So... What Do We Mean by the term "A Public Health Approach" and how can this be applied to gambling

For many the term "public health" conjures up images of hospital beds and the current dilemmas facing our health system in Australia. But just for a moment I would like you to suspend your cynicism and notion of funding "black holes" as we try to consider the philosophical and practical benefits of a "New Public Health" model for gambling. Kate Roberts – Chairperson Gambling Impact Society (NSW)

The Origins of the Public Health Approach

The concept of public health, as opposed to a medical treatment model, has it origins in the 19th Century work of such visionaries as Edwin Chadwick who with others discovered the relationship between public hygiene and disease control. For all those who swatted over social history and the gory details of the British sewerage system I need say no more. These early explorations into the depths of plumbing was to establish the nature of disease control firmly grounded in the relationship between the individual affected (the *Host*) the bacteria/disease and its form of transference (*Agent*) and the supporting socio-economic and physical habitat (*environment*). So grew a body of knowledge which later developed into the fields of epidemiology, environmental health, population health and what was later to be coined "the New Public health " approach to health and wellness.

A New Public Health Paradigm

Building on the work of those 19th Century pioneers, the 1970's saw a renewed interest in the social determinants of health due to the widening gaps in traditional health care and its associated costs along with the increasing impacts of 20th Century lifestyles on the health of populations. This renaissance was in many respects driven by the work of Lalonde (1974) and his Canadian report with core beliefs that Canadian health would depend upon improvements in environment, modifying risky lifestyles and increasing understanding of human biology. The Lalonde Report became the turning point for the health field in re-aligning health policy away from its pre-occupation with a medical model of health care and more towards environment and lifestyles (Hunter in Scriven & Garman, 2007). The new public health movement, as it came to be called, was based on a social model of health which challenged the narrow approach of the medical model.

Whilst the Lalonde report was criticized for not including enough recognition of the social economic determinants of health, it was still regarded as a key stone in the development of what became the New Public Health paradigm. A landmark commitment to this occurred in 1986 by the World Health Organization with the Ottawa Charter for Health Promotion (WHO 1986).Whilst the Ottawa Charter has itself undergone some revisions (the Bangkok Charter, 2005) this Charter and its fundamental principles for the health of populations is regarded as a template for "prevention rather than cure". It remains a guiding framework for the development of government commitments to promoting a population's health and wellness "not just the absence of disease" (WHO 1986).

The five principles for action of the Ottawa Charter are as follows (Wass 1994):

- ***Build Healthy Public Policy*** – not just health policy alone but all public policy must consider its impact on health.

- ***Create environments which support healthy living-*** e.g. living, work and leisure environment organized in a way that does not create or contribute to poor health

- ***Strengthen community action on health***- communities themselves should determine what their needs are and how best to meet them.

- ***Help people develop their skills*** so they can work for more control over their own health

- ***Reorientate the health care*** **system** to promote a better balance between health promotion and curative services

Fundamental to this approach is the development of healthy public policy across all sectors of the community. " In other words, healthy public policies require health to be incorporated as a fundamental consideration in multi sector policy and have the same influence as economic policy " (Scriven in Scriven and Garman, 2007)

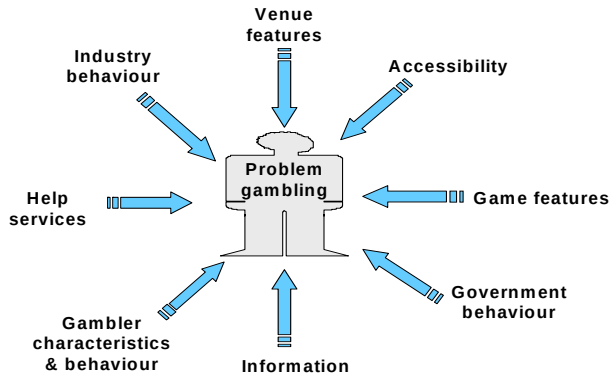
"The Ottawa Charter introduced the principle of healthy public policies and established the building of healthy public policy as a key strategy for population health improvement. In so doing, the Charter intended to make health the responsibility of policy makers in all sectors, and to ensure that the health consequences of policies outside of the health sector had taken account of their health impact (Scriven in Scriven & Garman, 2007). In 1998 the importance of the Healthy Public Policy principle was further endorsed at the Adelaide Conference for Promotion with the recommendations "that four of the health promotion actions of the Ottawa Charter (creating supportive environments for heath, strengthening community actions for health, developing personal skills, reorientations of health services) are interdependent , but the fifth principle – building health public policy – is crucial as it establishes the environment that makes the other four possible" (WHO 1998 as cited in Scriven & Garman, 2007)

