

Social Determinants of Health

A Framework

Vision

People in the Western Parkland City will be supported to attain better health outcomes through improved social equity. The member organisations of the Western Sydney Health Alliance will achieve this through collective and coordinated planning approaches across sectors that address the social determinants of health.

Purpose

To promote planning strategies and tools that can be applied to make the everyday settings of people's lives more supportive with avoidable and unfair differences in health outcomes that promote equity.

Scope

The Framework applies to all partners in the Western Sydney Health Alliance who are planning services, structures, activities and approaches that can be improved to reduce avoidable and unfair differences in health outcomes.

Guiding Principles

The Western Sydney Health Alliance promotes a collaborative approach to the coordination and effectiveness of health initiatives and services in the region. This will be best supported through the planning and design of healthier, liveable neighbourhoods throughout the Western Parkland City.

As a facilitator for action to positively impact health and wellbeing, the framework provides guidance with planning strategies that address social inequalities and disadvantage and supports universal approaches to equity for the whole population. Underpinning guiding principles include:

Social Determinants Influence Health

Recognising that the conditions in which people grow, live, work and age are shaped by political, social, and economic conditions to collectively influence their health outcomes

Needs Guide Prioritisation

Acknowledging that needs are variable across the region and that needs will guide the prioritisation and delivery of services, structures, activities and approaches that address social inequity through equitable distribution.

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Promoting Fairness and Opportunities for Better Health Outcomes

Delivering positive interventions can influence social inequalities and disadvantages that impact avoidable and unfair differences in health outcomes and life expectancy

Proportionate Universalism Supports Access

Applying balanced, targeted and universal approaches with resourcing and delivering them at a scale and intensity aligned to the degree of need, will increase access for those with most need (i.e., making services available for all, not only for the most disadvantaged, and allowing the scale of those services to respond to the level of presenting need).

Overview

The Framework aims to increase understanding of the social determinants of health and the inequities that often arise within them and recommends points of entry for action that will promote health equity. It is based on the conceptual model developed by the World Health Organisation Commission on the Social Determinants of Health and recently implemented in Australia through the VicHealth Fair Foundations model.

The Framework considers three pivotal points that impact health and well-being outcomes and support assessment and determination of the best interventions required. These include **individual health factors, daily living conditions** and **social, political and cultural contexts**. Each of these points is impacted by the individual's **social position**. This are demonstrated within the Framework model.

Why is it needed?

The Western Sydney Parklands (WPC) region has a diverse and widespread population of approximately 1.5 million people across 8 Local Government Areas (LGAs). For the purposes of this Framework and related data, the Greater Western Sydney region is defined as the metropolitan region that encompasses the north-west, south-west, central-west and far-west areas of Sydney's metropolitan area, including the 8 local government areas of:

- Blue Mountains
- Camden
- Campbelltown
- Fairfield
- Hawkesbury
- Liverpool
- Penrith
- Wollondilly

There is a significant disparity in advantage between areas of the region which is evident in Socio-Economic Indexes for Areas (SEIFA) score calculations. SEIFA was developed by the Australian Bureau of Statistics (ABS) to rank areas in Australia to relative socio-economic advantage and disadvantage, based on census data (ABS, 2018). Postcodes with a lower score indicate a higher level of disadvantage, which highlights the aforementioned inequality in the Greater Western Sydney region; for example some areas of Fairfield have a score of just 764, compared to suburbs in Blue Mountains or Wollondilly with scores over 1000. Approximately 600,000 people across the region

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are living in the lowest scoring 20% of NSW indicating significant disadvantage in areas of Fairfield and Liverpool.

When considering the social determinants of health, there are several contributing factors to the WPC level of disadvantage, including a high population of people born overseas, many people who do not speak English well or at all, higher unemployment levels, and a high number of low-income households. For many people and families these factors can mean inequitable access to health services and poor health literacy, leading to a higher incidence of health issues and chronic disease. Collective and coordinated effort is then required to address identified needs and support change across health, human services, education, justice and industry sectors. The challenge is to identify the conditions and support attention to those determinants and influences that pose a specific risk.

