PART A. DETAILED SUMMARY

1. THE DOCUMENTS

The office of the ACT’s Chief Health Officer recommended several documents guiding ACT Health’s strategic directions from 2000 to mid-2006. *The ACT Health Action Plan* (2002) was written as a broad strategic document to direct public health services in the ACT for 3 to 5 years, and to guide more detailed health planning and service delivery. It states the ACT Government’s vision for health, the values that underpin the ACT health system, and the strategic areas of focus. The Plan acknowledges WHO literature on the Social Determinants of Health and in discussing the social determinants the Plan notes that a cross-sectoral approach will link it with other whole-of-ACT plans, such as the Social and Spatial Plans, Towards a Sustainable ACT, and the ACT Homeless Strategy.

*Public Health In the ACT 2004-08* (n.d.) was written to explain how the Health Action Plan would be implemented in areas that can contribute most directly to gains in population health. It also outlines priorities for prevention and treatment. This document is said to complement the government’s vision for the ACT as outlined in The Canberra Plan and the Economic White Paper for the ACT. The *ACT Primary Health Care Strategy* has been drafted to provide direction that encourages integration of service planning and delivery. At the time of analysis (mid-2006) it was nearing the end of its public consultation phase.
Other documents that were not recommended, but which were referred to by the researchers were the ACT Health Corporate Plan (2006), the ACT Children’s Plan, the Women’s Health Plan, the ACT Aboriginal & Torres Strait Islander Health Plan, the latest ACT Health Annual Report available on the website (2002-03), and the Chief Health Officer’s Report 2006.

2. **THE PROCESS**

The Health Action Plan says it was developed and written by a working group of representatives from the health portfolio following a Health Summit, then submitted for public consultation inter alia to Health Summit participants, health professionals, consumers, NGOs, community groups and the public. There is no explanation of the development of Public Health in the ACT, the Primary Health Care Strategy or the Corporate Plan and it is therefore assumed that they are internally developed Department of Health documents.

3. **VALUES, DEFINITIONS & LANGUAGE**

The Health Action Plan (2002) talks of the ACT Government’s Vision for Health including a community that is “inclusive”, “fair”, and “committed to protecting the vulnerable and supporting those in need”. It also believes that people should be able to “access appropriate, high quality services which meet their needs” “have equitable access to services”, and “achieve equitable health outcomes”. It states that the priorities for action “will target disadvantaged groups” and groups “vulnerable to health problems linked to socio-economic status”, and that “the needs of disadvantaged members of the community will be a particular objective of our health promotion efforts”. These principles are repeated in the department’s Annual Report (2003), which also says that ACT Health’s vision is “founded on principles of equity, wellbeing, consumer participation, compassion and mutual respect”. The Report also notes that two of the department’s four key objectives for health are to “Narrow the gaps in health outcomes experienced by certain individuals and groups” and to “strengthen the health of the community by leading whole of government action addressing the social determinants of health”.

The Health Action Plan references the WHO document “Social Determinants of Health: The Solid Facts”, and acknowledges that health is affected by social factors outside the traditional realm of the health care system. It states that a whole of Government approach addressing the social determinants of health is needed to ensure true social equity. It states that it will support policies and develop strategies and services that ensure affordable, secure and safe housing, and will engage with business partners to promote health by creating employment opportunities.

The Health Action Plan also talks explicitly of equity and reducing health inequalities. It has equity is the third of six values. There is also one whole page devoted to “Aiming for equity” which acknowledges that the ACT population as a whole enjoys good health, but that some experience poor health or do not have ready access to quality health care. Examples of groups “vulnerable to health problems linked to their socio-economic status” are identified as those on low incomes, the unemployed, people with a disability, people in custody, people from culturally and linguistically diverse backgrounds, disadvantaged children, the homeless, those with a mental illness or addiction, and Aboriginal and Torres Strait Islanders. However, the document only mentions responsibility for equity in relation to ATSI health when it says “Ensure parts of ACT Health take responsibility for improving the health of ATSI population”.

