Consumers Health Forum of Australia

Submission to the Senate Community Affairs Committee's Inquiry into Australia's Domestic Response to the World Health Organization's Commission on Social Determinants of Health Report

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Introduction
The Consumers Health Forum of Australia (CHF) welcomes the opportunity to provide a submission to the Senate Community Affairs Committee's *Inquiry into Australia's Domestic Response to the World Health Organization's Commission on Social Determinants of Health Report* (the Inquiry).

CHF is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. CHF has a strong interest in ensuring that all consumers benefit from addressing the social determinants of health.

CHF's submission supports the overarching recommendations of the World Health Organization (WHO) Commission on Social Determinants of Health's *Closing the Gap Within a Generation* report (the Report) and calls on the Government to formally respond to them. We recommend that the Report's recommendations and action areas be addressed through a social determinants of health framework, and with an increased emphasis on health promotion.

CHF argues that truly adopting a social determinants of health approach would involve reducing the current emphasis on health systems and illness based models of service, and focusing instead on the health and wellbeing of consumers. We suggest South Australia's *Health in all Policies* strategy as an example of how this might be applied in practice.

Finally, CHF believes that responding to the WHO report and ensuring that consumers benefit will mean setting targets across all of government. As a first priority, CHF recommends setting targets to ensure across government approaches to reduce health inequities in the following areas:

- Life expectancy
- Chronic conditions
- Obesity
- Tobacco consumption
- Alcohol misuse
- Self-assessed health status.

As part of this, all relevant bodies, including Local Hospital Networks and Medicare Locals, should be given publicly reportable goals to reduce inequalities in health outcomes and to improve consumer access to health services.

Australia's Response to 'Closing the Gap Within a Generation' and Other Relevant WHO Reports and Declarations

The social determinants of health are the conditions of daily living that determine a person's chances of maintaining good health.[1] The social determinants model accepts that the circumstances of some health consumers, including their social, economic and environmental conditions, influence their chances of achieving good health outcomes.

In recognition of this, the WHO established the Commission on Social Determinants of Health to address increasing concern about the widening inequities in health and make recommendations. CHF strongly supports the three overarching recommendations of the Report:

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money, and resources
3. Measure and understand the problem and assess the impact of action.[2]

The adoption of these recommendations, and each of the proposed action areas that fall under them, would greatly benefit Australian health consumers. With this in mind, and in recognition of the global significance of the Commission's work, CHF is disappointed that the Australian government has not formally responded to the Report.

CHF recommends that the Australian Government issues a response to the Report, including a description of progress under each of the overarching recommendations and a summary of each of the action areas that will be pursued.

Other Relevant WHO Reports and Declarations

CHF notes the WHO's biregional *People at the Centre of Care* initiative, which promotes the adoption of a more consumer-centred and rights-based approach to healthcare.[3] The initiative seeks to promote consumer-centred health care as a means of contributing to the attainment the highest possible level of health. The initiative builds on the work of various governments and non-government agencies across the world in the areas of patient safety and quality of health care.[4] CHF hopes that Australia, as a regional leader, will support this initiative, including by adopting the language of consumer-centred care in all future policies and strategies.

CHF recommends that the Australian Government supports the WHO's *People at the Centre of Care* initiative. This includes adopting the language of consumer-centred care in future policies and strategies across government.

[1] World Health Organization (2007) *Commission on Social Determinants of Health: Interim Statement*. World Health Organization: Geneva.

[2] Commission on Social Determinants of Health (2008) *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health*. World Health Organization: Geneva. p2.

[3] World Health Organization (2012) *People at the Centre of Care Initiative*. *WHO Western Pacific and South-East Asian Region.* Accessed online. Available: http://www2.wpro.who.int/sites/pci/

[4] Ibid.

Impacts of the Government's Response
The absence of a Government response to health inequities and the issues identified by the Report has resulted in significant costs, both to consumers and the health system.

