

3 October 2022

Dear Dr. Tim Read,

Thank you again for your attendance at the launch of our report *Public Health in Victoria: Ten Successes to Guide a Healthier Future* on 4 August 2022 and our meeting on 26 August 2022 to discuss our election priorities. The PHAA VIC Branch and AHPA VIC/TAS Branch are calling on the Victorian Greens to discuss their public health agenda for Victoria's State Election and political commitment to several identified election priority areas.

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia. Its mission is to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health. The Australian Health Promotion Association (AHPA®) seeks to advance the health of all people in Australia through leadership, advocacy and workforce development for health promotion practice, research, evaluation, and policy. AHPA is the only Australian professional association specifically for people interested or involved in the practice, policy, research, and study of health promotion.

In the lead-up to this year's state election, the PHAA VIC Branch and AHPA VIC/TAS Branch will be jointly assessing how aligned each party's policies are with our election priorities and the commitment of our potential future representatives and leaders to preventive health and health promotion.

We will be developing an Election Scorecard, which will rank political parties according to their policies on a range of key public health issues in Victoria and alignment with our election asks.

We intend to publicly release and distribute the Election Scorecard to our members/key stakeholders, as well as conduct a Twitter campaign to assist them to make an informed voting choice.

We encourage the Victorian Greens to respond to the questions against our top six asks on the next page(s) by **15 October 2022** to help inform our Election Scorecard. We have provided a template for responses that you may wish to use. In **early November**, we will release the Election Scorecard to indicate how each party's policies align with our six Election Campaign focus areas.

Thank you for taking the time to participate in this important process. The PHAA VIC Branch and AHPA VIC/TAS Branch look forward to receiving your response.

Yours sincerely,

Dr. Anna Nicholson, PHAA VIC Branch President



David Towl, AHPA VIC/TAS Branch Co-President



TOP SIX ELECTION PRIORITIES

Invest 5% of total government health expenditure on preventive health by 2030

Our loved ones - from our infants to our elders - should have the opportunity to live healthy, full lives. We know that 38% of illness, disease and early deaths can be prevented and this unfairly impacts Victorians who are most in need. To protect all Victorians from preventable illness, and reduce strain on the State's hospitals, the Victorian government must commit to increase spending on preventive health to 5% of the State's overall health budget.

Why is this needed?

- There is immense strain on Victoria's pre-hospital and hospital systems, which could be alleviated through evidence-based prevention of illness to reduce demand and improve the health and wellbeing of the Victorian community.
- Health expenditure in Victoria is trending upwards in an unsustainable way, [increasing by around 4% per year](#). Currently, prevention makes up only about 2% of total government health expenditure in Victoria.
- We know that [38% of illness, disease and early deaths can be prevented](#) and that [1 in 10 hospital admission days can be prevented](#). The more disease we prevent, the less we rely on costly ambulance, emergency and hospital services and workforces.
- Public health initiatives are cost-saving to health services and the wider economy, [returning \\$14 for every \\$1 invested](#). Therefore, reorienting the system towards preventive health is vital to reverse these costly and damaging trends, and to invest in the future of all Victorians.

Policy context:

- The [National Preventive Health Strategy 2021-2030](#) states that "investment in preventive health will rise to be five per cent of total health expenditure across Commonwealth, state and territory governments by 2030".
- The Western Australian government made a commitment to a similar target in 2019, which was a major recommendation from the [WA Sustainable Health Review](#). Victoria has the chance to keep up or be left behind with an unsustainable health system.
- The [Victorian public health and wellbeing plan 2019-2023](#) highlights the state government's commitment to focusing on health protection and disease prevention, especially from early in life, to improve the health and wellbeing outcomes of the whole population. These outcomes can be found in the [Victorian public health and wellbeing outcomes framework](#).



If elected, does your party commit to invest 5% of total government health expenditure on preventive health by 2030?

Response

Support in Principle.

While the Greens are pleased to see the unprecedented recent focus on the Victorian healthcare system, we are concerned that politically motivated health announcements may be being prioritised over some more effective investments. Therefore, the Greens strongly support a minimum government threshold for investment on preventative health, that is long proven to deliver substantial long-term health benefits.

Our support is contingent on the development of a clear framework for defining what health investments are classified as “preventative health”, as well as clarification over the calculation of “total government health expenditure”.

