SACOSS
South Australian Council of Social Service

Australian Health Promotion Association

Public Health Association Australia

ANTI-POVERTY NETWORK SOUTH AUSTRALIA

Health for All Now!
People's Health Movement

Our vision for a healthy, flourishing South Australian Community

2018 Public Health Consortium Election Campaign

Overview

We share a vision for a healthy, flourishing South Australian community, where all members have the opportunity to live well and engage in community life.

Cuts to health promotion and public health services have been an unintended consequence of the 2012 McCann Review of Non-Hospital Based Services. Since 2011-12, many positions across the SA health system have been lost or repurposed, reflecting a broader budget cut of $18 million for all health promotion staff and programs. The loss of positions and funding is accompanied by a loss of infrastructure, skills and knowledge. An increasing emphasis on acute hospital services has placed South Australia in a weak position, at a time when South Australia is experiencing a higher rate of age standardised total burden of disease, compared to the Australian average.[1] Many chronic conditions are creating pressures on our hospitals. Currently 78% of South Australian adults aged 55-64 years are overweight or obese. South Australians from lower social or economic circumstances continue to experience higher rates of illness and disability.[2]

To this end, we call on the state government to build the state's public health capacity and commitment to the health and wellbeing of all South Australians. Health promotion empowers individuals and communities to increase control over the determinants of their health. There is a clear, well-established economics evidence-base for preventive approaches, that are effective in reducing the prevalence of chronic conditions and reducing healthcare costs.[3]

We assert that re-building the state's public health capacity is critical to achieving the government's commitment to the health and wellbeing of South Australians. This requires strong political will and our consortium seeks commitment for the following initiatives:

1. Enable state-level leadership with a mandate for prevention, health promotion and wellbeing
2. Establish a Connected Health for All Strategy
3. Establish and evaluate two non-government comprehensive primary health care centres (CPHCCs) in South Australia which build community capacity through health promotion, partnerships and development

1. Enable state-level leadership with a mandate for prevention, health promotion and wellbeing

We call on the government to commit to a strong leadership structure that actively advocates for community health promotion and disease prevention by separating the Chief Medical Officer and Chief Public Health Officer Positions.

Currently these positions are merged. The most recent report highlights the need to reorient health services towards health promotion and disease prevention:

> "If we are to make an impact on addressing the pressures facing our health system, then now, more than ever, a much stronger focus and investment is required on prevention… More than ever we need evidence-based approaches to address the environments and conditions that cause us to get sick in the first place in order to keep people healthier and out of hospital. This cannot be achieved by the health system alone…A state of prevention is now critical".[2]

To demonstrate this commitment the Chief Public Health Officer should have demonstrated expertise, experience and qualifications in public health practice, health promotion and policy development. This role should sit separately to the Chief Medical Officer, report directly to the Chief Executive and be responsible for overseeing:

- A state-wide community health promotion and disease prevention strategy
- Connected Health for All initiative (below)
- Administration of the Public Health Act 2011

Estimated investment: Chief Public Health Officer $300,000 per annum (including on costs)

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2. Establish a Connected Health for All Strategy

We call for the establishment of a Connected Health for All Strategy to support strategic, connected public health programs and partnerships between non-government organisations, local government and the Department of Health.

We propose that 4x FTE would be located within non-government organisations in the community services sector. These positions would work directly with the sector to engage NGOs to engage in public health planning and maximise community health outcomes. The positions would build the public health capacity of the NGO sector by providing them with positions that will hold health promotion, disease prevention and public health expertise. A further 4x FTE would sit within the SA Department of Health, with the mandate of engaging NGOs and local councils in public health partnerships and further supporting sector development. Additionally, 1x FTE Connected Health for all Liaison Officer should be located within the Department of Premier and Cabinet. Specifically, this position would be responsible for ensuring that health and wellbeing is considered across state-wide decision-making processes and portfolios, ranging from urban development through to education and environmental initiatives.

Connected Health for All is grounded in the Health in All Policies approach (HiAP) that recognises health is created outside of the health system and facilitates action on the social determinants of health. HiAP demonstrates that the promotion of health and wellbeing are whole of government enterprises. HiAP was a key recommendation of Professor Ilona Kickbusch, a renowned public health expert. The internationally-recognised South Australian program has established a sound approach to facilitating intersectorial action to address health and equity issues across government. This partnership approach is recognised internationally as a vital strategy for developing better cross-departmental collaboration for improved health outcomes in the community. Connected Health for All would move beyond government into the wider community sector to build capacity amongst non-government, community sector groups who look after some of the most vulnerable South Australians.

