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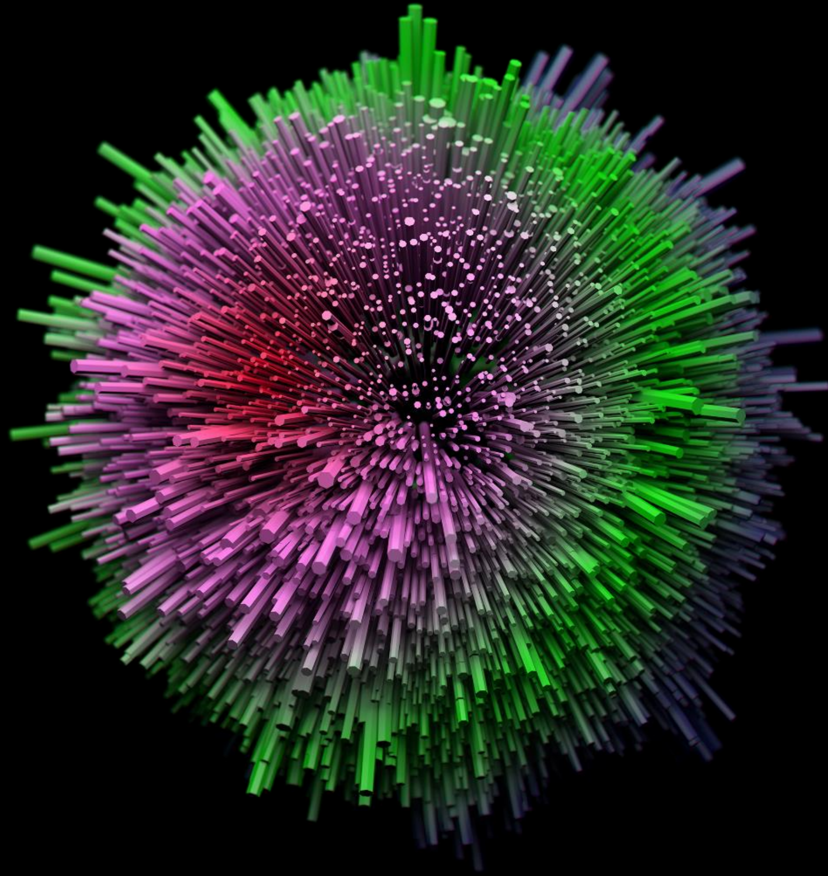

The social, economic and commercial determinants of health and wellbeing and the sustainability of health, aged care and human services systems

October 2024

Deloitte Access Economics

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“...health does not determine social position, rather, social position determines health.”

Marmot and Wilkinson (1999)[1]

1 Marmot, M., & Wilkinson, R. (Eds.). (2005). *Social Determinants of Health* (2nd ed.). Oxford University Press. (Original work published 1999)

Foreword

The ageing of the population is argued to be one of the most powerful threats to the sustainability of health and human service systems and, as highlighted in the latest Australian Intergenerational Report,[2] will have substantial impacts on productivity, economic growth and the health of Australia's fiscal outlook.

The arguments, commentary and policy debate fixate on the baby boomer generation and the next 20 years. However, the reality is that with the pace of discovery accelerating due to AI and quantum computing, the availability of new and advanced diagnostics, therapeutics and technologies will likely mean that lifespan will continue to extend intergenerationally. The only exception to this in the recent past has been in those developed countries such as the UK and the US where lifespan for the first time has stalled or gone backwards as a result of failures in public policy.

Without systemic interventions that aim to extend *healthspan* not just *lifespan*, budgets will continue to be stretched not just in the short term but for the foreseeable future and health and human services will likely become even more unsustainable.

In the face of structural changes in economy and society, driven substantially by a major shift in demographics, the current piecemeal, siloed configuration of government will not solve for the emerging, inter-related, socio-economic landscape. Indeed, without change, the current architecture of government and administration will, arguably, exacerbate fiscal sustainability.

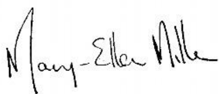
The emerging epidemic of loneliness, the nexus of technology and mental health and social (dis)integration, the intractability of solving for socio-economic status and wealth creation, education attainment, and health outcomes, all point to the need for a different policy frame and institutional architecture which is explored in this paper.

Only a systems approach, integrated around the citizen, will suffice.

What is needed is action by all levels of government and business to strengthen systems that address the broad social and commercial determinants of health and well-being of individuals, families and communities.

There is persuasive evidence, as well as contemporary and historical experience about what shapes and promotes health and wellbeing. We also know that things can be turned around relatively quickly with both positive human and economic returns.

This paper sets out the main messages from the peer reviewed and grey literature and suggests a way forward that builds on Australia's existing solid policy foundations.



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2 Department of the Treasury. (2023). *Intergenerational Report 2023: Australia's future to 2063*. Australian Government. https://treasury.gov.au/sites/default/files/2023-08/p2023-435150.pdf

Insights & summary

1. Research suggests that the broad social and commercial determinants of health and wellbeing may be more important than high-quality health care or lifestyle choices in influencing health outcomes. Social inequity, the 'Social Gradient', is the most powerful determinant of health and wellbeing and the greater the inequity, poverty and disadvantage, the worse the health and wellbeing outcomes.
2. Societies that have the greatest inequalities and steepest social gradient have worse health, wellbeing and productivity outcomes, however, it is not only the most disadvantaged people who are affected - inequity in society affects everyone in that society. Addressing the needs of the most at risk and disadvantaged groups benefits all individuals and society as a whole.
3. Addressing inequity systematically and levelling the social gradient is also key to ensuring the sustainability of health, aged care and human services. This is because the real determinants of sustainable health, aged care and human service systems lie outside the control of those systems.
4. As the impact on a population's health and wellbeing outcomes by sectors outside health demonstrably exceeds the contribution from the health sector, all social and economic policies, across all sectors, need to consider their impact on the social gradient. A systems approach that stretches across traditional portfolio and sector demarcations is needed to achieve good outcomes for the public. Actions taken in one without reference to impacts elsewhere can worsen inequality, health and social outcomes, and increase economic and human costs.
5. A constructive approach to the social and commercial determinants of health and wellbeing requires sustained joined-up action by all levels of government, across sectors and with civil society. Each of these sectors have significant roles to play in building strong partnerships based on sustained, strategic investment, underpinned by strong joined-up leadership and governance.
6. There is growing momentum globally, based on a body of evidence shared by agencies like the Organisation for Economic Co-operation and Development (OECD), that promotes public policy action on the broad social and commercial determinants of health and wellbeing. The evidence for what works and examples of good practice to address the social and commercial determinants is available globally for application in Australia.
7. Measuring what matters, matters. Building strong whole of government capacity and capability to monitor and evaluate progress and detect early warning signs of unintended outcomes will ensure a shared understanding is developed about how policies in one area can have adverse impacts in another. The availability of high-quality data and information provides the foundation for integrated effort and will promote buy-in to well targeted, sustained effort.
8. Continuing to identify the wrong problem, or only part of the problem, and investing years solving these expertly and precisely, risks embedding dysfunction and escalating the human and financial costs for individuals and societies.
9. The current trajectories of inequality, family and gender-based violence, worsening of health, wellbeing, educational and intergenerational welfare outcomes can be turned around, or significantly slowed, by taking action on the social and commercial determinants through a joined-up public policy effort within relatively short periods of time.
10. Australia could lead the world in transformational change by building on the foundation of its long-term investments and recent strategies and policies in relation to some of these key determinants of health and wellbeing (e.g., Medicare, recent homelessness and housing initiatives, National Disability Insurance Scheme and aged care reforms). To assume this leadership role Australia needs to consider how best to bring together the individuals and groups who can design and implement how this body of evidence finds expression and impact in Australian society.

There are major efforts in most countries to transform the way health, aged care, and other support services are delivered to ensure their future sustainability. There have also been consistent efforts to reduce demand on the acute care health system by changing individual behaviour to prevent or delay the onset of illness.

These are necessary but not sufficient determinants of the sustainability of health, aged care and human service systems, economic prosperity, and social cohesion. Internationally, recognition that health and wellbeing are determined by complex dynamics and their interactions, many of which lie outside the control and influence of traditional healthcare systems, is now well established.

These complex issues have been well researched and documented since the 1940s, but it was in 1999 when Michael Marmot and Richard Wilkinson first published their book entitled "Social Determinants of Health" that the social gradient of health was clearly demonstrated; that is, the lower people fall on the social gradient, the greater their risk of disease and premature death.[1]

Despite the availability and strength of this evidence, recognition that the health and wellbeing of individuals and communities and therefore the sustainability of health, aged care and human service systems is framed by the social gradient of health has not been consistently reflected in public policy choices and investments across the range of government departments, whose decisions directly drive up or reduce the social gradient.[3, 4]

Gains made to make good health and wellbeing available to all have been reversed by the negative impact of economic austerity measures. In 2020, Marmot observed that life expectancy improvements in the UK had stalled, and the time spent in poor health for all was increasing. For some communities, this even meant that life expectancy rate had fallen.[5] More recently in the UK[6] and the US,[7] COVID-19 contributed to life expectancy going backwards at the population level. While the worst of the pandemic is now over, life expectancy rates have not recovered, as was expected, highlighting "deeper problems with the health of the nation and the resilience of the health care system".[6] This reminds us that a lack of evidence-based social policy is not just neutral, but can do harm and slow or negate progress.