The Relevance of the Public Health Approach to Gambling Policy and Practice
Public health approaches including health promotion, have been widely adopted with other population health issues such as drug, alcohol and tobacco use along with pandemics such as AIDS. More recently several international researchers have identified this approach as having likely benefits for gambling and its social health problems (Korn & Shaffer, 1999; Shaffer & Korn, 2002; Korn, Gibbons, & Azmeier, 2003; Messerlain et al, 2004). It is suggested that unlike substance abuse, problem gambling is not a discreet disorder but may involve a range of accepted behaviours occurring within a subculture:

> "*I see pathological gambling as probably non-existent as a discrete entity. Evidence ... suggests that people who gamble may at times exceed certain arbitrarily defined limits... They may reflect little excesses, large excesses, episodic behaviour, frequent behaviour, accepted behaviour in a sub-culture, not accepted behaviour in a family culture*" (Allcock 1995, p. 114).

A public health approach to problem gambling promotes a sociological understanding of behaviour accepting the likely influences on individual behaviours from a range of social, cultural, political, institutional and environmental factors and places the problem clearly within an epidemiological framework (see Fig.1, Productivity Commission, 1999). This shift in thinking goes beyond the more traditional medical model of problem gambling with its emphasis on "treating" individual behaviour, defining the more extreme levels of gambling behaviour (pathological gambling) within a mental health framework (American Psychiatric Association, 1994).

Fig: 1 An Epidemiological Framework For Problem Gambling



This shift in paradigm underlies many of the recommendations of the 1999 Productivity Inquiry in Australia. However, the operationalisation of this paradigm requires a commitment and change in approach from an individual treatment/behavioural focus to a more inter – sectoral community response to problem gambling at an individual, social, political, environmental and cultural level.

The extent to which various jurisdictions in Australia have embraced this model is the subject of my current PhD research – so watch this space. However it is apparent that unlike some other jurisdictions internationally (Canada and New Zealand) Australia is somewhat "dragging her feet" – particularly here in NSW. In many respects this model challenges the current gambling policy focus of "responsible gambling" with its intent upon changing individual behaviour through primarily consumer education/information and a focus upon tertiary treatment of the "pathological and problem gambler"- an approach which has general gambling industry support (Australian Gaming Council) and is underpinned by what has been termed "the Reno Model" (Blaszczynski et al 2004).

The public health model, by comparison, places gambling firmly in a population health approach to what is increasingly considered a public health issue (DOHA,1999, AMA, 1999, Shaffer & Korn, 2002, Korn, Gibbons & Azmier, 2003, Bostock, 2003, Marshall, 2004, Willaims et al, 2007, Dickson-Gillespie et al, 2008). It is a model which seeks to involve multiple sectors of the community in addressing the problem and avoids the "victim blaming" inherent in more individualistic approaches. In addition, it is an approach that holds consumer and community participation as a central tenet and core beliefs that, as reflected in the words of Amos (as cited in Scriven & Garman , 2007), "efforts must be made therefore by policy stakeholders, players and actors to communicate effectively with those groups most effected by the policy goals".

A recent discussion paper released by the South Australian Council On Social Services suggests "The key difference between the treatment or medical model (the preferred model of operation for many years) and the public health model is the renewed focus upon prevention and early intervention viewed as part of a continuum. The public health model recognises that there are deficits and benefits to gambling for a society. If governments recognise the health, environmental, social and economic impacts of gambling then they will be able to develop informed strategies that seek to minimise the negative effects of gambling whilst fostering the positive effects" (Korn 2002 as cited in SACOSS, 2008).

A key benefit of this model (as considered in New Zealand) is the whole of government approach which " will involve partnerships and collaboration across the three tiers of government who have a positive role to play in primary, secondary and tertiary prevention" (NZ Ministry of Health 2004 as cited in SACOSS, 2008)).

In 2003, Shaffer (as cited in SACOSS, 2008) argued that the public health perspective for gambling had four guiding principles. These principles are:

1. *Scientific research is the foundation of public knowledge* -A public health perspective requires that policy and action are based upon sound scientific research.

2. *Public health knowledge comes from population based observations*
The public health approach explores the distribution and determinants of gambling and gambling harm across a population.

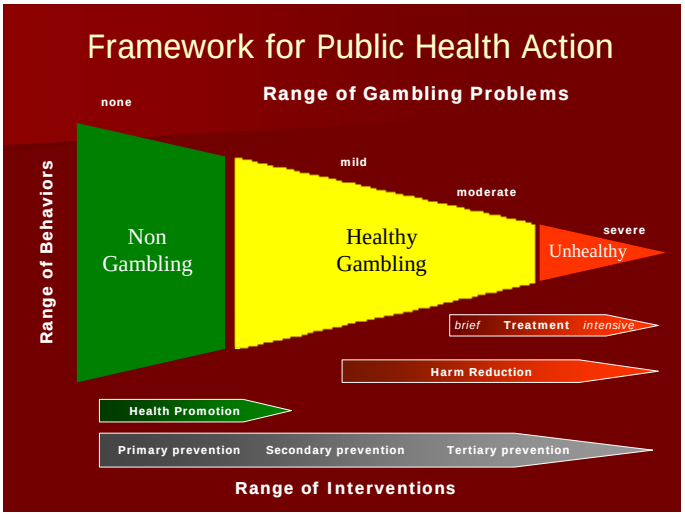
3. *Health initiatives are proactive (for example, health promotion and prevention are primary while treatment is secondary*)
Population based research has demonstrated that certain groups in society are more susceptible to problem gambling behaviour and gambling harm. As such, Korn and Shaffer (1999) suggested that the public health perspective protects and advances health by:

- ***Preventing*** gambling related harm in individuals and groups who are most susceptible.
- ***Promoting*** balanced and informed policies towards gambling and people who gamble.
- ***Protecting*** vulnerable groups from gambling harm.

4. *Public health is balanced and considers both the costs and benefits of gambling -*The public health approach to gambling encourages the balance of many different perspectives, research methodologies and considerations and gives a broad perspective on gambling and not just a focus on the costs.

"The key benefit of utilising a public health model is its focus on prevention and early intervention rather than simply treating people in the most severe cases and has the potential to address problem gambling at the grass roots level" (SACOSS 2008). As is highlighted in Korn and Shaffer's proposed framework for action on gambling (Fig. 2)

Fig .2 A Framwork for Public Health Action

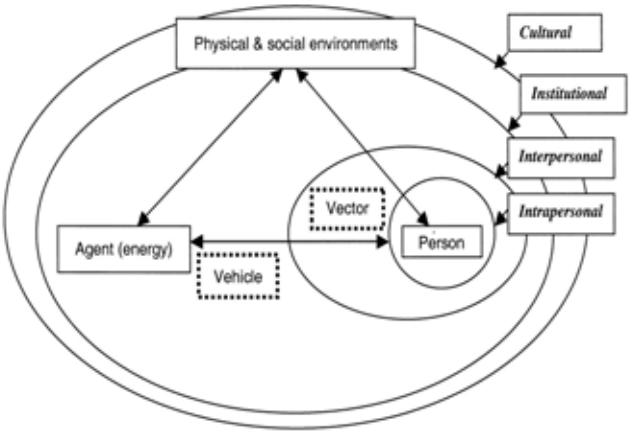


What Would A Public Health Approach to Gambling Look Like In Practice?
As a problem gambling counsellor, social worker with a health promotion background and member of a family impacted by problem gambling I have given some thought to what a public health model may look like in practice. Some of the key strengths I see in developing a public health approach to gambling are the significant opportunities for working across many sectors of the community to effect positive change. With this model problem gambling is not "owned" per se by any organisation, industry, government or non-government sector. Problem gambling is owned by the community from whence it comes – a multi-sectored community including those who are directly affected by the problem. As a result, solutions must also be considered and owned by that community. Such a public health framework enhances a comprehensive and integrated approach to the problem and engages many sectors in working towards solutions. Problem gambling is not seen as the sole domain of either governments, counsellors or industry but creates

the opportunity for all sectors to work toward defined and measurable goals within a whole of population approach.

The following is a summary of ideas I have considered with reference to the epidemiological framework for gambling (Fig 1 Productivity Commission 1999) and the soci-ecologocal model (Fig. 3) and whilst not exhaustive I hope will contribute to debate.

Fig. 3: A Socio-ecological Model (Epidemiologic Reviews, Vol 25, 2003)



Environment

- Social
- Political
- Cultural

Work towards de-normalising gambling in the community (awareness, information, education), build alternatives to gambling for recreation/entertainment, reduce dependency of industry and governments on revenue (legislation) strengthen harm reduction (industry regulation), Reduce supply & accessibility (numbers of gaming machines per capita and locations).Build community awareness about gambling risks (social mass marketing) and develop culturally appropriate programs.

Person

- Personal & community vulnerabilities:
- Health
- Poverty
- Social (age, gender, isolation, interpersonal)
- Cultural

Build capacity of communities (including vulnerable groups) through addressing underlying issues of socio-economic disadvantage, strengthen resilience through personal skills development, treat health issues and educate individuals and communities about gambling risks, health screen for incidence of PG and treat those affected. Provide a holistic approach through working with families and communities.

Agent

- Product Safety
- Venue environment
- Consumer protection

Change National Standards to make safer Electronic Gaming Machines, use technology to create a Win – Win, reduce negative impacts by building in “seat belts” and “air bags” on machines (smart card technology) and limit access to high intensity machines (place in Casino) lower intensity (truly recreational) in community. Use venue environments to reduce harm through reducing incentives to play, developing healthy alternatives, and increase duty of care/host responsibility (Player Tracking, Early Intervention).

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