Submission from the South Australian Council of Social Service (SACOSS) to the Review by the Legislative Council's Select Committee on Health Services in South Australia

October 2022

About SACOSS

The South Australian Council of Social Service (SACOSS) is the peak non-government representative body for health and community services in South Australia, and has a vision of justice, opportunity and shared wealth for all South Australians.

Our mission is to be a powerful and representative voice that leads and supports our community to take actions that achieve our vision, and to hold to account governments, businesses, and communities for actions that disadvantage vulnerable South Australians.

SACOSS aims to influence public policy in a way that promotes fair and just access to the goods and services required to live a decent life. We undertake research to help inform community service practice, advocacy and campaigning. We have 75 years' experience of social and economic policy and advocacy work that addresses issues impacting people experiencing poverty and disadvantage.

SACOSS Submission to the South Australian Legislative Council Select Committee's Review of Health Services in South Australia

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Executive Summary

The health system is a critical sector that people rely on to live healthy lives – for health care, disease prevention, and health promotion.

SACOSS believes that it is vital to the wellbeing of all South Australians – and especially those who are experiencing poverty or disadvantage – that the health system is accessible, of high quality, and responsive to their needs. Robust public involvement opportunities that are inclusive of people with lived experience of exclusion or disadvantage are necessary to achieve this.

In summary, the following proposals are made towards improving health services in South Australia:

Proposals regarding preventative and primary healthcare

- That the South Australian Government increase investment in public health, disease prevention and health promotion, with an ongoing commitment of at least five per cent of health expenditure directed towards disease prevention and health promotion. This is to be accompanied by a commitment to report annually on public health preventative expenditure;
- That a commitment is made to create healthier public environments for all children, particularly in relation to food marketing and the promotion of healthy diets;
- That a health equity lens be applied to all preventive health initiatives, with the specific needs of disadvantaged groups prioritised for action. This necessitates that a systems-based, inter-sectoral, health-in-all-policies and whole-of-government approach is adopted.

Proposals regarding accessibility, affordability, and responsiveness of the health system

Affordability

- Given the extent of poverty and the range of factors that negatively affect people's health outcomes – as evidenced by the increasing number of people who are unable to afford medical treatment, Medicare gap payments or transport to attend medical appointments; and the cost-of-living and housing crisis that is placing people under 'rental stress' and therefore making them unable to afford nutritious food or pay bills and medical prescriptions – the South Australian Government is urged to advocate for: increases to those social security payments which are below the poverty-line, a decrease in the Medicare gap payment and support for bulk-billing, and an increase to Commonwealth Rent Assistance; and to urgently address the housing crisis by acting on immediate housing relief options as well as increasing the public housing stock;
- That public investment in healthcare should be directed to the public system and not to subsidising private service providers or the establishment of private health facilities;
- That private health insurance should not be assumed to be the preferred option in order to access timely and quality healthcare.

Cultural competence, institutional racism, equity and inclusion

- That health services demonstrate their increased attention to developing cultural competence, eradicating institutional racism, and enhancing equity and inclusion, and that ongoing monitoring and auditing of cultural competence and the level of institutional racism should be undertaken;

- That every effort be made to address the disparities in service provision and access experienced by many rural, regional and remote communities so that they are able to receive the same level of care as metropolitan communities;
- In its revitalisation of the Digital Inclusion Strategy, the South Australian Government should pay attention to internet and device access by low-income households and those people who may need support to develop their digital competence.

The navigability of the healthcare system

- Every effort needs to be made to ensure that front-line health services become more accessible and user-friendly;
- That a well-positioned, adequately resourced independent public health body is retained (namely, the Health Performance Council) with the task of data collection and analysis, identifying policy and access gaps, and ensuring that equity and diversity are given proper consideration. This ongoing health data collection, independent monitoring and analysis will contribute to enabling health services to be responsive and design equitable and effective services with populations that have the greatest need.
- Given the clear evidence that optimising public involvement improves access to care, the quality of care, and health outcomes, every effort must be made to optimise public involvement in the health system, through community and consumer engagement and participation;
- That Aboriginal Community Controlled Health Organisations (ACCHOs) are properly resourced to continue to provide comprehensive primary health care for Aboriginal and Torres Strait Islander communities based on a locally responsive, holistic view of health, undertaking advocacy, and embedding community participation in their ways of working.