The social and commercial determinants

The circumstances into which children are born often determine their exposure to environments that promote or compromise healthy development (see Figure 4). In the absence of interventions or opportunities, children's health, development and wellbeing can be compromised by a number of direct adverse experiences during the prenatal and postnatal periods, including sustained poverty, recurrent abuse and neglect, parental alcohol or drug misuse, homelessness, and the impact of family violence.[8, 9, 10]

The effect of inequalities on an individual's opportunities for income, education, health status, and access to quality jobs compound over the lifespan. This then limits the opportunities for low-middle income families to invest in the education of their children and build the social and economic buffers against future adversities. At the population level inequalities ultimately reduce labour quality and therefore limit productivity and economic growth.[5, 11]

Investment in the systems which enable equitable access to a home, the necessities of life, and to opportunities to build a secure future and flourish, is an investment that ultimately feeds back into the economy and benefits everyone.[5, 11]

For some time, there have been discussions between governments about providing a Universal Basic Income. This is an economic strategy that has been trialed in a number of countries for some decades.[12] While a fully universal and basic income is yet to be implemented at scale, there is evidence from programs, trials and policies which share features of a Universal Basic Income to approximate the economic, social and health and wellbeing impacts. There is evidence for its ability to measurably decrease poverty, increase household expenditure, increase school attendance and enrolments in the short-term, and improvements in health and wellbeing.[13]

There is also growing recognition of the impact of the commercial

3 World Health Organization. (2010). *A conceptual framework for action on the social determinants of health: Social Determinants of Health Discussion Paper 2*. https://iris.who.int/bitstream/handle/10665/44489/9789241500852_eng.pdf?sequence=1
4 Marmot, M., & Wilkinson, R. (2003). *Social determinants of health: the solid facts*. World Health Organization. https://iris.who.int/handle/10665/326568
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7 Rakshit, S., McGough, M., & Amin, K. (2024). *How does U.S. life expectancy compare to other countries?* Peterson-KFF Health System Tracker. https://www.healthsystemtracker.org/chart-collection/u-s-life-expectancy-compare-countries/#Life%20expectancy%20and%20healthcare%20spending%20per%20capita,%201980-2022
8 World Health Organization. (n.d.). *Social determinants of health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
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10 Van Eyk H, Baum F, Fisher M, Macdougall C, Lawless A. (2023). To what extent does early childhood education policy in Australia recognise and propose action on the social determinants of health and health equity? *Journal of Social Policy*. *52*(3), 495-519. doi:10.1017/S0047279421000726
11 Organisation for Economic Co-operation and Development. (2016). *The Productivity-Inclusiveness Nexus.* OECD Publishing, Paris. https://doi.org/10.1787/9789264292932-en
12 Bregman, R. (2018). Utopia for Realists and How We Can Get There. Bloomsbury Paperbacks. (Original work published 2017)
13 Hasdell, R., (2020). What we know about Universal Basic Income. Stanford Basic Income Lab. https://basicincome.stanford.edu/uploads/Umbrella%20Review%20BI_final.pdf

determinants, that is the behaviours and choices of corporations on health and wellbeing, and the need for a coordinated effort by countries to address these. Commercial activities can influence the physical and social environments in which individuals are born, where they grow, live, and age (see Figure 1).[14, 15]

We can no longer limit our measure of a policy to financial costs. Social costs need to be assessed as well.[16] There is a longstanding consensus that a 'connecting all policies' approach is the only way to ensure that policies in one domain (e.g., transport, housing, education) do not inadvertently undermine policy and programs in others. This joined-up approach is a matter of urgency to build individual, community and systems resilience.[17]

Strengthening Australia's growth, the flourishing of its people (and, in turn, their contribution to productivity and their preparedness for future challenges, such as the impact of climate change) is dependent on removing both the obstacles to health and wellbeing and the systemic drivers of disadvantage.

The way forward

Globally, there are examples of where social determinants add to years of life lived in good health as well as examples of where countries, global agencies and technical experts have piloted strategies to assess, address and measure social, economic and commercial determinants of health and wellbeing. These findings demonstrate how change can be achieved in a relatively short time.[18, 19, 20, 21, 22] The speed at which positive change can be achieved strongly suggests the need for expansion of sustained effort across all sectors.

The impact of strategies to reduce homelessness and create affordable housing demonstrate how addressing a major social determinant of health and wellbeing not only has significant benefits for individuals and groups but also impacts on the sustainability of health, aged care and human services. In Finland, for example, it has been recognised that it is cheaper to fund housing than homelessness. Across the health, police and judicial systems, €15,000 per person per year less is spent on individuals who previously experienced homelessness, once housed.[23] In Australia, significant policy debate is under way at all levels of government to agree on the best way to address the determinants of affordable housing.

The remaining question is how much more could be achieved by reviewing existing policies and programs of effort with a social and commercial determinants lens, as well as applying joined-up systems thinking to problem identification and in the generation of solutions.

We recommend the Australian government establish a national taskforce (see Figure 10) that includes membership representatives of federal, state and territory central agencies, industry, academia, First Nations, rural and remote peak bodies and civil society organisations to work collaboratively to:

- consider how the evidence about the impact of the broad social and commercial determinants of health and wellbeing could better inform public policy across portfolios to reduce the social gradient
- commission modelling of the long-term impact of reducing the social gradient on the sustainability of health, aged care and other human service systems and on closing the gap in outcomes for First Nations Australians
- address the social, cultural, and economic factors that influence the extent and nature of violence against women and children and which lessen the impact of national, state and territory government strategies
- consider how to replicate and locate Australian versions of the Blue Zone initiatives that have been effective globally and evaluate their impact in the short, medium and longer term
- consider the relationship between the social gradient and climate change and its equitable remediation
- develop an agreed set of indicators for Australia based on the metrics developed by Marmot, OECD, and the Australian Treasury's Measuring What Matters Framework that will allow us to track progress and any unintended consequences of policy decisions
- develop a National Strategic Framework, an implementation plan and evaluation framework.

14 Gilmore, A. B., Fabbri, A., Baum, F., Bertscher, A., Bondy, K., Chang, H.-J., Demaio, S., Erzse, A., Freudenberg, N., Friel, S., Hofman, K. J., Johns, P., Karim, S. A., Lacy-Nichols, J., Carvalho, C. M. P. de, Marten, R., McKee, M., Petticrew, M., Robertson, L., & Tangcharoensathien, V. (2023). Defining and conceptualising the commercial determinants of health. *The Lancet*, *401*(10383), 1194–1213. https://doi.org/10.1016/S0140-6736(23)00013-2

15 World Health Organization. (2023). Commercial determinants of health. https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health

16 Department of the Treasury. (2023). *Measuring What Matters: Australia's First Wellbeing Framework*. Australian Government. https://treasury.gov.au/sites/default/files/2023-07/measuring-what-matters-statement020230721_0.pdf

17 World Health Organization. (2023). *Working together for equity and healthier populations*: *Sustainable multisectoral collaboration based on Health in All Policies approaches.* https://iris.who.int/bitstream/handle/10665/372714/9789240067530-eng.pdf?sequence=1

18 World Health Organization. (2020). *Healthy cities effective approach to a rapidly changing world*. https://iris.who.int/bitstream/handle/10665/331946/9789240004825-eng.pdf?sequence=1

19 Marmot, M., Munro, A., & Boyce, T. (2020). *Sustainable health equity: Achieving a net-zero UK.* Institute of Health Equity. https://www.instituteofhealthequity.org/resources-reports/sustainable-health-equity-achieving-a-net-zero-uk/main-report.pdf

20 Buettner, D., & Skemp, S. (2016). Blue zones: Lessons from the world's longest lived. *American Journal of Lifestyle Medicine, 10*(5), 318-321. https://doi.org/10.1177/1559827616637066

21 Grudnoff, M., & Littleton, E. (2021). *Rich men and tax concessions: How certain tax concessions are widening the gender and wealth divide.* The Australia Institute. https://australiainstitute.org.au/wp-content/uploads/2021/04/P911-Income-wealth-an-gender-distribution-of-tax-concessions-WEB.pdf

22 Buettner, D. (2023). *The World's 6th Blue Zones Region – an Engineered Longevity Hotspot*. Blue Zones. https://www.bluezones.com/2023/10/the-worlds-6th-blue-zones-region/

23 Sefa. (2022). *Finding affordable home options for invisible women: Home ownership options for modest income earning middle aged women*. https://www.lmcf.org.au/getmedia/4ed67b68-0dc3-449a-ade0-5e8b74ad0f80/Finding-affordable-home-options-for-invisible-women.pdf.aspx

A healthy, flourishing population lives well for longer, which is not only good for the economy, but reduces the burden on health, aged care, criminal justice and other human service support systems. While Australia has begun to develop policies which take a broader view of health and wellbeing, the Australian government has continued to focus predominantly on a siloed approach, with only 10% of policies taking into account the social determinants of health and wellbeing.[24]

The recent Australian Universities Accord Report notes the importance of the higher education sector's contribution to addressing the major challenges facing society. Addressing the social gradient will be foremost among those challenges.[25] In partnership with the commercial sector, Australia can build the virtuous cycle that will support populations to live longer in a healthy state which in turn ensures productivity, improved economic outcomes and the sustainability of health, aged care and human service systems.[11]

24 Littleton, C., & Reader, C. (2022). To what extent do Australian child and youth health, and education wellbeing policies, address the social determinants of health and health equity?: A policy analysis study. *BMC Public Health, 22*(2290). https://doi.org/10.1186/s12889-022-14784-4

25 Department of Education. (2024). *Australian Universities Accord Final Report*. Australian Government. https://www.education.gov.au/australian-universities-accord/resources/final-report

Introduction

There are major efforts in most countries to transform the way health, aged care, and other support services are delivered to ensure their future sustainability. These efforts largely focus on changing the ways services are funded, how and where they are delivered and by whom, and other operational level initiatives.

There have also been consistent efforts to reduce demand on the acute care health system by changing individual behaviour to prevent or delay the onset of illness. This paper argues that these are necessary but not sufficient determinants of the sustainability of health, aged care and human service systems, economic prosperity, and social cohesion. Internationally, recognition that health and wellbeing are determined by complex dynamics and their interactions, many of which lie outside the control and influence of traditional healthcare systems, is now well established.

Social and commercial determinants of health and wellbeing

The circumstances into which children are born often determine their exposure to environments that promote or compromise healthy development. In the absence of interventions or opportunities, children's health, development and wellbeing can be compromised by a number of direct adverse experiences during the prenatal and postnatal periods, including sustained poverty, recurrent abuse and neglect, parental alcohol or drug misuse, homelessness, and family violence.[8, 9, 10]

“The different domains of early childhood development – physical, social/emotional and language/cognition – strongly influence school success, economic participation, social citizenship and health.”

