



Discussion Paper

A Coalition for Health

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Version 1 –

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1 Introduction

1.1 Purpose

The purpose of this Discussion Paper is to set out some ideas regarding our individual and collective response to the Health Needs Assessment for Central Queensland. This paper is necessarily brief as I think it is important that we work together to plan and produce the response. Many and varied organisations are required to address “the health time bomb” and they should each be able to define their role, and in doing so, take ownership of the agenda.

2 The Health Time Bomb

The Health Needs Assessment spells out the burden of ill health that will face the Central Queensland communities if we do not affect a significant behaviour change at individual level.

There are many warning sirens in the Health Needs Assessment that suggest a significant growing burden of disease leading to premature and avoidable death is facing our region. They include:

- the impact of the aging population;
- smoking remains the single largest cause of premature mortality and ill health in Central Queensland, but will soon be overtaken by obesity and nutrition-related conditions;
- current levels of obesity (1 in 3 for our adults);
- only 1 in 2 adults participate in the minimum level of physical activity;
- one in four consume risky levels of alcohol; and
- 9 out of 10 adults in Central Queensland do not eat the recommended daily intake of fruit and vegetables.

There are many more.

All this on top of the platform of a growing population, and the significant inequity between the health of the Indigenous and the non-Indigenous populations which is highlighted by the life expectancy for the Indigenous population 10 years less than the non-Indigenous which couples with the evident differences in terms of accessibility to services, demands a “Call to Action”.

If we do nothing now, I would suggest that the burden of disease will far exceed our ability as health agencies to develop the required capacity and capability to respond effectively. This will lead to a reduction in Quality of Life for Central Queenslanders, will certainly exacerbate the health inequalities and it is suggested in some quarters that it could lead to reduction in life expectancy.¹⁾

I have titled this “The Health Time Bomb” and I would suggest that the gravity of the situation means that we must act together as a **Coalition for Health** to reduce the underlying drivers of ill health.

3 A Coalition for Health

It is clear from the literature that the root cause of health inequalities, and premature and avoidable deaths are social factors. It therefore is argued by Michael Marmot²⁾ that “Health status, should be of concern to policy makers in every sector, not solely those involved in health policy.”

The World Health Organisation in 2008 published the Final Report of the *WHO Commission of the Social Determinants of Health*, and in my opinion set out a useful framework to define the social determinants of health, and I have copied a slide at Appendix 1, which sets out their work.

Lastly when considering a multi agency approach I would reference Michael Marmot³⁾ from his report *Fair Society, Healthy Lives* where he sets out a plan of action to improve Health inequalities across England, two of his key messages are:

- Reducing Health inequalities will require action on 6 policy objectives
 - Give every child the best start in life
 - Enable all children, young people and adults to maximise their capabilities and have control over their lives
 - Create fair employment and good work for all
 - Ensure healthy standard of living for all
 - Create and develop healthy and sustainable places and communities
 - Strengthen the role and impact of ill health prevention. Reducing Health inequalities will require action on all 6 policy objectives
- Effective local delivery requires effective participatory decision making at local level. This can only happen by empowering individuals and local communities.

I would argue therefore that to be effective in addressing the increasing burden of health in Central Queensland, and in particular doing that in such a way as it reduces the health inequalities that exist, we must take a multi-agency approach. I would also suggest that this goes beyond “whole of government” and includes the not-for-profit, non-government and commercial sectors.

Therefore I would recommend that we form a **Coalition for Health** to explore the development of a Social Movement for Change. Social Movement literature is predominant in its case studies depicting political opposition/struggle i.e.) the suffragettes, the Civil Rights movement. However, given the complexity of the agenda that we face in terms of checking and then reversing the trends we will see within society, it provides a framework for mobilising support and co-ordinating action. In simple terms, it is a way of binding organisations and groups together around a common theme, and then building momentum for change.

Don Berwick, a leading thinker on healthcare transformation, said: “Prevailing strategies (in healthcare) rely largely on outmoded theories of control of work. More modern and much more effective theories of production seek to harness the imagination and participation of the workforce in re-inventing the system.” If we view this from the perspective of challenging the determinants of ill health – and these are starkly outlined in the Health Needs Assessment for Central Queensland – then we need an approach that will enable us to connect with people’s (public and staff) core values and motivations and mobilise their own internal energies and drivers for change.⁴⁾ The Social Movement theory provides us with a framework to drive change in this way.