Proposals regarding workforce sustainability

- That SA Health continues to increase the size of the healthcare workforce, with particular attention paid to preventative and health promotion workers as well as ambulance workers;
- That healthcare workers' workload, working hours and remuneration are fairly negotiated, with attention paid to work-related risk factors (including psycho-social hazards);
- That health service leaders are supported to drive cultural change that prioritises the wellbeing of healthcare workers and that an integrated, programmatic, and planned approach is adopted (see Huggins et al. 2022);
- That appropriate attention is given to skills training and workforce development, as highlighted in the SA Public Health Consortium's state election platform regarding the need to build the capacity of the public health workforce. This should include a comprehensive review of the preventative health workforce. Informed by the review, a dedicated employment, training and development program should be established to provide career pathways in health promotion and disease prevention; and
- That the long-term sustainability and responsiveness of the healthcare workforce is framed within the broader context of climate change and disaster resilience.

1. Introduction

As the peak body for the non-government health and community services sector, the South Australian Council of Social Service (SACOSS) welcomes this opportunity to contribute to the Select Committee's inquiry into Health Services in South Australia. The primary focus of this submission is on optimising the positive impacts of primary healthcare and preventative health responses, and therefore pays particular attention to the Committee's first Term of Reference, namely (a) *The opportunities to improve the quality, accessibility and affordability of health services including through an increased focus on preventative health and primary health care.*

This submission is based on the premise that health is not just the presence or absence of disease or injury; health is a state of physical, mental, and social wellbeing (WHO, 1946) and, for Aboriginal and Torres Strait Islander peoples and many communities, also includes cultural wellbeing (Australian Government, 2021).

The health system is a critical sector that people rely upon to live healthy lives – for health care, disease prevention, and health promotion, all of which are vital to the wellbeing of South Australians, and more especially those living in poverty or disadvantage. It is therefore essential that the health system is accessible, affordable, provides high quality services, and is responsive to people's needs. To this end, it is critical that appropriate attention is paid to preventative and primary healthcare, and to developing and sustaining a well-trained and resourced healthcare workforce. It is also essential that the health system seeks to continually develop and improve its services and is receptive to feedback from both patients and the broader public. This requires equitable and robust public involvement opportunities that are inclusive of people with direct experiences of disadvantage, and the availability of appropriate mechanisms for feedback and systemic advocacy to occur. Each of these aspects is discussed below.

2. Preventative and primary healthcare

South Australians who enjoy good health are likely to face fewer challenges in coping with day-to-day life, and can actively participate in their community, creative activities, recreation, education and/or employment. The evidence is clear that the outcomes of good health and the benefits of preventative approaches will manifest in a system-wide decreased burden of disease, leading to reduced pressures on emergency health services, health and aged care systems, as well as demonstrated economic benefits.

However, good health is not evenly distributed across the population, and particular demographic groups experience a disproportionate burden of disease leading to differences in health, wellbeing and longevity. There is a direct relationship between people's health and the circumstances in which they grow up, live, work, play and age. These social determinants of health – including social, environmental, structural, economic, cultural, biomedical, commercial and digital factors – are key drivers of inequity and inequality within our society. Health outcomes display and equity gradient: People in lower socio-economic groups are at greater risk of poor health, with higher rates of illness, disability and premature death than people from higher socio-economic groups (Australian Government, 2021). Health inequalities and chronic conditions have been increasing and

disproportionately affect First Nations peoples (PHIDU 2020; 2021). In order to significantly improve the health of all Australians, a health equity lens needs to be applied to all preventive health initiatives, with the specific needs of disadvantaged groups prioritised for action.

