



**Public Health Association**  
AUSTRALIA

# **Striving towards a healthier Western Australia: 2021 and beyond**

**PHAA WA Election Platform | #ThinkPublicHealth**



**01** Increase investment  
in prevention



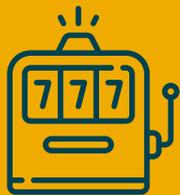
**02** Reduce harm  
from alcohol



**03** Protect kids from  
unhealthy advertising



**04** Raise the age of  
criminal responsibility



**05** Say no to electronic  
gaming machines



**06** Leave a healthy environment  
for the next generation

# The Public Health Association Australia (WA Branch) seeks the following commitments:

## 01 Increase investment in public health prevention and promotion for a sustainable future health system.

### *This includes:*

1. Increase investment in health prevention to at least five per cent of the total health budget by July 2029, including investing in the state's public health workforce;
2. Increase investment in mental health prevention to five per cent of the total Mental Health Commission budget by 2025; and,
3. Maintain Healthway's activities, funded at no less than the current level with indexation.

Investing in prevention is necessary for the WA Government to address the preventable human and financial costs to the State, and to continue to be a global leader in reducing disease. Maintaining appropriate funding for Healthway is fundamental to a sustainable WA health system.

## 02 Introduce a minimum unit price for alcohol.

There is a strong link between alcohol price, alcohol use, and alcohol-related harm. Australian and international evidence shows that minimum pricing would save lives, reduce hospital admissions, and cut crime. By setting a minimum unit price below which alcohol products cannot be legally sold, we can stop the alcohol industry from pushing cheap alcohol on the WA community and our most vulnerable citizens.

## 03 Introduce an immediate ban on advertising of unhealthy food and drinks on State-owned assets.

The costs to the WA health system from obesity related admissions are steadily rising. WA children are being targeted with unhealthy food marketing, which impacts on their health. A ban on advertising of unhealthy food and drinks on all State-owned assets would support broader obesity prevention and alcohol-related harm strategies.

## 04 Raise the minimum age of criminal responsibility to 14 years.

Preventing children from entering the criminal justice system by increasing the age of criminal responsibility to 14 will help reduce health inequity between Aboriginal and non-Aboriginal Western Australians, prevent childhood trauma, and reduce the risk of long-term justice system involvement.

## 05 Keep the current restrictions on electronic gaming machines in WA.

Gambling causes harm to the physical, social and mental health of families, communities, and vulnerable groups. By supporting a ban on electronic gaming machines, WA is leading the way in minimising the uptake of gambling and the health and social impacts it has on individuals, families and the wider WA community.

## 06 Act on climate change, with a target of net zero emissions by 2050.

Climate change is now having significant impacts on physical and mental health in Australia. We need to urgently protect human health along with our environment. All state and territory governments have committed to net zero emissions by 2050, and a range of recent WA reports will provide a basis for election commitments. We ask that the health sector play its part in reducing its own emissions, and contribute strongly to designing and implementing adaptation plans for the changing climate.

## Introduction

The COVID-19 pandemic has shone a light on the importance of public health in keeping Western Australians healthy and safe. Western Australia's (WA) management and response to the COVID-19 pandemic has surpassed almost any other jurisdiction in the world, and has been led by reliance on public health advice and expertise and a strong, high-performing public health workforce.

COVID-19 has taken its toll on almost all aspects of life, and has had a significant economic impact on state and territory and federal budgets. However, strong public health policies not only produce enormous health gains, but are also cost-effective, reducing financial burdens on already stretched health systems.

The COVID-19 pandemic is far from over, and all the disease and injury that existed before the emergence of COVID-19 continues to burden the WA community. The incoming WA Government will need to have a strong plan for a post-COVID recovery, and this plan must have public health and prevention at the centre. We need to let go of the 'old normal' and help to shape a much healthier 'new normal' which will protect the health and wellbeing of all Western Australians for years to come.

This report summarises the Public Health Association Australia (PHAA) WA Branch's key action areas. If introduced, the policies will work to keep Western Australian's healthy and safe, benefit groups in our community that are carrying a disproportionate burden of disease, and reduce the high economic burden of preventable death and disease on our health system and economy.

