HEALTHY TASMANIA FIVE YEAR STRATEGIC PLAN COMMUNITY CONSULTATION: STAKEHOLDER SUBMISSION

AUSTRALIAN TAXPAYERS ALLIANCE

MYCHOICE AUSTRALIA

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EXECUTIVE SUMMARY

This is a joint submission composed by the Australian Taxpayers' Alliance and MyChoice Australia.

This submission identifies the Draft Consultation questions that are posed in the draft consultation paper, and reconfigures their order to connect those with a similar focus, and/or where the appropriate response addresses multiple foci of several draft consultation questions.

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INTRODUCTION

"The best preventative approach begins long before the individual engages with the health system"

(Andrews, 2014)

The Australian Taxpayers' Alliance (ATA) is MyChoice Australia (MCA) appreciate the opportunity to contribute a response to the draft consultation paper.

The shared concerns of the organisations relate primarily to

1) The most effective targeting of known risk factors for ill health
2) Strategies for assessing the effectiveness of preventative health approaches
3) The moral hazard produced by a broad strokes approach to health policy and services

RECOMMENDATIONS

1. **The disproportionately low health outcomes in Tasmania cannot be effectively addressed without first resolving structural economic (unemployment, welfare dependency, low educational attainment, and health illiteracy) concerns that keep Tasmania's outcomes poor relative to mainland Australia.**
2. Pursue maximally efficient practices by adopting the Preventative Health Toolkit developed by H Andrews at the project development and planning level.
3. Maintain the status quo with respect to minimum smoking age laws. Increasing the minimum age will result in far more intractable problems than marginally higher rates of smoking than the national average.

RESPONSE TO QUESTIONS

THE BEST PREVENTATIVE APPROACH

Consultation Q1.a: Where do you think the current actions we are taking on prevention and promotion have proven effective in improving the health of Tasmanians?

Consultation Q1.b: Where do you see that the most effective changes could be made in terms of overall population health benefit?

Consultation Q3.a: Do you think the targets will be effective in driving the change Tasmania needs to see in health outcomes?

Consultation Q3.e.: Are there preventive health commissioning models used in other jurisdictions that could be effectively adapted to the Tasmanian context?

Consultation Q3.f.: What are the issues that we would need to address to effectively engage key stakeholders and community groups in the commissioning process?

Consultation Q3.i.: How would a shift to anticipatory care models improve outcomes for patients and the delivery of health services?

Consultation Q3.j.: What are the enablers and barriers that exist within the current structure of the health system in Tasmania (that are the responsibility of the Tasmanian Government) that will need to be considered in supporting implementation of the new direction for preventive health outlined in this Consultation Draft?

Preventative health is an important tool in Tasmania's healthcare service's moves to address the chronic lag the state suffers on a number of key health indicators.

The draft consultation paper investigates a range of metrics by which Tasmanian residents have comparatively poorer health outcomes than the rest of the country, often excepting the Northern Territory. The paper correctly concludes that "*the comparatively poor health status of Tasmanians points to the need for change in the way we do things*" (p6).

Unfortunately, the draft consultation paper does not consider or address the underlying causes of the comparatively poor health status of Tasmanians, which are briefly investigated below.

UNEMPLOYMENT

> *"There is a strong association between unemployment and poor health outcomes … which occurs partly due to health selection, and to a large extent due to the direct health benefits of work. … Health problems faced by the unemployed range from limiting illness to chronic illness and mortality."*
>
> *(Australian Medical Students Association, 2015)*

- Tasmania's workforce participation rate has been consistently below the national average by some 4% since 2010. (6202.0, 2016)
- Tasmania's unemployment rate has consistently trended above the national average over the past six years. (6202.0, 2016)
- One third of Tasmanians are reliant on some form of Commonwealth benefit as their primary form of income. The national average for reliance on Commonwealth support is one in five Australians. (ABC News, 2014).

FUNCTIONAL ILLITERACY AND INNUMERACY

- ABS figures, reported in The Examiner (Gallasch, 2012), show that Tasmania's literacy rates are significantly below the national average
    - "*around half of the state's population* [49%] *aged between 15 and 74 do not have the reading and writing skills needed to cope with the demands of everyday life and work*" with no improvement since 1996
- Only 3% of Tasmanians speak a language other than English at home (Australian Bureau of Statistics, 1999).
- Tasmania has a higher proportion of residents born in Australia than any other state (Encyclopaedia Britanica, 2016), dispelling any notion that poor literacy outcomes can be attributed to the primary use of languages other than English.

