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"Demographic changes and health equity"

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Demog change

Infant mortality

100 years ago for every 1000 babies born, 22 died before first birthday

now 5 in 1000 - 1994 it was 6 - a 22% reduction in a decade

Other side of coin - life expectancy

A boy born today can expect to live to almost 80,, a girl to almost 85. 100 years ago the figures were around 55 and 60.

Of all the children born in 1931 - 75 years ago - three quarters are still alive today - never before - the majority of those born 80 years ago are still alive today - more of the women than men - but historically unprecedented. And those who have made it to 60 are likely to have another 20 to 25 years on average ahead of them. Once you reach 65 years of age, you're nowhere near getting your frequent flyer points in the health system you still have two-thirds of your lifetime of experiences of health services ahead of you - the later years are much more health intensive.

Fertility rates have been falling, as have mortality rates - it won't be long before the numbers over 65 exceed the numbers under 15 - again unprecedented challenges.

We have seen massive decreases in deaths from infectious diseases; improvements in health care; improvements in living conditions; increase incomes; ongoing medical advances; lifestyle improvements.

More people living alone - fewer kids - fatter kids - more substance abuse - new diseases - new technologies

In giving people more years in which to live, science and medicine have given people more years in which to die.

This is an intensely political issue.

Wildavsky: Doing better and feeling worse: the political pathology of health policy

Politics can't be divorced from health care and health services.

UK Blair Government made reduction in health inequities a priority – across government strategies to address broader inequities in life choices and living standards

SA Government's Strategic Plan – sets targets to reduce inequities - including health - but health inequities are more than the products for the health system.

In the face of dramatic demographic, technological and economic change we must distinguish between conditions and problems

Living longer is a condition - is it a problem?
Low birthweight is a condition - is it a problem?
Being old is a condition - is it a problem?
Being poor is a condition - it it a problem?
Being overweight is a condition - it it a problem?
Living in crowded housing is a condition - it it a problem?
Being neglected as a child is a condition - it it a problem?
Being dependent on dialysis is a condition - it it a problem?
And on and on - sometimes the answer is obvious - sometime not -
sometimes it depends

The onus of proof for intervention or development of services is on those who wish to intervene - so make sure you clearly and unambiguously understand the problem, and are able to distinguish it from a condition that does not get political currency.

Message one - always distinguish conditions and problems - they form the building blocks of policy - if there is no problem, there is no policy - and no government intervention.

Message 2 Understand the data that informs your policy and progress, and be on top of it.

In understanding the problem, assemble and understand data and evidence.

The Strategic Plan has over 70 targets - all need to be measured. Do we have the data - do we understand sufficiently - John Glover

Have a strong and respectable research base, informed by good data

There are important conceptual issues that you have to get across

ABS Measures of Australia's Progress

1 What is progress?

Defined as 'life' is getting better i.e. less inequity

2 What characterises progress?

People hope to have a long life, free from pain, illness or disability. Good health for all brings social and economic benefits to individuals, their families and the wider community.

3 What indicators can be used to assess progress?

some measure that links how long people live while taking into account the burden of illness and disability – this is a data gap – life expectancy at birth shows length of life but nothing about the quality of life

One great fallacy is to believe that evidence and data alone will always win the day - remember that notwithstanding very great excellence in developing true experimental methods, randomised controlled trials or quasi-experimental designs, political factors are part of the equation.

When I used to run a research agency there were three principles we worked on

- We need research which provides clear evidence of what works, where and why.
- We need better to understand the political context within which policy is developed
- We need better to understand the culture of the practitioner

The reduction of crime, for example, is a laudable objective embraced by all. Every MP will have constituents spelling out what should be done, every talkback radio host will have callers proposing solutions, and every citizen will have a view. The views will range from nurturing the un-nurtured and understanding the misunderstood, to strengthening families and communities, to building higher walls and getting stronger locks, to policing more aggressively, to imposing severe sentences and throwing away the key, to inflicting cruel and unusual punishments - flogging, dismembering, boiling in oil and worse! Behind every simple solution there is a complex problem

We were always keenly aware that policy was influenced by:

- **Politics**
- **Budget**
- **Precedent**
- **Media**
- **Pressure groups**
- **Legislation**
- *research*

We were always keenly aware that practice was influenced by

- **Policy**
- **Local budget**
- **Manager/leader**
- **Performance regime**
- **Training**
- **Culture**
- *Research*
- **Legislation**
- **Local media**
- **Local expectations**

We were aware that Ministers and Advisers didn't necessarily think of evidence first. They wanted

- **Good news**
- **Confidence in results**
- **Costs included in evaluations**
- **Involvement in the agenda setting**
- **Timely results**
- **To know what works**
- **Willingness to make inferences**

Practitioners, on the other hand wanted

- **To know what works where and why**
- **Help in replicating what works**
- **Help in generating testable hypotheses**
- **Timely research**
- **Involvement in agenda setting**
- **Plain English**
- **To know of current good practice**
- **Feedback on the results of research**

HOW DO THEY NEED IT?

- **Quickly!**
- **Concisely**
- **Set in broad framework**

- **Using simple but not simplistic language**

Message 3 - Political decisions are made on the basis of political factors, and research is only one component that might or might not influence the outcome.

Public servants need to be policy entrepreneurs need to be able to explain to Ministers - based on evidence rather than on values (that's for Ministers) - policy is responsive to events - always have policies well thought through in your back pocket/ bottom drawer guns - NWI - civil liability NSW - Kennett etc.

However you need to understand what would be best to do to respond to problems, and when to ignore conditions, or perhaps manifest conditions into problems

You can't always do what you might think of as ideal - you have to be clear about what is possible, and clear about the social, economic, historical and political context of conditions and problems and solutions

Message 4 be one step ahead of the game, and understand the necessary dynamics

Message 5 If a piece of string has one end, then it has another end

Agencies can't work alone to reduce inequity because problems don't just sit in one silo.

Illness and poor health are not equal opportunity predators - how healthy you are often depends on who you are, where you live, where you went to school, what you eat and can afford to eat, how you exercise, who you live with and who you hang around with.

Many things that affect health are products of other agencies - housing, rec and sport - SA Water

Often they are not the main game of those agencies

The **healthiest** communities are not those with the best or cheapest pharmaceutical drugs and the most wonderful high-tech surgical procedures, but those with good water, good housing, clean agriculture, good recreational facilities, fewer processed foods, low rates of smoking and substance abuse etc.

The **safest** communities are not those with the most police, the strongest locks, the most or toughest jails. They are those with the best social capital, the strongest families, the best urban layouts, the best product design, the best educated kids, the greatest civility.

The most **sustainable** societies are those that implement renewable energy sources, establish marine parks, conserve biodiversity, set quota system for fishing etc.

What is notable is that the things that work best are often by products of another policy or practice domain. They are not the core business of the agency that reaps the benefit. This is not the case in every policy arena, but it is in many.

Developing good policy, reaching out to other agencies, seeing the big picture and looking over the horizon are not characteristics that come easily to many in the public service. In recent years there has been a diminution of policy capacity, as more and more emphasis has been placed on management skills.

message 6 Identify and understand the most relevant policy instruments for each circumstance

Once we have an idea as to where we are going we need to understand the relevant and most effective policy instruments

- four common instruments:
 - advocacy – educating or persuading, using information available to government;
 - money – using spending and taxing powers to shape activity beyond government;

- direct government action – delivering services through public agencies;
- law – legislation, regulation and official authority

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