



Public Health Association
AUSTRALIA

NATIONAL POLICY DIRECTIONS 2019



Contents



Public Health Association AUSTRALIA

The Public Health Association of Australia (PHAA) has a broad membership of professionals, academics, and practitioners united in the purpose of advancing the health of all Australians, with a particular focus on our most vulnerable people. Equity and a philosophy of the greatest effort being focused on those in the greatest need is at the core of our work.

A major part of our effort is the development of policies to improve population health across a wide range of fields from anti-microbial resistance to environmental and climate issues, to injury prevention, healthy eating and much more.

With 2019 being a major election year, PHAA has published two policy documents: *Immediate Policy Priorities* and *National Policy Directions*.



Immediate Policy Priorities highlights five key issues that deserve urgent attention and serious commitments from political parties seeking to form the next Australian government. This document is high level and is intentionally limited in scope.



National Policy Directions is a longer document that captures all of the health policy issues of relevance to the federal sphere. Its directions are taken from the PHAA's complete policy portfolio of over 80 policy position statements. It is a comprehensive statement of important policy aims relevant to current and future Australian governments and health policy makers. National Policy Directions will serve as an easy, accessible guide to the range of our evidence based, fully referenced and authorised policy positions developed over many years.

PHAA's 2019 policy publications present essential proposals to improve the health of all Australians.

All PHAA policies - with further references - are available [online](#).

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A landscape for health and wellbeing

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Promotion of health and wellbeing

Health promotion and illness prevention have significant positive impacts on population health, and result in major cost savings and returns on investment for governments and the community.

Funding of health promotion and illness prevention in Australia is well-below the OECD average, and urgently needs long-term sustainable investment. In Australia funding is currently well below the level needed to secure social and economic benefits.

Best practice health promotion and illness prevention requires a multifaceted, population approach underpinned by strong leadership.

Addressing the underlying causes of ill-health and inequity is essential to creating social and physical environments that will promote and protect health.

Take action:

1. Commit 5% of national health expenditure to prevention through health promotion and illness prevention initiatives.
2. Establish a Health Promotion and Illness Prevention mechanism to guide strategic directions, prioritise actions, and allocate resources.
3. Consolidate government policy-making through a 'Health-In-All-Policies' approach, and adopt new major strategies on food and nutrition, alcohol and tobacco regulation.
4. Develop and implement a comprehensive and well-resourced National Strategy to promote physical activity.

More information: PHAA [Health Promotion and Illness Prevention policy position statement](#)

Illness prevention around the world

Every national health system spends heavily to treat immediate illness, but investing in preventing illness is more economically efficient and has far better long term health outcomes.

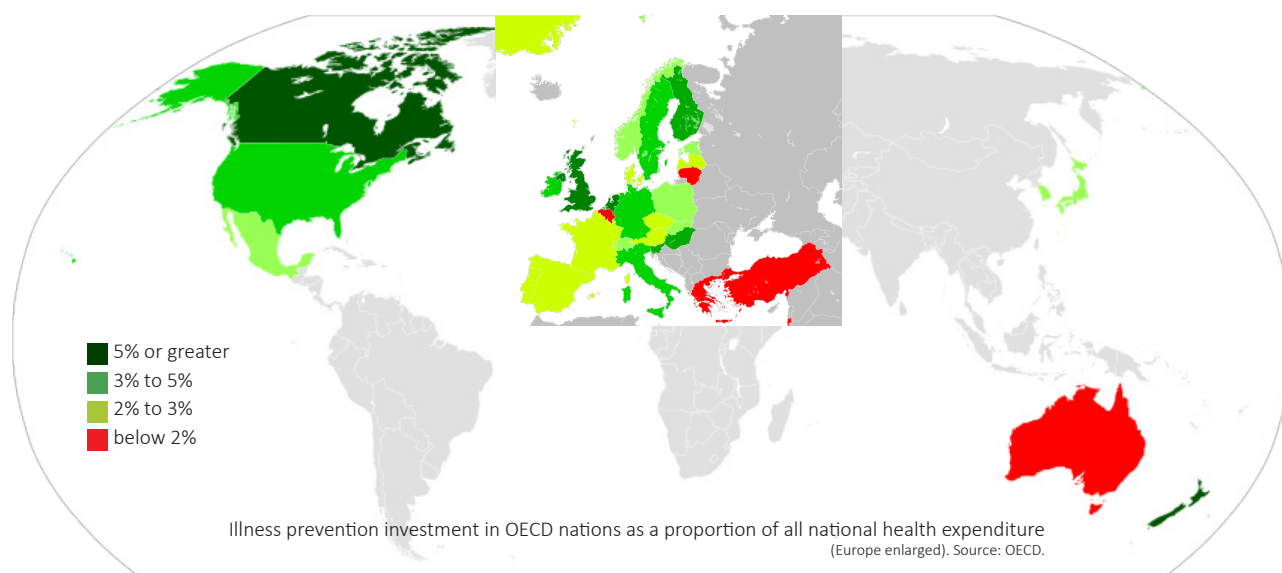
Global best practice in balancing prevention with treatment in national health spending is currently a prevention investment of around 5-6% of total health system expenditure. Future wellbeing investment at this scale is being achieved in Canada, New Zealand, and the UK. The USA is spending around 2.8% on prevention.

