Australian Governments and Health Inequities Project:
SUMMARY FOR SOUTH AUSTRALIA


Contents:

PART A – Detailed summary (8 sections)
PART B – Documents used for this analysis

Note: The background and methods related to this project and a comparison of all Australian jurisdictions, along with a short summary for South Australia, are contained in the following journal article: Newman L, F Baum & E Harris (2006), ‘Federal, State and Territory government responses to health inequities and the social determinants of health in Australia’, Health Promotion Journal of Australia, 17(3):217-225 [http://www.healthpromotion.org.au].

PART A – Detailed Summary

The SA Department of Health’s Executive Director of Health System Improvement and Reform recommended a range of State Government and Departmental documents guiding the department’s directions between the year 2000 and mid-2006.

1. THE DOCUMENTS

The various documents relating to the South Australian State Strategic Plan exhibit a general goal to “create opportunities” for the State’s population and “build the foundations for a stronger economy and a stronger community” so that the State will thrive and prosper. This includes goals to provide residents with more and better job opportunities, a better education for their children, quality health care, and a healthy environment. The Plan states that South Australians are strongly committed to social justice and to all South Australians having access to a better standard of living. The Plan also commits the Government to a general principle of reducing health inequalities. It sets targets for the ten years from 2004 which will help to widen opportunity for all South Australians and to improve their wellbeing. The original plan has 79 “clear and hard” targets to benchmark or measure progress over time, which are to be reviewed and evaluated every two years. The Plan has strategies which should reduce social and economic inequalities, and specifically addresses Aboriginal health inequalities. Two of the Plan’s six major objectives relating to health and the social determinants of health are “Improve Wellbeing” and “Expanding Opportunity”. The Plan refers to sub-plans which contain further detail on implementation, such as the Tourism Plan, the Transport Plan, the State Housing Plan and the State Infrastructure Plan.
The SA Department of Health’s Strategic Directions and Priorities for Action 2005-06 provide a framework for planning and prioritising strategies and actions across the State health system towards achieving the outcomes expected by the government and the community, and achieving the health-related targets in the State Strategic Plan. A Table of Lead Government Agencies allocates the Department of Health both lead and contributing responsibility for the obvious health targets. The Department’s progress on achieving these targets, as well as its own Priorities for Action, are detailed in the Department of Health Annual Report, along with descriptions of initiatives and related funding. The Department of Health’s own documents address disease and lifestyle behaviours, service functioning and funding. The documents state the Department’s role as setting directions, policy and strategic planning, and monitoring performance of the State’s health services and health system. They also refer to the State Government’s Health Reform agenda (developed from the Generational Health Review), which includes intentions to improve health services for “the most vulnerable” populations. This is echoed in a 4-page Policy Statement on Primary Health Care 2003-2007. Overall, the Department of Health documents show a commitment to address inclusion and equity issues, and to direct scarce resources to population groups “in greatest need”. Such commitments were also present in the Strategic Directions and Strategic Plan of the previous Department of Human Services which incorporated the Department of Health until July 2004 when the Department of Health was formed to specifically address the Government’s Health Reform agenda. There are a variety of other issue or area specific Strategic Plans, such as the Children, Youth & Women’s Health Service (CYWHS) Strategic Plan, the Aboriginal Health – Everybody’s Business Strategic Plans, and Strategic Directions for Country Health 2005-2010.

The document Inequality in South Australia was developed by the Public Health Information & Development Unit as initiative of the South Australian Government to provide a baseline of information in response to concerns about the State’s uneven distribution of wealth and wellbeing. The report explains the social determinants of health and wellbeing, how differences in these determinants lead to inequality, and how these differences are distributed across SA in socioeconomic and geographic terms. This includes the distribution of health indicators and social/economic determinants by socioeconomic quintile and rurality. This document is also supported by the three editions of the Social Health Atlas which provides a good deal of data on aspects of social and health inequity, and direction and amount of change over time.

