

Social determinants of health



The social determinants of health (SDH) dictate our experiences of health and wellbeing across the life course, both positively and negatively. To appropriately address health inequity, health system reform must extend beyond the biomedical notions of treating disease and modifying risk factors. Rather, these systemic, underlying circumstances that influence our wellbeing must be considered to achieve a holistic and sustainable approach to improve public health.

BACKGROUND

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

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

- Improve daily living conditions, e.g., through early childhood development, education, housing, healthy behaviours, employment and working conditions, social protection throughout life and universal healthcare.
- Tackle the inequitable distribution of power, money and resources.
- Measure and understand the problem of health inequity and assesses the impact of policy actions to address it.

The Australian policy response to the 2008 WHO Commissions' recommendations has been slow, despite building evidence and health system awareness. This is despite estimates suggesting that if action were taken to address the social determinants of health, up to 60,000 unnecessary hospitalisations could be prevented annually, saving \$2.3b in hospital expenditure¹.

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 health care.

Nationally, policies on Aboriginal and Torres Strait Islander health appear to have made the most significant attempt to systemically consider the SDH. However, implementation and evaluation remain a challenge, with still more than one-third of the health gap experienced by Aboriginal and Torres Strait Islander people reported to result from the SDH².

Primary Health Networks (PHNs) and Local Hospital Networks (LHNs) consider addressing the SDH as a critical part of their work and are well-placed to capitalise on local evidence. However, their capacity to engage in 'upstream' action is hindered by national policy constraints, funding models and the time and resources for robust, systematic, evidence-informed participatory planning processes.

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 of 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 consider 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 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.
- The introduction of social prescribing in health care must mitigate the potential for the responsibility of addressing SDH being placed on individuals rather than governments and societies³.

¹Australian Government, National Preventative Health Strategy 2023-2030, https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf

² Australian Institute of Health and Welfare. (2022). Determinants of health for Indigenous Australians. Retrieved from <https://www.aihw.gov.au/reports/australias-health/social-determinants-and-indigenous-health>

³Oster, Candice & Bogomolova, Svetlana. (2024). Potential lateral and upstream consequences in the development and implementation of social prescribing in Australia. Australian and New Zealand Journal of Public Health. 48. 10.1016/j.anzjph.2023.100121.