

Social Determinants of Health

Health inequities arise from the circumstances in which people grow, live, work and age, in addition to the political, social and economic influences on these circumstances. Poverty, power (and lack of power) are important influences on our health and wellbeing

In 2008, World Health Organization (WHO) Commission on Social Determinants of Health (SDH) recommended attention to:

- improving daily living conditions, e.g. through early childhood development, education, housing, healthy behaviours, employment and working conditions, social protection throughout life and universal healthcare
- tackling the inequitable distribution of power, money and resources
- measuring and understanding the problem and assessing the impact of action.

Australia has been slow to respond to the WHO Commission recommendations. Despite a 2013 Senate Community Affairs References Committee inquiry into the reasons for Australia's delayed response, implementation of the recommendations remains elusive.

While all jurisdictions recognise SDH as an issue and express goals to improve health equity, relatively few strategies address SDH and improve health equity outside access to healthcare.

Nationally, policies on Aboriginal and Torres Strait Islander health appear to have made the greatest attempt to consider the SDH. However, implementation and evaluation remain problematic with still more than one-third of the health gap experienced by Aboriginal and Torres Strait Islander people reported to result from the SDH.

Primary Health Networks (PHNs) and local hospital networks may consider the SDH as part of their local health needs assessments and may collaborate locally to address some aspects of SDH as part of their work.

The National Centre for Socioeconomic Modelling (NATSEM)¹ reported that the adoption of the WHO Commission's recommendations would result in significant savings in government outlays and improved personal outcomes.

AHHA POSITION:

- ✧ Indicators of SDH should be established by the Australian Government, with benchmarks and targets identified at a national, state/territory, PHN and local government area level. Reporting against these indicators could be tasked to the Productivity Commission via the Report on Government Services, and/or through expanded reporting by the Australian Institute of Health and Welfare.
- ✧ The Australian Government should adopt a process that requires Cabinet to give consideration to social determinants in its significant decisions relating to the health and wellbeing of the Australian community.
- ✧ Health and social services must coordinate their assessment and response to community health needs at a regional level. This requires a governance structure to support integration at a regional level, timely data to inform policy decisions and allocation of funding, and transparent monitoring and reporting.
- ✧ Recognising that states/territories have primary responsibility for many areas of service delivery, National Agreements and National Partnership Agreements should include a Health Improvement Dividend component to identify roles and responsibilities, and quantify the impact on the SDH and health outcomes arising from the Agreements.
- ✧ Racism and other forms of discrimination must be redressed as SDH for minority groups, including Aboriginal and Torres Strait Islander people. This should include universal interventions, targeted interventions across different settings, organisational development, communications and social marketing and direct participation programs.

1. Brown, L, Thurecht, L & Nepal, B 2012, The Cost of Inaction on the Social Determinants of Health, The National Centre for Social and Economic Modelling, 2/10/2018, <http://www.cha.org.au/images/CHA-NATSEM%20Cost%20of%20Inaction.pdf>