Earlier this year, Catholic Health Australia commissioned the National Centre for Social and Economic Modelling (NATSEM) to consider economic costs of ignoring the WHO's recommendations on the social determinants of health.[5] According to NATSEM's findings, the adoption of the recommendations and action areas would result in:

- 500,000 Australians avoiding chronic illness
- 170,000 Australians entering the workforce, generating $8 billion in extra earnings
- Annual savings of $4 billion in support payments
- 60,000 fewer people being admitted to hospital annually, resulting in savings of $2.3 billion in hospital expenditure
- 5.5 million fewer Medicare services being needed each year, resulting in annual savings of $273 million
- 5.3 million fewer Pharmaceutical Benefit Scheme scripts being filled each year, resulting in annual savings of $184.5 million each year.[6]

These economic gains and health system benefits speak for themselves. For consumers, the benefits will come from reduced hospital admissions, decreased reliance on medicine, expanded opportunities for employment and improved health and wellbeing. CHF urges the Senate Committee on Community Affairs to consider the economic, social and health benefits of addressing the Report's recommendations, and the costs of failing to do so, in its final report.

CHF recommends that the Committee consider the costs of failing to address the WHO's recommendations in its final report.

[5] National Centre for Social and Economic Modelling (2012) *The Cost of Inaction on the Social Determinants of Health*. National Centre for Social and Economic Modelling: Canberra.
[6] Ibid. pvii.

The Extent to Which the Commonwealth is Adopting a Social Determinants of Health Approach

The health of a person is strongly influenced by social and economic factors. Australian and international research has consistently shown that a person's health is first influenced by their early years of childhood.[7] These experiences go on to define lifelong health expectations.[8] Educational attainment, participation in paid and secure employment, and income levels are also known to influence health outcomes.[9]

In Australia, however, policy development in relation to health has been shaped by systems considerations such as workforce issues, administration and governance. Health policy development is seldom shaped by considerations such as child wellbeing, good schooling, satisfying employment and fairness.

In recent years, discussion of health reform in Australia has focused on solving immediate problems. CHF acknowledges that issues such as health workforce shortages, the cost of providing care and the rising demand for services are real and pervasive problems. However, Australian governments have rarely considered the causes of many illnesses and conditions. Current approaches are incompatible with many of the action areas highlighted by the WHO, which by their nature, require a reoriented focus and an interdepartmental or whole of government approach. These include:

- Implementing a comprehensive approach to early life development and wellbeing
- Promoting health equity between health consumers in rural and urban areas
- Promotion of work-life balance
- Placing responsibility for action on health and health equity at the highest level of government
- Adopting a social determinants framework across the health portfolio and strengthening Government's stewardship role in supporting a social determinants approach across portfolios
- Reinforcing the primary role of government in the provision of basic services
- Ensuring that routine monitoring systems for health equity and the social determinants of health are in place
- Collecting evidence on the effectiveness of measures to reduce health inequities
- Providing training on the social determinants to all clinicians and stakeholders.[10]

To address these action areas, CHF recommends the adoption of the WHO's social determinants of health framework. Adopting a social determinants of health approach would mean pursuing improvements in health and wellbeing by addressing the social and environmental determinants of health, in conjunction with biological and medical factors.[11] Given this emphasis on the lives and circumstances of health consumers, a social determinants of health approach is inherently consumer-centred.[12]

[7] Commission on Social Determinants of Health (2008) Op cit pp3-4.
[8] Ibid.
[9] Ibid.
[10] Ibid. pp202-06.
[11] Ibid.
[12] McGibbon, E. (2008) 'Health and Health Care: A Human Rights Perspective'. In Raphael, D. (Ed.) *Social Determinants of Health: Canadian Perspectives*. Second Edition. Canadian Scholars Press: Toronto.

CHF recommends that the Report's action areas be addressed through a social determinants of health framework, with the health and wellbeing of all Australian consumers at the centre of any strategy.

