

## Health in All Policies Collaboration



### Submission to the Joint Select Committee inquiring and reporting on Preventative Health Care in Tasmania

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The Health in All Policies (HiAP) Collaboration in Tasmania welcomes the opportunity to provide a submission to this Joint Select Committee.

*“To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment.*

*Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”*

*WHO 1986, Ottawa Charter for Health Promotion*

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## **Summary of Recommendations**

- 1. That a whole-of-government State Strategic Plan for Tasmania be developed.**
- 2. That a Health in All Policies approach be adopted in Tasmania. This approach would include the enacting of an Intersectoral Action Act (name to be determined), the establishment of an Intersectoral Action Board (name to be determined), and the establishment of a Population and Social Health Information and Research Centre and a Health in All Policies Unit.**
- 3. That Tasmania immediately transitions to having a single Tasmanian Health Organisation to facilitate better population level health planning and resource allocation.**

## **Background to the Health in All Policies Collaboration in Tasmania**

Prior to the 2009 Tasmanian state election, a group of non-government organisations collectively called for a fairer Tasmania, and action on the social determinants of health under the banner of the Tasmanian Council of Social Service's *Our Island Our Voices* campaign.

As a result of this campaign, statements of tri-partisan support from the three Tasmanian political parties were obtained (shown at Table 2. on page 22), in varying degrees of specificity to:

1. adopt a paradigm shift in thinking towards a Health in All Policies approach
2. establish a Health in All Policies taskforce
3. further investment into the funding of health and well-being and chronic disease prevention.

Following the election, the Health in All Policies (HiAP) Collaboration was established to continue to advocate for these actions to be implemented. The HiAP Collaboration noted at this time the significant work being undertaken internationally in this area, but also the Health in All Policies work occurring closer to home in South Australia.

Members of the Collaboration include:

- Tasmanian Council of Social Services
- Tasmanian Branch of the Public Health Association Australia
- Members of the Tasmanian Chronic Disease Prevention Alliance which include:
  - Heart Foundation (Tasmania)
  - Cancer Council Tasmania
  - Diabetes Tasmania
  - National Stroke Foundation (Tasmania)
  - Arthritis Tasmania
  - Asthma Foundation (Tasmania)
  - Kidney Health Australia (Tasmania)

Subsequent to the 2009 election, all parties and independents in the Tasmanian Parliament have continued to engage with the HiAP Collaboration around Health in All Policies approaches.

The HiAP Collaboration's advocacy efforts resulted in the Tasmanian Government initiating the *Fair and Healthy Tasmania Strategic Review*<sup>1</sup>, which led to the release of *A Healthy*

*Tasmania: setting new directions for health and wellbeing*<sup>2</sup> and has subsequently, lead to the establishment of the Ministerial Health and Well Being Advisory Council in Tasmania. The members of this Council are appointed by the Tasmanian Health Minister, and their purpose is to provide advice to the Tasmanian Government and the broader community on the best ways to improve health outcomes and reduce health inequities in Tasmania. The HiAP Collaboration sees the establishment of this Advisory Council as positive; however **continues to call for a model for intersectoral action to address the social determinants of health in Tasmania as outlined in the body of this submission.**

In April of 2012, the HiAP Collaboration (supported by Catholic Health Australia), hosted a forum for Tasmanian state and federal members of parliament, their advisors, heads of departments and senior staff, elected mayors of local government, as well as members of the business community. Internationally renowned experts on the social determinants of health provided an overview of their current thinking of what could and should be done.

Following the forum, participants were encouraged to:

1. call on the Tasmanian Parliament to support the establishment of a joint parliamentary select committee to examine the causes of poor health and well being in Tasmania; and
2. call on the Federal Parliament to support a Senate Committee inquiry at a national level.

As a result of this advocacy work, a motion to establish a Joint Parliamentary Select Committee to inquire into issues pertaining to the social determinants of health in Tasmania was introduced and passed in the Lower House, subsequently passed with amendment in the Upper House, and on the 22 November 2012, the establishment of the Joint Parliamentary Select Committee, to which we now present this submission, was agreed to by the Tasmanian Parliament.

At the federal level, a Senate Committee inquiry has also been established to inquire into Australia's domestic response to the World Health Organisation's Commission on Social Determinants of Health report *Closing the Gap Within a Generation*<sup>3</sup>. The HiAP Collaboration provided a submission to this inquiry (available [here](#)<sup>4</sup>). The Senate Committee is due to report back on 27 March 2013.

In August 2012 - a short time after the HiAP Collaboration's forum on the social determinants of health was held, the National Centre for Social and Economic Modelling (NATSEM), a research centre at the University of Canberra, released a report (commissioned by Catholic Health Australia) entitled *The Cost of Inaction on the Social Determinants of Health*<sup>5</sup>. This

report provided an outline of the economic and health gains that could be made if the World Health Organisation's (WHO) recommendations from *Closing the Gap Within a Generation* were fully implemented in Australia.

Following the release of the NATSEM report, the HiAP Collaboration utilised the NATSEM analysis to estimate what the potential effect would be in Tasmania if the WHO recommendations were fully implemented. Although the interpolation method may be considered crude, the Tasmanian estimates were calculated as being 3% of the national figures. The 3% figure was used as the Tasmanian population is approximately 2.3% of the national population, with an additional 0.7 percentage points applied due to a higher proportion of Tasmania's population being in the lowest decile of Socio-Economic Index of Financial Advantage.

Using this approach, it was estimated that if the WHO recommendations were fully implemented, in Tasmania we would see that:

- 15,000 Tasmanians could avoid suffering from a chronic illness
- 5,100 extra Tasmanians could enter the workforce, generating \$240 million in extra savings
- Annual savings of \$120 million in welfare support payments could be made
- 1,800 fewer people admitted to hospital annually, resulting in savings of \$69 million in hospital expenditure
- 165,000 fewer Medicare services would be needed each year, resulting in annual savings of \$8.2 million
- 159,000 fewer Pharmaceutical Benefit Scheme scripts would be filled each year, resulting in annual savings of \$5.5 million each year.

In the last two-to-three years in Tasmania, there really has been a momentum building with regards to the importance of understanding what the social determinants of health are, and what it means when we talk about the need to address them.

More recently, a Social Determinants of Health Advocacy Network has been established in Tasmania (a collaboration between the Tasmanian Council of Social Services and the Tasmanian branch of the Australian Health Promotion Association), with interest in the Network, and its membership growing rapidly.

The HiAP Collaboration works closely with the Social Determinants of Health Advocacy Network as well as the Ministerial Health Well Being Advisory Council, with all recognising the importance of pulling together to see action in this space.

The HiAP Collaboration also recognises the work being undertaken by Population Health within the Department of Health and Human Services (including the Health Equity unit), and their involvement on a range of Tasmanian government inter-agency working groups.

