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Submission to the Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft

Anglicare appreciates the opportunity to contribute to the development of a strategy on preventative health and thanks the department for granting us an extension for our submission.

As the largest community service organisation in Tasmania, with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport and Burnie and a range of services in rural areas, we are well placed to provide commentary on the needs of vulnerable and disadvantaged Tasmanians and the factors that lead to disadvantage, including inadequate preventative health measures, poor housing, low levels of education attainment and insufficient employment.

Anglicare's services include emergency relief and crisis, accommodation support, employment, mental health, acquired injury, disability and aged care, alcohol and other drugs and family support. In addition, Anglicare's Social Action and Research Centre (SARC) conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

The importance of preventative health is a conversation that has been going on in our communities for many years. The State Government has now declared a goal for Tasmania to be the healthiest state by 2025. As recognised in the consultation paper, this is an ambitious goal and Anglicare believes it needs a greater commitment than this five year plan provides.

Anglicare recommends that this five year plan be expanded as per the following seven recommendations.

Recommendation one: Expand the definition used for preventative health.

The World Health Organisation (WHO) defines prevention as “Approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability”¹. Further, that an important part of prevention is health promotion, which is “the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions”².

This was well reflected in the 2013 report of the Tasmanian Ministerial Health and Wellbeing Advisory Council, which said, “The factors supporting healthy people and communities are the social determinants of health... Success will be achieved by a coordinated, sustained and systematic commitment to build the conditions for all Tasmanians to be healthy and well”³. Further, that “Place-based action will help create more engaging and socially supportive environments, involve and help government to adapt its service delivery in communities, and most importantly, develop the personal skills, confidence and knowledge in people to improve their and their community’s health.”⁴ The recently abandoned National Partnership for Preventative Health also focused on the social determinants of health, linking these determinants to the partnership’s priorities and actions.

Tasmania’s health crisis is a crisis of disadvantage. Tasmania suffers from high levels of long-term unemployment and under-employment, low educational attainment rates, high rates of housing stress and transport disadvantage and high risks of homelessness. Health inequities “are evident across many specific health outcomes in Tasmania with a clear evidence of social gradients and disparities in health status.”⁵ The *State of Public Health* explains, “These are avoidable in many cases because they relate to the conditions in which people are born, grow, live, work and age – including inequities in power, money and resources that give rise to these conditions.”⁶ It is therefore important that our preventative health strategy focus on the poverty and disadvantage that lead to symptoms such as obesity and smoking.

As a participant in Anglicare’s research into mental ill health and homelessness said about their personal circumstances, “Don’t have money to do things like go to the aquatic centre and I don’t

¹ World Health Organisation 2004, Global forum on chronic disease prevention and control (4th, Ottawa, Canada), Geneva: WHO.

² World Health Organisation, http://www.who.int/topics/health_promotion/en/

³ Department of Health and Human Services 2013, *A Thriving Tasmania*, Final Report of the Ministerial Health and Wellbeing Advisory Council, Tasmania, p. 33.

⁴ Ibid, p. 33.

⁵ Population Health, Department of Health and Human Services 2013, *State of Public Health 2013*, Tasmania, p. 4.

⁶ Ibid, p. 4

have the money to get my back fixed. My back gives me a lot of grief. It would be good to have some extra money to get that fixed.”⁷

Anglicare recommends that the Healthy Tasmania strategy utilises the WHO definitions for preventative health and health promotion and prioritises collaboration between local communities and all three levels of government to improve the economic and social circumstances of local communities. Such an approach should incorporate local knowledge and expertise to take the strategy beyond acute health issues.

Recommendation two: The strategy needs to be extended beyond five years.

While the strategy explains it is the ‘start’ of a conversation with the goal of Tasmania becoming the healthiest state by 2025, Anglicare assumes that the current consultation process will only seek to identify targets, actions and resources for the next five years. In its present state, it is not clear what specific goals the strategy has for this five-year period, which makes it difficult for future evaluation.

