Public Health Association
AUSTRALIA

# Public Health Association of Australia 2017-18 pre-Budget submission

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# Introduction

## The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

## Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and healthy environment, improving and promoting health for all.

## Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

# Preamble

PHAA welcomes the opportunity to provide a submission to the 2017-18 Budget process. PHAA's pre-Budget submission seeks to highlight the importance of maintaining efforts and increasing funding for preventive public health solutions to Australia's health needs.

We have set out some key priorities below. A crucial understanding is that these priorities are underpinned by a commitment to a comprehensive public health program with funding and strategies that will, as a priority, benefit the most vulnerable in our communities.

In particular, PHAA would like to see a commitment to prioritising health initiatives that focus on Prevention, Protection and Promotion as set out in the *Global Charter for the Public's Health*

- **Prevention:** *Primary:* vaccination; *Secondary:* screening; *Tertiary:* Evidence and community based, integrated person-centred quality health care; healthcare management and planning.[1]
- **Protection:** Regulation and coordination; Health In All Policies; communicable disease control; emergency preparedness; occupational health; environmental health; climate change and ecological sustainability.[2]
- **Promotion:** Social, economic and ecological determinants of health; inequality, healthy settings, health literacy.[3]

**Our top three asks for the 2017-18 Budget are:**

1. **Increase the level of Federal funding for prevention from 1.5%[4] to 5% of the health budget**. Investing in prevention, along with promotion and protection of the public's health keeps people well and out of hospital, significantly decreasing long term pressure on the health system.
2. **Address the harms associated with alcohol and sugar through appropriate consumption tax arrangements** – hypothecation (ensuring savings are reinvested into health promotion and protection initiatives not only with regard to unhealthy consumption but across health).
3. **Focus on Aboriginal and Torres Strait Islander People's health needs**, including chronic diseases; tobacco; diabetes; mental health; youth suicide and closing the gap on life expectancy.

PHAA strongly advocates that the reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government has an opportunity in the 2017-18 Budget process to facilitate a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

## Health Equity

As outlined in the Public Health Association of Australia's objectives:

> *Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people's health. The health status of all people is impacted by the social, political, and environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease.*

The PHAA notes that:

- Health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups.[5]
- Health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people,[6] resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services unequally and unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society.

## Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. This is particularly pertinent when considering opportunities such as the 2017-18 Budget.

The determinants of health inequities are largely outside the health system and relate to the inequitable distribution of social, economic and cultural resources and opportunities. Health inequities are the result of the interaction of a range of factors including: macro politico-economic structures and policy; living and working conditions; cultural, social and community influences; and individual lifestyle factors.

# PHAA 2017-18 Budget considerations

## Increase funding for prevention, protection and health promotion

Prevention, protection and promotion are vital not only for our future health but also for economic prosperity. At a time of increasing demand for expenditure on tertiary care, a Government with a long term vision will invest in prevention, protection and promotion. PHAA calls on the Government to increase the level of Federal funding for prevention from 1.5% to 5% of the health budget.

Governmental commitment to and funding of prevention across Australia including the States and Territories has been reducing for the past six years. Prevention expenditure currently stands at 1.5% of the health budgets,[7] much of which is dedicated to screening and immunisation programs. Any health program designed to improve the health of Australians must include a strategy to increase the funding allocated to prevention, protection and health promotion.

There is enormous potential for preventive programs to protect the community and incorporate health promotion to improve the health and well-being of the community and drive economic growth for the country.

## Prioritise the Health of Aboriginal and Torres Strait Islander People

Nationally Aboriginal and Torres Strait Islander health outcomes remain disproportionately poorer than that of other Australians. The life expectancy gap remains at an unacceptable level: an Aboriginal and Torres Strait Islander man will die 10.6 years sooner than a non-Indigenous male and an Aboriginal and Torres Strait Islander woman will die 9.5 years sooner than a non-Indigenous woman.[8]

There has been significant improvement in the infant mortality rate for Aboriginal and Torres Strait Islander infants, down from 11.2 deaths per 1000 births in 2001 to 5.0 deaths per 1000 births in 2012. However, Aboriginal and Torres Strait Islander infant mortality remains 1.5 times the rate for non-Indigenous Australians. [9]

To redress this health inequality, there should be an 'across-portfolio agenda and mandate' with a clearly articulated vision informed by meaningful community consultation and specific funding.

