



SACHRU ● ● ●  
South Australian Community Health Research Unit

# Insights from the Commission on the Social Determinants of Health for Australia's health 2020

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# Australia's health reform agenda

National Hospital and Health Services Reform Commission

National PHC Strategy

National Preventative Health Taskforce

## Health Care Sector – my take on reform needed

Australia 2020 Summit

Australian Social Inclusion Board

- Medicare as universal health system for all of us
- System that accepts death
- More focus and funding on PHC
- Better care for those with chronic disease (equity groups, mental & physical illness)
- More than the tip of the iceberg approach
- More citizen control & debate about resources

# Australia's reform agenda

National Hospital and Health Services Reform Commission



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## Health Determinants sector

How is health created?

What drives the health gradient?

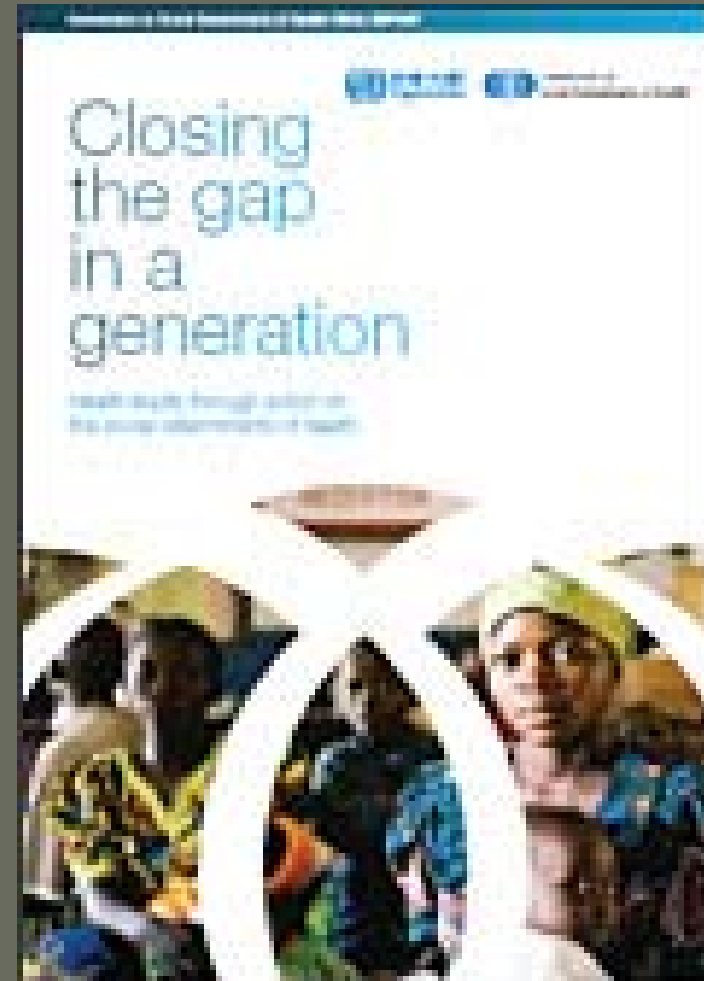
All sectors consider their population health and health equity impact

Better cross-government planning and focus

Health as measure of success of society

# Commission on the Social Determinants of Health

- Launched 28<sup>th</sup> August 2008 by Dr. Margaret Chan, Director General, WHO in Geneva
- *"Health inequity really is a matter of life and death"* Margaret Chan



# Final Report: Value Base

- Need for more health equity because *"it is right and just"*
- Quality and distribution of health seen as a judge of the success of a society
- Empowerment central



"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. **Social injustice is killing people on a grand scale.**"



Two key roles for health care sector are implied by CSDH report

- **Leadership**: *improving the equity performance of the health care system*
- **Stewardship**: *working with other sectors to improve health and health equity*

Baum, Begin et al *Changes that are not for the faint-hearted: reorienting health care systems towards health equity through action on the social determinants of health* , **American Jr. Public Health**, forthcoming.



