SUBMITTED BY:- G.H. CHANDLER

SUBMISSION TO THE TASMANIAN PARLIAMENTARY COMMITTEE ON PREVENTATIVE MEDICINE.

I am a qualified structural social worker who has worked in Department of Community Welfare and the British Home Office for fourteen years and been employed, both full time and part time, for about thirty three years in Tafe.
(A structural social worker operates on the presumption that a system will, in general, bring a certain result. If you want a different result you need to change the system so that it gives it to you.)

My submission is made in four sections:

1. A method to subvert paradigms.
2. Why an effort to further preventative medicine would be very hard.
3. Why an effort to further preventative medicine must be undertaken.
4. Summary.

A method to subvert paradigms.

Some years ago a Queenslander invented a radically new form of gun.

He showed it to members of the Australian military and to a group of five ballistics experts at The Pentagon. Because of their paradigms (rules stating how a firearm works) both groups knew, beyond any doubt that it couldn't work. However one of the five star generals at the Pentagon knew the test to apply when a person's paradigms block incoming information. He genuinely asked himself, "What if?" "What if this information is correct?" "What if it works? (Then the logically following questions of, "What does that make possible that isn't possible now?" "What if it works and America fails to take it up?" "We will be playing 'catch up' for the next twenty years and will lose credibility in the arms industry."
He logically then asked, "Can you give us a demonstration?" Of course he could, and the rest Metal Storm is now arms history, (and treated those who could say, "What if?" so genuinely that they invested in its conceptual development, very, very well financially.)

And of the five Pentagon ballistics generals, only one turned up to the demonstration. Guess which one it was. Well, when faced with new information that we believe cannot be true, it is hard in the extreme, to genuinely say, "What if this information, which cannot be correct, is correct." "What happens then, what does it make possible?"

Why an effort to further preventative medicine would be very hard.

The development of cleaner water, a health inspection system, inoculation, occupational health and safety, safer roads, road safety measures such as training for motor cyclists, mental health services etc. etc. have cut suffering and deaths and saved enormous expenditure on treatment, hospitals and lost production, etc.

Nobody could argue with the effects of preventative health activity, BUT, there are enormous difficulties in expanding it.

Here are some difficulties that I would expect:

- Attached is a newspaper article from The Age newspaper of 1989. (Attachment 1.) Since its publication twenty six years ago the hypothesis that education leads to better health and longer life has been proven again and again to the point that it is is seen as common sense.

(See attachment 2)
Here the authors commence with the hypothesis that the wealthy are healthy and live longer because of their access to money but realise that both health and wealth are results of education.) But would any politician or political party be willing to state that in cutting back education, it is adversely affecting the health, and increasing the risk of death, of massed numbers of voters? It would require increasing and redirecting expenditure and increasing taxes.

- Increasing expenditure on education would not show results for some years, so the cost of both preventative health and treatment health would have to continue for some time.
- There are a large number of vested interests that support treatment over preventative medicine, ie drug companies, some current medical practitioners etc. (Consider the enormous opposition encountered by Barry Marshall and Robin Warren when they proved that stomach ulcers could be cured without surgery.)
- In Australia and particularly Tasmania there is an anti-education culture. "He's too highly qualified for the job." "We will fund one degree but not two." etc. Changing this culture will require an enormous effort.
- Tasmanian politicians would have to be convinced that education works to prevent illness, accident and death.
- History has shown that Tasmanian politicians have 'pet' projects eg. Gunns pulp mill which was approved, by both major parties, without a full and complete health effects assessment despite one hundred doctors signing a petition asking for this. In the seven years following approval, new medical research on the health effects of airborne particulates, dioxin, plantation poisons of Atrazine and organo phosphates alone was great cause for concern for the health of the one hundred thousand Tasmanians who lived in the Tamar Valley and or obtained their drinking water from water catchments in which were plantations. This research was ignored by the majority of Tasmanian politicians despite it being tabled in parliament by Brett O'Halloran MHA. History indicates that there will be more Paul Lennons etc with more fast tracked pet projects with no detailed health assessments. (The ABC Background Briefing programme, "Don't Drink the Water" is a great example of past lethal Tasmanian projects.)
- Increased effort in preventative medicine MUST be across <u>all areas of health dangers.</u> If areas are missed then Tasmanians will say, "Here is just another example of spin." and the programme lost.
  It would have to include areas such as injuries in hospital (see attachment 3) through inoculation, road building, tourism, (in New Zealand, but not in Tasmania, arrows are painted on the roads to indicate that one drives on the left.) through to areas that haven't been considered yet.