According to the Australian Institute of Health and Welfare (2021), 38 per cent of the disease burden in 2018 was preventable. This points to the urgent need to re-focus health services towards preventative health and primary healthcare. Improving the health of people in fair or poor health would benefit the day to day lives of many South Australians, and would also have a positive socio-economic impact – conservatively estimated to increase the GDP by $4 billion per year (Productivity Commission, 2017).

Without a renewed and enhanced focus on preventive health and health promotion, there is a risk that advances made in recent decades to improve our society's overall health will be undermined. In order to achieve this, the adoption of a systems-based approach that focuses on the social determinants of health is critical to success. Australia's current prevention efforts need to be systematised and strengthened in order to create long-term, sustainable improvements to the health and wellbeing of all Australians and to embed prevention across the life course. This requires that an inter-sectoral and whole-of-government response is realised at all levels (Australian Government, 2021), and will necessitate alignment with other national approaches such as the National Agreement on Closing the Gap (Coalition of Aboriginal and Torres Strait Islander Peak Organisations, 2020).

As the prevalence of preventable illness and disease continues to rise, so too does the pressure on our health system and the services it is able to provide. The neglect of preventative and primary healthcare over the past decades is having a critical impact on our tertiary and hospital-based health services, and is reaching crisis proportions – as evidenced by persistent ambulance ramping, insufficient hospital beds, and an over-stretched and exhausted healthcare workforce.

In 2020, the emergence of the COVID-19 pandemic highlighted how important it is to have a responsive health system focused on prevention. National and international evidence has shown that individuals with preventable chronic conditions and vulnerabilities such as cardiovascular disease, smoking, and obesity, were at greater risk of adverse outcomes associated with COVID-19. This was a stark reminder to health systems that significantly more needs to be done to keep people healthy and well. This requires a refocusing on and investment in prevention and protective measures that address the underlying causes and the social determinants of health. The pandemic demonstrated that the health system can respond and adapt quickly, with all levels of government needing to change how healthcare is delivered, and to elevate the profile of public health.

South Australia's future investment in the healthcare system should be based on the best available evidence about how to tackle the underlying causes of ill-health and inequity. The evidence clearly points to investment in health promotion and illness prevention interventions as being cost-effective and beneficial to the broader society (Masters et al. 2017; McDaid 2018).

The South Australian Public Health Coalition's recent state election platform outlined a number of policy proposals towards improving public health and responding to areas requiring urgent attention. These include proposals to increase the state budget allocation for public health, disease prevention and health promotion; and for the creation of healthier environments for children, more especially in relation to promoting healthy diets:

- Increase public health, disease prevention and health promotion expenditure to 5% of the health budget.

  South Australia is facing significant challenges with increasing demands on the health system, rising health care costs and a need to reprioritise the system to focus on prevention and improving the health of the whole population. To have impact, prevention initiatives must be properly financed – although effective public health provides economic savings for our health system and economy in the long term, prevention efforts need to be sustainably resourced if they are to have a positive impact on population health. We therefore call on the government to increase investment in public health, disease prevention and health promotion, with an ongoing commitment of at least five per cent of health expenditure directed towards disease prevention and health promotion. Such a benchmark is in line with targets in Australia's National Preventive Health Strategy 2021-2030 and would see an increase from current levels of around 2.3 per cent of total health expenditure. A commitment is also required to report annually on public health preventative expenditure.

- Create healthier environments for children, particularly in relation to healthy diets

  The SA Public Health Consortium calls for a commitment to create healthier public environments for all children, particularly in relation to food marketing and the promotion of healthy diets. This includes phasing out all advertising of unhealthy food and drinks on government- owned property by 2025, as well as revising the *Right Bite Healthy Food and Drink Supply Strategy* for South Australian schools and preschools. This Strategy outlined criteria for school food supply, but was not mandated or monitored. It is now time to mandate a minimum of 60 per cent high-nutrient category foods on school menus, with no low-nutrient excessive energy foods or beverages. These initiatives must ensure that equity variations are addressed so that every child has access to healthy food and drink options.

