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EQUALLYWELL

Quality of Life - Equality in Life

Improving the physical health and wellbeing of people living with mental illness in Australia

Public Health Association AUSTRALIA

"Five years on , next steps & priorities

Adj. Prof. Terry Slevin

Chief Executive Officer

Public Health Association of Australia

27 July 2023

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Acknowledgement of Country

I wish to begin today by acknowledging that I live on the land of the Ngunnawal Ngambri people. I wish to acknowledge the Traditional Custodians of the land where we meet today the Gadigal people of he Eora Nation, and I pay respect to their Elders past, present and emerging. And I am keen to extend that respect to all Aboriginal and Torres Strait Islander people from all the lands from which you all join in today.

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Disclaimer

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Not Mental Health Specialist

- I profess NO specific expertise in Mental health – clinically or in terms of the many public health aspects of mental health.
- My first degree was in Psychology in the 1980s. I moved quickly into public health roles where I have spent the last 40 years.
- When it comes to mental health – you - not me are the experts.
- If I use language that is inconsistent with current best practice, I apologise in advance.
- This presentation or rooted in my broader public health experience – most particularly in the Chronic Disease Prevention sphere and the advocacy and policy sphere

I do have a Public Health Toolbox

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In 2020-21 $220.9 Billion was spent on health, or $8617 per person, 10.7% of economic activity

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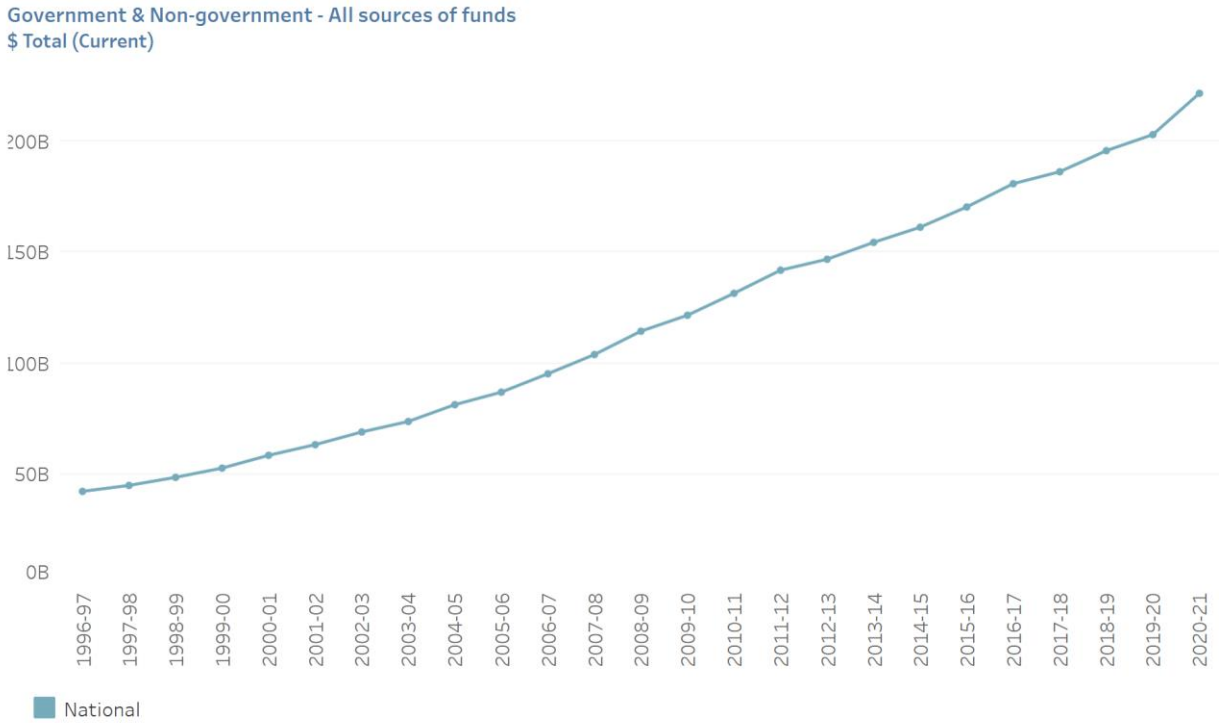

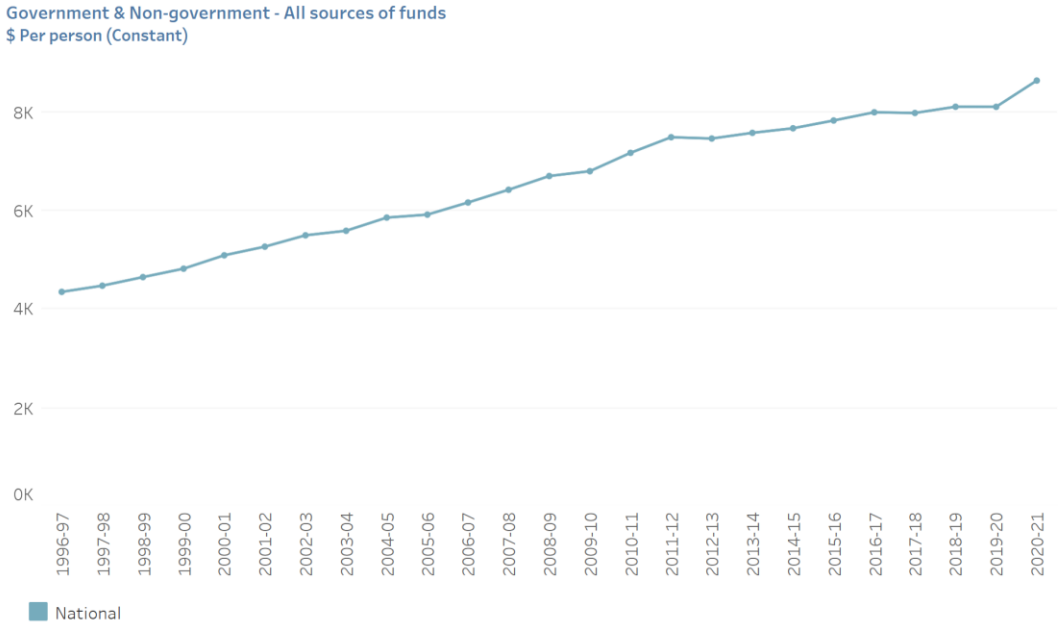

HEALTH EXPENDITURE

- Grew faster than inflation
- Increased - per person (real terms) -$4,100 in 1996/97 to $8,617 in 20/21
- Grew as proportion of GDP 8.7% 06/07 to 10.3% 15/16
- Accounts for about ¼ of tax revenue

