#AusVotesHealth

1. Vote for Aboriginal and Torres Strait Islander peoples’ health
2. Vote for climate action
3. Transformative change
4. Justice-based health
5. Stop poverty and other punitive policies
Introduction: The #AusVotesHealth manifesto

On 8 May, more than 40 health advocates contributed to an 11-hour #AusVotesHealth Twitter Festival that profiled critical health matters ahead of the 2019 Federal election.

For the period of the Festival and its coverage at Croakey (7-14 May), Symplur Analytics report that 3,029 Twitter accounts participated in the #AusVotesHealth discussions, sending almost 13,000 tweets, and creating more than 80 million Twitter impressions.

The #AusVotesHealth Twitter Festival sought to provide an open platform for wide-ranging discussions that centred health equity concerns, with a focus on moving beyond the silos that so often plague the sector, policy and service delivery.

While health was widely reported to be a key issue during the election campaign, most discussions in the mainstream media were narrowly focused around healthcare, in particular hospitals and medicines. #AusVotesHealth provided a counterbalance by addressing some of the most important determinants of health and well-being, most of which lie outside of the health care system.

For example, the discussion took place as a new UN report spotlighted the global environmental crisis causing mass extinctions at an unprecedented rate. While many Australian media outlets were focused on the costs of climate action (rather than the costs of inaction), news broke that eight European countries had proposed a quarter of the European Union’s budget be spent on tackling climate change.

The discussion also took place amid headlines raising concerns about the partisan influence exerted by media giant News Corp. This highlights the importance of independent media and public interest journalism, such as Croakey, in providing an alternative perspective and counter-balance to the influence of corporate media.

Below we summarise five inter-related messages from the discussions.

1. Vote for Aboriginal and Torres Strait Islander peoples’ health

The 97 percent of Australians who are non-Indigenous have, through their sheer numbers, the political power that shapes the policies affecting the lives of Aboriginal and Torres Strait Islander people. Participants called for voters to support self-determination for Aboriginal and Torres Strait Islander people, the Uluru Statement, investment in Aboriginal community controlled services and in a dedicated National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and implementation plan, and for action on the incarceration crisis. Non-Indigenous Australians were also urged to step up in tackling racism, and in working for greater cultural safety of systems and services.

2. Vote for climate action

Climate change is a global public health emergency. Many participants argued that this is the most critical health concern that should influence voters’ choices. Climate action will likely have many other health benefits if it enables healthier food systems, greater use of public and active transport, less air pollution, and social, cultural and economic paradigms that centre planetary health and caring for Country.
3. **Transformative change**

Underlying many discussions was the need for transformative change across multiple domains. We need to transform governance, including electoral reform to stop unhealthy industries buying political influence. We need to empower local communities to implement their own solutions, whether to obesity, alcohol control, climate change or other health concerns. We need to transform the measures of political and fiscal policy success so that measures of human and planetary wellbeing are central. We need to transform the industrial food system so that it delivers for the health of people and the planet. We need to transform how we talk about and act on health, and focus much more on equity, primary health care and prevention. But we must not fall into the trap of framing prevention as an activity primarily of the health sector.

4. **Justice-based health**

Justice is the foundation for health. This includes social justice, environmental justice, intergenerational justice, and justice across borders and boundaries. It means justice for First Nations peoples and their Country. It means justice for those seeking refuge. It means ensuring rights of diverse communities to self-determination. It means voting, not for one’s own hip pocket interests, but for the wellbeing of future generations. It means reforming systems that are patently unjust, such as the justice system. It means tackling racism and other abuses of power. It means transforming power relations. It means ensuring the right of people to live with dignity, with access to the building blocks of good health including safe, health-promoting environments (not polluted by junk food and alcohol marketing), secure housing and – especially if they live in rural and remote areas – affordable healthy food. It means taking deliberate, concerted and proportionate action to reverse the inverse care law. Oral health was repeatedly highlighted as an area of serious injustice. Poorer people need better access to oral health, including dental care – not less, as at present. There can be no justice without an equity lens being applied across all policies affecting health.

5. **Stop poverty and other punitive policies**

Participants highlighted the many ways that poverty is bad for health. The campaign to increase the Newstart allowance has drawn widespread support, but tackling poverty requires much more systematic and determined action and political will. It also requires an end to punitive policies that inflict harm on people most in need of support, whether Centrelink and Robodebt, compulsory income management, ParentsNext or the NDIS implementation. Again, taking a health in all policies approach to social policy would be transformative for efforts to improve health equity.

Of course the five themes above are interconnected and overlapping. That is the point of moving beyond simplistic, narrow discussions about health.

We encourage you to dive deep into the 140-odd pages that follow. They provide a rich and somewhat chaotic record of wide-ranging discussions whose significance will resonate well beyond the 18 May election.

You can follow the #AusVotesHealth tweeters at [this list](#).
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(in order of the program)

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Dr Tim Woodruff, Doctors Reform Society
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Australian Chronic Disease Prevention Alliance
@ACDPAlliance

Dr Graeme McLeay, member, Doctors for the Environment Australia
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The Home to Bilo campaign
@HometoBilo

Australian Health Care Reform Alliance
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@im4empowerment

Paul Dutton
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Sarah Sutton
@SarahSuttonpsyc

Thanks also to others who contributed to the program throughout the day, including Greens leader and public health doctor, Senator Richard di Natale.

The #AusVotesHealth Twitter Festival was produced by Melissa Sweet, Jennifer Doggett and Marie McInerney. Mitchell Ward designed the memes and this publication.
#AusVotesHealth

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

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Dr Ewen McPhee
“Country people deserve better than myopic national responses.”

Professor Melissa Haswell
“Vote for candidates and parties that put the health and wellbeing of future generations first – we are in a climate emergency and we must act now to reduce our carbon and methane emissions ASAP.”
“Vote to support the Uluru Statement from the Heart – it is a voice of hope and healing, showing the way forward for all.”

Amy Coopes
“Primary care is a key pillar but just as important are health in all policies – things like urban planning, food regulation.”

Cassandra Goldie
“The Private Health Insurance Rebate has to go. It is costly ($6 billion) and doesn’t live up to promise of taking pressure off public health system. Funds better spent in the public health system, improving our hospitals and funding our health system.”
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Malcolm Baalman

“Get beyond a phony climate policy war, we need action! Food security, health equity, environmental health and other health issues all depend on action on climate change.”

“Alcohol industry self-regulation isn’t working. It’s a farce.”

“Time to end unhealthy energy systems? Let’s transition to renewables seriously, quickly, or the growing climate crisis will damage all our health. Let’s not wait for more fires and floods, illness and diseases. 2019 is decision time.”

Dr Chris Bourke

“Children from the lowest socio-economic areas have 70 percent more decay than children from the highest socio-economic areas.”

Professor Pat Dudgeon

“Young and deadly, with powerful connection to culture. There is so much strength and resilience in Aboriginal communities. Let’s promote mental health through cultural respect and Indigenous leadership.”

Leanne Wells

“Health is more than hospitals. We need to shift the debate and investment to transformative primary health care.”
“Current levels of public sector ignorance contribute to the stalled effort to achieve Aboriginal and Torres Strait Islander health equity.”

“Best buys for addressing determinants of health are – addressing climate change; progressing a Treaty with Aboriginal and Torres Strait Islander people; urgent increase to Newstart allowance.”

“Vote for the party that you think will most improve health through addressing issues of poverty, wage inequality and income inequality.”

“Climate change is the biggest issue at this time in our lives. If we fail to appreciate how serious this is, our children should not forgive us.”

