
POLICY BRIEF

Healthy South Executive Briefing for the Department for Health and Wellbeing, Wellbeing SA and Southern Adelaide LHN

The Healthy South project has examined the feasibility of a whole-of-community approach in the southern area of Adelaide to support health, wellbeing and environments that minimise the risk of non-communicable diseases¹.

The epidemiological profile² developed by the research team indicates that the non-communicable disease burden in South Australia is increasing, that health inequalities have increased across South Australia (above the national average) and that there remain persistent health inequities and areas of concentrated disadvantage within the southern region, particularly in Onkaparinga. The unequal distribution of resources within even the most prosperous Local Government Areas is impacting those living in disadvantaged circumstances the most, shown in higher rates of housing stress and unemployment and lower rates of educational achievements in these groups. These health inequities are likely to be exacerbated by climate change.

There is widespread agreement that the social determinants of health are the main drivers influencing the health of a population, and the southern region of Adelaide is no exception. A health promotion model seeks to address these underlying structures to prevent ill health (See Box 1).

The Healthy South project has conducted a rapid evaluation of health promotion and disease prevention structures and activities in southern Adelaide in order to determine the system building blocks required to make the south a health promoting region. Based on this research we have identified what is required for health and wellbeing to flourish in southern Adelaide and list strategies below that could be adopted or adapted to guide a Healthy South initiative. As leadership, coordination and coherence were identified as lacking in the south, we propose for discussion a governance model we have called a 'Southern Adelaide Health, Wellbeing, and Sustainability Hub', to coordinate activities.

Box 1: Defining Health Promotion

Health promotion is the process of enabling people to increase control over the determinants of health (e.g. income, education, employment, working conditions, access to health services, physical environments) and thereby improve their health (WHO Ottawa Charter 1986). Health promotion not only encompasses actions directed at strengthening the basic life skills and capacities of individuals, but also at influencing underlying social and economic conditions and physical environments to alleviate their impact on populations and individual health.

¹ The Southern Adelaide government region includes the four LGAs that comprise the Southern Adelaide Local Health Network: Holdfast Bay, Marion, Mitcham and Onkaparinga. Unley was also included in analysis.

² See report <https://www.flinders.edu.au/content/dam/documents/research/southgate-institute/Population-Health-and-Social-Determinants-in-Southern-Adelaide-report.pdf>

Key recommendations for the Department for Health and Wellbeing, Wellbeing SA and Southern Adelaide LHN

Vision and leadership for health promotion

- The Department for Health and Wellbeing, Wellbeing SA and SALHN take responsibility for providing leadership and investment in health promotion in South Australia and the southern region of Adelaide. The momentum gained by this research project will be lost without an organisation assuming leadership for health promotion both statewide and in the south.
- SALHN ensures that it has a strategic focus on health promotion and primary prevention in the implementation of its Strategic Directions Map, including placing a greater emphasis on responding to the evidence on the social determinants of health.
- SALHN's Strategic Map priorities is extended to include prevention. In particular the priority on chronic disease should include chronic disease prevention and screening as well as management.
- Wellbeing SA and SALHN take opportunities to advocate on issues pertaining to disease prevention and health promotion and in this are informed by the work of Health in All Policies with other government sectors.
- The program of the Primary Health Networks (PHN) funded by the Federal government currently have a very limited role in health promotion and an expansion of this role would strengthen disease prevention and health promotion in the southern are of Adelaide.

Resources for health promotion

- The South Australian health system, including Wellbeing SA, the Department for Health and Wellbeing and SALHN re-invests in and builds services and capacity for health promotion.

Governance for health promotion

- Wellbeing SA works with SALHN to establish and resource a governance structure to provide leadership in the south, to mediate between the southern services and the Department for Health and Wellbeing, and support coordination of activity within and across sectors and agencies.
- We propose the **Southern Adelaide Health, Wellbeing, and Sustainability Hub** as one possible model for a governance structure to support intersectoral leadership and coordination for health promotion. It is critical that this structure has authority and is linked with the main system. We envisage its role as including:
 - Fostering leadership both within the health system and across government to support broad governance for health and health equity in the south of Adelaide.
 - Maintaining adequate databases and community consultation which enable regular needs analyses of the region.

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- Coordinating health promotion and community wellbeing activities in the region, in partnership with local government, SALHN, the Department for Health and Wellbeing, Wellbeing SA, Adelaide PHN, general practice, and relevant NGOs.
 - Supporting local governments' regional public health planning role and health promotion mandate under the SA Public Health Act by supporting intersectoral coordination and collaboration in health promotion policy and action.
 - Coordinating citizen participation into planning for the region through a representative structure, and on-going community engagement, consultation and participation strategies.
 - Advocating for health system reorientation to and investment in primary health care and health promotion.
 - Ensuring training and support for the local health promotion workforce, within and outside the health system.

