Public Health Association
AUSTRALIA

Submission on the Our Healthcare Future Discussion paper

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12 Feb 2021

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The **Public Health Association of Australia** (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of our Board, National Office, State and Territory Branches, Special Interest Groups and members.

We believe that health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

Our mission as the leading national organisation for public health representation, policy and advocacy, is to promote better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health. Members of the Association are committed to better health outcomes based on these principles.

Our vision is for a healthy population, a healthy nation and a healthy world, with all people living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health and wellbeing for all.

The reduction of social and health inequities should be an over-arching goal of national policy, and should be recognised as a key measure of our progress as a society. Public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Summary of recommendations

1. Embed prevention and health literacy across all aspects of the healthcare system. This includes infrastructure and planning, procurement, care pathways, staff training and employment, leadership and governance.
2. Establish a sustainability unit within the health department that could provide a coordinating function for sustainability initiatives across the health sector in Tasmania.
3. Resource the implementation of the Tasmanian 2019–2024 Health Literacy Action Plan.
4. Continued support for the training of health professionals – including the public health workforce - within Tasmania is required.

Introduction

PHAA's Tasmanian state branch welcomes the opportunity to provide input to the Our Healthcare Future Consultation paper.

Public health practice is about 'Protecting Health, Saving Lives – Millions at a Time' [1]. Public health is built on ***disease prevention*** activities, rather than health care and its focus on treating illness. In addition, optimal health is about more than just individuals not being unwell, but how whole populations behave and interact and stay healthy.

The PHAA acknowledges that the Tasmanian Government's commitment to prevention is incorporated in the *Healthy Tasmania Strategic Plan.* While the *Our Healthcare Future* consultation paper focuses largely on the acute health system there are elements within this consultation paper that speak to public health practice and expertise, namely, integrating services, health literacy, preventative health and consumer engagement pertain directly to key activities and principles reflected in public health practice. Our submission is directed at these areas of the consultation paper.

Context

Sustainable Development Goals/social determinants

The United Nations Sustainable Development agenda is the shared blueprint for peace and prosperity for people and the planet, now and into the future. The 17 Sustainable Development Goals (SDGs) are an urgent call for action by all countries as part of the global partnership. They recognise the linkages between ending poverty, improving education, gender equality, reducing inequality, protecting the environment, economic growth and health. From a public health perspective, healthcare demand cannot be de-linked from the SDGs. Food security, income protection, and secure housing are directly relevant as determinants of health and the COVID-19 pandemic has highlighted and exacerbated how inequities based on income and work, food security, gender, geography and ethnicity can directly impact access to health care and health outcomes.

Public health professionals

The public health workforce is a multidisciplinary one ranging from public health physicians, nursing and health professionals, environmental health officers, food safety, community health workers, epidemiologists and researchers. Its broad scope of practice extends beyond the management of communicable diseases, such as the COVID-19 pandemic, to addressing the less visible but no less significant burden of preventable non-communicable diseases. The skills required to enact this work include, but are not limited to; specialised communication, community engagement, collaborative practice, participatory as well as regulatory approaches, data analysis, evaluation and research. Currently, the public health workforce is primarily employed by the government, academic and the not-for-profit sectors[2] [3] and there is little growth in this workforce.

Given the national (and international) distribution of education and training of public health knowledge and skills, and the mobility of Australians through their working lives, the state of the workforce is best understood as a national concern. We urge the Tasmanian Government to work with the Commonwealth and other governments, perhaps through National Cabinet, to identify short-term urgent reactions to our workforce needs, as well as adopt a shared national strategy for public heath workforce development. We refer you to our recent submission to the Commonwealth Treasury as part of annual pre-Budget deliberations, where we expand upon the workforce issue.

Overall investment in prevention

Nationally, for the financial year 2017/18, 1.6% of total health expenditure went to public health activities, which include prevention, protection and promotion (AIHW, 2019[4]). PHAA recommends that the spend on public health be increased to 5% of total health expenditure. Again, our recent submission to the Commonwealth Treasury expands upon this issue.

Response to specific consultation questions

1. *How can we improve integration across all parts of our health system and its key interfaces (e.g. primary health, mental health, disability services, aged care and acute care)? What should be our priorities for integration?*

   Collaborative or integrated service delivery relies on a range of factors including physical proximity, shared goals and resources, mechanisms that support information sharing, joint planning, the existence of multi-agency steering or management committees, joint training and support for staff including performance frameworks and mechanisms that specify and reward collaboration.