Anglicare urges the government to extend the vision of the strategic plan to at least 2025 (current Government goal) or preferably beyond, to incorporate a vision with targets, actions and resources for a generation of Tasmanians with monitoring steps each three to five years.

Recommendation three: Governance of the strategy should sit with DPaC.

In recent years, the Tasmanian community has contributed to *A Healthy Tasmania* (2012) and the Parliamentary Joint Select Committee on Preventative Health Care (2015) through submissions and public hearings. Prior to this, the community contributed to *Tasmania Together* and the Social Inclusion Strategy. Many recommendations have been made in each of these processes.

Community consultations about this draft strategy identified the need for it to acknowledge this past work and for the government to incorporate conversations about preventative health across all areas of government. For example, the recent amendments to the Residential Tenancy Act permit a microwave oven to be the only oven in a rental property under its minimum standards.⁸ Anglicare has argued that it is the cheaper properties that are most likely to install only a microwave and that those properties with only a microwave oven limit the options for a tenant to prepare healthy food.

A further example of why preventative health needs to sit across all government departments is that with about 2,500 to 3,000 people experiencing harm from gambling but with policy decisions about the number and location of gambling venues being made outside of the health portfolio, the government is limiting its opportunities for supporting preventative health for people who gamble.

Community aspirations are also for the strategy to be developed with all three political parties involved in a collegial manner so that action does not depend on who sits in government. With only

⁷ Pryor, A 2011, *Well and at home, 'It's like a big mental sigh': Pathways out of mental ill health and homelessness*, Social Action and Research Centre, Anglicare Tasmania, p. 69.

⁸ *Residential Tenancy Act 1997*

nine years remaining to 2025, it is timely for the Parliament to agree that preventative health is a non-party political issue.

Anglicare therefore recommends that this strategy sits with the Department of Premier and Cabinet (DPaC) not with the Health Minister, and that DPaC initiates a cross-party working group to establish a strategy that can go beyond the election cycle.

Recommendation four: Communities need to be collaborators for change.

Our communities need to have authentic engagement that sees them as collaborators in the development of this strategy. This collaboration needs to avoid tokenism, which means that our communities need to have adequate skills, resources, time and support to participate equally in the process.⁹

Anglicare's work in the Communities for Children program in the Tamar Valley is a good example of effective community-based consultations. We spent the first 12 to 18 months listening to the community and developing their capacity to develop projects for healthy outcomes. We found a range of key priorities including health literacy, good nutrition and affordability of physical activities and that each community has different priorities. For example, one community identified its high number of "fly-in fly-out" parents as an issue affecting their community while another identified the impacts of suicide locally.

The communities we work with have great ideas and can identify which policies and practices have been effective in their local area. A contributor to Anglicare's Communities for Children consultations in Beaconsfield told us, "The more assistance us parents can gain to help our children and those in the community the better, we want and need prevention rather than have things happen when it is too late".¹⁰ Unfortunately, communities commonly report funding problems for programs they find effective, such as Chat n' Munch, Dinners for Dads, Cooking Club and school breakfast clubs.

Anglicare recommends that communities sit at the centre of the strategy that is developed on preventative health and that the State Parliament commits to consistent funding for programs that are found to be effective by local communities.

Recommendation five: Significant resources need to be committed.

An effective strategy for improving preventative health could be the panacea for Tasmania. However, this would require significantly more resources than are currently allocated to preventative health. As identified by the Ministerial Health and Wellbeing Advisory Council, "Given

⁹ Butterworth, I & Palermo, J 2005, 'Engaging communities in participation: Participation for what? For whom? By whom? And how?', in *Proceedings of the 2005 Australian Universities Quality Forum: engaging communities*, Sydney Australia 6-8 July 2005, Australian Universities Quality Agency, Melbourne, p. 42

¹⁰ Communities for Children 2015, *Made Open Tasmania*, Anglicare Tasmania, accessed 15.10.15
<http://tasmania.madeopen.com.au/>

the long history of under-investment in preventative health in Tasmania, further investment in prevention is needed to reduce, or even maintain, hospital and healthcare service demand".¹¹ Further, that "A large and growing evidence base supports the significant return on investment delivered by preventative approaches".¹² The need for significant and sustained investment in preventative health was also a key theme of the National Partnership.

