

# Beyond COVID-19: Consumers call for greater focus on health equity

The Australian public health community has long advocated for increased investment in health promotion and prevention.<sup>1-5</sup> This has paralleled advocacy from consumer groups and has frequently included calls for a much sharper focus on health equity and action on the social, political, economic, environmental and commercial determinants of health.<sup>6-11</sup> The recent global COVID-19 pandemic has cast a glaring spotlight on health and social inequities experienced by vulnerable and marginalised populations worldwide, particularly those living in poverty.<sup>12-16</sup> These observations have been noted in Australia, the United States, the United Kingdom and elsewhere across the globe. In some instances, it has exacerbated already well-documented health inequities,<sup>12,15-18</sup> such as those relating to race and ethnicity,<sup>19-24</sup> socio-economic status,<sup>25</sup> homelessness,<sup>26-28</sup> disability<sup>29</sup> and ageing.<sup>30</sup> In other instances, it has created new and unforeseen inequities, particularly with respect to education and employment.<sup>16,18,31,32</sup>

In Australia, concerns have been raised about the disproportionate impact of vulnerable populations, including Aboriginal and Torres Strait Islander people,<sup>33,34</sup> homeless people,<sup>26</sup> migrant and refugee populations,<sup>35,36</sup> people with a disability<sup>29</sup> and those living in rural and remote communities.<sup>37</sup> These concerns are genuine and clearly require thoughtful health (and social) policy and practice responses.

In July 2020, the Consumer Health Forum of Australia established the Consumer Commission: Beyond COVID-19. The general premise of the Consumer Commission was to contribute views and ideas about the future of the Australian health and social care system. Thirty Commissioners met through online workshops on multiple occasions over the past few months to discuss topics such as mental health and wellbeing; integration and care co-ordination; digital health; and health equity. A series of communiqués have been developed based on these discussions. The health equity discussion held on 12 August 2020 highlighted the following positive changes that occurred as a result of COVID-19 (<sup>39</sup>, p2):

- Improved social supports including income support; accommodation for the homeless; and child care
- More flexible and responsive policy and decision making
- Increased mental health supports
- Faster data/evidence cycles (about inequities)
- Recognition of Aboriginal and Torres Strait Islander leadership
- Pockets of excellence in partnering with consumers
- Digital health, including telehealth, was embraced

- Home-based services were highly valued, particularly medication options and
- A general sense of community togetherness.

However, these discussions also contributed to the development of the *Consumer Commission Report - Making Health Better Together: Optimising consumer-centred health and social care for now and the future*.<sup>39</sup> This was framed as a diagnosis, and subsequent prescription, made by the Consumer Commission. The prescription for health equity stated:

'We must recognise the inequalities across age groups that have been widened due to COVID-19 and engage and empower young people in the recovery. We should adopt a social determinants approach and implement it by developing a national social prescribing scheme, increasing investment in health promotion, prevention and health literacy, and investing in critical social supports and infrastructure to build communities'. (<sup>39</sup>, p4).

The call for investment in health promotion was explicit.<sup>39</sup> Calls for investment in social infrastructure including social housing, income support, childcare, public transport, broadband coverage, aged care and disability care were also repeatedly mentioned.<sup>39</sup> More specific recommendations aimed at improving health equity in Australia included:

- Permanently increase income support payments
- Urgently build more social housing to meet demand
- Broaden the Australian Charter of Healthcare Rights to include a right to health
- Increase investment in prevention to at least 5% of overall health spending as part of the National Preventive Health Strategy. (<sup>39</sup>, p6).

The abovementioned call to action has emphasised the important role that health consumers play in describing the challenges associated with health inequities in Australia. However, it also conveys that consumers are well-positioned to identify tangible actions that can lead to improved health equity over the longer term. Indeed, much of the discussion was highly consistent with decades of public health evidence suggesting that increased investment in health promotion and prevention is

critical for reducing health inequities.<sup>1-5</sup> This is clearly articulated in the Australian Health Promotion Association and Public Health Association of Australia joint policy position statement on health promotion and illness prevention. In particular, actions to address the social determinants of health, and calls for the adoption of health-in-all-policies approaches, have been a prominent feature of these discussions.<sup>7,9,38-44</sup>

Importantly, this feedback is extremely timely. The Australian Government is currently in the midst of developing a National Preventive Health Strategy (NPHS). While the consultation period has recently closed, the consultation paper identified the importance of 'an agile health system focused on prevention and equity' and a commitment to 'addressing inequity in health'. Yet, there is little doubt that the NPHS can go much, much further. An explicit goal of reducing health inequities would be a good start. Implementing the Consumer Commission's recommendations would be a logical action to follow. The Minister for Health, Australian Government and the National Preventive Health Expert Steering Committee must recognise and prioritise consumer voices in shaping policy responses that explicitly aim to curb health inequities in Australia.