Incarceration rates for Aboriginal and Torres Strait Islander remain consistently higher than non-Indigenous rates. As of 2015 Aboriginal and Torres Strait Islander people accounted for 27% of the total prisoner population of Australia,[10] with young Aboriginal and Torres Strait Islander people 26 times more likely to be detained in juvenile justice facilities than their non-Indigenous peers.[11] Incarceration is an expensive process which further contributes to social disadvantage and poorer health outcomes.

PHAA is seeking commitment from Government in the 2017-18 Budget to:

- Retain current levels and build in future growth of funding for the “Close the Gap” measures with funding tied to delivery of outcomes.
- Increase investment in a holistic approach to the social and emotional wellbeing for Aboriginal and Torres Strait Islander people that supports prevention, treatment and opportunities to strengthen cultural identity and social inclusion.
- Increase investment in early years in health and education as a public health issue that accounts for children who remain unwell, underweight/malnourished, undertreated (ear/eye infections, heart disease) and are underrepresented in the early childhood education sector.

## Tax unhealthy commodities

Along with tobacco and alcohol related burden of disease, good nutrition is vital for growth in early life, health and wellbeing, and prevention and treatment of chronic disease. Diet has been recognised as the leading contributor to burden of disease globally, including Australia.[12] Tobacco tax provides an important funding stream for evidence based, hard hitting media campaigns and quit messages as well as support for disadvantaged groups such as Aboriginal and Torres Strait Islander communities. Taxes on alcohol and sugar should be used in a similar manner.

Taxation and price controls are among the most effective policy interventions to reduce harm from sugary drinks and from alcohol.[13]

A 20% tax on sugar-sweetened beverages is estimated to reduce the number of new type 2 diabetes cases by approximately 800 per year, among other health improvements, and generate around $400 million in revenue each year.[14] [15]

## Maintain Tobacco Reduction Efforts

Tobacco remains one of our largest causes of preventable death and disease in Australia,[16] and "up to two-thirds of deaths in current smokers can be attributed to smoking. Cessation reduces mortality compared with continuing to smoke, with cessation earlier in life resulting in greater reductions".[17] Due to the tireless efforts of public health professionals and collaborators, Australian trends show a decrease in tobacco use over many decades. However, this is not a cause for complacency. Further work in reducing consumption of tobacco must be maintained and strengthened.

The PHAA is seeking commitment in the 2017-18 Budget for funding to:

- Maintain and expand public education programs to reduce tobacco smoking;
- Targeted support for disadvantaged groups (with a major focus on the Tackling Indigenous Smoking Initiative);
- Develop and implement a strong regulatory framework for e-cigarettes.

## Reduce harm from alcohol

Alcohol misuse costs $36 billion each year in Australia[18] and is responsible for a substantial burden of death, disease and injury.[19] The health and social harms from alcohol misuse affect not only drinkers but also children, families and the broader community. Government policies that prioritise public health and safety will go a long way to reducing the current burden of over 150,000 hospitalisations and 5,500 deaths attributable to alcohol each year.[20]

**Taxation and price controls are among the most effective policy interventions** to reduce harm from alcohol.[21] PHAA supports a volumetric approach to alcohol taxation, with tax increasing for products with higher alcohol volumes. Removing the inequitable Wine Equalisation Tax should be a priority. A minimum floor price per standard drink would support and complement a volumetric tax. A proportion of alcohol tax revenue should be directed to alcohol prevention, treatment and support services to further reduce harm and to support alcohol-free community events.

