Joint Select Committee Preventative Health Care

The Secretary
Joint Select Committee on Preventative Health Care
Legislative Council
Parliament House
Hobart 7000

Dear Honourable Members

Introduction

We are a small group of allied health professionals employed in the Tasmanian Health Organisation North. We applaud the opportunity to make submissions on this important element of health care in Tasmania.

The following concepts underpin this submission:

> Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death … These inequities in health, avoidable health inequities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces. (WHO Commission on Social Determinants of Health (1)

Health is influenced by a range of global political, economic, cultural and other social factors which reach beyond the scope of the public health system alone.
The main drivers of primary prevention lie beyond the clinic door and require political, social and economic action. Equity in health means that people's needs guide the distribution of opportunities for well-being.

An ethical and human rights approach is the unifying framework to ensure fair access to the conditions and opportunities in which people can achieve and maintain health. Global, national, state and local government and local community actions affect how communities and individuals access key determinants of health such as : food, nutrition; housing; transport; education; employment and income security; fair working conditions; early childhood nurturing; social inclusion, freedom from discrimination; safe, non-violent and clean environment and adequate standard of living.

While such an approach sees national governments as having primary responsibility for protecting and enhancing health equity (WHO, Joint fact sheet WHO/OHCHR/323 August 2007) we recognise that addressing the social determinants of health and systemic inequality needs to occurs at all levels of our society.

The current impact of inequalities on 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 they social determinants of health.

People at the low end of the social gradient experience particular disadvantage. Exposure to adversity and non-development of protective factors follows the social gradient. Social advantage is associated with less adverse exposure and greater accumulation of protective factors across the life course.

High levels of stress and preoccupation with issues of survival, reduce people's capacity to access resources for health and wellbeing. Stress and complex issues of sustaining the basics of life, impacts negatively on recovery.

In the north of the state the impact of this disadvantage is witnessed by allied health professionals in our hospital.

Consequences of this include:

- Disadvantaged families are forced to move to rural areas where transport is very limited with the result that access to health care beyond GPs is made very difficult and expensive.
- Families are placed in unsuitable accommodation which puts pressure on their family, their relationships and their health.
- It becomes more difficult to leave relationships with family violence which impact on the health and wellbeing of all family members including children.
- Access to affordable transport is a major component in linking not only to health care but other determinants of health such as employment. Added to this, processes for applying for support with transport such as Patient Travel Assistance Scheme are difficult to navigate and understand, especially for more vulnerable members of the community or those with low literacy.
- Access to GP's who bulk bill is often only available to selected patients of doctor's surgeries leaving people who have low income unable to access primary health care.
- Low literacy levels reduce compliance with therapeutic regimes and minimises capacity to understand connections between their behaviours and health.
- Lack of access to Centrelink when hospitalised can result in discontinuance of income support .

The above examples are not necessarily the 'remit' of one organisation or level of government. However where they occur and have an effect on local people in local contexts, advocacy and collaborative problem-solving are required to resolve issues leading to greater health equity.

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

Challenges

- Reducing health inequalities can only be met by broad mobilisation and coherent responses across the whole of society and all levels of government.
- Health planning needs to be longer term – and not just about medical issues and technologies, but also about our environmental context and trends including climate change and the aging population for example.
- Establishment of overarching planning and reporting for Tasmania focussed on health inequities.
- Lack of whole of picture research – capturing current issues and strengths
- Need to develop way of organising the above. We suggest a created body with a range of participation to continuously inform, drive, evaluate.
- Developing common understanding of drivers of ill health and chronic disease.
- Development of the understanding of preventative health and primary health care and that services are only one part of the solution.
- Inter-sectorial collaboration is required involving economic, social, health and environmental sectors at all levels: community, business, local, state and national governments.
- Community development principles recognise communities as essential stakeholders and contributors to policy and strategies.

Benefits

- Whole of state collaboration including governance at all levels, NGO's, peak bodies and community; all contributing rather than piecemeal approaches.
- Health in all policies approach with an eye to equity.
- Inclusion and participation across society leads to increased knowledge, skills and well-being, along with greater mobilisation and sustained change.
- Development of a clear plan and strategies –macro to micro , including policy, community/environmental/ programs to assist individuals and families
- Accessible pathways are easily available for maintaining health and managing health conditions.

Structural and economic reforms that may be required to promote and facilitate the integration of a preventative approach to health and well being, including the consideration of funding models.

There is much current knowledge available, however new ways of working together are required.

A number of reports and studies have called for the increased 'evidence' of disadvantage in terms of the social determinants of health. A framework by which data can be collected and assessed for reporting on the state of Tasmania would be a useful starting point. It is noted other states, for example South Australia, Northern Territory, Queensland and Victoria have moved to develop frameworks. South Australia in particular has developed a data collection/assessment tool.

Such activities can be greatly enhanced if resourced by a regional community development secretariat that can research community based interventions, locate sources of funding and maintain accurate and contemporary data on regional and local needs. They would report to a regional body responsible for oversight of the regions holistic health needs viewed through a social determinants lens. Local government engagement in such a process is central.

Community development and human rights are interconnected (Ife, 2009). Our Primary Health allied health practitioners regularly engage in community development activities designed to address locally researched and identified needs. Community health social workers, for example, facilitate community needs assessments – using a social determinants of health framework to assess access to transport; childcare; housing; employment and other issues. These are carried out in partnership with their community, agency and local government and the university and create a range of partnerships and build capacity at the local level. Examples where this has occurred successfully is with Multi-Purpose Services.

Community Health social workers work across the continuum from individual to community and horizontally across sectors as well as vertically to affect positive change. They work with people who have challenges in accessing society's resources, in the context of their local communities. As social justice underscores the role of social work, community health social workers are in an ideal position to both work directly with individuals and communities and also contribute to the broader picture regarding the state of Tasmania via research and identifying actions to promote health and well being.