WHY AN EFFORT TO FURTHER PERVENTATIVE MEDICINE MUST BE UNDERTAKEN.

- COST - Medical diagnosis and treatment today do amazing things but because of its complexity the cost in enormous BUT the cost of lost production, training medical staff, purchasing equipment, building new hospitals, far exceeds the cost of effective preventative health effort.
  Tasmania literally cannot afford not to engage in increased preventative medicine. Any government not doing so today, with today's research availability would be justifiably condemned.
- Across the world we see an increased sensitivity to the suffering and death of other human beings. IT IS ACCEPTED ACROSS ALL DEVELOPED NATIONS THAT THE PRIMARY ROLE OF GOVERNMENT IS TO PROTECT THE LIVES AND HEALTH OF ITS PEOPLE.
- As stated preventative measures have been enormously successful in the past.

- Convincing people of the value of preventative health measures, to them, can be so very easy and so effective.
- As our education and health levels are so poor in comparison with the rest of the nation and developed world, achieving spectacular improvements by copying what is done elsewhere is so easy.
- Using the spectacular results as a selling point being paid for consulting work interstate and elsewhere can be both simple an profitable. (Consider the money raised, for improvements in his school, by Jim Spinks with his work on creating school councils.)
- Statistics on health are easy to collect.
- In 1962 Professor Ken Dallas of Utas stated that Tasmania, due to its size and population, was the only manageable state in Australia.
- We have simple effective institutions. Eg one university with one medical faculty one science faculty, one nursing faculty, the Menzies Institute.
- Tasmanians travel a lot and many work overseas. This is a vast source of knowledge and expertise.

SUMMARY

- It won't be easy but there are many reasons why we must try to increase preventative medicine effort in Tasmania.
- It appears that creating a well educated population is the foundation of health and longevity and will provide the foundation to effective preventative medicine. BUT IT WILL COST.
- Merely tweaking the overworked, existing system, which in many areas seems to be going backwards, (see attachment 3) will not achieve the result required.
- A new, and low cost, comprehensive system can be achieved by using the resources we have but we would have to be innovative and, above all, committed.
- The discoveries and achievements could be used to generate funds.

A NEW SYSTEM.

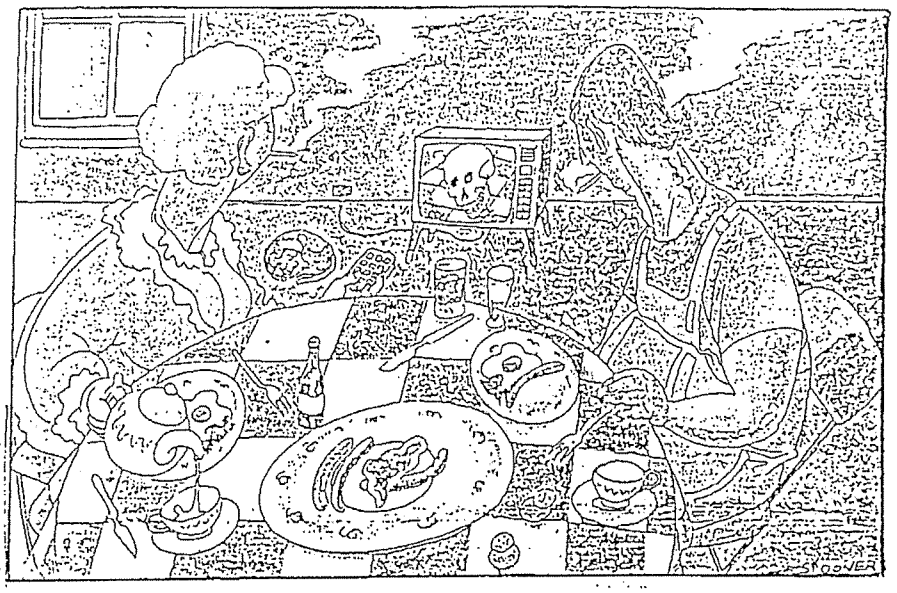
I am suggesting seriously looking at education as a preventative health measure.
I am suggesting a sort of voluntary organisation made up of retirees, part time professionals, volunteer university staff, Phd students, etc. in and outside the state to look at preventative health and using committed press educate the Tasmanian public.
I have some ideas but not all the answers. This new system would have to be developed. I don't know even it would work.