The HiAP Collaboration also meets regularly with the Tasmanian Medicare Local. The Tasmanian Medicare Local, with funding recently announced by Federal Minister for Health Tanya Plibersek as part of the Tasmanian Health Assistance Package, is currently developing, and will implement (pilot) initiatives to improve the health of Tasmanians through addressing the social determinants of health, as well as targeted initiatives to promote the reduction of health risk factors.

The HiAP Collaboration acknowledges the significant contribution the late Professor Gavin Mooney made in Tasmania, in advocating for action on the social determinants of health.

The HiAP Collaboration is determined and committed to seeing a greater awareness, understanding, and knowledge of the factors that influence the social determinants of health in Tasmania, and will continue to advocate for the urgent need for the Health in All Policies approach, and the intersectoral action required to address these determinants.

## **Addressing the terms of reference for the committee**

### **1. The current impact of inequalities in the major social determinants of health on the health outcomes, including mental health outcomes of Tasmanians and including current evidence describing social gradients in health, and the capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health.**

#### ***The ‘wicked problem’<sup>1</sup> – first limb of this term of reference***

By international standards, Australians enjoy good health. But for too many people, good health – and life chances – are compromised by virtue of their social position, cultural background, or geographical location.

Inequalities in society cause inequalities in health<sup>6</sup>. While access to health services and a healthy lifestyle are important, inequalities in health are largely determined by factors outside the health system. These include the circumstances in which people are born, live and work, and how those determinants – or life’s ‘building blocks’ – are distributed<sup>7</sup>.

People from higher socioeconomic positions have more of life’s opportunities. In turn, they have better health<sup>8</sup>. By contrast, people from lower socioeconomic groups experience higher rates of chronic disease, premature mortality and lower life expectancy<sup>9</sup>. With regard to mental health, whilst the direction of causality between mental health and socioeconomic disadvantage is unclear, the proportion of people who report having mental problems increase as levels of socioeconomic disadvantage increase. In 2007-08, 16% of people living in the most disadvantaged areas had a mental or behavioural problem compared with 11% of people living in the least disadvantaged areas<sup>10</sup>.

However, it is not just the poorest members of society who have poor health. A person’s position on the social ladder affects their health. This is known as the social gradient in health and it runs from the top to the bottom of the socioeconomic ladder, from least to most disadvantaged<sup>11</sup>. The lower a person’s position on the social ladder, the worse their health will be,<sup>8,12</sup> as shown by Figure 1 on the following page.

The social gradient is explained by Wilkinson and Pickett as follows:<sup>13</sup>

*Higher incomes are related to lower death rates at every level in society. Within each country, people’s health and happiness are related to their incomes. Richer people tend, on average, to be healthier and happier than poorer people in the same society.*

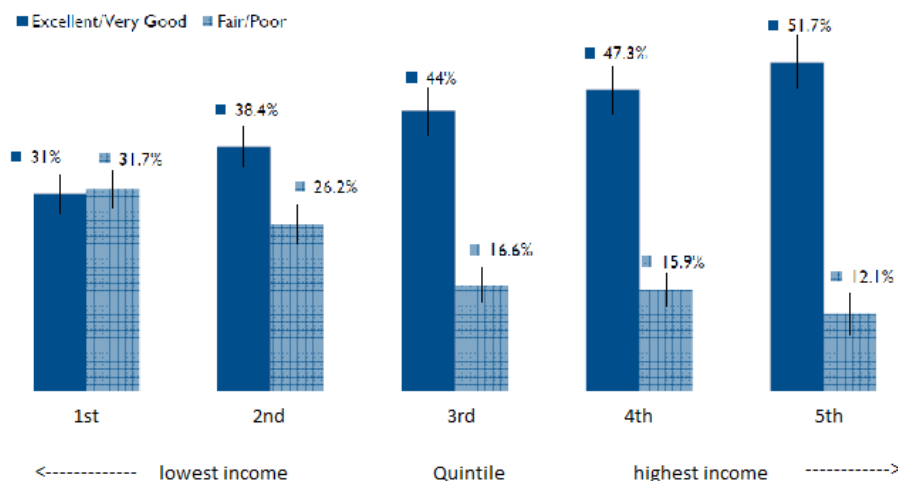
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<sup>1</sup> “Wicked problem” is a phrase originally used in social planning to describe a problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognise. The term ‘wicked’ is used, not in the sense of evil but rather it’s resistance to resolution. From: Australian Public Service Commission, Tackling Wicked Problems: A Public Policy Perspective, 2007. Found: [www.apsc.gov.au/publications-and-media/archive/publications-archive/tackling-wicked-problems](http://www.apsc.gov.au/publications-and-media/archive/publications-archive/tackling-wicked-problems)



It is not just life expectancy that follows a social gradient. Access to health care,<sup>14</sup> the prevalence of chronic conditions and their risk factors<sup>15</sup> and the distribution of health resources<sup>16</sup> all follow a social gradient and contribute to inequalities in health.

**Figure 1. Self-assessed health by household income quintile, Tasmania 2009**



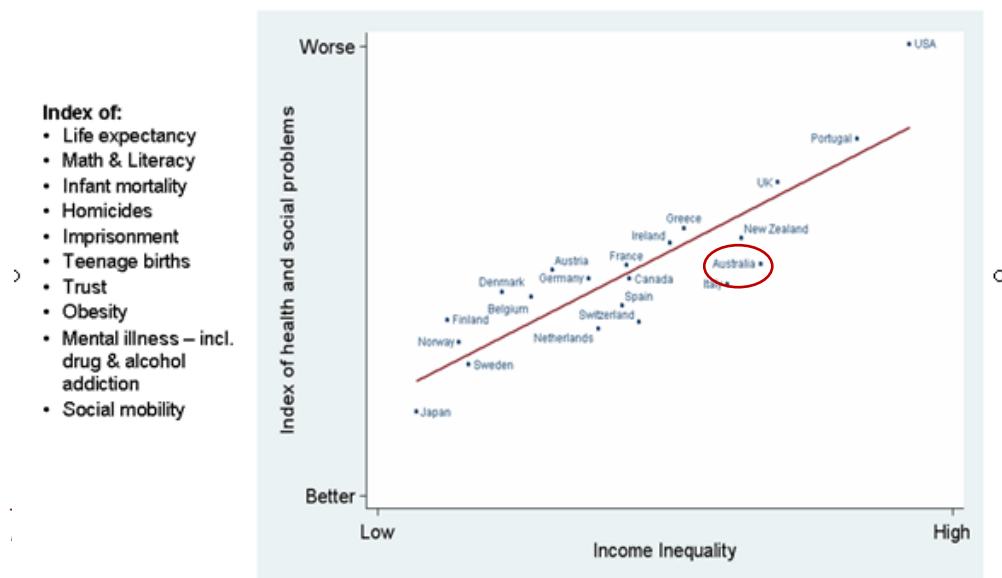
Tasmanian Population Health Survey, 2009

As well as one's position on the social ladder, health is influenced by how equal, or unequal, society is. In wealthy countries like Australia, inequalities in health affect everyone, not just the poor. According to Wilkinson and Pickett:<sup>17</sup>

*Almost all problems which are more common at the bottom of the social ladder are more common in unequal societies ... Health and social problems are indeed more common in countries with bigger income inequalities.*

As Figure 2 shows, the more unequal a society is the worse everyone's health and social outcomes (including crime, imprisonment rates, drug use, and levels of trust) are likely to be.<sup>18</sup> In other words, a person's level of health depends not just on their level of income but also on the income of others in society.<sup>19</sup> Importantly, Australia has a relatively high level of inequality (as circled in red below).