HEALTH ILLITERACY

> *"Addressing health literacy is one way of protecting people from potential harm. Providing unclear health information and services can lead to misunderstandings about the risks, consequences and necessity of care, or about medication instructions, healthcare plans or preventive strategies. All of these scenarios have the potential to lead to some level of harm for consumers, whether it is a faster progression of a condition, a medication error or a poorer health outcome"*
>
> *(Health Literacy: Taking action to improve safety and quality, 2014)*

- Higher incomes correlate with better educational attainment and higher levels of health literacy
- 63% of Tasmanians are insufficiently health literate to meet the demands of managing their health throughout everyday life. (Australian Bureau of Statistics, 2009)

SCHOOL RETENTION RATES

- Tasmania's Year 12 retention rates have decreased since 2011, with only 67% of Year 10 students proceeding to complete Year 12 (Paine, 2014).
- Reporting shows a disturbingly low rate of almost 65% retention of students who complete years 7 or 8 go on to complete year 12 (Eslake, 2010)
- Efforts to improve the situation are showing considerable efficacy (Australian Broadcasting Corporation, 2015), but the impact will not flow on to literacy (health, prose, and numerical) or employment statistics for some years.

AGEING POPULATION

"Interstate migration patterns are (probably) detracting from Tasmania's skill base and (certainly) speeding up the ageing of Tasmania's population"

(Eslake, 2010)

- Tasmania's population is is structurally ageing. This is "the increase in the proportion of the population that is older. Structural ageing is primarily caused by declining birth rates which decreases the proportion of the 'younger' population and thereby increases the proportion of the 'older' population." (Council of the Ageing, 2013)
- Tasmania also suffers from a 'brain drain' of youth migration to mainland Australia (Eslake, 2010)

TARGETS AND PRINCIPLES

Consultation Q2.a: Are there any alternative governance principles, strategies or enablers that would better support the shift to a more cost-effective model for preventive health in Tasmania?

Consultation Q2.b: What evidence supports these alternatives as helping us achieve better health outcomes?

Consultation Q3.a: Do you think the targets will be effective in driving the change Tasmania needs to see in health outcomes?

Consultation Q3.b.: What targets would you like to see the Government adopt to reduce health inequities in the target areas outlined above?

Consultation Q3.e.: What do you see as the benefits and opportunity costs of the Tasmanian Government pursuing a 'best buys' approach to preventive health?

Consultation Q3.g.: Do you see value in pursuing a health-in-all-policies approach in Tasmania? What are the costs, benefits, opportunities and risks?

Consultation Q3.h.: What other models for Health Impact Assessments could the Tasmanian Government consider? (Other than South Australia)

The Australian Taxpayers' Alliance and MyChoice Australia recommend the additional adoption of the Preventative Health Toolkit developed by Policy Analyst Helen Andrews (Andrews, 2014)**.** The Toolkit reviews existing public health program designs to ensure that any

approach is focused towards producing a 'best buys' outcome, to assure that activities are narrowly targeted towards areas in which they can provide the most value.

AREAS OF EXISTING EFFICACY

Consultation Q3.c.: What indicators of health status provide the best picture of whether progress is being achieved and could be monitored on HealthStats?

Consultation Q3.d.: Are there ways we can better integrate the data on HealthStats into our work and use it to support the achievement of improved health outcomes?

MyChoice Australia and the Australian Taxpayers' Alliance commend the concept, design, and implementation of HealthStats.

The reconfiguration of key health system data to reduce complexity and increase accessibility is a significant step towards facilitating improvements in health literacy.

SMOKING AGE

Consultation Q5.2.a: Do you support increasing the minimum legal smoking age to 21? If so, do you support a phase-in arrangement with respect to those currently legally able to smoke in the 18-20 age cohort?

Consultation Q5.2.b: Do you support increasing the minimum legal smoking age to 21, and subsequently increasing it to 25 later, based on evidence of impact?

Consultation 5.2.c: Do you support increasing the minimum legal smoking age to 25? If so, do you support a phase-in arrangement with respect to those currently legally able to smoke in the 18-24 age cohort?

Consultation 5.2.d: What impact would there be on tourists and visitors to the State in increasing the minimum legal smoking age and how could these be alleviated?

Consultation Q5.2.e: Do you support maintaining the status quo? If so, what are the reasons?

MyChoice Australia and the Australian Taxpayers' Alliance support maintaining the status quo with regard to the smoking age, and oppose the proposals to alter the smoking age contained in the consultation draft paper:

- Increasing the minimum legal smoking age to 21, with or without a phase-in arrangement for those currently legally able to smoke in that age cohort
- Increasing the minimum legal smoking age to 21 and later raising it to age 25, with or without a phase-in arrangement for those currently legally able to smoke in that age cohort
- Increasing the minimum legal smoking age to 25, with or without a phase-in arrangement for those currently legally able to smoke in that age cohort.

This position is based on extensive investigation of the use of tobacco among all age groups over the past several decades.

EXISTING TRENDS

National Tobacco Consumption

Tobacco use has been trending downwards over both the short and long term.