It seems that listening to the collective voice of the Consumer Commission would be both an easy and sensible option. There are many ideas and solutions that have been shared that are ready to be adopted and implemented if bureaucrats and politicians are willing to act. Political will is what is required to mandate greater investment in health promotion and prevention in Australia. The research evidence and consumer voice are synonymous – reducing health inequities across Australia need to be a key health policy priority. COVID-19 has only been a vehicle to make this more apparent. Please let us learn from this pandemic experience and be bold in our response.

## ACKNOWLEDGEMENT

Key aspects of this editorial have been published previously in *Health Voices: Journal of the Health Consumers Forum of Australia*, Issue 27, November 2020. The content has been reproduced with permission from the Consumer Health Forum of Australia.

## CONFLICT OF INTEREST

The authors declare no conflict of interest.

James A. Smith<sup>1</sup>

Leanne Wells<sup>2</sup>

Lisa Gelbart<sup>2</sup>

Tony Lawson<sup>2</sup>

<sup>1</sup>Wellbeing and Preventable Chronic Diseases, Menzies School of Health Research, Casuarina, Australia

<sup>2</sup>Consumer Health Forum of Australia, Deakin, Australia

## Correspondence

James A. Smith, Wellbeing and Preventable Chronic Diseases, Menzies School of Health Research.

Editor: James A. Smith

## REFERENCES

- Smith J, Gleeson S, White I, Judd J, Jones-Roberts A, Hanzar T, et al. Health promotion: essential to a national preventative health strategy. *Health Promot J Aust.* 2009;20(1):5-6.
- Jancey J, Barnett L, Smith J, Binns C, Howat P. We need a comprehensive approach to health promotion. *Health Promot J Aust.* 2016;27(1):1-3.
- Smith J, Crawford G, Signal L. The case of national health promotion policy in Australia: where to now? *Health Promot J Aust.* 2016;27(1):61-5.
- Smith J, Herriot M, Williams C, Judd J, Griffiths K, Bainbridge R. Health promotion: a political imperative. *Health Promot J Aust.* 2019;30(2):133-6.
- Smith J, Herriot M. Positioning health promotion as a policy priority in Australia. *Health Promot J Aust.* 2017;28(1):5-7.
- Baum F, Begin M, Houweing T, Taylor S. Changes not for the fainthearted: Reorienting health care systems toward health equity through action on social determinants of health. *Am J Public Health.* 2009;99(11):1967-74.
- Fisher M, Baum F, MacDougall C, Newman L, McDermott D. To what extent do Australian health policy documents address social determinants of health and health equity? *Jnl Soc Policy.* 2016;45(3):545-64.
- Carey G, Crammond B, Malbon E, Carey N. Adaptive policies for reducing inequalities in the social determinants of health. *Int J Health Policy Manage.* 2015;4(11):763-7.
- Fisher M, Baum F, MacDougall C, Newman L, McDermott D, Phillips C. Intersectoral action on SDH and equity in Australian health policy. *Health Promot Int.* 2017;32(6):953-63.
- Smith J. Reflections on the framing of 'health equity' in the National Primary Health Care Strategic Framework: a cause for celebration or concern? *Health Promot J Aust.* 2014;25(1):42-5.
- Thorn M. Addressing power and politics through action on the commercial determinants of health. *Health Promot J Aust.* 2018;29(3):225-7.
- Smith J, Judd J. COVID-19: vulnerability and the power of privilege in a pandemic. *Health Promot J Aust.* 2020;31(2):158-60.
- Berger Z, Evans N, Phelan A, Silverman R. COVID-19: control measures must be equitable and inclusive. *BMJ.* 2020;368:m1141.
- Owen W, Carmona R, Pomeroy C. Failing another national stress test on health disparities. *JAMA.* 2020;323(19):1905-06.
- Williams D, Cooper A. COVID-19 and health equity – a new kind of "herd immunity". *JAMA.* 2020;323(24):2478-80.
- Buheji M, de Costa Cunha K, Beka G, Mavric B, Leandro do Carmo, de Souza Y, Souza da Costa Silva S, et al. The extent of COVID-19 pandemic socio-economic impact on global poverty: a global integrative multidisciplinary review. *Am J Econ.* 2020;10(4): 213-24.
- van Dorn A, Cooney R, Sabin M. COVID-19 exacerbating inequalities in the US. *Lancet.* 2020;395(10232):1243-4.
- Blundell R, Costa Dias M, Joyce R, Xu X. COVID-19 and inequalities. *Fiscal Stud.* 2020;41(2):291-319.
- Yancy C. COVID-19 and African Americans. *JAMA.* 2020;323(19): 1891-2.
- Dyer O. COVID-19: Black people and other minorities are hardest hit in the US. *BMJ.* 2020;369:m1483.
- Laurencin C, McClinton A. The COVID-19 pandemic: a call to action to identify and address racial and ethnic disparities. *J Racial Ethnic Health Disparities.* 2020;7:398-402.
- Khunti K, Kumar Singh A, Pareek M, Hanif W. Is ethnicity linked to incidence or outcomes of COVID-19? *BMJ.* 2020;369:m1548.
- Chowkwanyun M, Reed A. Racial health disparities and COVID-19: caution and context. *New Engl J Med.* 2020;383:201-203.
- Platt L, Warwick R. Are some ethnic groups more vulnerable to COVID-19 than others? Institute for Fiscal Studies initiative funded by the Nuffield Foundation.