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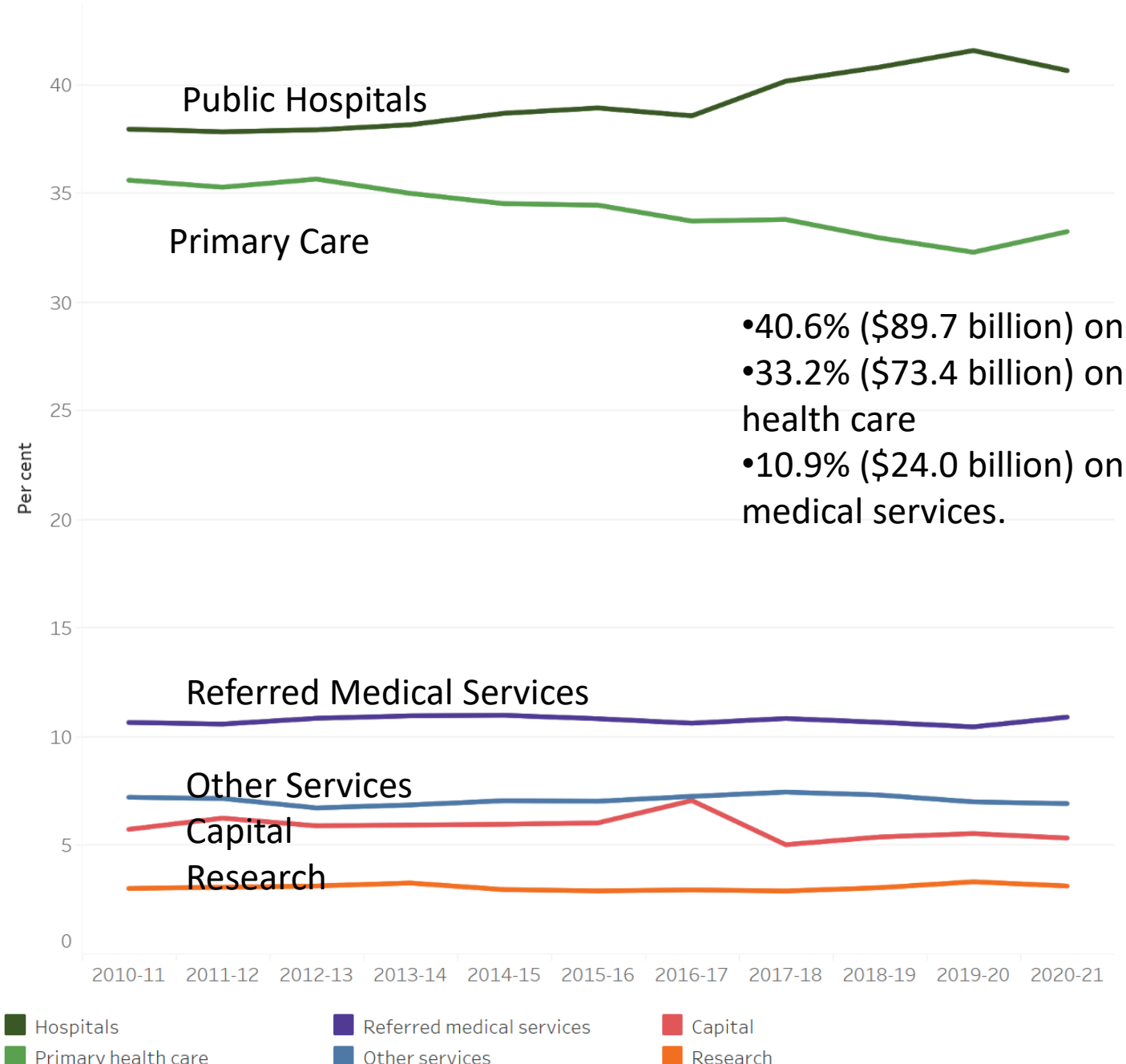
Figure 23: Proportion of total health spending, by area of expenditure, current prices, 2010–11 to 2020–21



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- 40.6% ($89.7 billion) on hospitals
- 33.2% ($73.4 billion) on primary health care
- 10.9% ($24.0 billion) on referred medical services.

WHO IS PAYING?
Commonwealth 42.7%
State and Territ 27.9%
Individuals 15.9%
Health Insurance Providers 8.2%
Other NGOs 6.2%

NOTE: NO line for public health expenditure ! It is too small!

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Area of expenditure	2017-18	2018-19	2019-20
Hospitals	74,041	79,085	83,457
Public hospital services	57,694	61,836	66,384
Private hospitals	16,348	17,248	17,073
Primary health care	63,969	65,586	66,949
Unreferred medical services	12,485	12,532	13,349
Dental services	10,179	10,307	9,548
Other health practitioners	5,874	5,925	5,652
Community health and other	9,333	10,228	10,071
Public health	**2,885(1.55%)**	**2,859 (1.46%)**	**3,591 (1.77%)**
Benefit-paid pharmaceuticals	12,063	12,069	12,864
All other medications	11,150	11,667	11,873
Referred medical services	19,391	20,161	20,245
Other services	13,763	14,212	14,085
Patient transport services	4,281	4,361	4,552
Aids and appliances	4,669	4,706	4,412
Administration	4,813	5,145	5,121
Research	5,328	5,898	6,665
Total recurrent expenditure	**176,492**	**184,942**	**191,401**
Capital expenditure	9,278	10,447	11,145
Medical expenses tax rebate	—	—	—
Total health expenditure	**185,770**	**195,389**	**202,546**

Pre COVID Health Expenditure Australia 2017 – 18 to 2019-20 from AIHW

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- **Public Health expenditure for 2020/21 understandably shot up to $8,012mill, but was still 3.63% of total health expenditure.**
- **Boost due to COVID spending, primarily testing, contact tracing and vaccines**
- **Prior to 2020/21 less that 2% of health spending goes to Public Health**

Ref: https://www.aihw.gov.au/getmedia/f1284c51-e5b7-4059-a9e3-c6fe061fecdc/Health-expenditure-Australia-2019-20.pdf.aspx?inline=true

