Social determinants of health

Social determinants of health (SDOH) are social, economic, and material factors that affect the health of populations, including income, employment, education, housing, transport, trade, and (non)discrimination. Poverty, deprivation, and lack of opportunity are hazardous to health. Furthermore, there is evidence that inequality within populations and communities profoundly affects health, which varies inversely over entire socioeconomic gradients, not just in disadvantaged groups.1

In Australia, the Australian Bureau of Statistics 2007-08 National Health Survey found that increased disadvantage in local geographic areas, measured by the Socio-Economic Index of Disadvantage for Areas, was associated with poorer health outcomes for people living in those areas.2

The issue of SDOH is sometimes misinterpreted as having a limited scope. It is often reduced to equity of access to health services, to address the inverse care law.3 It is sometimes equated with social inclusion of marginalised groups, for example people with physical and/or mental disorders. Another common focus is on lifestyle behaviours, particularly in disadvantaged groups. These are all important, but the SDOH agenda encompasses much more than these issues, and such narrow interpretations deflect attention from the core issue that health is profoundly affected by factors beyond both the health system and the capacity of individuals to control.

Closing the gap in a generation report

In 2005, the World Health Organization (WHO) established the Commission on Social Determinants of Health (CSDH), “to marshal the evidence on what can be done to promote health equity and to foster a global movement to achieve it” (p. 1).4 The CSDH’s Closing the gap in a generation report made three overarching recommendations:

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.

Senate inquiry

In March 2013, the Senate Community Affairs References Committee released the report of its inquiry into Australia’s domestic response to the World Health Organization’s (WHO) Commission on Social Determinants of Health report “Closing the gap within a generation”.5 That report made five recommendations:

1. The Government adopt the WHO Report and commit to addressing SDOH relevant to the Australian context.
2. The Government adopt administrative practices that ensure consideration of SDOH in all relevant policy development, particularly in relation to education, employment, housing, family and social security.
3. The Government place responsibility for addressing SDOH within one agency, with a mandate to address issues across portfolios.
4. The National Health and Medical Research Council (NHMRC) give greater emphasis in its grant allocation to research on public health and SDOH.
5. Annual progress reports to Parliament be a key requirement of the agency with responsibility for addressing SDOH.

One submission to the inquiry was from the Department of Health and Ageing (DoHA), appropriately in collaboration with three other departments including the Department of Education, Employment and Workplace Relations.6

The Senate report and submissions addressed the CSDH’s overarching recommendations to varying degrees.

1 Improve Daily Living Conditions

The Senate report’s recommendation 2, which emphasises education, employment, housing, family and social security policy, addresses daily living conditions. The DoHA submission identified a number of relevant initiatives, including the National Affordable Housing Agreement, and the Australian Work Health and Safety Strategy.

The CSDH report also noted South Australia’s Social Inclusion Initiative,7 which aims to improve the living conditions of disadvantaged people.

2 Tackle the Inequitable Distribution of Power, Money, and Resources

The DoHA submission identified a number of relevant initiatives, including the progressive taxation regime, the Workplace Gender Equality Act, and paid parental leave.

3 Measure and Understand the Problem and Assess the Impact of Action

This is the focus of chapter 5, Research and Reporting, of the Senate report. The DoHA submission included a list of relevant data gathering, analysis, and reporting activities, including the
Social determinants of health: Closing the gap in primary health care

Acknowledgement

The Southgate Institute submission 8 commended several relevant initiatives, but cautioned that addressing SDOH requires a whole-population approach, not just a focus on disadvantaged groups, arguing that social gradients affect everyone. It endorsed the recommendation of the Marmot Review of health inequalities in England of “proportionate universalism” in which “actions are universal, but with a scale and intensity that is proportionate to the level of disadvantage” (p. 15).9

Several submissions commented positively on South Australia’s Health in All Policies (HiAP) initiative. The CSDH report noted it as an example of a whole-of-government approach to health and health equity, referring to it as a ‘win-win policy solution’ (p. 112).10

The Australian Medicare Local Alliance (AMLA) made six key recommendations, including devolution of design and administration of key programs to Medicare Locals, with flexible funding arrangements to support intersectoral and inter-agency work (p. 8).10 It noted that Medicare Locals already played a role in several Commonwealth programs, including Closing the Gap (focusing on Indigenous Australians). They also work with local communities to address SDOH:

Working with local government and community groups to establish market-gardens in rural/remote areas where quality fresh food is often hard to source and/or is very expensive to purchase. This initiative provides better sources of nutrition at little relative cost, while also helping build social capital among community members, and teaching participants new vocational skills in areas of high unemployment – two factors known to contribute to health equity. (p. 9)10

Medicare Locals, and PHC workers and organisations more generally, can play major roles in other initiatives to improve daily living conditions, for example working with schools and community groups to improve children’s access to quality education.

Several submissions argued that there was too much emphasis in the health system on lifestyle factors, which tend to obscure SDOH. The Southgate Institute argued that “The predominant focus on individual ‘lifestyle choices’ and behaviour change ... does not adequately address the social context in which behaviours occur, or give sufficient emphasis to the role of health promotion strategies focused on creating healthy settings and development of healthy communities” (p. 6).8 There is strong evidence that some key lifestyle behaviours can be effectively addressed by population-level interventions (e.g. taxation of tobacco, alcohol, and unhealthy foods).11 PHC workers and organisations can play an important role in advocating for such interventions.

References

10 Southgate Institute, Southgate Institute for Health Society & Equity. (2012). Submission to Senate inquiry. Adelaide: Flinders University.*

Economic implications

The CSDH report emphasised potential gains in population health, but also noted potential economic benefits resulting from a healthy workforce and increased productivity and reduced healthcare costs.4

Potential economic benefits in Australia were emphasised in The Cost of Inaction on the Social Determinants of Health,12 a report released by the National Centre for Social and Economic Modelling. It argued that there could be “remarkable economic gains” if the CSDH’s recommendations were adopted, including:

- 500,000 fewer Australians suffering chronic illness
- 170,000 extra people entering the workforce, generating $8 billion in earnings
- $4 billion annual savings in welfare support payments
- 60,000 fewer people hospitalised annually, saving $2.3 billion in hospital expenditure
- 5.5 million fewer Medicare services each year, saving $273 million
- 5.3 million fewer Pharmaceutical Benefits Scheme scripts filed each year, saving $185.4 million.

Conclusion

SDOH profoundly affect health, which has major social and economic consequences. Australia is already taking action on SDOH, but could benefit from more concerted implementation of the recommendations of the CSDH’s Closing the gap report. PHC workers and organisations can play an important role in this.

References

10 Southgate Institute, Southgate Institute for Health Society & Equity. (2012). Submission to Senate inquiry. Adelaide: Flinders University.*


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