

TASKFORCESUBMISSION: submission

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SUBMISSION1: This submission is made on behalf of the Health Inequalities Research Collaboration (HIRC) Primary Health Care Research and Development Network. The Network maintains links between researchers, policy makers and practitioners across Australia and internationally with an interest in addressing health inequity through action within a comprehensive PHC system and continues to advocate for ongoing research into these areas. The Network has a particular focus on chronic conditions and produced a report for the Commonwealth on ensuring equity in Early Intervention and Chronic Disease Self Management programs ([http://notes.med.unsw.edu.au/CPHCEWeb.nsf/resources/CHETREreports1to5/\\$file/McDonald_J_\(2004\)_Action_on_Health_Inequalities_2.pdf](http://notes.med.unsw.edu.au/CPHCEWeb.nsf/resources/CHETREreports1to5/$file/McDonald_J_(2004)_Action_on_Health_Inequalities_2.pdf)).

Our perspective on preventive health encompasses:

- A concern about social inequities that exist in the prevalence of preventable chronic disease;
- A view that the PHC system has an important role within a whole of society, integrated approach to tackling chronic disease;
- An approach that sees chronic disease prevention on a continuum from community based health promotion through to preventing complications and mortality from established chronic diseases;
- An approach that sees access to preventive health care services as an element of a broad social determinants based approach to chronic disease prevention;
- A commitment to monitoring equity of access to preventive health services and opportunities and equity of outcomes.

We support the strong focus within the discussion paper on a whole of society approach that integrates community based programs, regulatory and PHC approaches, and the focus on monitoring and addressing inequities.

Equity as a core concern

Closing the gap between advantaged and disadvantaged groups ought not to be seen as a separate stand alone area of concern in addressing the three priority areas. Rather, equity should be embedded within each and every one of the proposed strategies. Equity Impact Assessment principles developed by the Centre for Health Equity, Training, Research and Evaluation at

UNSW with an international network of researchers (<http://notes.med.unsw.edu.au/CPHCEWeb.nsf/page/HIAphase3>) can be used to guide the process of monitoring and addressing potential and existing social inequities for any proposed program or action.

Indicators of equity

Monitoring equity ought to be embedded as a core feature of any program of monitoring outcomes, quality and safety of strategies proposed with each of the current health reform groups, including the work of the Preventive Taskforce.

Further research and development is needed to develop agreement and consensus on a set of indicators of equity across preventive, PHC and hospital reform programs. This needs adequate funding and support.

Routine monitoring and reporting of key indicators across Indigenous/non-Indigenous, rural and remote/metro, socioeconomic groups (including area based socio-economic disadvantage, occupation, employment status, education) is needed. Responsibility for such routine equity monitoring needs to be clear and transparent and the responsible agencies need access to comprehensive data sets (e.g. Medicare data) as well as adequate support for ongoing monitoring and public reporting.

Funding and organisation of PHC

Contribution of PHC clinical services to prevention needs to be within a comprehensive PHC strategy that sets out responsibilities of PHC in addressing inequity, adequately addresses inequities in access to care and provides infrastructure and support according to need.

Key issues include the need to:

- adequately develop and support capacity within PHC to monitor equity locally;
- ensure that strategies to address inequity focus on “levelling up” (i.e. bringing the most disadvantaged up to the level of the most advantaged).

PHC based translational research

The role of PHC in ensuring equity within a preventive strategy will also depend on an expansion of translational research and evaluation within PHC that focuses on what works in real world settings for disadvantaged communities.

PRIVACY: yes

SUBMIT: Submit