PHAA submission: Social Services Legislation Amendment (No Jab, No Pay) Bill 2015

Public Health Association
AUSTRALIA

Public Health Association of Australia submission to the Senate Community Affairs Legislation Committee:

Social Services Legislation Amendment (No Jab, No Pay) Bill 2015

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Email:
community.affairs.sen@aph.gov.au

Contact for PHAA
Michael Moore
Chief Executive Officer

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Contents

Introduction **3**

The Public Health Association of Australia 3

Vision for a healthy population 3

PHAA's Mission 3

Priorities for 2014 and beyond 3

Preamble **4**

Health Equity 4

Social Determinants of Health 4

Senate Community Affairs Legislation Committee inquiry into the Social Services Legislation Amendment (No Jab, No Pay) Bill 2015 .... **5**

Knowing the audience 5

Immunisation service provision 6

Education for providers and community 6

Conclusion **7**

PO Box 319 Curtin ACT Australia 2605
T (02) 6285 2373 F (02) 6282 5438 E phaa@phaa.net.au W www.phaa.net.au

Introduction

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. The PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years the PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: Living in a healthy society and a sustaining environment, improving and promoting health for all

PHAA's Mission

Is to be the leading public health advocacy group, to drive better health outcomes through health equity and sound, population-based policy and vigorous advocacy

Priorities for 2014 and beyond

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 aims of the PHAA include a commitment to:

- Advance a caring, generous and equitable Australian society with particular respect for Aboriginal and Torres Strait Islanders as the first peoples of the nation
- Promote and strengthen public health research, knowledge, training and practice
- Promote a healthy and ecologically sustaining human society across Australia, including tackling global warming, environmental change and a sustainable population
- Promote universally accessible people centred and health promoting primary health care and hospital services that are complemented by health and community workforce training and development
- Promote universal health literacy as part of comprehensive health care
- Support health promoting settings, including the home, as the norm
- Assist other countries in our region to protect the health of their populations, and to advocate for trade policies that enable them to do so
- Promote the PHAA as a vibrant living model of its vision and aims

Preamble

PHAA welcomes the opportunity to provide input to the Senate Community Affairs Legislation Committee inquiry into the Social Services Legislation Amendment (No Jab, No Pay) Bill 2015. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Health Equity

As outlined in the PHAA's objectives:

> *Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people's health. The health status of all people is impacted by the social, political, and environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease.*

The PHAA notes that:

- Health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups. [8]
- Health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people [9], resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services unequally and unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society.

Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. This is particularly pertinent when considering issues such as the "No Jab, No Pay" policy.

The determinants of health inequities are largely outside the health system and relate to the inequitable distribution of social, economic and cultural resources and opportunities. Health inequities are the result of the interaction of a range of factors including: macro politico-economic structures and policy; living and working conditions; cultural, social and community influences; and individual lifestyle factors.

Senate Community Affairs Legislation Committee inquiry into the Social Services Legislation Amendment (No Jab, No Pay) Bill 2015

The following key points highlight the PHAA's primary concerns regarding the "No Jab, No Pay" concept and policy.

Knowing the audience

The "No Jab, No Pay" policy is conceptually designed to encourage vaccine hesitant and vaccine refusing parents to vaccinate their children through financial incentive/punishment.

Immunisation experts have observed that there are basically 5 categories of within this broader group of parents who currently do not immunise:

1. **Uninformed But Want To Become Informed**: These parents want Health Professional education/information to counter-balance information received from family and friends.
2. **Misinformed But Correctable**: These parents are weighted with anti-vaccination information from social media etc., but amenable to balanced information.
3. **Well-Read and Open-Minded**: These parents are aware of pro- and anti-vaccine arguments and will engage in conversation about the benefits of vaccination.
4. **Convinced and Content**: These parents are convinced vaccines are 'bad', that they cause autism and contain harmful ingredients, but engage with Health Professionals to demonstrate they are open-minded.
5. **Committed and Missionary**: These parents tend to be staunch anti-vaccine activists who try to convert others to their position.

Each one of these types of parents will come with different knowledge and experiences, real and perceived, and this must be acknowledged. Research demonstrates immunisation providers must be extremely familiar with vaccines and their components and have exceptional communication skills to appropriately consult and engage with vaccine hesitant/resistant parents. Providers must also be prepared to have several conversations with concerned parents, invest quality time at each consult and be willing to 'keep the door open'.

The PHAA is concerned this policy will adversely affect parents who are willing to seek further information about vaccination but have little avenue to do so. Many GP providers do not provide out-of-hours services and therefore access to a GP to engage in these discussions is problematic for working parents.

