Health

Outcome

Tasmania has the healthiest population by 2025

Why is this a priority?

Tasmania has some of the poorest health outcomes of all the Australian states. We also have glaring health inequities based largely on socioeconomic factors.

The *2013 State of Public Health* report states: "Health inequities are evident across many specific health outcomes in Tasmania with clear evidence of social gradients and disparities in health status".[14] Health outcomes are determined by the broader inequalities within in our own society.[15] It is well established that socioeconomic disadvantage has correspondingly greater health risks: higher rates of chronic disease, higher rates of preventable hospitalisations and higher avoidable mortality rates. Frighteningly, "the most poor are twice as likely to suffer chronic illness and will die on average three years earlier than the most affluent."[16]

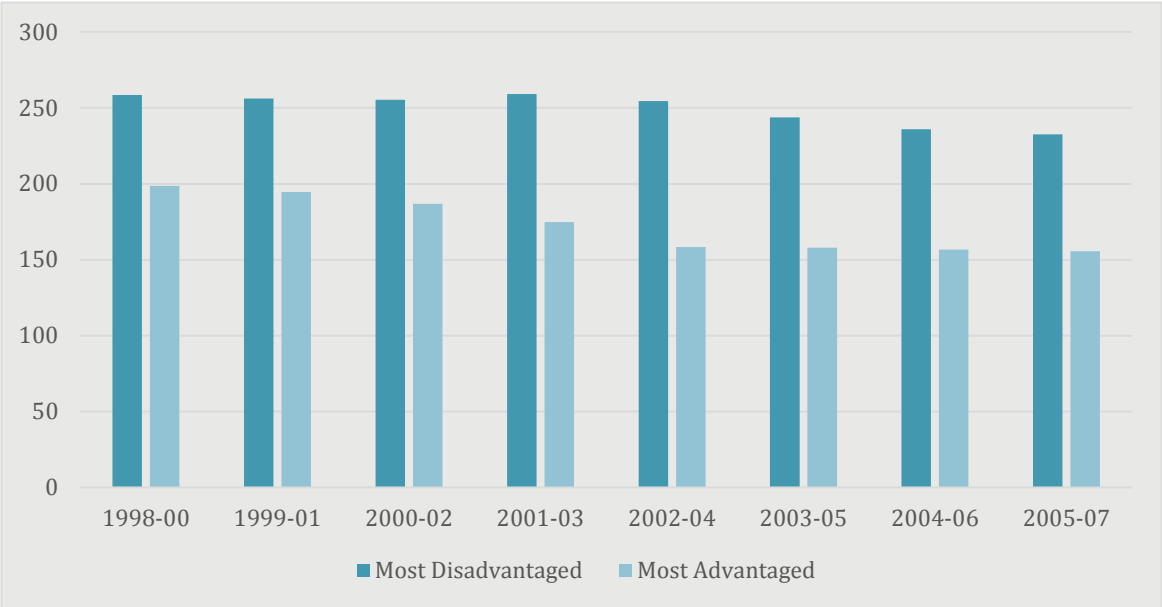
The reason for this is that while some causes of ill health are behavioural and genetic, structural factors such as poor housing, low education levels, unemployment, unhealthy living and working environments are also key contributors. These are factors the World Health Organisation (WHO) describes as "unfair, unjust, unnecessary, and avoidable".[17] Although these conditions are often beyond the capacity of an individual to address, they are nonetheless well within the capacity of the Tasmanian Government.

The following two graphs provide evidence of our health inequities and corresponding health outcomes.

The ABS defines a 'potentially avoidable death' as "one that, theoretically, could have been avoided given an understanding of causation, the adoption of available disease prevention initiatives and the use of available health care."[18] As seen in the graph below, "Avoidable mortality by socioeconomic status", people who live on low incomes have higher rates of potentially avoidable deaths. This chart shows that the gap between least and most disadvantaged has widened from 59.9 per 100 000 population in 1998-2000 to 76.9 per 100 000 population in 2005-07.