“The evidence shows that recognition and funding for Aboriginal and Torres Strait Islander organisations, researchers and services make a difference for the health of our peoples.”
Dr Tim Woodruff

“Climate change and health: Greens have the vision, not the power. Labor may have the power, but their vision is short term, chequered. We hope the Coalition will not have the power as they have no vision.”

Australian Chronic Disease Prevention Alliance

“Politicians often speak of individual responsibility BUT we need public health policies and environments that support and empower people to make healthy choices.”

Australian Health Care Reform Alliance (on #RaiseTheRate campaign to increase Newstart allowance)

“It makes no sense to pour money into high quality health care services while keeping people in poverty.”

Associate Professor Lesley Russell

“Appropriately trained people working to full scope of practice keep costs down, help with burnout, improve access.”

Professor Marc Tennant

“Poor dental health has become a condition of poverty and marginalisation over the last five decades.”
Show me the equity!

How to vote for health? Join us at #AusVotesHealth on 8 May Twitter festival

#AusVotesHealth

What are the parties coughing up on health?

How to vote for health? Join us at #AusVotesHealth on 8 May Twitter festival

#AusVotesHealth

It’s a climate health emergency!

How to vote for health? Join us at #AusVotesHealth on 8 May Twitter festival

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Mrs Janine Mohamed, CEO of Lowitja Institute and chair of Croakey Health Media – @JanineMilera

Launch

janine mohamed @JanineMilera · 1m
Good morning from Wurundjeri country, thanks for joining us, welcome to #AusVotesHealth. In beginning this national conversation, we acknowledge the traditional owners of the lands across Australia & pay our respects to their Elders past, present & emerging.

janine mohamed @JanineMilera · 56s
My name is Janine Mohamed & I am a Narrunga Kaurna woman from SA. I am coming to you from Wurundjeri Country of the Kulini Nations. I have a passion for health policy & research & look forward to the discussion #AusVotesHealth today

#AusVotesHealth
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Janine Mohamed @JanineMilera 50s
I’m CEO of the @LowitjaInstitute, Australia’s National Institute for Aboriginal & Torres Strait Islander Health Research. As Chair of Croakey Health Media I’m pleased to be kicking off #AusVotesHealth & thank Melissa @Croakeyblog & the Croakey team for hosting

Lowitja INSTITUTE

We are an Indigenous organisation working for the health and wellbeing of Australia’s First Peoples through high impact quality research, knowledge translation, and by our health researchers

www.lowitja.org.au

Janine Mohamed @JanineMilera 50s
The election is being held on the lands of Aboriginal & Torres Strait Islander people who’ve cared for country for tens of thousands of years. The voices, expertise, aspirations of First Nations people shld be central to debates & also on electors’ minds @NITV #AusVotesHealth

ALWAYS WAS ALWAYS WILL BE

#VoteACDHO Aboriginal Health, NATSIHWA, CATSINAM and 4 others

Janine Mohamed @JanineMilera 27s
97% of the voters (non-Indigenous Australians) influence the opportunities of 3% (our First Nations peoples). What would we like the 97% to consider?

#AusVotesHealth

Whose problem? Whose responsibility?

3%

97%

Responsibility

Power

www.lowitja.org.au

#AusVotesHealth
Janine Mohamed also tweeted:

In my career, I’ve worked across the Aboriginal & Torres Strait Islander health sector, including time with @AHCSA_ @NACCHOAustralia & as CEO of @CATSINaM. I’ve seen firsthand the impact of Government decisions on the health & wellbeing of our Peoples & our workforce.

Health Minister @GregHuntMP & Shadow Minister @CatherineKingMP recently debated health at @PressClubAust (on iView at https://iview.abc.net.au/show/national-press-club-address/series/0/video/NC1912C003S00) Check out @CroakeyNews commentary.

As health professionals, healers, researchers & policy makers, Aboriginal & Torres Strait Islander people make an important contribution to the health of all Australians. If we want policies that work it’s important that we are represented & heard in Parliament.

In #AusVotes19 I’m glad to see an increasing number of Aboriginal & Torres Strait Islander candidates putting their hand up to take their voices to the national stage. Take a look at this article by @1KarenWyld for @IndigenousX for info: https://indigenousx.com.au/indigenous-candidates-have-canberra-on-their-radars/

In the lead-up to the poll @NACCHOAustralia are running the #VoteACCHO campaign – highlighting the vital role of Aboriginal community controlled health orgs for our mob & sharing election coverage. https://www.naccho.org.au/media/voteaccho/

Marie McInerney @marleymcinerney · 1h
Replying to @JanineMilera @CroakeyNews and 11 others
Thanks so much Janine, for your strong call out and calls for action on #AusVotesHealth - setting the tone for a big day on big issues.

Croakey News @CroakeyNews · 1h
Important message to the 97 percent of voters who are not Indigenous and whose votes have such profound impact upon Aboriginal and Torres Strait Islander peoples' lives. @JanineMilera speaking at #AusVotesHealth Twitter festival today
#AusVotesHealth

Our house is on fire, where is the emergency response?

I would like to ask everyone to imagine the possibilities for transformative change in your lives – in how you live, work, play, travel – & also in your priorities & worldviews, whether about the economy or your political choices.

My topic is: Our house is on fire, where is the emergency response? I’m borrowing from that world-changing communicator, @GretaThunberg. The Q is not being properly addressed during this election, not by (most) pollies/media, not even at #AusVotesHealth. https://www.theguardian.com/environment/2019/jan/25/our-house-is-on-fire-greta-thunberg16-urges-leaders-to-act-on-climate

Melissa Sweet – @croakeyblog
If your house is burning, you throw all energy & resources into the fight. Even in the health sector, where there is an understanding we are facing an emergency, climate action is too often an add-on instead of the central driving consideration.

If your house is on fire, you make a superhuman effort to save your children from the flames; you don’t wait until after you’ve been to the bank or taken a holiday or finished writing that policy document or journal article.

#Climate action needs to be considered as part of every decision we take, including in health and social policy/service provision. It matters for healthcare services, transport, housing, employment, for food – for everything that affects health & wellbeing.

In an ideal world, all political candidates would have effective climate action policies & we could therefore base our voting decisions on a whole range of other issues that we care about. Unfortunately we are not in that place.

Finally, to end with a few quotes; here’s one from a new book by one of today’s guest tweeps, @baumfran – Governing for Health. She writes:

“**The future holds only two possibilities. First ecological destruction; the second, radical, systemic, transformative, epochal change.**”

And this, from an author of a new UN report documenting catastrophic loss of biodiversity, Robert Watson:

“**The health of the ecosystems on which we and other species depend is deteriorating more rapidly than ever. We are eroding the very foundations of economies, livelihoods, food security, health and quality of life worldwide.**”
As another of the report’s authors, Josef Settele, an entomologist at the Helmholtz Centre for Environmental Research in Germany, said: “Business as usual with small adjustments won’t be enough.”

The schoolkids are right – this has to be a #ClimateElection. But the choices facing us are about more than how we vote, they are also about the choices we make each day about how we live, and what we prioritise.
A Fantasyland – a place I want to be

According to @WHO, the social conditions in which people are born, live and work is the single most important determinant of good health or ill health. [https://www.who.int/social_determinants/sdh_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/) …

“Why treat people and send them back to the conditions that made them sick.” That’s how @MichaelMarmot opens his book: The Health Gap: The challenge of an unequal world.
@michaelmarmot grew up in Australia, and delivered the 2016 Boyer Lectures – titled Fair Australia: Social Justice and the Health Gap – they’re worth a listen anytime but especially in the leadup to #AusVotesHealth.