**Figure 2: Income inequality and index of health and social problems**



- Index of:**
- Life expectancy
  - Math & Literacy
  - Infant mortality
  - Homicides
  - Imprisonment
  - Teenage births
  - Trust
  - Obesity
  - Mental illness – incl. drug & alcohol addiction
  - Social mobility

### **So what does all this mean for Tasmania?**

The median gross and disposable income of Tasmanian households is lower than other states in Australia, and we also have the highest poverty rate of all States<sup>20</sup>.

Over a fifth of Tasmania's population (21.2%) fall within the lowest decile in the socio-economic index of financial advantage (SEIFA). Table 1 shows that in Tasmania we have the highest proportion of our population in the lowest SEIFA decile when compared to any other State or Territory.

**Table 1. Proportion of total State/Territory population in lowest SEIFA decile<sup>21</sup>.**

State/Territory	Proportion of total State/Territory population in the lowest SEIFA decile
New South Wales	8.6%
Victoria	7.1%
Queensland	7.7%
Western Australia	5.3%
South Australia	14.3%
<b>Tasmania</b>	<b>21.2%</b>
Australian Capital Territory	0.4%
Northern Territory	19.5%
Australia	8.4%

In relation to health, the health of a population is often measured through a range of indicators. Some measures are cruder than others, but nonetheless they attempt to provide an indication of how well a population is faring. Perhaps the most common snapshot of how healthy a population is, is to look at the life expectancy at birth figures. Life expectancy at birth refers to the average number of years a newborn baby could expect to live if the current mortality rates remain the same in his or her lifetime. Whilst the life expectancy of Tasmanians has improved over time, we continue to see a significant gap between Tasmania and Australia as a whole, which has persisted over decades<sup>22</sup>.

Based on current mortality rates, **a boy born in Tasmania in 2010 could expect to live for 1.5 years less than the national average** (78.0 years in Tasmania, compared to a national life expectancy average of 79.5 years).

At the same time, **a Tasmanian girl born in 2010 could expect to live for 1.7 years less than the national average** (82.3 years in Tasmania, compared to a national life expectancy average of 84.0 years).

A number of other indicators have just been made available through the recently released first-cut of results from the Australian Health Survey 2011-12. The results from this survey show that **in Tasmania, we have a higher proportion of our population (compared to the national figures) who are:**

- **Overweight**
- **Obese**
- **Sedentary**
- **Smokers**
- **Living with high blood pressure**
- **Living with a long-term health condition**
- **Exceeding alcohol consumption guidelines**

A summary of these survey findings can be found at Appendix 1.

### ***Capacity – the second limb of this term of reference***

The capacity for health and community services to address these needs requires a governance framework that will deliver more effective and efficient health outcomes for all Tasmanians at the Commonwealth, State and Local Government and individual community levels.

It is this governance issue that goes to the heart of this submission. The components of the HiAP Collaboration's recommended governance model are addressed in the following sections and in our Recommendations.

Once the appropriate governance model is in place, the capacity for Commonwealth, State and Local government and individual communities will be enhanced and provided with a framework to work collaboratively across all sectors to build the required capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health.

There is an urgent need in Tasmania for immediate action and this can only be achieved through appropriate governance structures that can be immediately implemented to provide the framework to drive change. Tasmania is uniquely situated to lead the country in this work.

## ***2. The need for an integrated and collaborative preventative health care model which focuses on the prevention, early detection and early intervention for chronic disease.***

In terms of preventing ill-health the HiAP Collaboration recognises the need to have an integrated and collaborative preventative health (or preventive health) care model which focuses on the prevention, early detection and early intervention for chronic disease, but this alone is not enough. We also need to address the social determinants of health in order to improve the health and wellbeing of people living in Tasmania. It is not one or the other – we need to do both.

We have, overall, a hospital system in Tasmania that delivers high quality care through dedicated and highly skilled clinicians, nurses and allied health professionals, but the cost of running this has come at the expense of investment in the ‘front end’ of our health system. Indeed for many years we have seen primary care service systematically eroded to cover acute care funding, and preventive health has played second-cousin to our hospitals<sup>23</sup>. Continuing to just focus on the hospital system to deal with ill-health will not stem the tide of growing chronic disease conditions.

We need to resource our primary care sector to better-deliver to our communities, but we also need to bring our communities with us so that they better understand preventive health, and demand that they have access to it. It is clear that there is work to do in better informing the community (‘our citizens’ as the late Professor Gavin Mooney would say) of the benefits of preventing ill-health so that instead of the largely media-driven headlines about waiting lists for surgery, we would see headlines about the overwhelming demand for preventive health initiatives too. It is clear that from the recently released preliminary report from the Commission on Delivery of Health Services in Tasmania<sup>24</sup>, that both consumers and health providers want ‘decisions about system funding and prioritisation to be made without the influence of ‘political agendas’, and for improvement in the accountability of health system management’.

What is currently missing is an overall whole-of government State Strategic Plan for Tasmania – not just plans specific to each departmental area. In order to realise the required action to address the social determinants of health, as well as strengthen our preventive health efforts, there needs to be a comprehensive vision for Tasmania. Currently, there is no overarching vision of what the Government wants for Tasmania, and how it will ensure everyone works together to achieve this vision.

Whilst TasmaniaTogether was considered the “communities plan” rather than belonging to Government, it did at least provide an overarching, intersectoral vision for improving the communities in which we live. Despite the original intention under s8(d) of the now repealed *TasmaniaTogether Progress Board Act 2001*, the Progress Board had a function “to develop *coalitions of interest* within and between various sectors of the community with respect to TasmaniaTogether”, in practice there lacked the mechanism to drive real accountability for government, business and the community sectors to work together and meet the targets set<sup>25</sup>. As a result, there were varying levels of commitment to the process, and there remained the ability for anyone involved to shirk any real responsibility for working together to meet the goals and targets. Now with the repeal of the *Tasmania Together Progress Board Act 2001* and the subsequent disbanding of TasmaniaTogether, it is even easier for departments and sectors to work in their silos and fail to give consideration as to how the decisions and actions they make in their “non-health” department may affect the health and wellbeing of Tasmanians.

In the first instance the State Strategic Plan could be based on a set of very simple principles including (but not limited to) Health in All Policies and action to address the social determinants of health, and social inclusion principles as cornerstones.

