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Content of submission (you can choose multiple): Health, Latrobe
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Public Health Association
AUSTRALIA

Public Health Association of Australia (Victorian Branch) submission in response to the Re-opened Hazelwood Mine Fire Inquiry

Introduction

The Public Health Association of Australia (PHAA) is a national organization comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level. Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector.

The PHAA (Victorian Branch) has over 500 members in public health related occupations in health service, research, government and community sectors. We work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals.

This submission

The PHAA (Victorian Branch) welcomes the opportunity to make a submission to the Re-opened Hazelwood Mine Fire Inquiry. This submission relates to Term of Reference 7 (Health Impacts), with specific reference to approaches to improve the short, medium and long-term health of the Latrobe Valley communities, and the proposals for a Health Conservation Zone and Health Advocate for the Latrobe Valley.

Approaches to improve the health of the Latrobe Valley communities

The PHAA (Victorian Branch) endorses the findings of the first Inquiry that:

“There is a strong case for the health of the population of the Latrobe Valley to be substantially improved. Based on current health status information, this was justified before the Hazelwood mine fire and is even more necessary after it.”

As such, we support the implementation of evidence-based, adequately resourced, and community-led public health and health promotion approaches to improve the short, medium and long-term health of the Latrobe Valley communities.

We recommend such approaches follow established health promotion and public health

principles, including:

- A broad-ranging focus on the social determinants of health, that is, ‘the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.’¹
- An explicit focus on addressing health inequity, that is, the burden of ill health that is borne disproportionately by those who are already of lower socioeconomic status, poor health, advanced age, and lacking access to appropriate housing.² Interventions to reduce health inequities should also take a life course perspective.
- Coordinated, cross-sector activity, recognizing that in addition to the health sector, many sectors and people play roles in determining the distribution of the determinants of health and must, therefore, be engaged in intra-sectoral and cross-sectoral partnerships to reduce inequity.³
- Any initiatives must be undertaken in partnership with the community and sufficiently resourced for a sustained period of time (i.e. 5 years and beyond).
- Any new initiatives should leverage off existing partnerships and programs, such as the Latrobe Valley Healthy Together Victoria program.

Establishing a Health Conservation Zone

The PHAA (Victorian Branch) supports the concept of a Health Conservation Zone as articulated by the first Inquiry, as an opportunity to

“improve significantly the health of the Latrobe Valley community by coordinating and integrating health services with responses which tackle the broader social and environmental determinants of health.”

We note that concepts of Health Conservation Zones exist in other high-income countries, such as the UK. For example, some areas of Birmingham, UK, a city with poor air quality and

1 Commission on Social Determinants of Health (2005) Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health Draft Discussion Paper. May, Geneva: World Health Organization.

2 The Garnaut Climate Change Review: Final Report. Cambridge University Press, Port Melbourne.

3 CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.

high levels of respiratory disease, have been declared Natural Health Improvement Zones⁴. These Natural Health Improvement Zones centre around environmental changes such as tree planting, and the creation of green zones and designated active transport routes.

We recommend the group or groups involved in the development of a Health Conversation Zone build on existing partnerships and activities initiated under the Latrobe Valley Healthy Together Victoria program. The roll out of Healthy Together Victoria involved significant investment in the health promotion workforce, and as such, much of the expertise for the creation of a Health Conversation Zone may already exist locally. We note that this aligns with the recommendations of the first Inquiry, in which the authors stated

“The Department of Health has recognised this in its prioritisation of Latrobe Valley as one of the sites for the Healthier Together program, which is a community-based health promotion initiative. This action is commended and needs to be built on.”

We recommend that community consultation be invited on the terminology to be used in any final execution of a Health Conversation Zone in the Latrobe valley. The concept and terminology of a Health Conversation Zone could have unintended and negative connotations in the community with potential for stigma, as it would be the first and only Health Conversation Zone in Australia.

Finally, PHAA (Victorian Branch) recognizes that ensuring communities are engaged in decisions affecting their lives, health and wellbeing is fundamental to good health. This is particularly the case for socially and economically excluded populations.⁵ As such, we recommend that all stages of its design, priorities and activities, roll-out, funding, management, and evaluation are conducted in partnership with the local community. This should include community representation on advisory groups and management committee(s) that include opportunities to influence the strategic direction of the initiative and funding decisions.

Appointing a Health Advocate

The PHAA strongly endorses the concept of a Latrobe Valley Health Advocate. In addition to being a key driver of efforts to improve the health and wellbeing of the Latrobe Valley community, they would be instrumental in supporting other initiatives such as the Health Conversation Zone and Hazelwood Health Study.

⁴ Birmingham City Council. 2011. Natural Health Improvement Zone. Available at <http://www.birmingham.gov.uk/treesinbirmingham>

⁵ PHAA 2012. Public Health Association of Australia: Policy-at-a-glance – Health Inequities Policy. Available at <http://www.phaa.net.au/documents/item/691>

We note the first Inquiry found there was a noticeable lack of local health leadership, with the purpose of the Health Advocate being to remedy this situation by providing:

“A local health voice for the Latrobe Valley community that can win the trust of that community and be a sound source of advice, mediation and advocacy on health-related matters.”

As such, PHAA (Victorian Branch) believes that a local medical and/or public health professional with requisite specialist knowledge and skills in prevention and community engagement would be the most appropriate person for the Health Advocate position. Such a person would be both known and respected as a health and/or medical authority in the Latrobe Valley, and be seen as truly independent of government and thereby able to garner community trust and offer the frank and fearless advice to government that would be critical to success in the role.

However, we note the broad range of possible key competencies of the Health Advocate, as articulated by the first Inquiry. These include:

“Leadership, monitoring and assessing the health of the public, policy, planning and program development, communication, collaboration and partnering, foundational clinical competencies and professional practice.”

As such, remuneration for this role would be crucial, as would appropriate infrastructure and resources to enable delivery of this function. Accountability for the role could be through existing statutory positions or authorities, such as the office of the Chief Health Officer and/or the Victorian Health Promotion Foundation, VicHealth.

The PHAA (Victorian Branch) appreciates the opportunity to make this submission.

Yours sincerely,



Brian Vandenberg
Branch President
Public Health Association of Australia (Victorian Branch)

2 August 2015