Van Eyck et al. (2023)10

The effect of inequalities on an individual’s opportunities for income, education, health status, and access to quality jobs compound over the lifespan. This then limits the opportunities for low-middle income families to invest in the education of their children and build the social and economic buffers to future adversities. At the population level, inequalities ultimately reduce labour quality and therefore limit productivity and economic growth. Investment in the systems which enable equitable access to a home and the necessities of life, and to opportunities to build a secure future and flourish, are an investment that ultimately feeds back into the economy and benefits everyone.[5, 11]

For some time there have been discussions of governments providing a Universal Basic Income, an economic strategy which has been trialled in a number of countries over some decades.[12] While a fully universal and basic income is yet to be implemented at scale, there is evidence from programs, trials and policies which share features of a Universal Basic Income to approximate the economic, social and health and wellbeing impacts. There is evidence for its ability to measurably decrease poverty, increase household expenditure, increase school attendance and enrolments in the short-term, and improvements in health and wellbeing.[13]

There is also growing recognition of the impact of the commercial determinants, that is the behaviours and choices of corporations on health and wellbeing, and the need for a coordinated effort by countries to address these. A recent (2023) edition of the Lancet presented the growing body of research that describes how commercial actors can impact positively and negatively on health and wellbeing.[14] Commercial activities can influence the physical and social environments in which individuals are born, and where they grow, live, and age. Commercial interests, when combined with the power of advertising and social media, can make health enhancing choices harder. There are many examples of the adverse impact the commercial sector has had (see Figure 1).[15]

“Over half of the world's population lives in cities, with this number projected to reach two-thirds of the world's population by 2050. The speed of development has been linked to unsustainable transport and problems with housing, waste, energy, and land use management. Current

designs often lead to higher temperatures in built up areas, lack of green spaces and increased social isolation. The more often sedentary lifestyles, along with unhealthy diets, and environmental pollution are generating a non-communicable diseases epidemic with high rates of obesity, diabetes, cardiovascular illness and cancers."

U.S. Surgeon General (2023)[26]

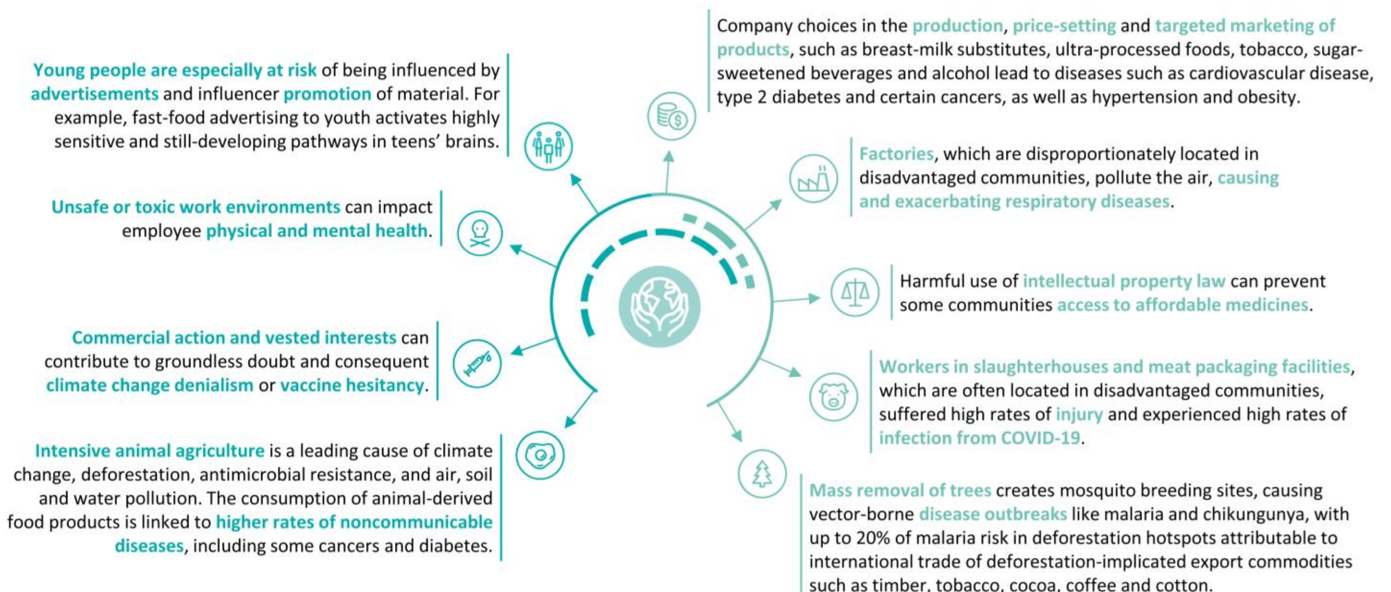
The history of policy recognition and action to address the social and commercial determinants of health and wellbeing

These complex issues have been well-researched and documented since the 1940s (see Figure 2) but it was in 1999 when Michael Marmot and Richard Wilkinson first published their book entitled "Social Determinants of Health" that the *social gradient* of health was clearly demonstrated; that is, the lower people fall on the social gradient, the greater their risk of disease and premature death.[1] Marmot and Wilkinson emphasised, however:

"The health gradient is not a function of poverty alone. Health inequality is not a question of poor health for the poor, and good health for the rest. It is a problem across the socioeconomic spectrum—as one moves down the social hierarchy, life expectancy gets shorter and mortality rates are higher."

Marmot and Wilkinson (1999)1

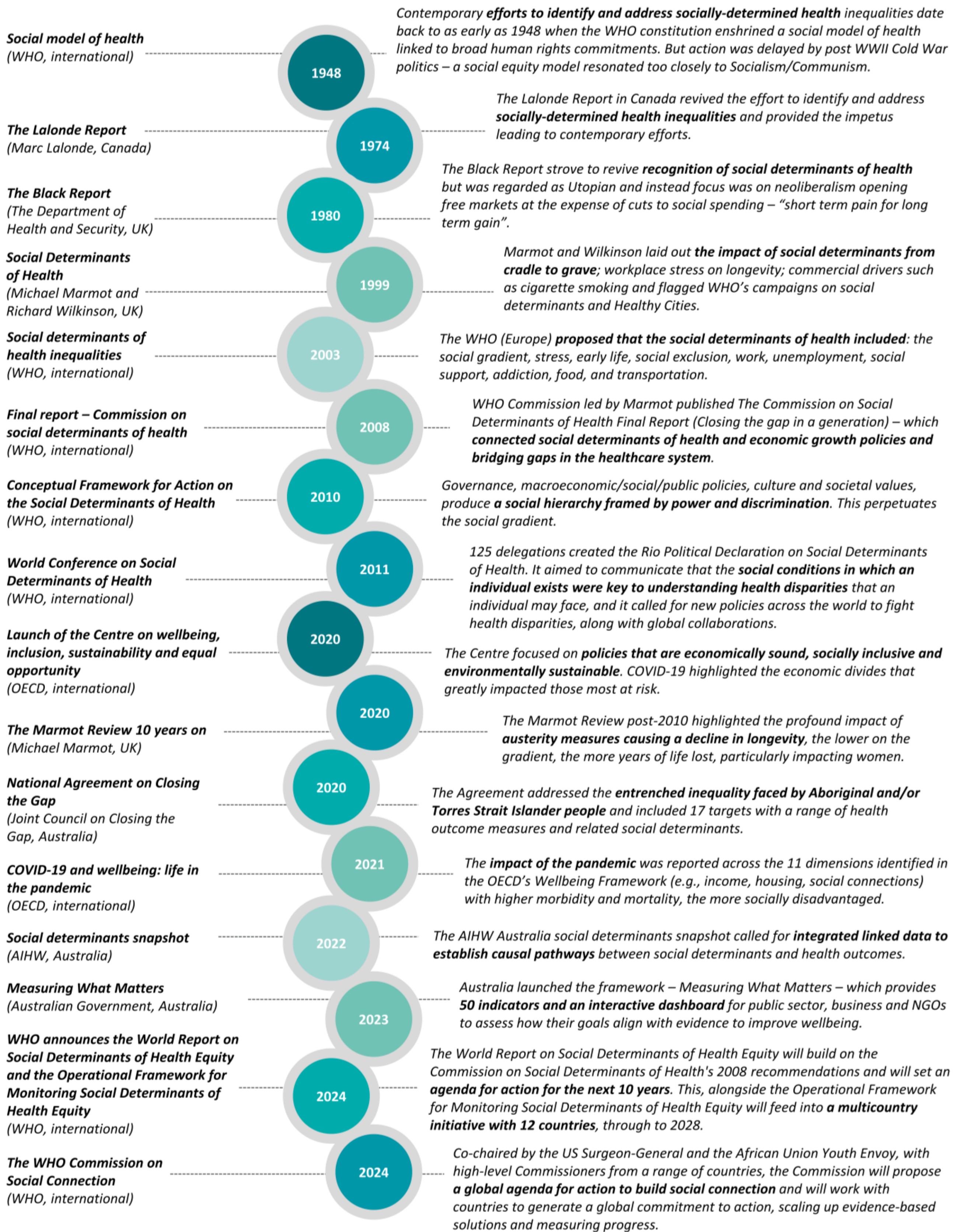
Figure 1: Examples of commercial behaviours and actions influencing health and wellbeing



Source: Based on the World Health Organization (2023).

