



## **Submission to the Domestic Response to the WHO Social Determinants of Health Report.**

The Northern Territory Department of Health (the Department) appreciates the invitation to make a submission to the Community Affairs References Committee in relation to the Senate Inquiry into Australia's domestic response to the World Health Organisation's (WHO) commission on Social Determinants of Health Report "Closing the gap within a generation".

The Department supports the recommendations of the WHO report, and acknowledges that both at a national level through the Council of Australian Governments (COAG) and at a Territory level, actions have been taken to raise awareness of the Social Determinants of Health (SDoH). In the Northern Territory (NT) responses include funding agreements with the Commonwealth Government through Closing the Gap and Stronger Future agreements. These approaches and agreements assist in facilitating a Whole of Government response to actions and policies that impact on the SDoH, an example of this is the *Health in All Policies* championed in South Australia which are emerging and warrant support for a roll out across Australia.

The Department submission will:

- discuss the unique context of the NT including the burden of disease and the most significant SDoH
- outline frameworks, strategies and actions the NT is currently implementing in relation to SDoH and
- suggest opportunities for the Commonwealth to extend current approaches in order to improve health outcomes to disadvantaged groups

### **Burden of Disease**

The NT has the highest burden of disease among all jurisdictions in Australia. Among the leading categories of burden of disease are mental health conditions, cardiovascular disease, diabetes, cancer and chronic respiratory conditions. Chronic conditions and their complications constitute the largest proportion of avoidable hospitalisations in the NT. While the rate of avoidable hospitalisation for non-Aboriginal people is similar to the Australian rate, the rate for Aboriginal Territorians is four times higher than the national rate.

Addressing SDoH is important in the prevention and ongoing management of chronic disease as they are key drivers of chronic conditions. Many of the modifiable risk factors that influence the development of chronic conditions such as smoking, consumption of excess alcohol, poor diet and limited physical activity are linked to SDoH, and are exacerbated by other SDoH such as level of income, limited education and unemployment which are risk factors for chronic conditions in their own right.

### **Social Determinants of Health in the Northern Territory**

Generally speaking it is important to address all SDoH in the NT. However those that should be focused on in terms of their ability to reduce the burden of disease and lead to improved health and wellbeing outcomes for populations in the NT are:

- Access to services
- Early years development and support (0 to 5 years)
- Increased Health Literacy





- Food Security
- Unemployment/Employment
- Appropriate education
- Dealing with Racism and Cultural Security
- Gender inequities
- Improved infrastructure (Housing, Transport, Roads)

A recent NT study by Zhao et al (2008) that analysed public hospitalisation and socio-economic indexes for areas (SEIFA) from the 2006 census. This study indicated that lifting SEIFA scores for family income and education/occupation by two quintile categories for low socio-economic Aboriginal groups was sufficient to overcome the excess hospital utilisation among the Aboriginal population compared with the non-Aboriginal population in the NT. The study suggests that poverty needs to be recognised as an underlying determinant of the health gap.

### **Northern Territory's actions on Social Determinants of Health**

The NT Government recognises that action on the SDoH requires a whole of government response; however it also recognises that the Health Sector can play a significant stewardship role to facilitate action and work in partnership with other sectors to address the negative impacts of SDoH.

The NT is currently implementing a variety of strategies, frameworks and programs that have the potential to affect the SDoH and close the gap between NT populations. The most significant specific initiatives are detailed in this submission.

It should also be recognised that within the NT there has been significant investment in remote housing and education initiatives, and example of this is the establishment of the Families as First Teachers and Integrated Family Services programs. This investment is directly targeting the SDoH and will ultimately lead to the improvement of health outcomes for remote communities.

### **Strategies, Frameworks, Programs implemented in the NT**

The Northern Territory Chronic Conditions Prevention and Management Strategy 2010 - 2020 aims to improve the health and wellbeing of all Territorians by reducing the incidence and impact of chronic conditions. The Strategy has eight key action areas to achieve this aim. Action Area 1 is action on Social Determinants of Health. The objective of Action Area 1 is to contribute to changing the SDoH which impact on chronic conditions through improving living conditions, food security, education, employment and health literacy.

Initiatives under the National Partnership Agreement on Preventive Health (NPA PH) are addressing risk factors for preventable chronic conditions by utilising a multifaceted health promotion and prevention approach that relies on cross sector collaboration and addresses both underlying SDoH and specific risk factors. The Department is currently implementing the following initiatives funded by the Commonwealth under the NPA PH.

- *SWAP IT Don't Stop It* a social marketing initiative that supports populations to take up healthy behaviours relating to physical activity and diet. The NT is also implementing a related social marketing campaign targeting specifically remote communities with the message to Swap Water for Soft Drink. In this campaign the Department works with partners such as Community Stores, Schools and nutritionists.





- Childhood Obesity Prevention and Lifestyle (COPAL) where the Department is working with the South Australian Government and the City of Palmerston to pilot an obesity prevention initiative. The initiative is working with partners across the government and non-government sector to reduce rates of childhood obesity.
- Healthy Workers Initiative which is utilising a multifaceted health promotion approach in working towards workplaces that provide an environment that assists workers in developing and maintaining a healthy lifestyle by focusing on the increase of physical activity, the reduction of smoking and harmful consumption of alcohol and a focus on healthy eating.
- Healthy Communities Initiative is implemented in the urban centres of Darwin, Alice Springs and Palmerston. The initiatives are led by local government to promote a healthy lifestyle by enhancing access to lifestyle programs and building social support.

