

16 February 2015

Tom Wise  
Secretary – Joint Select Committee on Preventative Health Care

Dear Mr Wise,

**Re: Submission to the Joint Select Committee on Preventative Health Care**

Please find enclosed a submission to the aforementioned committee from the members of the Menzies Institute for Medical Research. This submission was approved by the Director of the Institute, Professor Tom Marwick.

Yours sincerely



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Senior Research Fellow  
Heart Foundation Future Leader Fellow

**1. The current impact of inequalities in the major social determinants of health on the health outcomes, including mental health outcomes, of Tasmanians and the capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health;**

Socio-economic factors are the major determinant of health and mental health outcomes in Australia,<sup>1</sup> and give rise to a potential inter-generational cycle of developmental, emotional, and social problems.

Tasmanians experience a greater burden of the major social determinants of health compared to other states and territories. For example, the proportion of Tasmanians with a year 12 education (29%) is much lower than the rest of Australia (38%),<sup>2</sup> the median gross weekly income is substantially less (\$934 versus \$1234)<sup>3</sup> and more Tasmanians (31%) are reliant on income support than general Australian population (23%).<sup>3</sup> Tasmanian children in general experience the highest levels of socio-economic disadvantage of children in any state in Australia.<sup>4, 5</sup>

The geography of Tasmania alongside its small, highly dispersed population, and more socially disadvantaged living in more remote areas increase the complexity of service provision. As such, the Tasmanian population and service providers face challenging socioeconomic, cultural and environmental conditions that are, in turn, barriers to achieving optimal health.

The health of the Tasmanian population ranks behind the rest of Australia on many markers including higher death rates (6.5/1,000 persons versus 5.4 per 1,000 persons in 2013),<sup>6</sup> the highest prevalence of chronic conditions such as hypertensive disease (12.1% versus 10.2% nationally – based on estimates from PHIDU 2014) or respiratory system disease (33.4% versus 28.7%), musculoskeletal disease (29.8% versus 27.7%) arthritis (17.2% versus 14.8%) and worse risk behaviours like smoking (26.5% versus 20.3% male current smokers).<sup>7, 8</sup> The rates of teenage pregnancy in Tasmania are the second highest in Australia ranging between 24.9 and 32.7/1000 between 2001 and 2009.<sup>4</sup> Tasmanians also suffer a high burden of mental health disorders than the rest of Australia, with the second highest level of diagnosed mental and behavioural problems in adults to the ACT (14.9%; 13.6% and 15.5% respectively).<sup>7, 8</sup>

Within Tasmania there are also inequalities according to the social determinants of health. The Tasmanian Population Health Surveys, which have been conducted by the Department of Health and Human Services in 2009 and 2013, serve as our best source of data on the health and wellbeing across the State. The most recent survey showed large disparities in health outcomes and behaviours between those with the least and most disadvantage, using an Australian Bureau of Statistics indicator known as the Socioeconomic Index for Areas (or SEIFA). For example, people living in the most disadvantaged areas, compared to the least disadvantaged areas, are more likely to smoke (18.7% versus 9.1%), be obese (32% versus 18%) or have high psychological distress (16% versus 8%). The highest rates of teenage pregnancy occur in disadvantaged areas, teenage girls in the most disadvantaged areas 6-times more likely to give birth than their counterparts in the most advantaged areas.<sup>4</sup> We see similar disparities according to Aboriginal and Torres Strait Islander status in smoking (30% versus 15% overall Tasmanian population), obesity (37% versus 24% overall), psychological distress (18% versus 11% overall).