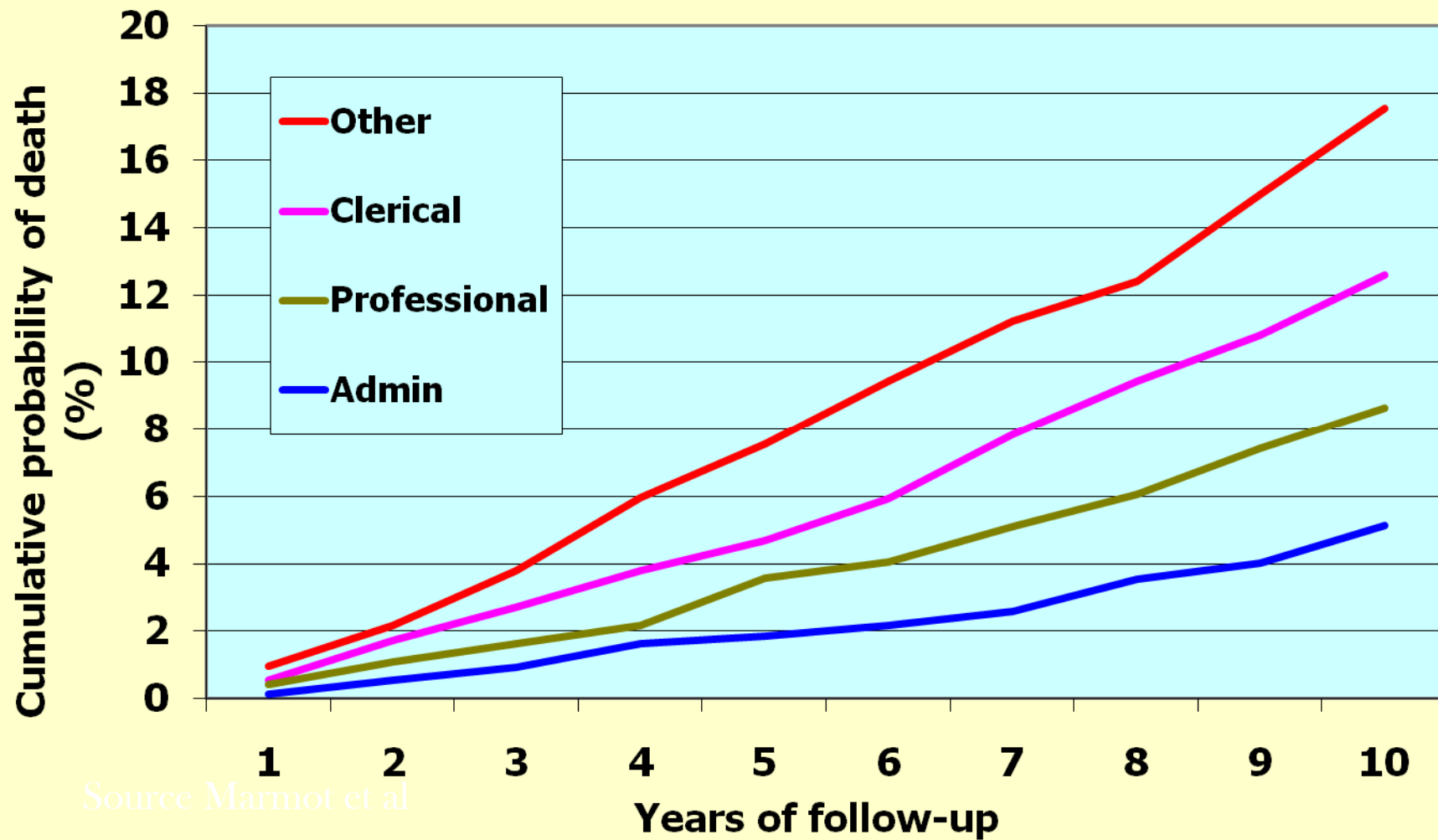
- Headline messages from CSDH about health care sector
  - Universality crucial & free or low cost at point of use
  - Primary health care central
  - Go beyond behavioural responses
  - Empower people where possible and design a system that permits political inclusion and voice