Recognising the impact that social determinants have on health has implications for many programs and services. Strategies that aim to improve health and wellbeing and to reduce and prevent disease must not only be concerned with individual consumers, but with broader areas of public policy, environmental influences, group and family influences and the community context.[13]

An example of how this might look in practice is the South Australian Government's *Health in All Policies* strategy, which provides a useful example for how the Federal Government may respond. The South Australian model recognises that health and wellbeing are largely influenced by measures that are often managed by government sectors other than health.[14] Under the strategy, the health sector's role is to support other sectors to achieve their goals in a way which also improves health and wellbeing. The strategy also applies the use of Health Impact Assessments (HIA) in assessing the potential effects on population health from procedures, methods, and tools used in a policy, program, or project.[15] The distribution of those effects within the population are also measured.

CHF recommends that the Australian Government's response draws on South Australia's *Health in all Policies* strategy, under which health and other departments are supported to achieve their goals in a way which also improves health and wellbeing.

CHF also considers that addressing the action areas will require an expansion of the role of the Australian National Preventive Health Agency (ANPHA) to include health promotion. The final report of the National Health and Hospitals Reform Commission recommended the establishment of an independent national health promotion and prevention agency with a much broader scope than the current ANPHA.[16] This inquiry provides an opportunity to revisit the agency's remit.

CHF recommends that the role of the ANPHA be expanded to include health promotion.

[13] Marmot, M.G. and Wilkinson, R.G. (2003) *Social Determinants of Health*. Second Edition. Oxford University Press: Oxford.
[14] SA Health (2012) *Health in All Policies*. Government of South Australia: Adelaide.
[15] Ibid.
[16] National Health and Hospitals Reform Commission (2009) *A Healthier Future For All Australians: Final Report of the National Health and Hospitals Reform Commission*. Commonwealth of Australia: Canberra.

Measuring Progress Against Priority Areas

CHF believes that responding to the Report and ensuring that consumers benefit will mean setting targets across all of government. The measurement of progress against the social determinants of health is a major focus of the WHO report, and measurement against targets ensures transparency and accountability to consumers. All relevant bodies, including Local Hospital Networks and Medicare Locals, should also be given publicly reportable goals to reduce inequalities in health outcomes and to improve consumer access to health services.

Targets should be set in relation to the greatest indicators of disadvantage, which are well-known to Australian policy makers. In recent years, Australian studies such as *Dropping off the Edge*,[17] *Advance Australia Fair* [18] and *Health Lies in Wealth* [19] have mapped the distribution of disadvantage and poverty and found major inequalities in terms of life expectancy, chronic conditions, obesity, tobacco consumption, alcohol misuse and self-assessed health status. Each of these factors was highlighted by the National Preventative Health Taskforce in its report.[20]

Life Expectancy
Addressing discrepancies in life expectancy is a major focus of the WHO Report.[21] Socio-economic gradients exist in small area death rates for Australians of working age. If the populations of the most disadvantaged areas enjoyed the same death rate as those living in the most socio-economically advantaged areas,[22] then a half to two-thirds of current deaths would be prevented. Socio-economic differences in age specific death rates also give rise to socio-economic differences in life expectancy.[23]

Chronic Conditions
According the Australian Institute of Health and Welfare, social disadvantage is strongly associated with chronic disease.[24] Around seven million Australians have at least one chronic condition, with 30 percent of adults aged 45 and over having three or more chronic conditions.[25]

Those who are most socio-economically disadvantaged are twice as likely as those who are least disadvantaged to have a long-term health condition, and for some disadvantaged younger men, up to four to five times as likely.[26] Up to 60 percent of persons living in public