Australia's rate is a meagre 1.7% - one of the lowest levels of preventive health investment, as a proportion of total health system spending of any of the OECD economies.

This very low commitment to investing in prevention is causing a buildup of future illness including heart disease, diabetes, cancers, and many other chronic conditions, accompanied by economic costs from lower workforce participation and productivity.

Notwithstanding the social value of wellness, the financial logic for governments is clear: with budgets being continually strained by the rapidly growing costs of treatment, there is a compelling financial case for preventing future illness. Failing to invest now will generate major costs in treating preventable illness in the future.

» [Non-communicable diseases have been identified by the World Health Organisation \(WHO\) as one of the world's top 10 global health challenges of 2019 \(see page 4\).](#)



Political and economic drivers of health

Universal access to health care is a fundamental human right. Health equity should be a fundamental priority of government policy.

Health care services should be organised so as to contribute to high levels of social justice, equity, and cohesion, all of which have been proven to be beneficial to population health.

Private health insurance is an inefficient mechanism for funding health care services compared with universal public health insurance, and is associated with higher health care costs and greater inequity of access.

Gambling causes harm to the physical, social and mental health of communities, families and individuals. There is a strong need to emphasise the public health responsibilities of governments and policy makers to protect the health of communities. This includes improving regulation of the gaming industry through harm minimisation and product safety interventions and approaches.

The ability of governments to develop and implement policy that protects public health needs to be preserved in trade agreements. A fair regime of regulating trade, investment, and intellectual property should prioritise health, social, and ecological sustainability as well as economic development.

In international relations, Australia has legal and moral obligations domestically and globally for the health of those who live in Australia and the impacts of our actions on the health of others. Australia must meet its international obligations relating to international threats to human and environmental health, including the use of nuclear weapons and the elimination of landmines, cluster ammunition, and biological and toxic weapons.

Take action:

Health system policy

8. Commitment to maintain and strengthen universal and free point of delivery services in Medicare.
9. Develop and implement prospective health equity impact assessment protocols for significant public policies.
10. End subsidisation of private health insurance, and divert funds to more cost-effective health measures.

Gambling

11. Strengthen regulation of marketing of gambling to protect children and young people from exposure to advertising and promotion of gambling including through sport and other recreational activities.

12. Commit to measures to reduce the negative impacts of gambling on health equity, including increased income inequality.

13. Take specific measures to address:

- problem gambling among young men
- the mental health impacts, including broader societal impacts of problem gambling on families.