2. THE PROCESS

The State Strategic Plan was developed after the Rann Labour Government came to power in 2002. It is based on a similar strategy used by the State of Oregon, USA, where an annual State Audit is conducted and results made public in order to measure progress towards targets. South Australia received advice from Oregon officials when developing the SA plan and the former executive director of the Oregon Progress Board is now executive director for the SA Strategic Plan Community Connection. The Plan was developed by four key advisory groups through consultation with people from government, business and the broader community to address important matters facing the State. These were the Economic Development Board’s Economic Growth Summit in April 2003 and its resultant Framework for Economic Development in SA, which consulted thousands of South Australians; the Social Inclusion Board’s Drugs Summit and its work on addressing school retention rates, homelessness and youth unemployment; the Science and Research Council’s vision for the future of science, technology and innovation in SA; and the Premier’s Round Table on Sustainability. A Generational Health Review was also conducted and led to the SA Government’s Health Reform agenda which focuses on health promotion, prevention and early intervention, community- and home-based care, and care/services which are client-focused rather than service-focused. The Primary Health Care Policy launched in 2003 also has a strong focus on the importance of reducing inequalities in health status. A Strategic Plan Update team brings together 25 community and business leaders who hold four types of meetings: Talking Targets, Talking Regions, Community Forums and Other meetings. It is unclear how the Department of Health Strategic Directions and annual Priorities for Action were developed, although they appear to be internally developed documents.
3. VALUES, DEFINITIONS & LANGUAGE

None of the documents focus prominently on health inequities nor use this term, even though they are covered explicitly and prominently by the Government’s Generational Health Review, “Inequality” and the “Health Atlas” documents. Indeed, the Generational Health Review, which was established to drive health system reform to the year 2020, is based on values and principles including a social perspective of health, equity of access to health services, and equality in health outcomes. Nevertheless, other documents do contain an intention to address factors which should improve the population’s overall standard of living and address issues of inequality. The State Strategic Plan documents talk of the government having already implemented a “wide-ranging social justice agenda” which included targeting critical issues such as affordable housing and urban renewal. It also states that South Australians believe in social justice and a strong social infrastructure, and that the Government is committed to the elimination of discrimination and privilege which limit opportunity. In particular, the State Plan has two of its six key objectives being to “Improve Wellbeing” and “Expand Opportunity”. These include aims to develop a “fair” and “caring” community that “extends opportunity to all” and generally reduces inequality of opportunity by ensuring that, as the economy grows, communities are not left behind but are included in sharing in the benefits of prosperity.

The State Strategic Plan states that the capacity to make the best of opportunities is contingent upon individual wellbeing, and that responses to health issues will accord with a general principle of reducing health inequalities. The social determinants of health are mentioned implicitly and explicitly in the State Plan, including the “fundamental importance” of access to good education, the vital role of affordable housing in alleviating poverty and building social capital family support, the importance of secure and well-paid employment that respects family life, and various factors to be addressed to improve Aboriginal wellbeing and healthy life expectancy. There is also a stated intention to “reduce inequality in the standard of living for South Australians through improved access to education and training, quality housing and health services”. The Plan talks of reducing the “gap between outcomes” and the widening gap in living standards, and to “work to close the gaps” because “one of the key social determinants of health is socioeconomic status and the level of disparity between the rich and poor”. The Plan talks of improving health services for the most vulnerable groups and the most disadvantaged, which are defined as the homeless, the poor and the disabled. It particularly talks of closing the “unacceptable gap” in health for Aboriginal South Australians.

The 1999-2002 Strategic Plan of the Department of Human Services included in its Values: “Respect – to value diversity in all its forms and act in accord with the principles of access and equity”. It had strategies “to improve the wellbeing of vulnerable population groups, including using anti-poverty approaches and advocacy for individuals, families and groups”. The Primary Health Care Policy Statement 2003-2007, produced by the Primary Health Care Branch of the previous Department of Human Services, . The current Department of Health’s Strategic Directions 2004-06 does not include this value explicitly. However, it does have three key values of Honesty, Respect and Integrity, where Respect includes treating others with dignity. The document says the Department demonstrates these three values in four domains – People, Leadership, Partnerships and Client Focus – and within Client Focus it includes “addressing inequality”. These values are supposed to guide behaviour, systems and processes. The CYWHS Plan 2005-2010 in particular has key strategic goals that include improving the health of Aboriginal children, young people and women and to “reducing the gap” between the health of Aboriginal and non-Aboriginal South Australians. The Plan also talks of the need to address health inequalities, by acknowledging “growing disparities in health experience and health outcomes” between different groups and distributing resources according to health need.

