SENATE COMMUNITY AFFAIRS COMMITTEE

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"

SUBMISSION FROM

THE AUSTRALIAN GOVERNMENT

DEPARTMENT OF HEALTH AND AGEING

NOVEMBER 2012

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Terms of Reference and Timeframes for Senate Committee's 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"

Terms of Reference

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

(a) Government's response to other relevant WHO reports and declarations;
(b) impacts of the Government's response;
(c) 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) 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.

Timeframes

On 22 August 2012 the Senate referred the following matter to the Senate Community Affairs Committees for inquiry and report. Submissions should be received by 4 October 2012. The reporting date is 27 March 2013.

Executive Summary

The Australian Government Department of Health and Ageing welcomes the Senate Community Affairs Committee's 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 response has been prepared in collaboration with the Department of Education, Employment and Workplace Relations, the Department of Families, Housing, Community Services and Indigenous Affairs, the Department of Infrastructure and Transport and the National Health and Medical Research Council.

The Australian Government recognises the wide and varying factors that affect health and well-being, and takes an integrated approach to the development and implementation of social policy and programs. This is consistent with a Social Determinants of Health approach and is evidenced in the Government's:

- strong governance arrangements (eg. Social Policy and Social Inclusion Committee of Cabinet, Standing Committee on Health, Secretaries' Committee on Social Policy and the Social Inclusion Board);
- integrated program responses (eg. Closing the Gap, Early Childhood Development, Gender Equity);
- specific program responses (eg. mental health reform, urban planning); and
- accountability frameworks.

Through the leadership of Cabinet's Social Policy and Social Inclusion Committee, the Australian Government is taking an integrated, whole-of-government perspective to the development of social policy. National governance structures such as the Council of Australian Governments' standing committees also provide a means for ensuring national collaboration, cross sectoral activity and high level governance and accountability.

The initiatives in place use cross-sectoral approaches and multiple policy levers. The submission provides a number of case studies which highlight these approaches. They include Closing the Gap in Indigenous Health Outcomes, Early Childhood Development, the National Partnership Agreement on Preventive Health, Housing and Homelessness, Reforming Mental Health, Urban Planning and Gender Equity. Each case study demonstrates a focus on, and commitment to, coordination, monitoring and accountability.

Australia's health system incorporates both universal service access programs as well as targeted programs for Australians. These policies and programs are working to reduce health inequalities by supplementing universal programs with approaches targeted at populations with poorer health outcomes. Universal coverage for health services through Medicare helps to improve equity of access. It is supported by the National Healthcare Agreement under which all governments have committed to a health system that is shaped around the health needs of patients, their families and communities and provides all Australians with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country.

Targeted programs support population groups where there is evidence of greater disparity in health outcomes, such as Aboriginal and Torres Strait Islander peoples and those living in rural and remote areas. For example, the Australian Government is orienting many of its programs towards community-level responses that take account of local needs, and build community capacity to respond. Initiatives such as Medicare Locals, and reporting such as Hospital Performance Reports and Healthy Communities Reports, support increased awareness of the current circumstances of communities, and of initiatives that lead to improved health outcomes. This information also assists patients to make informed choices about health care, communities about resource allocation and helps health workers to alter work practice if needed. Place based approaches of this nature build community capacity, encourage local leadership and empower communities.

There has been a strong focus on accountability in the development of national social policy broadly, and particularly in health. A key component is regular national reporting against agreed indicators, targets and benchmarks. These are disaggregated and analysed by a range of socioeconomic characteristics, and in many cases the framework of indicators is multi-sectoral supporting analysis of the impacts of socioeconomic determinants on outcomes. Reports such as *How Australia is Faring* and the *Closing the Gap Prime Minister's Report*, are used not only to report on progress, but also add to the evidence base that informs the development of future programs and services.

While not attempting to provide an exhaustive account of all ways in which the government seeks to address the social determinants of health, this submission provides a number of examples to highlight how the Australian Government is collaborating across portfolios, jurisdictions and sectors, to address the factors which impact most on health outcomes.

PART 1 Introduction

In preparing this submission the Department has sought to broadly address each of the Terms of Reference of the Inquiry. The Department notes that the WHO Closing the Gap report made three overarching recommendations, and under these, 56 more specific recommendations. Against many of the WHO recommendations, Australia is well served. For many years, Australia has had, for example, compulsory schooling (Rec 5.3 and 5.4), universal social protection systems (Rec 8.1 and 8.2), and universal health care (Rec 9.1 and 9.2). For other recommendations, there are numerous recent policy initiatives that have been put in place to address the issues of concern. It should be noted too that some of the recommendations are not directly relevant to the Terms of Reference of this Inquiry, because they are not focused on Australia's domestic response to the Social Determinants of Health.

It should be noted that the Department will submit a separate supplementary submission providing information on the Social Determinants of Health in the global context.

This Submission provides a broad outline of a range of recent policy initiatives that address the social determinants of health in various ways. The table at **Attachment 1** outlines many current Australian Government activities contributing to addressing the recommendations.

The development of these and other whole-of-government initiatives have been informed by a growing recognition of the inherent complexity of social policy issues. This complexity and inter-relatedness of policy issues is recognised in resources developed by the government to support policy development. For example, the Australian Treasury has developed a framework for wellbeing that specifically recognises the broad range of determinants that contribute to the wellbeing of the community, and seeks to incorporate these into policy advice and analysis. The Australian Bureau of Statistics' *Measuring Wellbeing: Frameworks for Australian Social Statistics* presents a holistic approach to understanding and measuring the wellbeing of individuals and communities.

The Social Determinants of Health Framework

Increasingly, international health agencies, research communities and national governments have acknowledged the health impacts of factors falling outside the health sector. These social determinants of health encompass many facets of day-to-day living including employment and income, housing, educational status, food security, gender, geographic location and cultural and political empowerment. These issues are multifaceted and complex and involve stakeholders from across a variety of sectors who have both complementary and competing objectives.

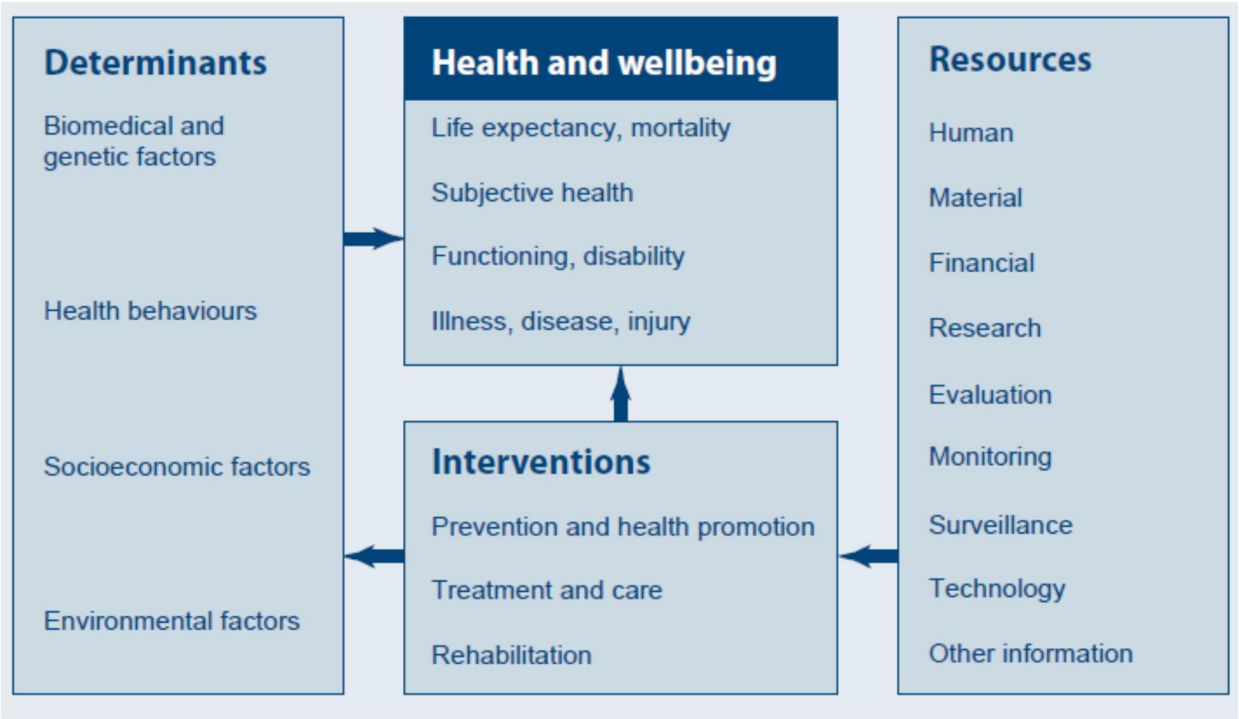
Social determinants of health presents one useful lens for governments, private and not-for-profit sector organisations to view issues and broker dialogue and partnerships for improving health inequalities and addressing the social gradient of health outcomes. Other theories, frameworks and mechanisms also drive

coordinated whole of government policy initiatives that seek to address the multiple factors that influence health and wellbeing.

Further, there are numerous reports, indicators sets and analyses that monitor progress in respect of the social determinants of health and help focus the national policy response. The *Closing the Gap Prime Minister's Report* is one such example, and the focussed policy efforts that underpin this have demonstrated some promising improvements in Aboriginal and Torres Strait Islander health in recent years. *Australia's Health* published biennially by the Australian Institute of Health and Welfare also provides analysis of the range of factors affecting the health of Australians within and outside the health sector and again demonstrates a number of areas where the health of Australia's population is improving.

Australia is well served with a wide range of data and evidence that can be analysed by socioeconomic characteristics to shed light on the factors that influence health. The social determinants of health approach provides a useful way to assess health outcomes, and determine need, and for this reason we incorporate socioeconomic determinants in the frameworks we use to represent health in Australia. The diagram below is one example, published by the AIHW which positions the social determinants of health within the broader health context.

However, the social determinants of health are complex and multifaceted – causal factors can be difficult to identify and it is not always immediately apparent how they can or should be addressed. The Australian Government is increasingly targeting initiatives at the local level to enable focused approaches to identifying the factors underpinning health outcomes. The Medicare Locals initiative is an example of this approach, aiming to ensure that services are better tailored to meet the needs of local communities.



