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Department of Health and Human Services Tasmania

Submission to the

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

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Submission summary

In *Closing the gap in a generation*,ⁱ the Commission on the Social Determinants of Health has collated the evidence on what can be done to promote health equity across the globe. On behalf of the World Health Organization, it found that avoidable health inequity is a consequence of the circumstances in which people grow, live, work and age.

This Senate Committee submission has been prepared by the Department of Health and Human Services, on behalf of the Tasmania Government. It discusses the main findings of the Commission on the Social Determinants of Health, the broad activity underway to address this in Tasmania and Australia and the opportunities for further action. The submission concludes with a set of recommendations to the Australia Government.

Since the release of *Closing the Gap*, the *Rio Political Declaration on Social Determinants of Health*ⁱⁱ has confirmed the commitment of WHO Member States for the implementation of a social determinants of health approach to reduce health inequities. The next major step at a global level will be the 8th Global Health Conference on Health Promotion in Helsinki on 10-14th June 2013.

In Australia, Catholic Health Australia has published estimates of the cost to the country of not acting on the *Closing the gap in a generation* recommendations.ⁱⁱⁱ Activity is underway in all states and territories to progress the agenda, particularly in South Australia with its Health in All Policies Approach and in Tasmania with its *A Healthy Tasmania*^{iv} strategic directions.

A Healthy Tasmania follows the *Fair and Healthy Tasmania Strategic Review*,^v which found that 'leadership across sectors' and 'place-based approaches' are the best ways of improving health and reducing health inequity in Tasmania. A Health and Wellbeing Advisory Council and Interagency Working Group are underway to progress this. A range of existing interagency mechanisms, such as *Tasmania Together* and Child and Family Centres, strongly align with *A Healthy Tasmania*.

The Tasmania Government's agenda has developed as a result of an increased level of awareness of the social determinants of health in Tasmania, stemming from *Closing the gap in a generation* and Tasmania's own *State of Public Health Report*^{vi} in 2008. A strong advocacy movement has emerged locally, led by the Health in All Policies Collaboration and Social Determinants of Health Network.

There are many opportunities to strengthen action on social determinants of health at a national level in Australia. The National Preventative Health Taskforce is an obvious starting point. Much like the National Preventative Health Strategy and the *National Preventive Health Partnership Agreement*, the Taskforce acknowledges the social determinants agenda, but still focuses much of its activity on midstream prevention strategies targeting individual lifestyle choices.

While lifestyle remains a valid approach, choosing to eat healthy food, being physically active, limiting alcohol consumption and not smoking requires people to be empowered to make these choices. The relevant national bodies and funding mechanisms must begin to show greater leadership in this area.

There is still opportunity to pursue action on social determinants of health through the current raft of national health reforms. Medicare Locals, in particular, have been identified as playing a potential role, and the *Healthy Communities Reports* that they will be required to produce will monitor progress.

The Australian Government's social inclusion agenda, including *Closing the Gap*, has a strong alignment with the social determinants and health equity. The Tasmanian Government strongly supports continued investment into these initiatives and the maintenance of Australia's existing social protection systems.

The WHO has released a number of reports since *Closing the gap in a generation* that provide greater insight into the actions that individual countries can take on social determinants and health equity. Much of this action centres on advocacy, monitoring and surveillance, intersectoral collaboration and capacity development. A number of Member States, many working in close collaboration with the WHO, are beginning to integrate these actions into their own social determinants of health approaches. Opportunity exists for the implementation of these actions in Australia.

This Senate Committee submission concludes with a set of recommendations to the Australian Government to further the social determinants and health equity agenda in Australia. Principally, the Tasmanian Government calls upon the Australian Government to show greater leadership in this area. An important first step will be to formally respond to the *Closing the gap in a generation* recommendations and establish a national plan of action.

Global Movement

Commission on Social Determinants of Health

The Commission on Social Determinants of Health was established by the World Health Organization (WHO) in 2005 to collate the evidence on what can be done to promote health equity, and to foster a global movement towards it.

The Commission released its findings in *Closing the gap within a generation*⁷ in 2008, calling on the WHO, all governments, civil society and other global organisations to lead global action on social determinants of health with the aim of achieving health equity.

The report identified avoidable health inequities as a consequence of the circumstances in which people grow, live, work and age, and the systems put in place to deal with illness. Further, the conditions in which people live and die are, in turn, shaped by political, social and economic forces.

The report summed up the Commissions' findings within three overarching recommendations:

1. Improve daily living conditions – the circumstances in which people are born, grow, live, work and age.
2. Tackle the inequitable distribution of power, money and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.
3. Measure and understand the problem and assess the impact of action – measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

Over 50 specific actions for implementation were identified beneath the three overarching recommendations. (See Appendix I for a summary.)

It also provides analysis of social determinants and concrete examples of types of action that have proven effective in improving health and health inequity in countries at all levels of socioeconomic development.

Finally, the report identifies the links between social determinants and climate change agendas and the co-benefits associated with actions to progress them.

Closing the gap within a generation is a landmark report that has elevated awareness of the social determinants of health worldwide.

As the Commission has developed its work, some countries and agencies have become partners and sought to frame policies and programs, across the whole of society, which influence the social determinants of health and improve health equity.

This is an approach that has become known as 'Health in All Policies.' Those countries that have moved to implement a Health in All Policies approach are thought to be at the forefront of the global movement on social determinants.

Within Australia, South Australia has been perhaps the most progressive jurisdiction to date. SA Health has systematically introduced a Health in All Policies approach through a 'Health Lens Analysis' process, tied to the *South Australian Strategic Plan*. The WHO has provided support and input to this process.

Rio Political Declaration on Social Determinants of Health

The next major step forward at a global level was the World Conference on Social Determinants of Health, held in Rio de Janeiro on 19-21 October 2011.

The World Conference brought together Member States and stakeholders to share experiences on policies and strategies aimed at reducing health inequities. The event provided a global platform for dialogue on how the recommendations of the WHO Commission on Social Determinants of Health (2008) could be taken forward.

To inform proceedings at the World Conference, the WHO developed the discussion paper, *Closing the gap: Policy into practice on social determinants of health*. The paper identifies how countries could implement action on social determinants of health, including the recommendations of the WHO Commission on the Social Determinants of Health.

