



Victorian Healthcare Association

SUBMISSION

Australian Government's response to the WHO report on the social determinants of health

3 October 2012

1. Introduction

This submission outlines the Victorian Healthcare Association's response to the Australian Senate Community Affairs Committee 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 Victorian Healthcare Association (VHA) agrees to this submission being treated as a public document and the information being cited in the Committee's report.

1.1 Contact details

Chris Templin, Research and Policy Officer
Victorian Healthcare Association
Level 6, 136 Exhibition Street,
Melbourne, VIC, 3000
Email: chris.templin@vha.org.au

1.2 The Victorian Healthcare Association

The VHA is the major peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services and aged care facilities. Established in 1938, the VHA promotes the improvement of health outcomes for all Victorians, from the perspective of its members.

1.3 Prefacing comments

Australia's healthcare system is facing significant challenges. Rising health expenditure, a rapidly ageing population and a fast-increasing prevalence of non-communicable diseases are creating health and economic pressures that state and commonwealth governments are struggling to contain and manage. The theory of the social determinants of health provides an explanation and lens through which to understand the relationship between socioeconomic status and health, and through this lens a number of potential targets for government and health sector action to improve the health of populations. The WHO's report provides governments with three broad actions designed to improve health equity between and among populations:

- Improve daily living conditions
- Tackle the inequitable distribution of power, money, and resources
- Measure and understand the problem and assess the impact of action

The report suggests that government policy across these three recommendations is key to closing the gap of health inequity. Action on health inequity through the social determinants of health must be undertaken at a population level and involve collaborative planning and implementation from all levels of government, health providers and related community groups.

The VHA supports the adoption of a population health approach to planning across government departments and healthcare organisations and providers at local and regional levels. The VHA recently released its Population Health Approaches to Planning (PHAP)¹ position statement, framework and toolkit; a suite of documents that introduce a common language and understanding of population health planning, and guide health planners at all levels through the process of collaborative, cross-sectoral planning.

The VHA defines population health planning as integrated and collaborative cross-sectoral planning that aims to improve the health and wellbeing of whole populations, reduce inequities among and between specific population groups and address the needs of the most disadvantaged.



3 October 2012

Effective population health planning requires community, inter-sectoral and whole-of-government engagement, collaboration and action to address the social and environmental determinants of health, and implement actions that improve individual lifestyle factors and healthcare provision.

According to the WHO report, and supported by Wilkinson and Pickett, income inequality is a key determinant for a range of social and health risk factors and outcomes. Societies that have wider gaps between affluence and disadvantage are more likely to experience higher prevalence in a range of health and social indicators, including:

- higher rates of imprisonment
- higher percentage of population with a mental illness
- higher infant mortality rates
- higher obesity rates
- higher homicide rates
- higher rates of teen pregnancy and births.²

The link between socioeconomic disparity and health and social disadvantage is clear; the greater the disparity in socioeconomic status, the greater the likelihood of pronounced health and social disadvantages. Further to this relationship, economic growth in develop nations has not resulted in improved health and social outcomes for the more disadvantaged portions of these societies. Understanding this relationship and the resulting correlations with health outcomes must influence the Commonwealth Government's ongoing response to reducing social and health inequities in its population.

2. The VHA Response

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

a) Relevant Commonwealth programs and services

A government response to the social determinants of health must be grounded in an understanding that the Department of Health and Ageing (DoHA) has little influence or remit over the core social and environmental determinants of poor health. The Commonwealth Government, via DoHA, makes regular reference to the social determinants of health in policies and plans; this understanding of the social determinants of health is admirable and in line with current best-practice theory from the WHO. It is however a limited response unless the focus on social and health equity is translated into a coherent whole of government action.