In addition, contemporary issues affecting the environment in which we live include drought, bushfire, flood and the Covid-19 pandemic have added another layer of social determinants impact for people living across the Greater Western Sydney region.

Key objectives

- Embedding of The Framework into organisational planning processes
- Supporting the identification and prioritisation of initiatives and interventions to address equitable distribution of health services
- Enabling organisations to develop scalable initiatives that address equitable distribution of health services and the associated issues of health equity.

Key outcomes

Through the planning processes:

- The broader impact of the social determinants on the health of the community in Greater Western Sydney are clearly defined
- The social determinants of health are a high priority amongst organisations/government/stakeholders across the Greater Western Sydney region
- The social determinants Framework is applied as a planning tool amongst organisations/government/stakeholders across the Greater Western Sydney region
- Opportunities for better health outcomes for the Greater Western Sydney community, particularly those in disadvantaged areas are pursued.

Social Determinants of Health - Definition

Social determinants of health

The World Health Organisation defines the social determinants of health as the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

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Policy Statement:

The Western Sydney Health Alliance is a once in a generation opportunity for a commitment and partnership across the three tiers of government to work collaboratively, with health partners and other stakeholders, to create healthier communities across the Western Parkland City.

Under the Western Sydney City Deal, established under commitment L5 to drive collaborative approaches, programs and initiatives between the three levels of government, the Local Councils of Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Liverpool, Penrith and Wollondilly have joined with Nepean Blue Mountains Local Health District, South Western Sydney Local Health District, Nepean Blue Mountain Primary Health Network, South Western Sydney Primary Health Network, and Sector Connect to form the Western Sydney Health Alliance.

The Western Sydney Health Alliance recognise that there is significant community benefits to be gained through a collaborative approach to the coordination and effectiveness of planning, initiatives and services in the region to support the - design and development of healthier liveable neighbourhoods through the Western Parkland City region.

The Western Sydney Health Alliance recognises the importance of addressing the close relationship between people's health and the living and working conditions which form their social environment.

The Western Sydney Health Alliance supports the application of this framework as an underpinning guidance tool with planning and prioritising services, structures, activities and approaches, influenced by social determinants that impact health outcomes for people of the Western Sydney Parkland city.

The Framework Model



The structure of **OUR SOCIETY** will impact health – this includes the socioeconomic, political and cultural context of our environment which affects people’s daily living conditions.

- How can we disrupt cultural and societal norms to promote equality?
- How can we challenge or influence governance processes to promote equality?
- Which policies create social hierarchies and exclusion of some groups? What are the opportunities for challenging or influencing these policies?
- How can we meaningfully engage affected groups, to build capacity and advocate for change?

Individual circumstances such as **ATTITUDES, KNOWLEDGE, SKILLS, GENETICS, AND PERSONAL CHARACTERISTICS** which impact health

- What are the existing health behaviours, attitudes and knowledge in the community?
- What variations in socioeconomic conditions could be impacting on health behaviours?
- Are there leaders in a community who could share health messaging/ influence change?
- What existing social connections or communities could be utilised to leverage change?

DAILY LIVING CONDITIONS are the everyday circumstances in which people live

- What type of support can we provide to parents and children to optimise the early stage of development?
- What initiatives can be put in place to support individuals through completing their education or re-commencing?
- How can we ensure work environments are supportive of workers?
- What can we address in City planning to improve an individual’s built and natural environment?
- How can we increase opportunity for involvement in community activities and active participation (civic engagement)?
- How can we improve access to preventative and treatment services?

Social Position – Who we are and where we fit:

The term ‘social position’ refers to all the factors which contribute to an individual’s social advantage or disadvantage. This includes (but isn’t limited to) educational attainment, living conditions, income and occupation, social standing, race/ethnicity and aboriginality. The individual’s social position will impact their level of exposure and/or vulnerability to health-damaging conditions. For example, even when alcohol consumption is similar across socioeconomic groups, people of lower social position are more vulnerable to alcohol-related harms (Fair Foundations 2015).

