



**Public Health Association**  
AUSTRALIA

# **Public Health Association of Australia submission on the Victorian State Government Budget Submission 2022-23**

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The **Public Health Association of Australia** is Australia's peak body on public health. We advocate for the health and well-being of all individuals in Australia.

**We believe** that health is a human right, a vital resource for everyday life, and a key factor in sustainability. The health status of all people is impacted by the social, commercial, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the root causes of poor health and disease. These determinants underpin the strategic direction of PHAA. Our focus is not just on Australian residents and citizens, but extends to our regional neighbours. We see our well-being as connected to the global community, including those people fleeing violence and poverty, and seeking refuge and asylum in Australia.

**Our mission** is to promote better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

**Our vision** is for a healthy population, a healthy nation and a healthy world, with all people living in an equitable society, underpinned by a well-functioning ecosystem and a healthy environment.

**Traditional custodians** - we acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

## Introduction

The Public Health Association of Australia (PHAA) welcomes the opportunity to provide input to the Victorian Government pre-budget submission 2022-23. As the state continues to endure the COVID-19 pandemic, a sound economic recovery plan for the health of Victorians now - and in the future - is essential.

PHAA recommends three core areas for investment, these areas are cost-effective and will deliver the greatest possible health impact in reducing illness, disability, and premature death. A focus on these areas will also create long-term economic vitality for the state.

- **Invest in Local Public Health Units** - establish a long-term financial commitment to the Local Public Health Units, as well as fulfil their remit from COVID-19 management and control to include preventive health
- **Invest in preventive health** - increase the preventive health investment to five per cent of the total annual health expenditure
- **Invest in a public health workforce** – continue to invest and expand the Victorian Public Health Training Scheme

### Invest in Local Public Health Units

In response to the COVID-19 pandemic nine Local Public Health Units have been established to, respond manage and control the pandemic.<sup>1</sup> A limitation, however, of the establishment of the Local Public Health Units is the short-term financial arrangement<sup>2</sup> – this short-term funding model hampers planning, performance and the employment and retention of highly skilled and qualified employees. Establishing and maintaining appropriate long-term funding for the Local Public Health Units is fundamental for sustainable impact and lifting some of the pressures placed on local hospitals. Longer-term funding will also enable the Local Public Health Units to fulfil their remit to address the prevention and control of chronic diseases. Long-term funding however, must be ring-fenced to avoid repurposing funds to cover budget short falls across local areas (including hospitals).

Chronic diseases include cardiovascular disease, cancer, diabetes, and mental health conditions. Many of these diseases are preventable, by addressing risk factors including tobacco use, alcohol use, high blood pressure, insufficient physical activity, unhealthy diet, and overweight and obesity.

In Victoria:

- More than half (51 per cent) of adults are overweight (30 per cent) or obese (21 per cent)<sup>3</sup>
- 12.7 per cent of adults smoke daily<sup>3</sup>
- 14.4 per cent of drink two standard drinks or more per day on average, above the guideline for reducing long-term risk for disease from alcohol.<sup>4</sup>
- Only 3.3 per cent of adults and 10 per cent of children eat the recommended minimum daily serves of both vegetables and fruit.
- 10 per cent of adults drink sugary drinks every day.
- Obesity causes chronic diseases, including 13 types of cancer, heart disease and type 2 diabetes.<sup>5</sup>
- Alcohol use causes liver disease, high blood pressure, and at least seven types of cancer, including breast and bowel cancer.<sup>6</sup>
- More than 22 per cent of adults have two or more chronic conditions.<sup>7</sup>

Connecting the Local Public Health Units to the Victorian Public Health and Wellbeing Plan<sup>8</sup> would provide a strategic focus for the work of Local Public Health Units and, through the associated outcomes framework, monitoring their impact over time.

It is a requirement under the Victoria's Public Health and Wellbeing Act 2008<sup>9</sup> to produce a plan every four years that sets out a comprehensive approach to deliver improved public health and wellbeing outcomes for Victorians.

The PHAA supports the Victorian Public Health and Wellbeing Plan's approach to:

- drive action towards the factors that contribute most strongly to the burden of disease and health inequalities
- ensure all parts of the sector work together towards clear outcomes
- take into consideration the wider determinants of health, both social and economic, in how we design and deliver public health and wellbeing interventions

Anchoring the Local Public Health Units in the existing Victorian Public Health and Wellbeing Plan will contribute to a more coordinated action against priority areas where the greatest gains can be made.

The Victorian Public Health and Wellbeing Plan 2019-23 identifies the following; tackling climate change and its impact on health, reducing injury in the community; preventing all forms of violence; increasing healthy eating; decreasing the risk of drug-resistant infections in the community; increasing active living; improving mental wellbeing; improving sexual and reproductive health; reducing tobacco-related harm; and reducing harmful alcohol and drug use.

The plan recognises key links between a number of these priority areas, including recognition that many actions to increase active living and healthy eating can contribute to reducing climate change.