Commit to a minimum five-year funding for Local Public Health Units (LPHUs) to deliver local health promotion, protection and prevention activities

It is fair for all Victorians from across the State to benefit from coordinated efforts to protect and improve health and wellbeing - no matter where they live. So that more of our friends, families and communities can enjoy their lives fully, supported by locally tailored and connected health responses, our State needs to commit to funding (\$150m p.a.) the health promotion, prevention and protection role of our Public Health Units for at least 5-years.

Why is this needed?

- Local public health interventions are cost-effective, returning [\\$4 for every \\$1 spent](#)
- With sufficient funding and expanded scope, LPHUs could play an important role in the development, delivery and evaluation of locally tailored prevention and health promotion activities for their communities in the same way that they did for Victoria’s state-wide COVID-19 response. This could include mental health, Aboriginal and Torres Strait Islander health, and vaccination services and programs, and ensure that all Victorians have clean and safe water, food and environments.
- Local place-based delivery could be anchored to centrally coordinated priorities and outcomes, such as those articulated in Victoria’s [Public Health and Wellbeing Plan](#) and the [Victorian public health and wellbeing outcomes framework](#).
- Without certainty and long-term investment, it will be challenging to attract and retain the public health talent essential to deliver the vision of these LPHUs and the success of this ambitious public health system reform.

Policy context:

- LPHUs are part of a new model of decentralised public health programs and services that were established in October 2020 to support the [Victorian public health response to the COVID-19 pandemic](#). There are nine metropolitan and regional LPHUs, which are funded and directed by the Victorian Department of Health and are affiliated with local public hospital services.
- This model builds upon the longstanding and successful local health district system [used in New South Wales](#) for decades.

- The [2022-23 Victorian budget](#) did not provide funding commitment for LPHUs beyond 2022-23. This has limited the capacity for LPHUs to deliver new functions, including public health intelligence, community engagement, digital capability and the design and delivery of Aboriginal-specific initiatives.
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If elected, does your party commit to a minimum five-year funding for Local Public Health Units (LPHUs) to deliver local health promotion, protection and prevention activities?

Response

Support in Principle.

The Greens support long-term grant and program funding across all government portfolios. We recognise long-term funding improves, amongst other things, better planning and strategy, staff retention and service outcomes.

The introduction of LPHUs was a positive development from Victoria's pandemic response. The Greens support in principle the expansion of the LPHUs to provide more placed-based health services to more Victorian communities subject to a detailed and costed business case

Develop a Victorian Public Health Officer (PHO) training program

Our communities learnt through COVID-19 that highly skilled public health professionals are important to protect health, inclusion and the peace of the whole community, and to protect our health system from overload. With climate change, we will see more frequent health emergencies in the future. Establishing a three-year training scheme to assess, train and place at least 10 medically and non-medically trained staff (\$7 million per annum) will enable the health and protection of our communities into the future.

Why is this needed?

- There is currently a [public health workforce shortage](#) in Victoria, with Victoria having the lowest number of public health physicians per population of any Australian jurisdiction.
- Although there have been previous iterations of multidisciplinary PHO training programs supported by the Victorian Department of Health, currently there is no such program. There are also no dedicated state-based programs to support the epidemiologist, environmental health or Aboriginal and Torres Strait Islander public health workforce.
- Victoria needs a sufficiently developed public health workforce to lead and support the core preventive health and health promotion and protection activities that are vital for population health and wellbeing, as highlighted by the rapid workforce recruitment and deployment

required as part of Victoria’s response to the COVID-19 pandemic. The lack of a skilled public health workforce and surge capacity left Victoria wanting in comparison to other state's response to COVID-19.

- Investment in public health capacity is vital to support preparation, management and recovery from the future public health threats and emergencies that will no doubt affect our State in the years to come.

Policy Context:

- The Victorian Government Department of Health currently supports the Victorian Public Health Medicine Training Scheme (VPHMTS), which has an annual intake of only two trainees for a period of three years. [In comparison](#), NSW Health has approximately 20 public health medicine trainees per year.
- The [Victorian Parliamentary Inquiry into the COVID-19 pandemic](#) emphasised the importance of sufficient contact tracers and public health workforce, and noted the then Department of Health and Human Services’ dependence on external staff to support contact tracing efforts in 2020.
- Similarly, the [National Contract Tracing Review](#) recommended that all states employ a highly trained and permanent workforce for tracing and outbreak management, including senior public health leadership, and additional trained surge workforce at the ready for rapid deployment when required.