There are several factors that disproportionately affect Tasmanians (and residents of the Northern Territory), which are demonstrably linked to higher rates of smoking than the national average at any given time.

These include:

1. **Unemployment, underployment, low skilled employment, and not participating in the labour force.**

Table 2.3.7
Self-reported weekly consumption by regular smokers* 18 years and over in various socio-economic groups, Australia, 1980 to 2010 (number of cigarettes)

Year	Lower blue collar	Upper blue collar	Lower white collar	Upper white collar	Not in labour force
1980	144.9	141.4	129.5	131.6	131.6
1983	168.7	147.7	140.0	163.8	149.1
1986	161.0	149.8	138.6	157.5	147.0
1989	167.3	163.8	151.2	165.9	162.4
1992	148.4	156.1	122.5	140.0	151.2
1995	137.2	140.7	118.3	133.0	137.2
1998	134.4	144.2	114.1	138.6	136.5
2001	140.6	123.7	109.1	105.7	134.4
2004	134.9	119.7	103.8	104.8	133.1
2007	132.8	121.4	105.4	101.1	133.5
2010	148.0	115.2	104.8	97.6	135.5
% change 1980–2010	+2%	–19%	–19%	–26%	+3%
% change 2001–10	+5%	–7%	–4%	–8%	+1%

Sources: V White, personal communication, using data from: Hill and Gray 1984;[2] Hill 1988;[3] Hill, White and Gray 1991;[3, 4] Hill and White 1995;[5] Hill, White and Scollo 1998;[6] White et al 2003[7] and AIHW 2002,[8] 2005,[9] 2008[10] and 2011[11]

** Smokers who smoke daily or at least weekly; includes smokers of both factory-made and roll-your-own cigarettes.*

(Tobacco In Australia)

The strongest correlation of any socioeconomic status factor to likelihood of tobacco use is employment status. Persons who are unemployed, employed in lower blue collar roles, or not in the labour force (including retirees, dependents, and people who are not able to work). Tasmania's high rates of unemployment, underemployment, and welfare dependency effectively prime the populace to take up, or fail to quit, smoking tobacco.

2. Regional, remote, and rural living

"Table 1.7.1: Tobacco smoking status, people aged 14 years and older, by SES characteristics, 2013 (per cent)"

Geography	Never smoked	Ex-smokers	Smokers
Major cities	63	23	14
Inner regional	57	25	18
Outer regional	50	27	23
Remote/very remote	49	27	25

(Tobacco In Australia, 2013)

The prevalence of smoking increases dramatically in outer regional, remote, and very remote locations.

Tasmania has the highest proportion of residents who live outside of a major city of any state.

MyChoice Australia and the Australian Taxpayers' Alliance propose directing preventative health efforts:

a) Towards Tasmanians who currently belong to one of the following groups:
    a. Unemployed
    b. Not in the workforce
    c. Unable to work
    d. Rural location
    e. Remote location
    f. Outer regional location
b) Towards breaking the cycles of regional and socioeconomic disadvantage.

As well as applying the preventative health efficacy framework developed by H Andrews.

Smoking uptake

"Most smokers begin smoking before the age of 25, and, in high income countries, most begin smoking as adolescents."

(Dessaix A, 2016)

The legal smoking age is an ineffective disincentive to youth smoking uptake. Raising it will exacerbate, rather than correct, this, as it exacerbates the size of the cohort without addressing the underlying factors that increase propensity to use tobacco.

INCENTIVISING CRIMINAL ACTIVITY

The effect of any increase to the minimum legal smoking age will be to increase the size of the age-based cohort of people who are prevented from purchasing and using tobacco products by legal means.

KPMG reports that the black market for tobacco rose from 11.8% of total tobacco consumption in 2012 to 14.3% in the first half of 2015. This equates to over $1.4 billion dollars in tax revenue foregone by the Commonwealth (KPMG, 2015).

A customs spokesman told Fairfax reporters that Australia "remained a lucrative target for international smugglers because the high cost of tobacco products provided greater profit margins for the gangs" (Toscano, 2014).

The combination of these effects of regulatory change and regional context significantly undermines the ability of raising the minimum legal age of tobacco purchase and consumption to reduce smoking uptake or rates of consumption.

CIVIL LIBERTIES

Preventative health is not effective when it removes the right of the individual to make less than desirable choices. Preventative health policies are effective when they empower individuals to make the best decisions for their own health, of their own initiative.

This submission devotes much of its attention to the proposals to increase to the minimum legal age for purchasing or using tobacco (whether to 21 or 25, and whether or not there is a form of phasing in arrangement) because these are the only concrete proposals contained in the draft consultation paper.

Alterations to the age of majority for any activity are fraught with moral hazard. Policy makers must not lose sight of the reality that such a proposal undermines the autonomy of legal adults.