The discussion paper lays out the key components that all countries need to integrate in implementing a social determinants approach. The paper aims to show that, in all countries, it is possible to put policy into practice on social determinants of health to improve health and wellbeing, reduce health inequities and promote development.

A series of case studies were also commissioned by the WHO for the World Conference on Social Determinants of Health. The case studies present successful examples from around the world of policy action aiming to reduce health inequities, covering a wide range of issues, including conditional cash transfers, gender-based violence, tuberculosis programmes and maternal and child health.

Importantly, the *Rio Political Declaration on Social Determinants of Health*⁸ was adopted during the World Conference on Social Determinants of Health on 21 October 2011.

The declaration expresses global political commitment for the implementation of a social determinants of health approach to reduce health inequities and to achieve other global priorities. Its aim is to help to build momentum within countries for the development of dedicated national action plans and strategies.

The Rio Declaration identifies five key areas critical to addressing health inequities:

1. to adopt better governance for health and development
2. to promote participation in policy-making and implementation
3. to further reorient the health sector towards reducing inequities
4. to strengthen global governance and collaboration
5. to monitor progress and increase accountability.

NATSEM Report

Within Australia, Catholic Health Australia commissioned the National Centre for Social and Economic Modelling (NATSEM) to model the economic consequences of ignoring the WHO's recommendations for Australia on social determinants of health.

The resulting report, *The Cost of Inaction on the Social Determinants of Health*⁹ demonstrates remarkable economic gains, in addition to staggering improvements that can be made to people's health and wellbeing.

NATSEM found that if the WHO's recommendations were adopted within Australia:

- 500,000 Australians could avoid suffering a chronic illness
- 170,000 extra Australians could enter the workforce, generating \$8 billion in extra earnings
- Annual savings of \$4 billion in welfare support payments could be made
- 60,000 fewer people would need to be admitted to hospital annually, resulting in savings of \$2.3 billion in hospital expenditure
- 5.5 million fewer Medicare services would be needed each year, resulting in annual savings of \$273 million
- 5.3 million fewer Pharmaceutical Benefit Scheme scripts would be filled each year, resulting in annual savings of \$184.5 million.

The Health in All Policies Collaborative, a coalition of non-government organisations advocating for action on social determinants and health equity in Tasmania, has used the NATSEM analysis to estimate savings for Tasmania.¹⁰ The Collaborative found that if the WHO recommendations were implemented:

- 15,000 Tasmanians could avoid suffering a chronic illness
- 5,100 extra Tasmanians could enter the workforce, generating \$240 million in extra savings
- annual savings of \$120 million in welfare support payments could be made
- 1,800 fewer people admitted to hospital annually, resulting in savings of \$69 million in hospital expenditure
- 165,000 fewer Medicare services would be needed each year, resulting in annual savings of \$8.2 million
- 159,000 fewer Pharmaceutical Benefit Scheme scripts would be filled each year, resulting in annual savings of \$5.5 million each year.¹

¹ Note: Tasmanian estimates were calculated as 3% of the national figure. The figure of 3% was chosen given that Tasmania makes up approximately 2.3% of the national population, with the additional 0.7% applied due to a higher proportion of our population being in the lowest Socio-Economic Index of Financial Advantage (SEIFA) decile.

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Helsinki 2013

The next major global event in the social determinants and health equity arena will be the 8th Global Health Conference on Health Promotion, to be held in Helsinki on 10-14th June 2013. Hosted by the WHO, the event is expected to once again direct the attention of world leaders to the findings of the Commission on Social Determinants of Health.

In preparation for the event, SA Health is leading a working group of Australian jurisdictions to develop a publication of Australian case studies of action on social determinants and health equity. SA Health leads the facilitation of national meetings to share progress on social determinants across jurisdictions.

The Australian social determinants case studies book will be used to promote and document examples of Australia's work on the social determinants at the Global Conference, as well as providing a useful resource for jurisdictions. Its purpose is to support the current momentum for action on social determinants and health equity in Australia and overseas.

Tasmania's Response

Population Health

In Tasmania, Population Health has taken the lead on the social determinants and health equity agenda. Population Health is a business unit within the Department of Health and Human Services (DHHS). Its major sources of funding are the Australian Government's Department of Health and Ageing (DoHA) and the State Government.

The total amount of funds for preventive health services in Tasmania amounts to around just 2% of the total budget for health services delivery. This level of funding is often a major barrier towards making desired improvements to population health, so much so that advocates have consistently called for a doubling of the proportion of health services funding for prevention to 4%.

The Population Health Unit (together with other parts of the DHHS) has strived for action on social determinants and health equity for many years through cross-sectoral relationships or collaborations with sectors that have an impact on health outcomes. Examples include the Social Inclusion Unit, Premier's Physical Activity Council, *Agenda for Children and Young People*, Cradle Coast Authority, *Tasmania Together* and Tasmanian Chronic Disease Prevention Alliance.

State of Public Health Report 2008

Under the Tasmanian *Public Health Act 1997*, it is a statutory requirement of Tasmania's Director of Public Health to provide a five-yearly *State of Public Health Report* to the Tasmanian Parliament. The reports, accompanied by the detailed companion document *Health Indicators in Tasmania*, provide detailed statistical information about the health status and determinants of health in Tasmania.