3. Accessibility and responsiveness of the health system

If we aim for everyone to be able to experience good health, there needs to be equitable access to the resources and opportunities essential for good health, and people's health needs should be responded to in a timely manner. The Australian Institute for Health and Welfare views health care as being 'accessible' when it is 'available at the right place and time, taking account of different population needs and the affordability of care' (AIHW 2021).

Healthcare accessibility and responsiveness involves a number of factors, including the affordability and location of services; cultural competence, equity and inclusion; physical and technological access (e.g., telehealth, and digital access and inclusion); the navigability of the system i.e., the extent to which the system is user-friendly; and access to data, information and evidence of what does and does not work.

Affordability

The cost of providing healthcare in South Australia continues to increase and is likely to demand even more of the state budget unless we adopt a different approach that focuses on preventative

and primary health care, and responds to people's health needs before they are required to rely on the tertiary and emergency end of the health care system, which is invariably more expensive.

Although Medicare is available to most citizens (and noting that it is not available to many newly arrived migrants or people on temporary bridging visas), increasing numbers of South Australians are unable to afford healthcare given that out-of-pocket costs ('gap payments') continue to rise. AIHW data for 2016-17 indicates that half of all patients across Australia - 10.9 million people – incurred out-of-pocket costs for non-hospital Medicare services. Eight per cent of people aged 15 years and over – an estimated 1.3 million people – said that the cost of services was the reason that they delayed or did not seek specialist, GP, imaging or pathology services when they needed them.

It is also evident that the cost-of-living pressures on low-income earners, the working poor and people receiving social security payments, are having significant health consequences, with a growing number of people being forced to choose between eating, paying their rent and utility bills, or paying for medications they need (Davidson, 2022). This is not surprising, given that more than one in eight people (13.4%) and one in six children (16.6%) live below the poverty line – in total, across Australia, there are over three million (3,319,000) people in poverty, including 761,000 children (Davidson et al. 2022). Given the extent of poverty, increasing numbers of people are unable to afford Medicare gap payments or transport to attend medical appointments, aside from not affording nutritious food or rent for decent and thermal efficient housing. All these factors negatively affect people's health outcomes.

In South Australia, the recent report - 'Broke, Cold, Stressed' – published by the Anti-Poverty Network (SA), indicated that of the people surveyed, 78% were experiencing 'housing stress' (spending more than 30% of income on rent); 44% were experiencing a 'housing crisis' (spending more than 50% of income on rent); 79% said that the amount of rent they paid affected how much they could spend on food; and 68% said high rents impacted their ability to cover medical costs (Anti-Poverty Network SA, 2022).

This situation has been compounded by our healthcare system becoming increasingly privatised, whether in the form of state-funding being directed towards enabling the establishment of private 'user-pay' hospitals or the increasing expectation that people need private health insurance in order to access and afford the health services they need.

The track record of privatisation initiatives shows that the public invariably ends up paying more. Privatised services are premised on the profit motive, rather than the 'public good', and are therefore undermined by 'efficiencies' (savings and cost-cutting) in terms of staffing, reducing services, and charging more (Australian Nursing and Midwifery Federation (SA), 2021). While recognising the supplementary role that the private health sector and private hospitals can play alongside public services – as highlighted during the pandemic – they should not be viewed as a substitute for public health services (ANMF 2021).

Cultural competence, institutional racism, equity and inclusion

Increased attention needs to be paid to the cultural competence, institutional racism, equity and inclusion that is demonstrated by health services.

Culturally and linguistically diverse (CALD) populations, including people living in regional SA, face a number of barriers to accessing health services (Javanparast et al. 2020). The growing population of CALD communities requires changes in the provision of health services to meet their health needs. Access to and utilisation of health services are multifaceted and are influenced by factors at individual, household, cultural and societal levels. A better understanding of these factors is crucial to identifying existing gaps and health service needs.