Public Health talks of “various health inequities in vulnerable population groups”. It talks of ACT children eating insufficient fruit and around one in four deaths being potentially avoidable. However, it does not mention whether these occur in particular groups such as those on low incomes. This document notes that health promotion strategies in the ACT are based on the internationally recognised principles and practices of the Ottawa Charter and Jakarta Declaration. It notes that social factors impact on population and individual health and that “indicators of material disadvantage” have been linked to poor health outcomes and lower levels of access and use of appropriate services in the ACT. However, it also notes that overall social indicators for the ACT are more favourable than elsewhere in Australia, with slightly lower levels of unemployment and people on income support. However, it talks of targeting
Health Priority Areas (eg obesity, physical inactivity, cancer, CDV, diabetes, asthma, mental health) more than targeting particular groups. Addressing health inequities is mentioned less in Public Health than in the Health Action Plan, even though Public Health was written to show “how the Health Action Plan will be implemented”. Nevertheless, Public Health does mention assisting specific communities and says that interventions need to be carefully targeted across the population. Other discrepancies are also evident. For example, in relation to ATSI health it says the 4,000 ATSI residents of the ACT experience a number of health inequities compared with others in the ACT community, yet under Diabetes, for example, it does not specifically mention the ATSI population as having a higher incidence of diabetes or a higher need for targeting in health promotion or health initiatives.

The Primary Health Care Strategy has addressing the needs of disadvantaged (high risk and vulnerable) groups as one of its 6 principles “to ensure equity, access and culturally safe and quality health services for all members of the ACT community”. However, in regards to groups it only specifically mentions “at-risk and high needs children”. One of its four aims to improve population health is to address “health inequalities”.

The Corporate Plan (2006) is a short document outlining the vision, values and key performance areas for ACT Health from 2006-2010. However, in contrast with the other documents discussed so far, this document contains no mention of equity, health equity or aims to achieve equitable health outcomes and access. Similarly, whilst the Chief Health Officer’s Report (2006) acknowledges in a section on Social Factors That Influence Health, for example, that lower income levels are associated with lower health status and higher levels of health need, the report concludes that ACT is fortunate to experience high levels of economic prosperity and does not disaggregate the social factors that it mentions by socioeconomic status. Therefore, when it reports that 58% of the ACT population have non-school qualifications, it points out that this is 10% higher than the national average and does not mention whether there is any relationship with health outcomes or access based on educational level (ie whether the other 42% of the population who have no post-school qualifications have poorer or better health status than their better educated counterparts). The biggest focus on equity in the Annual Report is on equity in the workplace for health staff in relation to ensuring that necessary to ensure that “all staff members value and respect diversity”.

4. HEALTH OUTCOMES & HEALTH ACCESS

The ACT documents show an intention to improve the overall health outcomes of the population and also health outcomes for those with the poorest health. They intend to reduce the health gap and to provide better access to services, particularly for those in disadvantaged groups. They also aim to provide better access to opportunities for health and wellbeing.

The Health Action Plan states that the ACT Government “will work to reduce health inequalities” in terms of health status and access to services. Some access and equity indicators relevant to health are included in the Chief Health Officer’s Report for the ACT. For example, smoking in pregnancy is analysed by age and Aboriginal status, while physical activity level, nutrition status and healthy weight for adults are analysed by SEIFA quintile (although many other key health indicators such as life expectancy, health behaviours and incidence of chronic diseases are not). While a key objective of the Health Action Plan is to maintain the good health status of the whole population, another is to “narrow the gap in health outcomes experienced by certain individuals and groups”, and to strengthen the health of the community by leading whole of government action to address the social determinants of health”. Gaps in health status are mentioned specifically in relation to between Indigenous and non-Indigenous people in a wide range of areas including injury, substance misuse, diabetes, cardiovascular disease, and social and emotional well-being.

The Health Action Plan states an intention to try and provide equitable access to health services and to a range of service providers, appropriate to differing community needs, and to work to improve the access to services of disadvantaged people and people with a disability, including projects to better understand barriers to access. It also acknowledges that WHO identification of social determinants of health includes
access to safe, reliable and affordable public transport, and to appropriate, safe and affordable shelter or housing, and adds as an issue the alienation from the land for ATSI peoples. The document says the government will ensure appropriate and responsive access to mainstream services for ATSI clients, and will improve their access to dental health services. According to Plan, the ACT government also pledges to improve access to general practice services, and to ensure that public hospitals provide accessible services to the people of the ACT. However, there is also an aim to increase the use of private health insurance which may well widen the health gap between higher and lower income groups and at the same time reduce the acceptability and possible quality of public hospitals if they come to be seen as a residual service.

**Public Health** says that is intended to show how the Health Action Plan will be implemented, yet it focuses more on health outcomes for the whole population than on access and equity issues for disadvantaged groups. The **Corporate Plan** also has “improve population health outcomes” as a key objective, along with “providing better access to appropriate health services” (including through technology). However, there is no mention as to whether consideration has been given to the equity of distribution of such technology so that this objective would increase access for the socially disadvantaged, or at least allow all people to have equal access opportunities. There is a vision for “the community” and consumers to “achieve equitable health outcomes” but this is to be done by improving population health outcomes, providing better access to services, promoting the independence of consumers and their carers, and providing comprehensive information to consumers and involving them in decision-making. Within the performance measures linked to these objectives there is no indicator that could measure whether outcomes are equitable between sub-populations or areas, and therefore it the “equitable health outcomes” vision is being achieved. This is despite the Plan’s intention for ACT Health to also be “accountable for our outcomes”.