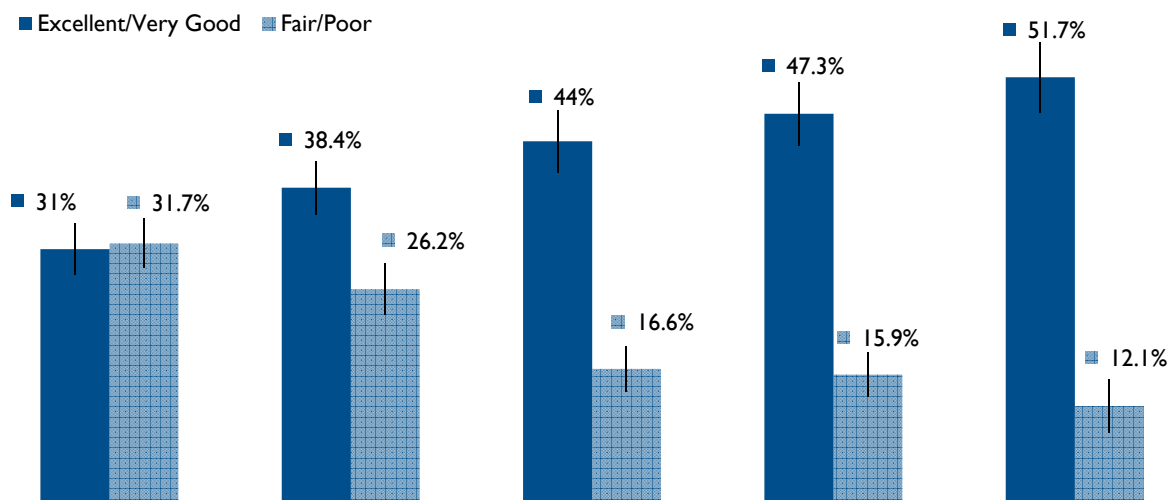
The most recent *State of Public Health Report 2008*¹¹ noted that there were significant inequities in health within Tasmania and between Tasmania and Australia as a whole:

"Tasmania as a whole tends to have poorer health status than most other jurisdictions for most of the major indicators... these differences in health outcome measures are likely to be largely determined by the cumulative effect of socio economic and demographic factors, rather than by the quality of Tasmanian hospitals and health care system." (p1).

The report also noted that Tasmania has the second highest level of socio economic disadvantage in the country, behind the Northern Territory and the second lowest average life expectancy, again behind the Northern Territory. This demonstrates the strong link between socioeconomic status and health outcomes in Tasmania.

The report also drew attention to the correction between self-assessed health status and socioeconomic status based on household income in Tasmania, showing a strong social gradient. Persons in the lowest household income quintile report much higher levels of poor or only fair health compared with persons in the highest income quintile. A recent update on this data is presented in Figure 1 below.

Figure I. Self-assessed health status by household income quintiles, population 18 years and over, Tasmania 2009



Tasmanian Population Health Survey, 2009

As noted in the *State of Public Health Report 2008*, self-assessed health status is a strong predictor of actual health and wellbeing outcomes. Figure I shows a strong social gradient in self-assessed health status in Tasmania.

Advocacy/NGO Sector

Since the release of both *Closing the gap in a generation* and the last *State of Public Health Report* in 2008, a strong advocacy movement has emerged from the non-government sector in Tasmania that has consistently called for action on social determinants and health equity.

At the heart of this advocacy has been an understanding that health departments working in isolation have little influence over the underlying determinants of health and that greater intersectoral action is required.

In 2009, the Tasmanian Council of Social Service's *Our Island Our Voices* campaign for a fairer Tasmania identified social determinants of health as a priority issue for government.

This was followed by the establishment of a Health in All Policies Collaborative in 2010, made up of the Tasmanian Council of Social Service, the Australian Health Promotion Association (Tasmanian Branch), and the existing Tasmanian Chronic Disease Prevention Alliance.

The Tasmanian Chronic Disease Prevention Alliance includes Arthritis Tasmania, Asthma Foundation of Tasmania, Cancer Council Tasmania, Diabetes Tasmania, Heart Foundation (Tasmanian Branch) and Kidney Health Australia (Tasmanian Branch).

Since its establishment, the Health in All Policies Collaborative has consistently lobbied the Tasmanian Government to adopt a Health in All Policies Approach, underpinned by legislation mandating health impact assessments for any new laws, regulations, policies or guidelines introduced by the Government.

In 2011, the Tasmanian Council of Social Service teamed up with the Australian Health Promotion Association (Tasmanian Branch) to develop a series of fact sheets explaining major social determinants of health in Tasmania.

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The success of the fact sheets led to a desire to establish a network of interested people and organisations to continue to advocate for action on social determinants and health equity in Tasmania. The purpose of this Network is to, “work together to leverage action on the social determinants of health so as to improve health and wellbeing outcomes for all Tasmanians.” (p1)¹²

As a result of this heightened awareness, a notice of motion was recently passed by the Parliament of Tasmania's House of Assembly to establish a Joint Select Committee that would consider the implications of the social determinants of health in Tasmania. It is expected that the motion will also soon be passed by Legislative Council and that the joint Select Committee will be completed by the end of September 2012.

Fair and Healthy Tasmania Strategy Review

In response to calls for greater action on social determinants and health equity, the Tasmanian Government initiated the *Fair and Healthy Tasmania Strategic Review* in 2010. The Strategic Review considered the most appropriate approaches to improve health and reduce health inequity in Tasmania.

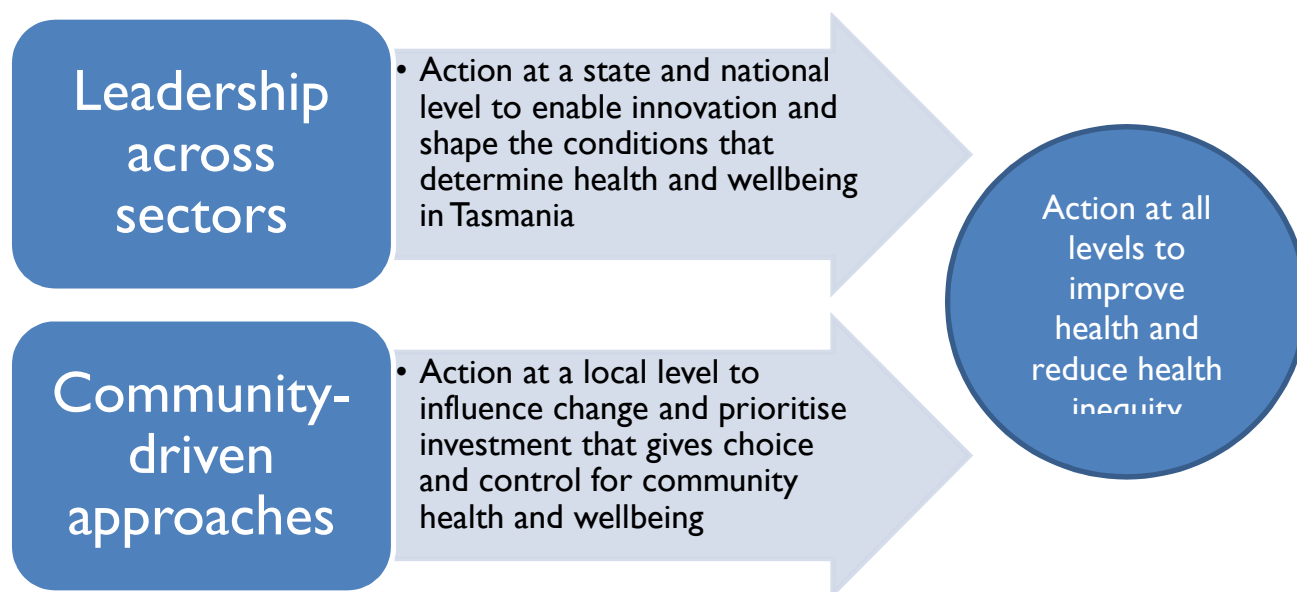
The *Fair and Healthy Tasmania Strategic Review*¹³ looked at the best evidence available from around the world for direction on how to improve the health and wellbeing of Tasmanians. It found that to improve health outcomes and reduce the gap between rich and poor, the Tasmanian community needs to “get real” about working together.