International relations and responsibilities

14. Support implementation of WHO Resolution 59.26, which mandates WHO to provide advice to governments regarding the implications of trade agreements for health.
15. Use 'free trade' and other international agreements to strengthen not weaken public health laws and programs in Australia and partner countries.
16. Review and update policies in response and preparedness to potential use of biological and toxin weapons including smallpox.
17. Ban anti-personnel mines and the production and use of anti-vehicle mines and anti-personnel mines - as required by the *Ottawa Convention 1997* and the *Convention on Cluster Munitions 2008*.
18. Sign and ratify the *Treaty on the Prohibition of Nuclear Weapons*.
19. Exclude any role for nuclear weapons in Australia's military policies and exclude Australian facilities and personnel from any role in military preparations to use nuclear weapons.

More information:

[International Health and Trade Agreements](#)
policy position statements

[Political Economy of Health](#)
policy position statements

Ecological and environmental basis of health and wellbeing

All governments and parliaments should recognise our serious current global environmental challenges.

Governments should acknowledge that Australia's current and future health depends on the integrity of our water supplies, long term food producing capacity, green spaces, and ecosystems for biodiversity.

Underpinning each of these issues is the condition of the climate, which will also impact on human safety from disasters and emergencies.

» [Air pollution and climate change has been identified by the World Health Organisation as one of the world's top 10 global health challenges for 2019 \(see page 4\).](#)

Protection of water supplies and catchment areas is required to ensure the quantity, quality, security, and affordability of drinking water for all communities.

Protection of our long term food producing capacity is being impacted by land use decisions, declining health of soils, irresponsible water and waste management, and declining wellbeing of our farming workforce.

Protection of our green spaces in our cities and ecosystems providing homes for our unique and diverse biodiversity is necessary for human health and wellbeing.

Protecting our climate from further greenhouse gas (GHG) pollution could be enhanced through renewable energy developments and a rapid transition of our export economy away from the supply of coal and gas to other countries.

Take action:

20. Establish a GHG emissions reduction strategy that recognises health aspects at all the levels (direct, indirect, and flow-on).
21. Develop and adopt a National Strategy on Climate, Health and Wellbeing for Australia ([see box](#)).
22. Implement a National Clean Air Agreement, including stronger air pollution controls.
23. Support initiatives for healthy built environments, including the promotion of walking, cycling, and public transport use.
24. Support action by all sectors to reduce ecologically unsustainable development, inequity, and overconsumption of global and national resources.
25. Issue no further uranium mining or uranium export licences, along with support for research and development of alternative nuclear medicine isotope production and diagnostic technologies.
26. Develop and implement a National Plan for Lead Prevention and Management under the *National Environmental Health Strategy*, to address individual and population level exposures to lead.
27. Develop and implement a policy on refugees dislocated by climate change impacts, particularly from Small Island Developing States in the Pacific region.
28. Allow no further development of new coal mines and other fossil fuel extractions.
29. Require manufacturers and importers (introducers) of all chemicals and chemical products to provide details of the risks to human health and the environment.
30. Adopt fuel standards for private and commercial vehicles that is at least equivalent to those in Europe so that Australia can benefit from pollution control technology as it becomes available.
31. Prioritise the protection of Australia's environmental health infrastructure in all decision-making.

More information:

[Ecology and Environment](#) policy position statements

The Framework for a National Strategy on Climate Health and Wellbeing for Australia, collaboratively developed by health groups, and endorsed by over 30 health organisations, calls on governments to:

- Establish national emissions reduction targets consistent with recommendations of the Climate Change Authority and based on Australia's fair share as a wealthy nation of the global task to reduce emissions
- Evaluate the economic savings from additional health benefits associated with a range of emissions reductions strategies through a national study
- Reduce deaths from air pollution by phasing out coal and strengthening national emissions standards for motor vehicles
- Prevent poor health associated with inadequate building standards by including climate resilience measures in the National Construction Code
- Avoid adverse health impacts from industry and infrastructure projects by incorporating health impact assessments in the evaluation of project applications
- Promote healthy, low emissions diets and lifestyles through provision of funding for public education campaigns
- Ensure health professionals are able to recognise, prepare for and respond to the health impacts of climate change through establishing a national education and training framework
- Monitor health impacts through the establishment of a national environmental health surveillance system which includes climate-related indicators
- Establish a Ministerial Health and Climate Change Forum consisting of Commonwealth and State/Territory Ministers with responsibility for Health, Environment and Energy.



