



Forum Report

Creating a Healthy Tasmania

Would a health promotion foundation be beneficial for Tasmanians?

Organised by the Tasmanian Council of Social Service (TasCOSS) and the Tasmanian Branch of the Australian Health Promotion Association (AHPA) and held at Glenorchy Civic Centre on May 15, 2008.

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Introduction

The Tasmanian Council of Social Service (TasCOSS) and the Tasmanian Branch of the Australian Health Promotion Association (AHPA) came together in May 2008 to host a public forum to explore the possibility of establishing a health promotion foundation in Tasmania to address the State's very poor health outcomes. The forum, *Creating a Healthy Tasmania*, generated a great deal of interest and was attended by about 70 people, including several who travelled to Hobart from the North and North West to attend.

This is a report from that forum. It outlines the background to the forum, provides a short definition of health promotion action, an overview of the proceedings and goes on to present the issues raised in discussion at the forum. It concludes with some ideas for further action on strengthening health promotion in Tasmania.

Background

TasCOSS has long been concerned about the health and wellbeing of Tasmanians, and especially of low income and disadvantaged Tasmanians. We are also well aware of the research demonstrating the social determinants of health and how the health of Tasmanians is affected by socio-economic factors.

A key role of TasCOSS is to explore policy options, and the idea for the forum originated with a suggestion from the Tasmanian Social Policy Council (the TasCOSS policy advisory body, comprised of representatives from the Tasmanian community services sector) that TasCOSS explore the idea of a health promotion foundation for the State as a possible strategy to address both the social determinants of health and the poor health status of Tasmanians.

The AHPA was an obvious, natural, and very willing partner in this task. The Tasmanian branch of AHPA has been an active champion of health promotion in the State and not only holds regular information and discussion forums, but also has links to national and international health promotion research and advocacy networks.

In 1997, Tasmania's House of Assembly inquired into the establishment of a health promotion body in Tasmania and, although community consultation was carried out and a comprehensive report was published, the idea was not pursued by government and the issue fell off the public policy agenda.

Ten years on, Tasmanians continue to experience poor health outcomes with cancer, diabetes, suicide, heart disease and chronic disease rates all higher than the national average. While Tasmania's new *Health Plan (2007)* advocates an increased focus on health promotion, there is little evidence that this is actually occurring within the Department of Health & Human Services (DHHS), and health debates and budgets continue to focus on the acute sector.

The notion of a health promotion foundation in Tasmania that sits outside of the Department of Health & Human Services came from the successful model in Victoria – VicHealth – or the Victorian Health Promotion Foundation. We thought that exploring this existing model might be a good place to begin – again – in Tasmania. While the forum heard about the VicHealth model and discussed its applicability to Tasmania, other options for strengthening health promotion in Tasmania were also raised.