Prompts for Planning

The degree or type of approach used in planning will be impacted by the resources available, organisational commitment and the policy or project context. For more information refer to the [VicHealth framework for health equity](#). Integrating equity prompts as early as possible into the planning phase will ensure systematic and transparent processes are applied (NCCDH 2012). The development of checklists, lenses and impact assessments should fit organisational need and might incorporate:

- Explicit equity-related goals and objectives
 - Prospective identification of impacts - positive and negative, intended and unintended
 - Identification of specific equity indicators and measures
 - Identification of, and ways to address, key access barriers
 - Flexible approaches to the use of adopted tools (Gardner 2012).
- 1) In addition to the above, when considering the inclusion of social determinants into planning processes, there are three key questions we ask: What can be done?
 - 2) Who can do it?
 - 3) How can they do it?



1. Individual knowledge, attitudes & behaviours - *Matters to consider*

Individual health factors include aspects such as knowledge and attitude towards health, health behaviours, and lifestyle factors. These are all impacted by a person’s daily living conditions and their cultural, political and social contexts. As such, an individual’s personal health factors can also be influenced by family members, friends, role models, media, social media, connections to supportive environments, religious or cultural leaders, or politicians.

Socioeconomic variances in health behaviours (e.g., smoking, physical activity, diet) are often linked to daily living conditions. For example, an individual’s likelihood of going for a walk outdoors will be affected by their neighbourhood’s safety; an individual’s likelihood of taking up smoking can be affected by the social norms around them – how many of their friends or family members also smoke cigarettes?

By addressing daily living conditions and wider social, political or cultural contexts, it may be possible to change or influence an individual’s health behaviours, knowledge and attitudes:

- What are the existing health behaviours, attitudes and knowledge in the community?

- What variations in socioeconomic conditions could be impacting on health behaviours?
- Are there leaders in a community who could share health messaging/ influence change?
- What existing social connections or communities could be utilised to leverage change?



2. Daily Life - Matters to consider

Daily living conditions are the everyday circumstances in which people live. These conditions can be either damaging or protective to their health. Areas of more socio-economic disadvantage are more susceptible to poorer living conditions. This includes, but is not limited to, lower levels of educational attainment, higher unemployment rates and overall lower combined household income.

The following are examples of such conditions to consider:

- **Early child development (until 8 years):** this refers to physical, social, emotional, language and cognitive development – *Consider what type of support can we provide to parents and children to optimise the early stage of development?*
- **Education:** educational attainment increases an individual's opportunities for work, overall security, income and satisfaction – *Consider what initiatives can be put in place to support individuals through completing their education or re-commencing?*
- **Work and employment:** this can include job security, workplace flexibility, the physical and social work environment and perceived control – *Consider how we can encourage access to high quality employment opportunities? How can we ensure work environments are supportive of workers?*
- **Physical environment:** this includes housing, transport systems, air quality, place of residence, places of work (in the office or from home), neighbourhood design and green space – *Consider how can we address these in City planning to improve an individuals' built and natural environment?*
- **Social participation:** includes the availability of supportive relationships, involvement in community activities and participation in activities that improve the community or address wider social issues including social connectedness for vulnerable populations – *Consider how targeted initiatives can increase opportunity for involvement in community activities and active participation (civic engagement)?*
- **Health care services:** access to preventative and treatment services within social and non-social hours – *Consider proximity of services close to public transport? Is there parking available? Are there supported transport means available for vulnerable populations How easy is it to navigate to information about local services? Consider health literacy aspects of the information how easy this information is to interpret?*



3. Our society *Matters to consider*

The structure of our society will impact health, this includes the socioeconomic, political and cultural context of our environment which affects people's daily living conditions.

- **Culture and society:** Assumptions, habits and values within cultures often create or reinforce hierarchies, favouring some groups and excluding others. This can include norms and values around gender, race, sexuality and disability. *Consider how might we disrupt these norms to promote equity?* An example may include funding the local art sector to develop an exhibition challenging gender stereotypes or cultural perceptions of certain groups.