Levels of health literacy are significant barriers to effective navigation and utilisation of health services. Javanparast et al. (2020) identify factors that impact on health literacy – these include language, the complexity of the health system, and poor availability of language interpreters or multi-lingual health materials by health providers. A shortage and high turnover of health providers as well as distance and transport difficulties are major barriers to the accessibility of health services. Poor access to female-specific services to meet cultural needs in some population groups and the lack of cultural competency training remain key issues in relation to the accessibility, acceptability, and cultural appropriateness of health services. The cost of services and lack of service affordability hampered access to and utilisation of some services. In addition, broader social determinants of health such as poor housing and unemployment continue to be factors that negatively affect access to health services by CALD populations. Improving accessibility is necessary in order to reduce inequity in health access and outcomes among the growing CALD populations in South Australia.

The consequences of institutional racism[1] have a serious effect on people's access to health services, and ultimately for their health and wellbeing. The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* reported that 'racism experienced in the delivery of health services contributes to low levels of access to health services by Aboriginal and Torres Strait Islander people' and that work needs to be done to 'address systemic racism within the health system' (Australian Government, 2013).

The inequity and disparities in population health and health outcomes between Aboriginal and non-Aboriginal South Australians has been well-documented. The SA Health Performance Council undertook two substantial reviews/audits of Aboriginal health and the health system's response to institutional racism – the purpose of these was to open a conversation and act as a driver for improvement (Health Performance Council 2020). These studies showed that, at the organisational level, hospitals and health care services can reduce institutional racism against Aboriginal peoples and produce better health outcomes by:

- Including Aboriginal peoples in the governance of the organisation
- Implementing Aboriginal health policy

[1] 'Institutional racism' refers to the existence in organisations of governance structures that create a corporate culture and policies and practices that result in discrimination between Aboriginal and Torres Strait Islander peoples and others. The existence of an institutionally racist governance structure need not be explicitly intentional – it can be exhibited even in organisations which ostensibly have policies and practices which do not discriminate but which nonetheless have differential impact and thereby act to create inequality in service delivery and outcomes (Health Performance Council, 2020 p. 3).

- Publicly reporting on their outcomes for Aboriginal peoples
- Employing Aboriginal staff at all levels and occupations
- Enabling accountability of the organisation and, in particular, financial accountability for the policies and outcomes affecting Aboriginal peoples (Health Performance Council 2020).

This work highlighted that equity in a public health care system that is free of institutional racism will deliver better health care outcomes for Aboriginal peoples and make a significant contribution to closing the gap in life expectancy between Aboriginal and non-Aboriginal peoples.

Physical and technological access

Every South Australian is entitled to the best health care system possible, regardless of where they live or how much they earn. Ideally, health services should be located close to where people live or work, and should be inclusive and accessible by everyone, including people living with disabilities and from all cultural backgrounds.

Disparities in service provision mean that many rural, regional and remote communities do not receive the same level of care as metropolitan communities, and their health is therefore compromised and/or they are required to travel further and spend more in order to access services.

With the trend is towards government services being provided via online platforms, health services are increasingly also becoming available through services such as telehealth or virtual consultations. While, for many, this is a positive development and can increase access to services, it can also result in the exclusion of many people who do not have internet access or access to digital devices, might not be digitally competent, cannot access these online services with a language interpreter, or cannot afford mobile data.

Mechanisms for engagement, and the navigability of the system

In terms of navigability and the mechanisms for accessing and engaging with public health services and networks, it is evident that South Australia's health architecture is complex and it can be difficult for both public health service users and policy makers and advocates to find entry points for interacting with the system. The health system can be very fragmented and siloed, making it difficult to navigate (Freeman, Baum, Jolley et al. 2016).

There are currently ten Local Health Networks (LHNs), which all work in different ways and have different priorities and responsibilities, including being tasked with consulting health consumers and community members about the provision of health services. In addition, there are several agencies such as Wellbeing SA, the Commission on Excellence and Innovation in Health Care, two Primary Health Networks, general practice, the dental sector, allied health, and private health services, aside from several health and medical research institutes. This points to the importance of health services becoming more accessible and user-friendly and for the retention of a well-positioned, independent public health body, such as the Health Performance Council, to identify policy and access gaps, and ensure that equity and diversity are given proper consideration across the health system.