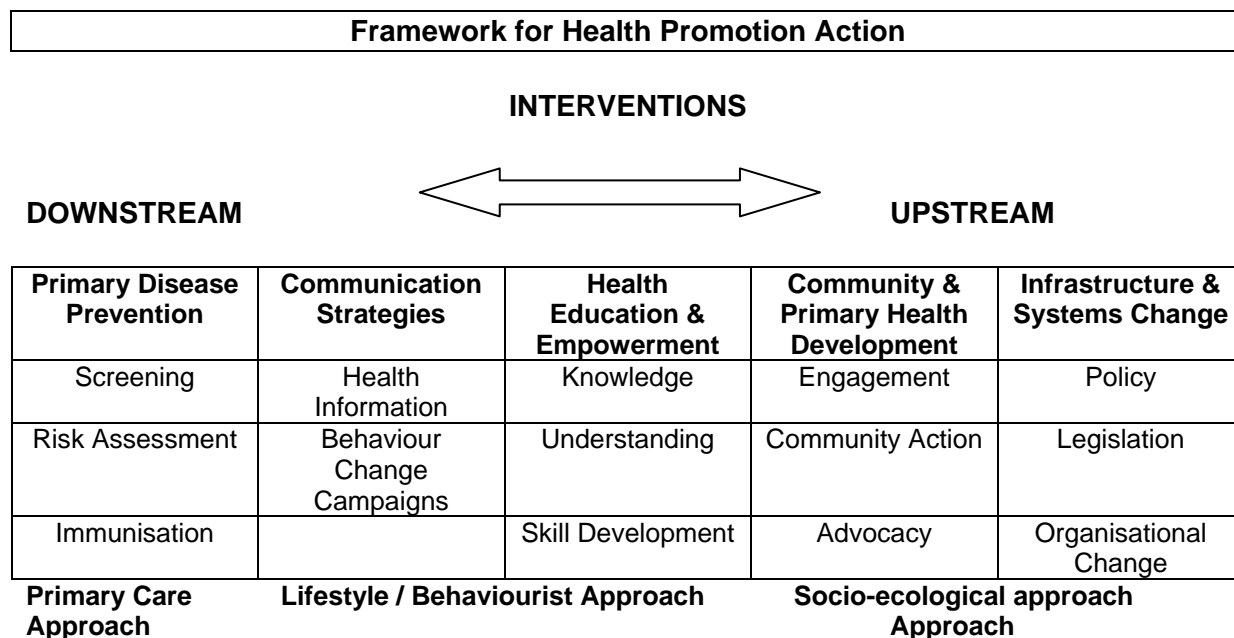
What do we mean by health promotion?

Over the past 30 years, the field of health promotion has emerged as a new way of thinking about – and addressing – the root causes of health and wellness. The World Health Organisation (WHO) defines health promotion as “*the process of enabling people to increase control over, and to improve, their health.*” (Ottawa Charter for Health Promotion, 1986).

Health promotion has a number of unique features that distinguish it from other approaches to enabling health, such as population health and disease prevention. These features include:

- An holistic view of health;
- A focus on participatory approaches;
- A focus on the determinants of health – that is, the social, behavioural, economic and environmental conditions that are the root causes of health and of illness;
- Builds on strengths and assets, and does not just address health problems and deficits; and
- Uses multiple, complementary strategies to promote health at both an individual and a community level.

The following framework for health promotion action (devised by Keleher and Murphy, eds, *Understanding Health: A determinants perspective*, OUP, Melbourne 2003, p160) combines three approaches to health promotion – downstream primary care, midstream lifestyle / behavioural and upstream socio-ecological approaches.



The framework demonstrates the very broad purview of health promotion action and highlights the need to involve governments at all levels, the community services sector and other community, business and sporting organisations.

The forum

The forum was held on Thursday May 15 at the Glenorchy Civic Centre. Those attending came from a variety of government and non-government organisations, as well as from local government and the University of Tasmania.

The speakers

After a welcome by TasCOSS CEO **Tom Muller**, **Jacquie Maginnis**, then President of the Tasmanian Branch of AHPA presented an overview of health promotion and health promotion activities in Tasmania. Jacquie described the illusive and often misunderstood nature of health promotion and the very wide range of activities that comprise health promotion in Tasmania.

Carole Owen, State Manager of Population Health in DHHS presented a summary of Tasmania's health status derived from recent public health data. Carole's presentation focused on both health outcomes and factors that contribute to those outcomes, including the social determinants of health in Tasmania.

Pauline Marsh from the TasCOSS Social Policy & Research team also discussed the social determinants of health in Tasmania and presented some statistics about income, education, housing and employment, as well as some of the results of recent state-wide consultations with Tasmanians living on low incomes, carried out by TasCOSS staff.

Todd Harper, the CEO of VicHealth and a former Tasmanian, provided the forum with information about the history, funding and activities of the Victorian Health Promotion Foundation, known as VicHealth, and about similar health promotion foundations in Western Australia and overseas. Todd also answered questions from the floor and later engaged in discussion with the small groups.

