

**#VOTE
FOR
PUBLIC
HEALTH**

CREATING A HEALTHIER FUTURE FOR VICTORIA

**ELECTION PLATFORM FOR THE
2022 VICTORIAN STATE ELECTION**



INTRODUCTION

All Victorians should be able to lead healthy lives in communities and environments that support good health and wellbeing.

The pandemic has exposed the cracks in our health system that can, if unaddressed, lead to potentially preventable illnesses and deaths. It is not acceptable that your postcode, your income or your cultural background predicts your health outcomes. There is also a great deal more we can do to prevent illness and disease and reduce the strain on our health system.

COVID-19 required a massive public health response, highlighting the need for Victoria to have an agile health system, a skilled workforce with surge capacity, a focus on chronic disease prevention and a preparedness for infectious disease and future threats.

Our election priorities outline six strategies that will put us on the path so that Victorian communities can live, learn, work and play in healthy and sustainable environments.

Currently, Victoria's investment in public health is only about 2 per cent of the health budget, with no overall growth over time. At the same time, Victoria's total health expenditure is trending up in an unsustainable manner. To reverse this trend, we must shift the health system and health budget towards prevention, and increase investment in preventive health to 5 per cent of total health expenditure by 2030, in line with the National Preventive Health Strategy 2021–2030.


This includes investment in the public health workforce, strategies that focus on preventing illness and that benefit people at highest risk of ill health. We must also look to structural changes that enable self-determination for Aboriginal Community Controlled Health Organisations, reduce the carbon footprint of the health sector, and support communities to adapt to the health impacts of climate change.

We urge all Victorians to vote for public health this election. Not only will investment in public health lead to a healthier future for all Victorian communities, it will lead to a stronger economy and society. With a return of \$14 for every \$1 invested, investing in prevention is an investment for a more sustainable future.



Anna Nicholson

President, Victorian Branch of the Public Health Association of Australia



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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.

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.

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.

Invest 5% of total government mental health expenditure on prevention by 2030

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 improve the wellbeing of the Victorian community
- 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.

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 and Torres Strait Islander Victorians and to empower the ACCHO sector to conduct business sustainably.
- The lifetime health impact of interventions delivered by ACCHOs is 50% greater than mainstream health services. 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.
- 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:

- 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.
- Ongoing funding to ensure that ACCHOs can self-determine community priorities is necessary to ensure culturally safe and sustained care of Aboriginal and Torres Strait Islander Victorians.

Establish 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.

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).