The National Aboriginal & Torres Strait Islander Health plan says between 1/3 & 1/2 the life expectancy gap experienced by Indigenous people may be explained by differences in #SDOH including impacts of #racism. http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf ...

To mark @michaelmarmot's visit to Australia, Croakey released an e-publication featuring 25 key #SDOH articles, out of more than 1,000 published over previous years (download it here).

@michaelmarmot's book ends: “If you are in a country with poorly developed social systems, do something. If your country is on the way, do more. And if you are in the Nordic countries, do it better.” A big #AusVotesHealth challenge for @CatherineKingMP @GregHuntMP

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.
Marie McInerney conducted a straw poll of various family members about the critical #AusVotesHealth matters on their minds – for sceptics who think “the social determinants of health” is a concept that doesn’t resonate beyond a narrow bubble, here is one household where all ages get it.
Highlights and holes – what do we already know about the major parties’ policies and what else do we want from them over the next 2 weeks to inform our decision on May 18th?

Jennifer Doggett – @JenniferDoggett

I’m a Croakey editor and Chair of AHCRA. Welcome to everyone and looking forward to a fantastic day of discussion and debate. This election is a big one for our health system – let’s make our voices heard! #AusVotesHealth

Delighted to be kicking off this Croakey TwitterFest with colleagues @croakeyblog and @mariemcinerney. Tweeting from Ngunawal land. #AusVotesHealth
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Jennifer Doggett @JenniferDoggett  ·  2h
What are the ‘game changing’ issues for you when assessing the parties’ policy platforms? What do they have to do to get your vote? #AusVotesHealth

Jennifer Doggett @JenniferDoggett  ·  2h
Very excited about the line-up of guest Tweeters today - hoping @GregHuntMP @CatherineKingMP and @RichardDiNatale dNatale will also drop by to add their views and answer questions. #AusVotesHealth

Jennifer Doggett @JenniferDoggett  ·  2h
For me one of the standout announcements has been Labor’s recognition of the impact of out-of-pocket costs - albeit just for cancer patients. #AusVotesHealth

Jennifer Doggett @JenniferDoggett  ·  2h
This comes after decades of governments basically ignoring this issue as somehow outside of their remit - although the original vision of Medicare was of a universal health system accessible to all. OOPs that form a barrier to access undermine this vision. #AusVotesHealth

Jennifer Doggett @JenniferDoggett  ·  2h
I think Labor’s policy is important - not just because of the direct help it will give to cancer patients but because for the first time it signals that a potential government is taking responsibility for the cost burden on consumers of accessing healthcare. #AusVotesHealth

Jennifer Doggett @JenniferDoggett  ·  2h
Out-of-pockets have been such a policy vacuum - so important to consumers but ignored by successive governments. Labor’s policy is not perfect but it is at least a start. #AusVotesHealth
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Jennifer Doggett @JenniferDoggett - 2h
I am also encouraged by the comments Labor has made in relation to health reform - they have acknowledged that our system does need some fundamental changes. I am disappointed the Coalition does not seem to think there are major problems that need to be addressed. #AusVotesHealth

Jennifer Doggett @JenniferDoggett - 2h
Major gaps from both parties would have to be social determinants - although Labor's announcement yesterday re Newstart was a positive - and any concrete policies on climate and health. Also prevention needs more attention - esp obesity. #AusVotesHealth
Aboriginal and Torres Strait Islander health matters

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives @CATSINaM

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives - @CATSINaM

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

CATSINaM tweeted:

Importance of growing the Aboriginal and Torres Strait Islander health workforce especially nurses and midwives. The Getting em n keepin em report still relevant 17 years later [http://ow.ly/HbXj50u2jrt](http://ow.ly/HbXj50u2jrt)


Aboriginal and Torres Strait Islander [youthsuicide](https://www.smh.com.au/healthcare/leaders-urged-to-declare-aboriginal-child-suicides-a-national-crisis-20190319-p515fh.html) a national crisis “children as young as 10 are dying”


Cultural Safety makes a difference and @CATSINaM can provide training to support Aboriginal and Torres Strait Islander people to feel Culturally Safe when they access health care

Caring for country and protecting the environment means protecting sacred sites and rivers

Aboriginal and Torres Strait Islander people continue to experience [racism](https://www.mja.com.au/journal/2018/209/1/closing-gap-cardiovascular-risk-aboriginal-and-torres-strait-islander) in the health system, poor health outcomes, the highest incarceration rates, family violence and high rates of children in out of home care

Impact of overcrowding on the health of Aboriginal and Torres Strait Islander Australians – Our health in Our hands

According to Australian Council of Social Services “Aboriginal and Torres Strait Islander peoples are disproportionately affected by poverty and disadvantage” [http://ow.ly/n4yQ50u2jND](http://ow.ly/n4yQ50u2jND)

Before you vote consider the impact of polices on Aboriginal and Torres Strait Islander people #AusVotesHealth #AusVotes19

Racism, cultural safety, connection to Country, incarceration and justice, housing overcrowding - and a call to non-Indigenous Australians to consider the impact of our vote on Aboriginal and Torres Strait Islander people. Important messages for all from @CATSINaM #AusVotesHealth
Donnella Mills,
Chair of the National Aboriginal Community Controlled Health Organisation
– @NACCHOChair

#VoteACCHO

Donnella Mills, chair of the National Aboriginal Community Controlled Health Organisation:
10 great reasons why you should #VoteACCHO for Aboriginal Health in Aboriginal Hands
@NACCHOChair

Hi my name is Donnella Mills Acting Chair of @NACCHOAustralia & Board Director
@Wuchopperen ACCHO in Cairns #FNQ: I’m a Torres Strait Islander woman with ancestral and

@NACCHOAustralia is this country’s peak Aboriginal and Torres Strait Islander #Health authority
145 Aboriginal Community Controlled #Health member 302 clinics: https://www.naccho.org.au/about/
Aboriginal controlled health services provide about three million episodes of care each year for about 350,000 people. In very remote areas, our services provided about one million episodes of care each year. Download our 4 Page NACCHO FACT SHEET Here: https://www.naccho.org.au/wp-content/uploads/Key-facts-1-why-ACCHS-are-needed-FINAL.pdf

NACCHO has developed a set of 10 policy #Election2019 recommendations that if adopted, fully funded and implemented by the incoming Federal Government, will provide a pathway forward for improvements in our health outcomes. For more Info: https://www.naccho.org.au/media/voteaccho/

**Recommendation 1:** The incoming Federal Government must increase funding of Aboriginal Community Controlled Health Organisations to deliver primary health care services across Indigenous communities.

**Recommendation 2:** The incoming Federal Government must increase funding for capital works, infrastructure upgrades and Telehealth services through the Indigenous Australians Health Programme.

**Recommendation 3:** The incoming Federal Government must end rheumatic heart disease by funding preventive health programs within 15 rural and remote communities across the country.

**Recommendation 4:** The incoming Federal Government must invest in ACCHOs, so we can address youth suicide

**Recommendation 5:** The incoming Federal Government must improve Indigenous housing and community infrastructure

**Recommendation 6:** The incoming Federal Government must allocate Indigenous specific health funding to Aboriginal Community Controlled Health Organisations.

**Recommendation 7:** The incoming Federal Government must Close the Gap at this Federal election by increasing range and access to Medicare items for Indigenous health workers and Aboriginal health practitioners.

**Recommendation 8:** The incoming Federal Government must improve Indigenous Pharmacy Programs

**Recommendation 9:** The incoming Federal Government must fund Aboriginal Community Controlled Health Organisations to deliver dental services.

