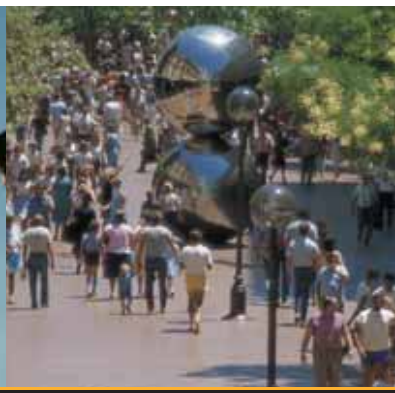
Ilona Kickbusch

Healthy Societies: *Addressing 21st Century Health Challenges*



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Healthy Societies: addressing 21st century health challenges

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Professor Ilona Kickbusch

Professor Kickbusch is internationally recognised as one of the world's leading experts on public health, health promotion and global health.

She presently heads the Global Health Programme of the Graduate Institute of International and Development Studies in Geneva, Switzerland and acts as a senior adviser to the Swiss Federal Office of Public Health. As an independent global health consultant based in Switzerland she advises international organisations, national governments, non-government organisations and the private sector on new directions and innovations in health governance for the 21st century.

Professor Kickbusch has had a distinguished career with the World Health Organisation and initiated the Ottawa Charter for Health Promotion, a seminal document of the 'new public health'. She was also the initiator of the WHO *'Healthy Cities'* project and other world-wide initiatives, such as 'health promoting schools' and 'health promoting hospitals'. As Director of Communication at the WHO headquarters in Geneva, she oversaw the planning for World Health days and the World Health reports.

From 1998 to 2004 Ilona Kickbusch was Professor for Global Health at Yale University, School of Medicine, Department of Epidemiology and Public Health, and served as the head of the Division of Global Health. During her tenure at Yale University she contributed significantly to shaping the new field of global health, with a focus on health governance. She served as the first distinguished scholar leader of the Fulbright New Century Scholars program, which in its initial year focused on 'Health in a Borderless World'. Her key academic interest at present is the establishment of interdisciplinary global health studies. Her special interests lie in the field of health and foreign policy and global health diplomacy.

Professor Kickbusch has published widely and has received many prizes and honours – including the prestigious Leavell Lecture of the World Federation of Public Health Associations. She is a member of a wide range of advisory boards in both the academic and the health policy arena. She was the founder of the journal *Health Promotion International* and serves as the chair of the editorial board. She also serves on the editorial board of the BMJ (British Medical Journal – the journal of the British Medical Association).

Her present interests include the areas of health literacy, the theoretical foundations of health promotion and in the interface between globalisation, modernisation and health. She has brought these together in the challenging concept of the 21st century health society.

Partners in the residency:

- Department of the Premier and Cabinet
- Department of Health
- Flinders University
- Motor Accident Commission
- Children, Youth and Women's Health Service
- The University of Adelaide
- Central Northern Adelaide Health Service
- Department of Education and Children's Services
- University of South Australia
- WorkCover
- TRACsa
- City of Marion
- City of Onkaparinga
- Southern Adelaide Health Service
- Healthy Cities Noarlunga

Foreword

It gives me great pleasure to present the report of our thirteenth Adelaide Thinker in Residence, Professor Ilona Kickbusch, Healthy Societies: Addressing 21st Century Health Challenges.

Professor Kickbusch is known throughout the world for her contributions to innovation in public health, health promotion and global health.

During her residency, a diverse audience from the health professions, local government, researchers, academics, policy-makers, community groups and citizens enthusiastically embraced Professor Kickbusch's passion and commitment. She connected and mobilised South Australians to look at health in new ways, recognising that it impacts on all our decisions and actions and is a powerful determinant of growth, productivity, wealth and quality of life.

In February and March 2007 Professor Kickbusch undertook the first period of her residency. Following detailed work across a broad group of partners and their stakeholders during this visit Ilona prepared an Interim Report, which provided a stimulus and a challenge for the partner group who responded promptly and effectively in undertaking new work. This included casting a 'health lens' over targets in South Australia's Strategic Plan, which lead to the development of a Health in All Policies (HiAP) process – now receiving international attention as an exemplary model for cross-sector work in tackling the challenges of population health in the 21st century.

Ilona returned in October and November 2007 to complete her residency, adding further momentum to the range of initiatives that had emerged from her first visit, including a newly formed Health Literacy Alliance, the recognition of Health in All Policies and the promotion of Generation H SA (Generation Health South Australia) which focuses on the health and wellbeing of the next generation of South Australians.

Our Government recognises that, like many other communities around the world, we are now at a stage where we need to pay more attention to healthy public policy, particularly prevention, and place a greater focus on primary health care.

South Australia's Strategic Plan is committed to making this State the best it can be, to securing a good quality of life for South Australians of all ages and all backgrounds now and in the future. Healthy public policy creates a supportive environment to enable people to lead healthy lives.

I thank Ilona for the significant contribution she has made to health policy, to new strategies and programs, to the formation of new alliances and platforms and to new ways of thinking and acting in our State. We have been privileged to work with her on the economic and social impacts of health, and to take up the challenges she has provided in her recommendations.

I strongly commend this report to all South Australians, to those who make and implement health and social policy in the State, and to all those committed to living a healthy life and to creating a healthy society for the future.

Mike Rann
Premier of South Australia
May 2008

Contents

Health is everywhere.

The territory of health has expanded into an increasing array of personal, social and political spaces. The environment for health is changing and we make health decisions at all points of our everyday life: when we decide what to eat or what to drink, whether to take the stairs or the lift, whether we walk or take the car. As new health challenges emerge the supermarket has rapidly become the major health setting of the 21st century, and mobility one of the major health threats. In a media rich consumer society, information and misinformation about health surrounds us – from billboards, radio, television, newspapers and magazines. No longer are health decisions just individual choices – as the context for health changes, so must the response by policy makers, business and citizens themselves.

Introduction

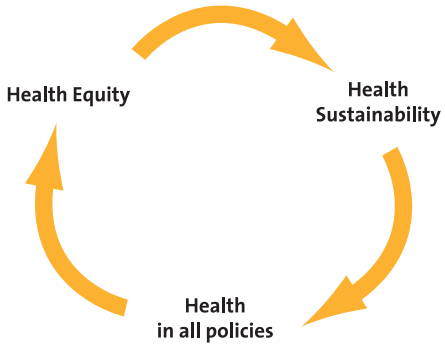
Health sustainability is as critical as environmental sustainability.

Discussing the state of health at the beginning of the 21st century is not dissimilar to discussing the state of the environment. Both are in crisis and run counter to the notion of sustainable wellbeing, both focus around the ways of life that have developed in our societies and both indicate that significant changes are required at the level of policy and of society. As regards the environment we have begun to realise that our way of life and use of energy is endangering the planet and its resources, and that it can endanger our health by destroying life support systems such as water.

What we have yet to fully understand is how our way of life and use of energy in the 21st century is counterproductive to our health and wellbeing in a very direct way. We are at a turning point in health policy. It has become increasingly clear that changes in the existing health care system will not be sufficient to maintain and improve our health. Both our extensive knowledge about what creates health, as well as the exponentially rising rates of chronic disease, obesity and mental health problems, indicate that we need to shift course and apply a radically new mindset to health.

Speed is essential, and if we do not take rapid action to invest in health and human wellbeing our societies will face a double jeopardy: we will not be able to afford the rising health care expenditure and we will not be able to guarantee the coming generations a healthier life. As a consequence, health inequalities will increase significantly and undermine the democratic promise of health as a right of citizenship. Some warning voices state that the present generation of children – born at the turn of the century – might be the first to have a lower life expectancy than their parents. After the extraordinary gains in health and longevity over the last 100 years, such a development would indeed represent a phenomenal failure.

My challenge was to turn this broad concern with societal change and health determinants into manageable policy principles and approaches. After listening and learning during my residency I chose to concentrate the strategic vision on three interconnected priority principles: **health sustainability, health equity and health in all policies.**



The three key initiatives that I have proposed – **Health in All Policies, Generation H!SA** and **Health Literacy** – all reflect these three elements in varying degrees.

1. Health in All Policies

Health in All Policies reiterates – as outlined in the 1988 Adelaide recommendations on healthy public policy – that public policy is one of the most powerful levers in creating healthy societies. Each and every issue touched upon in this report illustrates this point – be it better health for Aboriginal peoples, gender mainstreaming in health matters, actions on obesity or accident prevention, or commitment to community health action. My recommendations try to show how health in all policies can be enacted in the 21st century.

2. Health Sustainability

Health sustainability is particularly central to Generation H!SA (Generation Health South Australia), which focuses on the health and wellbeing of the next generation of South Australians. It exemplifies how the way of life in our societies not only endangers the environment but also our health. We must address obesogenic environments as seriously as we address climate change. My recommendations outline a strategic approach to addressing obesity in South Australia.

3. Health equity

Health equity is at the centre of the Health Literacy proposals, which underline how the social gradients in our societies make it difficult for large sections of the population to make healthy choices and to navigate the health system. Twenty-first century societies require new key health competencies – for example, for managing chronic disease or selecting healthy foods – but we have not yet put enough effort into ensuring better rates of health literacy and creating literacy-friendly environments. Societies must address the double inequity: disadvantaged groups already have a lower health and life expectancy; if their special needs are not considered in the health system or in compensation systems they lose out twice. My recommendations try to show some concrete approaches to improving health literacy in South Australia.

We have learned to think sustainability in view of the environment; let's think sustainability with regard to our own bodies and the health of our children. Just as cholera was symptomatic for all the dimensions of the rapid urbanisation of the 19th century, obesity and mental health issues are the symbolic diseases of our global consumer society. They will be the test case for the health policy of the 21st century.

The process of 'Thinking' together

The process of being an Adelaide Thinker in Residence has been an extraordinary experience. What led me to accept was the commitment to policy change and innovation, which differentiates this program from being invited to spend time at a think tank. The Thinkers program provided me with a unique opportunity to work closely with policy makers, within and beyond government, on a new understanding of the role of health in 21st century societies and the new approach to health in all policies that flow from it.

It seems critical to me to say a few words about the process of reaching my recommendations. While I alone, of course, take responsibility for them, it is necessary to understand that they were reached through a process of intense dialogue at many events, conferences, and consultations. They were further informed by the knowledge and expertise of the catalysts who formed my support team and the fifteen partner organisations. In this printed report you will find both a set of 'big picture' recommendations and more specific recommendations in relation to special issues. In some cases more detailed policy papers have been made available to partners during the residency.

A central part of the process was my interim report, which included a wide range of recommendations. The partners worked on these in the six months between the two parts of my residency. Therefore this report can already indicate that some of the recommendations have been achieved or are in full process of implementation. **These have been indicated throughout this report with a tick:** ✔

In other cases, conferences and consultations brought about by the residency have issued their own sets of recommendations and have gone about trying to achieve them. I have therefore requested that a CD-ROM be created which captures the wealth of activities and proposals that were generated throughout the residency and gives credit to the creativity and commitment of the many individuals, groups and organisations throughout South Australia that engaged with my residency. Of special value to me was the engagement of young people themselves in shaping the future of their health. That is why I have felt that their work should be visible in this report as well.

Let me thank everyone who made this exciting journey possible – those within the SA Government, in particular Premier Mike Rann, Minister John Hill, Warren McCann and Tony Sherbon; the partners of my residency, in particular Professor Fran Baum who took the initiative to bring me to South Australia; my team of catalysts – Angela Lawless, Helen van Eyk, Mergho Ray and Carmel Williams – and the wonderful team at the Thinkers office headed by Brenda Kuhr.

Ten Key Directions Forward

South Australia has the potential to become a global leader and innovator in health and wellbeing.

The shift from the industrial societies of the 19th and 20th centuries to the knowledge societies of the 21st century is as ground-breaking as was the shift from the agrarian to the industrial world, and the diseases that come with this change are of a larger societal, not an individual nature. The changes in our way of life have in turn shaped our individual lifestyles and supported the creation of a situation where our energy intake through food increases while our physical activity is significantly reduced. New forms of working and communicating are shaping our working life and lead, for example, to new issues around work-life balance. The virtual world has opened new opportunities but also leads to new forms of behavioural addictions. We must come to realise that many of the patterns of everyday life in the 21st century, such as our eating and food shopping patterns, endanger our health. And we have yet to accept that issues such as food, the Internet or body image are political and key public health issues.

It seems obvious that these changes in our society have altered the role of the health sector significantly. We need new policy mechanisms to address these seminal changes occurring in health and society and we need to be willing as individuals, families and consumers to change our ways. There is hardly a policy sector that can be excluded from such an approach: health, education, agriculture, transport, industry, consumer affairs, and sports – all are required to act. The role of business is critical, and consumers and communities must also act for the health interest. This requires interconnected forms of government and new partnerships for health.

During my residency, I was presented with several opportunities to describe and discuss the shift to the new mindset for health and society, with key decision makers from within and outside government.

A sample of these opportunities included meeting the Premier, addressing Cabinet and the Senior Management Council, discussions with the ministers for Health and Education, and meetings with the Economic Development Board, the Local Government Association, and a range of representatives from the private sector. In addition, I delivered a number of public lectures and orations linking the theme of my residency to issues such as early childhood development, economic development and fiscal policy, healthy public policy and wellbeing. For example, I presented to senior and executive officers from central treasury and finance agencies from all jurisdictions in Australia and New Zealand. I provided strategic advice to residency partners such as the Motor Accident Commission and the reference groups they established to implement several of the recommendations from my interim report.

What follows are ten key strategic directions for a healthy South Australia. Detailed recommendations for each of the three big strategic areas that I have identified – **Health in All Policies, Generation H!SA and Health Literacy** – follow in the body of the report.

1. Develop innovative policy-making mechanisms within and beyond government for health and wellbeing

Health is an exemplar of the interconnected policy making required in the 21st century. Not only are 21st century determinants of health and dynamics of the health society challenging the way we conceptualise and locate health and conduct health policy, but they also redefine who should be involved in policy making. Health must become a critical goal of all government: we call this approach Health in All Policies.

2. Expand the outcome measures of South Australia's Strategic Plan to include broader measures of wellbeing

In the 21st century we need to expand the way we measure health. Broader measures of wellbeing, equity and happiness need to be included. These need to incorporate social, mental, and emotional as well as physical health.

Many health problems in the 21st century, such as childhood obesity, eating disorders and addictions, are at the interface of several health dimensions and need to be approached in a holistic manner.

Ten key directions forward

3. Apply a regular health lens to South Australia's Strategic Plan to identify innovative policies that ensure both quality of life and economic growth in the State

In the 21st century, health itself becomes an economic and social driving force in society. The wealth of countries will increasingly be driven by their human capital and at the same time health and wellness are in themselves growing industries.

The interdependence between healthy people and a healthy economy makes health an asset and a productive force for South Australia. Indeed, it makes health central to any policy that aims to ensure the future of the State.

4. Invest significantly in improving the health and wellbeing of children and young people

In order to ensure that the next generation of South Australians has high health expectancy there needs to be a strong focus on environmental change approaches that address our way of life.

The obesity epidemic in children requires urgent action, both on the classic determinants of health, such as equity and education, and on 21st century determinants, such as the obesogenic environment.

5. Explore new ways of resourcing and financing joint government initiatives as well as new partnerships for health

The stakeholders within government need to respond to challenges in health and wellbeing by jointly creating new forms of across-portfolio budgeting and accountability. These can be developed based on assessment of health impacts.

6. Reorganise the health sector in South Australia in order to increase its focus on disease prevention, equity and chronic disease management

The 21st century health challenges require the health sector to change the way it does its business. The health sector needs a stronger focus on primary prevention, chronic disease prevention, early intervention and management, integration of services and cooperation within and beyond government. It also needs to apply these approaches to its own staff and organisation, in relation to health literacy, obesity control and work–life balance.

7. Encourage the private sector to increase its commitment to the health of South Australians

Moving away from organisational silos to coalitions, alliances and platforms that involve many partners from throughout society needs to become the norm for addressing priority health issues in South Australia.

Partnerships for health with the private sector and with many parts of civil society are critical. Health is everybody's business. It is not only governments that make policy – health must become part of the mindsets, policies and approaches of other societal actors.

8. Enhance the role of local government in creating supportive environments for health

Health is created where people live, love, work and play and where they shop, google and travel. People's most immediate environment is critical for their health and wellbeing and local policy must reflect this to a greater extent. Health and wellbeing strategies at the local level should build on Health in All Policies and strong citizen involvement. New mechanisms of cooperation between the health sector and local government must be developed.

9. Increase the competencies of South Australia's citizens to improve and maintain their health in the 21st century

In the 21st century, the role of citizens in health must be greatly strengthened. Policies must aim to increase people's control over their health and its determinants and to involve and empower them at all levels. Health literacy has become a key literacy in modern societies. Special support must be provided to the most disadvantaged to manage their health and navigate the health system in order to counteract major health inequalities.

10. Give strategic priority to the social determinants of Aboriginal health

The strong links between health and social disadvantage must make equity a central focus of the health sector. Of particular importance is Aboriginal health and its social determinants. Improving Aboriginal health and wellbeing is one of the major health challenges for South Australia in the 21st century. It will also be a defining factor of success.

