

## Public Submission Cover Sheet

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### Submission Guidance

**You are encouraged to address the following question:**

**In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?**

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.



**Public Health Association**  
AUSTRALIA

**Public Health Association of Australia  
submission on Western Australia's  
Sustainable Health Review**

[Redacted text block]

27 October 2017

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# Introduction

## The Public Health Association of Australia

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 the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and 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.

All members of the Association are committed to better health outcomes based on these principles.

## Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

## Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

# Preamble

PHAA welcomes the opportunity to provide input to the sustainable health review in Western Australia. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

# PHAA Response to the Terms of Reference

## Introduction

A sustainable health system is one that keeps people out of hospital and supports them to maintain good physical and mental health in their community. Countless published works have cited chronic disease as undeniably the biggest threat to the sustainability of our health system. Chronic disease is the predominant cause of illness, premature mortality and health system utilisation in Australia. Heart disease, cancer, mental and substance use disorders, musculoskeletal disorders, and injuries accounted for approximately two-thirds of the disease burden in Australia in 2011, and nine out of every ten deaths in the same year.<sup>1,2</sup> Nationally, health system expenditure on chronic diseases in 2008-09 was estimated at \$7.74 billion for cardiovascular disease, \$6.38 billion for mental health, \$5.67 billion for musculoskeletal conditions, \$4.95 billion for cancer, \$4.59 billion for respiratory conditions, \$3.39 billion for nervous system disorders and \$1.52 billion for diabetes mellitus.<sup>3</sup> System improvements can improve sustainability of the health system. However, with chronic disease on the rise and an ageing population, there will come a time where our health system, no matter how efficient, is at risk of becoming overwhelmed by chronic disease. There is therefore an urgent need to introduce strategies that reduce the incidence of chronic disease to avert this possibility. This should be acknowledged and actioned by the Department of Health, which should partner with other government agencies to champion this cause.

The silver lining in this bleak outlook, is that most chronic diseases are preventable. The World Health Organization (WHO) has estimated that at least 80 per cent of all heart disease, stroke and diabetes, and 40 per cent of all cancers, are preventable.<sup>2</sup> Furthermore, many of the most common chronic diseases share common risk factors including health behaviours that can be modified.<sup>4</sup> This means population level strategies aimed at changing these behaviours can have a significant impact across disease groups. The AIHW has estimated that 31% of the disease burden could be prevented by reducing the exposure to modifiable risk factors.<sup>1</sup> The *Health and Economic Benefits of Reducing Disease Risk Factors* report explored the health, economic and financial benefits of reducing the prevalence of the six behavioural risk factors that contribute to chronic diseases.<sup>5</sup> These major risk factors concern obesity, alcohol, smoking, exercise, diet and domestic violence. The report attributed 16% of the burden of disease in Australia to these six risk factors alone. Comprehensive prevention strategies can effectively change behaviours of our population with adequate investment.

In Australia, the burden of disease is not evenly distributed. Disadvantaged populations such as Aboriginal people, those in rural and remote areas, people with mental health problems and people from low socioeconomic areas experience higher rates of risk factors and chronic disease.<sup>2</sup> The social determinants of health are key drivers of poor health in these populations. Therefore, to reduce the impact of chronic disease on our health system, policies that address the inequities in our society must be introduced.

This submission will assert 5 key areas for action to ensure the sustainability of our health system:

- Increase the level of funding for prevention
- Address the underlying social determinants of health
- Improve cultural competency of the health system
- Create partnerships and collaborate
- Invest in research translation and embed research in the health system

This submission does not address issues in relation to legislation and regulation, but sees these as crucial components of the comprehensive approach that is required to ensure sustainability of our health system. In addition, while we did not consider the internal structure of the Department of Health in detail in this submission, we believe it to be important to maintain discrete Public Health and Aboriginal Health divisions.