Source: Australia's Health 2012, AIHW

The Social Determinants of Health in Australia

Despite many achievements, health status within most populations generally follows a social gradient, with overall health gradually improving as socioeconomic status increases. This is true for Australia.[1]

People living in rural and regional areas, those experiencing socioeconomic disadvantage, and Aboriginal and Torres Strait Islander peoples have lower life expectancy and poorer health outcomes than other Australians. For example, Aboriginal and Torres Strait Islander peoples are much more likely to experience and die from chronic and preventable diseases.[2] These differences drive approaches in the health sector, and more broadly that ensure that universal service platforms are supported by targeted interventions addressing areas of greatest need.

Figure 1 demonstrates the gradient evident across socioeconomic sub populations in relation to the prevalence of four leading long term health conditions.[3] The prevalence of all four conditions decreases as socioeconomic status increases, although it is notably less steep for mental health across the bottom three quintiles.

Figure 2 explores the relationship between employment status and similar health conditions to those in Figure 1. The social gradient can be seen for all broad disease groups, although to varying degrees, with the exception of mental disorders where the pattern is different. Although the proportion in the workforce with mental health conditions is about the same as for arthritis and asthma, there is a higher rate of unemployment among people with mental disorders, and much lower labour force participation. This suggests the need for different policy approaches for this group and supports the targeted, cross government approach to mental health policy in place in Australia, noting that these efforts are supported by further research and analysis.

[1] AIHW: Australia's Health 2012

[2] Human Rights and Equal Opportunity Commission (2008) *Close the gap: Indigenous health equality summit, statement of intent*. Canberra: Human Rights and Equal Opportunity Commission

[3] http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.02007-2008%20(Reissue)?OpenDocument - Data from Table 1.3

Figure 1: Long term health conditions by socioeconomic status

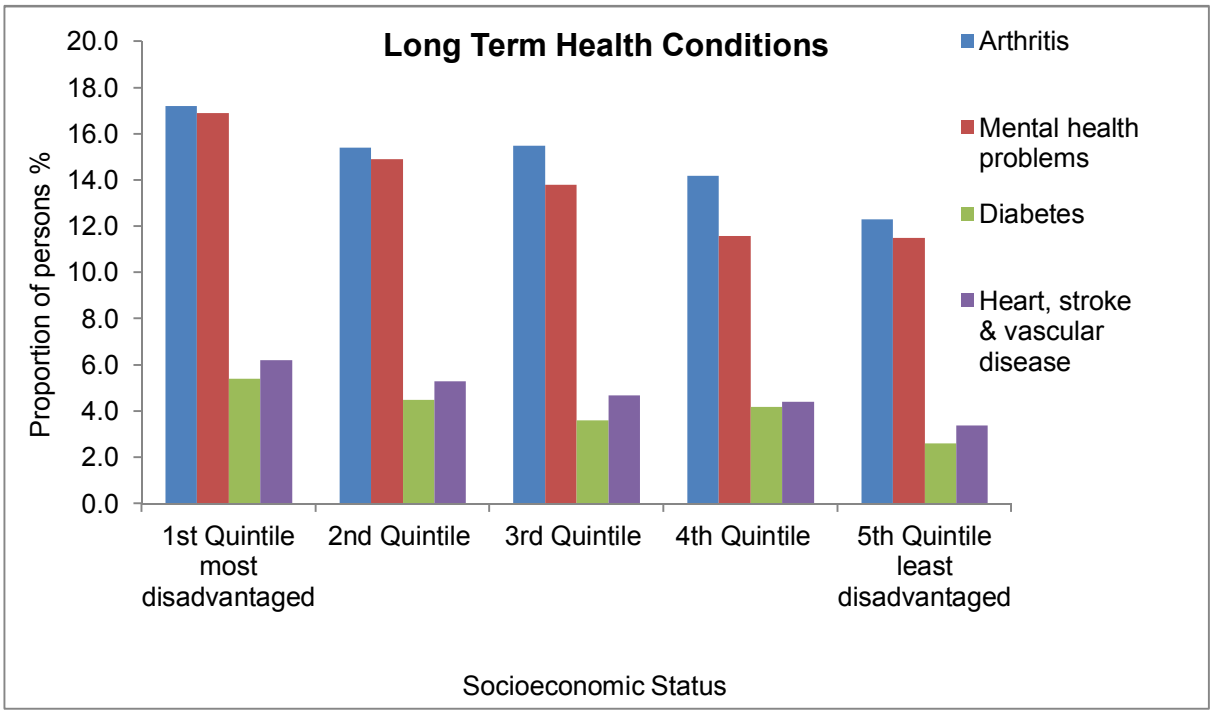
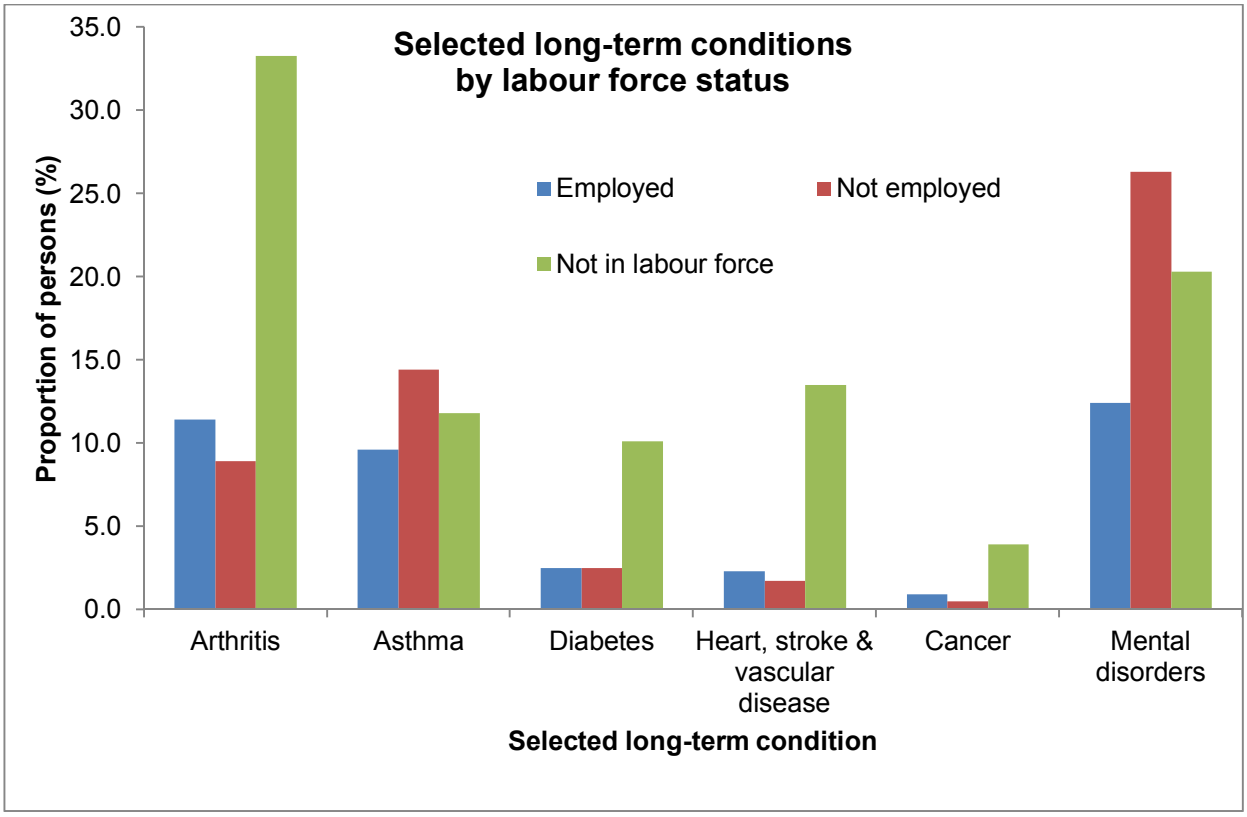


Figure 2: Selected Long term health conditions by labour force status, proportion of persons, Australia, 2007-08.



Like health status, many health risk factor behaviours also follow a social gradient with prevalence decreasing as socioeconomic status increases.

Figure 3 demonstrates the distribution of the risk factor obesity by geographic location over time.[4] Since 1995, obesity rates have consistently been proportionally higher in inner and outer regional and rural areas than in major cities.

Figure 3: Standardised prevalence ratio of obesity by remoteness category, Australia, 1995, 2001, and 2004-05.