Primary health care

Primary health care should be based on the interconnecting principles of equity, access, empowerment, community self-determination, and intersectoral collaboration.

Primary health care encompasses an understanding of the social, environmental, economic, cultural, and political determinants of health. Comprehensive primary health care incorporates health promotion, the prevention of illness, and primary clinical care. Universal access to primary health care contributes to the health of disadvantaged and vulnerable groups and is an essential responsibility of governments.

- » Weak delivery of primary health care has been identified by the World Health Organisation as one of the world's top 10 global health challenges for 2019.

Take action:

32. Develop and implement a National Primary Health Care Policy.
 33. Key preventive measures in all policies should include proposals from the WHO non-communicable diseases report on 'best buys'.
 - 33a. Fully fund and implement key existing protective strategies:
 - *Third National Hepatitis B Strategy 2018-2022*
 - *Fifth National Hepatitis C Strategy 2018-2022*
 - *Eight National HIV Strategy 2018-2022*
 - *Australian Antimicrobial Resistance Strategy 2015-19*
- » HIV has been identified by the World Health Organisation as one of the world's top 10 global health challenges for 2019.

More information:
[Primary Health Care](#)

WORLD HEALTH CHALLENGES FOR 2019

The top 10 global health challenges identified by the World Health Organisation for 2019 are:

- » Air pollution and climate change
- » Non-communicable diseases
- » Global influenza pandemic
- » Fragile and vulnerable settings
- » Anti-microbial resistance
- » Ebola and other high-threat pathogens
- » Weak primary health care
- » Vaccine use hesitancy
- » Dengue fever
- » HIV

Source: www.who.int/emergencies/ten-threats-to-global-health-in-2019

Immunisation

Evidence demonstrates the benefits of immunisation as one of the most successful and cost-effective health interventions ever undertaken.

Vaccination against a specific disease not only reduces the incidence of that disease, it also reduces the social and economic burden of the disease on communities. Very high immunisation coverage can lead to the complete blocking of transmission for many vaccine preventable diseases.

Multiple strategies are needed to improve immunisation uptake in socially disadvantaged communities, communities influenced by groups opposed to vaccination, and where coverage is low in specific age groups and for specific vaccines.

Take action:

34. Provide tax-payer funded National Immunisation Program vaccines for those who live and work in Australia but who are ineligible for Medicare.
35. Provide funded vaccines for those with medical conditions putting them at highest risk of disease.
- » Vaccine use hesitancy has been identified by the World Health Organisation as one of the world's top 10 global health challenges for 2019.

More information:
[Immunisation](#)

Oral Health

Oral health is fundamental to overall health, wellbeing and quality of life.

Tooth decay is the most prevalent health condition in Australia. However, oral diseases are amenable to prevention if there is a proportionate universalism approach.

All Australians should have access to high quality, person-centred, culturally appropriate, safe, affordable, timely, and cost-effective oral health care.

Take action:

36. Implement 'Denticare' as part of Medicare – a phased in and initially targeted universal and equitable dental system for all Australians.
37. Abolish the rebate for private health insurance on dental services and redirect the funding to oral health services for Australians on low incomes.
38. Fully implement the *National Oral Health Plan 2015-2024*.

39. Develop a national oral health surveillance system based on the suite of indicators used in the reports prepared by the Oral Health Monitoring Group on the implementation of the *National Oral Health Plan 2015-2024*.
40. Double the number of infants and children who access oral health services through:
 - extension of the community water fluoridation program to all communities with populations of 1,000 or more
 - implementation of school-based prevention programs that target children at highest risk
 - changes to maternal and child health checks to include simple oral health checks and education
 - greater promotion of the Child Dental Benefits scheme

More information:
[Oral Health](#)



Food and Nutrition

Dietary and nutritional habits are a major driver of future illness. Reducing dietary excesses and improving dietary balance overall is therefore a major public health priority.