**Recommendation 10:** The incoming the Federal Government must support the development of an Aboriginal and Torres Strait Islander Workforce Employment Strategy
@NACCHOAustralia is calling on all political parties to include these recommendations in their election platforms and make a real commitment to improving the health of Aboriginal and Torres Strait Islander peoples and help us Close the Gap. We need to #VoteACCHO.
Greens starting your sense activities perhaps access whole to Elders, past, present and future. We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Amy Coopes, Editor at Croakey News – @coopesdetat

Worth two in the bush

#AusVotesHealth
I’m a final-year med student, journalist & editor at @croakeynews, and will be focusing my #AusVotesHealth session on #5percentforprevention (more on that from the @_PHAA_ later) & why it’s an especially crucial election priority https://twitter.com/_PHAA_/status/1123433715210838016 ...

In #AusVotes19 I am located in the electorate of Farrer, where the sitting member, @SussanLey, holds a very comfortable 20.5% margin but will be rattled by a local #NSWVotes revolt over water rights & the Murray Darling basin, & a challenge from independent mayor Kevin Mack

Ley was, of course, Health Minister until 2017, when she was forced to resign amid an expenses scandal https://www.theguardian.com/australia-news/2017/jan/13/sussan-ley-quits-health-minister-turnbull-outlines-reform-expenses

As @terryslevin writes, “For every $50 we spend on health, less than $1 is spent on aiming to keep us healthy. It is unsustainable and makes no sense.” https://www.canberratimes.com.au/story/6081941/a-health-election-if-so-whats-absent-is-serious-national-disease-prevention/

For context, @stephenjduckett’s @conversationEDU #ausvoteshealth analysis provides a nice overview of where @AustralianLabor and @liberalaus diverge on health policy. In brief, it’s a question of money in the pocket versus money in the system https://theconversation.com/what-are-the-major-parties-promising-on-health-this-election-116427

Only the @Greens have made an explicit #ausvoteshealth commitment to prioritising prevention, including the establishment of an independent Preventative Health Commission and publicly funded Denticare https://greens.org.au/sites/default/files/2019-04/Greens%202019%20Policy%20Platform%20-%20World%20Class%20Universal%20Health.pdf ...

If you’re wondering what sorts of things a prevention-focused #ausvoteshealth government could consider funding, @AHPA_AU devoted an entire issue of its journal to this question, with some great suggestions https://onlinelibrary.wiley.com/toc/22011617/2018/29/S1 ...

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.
Australia spends $89 per person per year on preventative health ($2bn) – just 1.34% of all health expenditure – and this is declining, according to a 2017 @prevention1stau report. For context, treating chronic disease costs $27bn p.a. [https://croakey.org/prevention-a-prescription-for-better-health-in-australia/]

For more on the defunct (for now) National Preventative Health Agency, this excellent #longread from @croakeyblog is worth your time [https://croakey.org/the-politics-of-prevention/]

The @prevention1stau folks have also drawn up a handy scorecard on the government’s preventative health policies and performance. Spoiler alert – it’s not pretty

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We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

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Amy Coopes @coopesdetat · 2h

Here’s the @ AIHW on some of the fundamental ways we are falling short, and what this is costing our system. 27,000 avoidable deaths, many preventable hospitalisations [#ausvoteshealth]

- In 2014–15, 14.5% of people aged 15 years and over smoked daily (16.9% 12.1% of women). Age-adjusted daily smoking rates have fallen since 1999.
- In 2014–15, 17% of adults consumed more than 2 standard drinks per day exceeding the lifetime risk guidelines. Men were almost 3 times as likely to consume alcohol at risky levels.
- In 2014–15, 50% of adults and 60% of children ate sufficient serves of fruit.
- Over half (52%) of adults aged 16–64 were not sufficiently active to gain health benefit in 2014–15, among adults aged 65 and older, 71% were not sufficiently active.
- In 2016, 19% of recruiting drug users reported using needles and syringes sometimes.
- The proportion of households with children aged 0–6 in which a parent had smoked during pregnancy fell between 1995 and 2016 (from 31% to 2.8%).
- The proportion of Australian adults who are overweight or obese was 32% among children aged 5–11, it was 21%.
- In 2014–15, 2.2 million people lived on less than half the median equivalent income (that is, less than $447 per week), including 1.2 million people living 40% of the median (EAL).
- More than two-thirds (68%) of people aged 25–64 had a non-school qualification in 2017. People living in major cities and inner regional areas were more likely to have a non-school qualification than people living in Outer regional or in Very remote areas.

Potential risk in the first trimester of pregnancy.

- About half of all women in the non-smothing age group participated in BreastScreen Australia and the National Cervical Screening Program in 2015 and 2016 respectively.

For more information, see [https://croakey.org/3](https://croakey.org/3)

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Why does it matter though? It’s a few years old now, but I think this #longread from @amycorderoy gets to the heart of it. We are quite literally making ourselves sick. And there is a massive social gradient at play. https://croakey.org/longread-the-sickness-of-social-organisation-inequality-will-be-the-death-of-us/ …

We compare poorly on obesity and alcohol consumption among the @OECD and spend much more on public hospitals than we do on keeping people out of them.

Most illness & death in Aust due to chronic conditions – 50% of us have at least one, account for 60% of disease burden & contribute to 90% of deaths. Importantly, many share modifiable risk factors which could, if addressed, reduce national disease burden by 1/3.
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Modelling from the @AIHW on #prevention suggests 14% of disease burden could be relieved by, variously:

• Everyone walking briskly for an extra 15 minutes every day, 5 days a week
• Sustained 3kg of weight loss by those in the at-risk obese/overweight population.

The differences are pretty stark when you contrast some of the data on things like heart and kidney disease and diabetes.
Undeniable in all of this is the social gradient. All cause mortality is 1.5 times higher for the most disadvantaged people in our society, and the poorest males live 5.7 years less than their most advantaged counterparts (3.3 years for females)

In prevention terms this is even more pronounced. The poorest experience:

- Obesity burden 2.3x
- Sedentary lifestyle burden 1.7x
- Alcohol 1.9x (2.4x in very remote areas vs cities)
- Illicit drug use 2.6x (++ remoteness w meth & unsafe injecting).
This @natsem_uc paper suggests that closing the gap between richest & poorest, through action on #SDOH, could spare half a million Australians chronic illness, slash PBS scripts by 5.3m and save $2.3bn in annual hospital funding #ausvoteshealth http://library.bsl.org.au/jspui/bitstream/1/3102/1/Cost%20of%20Inaction%20on%20the%20social%20determinants%20of%20health2012.pdf ...

Similar inequalities are seen in rural and remote areas, home to some 7 million Australians or 29% of the population. The mortality rate in very remote areas is 1.4x higher than in major cities, as are levels of chronic conditions and their drivers.

| Table 5.2.2: Median age at death, mortality rate and rate ratio, by remoteness area, 2015 |
|---|---|---|---|---|---|
| Median age at death (years) | Major cities | Inner regional | Outer regional | Remote | Very remote |
| Age-standardised rate (number per 100,000 population) | 82.0 | 81.0 | 79.0 | 76.0 | 67.0 |
| Rate ratio | 1.0 | 1.1 | 1.2 | 1.3 | 1.4 |

Hospitalisations are also telling — the rate is almost double in very remote areas, and potentially preventable admissions are markedly higher the further you get from the city.

Cost of and access to care are both issues, and this is exacerbated by disadvantage and remoteness of remote areas. 14% of Australians are estimated to skip doctors visits, tests & scripts due to cost (for comparison, it’s 1 in 3 in the US).