26 U.S. Surgeon General. (2023). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Health Effects of Social Connection and Community. *PubMed*. https://pubmed.ncbi.nlm.nih.gov/37792968/

Figure 2: Policy recognition and action to address the social, economic and commercial determinants of health and wellbeing



Source: Based on various sources - see bibliography

The impact of inequity on health and wellbeing began to be recognised globally when, in 2005, the World Health Organization (WHO) launched its *Commission on Social Determinants of Health* (the Commission), led by Michael Marmot. The Commission drew attention to the critical interrelationship of broader social, economic and commercial policies with the health and wellbeing of populations. In 2008 when the Commission published its report, '*Closing the gap In a generation: health equity through action on the social determinants of health*', it connected social determinants of health and economic growth policies and spoke to bridging gaps in the healthcare system.[27]

The Commission made three broad recommendations:

1. to improve daily living conditions, including work and home physical environments, early childhood development and education, and social protection across the lifespan
2. for governments to disrupt the distribution of power, money, and resources, including social inequities such as gender disparities
3. for a global acknowledgement of the problem, and for countries to begin to measure the problem and to assess the impact of any interventions to reduce inequity and address the recommendations.[27]

Commitment to acknowledging the social determinants was strengthened in 2011 when 125 delegates attended the World Conference on Social Determinants of Health and created the *Rio Political Declaration on Social Determinants of Health.*[28] However, as Marmot had emphasised, identifying the social determinants alone was meaningless unless an evidence base is built to inform and fuel policies and system change. In turn, the Organisation for Economic Co-operation and Development (OECD) developed the *Framework for Measuring Well-Being and Progress (The Framework)*,[29] based on the recommendations made in 2009 by the *Commission on the Measurement of Economic Performance and Social Progress,* to which the OECD was a significant contributor. The Framework incorporates three distinct components:

1. current wellbeing
2. inequalities in wellbeing outcomes
3. resources for future wellbeing.

Still, countries like Australia continued to give priority to economic policies and strategies in silos, not recognising and acting on the interdependencies of economics and health and wellbeing. Therefore, in 2016 the OECD brought Ministers of member countries together for the meeting of the OECD Council on "*the Productivity-Inclusiveness Nexus*". They presented compelling data that confirms how equity and the health and wellbeing of a population impact on economies. They suggested that economic wellbeing is best boosted by investing in reducing inequity,[11] echoing Marmot and Wilkinson's earlier finding that:

"Importantly, in societies where social and economic policies have created the widest gap between the rich and the poor, evidence suggests the whole population is affected, not just the poor."

Marmot and Wilkinson (1999)[1]

Despite the availability and strength of this evidence, the recognition that the health and wellbeing of individuals and communities, and therefore the sustainability of health, aged care and human service systems, is framed by the social gradient of health has not been consistently reflected in public policy choices and investments across the range of government departments whose decisions directly influence the social gradient.[3, 4]

Emerging evidence about the importance of social and commercial determinants of health and wellbeing

Worse, most recently, a review by Marmot in 2020, found that the gains made to make good health and wellbeing available to all have been reversed by the negative impact of economic austerity measures. In 2010, Marmot observed that life expectancy improvements in the UK had stalled, and the time spent in poor health for all, was increasing. For some communities, this even meant that life expectancy rates had fallen.[5] More recently in the UK[6] and the US,[7] COVID-19 contributed to life expectancy going backwards at the population level. While the worst of the pandemic is now over, life expectancy rates have not recovered, as was expected, highlighting "deeper problems with the health of the nation and the resilience of the health care system". Pamela Cobb, of the Office for National Statistics, noted that "improving life expectancy in the UK will require a coherent cross-government strategy

27 Marmot, M., Friel, S., Bell, R., Houweling, T. A., & Taylor, S. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *The Lancet, 372*(9650), 1661-1669. DOI: 10.1016/S0140-6736(08)61690-6

28 World Health Organization. (2011, October 21). Rio Political Declaration on Social Determinants of Health. https://cdn.who.int/media/docs/default-source/documents/social-determinants-of-health/rio_political_declaration.pdf?sfvrsn=6842ca9f_5&download=true

29 Durand, M. (2015). The OECD Better Life Initiative: How's Life? And the Measurement of Well-Being. *Review of Income and Wealth*. *61*(1): 4–17. doi:10.1111/roiw.12156

that supports people to make healthy choices, identifies and treats illness earlier, and reduces health inequalities by improving the health of people in deprived communities".[6] This reminds us that a lack of evidence-based social policy is not just neutral, but can do harm and slow or negate progress.

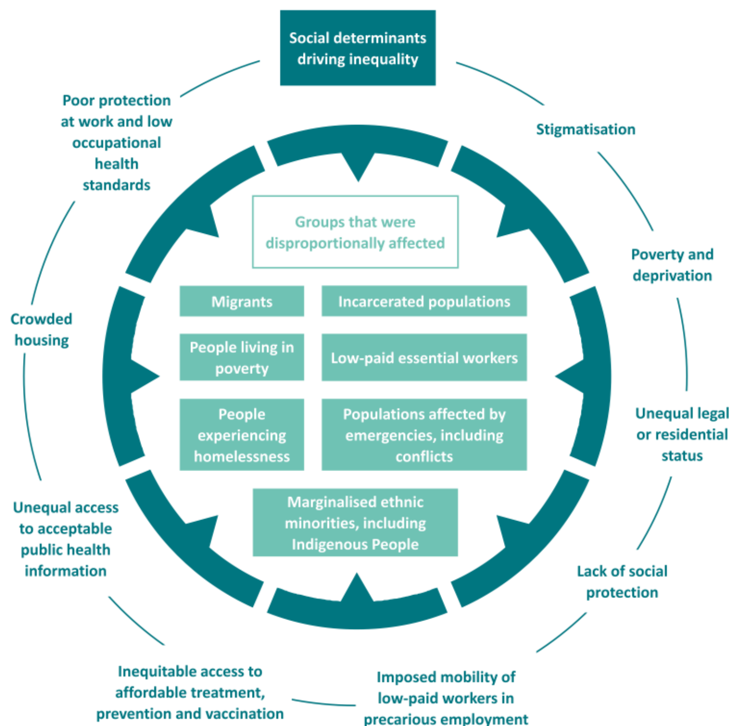
"The link between social conditions and health is not a footnote to the 'real' concerns with health – health care and unhealthy behaviours – it should become the main focus."

Marmot (2010)[9]

Since these reviews, the global impact of COVID-19 provided stark evidence of the existing vulnerabilities of people the lower they are on the social gradient. Figure 3 outlines the groups who experienced increased rates of COVID-19 morbidity and mortality, that is, for example, people living in poverty, migrants and people experiencing homelessness. The disproportionally poorer outcomes in these groups further illustrates the impact of the social determinants of health and wellbeing.[30]

There are also aspects of societal culture that feed gender norms which reinforce power differentials between men and women that in turn can contribute to gender-based violence. The evidence, however, is that violence against women and children is a multifaceted issue deeply entrenched in social, cultural, and economic structures. [31,32]

Figure 3: The social determinants driving poorer COVID-19 health outcomes for marginalised groups



Source: Based on the World Health Organization (2021).

Socio-economic factors, such as poverty, increase risk and keep women vulnerable and unable to leave manipulative and abusive relationships. Even where women have an income, economic disparities can exacerbate power imbalances within relationships.[33] Limited access to education, employment opportunities, and healthcare services, which are often unable to provide adequate support, creates further barriers to planning safe exit strategies.

Addressing violence at its root cause requires comprehensive strategies that challenge social norms, promote gender equality, and address all intersecting forms of discrimination. By understanding the social and commercial determinants of violence against women, in families and gendered violence more broadly, policymakers and communities can work towards creating safer and more equitable societies for all individuals.[33]

In recent times the Australian federal government has convened a National Cabinet which agreed to a number of priorities for all levels of government, that build on efforts in progress under the National Plan to End Violence against Women and Children 2022-2032. These include:

- strengthening accountability and consequences for perpetrators, including early intervention with high-risk perpetrators and serial offenders, and best practice justice responses that support people who have experienced violence;
- strengthening and building on prevention work through

30 World Health Organization. (2021). *COVID-19 and the social determinants of health and health equity: Evidence brief*. https://iris.who.int/bitstream/handle/10665/348333/9789240038387-eng.pdf?sequence=1
31 Jewkes, R., Flood, M., & Lang, J. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls. *The Lancet*, *385*(9977), 1580-1589. DOI: 10.1016/S0140-6736(14)61683-4
32 Heise, L. L. (2018). Violence against women: An integrated, ecological framework. *Violence Against Women*, *24*(1), 3-15. DOI: 10.1177/1077801298004003002
33 Grabe, S., Grose, R. G., & Dutt, A. (2015). Women's land ownership and relationship power: A mixed methods approach to understanding structural inequities and violence against women. *Psychology of Women Quarterly, 39*(1), 7-19. https://doi.org/10.1177/0361684314533485

targeted, evidence-based approaches;

- maintaining a focus on missing and murdered First Nations women and children, and the impact of domestic and family violence on First Nations communities.