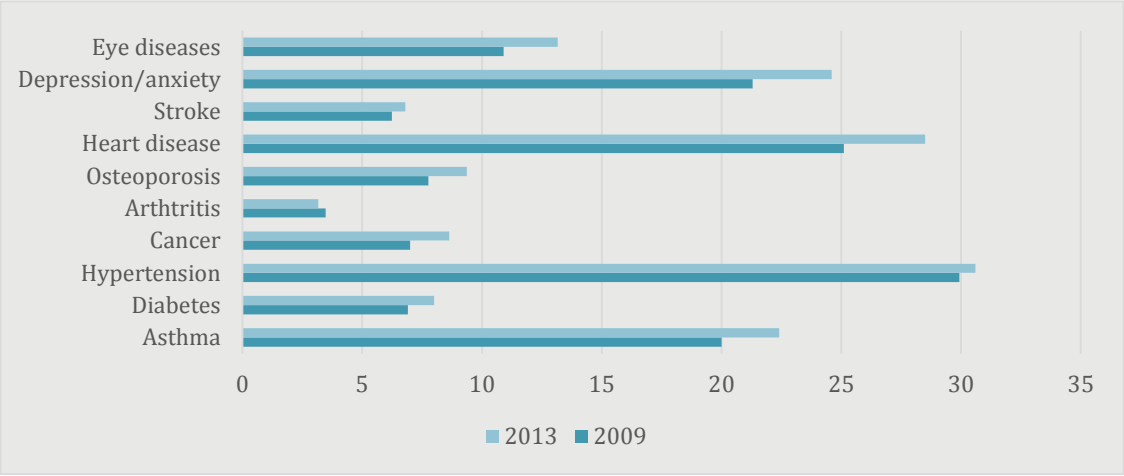
[14] Department of Health and Human Services (2013) *State of Public Health* Hobart, Tasmanian Government, p4
[15] Picket, Kate and Wilkinson, Richard (2010), *The Spirit Level: Why more equal societies almost always do better*, UK, Penguin, p25.
[16] Brown, L., Thurecht, L., & Nepal, B. (2012). The Cost of Inaction on the Social Determinants of Health Report No. 2, Catholic Health Australia, Canberra, pvii
[17] WHO, *Social Determinants of Health:* http://www.who.int/topics/social_determinants/en/
[18] ABS (2010) *Measures of Australia's Progress 2010*: *Health,* Cat. No. 1370.0 http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0~2010~Chapter~Health%20(4.1)

Avoidable mortality by socioeconomic status (SEIFA) rates per 100,000 population, Tasmania 1998/00 to 2005/07[19]



The rates of chronic diseases in Tasmania have increased since 2009. The *Tasmanian Population Health Survey* report states: "Except for stroke in the South and North-West, the rates of most chronic conditions have risen in every region."[20] The chart below shows rising rates of hypertension and heart disease in particular. [21]

Chronic Diseases 2009-2013, Tasmania



[19] Developed from data obtained by the DHHS Epidemiology Unit, and published in: DHHS Population Health (2013) *Health Indicators Tasmania 2013*, p36

[20] DHHS Population Health (2014) *Report on the Tasmanian Population Health Survey – April 2014,* Hobart, p.46 http://dhhs.tas.gov.au/__data/assets/pdf_file/0006/159288/TPHS2013_Report3.pdf

[21] Developed from data obtained from the DHHS Population Health Services (2014) *Report on the Tasmanian Population Health Survey – April 2014*, Hobart, p.46

Underinvestment in preventative health measures

Simultaneously, as we are experiencing growing health inequities, both the Australian and Tasmanian Governments are underinvesting in preventative health. Over the 2011-12 financial year just 1.7% of the Australian total health budget was spent on population and public health services, compared to 7% in New Zealand and 5.9% in Canada.[22] The abolition of the National Partnership for Preventative Health translated into a loss of approximately $2-3 million dollars annually to Tasmania and saw the cessation of a range of community-based programs in the State.[23] Australian Government funding for Primary Health Care research institutes has also been cut, and that which remains is under threat.[24]

Moreover, the reduction in Australian Government funding for health flexible funds is thought to have impacted on the capacity of community-based health organisations (particularly in the areas of consumer representation and preventative health services).[25] A national review by the Primary Health Care Advisory Group is underway at the time of writing, the outcomes from which will have funding implications for Tasmania. The State Government funding of primary health care services per person decreased substantially over the period from 2007-08 to 2012-13[26] and last year's State Budget projected a decrease in allocation to Public Health Services. There is an urgent need to strengthen preventative health measures in Tasmania, because our health inequities are increasing.

Recommendations

1. That DHHS increase the preventative health budget from the current 2.6% of the total health budget to 5% over the next five years.
2. That the Department of Premier and Cabinet implement a *Health in All Policies* (HiAP) Framework (as outlined by the Tasmanian HiAP Collaboration in their submission to the Joint Parliamentary Commission in February 2015[27])**,** the key features of which are establishment of:
    - An Intersectoral Action Act
    - A Health Impacts Assessment process
    - Long-term data collection to measure health improvements – including population health and health determinants indicators
    - Stakeholder engagement.

Costing

1. Increased Preventative Health Budget	Uncosted
2. Health in All Policies (2016/17 to 2019/20)	$5.33 million

[22] Australian Health Care Reform Alliance (2015) *Policy Position Paper 3: Prevention,* Canberra, p2-3 http://www.healthreform.org.au/wp-content/uploads/2015/05/AHCRA-Position-Paper-Prevention-FINAL-2.pdf
[23] Australian Government (2013) *Federal Budget Papers, Number 2, Part 3, 2013-14.* http://www.budget.gov.au/2013-14/content/bp3/html/bp3_03_part_2b.htm
[24] Russell, L (2015) "Further news about federal funding for primary health care research" *Croaky* 9 November.
[25] ACOSS (2015) *Budget Analysis 2015-16*, Canberra, p27
[26] AIHW (2014) *Health Expenditure Australia 2012-13* Canberra, p23.
[27] Full document can be found at: http://www.parliament.tas.gov.au/ctee/Joint/Submissions/PHC%20No.%2016%20-%20HiAP%20Submission%20160215.pdf

Rationale

Recommendation 1

A health system that has a strong preventative health component is one that improves health outcomes. Over many years, Tasmania has had a resource focus that is dominated by the acute hospital sector. As a consequence there is less capacity and resources to tackling upstream factors – those factors that promote and facilitate wellness and reduce the burden on the acute system. A *Preventative Health Strategy* for the State is reportedly in the planning stage, but at the time of writing no information is available to the public.