The Department of Health’s current Strategic Directions talk about “equity” and “inclusion”, of ensuring that “the most vulnerable” have opportunities to achieve and sustain health and wellness, and that people should not be disadvantaged because of age, poverty, disability, ill health, cultural background or area residence. While this document talks implicitly about influences on health including environmental, socio-economic, biological and behavioural factors, the Priorities for Action document explicitly talks of health being affected by various factors, including socio-economic and environmental factors and hence
states an intention to seek to influence other government departments to impact positively on “the social determinants of health” in order to improve overall health and wellbeing. The Department of Health’s current Directions and Actions include two of five key strategies which are “Direct Resources to Ensure Access and Equity”, and “Increase Community Inclusion & Participation”. The first includes addressing “problems that impact on health and wellbeing of individuals or groups with special needs”, while the second intends that “all South Australians should be able to enjoy good health and wellbeing, and have the right to be treated equitably”. There is a focus on minimising risk factors impacting on the health and wellbeing of the people “in greatest need”, and a stated aim to identify and prioritise groups and individuals in greatest need of services so as to direct resources to provide accessible and responsive services. People “in greatest need of services” are defined as “Aboriginal people/families, young people, people with mental health and drug problems, people disadvantaged because life in rural/remote areas”, and “high needs families (those experiencing poverty, homelessness, mental health, family conflict or inappropriate living arrangements)”. A third strategy is Strengthen & Reorient Resources for Prevention and Primary Care. The Department’s Annual Report specifically states that this approach will give a greater focus to treatment strategies that target the social determinants of health and wellbeing and to addressing health inequalities through health promotion and disease prevention.

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Neither the State Strategic Plan nor the Department of Health documents refer to research evidence on the social determinants of health or health inequities, although these are presented in Inequality in South Australia. The background information and state-based evidence in this latter document and the new edition of the Social Health Atlas may well inform the Health Inequality Action Plan which is to be developed as part of the Department of Health’s 2005-06 Priorities for Action.

Who is responsible for health equity?

The State Strategic Plan allocates responsibility for equity and health equity to the State Government and all South Australians. In addition, a Social Inclusion Board has responsibility for tackling pressing social issues, addressing the social determinants of health and achieving better outcomes for the most disadvantaged groups in the community. The Board is supported by the Social Inclusion Unit in the Department of Premier & Cabinet. Its initial priorities included reducing the incidence of homelessness, increasing school retention rates, and improving the circumstances of families with multiple complex needs in identified geographical locations. The Board has lead responsibility for cross-government work on State Plan targets on Income Inequality and Homelessness. The Health Department and Chief Executive of Health are also accountable for achieving the targets relating to the Health Department (as listed in the State Strategic Plan).

The Department of Health’s Priorities for Action 2005-06 explicitly commit the department to “seek to influence other government departments to impact positively on the social determinants of health”, as well as to “participate in regional economic development and planning discussions” and to “influence social, environmental and economic planning in other parts of government so they recognise the services and programs provided by the Department of Health and incorporate those into their planning”.

4. HEALTH OUTCOMES & HEALTH ACCESS

In the SA State Strategic Plan health is only one of a range of factors to be addressed in the “pathway to prosperity” and creation of opportunity. However, it states that “ultimately, the State Strategic Plan seeks to widen opportunity for all South Australians and to improve their wellbeing”. Two of the six key objectives are “Improve Wellbeing” and “Expanding Opportunity”. Targets under these objectives which directly relate to improving health include, for example:

- Increase healthy life expectancy of South Australians to lead the nation within 10 years.
- Infant mortality - continue to be the best performing State in Australia.
- Psychological distress - equal or lower than the Australian average within 10 years.
- Smoking - reduce the percentage of young cigarette smokers by 10% within 10 years.
- Overweight - reduce the percentage of South Australians who are overweight or obese by 10% within 10 years.