There is an increasing focus on improving Health Literacy, and the Department has recently established a partnership with Charles Darwin University to develop an Indigenous Health Literacy Benchmarking tool, that can be utilised by both services and communities to help address Health Literacy.

The Department works in partnership with Outback stores, Arnhem Land Progress Aboriginal Corporation (which between them own or manage 42% of NT remote community stores), Menzies School of Health Research and the Store Licensing program to improve food security in remote communities. The Department also conducts an annual Market Basket survey in order to monitor price, availability and quality of foods in remote community stores.

The Central Australian Aboriginal Congress in Alice Springs is operating the Australian Nurse Family Partnership Program. This Australian Government funded program is based on the strongest possible evidence of efficacy and assists vulnerable families to achieve better development and life outcomes by supporting families to better meet their child's needs. The program addresses the needs of parents and the child through a structured program of home visits that begin during pregnancy, and extends over the first two years of the child's life.

A partnership between the Department and Department of Education and Children Services has been developed and has two main areas of focus:

### **1. Early Childhood**

This partnership has been established to facilitate the collaboration on programs and services that deliver measurable improvements in health and developmental outcomes for infants and children in the NT. Two specific initiatives in this partnership are the establishment of the high-level Early Childhood Steering Committee and the joint subscription to the Quality Improvement Program Planning System (QIPPS) that is used to plan and evaluate programs.

### **2. Schools**

NT Government funded primary and secondary schools are required to provide at least two hours of physical activity a week as part of the curriculum. Schools are also required to abide by the *Canteen, Nutrition and Healthy Eating Policy* for the provision of food and drink as well as fundraising and food as rewards. Areas such as Nutrition, Sexual Health and Oral Health are incorporated in activities within the curriculum.





### **National action on Social Determinants of Health relevant to the NT**

The Aboriginal and Torres Strait Islander Health Performance Framework monitors' progress on Aboriginal and Torres Strait Islander health outcomes, health system performance and the broader determinants of health. The 2012 report provides data that can be utilised to inform further investment and program development to address the Determinants of Health for Aboriginal and Torres Strait Islander populations.

Significant funds and program development has occurred for new initiatives in Northern Territory through the Closing the Gap initiative. This initiative is specifically focused on reducing the gap in health outcomes between Aboriginal and non-Aboriginal populations. The approach utilised in the Closing the Gap Initiative could be extended to improve outcomes of all disadvantaged populations within Australia.

To be able to take comprehensive action on the SDoH and reduce the gap between populations, it is necessary to ensure that COAG initiatives are implemented collaboratively across Government and Non-governmental sectors. This can be facilitated by including the need to work across sector in funding arrangements and by utilising whole of government policy approaches an example of this is the Health in All Policies (HiAP).

HiAP is considered to be a key strategy for achieving action on the SDoH. HiAP is a horizontal health policy strategy that incorporates health as a shared goal across all parts of Government and addresses complex health challenges through an integrated policy response across portfolio boundaries. This approach has been adopted in some parts of Europe, and has been endorsed by the WHO. In Australia it has been popularised and widely implemented by the South Australian Government. For Australia to fully benefit from the utilisation of HiAP to achieve action on the SDoH, COAG would have to adopt it as a generic approach and fund the implementation in States and Territories.

The Population Health Congress, organised by the Public Health Association of Australia, the Australian Health Promotion Association, the Australian Faculty of Public Health Medicine and the Australasian Epidemiological Association was held in September 2012, and recognises the importance of SDoH to address inequities and close the gap between populations. A Communiqué published at the conclusion of the Population Health Congress, recognises the importance of progressing an agenda for HiAP and that health outcomes are impacted by a range public policies, across government portfolio areas and is an approach that can facilitate action of SDoH.

The Office of Women's Policy in the Department of Chief Minister, leads a Gender Equality Panel. This is a whole of Government panel which provides input on the review, audit and reporting on gender equality measures within current Northern Territory Government policies and strategies, provide input to a review of women in governance and leadership roles, including decision making across the Northern Territory and provides departmental responses to the jurisdictional report from the Northern Territory Government to the United Nations on the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The Department of Health is represented on this by the Women's and Men's Health Strategy Units.

Processes have commenced to widen culturally secure health services and workforce; and to develop a culturally competent workplace which will translate from a policy perspective into a fully transitioned operational practice. Development of a stakeholder engagement policy and guide for Departmental staff that is linked to cultural appropriateness of services will support this.





## Conclusion

The Department supports the key overarching recommendations of the WHO report to act on the key areas of:

- Improving Daily Living Conditions
- Tackling the inequitable distribution of power, money and resources
- Measuring and understand the problem and assess the impact of action

These recommendations are as relevant to Australia and the Northern Territory as they are globally. The COAG has developed responses to address SDoH by the implementation of a range of programs, strategies and frameworks, including those funded under the National Partnership Agreement Preventive Health and the National Partnership Agreement Indigenous Early Childhood Development. It is important that these initiatives remain funded to ensure improvement of SDoH.

The Department suggests that the adoption utilisation and funding of a HiAP approach would facilitate cross sector action on the SDoH.

The DoH suggests that the approach that underpins the Closing the Gap initiatives could be extended to improve outcomes to all disadvantaged populations in Australia.

## References

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