For the Commonwealth Government to act decisively on the social determinants of health, an equity lens must be used in all planning and policy activities of relevant government departments and agencies. The Departments of Education, Employment and Workforce Relations; Families, Housing, Community Services and Indigenous Affairs; Health and Ageing; Human Services; Infrastructure and Transport; Regional Affairs, Local Government, Arts and Sport; and Sustainability, Environment, Water, Population and Communities all have an influence on the health and social outcomes of Australians and should have social equity as a focus in their planning and policy activities. Currently the activities of these departments are conducted within their organisational siloes, despite core responsibilities having close links to social equity, environmental health and healthcare. Introducing the commonalities that link the remits and activities of these departments and their agencies will improve the Commonwealth Government's approach to improving social and health equity in Australia.

b) The structures and activities of national health agencies



The WHO defines the social determinants of health as:

The conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.³

This basic definition underscores the importance of applying an equity lens to all relevant Commonwealth Government departments. Commonwealth Government departments and their auspiced agencies are structured vertically, creating operational siloes that can hinder collaboration and partnership on projects and issues; a key element of a population health approach. The Australian National Preventive Health Agency represents a positive step for preventive health efforts in Australia, but it is restricted by a limited remit and a governance structure that gives it little influence over the workings of other Commonwealth and State Government departments.

To truly undertake a social determinants of health approach, the Commonwealth Government must commit to changing the social and economic institutions that shape the health outcomes of its constituents. Investment in health promotion and other mid-stream, behaviour change-focussed activities will always have an important role to play in the health system, but unless these are part of a multi-sectoral, government-supported effort to reduce social inequity and act on the social determinants of health, it is likely they will not make a significant difference to the health of the population.

c) Appropriate Commonwealth data gathering and analysis

Commonwealth data gathering and analysis agencies such as the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics collect and publish data relevant to planning and implementing a social determinants of health approach.

In addition to the standard reports on health and welfare from the AIHW, a regular large scale report linking social status indicators with their related health and economic impacts is an avenue that the Commonwealth Government can use to improve the understanding of the social determinants of health. Such a report would carry non-political legitimacy and should be written in a way that is accessible to the media and public, using language that avoids 'traditional' terms relating to the social determinants of health.

To assist governments and health services to respond to health and social problems, data must be sufficiently flexible to identify issues at a local level. Much of the data from government agencies is provided in aggregate form and lacks the sensitivity required to identify issues at a local level. The VHA recommends that disaggregated data be provided to allow health services and governments identify and respond to specific issues without having to rely on data representing a mean.

2.2 Scope for improving awareness of social determinants of health:

a) In the community

A significant barrier to a broader community understanding of the social determinants of health is the terminology and language used in discussions on the subject. For example, terms such as *social inclusion*, *equity*, *social gradient*, *determinants* and *social support* are not intuitively understandable to people outside of the health professions. VHA's PHAP project has shown a broad variance in the understanding and use of terminology relating to population health planning and the social determinants of health from within the Victorian healthcare system. If trained professionals whose daily work involves using these concepts and terms are unable to refer to a single accepted framework, then it is unlikely that the public will be able to easily understand the language used to describe social equity and health.



3 October 2012

The Robert Wood Johnson Foundation (RWJF) commissioned market research in the United States to test the resonance and connection the public had to 'traditional' terms used in the communication of the social determinants of health. The report, titled *A New Way to Talk about the Social Determinants of Health*,⁴ found that the traditional phrasing of social determinant language consistently tested poorly. Phrases like "social determinants of health" and "social factors" failed to engage audiences; however the core concepts behind the social determinants of health resonated with audiences.

Rather than communicating information about the importance of the social determinants of health to a largely uninformed public, it would benefit all parties to adopt a more accessible explanation of how social factors impact on health, in language that is inclusive and easy to understand. The RWJF report suggests a number of alternative terms that are values-driven, colloquial and use relatable lifestyle references. The following is an example of a statement describing the social determinants of health using accessible and understandable language:

Stop thinking about health as something we get at the doctor's office but instead something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more you see the problem of health this way, the more opportunities you have to improve it. Scientists have found that the conditions in which we live and work have an enormous impact on our health, long before we ever see a doctor. It's time we expand the way we think about health to include how to keep it, not just how to get it back.

