

# WHAT ARE THE HEALTH CHALLENGES FACING AUSTRALIA?



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**WHAT ARE THE HEALTH CHALLENGES FACING  
AUSTRALIA?**

**WILL CHANGES TO STATE AND COMMONWEALTH RESPONSIBILITIES  
MEET THE CHALLENGES?**

**Workshop**

**Wednesday 27 April 2005**

**Manning Clark House, 11 Tasmania Circle, Forrest**

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Clark House

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*The opinions, findings and proposals in this report represent the views of the authors and  
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## CONTENTS

Workshop Participants	4
About the Speakers	5
Summary of Agreed Issues for Further Development	9
Workshop Papers	
Dr Emily Banks Key Future Health Challenges for Australia.	14
Professor Graham Vimpani. The Health and Well-Being of Australian Children and Young People 0-20 Years.	20
Dr Peggy Brown The Health Needs of 20–40 Year Olds.	37
Dr Marjorie Cross Women’s Health Issues – Ages 40 – 60.	51
Dr Anna L Howe PhD Are We Prepared to Meet the Health Challenges of Ageing?	56
Background Papers	
Marie Coleman Australia’s Health System: Some Background Information	70
Australian Indigenous Health <i>infor</i> net Summary of Australian Indigenous Health, February 2005	76
National Rural Women's Coalition Healthy Women—Healthy Communities	85

## WORKSHOP PARTICIPANTS

Moderator: Marie Coleman

Speakers Dr Emily Banks  
Professor Graham Vimpani  
Dr Peggy Brown  
Dr Marjorie Cross  
Dr Anna Howe

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## ABOUT THE SPEAKERS

### **Dr Emily Banks**

Dr Banks is a medically trained epidemiologist with interest and expertise in large-scale cohort studies, women's health, and healthy ageing. The main emphasis of her work has been in using cohort study methodology to identify modifiable factors affecting individual and population health in different settings and in quantifying their effects. She has recently returned from nine years in the UK where she was Deputy Director of the Cancer Research UK Epidemiology Unit at the University of Oxford and joint Principal Investigator of the Million Women Study. She is currently the Scientific Director of the NSW 45 and Up Study and an NHMRC Fellow at the National Centre for Epidemiology and Population Health. In 2000 she was awarded the UK National Woman of Achievement in Science and Technology.

She has served as an adviser to the World Health Organisation, International Agency for Research on Cancer and the UK National Health Service Breast Screening Programme. She is also a member of the Collaborative Group on Hormonal Factors in Breast Cancer, the UK Medical Research Council Advisory Board and the Quality Advisory Committee, BreastScreen ACT and South East New South Wales.

### **Dr Peggy Brown**

Dr Brown graduated in Medicine with Honours from the University of Queensland in 1983, and completed Psychiatry Training in 1990. She was awarded the Maddison Medal by the RANZCP in 1991. She was staff psychiatrist at The Prince Charles Hospital 1991–94; Director of Consultation-Liaison Psychiatry and Acting Director of the Mental Health Centre at Royal Brisbane Hospital 1995–96; Chief Psychiatrist and Acting Director of Mental Health, Queensland Health 1997–99; Director of Mental Health, Queensland 2000–04; and NHS International Fellow in United Kingdom 2003–04. She has held multiple roles within the Royal Australian and New Zealand College of Psychiatrists including: Chair, Queensland Branch Training Committee; Chair, Queensland Rotational Training Program; and Member of the Committee for Examinations.

She is a Member of the National Mental Health Working Group which she held from 2000–03 and then from 2004 onwards. Other positions she has held include: Chair, Information Strategy Committee for NMHWG 2001–03; Chair, Forensic Principles Working Party for NMHWG 2002–03; and Member of the Psychiatry Workforce Working Group for AMWAC (Australian Medical Workforce Advisory Committee). She was named the Queensland Telstra Business Woman of the Year for 2000.

**Marie Coleman**

Marie Coleman has been closely involved in social policy developments over several decades. She has been a consultant in Indigenous child health and development, a newspaper columnist and a traveller since her retirement from the Commonwealth Public Service in 1993.

Her public sector career included: First Assistant Secretary, Dept. Human Services and Health 1994–95; Acting Director, Australian Institute of Family Studies 1994; Visiting Fellow, Aust. NZ Studies Centre, Pennsylvania State University 1991–93; FAS, Policy Development Division, Commonwealth Department Human Services and Health 1986–90; Special Adviser and Head, Policy Coordination Unit (formerly Social Welfare Policy Secretariat) 1982–86; Director, Office of Child Care 1976–82; Chair, National Social Welfare Commission 1974–76. She has represented the Australian Government variously at ESCAP (1984), OECD (1985,87,89), United Nations Preparatory Committee Conference on Population and Development (1993), organising committee at US Centre for Injury Research on planning committee for Third World Injury Prevention Conference (1993).