Consider how **governance processes** empower some people over others, to generate and maintain social hierarchies — *how could you challenge or influence these processes?*

- **Policies:** government policies can – deliberately or accidentally – privilege some groups and hurt others. *How might we identify, challenge and replace such policies?* Examples of policies can include social welfare, education, housing, transport and sanitation.

Which **policies** create social hierarchies and exclusion of some groups? *What would more equitable policies look like? What are the opportunities for challenging or influencing these policies?* In the local context this could include policies to include welcoming and acknowledgement protocols into official local government meetings and events.

- **Governance processes:** the ways in which policy is developed and delivered have originated in a specific cultural context, meaning that those processes can privilege people who are from that same context at the expense of others. *How might we adapt these processes to be more inclusive?*
- **Cultural and societal norms and values** generate or perpetuate social hierarchies by favouring, advantaging, excluding or degrading some people or groups? Where do these norms and values come from? How could they be challenged or changed? This is of particular importance for regions with a high population of people born overseas or who do not speak English. *Consider norms which may disadvantage some groups, for example the perceived role of women within society.*
- **Engagement:** *how might we ensure that we are hearing from everyone who might be affected, and understanding what we hear? How could you meaningfully engage affected groups, to build capacity and advocate for change?* Consider how to overcome barriers to engaging with hard-to-reach groups, such as Aboriginal and Torres Strait Islander peoples, people with mental illness, people from culturally and linguistically diverse backgrounds, people with impaired decision-making capacity, people with lower literacy, homeless people, people with disabilities, and prisoners and people in custody.

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Key Enablers

[The Greater Sydney Region Plan](#) sets out a vision for Greater Sydney as a metropolis of three cities. This vision includes the emerging Western Parkland City, a place that will thrive off unprecedented investment in infrastructure, the development of new or renewed communities and economic hubs, and the evolution of the Western Sydney Aerotropolis.

[The Western Sydney City Deal](#) is a partnership between the Australian Government, NSW Government and the Western Parkland councils. Together with the Australian and NSW governments, the councils are signatories to a set of commitments that bring all levels of government together to plan for the new jobs, transport links, communities, green areas and services that will make our region an even better place to live.

[The Western Parkland Councils](#) signatories are the local councils of Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Liverpool, Penrith and Wollondilly.

[The Western Sydney Health Alliance](#) has a collective role and function as an advocator and influencer of healthy communities' development. The Health Alliance leads effective change through a combined effort that brings partners across the system together to demonstrate the long-term benefits for each stakeholder in supporting health initiatives.

The signatory partners of the Health Alliance include the local councils of the Western Parkland City, Nepean Blue Mountains Local Health District, Wentworth Healthcare - provider of the Nepean Blue Mountains Primary Health Network, South Western Sydney Local Health District and South Western Sydney Primary Health Network. Non-government Organisations including Sector Connect, and local universities are also part of the Health Alliance.

Regional partners – contribution of 8 councils / 2 Local Health District's/ 2 Primary Health Networks – each with individual positions of influence with different parts of the community. See [Western Sydney Health Alliance](#) for more information and links to partner sites

Processes and accompanying Tools to use the framework – Processes and tools to support the implementation of the Framework will be developed by the Western Sydney Health Alliance.

In the interim consideration should be given to applying the following approaches:

- Checklists and lenses – as an overlay or integration of prompts within existing planning and implementation activities
- Impact assessments – through a more structured planning approach utilising an equity-focused health impact assessment
- Support structures – systems of support that can be built into organisational structures to support the integration of an equity approach.

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Glossary

Health equity is the notion that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential if it can be avoided.

Health inequities are differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair.

The **social determinants of health** are the social conditions in which people are born, grow, live, work, play and age – that influence their health.

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The **social determinants of health inequities** are the social determinants of health and the social processes that distribute these determinants unequally in society

Proportionate universalism is the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. Services are therefore universally available, not only for the most disadvantaged, and are able to respond to the level of presenting need