The message appeals broadly as it avoids politically loaded phrases, is framed in the context of accepted beliefs, includes solutions, provides tangible examples of how social factors relate to individuals, and uses colloquial language that is inclusive and easily relatable.

The VHA is not suggesting that government departments and social and health providers adopt a similar approach and rephrase existing terminology, it is however providing a potential solution for increasing public engagement with, and awareness of, the social determinants of health.

b) Within government programs

There is significant scope for improving the awareness of the social determinants of health in government departments and within government programs. Many government departments and the public service that staff them are not experienced in taking a social determinants of health approach. Introducing the concept of social equity and its impact on health can be a barrier that restricts understanding and uptake. Instead, using language that is accessible and not weighed down by health-centric terminology provides a logical way for public servants to understand the importance of the social determinants of health. For example, the RWJF report offers an accessible alternative to the traditional language of the social determinants of health, and one that would assist in improving awareness of core concepts.

c) Amongst health and community service providers

According to the VHA's PHAP resource, population health planning and action on the social determinants of health cannot be meaningfully implemented on an agency-by-agency basis. To achieve true improvements in the health of populations, there needs to be broad collaboration across sectors, organisations and geographic areas, involving relevant government branches and departments.

It is important that scarce preventive health resources are not devoted to single agency programs aiming to influence the social determinants of health, as significant impacts are best achieved when a coordinated collaborative approach to population health planning is undertaken.



Victorian Healthcare Association

SUBMISSION

Australian Government's response to the WHO report on the social determinants of health

3 October 2012

Commitment to the planning and implementation process from a broad range of organisations ensures that efforts to address the social determinants of health are targeted and avoid regional and local fragmentation; an inevitable result of a lack of partnership and collaboration.

3. Conclusion

Growing pressures on the Australian healthcare system necessitates a new approach to preventative healthcare. The Commonwealth Government has taken steps to address these pressures with the establishment of the Australian National Preventive Health Agency, the commitment of funding to nationwide preventive health programs, and the support of state-based health promotion and preventive health programs, such as the Prevention Communities Model in Victoria. Despite the growing investment into all forms of healthcare, the prevalence of non-communicable disease is increasing and alternative approaches must be considered.

To have a lasting and significant impact on the health of Australians, the Commonwealth Government must strive to increase awareness of the social determinants of health in the community and in government departments. Research from the United States has shown that current language describing the social determinants of health fails to engage the public, and that new value-based terminology that appeals to individuals' sense of social justice should be explored.

Without a coherent strategy to improve social equity, increase public awareness of the social determinants of health and include multiple sectors, government departments and healthcare providers in a population health planning process, significant impact on the growing rates of non-communicable diseases will be muted.

The VHA thanks the Australian Senate Community Affairs Committee for the opportunity to respond to its inquiry, and looks forward to providing further input should it be requested.

To further discuss this submission, please contact:

Trevor Carr

Chief Executive
(03) 9094 7777

Chris Templin

Research and Policy Officer
(03) 9094 7777
chris.templin@vha.org.au

¹ Victorian Healthcare Association. (2012). Population Health Approaches to Planning. Retrieved from <http://www.vha.org.au/phpalison.html>

² Wilkinson, R. G., & Pickett, K. E. (2007). The problems of relative deprivation: Why some societies do better than others. *Social Science & Medicine*, 65(9), 1965-1978.

³ World Health Organisation. (2012). *Social determinants of health*. Retrieved from http://www.who.int/social_determinants/en/

⁴ Carger, E. & Westen, D. (2010). A New Way to Talk about the Social Determinants of Health. *Robert Wood Johnson Foundation*, Retrieved from <http://www.rwjf.org/en/research-publications/find-rwjf-research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html>