While countries such as New Zealand and Canada spend approximately 6 to 7 per cent of their health budgets on preventative health services,¹³ the current Tasmanian Government allocation to preventative health is less than 2 per cent of the health budget and it is set to fall further under budget forecasts.¹⁴

Anglicare recommends that the State Government allocates 5 per cent of the health budget to preventative health. Further, we recommend that all departments are required to allocate a proportion of their budgets to initiatives that contribute to preventative health. This recommendation is in keeping with the Draft Strategy's proposal for health impact assessments and a Health in All Policies approach and with the Ottawa Charter for Health Promotion.

Recommendation six: The Principles, Strategies and Leadership Enablers need to underpin the Strategy.

Anglicare is concerned that the principles, strategies and leadership enablers developed by the Healthy Tasmania Committee (HTC) and listed on page 12 of the Community Consultation Draft do not adequately underpin the document. We are further concerned that the consultation draft fails to articulate fundamental elements of a strategic plan such as vision, values and goals that would assist the development of strategic actions.

Anglicare recommends that the complete suite of principles, strategies and enablers developed by the HTC be incorporated in the strategy, including the target risk factors proposed by the HTC.

Anglicare also recommends that the Principles be expanded to:

- be based on the social determinants of health;
- require strategies that bring about generational change; and
- incorporate anticipatory health care, where the likely costs of support over a lifetime are utilised at the "front end" of a person's life, where appropriate.

¹¹ Department of Health and Human Services 2013, *A Thriving Tasmania*, Final Report of the Ministerial Health and Wellbeing Advisory Council, Tasmania, p. 23.

¹² Ibid, p. 23.

¹³ Australian Health Care Reform Alliance 2015, *Policy Position Paper 3: Prevention*, Canberra, p 2-3.

¹⁴ Heart Foundation 2015, *Tasmanian State Budget Submission 2015-16*, p. 2

Recommendation seven: Focus on the first 1000 days and the effects of poverty.

As identified by the HTC and the National Partnership on Preventative Health, the early years are critical for the effectiveness of preventative health. Anglicare is concerned, however, that the draft strategy does not place adequate emphasis on this period.

Anglicare's experience is that the first 1000 days of life are critical for a person's health outcomes and that intervention is most effective during this period. For example, we see that poor nutrition, smoking and alcohol use during pregnancy can result in long-term adverse health consequences for the child. Early life events are also powerful in influencing later vulnerability to chronic conditions such as obesity, cardiovascular disease and type 2 diabetes.¹⁵

Our experience also shows us that risk factors experienced in early life should be looked at more broadly than individual choices, as the social determinants of health make clear: it is largely the intersection of poor housing, low levels of education and lack of employment that determine a person's health outcomes. Anglicare's experience is supported by the World Health Organisation and reflected in the findings of the Ministerial Health and Wellbeing Advisory Council.¹⁶

Anglicare therefore recommends that the strategy more strongly focuses on the effects of poverty on the first 1000 days of a person's life.

Conclusions

Anglicare supports the development of a preventative health strategy for Tasmania and urges the government to ensure the social determinants of health lead the strategy, to extend the strategy to at least 2025 but preferably beyond, to allocate the governance of the strategy to DPaC, to build consensus across the Tasmanian Parliament, to set communities at the centre of the development of the strategy, to commit significant resources to the strategy and to focus preventative health measures on the first 1000 days of a person's life.



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¹⁵ National Preventative Health Taskforce 2009, *Australia: the healthiest country by 2020*, National Preventative Health Strategy – the roadmap for action, Commonwealth of Australia.

¹⁶ Department of Health and Human Services 2013, *A Thriving Tasmania*, Final Report of the Ministerial Health and Wellbeing Advisory Council, Tasmania, p. 28.