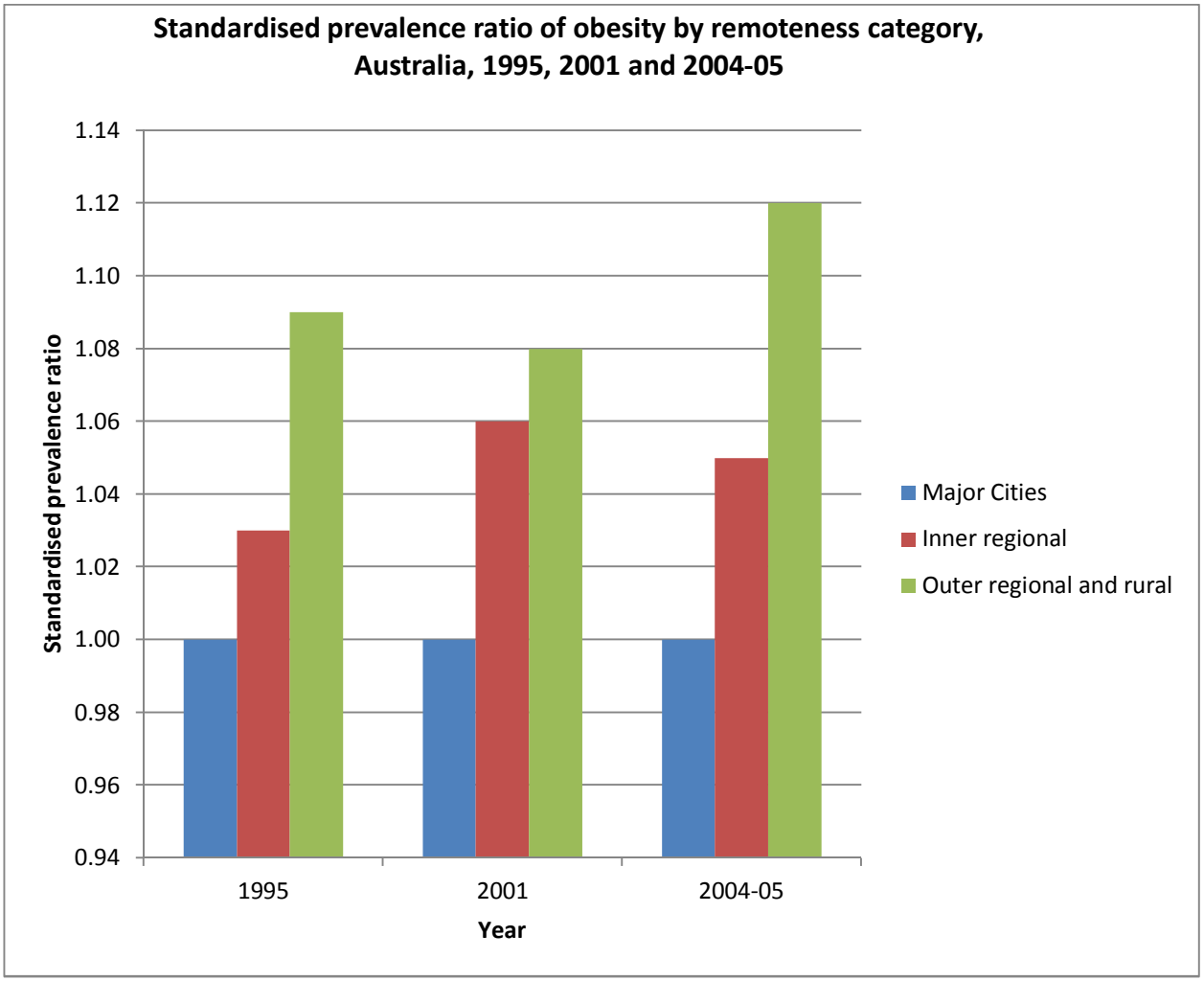
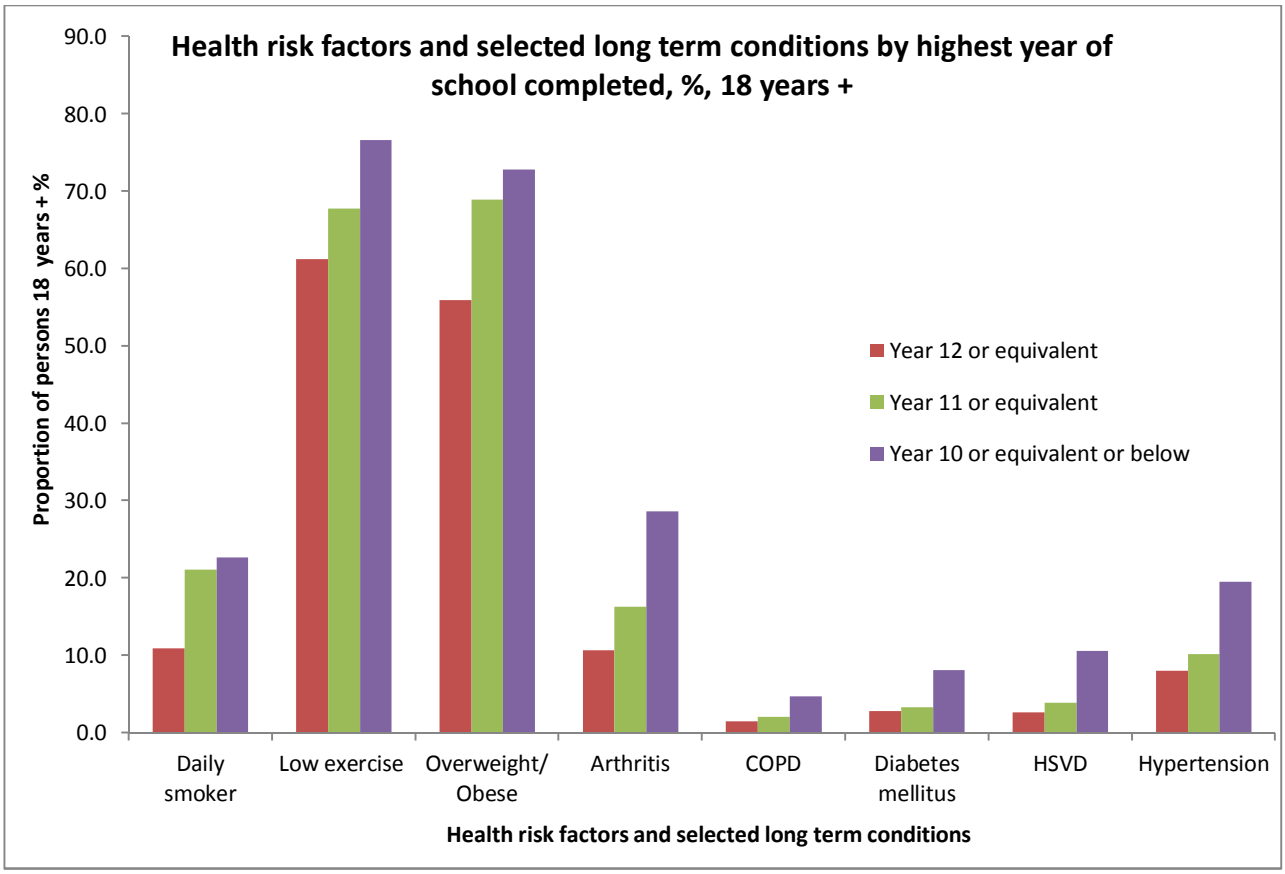


Figure 4 explores the relationship between highest year of school completed, health risk factors and selected long term conditions, demonstrating a decrease

[4] http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459831 - Data from p. 125. Note: The prevalence ratios are set at 1.0 = "major cities" separately for each year ie you cannot compare ratios for categories between years.

in proportion of people with selected risk factors and long term conditions as the level of schooling increases.[5] It is important to note that some of the effect of education shown in the graph is due to age. However, even when controlling for age education does impact on many risk factors and long term health conditions.

Figure 4: Health risk factors and selected long term conditions by highest year of school completed, Proportion of persons 18 years +



Source: AHS 2011-12
Notes: COPD = Coronary obstructive pulmonary disease
HSVD= Heart, stroke or vascular disease

Similar gradients are evident within the Australian population across key social indicators including employment status, access to technology and housing. Current policies and programs are working to reduce health inequalities by supplementing universal programs with approaches targeted at populations with poorer social outcomes, who tend to also have poorer health outcomes.

Again these data highlight the differential needs across geographic regions in Australia, and support the targeted policy approaches that are used to address these needs.

[5] Source: AHS 2011-12

Further examples of targeted approaches are outlined in the case studies that are described in the following sections of this submission.

Terms of Reference of the Inquiry

The following provides comments against each of the terms of reference of the 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".

(a) Government's Response to Other Relevant WHO Reports and Declarations

Australia is one of the 194 Member States of the World Health Assembly, the governing body of the World Health Organisation (WHO). The Assembly is the supreme decision-making body for the WHO. The Department of Health and Ageing has lead responsibility, on behalf of the Australian Government, in interactions with the WHO.

Australia also currently holds a membership (2012–2015) of the WHO Executive Board. The Executive Board gives effect to the decisions and policies of the World Health Assembly and generally facilitates its work.[6]

The Secretary of the Department of Health and Ageing represents Australia at both the WHO Executive Board and the World Health Assembly.

Through our involvement in the WHO the Department of Health and Ageing works to ensure the appropriate focus of related reports is incorporated into national policy. The Department also responds formally and informally as requested to related WHO projects such as the current update to the Global Action Plan for the Prevention and Control of Non-Communicable Diseases.

At the 62nd World Health Assembly in May 2009, Australia supported the resolution considering the Commission's final report on the social determinants.[7]

Australia participated in the World Conference on Social Determinants in Rio de Janeiro in October 2011, which was organised by the WHO as a global platform for dialogue on how the recommendations of the final report could be taken forward.[8]

During the conference, the Rio Political Declaration on Social Determinants of Health was adopted. At the 65th World Health Assembly in May 2012, Australia supported the adoption of a resolution endorsing the declaration.[9]

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[6] Source: http://www.who.int/en/
[7] Source: http://www.who.int/mediacentre/events/2009/wha62/en/index.html
[8] Source: http://www.who.int/sdhconference/en/
[9] Source: http://www.who.int/mediacentre/events/2012/wha65/en/index.html

(b) Impacts of the Government's Response

There are a number of mechanisms in Australia to monitor the effectiveness of current policies, and to identify areas where efforts need to be sustained. These are discussed elsewhere in this submission.

Examples from the prevention agenda demonstrate that it can take many years of sustained policy response to address behavioural issues. For example, though we are seeing a decline in tobacco smoking rates in Australia, this has been the cumulative effect of different policy approaches over forty years.[10] In respect of the social determinants of health the complexity and interrelatedness of issues may also require changes to cultural norms. In some circumstances the contributing factors are intergenerational.

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

The Social Determinants approach seeks to ensure leadership, coordination and accountability for activities across sectors including health. This is a priority at the highest levels of government. The Australian Government ensures oversight to social policy development through the Social Policy and Social Inclusion Committee of Cabinet. The Secretaries of relevant Australian Government departments (such as the Department of Health and Ageing; the Department of Education, Employment and Workplace Relations; and the Department of Families, Housing, Community Services and Indigenous Affairs) meet regularly as the Secretaries Committee on Social Policy to discuss issues of common concern. Further, the Council of Australian Governments, and its related Ministerial Councils provide mechanisms for coordinated national approaches to social policy development in collaboration with the states and territories of Australia. This work is supported by various bodies including the Australian Social Inclusion Board which is a board of community leaders providing advice to government on how to improve outcomes for the most disadvantaged in the community. These mechanisms are further described below.

Social Policy and Social Inclusion Committee of Cabinet

The Cabinet has established a Social Policy and Social Inclusion Committee, chaired by the Minister for Families, Housing, Community Services and Indigenous Affairs which provides a mechanism for an integrated, whole-of-government perspective to the development of social policy.

Council of Australian Governments (COAG)

COAG is currently progressing a reform agenda aimed at improving economic and social participation, strengthening the national economy, creating a more sustainable and liveable Australia, delivering better health services and closing the gap in Indigenous disadvantage. This agenda is a substantial attempt to bring together key reforms across government.

[10] Source: Australian Bureau of Statistics, 2012, Gender Indicators, Smoking, Australia, Cat no. 4125.0 www.abs.gov.au.

Standing Councils under the Council of Australian Governments

Under the Council of Australian Governments the Standing Councils oversight the development and implementation of policy in areas such as health, early childhood, schools, tertiary education and skills and employment. While these are sector specific, there is cross sectoral membership in relevant sub-committees.

In health, the Standing Council on Health and the Australian Health Ministers' Advisory Council and its subcommittees ensure that policy and program responses are multifaceted, coordinated and well-targeted to those who need them most. For example, the Child Health and Wellbeing Subcommittee of the Community Care and Population Health Principal Committee under Health Ministers, includes membership from the education and family and community sectors.