The SA health system has a history of devaluing and defunding once-vibrant networks of preventative and primary health care services through the community health services and women's health services and shelters (set up in the 1970s), as well as mechanisms for public and community

voices to be heard – as evidenced by the abolition in 2004 of community health centres with their community boards and the inclusion of multiple levels of community input. These were replaced by metropolitan services that were organised into three regions, each with their own boards, and which were subsequently dismantled in 2006 (Freeman, Baum, Jolley et al., 2016). During the 2010s, community health services were defunded and reoriented away from the principles of primary health care and prevention (Freeman et al. 2018), thereby illustrating the trajectory towards a growing emphasis on tertiary, emergency and hospital-based health care.

Public involvement in the health system, through community and consumer engagement and participation, is vital for safe, accessible, appropriate and effective health care that meets the needs of all South Australians. This includes opportunities for members of the community to contribute their perspectives on health planning and delivery in relation to, for example, designing a new program or enabling participation that gives communities the power to shape health services that meet the needs of the community (Baum et al., 2016). There is clear evidence that optimising public involvement can improve access to care, the quality of care, and health outcomes (Bath & Wakerman, 2015). As evidenced by the COVID-19 pandemic, public involvement was crucial during the height of the pandemic to: improve the acceptability and effectiveness of public health measures, reach communities experiencing marginalisation, mitigate harms from lockdowns, and ensure that equity and cultural sensitivity are integral to public health responses (Mahmood et al., 2021; Marston et al., 2020).

Following the dissolution of the Health and Social Welfare Councils (which had been set up in the late 1980s as mechanisms for community participation in health decision-making), the establishment of a South Australian public involvement organisation was advocated for by consumers, non-government organisations, health care providers, and health bureaucrats (Johnson & Wishart, 2004). In 2001, SACOSS auspiced the *Healthy Voices Project*, funded by the state government for three years (Johnson et al., 2004). Subsequently, the Health Consumers' Alliance of South Australia was incorporated in 2002. The Alliance undertook multiple roles, including consumer advocacy training and mentoring, dissemination of information resources to consumers, working with health organisations on consumer engagement projects and building their consumer engagement capacity, recruitment of consumer advocates for health system committees, systemic advocacy through forums, reports, and submissions, participating in health system committees, reviews, and advisory groups, presenting consumer engagement awards to the sector, conducting and reporting on surveys on consumer issues, and contributing to multiple LHN consumer engagement frameworks (Freeman, forthcoming 2022). However, in 2018, the state government announced the Health Consumers Alliance would be defunded in 2019. The reason given was the decentralisation of governance to the LHN level, and the Alliance was advised to seek funding from the LHNs, but their requests were declined and the Alliance closed in 2020.

While the community health centres, Health and Social Welfare Councils, and the Health Consumers Alliance have been lost, and other organisations and systems have undergone multiple reforms and reorientations, Aboriginal Community Controlled Health Organisations (ACCHOs) have continued their pioneering role of providing comprehensive community health care for Aboriginal and Torres Strait Islander communities based on a locally responsive, holistic view of health, undertaking advocacy, and embedding community participation in their ways of working (Freeman, Baum, Lawless, et al., 2016).

Access to data, information, and a robust evidence base

Data, research, and evidence are important drivers of an effective public health system and its services (Australian Government, 2021). While there is substantial knowledge about what works in advancing preventative efforts, it is essential that ongoing data collection, monitoring and analysis is undertaken – more particularly in enabling health services to respond to and design effective services with populations that have the greatest need. This will involve developing capacity, tools and networks to support prevention research and strengthen research and policy development. There is also a need to ensure data is readily available and accessible at the local level, in order to inform responsive service and policy choices.

The existing SA Health Performance Council has a critical role to play in ensuring that independent research, data collection and analysis is undertaken and that this information is accessible and reported on to policy makers. For the work of the Council to be effective, it is vital that it is appropriately resourced and recognised.