Wellbeing: *a central challenge for 21st century societies*

Recommendation:

- Develop a composite 'wellbeing' index that captures South Australia's overall progress towards making real the vision of a society that is prosperous, environmentally rich, culturally stimulating, and that offers its citizens every opportunity to live well and succeed.

South Australia should use this index to become the first society that systematically measures three areas of progress: Gross State Product (GSP), wellbeing and environmental sustainability.

Good health involves reducing levels of educational failure, reducing insecurity and unemployment and improving housing standards. Societies that enable all citizens to play a full and useful role in the social, economic and cultural life of their society will be healthier than those where people face insecurity, exclusion and deprivation.(Wilkinson & Marmot eds. 2003)

South Australia's Strategic Plan (SASP) provides a blueprint for South Australia to build a prosperous, healthy society. The plan acknowledges the importance of setting goals and, perhaps more significantly, the need to monitor our progress toward achieving those goals.

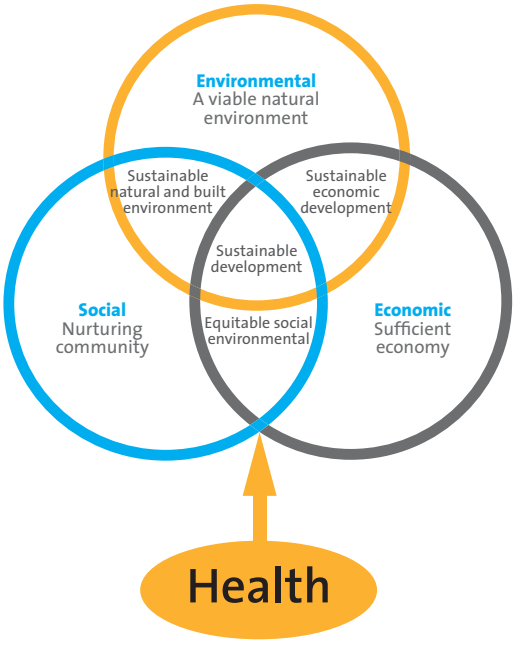
'Health is the state of complete physical, mental and social wellbeing and not merely the absence of disease.' This definition developed by the World Health Organisation in the late 1940s highlights that health is a broad concept encompassing several dimensions, including wellbeing.

A wide range of composite wellbeing indices has been developed for international comparison and for measuring national progress. They tend to provide a more holistic picture of a nation's wellbeing – examples are the 'Human Development Index' (HDI), which calculates wellbeing along three dimensions: life expectancy, education and GDP; and the Genuine Progress Indicator (GPI), which adjusts GDP measures by including other components such as crime rates, environmental damage and income distribution. Increasingly, happiness and wellbeing indices are taking their place alongside economic indicators as measures of national progress. Health sustainability should be considered as important as environmental sustainability.

The Lisbon Strategy of the European Union, for example, has – as does South Australia – the increase of healthy life expectancy as a key indicator of progress. In the United States the National Institute of Health (NIH) is working to develop a 'National Wellbeing Account', designed to more accurately evaluate how well individuals and society are progressing. The NIH predicts that these types of wellbeing measures will become commonplace and may well supplement traditional measures of progress such as the GNP. Other jurisdictions such as Canada are recognising the worth of assessing progress in holistic terms, rather than simply economic measures, through the development of a Canadian 'Index of Wellbeing'.

The Canadian Index of Wellbeing aims to

- build a foundation to articulate a shared vision of what really constitutes sustainable wellbeing;
- measure national progress toward, or movement away from, achieving that vision;
- understand and promote awareness of why society is moving in the direction it is moving;
- stimulate discussion about the types of policies, programs, and activities that would move us closer and faster toward achieving wellbeing;
- give Canadians tools to promote wellbeing with policy shapers and decision makers;
- inform policy by helping policy shapers and decision makers to understand the consequences of their actions for Canadian wellbeing;
- empower Canadians to compare their wellbeing both with others within Canada and those around the world; and,
- add momentum to the global movement for a more holistic way of measuring societal progress.[1]



*"Development that meets the needs of the present **without compromising the ability of future generations** to meet their own needs."*

Our Common Future, World Commission on Environment and Development 1987

[1] http://www.atkinsonfoundation.ca/ciw

Healthy People: *healthy economy*

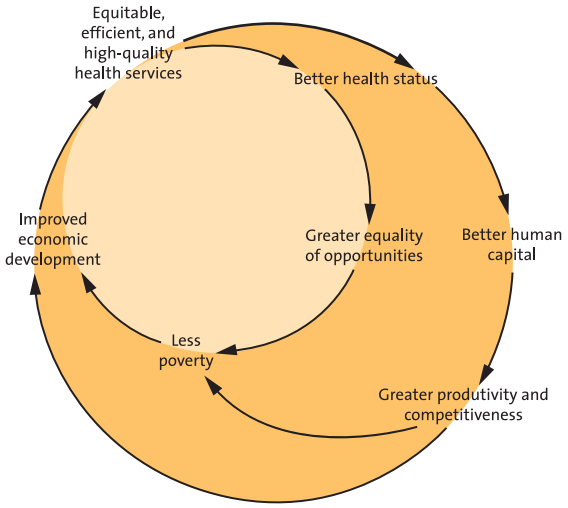
Recommendations:

- Research the composition, impact and potential of the health and wellness economy for South Australia in order to develop a policy response.
- Encourage partnerships between the public and private sectors to expand the role of health and wellness in the future development of South Australia.
- Undertake regular tracking of the interface between healthy life expectancy and the productivity and growth targets of South Australia's Strategic Plan.
- Optimise the role that Tourism SA and the health and wellness industry can play in supporting the economy.

Health is a driving force in modern society. On a personal level almost every decision and action we take has an impact on health. On a societal level health is a value that is important to all of us and many societies consider it a public good that should be accessible to all. But increasingly health has also become a consumer item and a product in the market place. The wellness revolution is well under way, creating new potential and tensions between empowerment and enhancement, and new forms of inequity.

In the 21st century health is about far more than health services. Health is a productive force in the economy. It is a determinant of growth and productivity, wealth and quality of life. It is a critical part of social cohesion within communities. We are beginning to understand that a society that invests in health is investing in its future.

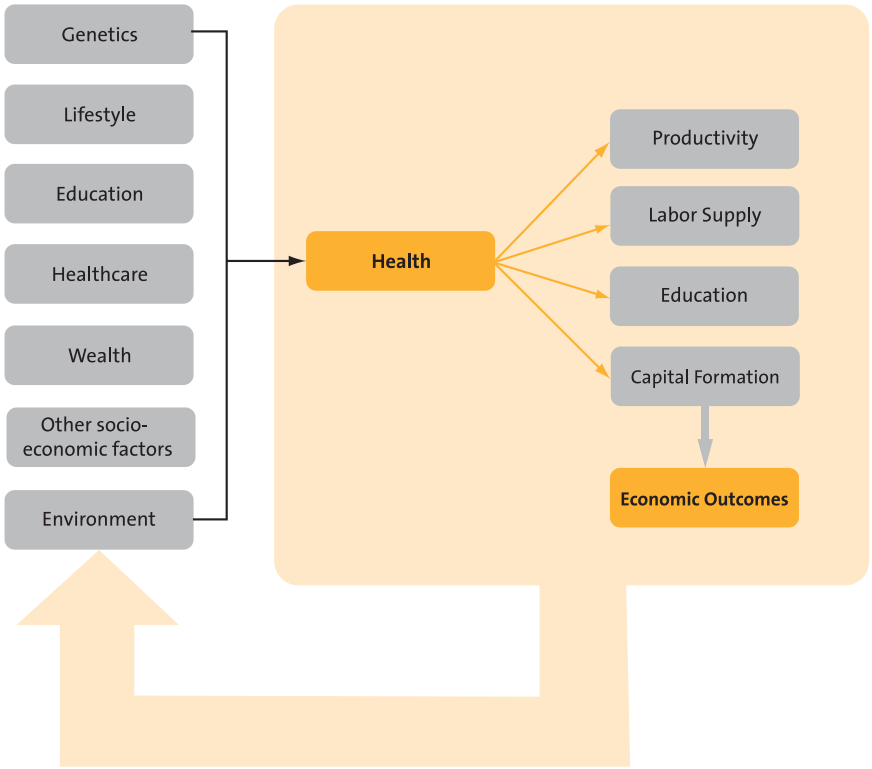
...improving the health status of a population can be beneficial for economic outcomes at the individual and the national level. There is indeed much evidence to suggest that the association between economic wealth and health does not run solely from the former to the latter. An immediate, if general, policy implication that derives from this conclusion is that policy-makers who are interested in improving economic outcomes (e.g. on the labour market or for the entire economy) would have good reasons to consider investment in health as one of their options by which to meet their economic objectives.[2]



...a large share of today's economic wealth in industrialised countries is directly attributable to past achievements in health. (European Commission 2005*)*

[2] European Commission 2005, *The contribution of health to the economy in the European Union*

Healthy People: healthy economy



The predominant perception of health in relation to the economy is as a drain on the public purse. However, the economic case for investment in health has been well made for developing countries (Commission on Macroeconomics and Health 2001), and more recently the case for health making a positive contribution to the economy has been receiving attention – there is increasing recognition that investment in health is good for the economy in rich nations (European Commission 2005).

In addition to this more sophisticated understanding of health as a contributor to economic development, the expanding wellness industry is also emerging as a significant economic driver. 'Wellness' is a term that covers many sectors of industry, from health foods to lifestyle programs, exercise clothing, equipment, etcetera. To illustrate the scale of this industry, a 2002 study by The University of Adelaide reported that Australians spent over $2 billion a year on alternative therapies and medicines. Intelligent Spas found that 2.35 million visits were made to spas in Australia during 2002–03, generating $200 million in revenue. Fitness Australia estimated that health and fitness facilities were used by approximately 8% of the population.

These two components – the relationship between the health of the population and the economy, and the growing predominantly private sector wellness industry – are keys to building a new understanding of the role of health in the South Australian economy.

On the basis of recommendations made in the first period of my residency, the Australian Institute for Social Research was commissioned to undertake an exploratory study to provide an evidence base for future development. The Institute has undertaken a literature review and quantitative analysis of the contribution of the health sector to the South Australian economy. The scope of this first study has been largely confined to the traditional health care service sector due to the paucity of data regarding 'wellness' industries.

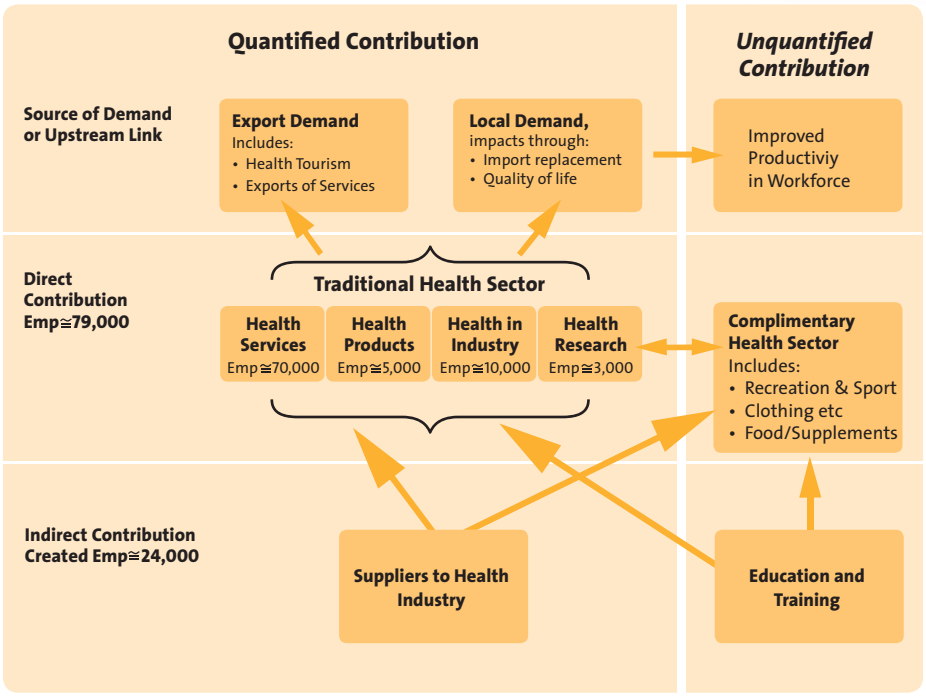
The study by the Australian Institute of Social Research found health to be one of several key determinants of economic development:

*In South Australia the 'traditional' or mainstream health sector is estimated as supporting directly and indirectly some **100,000** jobs, and contributing approximately **$6.5 billion** to GSP (Gross State Profit). This currently represents between **10% and 13%** of economic activity within the State.*

Expansion of the South Australian health sector offers significant direct opportunities in terms of its economic contribution and in terms of the substantial benefits for the community as a whole.[3]

The authors of the report also state that if data were available to quantify the complementary or alternative health care sector (the wellness industry) then jobs and GSP would increase significantly.

[3] Barnett K, Burgan B and Spoehr J 2008, *The Economic Contribution of the Health Sector to the SA Economy*, The University of Adelaide, South Australia



There is currently unrealised potential in South Australia to strengthen and develop the State's wellness economy. A dynamic wellness industry would provide opportunities for new jobs across the workforce, from unskilled workers through to highly skilled professionals. Also, a wider understanding of the many sectors that contribute to health in South Australia and beyond should be considered; the importance of farmers' markets and local produce is one such area. For example, the Adelaide Food Summit held in October 2007 brought the food industry and the health sector together to discuss how they could each contribute to improving childhood health and nutrition.[4]

In recognising the wellness industry as a rapidly growing area of economic development in South Australia, it is also essential to acknowledge the capacity and skills of citizens in making informed decisions about, and navigating within, this commercialised, predominantly private sector environment – that is, health literacy (discussed later in this report).

Health and medical tourism

South Australia is well placed to explore the potential of the health and medical tourism market. Health tourism is an emerging area of investment internationally, and Australia has the two essential features for growth in this market – an international reputation as a safe and secure tourism destination, and a world standard health system. South Australia can place itself in the forefront of this market through the development of a productive partnership between the tourism industry and the health and wellness industry. The structure of the State's regional health system, regional population densities and the potential for growth in regional tourism make health tourism a valuable economic opportunity.

Example:

After undergoing a medical procedure in South Australia, patients could then take advantage of one of the State's tourism destinations to recuperate, benefiting from the local environment, country air, slower pace of life, walks on the beach, fresh produce, while still having access to quality regional health services.

At the same time, there is also a growing demand from consumers for healthy products and services. Throughout the market place they are demanding healthier options, from healthier foods to healthier transport. Consumers are demanding travel experiences that both meet their recreation needs and enhance their health. The tourism industry needs to be responsive to these market signals – in particular to the growing market of ageing baby boomers and the need for special affordable offers for families.

[4] www.tasting-australia.com.au/AdelaideFoodSummit

Photo: SATC/Adam Bruzzone

Photo: Panache Photography

Changing mindsets: *addressing the determinants of health*

Recommendation:

- The South Australian Government should pioneer a 21st century health policy that takes its starting point from the determinants of health.

If societies are to prepare adequately for the 21st century they must completely rethink their approach to health policy. A health policy for the 21st century must address the classic determinants of health, such as education, work, housing, transport and particularly equity. However, it must also account for the health impact of new societal developments – I have called these the 21st century determinants of health – and respond to them. Finally, it needs to factor in key elements of unsustainable health development – it is particularly these factors that lead to the financial crunch in modern welfare states. Some countries, such as Sweden, have now based their health policies on a health determinants approach. These are measured through 38 main indicators, which in turn are related to the sectors which can take decisions that influence them.

Eleven general objectives for the Swedish Public Health Policy [5]

- Participation and influence in society
- Economic and social security
- Secure and favourable conditions during childhood and adolescence
- Healthier working life
- Healthy and safe environments and products
- Health and medical care that more actively promotes good health
- Effective prevention against communicable diseases
- Safe sexuality and good reproductive health
- Increased physical activity
- Good eating habits and safe food
- Reduced use of tobacco and alcohol, a society free from illicit drugs and doping, and a reduction in the harmful effects of excessive gambling.

The World Health Organisation (WHO) has recently established a prestigious Commission on the Social Determinants of Health, in which South Australia features prominently through the membership of Professor Fran Baum. South Australia has contributed to these global discussions by hosting several meetings of the commission, in particular a meeting focusing on social determinants of Aboriginal health. The recommendations of the Commission will be issued later in 2008 and can provide additional guidance to South Australian policies. Its key message is that any 21st century health policy must take its starting point from the 'causes of the causes' – that is, the broad range of living and working conditions that determine our health status and outcomes.