Primary Health practitioners bring together key informants and stakeholders, such as police, education professionals, GPs, local government, local NGO s and other leaders and stakeholders to analyse emerging and apparent needs and design strategies for addressing these. Such an analysis should then contribute to a regional understanding of current health issues. In this way resources can be most effectively and strategically targeted and the community's capacity for utilisation and development of local resources is enhanced. This capacity building is crucial in developing local resilience, connectedness and inclusion which greatly assist in supporting healthy environments which in turn encourage healthy lifestyles.

Nationally and internatiuonally there are current projects and examples of governments involved in this process of reform.

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

We are not aware of the extent of experience and expertise advising government however community development and health promotion principles recommend inclusion of the voice of a range of stakeholders from those who have formal authority; those who have resources and skills to transfer and to those affected or potentially affected by policies or planned change.

Some high profile organisations are tasked with representation in Tasmania:

- The Social Determinants of Health Advocacy network has a high profile with allied health professionals and is a source of information, encouragement and information about Social Determinants of Health.

- NGOs such as Anglicare and TASCOSS carry out research and advocacy for many who are impacted by policies and societal actions designed to assist some sections of the communities but which simultaneously disadvantage others. Their research is a valuable guide to understanding local issues and translates into understanding at the practitioner level.

- Tas Medicare Local – is charged with increasing awareness around social determinants of health, although we are unaware regarding the impact of their work to date.

- In Tasmania, excellent training for health care professionals has been provided via our DHHS health promotion unit – underpinned by the Alma Ata (1974) and subsequent charters. There are many experienced 'front line' practitioners who work from a social determinants framework underpinned by primary health care principles.

- Local Councils, community progress associations, organisations such as community houses, community bodies representing education, housing, food and income security and family safety, provide platforms for voicing local issues.

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

We see ongoing participatory research, feeding into a Tasmanian Plan as essential. We see it as important to have a 'repository' for information about gaps in equity,

especially where there is systemic failure. Having this knowledge accessible and transparent allows for a range of contributions. Gathering evidence and data related to the state and translating this into actions is a matter of priority.

6. Any other matters incidental hereto.

- A community development approach also allows for intergenerational collaboration which taps into the skill, knowledge and resources of the older generation in service of the young people of the area. This approach both resources young people who struggle to find consistent adult support and utilises untapped resources within the community for mentoring, health education and support, while affirming usefulness in the later years of other's lives.
- Community development approaches can generate innovative local resources. Potential exists for local farmers markets where locally grown, fresh produce can be purchased at a reasonable price. Local schools can be influential by encouraging direct involvement to resource more healthy school canteens.
- Such activities directly extend health literacy which needs to be embedded in all school programs.
- Allied to this is the need to increase school retention to year twelve and we applaud the governments intentions in relation to this
- The basic needs of the population need to be adequately provided for. These include income support and wages, housing, food, education, child care and early childhood nurturing; transport and personal safety. Without these being addressed for individuals it is not possible for people to think beyond their immediate unmet needs to their overall health and well-being, such is the stress induced by being inadequately resourced. Stress is another of the social determinants and is a proven contributor to poor health outcomes and a degraded quality of life.
- Our most vulnerable populations such as Aboriginal communities, newly arrived refugees, those with a disability, those suffering or escaping family violence require a special focus to address their poor life expectancy and social exclusion.
- All policy developed needs to be assessed against its contribution to ameliorating the social determinants of health.
- All of these are broad initiatives and require a long term commitment. As such we strongly recommend that the state develop a 25 year strategic plan to address the social determinants. Such planning needs to be removed from the turn-over of the relatively frequent political cycle so that there is sufficient time for embedding processes and evaluating results across an extended period.

Health related initiatives

- There is a need for assertive streaming of patients who experience acute exacerbations of chronic illness at the point of discharge from an acute facility. There is proven efficacy in self-management programs and capitalising on the motivational thrust of an acute episode is an opportunity to engage people in consideration of better lifestyle choices, skills and knowledge.

- Hospital and school canteens need to become exemplars of affordable, healthy food choices.
- Human service providers, and especially GPs, require education to maintain an awareness of the breadth of the human service sector where purchaser / provider paradigms have exacerbated complexity while masking inadequate service resources. Such information needs to be made easily available across the human services sector
- Easy access to health support and coaching to support sustained lifestyle change. This can be best addressed in a decentralised state such as ours through tele-health and telephone services.
- Finally we would assert that addressing the financial inequity that is growing in our communities is fundamental to addressing the social gradient – a measure of ill health. We implore our state government to impress this on their federal counterparts, so that adequate social security provision is accessible and taxation policy and economic policy appropriately redistributes the available wealth.

SUMMARY

We believe Tasmania needs a collaborative plan to tackle inequities in health and facilitate greater access for all Tasmanians to the enablers of health; the social determinants. This would require re-orienting and restructuring most human services to ensure 'health in all policies' are considered and the needs of the disadvantaged are clearly articulated and acted upon. Sound research and participation of a range of voices across the Tasmanian community is essential. This primary health care approach, employing community development principles is fundamental to addressing the human rights issues evident in continuing adverse outcomes for those who are the most vulnerable in our current social arrangements.

References:

1. CSDG(2008) Closing the gap in a generation: health equity through action on the social determinants of health . Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organisation
2. Ife, J ((2009) Human Rights from Below: Achieving rights through community development, Cambridge University Press.
3. Improving health equity through action across the life course: Summary of Evidence and recommendations from the DRIVERS project.
4. South Australian Community Health Research Unity Equity Evaluation Tool.
5. WHO, Joint fact sheet WHO/OHCHR/323 August 2007)

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