Alongside such specific health targets, some other targets address the wider social determinants of health, such as improving school retention rates, reducing unemployment, reducing homelessness, and addressing income inequality. Some targets are wide-ranging, for example, target 6.1 “Aboriginal Wellbeing – Gap in Outcomes” aims to “reduce the gap between the outcomes for South Australia’s Aboriginal population and those of the rest of South Australia’s population, particularly in relation to health, life expectancy, employment, school retention rates and imprisonment”. The State Plan’s biennial Progress Report provides measures by Aboriginal status to monitor progress eg for school retention it reports that “from 2003 to 2005 the Aboriginal rates increased by 5.8 percentage points (25.5% to 31.3%) whilst the rate for the non-Aboriginal population increased by 5 percentage points (57.8% to 62.8%). For this reporting period, the gap between the populations has narrowed“. Newman, Baum & Harris (2006) 5
The Department of Health documents are written to specifically link in with the State Strategic Plan on those targets for which the Department has lead responsibility (ie the main targets directly related to disease and lifestyle behaviour). The documents generally exhibit a commitment to improving the health and wellbeing of all South Australians, as well as a strong commitment to reconciliation and improved health outcomes for Aboriginal people and communities. In particular, the Department aims to “reduce the gap between the outcomes for SA Aboriginal population and those of the rest of SA’s population, particularly in relation to health and life expectancy”. The Department also commits to improve accessibility of treatment and rehabilitation services for those “in greatest need”, and to ensure that the “most vulnerable” have opportunities to achieve and sustain health and wellbeing, have access to mainstream services and have equal opportunity to access health services. A Priority for Action 2005-06 is to “develop a Population Based Resource Allocation Model that will enable funding to be distributed to regions based on relative need”.

5. STRATEGIES FOR ACTION: HEALTH

The State Strategic Plan does not contain targets which directly aim to reduce health inequities, except in relation to the Aboriginal population. However, many targets address the social determinants of health eg targeted reduction in unemployment (including specifically in regional areas), and reduction of income inequality. The original Plan included priority actions that would implement the State’s Generational Health Review, including some which directly addressed health inequities:

- improve health services for the most vulnerable people in the community, in particular Aboriginal people, children and young people, people with a mental illness and the frail aged;
- develop an integrated strategy to improve Aboriginal health outcomes and increase Aboriginal life expectancy – in consultation and partnership with key community, government and non-government providers in Aboriginal health.

Each year the Department of Health produces the Priorities for Action companion document to the Strategic Directions. The previous Department of Human Services 1999-2006 Strategic Plan included a strategy to increase the State’s capacity to promote quality of life by specifically improving the wellbeing of vulnerable groups eg by improving access to accommodation for homeless people, introducing low income support initiatives, developing mechanisms to improve social capital in local communities, providing housing for families with high needs, and facilitating urban regeneration through rejuvenation of specific areas under economic, social and environmental disadvantage. The Department of Health’s current Priorities for Action (2005) provides detail on Strategy 3 (“Direct Resources to Ensure Access and Equity”) which aims to develop service plans to address the health needs of priority populations “with a focus on men, women, Aboriginal & TSI, prisoners and domestic violence”. Other priority groups mentioned include Aboriginal & TSI communities, people with disabilities, groups at risk for mental health (older and younger people), country mental health consumers, children, and people with chronic diseases. The 2005 Priorities also state intention to implement appropriate recommendations from the Rural & Remote Older People’s Health Report (2003), and to develop a Health Inequity Action Plan. Other planned actions include health system change and the development of resources, including updating the Population Based Resource Allocation Model to incorporate 2005-06 budgets and take account of more recent data that can be used in the development of population profiles, indices, cross regional flows and service adjustments. The Department plans also to continue monitoring and surveillance of population health, to develop measurements of population health outcomes, and to conduct comprehensive assessments of the requirements of high needs groups; to launch the “Working Towards a Fairer Society: A Compendium of Case Studies”, and to develop an SA Aboriginal Health Policy.
TARGETING CHILDREN & REFUGEES

CHILDREN

Children are not a specific target group in the State Strategic Plan. However, certain individual targets under various objectives aim to improve children’s health, education and family experiences in the early years. The Plan also states aims to “protect our children” and foreground early intervention to address reports of abuse and neglect. Children are also not a specific target group in the Department of Health documents, although Strategy 4 “Strengthen and Reorient Resources for Prevention and Primary Care” includes targets that should improve children’s health and wellbeing, such as launching the Healthy Weight Strategy for SA (Eat Well Be Active - which includes healthy foods in schools, breastfeeding, physical activity and information for parents of young children), and supporting the whole-of-government Early Childhood Intervention Strategy. Strategy 5 to “Improve Quality and Safety of Services” also includes updating policies and developing frameworks relating to maternal and infant care. There is also a specific Strategic Plan for the Children Youth & Women’s Health Service.