If elected, does your party commit to developing a Victorian Public Health Officer Training program?

Response

Support in principle.

The Greens recognise that public health is still neglected in Victoria, with a significant lack of public health professionals working in the Department of Health. The Greens support establishing a three-year training scheme to assess, train and place at least 10 medically and non-medically trained staff subject to a detailed and costed business case.

Victorians of all ages deserve a health system that keeps people mentally healthy and prevents mental health conditions from occurring in the first place, wherever possible. Our State's recent Royal Commission into Victoria's Mental Health System called for protected funding to tackle the causes of poor mental health and keep our community mentally healthy. To achieve this, the Victorian government must make an ongoing commitment to dedicate at least 5% of the mental health budget to the promotion of mental wellbeing and prevention of ill mental health.

Why is this needed?

- Prevention activity can reduce the prevalence and personal impacts of mental illness. According to the [Royal Commission](#), only an estimated 1% of the Victorian mental health budget is spent on the prevention of ill mental health and should be increased to at least 5%.
- Almost half (43.7%) of Australians aged 16-85 years experience a mental disorder at some time in their life, this is equivalent to 8.6 million people.
- The prevalence of mental health conditions appears to be increasing, particularly among young people. The [National Study of Mental Health and Wellbeing](#) found 39.6% of 16–24-year-olds had a 12-month condition in 2020-21, compared to 26.4% in 2007. These trends have only been compounded by the impact on Victorians of the COVID-19 pandemic and public health measures.
- While further investment in mental healthcare services is vital, such services cater to people who are *already* experiencing a serious mental health condition and a complementary focus on promotion and prevention is needed to curb the growing incidence of mental health conditions and reduce the pressure on the mental health and hospital systems.
- The [Royal Commission](#) into Victoria's Mental Health System uncovered a mental health care system in crisis. The Commission also noted that not enough was being done to keep people mentally healthy and prevent mental health conditions from occurring in the first place wherever possible. The insufficient focus on prevention contributes to the constant and growing pressure on the state's already under-resourced mental health system.

Policy context:

- The Royal Commission made four key recommendations related to the promotion of good mental health and the prevention of mental health conditions, including the establishment of a Mental Health and Wellbeing Promotion Office with the Department of Health (which is occurring), funding for school-based and workplace-based mental health promotion initiatives, and the creation of Social Inclusion Action Teams (formerly Community Collectives) in each of the State's 79 LGAs to tackle social isolation and social exclusion through place-based community mobilisation approaches and social prescribing.
- The Royal Commission noted that in determining the appropriate proportion of funding for prevention, and a mechanism through which to protect funding, the Victorian Government should consider the merits of setting the funding amount in legislation. An alternate, although potentially less sustainable option, would be to set, as a departmental output performance measure, a target for the proportion of the total mental health budget allocated explicitly to prevention activities via the Mental Health and Wellbeing Promotion Office.

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| ? | <p><i>If elected, does your party commit to invest 5% of total government health expenditure on prevention by 2030?</i></p> |
| Response | <p><i>Support in principle.</i></p> <p><i>The Greens recognise that prevention mental health of mental health conditions is frequently overlooked in the broader focus on mental wellbeing. We would like to see a greater focus on prevention across the entire health system.</i></p> <p><i>Once again we would require such a commitment to be accompanied by clear definitions. We note that our unprecedented public housing commitment to build 200,000 new homes, represents an unprecedented investment towards prevention.</i></p> |

Support the self-determination of Aboriginal Community Controlled Health Organisations

Aboriginal and Torres Strait Islander peoples have the right to culturally safe and effective health care. The Victorian government must recognise the strength, capability and humanity of Aboriginal and Torres Strait Islander peoples by committing to a policy that gives the community-controlled health sector the power to determine how to best meet community priorities and needs. This should be backed by an ongoing fund for ACCHOs to build and maintain health care facilities.

Why is this needed?

- Self-determination is fundamental to closing the health equity gap for Aboriginal Victorians and to empower the ACCHO sector to conduct business sustainably.
- State Government support is needed to ensure there is a strong and sustainable Aboriginal and Torres Strait Islander community-controlled sector delivering high quality services to meet the needs of Aboriginal and Torres Strait Islander people.