Key messages from the research

Changing context for health promotion

- South Australia has had a long and innovative history of health promotion policy and action. The south of Adelaide has particularly stood out as a model for health promotion in Australia.
- In 2013 the Department of Health implemented the recommendations of the 'McCann Review of Non-hospital Based Services' and withdrew state government funding for health promotion, including most functions of the department's Health Promotion Branch. This resulted in the withdrawal of the SA health system, centrally and in local health networks, from most health promotion policy, funding and activity.
- At this time there was also a withdrawal of support for the SA Primary Prevention Plan which had provided a strategic framework for disease prevention and health promotion. The extensive network of community health and women's health centres ceased to exist following a shift in policy focus from primary health care and health promotion to chronic disease management and hospital avoidance.
- In 2014, the federal government abolished the National Partnership Agreement on Preventive Health and terminated the Australian National Preventive Health Agency as it too withdrew from health promotion and prevention policy.
- This project found that disinvestment from the state government and the withdrawal of the health system from health promotion has had ongoing ripple effects beyond the health system to the whole community in the South, as well as to other health and social service providers who have been unable to replace what was withdrawn.

Current health promotion and community wellbeing activities

- This research found evidence of significant health promotion activity, but this is fragmented and largely undertaken outside the health system.
- SALHN has narrowed its focus to the provision of acute care services and devotes very few resources to disease prevention and health promotion activities in the community.

Lack of leadership and coordination

- Loss of the SA Health Health Promotion Branch and funding cuts to health promotion across SA along with increasing pressures on health services to control costs have led to a loss of leadership for health promotion.
- Pockets of local leadership on health promotion and disease prevention are evident outside health in other government departments and in local government, but there is no system-wide or regional coordination of health promotion activities and a lack of information about services and activities that people can be referred to.

Health promotion workforce and capacity

- There has been a significant reduction in the health promotion workforce and capacity in the south as a result of the disinvestment in health promotion.
- NGOs play a crucial role in attempting to fill a health and social services gap left by the withdrawal of the health system from health promotion, but this is not reflected in an increase in health promotion roles in NGOs as government funding for NGOs is directed to crisis and support services. Additionally, competition between NGOs for contracts discourages collaboration.

Resources and impacts on health promotion initiatives

- This research identified a lack of resources to deliver and coordinate health promotion and disease prevention activities as a critical issue.
- Absence of federal and state government policy support for health promotion has resulted in resources being directed away from disease prevention and health promotion and towards a narrower biomedical model of health.

Role of local government

- Our research found that local government has a number of roles which are health promoting, including providing local infrastructure for health promotion such as venues for community activities and libraries, undertaking regional public health planning, providing information about services in the local area, undertaking community consultation, acting as a representative for their local area, and providing small grants to the community. However, local government does not have the resources or capacity to fill this gap or to take responsibility for local coordination of health promotion and prevention activities.
- The SA Public Health Act and regional public health planning have legitimised local government's role in health promotion, but local government is not resourced to implement its regional public health plans.

Equity matters

- Health promotion activities and infrastructure are not reaching those who need them most, and this may increase health inequities. Without an overarching strategic focus on equity, organisations do not devote resources to identifying and acting on inequities in the population.

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- For the Aboriginal health services in particular, severe cuts to their staff and health promotion activities have contributed to Aboriginal community members feeling excluded from mainstream services and not being able to use health promotion and early intervention opportunities.

Reduced opportunities for community engagement

- This project has found that opportunities for the community in the south to have a voice about their health and wellbeing have decreased as a result of health service staff withdrawing from collaborative and consultative approaches to working with them.

Research activities

A mixed methods approach to data collection and analysis was used in this 12 month project including:

- Development of an epidemiological profile of the southern population to describe disease patterns, health inequities and the social determinants.
- Rapid audit of existing health promotion activity in the southern area of Adelaide.
- 28 semi-structured interviews with key informants, and 4 community consultation focus groups.
- Case study of healthy urban infrastructure, involving constructing and applying a healthy urban planning assessment tool (the Healthy Urban Neighbourhood Transition Tool).
- Steering Group committee providing feedback and guidance on the project including members from SA Health, SALHN, urban planners, southern Adelaide local councils, NGOs and community members.
- Healthy South Summit where research findings were presented and discussion of how a sustainable health and wellness promotion system could be developed in the south involving multiple partners.

Further details about the research project

Healthy South: Testing the feasibility of the rapid translation of Health in All Policies (HiAP) ideas to create healthy urban environments, create health promoting health services and stem the non-communicable disease epidemic in the Southern area of Adelaide received one-year funding through approved disbursements from the Medical Research Future Fund (MRFF) Rapid Applied Research Translation Program. The Healthy South Project wishes to acknowledge the MRFF and Commonwealth Department of Health and Health Translation SA in supporting the aim to adapt a whole of community approach to creating health, wellbeing and low risk environments for non-communicable diseases.

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For more detail about this research project. <https://www.flinders.edu.au/southgate-institute-health-society-equity/health-equity-policy>

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For more information about the work of the Southgate Institute's Healthy Equity Hub

<https://www.flinders.edu.au/healthequity-southgate>



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