

The NSW Social Determinants of Health Action Group: influencing the social determinants of health

Suzanne Gleeson and Garth Alperstein

There is robust evidence demonstrating that social determinants have far greater influence upon health and the incidence of illness than conventional biomedical and behavioural risk factors,^{1,2} but the public discourse on health and disease remains focused on lifestyle approaches to disease prevention.

The New South Wales (NSW) branches of the Australian Health Promotion Association (AHPA) and the Public Health Association of Australia (PHAA), together with the Council of Social Services of New South Wales (NCOSS), formed a Social Determinants of Health (SDoH) Action Group. In brief, the main purpose over the next few years is to develop strategies to inform the community, the media and all levels of government of the importance of the social determinants of health in maintaining the health and well-being of the whole community, in reducing health inequalities, and in minimising the long-term costs of health care.

The catalyst for this initiative was the development of *The Toronto Charter for a Healthy Canada: Strengthening the Social Determinants of Health*,³ and the evidence from a recent Canadian population health survey report.⁴ Seventy per cent of respondents stated that they had good or excellent knowledge of health issues. While lifestyle behaviours were well recognised by Canadians as factors that contributed to poor health, factors such as income, education, employment and social support were not highly recognised as important factors influencing health. In addition, almost one in four respondents did not consider any group as having worse health than other Canadians. These results mirrored what was published in the media on health. In this respect, we would anticipate similar results in Australia.

The SDoH Action Group plans to influence policy makers and government to incorporate the SDoH in the development of healthy public policy, as has occurred successfully in other parts of the world such as Sweden.^{5,6}

Strategies to achieve this include raising the general awareness of the importance of social determinants as the major influence on population health, including translating the research in a way that the community, the media and decision makers can comprehend.

In March 2005, a working committee, the SDoH Action Group, was formed with representation from the NSW branches of the PHAA, AHPA and NCOSS.

The SDoH Action Group intends to be broad based and has started with the following strategies:

1. The development of a pamphlet entitled *What makes us healthy? Social determinants of health*. This has been well received and 20,000 copies requested and distributed nationally.
2. The compilation and posting of a comprehensive list of resources and key research articles on the social determinants of health on to the Australian Health Promotion Association website at www.healthpromotion.org.au.
3. Launch of the Action Group initiative during Anti-Poverty Week in October 2005 with a seminar at the Sydney Mechanics School of Arts, which was opened by the Governor of NSW, Professor Marie Bashir, and included guest speakers Dr Pat O'Shane, Associate Professor Peter Sainsbury and Ms Marilyn Wise, from the Australian Centre for Health Promotion.
4. Submission of a research proposal to NSW Health to replicate the Canadian study⁴ on the knowledge of the population on determinants of health for inclusion in its annual population health survey.
5. Started a broad consultation process on developing an Australian Charter (based on the Toronto Charter) on the Social Determinants of Health, with a workshop at the 16th National AHPA Conference in Alice Springs in April 2006. The next step will be to repeat the workshop at the 37th PHAA Conference, 'Tackling the Determinants of Health', in Sydney in September 2006. The planning for nationwide participation and consultation is in progress.
6. Organising a seminar and workshop during Anti-Poverty Week (<http://www.antipovertyweek.org.au>), October 2006, to inform the community and the media of the social determinants of health and to workshop strategies that would enable the community to influence politicians' decisions.
7. Developing fact sheets on common myths with evidence-based 'myth busters' on the determinants of health. These fact sheets will be available for the community, the media and professionals to use for educational and advocacy opportunities relating to relevant policy and legislation changes with respect to population health. An example of a common myth would be 'if I am poor and have poor health, it is my fault'.

This is clearly a long-term process and will require long-term commitment from a broad representation of the community. As quoted by the World Health Organization "it's time to address the causes behind the causes of ill health".⁷

References

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Author

Suzanne Gleeson, Australian Health Promotion Association, New South Wales Branch

Garth Alperstein, Community Paediatrics, Sydney South West Area Health Service, New South Wales

Correspondence

Dr Garth Alperstein, Co-Director, Community Paediatrics, Sydney South West Area Health Service, King George V, Level 9, Missenden Road, Camperdown, New South Wales 2050. Tel: (02) 9515 9562; fax: (02) 9515 9540; e-mail: alpersteing@email.cs.nsw.gov.au