The discussions

After morning tea, participants broke into **discussion groups** and addressed a series of questions (see below). Notes were taken and while the groups were not limited in their discussions, each group was asked to report back with one key point from each question. This was intended to provide a feeling for the nature of discussions at each table and to highlight some of the issues regarding both health promotion in general in Tasmania and a possible Tasmanian health promotion foundation.

[Note that the responses have been edited and grouped together in themes / topics.]

QUESTION 1

What are the current difficulties we face in creating a healthy Tasmania?

- **Tasmanian demographics:** high levels of low socio-economic status; pockets of poverty; intergenerational poverty; ageing population (health issues often don't emerge until later in life) and other age factors; low educational outcomes; 'brain drain' and 'gene drain'.
- **Decentralised / dispersed population:** transport difficulties; physical and social isolation; barriers to access.

- **Social issues / culture:** changing nature of employment; social exclusion; discrimination; it's harder to live a healthier lifestyle – health behaviours based on what's 'normal' among those around you; inflation and erosion of disposable income – costs of food, petrol, etc; fears for personal safety from bullying and assault; poverty and stigma; low self-esteem.
- **Health workforce issues:** lack of health professionals/workforce; ageing health workforce; problems with continuity of staff due to short-term contracts and Federal Government funding; limited career paths in relatively isolated places; education and training not responsive to industry needs.
- **Health workplace and systems culture:** constant changes within health services; silos; small scale of system; little understanding of health promotion; role of professional regulatory boards; lack of coordination between acute and community DHHS sectors; prominence of disease care system; 'acute sector has the loudest voice'; use of jargon to exclude; focus on tertiary not primary.
- **Lack of political will to change:** no political leadership – need for long-term vision and commitment; short-term planning of governments – not looking to long-term benefits; political decisions diverting attention & energy (eg Mersey Hospital); all levels of government responsible; quick wins are expected.
- **Lack of funding for health promotion:** short-term funding prevalent; lack of financial commitment; level of funding for health promotion low – between 1-3% of funding.
- **Lack of coordination and planning:** no cohesion and communication between groups; lack of coordination of cross-sector resources that impact on social determinants of health and on health promotion activities; lack of information dissemination; silos at State and Federal government levels; no coordination between acute and community health sectors; infrastructure and planning deficits – can make it difficult / unsafe to be active (eg lack of bicycle paths, etc); need for 'whole community' commitment – including business, sport, education; no long-term focus on healthy communities; need to focus on effective, evidence-based projects.
- **Lack of understanding of health promotion:** by community, health workers, bureaucrats, politicians, etc.
- **Education / community deficits:** low level of understanding and awareness of health issues in general population; lack of community meeting places / sites where health promotion material can be obtained & discussed; school curriculum from pre-school to high school should promote health; need for nutritional labelling; lack of education and engagement in health issues; lack of awareness of real health issues.
- **The 'ownership' of health** – who owns it?

QUESTION 2

What would we hope to achieve from a health promotion foundation?

- **A holistic, coordinated approach to health promotion:** a central coordination point; coordination of health promotion activities throughout the state and across sectors/departments; whole of government approach; coordinated communication; coordination and cooperation; inter-sectoral cooperation; allow for comprehensive health promotion approach; linking services / activities; stop duplication of services; capacity to shift resources to better projects, rather than just continuing existing projects; change from silo to flat field (multidisciplinary approach); facilitate comprehensive assessments in health promotion.
- **A health promotion leader:** ability to set priorities; development of expertise; proactive approach.