The Strategic Review recommended whole-of-community action through collaborative partnerships with communities, government, non-government and private sectors, to improve the conditions in which Tasmanians are born, grow, live, work and age.

The review's main findings are that ‘leadership across sectors’ and ‘place-based approaches’ are the best ways of improving health and reducing health inequity in Tasmania (see Figure 2)

The key messages of the *Fair and Healthy Tasmania Strategic Review* are:

- “There is a growing awareness of the underlying causes of health and the influence of all parts of society upon it.
- Many factors build the health and wellbeing of people and communities. These factors can be personal, social, economic and environmental, they are often complex and interact.
- No matter how effective healthcare becomes, there will always be some differences in the health and wellbeing of people and communities because of factors outside of healthcare.
- There are vulnerable population groups who are at greater risk of poor health and have fewer resources to cope when illness strikes.
- Every day health and social inequity costs the Tasmanian community dearly in both human and financial terms.
- The *Fair and Healthy Tasmania Strategic Review* found ‘leadership across sectors’ and ‘place-based approaches’ to be the best ways of improving health and reducing health inequity in Tasmania.
- Population and social health information and research are the ‘health intelligence’ that will build a better understanding of health and wellbeing in Tasmania.” (p5).¹⁴

Figure 2. Recommendations of the Fair and Healthy Tasmania Strategic Review¹⁵

In line with these findings, the review also recommended a model for supporting Tasmanians to be healthy, well and in control of what matters to them (See Figure 3). The recommended model identifies six streams of activity. Combined these activities would form *A Fair and Healthy Tasmania Model of Health and Wellbeing* (see Figure 4.) Collaborative partnerships that support the development of healthier communities are at the heart of much of this work.

Figure 3. Fair and Healthy Tasmania – Recommended Model for Health and Wellbeing¹⁶

A Healthy Tasmania

A *Healthy Tasmania* is the Tasmanian Government's response to the findings of the *Fair and Healthy Tasmania Strategic Review*. A *Healthy Tasmania* sets out strategic directions for the Tasmanian Government to improve health outcomes and reduce health inequity in Tasmania.

A *Healthy Tasmania* adopts the six streams of activity identified in the *Fair and Healthy Tasmania Strategic Review* as strategic directions for the Tasmanian Government:

Build leadership by...

Working together – to drive collaboration across government and community sectors for the attainment of shared goals and responsibilities.

Taking intersectoral action for health and wellbeing – highlighting the urgent need to address how the root causes of health are influenced by all sectors.

Addressing inequity and health – so that we have increased understanding of patterns of inequity; how they affect health to create unfair, unjust and avoidable differences; and how to address this.

Support the health and wellbeing of Tasmanians who are vulnerable by...

Adopting a life-course approach – to coordinate programs across key life-transitions, from pregnancy and the early years, to young adulthood, ageing and dying well.

Targeting social determinants of health – acting across sectors to influence the underlying causes of health and health inequity.

Spread the message of a Healthy Tasmania so that we...

Empower people and communities – to have more control over their lives and the conditions that affect them.

Connect to support – by linking marketing to services and programs that support people to change (e.g. smoking cessation services and walking groups).

Enable access – to all available services in the health and social care system by, for example, adopting 'no wrong door' and client first approaches.

Build supportive environments and policies that will...

Promote and protect – to make healthy choices easier through legislation, regulation and settings-based strategies (e.g. food labelling, school canteens).

Build healthy people and places – by promoting facilities and spaces that are healthy by design, providing more access to alternative transport options and more opportunities for physical activity.

Explore health equity impact assessment – that will deliver evidence of the impact of all sectors on wellbeing.

Address locational disadvantage by...

Encouraging place-based approaches – so that we can mobilise the strengths of communities to help them overcome the barriers Tasmanians face to living well.

Using people-centred planning – to develop health and wellbeing programs with consumers and communities, in accordance with their needs.

Bring together and strengthen our health intelligence by...

Fostering Social Action Research – by developing partnerships between citizens, researchers and health practitioners to find out what keeps Tasmanians healthy and well.

Establishing health and wellbeing indicators – to improve the data and analysis needed to profile the health of our communities and meet national reporting requirements.

Investigating health outcomes-oriented commissioning – with the aim of funding services more effectively to meet the health and wellbeing needs of local populations.

Activities currently progressing under the banner of *A Healthy Tasmania* include: a Health and Wellbeing Advisory Council, an Interagency Working Group focusing on Place-Based Approaches, and establishing links with existing interagency mechanisms.

Health and Wellbeing Advisory Council

In 2012, the Minister for Health, the Hon. Michelle O'Byrne MP, established a Health and Wellbeing Advisory Council to provide advice to the Tasmanian Government and broader community on the best ways to improve health outcomes and reduce health inequity in Tasmania.

Nine community members dedicated to promoting and creating a fair and healthy Tasmania were appointed to the Council through an expression of interest process. Community members are voluntary positions who are supported by ex-officio members within the DHHS.

