NACCHO Submission to the Senate Standing Committee on Community Affairs

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

Introduction

The National Aboriginal Community Controlled Health Organisation (NACCHO) thanks the Senate Standing Committee on Community Affairs for the opportunity to make a submission regarding the government's response to the "Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health" (WHO 2008). The Commission on the Social Determinants of Health attempted to focus attention on a number of countries across the developmental and income spectrum in order to aggregate evidence on the promotion of health equity at a global level. The commissioners, with widely varied political, academic, civil and advocacy backgrounds, (WHO 2006) were charged with developing understandings of the social determinants of health and determining how those understandings might be applied in practical actions to improve population-wide health equality and equity.

NACCHO submits that this seminal publication has made a compelling argument for the inclusion of population-wide health matters in all government policies that influence the lives of Aboriginal and Torres Strait Islander peoples, including housing, law and justice, education and infrastructure planning, with the report describing how "gaps in health outcomes are indicators of policy failure" (WHO 2008).

The government's response

NACCHO is committed to the ideals and social realities of Aboriginal community control of a collective community destiny and therefore fully supports the report's simultaneous call for the integration of personal health care and public health at the level of the local community (Pammolli et al., 2012). In order to achieve or at least to initiate movement towards the achievement of its goals, the commission's key findings and final overarching recommendations were categorised into the three distinct but interlocking areas of:

1. Improving daily living conditions
2. Tackling the inequitable distribution of power, money and resources
3. Measuring and understanding the problem and assessing the results of action (WHO 2008)

NACCHO agrees with the commission in recognising the need to address the inequalities and inequitable conditions of daily living and, in so doing, to address the inequities in the way that society is structured and organised. NACCHO, again, fully supports the commission's position and encourages the current Commonwealth government to act, particularly in the area of political and economic power (Russell et al., 2012). However, the most effective actions to achieve greater health equity for Aboriginal and Torres Strait Islander peoples at a societal level are those that create or reassert societal cohesion and mutual dependence and responsibility within communities (Marmot et al., 2012).

NACCH contends that this should be the real project of reconciliation, since reconciliation has the capacity to become a major social determinant of health for all Australians, not just Aboriginal Australians.

Extent to which the Commonwealth is adopting a social determinants of health approach through:

(i) Relevant Commonwealth programs and services

NACCHO is particularly keen to point out to the Standing Committee that unless the outmoded funding formulae of the Aboriginal Community Controlled Health sector – formulae that focus their

performance indicators on narrow healthcare policy rather than on policies that are good for health – are fundamentally addressed we will see Aboriginal populations drift toward and place considerable pressure upon secondary and tertiary services (Sunderland et al., 2012). Particularly in the state and territory context, if the recommended blueprint of the Health and Hospital Reform Commission (H&HRC 2009) report is not substantially adopted, implemented and coordinated with the 'Closing the Gap' policies, similar strains will be placed upon these over-extended sectors with predictable consequences in all Australian states and territories.

(ii) The structure and activities of national health agencies

NACCHO further points out to the Standing Committee that the simple resourcing of the Australian primary care sector will not be enough (Tait 2011). Fundamental reform of the Medicare Benefits Schedule (MBS) and its more equitable distribution in Aboriginal communities is needed (Couzos et al 2010). In its report of October 2010, the Australian Institute of Health & Welfare (AIHW 2010) noted that MBS expenditure per person was lower for Indigenous Australians than for non-Indigenous Australians, with fifty-eight cents spent on Indigenous patients for every dollar spent on non-Indigenous patients (AIHW 2010). In the area of MBS-funded surgical procedures, spending on Indigenous patients was sixty-seven percent lower than for their non-Indigenous fellow citizens (AIHW 2010). Access and uptake of the Pharmaceutical Benefits Scheme (PBS) for Indigenous Australians has followed a similar trajectory and is itself in need of analysis and eventual overhaul (Hayman 2011).

(iii) Appropriate Commonwealth data gathering and analysis

NACCHO respectfully points out that in its final overarching recommendation, the commission saw as essential the need for the measurement, at a national and international level, of health inequity. It recommended the establishment, by national governments in collaboration with international organisations with support from the WHO, of global health-equity surveillance systems to regularly and systematically assess the impact on health equity of policies and actions (SmithBattle, 2012)(WHO 2008). The commission argued that creating the organisational capacity to act effectively in health equity required a significant investment by all players in the training of policy-makers and practitioners, a powerful commitment of resources to raising public health literacy in the area of social determinants and a much stronger focus on social determinants in public health research and debate (WHO 2008).

NACCHO strongly recommends that he Commonwealth recognise that, in this feature, there is a strong and irreducible link between the WHO report's recommendations and those of the National Indigenous Health Equality Summit's report in Australia (HREOC 2008).

Scope for improving awareness of social determinants of health

Through its recommendations it is clear that the commission viewed the synchronised and interdependent actions of both government and civil society as the essential, indispensable element in addressing and reducing health inequities. Governments can be said to have three essential roles in any action on health equity, which are as follows:

- As providers, protectors and guarantors of the rights of their citizens (either formally through constitutionally enshrined bills of rights and/or similar instruments, or informally, through a codified body of common law).

  NACCHO recommends that the Commonwealth make the most effective and enduring advance in addressing the social determinants of poor health outcomes for Aboriginal Australians by enshrining the traditional

ownership of the continent by Aboriginal & Torres Strait Islander peoples and their continuing stewardship in the Australian constitution.

- As the generators and implementers of policies that underpin improved population health outcomes (Marmot and Bell, 2012).

  NACCHO encourages the Commonwealth to recognise that the social determinants of Aboriginal and Torres Strait Islander peoples and their ensuing health inequities are significantly influenced by broad social factors outside the health system. NACCHO asserts that the Commonwealth is well positioned to identify those factors and act upon them through policy decisions that improve health – supported by current evidence – in housing, law & justice and mining & resource tax redistribution, for example.

- As aggregators and monitors of health informatics and health data that are accessible by both their own departments and agencies and also by civil, non-government organisations and associations (Blas et al 2008).

  NACCHO recommends that the Commonwealth utilise, in partnership with the Aboriginal Community Controlled Health sector, the current wealth of population health data to advance the health and well-being of Aboriginal Australians.

Conclusion

NACCHO contends that tacit to all the commission's considerations on matters relating to the roles of the state and civil society in addressing health inequity is the prerequisite of an unshakeable political will at a national level to act constantly and consistently in the interests of their citizens (Miyakawa et al., 2012).

NACCHO believes that Aboriginal health inequity is as much an ethical as a policy issue and respectfully asks that the Commonwealth recognise such inequities as a central matter of social justice and, as such, transcend all government and civil society interests and activities. We ask the Commonwealth to accept that it has the capacity to mitigate injustice and that that is, of itself, sufficient motivation for it to act to mitigate injustice.

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