The Australian Social Inclusion Board

The Australian Social Inclusion Board was established in May 2008 as the main advisory body to Government on ways to achieve better outcomes for the most disadvantaged in our community. The Board works across sectors and disciplines to engage with the community, business, the not-for-profit sector, academics, advisory groups and all levels of government to connect better policy with the knowledge and experience of the research, business and community sectors.

The Board brings together community leaders with a record of achievement in the private, public or not-for-profit sectors. Each member brings significant networks, experience and knowledge to contribute to the development of leading edge advice to Government on ways of helping Australia's most disadvantaged people.

Continuing priorities for the Australian Social Inclusion Board include service delivery reform; measurement and reporting of social inclusion indicators; and place-based policy. New priorities for the Board in 2012-2013 include employment services; financial capability; and older women and homelessness.[11]

Not-for-Profit Sector

Related to the work of the Social Inclusion Board, the Australian Government is delivering reforms to the not-for-profit sector to strengthen the sector and improve regulatory arrangements to better enable not-for-profits to focus less on paper work and more on innovation and building on their strengths. The Government is focusing reform around three broad categories. These are:

- establishing a national 'one-stop-shop' regulator for the not-for-profit sector (the Australian Charities and Not-for-profits Commission) to remove the complex regulatory arrangements currently in place and streamline reporting arrangements;

[11] Source: http://www.socialinclusion.gov.au/australian-social-inclusion-board

- greater harmonisation and simplification between Commonwealth, State and Territory Governments on not-for-profit issues, including regulation; and
- reducing red-tape for government funded not-for-profit organisations, including through streamlining contracting and funding arrangements.

National Compact

The National Compact: *working together* is an agreement between the Australian Government and the not-for-profit sector to find new and better ways of working together based on mutual trust, respect and collaboration.

The Compact was co-created by the government and a broad range of not-for-profit organisations following extensive consultation.

The Compact is based on a shared vision, purpose, principles and aspirations. Implementation of the Compact is focused on eight priority actions and is aligned with the government's reform agenda relating to the not-for-profit sector and social inclusion.[12]

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

Universal and targeted approaches

Australia's social policy approach uses both universal service access programs as well as targeted programs for Australians who have greater or more specialised needs. This access is provided through entitlement-based programs in health, education and income support. Universal coverage for health services through Medicare helps to improve equity of access and contributes to health equity. In particular, universal access to affordable health care operates through the Medicare Benefits Schedule (MBS), the Pharmaceutical Benefits Scheme (PBS) and a network of public hospitals.

The Australian Government, through Medicare provides all Australians with affordable, accessible and high quality health care, which includes access to:

- free or subsidised treatment by health professionals such as doctors, specialists, optometrists, dentists and other allied health practitioners (in special circumstances only);
- free treatment and accommodation as a public (Medicare) patient in a public hospital; and
- 75 per cent of the Medicare Benefits Schedule fee for services and procedures if you are a private patient in a public or private hospital (does not include hospital accommodation and items such as theatre fees and medicines).

In 2011-12, the PBS subsidised more than 750 medicines covering 194.5 million PBS prescriptions, representing approximately 8.7 prescriptions per capita.[13]

[12] Source: http://www.nationalcompact.gov.au/
[13].Source: Page 96. Department of Health and Ageing Annual Report 2011-12.

The system also uses targeted initiatives that specifically seek to meet the needs of the most disadvantaged, the poorest and most socially isolated. In health, this can be demonstrated through the funding of Aboriginal and Torres Strait Islander Community Controlled health services which provide culturally appropriate comprehensive primary health care to Aboriginal and Torres Strait Islander peoples. These services provide for an increased focus on locally planned and delivered services which improve accountability and responsiveness.

National Healthcare Agreement and National Health Reform Agreement

Under the National Health Reform Agreement (NHRA), signed by the COAG, the Commonwealth, states and territories are working in partnership to improve health outcomes for all Australians. The NHRA builds on and reaffirms the principles and objectives of the National Healthcare Agreement.

Under the National Healthcare Agreement, all governments have committed to a health system which, amongst other things, is shaped around the health needs of patients, their families and communities; which provides all Australians with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country; and which strives to eliminate differences in health status of those groups currently experiencing poor health outcomes relative to the wider community.

The NHRA has a number of mechanisms which help to achieve this which include the establishment of Local Hospital Networks and Medicare Locals; a Performance and Accountability Framework; the National Health Performance Authority and the Independent Hospital Pricing Authority. The combination of these bodies provide for improved monitoring, accountability, transparency and responsiveness.

Medicare Locals

All 61 Medicare Locals have now been established across Australia. In primary health care, Medicare Locals have been established to drive and lead change and innovation to strengthen and improve the primary health care system. Medicare Locals will identify and assess the health care needs of their populations, improve coordination and integration of primary health care in local communities, address service gaps, and make it easier for patients to navigate their local health care system.

Through health needs assessment and priority-setting processes, Medicare Locals will develop an understanding of the socio demographic characteristics of communities and will be well placed to understand services needs within and beyond the health sector.

The Australian Government is also funding the Tasmania Medicare Local as part of the Tasmania Health Assistance Package, to pilot initiatives to improve the health of Tasmanians through addressing the social determinants of health and targeting known lifestyle-related health risks.

The pilot will seek to:

- reduce inequalities in health and improve health outcomes across Tasmania;
- improve health system efficiency; and
- reduce health system pressure.

This pilot will serve as a case study for other Medicare Locals in demonstrating the health outcomes and other benefits that can be achieved through working with a broad range of stakeholders to address the social determinants of health, and will help inform future Government policy in relation to Medicare Locals.

Case Studies of Social Policy Reform

Recent reforms in the health sector are supported by a number of government initiatives which focus on social determinants of health. These initiatives use cross-sectoral approaches and multiple policy levers and range from being COAG initiatives through to Australian Government programs, and include:

- Closing the Gap in Indigenous Health Outcomes
- Early Childhood Development
- National Partnership Agreement on Preventive Health
- Housing and Homelessness
- National Mental Health Reform
- Urban Planning
- Gender Equity

These case studies are discussed in the following section. Further information is provided in **Attachment 1**.

Case Study 1. Closing the Gap in Indigenous Health Outcomes

This case study provides an example of governments working across sectors, including health, education and employment, to target Indigenous disadvantage. The disadvantage experienced by Aboriginal and Torres Strait Islander peoples can be multifaceted, and the following case study highlights the multi-sectoral approach to addressing it.

In December 2007, COAG agreed to a partnership between all levels of government to work with Aboriginal and Torres Strait Islander peoples to close the gap in Indigenous disadvantage.

The National Indigenous Reform Agreement (NIRA), endorsed by COAG in 2008, commits all governments to six ambitious targets namely:

- close the life expectancy gap within a generation (by 2031);
- halve the gap in mortality rates for Indigenous children under five by 2018;
- ensure access to early childhood education for all Indigenous four year olds in remote communities by 2013;
- halve the gap in reading, writing and numeracy achievements for children by 2018;

- halve the gap for Indigenous students in year 12 (or equivalent) attainment rates by 2020; and
- halve the gap in employment outcomes between Indigenous and other Australians by 2018.

The NIRA identifies seven inter-related areas, or 'building blocks' for investment and change - early childhood, schooling, health, healthy homes, economic participation, safe communities, and governance and leadership.

The NIRA is supported by significant investment for a series of Indigenous specific and mainstream National Partnership Agreements (NPAs) with State and Territory Governments in the key areas of health, early childhood, education, economic participation and remote service delivery, as follows:

- Remote Indigenous Housing;
- Closing The Gap in Indigenous Outcomes (including the Indigenous Chronic Disease Package);
- Closing The Gap in the Northern Territory;
- Indigenous Early Childhood Development;
- Indigenous Economic Participation;
- Remote Service Delivery; and
- Remote Indigenous Public Internet Access.

Programs and initiatives are currently being implemented across all of these NPAs, and progress against achieving the targets is monitored and reported regularly. The Closing the Gap framework emphasises the inter-relationship between the different building blocks and the reality that achieving the targets requires sustained effort across all areas.

The NIRA also provided for improved statistical collections relating to Indigenous Australians so there is a better evidence base against which to measure progress. This work covers the key datasets required for NIRA Indigenous reporting, e.g. mortality, morbidity, perinatal data and population estimates.

The COAG Reform Council reports to COAG each year on progress against the six targets. Every two years the Productivity Commission produces the Overcoming Indigenous Disadvantage report, with the long-term aim of informing Australian governments about whether policy, programs and interventions are achieving good results for Indigenous people. The Aboriginal and Torres Strait Islander Health Performance Framework monitors progress related to Indigenous health outcomes, health system performance and social, economic and environmental determinants of health. In addition, the Prime Minister delivers a Statement at the start of each Parliamentary year on progress in Closing the Gap in Indigenous disadvantage.

For many of the Closing the Gap initiatives it is still too early for the health outcome data to reflect the impact of this work. What has become clear since the introduction of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes in July 2009 is that there has been a significant increase in health assessments and chronic disease management items

claimed through Medicare. Given that two thirds of the current gap in health outcomes is due to chronic disease, these improvements in the detection and management of chronic disease are important.

Another example of work currently underway is developing a National Aboriginal and Torres Strait Islander Health Plan to help guide policy making and program design for improving the health and social determinants of health of Aboriginal and Torres Strait Islander peoples. The many factors that affect health and wellbeing will be addressed in the Health Plan. For example, the Australian Government recognises that avoidable health inequalities arise because of the circumstances in which people grow, live, work and age, and that factors such as education, income, housing and community functions affects the health of people and influences how a person interacts with health and other services.

The Health Plan will therefore help the Australian government target areas of health and the social determinants of health that are in most need of improvement. In recognition of a holistic definition of health and the importance of the determinants of health, the Health Plan will build links with other major health and broader government reforms currently underway, including the National Mental Health Strategy, National Early Childhood Development Strategy, Aboriginal and Torres Strait Islander Education Action Plan and the Indigenous Economic Development Strategy, amongst others.

Case Study 2. Early Childhood Development

This case study provides an example of a multi-sectoral, coordinated approach to targeting the early stages of life. Early childhood is a critical time in human development and influences at this time have life-long impacts on health, learning and behaviour. Thus, strong gains in outcomes can be achieved through investment in early childhood.