She was a consultant, Centre for Indigenous Development Education and Research University of Wollongong 1997–2001; Director, Indigenous Social Development Institute 2001–02; Chair, Management Assessment Panel, Department of Attorney General and Justice, ACT Government (1996–2003); Hon Sec., Australian Reproductive Health Alliance 1998–2002; Director, Australian Reproductive Health Foundation 1998–2002; Trustee, Australian Reproductive Health Trust 1998–2002; Hon. Secretary, National Foundation for Australian Women 1996–99, Vice President, NFAW 2000–02; Trustee, NFAW Education and Research Trust 1996–2002; President, Canberra Mothercraft Society 1995; Director, Child Accident Prevention Foundation 1980–90.

She won the Public Service Medal in 1989, the Centenary Medal in 2003, the Royal Australian Institute of Public Administration (RAIPA) Centenary Medal in 2001, and was placed on the Victorian Parliament's Honour Roll of Women in 2001.

**Dr Marjorie Cross**

Dr Cross has been the general medical practitioner to the Bungendore and district community in NSW for twenty-five years. One afternoon per week she attends at Captain's Flat, and one full day per week she attends at Braidwood. She is a graduate of Monash University (1973) and a Fellow of the Royal Australian College of General Practitioners. She engages in teaching of ANU undergraduates, of College of General Practitioners, and of University of Sydney medical students within her practice, and is a mentor to recipients of the John Flynn award through both University of Sydney and the ANU.

She is a member of the Medical Women's Society, the Australian Medical Association, the Royal Australian College of General Practitioners, the Division of General Practice and the Rural Doctors' Association.

**Dr Anna L. Howe PhD**

Anna Howe describes herself as a Consultant Gerontologist. Her most recent consultancies include work for the Commonwealth and State governments, on the interfaces between acute care and aged care services, respite care and assessment in the HACC program in Victoria. She is currently a consultant to the World Bank on the development of aged care services in Slovakia, and previously completed a project in Estonia.

Anna is the Immediate Past President of the Australian Association of Gerontology, having being President from 1997 to 2000. She completed her PhD at Monash University in 1982 and since then has held academic research and teaching positions in gerontology at the National Research Institute for Gerontology and Geriatric Medicine, and its successor, the National Ageing Research Institute, affiliated with Melbourne University, and at La Trobe University. She has published over 130 papers and reports on ageing and aged care.

From 1989 to 1993, she was Director of the Commonwealth Office for the Aged and also Principal Policy Adviser to the Mid-Term Review of the Aged Care Reform Strategy. Other policy and advisory positions she has held include commissioner of the Victorian Health Commission, member and President of the Board of the Melbourne Dental Hospital, adviser to House of Representatives and Senate inquiries into aspects of aged care, and Ministerial Appointee to the Board of the Australian Institute of Health and Welfare from 1994 to 1998. Internationally, she has carried out consultancies with the OECD, the WHO, UN, and for AusAID in China and Thailand, and the World Bank.

**Professor Graham Vimpani**

Professor Graham Vimpani is Professor and Head of the Discipline of Paediatrics and Child Health at the University of Newcastle; Clinical Chair of Kaleidoscope: Hunter Children's Health Network within the Hunter New England Area Health Service; and Medical Director of the Child Protection Team of the John Hunter Children's Hospital in Newcastle. He has a background in community paediatrics and a longstanding interest in promoting child development through social justice and early intervention strategies that address the support needs of families with young children.

His research interests have spanned childhood injury prevention, child protection, the impact of lead on child development, the evaluation of home visiting, health outcomes in adolescent boys and the links between socioeconomic inequality and child health. As well as being a member of several national paediatric committees, he is Chairman of the Board of NIFTeY Australia (the National Investment for the Early Years), a cross-

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sectoral advocacy body designed to promote greater awareness of the importance of the early years of life and a member of the Australian Council for Children and Parenting. Professor Vimpani was a recipient of the Centenary Medal in 2003 for services to early childhood.



## SUMMARY OF AGREED ISSUES FOR FURTHER DEVELOPMENT

### 1. Preferred Health System Qualities

#### 1.1. **Universal and equitable**, incorporating

- 1.1.1. WHO's definition of 'health': *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*
- 1.1.2. a focus on whole-of-population policy, but allowing special emphasis on and targeting of areas of:
  - underlying strategic importance to population health (such as early childhood health and welfare, the biological embedding of early experience);
  - acknowledged/documented inequity (such as health of Indigenous and rural and remote populations).
- 1.1.3. guaranteeing universal access to the necessary spectrum of health and socio-health services.

#### 1.2. **Cost-effective** as measured against

- 1.2.1. international performance (percentage of GDP spent nationally on health care) combined with
- 1.2.2. health status improvements across the population a whole, and within at-risk communities.

#### 1.3. **Rational**, drawing upon

- 1.3.1. national data collections supporting health status and social indicators.
- 1.3.2. evidence-based practice and monitoring.