[5] National public health objectives for Sweden. Gunnar Ågrin, Director General, revised ed. (2003)

The classic determinants of health

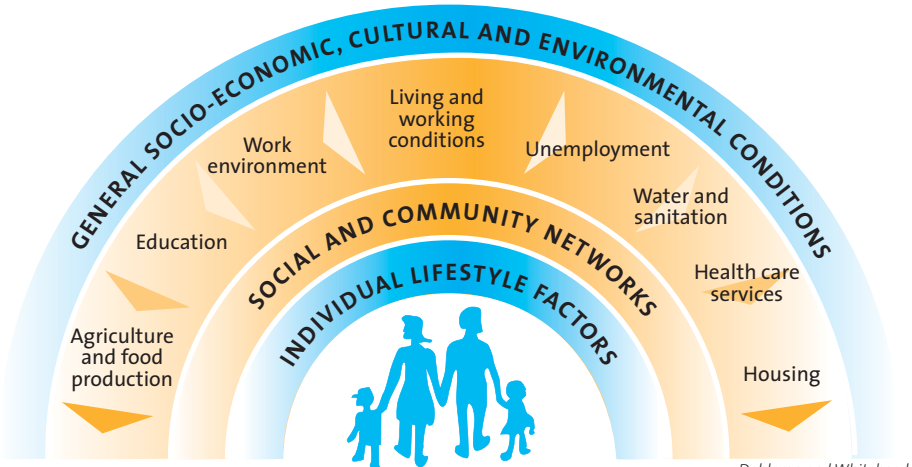
The health of individuals and populations is shaped by broad societal factors known as the determinants of health and wellbeing. These determinants include the social, economic and physical environment, as well as individual behaviours and characteristics. In 1986 the Ottawa Charter for Health Promotion clearly stated that *health is created in the context of everyday life: where people live, love, work and play.* The rapidly changing nature of society has added new contexts in which we need to consider the creation of health. Our society is organised in ways that lead to unequal access to resources for health. For example, gender is not simply a constitutional factor affecting health. It is a structural determinant of health embedded in societal structures, power and processes. If policies do not take gender differences into account then they will perpetuate inequalities. For South Australia, the health of Aboriginal people is a special challenge that can only be fully understood with a view on the determinants of health.

The 'classic' determinants of health still have a major influence on health in the 21st century. They include:

1. income and social status
2. social support networks
3. education and literacy – e.g. health literacy
4. employment/working conditions
5. social environments
6. physical environments
7. personal health practices and coping skills
8. healthy child development
9. biology and genetic endowment
10. health services
11. gender
12. culture.[6]

[6] Compiled by the Public Health Agency of Canada

Changing mindsets: addressing the determinants of health



A perspective on social determinants makes clear the role of government sectors other than health that are responsible for many of the policy decisions which shape the health of the population. This becomes clearer if we look at a list of determinants that specifically focuses on the public policy environment (e.g. income and its distribution) rather than characteristics associated with individuals (e.g. income and social status).

The priority list of the 12 social determinants of health then changes:

1. Aboriginal status
2. early life
3. education
4. employment and working conditions
5. food security
6. gender
7. health care services
8. housing
9. income and its distribution
10. social safety net
11. social exclusion
12. unemployment and employment security. [7]

Determinants of Aboriginal health

Recommendations:

- Examine all policy initiatives in South Australia in terms of their possible impacts on Aboriginal health and wellbeing.
- Expand the application of the Department of Health *Aboriginal Health Impact Statement* to include all government policies.

For Aboriginal people, health is defined as not just the physical and spiritual wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community.

The Aboriginal population experiences disadvantages across the range of socioeconomic conditions we recognise as determinants of health: education, income, employment, transport and housing.

In addition to these determinants, long-term historical influences such as colonisation, disruption of ties to the land and the loss of cultural practices and knowledge also shape the health of Aboriginal people. These processes continue to have an impact on the health and wellbeing of Aboriginal people in the present day.

[7] The SDOH National Conference list

The Western Australian Child Health Survey (2005), the first comprehensive survey of its kind in Australia, revealed a number of factors that had a specific impact on the health and wellbeing of Aboriginal young people. These include:

- **Remoteness:** a little more than half of Aboriginal young people were living in some degree of isolation.
- **Forced separation or forced relocation:** approximately two of every five children were in households affected by forced separation or relocation with carers or grandparents.
- **Major life stressors:** Death, separation and divorce figured in the lives of a high proportion of Aboriginal children.
- **Financial strain:** 44% of Aboriginal families reported that they only had enough money to get through to the next payday.

At the International Symposium on the Social Determinants of Indigenous Health held in Adelaide in 2007 it was determined that too often Indigenous people and their social conditions are invisible.

Emerging from the proceedings of the International Symposium and associated material are a range of 'key themes' and 'areas for action', including:

- diversity
- colonisation and decolonisation
- human rights
- self determination
- economic distribution
- lack of data
- indigenous cultures, world views and 'holistic paradigm'
- reform of institutions and services
- land
- dealing with racism
- family community and health – rebuilding strong communities
- global responses to global crises in Indigenous health.

Aboriginal and Torres Strait Islander Australians have a life expectancy some 17 years less than other Australians. Aboriginal people suffer greater ill-health and are more likely to experience disability and reduced quality of life. They experience earlier onset of chronic conditions, including circulatory diseases, diabetes, respiratory diseases, musculoskeletal conditions, kidney disease, eye and ear problems and mental and behavioural disorders, and are more likely to be hospitalised than other Australians (ABS 2005).

Improving Aboriginal health and wellbeing has been a key reference for the South Australian Social Inclusion Initiative. This initiative has been established to advise the South Australian Government on innovative ways to address the State's most difficult and complex social issues. Other references have included homelessness, mental health and disability. Actions to increase health equity have been implicit in many of the social inclusion initiative response, through their focus on fair and appropriate access to the classic social determinants of health and wellbeing.

The South Australian Social Inclusion Initiative has the potential to provide innovative approaches to addressing some of the 21st century health challenges.

The 2007 Health in All Policies Conference acknowledged the need for additional 'lenses' to focus on priority issues such as Aboriginal health. One means of achieving this is to use an Aboriginal Health Impact Statement to examine policies. South Australia already has a process outlined in *SA Health: Preparing an Aboriginal Health Impact Statement*.

The Department of Health executive has endorsed the application of an Aboriginal Health Impact Statement to all of its health policies.

In preparing an Aboriginal Health Impact Statement the following needs to be considered and documented:

- engagement processes with Aboriginal people
- the possible impact of the initiative on Aboriginal people
- the importance of the initiative and/or issue to Aboriginal people
- the positive impact of the initiative
- opportunities that the initiative provides to build community capacity. [8]

[8] Dept of Health, Preparing an Aboriginal Health Impact Statement

Changing mindsets: addressing the determinants of health

21st century health determinants

In the 21st century we must come to terms with new forces that act to create or compromise health. The shift from the industrial society of the 19th and 20th centuries to the knowledge societies of the 21st century is as ground-breaking as was the shift from the agrarian to the industrial world, and the diseases that come with this change are of a societal, not an individual nature. As I have previously mentioned, just as cholera was symptomatic for all the dimensions of the rapid urbanisation of the 19th century, obesity is the symbolic disease of our global consumer society. It will be the test case for the health governance of the 21st century. It can only be resolved through great political commitment, willingness to innovate and social action at all levels of society.

The key health sustainability challenges of 21st century societies

1. Demographic and financial pressures are brought to bear on health and social systems by the ageing of societies. Societies need to support an increase in healthy life expectancy and an independent life, despite disability and chronic disease, otherwise we might witness a breakdown of support systems and social solidarities.

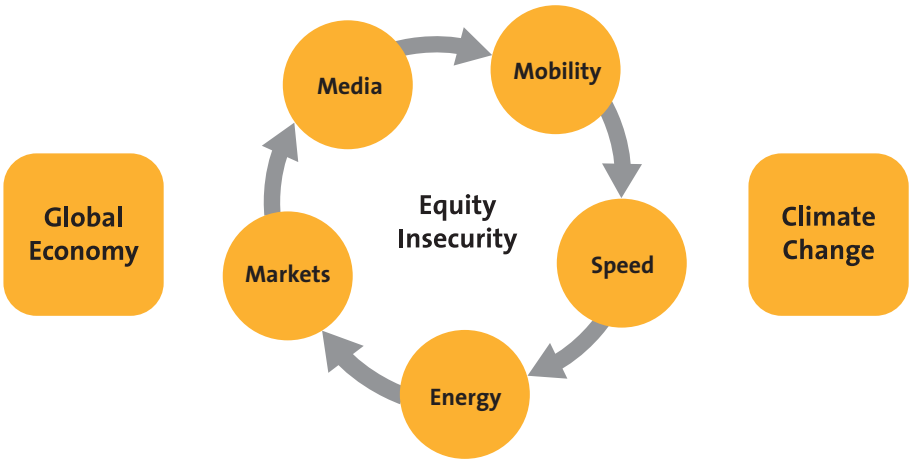
2. In view of new epidemiological developments – for example, the increase of overweight and obesity, early onset of diabetes, an increase in mental health problems – the generation of children born at the turn of the 21st century could be the first to have a lower health and life expectancy than their parents. Increased investment in the health of the next generation is critical.

3. Health system organisation and financing is not sustainable without major reorientation away from acute care towards increased prevention, management of chronic disease, and community based, integrated primary health care.

4. With globalisation we are witnessing the rapid spread and emergence of new infectious diseases – such as SARS and HIV AIDS – and the re-emergence of others, such as tuberculosis; there is increasing fear of a global influenza pandemic. Increased preparedness is critical at all levels of health governance.

5. As 21st century societies are restructuring they are witnessing increasing health inequalities; addressing these widening gaps will be a key challenge for trust in modern democracies.

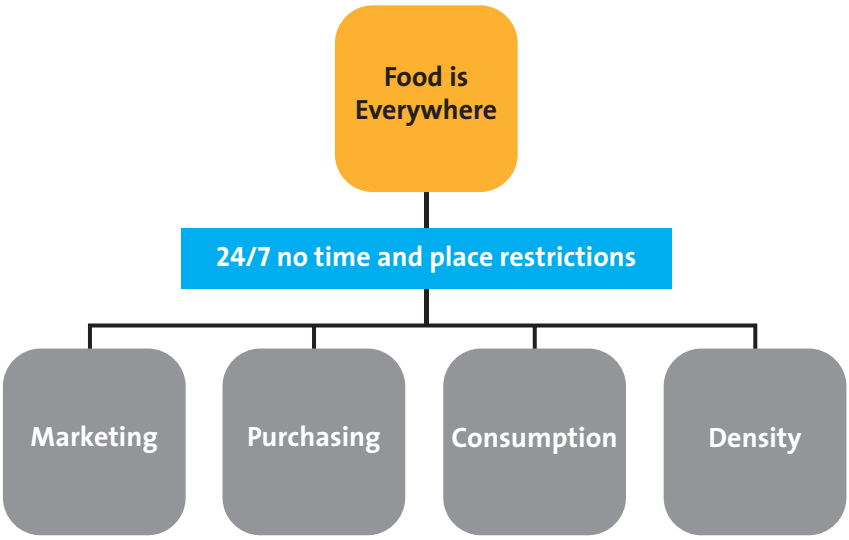
6. We are only just beginning to understand the health impacts of global warming and climate change. We must be more conscious of the interdependence of health sustainability and environmental sustainability.



These six dimensions of unsustainable health development reflect that in the 21st century new influences have emerged that have a profound effect on our health. We live in an increasingly globalised world where many health risks are trans-national and attempts to address them lead into the international arena. Climate change, for example, is already having an impact on population health. We also recognise that social attitudes such as racism or sexism, or social inclusion and exclusion, have an impact on the health of individuals and groups in society. A 21st century view must also include the virtual world made possible by personal computers, mobile phones and Internet access and the potential health issues arising from their use.

We are beginning to understand that, in addition to the 'classic' determinants described above, health is increasingly being shaped by forces such as the speed of modern societies, globalisation of markets, the increasing mobility of individuals, energy expenditure, concerns regarding risk and safety, and the reach of the media. These forces cut across many of the acknowledged social, environmental and economic determinants of health. A good example is the seminal changes in food and energy intake.

Seminal changes in food and energy intake



SOUTH AUSTRALIA'S STRATEGIC PLAN 2007

Health in All Policies

Recommendations:

Implement a Health in All Policies approach in South Australia.

Political commitment:

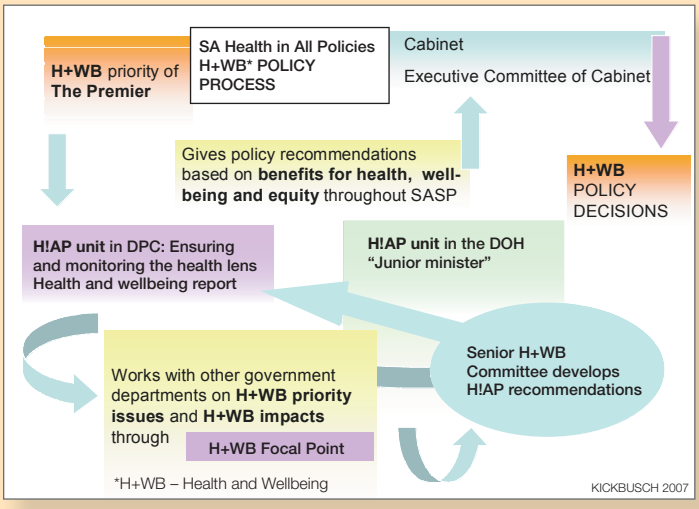
- Issue a Premier's Directive on Health in All Policies which identifies health as a key factor and shared goal of South Australia's Strategic Plan and all of SA Government, and which establishes mechanisms of the type mentioned below.
- Identify priority areas of South Australia's Strategic Plan in which the health lens and HiAP should be further developed and implemented between 2008 and 2010. For example, targets should relate to:
  - human capital, workforce, demographics and health
  - obesity and the next generation (Generation H!SA)
  - education, health and health literacy
  - social inclusion, Aboriginal health and its determinants, and identify the government departments and units within Department of the Premier and Cabinet (DPC) which would be key drivers for each of these priority areas, using the case study approach.
- Identify resources for the implementation of the HiAP process.
- Review various government acts with their health consequences and contributions in mind – for example, the Education Act, Public and Environmental Health Act, Local Government Act.
- Explore the potential of a children's health act which addresses the range of health challenges for children in the 21st century and provides the legal base for Generation H!SA.

Governance mechanisms:

- Establish a joint unit on HiAP in DPC, staffed jointly by DPC and the Department of Health (DH), to coordinate this work.
- Require departments to develop an internal review process of the 'health lens' and nominate a 'health focal point' to engage in up-front, all-stakeholder health impact assessments of key policy proposals.
- Require the Department of Treasury and Finance to propose budget mechanisms and mechanisms for joint accountability for HiAP.
- Establish a HiAP committee that reviews the outcomes of the health lens and HiAP work in the identified priority areas and makes policy proposals to EXCOM and Cabinet.
- Establish a minister to assist the health minister to support and drive the HiAP process throughout government.
- Issue a bi-annual Health Lens Report of South Australia's Strategic Plan which analyses the contribution of health to the State's goals, and could be based on data from the Data Linkage Program (see under 'Future directions').

Supportive mechanisms:

- Create/nominate a competence centre for HiAP to increase the skills within government to engage in HiAP.
- Strengthen the research support for the implementation of HiAP and the health dimensions of South Australia's Strategic Plan throughout the South Australian universities.
- Take the HiAP agenda and experience to the national level through the mechanisms available, such as COAG, the National Reform Agenda and the planned national prevention task force.
- Take the HiAP agenda and experience to the international level through WHO and OECD mechanisms and the hosting of an international meeting in 2009 demonstrating South Australian leadership.



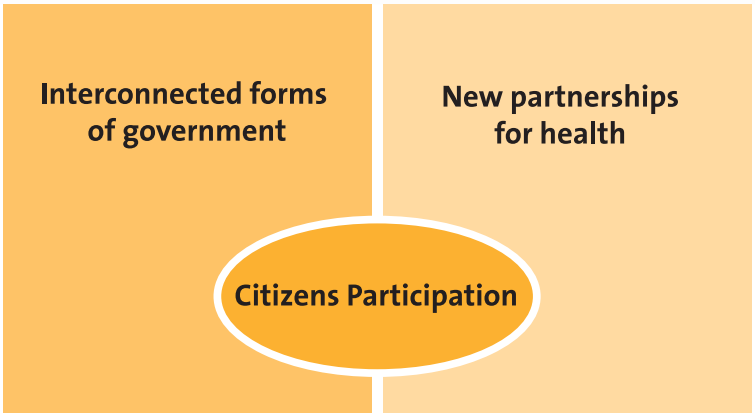
Health in All Policies

Health in all Policies is an innovative policy strategy that responds to the critical role that health plays in the economies and social lives of 21st century societies. It introduces better health (improved population health outcomes) and the health gap as shared goals across all parts of government and addresses complex health challenges through an integrated policy response across portfolios. By incorporating a concern with health impacts into the policy development process of all sectors and agencies it allows government to address the key determinants of health in a more systematic manner, while taking into account the benefit of improved population health for the goals of other sectors.