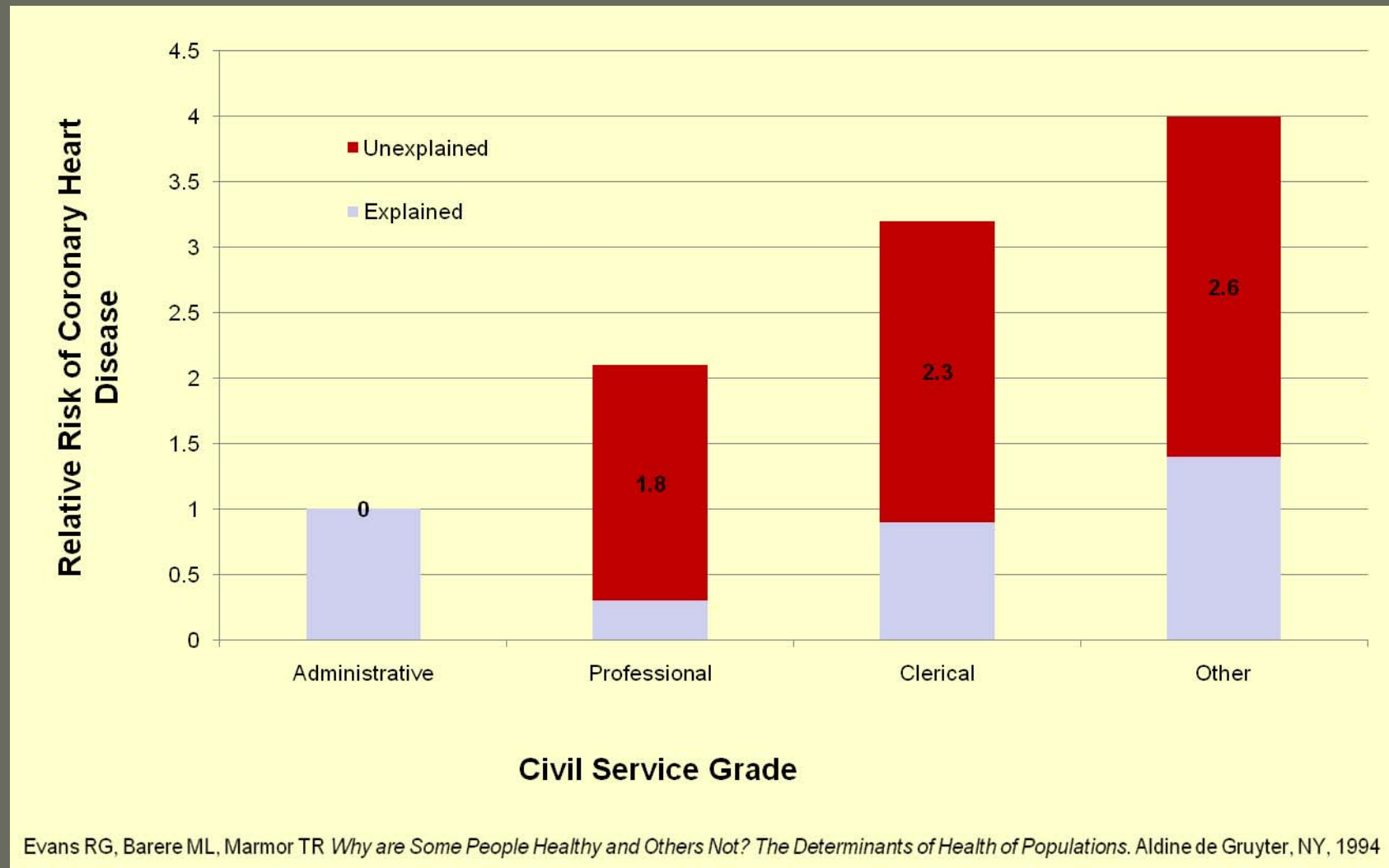
# Does behaviour explain the gradient in health outcomes...

- The Whitehall longitudinal studies of death rates over 10 years among British civil servants grouped in 4 categories ...  
Administrative (senior executive),  
Professional, Clerical and Other.
- Controlled for known risk factors –  
smoking, BP, cholesterol, etc.