Recognising the importance of early life in shaping future health and other social outcomes, COAG has initiated an extensive early childhood reform agenda including action to:

- implement the National Early Childhood Development Strategy;
- implement a National Quality Framework for Early Childhood Education and Child Care, including nationally consistent regulation and quality standards;
- address early childhood workforce issues, including through a National Early Childhood Education and Care Workforce Strategy;
- implement a national Early Years Learning Framework; and
- improve data and performance information in early childhood.

The National Early Childhood Development Strategy - Investing in the Early Years (endorsed in 2009) was put in place to build a more effective and better coordinated national early childhood development system to support the diverse needs of Australian children and their families. It covers children from before birth to eight years and aims to improve the health, safety, early learning and wellbeing of all children and better support disadvantaged children to reduce inequalities.

The Strategy supports the development of effective partnerships across and between governments, with the non-government sector, and with families to address the needs of young children. The Strategy proposes six priority areas for reform:

- Strengthen universal maternal, child and family health services
- Support for vulnerable children
- Engaging parents and the community in understanding the importance of ECD
- Improve early childhood infrastructure
- Strengthen the workforce across ECD and family support services, and
- Build better information and a solid evidence base.

To further the national understanding of the impacts early childhood development, the Australian Government has provided funding for the establishment and ongoing delivery of the Australian Early Development Index (AEDI). The AEDI is a national progress measure of early childhood development. It provides a population measure with information on the early childhood development across whole communities. It assesses childrens' vulnerability across five different domains: physical wellbeing; social competency, emotional maturity, language and cognitive skills; and communication skills and general knowledge.

The AEDI provides local, regional and national snapshots of young children's health and development during their first year of full-time schooling. The data from this collection is made available at the local community level (based on the schools within a community) and provides the opportunity for communities to utilise the data to direct and focus efforts to improve social factors and support better health outcomes.

Case Study 3. National Partnership Agreement on Preventive Health

The following case study is an example of both cross-sectoral and inter-jurisdictional effort, involving all levels of government, industry and communities.

The National Partnership Agreement on Preventive Health (NPAPH) seeks to address the rising prevalence of lifestyle related chronic disease by laying the foundations for healthy behaviours in the daily lives of Australians. The Partnership uses local place based settings such as communities, early childhood education and care environments, schools and workplaces which are supported by national social marketing campaigns.

Under the National Partnership, the Commonwealth Government provides $932.7M over nine years from 2009-10. The initiatives funded under the NPAPH include provisions for the particular needs of socio-economically disadvantaged Australians.

The NPAPH also provides support through evidence building infrastructure, including the establishment of the Australian National Preventive Health Agency.

The various initiatives funded through the National Partnership Agreement on Preventive Health include:

Healthy Communities - supports a targeted, progressive roll out of community-based healthy lifestyle programs which facilitate increased access to physical activity, healthy eating and healthy weight activities for disadvantaged groups and those not in the workforce.

Healthy Children - State and Territory governments are implementing a range of interventions for children 0 to 16 years of age to increase physical activity and improve nutrition through child care centres, pre-schools, schools and within families. Programs may include intensive programs to support at-risk children and their families in achieving healthy weight through healthy eating and exercise programs in children's settings.

Healthy Workers - provides funding to support implementation of healthy lifestyle programs in workplaces targeting overweight and obesity, physical inactivity, poor diet, smoking and the excessive consumption of alcohol (including binge drinking). The States and Territories will facilitate the implementation of programs in workplaces and the Commonwealth will support these programs with national-level soft infrastructure including developing a national charter, voluntary competitive benchmarking, nationally agreed standards for workplace prevention programs, and national awards for excellence in workplace health programs.

Industry Partnership - develops and support partnerships between Governments and various relevant industry sectors to encourage changes in their policies and practices so they are consistent with the Government's healthy living agenda. The partnerships will initially focus on the food industry.

Social Marketing - Includes the MeasureUp and tobacco campaigns.

Enabling Infrastructure - The partnership also supports the development of a number of different aspects of enabling infrastructure, particularly the Australian National Preventive Health Agency which was established with $17.6 million and a research fund of $13 million.

Other funding was provided to support a National Health Risk Survey (now incorporated into the Australian Health Survey), Enhanced State and Territory Surveillance, a workforce audit and strategy, and the National Eating Disorders collaboration.

Case Study 4. Housing and Homelessness

The following case study highlights one of the government's initiatives which provides assistance for housing – one of the basic building blocks for those in need to enable their participation in the community.

The National Partnership Agreement on Homelessness contributes to the National Affordable Housing Agreement. The agreement focuses on three key strategies to reduce homelessness:

- prevention and early intervention to stop people becoming homeless;
- breaking the cycle of homelessness; and
- improving and expanding the service response to homelessness.

Under the agreement, the Australian and state and territory governments are providing $1.1 billion in funding to deliver outputs including:

- assistance for people leaving child protection, jail and health facilities, to access and maintain stable, affordable housing;
- services to assist homeless people with substance abuse to secure or maintain stable accommodation;
- services to assist homeless people with mental health issues to secure or maintain stable accommodation; and
- outreach programs to connect rough sleepers to long-term housing and health services.

Case Study 5. Reforming Mental Health

This case study provides an example of the cross-government approach to mental health policy in place in Australia, across Commonwealth portfolios and state and territory governments. Some risk factorsfor mental illness are particularly associated with lower economic and social participation and thus require strong investment including early intervention.

Mental illness is a significant contributor to the social gradient of health outcomes in Australia.[14] Early identification and treatment can make an important contribution to minimising the risk of poor social, economic and health outcomes for those living with mental illness and their families. Recognising this, Australian governments are progressing reforms and making substantial investments.

The importance of social, cultural and economic factors contributing to mental health and wellbeing is recognised in the National Mental Health Strategy, the 2008 National Mental Health Policy and the *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014.* These policy documents provide a framework in which to develop systems of prevention and care that promote early intervention, and provide integrated and coordinated local services across health and social domains.

Through the 2011-12 Budget the Government is investing $2.2 billion over 5 years to implement mental health reforms, aimed at prevention, early intervention and improving the lives of people with mental illnesses by:

- improving outcomes for people with severe and debilitating mental illness, through initiatives such as Partners in Recovery, which will facilitate coordinated support and flexible funding for people with severe and persistent mental illness and complex multi-agency support needs and expanding community mental health services through more Personal Helpers and Mentors and respite services. Another initiative under this commitment is the National Partnership

[14] Dr Sharon Friel: Health equity in Australia: A policy framework based on action on the social determinants of obesity, alcohol and tobacco

Agreement Supporting National Mental Health Reform, which will help improve state services, particularly in the priority areas of accommodation support and presentation, admission and discharge planning in emergency departments;

- strengthening primary mental health care services, such as through the expansion of the Access to Allied Psychological Services initiative to meet the needs of children, Aboriginal and Torres Strait Islander Australians and those in lower socioeconomic areas. Online mental health care is also being expanded through mindhealthconnect which brings together and consolidates existing websites and telephone services onto one portal, as well as the establishment of a virtual clinic which will expand online mental health and counselling services;
- strengthening the focus on the mental health needs of children, families and youth through the expansion of the Medicare Healthy Kids Check to include emotional wellbeing and development to bring the age of the check forward from four years to three years of age. Funding will also provide for 90 headspace centres by 2014-15 to provide mental health, physical health, drug and alcohol and vocational support services to 12-25 year olds;
- increased economic and social participation by people with mental illness by improving the ability of employment service providers to identify and assist people with mental illness to gain employment, and better connect them with appropriate services;
- ensuring quality, accountability and innovation in mental health services through the establishment of the first National Mental Health Commission which will promote best practice and measure the performance of the mental health system, through an annual report card on mental health and suicide prevention. Strategic investment in mental health research priorities is also being undertaken through the National Health and Medical Research Council.
- assistance for families, carers, children and young people affected by mental illness to build on family strengths and improve resilience through the Family Mental Health Support Services.
- Personal Helpers and Mentors to work individually with people with mental illness to assist them achieve their goals.

Case Study 6. Urban Planning

The following case study recognises the impacts that the built environment can have on health and wellbeing.

The National Urban Policy sets out the Australian Government's vision for Australian cities as productive, sustainable, liveable, socially inclusive and well placed to meet future challenges and growth. This policy also provides health benefits by encouraging 'active transport' options such as walking, riding and use of public transport.

Initiatives under the National Urban Policy include:

- establishment of the Urban Policy Forum, which is a consultative forum of key stakeholders who have wide-ranging expertise and networks. The Urban Policy Forum is currently informing the development of a national set of city outcome indicators, and informing reporting on progress towards the National Urban Policy goals of productivity, sustainability and liveability. The forum includes representatives from industry, professional bodies, local government and community sectors;
- funding of $20 million for collaborative projects through the Liveable Cities Program. These projects demonstrate sustainable planning and design in new and existing developments, to improve the quality of life in cities. The Program aims to improve the alignment of urban planning and design with the National Urban Policy principles, and involves partnerships between governments, not-for-profit organisations and the private sector. Projects funded under the program encourage affordable housing, active living and use of active transport, and high quality designs for public space, transport interchanges, residential and commercial precincts and innovative sustainable energy solutions in cities;
- development of policies to support increased walking, riding and access to public transport, and to integrate these modes in transport networks and systems. The Department of Infrastructure and Transport will shortly release a draft report on Walking, Riding and Access to Public Transport for public discussion. The draft report explores opportunities to increase the mode share of walking and riding for transport, and to improve access to public transport; and
- development of the Australian Urban Design Protocol and website Creating Places for People. Creating Places for People is a collaborative commitment to best practice urban design in Australia. The protocol is the result of two years of collaboration between peak community and industry organisations, States, Territories, local governments, and the Australian Government. It provides broad principles for urban design that take into account the unique characteristics of a location, people's enjoyment, experience and health, and encourages excellence and collaboration in the design and custodianship of urban places.

Case Study 7. Gender Equity

Australia has long track record in addressing issues of gender equity and the following case study provides examples of current multi-sectoral efforts.

The Fair Work Act 2009 provides a framework to support women's workforce participation, improve economic outcomes for women and parents and promote equity in the workplace. The Fair Work Act enables equity to be advanced and increased workforce participation through:

- Containing a safety net of 10 National Employment Standards (NES) that ensure minimum entitlements for employees including parental leave, carer's leave, and requests for flexible working arrangements, including:
    - the right for eligible employees with responsibility for the care of a child under school age or a disabled child under the age of 18 to request flexible working arrangements;

    - the right for eligible employees to take separate periods of up to 12 months of unpaid parental leave associated with the birth or adoption of a child. One parent can also request an additional 12 months' unpaid parental leave; and
    - an entitlement to ten days paid personal/carer's leave for each year of service for eligible employees to care for a member of the employee's immediate family or household.
- providing modern awards that contain additional minimum terms and conditions, including the inclusion of individual flexibility clauses in all modern awards and agreements, allowing variation of modern awards for work value reasons.
- extending equal remuneration provisions to include the right to equal pay for work of equal or comparable value;
- improving access the multi-employer bargaining; and
- strengthening protections against workplace discrimination prohibiting an employer from taking adverse action against a person for a range of discriminatory reasons, including family or carer's responsibilities or pregnancy.