To create a healthy 21st century society we must differentiate between 'health and medical care policy' which deals with the management of the health care system and 'policies for health' which work to address the broad range of factors that create 'health'. The health of a population is largely affected by factors outside the health sector – the environment, education, housing, transport, work etc.

A major thrust of this residency has been the development of process to ensure that health is 'everybody's business'. Clearly if health is created by factors outside the remit of the traditional health sector then the creation of a healthy society needs commitment and action from all sectors of government, new partnerships for health, and citizens' participation.

Healthy societies are the result of complex interactions between people, places and policies. With its long-term Strategic Plan and many of the policy and program initiatives already under way, South Australia is well placed to become a world leader and innovator in the creation of a society that supports and enhances the health of its citizens.



Case Study – Healthy Public Policy

South Australia has figured prominently in international agenda setting for healthy public policy. In 1988, Adelaide hosted the Second International Conference on Healthy Public Policy. The Adelaide recommendations set an agenda that is still relevant today:

Healthy public policy is characterised by an explicit concern for health and equity in all areas of policy, and by an accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes health choices possible or easier for citizens. It makes social and physical environments health-enhancing. In the pursuit of healthy public policy, government sectors concerned with agriculture, trade, education, industry, and communications need to take into account health as an essential factor when formulating policy. These sectors should be accountable for the health consequences of their policy decisions. They should pay as much attention to health as to economic considerations.[9]

The Health in All Policies recommendation reinforces the findings of the Commonwealth *Connecting government* report 2004, which indicates that a set of issues needs to be resolved in order to ensure the sustainability of a joint government approach:

- developing a supportive culture and skills base
- instituting appropriate governance
- building budget and accountability frameworks
- maximising information and communications infrastructure
- improving government engagement with individuals and communities
- building the capacity to respond quickly and effectively to emerging issues and future crises.

[9] Adelaide recommendations, www.who.int/healthpromotion/conferences/previous/adelaide/en/index.html

The South Australian Health in All Policies approach

During the first residency period early in 2007 the HiAP approach was identified as a strategic mechanism for achieving the positive vision for health and wellbeing outlined in South Australia's Strategic Plan.

In the period between the two residencies a HiAP policy learning process was developed to advance the HiAP approach in South Australia. This process provides a model for the implementation of HiAP across government. It is supported by a growing understanding across all government sectors that the complex social and economic issues of the 21st century require joint policy solutions, as they do not reside within the domain of any one policy area or department. Fundamental to the success of the process were factors that facilitated policy learning through intersectoral collaboration and moved the HiAP policies agenda from theory to practical application.

A unique advantage of this process was the strategic importance of South Australia's Strategic Plan to all government agencies. HiAP offered an opportunity to explore some of the interconnections contained within South Australia's Strategic Plan and to identify joint win-win solutions.

Driving HiAP through South Australia's Strategic Plan provided a strong impetus for cross-sectoral collaboration in order to meet the plan's targets. What follows is a detailed description of this process as it evolved as a policy innovation throughout the residency.

A health lens on South Australia's Strategic Plan

South Australia's Strategic Plan was launched in March 2004 and updated in January 2007. It expresses the values, priority areas and actions for the future directions of the State. The plan contains 98 targets relating to six major objectives:

South Australia's Strategic Plan's objectives and specific targets are part of a larger inter-related framework that encourages both collaboration and innovation required to address some of the most complex issues facing South Australia. It provides an excellent starting point for such an integrated approach to ensure policy coherence and informed policy making.

The Department of the Premier and Cabinet undertook an analysis of South Australia's Strategic Plan, examining the inter-connections and synergies between a sample of targets across all six objective areas and their health impacts. A 'health lens' framework, used as a basis for the analysis, was informed by the social determinants of health, the 'Influences on Health' model developed by Dahlgren and Whitehead[10], and the health lens tool developed by the New Zealand Public Health Advisory Committee. This provided a mechanism for integrating health considerations across a wide range of policy areas that affect the social determinants of health, such as the environment, education, child development, social capital, housing, transportation, and employment.

The resulting discussion paper identified relationships between sectors and stimulated further work in capturing the spirit of HiAP. South Australia's Strategic Plan is highlighted as an example of HiAP by demonstrating key interconnections that exist between targets in the plan and health outcomes within the community. This analysis has aided policy and decision-makers outside the health sector to recognise these interconnections and appreciate the important role that non-health policies play in promoting health.

Objective 1 Growing Prosperity	T* 1.1 Economic growth T 1.22 Total population	**Objective 4** Fostering Creativity & Innovation	T 4.8 Broadband usage T 4.9 Public expenditure
Objective 2 Improving Wellbeing	T 2.2 Healthy weight T 2.8 Statewide crime rates T 2.12 Work-life balance	**Objective 5** Building Communities	T 5.6 Volunteering T 5.9 Regional population levels
Objective 3 Attaining Sustainability	T 3.6 Use of public transport T 3.7 Ecological footprint T 3.9 Sustainable water supply	**Objective 6** Expanding Opportunity	T 6.5 Economic disadvantage T 6.16 South Australian Certificate of Education or equivalent

*T = Target

[10] Dahlgren G & Whitehead M. *Policies and strategies to promote social equity in health*. Stockholm: Institute of Future Studies (1991)

Health in All Policies

Policy learning
April – November 2007

In the period between the two residencies a process was developed to advance the HiAP approach in South Australia, providing a model for its implementation across government.

Critical factors for the success of the process included:

Recommendations on innovation through the Thinker's program

- the interim report recommendations presented the HiAP approach in accessible language and provided a foundation for action.

Leadership and support from throughout government

- leadership and support from Department of the Premier and Cabinet (DPC) throughout the development of the HiAP process – in particular the commitment from DPC to apply a health lens to 14 targets of South Australia's Strategic Plan
- high-level support from the Department of Health (DH)
- a joint DPC and DH high-level steering group to oversee the development of HiAP
- engagement of support and commitment from the Senior Management Council
- the establishment of a high-level, cross-department reference group to guide the planning process and engage key departments in the HiAP approach.

Allocation of resources

- the allocation of dedicated resources from the Department of Health to coordinate the HiAP process and conference in partnership with DPC
- a policy learning process involving a wide range of stakeholders – creating a communications infrastructure
- the stakeholder process, involving the development of seven case studies based on the health lens analysis, which provided an iterative process that ensured regular engagement with key South Australia's Strategic Plan stakeholders and enabled input from all sectors
- clear opportunities for agencies' South Australia's Strategic Plan targets to be progressed through their involvement in the HiAP process
- the involvement of senior staff, with significant experience of working across government and strong personal networks, in driving the process
- DH consistently stating that HiAP was not about just about it achieving its targets and goals – it was equally as important that progress was made to achieve other agencies' targets and goals.

A deadline

- the commitment by DPC and DH to convene a HiAP conference for senior executives from across the South Australian government at the beginning of the HiAP planning process, which concentrated stakeholders' involvement and provided a focal point for action.

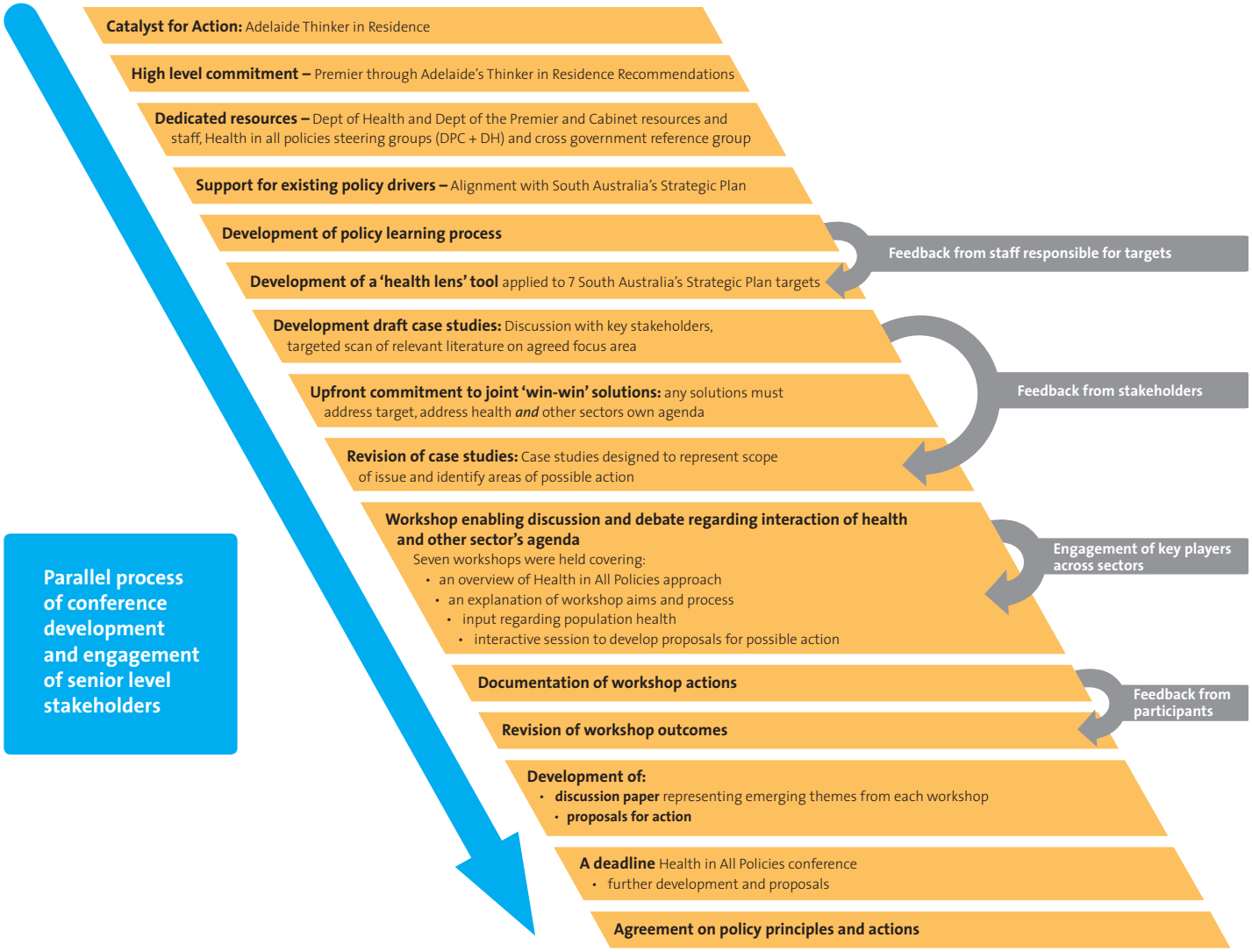
A supportive culture

- personal approaches to key stakeholders to encourage engagement
- feedback loops which kept key stakeholders apprised of the process and outcomes from the workshops
- permission for participants to put aside normal bureaucratic constraints and 'think outside the square'
- 'win-win' disposition to problem-solving, demonstrating advantages to all stakeholders, not just health.

Outcomes from the policy learning experience:

- an agreed set of South Australian HiAP principles for government
- commitment to convene a follow-up HiAP forum in February 2008 to continue the policy learning process
- preliminary discussions between Department of the Premier and Cabinet and Department of Health on how to best action HiAP.

Health in All Policies – the South Australian Model, Stage 1



Health in All Policies

Health in All Policies Conference – November 2007

The Health in All Policies Conference, held on 21 November 2007, brought over 150 senior State Government executives together, to consider the links between HiAP and the achievement of South Australia's Strategic Plan. The conference program was designed to ensure that delegates became familiar with the concept of HiAP and how it can address some of the complex issues facing South Australia. This was the very first time in South Australia's history that such a broad representation of government came together to discuss health and its impact.

The Conference, jointly convened by the Department of the Premier and Cabinet (DPC) and the Department of Health (DH), helped to build broad commitment to HiAP from across the whole of the South Australian public sector. It was important that the Conference was seen as a joint initiative between central government and the health sector, so increasing its legitimacy with senior executives from other government agencies and ensuring their engagement.

To begin, the Conference presented delegates with a case for action. This included arguments about the need to halt the escalating costs of the health care system and the critical role that other government agencies play in creating healthy people and communities. The connections between a healthy economy and a healthy population were also discussed. Delegates heard that South Australia needs a healthy workforce to maintain its thriving economy, and that employment plays an important role in the health of both individuals and populations. The key message at the Conference was that HiAP is a viable way for government to address a range of complex issues and at the same time achieve improved population health. Or indeed, that better population health can be part of the solution to challenges in other policy portfolios.

The program focused on issues of relevance to all of government and aimed to move towards a HiAP agenda. For example, the program included presentations from both international experts and key government officials, including the Deputy Under-Treasurer, the Deputy Chief Executive of Cabinet Office, DPC, Chief Executive of Health and senior directors from the Department of Trade and Economic Development and the Department of Further Education, Employment, Science and Technology. The Minister for Health opened the Conference and the Chief Executive of the Department of the Premier and Cabinet closed the Conference, again symbolising the importance of HiAP for all of government.

Another important dimension within the Conference program was the opportunity for delegates to 'try HiAP'. Where possible, delegates were provided with practical examples of where they could apply HiAP to one of the South Australia's Strategic Plan targets within their portfolio's brief. The opportunity to work through the process, even just the preliminary stages, proved very valuable for delegates. At the close of the Conference delegates asked to have the case study process continue, and a number of agencies who did not participate in the lead-up to the conference asked to be included in future case studies.

The one-day Conference was supported by two ancillary events: a breakfast briefing session for Senior Management Council and chief executives from key South Australian Government departments; and the HiAP workshop. The breakfast briefing session, held on the morning of the Conference, informed chief executives that this was the beginning of a new policy process and sought Senior Management Council support to continue to progress the HiAP agenda.

The HiAP Workshop, held on the morning after the HiAP Conference, brought back 50 selected senior executives to discuss and recommend the most appropriate processes, mechanisms and structures to ensure that HiAP becomes part of the regular South Australia's Strategic Plan policy making. A summary of outcomes from both the HiAP Conference and the Workshop is outlined below.

There was agreement that:

- there is a need to halt the escalating costs of the health care system to ensure the continuing prosperity of South Australia
- whilst the health system has a significant role to play, it cannot improve the health of South Australians on its own. Government departments other than health have greater capacity to address the social determinants of health and wellbeing, the underlying causes of disease
- an across-government approach is required to improve the health of

South Australians by tackling the social determinants of health and wellbeing

- linking HiAP to South Australia's Strategic Plan was recognised as a sound model on which to develop an across-government approach to improving health and wellbeing
- there was strong support to continue the South Australia's Strategic Plan health lens/case study approach developed in the lead-up to the Conference
- high level across-government policy principles would be useful to support the uptake of HiAP
- the Department of the Premier and Cabinet should take a lead in coordinating HiAP in All Policies
- the Department of Health needs to provide technical support and develop capacity with other government agencies
- government agencies need to identify a single referral point for HiAP.

For further information visit www.health.sa.gov.au/PEHS/health-in-all-policies

The Health in All Policies Forum – February 2008

To continue the momentum I was invited back to South Australia to participate in the Health in All Policies Forum, together with fellow Adelaide Thinker in Residence, Dr Geoff Mulgan, held on 19 February 2008. The Forum was designed to respond to delegate feedback from the HiAP Conference, specifically to build the capacity of key government policy makers to apply HiAP within their own portfolios, and to ensure that a HiAP approach is integrated into South Australia's Strategic Plan.

The Forum program enabled delegates to:

- consider the experiences of other jurisdictions which have incorporated population health issues across all government actions, and identify their application to South Australia, and
- increase their technical expertise in applying the health lens and implementing HiAP.

The Forum drew together over 60 executives and senior policy makers from across State Government, local government and the non-government sectors. At the Forum, delegates stated their ongoing support for HiAP and the need for HiAP to be jointly sponsored by DPC and DH, and called for a clear commitment from government. The Forum program included presentations from international experts in the field of healthy public policy, health and social impact assessment and social innovation. It provided delegates with concrete examples of how healthy public policy is achieved in other jurisdictions.

The Forum was a great opportunity to bring together two Thinkers in Residence with complementary expertise – 21st Century Health and Social Innovation.

I understand that the Government of South Australia is now considering how best to establish HiAP as part of its South Australia's Strategic Plan policy-making process. It has also committed to hosting an international meeting of key senior officials from OECD countries and key representatives from WHO, in March 2009, to share South Australia's developing expertise in applying HiAP.

Health in All Policies: the ten principles

One of the key outcomes from the Health in All Policies Conference was the development of a set of core principles. The principles articulate fundamental values to underpin a HiAP approach and are a starting point for implementing health in all policies throughout the South Australian Government.

There was broad agreement from conference delegates that HiAP is an important approach to include in future policy-making processes and they endorsed the following principles.