- **Coordination of funding:** opportunity to make better use of existing resources; opportunity to examine current funding and assess how it works with priority action areas; ability to focus funding on priorities; could run grants programs that promote partnerships to help address the social determinants of health & health inequities; coordination at a local level, eg neighbourhood houses, etc.
- **Clearinghouse role:** centralised resources and learnings; information dispersal – in plain English; lessons learned will be shared; collection of resources & information; coordinate networking activities; communication facilitation: sharing of information.
- **Independence from government:** bipartisan support for health promotion approaches; could promote policies outside of government / politics; ability to form partnerships outside of government; to take risks; advocate strongly; ability to trial innovative programs; pro-active approach.
- **Sustainable funding:** need for 10 year commitment; would have and provide sufficient funding.
- **Research role:** undertake research and policy development; local data; explore current existing research linking social issues & health; gendered approach; cultural diversity and breakdown; evidence base for funding.
- **Commitment to primary health care:** increased government funding would demonstrate this.
- **Educational & training role:** provide education on prevention; teach self-management; training and development.
- **Evaluation role:** practical advice/support re evaluation: how it can be incorporated and carried out in a practical manner at grass roots level yet contribute to an evidence base; real evaluation with the capacity to shift resources to better projects, rather than just continuing existing projects.
- **Advocacy role:** health promotion tools and campaigns; stronger advocacy model; can lobby for 'health in all policies' approach – application of an equity lens to public policies; pro-active approach.
- **Raise particular health promotion issues:** children's advertising; content of school canteens; promoting health alternatives.
- **Link with global issues & activities:** connecting health into global issues such as climate change; liaison with worldwide and other Australian foundations.
- **A responsive organisation:** active engagement with the community; responsive to change and needs.
- **Community development role:** using health promotion tools; benefits of self-determination at all levels.

QUESTION 3

Where would the money come from for a foundation?

- **Taxes:** gambling tax; tobacco / alcohol tax; hypothecated tax from tobacco and 'alcopop' drinks; environment tax (NZ example / alcohol example); other hypothecation perhaps.
- **Federal funding:** equitable per capita funding; Medicare; excise funding; National Prevention Agency and initiatives.
- **State Government:** larger proportion of DHHS budget to health promotion.
- **Local government:** rates; communities; proportion of money from sub-divisions ('cash in lieu').

- **Tripartite funding:** all levels of government; government saving (stop junkets); shared responsibility agreements; government partnerships.
- **Corporate taxes**
- **Community Service Levy** funding.
- **Business sponsorships:** socially responsible businesses; selected corporate sponsorships; corporate sources.
- **Private health organisations**
- **Donations:** from foundations and benefactors; volunteers; bequests; need charitable / tax deductible status.
- **Fund-raising**
- Every new [health] program should have a **compulsory 10% budget** for research and promotion.
- **Proportion of acute health care budget** be provided to the prevention of each issue, eg hip replacement funding to go to physical activity and injury prevention.
- **Cross sectoral partnerships:** business, all government, non-government sector.
- **Better targeting:** reviewing current contracts and relevance to priorities; streamline current systems.
- **Other sectors:** arts, etc.
- **Lottery**
- **New recurrent funding**
- **Membership fees**
- Must be **sustainable**.

QUESTION 4

What alternative models to a foundation may be suitable for Tasmania?

- **Whole of government structure:** health promotion taskforce; unit in Department of Premier & Cabinet (DPAC); whole of government objectives and priorities.
- **State Government body:** Ministry of Health Promotion; a better funded DHHS with improved focus on health promotion; investigate mandate of current Public Health section; inside government not seen as a real alternative.
- Increase role of **local government**.
- **Alliance:** of peak bodies; council of current organisations.
- **Partnership with VicHealth:** first as a sub-section of VicHealth, moving toward an independent Tasmanian Foundation; piggy-backing; partnership between VicHealth and the Tasmanian Government.
- Set up **democratic, consultative structures** in Australia.
- **Encourage collaborative environment on health issues.**
- **Investigate models in other countries:** Birmingham (UK) 2008 model.
- Re-look at how Tasmania works with **three levels of government**.
- **Three regional councils** with dedicated health promotion activity under strategic leadership of Health Promotion Foundation with close coordination of all sectors.
- Use **Tasmania Together**.

