



Tasmanian Council of Social Service

Joint Select Committee on Preventative Health TasCOSS Submission

16 February 2015

About TasCOSS

TasCOSS is the peak body for the Tasmanian community services sector. Its membership comprises individuals and organisations active in the provision of community services to low income, vulnerable and disadvantaged Tasmanians. TasCOSS represents the interests of its members and their clients to government, regulators, the media and the public. Through our advocacy and policy development, we draw attention to the causes of poverty and disadvantage and promote the adoption of effective solutions to address these issues.

phone 03 6231 0755

fax 03 6223 6136

postal PO Box 1126

Sandy Bay

Tas 7006

www.tascoss.org.au

Authorised by

Meg Webb, Deputy Chief
Executive

For inquiries

Dr Pauline Marsh
Social Policy & Research
pauline@tascoss.org.au

Recommendations

TasCOSS recommends that the State Government:

1. Develop a Tasmanian Health Equity Strategy, which includes:
 - a long-term plan for research and action to reduce health inequities;
 - adoption of the recommendations of the World Health Organization Commission on the Social Determinants of Health to the Tasmanian context; and
 - Implementation of a *Health in All Policies* approach across all areas of Government.
2. As part of the *One State, One Health System, Better Outcomes* reforms, and concomitant with shifts of health care provision from the hospital to the community, provide adequate funding for non-Government community sector health care organisations.
3. Reinstate funding for additional supports in schools for vulnerable students; including, additional positions for psychologists, social workers, guidance officers, pathway planners and teachers' aides.
4. Invest in the construction of new public and social housing properties.
5. Increase funding for Housing Tasmania's maintenance budget to bring all existing Housing Tasmania properties to a healthy and affordable condition.
6. Provide adequate funding to re-establish and expand successful energy efficiency programs for low-income households across all housing tenures.
7. Adopt the recommendations of the TasCOSS *Transport in the Community: Integration and Innovation for Social Inclusion*.
8. In consultation with the community sector, create a new formula for grant indexation, and apply to all Government grants to the community sector from 2016-17.
9. Continue to resource the Tasmanian early years sector with an independent body that can provide training, sector development opportunities, professional development and administer a dedicated grants program.

Introduction

The Tasmanian Council of Social Service (TasCOSS) welcomes the establishment of the Joint Select Committee on Preventative Health Care and for the opportunity to make a submission to this Inquiry.

There is a pressing need to address health inequities in Tasmania. TasCOSS believes that the most effective way to address these inequities is through adequate investment in preventative health measures, including the social determinants of health and wellbeing.¹

This inquiry is particularly timely for a number of reasons. Firstly, there has been a decrease in investment in preventative health care by both Federal and State Governments. Secondly, the State health reform process, currently underway, is notable for its absence of focus on preventative health measures – including acknowledgment of the role of social correlates of health. Thirdly, despite the Government's exclusion of preventative and social dimensions from health care reform, there is concurrently a stated intention to shift the balance of care from the hospital to the community.² TasCOSS agrees that the community is the best place to enact early intervention, prevention and health promotion measures, so this provides an excellent opportunity to broaden the focus out beyond the acute and clinical sectors.

This submission will address the Inquiry's Terms of Reference within the context of current health policy climate, and in response to concerns raised by our member organisations in our recent health consultations.

We also draw your attention to our submission to the earlier Inquiry in 2013 on this topic, and to the transcript of our representation to the committee at that time. In those contributions we focused specifically on the social determinants of health in considerable detail, and those issues still stand. This 2015 submission acts as a complementary expansion and update to our previous work.

TasCOSS also supports the points raised and recommendations contained in submissions provided to this Inquiry by networks of which we are members: the Health in all Policies Collaboration and the Social Determinants of Health Advocacy Network.

¹ The World Health Organization defines the social determinants of health as the social and economic conditions that people enter when they are born and experience as they develop through each stage of life, as well as the systems put in place to deal with illness.

² Department of Health and Human Services 2014 *One State, One Health Green Paper* Hobart, Tasmanian Government, p5.

Consultation Questions

- 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.*

The impact of inequalities in the major social determinants

It is well established that areas of socio-economic disadvantage have correspondingly higher health risks, rates of preventable hospitalisations, rates of chronic disease and higher avoidable mortality rates – all evidence of health inequities relative to income.³ Frighteningly, “Health inequities are evident across many specific health outcomes in Tasmania with clear evidence of social gradients and disparities in health status”.⁴

Of all the states and territories, Tasmania has the highest proportion of its population in the Socio-Economic Indexes for Areas (SEIFA) most disadvantaged (lowest) quintile. Factors such as housing, education, transport, income, work, social support, and food quality have multiple correlations with health and wellbeing status. Across the spectrum of the social determinants of health, we perform badly. For example:

- Tasmania has the longest duration of unemployment of all states and territories;
- the highest proportion of both long-term (over 52 weeks) and very long-term (over 104 weeks) unemployed;⁵
- low educational attainment rates;
- high rates of housing stress (rental and ownership);
- high rates of transport-disadvantage;⁶ and
- the highest risk of homelessness in the nation (due mostly to low incomes).⁷

³ Productivity Commission, 2015 *Report on Government Services 2015 Volume E Health* pE.9

⁴ Department of Health and Human Services, 2013 *State of Public Health* Hobart, Tasmanian Government, p4

⁵ ABS 6921.0, Labour Force: Detailed. June 2013.