A HiAP approach reflects health as a shared goal of all of government. In particular it:

1. recognises the value of health for the wellbeing of all citizens and for the overall social and economic development of South Australia. Health is a human right, a vital resource for everyday life and a key factor of sustainability

2. recognises that health is an outcome of a wide range of factors, such as changes to the natural and built environments or to social and work environments – many of which lie outside the activities of the health sector and require a shared responsibility and an integrated and sustained policy response across government

3. acknowledges that all government policies can have positive or negative impacts on the determinants of health, and such impacts are reflected both in the health status of the South Australian population today and in the health prospects of future generations

Health in All Policies

4. recognises that the impacts of health determinants are not equally distributed among population groups in South Australia and aims at closing the health gap, in particular for the Aboriginal peoples

5. recognises that health is central to achieving the objectives of South Australia's Strategic Plan – it requires both the identification of potential health impacts and the recognition that good health can contribute to achieving the Plan's targets

6. acknowledges that efforts to improve the health of all South Australians will require sustainable mechanisms that support government agencies working collaboratively to develop integrated solutions to current and future policy challenges

7. acknowledges that many of the most pressing problems of population health require long term policy and budgetary commitment as well as innovative budgetary approaches

8. recognises that indicators of success will be equally long term and that regular monitoring and intermediate measures of progress will need to be established and reported back to South Australian citizens

9. recognises the need to regularly consult with citizens to link policy changes with wider social and cultural changes around health and wellbeing

10. recognises the potential of partnerships for policy implementation between government at all levels, science and academia, business, professional organisations and non-governmental organisations to bring about sustained change.

The next step: taking Health in All Policies to the local level

Recommendations:

- Local government should expand its role in creating supportive environments for health by applying a Health in All Policies approach.
- The case study process undertaken at the State level to develop a HiAP approach should be applied at the local level, driven by the Local Government Association.
- The current review of the Public and Environmental Health Act should include measures which strengthen local action and incorporate a HiAP approach.
- At a regional level, strong links should be established between the regional health plans, the GP Plus strategy and local government to ensure that interventions for health span individual and community levels. It is important that families receive appropriate, easily accessible and integrated treatment options as well as being supported in making healthy choices in their local environment.
- A South Australian Centre for Collaboration in Health should be established to increase capacity at the local level for HiAP. Such a centre would:
  - contribute to an evidence base for regional action in health through documentation and evaluation of local initiatives. Consider using a 'Prevention Labs' approach (see Health Research in South Australia: Future Directions)
  - build capacity and skills at the regional level through training, mentorship and workforce development
  - develop tools and resources that will assist agencies to work collaboratively to achieve better health for local communities.

HiAP is an approach that directs us to work not just across sectors but also across all tiers of government. If South Australia is to achieve the vision of its strategic plan, local government must be a key player. If health is to be created where people live, love, work and play then local government, in partnership with other local agencies and business and with citizen involvement, will be critical in ensuring that local environments are supportive of health. State Government recognises the importance of local government as a partner in achieving the targets of South Australia's Strategic Plan. Participants in the 2007 Health in All Policies Conference emphasised the need for local government engagement.

Although local government may not have traditionally categorised its activities under the 'health' banner it is clear that, from rubbish collection to development planning, it is already playing a critical role in the creation of a healthy society.

South Australia has many examples of positive local government action. Two of the partners in this residency, the cities of Onkaparinga and Marion, demonstrate leadership in this area. A number of collaborative, inter-sectoral structures operate within the southern metropolitan area. These include:

- Healthy Cities Noarlunga, with links to the Noarlunga Together Against Drugs forum
- Noarlunga Towards a Safer Community
- Onkaparinga Collaborative Approach for the Prevention of Domestic Violence and Indigenous Family Violence; the Roundtables established through the Southern Social Planning Alliance (Youth, Children & Families, Housing)
- Aldinga/Sellicks Alliance; Inner Southern Social Planning Alliance, also with Roundtables (Youth, Children & Families)
- Southern Services Reform Group
- the Southern Adelaide Transport Advisory Group.

These networks have strong links with local government, in particular with the cities of Onkaparinga, Marion and Mitcham. Flinders University also has an established relationship with a number of local networks and agencies.

It is essential though to carry these activities to a new level. There is currently no mechanism by which this experience and wisdom are systematically shared and there is no systematic evaluation of the local level initiatives.

The concept of a South Australian Centre for Collaboration in Health was first suggested in my interim report. The proposal for the centre has now gained momentum, with interest expressed by the 'southern partners' – the cities of Onkaparinga and Marion, Flinders University, Noarlunga Healthy Cities – working together to explore its feasibility. Other important partners, such as the City of Mitcham, have also expressed interest.

Initially southern focused, it is envisaged that the centre would grow to become a resource for the whole State and could be supported by the Local Government Association. Flinders University, through the South Australian Community Health Research Unit and the Department of Public Health, has strong links with agencies in northern metropolitan Adelaide and regional areas. These links could provide the basis for the expansion of the Centre. Support from the university provides research and evaluation resources and expertise.

The Centre would play an important role in documenting and evaluating the way broader initiatives such as Generation H!SA and health literacy activities play out at the regional level.

Throughout my report many opportunities emerge for action at the local level – for example, the role of local libraries in strengthening health literacy, local level partnerships to support Generation H!SA and improved Aboriginal health and wellbeing, and in particular the valuable role that local government can play in developing policies and environments that support the health and wellbeing of their communities.

Generation H!SA: *investing in children*

Recommendations:

- Develop concerted policy and action on healthy weight and wellbeing for children using a Health in All Policies approach.
- Implement the Generation H!SA model: a strategic approach.

'To date no country in the world has developed a long-term strategy in which scientific evidence and policy analysis are effectively integrated to tackle the obesity problem, although the need for such an approach is widely recognized.' [11]

The challenge

Healthy people are South Australia's most important human capital. Action on preventing obesity and promoting healthy weight is as critical as action on climate change. It must be a high priority for all of government and for society as a whole. In applying a HiAP approach, all existing government-funded initiatives in this field in South Australia should be brought together in one strategic plan. This plan must have a clear, high-level commitment by the Premier of South Australia and recognisable branding as a priority area to ensure South Australia's future. There is a clear opportunity for South Australian health leadership – nationally and internationally – in the area of healthy weight, similar to the leadership Australia has taken on tobacco, seat belt use and drink driving in the past. There is increasing scientific evidence that by not acting decisively on the determinants of obesity we are endangering the health and life expectancy of the next generation. Epidemiologists are drawing our attention to the fact that the generation of children born at the turn of the 21st century could be the first to have a lower health and life expectancy than their parents. The approach presented here took its lead from the classification of the present generation as generation O (for obese) to develop a policy approach, with the goal to make the next generation of South Australians a healthy generation: Generation H!SA.

The rates of childhood overweight or obesity in Australia have increased from around 5 per cent in the 1960s to around 25 per cent today. In 1995, compared with other developed countries, there was a relatively high percentage (21 per cent) of Australian children who were considered overweight or obese. Childhood obesity in Australia has been estimated to be rising at an annual rate of 1 per cent, meaning that half of all young Australians could be overweight by the year 2025 (Australasian Society for the Study of Obesity 2004). Research also shows that people who are overweight or obese as children are likely to be overweight as adults. Generation H!SA aims to address this life course perspective.

The Generation H!SA model: a strategic approach

1. Start from South Australia's Strategic Plan

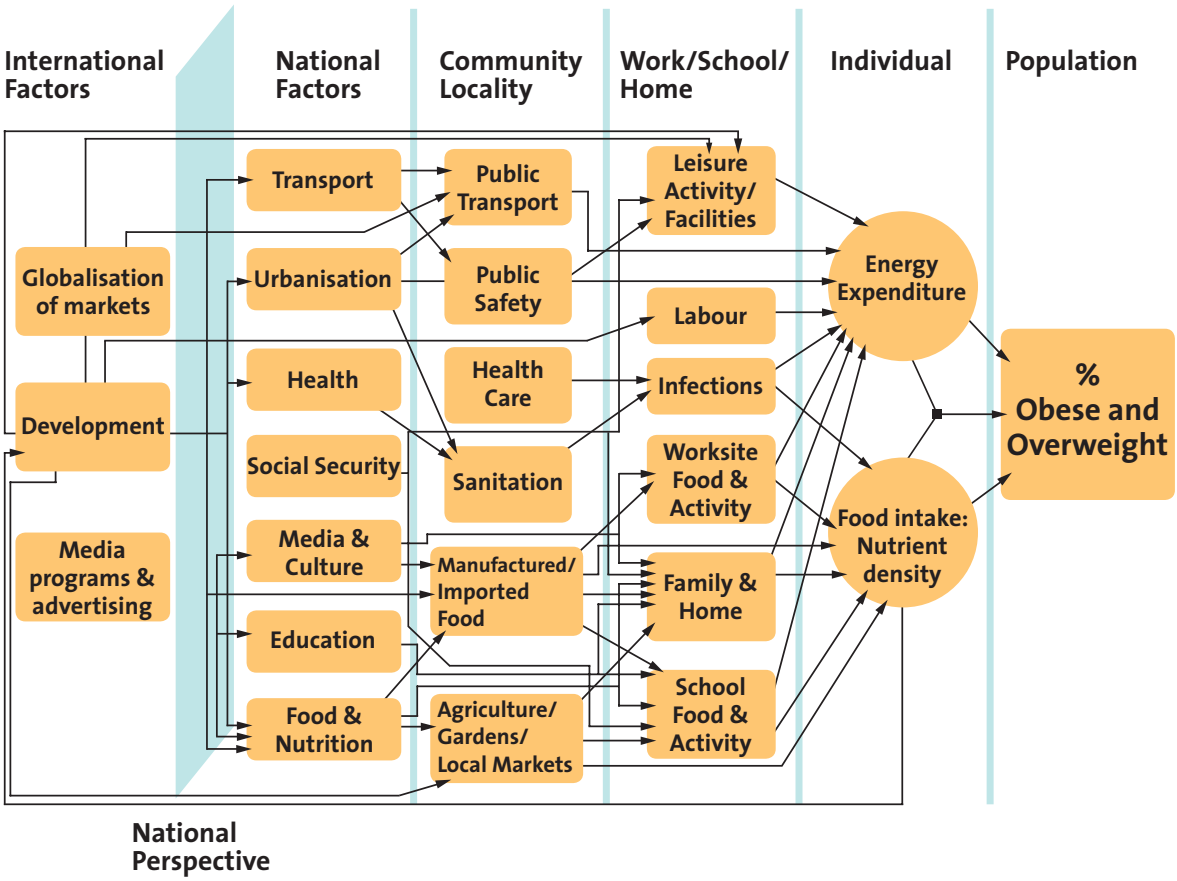
The key objective of Generation H!SA is set out in South Australia's Strategic Plan T2.2. *Healthy Weight*, within the section on *Improving Wellbeing*. It aims to increase the proportion of South Australians 18 and over with healthy weight by 10 percentage points by 2014. While this will remain the main goal to be achieved, other measures and markers of wellbeing and healthy weight should complement it.

2. Ensure a Health in All Policies approach

Generation H!SA would present an ideal opportunity for key interactions across the strategic plan. This ambitious goal can only be achieved if many government sectors and other partners in South Australian society cooperate and are fully engaged in the long term. Healthy weight is an exemplary area of health in all policies and partnership-building across sectors of society. The most important interactions have been mapped by the health lens analysis of South Australia's Strategic Plan, which shows how achieving T2.2. *Healthy Weight* contributes to the other sections of the Plan – growing prosperity, attaining sustainability, fostering creativity and innovation, building communities and expanding opportunities – and to specific targets within them.

[11] Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell J, and Parry V. *Foresight. Tackling Obesities: Future Choices Project report* (2007).

Generation H!SA: investing in children



3. Take a broad approach with significant investment

Based on international experience and the literature, a South Australian strategy must ensure:

- highest political commitment, with the Premier expressing commitment to the future through child specific policies focused on wellbeing
- a long-term and intergenerational strategy based on an environmental approach
- a HiAP approach combined with a partnership approach
- new mechanisms for across-government implementation and accountability
- a scaling up of the efforts by the health and education sectors
- secured funding – possibly through new financing mechanisms
- dedicated research, modelling, surveillance, evaluation and monitoring
- citizen action, involvement and participation.

4. Protect the rights of children

Generation H!SA is also based on the International Convention on the Rights of the Child, which sets out the basic human rights for children everywhere: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The Convention protects children's rights by setting standards in health care, education, and legal, civil and social services.

5. Take full account of the social gradient in obesity

There is a confirmed link between childhood obesity and deprivation. An authoritative National Audit Office report in the United Kingdom shows that the poorer you are, the more likely you are to be obese. A special challenge for South Australia is the health status of Aboriginal children.

6. Build on a combination of approaches

We also know from many of the past public health experiences – in particular tobacco control – that the forces in their environment affect individuals, and that education alone is not sufficient to cause significant behaviour change. Therefore it is critical that the approach address the obesogenic environment, which is out of the control of children – and frequently out of the control of their parents. Such an approach has as its key aim to make the healthy choice the easier choice.

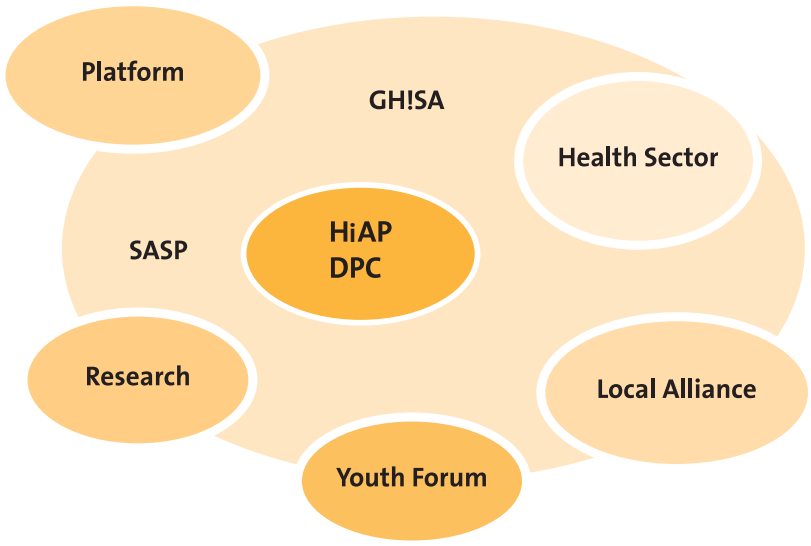
Examples of action which are already under way in South Australia include:

- promoting breastfeeding
- community programs to support healthy eating and physical activity
- promoting cycling and walking through better urban design and transport policies
- establishing opportunities for good nutrition and physical activity in schools.

Other measure include addressing positive body image, the dangers of dieting, social discrimination and peer pressure around weight, as well as supportive programs such as the Department of Education and Children's Services framework on wellbeing.

Of particular importance are regulatory measures, which should include the adoption of regulations to substantially reduce the extent and commercial promotion of energy-dense food and beverages to children. These are already being explored in South Australia and advocated to the national government. Standards for marketing, advertising and body image should also be explored.

Generation H!SA Mechanisms



The strategy: developing synergies and strengthening policy mechanisms

The Generation H!SA is a practical application of the Health in All Policies approach. Five key mechanisms are proposed: two within and three beyond government. All work towards the same goals, adopt the same principles and work under the same 'brand'.

Within government: A Health in All Policies strategy for Generation H!SA

It seems critical to bring together all the elements of existing ministerial and other groups concerned about the health of children into one common strategy. Such a Generation H!SA strategy would be steered by a high-level taskforce, linked to a HiAP unit in DPC, with responsibility for the Generation H!SA healthy weight strategy. It would ensure the links with and trade-offs for other policies, such as social inclusion and child development, and build on the cross-government experience such as the social inclusion unit. Child health impact assessments could be considered as an important planning tool. These would fit well with the child health development approach.

This taskforce would propose specific regulatory measures, which could include the adoption of regulations, as mentioned above, on food and beverage content, as well as a code on marketing such foods and drinks to children.

Other ways to address and integrate the range of determining factors would be to explore a Children's Health Act and to integrate the key issues at stake into the new public health act and new education act.

Generation H!SA: investing in children

In a number of countries new financing mechanisms for health promotion and disease prevention are being explored and implemented. Indeed, Australia was one of the first countries to introduce a dedicated tax on tobacco products, linked to the mechanism of a health promotion foundation. It would be worthwhile to explore a similar approach and introduce a dedicated Generation H!SA tax, for example, on sugared soft drinks. These funds could then – along the model of the health promotion foundations – be used in particular for community-based approaches specifically for disadvantaged children and their parents. A similar use could be made of a percentage of GST for a specific period of time.

Within government, a multi-lateral budget should be considered to reach the Generation H!SA goal.

Within government: the role of the health sector

Generation H!SA strategy would constitute a priority action area for the health sector. The preventive and treatment roles of the health sector are critical for the implementation of Generation H!SA strategy. The new GP PLUS Centres, the children's centres (run together with DECS), children's hospitals, the Aboriginal health services, the mental health services – all need to be fully engaged and have the means to scale up their activities to meet the goals of Generation H!SA. Many of the necessary actions have been mapped out in strategic papers and plans already produced in the health department.