The Local Public Health Units can assist in the prevention of infectious and chronic diseases and create a focus on health inequity throughout Victoria. This will ultimately lessen future expenditure pressure on the budget. By connecting the work of the Local Public Health Units to the delivery of the Victorian Public Health and Wellbeing Plan, this will contribute to the Victorian Government's vision for the public health and wellbeing of Victorians: *"A Victoria free of the avoidable burden of disease and injury so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age"*.

#### **Recommendation:**

**Commit to a five-year funding cycle for the Local Public Health Units. To adequately resource all Local Public Health Units to assist in the prevention of infectious and chronic disease is estimated to cost \$55-70m per annum, or approximately \$6-8m per Unit per annum (allocation adjusted for population size and needs).**

## Invest in preventive health

Investing in chronic disease prevention and control, through affordable, cost-effective, high-impact policies and legislative measures will deliver the greatest possible health impact in reducing illness, disability, and premature death. Chronic diseases have a major impact on health and wellbeing and are responsible for around 89 per cent of deaths every year.<sup>10</sup> These diseases and the major risk factors that contribute to them (tobacco use, alcohol use, unhealthy diet and lack of physical activity) also have significant negative consequences on economic productivity and financial stability for individual, households and society, as a whole.

The rise in chronic disease makes people less healthy and less prepared for future pandemics of flu and other emerging infections. The high prevalence of obesity, diabetes and cardiovascular disease, have been a major contributor to the increased risk of hospitalisation, intubation, and death due to COVID-19, worldwide.<sup>11</sup>

As a consequence of COVID-19 there has been a significant disruption to chronic disease preventative services including, [but not limited] to immunisation and screening programs, human papillomavirus vaccination, and cervical cancer screening. Prior to COVID-19, Victoria was on track to be one of the first jurisdictions to eliminate cervical cancer. From a national business perspective, the rise in chronic conditions is cause for concern: particularly given the relationship between poor health and diminished workplace attendance and performance. The estimated cost of absenteeism to the Australian economy is \$7 billion each year,<sup>12</sup> with the cost of presenteeism estimated as being nearly five times more at \$34.1 billion in 2009-2010.<sup>13</sup>

In 2018-19, Victoria's investment in public health has been less than 2.0 per cent of the health budget, with no overall growth over time.<sup>14</sup> At the same time, Victoria's total health expenditure is trending up, increasing by 30 per cent from 2013 to 2018.<sup>15</sup> This trend is not sustainable.

Among OECD nations, Australia has one of the lowest levels of preventive health investment as a proportion of total health system spending (1.7 per cent). The National Preventive Health Strategy 2021-2030 sets a target of that "investment in preventive health will rise to be five per cent of total health expenditure across Commonwealth, state and territory governments by 2030".<sup>16</sup>

The increase in funding could be used to fulfil the Local Public Health Units to support broader public health needs. For example, effective and sustained campaigns and related programs to help people reduce a broad range of harmful consumption habits (alcohol, tobacco, sugar-sweetened beverages, junk food, etc), and increase healthy activities (physical activity and promoting healthy diets) is an effective measure to achieve substantial change. Funding prevention not only saves lives, it saves money; every dollar invested in evidence-based prevention programs yields a greater return on investment than treatment.

### Recommendation:

**Commit to a preventive health investment to five per cent of total annual health expenditure by 2030**

## Invest in a public health workforce

Victoria's existing public health workforce is highly educated, committed and effective in the tasks it is set. For many years, however, it has been insufficient in size to address all the population health challenges facing the state. New and existing gaps in the public health workforce have been highlighted by COVID-19. At the national and state level, there have been several calls for greater commitment to the public health workforce.<sup>17-18</sup> The most recent in June 2020, the Victorian government along with other jurisdictions published a commitment to:

- establish a national training program for surge workforce
- prioritise enhancing the public health physician workforce capacity
- consider options for developing a formal public health workforce training program

Building of the public health workforce is a clear and vital priority that must be urgently addressed. The continued investment and expansion of a Victorian Public Health Officer Training Scheme will ensure a robust and highly skilled workforce. The Scheme should be enabled to assess, recruit, train, retain and place both medically and non-medically trained staff to undertake a three-year Full Time Equivalent training program (with an extension available to allow for a 12-month unpaid sabbatical) to create a pipeline of highly trained public health professionals. In Victoria, a minimum of 10 people would be recruited per year, 30 trainees when fully operational. Once fully implemented the estimated funding need is \$7 million dollars per annum.

Critical to this is building a strong and supported Aboriginal and Torres Strait Islander public health workforce, to protect and promote health, with the appropriate clinical and non-clinical skills to provide culturally safe and responsive health care.

### Recommendation:

**Invest in and expand the Victorian Public Health Officer Training Scheme, an estimated commitment of \$7m per annum.**

## Conclusion

This submission has set out the case for investment in preventive health to secure a healthy future for all Victorians. The PHAA appreciates the opportunity to make this submission.

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



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