Contemporary food and nutrition strategies should be underscored by four pillars: health; equity; environmental sustainability; and monitoring, surveillance and evaluation, and be consistent with the National Health and Medical Research Council's *Australian Dietary Guidelines* (ADG).

Marketing of unhealthy foods and beverages should be regulated through legislation by governments, independent from industry, because it has a detrimental impact on children's food choices and health.

The 1992 *National Food and Nutrition Policy* should be updated and expanded to align with the food and nutrition policies and recommendations of the World Health Organization, the United Nations Standing Committee on Nutrition, and the UN Food and Agriculture Organization.

Simple and reliable information on food content is needed to assist consumers to make healthy food choices.

Take action:

41. The Australian Government should create a National Food and Nutrition Policy with the following elements:
 - a national regulatory approach including legislation, to effectively reduce children's exposure to unhealthy food and beverage marketing including television and online marketing, and children's settings
 - revised NHMRC *Australian Dietary Guidelines*
 - results of a review of Nutrient Reference Values, including macronutrients
 - a health levy on sugary drinks
42. The Australian Government should support the states and territories to adopt obesity prevention strategies that focus on tackling childhood overweight and obesity through:
 - mass media campaigns to raise and maintain public awareness
 - specific social media campaigning relating to sugar-added beverages
 - policies that encourage healthy eating within schools and government bodies
 - maternal childhood health programs to improve early childhood nutrition

- infrastructure that supports active transport to schools and workplaces.

43. The Health Star Rating scheme should be improved by:
 - updating the algorithm to include accounting for added sugars
 - demarcating 'five food group' foods from discretionary foods
 - making the system mandatory
44. Improve food labelling by:
 - strengthening Food Standard ANZ's *Australia and New Zealand's Standard 1.2.7 (Nutrition, health and related claims)* to ensure it is consistent with the advice of the Australian Dietary Guidelines
 - strengthening labelling for added sugar and salt in foods
 - improving labelling of all ingredients (including refined ingredients) originating from genetically modified organisms (including micro-organisms) and from animals fed with genetically modified feed
 - improving labelling of all individual oil sources including country of origin to support sustainable palm oil
45. Establish a climate change and food security taskforce to develop a national food and nutrition security policy.
46. Strengthen pre-approval of all health claims made in regard to food and beverages.
47. Improve public policy making by:
 - adhering to the WHO Technical Guidance on managing conflicts of interest in nutrition policy decision-making and programme implementation
 - reforming the current public/private partnership approach to nutrition policy in Australia
48. Regular national monitoring and surveillance of population food and beverages intake through National Nutrition Surveys.

More information:

[National Nutrition Strategy for Australia](#)
[Marketing of Food and Beverages to Children](#)
[Prevention and Management of Overweight and Obesity](#)
[Food and Nutrition](#) policy position statements

Mental health and wellbeing

Improving population mental health will require promotion, prevention, treatment of mental illness or disorder, and supporting recovery.

Australian mental health services and supports are disjointed and inefficient, and reforms to funding, service provision, and accountability are needed.

Inter-sectoral strategies are required to create living and working conditions and environments supporting mental health and promoting healthy lifestyles.

Take action:

Mental wellbeing

49. Governments should mandate a 'mental health in all policies' approach to all public policy and service delivery and procurement within public/private sector partnerships.
50. Provide funding to promote mental health, prevent mental illness, and for early intervention and treatment including mental health services and housing/disability support resources.
51. Include mental health in all forms of physical health programmes including chronic disease initiatives, and specific programs to reduce stigma and discrimination, and build social inclusion of people with mental illnesses, including access to the National Disability Insurance Scheme.
52. Better resource services for people and communities with higher mental health risks, including for young people, Aboriginal and Torres Strait Islander communities, gender and sexuality diverse young people, people who are homeless, asylum seekers and

refugee communities both on- and offshore, persons within justice and detention systems, and other high-risk groups as further identified by Australian Bureau of Statistics data.