Equal Remuneration
The Government, through important changes delivered through the Fair Work Act, which removed barriers to equal remuneration claims, made possible the first successful equal remuneration claim in the federal workplace relations system, marking a significant advancement for equal pay for women workers. The Government supported an application by the Australian Services Union and other unions for certain workers in the social and community services sector (SACS) proposing pay rates similar to those awarded in the 2009 Queensland equal pay case for community service workers. On 22 June 2012 Fair Work Australia (FWA) handed down its Equal Remuneration Order following the historic decision in the case of 1 February 2012, awarding wage increases of between 23 to 45 per cent to approximately 150 000 workers in the SACS sector. The Government will be contributing $2.8 billion to support the wage increases for the social and community services sector from 1 December 2012.

Women's Health Policy
In 2010, the Australian Government's National Women's Health Policy was released, which aims to improve the health and wellbeing of all women in Australia, especially those at the greatest risk of poor health. The Policy identified four priority health issues: prevention of chronic disease through the control of risk factors; mental health and wellbeing; sexual and reproductive health; and healthy ageing. The Policy also identified goals to address the social determinants of health impacting women. The goals include ensuring the health system is responsive to all women, with a clear focus on prevention and health promotion, and supporting effective research, data collection, monitoring and knowledge transfer to advance the evidence base for women's health.

National Male Health Policy
Australia's first National Male Health Policy, launched in 2010, provides a framework for improving the health of boys and men across Australia, and achieving equal health outcomes for population groups of males at risk of poor

health. The Policy has a focus on taking action on multiple fronts, and identifies six priority areas: promoting optimal health outcomes for males; working towards health equity across population groups of males; improving the health of males at different life stages; focussing on preventative health; building a strong evidence base; and improving access to health care for males. The Policy also recognises that health needs vary across different population groups of males, including Aboriginal and Torres Strait Islander males, males with a disability, including mental health, and males from culturally and linguistically diverse backgrounds. Underpinning the Policy and its aims is an acknowledgement of the many roles played by males in families and society, and the impact these have on their health and wellbeing.

(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

Following recent health reforms, a number of agencies have been established with particular roles in supporting the health system. The Independent Hospitals Pricing Authority, the National Health Performance Authority , the Australian National Preventive Health Agency, and the Australian Commission for Safety and Quality in Health Care are tasked with particular roles to progress policy initiatives for prevention, primary care, and acute care operations and funding. Through relevant agreements and legislation, each agency has been established with accountability and reporting requirements which will enhance system responsiveness so that health service delivery can be improved
The National Health Performance Authority has been tasked with regular reporting on the performance of every Medicare Local areas against a range of agreed indicators. This will provide a means to examine where Medicare Locals are seeing improvements in health outcomes, and give exposure to approaches that are effective using performance indicators defined in the Performance and Accountability Framework (PAF). Medicare Locals are then able to review their results and adjust services in response to changes in needs for their own community.

Analysis of available data for the performance indicators will assist in monitoring the effectiveness of programs in addressing the social determinants of health. For example, all indicators will be disaggregated by Indigenous and non-Indigenous status, where statistically possible, to highlight the performance of the health system in catering to the needs of Indigenous Australians.

The Australian Government is leading work to develop a National Primary Health Care Strategic Framework. The Framework also recognises the different roles that the Commonwealth and States and Territories play in the overall health system. At the same time, the Commonwealth and States and Territories will work together to ensure that the Framework guides the development of regional level plans by Medicare Locals and Local Hospital Networks.

The Framework has a consumer-focus and will improve the integration of the primary health care system. Three of its aims are to:

- improve access and reduce inequity;
- increase the focus on prevention, screening and early intervention; and
- improve quality, safety, performance and accountability.

These strategic outcomes are considered to have the greatest potential to make a difference to consumers and have a significant role to play in addressing the social determinants of health.

A similar delivery, reporting, monitoring and adjustment mechanism exists for acute care. Under the National Health Reform Agreement, Local Hospital Networks are required to have governance arrangements which ensure that health professionals and community members are centrally involved in determining and addressing community service needs. The Hospital Performance Reports, to be produced by the National Health Performance Authority, will enable Local Hospital Networks to identify areas of service delivery where performance could be improved.
Safety and quality has been a key focus, especially in acute care settings. The Australian Commission on Safety and Quality Health Care works with clinicians, other health professionals and the National Health and Medical Research Council to identify best practice clinical care. Patient experience surveys are being used to ensure service delivery is appropriate and since 2009, the Commission has been working to foster patient centred and partnership approaches to care through its Patient and Consumer Centred Care Program The Commission is also working to facilitate the open discussion of incidents that result in harm to a patient while receiving health care through its review of the national Open Disclosure Standard.

The Australian National Preventive Health Agency (ANPHA) was established on 1 January 2011 as a key recommendation of the National Health and Hospitals Reform Commission and the National Preventative Health Taskforce to oversee improvements in how all Australians can deal with the risk factors associated with our modern lifestyles.

In partnership with the Commonwealth and the state and territory governments, the Agency is driving the national capacity for change and innovation around preventive health policies and programs. The Agency supports the development and implementation of evidence-based approaches to preventive health initiatives targeting obesity, harmful alcohol consumption and tobacco.

The Agency will support all Australian Health Ministers in managing the complex challenges of preventable chronic disease, focusing on issues such as poor nutrition, physical inactivity, smoking, obesity and excessive alcohol consumption through research and social marketing programs. It will collect, analyse and disseminate information and is required to publish a report on the state of preventive health in Australia every two years.

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

Australia is well served by a number of data gathering initiatives supported at the Commonwealth level and considerable analysis and reporting which continues to increase following COAG reforms, and related health reform.

There has been considerable focus under the federal financial framework on monitoring and accountability. The COAG Reform Council publishes regular reports against defined indicators, targets and benchmarks, as agreed in national agreements and partnership agreements, using data compiled by the Productivity Commission. In this reporting, data are disaggregated and analysed by a range of socioeconomic characteristics, and in many cases the framework of indicators is multi-sectoral supporting analysis of the impacts of socioeconomic determinants on outcomes, for example, on Closing the Gap and Early Childhood Development.

Data gathering
The Commonwealth engages in an extensive range of activities that support data gathering and analysis. From the broad range of social surveys conducted by the Australian Bureau of Statistics to numerous longitudinal studies funded by the Department of Health and Ageing (DoHA), the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the Department of Education, Employment and Workplace Relations (DEEWR), there is considerable survey data available for analysis, and most support the disaggregation of health characteristics by a number of social and economic characteristics. While it is not possible to list all collections in this submission, it is noted that they include:

- 2011-13 Australian Health Survey (ABS)
- Past National Health Surveys, conducted 3 yearly since 2001 (ABS)
- Survey of Disability, Ageing and Carers (ABS)
- Periodic Mental Health Surveys (ABS)
- Periodic General Social Surveys (ABS)
- Census of Population and Housing (ABS)
- Longitudinal Study of Women's Health (DoHA)
- Longitudinal Study of Men's Health – Ten to Men (DoHA)
- Household Income and Labour Dynamics in Australia Survey (FaHCSIA)
- Longitudinal Study of Australian Children (FaHCSIA)
- Longitudinal Study of Indigenous Children (FaHCSIA)
- Longitudinal Study of Australia's Youth (DEEWR)
- Australian Early Development Index (DEEWR)

In 2011-12, the government committed close to $50m to conduct the Australian Health Survey, which includes a core component that covers socio-demographic characteristics as well as health outcomes and risk factors, as well as additional components covering food intake and biomedical measures.

The Australian Government has also provided funding to the Australian Longitudinal Study of Women's Health for nearly 20 years, and has recently funded a similar study of men's health, which is currently under development with the first wave of data to be collected in 2013. These studies enable more focused analysis of the changes in women's and men's health alongside changes in other aspects of their lives.

In addition to these collections considerable work has been done to establish a platform for data integration across government agencies under the auspices of departmental Secretaries. The establishment of Integrating Authorities, operating under agreed protocols, will ensure that government agencies and researchers are able to integrate administrative data collections to provide richer datasets for analysis, while adhering to legislative and administrative requirements including maintaining the privacy of the individuals who have provided the information for administrative purposes.

Analysis and reporting
A number of organisations analyse and report these and other data, often against agreed frameworks and indicators, and with consideration of how Australia's social circumstances are changing over time. Examples of these include:

- Measure of Australia's Progress (ABS – last published Oct 2012)
- How Australia's Faring (Social Inclusion Board – last published Sep 2012)
- Australia's Health (AIHW last published in June 2012)
- Social Health Atlases (Public Health Development Unit – available online)
- Australian Early Development Index (DEEWR – last published 2011)
- State of Preventive Health report (ANPHA – from 2013)

The Social Health Atlases and the Australian Early Development Index support detailed analysis at small area and local community level and can be used to provide the information base for community level initiatives to address the social factors and support better health outcomes.

A longer term project of the Australian Commission on Safety and Quality in Health Care is to develop an Atlas of clinical variation in Australia. The reduction of unwarranted clinical variation in cost, quality, safety and outcomes is fundamental to improving value and productivity in healthcare at both a local and national level.

In 2009 the Australian Government agreed to the Measurement and Reporting Framework for Social Inclusion. This included an agreement to report on strategic change indicators to monitor progress in areas of government policy and service delivery that seeks to address social exclusion. A number of government departments report on these indicators in their Annual Reports. This includes reporting on education for special needs students; the proportion of jobseekers with disability assisted into employment, education or training; the mortality rate of Indigenous Australians; and obesity rate by Indigenous status and remoteness.

In addition, as part of its Measurement and Reporting Framework, the Australian Social Inclusion Board measures social exclusion in Australia. In 2010 and 2012 the Board published How Australia is faring: a statistical snapshot of the nature and extent of social inclusion in Australia. The reports measures Australia's progress over a number of indicators, including health and well-being, looking at factors such as the effect of disability, long term health conditions or mental illness on employment; reported self-assessed health; life expectancy and quality of life.