In developing a State Strategic Plan for Tasmania (and in the absence now of the TasmaniaTogether goals and targets) it is imperative that performance indicators and health surveillance measures be identified across the whole of government; that there is capacity to collect/analyse and monitor these data regularly in order to provide the required information to the Intersectoral Board (name to be determined, that will be discussed under our address to the third term of reference of this submission to make its recommendations to the Premier); and in order for Tasmanians to have an open and transparent picture of our health and wellbeing status and the actions being undertaken to improve them.

**Recommendation 1:** That a whole-of-government State Strategic Plan for Tasmania be developed.

### ***3. The need for structural and economic reform that promotes the integration of a preventative approach to health and wellbeing, including the consideration of funding models.***

As discussed under the first term of reference, Tasmania is over represented in Australian preventable ill-health data. Disadvantaged Tasmanians shoulder an inequitable and unfair share of this burden.

The total expenses for health, housing and community amenities and social security and welfare for 2012-13 currently account for 39.1% of the total State budget.

The 2010 Intergenerational Report<sup>26</sup> highlights that our health and hospitals system is not adequately prepared for future challenges – with the combination of an ageing and growing population, the increased burden of chronic disease, ongoing workforce shortages and rising costs - Federal Treasury has concluded that by 2045-46, spending on health and hospitals would consume the entire revenue raised by state governments.

As outlined in the background section of this submission, the HiAP Collaboration is calling for a Health in All Policies approach to be adopted to address the social determinants of health in Tasmania.

#### ***Health in All Policies: what is it?***

Health in All Policies aims for major prevention gains and health advances by bringing about changes and improvements in our social, physical and economic environments. It promotes policies for improved health across all areas of government. It is a way of encouraging all sectors to consider the health, well-being and equality impacts of their policies and practices. It acknowledges that health is a priority for government and that a healthier population can make a significant contribution to achieving the goals of all sectors of government.

As recently highlighted in the Social Determinants of Health Alliance's (SDoHA) submission to the Senate Inquiry<sup>27</sup>, at a recent public hearing with the Australian National Preventive Health Agency (11 December 2012) there was a lengthy discussion about the use of the term 'social determinants of health'. The SDoHA, in highlighting the use of the term, agreed with Ms Sylvan's (CEO of the Australian National Preventive Health Agency) statement that the term 'social determinants of health' is almost always used to describe the governmental agenda around inequality, i.e. it is often government's actions outside the health sector that can most significantly reduce health inequities.

***Why we need a Health in All Policies approach?***

A large part of the increase in health spending arises from treating preventable conditions, but the health care system alone cannot prevent them. A new approach to improving the health and well-being of the population and reducing inequity that leads to ill-health is needed. Health in All Policies is such an approach that facilitates intersectoral action to address the social determinants of health – and is an approach we should consider through this joint select committee inquiry. To gain a further understanding of the social determinants of health with regard to Tasmania, it may be helpful to read the set of fact sheets on the social determinants of health recently released by The Tasmanian Council of Social Services and the Australian Health Promotion Association<sup>28</sup>. Each fact sheet provides key actions that politicians and government can take to address these determinants.

Health in All Policies focuses on the determinants of health. Health determinants are factors that most significantly influence health, including biological factors, lifestyle factors, environments, culture, societal structure and policies. These determinants are often better addressed through policies, interventions and actions outside the health sector. For example, we can improve health through environments that invite people to be physically active, through a shift towards a healthier food supply, through low rates of unemployment, job and housing security, good social support systems, or through the education of parents who lay the foundations for the health of the next generation. Thus, in order to effectively prevent illness and to improve the conditions which promote health, a partnership is needed between the health sector and other sectors of government, who have the major influence over these conditions.

It requires a shift in our thinking from associating “health” with illness and hospitals to thinking about health as a positive concept that requires a holistic approach – with contributions to the health of all Tasmanians coming from all sectors and departments – true joined-up funding for joined-up action.

In general, disadvantaged groups do not benefit as quickly from improvements in health determinants as advantaged groups do. Compared to other Australians, Tasmanians have some of the poorest health outcomes and socio-economic indicators. An explicit focus on the determinants of inequalities in health is necessary in order to ensure improved equity in health.

Overall, the Health in All Policy approach aims to:

- decrease the inequalities in health
- create a healthier population with flow-on effects such as a better workforce, a stronger economy, improved standard of living, attracting migration to and investment in Tasmania
- limit or reduce the rapid increase in health expenditure

This approach has already been taken up in many European countries and has recently been adopted by the South Australian Government (see <http://www.health.sa.gov.au/pehs/HiAP.htm>).

The South Australian approach is an “opt in” process – Tasmania has an opportunity to significantly advance this to approach deal with our greater need through adoption of the Recommendations in this submission. Examples of work across government sectors that will have a positive effect on the health and wellbeing of Tasmanians have already existed. For example: the Tasmania’s Innovation Strategy 2010<sup>29</sup> entailing the establishment of a food bowl; the National Broadband Network; the development of renewable energy and sustainability. Another example is the intersectoral approach adopted by the work of the Premiers Physical Activity Council.

Health in All Policies builds on this existing intersectoral approach. It would assist the government to deliver on existing government objectives, such as the Food Security recommendations from the Social Inclusion Strategy report<sup>30</sup> and the goals/targets in the proposed whole-of-government State Strategic Plan for Tasmania (as recommended under our address to the second term of reference in this submission).

As identified in the Social Inclusion Strategy for Tasmania, there are sometimes issues that do not fit neatly under the portfolio of individual ministers or government departments or spheres of government. For Health in All Policies to work there is a need for joint effort within and between spheres of government, communities and businesses with an approach that fits logically into these already existing strategic frameworks. A mechanism to join-up funding to facilitate joined-up action is also required.

### **Health in All Policies is good for the economy**

‘A healthy and skilled population is critical to workforce participation, productivity and a healthy economy— and, hence, to future living standards.

People in good health are more productive and can participate more effectively in the labour market and education. Improving population health then becomes a shared goal across all sectors. Health in All Policies has, as a central concern, the health impacts of policy across all sectors, and provides a lever for governments to address the key determinants of health through a systematic approach’.

Implementing Health in All Policies, Adelaide 2010, p.4.



***What is required to establish a Health in All Policies approach?***

It is recognised that the Health in All Policies agenda is much broader than the health sector. An approach that could achieve Health in All Policies would be to enact a new Intersectoral Action Act (name to be determined) which would enable the establishment of an independent Intersectoral Board (name also to be determined). This Board would report directly to the Premier as Head of State and would comprise members from key stakeholder groups.