Policy context:

- A commitment from the Victorian government to agree on a policy direction that ensures funding is [self-determined by the community and ACCOs](#). This should be backed by the creation of a new infrastructure strategy and fund that provides a sustainable approach to building and maintaining the facilities needed by ACCOs that are delivering health services for their communities. Furthermore, by supporting the Victorian Aboriginal Health and Wellbeing Research Accord, this

will ensure research that is conducted in community is meaningful and inclusive of Aboriginal Victorians.

- The Victorian Aboriginal Community Controlled Health Organisation ([VACCHO](#)) is the peak representative for the health and wellbeing of Aboriginal and Torres Strait Islander people in Victoria. It has 32 member Aboriginal Community Controlled Organisations providing support to over 65,000 Aboriginal and Torres Strait Islander people across Victoria. ACCHOs are not-for-profit organisations, with revenue re-invested into clinics and communities. On average, the cost benefit of ACCHOs per dollar spent is \$1.19, but in some remote areas there can be up to a four-fold cost benefit. The lifetime health impact of interventions delivered by ACCHOs is [50% greater than mainstream health services](#). Ongoing funding to ensure that ACCHOs can self-determine community priorities is necessary to ensure culturally appropriate and sustained care of Aboriginal Victorians.



Does your party have a policy (policies) to support the self-determination of Victoria's Aboriginal Community Controlled Health Organisations?

Response

Yes.

The Greens are passionate about self-determination for First Nations People. We have been strong advocates for treaty for many years and will continue to fight for an inclusive, equitable and just treaty process. We are joining the First Peoples' Assembly of Victoria in calling for a substantial Self-Determination Fund that ensures traditional owner groups are on a level playing field with the government in treaty negotiations. We fully support self-determination of ACCOs including VACCHO.

The establishment of a state-based Victorian Sustainability Health Unit.

People everywhere want to live in a safe climate that is in balance with nature.

Although tackling a big and interconnected problem is challenging, Victorians are innovative and have a history of solving complex problems to save lives. Our State must act now to protect our children and future generations from the health impacts of climate change. At a cost of \$10 million per annum, Victorian Sustainability Health Unit will enable coordinated and local action to both lessen the climate impacts of the health sector and support communities to adapt to the health impacts of climate change.

Why is this needed?

- Climate change is the greatest threat to health and wellbeing that we are currently facing.
- Significant waste products and natural resource consumption in the healthcare sector continue to threaten the health of all Victorians.
- Australia’s healthcare sector contributes to over 7% of Australia’s total emissions, a major contributor to Australia’s national carbon footprint. Hospitals and pharmaceuticals are responsible for two-thirds of these emissions.
- There is currently no coordinated approach to monitor and decrease carbon emissions from the healthcare sector.

What is the policy context?

- The [Health and Human Services climate change adaptation action plan](#) presents 14 strategic actions that Victoria’s Health and Human Services system will take during the next 5 years to address current climate change impacts by building:
 - Public and stakeholder engagement on climate resilience and health
 - Infrastructure resilience
 - Sector capability
- A state-based Sustainability Health Unit would also be in a position to support local (and regional) community agencies with capacity building and grants for place-based climate adaptation activity. These small local-level adaptation projects will help build the awareness of climate adaptation activity and improve public awareness and sentiment towards the issue.
- Similar state-based units have already been established in [Western Australia](#) and [New South Wales](#).

The United Kingdom’s NHS has an established Sustainable Development Unit since 2008, now known as the [Greener NHS programme](#). Through strong collaboration, an evidence-based approach and commitment to monitoring, the program has demonstrated a 26% reduction in greenhouse gas emissions (1990-2019) and savings of £90 million per annum (2009-2017).

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| ? | <i>If elected, does your party commit to the establishment of a state-based Victorian Sustainability Health Unit?</i> |
| Response | <i>Yes.</i> <i>The Greens Election Platform includes a plan to create a sustainable Healthcare Unit in the Department of Health to tackle hospital waste, cut healthcare emissions, review use-by dates and promote reusable healthcare items.</i> |

Additionally, we have announced commitments to develop a roadmap to transition hospitals off gas, to cheaper, efficient 100% renewable electricity by 2030 and ban desflurane use by 2024.