[17] Vinson, T. (2007) *Dropping Off the Edge: The Distribution of Disadvantage in Australia*. Catholic Social Services Australia: Canberra.
[18] Vu, Q.N., Harding, A., Tanton, R., Nepal, B. and Vidyattama, Y. (2008) *Advance Australia Fair? Trends in Small Area Economic Inequality 2001 to 2006*. NATSEM Income and Wealth Report No. 20. AMP: Sydney.
[19] National Centre for Social and Economic Modelling (2010) *Health Lies in Wealth*. National Centre for Social and Economic Modelling: Canberra.
[20] National Preventative Health Taskforce (2009) *Australia: The Healthiest Country by 2020. National Preventative Health Strategy – The Roadmap for Action*. Commonwealth of Australia: Canberra.
[21] Commission on Social Determinants of Health (2008) *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health*. World Health Organization: Geneva. p26.
[22] National Centre for Social and Economic Modelling (2010) Op cit pp12-3.
[23] Ibid.
[24] Australian Institute of Health and Welfare (2012) *Risk Factors Contributing to Chronic Disease*. Cat No PHE 157. Australian Institute of Health and Welfare: Canberra.
[25] Australian Institute of Health and Welfare (2006) *National Health Survey 2004-05*. Australian Institute of Health and Welfare: Canberra.
[26] National Centre for Social and Economic Modelling (2010) Op cit pp19-23.

rental accommodation have long-term health problems, compared to 35 percent of home-owners. Over 60 percent of men and over 40 percent of women in jobless households report having a long term health condition or disability.[27]

Obesity

In 2008, some 20 percent of adults aged 25-44 years and 30 percent of those aged 45-64 years were obese.[28] Up to 30 percent of disadvantaged women aged 25-44 years and up to 39 percent of those living in public rental housing are obese. In comparison, less than 20 percent of women in the least disadvantaged socio-economic classes were obese. Education and housing tenure are the two socio-economic indicators that are consistently related to rates of obesity.[29]

Tobacco Consumption

Tobacco and alcohol are a major focus of the WHO report's chapter on 'Money, Power and Resources,' which notes the availability and attractiveness of these products.[30] In Australia, the harms associated with tobacco consumption are unequally distributed. Less than 20 percent of Australian adults now smoke tobacco but the highest rates of smoking occur in the younger most disadvantaged groups, including those living in outer regional and remote areas of Australia.[31] A third to nearly three-fifths of younger most disadvantaged men smoke, depending on the socio-economic indicator studied.[32]

In relative terms, the highest risks of smoking occur for younger disadvantaged women.[33] The most discriminating socio-economic factors for smoking are education, housing tenure and income. Fewer than 15 percent of individuals with a tertiary education smoke.[34] Smoking is much more common in younger aged women living in public rental accommodation than any other group, with two-thirds of these women being current smokers.[35]

Alcohol Misuse

Alcohol misuse represents a significant cost to Australian consumers. Alcohol consumption accounts for three percent of the total burden of disease and injury in Australia, including nearly five percent in males.[36] Is it estimated that around 40 percent of Australians of working age meet national criteria for being high risk alcohol drinkers.[37] Younger adults who leave high school early are nearly twice as likely to become high risk drinkers as those with a tertiary qualification.[38] Forty percent of younger females living in public rental accommodation have high risk alcohol consumption patterns – three times the likelihood of

[27] Ibid.
[28] Ibid.
[29] Ibid.
[30] Commission on Social Determinants of Health (2008) Op cit pp134-5.
[31] Australian Institute of Health and Welfare (2010) *Australia's Health 2010. Australia's Health Series No 12. Cat No AUS 122*. Australian Institute of Health and Welfare: Canberra.
[32] Ibid.
[33] Ibid.
[34] Melbourne Institute of Applied Economic and Social Research (2010) *Household, Income and Labour Dynamics in Australia*. Wave 8. University of Melbourne: Melbourne.
[35] Ibid.
[36] Begg, S., Vos, T., Barker, D.C., Stanley, L., and Lopez, A. (2007) 'Burden of Disease and Injury in Australia in the New Millennium: Measuring Health Loss from Diseases, Injuries and Risk Factors'. *Medical Journal of Australia*. 188:36–40.
[37] Ibid.
[38] National Centre for Social and Economic Modelling (2010) Op cit pp29-31.

