Public Health Association of Australia and Council of Academic Public Health Institutions Australia
Submission on the matter of marriage in Australia

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PHAA and CAPHIA submission on marriage equality

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
CAPHIA ........................................................................................................................................ 4
The Council of Academic Public Health Institutions of Australia ............................................................ 4
Vision .................................................................................................................................................... 4
Mission .................................................................................................................................................. 4
Preamble ......................................................................................................................................... 5
Health Equity ..................................................................................................................................... 5
Social Determinants of Health .................................................................................................................. 5
Marriage equality is a public health issue ................................................................................................. 6
Mental and physical health and well-being ............................................................................................. 6
Social Exclusion .................................................................................................................................. 6
A referendum or plebiscite on marriage equality ..................................................................................... 6
Recommendations ................................................................................................................................. 7
Conclusion ...................................................................................................................................... 7
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. 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 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
CAPHIA

The Council of Academic Public Health Institutions of Australia

CAPHIA is the peak organisation that represents public health in universities that offer undergraduate and postgraduate programs and research and community service activity in public health throughout Australia. Its purpose is to maintain high quality academic standards in the education and development of public health practitioners and researchers, to lead and represent public health education in the tertiary sector and to be a respected voice and advocate for the development of public health professionals and researchers within Australia.

Vision

The Council will be the lead advocacy organisation for tertiary public health education and the promotion of public health research and workforce training and development.

Mission

To improve the public’s health by advancing public health education, research and service. CAPHIA’s annual activities include a national teaching and learning forum, a national research seminar and other activities as appropriate to enhance teaching and research endeavours amongst academic public health institutions. CAPHIA Responds to Government policies and initiatives in consultation with its member institutions and supported by the Canberra-based Secretariat. The CAPHIA website includes a list of member institutions and information about CAPHIA activities and related public health news.
PHAA and CAPHIA submission on marriage equality

Preamble

The PHAA and CAPHIA welcome the opportunity to provide input to Senate Legal and Constitutional Affairs Committee on The matter of a popular vote, in the form of a plebiscite or referendum, on the matter of marriage in Australia. 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 Public Health Association of Australia’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.

Our organisations note 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, 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 marriage equality.

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.
Health and Marriage equality in Australia

Marriage equality is a public health issue.

Public health has long been concerned with addressing the social determinants of health that are recognized by the World Health Organization as critical drivers of health inequity – that is, poorer health outcomes among the vulnerable and marginalized. The WHO also recognizes poor mental health as a global public health priority, and that lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people experience higher levels of poor mental health, including suicide, than the general population.

Leading public health organisations including the Public Health Association of Australia (PHAA) and the Council of Public Health Institutions of Australia (CAPHIA) have written to all Members of the Federal Parliament calling on them to support marriage equality as a public health issue.

Mental and physical health and well-being

The PHAA and CAPHIA believe that amongst the many social determinants of health adversely affecting the mental and physical health and wellbeing of LGBTIQ people are social exclusion, stigma and discrimination, often associated with poorer health service access and utilization, poorer sexual health, and poorer life expectancy. There for the PHAA and CAPHIA argue that there is a strong public health case for marriage equality.

This submission draws attention to the approach of the World Health Organization (WHO) which has resolved that all member states, including Australia, take into account health equity in all national policies. Critically, this resolution is targeted at all policy, not just health policy.

The PHAA and CAPHIA also believe that the Australian government and all members of parliament and Senators have a responsibility to ensure that policy on marriage takes into account the mental and physical health and wellbeing of LGBTIQ people.

Social Exclusion

A definition of marriage that promotes the social exclusion of LGBTIQ people compounds health inequities worsening health outcomes. Furthermore children of same-sex couples are a vulnerable group that deserve consideration in policies on marriage. A definition of marriage that excludes the parents and families of these children unnecessarily compounds health inequities that result from social exclusion, stigma and discrimination.

A referendum or plebiscite on marriage equality

d) whether such an activity is an appropriate method to address matters of equality and human rights;

Having identified that mental health and physical issues are exacerbated by social exclusion, the PHAA believes that any attempt to run a referendum or a plebiscite on this issue will be divisive, will encourage hate campaigns and, as such, will have an impact on the health and well-being particularly of LGBTIQ people. In a representative government members of parliament and Senators are elected to make such decisions. The PHAA believes it appropriate for the matter to be one for voting. However, aligned to other moral
issues, such as termination of pregnancy, it seems appropriate for all members to have a conscience vote rather than be constrained by political parties.

When such matters are put to referendum or plebiscite it may well be that the majority are determining an outcome for a minority. The challenge for any form of government, particularly democratic governments, is how to protect the minority rather than simply being able to look after the majority.

Recommendations

The PHAA recommends:

- A referendum or plebiscite is not an appropriate method to address the matter of marriage equality or human rights.
- There be no referendum or plebiscite on marriage equality
- The Committee recommend the withdrawal of the Marriage Equality Plebiscite Bill currently before the Senate.

Conclusion

PHAA and CAPHIA support the case for marriage equality.

Australia has made great progress towards the social inclusion of LGBTIQ people and their children in recent decades. We urge our national leaders to support marriage equality as part of their duty of care to all Australians.

We ask that all public figures, in political, religious and civil society spheres, to consider the powerful effects of language on mental health and wellbeing. We ask all people engaged publicly in the debate to exercise restraint and compassion for vulnerable and marginalised Australians, including LGBTIQ people and their children.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the important public health care discussion.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Michael Moore BA, Dip Ed, MPH  Prof Catherine Bennett  Prof Colleen Fisher
Chief Executive Officer  Chair  Chair Elect
PHAA  CAPHIA  CAPHIA

03 September 2015