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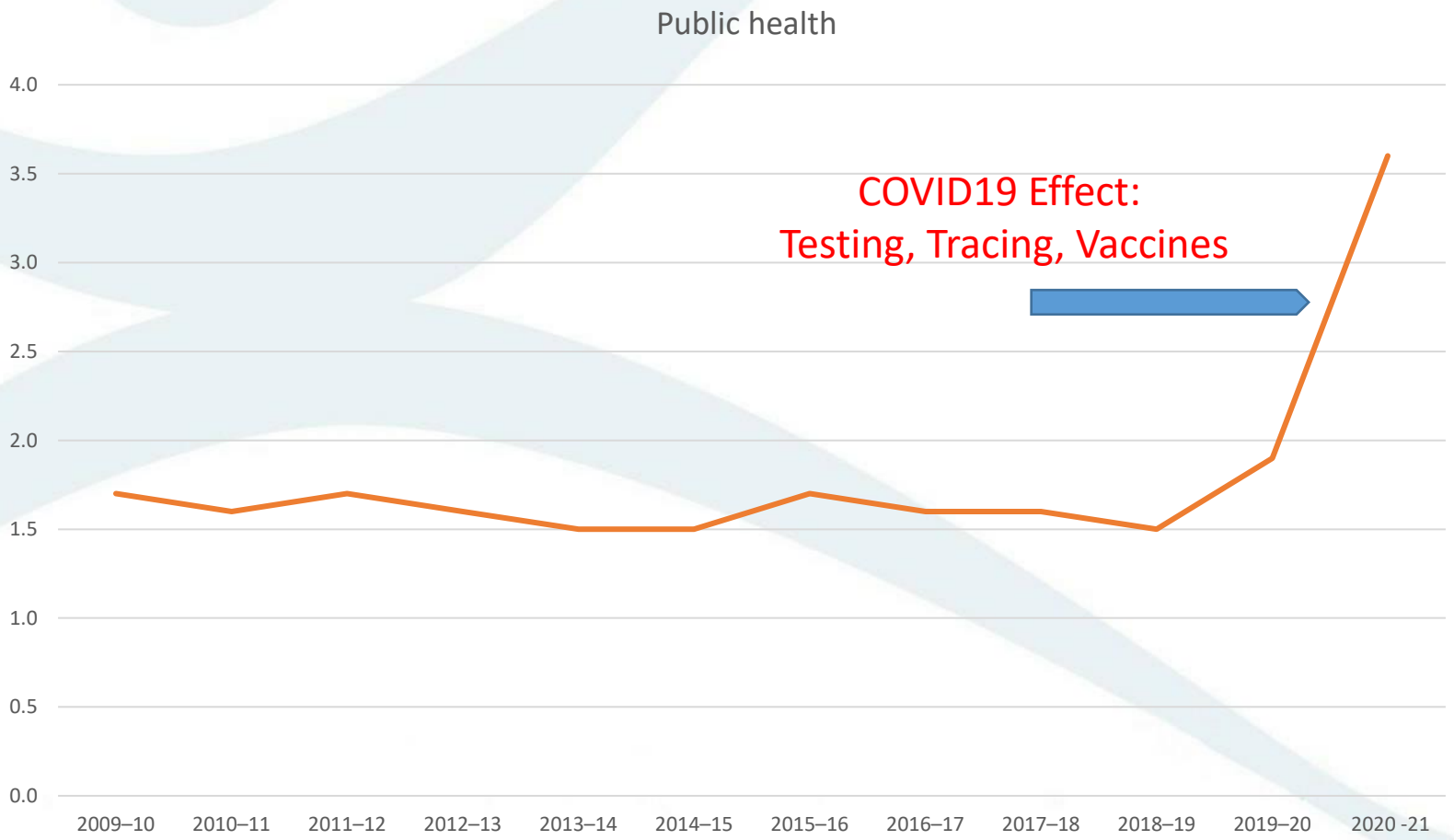
Expenditure on Public Health as a proportion of total Health Expenditure 2009/10 to 2020/21



Total Health Spend Aust 2020/21 = $221Billion

Public Health Spend = $8,012 Billion or $3.6%

Source: AIHW Australia's Health 2022

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Table 1: Long-term health conditions reported by persons with and without mental illness in 2021

Selected long-term health condition	Persons with mental illness[a] (%)	Persons without mental illness[a] (%)
Arthritis	19	8.2
Asthma	19	7.8
Cancer (including remission)	4.7	3.0
Diabetes (excluding gestational diabetes)	8.6	4.8
Heart disease (including heart attack or angina)	7.0	4.0
Kidney disease	2.0	0.9
Lung condition (including Chronic obstructive pulmonary disease (COPD) or emphysema)	4.7	1.6
Stroke	2.2	0.9
Any other long-term health condition(s)[b]	20	7.6

Notes:
a. Includes depression or anxiety
b. Excludes dementia, Alzheimer's disease and mental illness
Source: ABS 2022b.

https://www.aihw.gov.au/reports/mental-health-services/physical-health-of-people-with-mental-illness

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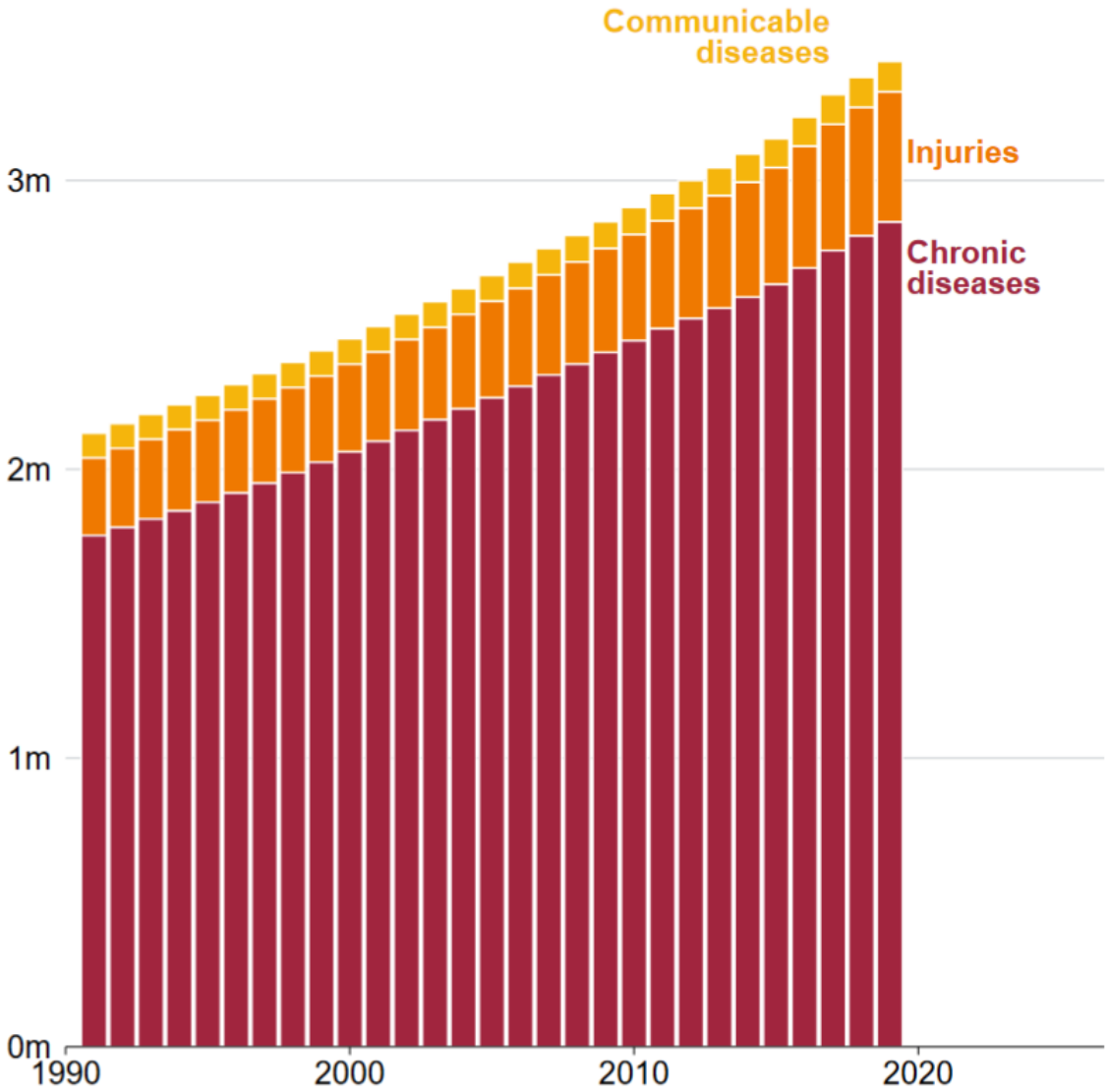
Figure 2.1: Chronic disease is by far the biggest component of Australia's disease burden

