

## Green Paper Submission – One Health System

### *From the Health Promotion South Team - THOS*

The WHO defines health as a 'state of complete physical, mental and social wellbeing and not merely the absences of disease or infirmity'.

We agree and fully support the need to build an effective and responsive primary health care sector to promote wellness (page 5 of the Green Paper). We are unable to financially support the road we are currently on and it is imperative to look at structural and economic reform and move toward a health system with a strong focus on health promotion, maintaining wellness and the prevention of ill health.

In 2003 the Department of Health and Ageing commissioned a study that revealed strong evidence for investing in health promotion and prevention, showing that long term health gains as well as cost savings were made in the areas of smoking reduction, road safety, HIV/AIDS, and cardiovascular disease.<sup>1</sup> Yet we have seen over the last decade an eroding of preventative and primary health care investment.

Health Promotion as defined in the Ottawa Charter is the '*process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health*'. This is achieved by:

- Developing personal skills
- Creating supportive environments for health
- Strengthening community action
- Building healthy public policy
- Reorienting health services.<sup>2</sup>

The Australian Health Promotion Association (AHPA) states that for every dollar invested in primary prevention, our health system saves over five dollars:

- Every 4% reduction in tobacco smoking saves 3,000 lives in Australia per year;
- Obesity costs \$120 billion every year in Australia, with much of this cost recoverable through early interventions in schools, workplaces and communities ;
- Health promotion can help prevent 14,000 hospitalisations due to alcohol misuse each year. (The total cost of alcohol misuse in Australia is estimated at \$36 billion per year)
- Health promotion can keep half a million Australians out of hospital per year by preventing chronic diseases, and save \$2.3 billion in expenditure;
- Reducing disadvantage and promoting mental health can create 170,000 jobs and generate \$8 billion in earnings.<sup>3</sup>

Investing in health promotion is sound economic policy. We echo the call of the AHPA for greater commitment to, and investment in health promotion.

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<sup>1</sup> Abelson P and Applied Economics 2003, *Returns on Investment in Public Health*, Canberra: Department of Health and Ageing.

<sup>2</sup> World Health Organisation 1986, *Ottawa Charter for Health Promotion*, Ontario.

<sup>3</sup> Australian Health Promotion Association, Policy Action Statement, citing the Australian Institute of Health & Welfare, Australia's Health 2010: <http://www.aihw.gov.au/publications/index.cfm/title/11374>

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Strong primary health care systems have been shown to have lower costs and to perform better in the health care arena.<sup>4</sup> Baum (2009) states, *‘Primary care has been found to be more effective than specialty care in preventing illness and death and it is associated with more equitable distribution of health.’*

A stronger commitment and investment in primary health care is needed in Tasmania. This commitment should allow for community health centres and primary health care services to engage in community development practice with other local organisations (not limited to traditional health-focused organisations) and the community to build resilience against ill-health, including addressing the Social Determinants of Health.

The Commission on Delivery of Health Services in Tasmania Preliminary Report to the Australian Government and Tasmanian Government Health Ministers stated the following:

*‘The apparent imbalance in spending and efficiency between the hospitals and community health care is of particular importance to us. The methodology used by the Commonwealth Grants Commission (CGC) to estimate what states need to spend to provide services at a national average standard has guided our thinking in this area.*

*In its 2012 update report, the CGC concluded that Tasmania needed to spend 11.6% more than the national average on admitted patient services in 2010-11, in order to provide those services at the national standard. This is largely because the Tasmanian population is older and poorer than the national average, offset somewhat by the fact that distances between Tasmanian population centres are not as great as in other states. The CGC’s analysis indicated that Tasmania was in fact spending 34% more than was required to provide hospital services at the national standard, pointing to potential opportunities to improve the efficiency of service provision.*

*The situation with community-based and other health services is quite different.\* Here, the CGC’s analysis indicated that Tasmania needed to spend 19% more than the national average (with demographic disadvantages compounded by low levels of private service provision), but was spending 40% less than was required to offer services at the national standard. This figure is consistent with the view of participants in consultation forums and focus groups, that the community health sector in Tasmania is underdeveloped.*

*From this analysis, it appears that Tasmania is spending about 5% more on the health sector as a whole than the CGC estimates is needed to provide services at the national standard. The additional cost of admitted patient services is being offset by under-spending in community health and other health services.*

*We believe this requires further examination, both from an efficiency perspective and to ensure resources are being directed in the most appropriate way.’*

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<sup>4</sup> Baum F 2009, Op-Cit, p. 1971.

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Note:

\* The “Community and Other Health Services” category used by the CGC comprises all health expenses except those relating to admitted patients and patient transport. It includes expenses on the administration, inspection, support and operation of non-admitted patient services such as hospital emergency departments and outpatient clinics, community health and public health services.

A comprehensive primary health care system should involve:

- District-based programs
- Community participation and social empowerment
- Multidisciplinary teams
- Appropriate technology
- A solid grounding in a social understanding of health
- A focus on health promotion
- Intersectoral action
- Strong links with tertiary care service.<sup>5</sup>

Community Health Centres and Primary Health Care Services are well positioned to respond to local community needs and to engage with disadvantaged community members.

Currently Tasmania has Community Health Centres located throughout the state in high need areas. These communities experience many barriers to optimum health such as high unemployment, poverty, social isolation, mental health issues, family stress in the early years, insecure housing, and lack of transport. Community Health Centres are involved in working with other agencies on addressing the social determinants of health within their communities.

Primary Health Care and Community Health Services have been eroded and are not adequately supported over recent years and have been victims of a system focussed on acute care and cost savings strategies.

Stretched resources and more demands on services to respond to the rising rate of chronic conditions and the needs of an ageing population mean that attention is taken away from building community capacity to maintain their own wellness. Groups within the community that need greater support to access services are individuals and families living in poverty, Aboriginal people, families experiencing violence, people with mental health conditions, young people, men, and people from refugee backgrounds.

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**Health Promotion South urges that a reformed health system:**

- **Invest in health promotion;**
- **Adopt and resource the ‘*Working in Health Promoting Ways*’ strategic framework;<sup>6</sup>**

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<sup>5</sup> Ibid, p. 1971.

<sup>6</sup> Department of Health and Human Services, 2015, *Working in Health Promoting Ways – A Strategic Framework for health and community services* (draft)

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- Reorient to the health system to a greater focus on maintaining wellness & prevention;
- Demonstrate a stronger commitment and investment to public provided primary health care that is multidisciplinary, wellness focussed, and based in local communities; and
- Recognise and utilise effectively Community Health Centres as essential community assets that have the potential to engage with communities and across sectors to build resilience against ill health.

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