From 2013, the Australian National Preventive Health Agency will provide biannual reports on the state of preventive health in Australia, which will cover educational, promotional and community, awareness programs relating to preventive health, including the promotion of a healthy lifestyle and good nutrition, reducing tobacco use. This reporting will help to minimise the harmful drinking of alcohol, discourage substance abuse and reducing the incidence of obesity amongst Australians.

(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.**

As noted above, there are a range of data and a number of analytical reports using these data which examine factors affecting the social determinants of health. This information is being used to inform policy directions and educate communities. These data are also increasingly being presented in formats that aim to improve community awareness and increase access to and useability for the general public.

The Australian Government is orienting many of its programs towards community-level responses that take account of local needs, and concurrently build community capacity. Place based approaches, such as Medicare Locals, enable communities to work together to identify needs, locate resources, and collaborate for the best health and other outcomes for the people who live there. This supports a better understanding of the multiple factors within a community that affect health outcomes, so that the most significant can be prioritised. By putting a focus on reporting at local levels, for example through the Healthy Community Reports being developed by the National Health Performance agency, information about what works and in what circumstances will be able to be shared across communities, jurisdictions and where appropriate implemented more broadly. The AEDI, published at aggregate level for schools has already provided a mechanism for the communities around those schools to understand and address issues that affect them. These and other reports may also assist patients to make informed choices about health care, communities about resource allocation and helps health workers to alter work practice if needed.

The Australian Government notes the Health in All Policies approach recommended by the WHO, and adopted by the South Australian government.

While this is one mechanism for promoting appropriate responses to the social determinants of health, there are other approaches which can also be used to achieve coordination across sectors and levels of government. As outlined elsewhere in this submission, the Australian Government already has governance and reporting in place that supports coordinated multi-sectoral approaches to addressing health and wellbeing within government programs, and through them in the community. There is some risk that adding additional governance or reporting requirements could add further layers of administration or duplication, to already complex processes.

Health Impact Assessments (HIA) have been promoted as a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques. HIAs are a useful tool, however, they can be expensive and time consuming, thereby imposing a heavy administrative burden on government/industry.

HIAs are not the only technique for assessing health impacts. A useful emerging tool for comparing the effectiveness of social programs and initiatives is social impact measurement. One way of measuring social impact is the Social Return on Investment (SROI) methodology, which places a monetary value on the direct and indirect social and economic costs and benefits of a particular program. The Office of the Not-for-Profit Sector within the Department of the Prime Minister and Cabinet is working to facilitate effective social impact measurement among Commonwealth agencies and to guide good practice, within the broader program evaluation framework. Health and well-being effects can be considered when measuring social impact and evaluating social and economic outcomes.

The National Health and Medical Research Council (NHMRC) is mandated under its 1992 Act to raise the standard of individual and public health throughout Australia and to foster health and medical research and training throughout Australia.

As Australia's leading expert body for supporting health and medical research, the NHMRC is currently funding the following research related to social determinants of health:

- $21.7 million for 128 grants investigating social and socio-economic aspects of human health,
- $15 million for 89 grants looking at the social determinants of health, and of this, and
- $4.7 million for 23 grants that includes specific Indigenous aspects of social determinants of health.

The NHMRC has placed an increased emphasis on funding and supporting research to fill evidence gaps, as evident in the new NHMRC Research Translation Faculty that was launched in October 2012. The Research Translation Faculty involves a network of over 2500 researchers that will help to identify the most significant gaps between research evidence and health policy

and practice, and assist NHMRC to improve the level of research translation in Australia.

In developing health advice for the Australian community, the NHMRC can draw upon the expertise of all components of the health system, including government agencies, medical practitioners, nurses and allied health professionals, researchers, teaching and research institutions, public and private program managers, community health organisations, social health researchers and consumers. This helps to ensure that the clinical and public health advice is based on evidence that reaches across the complexities of the health system as well as the factors outside it.

Australian Government Initiatives addressing WHO recommendations			
c(i) Rec No.	**Recommendation**	**Strategic Policies**	**Agency**
Overarching Recommendation 1. Improve Daily Living Conditions			
Equity from the Start			
5.2	Governments build universal coverage of a comprehensive package of quality early child development programmes and services for children, mothers and other caregivers, regardless of ability to pay.	Affordable access to medical, pharmaceutical and hospital services Affordable public education including preschool Affordable child care National Early Childhood Development Strategy National Partnership Agreement on Early Childhood Education National Quality Framework for Early Childhood Education and Care National Framework for Protecting Australia's Children National Plan to Reduce Violence against Women and their Children Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development Fourth National Mental Health Plan National Mental Health Reform National Disability Strategy National Carer Strategy Home Interaction Program for Parents and Young people	DEEWR FaHCSIA DoHA
5.3	Governments provide quality education that pays attention to children's physical, social / emotional and language / cognitive development, starting in pre-primary school.	Affordable public education including preschool Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development National Disability Strategy National Carer Strategy National Mental Health Reform Empowering Local Schools National Plan for School Improvement Home Interaction Program for Parents and Young people Low Socio-economic Status School Communities National Partnership	DEEWR FaHCSIA DoHA
5.4	Governments provide quality compulsory primary and secondary education for all boys and girls, regardless of ability to pay, identify and address the barriers to girls and boys enrolling and starting school, and abolish user fees for primary school.	Affordable public education including preschool Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development Empowering Local Schools National Plan for School Improvement	DEEWR FaHCSIA DoHA
Healthy Places Healthy People			
6.1	Local government and civil society, backed by national government, establish local participatory governance mechanisms that enable communities and local governments to partner in building healthier and safer cities.	National urban policy for productive, sustainable and liveable future Closing the Gap: National Partnership Agreement on Remote Service Delivery	PMC Infrastructure FaHCSIA

6.2	National and local governments, in collaboration with civil society, manage urban development to ensure greater availability of affordable quality housing. With support from UN-HABITAT where necessary invest in urban slum upgrades including, as a priority, water and sanitation, electricity and paved streets for all households regardless of ability to pay.	National Affordable Housing Agreement National Partnership on Homelessness National Rental Affordability Scheme Closing the Gap: National Partnership Agreement on Remote Indigenous Housing Closing the Gap: National Partnership Agreement on Remote Service Delivery Social Housing Initiative Housing Affordability Fund Building Better Regional Cities Commonwealth Rent Assistance	FaHCSIA
6.3	Local government and civil society plan and design urban areas to promote physical activity through investment in active transport, encourage healthy eating through retail planning to manage the availability of access to food and reduce violence and crime through good environmental design and regulatory controls including control of the number of alcohol outlets.	National urban policy for productive, sustainable and liveable future Regional Infrastructure Fund Closing the Gap: National Partnership Agreement on Remote Service Delivery Closing the Gap: National Partnership on Closing the Gap in Indigenous Health Outcomes	Infrastructure FaHCSIA DoHA
6.4	National and local governments develop and implement policies and programmes that focus on: issues of rural land tenure and rights; year-round job opportunities; agricultural development and fairness in international trade arrangements; rural infrastructure including health, education, roads and services; and policies that protect the health of rural-to-urban migrants.	Rural specific policies Regional Infrastructure Fund Closing the Gap: National Partnership Agreement on Remote Service Delivery Fourth National Mental Health Plan National Mental Health Reform Closing the Gap: National Partnership Agreement on Indigenous Economic Participation Indigenous Economic Development Strategy 2011-2018	Infrastructure FaHCSIA
6.5	International agencies and national governments, building on the Intergovernmental Panel on Climate Change recommendations, consider the health equity impact of agriculture, transport, fuel, buildings, industry and weight strategies concerned with adaptation to and mitigation of climate change.	National Partnership Agreements on Environment Various resource allocation evaluation techniques Australia's Farming Future Package	
Fair Employment and Decent Work			
7.1	Full and fair employment and decent work be made a shared objective of international institutions and a central part of national policy agendas and development strategies, with strengthened representation of workers in the creation of policy, legislation and programmes	Fair Work Australia Fair Work Ombudsman Seamless National Economy Reform Workplace Gender Equality Act and Agency National Mental Health and Disability Employment Strategy	DEEWR FaHCSIA

	relating to employment and work.	National Disability Strategy National Carer Strategy Closing the Gap: National Partnership Agreement on Indigenous Economic Participation Indigenous Economic Development Strategy 2011-2018	
7.2	National governments develop and implement economic and social policies that provide secure work and a living wage that takes into account the real and current cost of living for health.	Fair Work Australia Fair Work Ombudsman Workplace Gender Equality Act and Agency	DEEWR FaHCSIA
7.3	Public capacity be strengthened to implement regulatory mechanisms to promote and enforce fair employment and decent work standards for all workers.	Safe Work Australia National Disability Agreement Workplace Gender Equality Act and Agency National Disability Strategy National Carer Strategy	DEEWR FaHCSIA
7.4	Governments reduce insecurity among people in precarious work arrangements including informal work, temporary work, and part-time work through policy and legislation to ensure that wages are based on the real cost of living, social security, and support for parents.	As above Income support arrangements Family assistance payments Paid Parental Leave scheme (inc Dad and Partner Pay from 1 Jan 2013) National Mental Health and Disability Employment Strategy Buidling Australia's Future Workforce Package	DEEWR FaHCSIA
7.5	OHS policy and programmes be applied to all workers – formal and informal – and that the range be expanded to include work-related stressors and behaviours as well as exposure to material hazards.	OH&S policies Workers' compensation Australian Work Health and Safety Strategy 2012-2022	DEEWR
Social Protection Across the Lifecourse			
8.1	Governments, where necessary with help from donors and civil society organisations, and where appropriate in collaboration with employers, build universal social protection systems and increase their generosity towards a level that is sufficient for healthy living.	Income support arrangements Family assistance payments Paid Parental Leave scheme (inc Dad and Partner Pay from 1 Jan 2013) National Disability Insurance Scheme Fourth National Mental Health Plan National Mental Health Reform National Disability Strategy National Carer Strategy Family Centred Employment Project	FaHCSIA
8.2	Governments, where necessary with help from donors and civil society organisations, and where appropriate in collaboration with employers, use targeting only as back up for those who slip through the net of universal systems.	Income support arrangements Family assistance payments Income Management	As above