4. Workforce sustainability

At the outset of this section, we wish to refer to and indicate SACOSS' support for the submission by the Australian Health Promotion Association SA (AHPA) to this Select Committee, and the importance of the Association's ongoing health promotion work. We support their analysis that the introduction of a series of health reform strategies over the past decades have resulted in the erosion of preventive and health promotion workforces in South Australia, resulting in the loss of corporate knowledge, particularly in relation to how to prevent disease and illness, as well as the associated skills and practices that advance a thriving and healthy community. There is a need for long-term strategic planning in order to rebuild the workforce in ways that recognise and support an increased focus on preventative health and primary health care.

In addition to the importance of sustaining preventative and health promotion workforces, front-line and clinical healthcare workers are central to health service delivery and the quality of patient care. Appropriate staffing-to-patient ratios and skills-mixes, and valuing and protecting healthcare workers, is critical for the safety of patients and ensuring a thriving and sustainable workforce. If our health system continues to be under-resourced, it will become increasingly unsafe for employees as well as those who access health services.

It is evident that the healthcare system was already under strain prior to the COVID-19 pandemic, with the advent of the pandemic compounding the existing pressures across the health system and its workforce (Bismark et al. 2022a; Bismark et al. 2022b).

Promoting and safeguarding the wellbeing of healthcare workers needs to be a priority if our health services are to attract and retain the healthcare workforce. Low morale or poor wellbeing can result in adverse events at work (Hall et al. 2016), and is frequently reflected in increased levels of absenteeism, attrition from the workplace and burn-out (Brand et al. 2017; Burmeister et al. 2019).

Recognising, supporting and ensuring the safety and wellbeing of healthcare workers is directly related to the extent to which our health system is able to provide high quality, safe and sustainable healthcare (Hall et al. 2016). It is therefore essential that urgent attention is paid to safeguarding

the wellbeing of healthcare workers, who are to be appropriately remunerated, if we are to develop a more effective and safe healthcare system. According to a recent research study by Huggins et al. (2022), this necessitates that associated policies are in place and implemented.

Huggins et al. (2022, citing the work of Sorenson, 2018) support the view that best practices for protecting and promoting worker health and wellbeing should take an integrated, programmatic and planned approach. Such an approach needs to include a focus on workplace culture, environment, structures and processes, and include regular inspections of any psycho-social hazards. For this to be effective, reliable and regular data collection and reporting needs to be undertaken, with input and support from all stakeholder groups of the healthcare system in setting expectations, identifying gaps and possible solutions, and creating accountability mechanisms – these groups should include government, health service organisations, healthcare workers, and the broader community.

If our health system fails to protect the wellbeing of healthcare workers, this will lead to an unsustainable workforce, which will have significant implications for the quality and sustainability of all health services, both through hospital services as well as the broader healthcare workforce.

Aside from the effects of the pandemic on the healthcare system and workforce, the impacts of climate change are already being felt and need to be planned for if we are to mitigate its impacts. Climate-related events such as thunderstorm asthma, catastrophic bushfires and devastating floods place increased and unpredictable demands on our healthcare system. Strategies that will support and sustain the healthcare workforce to respond to such events, and enable the system to provide greater stability when faced with future crises are urgently needed (Huggins et al. 2022).

5. Conclusions

The health system is a critical sector that people rely on to live healthy lives – for health care, disease prevention, and health promotion.

SACOSS believes that it is vital to the wellbeing of all South Australians – and especially those who are experiencing poverty or disadvantage – that the health system is accessible, of high quality, and responsive to their needs. Robust public involvement opportunities that are inclusive of people with lived experience of exclusion or disadvantage are necessary to achieve this.