The perfect example of a perfect storm

Australia has recently had a stark reminder that the inequities in this country are often more extreme than is apparent to the bulk of the population or to governments. The surge in homelessness is an example of this in recent times. The extent and depth of fellow citizen's suffering is often not in plain sight and many of these sorts of social issues carry with them stigma, discrimination and shame that lead people to hide their distress and vulnerability for as long as possible. Early warning systems for rapidly moving changes in wellbeing are most often not in place. For example, there has, for some time, been a recognition that homelessness is growing and that its roots lie in the complex mix of the impact of escalating costs of living, interest rate rises, housing/rental stress and an extreme shortage of public housing. Comprehensive responses have long lead times without governance mechanisms across and between governments and between governments and the not for profit and commercial sectors.[34]

> "Homelessness is precipitated by a wide array of social determinants and mirrored in substantial health disparities and a revolving hospital door. Connecting people to safe and secure housing needs to be an urgent part of the health system response."
>
> **Wood et al. (2022)[35]**

The increase in individuals and families living rough should in and of itself have triggered an inquiry into the nature, extent and consequences of homelessness, to understand who is affected and what happens to them, but it did not. The Australian Institute of Health and Welfare (AIHW) does collate statistics based on the use of homelessness services but does not collect data on deaths amongst the homeless in this country. By contrast, countries such as England, Scotland, Wales, and parts of Canada annually track the number and causes of homelessness deaths with the intention of better understanding the risks and potential solutions.[36]

It was not until 5 February 2024, when the Guardian Australia released its findings following a 12-month investigation into deaths of Australians experiencing homelessness, that the impact of this ultimate vulnerability on life expectancy was finally understood. The average life expectancy of a homeless person is 44 years of age, compared to 83 years for other Australians, reflecting:

> "A nationwide crisis fuelled by despair, critical housing shortages, a breakdown in health provision, violence on the streets and failures of the justice system."
>
> **Christopher Knaus (2024)[37]**

This result is worse than for any other disadvantaged group in Australia. One fifth of deaths resulted from suicide and one third from overdose.[37] Notably, a number of studies globally have also identified women over 45 on low to middle incomes as the most rapidly growing group at risk of homelessness.[23] Critically, 20% of the 627 reported deaths involved an Aboriginal or Torres Strait Islander person, despite First Nations people only making up 3.2% of the general population.[37] This failure to address the safety and wellbeing of First Nations people was further reinforced by the release on 7 February 2024 of the *Final Report of the Review of the National Agreement on Closing the Gap* by the Productivity Commission, which highlighted that while there have been "pockets of good practice, overall progress against Priority Reforms has been slow, uncoordinated and piecemeal."[38]

AIHW[34, 39] and the OECD paint the clear picture of the extent and nature of people living in poverty, or those experiencing homelessness in Australia. The OECD describes 12% of the Australian population as living in

34 Australian Institute of Health and Welfare. (2024) *Specialist homelessness services annual report 2022-23*. Australian Government. https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/feature-topic

35 Wood, L., Vallesi, S., Tuson, M., Quinn, D., & Turvey, J. (2022). *Zero Project: A Housing First Response to Ending Homelessness in Perth. Findings from the 50 Lives 50 Homes Program. Final Evaluation Report 2022.* Centre for Social Impact, University of Western Australia. thttps://static1.squarespace.com/static/5f2a1e961ace4d22632eec49/t/6298252e84a33253cf915c01/1654138172582/Final+50+Lives+Report.pdf

36 Wood, L. (2024). *When it comes to Australia's homelessness deaths, we can't change what we don't measure*. The Guardian. https://www.theguardian.com/australia-news/commentisfree/2024/feb/09/australia-homeless-population-deaths-data-stats

37 Knaus, C. (2024). *Homeless Australians are dying at age 44 on average in hidden crisis.* The Guardian. https://www.theguardian.com/australia-news/2024/feb/05/homeless-australians-are-dying-at-44-on-average-in-hidden-crisis

38 Productivity Commission. (2024). *Review of the National Agreement on Closing the Gap*. Australian Government. https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report

39 Australian Institute of Health and Welfare. (2023). *Specialist Homelessness Services collection.* Australian Government. https://www.aihw.gov.au/about-our-data/our-data-collections/specialist-homelessness-services-collection

relative income poverty but explains that a further 38% of Australians would risk falling into poverty if they had to forgo 3 months of their income. Twenty percent of poor households spend 40% of their income on housing costs.[40]

The complexity of these issues has been illustrated by AIHW data. In 2022-23, among the cohort of new clients accessing specialist homelessness services who were aged 10 years or above, 55% reported another vulnerability. Specifically:

- more than one third (35%) reported experiencing domestic and family violence;
- three in ten (31%) reported a current mental health issue;
- very few (1.3%) reported problematic drug and/or alcohol use;
- however, only 1.8% of new clients reported experiencing all three vulnerabilities.[34]

These data are evidence for the complexity of the interdependencies between government efforts, in this case, between efforts to address homelessness, mental health distress and domestic and family violence.

Another key example is in the supports provided to military personnel when transitioning out of service. The findings of a scoping review highlighted the need for a holistic approach to address health and wellbeing which considers broader social and cultural factors.[41]

"The current transition service has…little or no support for the other areas that contribute to quality of life…By providing resources like housing, employment and education, as well as mental health services, we can help set them up for a healthy and happy life after service…Social, organisational, and environmental factors play a huge role in a successful transition into civilian life alongside mental health factors."

Ben Wadham (2024)[42]

The previous interventions to support military personnel when transitioning out of service provide another example where supports have failed to consider the social determinants of health and wellbeing.

There are solutions at the system and structural levels

Recently a paper commissioned by the Lord Mayors Charitable Foundation of Victoria summarised the ways in which these problems have been addressed to good effect in a number of countries, presenting the evidence that illustrates how addressing a major social determinant of health and wellbeing, such as housing, not only has significant benefits for individuals and groups but also for the sustainability and costs of health and other human services. In Finland, for example, it has been recognised that it is cheaper to fund housing than homelessness. Fifteen thousand euros per year less is spent on each homeless person across the health, police and judicial systems once they are housed.[23] Investment in Housing First programs represent a more efficient allocation of resources than traditional housing services and can produce significant cost offsets.[43]

The political will to end homelessness and the belief that everyone has the right to safe and secure housing is key to success. In light of ongoing and surging homelessness and responding to long-standing calls from states and territories, as well as other key stakeholders, the Australian government has recently demonstrated its resolve by committing to the development of the *National Housing and Homelessness Plan*, a 10-year strategy which will inform future housing and homelessness policy in Australia.[44]

Efforts to address homelessness clearly illustrate how investment in this key social determinant of health and wellbeing can not only contribute to better outcomes for individuals, families and communities, but also to the sustainability of health, aged care and other human service systems. The case for whole-of-government action across national, state, territory and local governments, in partnership with civil society and the commercial sector is undeniably made.

The remaining question is how much more could be achieved by reviewing existing policies and programs of effort with a social and commercial determinants lens, as well as applying joined-up systems thinking to problem

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40 Organisation for Economic Co-operation and Development. (2020). *How's Life? 2020: Measuring well-being*. OECD Publishing, Paris. https://doi.org/10.1787/9870c393-en

41 Wadham, B., Andrewartha, L., Lawn, S., Onur, I., & Edney, L. C. (2024). A Scoping Review of Interventions Targeting the Mental Health of Australian Veterans. *International Journal of Environmental Research and Public Health*, *21*(6), 796.

42 Flinders University. (2024, August 13). Veterans transitioning to civilian life deserve better support. Flinders University. https://news.flinders.edu.au/blog/2024/08/13/veterans-transitioning-to-civilian-life-deserve-better-support/

43 Ly, A., & Latimer, E. (2015). Housing first impact on costs and associated cost offsets: a review of the literature. *The Canadian Journal of Psychiatry*, *60*(11), 475-487. https://doi.org/10.1177/070674371506001103

44 Department of Social Services. (2024). *Developing the National Housing and Homelessness Plan*. Australian Government. https://www.dss.gov.au/housing-support-programs-services-housing/developing-the-national-housing-and-homelessness-plan#:~:text=About%20the%20National%20Housing%20and%20Homelessness%20Plan&text=The%20Plan%20will%20be%20a,needed%20to%20address%20housing%20challenges

identification and in the generation of solutions.

How much could we improve return on investment through the identification of what is already being expended on piecemeal siloed efforts? What social and financial gains could be realised by the development and implementation of a holistic, joined-up national strategy, which aims to not only benefit citizens and communities, but also to ensure the sustainability of currently overburdened health, aged care and human services systems.

The need for joined-up policy action
These examples of the social and commercial determinants of health and wellbeing relate to well understood and documented social issues as well as emerging priorities such as loneliness and social isolation.

"An epidemic of loneliness and social isolation which had been intensified by the pandemic has increased the risk of premature mortality by 30%, not only because of increased depression and suicide but because isolation and loneliness increase the risk of heart disease on par with smoking daily and the risks of obesity."

U.S. Surgeon General (2023)[26]

The US Surgeon General's recent Advisory (2023) also emphasises that we can no longer make decisions about what social and health issues to address based only on their financial costs and benefits alone, but need to also consider the likely broader social costs and benefits as well.[26]

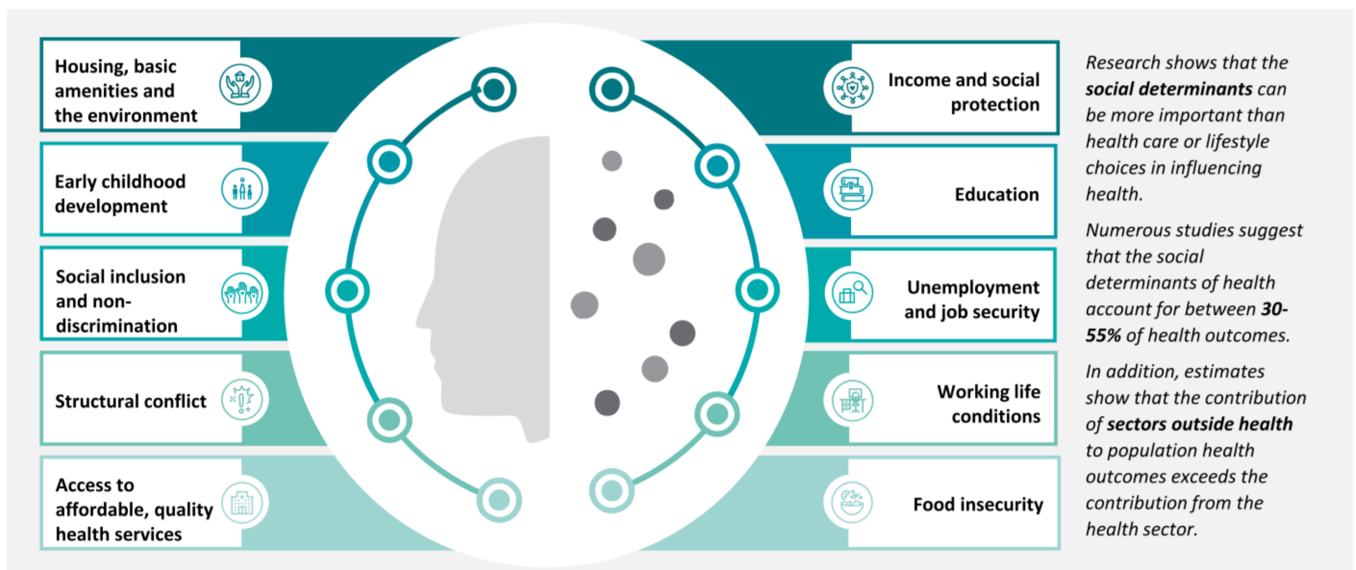
There is a longstanding consensus that a 'connecting all policies' approach is the only way to ensure that policies in one domain (e.g., transport, housing, education) do not inadvertently undermine policy and programs in others.[11, 17]

Evidence-informed, whole-of-government efforts are needed to ensure that those already most vulnerable are not further disadvantaged by health and environmental threats, or by the strategies to deal with them.