⁶ See our previous submission for more detail on this.

⁷ NATSEM (2013) “Geographical Analysis of the Risk of Homelessness” National Centre for Social and Economic Modelling, University of Canberra.

Furthermore, emergency relief providers continue to report to TasCOSS that people are unable to afford the essentials such as food and paying utility bills due to unemployment, low income or reductions in working hours.

The capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health.

The community sector has historically played a significant role in working to eliminate the social barriers to good health, and to improve the wellbeing of individuals and communities: "In particular, [non-government organisations] make a significant difference to the lives of disadvantaged Tasmanians, many of whom are at greater risk of poor health outcomes because of social inequalities."⁸

The community sector targets the population groups that are most at risk from detrimental social situations; including Aboriginal Tasmanians, newly arrived migrants, young people, unemployed people, people with disabilities, homeless Tasmanians, carers and victims of domestic violence.

Community-based services that deliver health care services include community care and women's health organisations, community mental health services, youth health services and chronic and other disease-specific community based services.

Consequently, the community sector is responsible for delivering a variety of federal and state funded services, including:

- alcohol and other drugs treatment and support programs,
- child health,
- chronic disease prevention and management,
- community transport,
- domestic violence support services,
- HACC services,
- healthy ageing initiatives,
- homelessness support and crisis accommodation,
- LGBTI support services,
- men's health,
- mental health services,
- nutrition education,
- primary health care,
- physical activity programs,
- sexual health and family planning,
- social engagement programs,
- tenancy management and brokerage, and
- women's health.

⁸ Department of Health and Human Services 2012, *Health and Wellbeing Advisory Council Mapping Report*, Hobart, Tasmanian Government, p6.

Community organisations are able to take a holistic approach to healthcare, which is very much appreciated by the public, as this quote from a service user exemplifies:

Nobody has listened to me before. The 30-minute appointment time helps, but the Nurse Practitioner is great to talk to. I had seen my doctor and described my symptoms but he didn't examine me, he just gave me some medication. She did examine me, picked up something and sent me for tests. My condition was not just really uncomfortable but potentially serious. The specialist said, if I hadn't been to the health centre and found treatment, "Left untreated this may have developed into something far more serious." *Community health care service user*

While the expertise and relationship-focus of community organisations means they are well placed to improve the health and wellbeing of individuals and families, high levels of demand and funding constraints mean that many agencies are struggling to provide adequate support.⁹ TasCOSS members report that currently, community-based health care delivery is at risk as organisations are operating beyond capacity and widespread funding cuts have created much uncertainty in the sector.

Health funding is currently allocated from a variety of sources (Federal, State, local governments, and grants and donations, etc), many of which have been cut or have not had increases in line with CPI for a number of years. For example, the abolition of the National Partnership for Preventative Health will see the cessation of a range of community-based programs in Tasmania, with a loss of approximately \$2-3 million dollars annually to the state.¹⁰ Rural Primary Health funding has not increased in line with CPI for the past eight years. Special purpose payments that were regularly used by organisations to support community health programs are no longer available.

From these various funding sources, many of which have experienced cuts, there is little funding available to support the infrastructure and staffing requirements of non-Government organisations, over and above program delivery. Additionally, community organisations are observing an increase in the number of complex presentations. In particular, they report that they are seeing increases in the complexity and occurrence of mental health problems, and more difficult home and social situations.

⁹ The ACOSS 2014 Community Sector Survey found that %80 of community organisations nationally were struggling to meet demand. www.acoss.org.au

¹⁰ Federal Budget Papers, Number 2, Part 3, 2013-14. http://www.budget.gov.au/2013-14/content/bp3/html/bp3_03_part_2b.htm <accessed 11 Feb 2015>

This example from one community based-provider illustrates this conundrum:

Many organisations rely on volunteers to drive transport vehicles and see people safely to their destinations, be it medical service or home. Volunteer drivers are being charged with the care of a person who they feel would be better suited to more qualified assistance. The volunteer workforce does not always comprise trained healthcare workers, and we do not have enough funding to provide the level of training that is required to transport very ill patients safely. *TasCOSS member organisation*

Consequently, sufficient resourcing in the community health sector must encompass not just delivery of services, but also funding to ensure that the paid and unpaid workforce are able to have appropriate development, training and support.