The action areas in this document are based on evidence, and have been collated after consultation with our members and experts in public health in WA. Many of the action areas are in line with recommendations in the Sustainable Health Review Final Report, as well as state, national, and international best practice policy recommendations.

A sustainable health system and a healthy WA community will be impossible to achieve without adequate investment in public health prevention and promotion. The incoming WA Government must take its responsibility to fund prevention seriously. Increased investment in our public health workforce will be essential to not only effectively manage COVID-19 and other infectious diseases, but address the priority issues outlined in this document.

**PHAA WA Branch urges all parties, for the safety and health of our community, to support the important actions outlined in this report.**

## About PHAA

PHAA is our nation's peak body for public health. We advocate for the health and wellbeing of all Australians. We lead the conversation in public health policy across Australia, and our work is based on evidence-based policy statements which are developed collaboratively with our members, branches and Special Interest Groups.

Our 1700 individual members represent over 40 professional groups interested in the promotion of public health. We have branches in every State and Territory. The branches work with the National Office to provide policy advice, organise events and mentor young public health professionals. We also have 18 Special Interest Groups which focus on developing policy on a wide range of public health issues.

# Increase investment in prevention



# Increase investment in public health prevention and promotion for a sustainable future health system

**The Public Health Association of Australia (WA Branch) seeks a commitment to increasing investment in public health prevention and promotion to ensure a sustainable and healthy future for WA. This includes:**

1. Increase investment in health prevention to at least five per cent of the total health budget by July 2029, with a commitment to:
  - a. Immediately commence reporting on baseline prevention expenditure, and ongoing reporting of annual expenditure (including details of the methodology used for calculation).
  - b. Increase investment in the state's public health workforce, including higher educational opportunities, workforce training, attraction and retention, and workforce positions.
  - c. Employ additional Aboriginal staff, including in leadership positions, to meet the WA health system target of 3.2 per cent of Aboriginal employees by 2026.
2. Increase investment in mental health prevention to five per cent of the total Mental Health Commission budget by 2025.
3. Maintain Healthway's activities, funded at no less than the current level with indexation.

## What is the policy context?

These asks are in line with the recommendations made in the Final Report of the WA Sustainable Health Review 2019 and the Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (The Ten Year Plan).

## Why is this needed?

### **Funding commitments**

Sustainable health and mental health systems provide benefits to the WA community not only now, but for generations of Western Australians to come. The WA health and mental health systems face enormous financial pressures and a growing disease burden associated with increased chronic disease and mental health challenges, an ageing population, and widening health inequities. Expenditure on health in WA is projected to increase to almost 40% of the State budget by 2026-27.<sup>4</sup> The WA mental health system also currently relies heavily on acute, hospital-based services which means people often need to reach crisis point before they can access help, and which take people away from their homes and communities, while also being expensive to run.

Investment in the prevention of ill health and mental ill health makes good economic sense,

and ensures the sustainability of WA's health system. There is a compelling financial case to prevent future illnesses. Improvements in public health can be quantified economically and have been shown to make an excellent return on investment.<sup>1</sup> Similarly, there is excellent return on investment for many mental health prevention initiatives.<sup>2,3</sup>

Prevention investment of at least five per cent is considered best practice, and is in line with countries such as Canada, New Zealand, and the United Kingdom. It was the first recommendation in the Sustainable Health Review Final Report.<sup>4</sup> In maintaining the commitment of increasing expenditure to at least five per cent, WA will be setting the precedent for the rest of Australia. It will also enable the state and the public health workforce to better tackle health inequities across the state, ensuring a fairer health system for all. This has never been more important than now given the current public health crisis arising from the COVID-19 pandemic.

We also know that it is vital to increase investment in mental health prevention to ensure the best mental health outcomes for WA communities.<sup>5</sup> The WA Government has a blueprint for investment at its fingertips in The Ten Year Plan, and must now commit to making these plans a reality, for the health and wellbeing of the WA community.