8.3	Governments, where necessary with help from donors and civil society organisations, and where appropriate in collaboration with employers, ensure that social protection systems extend to include those who are in precarious work, including work and household or care work.	Fair Work Australia Income support arrangements Family assistance payments	DEEWR FaHCSIA
Universal Health Care			
9.1	National Governments, with civil society and donors, build health-care services on the principle of universal coverage of quality services, focusing on Primary Health Care.	Affordable medical, pharmaceutical and hospital services Fourth National Mental Health Plan National Mental Health Reform National Disability Strategy National Carer Strategy National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013	Internal: OATSIH, MBD, PBD, ACD, PACD & MHDTD FaHCSIA
9.2	National governments ensure public sector leadership in health-care systems financing, focusing on tax-/insurance-based funding, ensuring universal coverage of health care regardless of ability to pay, and minimizing out-of-pocket expending.	As above	PMC
9.3	National governments and donors increase investment in medical and health personnel, balancing health-worker density in rural and urban areas.	Health Workforce Australia Health Workforce Program Review	Internal: HWD
9.4	International agencies, donors and national governments address the health human resources brain drain, focusing on investment in increased health human resources and training, and bilateral agreements to regulate gains and losses.	Skilled immigration policies	AusAID
Overarching Recommendation 2: Tackle the Inequitable Distribution of Power, Money and Resources			
Health Equity in All Policies, Systems, and Programmes			
10.1	Parliament and equivalent oversight bodies adopt a goal of improving health equity through action on the social determinants of health as a measure of government performance.	National Agreements performance measurement	PMC
10.2	National government establish a whole-of-government mechanism that is accountable to parliament, chaired at the highest political level possible.	COAG Ministerial Councils and their Principal Committees Social Inclusion Committee of Cabinet Social Inclusion Unit of PMC Australian Social Inclusion Board	PMC COAG Internal: HMCU

10.3	The monitoring of social determinants and health equity indicators be institutionalised and health equity impact assessment of all government policies, including finance, be used.	National Agreements performance measurement	Internal: PSD, PHD
10.4	The health sector expands its policy and programmes in health promotion, disease prevention, and health care to include a social determinants of health approach, with leadership from the minister of health.	NPAPH	Internal: PHD, PACD
10.5	WHO support the development of knowledge and capabilities of national ministries of health to work within a social determinants of health framework, and to provide a stewardship role in supporting a social determinants approach across government.	COAG National Agreements	Internal: PSD, PHD External: PMC
Fair Financing			
11.1	Donors, multilateral agencies and Member States build and strength national capacity for progressive taxation.	Progressive taxation regime Capital gains tax	
11.2	New national and global public finance mechanisms be developed, including special health taxes and global tax options.	Medicare levy (but not hypothecated)	
11.3	Donor countries honour existing commitments by increasing aid to 0.7% of GDP; expand the Multilateral Debt Relief Initiative; and coordinate aid use through a social determinants of health framework.	Development assistance	AusAID
11.4	International finance institutions ensure transparent terms and conditions for international borrowing and lending, to help avoid future unsustainable debt.	Treaties	AusAID
11.5	National and local governments and civil society establish a cross-government mechanism to allocate budget to action on social determinants of health.	COAG Horizontal Fiscal Equalisation	DFAT
11.6	Public resources be equitably allocated and monitored between regions and social groups, for example, using an equity gauge.	Targeted programs Monitoring through ABS, AIHW with analysis in ROGS, Prod Com reports	PMC
Market Responsibility			
12.1	WHO, in collaboration with other relevant multilateral agencies, supporting Member States, institutionalise health equity impact assessment, globally and nationally, of major global, regional and bilateral economic agreements.	Various resource allocation evaluation techniques	

12.2	Government policy-setting bodies, with support from WHO, ensure and strengthen representation of public health in domestic and international economic policy negotiations.	Legislation to protect health eg environment, work	PMC
12.3	National governments, in collaboration with relevant multilateral agencies, strengthen public sector leadership in the provision of essential health-related goods/services and control of health damaging commodities.	Affordable medical, pharmaceutical and hospital services Safe medicines, restrictions on alcohol and tobacco	Internal: MBD, PBD, ACD, TGA, PHD
Gender Equity			
13.1	Governments create and enforce legislation that promotes gender equity and makes discrimination on the basis of sex illegal.	Legislation Workplace Gender Equality Act (pending Senate endorsement – currently Equal Opportunity in the Workplace Act) Party to UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Optional Protocol Australian Human Rights Commission Fair Work Act 2009	FaHCSIA
13.2	Governments and international institutions set up within the central administration and provide adequate and long-term funding for a gender equity unit that is mandated to analyse and to act on the gender equity implications of policies, programmes and institutional arrangements.	Australian Human Rights Commission Workplace Gender Equality Agency (pending Senate endorsement of the Act – currently Equal Opportunity for Women in the Workplace Agency) National Action Plan on Women, Peace and Security 2012–2018	AusAID FaHCSIA- Office Status Women
13.3	Governments include the economic contribution of household work, care work, and voluntary work in national accounts and strengthen the inclusion of informal work.	National Accounts	ABS
13.4	Governments and donors invest in expanding girls' and women's capabilities through investment in formal and vocational education and training.	National Agreement for Skills and Workforce Development	DEEWR
13.5	Governments and employers support women in their economic roles by guaranteeing pay-equity by law, ensuring equal opportunity for employment at all levels, and by setting up family-friendly policies that ensure that women and men can take on care responsibilities in an equal manner.	Fair Work Australia Workplace Gender Equality Act (pending Senate endorsement – currently Equal Opportunity in the Workplace Act) Party to UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Optional Protocol Paid Parental Leave National Resource Sector Workforce Strategy	DEEWR FaHCSIA

		National Strategies for blood borne viruses and sexually transmissible infections.	
13.6	Governments, donors, international organisations, and civil society increase their political commitment to and investment in sexual and reproductive health services and programmes, building to universal coverage.	Quality health care eg antenatal and breastfeeding guidelines, family planning projects. National Women's Health Policy and National Male Health Policy.	Internal: PHD - G&RH
Political Empowerment – Inclusion and Voice			
14.1	National government strengthens the political and legal systems to ensure they promote the equal inclusion of all.	Legislation Australian Human Rights Commission Sex Discrimination Act 1984 Party to UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Optional Protocol Fair Voting National Disability Strategy	PMC FaHCSIA
14.2	National government acknowledges, legitimises, and supports marginalised groups, in particular Indigenous Peoples, in policy, legislation, and programmes that empower people to represent their needs, claims, and rights.	National Congress of Australia's First Peoples Constitutional Recognition Closing the Gap Statement of Intent National Indigenous Reform Agreement National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes National Partnership Agreement on Remote Indigenous Housing National Partnership Agreement on Indigenous Early Childhood Development National Partnership Agreement on Indigenous Economic Participation National Partnership Agreement on Remote Service Delivery National Partnership Agreement on Remote Indigenous Public Internet Access National Partnership Agreement on Closing the Gap in the Northern Territory National Aboriginal and Torres Strait Islander Health Equality Council Australian Human Rights Commission – Aboriginal and Torres Strait Islander and Social Justice Commissioner and Race Discrimination Commissioner National Disability Agreement Fourth National Mental Health Plan National Mental Health Reform National Disability Strategy National Carer Strategy	FAHCSIA DIAC
14.3	National- local-level government ensure the fair representation of all groups and communities in decision-making that affects health, and in subsequent	Consumer representation in decision making – representation on Pharmaceutical Benefits Advisory Committee and consumer input into PBAC decision making process.	Internal: MBD, PBD External: DRGLGAS

	programme and service delivery and evaluation.		
14.4	Empowerment for action on health equity through bottom-up, grassroots approaches requires support for civil society, strengthen, and implement health equity-oriented initiatives.	Funding for community organisations Closing the Gap: National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes	Internal: PHD, OATSIH
Good Global Governance			
15.1	By 2010, the Economic and Social Council, supported by WHO, should prepare for consideration by the UN the adoption of health equity as a core global development goal, with appropriate indicators to monitor progress both within and between countries.	NCD monitoring framework Global Action Plan	Internal: PHD External: AusAID
15.2	By 2010, the Economic and Social Council, supported by WHO, prepare for consideration by the UN the establishment of thematic social determinants of health working groups – initially on early child development, gender equity, employment and working conditions, health-care systems, and participatory governance – including all relevant multilateral agencies and civil society stakeholders, reporting back regularly.	Support for WHO	AusAID
15.3	WHO institutionalises a social determinants of health approach across all working sectors, from headquarters to country level.	Multi sectoral approaches	Internal: PHD External: AusAID
Overarching Recommendation 3: Measure and Understand the Problem and Assess the Impact of Action			
Social Determinants of Health: Monitoring, Training and Research			
16.1	Governments ensure that all children are registered at birth without financial cost to the household. This should be part of improvement of civil registration for births and deaths.	S/T registrars	ABS
16.2	National governments establish a national health equity surveillance system, with routine collection of data on social determinants of health and health equity.	National Healthcare Agreement performance measurement AHS	AIHW ABS
16.3	WHO stewards the creation of a global health equity surveillance system as part of a wider global governance structure.	NCD performance indicators Global Action Plan	Internal: PHD External: AusAID
16.4	Research funding bodies create a dedicated budget for	NHMRC research	NHMRC

	generation and global sharing of evidence on social determinants of health and health equity, including health equity intervention research.		ANPHA
16.5	Educational institutions and relevant ministries make the social determinants of health a standard and compulsory part of training of medical and health professionals.	University courses Health Workforce Australia	DISRTE Internal: HWD
16.6	Educational institutions and relevant ministries act to increase understanding of the social determinants of health among non-medical professionals and the general public.	Health Depts	Internal: PHD
16.7	Governments build capacity for health equity impact assessment among policy-makers and planners across government departments.	Various resource allocation evaluation techniques Medicare Locals	Internal: PACD
16.8	WHO strengthens its capacity to provide technical support for action on the social determinants of health globally, nationally, and locally.	Support for WHO	AusAID

List of Acronyms

ABS	Australian Bureau of Statistics
AEDI	Australian early Development Index
AIHW	Australian Institute of Health and Welfare
ANPHA	Australian National Preventive Health Agency
COAG	Council of Australian Governments
DoHA	Department of Health and Ageing
DEEWR	Department of Education, Employment and Workplace Relations
ECD	Early Childhood Development
FaHCSIA	Department of Families and Housing, Community Services and Indigenous Affairs
FWA	Fair Work Australia
HIA	Health Impact Assessment
HIPPY	Home Interaction Program for Parents and Young People
MBS	Medicare Benefits Schedule
NES	National Employment Standards
NHMRC	National Health and Medical Research Council
NHRA	National Health Reform Agreement
NIRA	National Indigenous Reform Agreement
NPA	National Partnership Agreement
NPAPH	National Partnership Agreement on Preventive Health
PBS	Pharmaceutical Benefits Scheme
SACS	Social and Community Services Sector
SROI	Social Return on Investment
WHO	World Health Organisation