Total number of years lived with disability annually

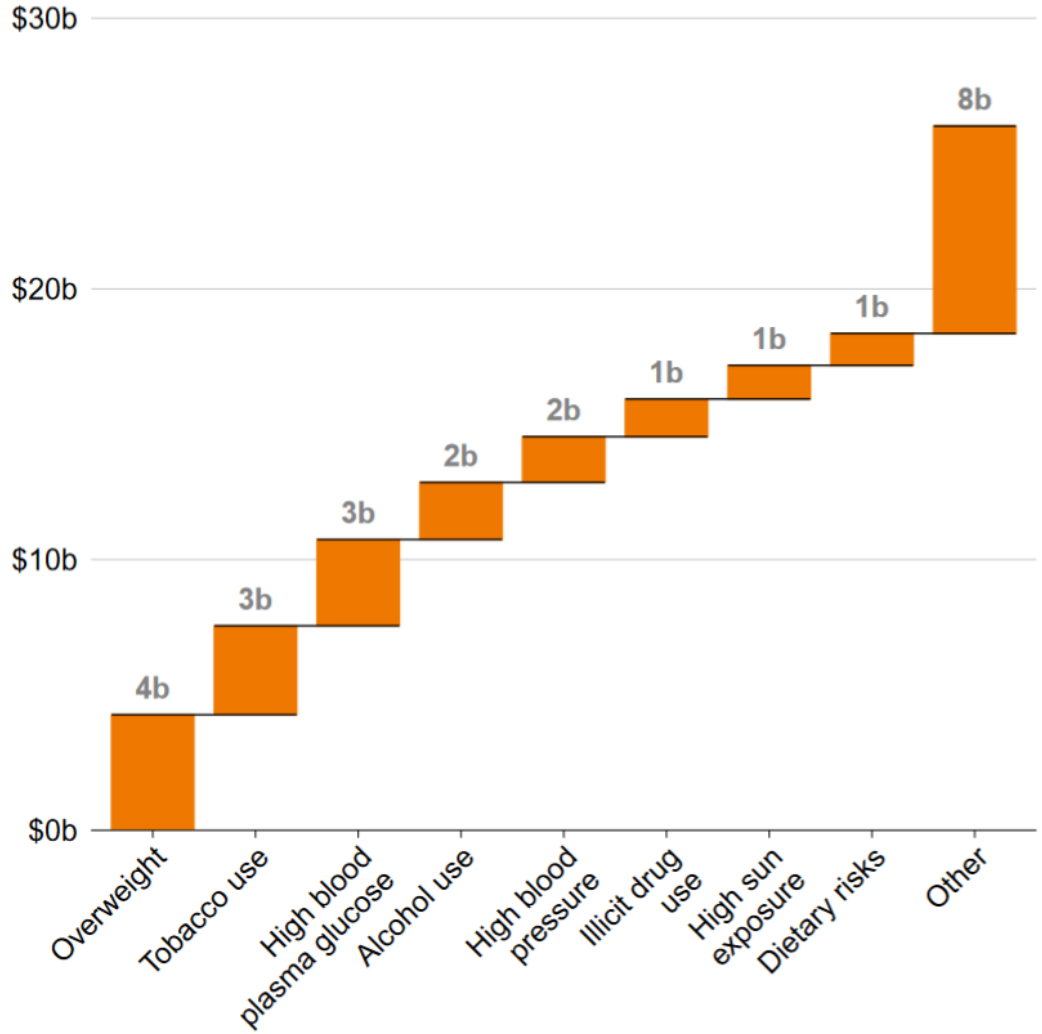


Note: Communicable diseases include maternal, neonatal, and nutritional diseases.

Source: IHME (2022).

Figure 2.4: Chronic diseases caused by modifiable risk factors create significant costs to the health system

Esimated annual cost to the Australian health system, by modifiable risk factor



Notes: 'Overweight' includes cost attributable to overweight and obesity. The 'Other' category includes impaired kidney function, low bone mineral density, child abuse and neglect, physical inactivity, low birth weight and short gestation, occupational exposures and hazards, unsafe sex, intimate partner violence, high cholesterol, air pollution, iron deficiency, and bullying victimisation.

Source: AIHW (2022b).

Australian Government
Department of Health

What to do on Chronic Disease Prevention ??

Vision

To improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors and addressing the broader causes of poor health and wellbeing.

Aims

1. Australians have the best start in life. This Strategy recognises the value of a life course approach, which emphasises the significance of prevention in the early years. Improving the prevention of risk factors for chronic conditions, injuries and infectious disease in childhood is critical in order to create strong foundations for later in life.

Target: The proportion of the first 25 years lived in full health will increase by 2% by 2030

2. Australians live as long as possible in good health. A strong focus on preventive health and health promotion can extend the quality of life and life expectancy of Australians. Opportunities for prevention change as individuals age and this Strategy will support holistic action across the wider determinants of health to prevent chronic conditions, injuries, and infectious disease across the life course.

Target: Australians will have an additional two years of life lived in full health by 2030

3. Health equity for target populations. The burden of ill health is not shared equally amongst Australians. This Strategy will result in overall greater gains for parts of the Australian community who are burdened unfairly due to the wider determinants of health.

Target: Australians in the two lowest SEIFA quintiles will have an additional three years of life lived in full health by 2030

Target: Australians in regional and remote areas will have an additional three years of life lived in full health by 2030

Target: The rate of Indigenous-specific general practitioner health checks increases 10% year-on-year across each age group

4. Investment in prevention is increased. Health expenditure is currently spent primarily on the treatment of illness and disease. Investment in prevention needs to be enhanced in order to achieve a better balance between treatment and prevention in Australia, as outlined in Australia's Long Term National Health Plan.

Target: Investment in preventive health will rise to be 5% of total health expenditure by 2030

Principles

Multi-sector collaboration. In recognition of the wider determinants of health, multi-sector collaboration must inform policy to improve health and wellbeing outcomes. Action by different sectors will be coordinated and aligned, to support integrated solutions to complex prevention challenges.

Enabling the workforce. The health workforce is enabled to embed prevention across the health system. Action must enable the health workforce to engage in promoting health and preventing illness through multi-disciplinary health care and utilising full scope of practice for all health professionals. This includes ensuring that the workforce is available, fully trained and capable of providing safe and responsive care.

Community engagement. All communities – including neighbourhoods, cultural and social groups, workplaces, schools and interest groups, along with non-government organisations and community-controlled organisations (such as Aboriginal Community Controlled Health Services [ACCHSs]) – are engaged to drive prevention across the life course. Place-based approaches are led by communities, in recognition that local individuals are best placed to understand local needs and improve health outcomes for their communities.