So what can, and/or should we do? That’s a matter for a whole separate post-election #ausvoteshealth Twitterfest (#ausvotedhealth, perhaps @croakeynews team?), but #5percentforprevention, as recently pledged in WA, would be a good starting point https://www.mediastatements.wa.gov.au/Pages/McGowan/2019/04/Sustainable-Health-Review-provides-ambitious-blueprint-for-the-future-of-health-care-in-Western-Australia.aspx ...

We rounded up some of the prevention priorities and proposals from Australia’s health sector ahead of this year’s budget which also provides some great food for thought. [https://croakey.org/federal-budget-2019-20-preventive-health-priorities-from-the-health-sector/](https://croakey.org/federal-budget-2019-20-preventive-health-priorities-from-the-health-sector/)

I’ve run out of time, having barely scratched the surface, but hope I’ve been able to spur on the conversation around prevention & why it matters for health. Primary care is a key pillar but just as important are #HIAP — things like urban planning, food regulation.

There’s so much good work being done in this space — @cphce_unsw has some interesting stuff on the ‘suburbanisation of disadvantage’ which is worth a look. [https://croakey.org/the-suburbanisation-of-disadvantage-a-critical-concern-for-public-health-and-planning-sectors/](https://croakey.org/the-suburbanisation-of-disadvantage-a-critical-concern-for-public-health-and-planning-sectors/)

This from the @cphce_unsw ahead of the last federal election, is relevant as ever, on the vital leadership role health can and must take. [https://croakey.org/work-in-health-experts-urge-you-to-question-your-biases-and-to-challenge-unfairness-and-dont-forget-to-vote/](https://croakey.org/work-in-health-experts-urge-you-to-question-your-biases-and-to-challenge-unfairness-and-dont-forget-to-vote/)

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Amy Coopes @coopesdetat · 2h
Thanks for tuning in to my #ausvoteshealth soapbox! I’ll hand over the megaphone now, but please keep the conversation going. Prevention! It’s worth two in the bush.

GIF

Jennifer Doggett @JenniferDoggett · 6m
Some startling statistics from @coopesdetat - and ideas on what we need to do to close the 15 year mortality gap between remote and urban areas. Focussing on SDOH and the drivers of chronic disease are a great place to start.

#AusVotesHealth
#AusVotesHealth

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#ClimateHealthEmergency

We acknowledge the traditional owners of the unceded lands on which CAHA operates and their elders past, present and future.

We asked the major parties about their policies on the #climatehealthemergency Here’s how they stack up http://bit.ly/FESC19

We’re facing a #climatehealthemergency & your voice & actions are powerful Join us & pledge to take #climateaction http://bit.ly/OCOHCApledges
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

CAHA Inc @healthy_climate · 3h
CAHA is a collaboration of health organisations & individual health profs concerned about the health of every Australian - you can join us at bit.ly/CAHAJoin
@_PHAA_ @AusHealthcare @VAHPA1 @NRHAlliance #AusVotesHealth

CAHA Inc @healthy_climate · 3h
#Climatechange poses a huge risk to the health of Australians
This #climateelection Aust health profs are calling for effective #climateaction for all our health bit.ly/OL2019FE @billshortenmp @RichardDiNatale @ScottMorrisonMP @M_McCormackMP #AusVotesHealth

CAHA Inc @healthy_climate · 2h
Air pollution kills at least 3,000 Australians every year that is why CAHA is calling for stronger Air Pollution Laws this #climateelection #AusVotesHealth
#AusVotes19
Do you support #climateaction bit.ly/CAHAVoteClimate
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

CAHA inc @healthy_climate · 2h
Keeping the Emissions Reduction Target to a MINIMUM of 45-65% of 2005 levels and aiming for negative net emissions by 2050 is essential to the health of the planet and to our health. #AusVotesHealth #ClimateHealthEmergency

Marie Mcinerney @mariemcinerney · 2h
Damning scorecard from @healthy_climate on major party commitments on #climateaction in the face of the #climatehealthemergency - and a call to action for/from health professionals to apply the pressure at #AusVotesHealth
Malcolm Baalman,
Public Health Association of Australia
– @PHAA

Public health policy

Are climate change and health our most important public issues right now? Get beyond a phony climate policy war, we need action! Food security, health equity, environmental health and other health issues all depend on action on climate change.

So much more needs to be done to prevent obesity and all the diseases it leads to. Good ideas for action are already known – thanks @OPCAustralia! Keeping kids healthy must not be a political afterthought; should be at the core of our ‘health system’
Far too much unhealthy advertising is being fired at kids on unhealthy foods, sugar-added products, alcohol, gambling – even tobacco industry. Stopping ads to kids is an inexpensive and effective option for governments.

.. State governments can act on unhealthy advertising to kids too – like Queensland govt a few weeks ago – @StevenJMiles.

Great that action on mental health – the precursor to many other forms of health and wellbeing – is getting bipartisan attention in the current Oz election. Differences of policy between major parties, but so important that all govs support and invest.

… also, there should certainly be a dedicated federal minister for mental health, making the agenda happen. Are all parties committed to that?

Alcohol industry self-regulation isn't working. It’s a farce. A majority of Australians are concerned about marketing alcohol to kids. Time for action; more health promotion and limits on ads that lead to harmful drinking.

We need to do much more on the health of Indigenous Australians. It’s good to see that both major political parties (and of course the Greens and many other parties and candidates) see the urgent need for action and investment.

… and it’s essential that governments work through Indigenous community organisations. Genuine multipartisan commitment by all our politicians will be needed to Close the Gap!

Here’s a summary of PHAA’s key health issues that the next Australian government should focus on: https://www.phaa.net.au/documents/item/3373 illness prevention, protecting kids, health promotion, Indigenous health, climate health

Time to end unhealthy energy systems? Let’s transition to renewables seriously, quickly, or the growing climate crisis will damage all our health. Let’s not wait for more fires and floods, illness and diseases. 2019 is decision time.

New polling presents a clarion call for increasing awareness of alcohol and potential harms AND CONTROLS on advertising, price and availability.
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

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When will there be leadership in alcohol advertising standards? Especially when it comes to protecting children from alcohol advertising

#healthpromotion
#healthpol
#AusVotesHealth
#AusVotes2019
#aushealth

AlcoholAdReviewBoard @AlcoholAdReview
The Annual Alcohol Poll from @FAREAustralia has been released! Full of interesting findings, including that 75% of Australians believe that more needs to be done to reduce the harm caused by alcohol. Check it out here: fare.org.au/alcpoll2019/ #AlcPoll2019

FARE @FAREAustralia · 27m
Most #Australians believe there's a conflict of interest in #political parties and policymakers receiving donations from the #alcohol industry.
#auVotesTw #auspol #AusVotesHealth
MORE: fare.org.au/alcpoll2019/

Jennifer Doggett @JenniferDoggett · 27s
Thanks @PHAA - so much ground covered! Indigenous health, climate change, obesity and prevention. Thanks for the links to PHAA's policy and advocacy docs on these issues - they are great resources. #AusVotesHealth

#AusVotesHealth
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

*Professor William Bellew*  
– @billbellew

**Getting us active?**

> Hello  
> I am talking #PhysicalActivity from 10:30, from The Charles Perkins Centre, USYD. I acknowledge and pay respect to the traditional owners of the place where I am today— the #Gadigal people of the Eora Nation, and to their elders past and present.