## Public health workforce

Investment in the public health workforce is also vital for resilient and sustainable health and mental health systems in WA. The COVID-19 pandemic has shone a light on the value of public health in Australia and globally, with calls for increased investment and commitment to the public health training and workforce capacity.<sup>6</sup> Investment in public health has been identified as the best value and least costly insurance that governments could take out against future outbreaks.<sup>7</sup>

The NSW Public Health Training program<sup>9</sup> provides a viable model for replication in WA to support and enhance the public health workforce. This is a three year workplace-based training program offering a supervised learning experience for people who have completed postgraduate studies in public health and are committed to a career in public health. Trainee Public Health Officers are given the opportunity to work across a range of workplace settings in population health. Learning is guided by a competency framework and the strategic and operational priorities of the health system.

A particular focus is needed on increasing the Aboriginal public health workforce. Aboriginal and Torres Strait Islander health workforce is an essential part of ensuring health care provision is culturally safe.<sup>8</sup> As noted in the Sustainable Health Review Final Report, having a greater number of Aboriginal people in the workforce will improve the knowledge and understanding of Aboriginal health issues.<sup>4</sup>

A commitment to increasing the expenditure in preventive health and mental health is necessary for the WA Government to address the preventable human and financial costs to the State, and to continue to be a global leader in disease prevention. Genuine, long-term, sustained and sufficient funding for prevention is imperative in our State, with a focus on priority groups, funding the public health workforce, and achieving equity for all.

## Healthway

Healthway's role as defined in the *Western Australian Health Promotion Foundation Act 2016* (WA) is to "promote and facilitate in Western Australia good health and activities which encourage healthy lifestyles." Preventing and reducing modifiable risk factors for ill health is a central tenet of Healthway's remit, and the imperative to continue this focus is even

greater in the wake of the WA Sustainable Health Review and the broader impacts of the COVID-19 pandemic.

In accordance with the Act, the promotion of healthy lifestyles is an essential criterion governing the funding dispersed by Healthway through health promotion project grants, health promotion research grants and funding of sport, arts and community events and programs. There is a strong and intentional focus on high priority preventable health issues (currently healthy eating, physical activity, alcohol, mental health and tobacco) and vulnerable population groups (e.g. Aboriginal and Torres Strait Islander people; people disadvantaged through economic, physical, cultural, social, or educational factors) where greatest health inequities exist.

As part of its multi-faceted research program, Healthway has contributed towards the development of a strong evidence-base for health promotion action and has been instrumental in supporting policy and legislative changes in relation to tobacco, alcohol, road safety, sun protection and built environmental influences on health, and has facilitated the widespread adoption of structural changes to create a healthy environment. Healthway plays a critical role in protecting the community from the challenging and prevailing commercial interests in sport, arts, racing and community events through reducing exposure of unhealthy products in places where people recreate.

Healthway's local investment in prevention research and its focus on translation has resulted in an acceleration of research into practice in WA. Additionally, over time, Healthway's research program has become focal to health promotion in WA, and is building research capacity through its project and research funding, scholarships and training programs, thereby creating a strong public health workforce dedicated to prevention.

Maintaining Healthway's activities funded at no less than the current level with indexation is fundamental to WA successfully implementing the strategic vision outlined in the Sustainable Health Review Final Report.

# Reduce harm from alcohol



# Introduce a minimum unit price for alcohol

**The Public Health Association of Australia (WA Branch) seeks a commitment to introduce a minimum unit price for alcohol that is applied per standard drink for all alcohol products and informed by independent modelling using WA data, and regularly adjusted for inflation.**

## What is the policy context?

The introduction of minimum pricing in WA would be in line with recommendations from a number of key guiding state and national strategies, including the Sustainable Health Review Final Report, the WA Health Promotion Strategic Framework 2017-2021, the National Drug Strategy 2017-2026, and the National Alcohol Strategy 2019-2028. A minimum unit price was introduced in the Northern Territory in October 2018, and preliminary evidence indicates it has been successful in reducing alcohol-related harm.<sup>10</sup>

## Why is this needed?

We all want WA to be a healthy and safe place to live, work, and play. But when it comes to alcohol, many Western Australians still drink at risky levels. The more people drink, the higher the harms in the WA community, including those due to injury, family violence, chronic diseases, child abuse, cancer, and road traffic crashes.<sup>11</sup>

