

policies and practices so that they are more supportive of health. This research agenda would be based on the premise that while health and health equity may not be the aim of all policy, they will be a fundamental result. It would focus on the health equity impact and potential of policy areas such as education, primary health care, urban planning, employment and climate change mitigation. Such an agenda is essential if we are serious about being both a healthy and equitable country.

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## Towards equity as core business for policy makers and practitioners

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To achieve health equity means that we must be concerned with creating equal opportunities for health and with bringing health differentials down to the lowest level possible.<sup>1</sup> Jones,<sup>2</sup> points to the need to address the social determinants of health and the social determinants of equity. Each requires different actions on the part of the health sector in particular, and on the part of government, civil society and the private sector in general.<sup>2</sup>

There are multiple reasons to be concerned about and committed to eliminating inequities in health and in the

distribution of its determinants. Ultimately, however, "the true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialisation, and their sense of being loved, valued, and included in the families and societies in which they are born".<sup>3</sup> The WHO Commission on the Social Determinants of Health<sup>4</sup> was a compelling reminder of this and of the consequences if we fail.

This issue of the Journal represents the emerging efforts to engage in the urgent, complex work that is (and will be) required to achieve health equity in Australia (and globally). It is encouraging that the papers reflect a shift in the focus of some practitioners, researchers, and policy makers within the health sector (principally) from describing the problem and analysing the determinants, to focusing on actions that need to be taken. However, the health sector, as a system, has not yet responded fully to the challenges of closing the gap and of creating equal opportunities for health. Although it is clear that the health sector cannot achieve health or social equity on its own, its leadership is vital, as is its commitment to action within its own mandate.

## Acting to achieve health equity: an agenda for the health sector

There are clear actions that the health sector can take to exercise stronger leadership in efforts to reduce social differences in opportunities for health.

### 1. Lead and contribute to action to bring health differentials down to the lowest level possible

Although there are some signs of greater commitment by governments and the health sector to achieving health and social equity, this needs to be reflected explicitly in organisational goals and strategies. The health sector has a clear mandate to provide health care (primary, secondary and tertiary) to all citizens. A priority for action to achieve health equity is to assess the current distribution and accessibility (including cultural and economic accessibility) of health services, including health promotion, and to take steps to ensure that they are:

- equally accessible for equal need;
- equally utilised for equal need; and
- of equal quality for all.<sup>5</sup>

### 2. Lead and contribute to action to create equal opportunities for health by focusing within the sector

The health sector's contribution to achieving health equity is interpreted, commonly, as being primarily closing the gap in the distribution and provision of high-quality health care services. However, the health sector as an organisation or system, actively distributes opportunities for social and economic equity in communities and society. The ways it does this include: who it selects as members of the bodies that decide on priorities and the allocation of resources within

the sector, and the processes used to make decisions;<sup>6</sup> its employment, training, and career development policies and practices; and the leadership it gives and its contributions to the formulation and implementation of public policy (both within the health sector and across other sectors).

### 3. Lead and contribute to action to create opportunities for health by focusing beyond the health sector

There is no doubt that public policy is the primary lever for action to create equal opportunities for health. Most recently the Commission on the Social Determinants of Health described the centrality of public policy and programs to achieve social and health equity, and pointed to the need for governments (and their agencies, including the health sector) in the first instance, to commit to equity as a goal of all public policy, and to achieving (or requiring) policy coherence across sectors.<sup>4</sup>

Health sector influence on public policy needs to be exercised where policies are being formulated. Although the greatest opportunities appear to lie at national and state/territory levels of jurisdiction, there is also evidence of regional/local agencies being able to work with, for example, local government or single institutions to influence public policy. Health in All Policies, Health Impact Assessment and Equity Focused Health Impact Assessment have all evolved as methods for the health sector (in particular) to use to engage with other sectors to influence public policy. But the organisational capacity needed by central health agencies to lead and foster this work has still not been built in Australia and is also in a fragile stage of development in other countries.

### Implications for the health system and programs

This agenda for action is not new and it is not confined to Australia. Furthermore, although the steps described here focus on the role of the health sector, it is not intended to imply that successful action to tackle entrenched inequity be confined to the health sector alone.<sup>4</sup> Indeed, there are some encouraging signs of action by governments taking up the challenge across sectors – at least in terms of measurement and reporting on progress.<sup>7,8</sup> There are also encouraging steps being taken in Australia – by some of the Area Health Services in New South Wales and by some of the other States. But experience to date has exposed the fact that most of the action by the health sector to address health equity has been as a result of the efforts of single practitioners, researchers or policy makers – acting from personal commitment and determination. Although there have been some encouraging signs that equity has been included as a value or goal informing the formulation, implementation and evaluation of all policies and practices of the health sector,<sup>9</sup> active, system-wide commitment and action are slow to emerge.

Experience has shown that if an organisation is committed to achieve a goal it almost always assigns a 'champion' to lead and report on action. It invests in building or supporting

organisational and workforce capacity, and it measures and reports routinely and regularly on progress and outcomes. It invests, too, in the actions necessary to achieve the goals – either directly, through its own structures and services, or indirectly, through partnerships or collaboration with others. Where a workforce requires new knowledge and skills, the organisation invests in acquiring and disseminating these; where policy makers require new evidence to inform policy formulation and implementation, research is commissioned (despite its often not being translated, uniformly, into policy).

Given that this is not new evidence, why has it proven so difficult to embed concern with and action to tackle entrenched inequity in the routine 'business' of the health sector (and, indeed, of other sectors)? There is little empirical evidence available to answer that question. However, indications are that at least some of the answer lies in the fact that we health professionals have inherited many of the benefits of unfair, unjust social decisions made by our forebears and, as a result, we are blind to at least some of the causes of inequity, and perhaps, indifferent to or ignorant of, the serious effects that our own actions (individual and collective) have on the opportunities for, and the health of others in our society. Reflecting on and analysing our personal and professional values, decisions and opportunities is an essential prerequisite for achieving the system, policy and program changes that we know are necessary if we are indeed, to close the gap in a generation.

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