

Personal Submission by Penelope Clark to the Joint Select Committee on Preventative Health Care

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The views expressed in this document are my own.

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I am writing this personal submission to the Committee as I feel very strongly, as a born and bred Tasmanian, that we must make significant changes to the way we govern our State in order to protect the health of our people and the generations to come. I also believe that Tasmania, due to its size and strength of community, could become a leader in the area of health care by addressing health inequities and broadening our approach to health care to include the social determinants of health.

The last State of Public Health report (SoPHR - 2008)ⁱ showed that Tasmania has 'the highest proportion of persons with low socio-economic status (SES) of all states and territories' with a figure of 55.4%. The next highest proportion is in Northern Territory but their figure is much lower at 28.4%. The Tasmanian figure is startling, not only because more than one in two people in our population are at such a disadvantage, but also because people living in low SES households generally experience poorer health and have lower life expectancyⁱⁱ. The corollary of this is that communities experiencing greater disadvantage also have higher levels of health care utilisation.ⁱⁱⁱ These statistics, along with the fact that Tasmania has an ageing population^{iv}, should serve as a wake-up call to our government and community generally. We desperately need to act to address the social determinants of health, the conditions in which people are born, grow, live, work, play and age^v, and reduce health inequity in order to ensure a sustainable health care system and healthy happy community into the future.

This is preventative health care in the broadest and most valuable sense.

The good news is that there is plenty of research and guidance on how to achieve better health but without necessarily increasing costs – the late Professor Gavin Mooney, considered one of the founding fathers of the field of Health Economics, gave the examples of Cuba, the Indian State of Kerala and Venezuela as places that improved health significantly without the monetary resources that we in Australia are privy to^{vi}.

The report from the World Health Organisation's Commission on Social Determinants of health *Closing the gap in a generation*^{vii} gives three main recommendations:

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money, and resources
3. Measure and understand the problem and assess the impact of action

This report looks at inequities on a global level but the same lessons and recommendations can be applied within the state of Tasmania. By applying the many of the recommendations from the WHO report (but echoed in a large body of health literature) Tasmania could be a shining example of a state that got it right in providing a preventative Health Care system that starts from the causes of the causes, rather than patching people up when they are already unwell. It is clear that we can no longer afford to take such a medical approach.

According to the WHO report, and many other respected academics and organisations within the field of health, the best way to improve peoples health and prevent ill health is to:

- Provide strong and equitable primary health care services that are embedded in communities and empower the people in those communities to take charge of their health and health system. This encompasses recommendations from the WHO report but also Mooney's conclusions that informed citizens need to be given more power in the shaping of their healthcare systems in order to improve our current situation^{viii}.
- Provide quality and compulsory primary and secondary education – Tasmania's poor high school retention rates should not be allowed to continue. The last SoPHR showed that we have the second lowest high school retention rates in Tasmania, second only to NT, at 64.8% in 2006^{ix}
- Ensure intersectoral action on health – such as Health in All policies or, as recommended in the SoPHR requiring all government departments to incorporate 'Equity Impact Assessment' into all intervention or policy proposals^x.
- Provide healthy environments for people to live in. For example: recommendation 3 from the Heart Foundation's submission to the 2011-2012 State Budget^{xi} which argues for increased funding for active living and sustainable transport by diverting 5% of annual infrastructure budget from roads to sustainable transport infrastructure and the development of a State Policy for the planning and approval process that requires *Healthy by Design* principles to be considered.
- Providing, or in Tasmania's case advocating for, tax reform to bring greater income equality to our nation and our state. There is a growing body of evidence that shows that countries and states that are more unequal in income distribution have lower life expectancy, higher infant mortality, higher homicide rates, more teenage births, more widespread obesity and higher rates of mental illness including drug and

alcohol addiction^{xii}. Japan and Sweden are examples of countries that have low income inequality and fewer health and social problems and USA, UK, Australia, Portugal and New Zealand are at the other end of the spectrum.

- Increase funding that goes toward research especially monitoring and surveillance with regard to health risk factors but also health equity and the SDOH. This is a key recommendation in the WHO report (recommendation 3 mentioned above) and also Tasmania's SoPHR^{xiii}.

To finish, I would highly recommend that the committee members take the time to read or at least refer to Anne Andermanns book: *Evidence for Health – from Patient Choice to Global Policy*. It maps out how best to use evidence to address the social determinants of health and create healthier, more equitable, societies. In particular this paragraph from her introductory chapter seems pertinent to this committee's terms of reference:

'the health status of individuals, populations and the global community is to a large extent determined by the choices that are made – for better or for worse. We therefore have the power to improve health on a large scale by influencing these choices. While there are a number of technical barriers (i.e. not knowing what works, poor quality data, etc.), these problems can generally be overcome through further research and a more nuanced understanding of the issues. However, competing interests and a lack of political will pose real barriers. Nonetheless, these problems too can be overcome through greater transparency, advocacy and the engagement of civil society to pressure policy makers into being less complacent about the inequities of our world. These inequities are man-made, and they can also be undone by making better-informed decisions that improve health and reduce health inequities.'^{xiv}

ⁱ Taylor R, 2008, *State of Public Health Report* DHHS Tasmania p 16.

ⁱⁱ WHO 2003 Social Determinants of Health the Solid Facts, 2nd Edition, edited by Richard Wilkinson and Michael Marmot.

ⁱⁱⁱ Taylor R, 2008, *State of Public Health Report* DHHS Tasmania p 16.

^{iv} Taylor R, 2008, *State of Public Health Report* DHHS Tasmania p 9.

^v Australian Health Promotion Association and Tasmanian Council of Social Service fact sheet on Social Determinants of health –introductory fact sheet 2012 (Available from:

<http://www.tascoss.org.au/Portals/0/Publications/SDoH%20combined%20for%20web.pdf>
Accessed 20 February 2013)

^{vi} Mooney G, 2012, *The Health of Nations*, Zed Books UK chapters 15-17.

^{vii} Commission on the Social Determinants of Health, 2008, *Closing the gap in a generation*, Final Report, Executive Summary, WHO. (Available from:

http://www.who.int/social_determinants/thecommission/finalreport/en/index.html
Accessed 20 February 2013)

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- ^{viii} Mooney G, 2012, *The Health of Nations*, Zed Books UK chapters 12-13.
- ^{ix} Taylor R, 2008, *State of Public Health Report* DHHS Tasmania p 17.
- ^x Taylor R, 2008, *State of Public Health Report* DHHS Tasmania p 35.
- ^{xi} Heart Foundation, 2010, A time for action in Tasmania – Heart Foundation budget submission 2011-2012 to 2014-2015, p 6.
- ^{xii} Wilkinson R and Pickett K, 2009, *The Spirit Level – Why Equality is Better for Everyone*. Penguin UK.
- ^{xiii} Taylor R, 2008, *State of Public Health Report* DHHS Tasmania p 35.
- ^{xiv} Andermann A, 2013, *Evidence for Health – From Patient Choice to Global Policy* Cambridge University Press UK, p 4.