

3 October 2022

Addressed to: Labor, Liberal-National Coalition and Greens

**The PHAA VIC Branch and AHPA VIC/TAS Branch are calling on political parties 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 priorities.

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 your political party 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,

**The PHAA VIC Branch**  
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**The AHPA VIC/TAS Branch**

# TOP SIX ELECTION PRIORITIES

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

The proportion of Victorian government expenditure on public health was 2.1% in 2019-20. Compared with the \$34.7 billion total government expenditure, this amounted to only \$738 million. We are seeking a commitment to progressively increase expenditure on preventive health from 2022 to reach 5.0% by 2030.

Why is this needed?

- There is immense strain on Victoria’s pre-hospital and hospital systems.
- Health expenditure is trending up in Victoria, increasing by around 4% per year. ([AIHW data tables 2019-20](#)). Reorienting the system towards preventive health is vital to reverse this trend.
  - 38% of illness, disease and early deaths can be prevented ([Australian Burden of Disease Study 2018](#))
  - 1 in 10 hospital admission days can be prevented ([AIHW web report, 2019](#))
- A point about the COVID-19 pandemic? E.g. “investments you make now, reduce pressures soon and help us prepare, manage and recover from the next inevitable big thing”

Policy context:

- The [National Preventive Health Strategy 2021-2030](#) states “investment in preventive health will rise to be five per cent of total health expenditure across Commonwealth, state and territory governments by 2030”.
- 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.



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

**Response**

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

Victoria's nine Local Public Health Units (LPHUs) require a funding commitment of at least five years to expand their remit to encompass locally tailored prevention, health promotion and health protection activities. To adequately resource all LPHUs in the prevention and management of infectious and chronic disease is estimated to cost \$150 million per annum, or \$750 total commitment over 5 years from 2023-2028.

Why is this needed?

- 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 including mental health, Aboriginal health and vaccination programs.
- 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 workforce essential to deliver the vision of these LPHUs and the success of this ambitious public health system reform.

Policy context:

- LPHUs are a new model of decentralised public health 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 by the Victorian Government and typically affiliated with local public hospital services.
- 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.



***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**

## Develop a Victorian Public Health Officer Training program

The sScheme should be enabled to assess, recruit, train, retain and place both medically and non-medically trained staff to undertake a three-year fFull tTime eEquivalent (FTE) training program. In Victoria, a minimum of 10 people would be recruited per year, with 30 trainees recruited annually when fully operational. Once fully implemented the estimated funding requirement need is would be \$7 million dollars per annum.

### Why is this needed?

- Victoria needs sufficient public health workforce to lead and support the core preventative health and health protection activities that are vital for population health, as highlighted by the (workforce recruitment required for Victoria’s response to the) COVID-19 pandemic.
- There is currently a [public health workforce shortage](#) in Victoria. Victoria has 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 (DoH), currently there is no such program. There are also no dedicated state-based programs to support the epidemiologist workforce or Aboriginal public health workforce.
- A point about the COVID-19 pandemic? E.g. “investments you make now, reduce pressures soon and help us prepare, manage and recover from the next inevitable big thing”

### 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

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

health budget is set aside to support the implementation and evaluation of initiatives that aim to promote mental wellbeing and prevent the onset of mental health conditions.

#### Why is this needed?

- Over two in five Australians aged 16-85 years (43.7% or 8.6 million people) experience a mental disorder at some time in their life.
- 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.
- 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.
- A dedicated stream of recurrent funding is needed to support preventive health activities.

#### Policy context:

- 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 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 perhaps 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. [SC1]

- The Royal Commission acknowledged the call from various organisations that spending on prevention should be increased to at least 5% of the mental health budget.



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

**Response**

## Support Victoria's Aboriginal Community Controlled Organisations

Support Aboriginal Community Controlled Organisations (ACCOs) with adequate and secure funding to meet rising demand for health and wellbeing services.

- Fund the implementation of the Victorian Aboriginal Health and Wellbeing Research Accord.

### 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 Victoria's Aboriginal Community Controlled Organisations?***

**Response**

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

- The funding of \$10 million per annum to develop and grow a state-based Victorian Sustainability Health Unit (vSHU).
- Modelling on the Greener NHS model, this would include five staff in the unit with funding available to support local grants for agencies like local government and community health.
- The primary role of a vSHU would be to augment the Health and Human Services climate change adaptation action plan to achieve the Department of Health vision: 'Victorians are the healthiest people in the world'.
- The 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 ?such as bushfire preparedness?.
- 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 been established in Western Australia and New South Wales.



### What is the policy context?

Climate change is already contributing to life-threatening illnesses and deaths and continues to threaten the fundamental determinants of health. Immediate action to transition from fossil fuels to clean energy will create a safer and healthier Victoria. Since official records began in 1910, Victoria has warmed by 1.2 degrees Celsius and is experiencing a decrease in average rainfall (especially in cooler months), an increase in the frequency of days of extreme heat, and an increase in dangerous fire weather and the length of the bushfire season. Victoria has set a 45–50% reduction target for 2030 and will set interim reduction targets at 5-year intervals to achieve our net zero by 2050 goal to assist in limiting the worst impacts of climate change in the second half of this century.

Significant waste products and natural resource consumption in healthcare 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. It is imperative that urgent change to the healthcare sector is needed to limit global warming and environmental degradation.

However, there is currently no coordinated approach to evaluating, addressing and implementing to decrease carbon emissions from the healthcare sector. The establishment and implementation of a Sustainability Healthcare Unit would highlight sustained commitment to reducing the impact of carbon emissions in healthcare, and be an opportunity to lead in change.

The UK’s NHS has an established Sustainable Development Unit since 2008, now known as the Greener NHS Programme. This program collaboratively involves work from government and healthcare clinical leaders and their partners to regularly measure the healthcare sector’s carbon footprint and sets practical and evidence-based road maps to coordinate and guide decarbonisation of the healthcare sector. This has resulted in a 26% reduction in greenhouse gas emissions between 1990 and 2019, despite a 17% population rise. Additionally, with its initiatives (on mainly energy, waste and water improvements) the financial savings associated saved £90 million annually between 2009 and 2017.

### Why is this needed?

The development of a Victorian state-based Sustainability Health Unit to coordinate environmentally sustainable initiatives in health care and reduce its carbon footprint would mean:

- a. Standardisation and benchmarking consistent measures of carbon emissions;
- b. Development of a road map for, and effective leadership in implementation of evidence-based emission reductions and sustainability best practices and;
- c. Implementation of sustainable healthcare initiatives at a state level for an improved healthcare sector with high-quality financially and environmentally sustainable outcomes.

?	<b><i>If elected, does your party commit to the establishment of a state-based Victorian Sustainability Health Unit?</i></b>
Response	