   Multi-disciplinary collaborations lie at the heart of public health practice. Public health interventions inevitably require professionals with expertise from multiple sectors to work together to address issues. This has been clearly demonstrated in response to the COVID-19 pandemic but has been central to other effective public health initiatives such as mandatory fortification programs, tobacco-control and the introduction of seat belts and speed limits. Such initiatives rely on research and evidence, specialised communication, regulation and ancillary support programs. Collaboration and community engagement are central to the success of such initiatives with public health professionals being skilled in working with communities, often acting as facilitators and

connectors across and between the disparate elements of the health system in its broadest sense. Public health professionals are frequently well-placed within communities to act as facilitators and connectors across systems and organisations.

In Tasmania cross-sectoral collaboration to support the health, wellbeing and early education of families and children in their pre-school years has been supported by the introduction of Child and Family Centres. While the lead agency for these centres is the Department of Education they have successfully brought together a range of government and non-government early childhood services from the health, education and social sectors in communities identified as high needs. This has resulted in improved access to a range of early childhood services for families[5]. Centres provide a positive example of how co-location of services can support collaborative or integrated practice that could be adopted or modified for other areas of the health system. However, it should be noted that co-location alone does not guarantee collaboration. These approaches need to be supported by mechanisms that enable information sharing, pooling and sharing of resources, joint planning and training and multi-agency management structures.

2. *How can we build health literacy, self-management and preventative health approaches into the day-to-day practices of our health services across the whole of the health system?*
3. *How can we better incorporate preventative health and health literacy initiatives into current and future care, across the range of settings, including acute, community, primary and private?*

Questions two and three reflect central public health principles and practice. As currently framed these questions identify prevention and health literacy as additional considerations in the health system. The PHAA argues that to adequately address these concerns they need to be embedded across the entire health system from governance and decision making to patient care.

Listed below are some specific considerations and suggestions about ways in which this could be enacted.

Prevention

Sustainability: Globally, climate change is currently one of the greatest threats to human health[6]. Areas where climate change might impact health include:

- increased frequency of natural disasters such as flood and bushfires,
- environmental challenges such as increased pollen exacerbating chronic medical conditions
- increasing infections as demonstrated by the COVID-19 pandemic
- water and food insecurity
- loss of biodiversity
- social factors such as migration, conflict and homelessness

These impacts will place additional demands on the health system, and addressing them requires cross-sectoral action locally, nationally, and globally. Given the impacts of climate change on health the health sector and health care organisations and systems have a critical role to play as leaders in sustainability – adopting a systems-based response to sustainable development and the challenges of climate change rather than piecemeal programs or initiatives. Tasmania could lead the nation in ensuring environmental and sustainability considerations are embedded within its health system.

A study of carbon emissions of Australia's healthcare system found that from 2014-15 the sector contributed 7% of all Australian emissions with this proportion predicted to rise unless lower-carbon energy sources are used[7]. However, carbon emissions are not the only consideration. Environmental sustainability in health care includes better procurement decisions, improved infrastructure and planning, public and preventive health care, innovative care pathways and new approaches to waste management. COVID-19 has highlighted the importance and benefits of shared supply chains for medical supplies and medicines. A range of local initiatives already exist, such as that undertaken by Green Health Tasmania – a sustainability working group based at the Royal Hobart Hospital that has focused on waste reduction over the past two to three years. The establishment of a sustainability unit within the health department would provide a coordinating mechanism that could embed initiatives across the sector and support.

Healthy options: Other critical approaches to prevention could focus on building a health system that supports healthy and sustainable options for all those who come into contact with the health system – from those who work in it, patients and family and friends. This could be reflected in specific elements of the system: for example, food provision. Health care facilities could be required to provide healthy food options on site – both for patients and for staff. This could be enacted through contracting and licensing agreements with food contractors. Healthcare facilities could be required to provide 'end of trip' facilities for those who actively commute to work such as safe places to lock up bikes, shower facilities as well as financial incentives for employees to support purchasing of equipment.

