POLICY BRIEF

Action on social determinants of health and health inequities in Australian health policy

This policy and qualitative research examined uptake of evidence on social determinants of health (SDH) and health equity (HE) in Australian governments' health policies.

Key recommendations for policy makers

- Systemic action on social determinants of health and health equity will complement and strengthen the capacity of the healthcare system to treat and prevent disease and promote good health.
- It is possible for health policy to recognise and address social determinants of health and health equity. Ways to do this should be recognised and extended wherever possible. Whole-of-government policies or Health-in-All-Policies approaches, authorised by departments of the Prime Minister/Premier/Chief Minister, are an excellent way to get SDH on the policy agenda.
- 'Lifestyle drift' and the individualisation of health issues should be recognised as a barrier to health promotion in Australian health policy; limiting the Health sector's stewardship on SDH and reducing accountability of other policy sectors for the health impacts of their policies.
- The partnership approach used in iealhi

The research project

The research involved three main elements:

- Detailed analysis of all then-current strategic health policy documents of all national and state/territory Australian governments (n=266) using an analysis framework developed specifically for the project.
- Eight case studies on the development of individual policies identified as good practice in addressing SDH, using in-depth interviews with the policy actors involved
- Use of policy theory on agenda setting to analyse our findings and identify key factors affecting uptake of evidence on SDH in health policies

In the document analysis we paid attention not only to what policy documents said about SDH and health in/equity in Australia and the evidence they used, but also to what strategies they proposed to address SDH and reduce health inequities. In the case studies we drew on the insights of policy actors and used policy theory to identify factors that supported or created barriers to SDH-HE getting onto the health policy agenda. Although the research focused on health policy between 2012 and 2015, lessons from the research continue to be relevant to health policy makers today.

Main findings from the research

Policy analysis:

- Evidence on social determinants of health and health inequities was widely recognised in the policies analysed. However, in the strategies proposed, policies frequently reverted to biomedical strategies to treat or prevent disease and individualised behavioural strategies to reduce risky healthy behaviours such as smoking or poor diet. Strategies on SDH (outside of access to health care) were generally very limited in scope. This problem of policy recognising SDH but reverting to actions directed towards individual disease or behaviour has been described as ‘lifestyle drift’.
- A small sub-set of health policies did propose significant action on SDH. In particular these included documents developed and authorised as whole-of-government or inter-sectoral policies, positioned outside the mainstream health department functions.
- Another sub-set of policies proposing strategies on SDH were those focused on Aboriginal and Torres Strait Islander health. However, while strategies did focus on important SDH such as education, housing and employment there was little action proposed on social determinants of Indigenous health such as strong culture and language, connection to country and addressing racism in the health system.
- Many policies, in all jurisdictions, proposed strategies specifically intended to address health inequities but, again, these were largely limited to targeted healthcare or individualised behavioural interventions. Health inequities were generally represented as a problem limited to groups deemed to be vulnerable or disadvantaged; thus largely avoiding policy implications of social gradients in health.
- The Health sector has the potential to take and in some instances does take a stewardship role, to engage with other policy sectors to address SDH and health inequities. In our analysis we found that inter-sectoral strategies were common. However, the majority of these were in fact focused on extending the reach of biomedical and behavioural strategies into other sectors, rather than addressing SDH. Across all 266 health policies analysed we found no strategies to engage with other sectors to address structural socioeconomic inequalities, which are the underlying cause of health inequities.

Case studies:

- We drew on our policy analysis to select polices for case study where good practice on SDH-HE was especially evident. We selected eight policies within four topic areas: Aboriginal and Torres Strait Islander health; food and physical activity; child and youth health; and health promotion.
- A number of factors emerged from case studies as favourable to getting SDH onto the policy agenda:

    Sustained advocacy from NGOs and/or health researchers who marshal evidence and focus public attention on social or health inequities

    Experienced policy networks with an understanding of SDH-HE, actively bringing that into policy development

    Effective, early consultation with affected communities

    Inter-sectoral policy structures coupled with high-level political support and resources

    Legislative structures in areas of public health or human rights

    An asset-building approach to addressing socioeconomic disadvantage and health inequities

- One case study focused on development of the Aboriginal and Torres Strait Islander Health Plan 2013-23. Here we found that the non-government ‘Close the Gap’ campaign and a strong coalition of Aboriginal health organisations, along with extensive consultations with Aboriginal and Torres Strait Islander communities, influenced both the policy development process and