Empowering and supporting Australians. All Australians, from all socioeconomic and cultural backgrounds are enabled and supported to make the best possible decisions about their health. Action must focus on appropriate and targeted information, health promotion, and on the environmental factors which impact individual autonomy.

Adapting to emerging threats and evidence. Emerging threats to health, as well as the development of new science, are reviewed continuously to ensure prevention efforts minimise harms to health and achieve the greatest health gains possible. To determine where efforts should be prioritised, knowledge translation is vital.

The equity lens. Preventive health action considers the inequities that exist across Australia including the need for equitable access to healthcare. Action must focus on the external barriers that impact on health.

Key Immediate Foci for the NPHS

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Key Question

How do we prosecute these priorities while bringing along those with Mental health challenges ?

Step One: Focus on the whole population and the environment where these things function

AND

Step Two: Establish what we need to do that is different,

- in addition to or
- better.

for people with established or likely mental health issues ?

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NPHS Promoting and Protecting Mental Health

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Policy achievements by 2030

- Australians are kept well through the management of their health and wellbeing in the community
- Community cohesion and social connectivity is boosted and promoted, particularly among those at risk of loneliness and isolation
- The use of mental health services is promoted and normalised to reduce stigma and encourage early intervention
- A national stigma reduction strategy is developed and implemented. Investment in prevention and early intervention is prioritised, both early in life and early in the development of an illness, supporting Australians, especially rural and remote communities, to prioritise and manage their own mental health and that of their loved ones
- Programs are delivered within schools, workplaces and communities to improve mental health literacy and enhance resilience
- Targeted prevention and early intervention programs are implemented for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations
- Suicide prevention activities are co-ordinated through the National Mental Health and Suicide Prevention Agreement
- Mental health policy addresses social and emotional wellbeing for Aboriginal and Torres Strait Islander people, including the importance of connection to land, spirituality, ancestry and family and community
- Aboriginal and Torres Strait Islander communities are empowered to develop their own solutions, with people with lived experience driving solutions
- A national framework is developed to address the mental health and wellbeing impacts of emergencies and disasters

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Many factors contribute to the poorer physical health experienced by people with mental illness, as outlined below.[2]

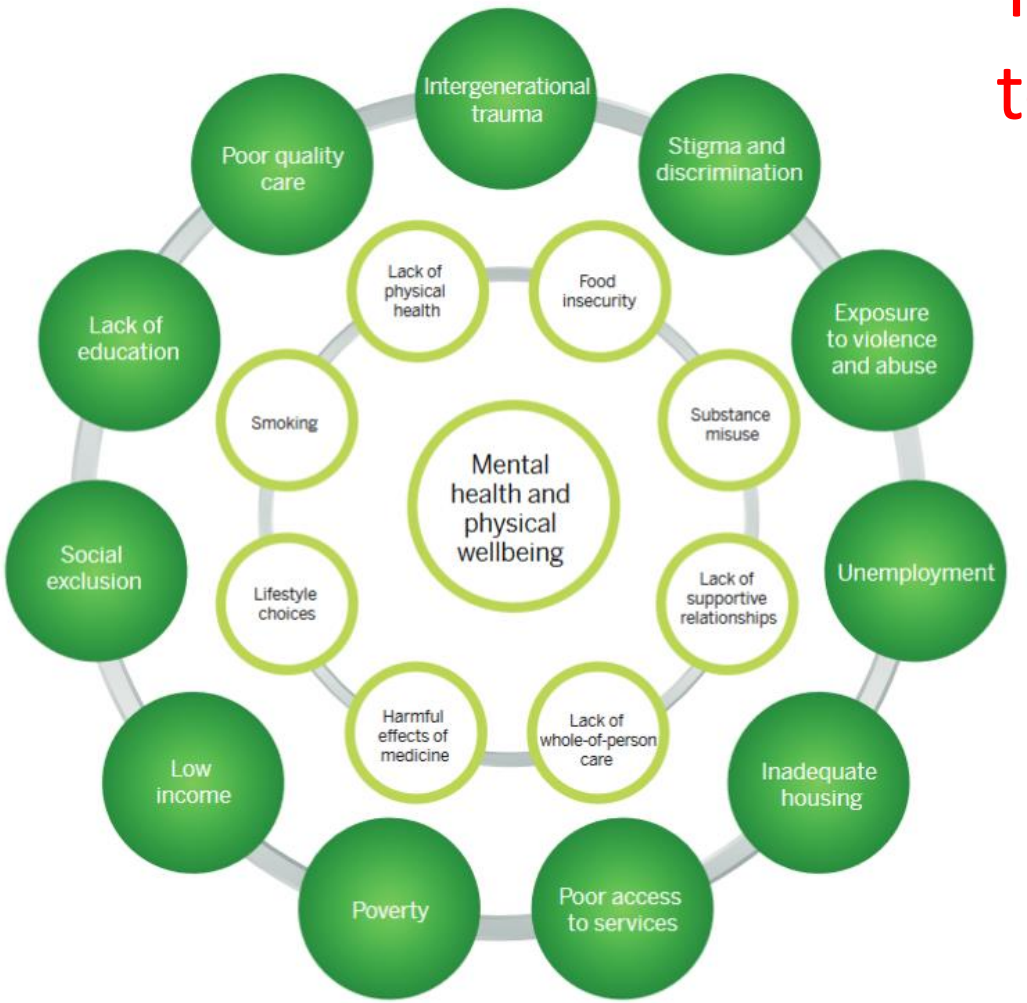

FIGURE 1

2. Nursing, Midwifery and Allied Health Professions Policy Unit, Improving the physical health of people with mental health problems: Actions for mental health nurses. Dept. of Health, Public Health England 2016.

This framework applies to EVERYONE

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And if you want to be fussy you could add

- Racism
- Insecure work
- Loneliness
- More…..

2. EFFECTIVE PROMOTION, PREVENTION AND EARLY INTERVENTION

Much of the premature death and physical illness associated with mental illness is preventable. Promotion, prevention and early intervention can help prevent the onset or development of an illness, lower its severity and duration, and reduce its impact.

ACTIONS

- Physical health and lifestyle assessments should start from the first contact with health and mental health services, with identified health needs addressed early and on an ongoing basis (see also *4. Improved quality of health care*).
- Young people living with mental illness, especially those experiencing their first episode of psychosis, should be engaged with early to promote healthy lifestyles. The HeAL Declaration[5] principles and targets should be implemented as a standard across Australia, and work with young people should always be done in a safe environment, in a culturally respectful way.
- Smoking is the largest cause of preventable ill health and premature death in Australia. Tailored support should be available to all people to help them quit smoking.
- Health coordinating agencies such as Primary Health Networks and Local Hospital Networks (or their equivalents) should work together in coordinating and integrating regional specialist mental health services, general practice and community services — to support the early detection and treatment of physical illness, prevention of chronic disease and promotion of a healthy lifestyle.
- Obesity (which may be related to medication treatment) is a major contributor to a number of common physical diseases including metabolic syndrome, diabetes and cardiovascular disease. People living with mental illness should be offered tailored support for weight management programs as part of routine care.
- GP Mental Health Treatment Plans and Review Plans should include a requirement for regularly screening the physical health of people living with mental illness.
- Anti-stigma initiatives should be developed, promoted and directed at the general public and workers in the health and mental health sectors, to encourage those living with mental ill-health to seek help and access services.