In terms of resource allocation, the **Health Action Plan** says that the ACT government will be open and accountable about resource allocation. However, no resource allocation details are discussed. The need to shift the mix and allocation of resources is only mentioned in relation to the needs of older people as the ACT’s proportion of aged persons is increasing.

**5. STRATEGIES FOR ACTION: HEALTH**

The Health Action Plan specifically identifies concerns about particular groups, such as rates of cardiovascular disease in women, tobacco use by young females, the food habits and alcohol consumption of young people, youth crime and child health. However, these are not clearly reflected in the Strategic Areas of Focus which, for example, targets Youth Smoking in general (rather than specifically in the “young female” group which was said to be of concern). The ACT has themed plans which address certain groups. **The Women’s Plan** for example has some indicators of health success such as “reducing the proportion of ACT women on low incomes who experience housing stress”, although other initiatives are simply aimed at women and not women from disadvantaged backgrounds (eg increasing proportion of women with post-school qualifications). **The Children’s Plan** states that children and families who are disadvantaged by socio-economic factors such as poverty or unemployment have increased health risks and require greater support, but again these variables are not overtly included in the progress indicators.

The main plan overtly mentioned in regards to reducing gaps in health status is for the ATSI population, through the continuing support and implementation of the **ACT Aboriginal & Torres Strait Islander Health Plan 2005-2010**. The ATSI population is said to make up disproportionately large numbers of clients requiring health services in the ACT. The ACT Health documents state an intention to work with the ATSI communities and services to better address the health needs of ATSI men and women, including in relation to safety and violence. They also state an intention to work with the Diabetes Council to develop an action plan on diabetes, to reduce harm from tobacco use and reduce the uptake of smoking amongst the young, to establish detoxification and rehabilitation programs for substance abuse problems, and to increase access to dental health services. They intend also to address detainee health since this group has higher levels of smoking and needle-sharing, mental illness, and hepatitis C, but this is by
making sure that detention does not reduce [rather than overtly improving] access to basic services or capacity to improve health and well-being. Mental health is also a priority area, as they say the ACT reports a higher rate of substance use disorders, anxiety disorders and depression than other states or the NT, although it is not stated whether this is higher in disadvantaged groups who might require specific targeting.

The Health Action Plan and Public Health both acknowledge that “the social determinants of health are critically important to improving population health outcomes”, and that approaches will also embody the healthy settings approach to health promotion, including health-promoting schools and healthy workplaces. However, they do not say that these will be targeted such as to disadvantaged areas or manual workers. They do however say that the government will work to improve the access of older people, and particularly older people on low incomes, to podiatry and dental services, and to consider mobility, isolation and transport issues. Public Health specifically commits to participation in a range of community development projects with financially disadvantaged communities, including location with a high proportion of public housing and ATSI residents.

The Primary Health Care Strategy talks of paying particular attention to target populations with specific needs, but then has an expected outcome to “improve general health”. Furthermore, its 6 key action areas do not specify the targeting of particular groups or the reduction of health inequities.

TARGETING CHILDREN & REFUGEES

CHILDREN

The Health Action Plan talks about working to address the health needs of “all children”, or “children and young people with a disability”. However, earlier it mentions “disadvantaged children” as a specific group who experience poorer health. When talking of improving children’s nutrition it seems to target all children, although it does mention “improving nutrition in vulnerable groups”. Similarly, it specifically aims to support policies and programs supporting breastfeeding, and to reduce smoking in pregnancy and smoking around children, but does not say these should be targeted to disadvantaged groups such as teens or women on low incomes. The Primary Health Care Strategy talks of addressing the needs of “at-risk and high needs children”, but the specific Action Areas for children only talk in general about raising breastfeeding rates, reducing smoking in pregnancy and providing home visits for children/families with drug/alcohol/mental problems. Targeting of disadvantaged groups is not explicit in this document.

REFUGEES

Refugees are not overtly mentioned in the documents and the Health Action Plan only talks of ensuring access to services and information for “people from culturally and linguistically diverse backgrounds” and ensuring services delivery is culturally appropriate. The Annual Report contains a section on “Embracing Cultural and Linguistic Diversity”, and outlines actions to be taken to provide better service delivery, particularly for women from CALD backgrounds, for example by increased provision of interpreter services. There is one mention of an intention to provide “targeted drug and alcohol services for particular cultural groups as needed” and a report that the Alcohol and Drug Program and the Women’s Information Referral and Education on Drugs and Dependency particularly focussed on providing support to people from non-English speaking backgrounds.