## Fund a contemporary National Nutrition Plan

Optimum nutrition is fundamental to good health throughout life. It is essential for normal growth and development of infants and children, contributes significantly to quality of life and wellbeing, resistance to infection and protection against chronic disease, obesity and premature death.[22,23,24]

Results of the recent Australian Health Surveys indicate that the diets of Australians fall well short of recommendations made in the Australian Dietary Guidelines. For example, less than 4% of Australians met the recommended usual daily intake of vegetables and only 31% of people met the recommended usual daily intake of fruit.[25] Australians also obtained over a third (35%) of their total energy from 'discretionary foods' (foods of poor nutritional value).[26]

In addition to poor diets leading to preventable chronic disease, deficiency of some nutrients including iodine, folate, iron and vitamin D is also a concern for some groups.[27] Inadequate levels of folate, iodine or iron during pregnancy have adverse effects on the physical and mental development of infants.

Even in 2008/09, we knew the health care costs associated with some of the diseases impacted by poor dietary behaviour, including heart disease, stroke, diabetes and colon cancer totalled more than $5 billion.

The Scoping Study to Inform the Development of the new National Nutrition Policy (The Scoping Study), released by the Department of Health in 2015, recommends objectives and rationale for the scope of a National Nutrition Policy based on a comprehensive systematic review of the evidence[28].

The PHAA is seeking commitment in the 2017-18 Budget to fund a contemporary National Nutrition Plan that addresses the high cost and increasing rates of diet related chronic diseases and that is built upon the 4 key principles of:

1. **food, nutrition and health:** fundamental to improving the health outcomes of all Australians;
2. **social equity:** essential to reduce diet-related health disparities;
3. **environmental sustainability:** critical to secure the supply of healthy foods both now and into the future;
4. **monitoring and surveillance, evaluation and review:** essential to produce quality, timely data to inform policy and practice.

## Finalisation and implementation funding for the Fifth Mental Health Plan

There is an urgent need to reorientate current mental health spending to a prevention model. Mental illnesses such as anxiety and depression continue to be the leading cause of non-fatal disability in Australia costing the economy at least $28.6 billion which accounts for 2.2% of Australia's Gross Domestic Product.[29] On current trajectories some predict that by 2030 depression will be the leading cause of disease globally.[30]

Mental illness is a key risk factor for suicide, being present in approximately 90 per cent of all suicide deaths in high income countries such as Australia.[31] Suicide is the leading cause of death for people aged 15-44 in Australia[32] and the third leading cause of premature death in Australia across all ages.[33]

As outlined in the Blueprint for Action on Mental Health,[34] Australia must shift to a model which invests in programs and services that prevent people from developing poor mental health and reduces the need for intensive or acute hospital care.

The mental health sector has been left to wait on a tangible Government commitment and action plan in response to the 2014 National Review of Mental Health Programmes and Services.[35] In November 2015 following increasing pressure from the sector the Government's response was tabled. However, the Fifth

Mental Health Plan yet to be finalised and implemented despite the Fourth Mental Health Plan ending in 2015.

The PHAA calls for immediate action to support the mental health of Australians. The current system relies on someone becoming unwell in order to access many of the Government funded programmes and health care supports. This needs to change. We must prioritise prevention, promotion and protection specifically addressing the social determinants of health.

PHAA is seeking a commitment in the 2017-18 Budget to fund implementation of the Fifth Mental Health Plan with specific backing for mental health promotion and mental illness prevention. This should also address the social determinants of health and include relevant and targeted policies for populations who may be at increased risk of mental illness (for example Aboriginal and Torres Strait Islander communities, refugee and asylum seekers, those in the justice system and lesbian, gay, bisexual, transgender and intersex communities).

## Support initiatives that address women's health needs

The health and well-being of women is dependent on their status in society, their incomes and opportunities for social and economic participation which, in turn, are shaped by social, economic, political and cultural factors.

Currently, poverty among women and their children is growing rather than decreasing. Women's income remains persistently lower than men's. The national gender pay gap remains relatively unchanged for the past 20 years, currently sitting at 17.9%. The gap widens in relation to superannuation with the Human Rights Commission predicting the gap in to persist for coming generations and that instead of "accumulating wealth through the retirement income system as intended, due to experiences of inequality over the lifecycle, women are more likely to be accumulating poverty". This will result in increasing demands on Government funding to support a growing number of older women who will be reliant on the welfare system and spend many years in old age living in poverty.