In order for an Intersectoral Board to advise the Premier, it is recommended that a Population and Social Health Information and Research Centre be established (and governed by the Board), which would provide the relevant research and data to identify priority areas for joined-up action and joined-up funding. This research centre would not require “bricks and mortar”, rather it would be a “virtual centre” which draws together already existing research and research expertise. Additionally, a Health in All Policies unit will be established to apply the research, information and tools by reviewing existing Policies, Acts, Regulations and Guidelines – submitting them through a Health Lens analysis<sup>31</sup> process (also called a Health Impact Assessment) that will lead to improved policy or social determinants of health outcomes.

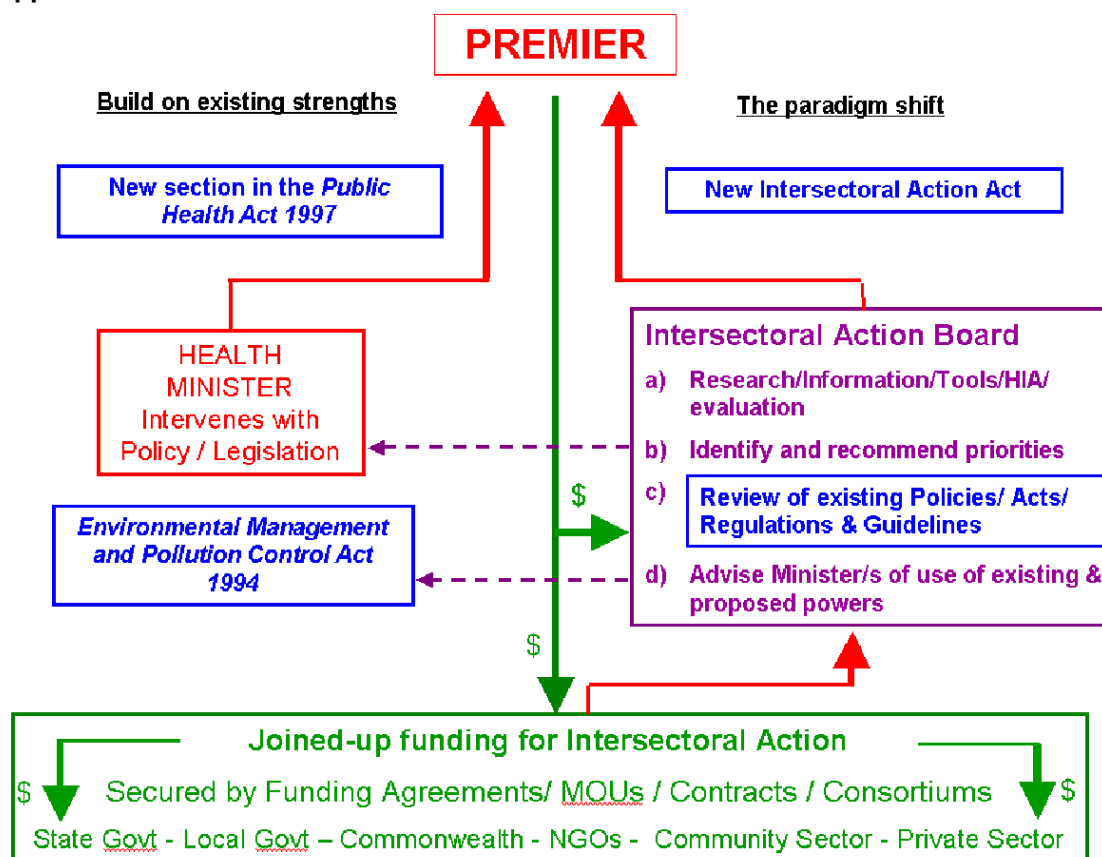
Additionally, a new section of the *Public Health Act 1997* (similar to section 54 of the *Quebec Public Health Act*) could be established which would ensure legislative provisions that government ministries and agencies adopt do not adversely affect the health of Tasmanians, and would see the Minister for Health (through advice from the Intersectoral Board) providing advice to other government ministries and agencies. This would also facilitate the use of a Health Lens analysis to be required for new laws, regulations, policies or guidelines being introduced by Government, and not just as it may relate to the *Environmental Management and Pollution Control Act 1994* which is currently the case.

A well-implemented Health in All Policies approach would ensure that the health of all Tasmanians is a government priority. The health of the population would sit alongside and carry as equal weight as the economic health of the state.

Good population health contributes positively to increased workforce participation and productivity, social inclusion, sustainability and the economy - in fact - *it benefits everyone*.

A proposed model for this Health in All Policies approach can be found below at Figure 3. which we would be happy to provide more detail to at a Committee Hearing.

**Figure 3. Model for Health in All Policies approach in Tasmania**



Recommendation 2: That a Health in All Policies approach be adopted in Tasmania. This approach would include the enacting of an Intersectoral Action Act (name to be determined), the establishment of an Intersectoral Action Board (name to be determined), and the establishment of a Population and Social Health Information and Research Centre and a Health in All Policies Unit.

***Transition to a single Tasmanian Health Organisation***

There has in recent years been lively debate as to whether Tasmania should move to a single-funding model for health. The HiAP Collaboration does not have a particular view on this, apart from strongly advocating for joined-up funding. However we can see the potential for immediate savings and more effective and efficient population health planning, by immediately transitioning to a single Tasmanian Health Organisation (THO) under the governance of a single board.

Tasmania's population is not sufficient to support three THOs. In addition, having three THO's continues to allow 'politically motivated' localised decisions and interference to be made, at the expense of decisions based on what is best for all Tasmanian's regardless of where they live. By continuing to maintain three, our state's "health" system will continue to perpetuate inefficiencies and not address the statewide gaps that exist. The current model will continue to duplicate and waste precious resources, as well as continue to allow inconsistencies in the care that is provided to the community, with the quality of care received potentially determined by which THO boundary a person resides within. The recent implementation of a single Tasmania Medicare Local is beginning to show the benefits of a statewide governance approach. The interface between primary, acute and sub-acute care should be seamless to obtain the optimum benefits of effectiveness and efficiency.

Through strong leadership, a single THO would provide the most appropriate mechanism to deliver on the Local Hospital Network component of the National Health Reform for the Tasmanian community, as well as provide a more efficient mechanism for the THO to align and work more effectively with the Tasmania Medicare Local to improve the interface between the primary and acute care sectors.

**Recommendation 3:** That Tasmania immediately transitions to having a single Tasmanian Health Organisation to facilitate better population level health planning and resource allocation.

**4. The extent to which experience and expertise in the social determinants of health is appropriately represented on whole of government committees or advisory groups.**

The Department of Health and Human Service's submission to the Senate Committee on Australia's domestic response to the World Health Organization's (WHO) Commission on the Social Determinants of Health report "Closing the gap within a generation"<sup>32</sup> outlines very clearly on pages 14 to 19 the steps the Tasmanian Government are taking (in particular through the Department of Health and Human Services) to facilitate interagency collaboration, and provides a list of strategies that are attempting to increase understanding of the potential impact that areas other than the health department have on both health outcomes and health inequities.