REFUGEES

Despite much talk about inclusive communities and that “South Australians should be included in the community irrespective of their cultural background”, humanitarian migrants and refugees are not specifically named as a group in need in either the State or Department documents. This is despite the Generational Health Review containing a recommendation that the Department of Human Services develop a “new arrivals policy in the context of a primary health care framework” to address access and equity in the provision of mainstream services, and particularly for refugees. Similarly, Inequality in South Australia identifies refugees as a disadvantaged group vulnerable to poor health and wellbeing, although data on their emotional and health issues are unavailable for SA. However, with the prioritised action for the Department of Health to “identify and prioritise groups and individuals in greatest need of services and direct resources to provide accessible and responsive services to them”, it is possible that refugees will be included in future actions or in the Health Inequality Action Plan. (Refugees assisted in SA totalled 335 in 2001/2 and 493 in 2002/3, compared with only 187 and 354 in Tasmania which nevertheless has some refugee related actions such as improving migrant access to safe and nutritious food and confident use of unfamiliar foods).

6. STRATEGIES FOR ACTION: OTHERS INVOLVED

The State Plan recognises the need for an integrated and cooperative approach to face challenges and work on solutions to complex issues, and sees its success depending upon the support and participation of all South Australians. It believes that “no sector alone can build the future we want”, so that government, business and community must work together positively, creatively and ambitiously. However, the Government does see its role as creating the environment for such partnerships to occur, and to encouraging shared strategic planning with local government. It also sees its role as encouraging community involvement in addressing problems that impact on the health and wellbeing of individuals and groups with special needs who are not fully participating in the community. It sees an integrated cross-agency approach as a key factor in ensuring that “those who are currently excluded do not fall through the gaps”. The State Plan requires that all Ministers present to Cabinet a set of steps that start giving effect to the Plan’s priorities and actions, including explanation of how Ministers will engage with business, unions and the community.

The Table of Lead Government agencies shows that the Department of Health has lead responsibility for actions which directly address specific health issues, but is also involved with other agencies to address wider issues. For example, the Department has sole responsibility for addressing Infant Mortality, but has contributory responsibility along with seven other departments for addressing Aboriginal Health, where responsibility is led by the Department of Premier & Cabinet and the Department for Aboriginal Affairs and Reconciliation. The Department of Health Strategic Directions state that the Department must expand its capability to work across all levels of government and the community. The department sees it as
essential to develop a stronger collaborative approach and work with regional health structures within the context of the SA Health Reform process to refine the strategic directions for the Department of Health. Indeed one departmental Strategy is to “Collaborate and Work in Partnerships” because this is seen to lead to integrated and continuous service with better outcomes for our consumers. The 2005-06 the priorities for this Strategy include supporting integrated service responses by CAMHS (Child & Adolescent Mental Health Service) and CYFS (Child, Youth & Family Service) for young people and families with mental health issues, and working in partnerships in rural and remote areas (particularly with the Department of Families & Communities) to provide services to Aboriginal communities. As with the State Plan, the Department also commits to community consultation and participation, and, for example, intends to consult with Aboriginal Elders Councils on major plans and to develop policies, guidelines and structures that enable agencies to seek and implement advice from Aboriginal communities and provide feedback on action. The document Aboriginal Health – Everybody’s Business particularly contains cross-sector strategic directions and desired outcomes in relation to diabetes, social and emotional wellbeing, substance abuse, health data and information collection, and health workforce development.

