Submission from the Centre for Women's Health, Gender and Society, Melbourne School of Population Health, The University of Melbourne

We welcome the Senate Inquiry 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".

This submission is from the Centre for Women's Health, Gender and Society which is a Centre of the Melbourne School of Population Health at The University of Melbourne. The submission was prepared by Professor Anne Kavanagh, Dr Rebecca Bentley and Dr Cathy Vaughan on behalf of the Centre.

The Centre's vision is to improve women's health and the health of their families and communities by contributing to knowledge about the effects on health and well-being of gender inequity and other social, economic, cultural, psychological, and biological factors. We are a multidisciplinary Centre with staff and students from many disciplines, including epidemiology, psychology, sociology, statistics, and health services research. The Centre has a strong focus on gender and health inequities including socio-economic disadvantage in terms of housing, work and income as well as marginalisation of particular groups such as women with disabilities and women from culturally and linguistically diverse backgrounds. We span a range of content areas including sexual and reproductive health and cancer.

Our response is made under the headings of the terms of reference of the Inquiry. We have restricted our comments to the areas in which we have the strong expertise.

<u>Government's response to other relevant WHO reports and declarations and impacts of response</u>

There are a number of relevant WHO reports and declarations. We draw attention to the WHO and World Bank report "World Report on Disability". This report, and other international reports, highlight the considerable disadvantage that people with disabilities live. They show that the relative disadvantage of Australians with disabilities compared to Australians without disabilities is among the worse of OECD countries across many indicators (World Health Organization and World Bank Group 2011; Directorate for Employment, Labour and Social Affairs 2009). The social and economic disadvantage experienced by people with disabilities translates into poorer health outcomes than other Australians over and above the health problems experienced because of their disability (see Kavanagh et al. 2012 for summary).

The Government has introduced a number of important initiatives in relation to disability service provision and policies on which they can be commended. These include the proposed National Disability Insurance Scheme, the National Disability Strategy and the National Disability Research and Development Agenda. At this stage it is impossible to assess the impacts of these initiatives however as currently envisaged they are not sufficient in scope to address all of the recommendations of the World Report. As outlined in a 2012 report, written by Kavanagh and colleagues for VicHealth, ongoing issues of concern include:

- Endemic levels of disability-based discrimination
- Low levels of labour force participation
- Lack of access to meaningful employment
- Inadequate housing options
- Considerable barriers to participation in inclusive education
- High levels of poverty

- Low levels of social participation
- Violence experienced by people with disabilities

These are all critical social determinants of health. In summary, people with disabilities are a high priority population group because of the social and economic disadvantage and poorer health they experience and therefore:

We recommend that people with disabilities are prioritised in an Australian response to the WHO Social Determinants of Health report.

Extent to which the Commonwealth is adopting a social determinants of health approach in relevant Commonwealth programs and services

The WHO report on the social determinants of health calls for a coherent, equity-based approach to policy and evaluation across government departments as well as between different levels of government and between the government and the non-government sectors. As yet we have not observed much evidence that the Commonwealth has adopted this approach across relevant programs and services. For example, while the National Women's Health Policy has a strong focus on the social determinants of health there are no resources to enable the implementation of the recommendations of the policy.

In our experiences as researchers who work in the field of the social determinants of health it is unclear how to engage government on these issues because of the siloed nature of government departments. The health sector does not consider issues such as work and housing as its business while non-health sectors do not see the relevance of health for their work.

Our work consistently demonstrates the need for joined-up policy responses to address the problems our research identifies. For example, in relation to our research on housing insecurity and health, there is an urgent need for the government departments responsible for urban planning, housing, and health to develop joint policy responses (see for example the recommendations in Mallett, Bentley et al 2011). This is particularly important in regions of Australia affected by high housing costs and tight rental markets. High housing costs relative to income place financial pressure on people (related to issues such as food security and in extreme circumstances may result in homelessness) and can move people into areas without appropriate services for their needs. An inter-sectoral, whole-of-government response is required to address these complex issues.