The HiAP Collaboration is not familiar with any mechanism in place that encourages the identification of experience and expertise in social determinants of health amongst representatives on whole of government committees or advisory groups, but would suggest that encouraging this practice could only assist in broadening the knowledge of non-health representatives on these groups.

As detailed in the background section of this submission, the Health and Wellbeing Advisory Council was established in early 2012. The Council's Terms of Reference can be found [here](#)<sup>33</sup>. Whilst the establishment of this Council is a step in the right direction, while it continues to sit within the Department of Health and Human Services, and provide recommendations to the Health Minister, there will continue to be no imprimatur for departments outside of Health to identify and address issues within their area of work which ultimately affect the health and wellbeing of Tasmanians both in the short and long term. There will continue to be a siloed approach to departmental work, as well as funding allocation. Our Health in All Policies model would address this by embedding performance indicators across all of government and other bodies funded by government, by establishing joined-up performance indicators in delivery of funded strategies, and by making key actors accountable through their position descriptions and performance reviews.

We refer to, and restate the HiAP Collaboration's Recommendation 2: **That a Health in All Policies approach be adopted in Tasmania (which includes the enacting of an Intersectoral Action Act (name to be determined), the establishment of an Intersectoral Action Board (name to be determined), and the establishment of a Population and Social Health Information and Research Centre and a Health in All Policies Unit).**

## **5. The level of government and other funding for research addressing social determinants of health.**

Since the inception of the HiAP Collaboration, we have highlighted that it is near impossible to identify what level of funding is allocated within the Tasmanian State Budget each year to programs of a preventative nature. It is even harder to identify what funding has been allocated by government specifically for research addressing social determinants of health. Whilst not necessarily classified as research, the HiAP Collaboration is aware of monitoring which the Department of Health and Human Services undertake against Health and Wellbeing Outcomes and Determinants of Health and Wellbeing Measures as a requirement of the National Partnership Agreement on Preventative Health, as well as the National Health Performance Authority reporting on Healthy Communities.

The HiAP Collaboration is also aware of the partnership between the Department of Health and Human Services and the Menzies Research Institute of Tasmania for the Tasmanian Data Linkage Project. Whilst it is recognised that this project isn't a research project in itself, it will provide valuable infrastructure to be utilised by many research projects not only within the Menzies Research Institute, but also throughout the state and eventually the rest of Australia. This is obviously of relevance to research into social determinants of health in Tasmania.

The HiAP Collaboration also recognises that there have recently been significant funding contracts entered into by the Tasmania Medicare Local and the Australian Government to address social determinants of health and health risk factors through the Tasmanian Health Assistance Package. The HiAP Collaboration eagerly awaits further information as to what strategies will be implemented, and how they will be evaluated. It is critical that this work is linked up with the work of the Intersectoral Board proposed in the HiAP Collaboration recommendations.

Given that one of the roles of the proposed Intersectoral Board is to identify priority areas for action and funding (including how funding could be joined-up across sectors and layers of government through requirements in funding agreements, memorandums of understanding, contracts and consortiums), an initial audit of funding that is allocated to research addressing the social determinants of health should be undertaken. Additionally, the Board should immediately explore the opportunities for joined-up Commonwealth and State funding to enable the establishment of the Population and Social Health Information and Research Centre and the Health in All Policies Unit that can develop the Health in All Policy approaches within Tasmania that can be subsequently adopted in other jurisdictions.

## Conclusion

The HiAP Collaboration has been calling for a Health in All Policies approach to be adopted in Tasmania for nearly four years. The recommendations provided in this submission are tangible recommendations that, with a tri-partite approach, can be made to happen.

Tasmania can no longer wait for this shift in focus to occur. We need to act, and we need to act now.

At the beginning of this submission, we outlined how prior to the last state election, we sought responses from the leaders of the three major political parties to:

1. adopt a paradigm shift in thinking towards a health in all policies approach
2. establish a Health in All Policies taskforce
3. further investment into the funding of health and well-being and chronic disease prevention.

Table 2 summarises the responses received by the party leaders (left column), as well as what each party has said in the last 3 months (right column). It appears that the political will hasn't changed over time, however **we can improve how we work together to provide healthier policies, acts, regulations, guidelines, programs, and environments through a Health in All Policies approach to address the social determinants of health.**

Table 2.

Pledges received prior to the March 2010 state election	What the party is saying now
<p><b>Labor - David Bartlett</b> (received 15/03/2010)</p> <p>“Labor will commit to a whole of government framework for health promotion policy development in consultation with key community sector stakeholders to ensure a coordinated approach to health promotion and strategies to reduce rates of chronic disease.”</p> <p>“Labor will review current advisory structures associated with health promotion and chronic disease prevention to achieve a stronger profile for this work... in consultation with TasCOSS, TCDPA, AHPA and other groups including GP Tas.”</p> <p>“There is a need to take into account expenditure on public and population health initiatives across government... a re-elected Labor Government will commit to reviewing current funding levels.”</p>	<p><b>Labor – Michelle O’Byrne</b> (hansard 22/11/2012)</p> <p>“The best way to address ill-health is to prevent it from happening in the first place and the best way to do this is to work on the conditions that underpin an individual's chances of good health and wellbeing. It is about working outside of the health sector. It is about working with schools, clubs, workplaces, communities and families. It is about addressing food security, transport, employment and social inclusion for these are things that determine wellbeing. These causes are the responsibility of all of us, not just doctors and not just the health system.”</p>

Pledges received prior to the March 2010 state election	What the party is saying now
<p><b>Liberal - Will Hodgman</b> (received 14/03/2010)</p> <p>“\$7.5 million for <i>Well Health Tasmania</i>” - A strategic unit led by an independent, expert executive with a passion for and qualifications in preventative health to support government in driving the biggest change this State has seen in health...<i>Well Health Tasmania</i> will report to government within 12 months with an innovative plan that will deliver better public health outcomes for Tasmanians.”</p>	<p><b>Liberal – Jeremy Rockliff</b> (hansard 22/11/2012)</p> <p>“As we have stated in our future directions statement entitled <i>Healthy Futures: Building a Better Health System</i>, we have set a goal of Tasmania having the healthiest population in Australia by 2025. I recognise that is a target that will be challenging to achieve, but we must have the target nonetheless if we truly believe in what we are talking about today. Given that we have the poorest health outcomes in Australia today, we recognise that it is an ambitious objective. However, in establishing that goal we recognise that we need to start changing attitudes to good health and wellbeing today. That will require leadership and I think we have a great many people in the Tasmanian community now looking for that leadership. It will also require a whole-of-government and government-led approach to developing and putting into practice evidence-based solutions and programs that focus on health and disease prevention”.</p>
<p><b>Greens - Nick McKim</b> (received 10/03/2010)</p> <p>“The Greens would establish a Tasmanian Health Promotion taskforce to advise government on evidence based and effective health promotion strategies.”</p> <p>“We would aim to double the health budget’s current allocation of 1.5% towards health promotion to 3% within five years.”</p> <p>“Invest \$30 million over three years to building and staffing a network of Tasmanian Life Health Centres, alongside and integrated with the 30 Child and Family Centres to be constructed around the state. This will be for Tasmanians with a focus on children and families, who need help and medical support to manage their health, eat better, exercise more, drink less and smoke not at all.”</p>	<p><b>Greens – Paul O’Halloran</b> (hansard 22/11/2012)</p> <p>“This motion and this committee that will be set up should lead to a health-in-all approach to wellness. It will put into practice all the evidence that is available about population health”.</p> <p>“It is not only about the health system; it is also about how we live, what we eat, promoting healthy lifestyles and healthy environments. When I talk about healthy environments, I am not talking about the natural environment so much. It is also about how we construct cities, how we travel to work and how we get ourselves around. It is about encouraging infrastructure like cycleways and walkways, encouraging people to get out of their cars and walk, to walk up the stairs instead of taking the lift. It is a myriad of things.”</p> <p>“The power to bring about this type of change does not lie solely with the Health Department. There absolutely needs to be a whole-of-government approach so that all decisions made within government are viewed through a health lens prior to implementation.”</p>