6. STRATEGIES FOR ACTION: OTHERS INVOLVED

The Health Action Plan states that comprehensive, cross-sectoral approaches are needed to respond effectively to the social determinants of health if true social equity is to be ensured, but that this is an area in which the Health portfolio “can take a lead, particularly in working across government and in national arenas to achieve the best possible outcomes for all members of the ACT community”.

The Health Action Plan, Public Health and the Corporate Plan all talk of working in partnership with community groups, multi-sectoral committees, with Government and non-Government agencies (such as the Diabetes Council), with agencies responsible for housing, education, justice, family services,
disability, environmental management and planning, and with the food industry to reduce smoking, improve nutrition, address unhealthy alcohol consumption and promote physical activity, support programs to reduce childhood injuries and falls in the elderly. There is a statement that the ACT government aims to help communities increase control over the broader determinants of health, to foster community involvement and help improve community cohesion because these are important for good health outcomes. In particular, the Health Action Plan highlights as a priority working with the ATSI community for better health outcomes. Similarly, the Primary Health Care Strategy mentions working with ACT Health stakeholders, divisions of General Practice, the Australian Federal Government of Health & Ageing, and the Department of Disability, Housing & Community Services.

The Annual Report (2003) talks of specific initiatives run in conjunction with the Commonwealth Department of Health & Ageing and that this included establishing a “quarterly joint ACT/Commonwealth Access and Equity working group, but there is no evidence that this group was ever established.

7. IMPLEMENTING & FUNDING

The Health Action Plan has two Strategic Areas of Focus relevant to health equity: “Healthy People” and “Healthy Systems”. Health promotion efforts under “Healthy People” are said to particularly address the needs of “disadvantaged members of the community”. However, these are not always explicitly included in the action areas. For example, under “child health” it mentions the health of all children, and not of disadvantaged children, while in relation to smoking mentions it talks of all youth, and does not target vulnerable groups or those with a higher prevalence or uptake of smoking such the homeless or those in disadvantaged schools. Nutrition actions do include a priority to improve nutrition amongst vulnerable groups, but have no indication of who these are. Similarly, there is no evidence of implementation or results of initiatives, and no specific funding is mentioned. The Health Action Plan says it is “not dependent on additional resources” and that the ACT government will place a high priority on increasing funding for key priorities in the annual budget.

Furthermore, despite the department’s Annual Report (2003) saying that equity is one of ACT Health’s founding principles, and that one of the department’s four key objectives for health are to narrow the health outcomes gap, there is no obvious evidence elsewhere in the report of strategies or initiatives which explicitly address these objectives or show how these principles are being put into practice to improve health outcomes for disadvantaged groups or those with poorer health (except for the Aboriginal population eg Indigenous Youth Alcohol & Drug Project, and the aged in general, rather than particularly those on low incomes). Even where the emphasis is on hospital services, there is no breakdown of data on admissions or treatment that would indicate equitable health access (eg inpatient satisfaction or emergency department access by education level or country of birth). Furthermore, in the discussion of “clinical effectiveness” which aims for “equity” in the extent to which “patients have access to effective treatments according to clinical need” there is general indication or performance measure of whether such equity has been achieved. In relation to equity for people from CALD backgrounds, there is more of an emphasis on not discriminating against them in providing services, than in specifically targeting them to improve health outcomes or access.

Public Health discusses the HealthPact Community Grants and says that funding priority from HealthPact targets “people at risk of ill-health from long term disadvantage”, although no examples are given.

8. MONITORING & EVALUATION

The Health Action Plan says more work is required at national and local levels to develop appropriate measures of success across the primary and community care sectors. It says that the ACT Health Council will refine the draft set of key performance indicators and will monitor and report on progress in implementing strategies and actions of the Health Action Plan. Public Health says it will work with the Population Health Research Centre to monitor the impact of nutrition and physical activity projects on childhood obesity. Measurement of health inequities indicators is not explicitly noted.
PART B – Key documents used for this analysis

Recommended by Dr Paul Dugdale, Chief Health Officer of the ACT.

ACT Health


n.d. Public Health in the ACT 2004-08

The Primary Health Care Strategy 2005-08 (PHCS) (Draft out for public consultation)

Also referred to:


The ACT Children’s Plan

The ACT Women’s Plan

ACT Aboriginal & Torres Strait Islander Health Plan 2005-2010.

(2006) ACT Chief Health Officer’s Report