In relation to Australia's international work, poor women in low-income countries are amongst the world's most vulnerable to poor health. International evidence suggests that promoting and protecting women's health in such settings requires inter-sectoral responses capable of responding to broad ranging social determinants including exclusion from education, economic dependency, gender-based violence, political participation, as well as weak health systems (Kim, Ferrari et al 2009; Vaughan 2004). Our research at the intersection of gender and health in low-income countries in our region is often with partners or programs funded by Australia's Aid Program. Despite many aid and development initiatives in the region being described as having a whole-of-government approach, there is often limited communication (about the health-related implications of their work) or evidence of collaboration between Australian government departments working in sectors known to affect the social determinants of health. This represents a lost opportunity to model an effective,

joined-up government response to the social determinants of health, and reinforces the siloed practices of counterpart agencies.

Of particular note is the strong emphasis in the WHO Commission's report on issues related to gender equity. To our knowledge the recommendations of the report in relation to gender equity have not been implemented in Australia or in our work internationally.

A notable exception is the South Australian Government has led the way with the development of 'Health in All Policies' that explicitly address the importance of non-health sectors in shaping health. In implementing these policies they work across departments to reduce inequalities in health

In order to enable the Commonwealth to respond in an evidence-based way to issues related to the social determinants of health, we recommend that:

An agency that works across Departments and levels of government is established specifically to facilitate the implementation and evaluation of initiatives to address the social determinants of health.

Data gathering and analysis

One of the key recommendations of WHO report on the Social Determinants of Health was the development of comprehensive monitoring systems for measuring health inequities. Australia has not addressed this recommendation. Importantly we do not collect information routinely about whether or not a person has a disability and thus are unable to compare the social and economic circumstances and health outcomes of people with and without disabilities. Given that 20% of Australians have a disability, this is a serious omission.

Compared to similar countries, such as New Zealand, we lack a comprehensive, routine system for monitoring health inequalities over time. In addition, without a well-organised census linkage study as occurs in most other similar countries, we are unable to understand the temporal relationships between social and economic factors and health outcomes. Further, data linkage is infrequent in Australia which seriously hampers our understandings of the causes and consequences of social and economic inequalities in health. Health system data are not routinely linked (e.g. hospital and Medicare data) or health and other data (e.g. welfare data). This is a missed opportunity and can be achieved, as demonstrated elsewhere, without breaching privacy.

We recommend that the Commonwealth develop a report that outlines the strategy and procedures required to enable the regular, routine monitoring of health inequalities in order to inform policy development.

This report should be developed involving collaborations between with representatives of government, academics, the non-government sector and relevant community-based representative bodies.

We recommend that the following are considered in the report:

- The development of a core set of socio-economic indicators that are mandated to be collected in all health data systems (e.g. hospitals, ABS surveys). At minimum, the indicators

should include measures of socio-economic position, ethnicity, disability, sex, and indigenous status
- A system for routine monitoring and reporting of the data collected (e.g. through a body such as the Australian Institute of Health and Welfare)
- A system for linkage of relevant data including health and welfare data
- The rollout of the ABS auspiced census data linkage project
- A process whereby researchers can access the data in de-identified form to answer policy-relevant research questions

In relation to enhancing research on the social determinants of health, particularly strategies to reduce inequalities in health, there is considerable scope for the Commonwealth to work with the National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC) to develop priority funding schemes such as fellowships, strategic awards, partnership and linkage proposals.

We recommend that the Commonwealth work with the NHMRC and ARC in order to develop mechanisms to improve funding for research on the social determinants of health as recommended by the WHO Commission.

Scope for improving awareness of social determinants of health

The social determinants of health are everyone's business. There is considerable scope to improve awareness in government, businesses and workplaces, educational institutions, and in the community. Action needs to be taken on all fronts to address the social determinants of health. There is no easy way to enable this. The Commonwealth has a leadership role in achieving this and needs to engage the relevant groups (e.g. unions, employer groups, education sector) in the importance of the social determinants for health. Importantly, awareness is not sufficient. It is important that change occurs in the practices of the relevant groups to reduce social disadvantage.

We recommend that the Commonwealth establish a working group to identify strategies to improve awareness of, and action on, the social determinants of health in government, businesses and workplaces, educational institutions, and in the community.

References

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