> We have an election campaign, but where is the investment in an active Australia? See the commentary from myself, Trevor Shilton and Adrian Bauman:

> We have an election campaign, but where is the inv...  
> The next Federal Government has an enormous challenge to increase physical activity levels among the general population, and needs to seriously re-think ho...  
> croakey.org
Reducing inactivity is not the same as funding sport. **Helping the inactive** needs to be much broader than Community Sports. Sport is a great way to become and stay active, it isn’t always the preferred option for people who move the least.

Indeed, overall population rates of participation in sport are estimated to be less than 10% (7.5% – 8.3%), plummeting after the mid-to-late teens.

Australian PA rates, measured through the ABS National Health Survey, have flattened. Data show a lack of improvement among adults for 20 Years. Key groups remained unchanged across this period, with women and older adults needing particular attention.

"Community Participation’s” share of total Sport funding decreased by 1% from 17% in 2016/17 to 16% in 2017/18....so ***we currently spend 84% of funding on 8.3% of the population and the remaining 16% of funding on 91% of the population*** #NOTFAIR

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The UK invests at x2 the rate of Australia to help get Inactive people moving. And they are getting results while Australia is floundering

RECORD NUMBERS MORE PHYSICALLY ACTIVE

Results from our latest survey also show inactivity rates decreasing, but stubborn inequalities still remain

#5asks
1/5.Use the **Blueprint for an Active Australia** as the key frameworks to guide the implementation of Sport 2030 Priority Area 1: Build a more active Australia

Blueprint for an Active Australia
Heart disease is Australia’s leading cause of death. While there are many contributing factors to this across lifestyle, diet, family history and more, not
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

#AusVotesHealth
Fixing health inequalities makes everyone healthier

So great to focus on the important policy discussions the community is entitled to know, as others want to talk about baseballs hats, vests and running shoes!

We need big, smart investments and action in preventive health. An essential step is placing a tax on sugary drinks and reforming alcohol taxes, and reinvesting the funds raised in health prevention and early intervention. Over $3b pa.

It is time for a universal dental health scheme! ALP policy an excellent step towards. Cf Coalition dental commitment is a real cut. Need investment in public dental to double the number of people receiving public dental health services. Immediately.

ALP dental scheme for Age Pensioners welcomed by many. But also highlights the thousands denied dental services, because of cost, including people on Disability Support Pension, Newstart, Parenting Payment. Waiting, often in pain, for public dental.
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

The Private Health Insurance Rebate has to go. It is costly ($6 billion) and doesn’t live up to promise of taking pressure off public health system. Funds better spent in the public health system, improving our hospitals and funding our health system.


ACOSS Tweets

We would like to start our contribution to the #AusVotesHealth twitter festival by acknowledging the Gadigal people of the Eora nation, as we are tweeting from Gadigal land today.

ACOSS is an advocate for action to reduce poverty & inequality and the peak for community services in Australia. Our vision is a fair, inclusive and sustainable Australia where all people can participate in and benefit from social and economic life.

Although Australia’s health system is based on a model of universal healthcare, people on low incomes or who live in disadvantaged or isolated communities experience particular problems accessing services readily available to other Australians.

A number of health issues need highlighting this election. The first is inadequate investment in preventive health. Investment in preventive health and supporting people to adopt healthier lifestyles would save significant future health care costs.

This investment in preventive health could be funded by a tax on sugary drinks and reforms to how alcohol is taxed. These reforms would also reduce harms from overconsumption of alcohol and sugary drinks

We also need to highlight lack of investment in dental for people on low incomes. The lack of public dental care incurs a cost in our health system and impacts people’s ability to live their lives, including to eat, work and engage in their communities.

Poverty and health problems go hand in hand. The appallingly low rate of #Newstart is a health issue. Find out where your candidates standing on Newstart.

ACOSS recommends the abolition of the Extended Medicare Safety Net, which costs $500 million a year and is driving up medical costs, and reinvesting the savings in the public health system.

We are also concerned about rising out-of-pocket costs and the impact this has on access to services for people on low incomes who are more likely to experience poor health. The Extended Medicare Safety Net (EMSN) exacerbates inflation in health costs.

Despite being a significant component of health expenditure, the Private Health Insurance Rebate fails to take pressure off public hospitals. We could redirect $6 billion into the public health system by abolishing this rebate.
ACOSS recommends that as a first step on the way to a universal dental scheme, we make dental care affordable for all, by doubling the number of adults able to access public dental services.

ACOSS has published an election tracker to show where the parties stand on the issues, including health. You can check it out at https://www.acoss.org.au/2019-election-policy-tracker/
Oral health, on the agenda

Nearly three million Australians, more than 11 percent of the Australian population, do not have a fluoridated water supply. Extending community water fluoridation requires Commonwealth support for local water supply authorities.

Dentistry is efficient and effective at alleviating pain caused by dental diseases; it is also effective at restoring oral function after damage caused by disease or trauma.

Multiple barriers to accessing dental treatment including out-of-pocket costs, geography, physical access, availability, institutional racism, lack of cultural safety, health beliefs, anxiety and fear.
The intensive and time-consuming nature of dental treatment makes it costly; the WHO has nominated dental disease as the fourth most expensive disease to treat.

Dental treatment is described as a large financial burden for 11 percent of Australians. People in low income households are much more likely to avoid having a recommended treatment due to cost than people in high income households.

Tooth decay is the most common chronic disease in both Australian adults and children. Nine out of ten Australians have experienced tooth decay, and three in ten Australian adults have untreated tooth decay.

The social determinants of health have a profound impact on tooth decay. Children from the lowest socio-economic areas have 70 percent more decay than children from the highest socio-economic areas.
A devastating account of the NDIS, shared at #AusVotesHealth

Dave Peters tweets:

I’m looking at mental health support within the National Disability Insurance Scheme (NDIS) and the situation in Victoria where community managed mental health services have been decimated with the roll-out of the NDIS and the impact this has had on service users.

In the recent past, Victoria had a range of mental health services available for people living with mental illness/distress. These services provided support to pursue a meaningful and contributing life regardless of the symptoms of illness/distress.
These were managed by non government organisations and were separate from Local Area Mental Health services run by the hospitals. These services had an open-door policy, whereby anyone needing support to pursue a meaningful life and to manage distress/mental illness could access support.

The introduction of the Mental Health Act 2014 allowed for a service in Victoria to provide intensive outreach support for people living with complex and/or enduring mental illness. This was called Mental Health Community Support Services (MHCSS).

MHCSS was designed to offer intensive support for people outside of clinical services to support them to live independently and to pursue goals in line with their values. The service was aimed to assist people to explore a meaningful and contributing life, with or without symptoms.

The MHCSS program was a State based service designed to assist people with more complex and intense support needs, and was in addition to the Federally funded PHaMs and Day to Day Living (D2DL) programs.

I accessed MHCSS and D2DL programs for years and this support allowed me to avoid hospital by providing me with the support and psycho-education to develop my own coping mechanisms outside clinical or medical support. This was based on the Recovery Model.

Approximately 13,000 people were accessing MHCSS (VIC) in 2016. Nationally, the Productivity Commission predicted that approximately 64,000 people with a disability resulting from mental illness would access the NDIS by full roll-out.

Program cut

As part of the funding agreement between the State of Victoria and the Commonwealth, the Victorian Government arranged to de-fund the MHCSS program and divert those funds to pay their State contribution to the funding of the NDIS.

This arrangement was part of the Coalition of Australian Governments (COAG) agreement. The agreement was that people previously supported by MHCSS would get access to NDIS without needing to go through the application process.