For example, the confirmed link between childhood obesity and deprivation needs to be at the centre of the health sector contribution to Generation H!SA strategy. The many projects that are already under way need to be brought together more closely and examined for synergies, scaled up and broadened, to cover for example body image. Of particular relevance are programs for children who are already overweight and obese and already have chronic conditions.

Finally, it is important that other eating disorders be included in the focus of the health sector strategy, such as bulimia and anorexia. The health services – including the mental health services – need to be resourced and prepared to deal with the growing rate of eating disorders, particularly in young people. They need to be better equipped to deal with interconnected issues: for example, a significant number of girls with anorexia have been sexually abused.

The health sector should further develop standards for schools and young people's work places; it should engage with the education sector to increase the opportunities to improve children's health literacy, as well as introducing programs related to body weight and body image.

Self-assessment and benchmarking tools for all institutions that deal with children should be developed – for example, to review the access to unhealthy food and drink options in working and learning environments.

Further, the health sector needs to consider issues in relation to the health of its own staff as well as the availability of healthy food in hospitals and health centres.

Beyond government: Platform Generation H!SA

A high-level platform on diet, physical activity and health, like the mechanisms applied in many countries and at EU level, should be adopted in South Australia. The aim of such a platform with a focus on Generation H!SA would be to engage and create incentives for the international food and soft drinks industry based in the State to pledge to implement international best practices within South Australia. They could further partner a range of other activities and information campaigns to promote healthy lifestyles, reducing amounts of sugar and salt in food, improving nutritional information on packages and pledging not to market directly to children. The Economic Development Board and Business SA could be involved.

Beyond government: Local Alliance Generation H!SA

A Local Alliance Generation H!SA could aim to generate action with:

- state and local government – for example, in relation to healthy employees, land use, town planning, zoning laws and transportation
- local food production, retail grocers, food processors and restaurants
- entertainment and sports.

The design of healthier communities, in particular the scaling up of physical activities, should be a key focus of local initiatives.

Such a broad-based strategic alliance could help shift the debate on nutrition and physical activity away from a primary focus on personal responsibility and individual choice to one that acts on the role of the local environment in shaping eating and activity behaviours. It can build on community based approaches and initiatives already under way throughout the State.

Initially, the alliance could aim to implement an initiative closely focused on local authorities – as has been developed in France with the EPODE (Ensemble, Prévenons L'obésité des Enfants) model. The aim would be to mobilise all of the population, associations, education, health professionals, children's professionals, shopkeepers, business, restaurants and producers to get fully engaged for Generation H!SA. The Local Government Association could play a critical role in moving such a strategy forward.

Beyond government: the Generation H!SA Youth Forum

It is essential that young people themselves be involved in the program. A core group of active youth already exists through the 'Healthy young thinkers' program. They have developed a set of recommendations including a Young People's Health Forum where they can make their voices heard and contribute to solutions. The Medical Students Association has also expressed its interest.

Generation H!SA: research strategy

Critical to the fully engaged approach of the Generation H!SA is a research strategy with two major components:

- a Generation H!SA cohort study involving the generations born in 2000, 2007 and 2014.
- a serious effort into modelling and scenario development – possibly along the lines of the model developed by Foresight.[12]

Other research dimensions include:

- pilot and demonstration projects
- policy research, studies of alliances and partners
- research on the obesogenic environment in South Australia
- studies on the determinants of obesity.

The aim would be to closely monitor the impact of the fully engaged scenario at the political level on reaching the 2014 target of South Australia's Strategic Plan.

Healthy public policy for children: a Children's Health Act

Recommendation:

- South Australia should consider legislating for a Children's Health Act

In 2003, Arkansas, USA, introduced an Act that called for a comprehensive range of measures to combat the rising levels of childhood and adolescent obesity. Three years after the Act was passed Arkansas has halted the increase in rates of childhood obesity. The Arkansas experience shows that a comprehensive and collaborative effort by legislators, state health officials, educators, clinicians, parents and community members can make a meaningful difference.[13]

Building on South Australia's own successes in using a legislative framework to promote public health, and drawing on experience from other jurisdictions, it is proposed that a Children's Health Act be drafted which aims to protect and promote the health of children. To shape the Act it is recommended that a high-level taskforce, linked to the proposed Health in All Policies Unit in DPC, analyse existing legislation and government efforts to improve child health and identify areas of priority, overlap and gaps. As a first step, examination of the provisions made in the Arkansas Act could be undertaken to determine their applicability to South Australia.

[12] Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell J, and Parry V. *Foresight. Tackling Obesities: Future Choices Project report* (2007).

[13] http://www.rwjf.org/files/publications/other/ACHI_2006.pdf

Generation H!SA: investing in children

Key provisions of Arkansas Act 1220

Act 1220 requires that Arkansas public schools:

- annually report each student's BMI to his or her parents and provide families with information about the importance of nutrition and physical activity
- bar student access to food and beverage vending machines in elementary schools
- create local school-district advisory committees to raise awareness about physical activity and nutrition, and develop school-based policies that create a healthier learning environment
- disclose food and beverage contract agreements, including revenues and expenditures.

In addition, Act 1220 created a Child Health Advisory Committee (CHAC) to make recommendations to the State boards of Education and Health on promoting nutrition and physical activity in schools. Based on CHAC guidance, the Arkansas Department of Education subsequently required that schools:

- improve access to healthy foods in cafeterias
- limit access to competitive foods (such as vended snacks and beverages) and ensure that products offered meet strict nutrition standards
- promote professional development for food service staff
- work toward achieving 30 minutes of physical activity each day in grades K-12.

The scope of a Children's Health Act in South Australia should, however, be broader than a focus on obesity and include other key areas of child health and wellbeing. An across-government taskforce could propose the scope to be covered and identify specific regulatory measures – for example, minimum standards of health literacy achievement for South Australian students, standards for physical activity in schools and child care centres, standards for marketing to children, measures to reduce the extent and impact of commercial promotion of energy-dense food and beverages, access to child health services, including psychological wellbeing, dental health and special provisions for Aboriginal child health.

There is a long history of government intervention to protect children and increasingly legislators are coming to realise that protective measures are also needed in relation to the marketing and consumption of unhealthy products such as sugared soft drinks and junk food. But more consideration needs to be given to legislation that ensures the promotion of child health in the context of a broad understanding of child development and wellbeing.

Children have a right to learn about health and gain the health literacy skills to lead a healthy lifestyle and navigate the consumer society. Finally, governments need to ensure early recognition and individual, targeted responses for children with identified problems through to community-based interventions.

The links between early childhood development and the social determinants of health were explored in an innovative session held during the first part of my residency: 'Panel in the Pub Forum and Discussion: addressing the social determinants of early childhood.' The Forum provided fellow Thinker in Residence and expert in early childhood development, Dr Fraser Mustard, The Hon Jay Weatherill, Minister for Families and Communities, and me with the opportunity to discuss the interconnections between our respective areas of expertise and also to consider the cross-sector solutions that could be adopted by the South Australian government.

The importance of ensuring healthy early childhood development has been highlighted throughout this report, and in particular is addressed within GenH!SA recommendations.

Generation H: their voice

Recommendation:

- Establish a Generation H!SA Youth Forum with structures and processes to link them with key decision-makers, with direct resource support from and connection to the Minister for Health.

  Ensure that the Forum includes representatives from:
  - rural and remote communities
  - Aboriginal communities
  - diverse cultural backgrounds
  - gender balance
  - the Motor Accident Commission's Youth Forum and the Healthy Young Thinkers group.

  The Generation H!SA Youth Forum could be modelled on the Youth Environment Council of South Australia.

  It is essential that young people themselves are involved in Generation H!SA. Young people have a voice but they need structures that allow them to be heard. They need to be taken seriously and to see their ideas put into practice.

'States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.'[14]

Participation of consumers and citizens in decisions regarding their health is a key principle of the new public health. Participation has been promoted as a moral and democratic right; a philosophical approach; a means to achieve service improvement and improve outcomes for participants.

Children and young people remain one of the groups most excluded from mainstream participation mechanisms, with adults often speaking for children. When their voices are heard, however, young people's views may be quite different from those of adults and their perspective can add new dimensions to framing an issue or creating solutions. Participation also reaps benefits for the young people themselves as it encourages cooperation, negotiation and problem-solving.

The process of participation raises questions about who participates, power relationships, and consequences of participation. Marginalised children, such as those living in poverty or those from culturally diverse backgrounds, are often least likely to have their voices heard. If participation is to be empowering it needs to be an honest process in which those with power engage seriously with young people, treating their ideas with respect.

'Participation is more than just giving the younger members of our community a say – it is about listening to their views, taking them seriously and wherever possible giving practical effect to their ideas and suggestions.'[15]

[14] United Nations (1990) Convention on the Rights of the Child

[15] NSW Commission for Children and Young People: 'Participation: Sharing the Stage'

Generation H!SA: investing in children

Illustration: Mobility Health and Equity Conference: Youth Forum

A Youth Forum was conducted as part of the Motor Accident Commission 'Mobility, Health & Equity Conference'.

Participants were recruited by the Motor Accident Commission (MAC). Regional and metropolitan representatives were drawn from high school students, university students and the workplace. All were between the ages of 16 and 24.

The forum aimed to provide an opportunity to obtain information and feedback from young people for road safety planning and action.

The table below gives an overview of the priority issues and potential solutions identified in the forum. The order reflects the priority assigned by participants.

Issue	Description	Potential solutions
Peer pressure	Social pressure on somebody to adopt a type of behaviour, dress, or attitude in order to be accepted as part of a group.	Early and continued (mandatory) driver education is seen as the most likely strategy to overcome this issue.
Lack of experience	An inherent problem that is seen as a major contributor.	Driver education and mentoring (positive role models) as compulsory and part of high school curriculum were cited.
Media/ advertising	The glorification of bad behaviours in mass media, such as speeding and drink & drug driving by celebrities.	No specific solutions offered, but the role of the media (and new media – not SMS spam) in providing information to youth was discussed. The use of 'icons' (sports, other celebrities) in promoting messages was also raised as a positive tactic, e.g. 'Wipe off 5'.
Policing	The visibility of police is a major preventative factor.	More traffic police in black spot locations.
Condition of vehicle	The ability of youth to afford safe, roadworthy vehicles.	Mandatory safety checks on the sale of second hand vehicles.

'Teenagers do think that they are invincible, they cave into peer pressure to undertake behaviour, e.g. hoon driving'

'After a crash your behaviour changes, perhaps you don't change until it becomes personal'

'Some of my mates have lost their licences. I tell them that they're idiots... It becomes a burden for the friends that still have their licence. Access to alternative transport is an issue.'

Illustration – Healthy Young Thinkers

Between March and October 2007 a group of about 55 students from Adelaide outer metropolitan government primary and secondary schools met to explore the concept of health literacy and its impact on their lives, now and in the future.

The students started from their own level of understanding and built up knowledge and ideas through research, discussion and workshop processes.

They met together as a group on several occasions to share their ideas, developed as part of school activities focused on health literacy and the Department of Education and Children's Services' *Learner Wellbeing Framework for Birth to Year 12.*

We believe that young people are best placed to understand and identify health and wellbeing issues and needs for children and young people. We need to ensure our voice is heard and respected in decision making about our futures. It is important that we are valued and provided with the opportunity to engage and participate in school, community and State initiatives and projects that concern our health, wellbeing and learning.

We have knowledge about the issues that face the young people in their communities today, strengths that can be utilised as leaders and decision makers in our schools and communities, ideas, suggestions and stories to be told and contributed and a voice that must be heard at all levels of decision making.

Through this engagement and participation we can further develop our skills, knowledge and understanding to empower us to make healthier decisions for ourselves and others and become healthy active citizens in our community.

(Healthy Thinkers presentation to the Health Literacy Alliance launch)

The students developed the following recommendations to present to Professor Kickbusch:

Recommendation One: The Student Healthy Thinkers Group continues to meet on a regular basis in 2008 and beyond, to develop an action plan regarding the health, wellbeing and the health literacy of South Australian children and young people.

Recommendation Two: The continuation and sustainability of the group and also its expansion to include students from middle school, rural areas and all DECS districts and private schools. This will require resources, support and funding. Rural areas need to be included with regular communication and representatives from each of the rural areas attending the meetings. Different ways of encouraging participation need to be explored, e.g. newsletters, website, carnival days.

Recommendation Three: Involvement in Healthy Thinkers is recognised as valued learning and accredited in the achievement of student learning outcomes and SACE achievement Stages 1 and 2.

The 'Healthy Young Thinkers' group continues to meet in 2008, participating in forums and workshops for both the government and non-government sectors, providing a youth perspective on issues relevant to health and wellbeing.

Photo: SATC/Adam Bruzzone

Health Literacy: *addressing the double inequity*

Recommendations:

Take health literacy forward in South Australia

1. Strengthen the SA Health Literacy Alliance (SA HLA)

- Expand and strengthen the SA HLA by linking health literacy with other key agendas of the State, such as broadband and digital literacy.
- Expand the membership base of the SA HLA by involving other partners such as health insurers, the private sector, and consumer and patient groups.
- Organise regular multi-partner meetings and consider convening a health literacy conference in October 2008 (health literacy month).
- Link the focus of the SA HLA with the goals of Generation H!SA along all five dimensions of health literacy (community, school and work settings, marketplace, health system and policy), incorporating approaches to functional, interactive and critical health literacy.
- Develop a special focus on the health literacy needs of the aboriginal population.

2. Strengthen health literacy within the health sector

- Adopt an official government position that identifies low health literacy as a barrier to effective care and making healthy choices.
- Introduce health literacy as a key element in the GP Plus strategy – for example, through:
  - a self-assessment model for GP Plus units as a literacy friendly environment
  - community based health literacy training workshops
  - study circles – a health literacy benchmarking initiative for GP+ units.
- Introduce health literacy as a key indicator of good hospital care through:
  - a self-assessment model for hospitals as literacy friendly environments
  - hospital-based health literacy training workshops and study circles
  - a health literacy benchmarking initiative for SA hospitals
  - making the Marjorie Jackson-Nelson Hospital a literacy friendly environment.
- Introduce health literacy as a key element of the work of the lifestyle advisors to be recruited for improved disease management in South Australia.
- Further expand the work already under way on mental health literacy and include within the new mental health plan for South Australia.
- Develop a special focus on the health literacy needs of the Aboriginal population, in particular young mothers.

3. Strengthen health literacy in the work of other partners of the residency

- Strengthen the commitment to young people's health literacy in schools by a focus in DECS health promotion programs and as an underpinning principle for the DECS birth-to-Year 12 Learner Wellbeing Framework.
- Strengthen the work with young students themselves through health literacy youth teams and ensure their recognition through educational credits.
- Include a commitment to health literacy as a key literacy of the 21st century in the revision of the education act.
- Consider health literacy as a key factor in the work of other residency partners such as MAC and TRACsa – both within the prevention activities and the rehabilitation process.

4. Support research, training and education

- Conduct a South Australian health literacy survey in cooperation with the social inclusion unit, with a special focus on the needs of disadvantaged groups – in particular Aboriginal people, as well as refugees, people of non-English-speaking background and vulnerable young people – and include aspects of health literacy in population monitoring for general literacy.
- Advance the health literacy research agenda and create and support a South Australian Centre for the Advancement of Health Literacy at one of the State's universities, with representatives from all universities and organisations in order to advance research, training and education (model: the Health Literacy Centre at Harvard University, the South Australian Neuroscience Institute.)
- Explore the implementation of the 'mini med school' (model: McMaster University) and the patient university (model: University of Hannover, Germany) through South Australian universities and their medical schools in cooperation with the other health science schools.
- Include health literacy in the medical and health sciences curricula in South Australian universities.

Health Literacy: addressing the double inequity

Health literacy is the ability to make sound health decisions in the context of everyday life – at home, in the community, at school, in the workplace, in the health care system, in the marketplace and in the political arena. It enables people to increase their control over their health, their ability to seek out health information, to navigate complex systems, take responsibility and participate effectively in all aspects of life.

Social environments are rapidly changing. The volume of information, through media, marketing, virtual means and a variety of settings about products and lifestyles that affect our health and wellbeing, is increasing. Health systems are more complex than ever before, with more treatment options, specialist services and a growing delegation of risk management to the individual, the family and the community.

Research indicates strong links between levels of literacy and overall health and wellbeing. People as citizens, consumers and patients need the skills to make informed decisions regarding their health, and to make the healthiest choice the easiest choice. Hence education is important.

People lacking health literacy often have misinformation about their bodies and the nature and causes of disease. They may not understand the relationship between lifestyle factors such as diet and exercise and various health outcomes.

Increasing numbers of people live with defined ill health, and people with low functional health literacy are less able to navigate the system to obtain the services they need. These people often do not willingly disclose low literacy levels because of embarrassment, and can feel less empowered to ask questions that would increase their options about their health care. They have less ability to care for chronic conditions and tend to use more public health care services. This can result in additional visits to health care providers, longer hospital stays, and extra prescriptions. Consequently, poor literacy can have profound financial consequences for the health budget.

An international study by the OECD[16] indicates that 43% of the Australian population has below average levels of functional literacy. Functional literacy is defined by a person's ability to understand and employ printed information in daily life, at home, at work and in the community.