In addition, it must be recognised that many children are currently not vaccinated or not fully vaccinated for other reasons such as: socioeconomic disadvantage; demographic disadvantage; lack of local, accessible immunisation service provision; cultural barriers; and mental and physical health issues.

The PHAA is particularly concerned that vaccine accepting parents who fit one of these categories will be unfairly disadvantaged. Much research indicates that access to services is problematic for many low income families due to lack of transport and/or lack of local immunisation service provision. The "No Jab, No Pay" policy will unnecessarily exacerbate the disadvantage experienced by these groups and do nothing to address the barriers to access.

For many financially disadvantaged families, obtaining food and shelter is a higher and more immediate priority in their lives than seeking vaccination of their children. Demographically disadvantaged families are often unable to access remote and infrequent services due to distance and impassable roads, particularly in the wet season in Northern Australia. Structural barriers such as these are currently leading to children receiving vaccines late, if at all. The PHAA is keen to see a policy that addresses the structural and practical barriers to increasing immunisation coverage in Australia. In the absence of such an approach, the "No Jab No Pay" policy will not achieve the intended outcomes.

Immunisation service provision

As mentioned above, immunisation services may currently be inaccessible to parents who are not only in a disadvantaged group, but also for those who work full time.

In addition, Immunisation Service providers may not possess the required extensive knowledge of the immunisation program and catch-up schedules needed to successfully engage with vaccine hesitant/resistant parents. Providers must develop robust immunisation recall and reminder systems as an essential key in engaging with parents.

The implementation of the "No Jab, No Pay" policy will also foreseeably create a number of new challenges for providers:

1. **Uploading of accurate overseas immunisation records**. Many children identified as not fully immunised are children who were born overseas and, in many cases, have received valid vaccinations but providers have not loaded the records onto the Australian Childhood Immunisation Register (ACIR).
2. **Inaccurate reporting of vaccine encounters**. ACIR data cleaning exercises previously undertaken by providers, Divisions of General Practice and Medicare Locals uncovered many inaccurately reported vaccinations resulting in the child being classified as not fully immunised.
3. **Extensive catch-up encounters looming**. According to the National Health Performance Authority (NHPA) 2012-2013 report, just over 79,000 children were assessed in the 1 year, 2 year and 5 year age cohorts as not fully vaccinated. In addition, the not fully vaccinated children who were not included in those assessment cohorts must be also considered. The PHAA is concerned the current immunisation service provision structure would struggle to cope with the influx of catch-up vaccinations that would result from the implementation of the "No Jab No Pay" policy.

Education for providers and community

While the Commonwealth has foreshadowed funding for an awareness campaign to promote the National Immunisation Program and address parents' concerns regarding immunisation, the content of this campaign has not been articulated. The PHAA is concerned that service providers, including the Primary Health Networks have not been actively engaged in the development of campaign materials.

In addition, while ongoing professional development is a requirement for all health professionals – and most States and Territories have legislation that governs nurse immuniser requirements - no such legislation exists for GPs.

Community education is effective but resource intensive. The PHAA is keen to ensure that any forthcoming awareness campaign will include funding for organisations to actively and effectively engage with the community and promote immunisation.

Conclusion

The PHAA strongly supports the broad direction of maintaining and building on high childhood immunisation rates. However, we are keen to ensure that already disadvantaged families will not be further disadvantaged as an unintended but foreseeable consequence of new Government measures.

We are particularly keen that the following key points and needs are highlighted:

- Consideration of additional funding for service providers to provide more accessible services, including home immunisation service delivery for disadvantaged families and support/counselling services for concerned parents.
- The Commonwealth consider the current immunisation service provision structure, which would potentially struggle to cope with an influx of catch-up vaccinations.
- Educational requirements for immunisation providers need to be strengthened to ensure they have the required knowledge and skills to manage a comprehensive immunisation program and effectively communicate with vaccine hesitant/concerned parents.

The PHAA appreciates the opportunity to make this submission to present a fresh perspective on how the "No Jab, No Pay" policy may affect already disadvantaged families and impact on service providers.

The PHAA – and particularly members of its expert Immunisation Special Interest Group - would be pleased to provide additional information and/or appear at a future hearing of the inquiry if appropriate.

The broader PHAA Immunisation Policy is provided at Attachment A for the information of the Committee. Please do not hesitate to contact PHAA should you require additional information or have any queries in relation to this submission.

Michael Moore BA, Dip Ed, MPH
Chief Executive Officer
Public Health Association of Australia

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