# Findings

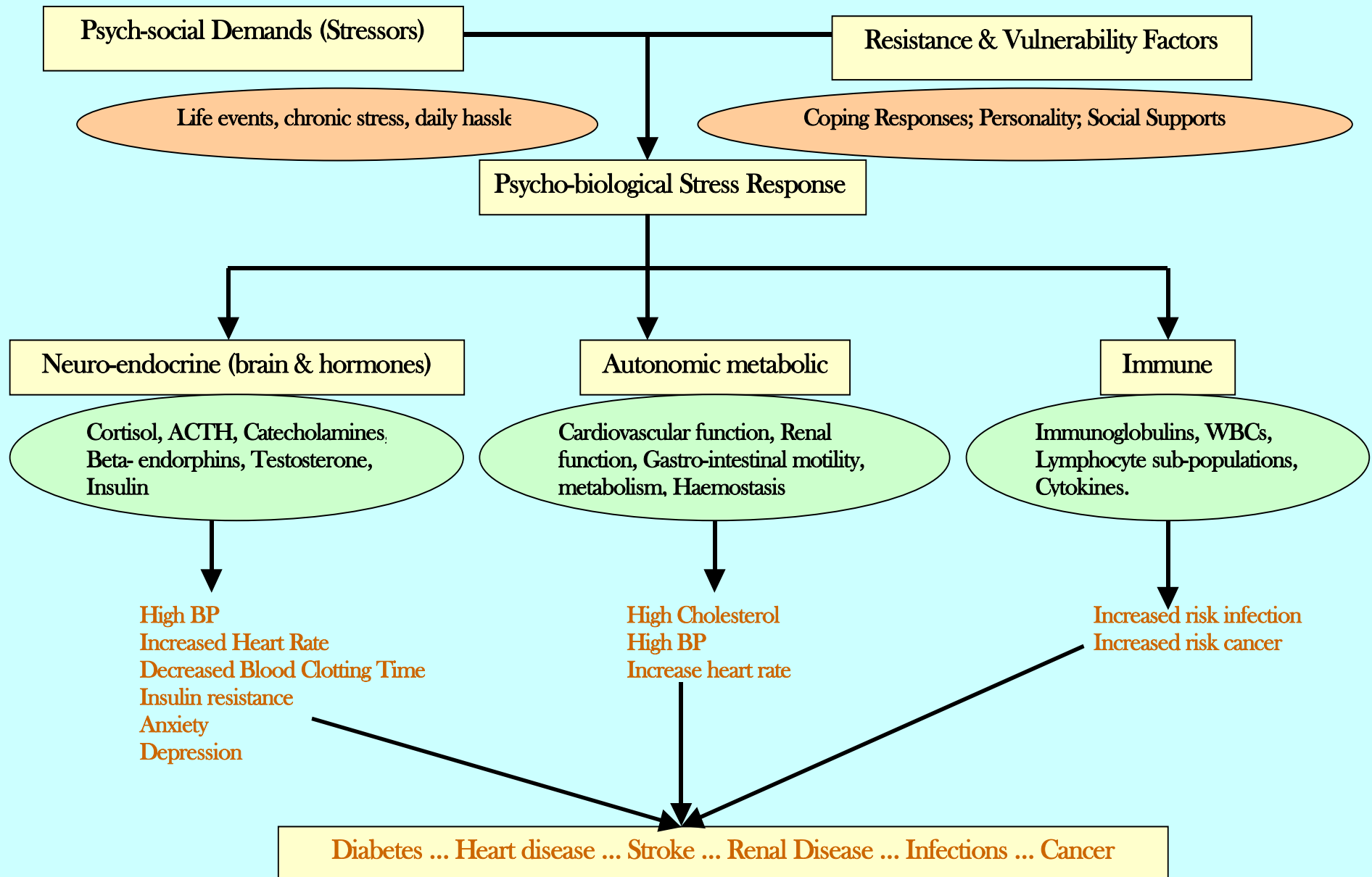


# What about Risk Factors?



**Why behaviour driven health promotion may increase the gradient**

# Biological Pathways to inequity



# Currently most health sectors responses are all tip and no iceberg



Dealing with latest strife of interest

Behaviours

Health care for sick

Structural determinants of individual responses

Distribution of power

Class, gender and culture effects

Social organisation

Organisation of work & play

The market and consumerism

- “The Commission’s main finding is straightforward. The social conditions in which people are born, live, and work are the single most important determinant of good health or ill health, of a long and productive life, or a short and miserable one. ....This ends the debate decisively. Health care is an important determinant of health. Lifestyles are important determinants of health. ....**But, let me emphasize, it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place”.**