The WHO recently highlighted the urgency of these sorts of joined-up approaches in the face of what they describe as 'threat multiplier' of climate change.[45]

In the Australian context therefore, the country's growth, the flourishing of its people (and, in turn, their contribution to productivity and their preparedness for future challenges) will be dependent on addressing the social and commercial determinants of health and wellbeing and the systemic drivers of disadvantage (see Figure 4).[8]

Figure 4: The social and economic determinants of health and wellbeing



Source: Based on the World Health Organization (n.d.).

45 World Health Organization. (2023). *Climate change.* https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

Examples on which we can build

There is good news in that there are a number of instances of naturally occurring conditions and cultures that demonstrate how social determinants add to healthy longevity (healthspan) as well as examples of where countries, global agencies and technical experts have piloted strategies to assess, address and measure social and commercial determinants of health and wellbeing. What these examples also demonstrate is how much sustained change can be achieved in a relatively short period of time.

These examples demonstrate that the trends in health and wellbeing that are threatening the sustainability of health, aged care and human services systems and limiting prosperity, safety and wellbeing, can be reversed. The speed at which positive change can be achieved strongly suggests the need for expansion of sustained effort across all sectors.

What follows is a summary of initiatives for which there is evidence of effectiveness that may provide ideas for future action in Australia.

Rethinking the way we live – settings-based approaches to healthy cities

Healthy Cities is one of the key health promotion, settings-based approaches developed by the WHO, that aims to engage and work with local governments and communities on issues impacting their health and wellbeing.[18] Countries have increasingly been including Healthy Cities in legislation. While the Healthy Cities movement has a 30-year history, the approach was only raised again in WHO discussions in 2019 which highlighted the importance of acknowledging the link between health and sustainable development, and the role of local governments in the implementation of the United Nations (UN) Agenda 2030 and supporting achievement of the millennium development goals.

> "A healthy city is one that puts health, social well-being, equity and sustainable development at the centre of local policies, strategies and programmes based on core values of the right to health and well-being, peace, social justice, gender equality, solidarity, social inclusion and sustainable development and guided by the principles of health for all, universal health coverage, intersectoral governance for health, health-in-all-policies, community participation, social cohesion and innovation."
>
> **World Health Organization (2020)18**

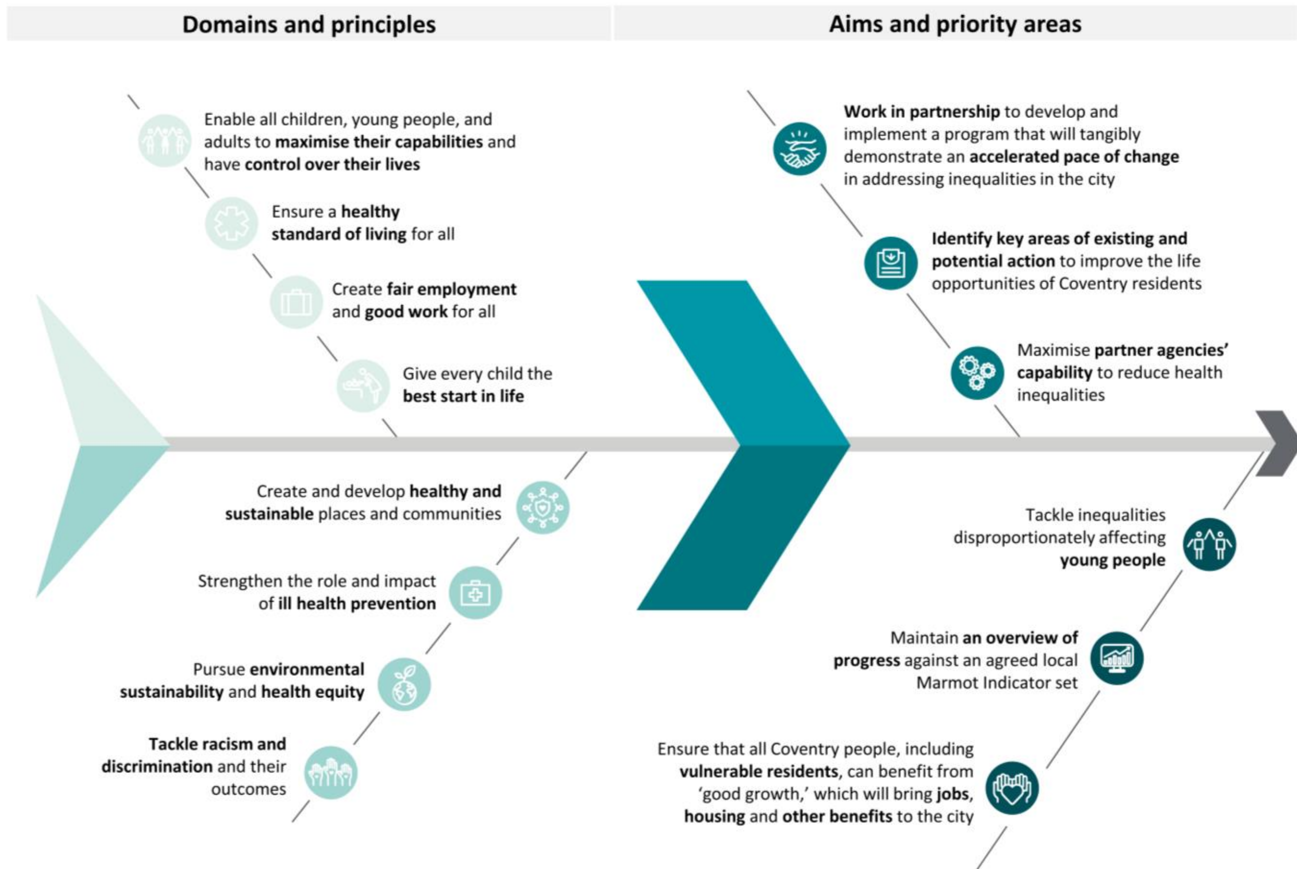
In 2013, Coventry (UK) adopted Marmot's social determinants as the basis of their political and social transformation goals and declared themselves as a 'Marmot City' (see Figure 5).[46] An independent evaluation of the implementation of Coventry as a Marmot City, conducted only 6 years post-intervention, highlighted that Coventry performed well when compared to similar towns/cities and against national health trends. This was despite cuts to public sector grants, fewer available resources, and a decade of Britain's austerity measures – which had contributed to the perpetuation or increase of health inequalities elsewhere.[47]

Building on these successes, in 2019, Coventry City Council and its partners across all levels of government, private enterprise, peak industry and community associations, chose to formalise their partnership and committed to work together as the Marmot Partnership Group. The Marmot Partnership Group continues to bring together key stakeholders from across the system to focus on health inequalities and has developed a new monitoring tool to identify what

46 Coventry City Council. (n.d.). *Coventry, a Marmot City - the story so far.* https://www.coventry.gov.uk/marmot-monitoring-tool/coventry-marmot-city-story-far

47 Munro, A. (2020). *Coventry - a Marmot City: An evaluation of a city-wide approach to reducing health inequalities.* Public Health Specialty Registrar. https://www.instituteofhealthequity.org/resources-reports/coventry-marmot-city-evaluation-2020/coventry-marmot-city-evaluation-2020.pdf

Figure 5: Applications of the Marmot Review by Coventry City Council



Source: Based on the Coventry City Council (n.d.).

local action is needed and a set of indicators to measure the progress made in reducing health inequalities for those living in Coventry.[48]

Blue Zones projects

The joint National Geographic and National Institute on Aging (USA) undertook studies of the *Blue Zones*, that is, those parts of the world where unusually large numbers of people live beyond 100 years in robust health, and identified nine common elements which lead to increased longevity and healthier lives (see Figure 6).[20]

Figure 6: Nine key elements identified in Blue Zones

Source: Based on Buettner and Skemp (2016).