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

TasCOSS supports reforms that promote the integration of preventative approaches to health and wellbeing. The Director of Public Health in Tasmania, Dr Roscoe Taylor, summaries the strong case for investment in prevention:

We know that prevention saves lives. It reduces illness and disability. It frees resources needed elsewhere. The social and economic benefits of prevention are profound. A healthy economy, for, example, requires a healthy population to sustain it. Health and wellbeing also underpins the quality of life of Tasmanian families and their ability to participate in the community around them.¹¹

People who use community sector health care services give testament to the benefits of a preventative, holistic approach on their overall health and wellbeing. The following two examples are from clients of one of our health care member organisations, written in their program evaluations:

I think the main point is that because of the support and friendship, which now extend far beyond the weights activity, we are highly motivated to continue with the activities and committed to being supported by and, in turn, supporting each other more broadly. In a society where women of any age can easily become socially isolated, the Centre and its activities provide a welcome (and often very necessary) antidote. *Participant1*

¹¹ Department of Health and Human Services 2011, *A Fair and Healthy Tasmania Strategic Review*. Hobart, Government of Tasmania, p2.

During a long, difficult period of ill health, as an isolated carer on a limited income this is where I went for those things— exercise, diet, stress relief etc. Which specialists recommended but which, for me, took the encouragement and practical wisdom of the people at the centre for me to actually do.

Participant 2

The challenges of integrating an early intervention and social determinants of health focus into Tasmania's health care system are considerable. Not least because the current State health reform process leans strongly toward a narrow definition of health care that privileges the acute and hospital sectors. However, overcoming the challenges and broadening the system, to fully incorporate addressing the social factors contributing to ill health, would be a worthwhile investment to improve health equity and wellbeing and ultimately reduce the burden of illness and disease in Tasmania.

While we know that health inequities are expensive, economic modelling indicates that improving social situations has economic as well as social and health benefits. Catholic Health Australia recently commissioned a study by the National Centre for Social and Economic Modelling (NATSEM) which estimated the economic gains as well as the improvements in health and wellbeing that would be achieved if Australia adopted the WHO recommendations on the Social Determinants of Health.¹² The Health In All Policies Collaboration used these figures to estimate the potential gains for Tasmania if the recommendations were implemented (based on 3% of the national figures). It found that:

- 15,000 Tasmanians would avoid chronic illness,
- 1,800 fewer Tasmanians would be admitted to hospital each year (saving approximately \$69 million in hospital expenditure),
- 5,100 Tasmanians would be able to enter the workforce, and
- \$120 million in social security payments would be saved each year.¹³

TasCOSS believes that the social determinants of health need to be a major focus of any strategy to improve the health and wellbeing of Tasmanians. By addressing these factors, which influence health at the very earliest point (housing, education, income), we can have the most positive impacts.

¹² Brown, L., Thurecht, L., & Nepal, B. 2012, *The Cost of Inaction on the Social Determinants of Health* Report No. 2. Canberra: Catholic Health Australia; NATSEM demonstrate the costs to the community of health inequities that are created through low income, low education levels, insecure housing and social isolation.

¹³ Health in All Policies Collaboration 2015 *Submission to the Joint Select Committee on Preventative Health*, Appendix 2.

3) The need for structural and economic reform that promotes the integration of a preventative approach to health and wellbeing, including the consideration of funding models.

TasCOSS recommends a number of structural and economic reforms to promote the integration of a preventative approach to health and wellbeing, including:

- A statewide Health Equity Strategy
- Implementation of a 'Health in all Policies' approach across all Government departments
- The provision of adequate funding for the community sector as part of the *One State, One Health* reforms
- The application of adequate grant indexation for funded community sector organisations.

In addition, TasCOSS has long called upon the State Government to diversify its revenue sources; for instance, to adopt a more broadly based land tax scheme (with appropriate exemptions for low income households) within an overall state tax reform context.

TasCOSS also encourages the State Government to explore models that provide incentives for community-health providers to meet wellness targets, rather than providing funding for meeting procedure or waiting list targets. Financial and other rewards could be provided for not-for-profits that lessen risk factors for chronic disease and obesity, for example, which keep people well and out of hospital.

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.

TasCOSS reiterates its support for the Government to adopt a Health in all Policies approach across all departments, to ensure that the impacts of all policy decisions on health inequities are considered. Details of this policy approach are contained in the Health in all Policies Collaboration submission to the Joint Select Committee Inquiry into Preventative Health Care, which TasCOSS supports.

TasCOSS also strongly encourages the present Government to revisit and rekindle the work done by the Ministerial Health and Wellbeing Advisory Council in 2013, in particular the recommendations contained in *A Thriving Tasmania* and the plan for *A Healthy Tasmania*.

5) The level of government and other funding for research addressing social determinants of health.

Research into the effectiveness of policy measures to reduce health inequalities through action on social determinants is a key recommendation of the WHO. We support the development of social action research projects on policies addressing the social determinants of health involving community members, professionals and researchers.

And most importantly, research findings must be heeded by governments and acted upon in order to improve health outcomes.

Concluding remarks

Thank you for the opportunity to make a submission to this Inquiry. We are happy to address the Committee in person to answer any question that Members may have or to discuss further any of the points raised in this submission.