Having appropriate services to help people maintain health and also implement prevention, detection and intervention for chronic disease is vitally important to the health and economic wellbeing of our State. At present, Tasmania lacks an overarching framework that can integrate health and community services across the federal, state and local government, as

well as non-government organisations and those in the private sector. While we welcome the Government's efforts to create a single state-wide health organisation, the recently released discussion papers suggest that there is a continued focus on the delivery of acute services with limited consideration of the prevention of disease. Modelling suggests that a health care system designed to provide mostly acute care is unsustainable, with spending on healthcare predicted to exceed the entire revenue of state governments by 2045.<sup>9</sup> There are therefore structural and economic reforms needed to create a sustainable health care system that can both manage acute health problems, but ultimately limit need for high-cost care in the longer-term through prevention of disease. We would encourage the Government to refer to the considerable body of work carried out by the Ministerial Health and Wellbeing Advisory Council as summarised in the 2013 'A Thriving Tasmania' report. The Council included experts from across relevant health and community sectors in Tasmania and made a suite of recommendations in large aimed at achieving health equity in Tasmania. We particularly support the notion of intersectoral action on health, so called 'health in all policies', which at its core tackles the social determinants of health.

## **2. The challenges to, and benefits of, the provision of an integrated and collaborative preventive health care model which focuses on the prevention and early detection of, and intervention for, chronic disease**

A preventive health care model that can achieve equitable prevention, early detection and intervention to prevent chronic disease (physical and/or mental health) will have many challenges to its implementation. However, we believe the potential benefits far outweigh these challenges and associated costs. A key challenge is a health care system designed and funded to treat disease rather than prevent it. State budget documents (2014-15) suggest that the proportion of the health budget dedicated to disease prevention is set to decline from just 2.6% of the total health budget in 2014-15 to just 1.7% in 2017-18. Without adequate funding preventive health care will become inexistent, and lead to a worsening health crisis as increasing numbers of people present with expensive to treat conditions. A further challenge is the unwillingness of Governments and the community to make investments in prevention when improved health outcomes will not be realised for many years.<sup>10</sup> The Government can look within its own recent history to see that investments in preventive health need not take years to achieve substantial tangible outcomes. The recent increases in investment for tobacco control have resulted in significant reductions in the prevalence of smoking across the Tasmanian population. This was achieved through targeted investment in evidence-based intervention, such as mass media advertising and training of health professionals to provide brief advice for smokers around quitting. The need for engagement of sectors outside of health, such as environment, planning and education, is also a challenge. Traditionally, 'health' is not seen as part of their portfolios. We believe that having a whole-of -government intra-agency approach to health, as has been pursued nationally for mental health through the Fourth National Mental Health Plan 2009 - 2014; Melbourne Charter for Promoting Mental Health and Preventing Mental Health and Behavioural Disorders; Building the Foundations for Mental Health and Wellbeing 2009) can help to overcome this challenge with the outcome being the improved wellbeing of Tasmania in terms of both its health and economic functioning.

Countering these challenges are the benefits of investment in preventive health care. A world-class study, conducted by researchers at Deakin University and The University of Queensland used economic modelling to quantify the benefits of 150 different health interventions, of which 123 were preventive. The study, called 'Assessing Cost Effectiveness (ACE)' study, found that if the Australian Government were to implement the top 20 health interventions it would cost Australia \$4.6 billion over 30 years.<sup>11</sup> However, this is offset by the potential cost savings of \$11 billion due to reduced acute care costs and increased productivity. Such a program was predicted to pay for itself in just 10 years and result in gains of 1 million years of healthy life across the population. The top 20 interventions

included those across taxation, regulation, health promotion and clinical intervention thereby echoing the need for intersectoral action to tackle disease prevention and facilitate a more sustainable health care system. We therefore believe that investment in prevention makes sense from both an economic and health perspective, despite the challenges it presents.

**3. Structural and economic reforms that may be required to promote and facilitate the integration of a preventive approach to health and wellbeing, including the consideration of funding models**

There will be a requirement for significant reforms to the structure and funding across the Government, not just the health care sector, to achieve a preventive health care system. The integration of acute care facilities into a single system is a step in the right direction if this is coupled with a truly statewide plan for the provision of primary to tertiary services to ensure that services are available where needed. There has been a missed opportunity to engage the community in a public discussion about the comparative importance and role of preventive health within current discussions regarding the restructuring of the Tasmanian health care system. We support the recommendations of the aforementioned 'A Thriving Tasmania' report that called for place based, state-wide, evidence-based action on preventive health across the whole of Government.