There is a strong link between alcohol price, alcohol use, and alcohol-related harm.<sup>12</sup> In WA, alcohol is promoted and sold at dangerously cheap prices. It's possible to buy some alcohol products for as low as 35 cents per standard drink.<sup>13</sup> The World Health Organization has found alcohol taxation and pricing policies to be among the most effective and cost-effective alcohol control measures.<sup>14</sup> There is compelling evidence that as the price of alcohol increases, alcohol use decreases in the general population and among heavier drinkers and young people.<sup>15</sup>

Minimum pricing is an evidence-based policy that can be implemented at a State level to influence the price of alcohol. A minimum unit price for alcohol would set a price below which alcoholic drinks cannot be sold. Importantly, a minimum unit price is a targeted measure that would reduce alcohol use among the heaviest drinkers, while having minimal impact on moderate drinkers.<sup>16</sup>

Evidence from the Northern Territory, Scotland and Canada shows that minimum pricing would save lives, reduce hospital admissions, and cut crime.<sup>10,17</sup> In the Northern Territory, minimum pricing has resulted in reductions in alcohol sales, alcohol-related assaults, emergency department presentations, ambulance attendances, road crash injuries and fatalities, and the numbers of child protection orders and out of home care cases.<sup>10</sup>

Monitoring and evaluation will be an important part of any implementation process to assess the effectiveness of a minimum unit price for alcohol on all Western Australians, and particularly on vulnerable groups. Preparation for a minimum unit price should take into account the resourcing needs of support services.

Nobody expects the alcohol industry to put people's health and wellbeing above their own sales targets. That's why we need the WA Government to hold the industry to a higher standard. By setting a minimum unit price below which alcohol products cannot be legally sold, we stop the industry from pushing cheap alcohol on the WA community and our most vulnerable citizens.

**Protect kids**  
from unhealthy  
advertising



# Introduce an immediate ban on advertising of unhealthy food and drinks on State-owned assets

**The Public Health Association of Australia (WA Branch) seeks a commitment for an immediate ban on advertising of unhealthy food and drinks on State-owned assets, with no exceptions.**

**These include assets such as public transport and public transport waiting areas, children's sporting events, and venues where families gather; but should also include facilities and settings that fall under state and local government jurisdiction such as hospitals, museums, schools, sports facilities and healthcare services.**

## What is the policy context?

This policy is overwhelmingly in line with the recommendations made in the WA Health Promotion Strategic Framework 2017-2021,<sup>18</sup> the WA Preventive Health Summit 2019 Summary Report,<sup>19</sup> the Final Report of the Sustainable Health Review 2019,<sup>4</sup> the Food Policy Index Progress Update 2019,<sup>20</sup> and the World Health Organization's Set of recommendations on the marketing of foods and non-alcoholic beverages to children.<sup>21</sup> WA's leading non-government health agencies, including PHAA WA, have expressed support for the policy in a recently released Joint Statement.<sup>22</sup>

## Why is this needed?

The need for action on overweight and obesity is more urgent than ever. By 2026, the costs to the WA health system from obesity related admissions are estimated to reach \$610 million a year if the state cannot halt the rise of overweight and obesity. Alarming, companies are currently using WA Government (and taxpayer-funded) assets to market and boost sales of unhealthy food, alcohol, and drinks. While this may be good for industry profits, it's bad for the rest of us. There are serious health and social costs to Western Australians associated with their consumption. There is clear evidence that food marketing has impacts on children's nutrition knowledge, preferences, purchase behaviour, consumption patterns and diet-related health.<sup>21</sup> Children's exposure to unhealthy advertising is directly linked to an increase in energy (kilojoule) consumption, which illustrates the strength of advertising on influencing food choices.<sup>21</sup>

WA children are being targeted with food marketing on their way to school, with 74% of outdoor food advertising within 500m of Perth schools being for unhealthy foods.<sup>23</sup> Concerningly, Perth schools located in disadvantaged areas have a significantly higher proportion of total food ads, unhealthy food ads and alcohol ads (but not healthy food ads) within 250m compared to schools located in more advantaged areas.<sup>22</sup>

Policies to remove unhealthy food advertising implemented in other Australian and international jurisdictions, including the ACT, have not had a negative impact on government revenue.<sup>24,25,26</sup> Industry codes that address the placement of unhealthy food and drink advertising around schools will be ineffective given the exposure children experience on their whole school journey, including on school buses, as well as exposure at community and sporting events that attract children.<sup>27,28,29</sup>

We cannot trust the industry to protect our children. A ban on advertising of unhealthy food and drinks on all State-owned assets would support broader obesity prevention and alcohol-related harm strategies.