women living in their own home.[39] Men and younger women living in outer regional and remote areas are 30 percent more likely to be high risk drinkers than those living in major cities.[40]

Self-Assessed Health Status

Self-assessed health status is a strong indicator of disadvantage. As many as one in nine 25-44 year olds and over one in five individuals aged 45-64 years report they have poor health.[41] With the exception of remoteness, those who are most socio-economically disadvantaged are much less likely to report being in good health compared with those who are least disadvantaged. Fifty percent of men and women aged 45-64 years who are in the poorest 20 percent of households by income, are members of jobless households, or who live in public rental accommodation report their health as being poor.[42] These men and women of working age are 30 to 40 percent less likely to have good health compared with those who are least socio-economically disadvantaged. Twenty to 30 percent of the most socio-economically disadvantaged individuals aged 25-44 years report having poor health compared with only ten percent of those who are least disadvantaged.[43] Three of every ten 25-44 year olds living in public rental accommodation rank their health as being poor, compared with only one in ten living in their own home or private rental housing.[44] Early high school leavers and those who are least socially connected are ten to 20 percent less likely to report being in good health than those with a tertiary education or who have a high level of social connectedness.[45]

As a first priority, CHF recommends setting targets to ensure across Government approaches to reduce health inequities in the following areas:

- **Life expectancy**
- **Chronic conditions**
- **Obesity**
- **Tobacco consumption**
- **Alcohol misuse**
- **Self-assessed health status**

All relevant bodies, including Local Hospital Networks and Medicare Locals, should also be given publicly reportable goals to reduce inequalities in health outcomes and to improve consumer access to health services.

[39] Ibid.
[40] Ibid.
[41] Melbourne Institute of Applied Economic and Social Research (2010) Op cit
[42] Ibid.
[43] Ibid.
[44] Ibid.
[45] Ibid.

Conclusion

CHF welcomes the opportunity to provide a submission to the Senate Community Affairs Committee's *Inquiry into Australia's Domestic Response to the World Health Organization's Commission on Social Determinants of Health Report*. CHF has a strong interest in ensuring that all consumers benefit from addressing the social determinants of health.

Australian governments have rarely considered the causes of many illnesses and conditions in formulating health policies and strategies. CHF's submission explores the impacts of this failure and the absence of a response to the issues identified by the WHO report. Ultimately, the costs both to consumers and the health system are considerable. A reoriented focus will be required to respond to many of the action areas highlighted by the WHO report.

CHF recommends that the report's action areas be addressed through a social determinants of health framework, and with an increased emphasis on health promotion. Adopting a social determinants of health approach would involve reducing the emphasis on illness based health systems and focusing instead on the health and wellbeing of consumers. South Australia's *Health in all Policies* strategy is an example of how this might be applied in practice.

Finally, CHF believes that the government should respond to the WHO report's recommendations and ensure that consumers benefit by setting targets across all of government. All relevant bodies should be provided with goals to reduce inequalities in health outcomes and to improve consumer access to health services, and be required to publicly report against these.

CHF awaits the outcome of the Inquiry with interest.

Representing consumers on national health issues

Consumers Health Forum of Australia

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF does this by:

1. advocating for appropriate and equitable healthcare
2. undertaking consumer-based research and developing a strong consumer knowledge base
3. identifying key issues in safety and quality of health services for consumers
4. raising the health literacy of consumers, health professionals and stakeholders
5. providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

CHF values:

- our members' knowledge, experience and involvement
- development of an integrated healthcare system that values the consumer experience
- prevention and early intervention
- collaborative integrated healthcare
- working in partnership

CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective.

CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice.

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