"But, what if."

George Chandler. B.A. Soc Wk, Cert Ed. Dip Train and Assess.

I am most happy to discuss the idea further.

In sickness or in wealth



By Deirdre Macken

FROM THE MOMENT of birth, a person's health, well-being and lifespan will depend on their standing in society. For the rich, life will be healthy and long. For the poor, it will be shorter, more stricken with sickness, more likely to be snuffed out by an accident and, on the whole, a lot less wholesome.

Before 20th-Century medicine, the poor were always more liable to sickness and early death than the wealthy. Lower living conditions, bad hygiene and poor nutrition made this group susceptible to every plague or infection that swept through society.

Modern society was supposed to change all this and, for a while at least, it looked as if health would become as egalitarian as the vote. A generation ago, the working-class bloke with his physically demanding job and vigorous leisure life was looking a lot healthier than his boss, whose sedentary life, rich fatty diet and penchant for drinking and smoking assured an early demise.

But in the past two decades there has been a dramatic polarisation of health in society. Virtually every statistic on health has shown that the middle and upper class are getting fitter, healthier and living longer while the lower classes are as unhealthy as ever. In a country based on egalitarianism, health has become a class issue.

Today, it is no coincidence to be healthy, wealthy and wise. For those who are wealthy and wise, the privilege of health begins at birth when they are twice as likely to survive and does not falter until they die years after their less educated and poorer classmates.

The key to this monopolisation of health among the privileged lies in the fact that 60 per cent of deaths are due to heart disease and cancer — the two most preventable forms of death. The better educated and better paid are taking action to prevent these deaths while the poorer sections of society are not.

Hence, while the rate of heart disease has dropped by 40 to 50 per cent in the past 20 years, most of the beneficiaries have been the higher socio-economic groups because among the working class the rate has only dropped slightly.

The rich have diets while the poor have heart disease; professionals are going to gyms while laborers watch television. The so-called affluent lifestyle that was killing the rich a generation ago is being embraced by the poor. But it is not only heart disease that is becoming class-conscious. Almost every form of preventable death, from infectious diseases to car accidents, is more pronounced among the lower socio-economic groups.

TO GAUGE JUST how unevenly health is spread through our social groups, one can compile a list of statistics for every stage of life and quickly see just who is healthy and who is not.

Of all the babies born in Australia today, 10 in every 1000 will die before their first birthday. But those in the top socio-economic group have twice the chance of surviving of those in the bottom group. Whereas 15 of every 1000 babies born to working-class parents will die in the first year, only eight in every 1000 babies of affluent parents will die.

For babies and young children, health continues to show a class distinction. Immunisation rates in the poorer city areas are about 10 per cent less than those in more affluent areas and hence outbreaks of these preventable diseases are more common in poorer areas. But so, too, are other infant sicknesses such as measles, diarrhoea and hepatitis — all of which are more often reported in poorer suburbs.

For teenagers, there is only one significant health statistic and that is death due to car accidents. Here, it is young men in poor urban areas and industrial centres who are dying more often than their richer classmates.

By the time Australians reach adulthood, they are established in a lifestyle that will mainly determine how long and how healthily they will live. Their survival will depend on what they eat, whether they smoke and drink, how much exercise they do and how fat they are.

The working-class person is more likely to smoke — about 43 per cent of them smoke compared with 32 per cent of white-collar workers. They are less likely to give up — only 25 per cent of them will end up ex-smokers compared with 30 per cent of their richer workmates.

WITHIN A FEW YEARS of leaving school, the working-class person is likely to discover that he or she is getting fat. In fact, between 50 and 60 per cent of those less educated in society will be fat compared with 33 per cent of those fortunate enough to go on to higher education.

