

TASKFORCESUBMISSION: submission

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SUBMISSION1: There is much to applaud in the discussion paper, Australia: the healthiest country by 2020. However, in immediately focusing on three risk factors (obesity, smoking and harmful drinking), the taskforce has missed an opportunity to set a wider health context by considering a) the impacts of macrosocial determinants on population health, and b) the impacts on population health on Australia's performance as a nation.

With respect to a), the taskforce rightly recognises the role of government (and other sectors) and the importance of legislation and regulation. But its focus is on facilitating individual behavioural change in relation to specific risk factors. What is missing from this orthodox public health approach is that social conditions (social, economic, cultural and environmental) act on population health in ways that cannot be reduced to individual behavioural choices.

Climate change is an obvious example, where the necessary action reaches far beyond individual responses. Likewise, the cultural change associated with increasing individualism and materialism, for which there is growing evidence of their harmful effects, cannot be tackled by seeking to shape individual responses such as shopping habits and media use. They require more fundamental social responses.

This neglect or oversight, reflects what one researcher has called epidemiology's somewhat 'Newtonian vision of cause and effect', in which culture, for example, has no place. With few exceptions, he said, epidemiology has great difficulty incorporating aggregate-level phenomena that exist in larger dimensional space beyond what touches or invades the individual.

With respect to b), the taskforce notes the economic costs of poor health. But, again, this is just a small part of a bigger picture that population health plays in national affairs. People who are unwell, physically or mentally, make poor students, workers, parents and citizens. Poor population health weakens a society's confidence and resilience, and so its capacity to deal with the challenges of the modern world, including global threats such as climate change. It has political repercussions, affecting the way governments respond to major issues, which, in turn, affects population health.

This is not generally recognised. A false dichotomy often characterises debate and discussion about national and international affairs. On the one hand, these matters are seen as shaped by large, external forces such as economic developments, technological change, environmental degradation and resource depletion, and war and conflict. Population health may be affected by these forces, but health itself is not usually seen as a contributor to larger-

scale social developments. The perspectives of economics, politics and, increasingly, environmental sciences dominate the discourse.

On the other hand, considerations of health focus on internal, psychological and physiological processes and personal attributes, circumstances and experiences. The dominant frame of reference is a biomedical model of health (or more accurately, ill-health) as an attribute or property of individuals.

This separation is misleading. The reality is that change in both the social and personal worlds is shaped by a complex interplay between the world "out there" and the world "in here" (in our minds and bodies).

I appreciate the taskforce may see this perspective as crossing some barrier between public health and political philosophy. I would argue that this barrier is very blurred and, in any case, needs to be crossed if we are to make Australia the 'healthiest country'.

I would be pleased to discuss these matters further with the taskforce.

References:

Eckersley, R. 2008. Never better – or getting worse? The health and wellbeing of young Australians. Canberra: Australia 21 Ltd.

Eckersley, R. (in press). Population health: the forgotten dimension of social resilience. Australia 21 report in preparation.

PRIVACY: yes

SUBMIT: Submit