Tasmania can lead the nation in preventative health: we can reduce our health inequities, overcome access and equity barriers, facilitate community development and empowerment, and ultimately improve the health status of every Tasmanian.

Investment in place-based preventative health measures makes good economic sense. Not only does it improve health outcomes, but social and economic outcomes also. The Tasmanian Government Health and Wellbeing Advisory Council described the social and economic benefits of prevention as "profound".[28] *Australia's Health 2014* states: "Evidence suggests that a strong primary health care system is associated with reduced costs and increased efficiency, lower rates of potentially preventable hospitalisations, reduced health inequities, increased patient satisfaction with care, and better health outcomes, including lower rates of potentially avoidable mortality."[29] In contrast, health inequities are expensive.[30]

Based on calculations by the Heart Foundation of Tasmania, we currently allocate 2.6% of our health budget to the preventative health system, and this is projected to decrease to 1.7% in 2016-17.[31] Achieving a healthy Tasmania requires reversing this trend away from investment in preventative health. We need to increase our upstream investment, into programs and initiatives that operate in the places where people live, work and play, where the early barriers to good health can be tackled. As the World Health Organisation states: "there is ample evidence that social factors, including education, employment status, income level, gender and ethnicity, have a marked influence on how healthy a person is."[32] A lot of this type of work is happening already in the community sector, where prevention sometimes involves helping individuals to stop smoking or to eat more healthily, but more often a more holistic approach is taken. For example, obesity is addressed through providing opportunities for social interaction, low-cost transport to enable participation, education through group participation in projects such as men's sheds, and the availability of affordable fresh produce through a community garden or cooking class.

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[28] DHHS (2013) *A Thriving Tasmania* Hobart, Tasmanian State Government, p23.
[29] AIHW (2014) *Australia's Health: Primary Health Care in Australia* Canberra, p 363.
[30] For example, Brown, L., Thurecht, L., & Nepal, B. (2012) demonstrate the costs to the community of health inequities that are created through low income, low education levels, insecure housing and social isolation in *The Cost of Inaction on the Social Determinants of Health Report No. 2*, Catholic Health Australia, Canberra.
[31] Heart Foundation (2015) *Tasmanian State Budget Submission 2015-16* p2
[32] World Health Organisation, *Ten Facts on Health Inequities* http://www.who.int/features/factfiles/health_inequities/facts/en/

In recent state-wide consultations Tasmanian Neighbourhood House coordinators put forward many examples of successful preventative health projects. They noted: nutrition and cooking programs, parenting programs, walking groups, drug and alcohol programs, community gardens, men's sheds, tai chi and mentoring – to name a few. The key features of the successful programs were: collaborations and partnerships with health promotion officers, social workers or regional primary health coordinators; those determined by the community's need and capacity to respond; and those in which social interaction and engagement were central.

Based on this feedback and the evidence for preventative health, an effective preventative health system in Tasmania will be characterised by:

- Investing in place-based initiatives through partnerships between community organisations and Primary Health Tasmania, the Tasmanian Health Service Health Promotion Unit, and the DHHS Public Health Services
- Eliminating access and equity barriers to good health, and
- Creating opportunities for local community health initiatives.

Recommendation 2

A strong policy framework is needed to drive an effective preventative health strategy in Tasmania. The rationale for a Health in All Policies framework is clearly articulated in the 2010 *Adelaide statement on Health in All Policies*:

> *Reducing inequalities and the social gradient improves health and well-being for everyone. Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports sustainable habitats and environments, and contributes to security, poverty reduction and social inclusion …*
>
> *This interface between health, well-being and economic development has been propelled up the political agenda of all countries. Increasingly, communities, employers and industries are expecting and demanding strong coordinated government action to tackle the determinants of health and well-being and avoid duplication and fragmentation of actions.*[33]

The Health in All Policies framework has been adopted by many other countries, and in South Australia, with extremely positive results.[34] A plethora of evidence-based resources are available to ensure the easy implementation of a Health in All Policies framework. [35] A robust Health in All Policies approach would send a strong message that in Tasmania we are serious about improving our health outcomes.

[33] WHO, (2010) "Adelaide Statement on Health in All Policies" http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf

[34] See, for example, Finland's North Karelia Project which documents improvements in chronic disease rates over a thirty year period http://www.kareliahealth.com/evidence/north-karelia/

[35] For example the WHO have developed a HiAP training manual, which along with other resources can be found at: http://www.who.int/social_determinants/publications/health-policies-manual/en/