The role of the Council is to provide advice to, and work with, all parts of the Tasmanian Government, health and other sectors and the broader community on health and wellbeing issues in Tasmania. The vision of the Advisory Council is a "thriving Tasmania." Its mission is to "improve health and wellbeing for all Tasmanians."¹⁷

The Advisory Council will champion new partnerships for health and wellbeing through:¹⁸

- understanding and awareness
- leadership and action across all sectors
- community ownership and solutions
- a focus on prevention and equity
- a social determinants approach
- partnerships and collaboration
- research, evaluation and monitoring.

The Council is required to report annually to the Cabinet of Tasmania through the Minister for Health. The 2012 report will detail the progress of the Advisory Council during its inaugural year, together with a set of preliminary recommendations.

By the end of 2013, the Health and Wellbeing Advisory Council will deliver final recommendations to the Tasmanian Government. Following the completion of the recommendations, the terms of reference and membership of the Advisory Council will be reviewed.

Interagency Mechanisms

There are a range of existing interagency mechanisms that strongly align and work with the *A Healthy Tasmania* strategic directions. These include:

- *Agenda for Children and Young People*
- *Cost of Living Strategy*
- Child and Family Centres
- Food Access and Affordability Fund
- *Food for all Tasmanians: A Food Security Strategy*
- Integrated Service Delivery Inter-Departmental Committee
- Interagency Mental Health Committee
- Interagency Working Group on Alcohol, Tobacco and Drugs.
- LINC Tasmania
- *Liveability Strategy for Tasmania*
- *Social Inclusion Strategy for Tasmania*
- *Suicide Prevention Strategy*
- *Tasmanian Food and Nutrition Policy*
- *Tasmania Together*
- *Tasmanian Government Collaboration Strategy*

Population Health seeks to strengthen these types of interagency mechanisms, which provide an opportunity for intersectoral action on social determinants and health equity.

Tasmania Together

Tasmania Together is an important means for driving action on social determinants and health equity in Tasmania. *Tasmania Together* is a framework of goals and benchmarks used to guide decision-making in government, business and community sectors. It sets a long-term vision for social, economic and environment outcomes in Tasmania.

Tasmania Together currently includes 12 goals and 155 benchmarks that reflect priorities developed with the people of Tasmania during extensive community consultation processes undertaken in 2000, 2005 and 2011. These goals and benchmarks have the potential to measure progress against a number of social determinants (e.g. education, employment, early years). They also help to shape government policy, service delivery and budgets across these areas. For further information visit: www.tasmaniattogether.com.au.

Other Portfolios

There are also a number of Tasmanian Government strategies that are acknowledged to have a strong influence on health through their impact on the social determinants of health. Examples include:

- Arts and Disability Program
- Arts Tasmania
- *Community Engagement Framework*
- Early Years Foundation
- *Economic Development Plan*
- *Housing Tasmania Strategic Plan 2012 - 2017*
- *Inclusive Ageing Strategy*
- Premier's Physical Activity Council
- Sport and Recreation Tasmania
- Tasmanian Climate Action Council
- *Tasmanian Framework for Action on Climate Change*
- *Tasmanian Infrastructure Strategy*
- *Tasmanian Innovation Strategy*
- *Tasmanian Skills Strategy*
- *Tasmanian Urban Passenger Transport Framework*
- *Tasmanian Walking and Cycling for Active Transport Strategy*

Again, opportunity exists to strengthen collaboration across these strategies and to increase understanding of the potential impact that they have on both health outcomes and health inequities.

Department of Education

The Tasmanian Department of Education (DoE), in particular, works in collaboration with Population Health to support its students to maintain and improve their health. Many DoE programs support a social determinants and health equity approach.

For example, in addition to implementing the Tasmanian Health and Wellbeing Curriculum (and in future years the Australian Curriculum), the DoE provides the following programs to build the health awareness of students: Move Well Eat Well, Breakfast Programs, Stephanie Alexander Kitchen Garden program and the Cool Canteen Accreditation program. The Department's policies in this area include the *Management of Drug Issues and Drug Education in Tasmanian Schools*.

Individual schools also participate in programs that highlight issues of world hunger and poverty such as the Forty Hour Famine, Care Australia and Just Act. Schools also develop projects that connect students to communities in Third World countries, using Facebook and other social media. Schools often visit the communities they are supporting.

Sustainability and environmental issues are also promoted through school initiatives and programs, such as:

- The Sustainability Initiatives Program, which is aimed at reducing the carbon footprint of schools and colleges.
- The Sustainability Learning Centre, which is an "action learning facility" that will provide quality teaching and learning of environmental and science education, including climate change. The building is an educational tool that can provide the community and schools with direct information about renewable energy and sustainable practices.
- The Molesworth Environment Centre, which runs programs for schools on issues such as sustainability, Tasmanian animals at risk and biodiversity.

In addition all architectural briefs for major works are required to be based on sustainability principles. New buildings and refurbishments seek green star certification under the Green Building Council Australia Standards.²

The DoE also takes a lead in the Child and Family Centres and LINC Tasmania (listed earlier), both of which are interagency mechanisms. LINC Tasmania is a statewide network that gives Tasmanians access to library services, research and information, adult literacy support, community learning, online access, and archive and heritage services. In LINC, Adult and Family Literacy Volunteer Tutors provide learning support for individuals and or groups of learners using strategies determined and overseen by an Adult Literacy Coordinator. LINC brings together the services of the State Library of Tasmania, the Tasmanian Archive and Heritage Office (TAHO), Adult Education and online access centres.

Tasmania's Child and Family Centres are for children from birth to age 5 and their families.¹⁹ The purpose of Child and Family Centres is to improve the health and wellbeing, education and care of Tasmania's very young children by supporting parents and enhancing accessibility of services in the local community. The goals of the Child and Family Centres are to:

- Improve the health and educational outcomes for children – birth to five years.
- Provide a range of integrated early years services in the local community to support the development of children birth to five years.
- Build on the existing strengths of families and communities and assist in their educational needs.
- Increase participation in early years programs such as those offered through the Launching into Learning program.
- Build community capacity by developing partnerships with parents, carers and the community.
- Respond to child and family needs in a seamless and holistic manner.