Estimated investment: 9x FTE plus project costs; $2million per annum (including on costs)

3. Establish and evaluate two non-government comprehensive primary health care centres (CPHCCs) in South Australia which build community capacity through health promotion, partnerships and development

We call for the establishment of two pilot model, non-Government Comprehensive Primary Health Care Centres, one in metropolitan Adelaide and one in a rural setting. Together with a research and evaluation program to determine feasibility of a wider rollout, this would represent the first comprehensive trial globally of best practice, health promoting, CPHCC model centres.

Community health services have long been part of the Australian health care landscape. South Australia flourished as a community health leader in the 1980s and 1990s, achieving exceptional results in terms of health status and quality of life.[4] International evidence demonstrates that the most effective health care systems in terms of building population health are based on a strong comprehensive primary health care system.[4]

CPHC services are local and act as the first point of contact for people with health issues and as a focus to assess and act on community health. CPHCCs engage in a wide range of activities, health promotion, disease prevention and early intervention, which are key in reducing reliance on expensive hospital services. In addition CPHCCs can either provide directly or contract with other publicly funded services to provide a full range of free clinical primary care including (GP) medical services (bulk billed to Medicare to offset salary costs), drop-in access, allied health care, mental health care, infant and child health care, women's health, men's health, adolescent health, sexual health, social and emotional well-being, dental care, a child care facility, pharmacy service and transport service.

Key principles and characteristics

- A commitment to social justice and to ensure services are universal, and reach those most in need. Each CPHCC will establish strategies to improve access for those in need and to address locally influenced social determinants of health, including employment of Aboriginal health workers and cultural workers drawn from local migrant communities, or partnerships with organisations connected to local Aboriginal or migrant communities.
- Outreach services to high need locations will also be available, in appropriate partnerships with other agencies and groups such as local government programs, community and neighbourhood houses, sporting groups, libraries etc.
- A social view of health leading to individuals being assessed, treated and supported in their whole circumstances and as a member of their community.
- Health promotion and diseaseprevention: Action on the causes of ill health, and early intervention to limit the harm of existing conditions will be at the forefront of each CPHCC. Health promotion activities will target health issues of importance to the local community.
- Building a strong, flourishing community through partnerships with other agencies, advocacy for groups experiencing disadvantage and community education. Each CPHCC will also incorporate referral pathways with secondary and tertiary level health care services (hospitals) to ensure community members have appropriate and timely access on the basis of need and that follow-up support is available in the community.
- Community participation at all levels from patient partnership to service management with a strong focus on local needs. Partnerships will be developed with local community groups to plan and drive activities and strategies to improve community connectedness.
- A combined workforce enabling a continuum of care across disciplines from individual treatment to group work and community development. All staff will receive training on health promotion, equity, community partnerships and advocacy. Each CPHCC would ideally comprise a combined workforce of one third health promotion workers, one third medical workers and one third allied health workers.

Research and evaluation design

The two CPHCCs will be located in communities experiencing social and economic disadvantage. For each Centre, a matching "control" community will be identified. It must be acknowledged that some of the population health outcomes expected from the CPHCCs preventive and capacity building approach will take years or even decades to have a measurable impact. Early indicators will be measured during the first 5 years and compared with the control communities to show what has worked, what has not and why. The research will operate on action research principles and feed back emerging results in order to improve and refine the services' function.

Estimated investment: 60x FTE + program costs $10million per site.

This could be offset by generation of income through Medicare-funded services and revenue raising through levying unhealthy commodities

References

1. Australian Institute of Health and Welfare. (2016). Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011, in Australian Burden of Disease Study series no. 3. BOD 4. AIHW: Canberra.
2. SA Health. (2017). Protect, Prevent, Improve, Inform - The Chief Public Health Officer's Report 2014-2016, South Australian Government: Adelaide.
3. Merkur, S., Sassi, F., & McDaid, D. (2013). Promoting health, preventing disease: is there an economic case? Policy summary, 6. European Observatory on Health Systems and Policies: Copenhagen, Denmark.
4. Lawless, A., & Baum, F. (2014). SA Health and Community Complaints Commissioner Discussion paper on Primary Health Care in South Australia. Southgate Institute for Health, Society and Equity: Adelaide.