There is a significant contradiction inherent in constructing the average eighteen year old as someone who is sufficiently sophisticated to

- parse the structural, social, economic and legal complexities entwined in voting, and
- choose to drink alcohol, and
- handle light machinery for the past two years, and

- enter into contracts and accrue debts, and
- begin families by marriage and/or by childbearing, and
- make decisions about their career path, and
- enlist in the armed services and eventually being dispatched into areas of conflict, if that is their choice

and yet simultaneously too irresponsible to make decisions about whether or not to smoke, even after having received education in this area beginning in primary school. This is neither logically consistent, nor consistent with a liberal democratic model of government.

Civil Liberties Australia (CLA) rightly notes that it is surprising that the cornerstone of the preventative health plan relates to tobacco policy in isolation from other health and lifestyle factors. (Waldhuter, 2015)

It is of significant concern that the Five Year Strategic Plan's consultation paper has only proposed this singular avenue of policy change.

WORKS CITED

6202.0, A. C. (2016). *Labour Force.* Tasmanian Government, Treasury and Finance. Tasmania: Australian Bureau of Statistics.

ABC News. (2014, January 21). *Welfare sector fears fallout for Tasmanians from federal crackdown*. Retrieved February 2016, from ABC News: http://www.abc.net.au/news/2014-01-21/welfare-sector-fears-falloujt-for-tasmanians-from-federal-review/5210454

Andrews, H. (2014). *An Ounce of Prevention?: A Toolkit for Evaluating Preventive Health Measures.* Centre for Independent Studies. Sydney: CIS Policy Monographs.

Australian Broadcasting Corporation. (2015, February 2015). *Tasmanian Government says regional school enrolments boosted by new education policy*. Retrieved February 2016, from ABC News: http://www.abc.net.au/news/2015-02-02/tasmanian-government-tackles-poor-retention-rates/6064476

Australian Bureau of Statistics. (1999, June). *Australian Social Trends, 1999.* Retrieved 2016, from Australian Bureau of Statistics: http://www.abs.gov.au/Ausstats/abs@.nsf/2f762f95845417aeca25706c00834efa/d67b7c95e0e8a733ca2570ec001117a2!OpenDocument

Australian Bureau of Statistics. (2009). *4102.0 - Australian Social Trends, June 2009 .* ABS.

Australian Medical Students Association. (2015, August). *Unemployment and Health Policy.* Retrieved February 2016, from AMSA: https://www.amsa.org.au/wp-content/uploads/2015/08/Unemployment-and-Health-Policy-2015.pdf

Council of the Ageing. (2013). *Facing the future: A baseling profile of older Tasmanians.* COTA.

Dessaix A, M. A. (2016, January). Factors influencing reductions in smoking among Australian adolescents. *Public Health Research and Practice, 26*(1).

Encyclopaedia Britanica. (2016). *Tasmania*. Retrieved February 2016, from Encyclopaedia Britannica: http://www.britannica.com/place/Tasmania#toc273656

Eslake, S. (2010, March 11). *Economic growth, living standards and productivity in Tasmania.* Retrieved February 2016, from Grattan Institute: http://grattan.edu.au/wp-content/uploads/2014/04/021_Tas_Leaders_Program_Saul_Eslake.pdf

Gallasch, R. (2012, July 15). *State's literacy crisis*. Retrieved February 2016, from The Examiner: http://www.examiner.com.au/story/158398/states-literacy-crisis/

(2014). *Health Literacy: Taking action to improve safety and quality.* Australian Commission on Safety and Quality in Healthcare. Sydney: Australian Commission on Safety and Quality in Healthcare.

KPMG. (2015). *Illicit Tobacco in Australia.* Sydney: KPMG.

Paine, M. (2014, January 29). Tassie education system in crisis as Year 12 retention rates hit new low. Hobart, Tasmania: The Mercury.

Tobacco In Australia. (2013). Table 1.7.1 Tobacco smoking status, people aged 14 years and older, by SES characteristics, 2013 (per cent). *Tobacco in Australia*.

Tobacco In Australia. (n.d.). Table 2.3.7: Self-reported weekly consumption by regular smokers* 18 years and over in various socio-economic groups, Australia, 1980 to 2010 (number of cigarettes). http://www.tobaccoinaustralia.org.au/chapter-2-consumption/2-3-self-reported-measures-of-tobacco-consumption.

Toscano, N. (2014, April 12). Black market tobacco 'booming' in Australia: KPMG study. *The Age*. Melbourne, Victoria.

Waldhuter, L. (2015, December 21). *Tasmanian plans to lift legal smoking age to 21 or 25 could be world first*. Retrieved from Australian Broadcasting Corporation: http://www.abc.net.au/news/2015-12-21/state-plan-to-lift-tasmanias-legal-smoking-age-above-18/7044622