PHAA is seeking a commitment in the 2017-18 Budget for:

- **Medicare rebates for sexual and reproduction health consultations:** The roll out of a Medicare rebate for sexual and reproductive health consultations to include; preconception health checks (with links to obesity, diabetes and other chronic disease management plans), contraception consultations, pregnancy options counselling, pregnancy termination counselling, sexual health screening and fertility awareness education. Furthermore, a Medicare rebate allowing consultations to be provided via telehealth (e.g., skype, telephone, etc.) to allow for services to be provided in areas of the country where trained practitioners are not available locally.
- **Sustained funding of programs to reduce gender inequality and domestic violence:** domestic violence is inextricably linked to gender inequality. Funding for a spectrum of responses is required to prevent domestic violence occurring and to protect those who are already experiencing domestic violence.
- **Funding for Improved sexuality and relationships education (SRE):** Evidence based, age appropriate SRE has been shown internationally to produce a range of positive health outcomes for non-violent relationships, negotiating consent, sexual health and fertility management. Consistent and age appropriate SRE should form a compulsory and assessable part of the curriculum within Australia.

## Support appropriate responses to climate change

PHAA is calling for leadership in the global response to all aspects of energy security and climate change. National policies need to be adequately funded to support excellence, innovation and independence in science and technology investment and development; ambitious environmental and emissions reductions targets; and solidarity through collaboration with people of the world who can benefit from our expertise and technology.

PHAA is seeking a commitment in the 2017-18 Budget to fund cross portfolio, integrated and coordinated policy direction from the Federal government to assist businesses and households to urgently transform to affordable health promoting energy.

## Improve access and affordability of oral health care

Oral health is fundamental to overall health, well-being and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.

There are significant inequalities in oral health care in Australia and oral disease is a consistent marker of disadvantage in our communities. Greater levels of oral disease are experienced by Aboriginal and Torres Strait Islander peoples, people on low incomes, rural and remote communities and those from culturally and linguistically diverse backgrounds.

The barriers faced in accessing oral health care include the cost of treatment for middle and low income families, long waiting times for public dental services, access in rural and remote communities for both private and public oral health practitioners.

PHAA is seeking a commitment in the 2017-18 Budget to:

- Restore funding for the Child Dental Benefits Schedule and the National Partnership Agreement for public dental services to adults.
- Extend eligibility for public dental services beyond concession card holders to lower income Australians.
- Fund the implementation of the recommendations of the National Oral Health Promotion Plan;
- Fund the implementing of Denticare – a phased and initially targeted universal dental system within Medicare;
- Abolish the rebate for private health insurance on dental services and redirecting the funds to oral health services low income Australians.

## Make injury prevention a higher priority

The issue of injury prevention has not been high on the government's agenda to this point. Injury prevention is a key priority for public health. The most notable success in this area in Australia has been with regard to motor vehicles related injury and death. The PHAA believes that many of the lessons learnt from the comprehensive set of interventions and campaigns such as seat belts, improved roads, safer vehicles, speeding and alcohol related accidents, and effective policing based on appropriate legislation have applicability in other areas where injury considerably increases the burden on the health system.

PHAA is seeking a commitment in the 2017-18 Budget for funding of an evaluation of the existing injury prevention plan, resources allocated for the implementation of a National Injury Prevention Plan, increased resources for injury prevention research in Australia and resources for a nationally coordinated injury and falls prevention program.

# Conclusion

PHAA are particularly keen that the following points are highlighted:

1. **Increase the level of Federal funding for prevention from 1.5%[36] to 5% of the health budget.** Investing in prevention, along with promotion and protection of the public's health keeps people well and out of hospital, significantly decreasing long term pressure on the health system.

2. **Address the harms associated with alcohol and sugar through appropriate consumption tax arrangements** – hypothecation (ensuring savings are reinvested into health promotion and protection initiatives not only with regard to unhealthy consumption but across health).

3. **Focus on Aboriginal and Torres Strait Islander People's health needs**, including chronic diseases; tobacco; diabetes; mental health; youth suicide and closing the gap on life expectancy.

The PHAA appreciates the opportunity to make this submission to the 2017-18 Budget process.

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

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