In summary, the following proposals are made towards improving health services in South Australia:

Proposals regarding preventative and primary healthcare

- That the South Australian Government increase investment in public health, disease prevention and health promotion, with an ongoing commitment of at least five per cent of health expenditure directed towards disease prevention and health promotion. This is to be accompanied by a commitment to report annually on public health preventative expenditure;
- That a commitment is made to create healthier public environments for all children, particularly in relation to food marketing and the promotion of healthy diets. This includes phasing out all advertising of unhealthy food and drinks on government-owned property by 2025, as well as revising the *Right Bite Healthy Food and Drink Supply Strategy* for South Australian schools and preschools, and doing so in a way that equity variations are addressed and *every* child has access to healthy food and drink options;

- That a health equity lens be applied to all preventive health initiatives, with the specific needs of disadvantaged groups prioritised for action. This necessitates that a systems-based, inter-sectoral, health-in-all-policies and whole-of-government approach is adopted.

Proposals regarding accessibility, affordability, and responsiveness of the health system

Affordability

- Given the extent of poverty and the range of factors that negatively affect people's health outcomes – as evidenced by the increasing number of people who are unable to afford medical treatment, Medicare gap payments or transport to attend medical appointments; and the cost-of-living and housing crisis that is placing people under 'rental stress' and therefore making them unable to afford nutritious food or pay bills and medical prescriptions – the South Australian Government is urged to advocate for: increases to those social security payments which are below the poverty-line, a decrease in the Medicare gap payment and support for bulk-billing, and an increase to Commonwealth Rent Assistance; and to urgently address the housing crisis by acting on immediate housing relief options as well as increasing the public housing stock;
- That public investment in healthcare should be directed to the public system and not to subsidising private service providers or enabling the establishment of private health services and facilities;
- That private health insurance should not be assumed to be the preferred option in order to access timely and quality healthcare.

Cultural competence, institutional racism, equity and inclusion

- That health services demonstrate their increased attention to developing cultural competence, eradicating institutional racism, and enhancing equity and inclusion;
- That ongoing monitoring and auditing of cultural competence and the level of institutional racism should be undertaken;
- That every effort be made to address the disparities in service provision experienced by many rural, regional and remote communities so that they are able to receive the same level of care as metropolitan communities, their health is not compromised, and they are not required to travel long distances or spend more in order to access health services;
- In its revitalisation of the Digital Inclusion Strategy, the South Australian Government is urged to pay attention to internet and device access by low-income households and those people who may need support to develop their digital competence.

The navigability of the healthcare system

- Every effort needs to be made to ensure that front-line health services become more accessible and user-friendly;
- That a well-positioned, adequately resourced independent public health body is retained (namely, the Health Performance Council) with the task of data collection and analysis, identifying policy and access gaps, and ensuring that equity and diversity are given proper consideration;
- Given the clear evidence that optimising public involvement improves access to care, the quality of care, and health outcomes, every effort must be made to optimise public

involvement in the health system, through community and consumer engagement and participation;
- That Aboriginal Community Controlled Health Organisations (ACCHOs) are properly resourced to continue to provide comprehensive primary health care for Aboriginal and Torres Strait Islander communities based on a locally responsive, holistic view of health, undertaking advocacy, and embedding community participation in their ways of working.

Access to data, information, and a robust evidence base

- That ongoing health data collection, independent monitoring and analysis is undertaken so as to enable health services to be responsive and design equitable and effective services with populations that have the greatest need.

Proposals regarding workforce sustainability

- That SA Health continues to increase the size of the healthcare workforce, with particular attention paid to preventative and health promotion workers as well as ambulance workers;
- That healthcare workers' workload, working hours and remuneration are fairly negotiated, with attention paid to work-related risk factors (including psycho-social hazards);
- That health service leaders are supported to drive cultural change that prioritises the wellbeing of healthcare workers and that an integrated, programmatic, and planned approach is adopted (see Huggins et al. 2022);
- That appropriate attention is given to skills training and workforce development, as highlighted in the SA Public Health Consortium's state election platform regarding the need to build the capacity of the public health workforce. This should include conducting a comprehensive review of the preventative health workforce in South Australia so as to provide a greater understanding of sector characteristics, core activities, and needs. Informed by the review, a dedicated employment, training and development program should be established to provide career pathways in health promotion and disease prevention; and
- That the long-term sustainability and responsiveness of the healthcare workforce is framed within the broader context of climate change and disaster resilience.

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