Given the rate of obesity and smoking, it is not surprising that the working class is not prone to exercise. The most sports-minded in the population are professionals, followed by skilled workers and then blue-collar workers. Whereas 70 per cent of all Australians do not regularly exercise, 60 per cent of working-class Australians do not exercise.

With this sort of lifestyle and a penchant for eating more red meat, members of the working-class can see the results of their excesses in their veins. About 24 per cent of the less educated in society will have high cholesterol levels compared with 16 per cent of the better educated while their average diastolic blood-pressure levels will hover around 85 compared with 80 for the better educated.

By the time a person reaches middle age, his lifestyle will have generated what the doctors call a number of risk factors. Those who have accumulated a lifetime of bad habits in diet, smoking, drinking, exercise and weight control will have two or three times the risk of disease as the average person.

> It's hopeless telling people to exercise when they can't afford the time, there is nowhere for them to jog, and the price of gyms is too high.

The relationship between risk factors and death rates is most pronounced if you compare the disease rates for doctors, who have one of the healthiest lifestyles, and laborers, who are among the least healthy.

Laborers have three times the risk of cirrhosis of the liver as the average Australian, twice the risk of lung cancer and heart disease. Doctors, on the other hand, have only a 75 per cent risk of cirrhosis compared with the average Australian, about half of the risk of lung cancer and an average risk of heart disease.

THE POLARISATION OF health in society is the major talking point in health departments and institutions. Across Australia, a number of committees have been set up to discuss why this has happened and how it can be redressed.

The country's health care policy over the past decade has concentrated on preventive care. Given that 60 per cent of deaths are due to preventable diseases — heart disease and cancer — health departments have been trying to educate people on ways to prevent these diseases.

Government campaigns to encourage people to quit smoking, reduce drinking, improve their diet and exercise have combined with the massive resources of companies involved in the health industry to improve our health.

To some health experts the fact that these improvements have been confined to the top section of society is an indication that the policy is working, albeit from the top down. To others the polarisation points to a need to re-evaluate health strategies.

There are a number of experts who believe it is no longer acceptable for health authorities to preach their theories in the arrogant belief that people will do what is good for them. They believe that health should be translated from medical journal jargon into the tabloid press.

The new professor of community medicine at Sydney University, Professor Stephen Leeder, is one of those who have described the trends in health as a tragedy. Having taken part in two major studies of health in working-class areas, the professor concludes that as far as health is concerned "the gap between the social classes is growing wider."

"The (health) message has primarily been taken up by those who need it least. I think this is because the message has been written by middle-class and upper-class professionals and they communicate well with each other.

"But the extent to which the message has been perceived by people who, for example, do not read beyond the headlines of the tabloid newspapers, I really don't know. I suspect it makes no impact at all."

The idea that health educationists talk an elitist language that the less educated cannot appreciate is supported by many. Dr Paul Magnus of the National Heart Foundation of Australia, points out that "less educated people are not in the same position to receive, understand and act on information about health. They are more open to peer-group pressure and commercial pressure than they are to rather weighty health matters.

"There is also a general feeling that they have less control over their own lives. They are likely to see themselves as more controlled by outside influences and so they tend towards things that will give them immediate gratification."

Dr David Hill, the deputy director of the Anti-Cancer Council of Victoria, illustrates the idea that information is the key to health by pointing to the fact that doctors, who know more about the effects of smoking than any other group, have the lowest smoking rates in the country, even lower than other professionals.

One of those who believe that health should be taken from the medicos' hands and given over to the marketers is a social marketing consultant, Mr Gerald Frappe, who was involved in the NSW Quit for Life anti-smoking campaigns.

"When you think that $3 million is spent on advertising Pal dog food every year and only $800,000 is spent promoting fresh fruit and vegetables, then you can understand how the health message gets lost.

"Health marketing should involve all the elements of commercial marketing, that is price, placement, product and positioning. It's not good enough telling people they have to eat the right food, you have to make it convenient for them, you have to make sure it tastes right and you have to price it competitively.

"It's hopeless telling people to exercise when they can't afford the time, there is nowhere for them to jog, and the price of gyms is too high. It may work for the more affluent people because they have the time, money and resources to do these things for themselves, but it won't work for the others."