## **Increase the level of funding for prevention**

Promotion of a healthy and supportive environment for health and wellbeing is an important strategy in preventing chronic disease and contributing to a sustainable health system. The World Health Organization describes preventive health as approaches 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.<sup>6</sup> Primary prevention aims to promote population health and wellbeing and reduce the likelihood of the development of a disease or disorder; secondary prevention aims to detect disease and identify risk factors before they become harmful to health; and tertiary prevention aims to slow or reverse the progression of disease.<sup>7</sup>

A striking example of chronic disease prevention and management in Australia can be seen in tobacco control. Tobacco smoking is the single largest cause of preventable death and disease in Australia, responsible for 9% of the total burden of disease, and is a major global health problem.<sup>8,9</sup> Tobacco control is a proven way to improve community health and reduce healthcare costs: government-led tobacco control measures over the past 30 years have prevented tens of thousands of premature Australian deaths,<sup>10</sup> and it was estimated in 2003 that the \$176 million spent on anti-smoking campaigns had delivered at least \$8.6 billion in benefits.<sup>11</sup>

An economic report titled *Preventive Health: How much does Australia spend and is it enough* by La Trobe University (commissioned by Prevention First, an alliance of public health organisations) examined the cost-effectiveness of preventive health interventions and found that Australia's funding on prevention was considerably less than countries such as Canada, the United Kingdom and New Zealand and that Australia could spend more on preventive health.<sup>12</sup>

The report also found that Australian Government spending on public health (Commonwealth, States and Territory governments combined) was a little over \$2 billion in 2013-14. This is equivalent to \$89 per person or 1.34% of all healthcare spending. Western Australia spends \$102 per person, which is just above the median. Given the evidence on the potential benefits of spending more on prevention, there is a very strong case spending more on prevention in Western Australia.

Many preventive health interventions are cost-effective.<sup>7</sup> Some promote health and reduce costs overall because of the reduced need to treat expensive disease. Others allow Australians to live longer and better quality lives, and come at a reasonable cost to the health system.

PHAA believes that State and Territory governments have key role to play in prevention and management of chronic disease. These levels of government are critical to implementing healthy public policy at community level. While the WA State Budget announcement of a funding injection for preventive health is welcomed, the focus of this funding is not on primary prevention. The Find Cancer Early Program, Let's Prevent pilot program and the Ear Bus program are secondary and tertiary prevention programs and focus on preventing a disease from progressing to later stages or on individuals at high risk of a disease. These are important areas to fund, however, funding for population-wide public health prevention strategies would work toward achieving our vision of a good health system being one that keeps people in the community well and outside of the hospital.

PHAA welcomes the recent announcement by the WA Government of a Preventive Health Summit, particularly to help inform this review. We look forward to the Summit providing clear recommendations that translate into real action by governments, not further delays. Ultimately, we know what the causes of chronic disease problems in Western Australia are, and the effective solutions.

*Recommendation:* PHAA WA urges the WA Government to recognise the important role of prevention in the health system, including in the primary care setting, and invest in this area accordingly.

## **Address the underlying social determinants of health**

As outlined in the Public Health Association of Australia's objectives:

*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 of society that underpin people's health. The health status of all people is impacted by the social, 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.*<sup>13</sup>

When considering how to create a sustainable health system, we cannot think of health in isolation. The social determinants of health refer to the conditions of daily life that affect the health and wellbeing of people and the systems that are in place to deal with illness. These conditions are in turn influenced by wider factors such as economics, social policies and politics.<sup>14</sup> For example, unemployment is bad for health - income inequity is related to poorer health outcomes across a number of areas. Homelessness is also bad for health and not having a home can reduce people's likelihood to access health care services.

In Western Australia, there are a number of groups that experience greater health inequities including Aboriginal people, those living in low socioeconomic circumstances and in regional and remote areas, some Culturally and Linguistically Diverse populations and the prison population.<sup>15</sup>

Government has a key role to play in addressing the social determinants of health but it requires a long-term vision and commitment. The Commission on Social Determinants of Health, established by the World Health Organization in 2005, outlines three principles of action: 1) Improve the conditions of daily life - the circumstances in which people are born, grow, live, work and age; 2) tackle the inequitable distribution of power, money and resources; and 3) measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.<sup>16</sup>

### **Examples of how government can take action on the social determinants**

- Invest in a comprehensive suite of quality, coordinated and culturally secure early childhood development programs and services.
- Advocate for placing health at the centre of urban planning to influence environmental factors that increase people's access to fresh, good quality, nutritious foods and opportunities for physical activity.
- Ensure access to good quality, culturally secure services outside of the acute setting. Look for more opportunities to integrate prevention into primary care.
- Build and strengthen the workforce and their capacity to act on the social determinants.