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Lots happen to drive physical health well before "1st contact with health and mental health services"

But to focus on health and mental health services – how can they be improved to reinforce good health for clients/patients ?

Not only to "treat" those with existing problem (already smoking, Overweight, alcohol) but reinforce preventive messages ?

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Good Public Health Policy - not always easy, or popular

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- Pricing policy on unhealthy products ("Sin Taxes")
- Removing things people might like (e.g. unhealthy food from vending machines)
- Walking the talk – smoke free policies – ending the practice of "a smoke and a chat as a way of connecting with clients"
- Walking the talk - policies to stop serving alcohol in workplaces, conferences
- Challenging the marketing, advertising and promotion of unhealthy products (Alcohol, gambling, junk food, vaping etc)

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Wellbeing budget: Will it genuinely drive investment ?

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Measuring what matters

Measuring What Matters is Australia's first national wellbeing framework that will track our progress towards a more healthy, secure, sustainable, cohesive and prosperous Australia.

The *Measuring What Matters* Framework (Framework) has five wellbeing themes:

- **Healthy:** A society in which people feel well and are in good physical and mental health, can access services when they need, and have the information they require to take action to improve their health.
- **Secure:** A society where people live peacefully, feel safe, have financial security and access to housing.
- **Sustainable:** A society that sustainably uses natural and financial resources, protects and repairs the environment and builds resilience to combat challenges.
- **Cohesive:** A society that supports connections with family, friends and the community, values diversity, and promotes belonging and culture.
- **Prosperous:** A society that has a dynamic, strong economy, invests in people's skills and education, and provides broad opportunities for employment and well-paid, secure jobs.

Inclusion, equity and fairness are cross-cutting dimensions of the Framework.

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https://treasury.gov.au/policy-topics/measuring-what-matters 21 July 2023

Healthy

A society in which people feel well, are in good physical and mental health, can access services when needed, and have the information they require to take action and improve their health

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Access to care and support services

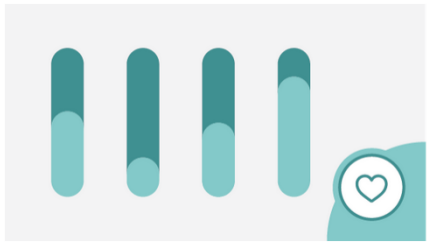
Equitable access to quality health and care services

Access to health services

Equitable access to quality health and care services

Life expectancy

Healthy throughout life

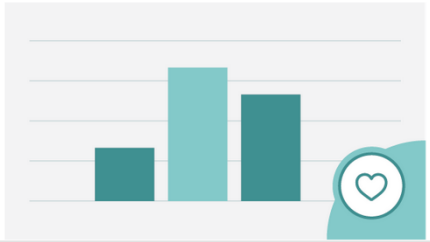


Mental health

Healthy throughout life

Prevalence of chronic conditions

Healthy throughout life



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Case Study: Gambling – Mental health, physical health, public health. Public Policy failure

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Australians gamble 20% more online than any other country in the world.

2021 online global gross gaming revenue, estimated total value $AUD135 billion Per capita online gaming expenditure			
The largest 15 online gaming markets that are regulated or in the process of regulating			
Country	Market size (to nearest $AUD million)	Population (to nearest million)	Per capita market (to nearest $AUD)
1. Australia	8,624	26	**332**
2. Sweden	2,758	10	**276**
3. Ireland	1,328	5	**266**
4. Finland	1,521	6	**253**
5. United Kingdom	16,414	68	**241**
6. Denmark	1,272	6	**212**
7. Greece	1,711	11	**156**
8. Italy	5,935	58	**102**
9. Canada	3,360	38	**88**
10. Netherlands	1,489	18	**83**

ALLIANCE FOR GAMBLING REFORM

Thousands of Australian children are already problematic[1] gamblers.

A recent United Kingdom Gambling Commission report found that 27% of 11 – 16-year-olds were engaged in gambling with 2.4% classified as risky gamblers and 0.9% problem gamblers. Prevalence non-problem, at risk or problem gambling - Gambling Commission

Australians gamble more than in the United Kingdom and gambling advertising is more pervasive, b even if Australians only gambled at the same levels as in the United Kingdom, the figures produced through the Gambling Commission would translate into the following conservative estimates abou the extent of gambling by Australian children:

14,400 Australian children under 16 are problematic gamblers

38,400 Australian children under 16 are risky gamblers

432,000 Australian children under 16 are gamblers

(NB. There are 1.6 million 11–16-year-olds in Australia. 0.9% = 14,400 2.4% = 38,400 27% = 432,000)

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doi: 10.1111/1753-6405.13176

Does Australia need a Centre for Disease Control? A perennial question now needing an answer

Terry Slevin,[1] Tarun Weeramanthri[1]

1. Public Health Association of Australia

This debate has raged since 1987, when Professor Bob Douglas, epidemiologist and Foundation Director of the National Centre for Epidemiology and Population Health at ANU, asked "Does Australia need a Centre for Disease Control?"[1]

- In 2011, the Public Health Association of Australia and the Australasian Faculty of Public Health Medicine produced a discussion paper on this topic.
- In 2013, the House of Representatives Standing Committee on Health and Ageing produced a prescient report "Diseases have no borders – Report on the inquiry into health issues across international borders".[6] It asked "does Australia need a national centre for communicable disease control?"[6] and recommended the commissioning of an independent review on potential roles, structures, models, locations, governance and staffing
- In 2018 this proposal was rejected

https://onlinelibrary.wiley.com/doi/pdf/10.1111/1753-6405.13176 21 September 2021

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Will there be a Centre for Disease Control?

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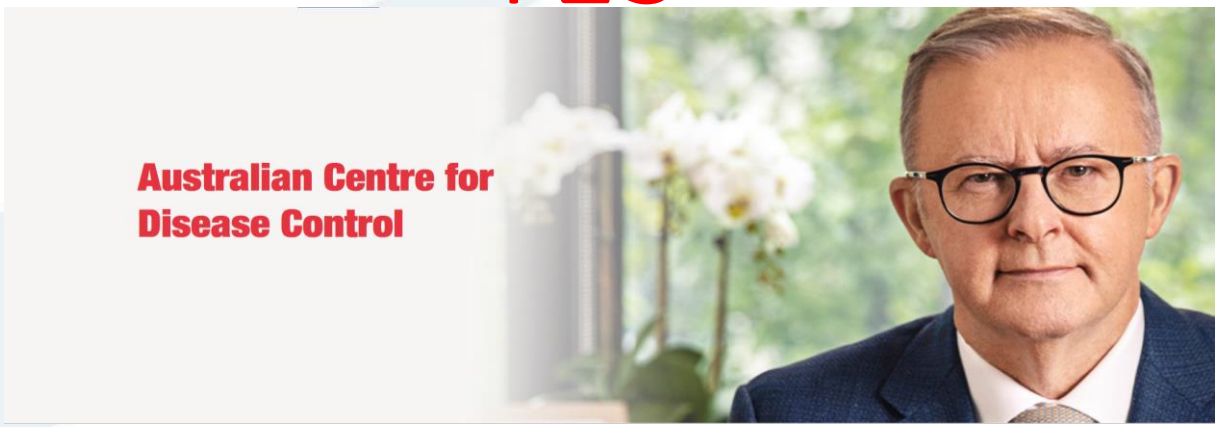
YES



An Albanese Labor Government would improve pandemic preparedness and response by establishing an Australian CDC. The CDC will:

- ensure ongoing pandemic preparedness;
- lead the federal response to future infectious disease outbreaks; and
- work to prevent non-communicable (chronic) as well as communicable (infectious) diseases.