**Dr Margaret Chan**  
Director-General



# Our current reform agenda for health sector

- Extend and maintain Medicare & stop subsidising PHI
- Comprehensive PHC akin to the best of the 1973 Community Health Program – salaried staff rather than fee-for-service where possible
- Local ownership of health services and so debate about how to use resources
- Policy, empowerment and community and individual development rather than messages and social marketing to change behaviour
- Refer reform to Productivity Commission – beyond strife of interest (Ian McAuley)



CSDH basic logic: what good does it do  
to treat people's illnesses .....



then give them no choice to go back to or no control  
over the conditions that made them sick?



# CSDH Report: Action Areas

## Daily Living Conditions

- Equity from the start
- Healthy places- healthy people
- Fair employment –decent work
- Social protection across the life course
- Universal health care

## Power, Money and Resources

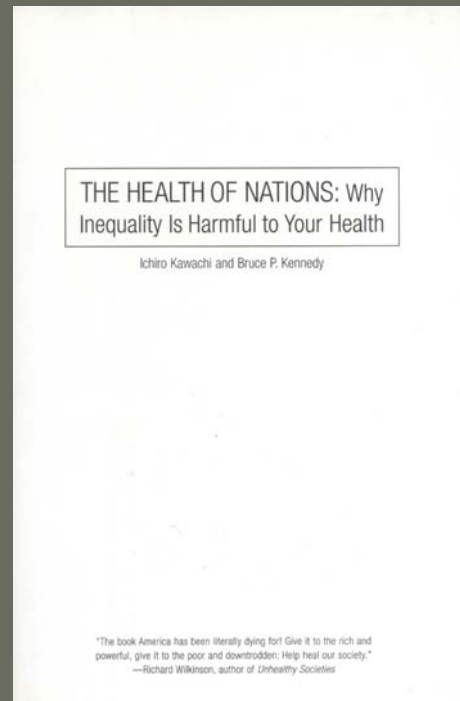
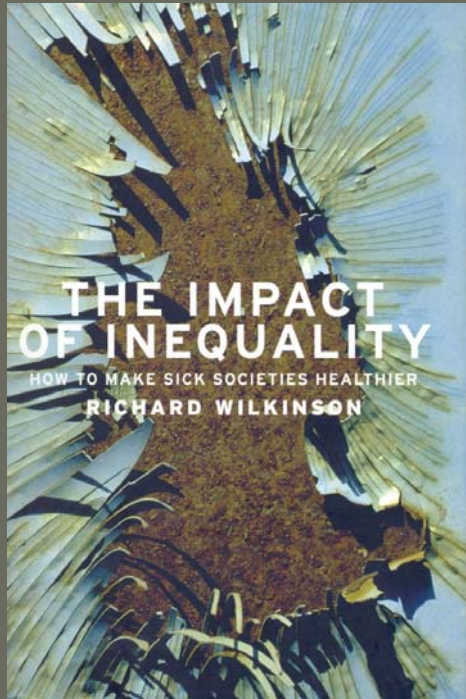
- Health Equity in All Policies
- Fair financing
- Market responsibility
- Gender equity
- Political empowerment – inclusion and voice
- Good global governance

## Knowledge, Monitoring and Skills

- Monitoring, research, training
- Building a global movement

Full report downloadable at [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

