

1996 PHA National Conference: Conference Resolutions & Policies

Conference Resolutions

Iodine Deficiency Disorders

At the International Health Oration on Sustaining Elimination of Iodine Deficiency Disorders (IDD), Dr Chandrakant S Pandav challenged the PHA to join him in the battle to eliminate IDD globally. Iodine deficiency is the world's single most significant cause of preventable brain damage and mental retardation. With over 1.5 billion people at risk of iodine deficiency throughout the world, this deficiency is clearly a threat to global public health. The elimination of IDD from the globe begins with the universal iodisation of all salt. The future agenda for sustainable elimination of iodine deficiency should include a continuous political and financial commitment to this simple intervention.

Remembering the key role many Australians played in defining this public health threat and advocating action, it is proposed that this conference resolve to ask the PHA to develop a policy on sustaining elimination of IDD for consideration at the next AGM and subsequent promulgation.

International Development Activities

The PHA Conference resolves that the Australian government should continue to fund international development activities. The conference welcomes the Governments commitment to a humanitarian focus in the development assistance program, however it views with concern the reduction in levels of assistance - in particular the decrease in ODA/GNP ratio to 0.29%. The conference notes the UNDP recommended level is 0.7%.

The Conference notes that a review is presently underway and urges the review committee to support health and population activities as a foundation of development and the health related areas of primary & secondary education, sustainable food supply & availability, women's status, women's credit access and the impact of structural adjustments upon health. The conference urges the Australian Government to fulfil its commitment to a reproductive health approach with policy directions and financial support.

Expenditure on Aboriginal Health

This conference calls on the Commonwealth Government to reconsider the cuts to ATSIC. While we note that there has been some protection for Health Service Funding the cuts will have a devastating affect on many community organisations and programs which will impact on health. Aboriginal Organisations such as Women's Councils in Central Australia which provide essential services to aged and disabled people, petrol sniffers and others will be closed down. We also note that in an era where Australia is in a position of absolute military dominance in our region, defence has been quarantined. In this context the selectivity of these cuts can only reinforce the prejudices of certain sections of the community and impede the process of reconciliation.

We call upon all people at this conference and PHA through its members and organs to bring pressure to bear on the Commonwealth Government to reverse these devastating and inhumane cuts.

Proposed Changes to Research Funding Arrangements

Background

This conference notes that significant progress in public health research and health services research has been achieved over the last two decades.

RADGAC has supported health services research through a policy oriented approach to priorities and an interactive and supportive relationship with researchers.

PHRDC has supported research on a wide range of public health questions cultivating a rich mixture of public health disciplines, methodologies and paradigms in public health research.

This conference notes proposed changes to NHMRC research planning and funding arrangements:

- These changes would bring together public health research, health services research and medical research within a single principal Research Committee, possibly involving two subcommittees which would deal with public health research and medical research. These committees would support investigator driven, peer reviewed research. Without separate RGICs the amalgamation of the two areas of research funding would be a disaster for public health.
- A new Research Strategy Development Committee would be formed to oversee applied, contract and policy-driven research; disbursing funds previously managed through RADGAC and other departmental channels.

It is proposed that these new arrangements would take effect with the appointment of the Council and committees of the next triennium from January 1997.

Possible benefits

The conference recognises that there are possible benefits to public health associated with the proposed new structures.

- There may be an expanded pool of funds for 'public health' research through bringing together the funding stream identified as 'public health' previously managed through MRC with that managed through PHRDC. However, the nature of the research so identified by the two committees is clearly not the same. Increased funding to public health may be more apparent than real.
- There may be more opportunities for cooperation between committee members from the medical research and the public health cultures (on the new Research Committee) and perhaps a more integrated research effort as a consequence. However, other forms of research collaboration could be made more difficult, for example, research collaboration with social scientists.

- There may be a more strategic use of contract research funding as a consequence of bringing this function into a single NHMRC committee. However, if that committee does not have any influence over the distribution of research monies, between investigator-driven and policy-driven research, the value of having a 'strategic' committee would be reduced.

Risks

The conference also identifies certain risks associated with the proposed new arrangements.

- There is a possibility that the breadth of public health and health services research which has in the past been supported through RADGAC and PHRDC could be significantly narrowed; narrowed in terms of method, paradigm and topic. In particular, the strong presence of the biomedical research culture in the new committees may be less tolerant of the kind of paradigmatic pluralism which has been achieved in RADGAC and PHRDC.
- Priority setting for applied, contract and policy driven research has, under previous arrangements, been integrated through decisions made in a number of different institutional sites. Different perspectives expressed through different decision structures have resulted in a mixed approach to priority setting. If all applied, contract and policy oriented research is to be funded through a single committee with one perspective on priority setting and research strategies and if the method adopted by that committee proves to be inappropriate there would be a serious risk of misuse of the research funds.

Action

This conference urges PHA to participate actively in the consultations over the new research funding arrangements.

The existing Public Health Research Funding policy provides a useful framework evaluating the new proposals. In particular, this conference urges PHA to advocate for funding arrangements which will preserve and develop the existing breadth and depth of public health research.

"Public health research funding policy needs to be directed at the development of breadth: across discipline, across different strategies and methods and across paradigms of research and practice" (Clause 12)

"Public health research funding policy needs to be directed towards the development of depth with respect to research orientation and with respect to the range of research settings. Research orientation here refers to the range of research concerns through methodological excellence, curiosity, scholarship, problem solving, and to improvement in service delivery. Research settings range from academic specialist settings to research undertaken by community activists." (Clause 13)

Conference urges PHA to advocate for a priority setting approach for applied and contract health research which is policy driven, consultative and accountable. This would be a system which prioritises the researchable uncertainties at the centre of policy

debate; the dilemmas of public health practice and the uncertainties which constitute obstacles to the achievement of public health goals. The proposed Public Health Partnership could provide a framework for deriving such a policy and practice oriented approach to priority setting.

If PHA were persuaded that the priority setting processes adopted by the Research Strategy Development Committee were sound, PHA should advocate for that committee to have a significant influence over the distribution of research monies as between investigator-driven and policy-driven research.

Commonwealth Dental Health Program

- The 1996 PHA Conference is appalled at the abolition of the Commonwealth Dental Health Program (CDHP) in the August 1996 Federal budget.
- The CDHP has greatly expanded access to dental care for Health Care Card (HCC) holders in Australia through public dental services and participating private dentists. The small business sector, through private dentists, has contributed to this effort by treating CDHP clients at the Department of Veteran Affairs Dental Fees Schedule rates.
- The CDHP has achieved a re-orientation from short-term interventions to a balanced approach in public dental care including preventive dentistry for HCC holders. This has been demonstrated by reduced rates of extractions and increased rates of restorative treatment amongst HCC holders by publicly-funded dental services.
- The Evaluation of the CDHP in 1994, 1995 and 1996 has provided sound evidence that the CDHP has already made significant progress towards meeting its initial aims.
- For the first time in Australia, the CDHP has provided good quality data on the utilisation of and satisfaction with dental care.
- The PHA Conference strongly believes that the Commonwealth has a role in dental health, as it does in other public health issues. Dental care, unlike all other organs of the body, is not covered by Medicare.

The PHA Conference calls on the Minister for Health, the Hon. Dr Michael Wooldridge to:

1. include funding for dental care to the States and Territories in any transfer of responsibility for programs funded through Special Purpose Payments; and
2. establish a consultative process to examine the need for on-going policy development, evaluation of oral health services, quality improvement in dental service provision and the provision of dental care to low income and HCC holders in Australia.