Replicating Blue Zone behaviours and choices

The question was then asked – whether the lessons learned from these Blue Zones could be translated

48 Coventry City Council. (2023). *Coventry Health and Wellbeing Strategy 2023-2026.* https://www.coventry.gov.uk/data-reports/coventry-health-wellbeing-strategy-2023-/4

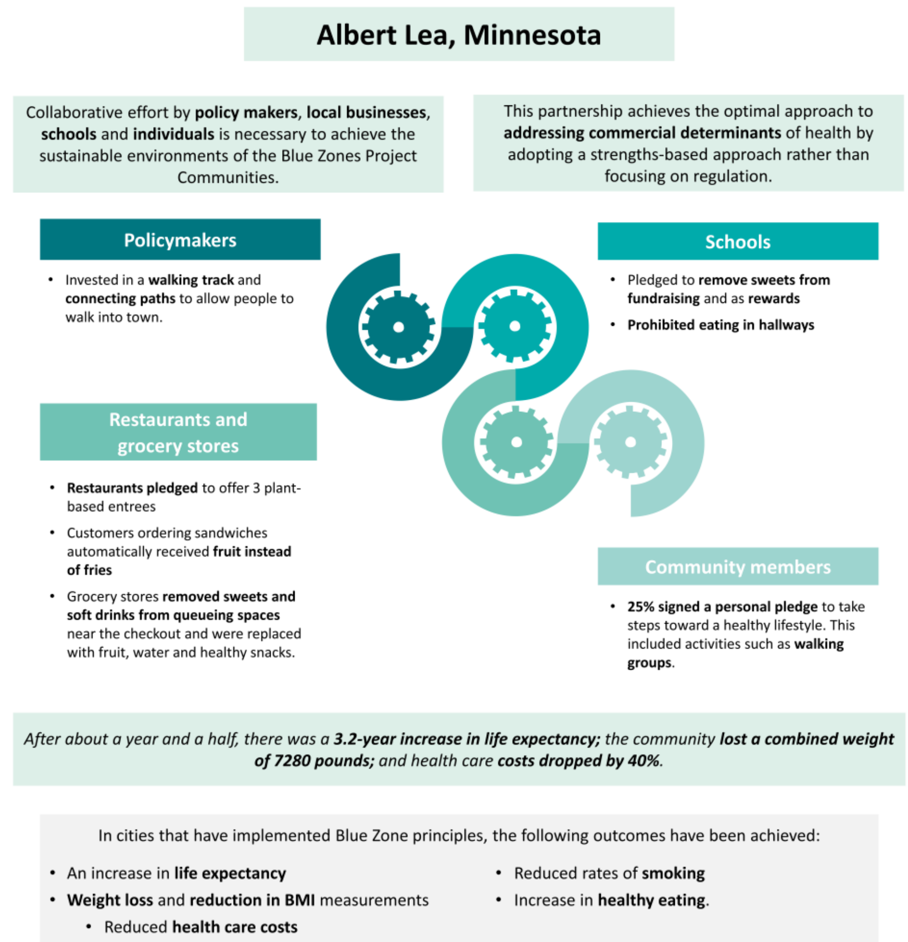
into a model, which could then be applied to a modern American city. The resulting *Blue Zones Project* was piloted in Albert Lea, Minnesota. It was designed to work at multiple system levels at the same time, building collaborative partnerships with governments, private enterprise, schools and community associations to mobilise changes to such things as urban design, school policies and practices and supermarket layout (see Figure 7). The aim was to make it as easy as possible for people to adopt the characteristics of healthy communities and individuals. The tangible health and wellbeing benefits were so significant after only one and a half years, the Blue Zones Project has since expanded to over 27 cities across the United States.[20]

Blue Zones 2.0 – Singapore
Buettner, a National Geographic Fellow has most recently identified Singapore as a Blue Zone 2.0. Where the originally identified Blue Zones evolved over time, Singapore has demonstrated that a Blue Zone country can be engineered, with demonstrable success. In only 10 years the number of centenarians on the island has more than doubled, from 700 to 1,500, as has the number of men and women in their eighties and nineties.[22]

The primary aim, however, was not simply to achieve a longer *life span* during which women were experiencing on average 13 years and men 10 years of chronic illness (such as heart disease, diabetes, or cancer), along with diminishing capacity and chronic pain. But rather, the aim was to extend the *health span* where people lived in robust health, with high levels of wellbeing and experienced an engaged lifestyle through to the end of their lives. [22]

Once again, the strategy targeted multiple systems levels, for example:

Figure 7: Outcomes from the application of Blue Zone key elements



Source: Based on Buettner and Skemp (2016).

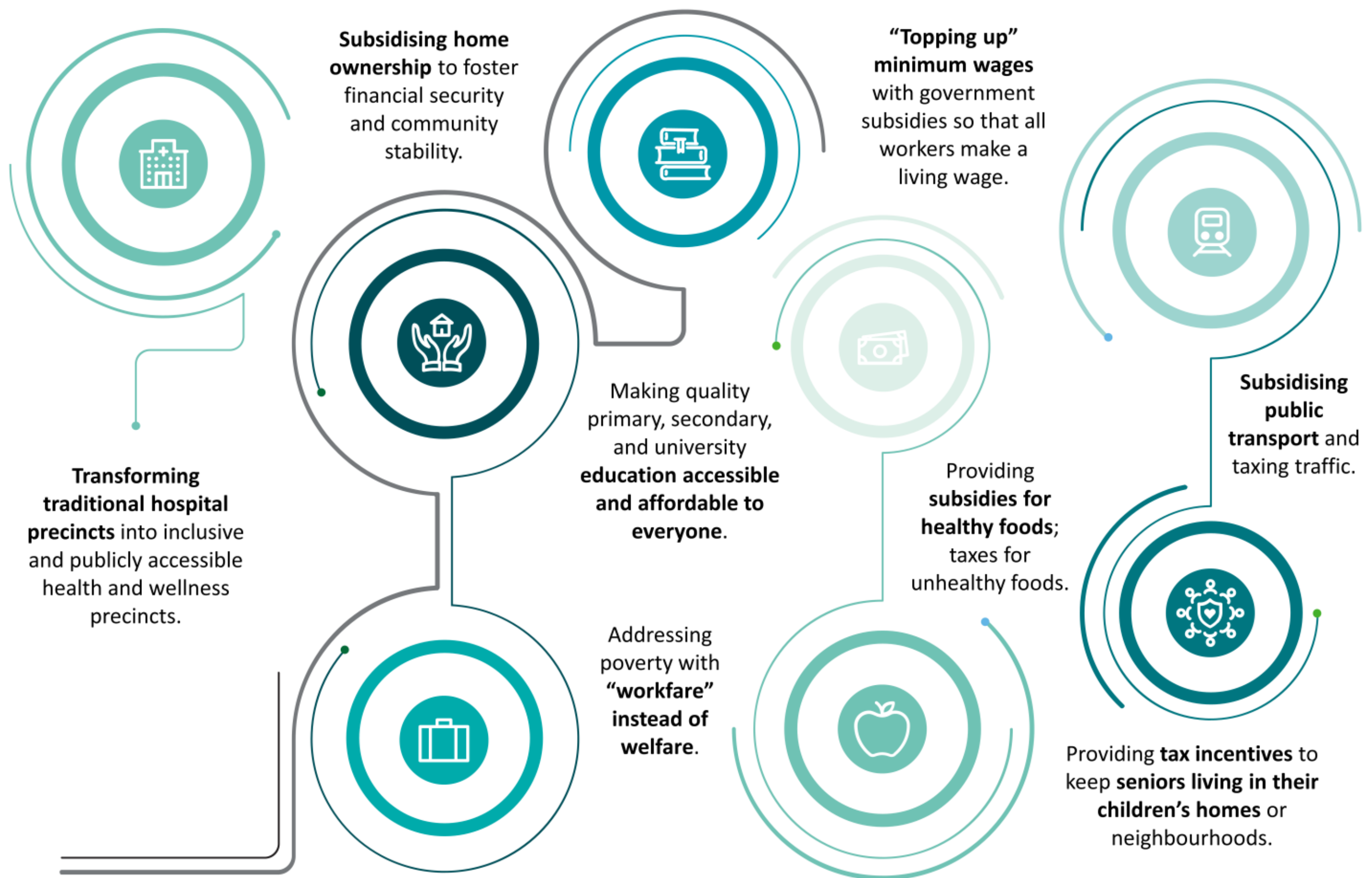
using tax penalties and incentives to encourage healthy choices; transforming hospitals into community hubs; and pursuing proactive outreach to the elderly, so those less mobile were not left to loneliness and isolation (see Figure 8).[22]

Singapore's economic strategy of topping up wages so that all people receive a minimum liveable income is also another example that demonstrates that boosting wages not only benefits recipients but ultimately feeds back into the economy through people's increased capacity to invest in health, education, and their family's wellbeing, all of which in turn boost participation and productivity.

Most recently Canada's economic analyses suggest it would be more cost effective, in that country, to provide a guaranteed minimum liveable income than to continue with the current $80billion expenditure on the "*systems which keep people in poverty*".[49] Canadian Senator Kim Pate, (Member Standing Committee on Aboriginal Peoples and Member Standing Committee on Human Rights), speaking about such initiatives, confirms findings from international pilots that demonstrated that people spent the money locally, in turn boosting local economies. In addition, people used the opportunity to further

49 Kim, P. (2024, April 4). Island Morning (C. Mitch, Interviewer) [*Island Morning*]. In *CBC Listen*. https://www.cbc.ca/listen/live-radio/1-30-island-morning/clip/16053674-senator-explains-thinks-p.e.i.-perfect-lace-basic-income

Figure 8: Policy and legislative initiatives for wellbeing and equality



Source: Based on Buettner (2023).

their education, build their employability through undertaking training in trades, and to develop businesses. The studies also demonstrated that the only people who used the income as an opportunity to stay at home more were carers. Further, the evidence suggests health costs and criminal justice costs decreased. Based on the growing body of evidence, that providing a guaranteed basic liveable income is a sound investment,[12] a Bill is under consideration by the parliament in Canada, to develop a framework to roll out such a scheme.[50]

A social and commercial determinants lens applied to net-zero

Health and equity need to become a filter applied against policies in all departments at all levels of government and by the private sector. What seems a practical infrastructure decision could result in social isolation. For example, removing a railway line could double travel time to work, increasing time away from children and reducing job options – some of the many things that lead to a slide down the social gradient and an increase in ill-health, resulting in the greater risk of premature mortality that these stressors bring. Bearing this in mind, the UK Committee on Climate Change recognised the need to ensure climate mitigation strategies do not inadvertently increase the burden and risks of people and communities, which are already low on the social gradient, who may not be able to bear the costs of transitioning to clean energy.[19]

In January 2020, Professor Sir Michael Marmot was asked by the Committee on Climate Change to chair an independent UK Health Expert Advisory Group to assess the potential health impacts of the government's

50 Parliament of Canada. (2023, April 18). An Act to develop a national framework for a guaranteed livable basic income. https://www.parl.ca/legisinfo/en/bill/44-1/s-233

carbon reduction targets to achieve Net-Zero emissions.