*Recommendation:* PHAA WA urges the State Government to play a key role in addressing the social determinants of health.

## Improve the cultural competency of the health system

Aboriginal people in Western Australia experience poorer health than the rest of the population. Aboriginal people are overrepresented in deaths, hospitalisations and prevalence of almost all chronic diseases. Alarming, hospitalisation rates for dialysis and chronic kidney disease were 15 times higher, and hospitalisation rates for diabetes were four to six times higher for Aboriginal people than non-Aboriginal people in 2008-10.<sup>17</sup> The *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report* found that in 2012-13, 30% of Aboriginal and Torres Strait Islander peoples reported they did not access health care when they needed to, and in 2014-15, 35% reported being treated unfairly in the previous 12 months because they are Aboriginal or Torres Strait Islander.<sup>18</sup> Improving the cultural competency of health services can increase Aboriginal peoples' access to health care, increase the effectiveness of health care, and improve health outcomes.

PHAA acknowledges the steps the Department has taken to improve cultural competency of the health system such as the *WA Health Aboriginal Workforce Strategy 2014-2024*, the *WA Country Health Service Aboriginal Employment Strategy 2014-2018* and the recent announcement of funding for meet and greet services for people from remote communities travelling for treatment. However, cases such as the death of Ms Dhu in Port Hedland in 2014 demonstrate the unconscious bias that still exists among some health professionals. The state coroner stated that medical care in one instance was deficient and both police and hospital staff were influenced by preconceived notions about Aboriginal people.<sup>19</sup>

This demonstrates the clear need for support and funding for Aboriginal Controlled Community Health Organisations (ACCHOs) as the preferred provider of health services to Aboriginal and Torres Strait Islander people wherever possible. ACCHOs have a vital and important role in the health care of Aboriginal and Torres Strait Islander peoples. Being community controlled, they are uniquely placed to provide culturally appropriate care to local communities.

The Department must continue to focus on improving the cultural competency of our health system so that Aboriginal people have equitable access to health services. This includes strategies such as increasing employment opportunities for Aboriginal people, supporting and investing in skill development for Aboriginal staff and creating a workplace culture that is respectful of Aboriginal culture and places value on the sociocultural skills of Aboriginal staff.

*Recommendation:* PHAA WA urges the State Government to support Aboriginal Community Controlled Health Organisations and continue to focus on improving the cultural competency of our health system to ensure equitable access to health services.

## Create partnerships and collaborate

The health sector alone cannot address the underlying causes of health inequities. While the health sector must cope with increased rates of chronic disease in the population, other sectors must be involved in addressing the underlying factors that are driving this increase. Coronary heart disease is not caused by a shortage of coronary care units but rather by people's lifestyles, which are in turn influenced by the environments in which they live. Current high levels of obesity are influenced by the excess availability of food and drinks high in added sugar and saturated fat. Given concerns such as this, action on social determinants of health must also come from outside of the health sector.<sup>16</sup>

Strong partnerships are key to creating a more sustainable health system. Addressing the underlying causes of health inequities will require partnerships across all levels of government and different sectors/groups including the non-government sector, education and research, industry and the community.

It is recognised that the WA Government has introduced reforms aimed at creating collaborative departments focused on whole-of-Government objectives. This could be used as an opportunity to encourage more meaningful discussion around shared goals, opportunities for policy coherence across critical areas and how to capitalise on expertise, skills and resources available cross-government.