7. IMPLEMENTING & FUNDING

A State Plan Progress Report is produced every two years. The latest report (2006) shows mixed results, although the Government sees targets as not only allowing achievement to be recognised, but also highlighting areas which require more work. The original Plan already recorded some previous achievements that either related directly to health inequities (outcomes or access) or to disadvantaged areas or groups. For example, the government had already “cut dental waiting lists for pensioners and the disadvantaged”, “approved an extra $20 million to be spent in country hospitals over the next four years” and “allocated $40 million over four years to fund an extra 160 junior primary teachers, which has already achieved significantly better results than were expected in 100 of the State's most disadvantaged schools”.

Funding allocation is not included in the State Plan. However, the 2006 Progress Report notes that since the publication of the State Plan steps have been taken to integrate it into the State Government budget processes and that new budget processes are being developed.

The Department of Health documents list major Strategies and planned actions, as well as some existing initiatives. Funding allocation is not specified in advance for most strategies and actions, and the Annual Report provides most detail of funding, albeit retrospectively. For example, the 2004-05 Report notes that “the department has invested $2.7 million towards the establishment of universal home visiting and $3 million towards sustained home visiting programs as part of the Every Chance for Every Child commitment” and “$100 000 was allocated for specialist Aboriginal mental health workers across the state, including services to children and young people and improved liaison between rural and remote inpatient services and country services for people from Aboriginal communities”. The Department also has a planned priority to “develop population based funding models to enable a more equitable and fair distribution of available funds to health units on a needs basis”. As well as aiming to assist disadvantaged groups, there is also a commitment to “reducing the disparity in the allocation of resources between metropolitan and regional areas”. The CYWHS Plan in particular mentions the need to address health inequalities by distributing resources in a way which takes account of the health needs of different population groups.

8. MONITORING & EVALUATION

The State Strategic Plan specifically set out to have clear measurable targets, quantifiable indicators and deadlines so that it would be “a goad to action” and be able to track change in the State’s economic, social and environmental health. There is recognition that not all targets will be met, particularly as circumstances change, but the “critical aspect” is seen as the commitment to plan for and measure progress. The 2006 Progress Report provides feedback on each target, with relevant data, the Audit Committee’s assessment of improvement/change, explanations for the assessment, and recommendations. Some measures include change in factors relevant to health inequities, although there is room for additional indicators to be included. For example, the Inequality document clearly states that “income is
among the most important individual-level determinants of wellbeing” and that “people with a higher income generally enjoy better health and longer lives than people with a lower income”. Nevertheless, neither income nor income distribution is included as a variable in the progress indicators on health, nor is change by quintile of socioeconomic disadvantage. In relation to the launch of the 3rd edition of the Social Health Atlas, the Minister for Health John Hill noted that by highlighting the location of people with the highest social and health needs the Atlas would allow the government to strengthen its efforts in specific suburbs, regions and country towns.

The Plan’s Audit Committee in its 2006 Progress Report criticises the macro-level framing of many of the State Plan’s targets and highlights technical issues with the wording of some targets and data sources. They also suggest that sub-level targets should be added “to highlight where substantive differences exist between the outcomes experienced” by gender and Aboriginality. It is particularly concerned to provide disaggregated data to compare the position of disadvantaged groups to the overall population because it sees this as fundamental to raising awareness of their disadvantage and informing the development of appropriate policies, strategies, programs and legislation. Examples of suggested additions to targets include those for Target 2.3, “Infant mortality”, where they suggest including measures to show improvement specifically among Aboriginal South Australians. Presumably these targets could be built upon the data already provided in the Inequality and Health Atlas documents. Other targets could also more specifically address and highlight change for disadvantaged groups or health inequities. For example, while the 2006 Progress Report notes that the target to reduce “Psychological Distress” has been met for the whole population, measures of change do not show whether improvements were also made for those who the Plan says are most at risk of such distress (those with low income, unemployment, inability to work, low levels of education, poor living conditions, chronic health conditions) and who Inequality says are most likely to live in lower socioeconomic areas. Through its forthcoming Health Inequality Action Plan the Department of Health could seek to place an “equity filter” on key State targets to add further measures to monitor change in health inequality-related targets, and in this regard could also activate its commitment to “seek to influence other government department to impact positively on the social determinants of health with some specific strategies to do so.