We thank the Joint Select Committee for the opportunity to provide this submission, and would appreciate the opportunity to provide further input into this inquiry at a Committee Hearing as a witness.

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## Appendix 1

**A comparison of Tasmania's proportion (percentage) of the population against risk factor measures compared with National proportions from the 2011-2012 Australian Health Survey First Results.**

<b>Measurement Type</b>	<b>Tasmania</b>	<b>National</b>
	(%)	(%)
<b>Adult 18+ Weight</b>		
Overweight Males	42.8	41.9
Obese Males	27.1	28.7
Overweight/Obese Males	69.8	70.3
Overweight Females	31.6	28
Obese Females	29.9	28.2
Overweight/Obese Females	61.5	56.2
Overweight Persons (Males+Females)	37.2	35
Obese Persons (M+F)	28.5	28.3
Overweight/Obese Persons (M+F)	65.6	63.4
<b>Children aged 5-17 Weight</b>		
Overweight Children (Males+Females)	18.3	17.7
Obese Children (M+F)	10.5	7.6
Overweight/Obese Children (M+F)	28.8	25.3
<b>Adult 18+ Fruit and Veg intake</b>		
Fruit intake 2 or more serves Males	38.6	43.8
Veg intake 5 or more serves Males	13.2	7.1
Fruit intake 2 or more serves Females	47.3	52.7
Veg intake 5 or more serves Females	14.6	9.5
Fruit intake 2 or more serves Persons (M+F)	43.1	48.3
Veg intake 5 or more serves Persons (M+F)	13.9	8.3
<b>Adult 18+ Level of Exercise</b>		
Low/Sedentary Males	67.9	62.4
Low/Sedentary Females	71	72.6
Low/Sedentary Persons (M+F)	69.4	67.5
Moderate Males	22.6	22.7
Moderate Females	20.2	19.3
Moderate Persons (M+F)	21.4	21
High Males	9.4	14.9
High Females	8.8	8
High Persons (M+F)	9.1	11.4
<b>Adult 18+ Blood Pressure</b>		
High blood pressure (140/90 mmHg or higher) Males	34.1	23.6
High blood pressure (140/90 mmHg or higher) Females	26.8	19.5
High blood pressure (140/90 mmHg or higher) Persons (M+F)	30.4	21.5

<b>Adult 18+ Smoking</b>		
Current* Smoker Males	28	20.3
Current* Smoker Females	18.6	16
Current* Smoker Persons (M+F)	23.2	18.1
<b>Self-Assessed health status</b>		
Excellent/Very Good Persons aged 15+ (M+F)	54.7	56
Good Persons aged 15+ (M+F)	27.9	29.9
Fair/Poor Persons aged 15+ (M+F)	17.4	14.1
<b>Current long-term condition (6months or more)</b>		
Heart, Stroke and Vascular disease (M+F)	5.3	4.5
Hypertensive disease (M+F)	11.4	9.6
<b>Alcohol consumption</b>		
Exceeds 2009 NHMRC lifetime risk guideline - 18+ (M+F)	22.5	19.4
Exceeds 2009 NHMRC occasion risk guideline - 18+ (M+F)	52	45.2

**NOTES:**

Cells highlighted in this colour indicate where Tasmania's proportion demonstrates a poorer status than the National proportion

\*Current smoker includes daily smoker, current smoker weekly (at least once a week, but not daily) and current smoker less than weekly

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- <sup>1</sup> Department of Health and Human Services, Tasmania, *A Fair and Healthy Tasmania Strategic Review Final Report*, 2011. Found: [http://www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0010/115201/Fair\\_and\\_Healthy\\_Tasmania\\_2011.pdf](http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0010/115201/Fair_and_Healthy_Tasmania_2011.pdf) Accessed: 28/02/2013.
- <sup>2</sup> Department of Health and Human Services, Tasmania, *A Healthy Tasmania: setting new directions for health and wellbeing*, 2011 Found: [http://www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0009/115200/Healthy\\_TAS\\_2012\\_Web.pdf](http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0009/115200/Healthy_TAS_2012_Web.pdf) Accessed: 28/02/2013.
- <sup>3</sup> Commission on Social Determinants of Health, *Closing the Gap Within a Generation: Health equity through action on the social determinants of health*, World Health Organisation, 2008. Found: [http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf) Accessed:22/02/2013
- <sup>4</sup> Health in All Policies Collaboration, Submission to the Senate inquiry into Australia's domestic response to the World Health Organisation's Commission on Social Determinants of Health Report Closing the gap within a generation, 2012. Found: <https://senate.aph.gov.au/submissions/comitees/viewdocument.aspx?id=f55f62c1-2ba0-496a-8334-275bbb05a48e> Accessed:28/02/213.
- <sup>5</sup> Brown L, Thurecht L and Nepal B, *The Cost of Inaction on the Social Determinants of Health*, NATSEM, University of Canberra, 2012. Found: <http://www.natsem.canberra.edu.au/files/download?id=860> Accessed: 27/02/2013.
- <sup>6</sup> Marmot M, 'Social determinants and the health of Indigenous Australians', *MJA* 194; (10): 512-513.
- <sup>7</sup> Lavery M, 'Introduction: Social building blocks of good health – opportunity for action', In *Determining the future: a fair go & health for all*, Edited by Martin Lavery and Liz Callaghan, Connor Court Publishing, Ballan, 2011.
- <sup>8</sup> Marmot M, *Fair Society, Healthy Lives: The Marmot Review – Executive Summary*, Strategic Review of Health Inequalities in England post-2010, 2010, p. 3.
- <sup>9</sup> Victorian Government, *A Fairer Victoria 2010: Real support – real gains*, Melbourne, 2010, p. 51.
- <sup>10</sup> Australian Bureau of Statistics, *4102.0 - Australian Social Trends*, 2010. Found: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30Mar+2010> Accessed: 1/03/2013.
- <sup>11</sup> VicHealth, *Background Paper to VicHealth Position Statement on Health Inequalities*, Melbourne, 2005.
- <sup>12</sup> Brown L and Nepal B, *Health lies in wealth: Health inequalities in Australians of working age*, Catholic Health Australia-NATSEM Report on Health Inequalities, Canberra, 2010.
- <sup>13</sup> Wilkinson R and Pickett K, *The Spirit Level: Why Equality is Better for Everyone*, Penguin Books, London, 2009, pp. 12-13.
- <sup>14</sup> Furler JS, Harris E, Chondros P, et al, 'The inverse care law revisited: impact of disadvantaged location on accessing longer GP consultation times', *MJA* 2002; 177: 80-83.
- <sup>15</sup> Turrell G, Stanley L, de Looper M and Oldenburg B, *Health Inequalities in Australia: Morbidity, health behaviours, risk factors and health service use*, Health Inequalities Monitoring Series No. 2, AIHW Cat. No. PHE 72, Canberra, Queensland University of Technology and the Australian Institute of Health and Welfare, 2006.