- **National health promotion body.**

QUESTION 5

What more do we need to know?

- The views of current health promotion bodies and peaks.
- More about models from other places – how they were initiated and maintained: WA; overseas models; evaluation of the effectiveness of other models; how other models work, their structure and funding; models that link with local government.
- Experiences in other states.
- What scale would be required?
- Costings; the money needed.
- People: who is available?
- How to reach people with low or no literacy skills?
- More about programs in smart consuming – reading labels, budgets.
- What are other bodies doing about health promotion: eg Education Department?
- Who are the stakeholders in the community?
- We need a T.H.P. & D.P.A.
- Learn how to work with social service agencies.
- More health practitioners and allied professionals
- Use of information technology.
- Change in attitude to health – one is responsible for their health.
- Use of social marketing theory.
- A map of current health promotion funding – where is it going? More about the existing resources spent on health promotion.
- A guarantee that funding will be sustainable.
- Champions.
- Political support.
- Who was invited [to the forum] and didn't attend and why?
- Community development approach.
- Workforce development.
- Top-down and bottom-up approach.
- Active citizenship and self-determination
- Systematic / cultural change.
- Health promotion needs to be put on the agenda.
- Active engagement with different groups.
- Are people, government and non-government interested / committed?
- Better data, especially on gender and culture.
- A shared understanding of health promotion.

One group listed some of the risks associated with establishing a health promotion foundation:

- Would remove the focus of health promotion from DHHS.
- Does Tasmania have the economies of scale to make good [effective] health promotion activity?
- A per capita share of funding (eg \$5million pa) may only permit narrow or selective range of health promotion activities.
- Would introduce another player in an already 'bitsy' sector.

Evaluation of the forum by participants

In addition to the discussion, feedback was received from those participants who completed and returned an evaluation form. The form included additional questions on a health promotion foundation, as well as on organisational aspects of the forum. Note that only 27 of the 70 forum participants returned the forms – we include some of the information from the evaluation forms in an appendix to this report (see APPENDIX).

What next?

Although it was not the intention of the forum to reach consensus about whether or not a health promotion foundation would be appropriate for Tasmania, consensus was reached on the urgent need for a renewed and strengthened focus on health promotion in the State. It was also clear that people agreed that there was a need for coordination of health promotion activities and funding. In addition, many significant issues were identified, as was a need for further information, including about health promotion foundation models in other jurisdictions and current Tasmanian health promotion funding and practice.

There was also a sense that the time is right to begin to advocate for an increased focus on, and funding for, health promotion in Tasmania.

Broader context

Since the forum, there have been some timely developments in the broader health arena that provide opportunities for advocating for a more concentrated health promotion focus in Tasmania.

The Tasmanian Director of Public Health released the *State of Public Health Report 2008* which presents a compelling case for an increased focus on health promotion and for the need to specifically target socio-economic factors in order to improve the health of Tasmanians. The Report states:

...differences in health outcome measures are likely to be largely determined by the cumulative effect of socioeconomic and demographic factors, rather than by the quality of Tasmanian hospitals and health care system, or matters such as the length of our elective surgery waiting lists. (State of Public Health Report 2008, p 1)

The current State Government has recently established a Social Inclusion Unit in the Department of Premier & Cabinet and plans to appoint a Social Inclusion Commissioner. This is an opportunity for a coordinated, whole of government focus

on social inclusion which must include attention to the social determinants of health such as income, employment, housing and education.

The Federal Government, as a result of an idea from the 2020 Summit and advocacy from a number of organisations, is considering establishing a National Prevention Agency to focus on prevention and the promotion of lifelong health and wellbeing.

In September this year, the World Health Organisation's Commission on the Social Determinants of Health will release its final report which will be an opportunity to generate local interest in, and discussion on those issues in Tasmania.