#### **An example of how partnerships can address the underlying causes of health inequities**

Western Australia is one of only two jurisdictions in Australia where responsibility for the health of prisoners remains with the Corrective Services department rather than the health department. The WA Government's intention to transition Prison Health from Corrections to WA Health is recognised.<sup>20</sup> In the United Kingdom, this transition occurred in 2006. A rapid review of evidence of improvements in health outcomes for people in secure and detained settings of NHS commissioned health services identified that that prison healthcare services have undergone 'transformation' since they moved from Corrections to the NHS. The review highlighted significant improvements in the quality of care supported by a number of factors including strong partnerships, which significantly contributed to achieving improved health outcomes for this population.<sup>21</sup> Upon leaving prison, former prisoners visit their general practitioner at twice the rate of the general population, especially those with a history of risky opiate use, mental illness or medications in prison, meaning that continuity of care, supported by integration of prison health and community health services is important.<sup>22</sup>

*Recommendation:* PHAA WA recommends the State Government build on existing collaborative efforts, and create partnerships and collaborate with other relevant sectors.

#### **Invest in research translation and embed research in the health system**

A key recommendation from the Strategic Review of Health and Medical Research Final Report in 2013, was to strengthen connections between research and the delivery of health services, and embed research into the health system.<sup>23</sup> The report recommended at least 3% of Australian and state and territory government health expenditure should be committed to driving research activity within the health system. The report also suggested research funding should prioritise areas of immediate clinical relevance to Australians including Aboriginal health, rural and remote health, and application of genomics to personalised medicine. The funding and in-kind support of the WA Health Translation Network (WAHTN) and funding of the Research Translation Projects (RTP) program demonstrates the Government's commitment to research translation. The Government should continue to invest in these areas to ensure research translation remains a key focus. The increasing pressure that chronic disease will continue to impart onto the health system must not be used to justify diversion of funding away from research translation.

Western Australia is a national leader in data linkage, with WA publications accounting for 51% of published articles on hospital linkage data projects from 1946-2014.<sup>24</sup> Data linkage is an efficient and cost-effective method for conducting population health research, and is especially valuable for measuring effectiveness of interventions and services in reducing utilisation of health services and costs to the health system. The Developmental Pathways Project (DPP) is an excellent example of how data linkage can be used to investigate and address the social determinants of health. The DPP uses linked data to investigate risk and protective factors leading to poor and good outcomes in WA children and includes research focus areas such as mental and physical health, child abuse and neglect, alcohol and drug use, juvenile delinquency, disability, education, and housing.<sup>25</sup>

PHAA also acknowledges that the Department of Health has recently taken proactive steps towards improving Data Linkage Branch processes with a review of the Branch's activities leading to several changes to policies and processes that will improve access for quality assurance and health service evaluation

projects. The PHAA commends the Department for its support of this area, and recommends continued and increasing investment in data linkage to ensure sustained growth in this area of research.

In the lead up to the recent State election, the WA Labor party announced plans to introduce a Future Health Research and Innovation (HRI) Fund, promising a long term funding stream to support health research and innovation.<sup>26</sup> The State government must now deliver on this promise and ensure that this research funding contributes to a sustainable health system for Western Australia. This means ensuring this funding encompasses all areas of health with a focus on public health, prevention and the social determinants of health. The development of a state health research priority framework in consultation with key stakeholders would assist in guiding decision making around dissemination of funding and would ensure that population health and health service improvement projects are prioritised.

*Recommendation:* PHAA WA recommends the State Government strengthen connections between research and the delivery of health services, and embed research into the health system.

## Conclusion

PHAA supports the broad directions of the sustainable health review. However, we are keen to ensure adequate funding of prevention in line with this submission. We are particularly keen that the following points are highlighted:

- Health promotion and primary prevention should be prioritised for the health and wellbeing of the community with adequate sustained funding for evidence-based statewide and local prevention activities
- The Department of Health has a key role to play in addressing the underlying social determinants of health
- Improved cultural competency in our health system and support for Aboriginal Community Controlled Health Organisations will ensure equitable access to health services by Aboriginal and Torres Strait Islander peoples
- Strong partnerships are key to creating a more sustainable health system
- Connections between research and service delivery should be strengthened, and research should be embedded into the health system.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the sustainability of the health system in Western Australia.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.



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