Health promotion: It has been shown that patients do respond when provided with one-off opportunistic prevention advice. However, such approaches are significantly more effective if they are delivered within an environment that embodies such approaches and supports opportunities for individuals to explore this further or to connect with programs that might support behaviour change. For example, advice to stop smoking is much more effective if supported by ancillary supports such as contact with the Quit helpline, or supply of nicotine patches. All healthcare services should have ready access to materials that provide accessible and appropriately tailored information for patients. Systemic supports may be valuable, such as smoking cessation services on site. Much of this critical ancillary support occurs outside the acute healthcare system in local communities who need to be adequately resourced and skilled to undertake this work.

Health literacy

Health literacy impacts on health outcomes, access to care and management of long-term conditions. Partnering with patients, families and carers to ensure understanding of their health can reduce personal, community and economic costs of care. Enabling patients, families and carers to understand and manage their health can improve their quality of life and reduce the impact of disease. Identifying and removing barriers for them to become active partners in their health care is vital.

Addressing health literacy is about more than how staff communicate with patients, family and carers – although that is an important aspect. Health literacy pertains to how easy the health system is to access and navigate, how reliable and sustainable the system is and how patients, family and carers are empowered to be active participants in their care. Considerations of health

literacy require the system to not only ensure communications are provided in plain language, translated into different languages and easily available but that the system is culturally responsive to the needs of Aboriginal people, addresses the needs of people with disabilities and the elderly and that patients, families and carers are involved in decision making and planning processes.

Health literacy requires the system to understand the populations it serves and design and deliver services to address their specific needs in culturally appropriate ways, being flexible and adaptable as needs change. As such, it is not possible to separate health literacy from engagement with consumers.

The Tasmanian 2019–2024 Health Literacy Action Plan identifies four key priorities, along with supportive actions. We support the implementation and resourcing of this action plan.

4. *How do we work with the private sector, as well as other levels of government, to ensure our combined workforce serves the future needs of our community?*
5. *What innovations or changes are needed to our health workforce to more closely align our professional health teams with the future needs of Tasmanians?*
6. *How do we support Tasmanians to access the education and training they need to be part of the State's future (public) health workforce?*

The COVID-19 pandemic has highlighted the critical importance of collaboration across jurisdictions and all levels of government for effective health responses. It has shown that it is possible to achieve more collaborative responses when required but that pre-existing structures, such as the Communicable Diseases Network of Australia, provided the essential foundation on which to build a collaborative response. Similar mechanisms are required for prevention. It is anticipated that the soon to be released *National Preventive Health Strategy* will identify such mechanisms at a national level but local approaches will likely be necessary to support any national initiatives.

Nationally and locally, investment in the public health workforce has reduced significantly over recent decades. Tasmania currently offers a dedicated public health medicine training program for medical public health specialists via the Australasian Faculty of Public Health Medicine (AFPHM), which is a Faculty of the Royal Australasian College of Physicians (RACP). The University of Tasmania offers an online Graduate Certificate, Graduate Diploma and Masters in Public Health (MPH) course that is open to local and international students. This course contributes to public health education and training locally, nationally and in the region. Increasing the public health content in undergraduate health courses, such as nursing and allied health courses could build the skills across the health workforce with respect to prevention, health literacy and the social determinants of health. Continued support for the training of health professionals – including the public health workforce - within Tasmania is required.

Specific Opportunity for Tasmania

[redacted] recommends that Tasmania support a proposal that the Australian

Health Protection Principal Committee (AHPPC) establish a working group to lead two pieces of work, which might then go to the National Cabinet for consideration.

The first is to develop a proposal to establish a National Public Health Officer Training Program. The program could draw upon the experience of a program of that kind which has run for 30 years in NSW. With a relatively modest investment Tasmania could benefit from a well-established model allowing the creation of an ongoing pipeline of high quality Public Health expertise which will be essential to deal with current and future public health challenges.

The second proposal is to conduct a thorough national review of the status and needs of the public health workforce in Australia. This might address a range of challenges from issues around quality control and standards, accreditation and tackle fundamental barriers such as quantifying the current public health workforce in Australia and recommending an appropriate level which all jurisdictions should seek to achieve. By running such initiatives though AHPPC Tasmania is guaranteed a "seat at the table" and a direct means of benefiting from this important piece of work in wrestling with the implications of the COVID19 pandemic and its impact on the future health of Tasmanians.

Conclusion

The PHAA appreciates the opportunity to make this submission, and we would be happy to elaborate further if required.

Please do not hesitate Tasmanian Branch President Kim Jose should you require additional information or have any queries in relation to this submission.

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11th February 2021

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