The World Health Organisation's new definition of health literacy states:

- A person must be able to get health information.
- A person must be able to understand the information.
- A person must use it to improve their health or the health of their families or communities.
- A person does not always have to read or write to get health information and use it.

The recommendation in the interim report to form a Health Literacy Alliance was met with considerable enthusiasm and activity. From a small working group exploring the possibilities, a diverse alliance with more than 30 members was developed. Members included representatives from the three South Australian universities, the Spencer Gulf Rural Health School, the Department of Health, various health services, Department of Education and Children's Services, State Library of South Australia, CSIRO, Divisions of General Practice, Aboriginal Health Council SA, SA Refugee Network, TRACsa (Trauma and Injury Recovery) and WorkCover. The South Australian Health Literacy Alliance was launched by Professor Kickbusch on 29 October during her second residency. The purpose of the alliance is to provide leadership and support for developing and applying the concept of health literacy as a means of equitably improving health and wellbeing.

At the launch the Alliance members endorsed the following vision and mission statements.

Vision
All South Australians are empowered to make sound health decisions in everyday life.

Mission
The Health Literacy Alliance provides leadership and support for developing and applying the concept of health literacy as a means of equitably improving health and wellbeing.

[16] Adult Literacy and Life Skills Survey, ABS in cooperation with OECD, 2006

This will be achieved through four major avenues of action:

1. advocacy and communication
2. development of capacity
3. research
4. monitoring and evaluation.

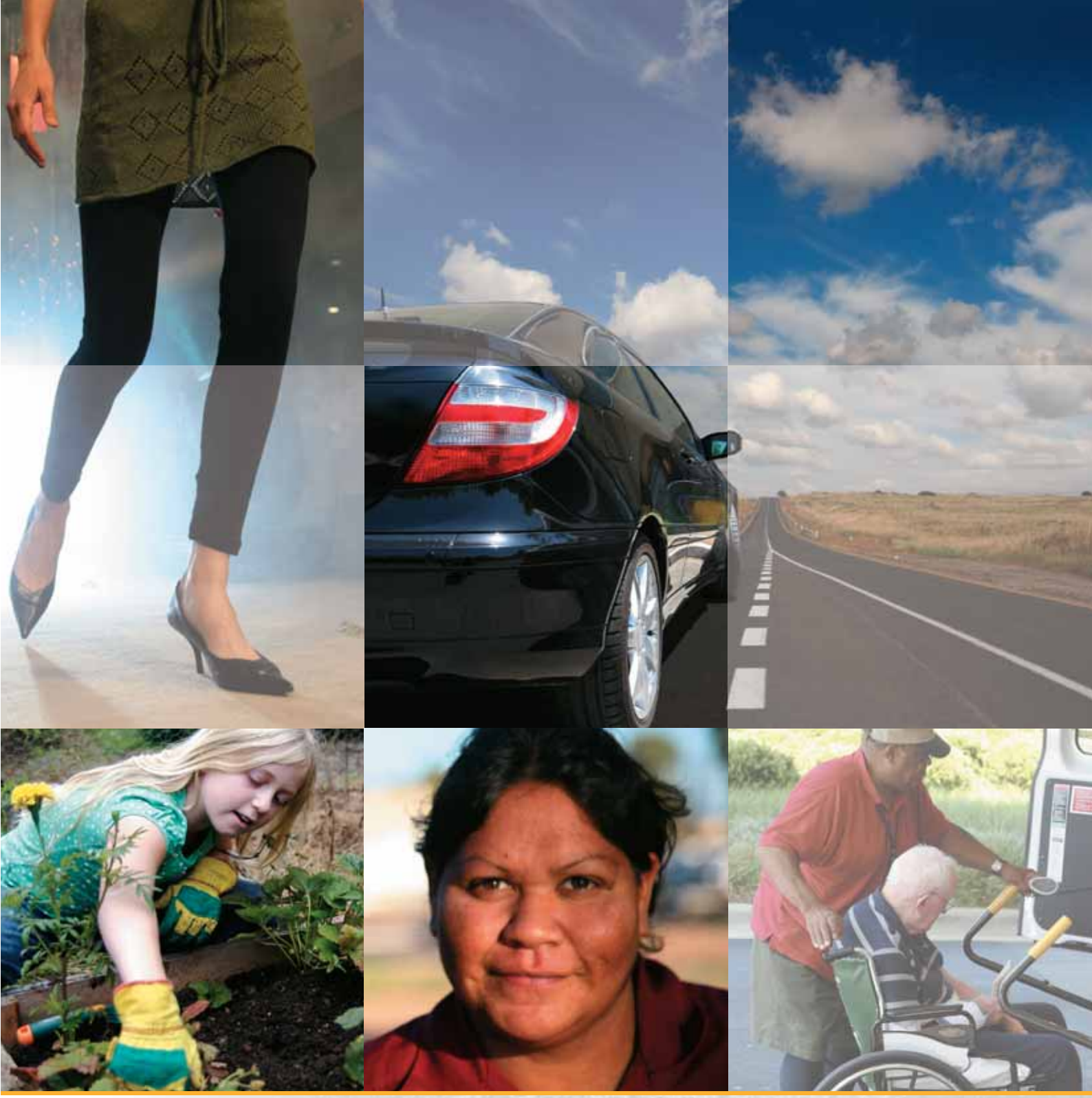
A parallel process to encourage youth participation was also established. This resulted in the presentation of a series of recommendations regarding health literacy and young people to Professor Kickbusch at the Alliance launch.

It has become clear that health literacy can potentially bring a wide range of actors together around a common equity goal. The correlation between levels of health literacy and health outcomes illustrates how the social gradient in our societies makes it difficult for large sections of the population to make healthy choices and to navigate the health system. This leads to a double inequity: disadvantaged groups already have a lower health and life expectancy, if their special needs and low health literacy are not considered in the health system or in compensation settings – they lose out twice.

21st century societies require new key health competencies – for example, in managing chronic disease or selecting healthy foods. More effort is needed to ensure better rates of health literacy, literacy-friendly environments, and the communication competence of health care professionals. All three are critical to address the double inequity.

The recommendations at the beginning of this chapter build on what has already been achieved – they highlight the many different contributors that can take action to improve health literacy in South Australia. Of particular importance is the health sector – at present there are many opportunities to include health literacy as a key goal in other initiatives, such as the GP PLUS. There is also great potential for the schools of medicine in South Australia to become advocates for health literacy, and open up to become 'patient universities'–an approach developed in a number of OECD countries.

In principle, there are many more opportunities to strengthen health literacy throughout South Australia in relation to many issues and population groups. These recommendations I have made relate to the key issues, areas and partners of the residency. It is hoped that, through the greater recognition of the high relevance of health literacy to health and wellbeing and quality of care in South Australia, new and additional activities will emerge.

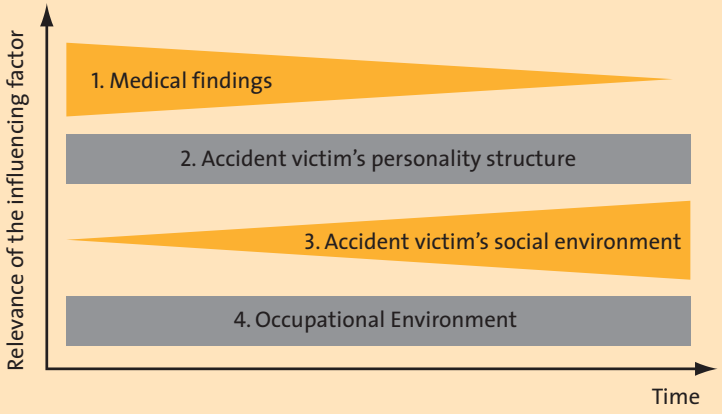


Health and wellbeing partnerships

Mobility, health and equity

Recommendations:

- MAC and TRACsa should take a lead in developing integrated assessment methodologies in cooperation with the Department of Health and the Department of Transport.
- MAC and TRACsa should establish structures and processes to ensure that young people, Aboriginal people and other groups with special needs participate in the development of policies and programs around mobility and safety.
- The Government should consider broader and more integrated case management models, such as those developed by Suva (the Swiss National Accident Insurance Fund), to supplement the work of TRACsa and MAC.
- The Government should introduce a no-fault compulsory third party scheme.
- The Government should develop and strengthen linkages between the safety and health sectors by including members with primary health care, health promotion or community development experience in governance structures (e.g. MAC Board).



'There is no single advocate for transport issues of disadvantaged people in Australia. This leaves addressing a complex issue to an uncoordinated myriad of individuals and organisations who have to weave through a maze of bureaucracy to find solutions. Graham Currie, Monash University'

Health and wellbeing partnerships

The Health in All Policies approach has considerable potential for promoting coordinated thinking regarding mobility, transport, health and sustainability.

The key focus of my work with the Motor Accident Commission (MAC) was the application of the health and equity lens to the work of MAC. The numerous events and conversations with MAC and TRACsa revealed considerable resonance between road safety issues and the challenges, perspectives and approaches developed in the health arena. In particular, the discussion of issues around inter-agency collaboration and partnerships, horizontal and vertical integration, community participation, the difficulty in shifting the focus to prevention and promotion, and addressing the needs of disadvantaged and vulnerable groups are familiar to both sectors. Through the residency these links were fostered and new partnerships developed.

Health literacy plays an important role in promoting safe behaviours in the mobility area. It also plays an important role in promoting the recovery of those injured on the road or at work and involved in compensation claims. South Australia is already undertaking work to align best practice injury management with best practice claims management through TRACsa and MAC. In this context, the tripartite approach to health literacy – an equal focus on consumers, systems and health professionals – is critical. New ways of managing injury and claims to promote the optimal health outcomes for accident victims are being explored through clinical pathways.

Some people face additional barriers to mobility and safety, including young people, Aboriginal people and other groups with special needs. It is essential the challenges these groups face are understood and addressed. Participation of citizens in shaping solutions to their particular needs is critical.

The recommendation in the interim report regarding a conference exploring issues of mobility, safety, health and equity was taken up by MAC, who sponsored a conference on 'Mobility, Health and Equity' during the second residency period. The Conference aimed to explore the interface between motor vehicle crashes, public health perspectives and community involvement.

Four workshops were held, as well as a youth forum where young South Australians aged 16–24 years discussed issues they believed were critical to mobility, health and equity.

The workshops explored:

- Aboriginal people travelling well: a model of action for change
- outer metropolitan, rural and equity considerations in relation to mobility and health
- disability and seniors
- young people and mobility, health and equity.

Health, wellbeing and equity: Aboriginal health

Recommendation:

- Develop alternative pathways for Aboriginal people to obtain a driver's licence.

  A target for this should be included in South Australia's Strategic Plan when it is reviewed. This recommendation is in line with Recommendation 13 in the Aboriginal People Travelling Well report:

  A system of improving access to licensing for Aboriginal people is recommended. The system should offset literacy and language barriers, and difficulties in obtaining access to instruction, including difficulties in obtaining the necessary practice experience before obtaining a provisional license. Attention should be paid to increasing access to heavy vehicle and bus licensing and accreditation.[17]

The safety and wellbeing of many Aboriginal people is adversely affected on a daily basis by lack of access to transport that is suitable for their needs, timely in delivery and safe for the conditions.

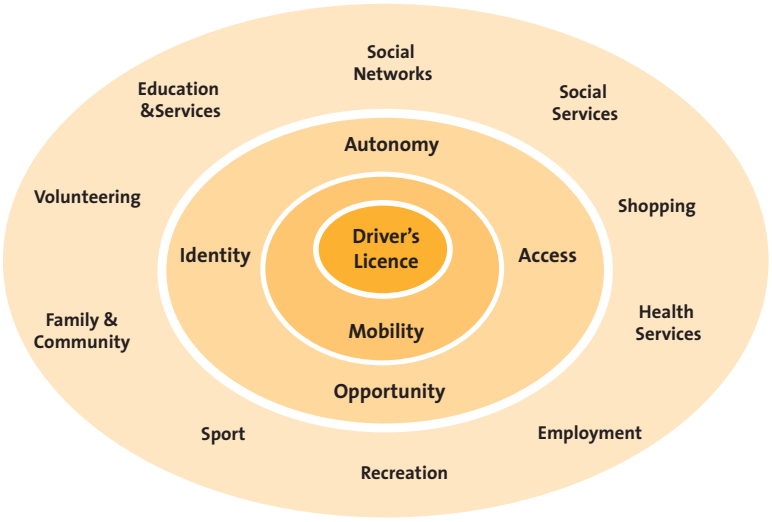
A workshop – 'Aboriginal People Travelling Well: A model of action for change' – facilitated by a team from Flinders University, was held to build on consultative work undertaken for an Australian Safety Transport Bureau project, 'Aboriginal People Travelling Well'. The workshop focused on driver licensing and young Aboriginal South Australians.

- Access to safe transport for Aboriginal people is restricted by their economic circumstances.
- The poor health of Aboriginal people generates high levels of need for safe access to a wide range of health and disability services.
- Aboriginal culture drives a need to belong to a place and to meet the obligations to that place. This generates a need for long distance travel often over roads that are of a lower standard and, because of economic circumstances, in vehicles not suited for this sort of travel.
- Responsibility to family and kin, especially when an important person dies, generates a need for large numbers of Aboriginal people to travel at times of high stress.

Access to a driver's licence is not straightforward. Problems with literacy and language often present barriers, as do access to vehicles and instruction. These barriers to licensing generate an increased risk of Aboriginal people driving while unlicensed, and this offence is one of those most often charged by police.

A strategic area for action identified by workshop participants was enhancing the ability of young Aboriginal people to gain their driver's licence. In South Australian society a driver's licence represents much more than simply mobility. As represented below a licence is a gateway to many of the opportunities and services we often take for granted.

It should also be noted that the solutions developed for Aboriginal people might be applicable to other groups experiencing disadvantage in this area.



[17] Helps, Moller et al 2007

Health and wellbeing partnerships

Body image and eating disorders

Recommendations:

- All programs in South Australia concerned with healthy weight issues need to take body image into account.
- The Government should coordinate the formation of a South Australian coalition on eating disorders.
- The Minister for Health and the Minister for Mental Health and Substance Abuse should give serious consideration to the future directions developed by the roundtable on body image and eating disorders.

A focus on healthy weight must include measures to address not only overweight and obesity but also the whole spectrum of eating disorders. Although the prevalence of eating disorders does not compare to that of obesity, eating disorders have serious health consequences for individuals, their families and the wider community. Eating disorders pose a serious and often under-estimated public health issue.

A national survey of Australian teenage girls has shown an increase in eating disorder behaviours, including starvation, vomiting and laxative abuse, from 10% in 2000 to 18% in 2006.[18]

There is also growing recognition of body image disorders as an important health issue. Most often associated in the press with women, there is recent evidence that suggests that men and boys are now joining their female counterparts in experiencing increasing levels of body dissatisfaction.

A National survey of young people found that body image was the issue of highest concern for over a third of young South Australians, males and females, across all age groups.[19]

My interim report recommended the development of a collaborative approach comprising a wide range of stakeholders drawn from different sectors, among them the fashion industry, media and advertising.

As a first step in this direction, and following a recommendation in the interim report, a Roundtable on Body Image and Eating Disorders was convened during the second residency period.

The Roundtable was attended by participants from clinical services, universities, community health, health regions, women's health services, Office for Youth and Office for Women, Department of Health, and non-government peak organisations including Youth Advisory Council, YWCA and the Eating Disorders Association of South Australia. Women's and men's health policy areas were represented, building on the Thinker's earlier recommendation that cooperation between these areas is required.

Participants agreed to the formation of a partnership of key stakeholders across the continuum of body image and eating disorders, prevention, early intervention and treatment. This partnership will ensure that the recommendations developed during the Roundtable are integrated into a coordinated and planned approach to body image and eating disorders in South Australia.

The following directions for South Australia were developed by the Roundtable participants.

1. Coordinate and integrate obesity and eating disorder prevention strategies

- Reframe healthy weight and obesity strategies to include body image and eating disorders.
- Develop comprehensive age and gender-appropriate positive body image programs in schools.
- Advocate South Australia's Strategic Plan to address body image and eating disorders in healthy weight targets.

2. Increase support for education and workforce development

- Ensure that healthy weight coordinators receive training on body image and eating disorders.
- Ensure that health educators, including schoolteachers, receive training on positive body image programs.
- Ensure that GPs receive education on recognising eating disorders and making appropriate referrals.

3. Support and improve access to research and evaluation to inform evidence-based approaches to body image and eating disorders

- Disseminate research, in particular South Australian and Australian research, on body image and eating disorders.
- Promote the importance of research that has a focus on social, cultural, gender and at-risk groups in relation to body image and eating disorders.