# Raise the age of criminal responsibility



# Raise the minimum age of criminal responsibility to 14 years

**The Public Health Association of Australia (WA Branch) seeks a commitment to increase the minimum age of criminal responsibility in WA to 14 years.**

## What is the policy context?

Article 37(b) of the United Nations Convention on Human Rights of the Child says:

*No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time.<sup>30</sup>*

The United Nations Office of the High Commissioner for Human Rights recommends that "the minimum age of criminal responsibility shall not be fixed at too low an age level, bearing in mind the facts of emotional, mental and intellectual maturity."<sup>31</sup> States are encouraged to increase their minimum to at least 14 years of age, and this is the case in many European nations.<sup>32</sup> In spite of this, the current age of criminal responsibility in WA is 10. The ACT Government recently announced it will prioritise raising the age in the next parliamentary term.<sup>45</sup>

## Why is this needed?

Every child has the right to grow up in a safe, nurturing environment. Rather than being guided and protected through childhood, Western Australian children as young as 10 years of age are being arrested, remanded in custody, convicted of crimes, and incarcerated.

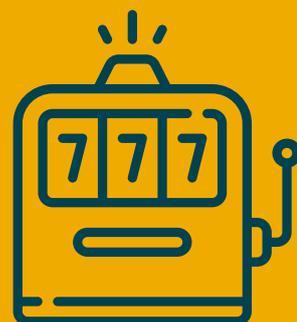
We know that the WA Government's ability to incarcerate children as young as 10 years has a devastating, and disproportionate, impact on our Aboriginal and Torres Strait Islander children. Over half of the children in youth detention in Australia are Aboriginal and Torres Strait Islander.<sup>33</sup> At a national level, Aboriginal and Torres Strait Islander youth are 25 times more likely than non-Aboriginal and Torres Strait Islander youth to be in detention; appallingly, the rate ratio for WA is even higher, at 44 times.<sup>34</sup>

Entry into the justice system at a young age can have adverse life course effects, including downstream health and social consequences.

Evidence shows that the earlier a child enters the justice system, the greater the likelihood of lifelong interaction with the system.<sup>35</sup> Due to a range of historical, political and social issues such as colonisation, racism, lower levels of education and socioeconomic status, Aboriginal and Torres Strait Islander prisoners' long-term health outcomes are worse than those of other Australians.

The evidence shows that children under 14 years lack impulse control, and do not have the developmental capacity to plan and foresee consequences.<sup>36</sup> A recent WA study found nine out of ten young people in WA youth detention were severely impaired in at least one area of brain function, further impacting on their ability to understand rules and instructions.<sup>37</sup> There is also worrying evidence showing that children in the justice system have high rates of pre-existing trauma.<sup>36</sup> We need to be protecting these children, not subjecting them to further traumas. Preventing children being caught up in the criminal justice system by increasing the age of criminal responsibility to 14 will help to reduce health inequity between Aboriginal and non-Aboriginal Western Australians, prevent ongoing childhood trauma, and reduce the likelihood of long-term interactions with the justice system.