All Australians will benefit from improved pandemic preparedness and response, as well as a renewed focus on preventing chronic disease.

https://www.alp.org.au/policies/australian_cdc

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Symposium -The Coming of Age of Preventive Mental Health – Melbourne 12 March 2024

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Purpose

- Increase understanding of key concepts relating to promotion and prevention in mental health, and the role they can play in their setting.
- Highlight the current state of the evidence and showcase examples of successful promotion and prevention programs across the lifespan, with an emphasis on those developed and/or available in Australia.
- Examine what's happening in Australia, and what's needed to improve the availability and impacts of existing initiatives; embed promotion and prevention in government policy; and generate further advances in practice and research across the lifespan, and with a focus on equity.
- Discuss opportunities for partnership and collaboration between the public health, mental health and other sectors to create a genuine multidisciplinary, cross-sectoral approach to this endeavour

WHO

Committee Chair Dr Stephen Carbone

CEO, Prevention United https://preventionunited.org.au/

Convenor Mental Health Special Interest Group PHAA

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So – next steps and Priorities ? My take..

- One: Focus on building Better Public Health capacity and Infrastructure
- Two: Build a better bridge between Public Health and Mental health. Our communication, language, common goals
- Three: Promote and support new entities (eg ACDC)
- Four:
  (a) Public Health people get better at being allies in Mental Heath
  (b) Mental Health people get better at being Allies in Public Health

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Questions, comments, challenges, concerns ?

Terry Slevin

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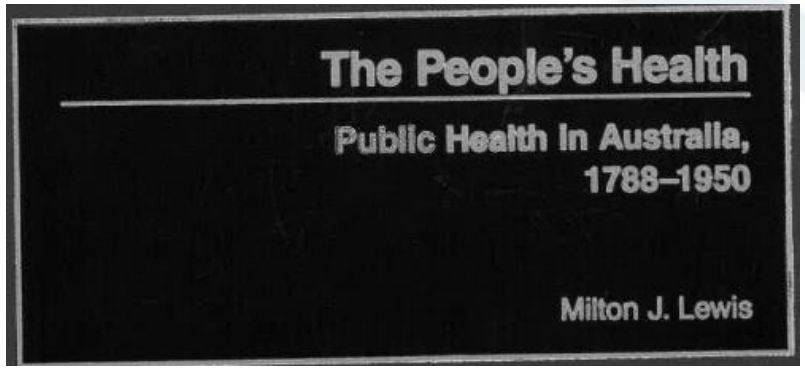
Public Health in Australia -A little History

- Australian Government Department of Health established in 1921 after WW1 and the Spanish Flu Pandemic
- Dr John Cumpston, advocated establishment of a C'Wealth Department of Health, becomes its' 1st Director General (1921-1945)



New Dept of Health did

- *Administration of the Quarantine Act*
- *Investigation of the causes of disease and death*
- *Establishment of laboratories*
- *Control of the C'wealth Serum Laboratory*
- *Collection of sanitary data*
- *Investigation of health in industry*
- *Education of the public in public health*
- *Control of the Aust Institute of Tropical Medicine*
- *Control of infectious disease among former members of the ADF"*

Lewis MJ. 2003. The Peoples Health: Public Health in Australia 1788 – 1950

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ACDC -Ingredients for success

- Governance
- Clear Scope
- Connections and relationships
- Resources
- Leadership

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What might it look like ? Governance

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- States and Territories engagement
  Skin in the game – Funding model – 50% Com'wlth 50% S&T (per cap)
- Physical presence in States &Territories ?
- "Independence" – how is that achieved ?
- Board members and Board chair appointment vital ingredients
- What powers are bestowed on a CDC?
- How will CDC work with powers of the S&Ts?
- Use existing model eg National Commission on Quality and Safety in Health Care https://www.safetyandquality.gov.au/

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Briefing Notes for Assistant Minister Ged Kearney
Making Progress on Obesity

Obesity is a major – and largely neglected public health issue contributing enormously to chronic disease in Australia and around the world. While there has been much discussion, and lots of report writing, there is been precious little policy or resource response by the Commonwealth Government in the last 10 years. The National Obesity Strategy was driven by the States &Territories and - while worthwhile - has largely been watered down to a 'lowest common denominator' raft of measures.

No one level of government alone will shift the dial on obesity.

As with the Government's recent success in developing a comprehensive response to Tobacco and Vaping, a package of measures is necessary, as no single action will achieve the necessary outcomes. Below is a starting point for such a list of actions. There are more options.

1. Enact comprehensive regulation to protect children from unhealthy food marketing. *(WHO? Communications portfolio)*
2. Introduce mandatory added sugar labelling using a comprehensive definition of added sugar that includes processed fruit sugars- based on agreed public health position *(WHO? FSANZ)*
3. Enact regulation to improve the composition, labelling and promotion of commercial baby and toddler foods – based on FHA Kids are Sweet Enough platform *(WHO? HFP then FSANZ)*
4. Introduce a health levy on sugary drinks manufacturers to incentivise reformulation, reduce consumption of sugary drinks, and raise revenue that can be used for preventive health measures. *(WHO? Treasury)*
5. Make the Health Star Rating mandatory and adopt improvements to the algorithm to ensure the HSR enables consumers to identify foods that will contribute to a healthy diet in alignment with the Australian Dietary Guidelines. *(WHO? HFP then FSANZ)*
6. National social marketing campaigns – evidence-based and designed to effect behaviour change. *(WHO? DoHA Funded -program be implemented OUTSIDE Government)*
7. Enact a national Active Transport policy to ensure all transport options are considered with Physical Activity imperatives supported and reinforced. (*WHO: Dept of Transport*)
8. A clear set of agreements need to be put in place with state and territory governments to ensure they commit to and enact relevant initiatives that are within their powers and responsibility to support obesity prevention efforts.

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What specifically can the ACDC do about Chronic Disease Prevention ?

How about leading the co-ordinated response to translate all the plans on tackling Obesity –into some specific Action !