The funding of preventive health care can be approached in several ways. In other states, health promotion bodies, such as Healthway in Western Australia ([www.healthway.wa.gov.au](http://www.healthway.wa.gov.au)) or VicHealth in Victoria ([www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)) are funded through state-based taxes on tobacco. These bodies then either run their own prevention programs or fund other non-government organisations to do so or to conduct research. They also provide sponsorship for events and sporting teams therefore providing a real alternative to more traditional forms of sponsorship such as alcohol or fast food companies. If place based action, as referred to in the Thrive Tasmania report is supported, then there are opportunities for the private sector to provide funding for preventive health care. For example, workplaces can provide health and wellbeing programs for their employees. Research being conducted jointly by the Tasmanian Government, Menzies Institute for Medical Research and other parts of the University of Tasmania show that employers want to provide such programs for their employees and that they can result in gains in employee health and wellbeing. Furthermore, taking a whole of Government approach and recognizing the health benefits of decisions made by non-health parts of government, like planning and education, can result in health gains without any new investment.

For the population to support the reforms that are necessary, they will need to place significant value on maintaining health across the life course, not just at discrete periods in time. To achieve this we would encourage the wide consultation of the Tasmanian community, which is referred to as necessary in reports of the health care system in Tasmania (Commission on delivery of health services in Tasmania).

**4. The extent to which experience and expertise in the social determinants of health is appropriately represented on whole of government committees or advisory groups**

One of the great aspects of conducting health research in Tasmania is the ability to readily engage with relevant government departments. The Institute is privileged to have many of its researchers sitting on government committees and advisory groups such as the Premier's Physical Activity Council, the Tobacco Control Coalition and Rethink Mental Health. This has mutual benefits for policy makers and researchers. On the one hand it gives researchers a 'real world' perspective to their work and on the other hand it gives policy-makers access to up to date information on the evidence base. The Ministerial Health and Wellbeing Advisory Council was established to improve health outcomes and reduce inequalities in Tasmania.

As such it included members from the health and community sectors, as well as academics and service providers. The report from this body provided a blueprint for action and is testament to the fact that the necessary experience and expertise does exist within Tasmania. The challenge is for the work of such bodies to be implemented by the government. Only through implementation will the investment of resources by all individuals who have contributed to or participated in such activities be realised. We are a small state that can and should take advantage of the close relationships between the various sectors supporting the health of Tasmanians.

## **5. The level of government and other funding provided for research into the social determinants of health**

There has been much publicity about the funding situation for health and medical research across Australia. We therefore support calls for greater funds for research at a national level with modelling showing that investment in medical research provides good returns.

At local level, we advocate very strongly for the Tasmanian government to continue to fund the 3 yearly population health surveys. Data collection such as this is vital if we are to understand the needs of the Tasmanian population and, importantly, whether current programs are having an impact. We also strongly encourage the government to ensure the adequate sampling of Tasmania in national data collection efforts, such as the Australian Health Survey and the National Health and Wellbeing Survey. Without an adequate sample size, as has occurred in the past as with the National Mental Health Survey we are unable to conduct analyses with any certainty, particularly if analyses stratified by socioeconomic status or region are required.

The Tasmanian Data Linkage Unit (TDLU), a node of the Population Health Research Network Australia ( <http://www.phrn.org.au> ), is based at the Menzies Institute for Medical Research. The TDLU was established with the backing of the Australian Government *as part of the National Collaborative Research Infrastructure Strategy*. It will require long-term *local* support to ensure that is sustainable and able to serve *Tasmania's* needs. The TDLU offers important new opportunities for innovative health research through its partnership with Tasmanian State Government agencies, other data linkage units and research facilities throughout Australia. The use of anonymised linked administrative data from government and non-government sources, and from within and outside the health sector, protects individuals' privacy while providing new insights into population health and its social determinants to inform policy, service planning and evaluation.

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