**Say no** to  
electronic gaming  
machines



# Keep the current restrictions on electronic gaming machines in WA

**The Public Health Association of Australia (WA Branch) seeks a commitment to keep the current restrictions on electronic gaming machines in WA.**

## What is the policy context?

WA is the only jurisdiction in Australia that does not have electronic gaming machines in licensed premises or sporting clubs. This is a highly commendable and well-supported government position, and is the result of a decades-long bipartisan commitment to restrict the machines to the casino. In 2010, the Productivity Commission highlighted that WA has fewer problem gamblers due to the physical restriction of electronic gaming machines.<sup>38</sup>

## Why is this needed?

The impacts of problem gambling are not confined to the individual. Gambling also causes harm to the physical, social and mental health of families and communities. Moderate to severe problem gambling results in suicide, relationship breakdown, financial difficulty, and mental health problems such as anxiety and depression, and crime.<sup>39</sup> Gambling particularly affects vulnerable groups in the community, such as people from low socioeconomic backgrounds, and often has inter-generational impacts.<sup>35,36</sup>

Our state's unique position within the gambling landscape has meant that Western Australians spend less money gambling than Australians in other jurisdictions. Expenditure data shows that the per capita expenditure on gambling in WA is the lowest in the country (\$657 per person), approximately half of the national average (\$1,292 per person).<sup>40</sup>

By supporting a ban on electronic gaming machines, WA is leading the way in minimising the uptake of gambling and the health and social impacts it has on individuals, families and the wider WA community. WA is recognised nationally and internationally for leading the way in preventing gambling-related harm.

**Leave a healthy  
environment**  
for the next  
generation



# Act on climate change, with a target of net zero emissions by 2050

**The Public Health Association of Australia (WA Branch) seeks a commitment to short- and medium-term actions and targets along a definite pathway to net zero emissions by 2050, with reporting across all sectors including health.**

## What is the policy context?

All state and territory governments have committed to net zero emissions by 2050.<sup>41</sup> As part of its response to the Sustainable Health Review, the WA Government has committed to reducing the environmental footprint of the health system (energy use, water use, emissions and consumables) with transparent public reporting by July 2020<sup>4</sup> (now overdue). In addition, a range of WA reports which have either been recently released or are due for imminent release in 2020 will provide a basis for action.

### **These include:**

- a. An issues paper 'Climate Change in Western Australia',<sup>42</sup> which was released in September 2019.
- b. The Western Australian Climate Policy, released in November 2020 following the 2019 issues paper, which underscores WA's commitment to adapting to climate change and to working with all sectors of the economy to achieve net zero greenhouse gas emissions by 2050.
- c. The Emergency Preparedness Report, which is prepared annually by the State Emergency Management Committee as a review of capacity to deal with large-scale emergencies. It is generally released prior to each summer bushfire season.
- d. The Climate Health WA Inquiry Final Report, released in December 2020, which has sustainability as the key driving principle and includes 10 recommendations, which are consistent with and will support the implementation of the WA Sustainable Health Review. This report will form the basis of a new, coordinated health and climate change framework for WA, reflecting changes in climate science and national policy.

## Why is this needed?

A healthy WA community is impossible to achieve without a healthy environment. Climate change was described by the Lancet Commission in 2009

as "the biggest global health threat of the 21st century".<sup>43</sup> The effects of climate change are an emerging risk to health and have bearing upon sustainable development, disaster risk reduction, and health agendas in WA.

Action to ensure a safe climate and a just, equitable, and ecologically sustainable society is a critical and urgent public health priority. Global warming and climate change are two parts of a number of interrelated forms of global environmental change. Response measures must rely fundamentally on mitigation to preserve a habitable climate. However, humans have already changed the climate, and some adaptation will be required.<sup>44</sup> Many actions to promote a safe climate have additional benefits for health and wellbeing including physical activity, improved community amenity and healthier diets. A safe environment and climate are core determinants of human health along with the socioeconomic and political structure of society, and the multitude of individual and organisational factors affecting health and health services.

The Department of Health has a key role in leading public policy as part of a coordinated, whole-of-government response. The health sector must play its part in reducing its own emissions, and contribute strongly to designing and implementing adaptation plans for the changing climate.

PHAA WA is seeking a commitment to short- and medium-term actions and targets along a definite pathway to net zero emissions by 2050, with reporting across all sectors including health. The WA Department of Health climate change and health framework, based on The Climate Health WA Inquiry Final Report, will need to align with Western Australian Climate Policy and other key documents, and the health sector will need to change at least as fast as other sectors. A commitment to implementing the 10 recommendations from The Climate Health WA Inquiry Final Report will provide clear guidance for the incoming WA Government.

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