Professor Leeder, who is a member of the Better Health Commission, believes that health campaigns should focus on the community rather than the individual because for those lower socio-economic groups "it is the peer pressure within their own communities that largely determines what they eat, whether they exercise, smoke or drink too much.

"Unless you tap into those communities and use their own information networks, you will not reach them. What I am talking about is setting up health programs in communities with the help of the leaders, health workers and businesses; spreading the message through the schools, local media and classes and monitoring the progress so, hopefully, the whole community can see the benefits of it."

One area that Professor Leeder is hoping will benefit from such a campaign is the working-class town of Cessnock in NSW's Hunter Valley where some residents are killing themselves with their lifestyle.

Continued Extra 1

The Age 31 May 1996

From Extra 1

Cessnock has one of the highest rates in Australia of death by heart disease. To understand why you only have to look at the smoking rates — 47 per cent compared with the national average of 37 per cent; at the percentage of overweight — 62 per cent compared with 53 per cent nationally; at those who do not regularly exercise — 80 per cent compared with 70 per cent nationally, and how many residents eat meat once or twice a day — 63 per cent compared with 44 per cent.

The professor points out that in communities such as Cessnock, government messages to quit smoking, exercise and eat healthily cannot hope to compete with the peer pressure that forgives bad habits.

Professor Leeder concedes that such health campaigns would be complex and costly but he adds: "It has been done successfully overseas, namely in Scandinavian countries, and it is a worthy social goal even if it is expensive."

The alternative is to continue present health strategies and hope that the message will eventually trickle down through society. Many health experts believe that the better educated and more affluent in society are always the first to adopt new lifestyles.

They argue that the affluent were the first to adopt the rich lifestyle of fatty foods, a sedentary lifestyle and the vices of smoking and alcohol — a lifestyle that has only been picked up by the working class over the past few decades.

This theory holds that within a generation, most of society will have adopted a healthier lifestyle. But that theory may be too complacent for a society that is based on the assumption that we can all be healthy, wealthy and wise. It may even seem to be callous towards the baby of working-class parents who will be born today with half the chance of survival as the affluent baby in the crib next to him.

(Statistics compiled from: The School of Public Health at Sydney University; the Anti-Cancer Council of Victoria; the National Heart Foundation: 'The Study of Mortality by Occupation', by Dr Tony McMichael at the CSIRO's division of human nutrition; NSW Department of Health's epidemiological profile of the western metropolitan health region; the study of the Hunter region, by Professor Stephen Leeder of Sydney University's school of community medicine; Australian Bureau of Statistics on vaccinations; Frank Small and Associates' survey on sports participation.)

	Workers	Executives
% with high cholesterol	24	16
% overweight or obese	54	33
Av diastolic blood pressure	85	80
Risk of cirrhosis of liver	3 times av	72 % of av
Risk of heart disease	twice av	average
Risk of larynx cancer	2½ times av	half of av
Risk of lung cancer	twice av	90% av
% who smoke	43	32
Mortality rate	twice av	94% of av

(Figures from National Heart Foundation and study of Mortality by Occupation, by Dr Tony McMichael of CSIRO)

for a Vin Riley

Corporate vanity exposed

"FEMINIST FILM writers," said the schoolteacher, "wished to break away from the traditional structure of the film script. They see it as a masculine device with the action rising to a climax and resolution.

"The feminist alternative is the multi-orgasmic plot."

This alarming insight was revealed at the Australian Film and Television School the week before last during a discussion on writing for the sponsored documentary.

It seems that every company and government department today wants its own "corporate video" to enhance its image. At up to $2000-a-minute production cost, that's a lot of Fantales for the army of freelance producers, advertising agency directors, cameramen and script writers eager to indulge client vanity.

While the Australian feature film producers have their moment of glory (according to their paid publicists) at the Cannes Film Festival, their commercial colleagues every day are engaged in a multi-million-dollar industry making videos for staff training, council planning strategies, product "promos" and corporate images.

Mindful of this, the Australian Film and Television School conducted a five-day course — the first of its kind — on "writing the sponsored documentary".

Your correspondent, with several documentary screen credits behind him (alas not of the multi-orgasmic kind) decided to enrol (fee $225) to hear the theory behind what he had already done in practice.

