macarthur FUTURE FOOD forum
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Sydney Food Fairness Alliance and Macarthur Future Food Forum

Submission to the 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".

The Sydney Food Fairness Alliance (SFFA) and Macarthur Future Food Forum (MFFF) are intersectoral alliances collaborating to address the issue of food security. These alliances enable capacity building, linkages and developing expertise; identify partnership opportunities; play an important role in advocacy and raising public awareness; and can provide advice on local strategies.

(c) (i) The extent to which the Commonwealth is adopting a social determinants of health approach through relevant Commonwealth programs and services.

Policy cohesion

Much of the influence over the SDoH fall outside the sphere of health services, such as housing, employment and education. The WHO Commission on Social Determinants of Health report highlights the need for policy cohesion within all sectors of government. In order to respond effectively to the WHO Commission report a whole of government approach to addressing health equity would be required. A 'Health Equity in all Policies' approach could adopt a process such as Equity-focused Health Impact Assessment, where all new policies are evaluated against the potential to increase health inequalities and remediation measures identified and implemented within the policy framework.

A significant area of public policy related to this inquiry into the SDoH, currently under development federally, is the Nation Food Plan. It is of concern to the SFFA and MFFF, that the National Food Plan Green Paper, released earlier this year, does not take a SDoH approach to addressing national action on food and health.

The Food Plan Green Paper takes the perspective of food as a market commodity first and foremost and food as a requirement for health and wellbeing is relegated to a much lower priority. The focus is on exports and manufacturing rather than health impact and food security for the community. At issue also is the Policy Working Group was overwhelmingly made up of industry stakeholders with very limited community and health sector representation.

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Strong government leadership is required to identify and respond to the underlying factors contributing to food insecurity in the Australian community and need to refer to welfare and food security experts to provide advice on this issue.

An SDoH issue of priority would be to address the high level of poverty amongst the recipients of New Start Allowance, which has fallen well below the poverty line and places individuals and families at greater risk of food insecurity.

Indigenous rights

A key focus of a SDoH approach would be to adequately address the high levels of disadvantage, high morbidity and mortality rates experienced by Aboriginal and Torres Strait Islander peoples.

The Northern Territory Intervention has seen an increase in the delivery of the required government services and programs and a coordinated agency response to the high levels of disadvantage being experienced. However the Closing the Gap in the Northern Territory Monitoring Report, 2012, states

"The report also finds some evidence that 'silo-based' approaches across agencies may be re-emerging following the closure of the Operations Centre and that coordination and engagement are not always as good as they could be. Difficulties in communication across multiple agencies were highlighted"

Many of the issues that have arisen from the original implementation of the Emergency Response are still to be addressed, particularly the imposition compulsory income management regime which should be scrutinised by the Parliamentary Joint Committee on Human Rights.

(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 National Preventative Taskforce Strategy document clearly defines the need to address health equity but fails to adopt a SDoH approach to the underlying causes of disadvantage and poorer health outcomes. The Strategy does identify the need to assess the need for legislation and regulation particularly in regard to the problem of obesity and advertising to children yet the current Federal *Green Paper on the National Food Plan* opts to leave resolution of these and other food-related health issues in the hands of the food industry and fails to tackle the need for a food policy environment conducive to the health of Australians.

While the prevention strategy provides a critique of government department 'silos' of operation, the strategy goes on to 'silo' strategies under health behaviours and risk factors. This approach restricts action on the SDoH by linking funding to a health outcome indicator eg, smoking rates, rather than allowing for more complex interventions such as intersectoral action to build social inclusion. To tackle health issues in disadvantaged, and disengaged, communities requires

partnership with other human service agencies, NGOs and with community and this is hindered by strict funding agreements around health behaviours or risks factors.

Unfortunately, there is a movement towards increasing social marketing and broadcasting messages regarding health behaviours often at the expanse of targeted responses to address health equity through SDoH approaches.

"The Commission considers health care a common good, not a market commodity. .... Universal coverage requires that everyone within a country can access the same range of (good quality) services according to needs and preferences, regardless of income level, social status, or residency, and that people are empowered to use these services. It extends the same scope of benefits to the whole population." Page 12

The increasing requirement for higher co-payments for GP and medical specialists within Australia needs to be reviewed urgently. Research is urgently required to establish the impact on access to health care in low income groups from rising co-payments for medical and primary care and therefore it's contribution to health inequity.

(c) (iii) The extent to which the Commonwealth is adopting a social determinants of health approach through appropriate Commonwealth data gathering and analysis;

The levels of food insecurity in Australia have been poorly and inconsistently measured. Levels of food insecurity have been found to be at between 5-10% on a population level, climbing to as high as 22% across the community in areas of high disadvantage (PANORG, 2010). Reports of around 2 million Australians seeking support from relief agencies and Food Banks, and that this demand is growing amongst groups who have not traditionally required support, should be a great concern to the governments of Australia. The Federal Government needs to be measuring levels of individual and household food insecurity regularly and reliably using methods that accurately reflect the levels and experience of food insecurity.

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

Organisations involved in well targeted interventions to address social disadvantage are effective advocates and educators on the role of SDoH and ways to address them. Well funded, planned and supported responses deliver good outcomes which make good 'stories' that are promoted as offering solutions to difficult and complex issues. Supporting intersectoral action on health equity and social inclusion is an effective way to improve awareness.

"Struggles against the injustices encountered by the most disadvantaged in society, and the process of organizing these people, builds local people's leadership. It can be empowering. It gives people a greater sense of control over their lives and future" WHO Commission Report.

As the WHO report states "The increased incorporation of community engagement and social participation in policy processes helps to ensure fair decision-making on health equity issues." Federal Departments and agencies receiving funding should be mandated to develop and implement meaningful community participation models for their service. The processes should be reported against, particularly in regard to policy development. This would involve going beyond community consultation to real participation in the ongoing business of the Departments. For example, the South West Sydney and Sydney Local Health Districts have developed and implemented such a framework for Community Participation.