The Department of Health aims to achieve the Government’s reform agenda by creating a “Population Health Approach” which will include “establishing objectives and targets to improve population health outcomes”. The Strategic Directions towards 2006 aim at achieving specific health-related outcomes in the State Plan (although as previously mentioned, the targets could be set to more specifically highlight reduction in health inequities). The Department also has additional targets which are not recorded in the State objectives, eg

- Reduce avoidable hospital admissions, particularly for aged people and those with chronic health needs.
- Increase resource allocation to community support for people with/affected by mental illness.
- Increase resource allocation, strengthen prevention and primary health care.

The only explicit target to reduce health inequities in the Department of Health Directions and Actions is for the Aboriginal population in relation to “reducing the gap”. However, even for this indicator, the strategy/action 3.1.8 “Implement Mental Health Reform” includes “Improve Aboriginal social and emotional wellbeing…” but has no indicator that can assess performance specifically for the Aboriginal population. In terms of monitoring and evaluating progress in relation to health inequities, the Department has a Strategy which includes planned action to generally “implement a range of processes to monitor and evaluate the outcome of our interventions and the quality of our services” and to “publicly report on achievements”. However, it is not clear how departmental efforts to reduce disadvantage and improve health for groups “in greatest need” will be measured and assessed. There is a specific aim to introduce department-wide accountability and performance reporting mechanisms to Aboriginal programs that will effectively inform priority setting, resource allocation and decision making.

The Department of Health Annual Report reports in separate sections against the State Strategic Plan and the Priorities for Action related to the Department’s Strategic Directions. Of all these documents, the

Newman, Baum & Harris (2006)
Annual Report provides most detail of funding and initiatives that address health inequity. For example, in relation to the State Objective “Improve Wellbeing”, the Department reports actions carried out that include “sustained home visiting to ‘at risk’ families; providing information and support to remote Aboriginal communities; and media campaigns to reduce smoking and alcohol consumption during pregnancy”. The Annual Report also provides detail on funding and uptake of some services in disadvantaged areas or groups eg “The department has invested $3 million towards sustained home visiting programs as part of the Every Chance for Every Child commitment. During 2004–05, 98% of all SA families with a new baby have been offered a home visit within two weeks of the birth. The acceptance rate for Aboriginal families is 84% (compared to 78% for non-Aboriginal families) and a retention rate of 86% (compared to 79% for non-Aboriginal families)”. The Annual Report also reports specifically against the Department’s Priorities for Action. For example, under the Strategy “Direct Resources to Ensure Access and Equity”, it reports “Provision of an additional $71.5 million over four years to country regions commencing 2004–05”, stating that “additional funds were provided in 2004–05 to meet the rising recurrent costs of providing rural health services. $55.7 million was allocated to meet increased costs for rural doctors and nurses”. Other initiatives targeted Aboriginal and Torres Strait Islander communities, including having Aboriginal mental health workers employed by relevant agencies and on specific projects, where “$100 000 was allocated for specialist Aboriginal mental health workers across the state, including services to children and young people and improved liaison between rural and remote inpatient services and country services for people from Aboriginal communities”. Presumably the measurement of whether such actions have contributed health improvements will be reflected in health assessment of health targets relating to the Aboriginal population in the next Progress Report of the State Strategic Plan even though these are downstream interventions that are likely to have an important but minor impact on Aboriginal population health compared to that likely to be gained by action on the broader social determinants of health.

PART B - KEY DOCUMENTS USED FOR THIS ANALYSIS

Recommended by Dr David Filby, Executive Director, Health System Improvement and Reform, Department of Health, South Australia.

Government of South Australia

www.stateplan.sa.gov.au

Generational Health Review

SA Department of Health

(2004) Inequality in South Australia: Vol 1 The Evidence

(2004) Strategic Directions 2004-06


(2006) Children, Youth & Women’s Health Service Strategic Plan 2005-10

Newman, Baum & Harris (2006) 10
SA Aboriginal Health Partnership

(2005) *Aboriginal Health: Everybody’s Business*

SA Department Human Services

Strategic Plan 1999-2002

Strategic Directions 2003-06


Public Health Information Development Unit

(2006) *A Social Health Atlas of South Australia, 3rd edition*

Also referred to by the researchers:


Government of South Australia (2006) *State Strategic Plan*
www.stateplan.sa.gov.au

*State Strategic Plan: Progress Report* and Table of Lead Government Agencies