Among the 14 participants were a number of multi-time producers and directors who believed the time had come for them to become their own writers, thus saving the 10 per cent of the budget allocated for scripts.

This ...

whim to ... to film.

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The video ... with the sta... for friends ... too, I suppose ... should the... accident.

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MRP O'MALLEY, Fingal.

lue of education

well known that people who have a good
ation have the knowledge to access
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rstanding of our and other cultures and
the ability to make wise choices which
es them to live a healthy lifestyle.
y also develop problem solving skills
opefully become more resourceful.
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So why is it that our state and federal
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cating its people is the best investment
ation can make to guarantee its future
erity.

— STEVE INGHAM, Wynyard.

her education fees

RK of Beaconsfield (*Letters* February 4)
umentally misunderstands concerns
unding the Abbott government's
osed higher education fee changes.
concern is not about non-payment of
r education debts, the concern is about
otential explosion in the cost of those

imates have put the increased fees at
een two and 10 times the current levels.
risks of taking on such a massive,
nal debt would preclude many
nts, however talented, diligent, and
g, from going on to tertiary education

The proposed timeframe for implementation is such that any student currently at secondary school and likely many more in even lower grades could find themselves unable to enter tertiary education without the required lifetime of parental savings required to make an education affordable in such a system.

Worse, such a large increase in debt held by young Australians will have stifling economic consequences for decades following graduation on anyone undertaking tertiary education.

It would be a dangerously regressive policy, returning tertiary education to something only the privileged can aspire to. Such a complete and sudden reshaping of Australia's social, economic and educational structures is the concern, not the current delinquency of some HECS/HELP debtors.

— ANDERS RUSSELL, Launceston.

Voter's memories

MALCOLM Scott (*Letters*, February 5) claims voters have long memories.

I offer a couple of examples to suggest the opposite.

Victoria had been run into a multi-billion dollar debt crisis, which included a mothballed desalination plant that costs $1 million per day to maintain. Labor gets voted out because of its dismal management, while in opposition allow the CFMEU – the most militant union in Australia – into their ranks, make the usual promises and get voted back in. The cost blowouts on those promises have already started.

Queensland was $80 billion in debt when the Coalition won power, a lot of unpopular decisions were made to try and reduce that debt, people didn't like that idea and have voted the architects of that debt back into the driver's seat.

At a federal level, the story is basically the same, the Coalition, against a hostile senate, is trying to rein in debt and has made similarly unpopular decisions, and of course we can't forget the knighthood gaffe (the media won't let us).

Foolish?

Of course it was, but hardly life-threatening stuff was it?

In the meantime the country continues its slide into financial oblivion as we happily pay $30 million per day to service the debt given to us by Labor's financial genius and can't wait for the next election to vote them back in.

Long memories?

I tend to favour convenient amnesia.

— KERRY FOLEY, Launceston.

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ATTACHMENT 3

THURSDAY

JANUARY 29 TO FEBRUARY 4, 2005

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State worst for harm while in hospital care

Jodie Stephens
HEALTH REPORTER

TASMANIA has the highest recorded rate of harms occurring to patients while under hospital care, according to the latest Productivity Commission report on health.

The report showed Tasmania also had the lowest proportion of beds in public hospitals, the second-lowest life expectancy for both men and women, and the second-highest mortality rate.

Few will be surprised by the results, with the same or similar 2012 and 2013 figures-in-

ity Commission, Tasmanians had the highest rate of admissions that resulted in an adverse event (8.2 events per 100 admissions), including infections, falls resulting in injuries and problems with medication.

within 28 days of surgery for knee replacements, hip replacements, hysterectomies and prostatectomies, although the report said the figures were not comparable across jurisdictions.

Last financial year, 11.5 per cent of elective surgery patients waited more than a year for surgery.

Between 2008 and 2012, Tasmania had the highest rate of suicide deaths.

The report also showed in-

2011-12 compared with 26.5 per cent in 2007-08.

Of Tasmanian children, 8.5 per cent were obese in 2011-12 compared with 6.6 per cent in 2007-08.

In a submission to the Productivity Commission, the Tasmanian government noted that the new government had since introduced reform priorities, which included a review of the Department of Health and Human Services, the creation of the Health Council of