The MHCSS program offered support provided through community managed organisations such as Mind Australia, EACH, Neami National, Wellways, etc. and approximately 13,000 Victorians accessed these supports in 2015 – 2016.
In theory, the NDIS funds supports for people living with a permanent disability who are significantly impaired across one or more of the NDIS domains: mobility/motor skills; communication; social interaction; learning; self-care; self-management.

When mental illness was added to the NDIS Scheme, a new term was created to differentiate between people with a temporary illness and those with a lifelong condition.

Psychosocial disability is a term used in the NDIS to describe people who are permanently disabled because of their mental illness.

When the NDIS began rollout of the Scheme in 2016, concerns were raised about how it was going to work for people living with psycyhosocial disability. How do we access the Scheme? How could we articulate our needs and goals for the future when we’re potentially fighting to survive each day?

The COAG Agreement gave access to the Scheme for people who were accessing the MHCSS program. That only covered the initial access – you still need to show impairment AND to base your supports on goals to get NDIS funds in your plan.

Due to the episodic nature of the symptoms of mental illness, it is very difficult to anticipate and plan for support needs. This makes it very hard to build a plan in NDIS, as the whole scheme is designed to fund supports based on consistent, predictable needs.

The NDIS funds a range of supports and services which may include education, employment, social participation, independence, living arrangements and health and wellbeing. To get funds in your NDIS plan, you must demonstrate ‘significant impairment’ in NDIS domains.
The National Disability Insurance Agency (NDIA) has always maintained it is NOT designed to replace traditional supports provided by mainstream services such as hospitals, mental health supports, employment, housing etc.

So, the problem with de-funding the MHCSS program is that although those service users are guaranteed access to NDIS, the NDIS is NOT designed to replace those supports.

In other States, people using community mental health supports have continued with those supports as well as NDIS.

**From best to worst**

Prior to NDIS rollout, we had a system of supports here in Victoria that were the envy of other States. Now that community managed mental health supports have been de-funded, we have one of the worst State-based systems in Australia.

The Primary Health Networks (PHN) are funded by the Commonwealth Government and have been gradually increasing funding for small streams of specialist mental health services, and even though a majority of PHaMs & D2DL service users are likely to qualify for NDIS, these supports have been extended to June 2020.

Unfortunately, these supports are only available to people who are NOT eligible for NDIS supports. Despite the Productivity Commission predicting approximately 64,000 people with psychosocial disability accessing the NDIS at full rollout, many people are not applying or are being rejected.
This has created a huge gap in available supports, particularly in Victoria. Interestingly, Emergency Department (ED) presentations for mental distress have increased by roughly 20 percent since 2016 when the NDIS rollout began.

In 2017, 621 Victorians died by intentional self-harm. In 2016, 624 Victorians died by intentional self-harm. Nationally, 3128 Australians died by intentional self-harm in 2017, an almost 10 percent increase and the highest number in 10 years.

I believe the Victorian Government did the MHCSS service users a great injustice by de-funding that program in exchange for entry to the NDIS, but once that agreement was made, the Commonwealth Govt became responsible for providing supports to those approximately 13,000 people.

**Workforce concerns**

It’s also created a significant workforce issue, as the workforce previously providing the MHCSS have not transferred to NDIS due to a significant deficit in remuneration, as NDIS individual supports are less specialised than the MHCSS program and that’s reflected in the pricing.

In Victoria, approximately 900 specialist community mental health staff have been left to seek new employment due to the inability to be supported by the price structure in the NDIS based services, as those services are not specialised for mental health.

The loss of the MHCSS program has had a significant impact on the people who were accessing those supports. Many people have become isolated and haven’t utilised their NDIS funding due to the complexity of the Scheme as well as the lack of equivalent supports.

Some people have not been able to articulate their needs in the format required for NDIS plan management and funding, so have been incredibly disadvantaged and have come away with their needs unmet or with little to no funds in their NDIS plan.

Other service users from the PHaMs, D2DL and Partners in Recovery (PIR) programs have also struggled to access the Scheme. It was generally predicted that most of the people using those services would qualify for the NDIS, but in reality, only approximately 50 percent have tried.

Those that have applied NDIS, only one-half those have been successful in getting access to the Scheme, or 25 percent of the original total users of the programs. Large numbers (20 percent) are still gathering evidence to support their application and remaining have either not applied or are unknown.

So overall, out of the total number of service users from PHaMs, PIR and D2DL, 25 percent have been successful in getting access to NDIS. Three-quarters have not.

There are also identified problems with the process, such as: proportion of people assessed as eligible lengths of time people had to wait for applications to be assessed length of time before those found eligible received their plan appropriateness of plans.

These are happening in every State or Territory, as there seems to be a real lack of understanding around what is psychosocial disability and how it fits into the Scheme, especially when compared to more physical types of disability.
Personal experience

Based on personal experience, I can confirm that my initial planner had no clue about mental health or psychosocial disability and, as a result, my plan was completely inappropriate, resulting in a battle to get a plan that meets my needs that is still ongoing 15 months later.

The Agency has announced they will be adopting a new referral/access pathway for applicants with a Psychosocial Disability. Announcement on 10/10/18 (World Mental Health Day) but still no word on what this will involve or when this pathway will be implemented.

Apparently, the Agency has been trialling a pilot of this pathway in 2 areas, which was announced late last year, but no outcome or even updated progress has been announced, nor any information given on what will be involved.

So far, the only thing I’ve managed to find out is the adoption of a new assessment apparently more appropriate for psychosocial applicants. This is the Life Skills Profile or LSP-16 or the Health of Nations Outcome Scale (HONOS).

Compared to the previously used World Health Organization Disability Assessment Schedule (WHODAS), this is probably an improvement as it actually does ask questions about self-care and emotional and behavioural responses, but it requires you to be assessed by a clinician to complete them.

This might be okay for those who have been hospitalised within the last six months or people with a regular psychiatrist, but for those accessing community supports only, they are responsible for paying a clinician to do an assessment and report to support their application.

It’s something not really talked about – the personal cost of dealing with the massive bureaucracy of the NDIS. Personal cost in dollars to pay for specialist assessments and reports (even with Medicare rebates, you’re usually talking at least $500 per Ax & Report).

Adding to stresses

The other cost is the emotional and psychological stress this process puts you through. I know of several people who have ended up in hospital (Mental Health ward) due to the stress associated with trying to access NDIS.

People using the Recovery model & most people working in mental health will be familiar with the strengths-based approach. A focus on strengths and capabilities, all the things they can do, the things going well. Easier to build on success than to focus on negatives when trying to get well!

So, we come back to that personal cost I talked about. It’s hard enough to access and navigate the NDIS without then needing to spell out all the ways your life is lacking!
Imagine coming from a community mental health service where you’ve spent time focusing on positives only to then focus on negatives – it sucks!

I spent 8 years getting support from Neami National to help me come to terms with my illness and to regain a sense of purpose in life, to make life worth living.

When it came time to do my planning meeting with the NDIS, I needed to show them all the ways my life sucked in order to get ‘reasonable and necessary’ funding in my NDIS plan.

I don’t think I can adequately express just how distressing that process was for me. It undermined the progress I’d made over the previous years and made me feel hopeless and desolate for the future.

To then turn around and get a plan that included ‘in kind’ support only, meant I was left with no supports at all.

Theoretically, the ‘In Kind’ supports were referencing the MHCSS program I’d been accessing for support. In practice, one the NDIS rolled out, the service withdrew from the NDIS market and declined to offer the same service for approximately 50 percent of the cost.

Trying to talk to the planner at the Local Area Coordination Service (LAC) was hopeless. She had absolutely no idea that the funding for those services had been withdrawn in Victoria despite my telling her many times in the planning meeting.