Department of Police and Emergency Management

The Department of Police and Emergency Management also works closely with the DHHS and other Departments, on a number of relevant programs, such as:

- 'Inter-Agency Support Teams,' which are an early intervention strategy whereby government agencies work in partnership with local councils, in delivering government services to children, young people and their families with complex needs.
- The *Tasmanian Alcohol Framework for 2010-2015*, which undertakes a number of strategies to prevent harm from alcohol among the Tasmanian population, including high risk groups such as young people.
- The Inter-Agency Working Group on Drugs, to reduce harm from alcohol, tobacco and other drugs, through a variety of community-based strategies to foster cultural change. The Inter Agency Working Group on Drugs is responsible for the development, monitoring and reporting of the *Tasmanian Drug Strategy* and its associated sub-strategies.

² For information about Green Building Council Australia Standards for education facilities visit: www.gbca.org.au

Australia's Response

The Australian Government has not issued an explicit statement or policy in response to *Closing the gap in a generation*. However, there are many relevant areas of work that are broadly addressing the social determinant and health equity agenda.

Measuring Australia's Progress

*Measures of Australia's Progress*²⁰ (MAP) is a suite of statistical indicators to help Australians determine whether life in Australia is getting better. The latest version, published in 2011, provides a range of statistical evidence, grouped across the domains of 'society,' 'economy' and 'environment,' to help answer this question. Within these broad domains, several dimensions are addressed, such as health and work within the social domain, national income within the economic domain, and biodiversity within the environmental domain.

Like *Tasmania Together*, MAP offers both a potential measure of progress on social determinants and a means for driving action across sectors. A useful addition to MAP process would be an explicit measure of health equity or the association between health outcomes and quality of life and socioeconomic status in Australia. For example, measurement of self-assessed health status across the different socioeconomic quintiles could be included.

National Preventative Health Taskforce and Strategy

The National Preventative Health Taskforce is an obvious starting point for any potential action on the social determinants and health equity at an Australian Government level. According to its terms of reference, the role of the Taskforce is to "provide evidence-based advice to government and health providers – both public and private – on preventative health programs and strategies, and support the development of a National Preventative Health Strategy."²¹

The National Preventative Health Strategy, *Australia: The Healthiest Country by 2020*,²² identifies the social determinants as a policy priority, including the potential approaches, such health impact assessment and health in all policies. However, the vast bulk of activity funded under the strategy focuses on midstream prevention targeting individual lifestyle choices around obesity, tobacco and alcohol. While this is a valid approach, a greater emphasis on the social determinants of health will be required to begin to address health equity in Australia.

Dr Sharon Friel, of the National Centre for Epidemiology and Population Health at the Australian National University, prepared the report *Health Equity in Australia: A Policy Framework Based on Action on the Social Determinants of Obesity, Alcohol and Tobacco*²³ for the Taskforce in 2009, prior to the release of the Strategy. Dr Friel was a member of the Secretariat for the WHO Commission on Social Determinants of Health and is a world expert in the field.

Dr Friel's report explains that choosing to eat healthy food, being physically active, limiting alcohol consumption and not smoking requires people to be empowered to make these choices.²⁴ It describes how to reframe action on obesity, alcohol and tobacco to better address the underlying causes. A range of actions are described in areas of education, employment, urban development, trade, economic policy, social inclusion, each of which, if pursued, will contribute significantly to preventing obesity, alcohol and tobacco related ill-health. These and a number of other recommendations (e.g. monitoring and surveillance, skills

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development) focused on making health equity a central goal of the Taskforce and the Australian Government remain relevant and need to be revisited.

Other national bodies that have a responsibility to show leadership in this area are the Standing Council on Health and the leading committees, particularly, the Australian Population Health Development Principal Committee and the Health Policy Priorities Principal Committee.

National Preventive Health Partnership Agreement

The *National Partnership Agreement on Preventive Health* (NPAPH) is the major funding agreement between the Australian Government and states and territories that outlines how funding from the DoHA, for preventive health is to be spent in Tasmania.

The National Preventative Health Taskforce also informed the framework for the NPAPH, which again names social determinants and health equity as a priority, but focuses more action on lifestyle choices. Of the three funding components, *Healthy Workers*, *Healthy Children* and *Healthy Communities*, the later has the strongest alignment with a social determinants agenda, with funding flowing directly through to local government for initiatives that support the health and wellbeing of at risk population groups.

There is scope to build upon the success of the *Healthy Communities Initiative*, by further focusing on social determinants, by bringing the agenda together with other programs of a similar focus and by extending the timeframe of the initiatives, which is currently scheduled to cease in 2015.

Other National Health Reforms

The National Health and Hospitals Reform Commission recognised the importance of the social determinants agenda, identifying 'Tackling major access and equity issues that affect health outcomes for people now' as one of four major themes in its Final Report.²⁵

The sentiment was echoed in the Council of Australian Government's *National Healthcare Agreement 2012*. The Agreement notes that "the foundation for each policy and reform direction is an approach that places the health outcomes of all Australians at the centre of the service system and reform efforts".³ It also strives to, 'eliminate differences in health status of those groups currently experiencing poor health outcomes relative to the wider community.'⁴

Included in the Agreement's schedule of outcomes, policy directions and priority reform areas are direct commitments towards addressing health inequities such as:

- Australians are born and remain healthy⁵
 - Encourage public and private investment in initiatives that support children getting a good start in life and people staying healthy, with a focus on disadvantaged groups.
- Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians⁶

³ Council of Australian Governments "National Healthcare Agreement 2012" clause 32 pA-9.

⁴ Ibid clause 5 pA-2.

⁵ Ibid pA-9.

Department of Health and Human Services Tasmania Submission to Senate Committee on Australia's domestic response to the World Health Organizations's (WHO) Commission on the Social Determinants of Health report "Closing the gap within a generation"

- Reduce gaps in health outcomes arising from disparities in socio-economic status.
- Develop innovative evidence-based models of care for Indigenous Australians.
- Improve health services for rural Australia and disadvantaged populations including the homeless.
- Link health interventions into broader activities designed to redress disadvantage.

Clearly, there is high level commitment from the Australian Government and all jurisdictions to act on the social determinants agenda, but more is needed by way of direct action and reform at a structural, service delivery and funding level.