# Epidemiology of Inequality



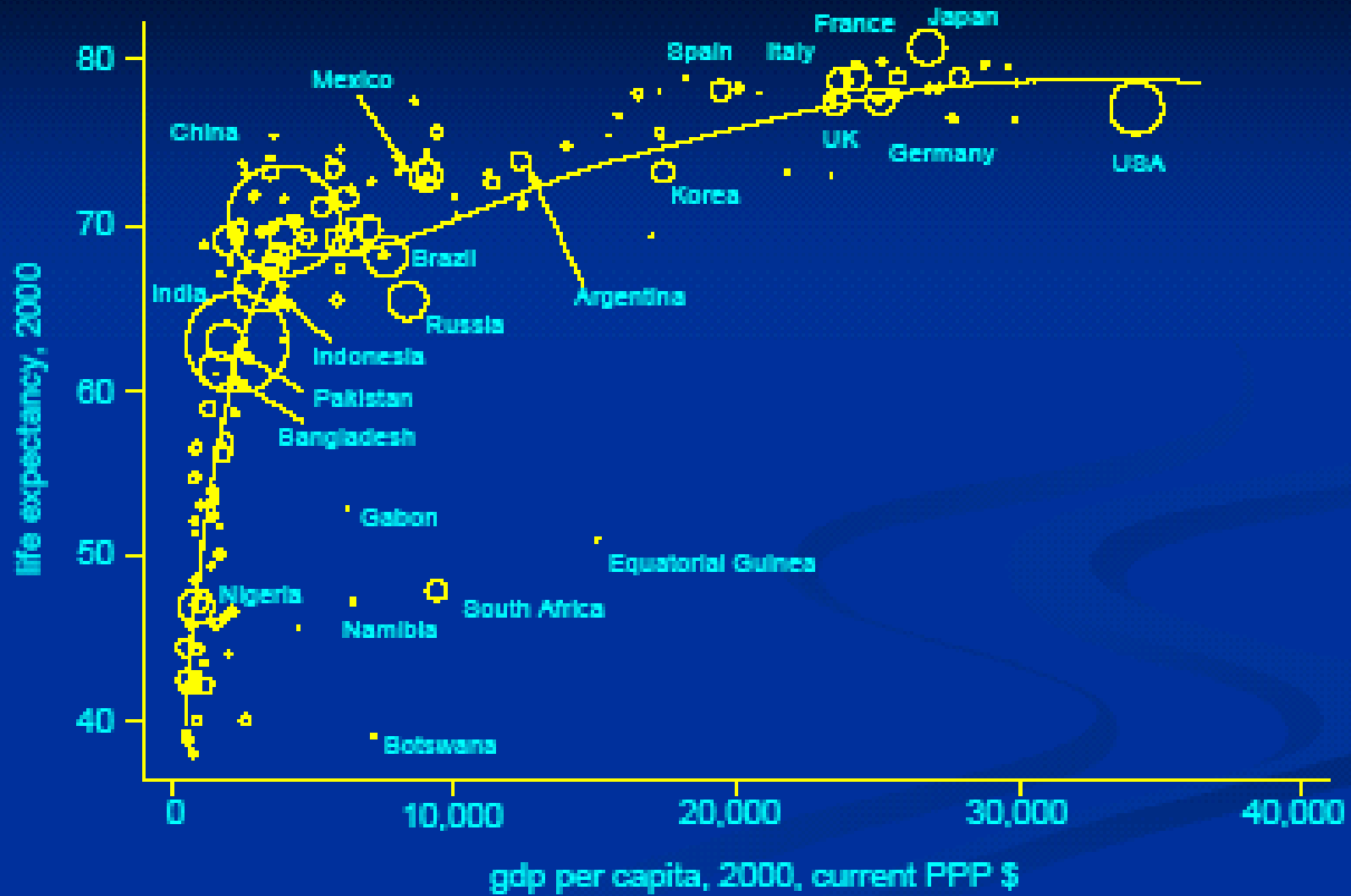
- More equal societies are healthier
- Equitable societies have more just social policies
- Less crime more cohesion
- Some low income countries have great health outcomes

# US compared to Costa Rica

| Indicator (2005)                        | US     | Costa Rica |
|---|--------|------------|
| Life expectancy at birth                | 77     | 79         |
| IMR                                     | 7      | 11         |
| Gross National Income per capita (US\$) | 41,440 | 4,470      |
| Health expenditure per capita (US\$)    | 5,711  | 350        |

