

September 2020

VCOSS submission to the National Preventive Health Strategy Consultation Paper



VCOSS welcomes the opportunity to provide feedback in the development of the National Preventive Health Strategy (the Strategy).

VCOSS is the peak body for social and community services in Victoria. VCOSS supports the community services industry, represents the interests of Victorians facing disadvantage and vulnerability in policy debates, and advocates to develop a sustainable, fair and equitable society.

For too many Victorians, good health is compromised by their income, location, cultural background or the other circumstances in which they live and work.

VCOSS welcomes the commitment in the consultation paper to addressing health inequities. Prevention strategies and efforts need to be targeted so they are appropriate for cohorts of people who are more likely to experience poor health outcomes, including Aboriginal and Torres Strait Islander people, ethnic communities, people with disability, LGBTIQ+ people, and people on low-incomes.

We also support the strategic focus on early childhood development. Many of the risk factors that contribute to chronic illness occur well before the first symptoms of ill-health appear, even in childhood.

“Childhood health and the uterine environment have a lasting impact on health and socioeconomic status throughout life. Many adult health conditions, including major public health problems such as obesity, heart disease, diabetes and mental health problems, have their origins in childhood health conditions.”[[1]](#endnote-1)

We call for stronger emphasis on priorities including addressing the health impacts of climate change, preventing mental illness and the link between poverty and poor health.

## Grow funding for preventive health

Victoria spends only about 1.5 per cent of its health budget on public and preventive health. Everything else goes to treating illness and critical care. A failure to increase the funding allocated to preventive health will doom the Strategy to failure.

We strongly welcome the commitment in the consultation paper to increased investment in preventive health. Alongside funding, a robust governance and implementation structure will be required, accompanied by long-term commitments and targets.

Preventive health outcomes are rarely quick wins; they usually take many years of work and incremental change.

## Adopt a wellbeing framework

The Strategy is an opportunity to embed wellbeing across government, and recognise that health is not merely the responsibility of health departments and providers but is influenced by a range of economic, cultural, social and environmental decisions and policies.

One way to embed this approach would be following the lead of other countries like New Zealand, Scotland and Iceland who are becoming wellbeing economies.

Under this model, all branches of government are responsible for improving community wellbeing through budget priorities, policy-making and reporting.

## Include additional focus areas

The consultation paper identifies six focus areas to boost prevention action in the first years of the Strategy. While VCOSS does not question the importance of any of the six focus areas, there are important omissions from the list that should be included or receive increased emphasis.

**Promoting good mental health**

The focus of the consultation paper is fundamentally on physical health issues. Preventing mental illness should receive greater emphasis in the Strategy.

A focus on mental health is more timely than ever. We do not yet know the full impacts of COVID-19 on the mental health of the community. But we know it will be significant and long-lasting.

Experts are warning of likely increases in youth suicide, and high demand for mental health services.[[2]](#endnote-2) Community organisations are reporting more people are seeking help to manage mental distress because of the health crisis, the lock-down and financial distress. And this impact is likely to be felt for a long time. Suicide rates could remain high for as long as five years if the economic downturn is protracted.[[3]](#endnote-3)

There is good evidence that mental illness can often be prevented. But Australia directs most of its funding into clinical treatment and service delivery. Less than 2 per cent of the total mental health budget is dedicated to promotion and prevention.

Preventing mental illness requires us to build mental health literacy, enhance protective factors, minimise risk factors and address the social determinants of poor mental health, including insecure housing, poverty and trauma.

**Addressing the health impacts of climate change**

The World Health Organization described climate change as the defining issue for public health in the 21st century. It is an urgent challenge, with implications at the global, national and community level.

Heatwaves, sustained high temperatures and disasters such as bushfires, storms and floods have significant health impacts, and are expected to increase as the climate changes. Air pollution is also estimated to kill 3,000 Australians each year.[[4]](#endnote-4)

Access to clean water, and healthy, nutritious food is at risk, with heavy rainfall increasing risk of contaminated floodwater and bacterial infections, and heat stress and water scarcity impacting food production.

People on low-incomes or already vulnerable to health risks bear the largest burden of the changing climate.

Tackling the health impacts of climate change requires leadership from governments, to reduce emissions and support communities and low-income households to build climate resilience and adapt to the impacts of climate change.

**Tackling poverty to improve health**

Poverty has a profound impact on people’s health and wellbeing. In Australia, the higher your income and education level, the better your health will tend to be. People on low incomes, people in rural and remote areas and Aboriginal people, on average, have poorer health, die earlier and receive less healthcare than other Australians.

Australians aged 25-44 in the lowest socioeconomic group are nearly five times more likely to have a chronic health condition as those in the highest.[[5]](#endnote-5)

In turn, poor health can trap households in poverty, as healthcare costs, inability to work, stress and educational barriers add up.

“We know that lifting the incomes of people with the least has a huge benefit for people’s health. If you live in poverty, it is not only your bank balance that suffers. Your health, your education and your wellbeing also deteriorate.

We could do a lot for the health of the nation if we ensured that everyone can afford to eat three meals a day and keep a roof over their head.”[[6]](#endnote-6)

Raising the rate of income support and providing everyone with a financial safety net, is a crucial enabler of good health.

**Preventing gender-based violence**

Gender-based violence is a complex social problem with serious health consequences.

Intimate partner violence is the greatest health risk factor (greater than smoking, alcohol and obesity) for women in their reproductive years (18-44). Women who experience intimate partner violence are more likely to report poorer mental health, physical function, and general health, as well as higher levels of bodily pain.



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The goal of prevention is to make the attitudes and behaviours that drive gender-based violence visible and change them through the promotion of equal and respectful relationships.

Reducing gender-based violence would improve the health and wellbeing of women and children, and promote a more equitable society for all Australians.

1. National Health and Hospital Reform Commission, 2008. [↑](#endnote-ref-1)
2. Australian Medical Association, *Joint Statement: COVID-19 impact likely to lead to increased rates of suicide and mental illness,* 7 May 2020 <https://ama.com.au/media/joint-statement-covid-19-impact-likely-lead-increased-rates-suicide-and-mental-illness> [↑](#endnote-ref-2)
3. Ibid. [↑](#endnote-ref-3)
4. Environmental Justice Australia, *Clearing the air,* May 2014. [↑](#endnote-ref-4)
5. NATSEM, *Health lies in wealth: Health inequalities in Australians of working age,* Report No 1/10, September 2010, p. x. [↑](#endnote-ref-5)
6. Cassandra Goldie, Australian Council of Social Service, quoted in <https://www.croakey.org/calls-for-national-preventive-health-strategy-to-address-poverty-and-other-determinants-of-health/> [↑](#endnote-ref-6)