Another national health reform that has significant potential impact on the social determinants and health equity agenda is the establishment of Medicare Locals. Medicare Locals are primary healthcare organisations established to coordinate primary healthcare delivery and tackle local healthcare needs and service gaps.²⁶ They will drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities.

A key element of the recently announced *Tasmanian Health Assistance Package* is funding to Tasmania Medicare Local to develop and implement pilot initiatives to improve the health of Tasmanians through addressing the social determinants of health (such as social status, health literacy, housing and education).

Medicare Locals, together with the National Performance Authority, will also be responsible for the development of *Healthy Communities Reports*, which will include local and regional information on a range of areas, including preventive health risk factors and other measures of community health and wellbeing. The *Healthy Communities Reports* are a potential progress measure for the social determinants agenda. The need for this type of health intelligence, analysed through an equity lens, is more critical than ever.

Social Inclusion Agenda

The Australian Government's social inclusion agenda has a strong alignment with the social determinants and health equity agenda. The Australian Government states that, 'social inclusion is about building a nation in which all Australians have the opportunity to participate in our community... To achieve this we need to tackle complex and entrenched forms of disadvantage. The social inclusion approach is about all sectors of the community – government, business and the not-for-profit sector, communities and individuals – working together.'²⁷

The social inclusion agenda is led by the Australian Social Inclusion Board, the Australian Social Inclusion Framework and its Measurement and Reporting Framework for Social Inclusion. 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 Framework, *A Stronger, Fairer Australia*,²⁸ sets out the Government's long-term vision and strategies and identifies six priority areas (e.g. jobless families, children at risk, homelessness). The Reporting Framework, *Social Inclusion in Australia: How Australia is Fairing*²⁹ measures progress on key issues affecting social inclusion, including: material/economic, health and disability, education and skills, social resources, community and institutional resources, and housing and personal safety.

⁶ Council of Australian Governments "National Healthcare Agreement 2012" pA-11.

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The Tasmanian Government strongly supports the Australian Government's commitment to social inclusion. Progress made in this area is likely to have a substantial impact on health outcomes in Australia through the influence of the social determinants of health. Greater health inequity has been shown to exist in countries where greater social inequality exists between rich and poor.³⁰

An important point worth noting is that a social determinants agenda is broader than social inclusion. While social inclusion is primarily concerned with addressing poverty and disadvantage, the social determinants agenda recognises that there is a social gradient that runs across the whole of society that has an unfair impact on health outcomes. That is, health outcomes increase along each step in the social ladder, from lower, to middle, to upper incomes.

Closing the Gap

Likewise, the Tasmanian Government strongly supports the Australian Government's *Closing the Gap* initiative for its strong alignment with a social determinants and health equity agenda. *Closing the Gap* is a strategy that aims to reduce Indigenous disadvantage with respect to life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes.³¹ Endorsed by the Australian Government in March 2008, *Closing the Gap* is a formal commitment developed in response, to the call of the *Social Justice Report 2005* to achieve Indigenous health equality within 25 years.

To monitor change, the Council of Australian Governments (COAG) has set measurable targets to monitor improvements in the health and wellbeing of the Indigenous population. These targets focus on health, housing, early childhood, education, economic participation and remote service delivery. The achievement of substantial improvements in the health and wellbeing of Indigenous people will depend largely on the effective implementation of these targets as they reflect some of the substantial disadvantages experienced by Indigenous people.

The Tasmanian Government strongly supports continued investment into *Closing the Gap*, in collaboration with Indigenous Australians, in order to achieve the desired improvements to Indigenous health outcomes that will only be achieved through long-term, sustainable change.

Other Portfolios

Given the breadth of the social determinants agenda, and the growing recognition of avoidable health inequities as a consequence of the circumstances in which people grow, live, work and age, all Australia Government portfolios will potentially have a role. Examples of key initiatives across portfolios that have a clear impact upon health and wellbeing include: social welfare payments and services, social housing and homelessness initiatives, climate change strategies, the National Disability Insurance Scheme, Medicare and the Pharmaceutical Benefits Scheme. Maintenance of the existing social protection standards in Australia is essential.

What is clear is that there is a need for greater Joined-Up Government in order to capitalise on the co-beneficences of action across these activities. By working together, portfolios have a greater chance of achieving shared goals.

Opportunities

Adopting the WHO Recommendations

Reports subsequent released by the WHO since *Closing the gap in a generation* expand on actions that can be taken on social determinants and health equity. Opportunity exists for the implementation of these actions in Australia.

As mentioned earlier in this paper, *Closing the gap: Policy into practice on social determinants of health*³² lays out the key components that all countries need to integrate in implementing a social determinants approach.

In particular, the paper identifies the role of the health sector in regards to social determinants and health equity. The paper argues that there are four broad, interrelated functions through which the health sector can make a useful contribution to governance for action on social determinants:³³

“First, the health sector has a key role in advocating for a social determinants approach and explaining how this approach is beneficial both across society and for different sectors. In particular, the health sector needs to articulate why health inequities are a high-priority indicator of a society’s lack of well-being that justifies an integrated response.

Second, the health sector has particular expertise in and responsibility for monitoring health inequities and the impact of policies on social determinants.

Third, through marshalling of evidence and successful advocacy, the health sector can play an important role in bringing sectors together to plan and implement work on social determinants — for example, identifying issues that require collaborative work, building relationships, and identifying strategic allies in other sectors as potential partners.

Fourth, the health sector has an important role in the development of capacities for work on social determinants. An important caveat is that the health sector should avoid claiming any of these roles as its exclusive function.”

The paper also identifies a range of specific responsibilities and tasks which will assist the health sector to take on these functions:³⁴

- understand the political agendas and administrative imperatives of other sectors
- building the knowledge and evidence base of policy options and strategies
- assessing comparative health consequences of options within the policy development process
- creating regular platforms for dialogue and problem solving with other sectors
- evaluating the effectiveness of intersectoral work and integrated policy-making in partnership with other stakeholders
- building capacity through better mechanisms, resources, agency support and skilled and dedicated staff
- working with other arms of government to achieve their goals and, in doing so, advance health and wellbeing.