The key leadership task at the start of a movement is to “frame” the proposition of joining the movement in a way that fits with the values, beliefs and life experiences of the people we want to recruit. Framing must make irresistible emotional and logical argument with the purpose of igniting collective action, mobilising people and inspiring change. These are new skills, require a different

leadership style and will be a challenge to many of the leaders in positions across Central Queensland, but it is not beyond us. With support, we must rise to the challenge.

4 Our pledge

In addition to the changes that are required to be embedded in society there are also a range of very practical steps that different organisations should and could take to improve services, and to add the necessary momentum to the Coalition for Health.

4.1 Establishment of a Coalition for Health – bring organisation to the Social Movement

The Leaders from within CQHHS, and health in general, will play a leading role in developing and establishing a **Coalition for Health** that will include exploring the “Social Movement” methodology alongside other ideas for development. It will also commit the resources required to ensure the Coalition has the best chance of success.

We will need some external support to ensure we have the capability to lead in this way, and to ensure we are also able to be the “magnet” that draws other agencies, leaders, staff and the public to the challenge.

4.2 Win hearts and minds

Frame the proposition. CQHHS has many very dedicated clinicians who are seen as subject matter experts by other agencies and by the population in general. We will use this resource to spread the word, to engage with the relevant groups, to provide information and to help form and guide opinions of community leaders, communities and other agency leaders.

In addition to being seen as the subject matter experts, it will be vital to signal our commitment to the challenge on many different levels. It will be important to stage events through our “Fitter for Health” program (outlined in 4.7) and also by directly engaging with the community. The CQ University 10,000 Steps program is one such example, the Everest Trek that we are planning for disadvantaged children is another, and there will be many more.

4.3 Every child gets the best start in life

The importance of a health start for children is recognised in the Health Needs Assessment and is one of the six (6) policy areas set out by Michael Marmot in his seminal report *Fair Society, Healthy Lives*. We will review our current service provision and work with other agencies, in particular the Department of Communities, to ensure our Maternity and Children's Services are fit for purpose. It is vital that we work very closely with other agencies to prioritise the care provided to vulnerable children.

4.4 Health Needs Assessment to drive our strategic plans

We will use the Health Needs Assessment to drive our Strategic Plans, finding ways to increase access to services in our rural and Indigenous communities. We will also use the HNA to support the development of a broader range of specialties and services to the population of Central Queensland, either on our own or through partnerships with other providers.

4.5 Strengthen primary care and screening services

We will work with Central Queensland Medicare Local and local General Practitioners to strengthen the provision of the appropriate primary care (health care received in the community) and screening services.

4.6 The Health Promoting Hospital ⁽⁵⁾

The Health Promoting Hospital (HPH) is a concept for hospital development that builds upon the health promotion concept of the World Health Organisation Ottawa-charter for Health Promotion where the re-orientation of health care services is considered as one of the five major action areas for an overall Health Promotion Strategy.

CQHHS will also be an advocate of the HPH concept for all hospitals in Central Queensland.

4.7 Promoting staff as role models in the community

Through a programme which could be called "Fitter for Health" encourage and provide opportunities for the staff of CQHHS to become more physically active. This will include the active engagement of staff in various physical exercise activities, developing CQHHS sponsored events, encouraging staff to participate in organised activities and providing them with attire that will promote CQHHS and the "Fitter for Health" campaign.

5 Conclusion

The paper is a discussion paper meant to prompt debate and discussion amongst partner organisations across Central Queensland. The names **Coalition for Health** and **Fitter for Health** have been put together for this paper and of course will be subject to discussion as part of the development of the coalition of interested parties.

The paper also advocates the development of the coalition through a “Social Movement” type construct as a way of holding the coalition focussed on the delivery of its objectives. I would strongly advocate that as an approach however I acknowledge that how we go about our business will and should be subject to debate.

In terms of social change I would remind the reader of my thoughts in Section 2 of the paper. We are facing a Health Time Bomb. If we do not attempt to reverse the current trends it is likely that our health status as a population will get worse, inequalities will widen and the residents of Central Queensland will not deliver on their full potential.

I invite you to define your pledge.

6 References

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- 4) Helen Bevan – NHS Improvement 2008
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“What NHS Leaders can learn from Social Movements”
The NHS Institute for Innovation & Improvement
- 5) Pelikan, Krajic & Deutscher
“The Health Promoting Hospital: Concept & Development”
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