



## 2017 WA Election Platform

### About PHAIWA

The Public Health Advocacy Institute of Western Australia (PHAIWA) aims to raise the public profile and understanding of public health, develop local networks and create a state-wide umbrella organisation capable of influencing public health policy and political agendas.

PHAIWA focuses on a number of areas of public health advocacy activity. These range from providing general advocacy processes for public health, conducting advocacy related research and project, building capacity within the public health workforce for more effective advocacy lobbying and communicating through our partners and the media.

PHAIWA design and implement projects and research to improve public health advocacy practice and strengthen the evidence base for public health and advocacy and policy initiatives.

### Political Asks

We have identified six priority areas where investments and commitments can be made to ensure the health and wellbeing of all West Australians.

- Political Ask One – Public Health at the Local Government Level
- Political Ask Two – Public Health for Aboriginal West Australians
- Political Ask Three – Improving Prevention at the State Level
- Political Ask Four – Low Cost Partial Solution to Reducing Obesity
- Political Ask Five – Reducing Fetal Alcohol Spectrum Disorders
- Political Ask Six – Supporting Road Crash Survivors

## Political Ask One – Public Health at the Local Government Level

### Facts

Local government plays a key role in creating the environment for communities to prosper and enjoy improved health and wellbeing. The Public Health Act 2016 <sup>1</sup> requires councils to prepare an evidence based and community driven health and wellbeing plan or include health and wellbeing matters in their council plans.

### ASKS

Support local governments to develop public health plans through:

- Urgently releasing the State Public Health Plan.
- Provide funding options to support local governments to develop and implement Public Health Plans.

## Political Ask Two – Public Health for Aboriginal West Australians

### Facts

There is an overwhelming body of evidence testifying that Aboriginal Australians experience poorer health, education and employment outcomes than any other population group in Australia. <sup>2,3,4</sup> The links between poor environmental conditions such as dust, poor housing and lack of access to sanitation to poor health are clear. <sup>5</sup>

While the Aboriginal environmental health workforce is one of the principal and crucial elements in improving the health of Aboriginal people, it is often a workforce that is the least prepared educationally, the least supported professionally, and the least rewarded financially. <sup>6</sup> The Aboriginal environmental health workforce requires adequate and appropriate educational opportunities tailored to their professional needs to remain a high priority.

### ASKS

- All Aboriginal Environmental Health Workers should be offered basic literacy skills (where necessary).
- Specific environmental health education and training pathways need to be maintained and improved to ensure all aspects of basic environmental health in Aboriginal communities is maintained.
- The WA Health Department continue to provide the financial support to employ and grow the Aboriginal Environmental Health Workforce.

## Political Ask Three – Improving Prevention at the State Level

### Facts

The cost to the Australian health care system [of non-communicable diseases] is large and growing. If we took prevention and health promotion far more seriously, we could do a lot better. These statements are supported by the findings of Vos, who undertook a comprehensive evaluation of health prevention measures involving input from 130 top health experts identified the illness

prevention measures will prevent the most illness and premature deaths and those that are best value for money.<sup>7</sup>

## ASKS

Continued support for education, programs and services that focus on prevention of chronic disease through:

- Maintaining and where possible increasing the prevention workforce
- Maintaining funding for strong, evidence-based public education and health promotion programs, including specific campaigns for at-risk groups.

## Political Ask Four – Low Cost Partial Solution to reducing Obesity

### Facts

In 2015, 27% of Western Australians aged 16 and over were obese, while 40% were overweight. That is a lot of people who are at greater risk of illness. In 2014, 9% of Western Australian children and teenagers were obese, while 14% were overweight.<sup>8</sup> Figures such as this make Australia one of the heaviest nations in the world. Obesity carries significant health risks for heart disease and stroke, diabetes, high blood pressure, some cancers as well as a range of other chronic diseases.<sup>9</sup>

### ASKS

- Mandate robust menu labelling in quick service restaurants as a precursor to additional strategies such as restrictions on advertising and marketing of junk food to children and pricing and taxation changes to encourage healthier eating.
- Introduce mandatory KJ menu labelling for all quick service food outlets.
- Introduce additional measure to require menu labelling that features the interpretive Health Star Rating element.

## Political Ask Five – Reducing Fetal Alcohol Spectrum Disorders (FASD)

### Facts

In a regional area of WA, as many as 1 in 5 children (19%) have been diagnosed with FASD<sup>10</sup> and 1 in 8 with Fetal Alcohol Syndrome.<sup>11</sup> These are among the highest rates in the world. FASD can result in a wide range of problems including learning difficulties, reduced capacity to remember tasks from day to day, anger management and behavioural issues. A program called 'Making FASD History' has worked in increasing awareness about the dangers of drinking during pregnancy and reducing incidence of FASD in the Kimberley and Pilbara.<sup>12</sup>

### ASKS

- Support WA to lead Fetal Alcohol Spectrum Disorders prevention.
- Maintain and extend the community-led 'Making FASD History' strategy.
- Ensure that FASD-related impairments are eligible for the WA NDIS Support to coordinate regional FASD-related services.

## Political Ask Six – Supporting Road Crash Survivors

### Facts

As of 14 December, 182 lives have been lost on WA roads in 2016.<sup>13</sup> In addition, 6385 people were hospitalised in WA in 2012 as a result of transport crash.<sup>14</sup> Road crashes are associated with significant psychological distress.<sup>15</sup> For example, research studies in Australia have indicated that 8-29% of road traffic crash survivors develop posttraumatic stress disorder.<sup>16</sup> The World Health Organisation describes mental health care as a key component of the post-crash response.<sup>17</sup> To facilitate post-crash support, Victoria provides direct post-traffic incident reporting to Road Trauma Support Services. WA has no such formal referral pathway to ensure that those impacted by road crash receive appropriate post-crash counselling support.

### ASKS

- Support the development and implementation of a formal State-wide referral pathway for anyone affected by road trauma in Western Australia.

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