This example of the UK government undertaking an analysis of health and equity impacts across all their proposed climate change impact mitigation strategies, provides a demonstration of how easily the 'health and equity in all policies' lens might be applied to ensure the strategies to solve one problem do not create another problem, as great or greater, in another domain. While innovations to reduce emissions are critical to securing a safe future for coming generations, it is critical those who are already struggling to stay afloat do not bear the burden of the cost.[19]

Strategies to support transition to net-zero are presented in Figure 9. Importantly, the cost of these initiatives should not be passed on to individual households which would further burden vulnerable populations who may not have the resources to support transition. Instead, governments should invest in these strategies which will pay dividends into the future.[19]

Figure 9: Initiatives to support transition to net-zero

Source: Based on Marmot, Munro & Boyce (2020).

Monitoring and tracking the interdependencies and impacts of joined-up policy and programs

The OECD has worked with member countries, including Australia to understand the metrics that would be necessary to monitor and track the interdependencies and the health and wellbeing impacts of government policies and initiatives.[51, 29] Australia's commitment to health and wellbeing across all social and economic policies and programs is evident in its most recent Intergenerational Report (2023) which says that, while traditional economic indicators are vital for measuring progress, they are not the whole story.[2]

The 2023 Intergenerational Report[2] promotes the adoption of the Australian Government's *Measuring What Matters*[16] framework to begin to identify the health and wellbeing impact of policies across all levels of government/s. This framework outlines the economic and environmental indicators that will allow Australia to have a deeper understanding of how Australians are faring. It will support more informed policy discussions about what needs to be done to improve people's lives and reduce the pressures on health, aged care and human service systems. These measures echo the OECD suite of indicators and tools. Importantly, this alignment will allow Australia to engage with other OECD members in cross-country comparisons of strategies and share successes and lessons learnt.

The release of the national wellbeing framework, *Measuring What Matters*[16] also opens a window of opportunity for government, private sector and non-government actors to better coordinate investment and effort across sectors. This move by the Federal Treasurer is part of a broader authorising policy environment for the design and implementation of whole-of-government and intersectoral effort to address the range of social and commercial determinants of the health and wellbeing of the population.

"Traditional economic indicators have long been the focus of public debate and remain a vital part of measuring progress, but they are far from the whole story. Making use of additional metrics will deepen our understanding of how Australians are faring, support more informed discussions about what needs to be done to improve the lives of Australians and help better inform policy making across all levels of government."

Department of the Treasury (2023)[16]

Measuring What Matters recognises that the flourishing of a country and its population depends on a broader range of factors than economics alone. The framework provides 50 indicators and an interactive dashboard to support the public sector, businesses and non-government organisations to assess how their goals align with what evidence tells us is important in ensuring people's wellbeing. The Framework recognises that this first set of indicators is a timely prompt to broaden analysis and an important set

51 Organisation for Economic Co-operation and Development. (2018). *Beyond GDP: Measuring what counts for economic and social performance.* OECD Publishing, Paris. https://doi.org/10.1787/9789264307292-en

of tools but will need further development.[16]

It therefore provides guidance for all sectors to consider how they might contribute to economic and social goals and invites input to the ongoing development of indicators within domains, so that over time we can better understand interdependencies and potential impacts of one domain on progress in others.

The *Measuring What Matters* statement recognises that the measures of wellbeing for First Nations peoples need to acknowledge that mental, physical and spiritual health and wellbeing are linked to preserving and maintaining the long-standing culture and systems that have existed in First Nations communities.[52] While the indicators in this framework may not be the final and complete set to accurately measure First Nations' people's wellbeing, it is likely that the metrics can complement those in the *National Agreement on Closing the Gap*[53] and the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2017–2023)*.[54]

In the final section of this paper, we reflect on what action governments and cross-sector partners could consider into the future.

52 Salmon, M., Doery, K., Dance, P., Chapman, J., Gilbert, R., Williams, R. & Lovett, R. (2019). Defining the Indefinable: Descriptors of Aboriginal and Torres Strait Islander peoples' cultures and their links to health and wellbeing. The Lowitja Institute. https://www.lowitja.org.au/wp-content/uploads/2023/05/Defining_Indefinable_report_FINAL_WEB.pdf

53 Joint Council on Closing the Gap. (2020). *The National Agreement on Closing the Gap.* Australian Government. https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap

54 National Indigenous Australians Agency. (2017). *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2017–2023).* Australian Government. https://www.niaa.gov.au/sites/default/files/documents/publications/mhsewb-framework_0.pdf

Actions for governments and cross-sector partners

This final section describes the actions governments and cross-sector partners could consider into the future.

The need for evidence-informed intervention

This paper reminds us that the health and wellbeing of people are complexly determined, and the sustainability of the health, aged care and human services systems depends, in the first instance, on thinking outside the traditional health policy, systems and operational analyses and instead on addressing the issues which increase vulnerability and generate illness and mental health distress, many of which sit outside of the remit of health systems.

Through research and evaluation of programs and more recently, through metrics such as the multi-country wellbeing indices that organisations such as the OECD provide, we now have many of the tools to understand where to target effort. WHO has, in January 2024, announced a *Special Initiative for Action on Social Determinants of Health for Advancing Health Equity,* which will further bolster countries' efforts to identify, measure and address the social determinants of health and wellbeing.[55]

This Special Initiative for Action has three parts, including development of a *World Report on Social Determinants of Health Equity*, which will build on the report of the *WHO Commission on Social Determinants of Health (2008)* and the knowledge, evidence and best practice which has emerged since 2008. The World Report will be accompanied by an *Operational Framework for Monitoring Social Determinants of Health Equity* (the Operational Framework) and both of these will contribute evidence and tools for the *Multi-Country Initiative* to identify and demonstrate the effectiveness of strategies, policies, models and practices which improve the social determinants of health and wellbeing across participating countries.[55]

Development of the World Report and Operational Framework are part of a response to the 2021 World Health Day call on governments, international organisations, and political leaders to take action, to work with affected communities to address the root causes of inequities and implement solutions. The World Report, to be completed in 2024 will form the basis for an agreed agenda for global action on the social determinants of health and wellbeing for the next ten years, while the Operational Framework will enable progress on the social determinants of health and wellbeing to be tracked and provide data to inform and prioritise future action. The goal of the Multi-Country Initiative is to improve the social determinants of health and wellbeing for at least 20 million disadvantaged people in at least 12 countries by 2028.[55]

In Australia we have already been mobilising action, with the AIHW providing a data clearing house with a focus on social determinants of health and wellbeing and a range of academic institutions across the country developing social and health-specific databases and research initiatives.[56] Further, with the launch of *Measuring What Matters* in Australia, governments will be able to customise the questions they will need to have answered. As Marmot, the WHO and the OECD have emphasised, we need to measure the problem, work towards integrated and coordinated strategies, and measure the results of them.

We know that the siloed approach to policy development and implementation to date in the portfolios across government has not worked. Australia has a social gradient which impacts on the capacity of people to be healthy in body and in mind, demonstrably so, as measured by the OECD Better Life Index,[57] the AIHW[56] and evidenced by rising rates of non-communicable diseases and mental health distress.[58] The health and wellbeing impacts of inequity, populations in distress and under pressure, in turn feeds back into the productivity of the nation and the capacity of both the population and the country's systems to be resilient to

55 World Health Organization. (2024). *Special Initiative for Action on the Social Determinants of Health for Advancing Health Equity Geneva.* https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity
56 Australian Institute of Health and Welfare. (2024). *Social determinants of health*. Australian Government. https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health
57 Organisation for Economic Co-operation and Development. (n.d.). Australia. OECD Better Life Index. https://www.oecdbetterlifeindex.org/countries/australia/#:~:text=Australia%20outperforms%20the%20average%20in
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potential disruptors, such as climate change, geopolitical instability and economic shocks.

The way forward

A healthy, flourishing population lives well for longer, which is not only good for the economy, but reduces the burden on health, aged care and human service systems. While Australia has begun to develop policies which take a broader view of health and wellbeing, a recent study notes that the Australian government has continued to focus predominantly on a siloed approach, with only 10% of policies taking into account the social determinants of health and wellbeing.[24] The recent Universities Accord Report notes the importance of the higher education sector's contribution to addressing the major challenges facing society. Addressing the social gradient will be foremost among those challenges.[25] In partnership with the commercial sector, Australia can build the virtuous cycle that will support populations to live longer in a healthy state which in turn ensures productivity, improved economic outcomes and the sustainability of health, aged care and human service systems.[11]

There are strategies which can be immediately implemented to address these challenges and, as we have seen in 'Marmot cities', 'Blue Zones', and Singapore, these strategies show how communities can reverse negative health trajectories in a very short time, reduce health system overload and costs and contribute to productivity. In each of the examples we have explored, change has been driven by gaining commitment across governments, civil society and the corporate sector to jointly measure the problem, identify the drivers of ill-health and collaboratively design and implement strategies across all system levels.

We recommend the Australian government establish a national taskforce (see Figure 10) that includes in its membership representatives of federal, state and territory central agencies, industry, academia, First Nations and civil society organisations to work collaboratively to:

- consider how the evidence about the impact of the broad social and commercial determinants of health and wellbeing could better inform public policy across portfolios to reduce the social gradient
- commission modelling of the long-term impact of reducing the social gradient on the sustainability of health, aged care and other human service systems and on closing the gap in outcomes for First Nations Australians
- address the social, cultural, and economic factors that influence the extent and nature of violence against women and children and which lessen the impact of national, state and territory government strategies
- consider how to replicate and locate Australian versions of Blue Zone initiatives and evaluate their impact in the short, medium and longer term
- consider the relationship between the social gradient and climate change and its equitable remediation.
- develop an agreed set of indicators for Australia based on the metrics developed by Marmot, OECD, and the Australian Treasury's Measuring What Matters Framework that will allow us to track progress and unintended consequences of policy decisions.
- develop a National Strategic Framework, an implementation plan and evaluation framework.

Figure 10: Actions for a national multi-sector taskforce in Australia

Source: Deloitte Access Economics.

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