53. Increase accountability for mental health services funding to ensure evidence-based and informed resources are positively impacting the lives of consumers and carers. Implement minimum contracting for three years with operational supports included in terms.
54. Support the practice of peer support work.

Suicide prevention

55. Support and fully resource comprehensive national suicide prevention strategies including:
 - Australian Government's *National Suicide Prevention Strategy 2015*
 - *Living is for Everyone Framework*
 - *Fifth National Mental Health Strategy*
56. Develop specific strategies for high suicide risk groups including middle and 80+ aged men.
57. Resource ongoing state and territory level mental health suicide prevention policies and plans.
58. Further resource and expand the National Suicide Prevention Trial delivered through Primary Health Networks.

More information:

[Mental Health](#)

[Suicide Prevention](#)

all [Mental Health](#) policy position statements

Injury Prevention

Injuries are the single highest cause of death for Australians under 35 years of age, and represent a major national public health burden.

Preventing injuries is cost effective and reduces demands on hospitals, general practitioners, and other medical services. Funding is required for a nationally coordinated injury prevention program.

Take action:

59. Develop and implement a new National Injury Prevention and Safety Promotion Plan.
60. Include injury indicators in Australian Health Care Agreements.

61. Ensure comprehensive and consistent implementation of the *National Firearms Agreement*.
62. Ensure that any industry-based firearms advisory council only has a role relating to advice on technical matters, but not policy issues. Any group advising on firearms policy should not include representation from the firearms industry.

More information:

[Injury Prevention and Safety Promotion](#)

[Firearms Injuries](#)



Alcohol, tobacco, and other drugs

Substance misuse should be treated as a health issue.

Consistent with Australia's *National Drug Strategy 2017-2026*, the PHAA supports a comprehensive approach to prevention, treatment, support services, and research to minimise harm from alcohol, tobacco, and other drugs.

This needs to be adequately resourced and include a range of strategies aimed at building resilience, maximising protective factors, minimising risk factors, and providing support to individuals, families, and communities.

Marketing and availability of alcohol and tobacco should be regulated through legislation, independent from industry.

Take action:

Alcohol

63. Close the loophole in the *Commercial Television Industry Code of Practice* that allows alcohol advertising during sports broadcasts on weekends and public holidays.
64. Replace industry self-regulation with legislated controls on all forms of alcohol marketing, with a focus on protecting children from alcohol promotion.
65. Phase out alcohol sponsorship of sporting and cultural events that expose young people to promotion.
66. Initiate and sustain social media campaigning to impart messages relating to alcohol use.
67. Introduce counter-advertising on all forms of alcohol and junk food marketing with health messages that properly inform consumers of the harmful nature of the products.
68. Strengthen warning labels on alcoholic beverages to increase awareness of the risks of alcohol.
69. Establish specific programs for the prevention and management of Fetal Alcohol Spectrum Disorders.
70. State and territory governments should act to provide greater powers for local communities over the number, size, and type of new alcohol outlets in their local areas. Governments should allow local communities to declare Local Alcohol Control Areas where there is a high level of harm from existing alcohol outlets.
71. Establish national guidelines on alcohol outlet density and trading hours in addition to a cohesive policy among liquor licensing agencies, planning departments, and local governments to support approaches to minimising harm from alcohol.
72. Improve data collection including wholesale alcohol sales data to support the monitoring of trends in alcohol use and harms, and the evaluation of

interventions to reduce alcohol-related harms.

73 Reform alcohol taxation to:

- introduce volumetric taxation across all alcohol products, with tax increasing for products with higher alcohol volumes (note: as part of this reform, remove the Wine Equalisation Tax)
- introduce a floor price on alcohol.