Source: Baum (2007) based on World Bank, 2007

# The Millennium Preston Curve



(Source: Angus Deaton)



- *“Place responsibility for action on health and health equity at the highest level of government and ensure its coherent consideration across all policies”*
- Importance of primary role of state in provision of services basic to health (water, power etc) and recognises value of regulation for health (tobacco, food, occupational health & safety)
- Socially inclusive framework for policy making
- Gender equity central

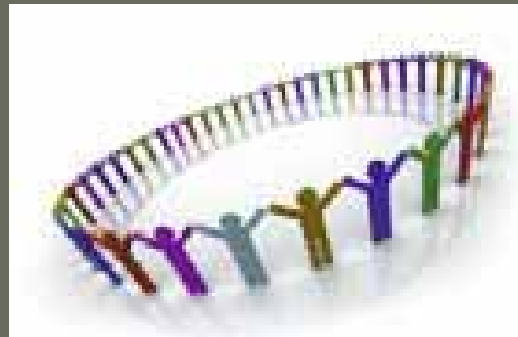
# Whole of government & economy approach

- Vision and commitment to health equity
- Health and well-being & health equity adopted as goal of government
- Make all sectors aware of and accountable for their health, social and environmental impact
- Health equity impact assessment
- Regulate private sector



# *Health in all Policies: the Definition in South Australia*

- **Health in all Policies (HiAP)** is an innovative **policy strategy** that responds to the critical role that health plays in the economies and social life of 21st century societies. It introduces **better health** (improved population health outcomes) and **closing the health gap** as a **shared goal** across all parts of Government and addresses complex health challenges through an **integrated policy response** across portfolio boundaries.