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- <sup>16</sup> Livingstone C and Taylor M, 'How the rich get well – and enjoy subsidies', *The Age*, February 24, 2010.
- <sup>17</sup> Wilkinson R and Pickett K, *The Spirit Level: Why Equality is Better for Everyone*, 2009, pp. 19-20.
- <sup>18</sup> Wilkinson R and Pickett K, *The Spirit Level: Why Equality is Better for Everyone*, Penguin Books, London, 2009.
- <sup>19</sup> Kawachi I, Subramanian S and Almeida-Filho N, 'A glossary for health inequalities', *Journal of Epidemiology and Community Health*, 2002; 56: 647-652.
- <sup>20</sup> Vidyattama Y, Taylor M and Tanton R, *Cost of Living Indicators for Tasmania: Final Report*, 2011, National Centre for Social and Economic Modelling, University of Canberra.
- <sup>21</sup> Australian Bureau of Statistics, *ABS 2033.0.55.001 – Socio economic Indexes for Areas (SEIFA) – SEIFA population distributions for larger areas*, 2006. Data derived from here: [http://www.abs.gov.au/AUSSTATS/subscriber.nsf/log?openagent&2033055001\\_seifa\\_population\\_distributions\\_for\\_larger\\_areas.xls&2033.0.55.001&DataCubes&4CF1857EA9D912ABCA25741700117CBA&0&2006&26.03.2008&Latest](http://www.abs.gov.au/AUSSTATS/subscriber.nsf/log?openagent&2033055001_seifa_population_distributions_for_larger_areas.xls&2033.0.55.001&DataCubes&4CF1857EA9D912ABCA25741700117CBA&0&2006&26.03.2008&Latest) Accessed: 28/02/2013.
- <sup>22</sup> Department of Health and Human Services, Tasmania, *State of Public Health Report* 2008.
- <sup>23</sup> Joint Tasmanian Chronic Disease Prevention Alliance and Tasmania Medicare Local media release, June 2012. Found: [http://www.tasmedicarelocal.com.au/sites/default/files/Primary\\_Care\\_Organisations\\_Welcome\\_a\\_Balanced\\_Health\\_Solution.pdf](http://www.tasmedicarelocal.com.au/sites/default/files/Primary_Care_Organisations_Welcome_a_Balanced_Health_Solution.pdf) Accessed: 24/02/2013.
- <sup>24</sup> The Commission on Delivery of Health Services in Tasmania, *Preliminary Report to the Australian Government and Tasmanian Government Health Ministers*, 2012 (released Feb 2013). Found: <http://www.tasmaniahealthcommission.gov.au/internet/tascomm/publishing.nsf/Content/news-20130225> Accessed: 28/02/2013.
- <sup>25</sup> Heart Foundation, *Submission to the Tasmania Together 10 Year Review*, 2012. Available from the Heart Foundation upon request.
- <sup>26</sup> Australian Government, *Intergenerational Report 2010*. Found: <http://archive.treasury.gov.au/igr/igr2010/default.asp> Accessed: 23/02/2013.
- <sup>27</sup> Social Determinants of Health Alliance's submission to the Senate Committee on Australia's domestic response to the World Health Organization's (WHO) Commission on the Social Determinants of Health report "Closing the gap within a generation". Found: <https://senate.aph.gov.au/submissions/comitees/viewdocument.aspx?id=a447ea54-4b87-4093-bae9-89b5e9c490ee> Accessed: 25/02/2013.
- <sup>28</sup> Tasmanian Council of Social Services and the Tasmanian branch of the Australian Health Promotion Association, *Start Where Health Starts: Social Determinants of Health Fact Sheets*. Found: <http://www.tascoss.org.au/Portals/0/Publications/SDoH%20combined%20for%20web.pdf> Accessed: 24/02/2013.
- <sup>29</sup> Tasmanian Government, *Tasmania's Innovation Strategy*, 2010. Found: [http://www.development.tas.gov.au/data/assets/pdf\\_file/0006/39777/Tasmanias\\_Innovation\\_Strategy\\_2010.pdf](http://www.development.tas.gov.au/data/assets/pdf_file/0006/39777/Tasmanias_Innovation_Strategy_2010.pdf) Accessed: 22/02/2013.
- <sup>30</sup> Adams D, *A Social Inclusion Strategy for Tasmania report*, Social Inclusion Commissioner, 2012. Found: [http://www.dpac.tas.gov.au/data/assets/pdf\\_file/0005/109616/Social\\_Inclusion\\_Strategy\\_Report.pdf](http://www.dpac.tas.gov.au/data/assets/pdf_file/0005/109616/Social_Inclusion_Strategy_Report.pdf) Accessed: 23/02/2013.

<sup>31</sup> South Australia Health, *The South Australian Model of Health in All Policies* – Health Lens analysis. Found:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/health+lens+analysis> Accessed: 1/03/2013.

<sup>32</sup> Department of Health and Human Services, Tasmania – submission to the Senate Committee on Australia's domestic response to the World Health Organization's (WHO) Commission on the Social Determinants of Health report "Closing the gap within a generation". Found:

<https://senate.aph.gov.au/submissions/comitees/viewdocument.aspx?id=2c00fb1f-0e9c-4ace-aab0-1fbd1178a4dc> Accessed: 24/02/2013.

<sup>33</sup> Health and Wellbeing Advisory Committee, *Terms of Reference*, 2012. Found:

[http://www.dhhs.tas.gov.au/\\_data/assets/word\\_doc/0013/115105/HWAC\\_TOR\\_2012.docx](http://www.dhhs.tas.gov.au/_data/assets/word_doc/0013/115105/HWAC_TOR_2012.docx)  
Accessed: 26/02/2013.