Tobacco

77. Ban all forms of tobacco advertising and promotion, including any remaining promotions at the point of sale and elsewhere, public relations and lobbying, and political donations.
74. Initiate and sustain social media campaigning to impart messages relating to tobacco use (including vaping).
75. Extend coverage of the *Guiding Principles for Smoke-Free Public Places and Workplaces Legislation* to cover a National Code of Practice or regulatory model for use in states and territories that unequivocally prohibits all exposures to tobacco smoke in public places, workplaces and open space, especially where children may be present.
76. Fully implement the World Health Organization *Framework Convention on Tobacco Control*, in particular article 5.3 which protects tobacco control policies from commercial and other vested interests of the tobacco industry.
78. Support the precautionary approach the use, promotion, and availability of e-cigarettes in Australia, with proper examination by the Therapeutic Goods Administration of all health claims made about e-cigarette products.

Other drugs

79. Support continuation of Needle and Syringe Programs and Medically Supervised Injecting Centres, and extend availability to those in prison.
80. Maintain and regularly review the *National Drug Strategy* to prioritise health, social, and economic outcomes.
81. Support medically supervised pill testing as part of Australia's harm-minimisation approach to drug use.
82. Develop and implement an updated *National Pharmaceutical Drug Misuse Framework*.

More information:

[Alcohol](#)

[Illicit Drugs](#)

[Tobacco Control](#)

Gender is a significant component of health-related patterns of morbidity and mortality, life expectancy, quality of life, access to health care, health promotion, healthy lifestyles and physical, mental and emotional wellbeing.

Women and men should be empowered with adequate fertility and pre-conception health-related knowledge to enable informed reproductive decisions.

All forms of contraception should be affordable, and governments should ensure universal access, particularly for priority groups such as low-income women and adolescents. Improved access to and uptake of contraception is associated with lower rates of unintended pregnancy.

Universal access to safe, legal abortion services is essential to optimal reproductive health outcomes including reducing maternal morbidity and mortality globally. Breastfeeding is the natural - and normally the most healthy - way for human babies and toddlers to be fed. Although most mothers in Australia initiate breastfeeding, the majority cease exclusive breastfeeding earlier than recommended.

Domestic and family violence is a key determinant of women's and children's health. Violence against women is the biggest contributor to ill health and premature death in women aged 15-44 years. Exposure to domestic and family violence has serious, often long-term negative effects on children's physical and social development.

Take action:

Sexual and reproductive health

83. Develop and implement an integrated sexual and reproductive health and education strategy.
84. Medicare rebates for abortion should be sufficient to prevent cost presenting a barrier to access.
85. Medicare rebates and pharmaceutical benefits must be sufficient for contraceptive consultations, prescriptions, and administration to prevent cost presenting a barrier to access.
86. Establish national data collections to fill gaps in current information including data on emergency contraception use and prevalence and frequency of female genital mutilation.

Breastfeeding

87. Establish a national committee, supported by state and local area committees, to devise and co-ordinate a strategic approach to promoting, protecting, and supporting breastfeeding in Australia.
88. Implement Baby Friendly Health Initiatives in every maternity hospital in Australia to encourage breastfeeding as the norm.
89. Fully implement the World Health Organization's *International Code of Marketing Breast Milk Substitutes*.

Domestic Violence

90. Fully implement and resource the *National Plan to Reduce Violence Against Women and Their Children 2010-2022*.
91. Create a Medicare item number for domestic and family violence related general practitioner consultations.

More information:

[Breastfeeding](#)

[Fertility and Preconception Health](#)

[Women's Health](#) [policy position statements](#)

Aboriginal and Torres Strait Islander health

The 'Gap' in wellbeing between Aboriginal and Torres Strait Islander people and other Australians is the most serious population health failure that Australia is experiencing.

PHAA supports the principles of the *Uluru Statement from the Heart*, and the *Close the Gap Declaration*.

Policies to improve Aboriginal and Torres Strait Islander health and wellbeing must build on evidence-based approaches and be developed in collaboration with Aboriginal and Torres Strait Islander communities in a way that strengthens and supports culture, health, and capacity.

Projects should be multi-strategy and community-led to address local issues, in recognition of the heterogeneity of the Aboriginal and Torres Strait Islander communities in Australia. These communities are found throughout Australia, from major cities to very remote areas, and each has different needs and resources.

There is a need to facilitate the provision of a multifaceted range of services within communities, and aim for equitable levels of service delivery across the nation.