#### 1.4. **Comprehensive**, embracing

- 1.4.1. public (population) health policy, programs and education
- 1.4.2. primary, secondary and tertiary medical and surgical care, including dental care and mental and rehabilitative health services
- 1.4.3. Pharmaceutical Benefits Scheme

#### 1.5. **Integrated** with public policy development for

- 1.5.1. housing
- 1.5.2. community services for the aged, the disabled and their carers
- 1.5.3. income support
- 1.5.4. parental education programs
- 1.5.5. workforce planning

## 2. Structural Issues and Limitations Imposed by Value Sets

- 2.1. **Commonwealth-State tensions** militate against an integrated approach to primary, secondary and tertiary health care.
- 2.2. **Portfolio and bureaucratic fragmentation**
  - 2.2.1. militates against integrated policy development and coordination of service provision for such complex health/social policy issues as provision of appropriate care and housing for mental patients and for the young disabled.
  - 2.2.2. puts barriers in the way of achieving continuity of care right from birth into a family and a community and continuing throughout the individual's life.
- 2.3. **Ideological issues:**
  - 2.3.1. We question that **bulk-billing** without co-payment (Labor) need be an essential element of a universal system (services should be affordable, but not necessarily 'free' to the individual user).
  - 2.3.2. We question the value of emphasising '**individual choice**' (Coalition parties) as it appears to be more characteristic of the high-cost US health system, which does not provide universal coverage, than of the lower-cost and universal cover European models.
    - Does either of these elements really represent the wishes of most Australians anyway?
    - How far do insistence upon bulk billing and/or choice of insurer or service provider drive up costs and limit the rational use of resources?
  - 2.3.3. There seems to be an overemphasis on *fiscal* policy vis-à-vis broader *economic* policy which takes into account social and community costs and benefits.
    - it is more useful to evaluate outcomes than to measure inputs.

## 3. Priorities—System and Service Provision

- 3.1. **National Health Priority Areas and Risk Factors for Disease** should form the basis for planning, overlaid by programs designed for strategic targeting (see 1. above) of areas of inequity (e.g. Indigenous health) and of fundamental importance to whole-of-life healthy living (early childhood health).
- 3.2. Biology 'talks' where **national health policy resourcing** is concerned, but there is more to health than biology. There is a need to lift community and government understanding of the interplay of education, housing and community services with health policy and services.
- 3.3. There are impediments to putting into practice **new knowledge:**
  - 3.3.1. communication to practitioners

- 3.3.2. workforce issues—skills shortages and insufficient people in workforce (shortages of nurses, aged persons’ carers); smaller families leading to fewer family member carers for the aged.
- 3.3.3. education of general population on health matters, especially education of lower socioeconomic groups (e.g. the middle and upper ‘reading’ classes are reasonably well informed on dementia, but how to reach the non-reading classes?)
- 3.4. **Knowledge management** needs focus:
  - 3.4.1. the development of better, and comparable national data sets to support policy-making and evaluation across the health/community service sector;
  - 3.4.2. the provision to the public of *credible*, accurate information on which they can base informed judgements.
- 3.5. **Mental health** needs special, integrated focus and resources across the health and housing sectors.
  - 3.5.1. for depression: make more use of the talking therapies (self-limiting, labour intensive, not hugely profitable) which research shows are more effective than drug therapy; but this requires workforce planning to provide sufficient talking therapists, clinical psychologists etc. Current system tends to over-promotion of drug therapy.
- 3.6. **Acquired brain injury**: Federal and State Treasury officials are examining structured settlements for those who are entitled to insurance-based compensation, but many fall outside that system. Urgent need for a coherent policy approach to lifetime support for this group.
- 3.7. Services for the **aged and disabled**
  - 3.7.1. Need to review structure of the residential aged care industry and to require more transparency in use of government funding for aged care.
  - 3.7.2. Aged Care Assessment: the ACAT assessment system needs review, and ACAT teams should not be assessing the younger disabled, whose needs vary considerably from those of the aged.
    - There is a need for a separate, professional, structured approach to assessment of people with disabilities.
  - 3.7.3. Home and Community Care services for the aged and the disabled should be designed and provided as separate services for the two groups—the needs of the young disabled are widely divergent from those of the aged and a common approach to service provision tends to lead to inadequate services being provided to the young disabled, who also often require health care to be integrated with their home care services.
  - 3.7.4. Residential care for the young severely disabled should be completely separate from residential aged care.

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3.7.5. Many concerns have been expressed about the degree and types of accountability required of community organisations and private sector service providers, especially if they should be required by government to determine client eligibility issues.

3.8. Need to integrate primary, secondary and tertiary health care, and provide family support/visiting services and continuity of individual health care from childhood to adulthood (as is done under the UK NHS).

**Conclusion**

Readers are invited to consider and discuss these issues, and to provide their responses, if they desire, to the National Foundation for Australian Women at the addresses below, no later than 30 September 2005.

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