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PUBLIC HEALTH WORKFORCE: The important has not become urgent

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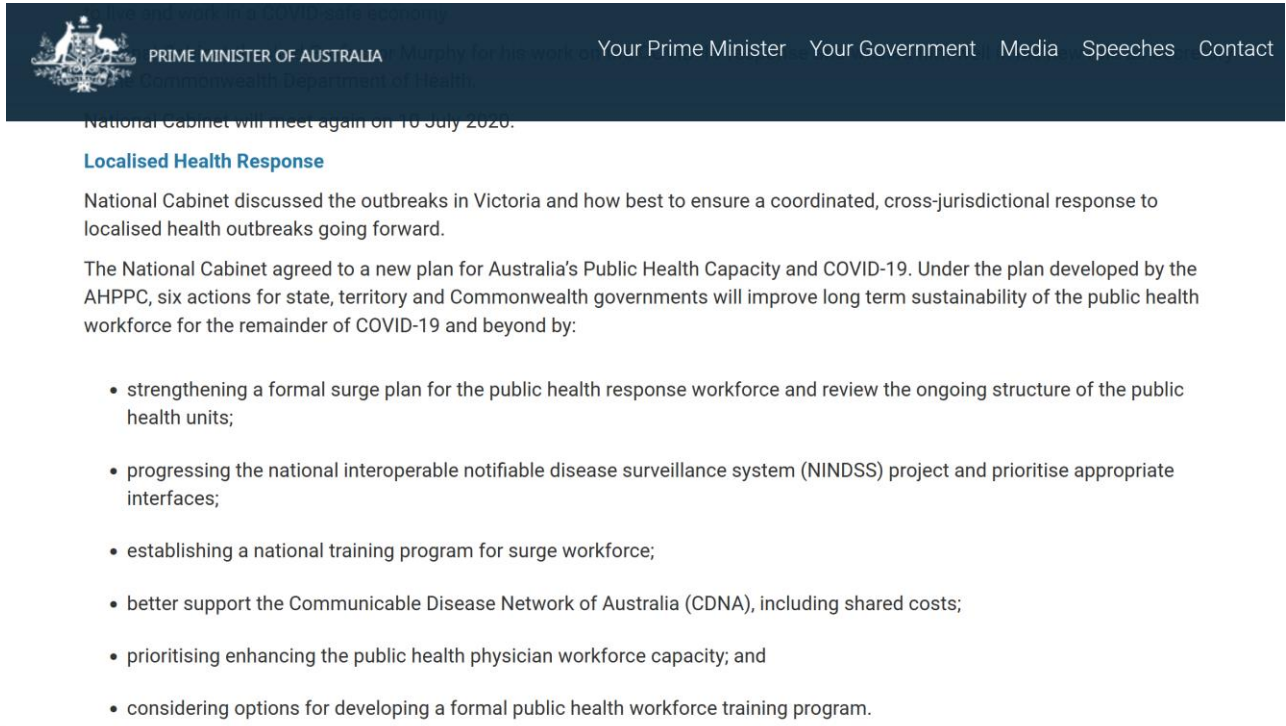
- National Cabinet decisions in June and November of 2020 both referenced commitments to enhancing public health workforce initiatives.
- We need a national Public Heath Officer Training Program
- More STP places for PH
- Thorough review of PH workforce status, registration and accreditation issues.



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National Cabinet will meet again on 16 July 2020.

Localised Health Response

National Cabinet discussed the outbreaks in Victoria and how best to ensure a coordinated, cross-jurisdictional response to localised health outbreaks going forward.

The National Cabinet agreed to a new plan for Australia's Public Health Capacity and COVID-19. Under the plan developed by the AHPPC, six actions for state, territory and Commonwealth governments will improve long term sustainability of the public health workforce for the remainder of COVID-19 and beyond by:

- strengthening a formal surge plan for the public health response workforce and review the ongoing structure of the public health units;
- progressing the national interoperable notifiable disease surveillance system (NINDSS) project and prioritise appropriate interfaces;
- establishing a national training program for surge workforce;
- better support the Communicable Disease Network of Australia (CDNA), including shared costs;
- prioritising enhancing the public health physician workforce capacity; and
- considering options for developing a formal public health workforce training program.

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Communications

- Needs to be prioritised as a core function
- Must be well resourced
- Relevant to Infectious and Chronic disease prevention
- Special functions and capacities pertaining to outbreak response.

Engagement with Jurisdictions ? CRITICAL

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- Much of the Public Health powers reside in the jurisdictions
- Relationships and connections with health care delivery sector in states and territories
- That is well understood by the Health Minister - has been a constant refrain
- The questions is - how might those relationships be established ?
- Governance structure become vitally important to embed that into the ACDC structure

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What is the right budget for ACDC ?

"Hundreds not tens of Millions of $$"

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- ANPHA Budget on Chronic Disease Prevention 2021 in 2021 $ = $258M
- Pub Hlth Officer Training Pgrm = $50M
- New/increased Infectious Disse control capacity = $??
- Range of existing programs transferred into ACDC
  - National medicines Stockpile
  - CDNA,
  - PHLN,
  - More
- $$ $??

	Budget (per capita)	Per capital spend Applied to Australia $Millions
New Zealand - Public Health Agency *(commenced July 2022)*	$3	$75
France – Sante Publique	$4	$100
Canada – Public Health Agency of Canada	$19	$475
Norway – Norwegian Institute of Public Health	$23	$575
Finland – Finnish Institute for Health and Welfare	$24	$600
USA - CDC	$56	$1400
Singapore – Health Promotion Board	$63	$1575
UK – Public Health England *(abolished 2020)*	$103	$2575

https://intouchpublichealth.net.au/riffing-on-australias-major-public-health-issue-in-2023-the-acdc-highway-to-health-or-a-long-way-to-the-shop-if-you-want-disease-control/

https://grattan.edu.au/wp-content/uploads/2023/02/The-Australian-Centre-for-Disease-Control-ACDC-Highway-to-Health-Grattan-Report.pdf

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What ACDC won't do, what is not decided

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WON'T

- "will not be established as a research organisation."
- "will not duplicate existing work done in the Commonwealth, states and territories, and non-government organisations."

TBC

- Location
- Operational model
- States and territories' governance role and possible co-funding role
- Scope and functions, including its role for preventive health for noncommunicable diseases

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Could Old Rivalries derail the ACDC ?

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- YES – ***So lets do what we can to give it the best possible chance for success***
- I am very keen to send a message that this is a once in a century opportunity to strengthen the architecture of public health in Australia
- We all have specific areas of interest and speciality within public health
- We would all like to see that aspect of public health prominent in the ACDC in its first iteration
- But it is easy to see that this will not be possible. Some will be included – some won't
- Might the ACDC have a 5 year built in review cycle inviting an assessment of what worked, what didn't and what might be added to the remit ?

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Getting the ACDC right:
2023 is a vital year for public health

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- This year will be the first major budget allocation for the ACDC (9 May)
- The legislation will be written and passed Parliament so as to start the agency in 2024.
- It needs to be **Independent** (not influenced by politics), **Expert**, well connected with States and Territories and properly resourced
- ***The budget will need to be in the hundreds - not tens of millions of dollars***
- ***Where will the building be ?***
  - I DON'T CARE !!

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