A holistic approach is required, including socioeconomic, cultural, emotional and trauma, grief and loss, and valuing Indigenous knowledge and cultural beliefs and practices.

A strengths based approach is important, recognising, building on and validating good practice led by Aboriginal and Torres Strait Islander people. This requires longer term funding and sustainability to achieve long term goals, and therefore funding should not be short term, and should facilitate a partnership approach to implementation.

PHAA also advocate for governments to act on the 10 actions outlined in the First Nations Wellbeing Statement, and the implementation of the 17 recommendations in *Solutions That Work: What The Evidence And Our People Tell Us, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report*.

Take action:

92. Deliver the initiatives developed under the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*.
93. Implement the *National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014-2019*.
94. Provide targeted efforts to reduce the higher burden of substance use among Aboriginal and Torres Strait Islander communities.
95. Implement the 17 recommendations in *Solutions That Work: What The Evidence and Our People Tell Us, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report*.
96. Resource comprehensive national level suicide prevention strategies for Aboriginal and Torres Strait Islander people, including the measures outlined in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* and the *2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*.

More information:

[First Nations Wellbeing Statement](#)

Health in the justice system

Under the *United Nations Standard Minimum Rules for the Treatment of Prisoners*, health care services in criminal justice settings should be equivalent to those available in the community.

Currently there are inequities which if addressed would improve prisoner health, public health, and reduce reoffending behaviour. There needs to be a greater focus, in collaboration with Aboriginal and Torres Strait Islander organisations, on the underlying social issues which lead to higher levels of incarceration of Aboriginal and Torres Strait Islander youth and adults.

Investment in interventions to prevent offending and subsequent imprisonment could provide significant social and economic benefits.

Take action:

97. Implement all recommendations from the *Report of the 1996 Royal Commission into Aboriginal Deaths in Custody*.
98. Add 'justice targets' to the Closing the Gap targets, with specific measures to eliminate over-representation of Aboriginal and Torres Strait Islander people at every level of the criminal justice system.
99. Allow specific Medicare and Pharmaceutical Benefits Scheme items to be available to those in custody.
100. Develop a national approach to establishing minimum standards to protect, promote, and maintain the health and well-being of prisoners.
101. Examine the concept of 'justice reinvestment' as a proposal for reducing incarceration rates, including for Aboriginal and Torres Strait Islander people.

More information:

[Prisoner Health](#)

[Incarceration of Aboriginal and Torres Strait Islander Peoples](#)

Refugee health and wellbeing

Australia has legal and moral obligations domestically and globally for the health of those who live in Australia and the impacts of our actions on the health of others.

Refugee and asylum seeker policies and service provision should be underpinned within a human rights framework, providing a humane, equitable, and compassionate approach. Refugees and asylum seekers should be offered the same level and type of health care as the general population, including health promotion, disease prevention, and treatment services including continuity of care.

Prolonged immigration detention continues to have a detrimental impact on the mental health of asylum seekers.

Take action:

102. Provide adequate and equitable health services for all refugees and asylum seekers either in Australia or in overseas detention centres established by Australia's actions.
103. Support all asylum seekers with the right to work, housing services, financial support, access to education and English language tuition, interpreting, translating, and legal services equivalent to humanitarian entrants.
104. Implement the recommendations made by the Royal Australasian College of Physicians, in relation to the health needs of refugee and asylum seeker children and unaccompanied minors.

More information:

[Refugee and Asylum Seeker Health](#)





Public Health Association
AUSTRALIA

KEY POLICY PRIORITIES

FOR THE 2019 FEDERAL ELECTION

- ✓ A national health system where at least 5% of health spending is invested in preventing illness
 - Protect children from advertising of tobacco, alcohol and junk food products ✓
- ✓ Help people take action on the key preventable diseases through sustained social marketing campaigns
 - Target Aboriginal and Torres Strait Islander people's health in the crucial adolescent years ✓
- ✓ Hand on a healthy world: serious steps to ensure a healthy environment for current and future generations