In order to take on these new responsibilities, the health sector needs to build its own capacity to work effectively on social determinants. Within the paper WHO identifies useful tools and instruments for implementing policy on social determinants:³⁵

- inter-ministerial and inter-departmental committees
- integrated budgets and accounting
- integrated workforce development
- partnership platforms
- impact assessments
- cross-sector action teams
- cross-cutting information and evaluation systems
- community consultations and citizens juries
- health lenses
- legislative frameworks.

Recommendations

That the Australian Government:

1. Acknowledges the WHO recommendations in *Closing the gap in a generation* (and associated papers) and its commitment to the Rio Declaration and develops a formal policy statement outlining Australia's response.
2. Learns from the experiences of states and territories and Australia's leading researchers in this field on how to drive action on the social determinants of health. (e.g. South Australia's Health in All Policies Approach, Tasmania's *Fair and Healthy Tasmania Strategic Review*, and subsequent policy direction a *Healthy Tasmania* launched in 2011).
3. Acknowledges the shared goals of all portfolios and their impact on avoidable health inequities.
4. Establishes Joined-Up Government mechanisms (e.g. health/equity impact assessment, cross-sector action teams, knowledge transfer and boundary spanning skills development) in order to drive intersectoral action on the social determinants.
5. Increases the existing level of funding for preventive health in line with the potential cost benefits of investment.
6. Continues to strengthen initiatives targeted at the reduction of social inequalities in Australia, such as its social inclusion agenda and *Closing the Gap*.
7. Draws the alignment of other Government priorities to the potential to improve the social determinants of health and reduce the social gradient, through implementation of, for example, the Gonski report on Education, or the tax reform proposed in the *Henry Review*.
8. Places the social determinants and health equity at the heart of its health reform agenda, including the National Preventative Health Taskforce, *National Preventative Health Strategy* and *National Partnership Agreement on Preventive Health*.
9. Utilises other health reform opportunities such as workforce development and the *Primary Health Care Strategic Framework*.
10. Moves to incentivise future preventive health activities towards 'upstream' determinants of health through these national bodies and funding agreements.
11. Extends the life of the *Healthy Communities Initiative* in the next *National Partnership Agreement on Preventive Health*.
12. Develops the health intelligence required to effectively monitor health inequity in Australia and the impact of strategies to address this.
13. Establishes a National Social Determinants of Health Working Group as a subcommittee of the National Preventative Health Taskforce to identify a plan of action for Australia in collaboration with state and territory governments.

Appendix

Table I. Summary of recommendations of the Commission on the Social Determinants of Health

I. Improve Daily Living Conditions
<ul style="list-style-type: none"> • Improve the wellbeing of girls and women and the circumstances in which their children are born <ul style="list-style-type: none"> ○ Strongly emphasise early childhood development and education for both girls and boys • Manage urban development <ul style="list-style-type: none"> ○ Increase the availability of affordable housing ○ Invest in urban slum upgrading, especially provision of clean water, sanitation, electricity and paved streets • Ensure that urban planning promotes healthy and safe behaviours equitable <ul style="list-style-type: none"> ○ Promote walking, cycling and the use of public transport ○ Undertake retail planning to manage access to unhealthy foods ○ Implement good environmental design and regulatory controls (e.g. the number of alcohol outlets) • Ensure that policy responses to climate change consider impacts on health equity • Make full and fair employment a shared objective of international institutions and a central part of national policy agendas and development strategies <ul style="list-style-type: none"> ○ Strengthen representation of workers in the creation of employment policy, legislation and programs • Use international agencies to support countries' efforts to protect all workers <ul style="list-style-type: none"> ○ Implement core labour standards for formal and informal workers ○ Develop policies to ensure a balanced work-home life ○ Reduce negative effects of insecurity among workers in precarious work arrangements • Progressively increase social protection systems <ul style="list-style-type: none"> ○ Ensure that systems include those in precarious work situations, including informal work and household or care work • Build quality healthcare services with universal coverage, focusing on a primary healthcare approach <ul style="list-style-type: none"> ○ Strengthen public sector leadership in equitable financing health care systems and ensuring universal access to care regardless of ability to pay ○ Redress health brain-drain, focusing on investment in increased health-related human resources and training and on bilateral agreements to regulate gains and losses.

2. Tackle the Inequitable Distribution of Power, Money and Resources
<ul style="list-style-type: none"> • Place responsibility for action on health and health equity at the highest level of government and ensure its coherent consideration across all policies <ul style="list-style-type: none"> ○ Assess the impact of all policies and programs on health and health equity • Strengthen public finance for action on social determinants of health • Increase global aid towards the 0.7% target of GNP and expand the Multilateral Debt Relief Initiative • Develop coherent social determinants of health focus in Poverty Reduction Strategy Papers • Institutionalise consideration of health and health equity impact in national and international economic agreements and policy-making • Reinforce the primary state role for basic services essential to health (such as water/sanitation) and regulation of goods and services with a major impact on health (such as tobacco, alcohol and food) • Create and enforce legislation that promotes gender equity and makes discrimination on the basis of gender illegal • Increase investment in sexual and reproductive health services and programs, building towards universal coverage and rights • Strengthen political and legal systems <ul style="list-style-type: none"> ○ Protect human rights ○ Assure legal identity and support the needs and claims of marginalised groups, particularly Indigenous Peoples • Ensure fair representation and participation of individuals and communities in health-related decision-making • Facilitate the role of civil society in the realisation of political and social rights affecting health equity • Make health equity a global development goal
3. Measure and Understand the Problem and Assess the Impact of Action
<ul style="list-style-type: none"> • Ensure routine monitoring systems for health equity locally, nationally and internationally <ul style="list-style-type: none"> ○ Ensure that all children are registered at birth ○ Establish national and global health equity surveillance systems • Invest in generating and sharing new evidence of social determinants and health equity and on effectiveness of measures <ul style="list-style-type: none"> ○ Create dedicated budget for generation and global sharing of evidence • Provide training on social determinants of health to policy actors, stakeholders and practitioners, and invest in raising public awareness <ul style="list-style-type: none"> ○ Incorporate social determinants of health into medical and health training ○ Train policy-makers and planners in health equity impact assessment ○ Strengthen capacity within WHO to support action on social determinants

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