the scope for improving awareness among members of the general public.***

However, lifting communities' awareness of risk factors is not just a matter of information and education strategies. We know from widespread experience both here in Australia and overseas that communities' understanding of, and capacity to act on the complex interplay between individual, behavioural, social environmental and economic factors and health outcomes and experiences, and how they can be tackled, improves dramatically when they are included as active partners (individually and collectively) alongside clinicians, administrators, researchers, funder and purchasers (government and non-government) in the planning and management of their health care. If individuals and communities play the

role of passive consumers of health services, they will not necessarily acquire the skills, knowledge and understanding they require in order to help themselves or their communities.

The move across jurisdictions to establish local governance structures for primary health services, including Medicare Locals, provides a great opportunity to ensure they permit and promote the community engagement in planning, management, monitoring, reporting and evaluation that is so vital to lifting community awareness about the social determinants of health.

> ***Proposal 8: The Committee invite ANPHA and the Commonwealth Department of Health and Ageing to brief it specifically on the scope for strengthening community engagement in local health service planning, management, monitoring, reporting and evaluation as part of the health services reform agenda and the roll-out of Medicare Locals; in such a way that it actively fosters communities' understanding of the social determinants of health, and how this can be measured and reported on periodically.***

For communities to be active and effective partners in their health care, they need access to information and support, so they can acquire the knowledge and skills they need to participate effectively alongside service providers and funders/purchasers in working parties, governance structures and in planning processes. Information systems and education and training for effective community engagement in planning and delivering primary health care, that mainstreams "a social determinants of health approach" require resources. In Australia, groups such as the Public Health Information Development Unit (PHIDU http://www.publichealth.gov.au/) and Prometheus (http://www.prometheus.com.au/) have a strong and long track record and international reputation in providing data and information to communities and service providers that assists their understanding of the social determinants of health and their capacity to participate in planning and management of primary care services that take account of the social determinants of health.

> ***Proposal 9: The Committee consider inviting PHIDU and Prometheus to demonstrate information products and services that have a proven track record in lifting communities' understanding of the social determinants of health, and the resource implications. This will help the Committee assess the adequacy of the investment through Medicare Locals in ensuring access to the information they need to address the social determinants of health, and in preparing and supporting their communities for engagements in addressing the social determinants of health.***

Schools are important settings for equipping children and young people with knowledge, skills and understanding about the social determinants of health; so they are better placed to understand their own individual circumstances and how they can manage risks to their own health; and also play an effective role within their own local communities and Australian society more generally. In August this year, the Australian Curriculum and Reporting Authority released The Shape of the Australian Curriculum: Health and Physical Education after public consultation. This is now available on the ACARA website, and will guide the writing of the Foundation to Year 12 Health and Physical Education curriculum across the nation.

***Proposal 10: The Committee consider inviting ACARA to brief it on the extent to which:***

- ***the new national curriculum addresses the social determinants of health***
- ***current and future teachers and school leaders are equipped so that the curriculum they teach and the schools they manage respectively take account of the social determinants of health.***

The scope for improving awareness of social determinants of health amongst health and community service providers can be considered at 2 levels; undergraduate and continuing professional development.

In the late 1970s and through the 1980s the Commonwealth Government supported a national pilot program called the Foundation for Multi-disciplinary Education in Community Health (FMECH) based in South Australia. It pulled together for joint education sessions several times during their undergraduate years, students from medicine, nursing, the various therapies and social work. Together with other subjects, the sessions were designed to promote among other things, a shared understanding of the social and economic drivers of health and illness, and multidisciplinary teamwork in community settings. FMECH provided a service across multiple academic institutions and courses. It was hard to sustain and ultimately wound up. Multidisciplinary and multi-institutional education and training programs continue to be most difficult to deliver, especially over time. If the Committee is not yet in a position to form a view about the extent to which undergraduate training provides future health and community service providers with an understanding of the social determinants of health and the competencies required to take them into account in their professional duties (and any scope for improving the same), it may be useful to approach the new National Health Workforce Agency or Taskforce for advice, and in the absence of useful information a discussion about how a high level assessment could be made as a first step. (The NHWA was established by COAG to undertake projects which would inform development of practical solutions on workforce innovation and reform.)

With respect to the scope for continuing professional development (CPD) to improve awareness of social determinants of health amongst currently practicing health and community service providers, again the NHWA may be a source of advice to the Committee.

This is a complex area, given the plethora of professional colleges and associations involved in the design and delivery of CPD. However, several of the colleges and associations have made submissions to the Committee, and it may be useful to convene a roundtable with their representatives to get a feel for the extent to which their various accredited CPD programs provide an opportunity for practitioners to refresh their knowledge, skills and understanding relating to the social determinants of health.

***Proposal 11: The Committee consider inviting the National Health Workforce Agency or Taskforce in collaboration with ANPHA to brief it on the extent to which current undergraduate training and accredited CPD activities provide future and current health and community service providers respectively with an***

***understanding of the social determinants of health and the competencies required to take them into account in their professional duties (and any scope for improving the same). It may be useful to invite representatives of ANPHA leading professional colleges and associations in the discussion.***