[18] (O'Dea, J (2007) *Are we OK or are we not? Journal of the HEIA, Vol 14, No 3. p 6-14).*

[19] Mission Australia (2007) *National Survey of Young Australians 2007, South Australian Summary*

4. Support the development of a media code of ethics to ensure appropriate advertising that promotes a healthy body image

- Develop a media working group to identify strategies to reduce inappropriate advertising, including advertising that includes objectifying/sexualising images.
- Develop alliances with similar groups in other states and consider adopting strategies implemented in Victoria and Vienna.
- Identify opportunities for partnerships with the media and fashion industries that promote positive body image messages for young people.
- Encourage schools to adopt media literacy programs.

5. Develop a proposal for a state-wide strategic plan for eating disorder prevention, early intervention and treatment

- Develop a proposal for the Mental Health Unit to map current services and gaps, and to develop a coordinated strategic plan for eating disorder prevention, early intervention and treatment.
- Develop a proposal for the Mental Health Unit to establish and resource community based treatment programs for people with eating disorders.
- Ensure that eating disorders are included in future South Australian Action Plans on mental health.

Health research in South Australia: *future directions*

Recommendations:

- Invest significantly more in health research in South Australia.
- Evaluate the effectiveness of a 'health lens' methodology in relation to South Australia's Strategic Plan and improved population health.
- Apply the 'prevention lab' approach as a way of bringing research initiatives together and gaining increasing knowledge on 'what works' in prevention, health promotion and chronic disease management.
- Develop 'prevention labs' as part of the HiAP local government and the Generation H!SA local alliance recommendations.
- Guide South Australia's progress towards achieving health sustainability through the research capacity generated from within the Centre for Intergenerational Health.

New perspectives in health research are required to explore the changing landscape of health and inform the development of healthy societies in the 21st century. This century provides new challenges regarding the role and function of health research. Understandings of health are being expanded and redefined. There is an increasing understanding of the role of societal factors in determining health outcomes and we are facing increasing health inequities, both between rich and poor nations and within nations. Our societies are changing rapidly and we are uncertain as to the health outcomes – positive and negative – of such change.

The territory of 'health' itself has changed, with a dramatic expansion of health issues into an increasing array of personal, social, political and even virtual spaces. Health related expectations and aspirations are very different from those of the previous century. We expect not only to have longer lives but also healthier lives, aided by technological and biomedical advances. Almost every decision and action we take has an impact on health. Health is seen as not only a public good but as a consumer good, a 'product' in the market place. The information age creates new roles for the patient/consumer, who now has access to a range of health information and products previously the province of professionals. It also creates new forms of inequity.

Health care services are under increasing pressure as they deal with the impact of increasing chronic disease, cost blowouts and consumer expectations. In order to ensure the sustainability of the health care system a greater focus on disease prevention and health promotion activities is required.

Health research priorities

Research priorities have been included as an integral component throughout my report and recommendations. The key research focus areas are discussed in more detail below.

Research areas identified include:

- *The role of the wellness industry in South Australia's economy*

  Health is now widely accepted as an important prerequisite for total wellbeing. 'Health care will be the new basic innovation for the next major business cycle – after the technology age will come the health age...Wellness as opposed to health has become the goal.' (Professor Wolfgang Nahrsedt, President of the European Leisure and Recreation Association). Indeed, the wellness industry, which encompasses beauty, fitness, alternative medicine and psychological wellbeing, is expanding rapidly.

  Research into the contribution of the wellness industry to South Australia's economy needs to be completed. This would help to reframe the perception that health is a drain on the State's economy and could support additional investment by the wellness industry within South Australia.

- *A cohort study to track the impact of Generation H!SA initiatives*

  Multiple initiatives within health and across other sectors are currently being implemented to improve the health and wellbeing of children and also to curtail childhood obesity. Additional strategies will be needed to influence policy in other departments – for example, to reduce obesogenic environments. It will be essential, in order to understand the overall and combined impact of multiple strategies, to follow a cohort of children over time, and to undertake cross-sectional studies utilising existing databases in South Australia, especially considering the lack of evidence to date concerning interventions that prevent obesity. This is a unique opportunity to assess policy impacts over time.

- *Identification/development of an appropriate 'wellness index'*

  A 'wellness index' included as part of South Australia's Strategic Plan reporting would enable South Australia to monitor perceptions across the population in regard to wellness. Under the *Healthy Life Expectancy* target the challenge is to examine how wellness can be enhanced. Many

approaches within health systems focus on how illness can be minimised through chronic disease management programs, and primary and early prevention programs. A wellness index has the potential to develop multidimensional tools to deal with key aspects of what individuals and societies regard as wellness, building on the utility measurement concept.

Utility is defined as a broad measure referring 'to the preferences individuals of society may have for any particular set of health outcomes (for example, for a given health state, or a profile of states through time).' [20]

A collaborative partnership with the Social Inclusion Unit and other government departments should be formed as part of identifying the dimensions of a wellness index, as well as helping to monitor their contribution to the wellness of South Australia's population. As discussed in the body of my report, international examples are available for South Australia to draw upon.

Regular reporting on the three key dimensions of progress – gross State profit, environmental sustainability and wellness – would place South Australia at the forefront of measuring how individuals and societies are progressing.

- *Health literacy survey and development of a broader health literacy agenda, with a focus on the needs of the Aboriginal population and the role of health literacy in the GP Plus strategy*

  Increasingly, people are expected to take an expanded role in shared decision making about their health and to navigate their way through a complex health system. Low health literacy predicts lower levels of healthy behaviours, higher utilisation of health care services and poorer health status.

  South Australia should undertake a health literacy survey to establish a baseline of the existing level of health literacy within the State. Ongoing monitoring would ensure that any changes in response to interventions are tracked. This survey should capture the economic impact of poor health literacy on the health system.

  Particular attention should be paid to the health literacy needs of disadvantaged populations, such as Aboriginal people and refugee/migrant populations, who already experience inequitable access to the determinants of health. Poor health literacy can compound existing inequity, creating what I refer to as the double inequity. A different survey methodology may be required to ensure that these populations are included.

- *Defining the role of local government and regional collaborators in health promotion and disease prevention*

  If health is to be created where people live, love, work and play then local government, in partnership with other local agencies and business, and with citizen involvement, will be critical in ensuring that local environments are supportive of health.

  The South Australian Centre for Collaboration in Health will build a research and evaluation base to support effective action to improve the health and wellbeing of local and regional communities. Health and social impact assessment methodologies could be adapted to support local government decision makers.

  The Centre should identify appropriate public health planning and evaluation frameworks; these would assist local government agencies to incorporate health and wellbeing considerations as part of their regular planning processes.

- *Evaluating the South Australian Health in All Policies model*

  Health in All Policies will require a whole-of-government monitoring and evaluation strategy. The strategy will need to identify the potential health impacts of government policies, and also to track changes in population health outcomes resulting from HiAP policy decisions.

  The further testing and refinement of the health lens analysis methodology is an important step and will support government agencies in identifying the potential health impacts of their policies.

  South Australia is uniquely positioned to take a whole-of-government approach to measuring outcomes at the population level; this will not only enable better understanding of population health status and health outcomes, but also assist in the research and measurement of the impact that non-health-related policies and services have on population health and vice versa.

[20] *Drummond et al, 2005, p14*

I have been informed that South Australia (in partnership with the Northern Territory) is currently in the process of implementing a data linkage system to link administrative data across a range of government sectors (and across jurisdictions). The proposal to develop a data linkage system on a whole-of-government basis is unique nationally and probably internationally. This proposal will make available to researchers and evaluators a rich source of data which will not only facilitate population level research into particular health conditions but also promote a fuller understanding of the relationship of broader social determinants of health to wellbeing and prosperity.

The geocoding of this data will provide an invaluable resource that will open up new opportunities for research of international significance. It will present opportunities to bring together disciplines across population health, epidemiology, spatial information sciences and the social sciences in ways not previously possible.

The establishment of the data linkage system is being overseen and funded by a consortium of government agencies, including the departments of Health, Families and Communities, Education and Children's Services and Further Education, Employment, Science and Technology; South Australia's three universities and the Cancer Council – a good example of what can be achieved through joint policy making.

That most of South Australia's major government service providers have committed to providing data to the system provides a powerful tool to not only measure the impact of HiAP but to help measure progress against South Australia's Strategic Plan targets more generally.

There are significant benefits from using linked population data. It is inclusive, representative, accurate, makes good use of existing data, is cost effective, and avoids biased response rates and poor recall. A significant advantage of using population data is that those often under-represented or excluded in other studies (such as young, disadvantaged, Indigenous or disabled people, or those with particular risks) are included.

The South Australian Data Linkage project, by linking data from a number of government agencies including health, justice, education and families and communities, has the capacity to deliver:

- performance measures and indicators
- data tools and services
- data to support the proposed cohort study
- annual reporting against South Australia's Strategic Plan indicators
- population health outcomes from HiAP and South Australia's Strategic Plan.

The analysis of South Australia's Strategic Plan through a health lens can provide a starting point to consider cross-sectoral health research

There is a need to build a comprehensive and robust evidence base connecting cross-government policy decisions to improved population health. This will require expansion of existing and emerging methodologies such as health impact assessment, data linkage, and real life intervention sciences.

The new health landscape of the 21st century suggests new research priorities

The shift towards a healthy society requires new research questions and new methodologies. Some key examples include:

- research regarding the impact of rapid societal changes on health. This will also require the development of new research methodologies such as 'prevention labs' and real life intervention science
- predictive research which provides policy-relevant health scenarios (e.g. US research regarding the longevity dividend, or the UK Wanless report)
- development of theories that explain health forces and issues
- user-focused research to improve health care systems
- economic evaluations regarding the impact of investments in health on the economy and society
- research regarding the policy-making and implementation process
- research on the interfaces and interactions between the various determinants of health
- equity-focused research that both explains health inequities and provides direction regarding interventions.

South Australia is well placed to invest in the development of 'prevention labs' as a way of generating new timely evidence about what works in prevention. Prevention labs are a new concept recently described by NordForsk in their report, *The Nordic region as a global health lab.* They move the emphasis away from observational research, the traditional way to gather prevention evidence, to intervention and practice-driven prevention research.

Health research in South Australia: future directions

Prevention labs focus on what works in real communities, building on the new understanding of prevention and determinants and involving new partnerships and multiple disciplines. Prevention labs can range from single workplaces testing healthy eating strategies, to neighbourhoods and regions testing broad-based interventions.

Centre for Intergenerational Health

The South Australian Department of Health and the Department for Further Education, Science and Technology, under Constellation SA, are establishing a Centre for Intergenerational Health (CIH; working title).

The aim of the CIH will be to provide a unique interdisciplinary capability for research into factors that are crucial for sustaining good health and wellbeing across the life span, within and between generations, and particularly in later life. The CIH will adopt a life-cycle approach, including a benchtop-to-bedside focus, from basic science through to population health research and translation into policy and practice.

Four research theme areas linked to health targets have been identified within South Australia's Strategic Plan. The themes are as follows:

- healthy ageing
- healthy reproduction
- healthy weight
- psychological health and wellbeing.

Objectives of the National Centre for Intergenerational Health

- increasing the focus on multi-dimensional (real world) problems that require cross-disciplinary expertise
- improving population health view and programs
- improving health and wellbeing benefits for the community
- attracting and retaining researchers
- creating a forum which brings together scientists from different disciplines with an interest in the life sciences and encouraging collaboration
- increasing the health and medical workforce (capacity building)
- integrating research with policy and translating research findings into practice
- increasing Australian Government research funding.

The CIH is uniquely positioned to meet the challenge in developing new research priorities, building on new policy developments in health and across government and non-government sectors, and, through research, signalling where policy effort should take place in the future.

Glossary of terms

Abbreviations

COAG	Council of Australian Governments
DECS	Department of Education and Children's Services
DH	Department of Health
DPC	Department of the Premier and Cabinet
MAC	Motor Accident Commission
OECD	Organisation for Economic Co-operation
SASP	South Australia's Strategic Plan
TRACsa	Trauma and Injury Recovery
WHO	World Health Organisation

Capacity building

Capacity building in health promotion refers to the process of enhancing the ability of an individual, organisation or a community to address their health issues and concerns. The process of capacity building relies heavily on collaborations and partnerships. Others have defined capacity building as the actual knowledge, skill sets, participation, leadership and resources required by community groups to effectively address local issues and concerns.

Reference: NSW health http://www.health.nsw.gov.au/public-health/health-promotion/abouthp/resources/glossary3.htm (accessed 27/10/03).

Community

The term community is one of the most elusive and vague in sociology and is by now largely without specific meaning. At the minimum it refers to a collection of people in a geographical area. Three other elements are present in usage:

- a collection of people with a particular social structure
- a sense of belonging or community spirit
- all the daily activities of a community, work, non-work, take place within the geographical area.

Reference: The Penguin Dictionary of Sociology 1994.

Community development

In health promotion, community development refers to the process of involving a community in the identification and reinforcement of those aspects of everyday life, culture and political activity which are conducive to health. This might include support for political action to modify the total environment and strengthen resources for healthy living, as well as reinforcing social networks and social support within a community.

References: Health Promotion: An anthology. Pan American Health Organisation 1996.

Kenny, S. (1994) Developing Communities for the Future: Community Development in Australia.

Disease prevention

Disease prevention covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest and reduce its consequences once established.

Reference: adapted from Glossary of terms used in Health for All series. WHO, Geneva, 1984.

Equity in health

Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for wellbeing. Reference: Equity in health and healthcare. *WHO, Geneva, 1996.*

Health

Health is defined in the World Health Organisation (WHO) constitution of 1948 as:

> A state of complete physical, societal and mental wellbeing and not merely the absence of disease or infirmity.
>
> Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end, which can be expressed in functional terms as a resource, which permits people to lead an individually, socially and economically productive life.
>
> Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities.

Reference: Ottawa Charter for Health Promotion. WHO, Geneva, 1986.

Health for All

The attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life.

Reference: Glossary of Terms used in Health for All Series. WHO, Geneva, 1984.

Glossary of terms

Health inequality / health inequity

"Regardless of the healthcare system, some degree of difference in health outcome is inevitable and unavoidable. There are many observed and measurable differences in health status between individuals or within groups. These differences include natural, unavoidable variations due to biological or genetic factors that cannot be changed (e.g. age, sex, disability), as well as avoidable variations due to social and economic factors. It is these avoidable and reversible differences that may be considered, in a given societal context, to be unnecessary, unfair and unjust.

Inequities are differences that are also considered to be unnecessary and avoidable, as well as unfair and unjust. Judgements as to which health differences are unnecessary, avoidable, unfair or unjust are often controversial, and views on what is equitable vary socially, culturally and historically. Equity is a normative concept, implying fairness and justice.

Inequality is a descriptive term referring to observed measurable differences that may or may not be considered inequitable. The key difference between the two terms is that equality can be assessed with respect to measurable outcomes, whereas equity is underpinned by value judgements and not all inequalities are inequities."

Source: The Australasian Collaboration for Health Equity Impact Assessment (ACHEIA) by Jenny Stewart Williams, 2003.

Health literacy

Health literacy is the ability to make sound health decisions in the context of everyday life – at home, in the community, at the workplace, in the health care system, the marketplace and the political arena. It is a critical empowerment strategy to increase people's control over their health, their ability to seek out information and their ability to take responsibility.

Navigating Health: The Role of health Literacy, Ilona Kickbusch, Suzanne Wait, Daniela Maag

Health promotion

Health promotion is the process of enabling people to increase control over, and to improve their health.

Reference: Ottawa Charter for Health Promotion. WHO, Geneva, 1986.

The Ottawa Charter identifies three basic strategies for health promotion. These are: advocacy for health, to create essential conditions for health indicated above; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health.

These strategies are supported by five priority areas as outlined in the Ottawa Charter for health promotion:

- build healthy public policy
- create supportive environments for health
- strengthen community action for health
- develop personal skills
- re-orient health services.

Population health

An approach that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health (e.g. income, education, environment, biology).

Reference: Health Canada, http://www.hc-sc.gc.ca/hppb/phdd/approach/index.html (accessed 27/10/03).

Prevention

There are three levels of prevention: Primary – preventing ill health before it occurs through reducing exposures to risk factors and risk conditions.

Secondary – early detection and intervention in health problems to arrest or retard existing disease.

Tertiary – maintenance of people with chronic problems at an optimum level of functioning.

The Language of Prevention. National Public Health Partnership Melbourne 2006

Primary health care

Primary health care is essential care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable.

Reference: Alma Ata Declaration, WHO, Geneva, 1978.

Public health

The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society.

Reference: adapted from the 'Acheson Report', London, 1988.

Social determinants of health

Determinants of health: the range of personal, social, economic and environmental factors that determine the health status of individuals or populations (WHO, Health Promotion Glossary, 1998). The determinants of health can be grouped into seven broad categories: socio-economic environment; physical environments; early childhood development; personal health practices; individual capacity and coping skills; biology and genetic endowment; and health services.

Social determinants of health: Social determinants of health can be understood as the social conditions in which people live and work. Dennis Raphael defines, 'the social determinants of health are the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole. They determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment. The resources include but are not limited to conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and income distribution; social exclusion; the social safety net; and unemployment and job security'.

Commission on SDH discussion paper, 'Towards a Conceptual Framework for Analysis and Action on SDH'.

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