25. Patel J, Nielsen F, Badiani A, Assi S, Unadkat V, Patel B, Ravindrane R, Wardle H. Poverty, inequality and COVID-19: the forgotten vulnerable. *Public Health*. 2020;183:110–11.
26. Cumming C, Wood L, Davies A. People experiencing homelessness urgently need to be recognised as a high risk group for COVID-19. *Health Prom J Aust*. 2020. <https://onlinelibrary.wiley.com/doi/10.1002/hpja.355>. Accessed September 16, 2020.
27. Kirby T. Efforts escalate to protect homeless people from COVID-19 in the UK. *Lancet Respir Med*. 2020;8(5):447–9.
28. Tsai J, Wilson M. COVID-19: A potential public health problem for homeless populations. *Lancet Public Health*. 2020;5(4):E186–E187.
29. Carey G. The National Disability Insurance Scheme and COVID-19: a collision course. *Med J Aust*. 2020. <https://www.mja.com.au/journal/2020/national-disability-insurance-scheme-and-covid-19-collision-course>. Accessed September 16, 2020.
30. Brooke J, Jackson D. Older people and COVID-19: isolation, risk and ageism. *J Clin Nurs*. 2020;29(13–14):2044–6.
31. Van Lancker W, Parolin Z. COVID-19, school closures, and child poverty: a social crisis in the making. *Lancet Public Health*. 2020;5(5):E243–E244.
32. Galeaq S, Abdalla S. COVID-19 pandemic, unemployment, and civil unrest: Underlying deep racial and socioeconomic divides. *JAMA*. 2020;342(3):227–8.
33. Crooks K, Casey D, Ward J. First nations people leading the way in COVID-19 pandemic planning, response and management. *Med J Aust*. 2020. <https://www.mja.com.au/system/files/2020-04/Crooks%20preprint%2029%20April%202020.pdf>. Accessed September 16, 2020.
34. Markham F, Smith D, Morphy F, editors. Indigenous Australians and the COVID-19 crisis: perspectives on public policy. Topical Issue no. 1/2020. Canberra, Australia: Centre for Aboriginal Economic Policy Research, Australian National University; 2020.
35. Clibborn S, Wright C. COVID-19 and the policy-induced vulnerabilities of temporary migrant workers in Australia. *J Aust Political Econ*. 2020;85:62–70.
36. Shakespeare-Finch J, Bowen-Salter H, Cashin M, Badawi A, Wells R, Rosenbaum S, et al. COVID-19: an Australian perspective. *J Loss Trauma*. 2020;25(8):662–72.
37. Lakhani A. Introducing the percent, number, availability, and capacity [PNAC] spatial approach to identify priority rural areas requiring targeted health support in light of COVID-19: a commentary and application. *J Rural Health*. 2020;37(1):149–152.
38. Consumer Health Forum of Australia. Communique: Consumer Commission Divergent Workshop 3 (Health Equity); 2020. [https://chf.org.au/sites/default/files/docs/communique\\_-\\_workshop\\_3\\_-\\_health\\_equity.pdf](https://chf.org.au/sites/default/files/docs/communique_-_workshop_3_-_health_equity.pdf). Accessed September 16, 2020.
39. Consumer Health Forum of Australia. Consumer Commission Report – Making Health Better Together: Optimising consumer-centred health and social care for now and the future. Canberra; 2020.
40. Australian Health Promotion Association and Public Health Association of Australia. Health promotion and illness prevention: Policy position statement; 2018. [https://www.healthpromotion.org.au/images/Health\\_Promotion\\_and\\_Illness\\_Prevention\\_Policy\\_Statement\\_.pdf](https://www.healthpromotion.org.au/images/Health_Promotion_and_Illness_Prevention_Policy_Statement_.pdf). Accessed September 16, 2020.
41. Smith J, Griffiths K, Judd J, Crawford G, D'Antoine H, Fisher M, et al. Ten years on from the Commission on Social Determinants of Health Final Report: Progress or procrastination? *Health Promot J Aust*. 2018;29(1):3–7.
42. Senate Community Affairs Committee Secretariat. Final Report of the Senate Community Affairs References Committee: Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation". Canberra, Australia: Senate Printing Unit; 2013.
43. Government of South Australia and World Health Organization. Progressing the sustainable development goals through health in all policies: case studies from around the world. Adelaide, Australia: Government of South Australia; 2017.
44. van Eyk HC, Harris E, Baum FE, Delany-Crowe TN, Lawless AP, MacDougall CJ. Health in all policies in south Australia—did it promote and enact an equity perspective? *Int J Environ Res Public Health*. 2017;14:1228.