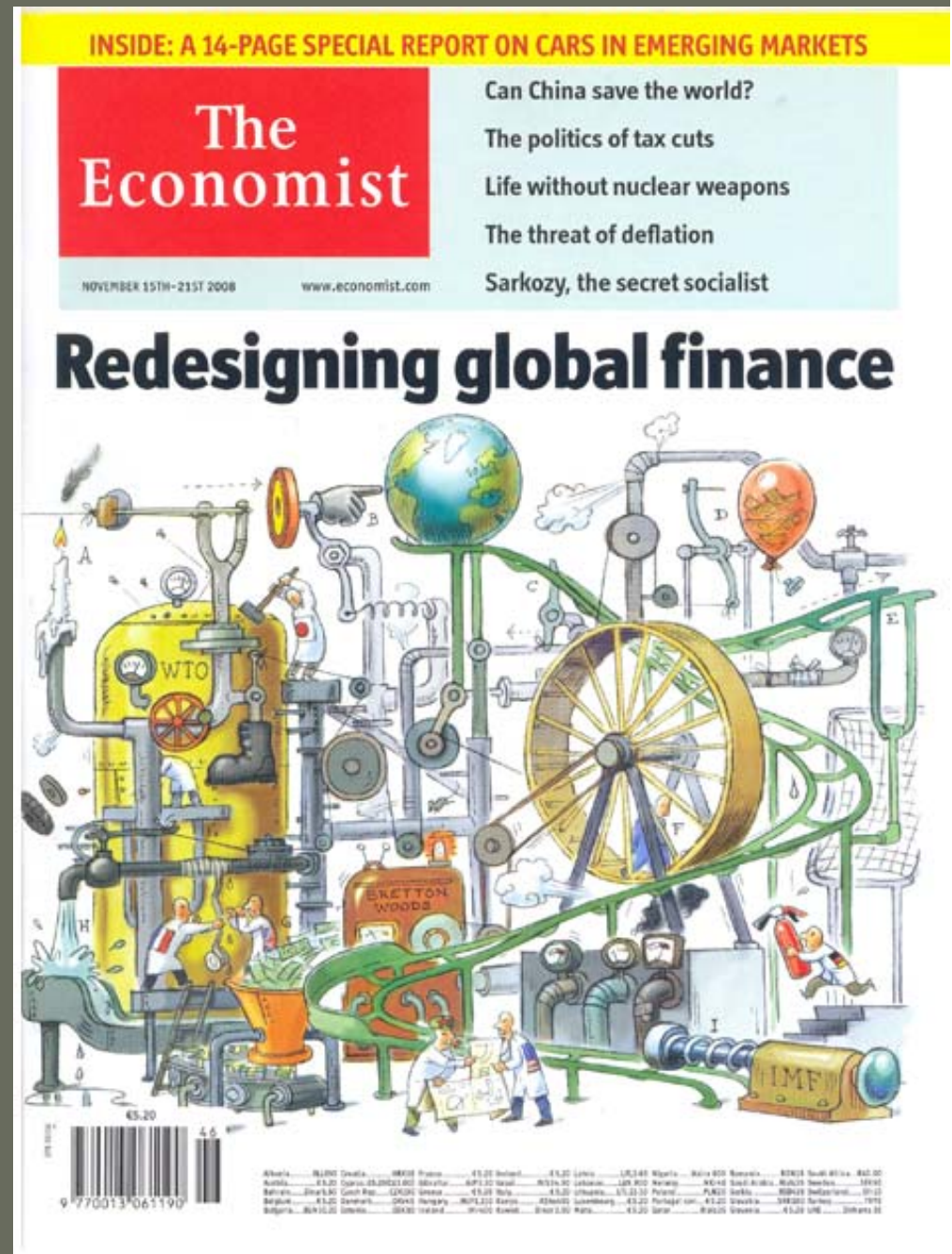


# Global Equity & Australia

Will Australia honour 0.7% commitment to overseas aid?

Will we argue for a new Bretton Woods 2 which offers a fair deal to low income countries?

Do we want to be the healthiest or be in a fair world with health fairly divided?





NPHT  
NHHRC  
PHC Strategy

Australia 2020  
Australian Social  
Inclusion Board

## Australia 2040 Commission

Good Health

Equity

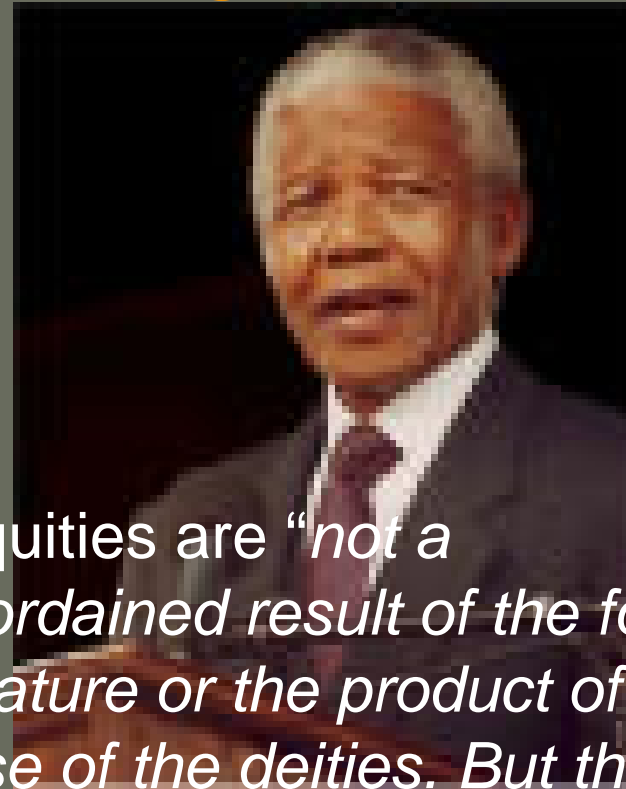
Sustainability

Close the gap in a generation in a world  
that is healthy, fair and sustainable

# CSDH Dreaming?



OR



*The Economist* claimed CSDH was “baying at the moon” when report launched but then the GFC happened....

Inequities are “*not a preordained result of the forces of nature or the product of a curse of the deities. But the consequences of decisions which men and women take or refuse to take.*”

Nelson Mandela quoted in Heywood and Altman, 2000, p.173