Next steps

- TasCOSS and the Australian Health Promotion Association (Tas Branch) will be developing advocacy strategies to progress the issues raised at the forum and to continue to raise the profile of health promotion.
- To this end, we would like to establish a working group of interested people and organisations to undertake joint advocacy work. **If you are interested in being a member of this working group please contact us** (see below for contact details).
- In addition, TasCOSS will continue addressing the social determinants of health through its policy and advocacy work. TasCOSS will also use information and ideas from both the presentations and discussions at the Forum, along with information from further consultation with our members, to develop recommendations regarding health promotion to put to the State Government in our 2009-2010 State Budget submission (due in October 2008). We urge others with an interest in health promotion and/or in pursuing the possibility of a health promotion foundation for Tasmania to raise the issue in your own budget submission.
- The Australian Health Promotion Association (Tas Branch) will continue to play an active and leading role in health promotion practice, research and advocacy in Tasmania. The Tasmanian Branch welcomes new members (contact details below).

Both TasCOSS and AHPA welcome your feedback and ongoing involvement in their future activities.

For further information or comments, please contact:

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or

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APPENDIX

Evaluation forms

Participants were invited to fill in evaluation forms at the end of the forum. Organisers received 27 completed forms and we include the responses to some of the questions below. [Note that the evaluation form also offered the opportunity for participants to provide organisers with feedback on various organisational aspects of the forum. We have not included those responses in this report.]

Question 3b

What do you see the major risk/s would be in having a HP Foundation in Tasmania?

- That it might not last
- Insufficient funding; marginalisation & fragmentation of resources
- If it becomes a non democratic process not fully representation all sectors of the community
- Short term funding
- Sufficient ongoing funding and sustainability x 4
- Duplication of DHHS and community efforts
- More layers
- Developing another level of bureaucracy which has no teeth/no ability to support service deliver
- Opposition and fear from current stakeholders for the loss of their own investment
- Funding and ongoing support
- Funding and hierarchy takeover
- Building another organisation that may not be “coordinated”
- Ongoing funding and lack of clarity re the role
- Government wanting to control or gag
- Continuity of passion, divorced from DHHS
- Sustainability / funding, not duplicating existing organisations but re-working established organisations – change the culture
- People would be apprehensive
- Lack of clear goals could lead to failure or government intervention
- None if effective
- Non participatory

Question 3c

What do you see the major benefits would be from having a HP Foundation in Tasmania?

- Reduced fragmentation and empower workers
- Integration of effort / resources / focus
- Integrated approach, greater effectiveness and improved outcomes
- Networking coordination & communication amongst professional across the State
- Shared understanding of health promotion x 2
- Coordination x 6
- Coordination of resources and effort and linking various sectors
- Coordination of recurrent and sustainable programs x 2
- Localisation of groups
- More coordination of DHHS and NGOs
- If it works, a coordinated, focused expert body

- Raising awareness of chronic health, primary prevention
- Proactive community and sector development and outcomes
- TAS size and passion
- Potential to improve Tassie's present health position x 3
- An independent and holistic view of all aspects of health and wellbeing
- Awareness of need/practice/benefits of primary health care
- Coordination and leadership
- Inclusion and focus

Question 3d

What other information would you need to help you feel more informed about this issue?

- Knowledge of other possible models x 7
- Economy of scale
- Listed on discussion paper
- Stories from other HP foundations x 2
- How HP foundations actually work i.e. what models/what outcomes
- Who will play? Government commitment to the possibility?
- More information / discussion
- More info to answer the next question
- How a model may be structured in Tassie – who would be involved
- International models discussed

Question 4a

How supportive are you about working towards establishing a HP foundation for Tasmania

- Very supportive 52% (of responses)
- Supportive 41% (of responses)
- Somewhat supportive 7% (of responses)
- Not very supportive nil
- Not at all supportive nil