Seeking alternatives was hopeless, as the services had either withdrawn from the NDIS market, declining to offer a lower quality service for the available NDIS price.

Trying to access similar supports from the remaining services was impossible, as everyone else was in the same boat!

Thanks for listening! @ACOSS has a great policy tracker, and despite promises from Labor to ‘fix’ the NDIS, we have yet to see a comprehensive plan on how it’ll work!
Professor Pat Dudgeon,
The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention
– @cbatsispep

Self-determination matters

@Cbpastsisp pays respect to the traditional custodians of the land we live & work on, the Wadjuk people of the Noongar Nation, and their Elders. We acknowledge the culture, strength, and resilience of all Aboriginal and Torres Strait Islander peoples.

@Cbpastsisp supports development and implementation of culturally safe evidence-informed suicide prevention programs, services and research in Aboriginal and Torres Strait Islander communities across Australia.
Suicide is complex and has different causes in Indigenous populations: history, trauma, colonisation, social exclusion. We need culturally safe professional help for people at immediate risk. #communityled #suicideprevention #connectiontoculture

The Aboriginal suicide rate is double the rest of the population and for youth it’s four times as high. We need to invest in youth work and education, support youth leadership and connection to culture. #SuicidePrevention https://www.cbpatsisp.com.au/resources/vidoes/

Both sides are offering new @headspace_aus centres. That’s good, but better mental health for Indigenous youth also needs policies to address disadvantage. Come on @AustralianLabor and @LiberalAus.

Young and deadly, with powerful connection to culture. There is so much strength and resilience in Aboriginal communities. Let’s promote mental health through cultural respect and Indigenous leadership: http://bit.ly/2YbEFWT.

@cbpatsisp urgently calls for a dedicated National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and implementation Plan, as recommended at last year’s national conference: http://bit.ly/2DTjNfo

Aboriginal Community Controlled Health Services are best placed to offer mental health, social and emotional wellbeing, alcohol and drug and suicide prevention services, alongside culturally safe mainstream services, #communityled #connectiontoculture

@cbpatsisp calls on government to allocate more program funding to Aboriginal Community Controlled Health Services or organisations, and to communities. It’s Recommendation 2 from last year’s Indigenous suicide prevention conference. http://bit.ly/2DTjNfo

@cbpatsisp supports Elders’ calls for an immediate response to unacceptable rates of suicides of Aboriginal young people, including a Royal Commission or ‘Truth and Reconciliation’ Commission to heal and move forward. Recommendation 3: http://bit.ly/2DTjNfo

Marie McInerney @mariemcinerney · 13m
Prof Pat Dudgeon @cbpatsisp has welcomed specific #AusVotesHealth mental health promises but urged a national Indigenous suicide prevention strategy & action on disadvantage & truth telling. Indigenous suicide rates critically high, but cause #racism #trauma @croakeyblog
What do election promises mean for consumers’ health?

So much promised on health but the big hole in the election campaign: no really comprehensive policy on prevention health.

Coming soon: CHF will release its scorecard on election health policies of the three biggest parties. How will the parties stack up?

Three pain points for this election: cost, uncertainty and poorly coordinated care.

Out of pocket costs in Australia high compared to most other countries. Are the down payments to address this problem enough? Doubtful.

Health is more than hospitals. We need to shift the debate and investment to transformative primary health care.
Too much short termism, what Australia’s health needs is a long-term plan for a more sustainable system, preventing chronic illness in future years, and cost-effective care.


Wellbeing of Australian youth a key priority – CHF welcomes the focus on youth health at this stage of the election campaign Read our media release here https://chf.org.au/media-releases/welcome-focus-youth-health-more-support-needed

PostScript from Croakey: On 10 May, the CHF released its election scorecard. The Greens health policies received the highest rating in an assessment that spans eight domains, including consumer leadership, action on the social determinants of health, prevention, and integrated primary care reform. Next came Labor, while the LNP lagged far behind. (Read more in this Croakey report).
Training the public service

I am Research Fellow at @westernsydneyu. I acknowledge the Traditional Owners of the land upon which I work, the Tharawal people, and where I live on Bediagal country. For #AusVotesHealth I want to talk about training the public sector in Aboriginal health.

I also belong to the Aboriginal Health and Wellbeing Stream of Maridulu Budyari Gumal, focused on knowledge exchange in engagement, education, methodology and prisoner health. We aim to partner in best practice in Aboriginal and Torres Strait Islander health education.

This training involves increasing numbers of Aboriginal and Torres Strait Islander health professionals; building Aboriginal and Torres Strait Islander health knowledge into the system; and lifting cultural capabilities among Australians generally.
Many public sector workers engaged in study are keen to better understand Aboriginal health and wellbeing. Our students have told us how based on their new learning they have fundamentally changed the way they approach program development. [http://tiny.cc/httc6y](http://tiny.cc/httc6y)

But this is just the tip of the iceberg. The public service is hugely influential in the way health business is conducted with Aboriginal and Torres Strait Islander communities.

Yet, productive engagement in this space leans on the immense labour by Aboriginal and Torres Strait Islander advocates and community members to educate departmental representatives, leaders and policy makers on Aboriginal health priorities.

Changing current high levels of ignorance about Aboriginal health in the public sector requires national leadership, and Aboriginal and Torres Strait Islander peaks such as @CATSINaM are already leading the charge. Governments also have a leadership role.

Cultural safety is central to our health plans. It involves transformed understanding of continuing impacts and processes colonisation; about the nature and structure of racism; about our unconscious biases; it takes skill in self-reflective practice every day.

As educators, we join students on their learning journey encountering new and difficult knowledge about Australia’s colonial history and strive for ways to be come empowering contributors to more equitable health and justice outcomes for Australia’s First Peoples.

However, this is a team effort. Integrated action at all levels is needed, including sustained support for the work of peak organisations. Current levels of public sector ignorance contribute to the stalled effort to achieve Aboriginal and Torres Strait Islander health equity.

Later today colleagues from @AIDAAustralia will have more to say about cultural safety.

Professor Ian Ring, @UOW, a member of our Stream, has identified the following target groups and knowledge gaps for a national effort. We would be interested to hear from public sector workers what they think? What leadership is required by #auspol? What do we already know works?

Public servants: – health planning, service needs assessment, public health concepts, cultural issues, racism, major clinical topics, management use of information to monitor and improve service quality, etc.

Clinicians embarking on Aboriginal and Torres Strait Islander health: – cultural issues, racism, relevant clinical and public health topics, monitoring and improving quality (CQI), working in teams, how to make best use of MBS/PBS, etc.

Administrators in PHNs and ACCHSs: – working with Aboriginal & TSI communities; assessing service demand, need, access; service inventory & gap analysis; interpreting info to monitor & improve service quality; financial management; funding issues, legislation etc

Our Stream calls on the incoming government to work with the national Aboriginal & Torres Strait Islander health planning partnership with COAG to ensure public sector professionals are better prepared to become part of the solution. Will you join us?
What about policies for the social determinants of health?

I am @MsLynM chief exec at @cohealth_au, we’re passionate about health equity, and tweeting from Wurundjeri and Boonwurrung land.

cohealth acknowledges the traditional custodians of the land and their ancestors on which our offices stand and pay respect to Elders past and present. We acknowledge the sorrow of the Stolen Generations and the impacts of colonisation on Aboriginal and Torres Strait Islander ppl.

We also recognise the resilience, strength and pride of Aboriginal and Torres Strait Islander communities.
Best buys for addressing determinants of health are – addressing climate change – Progressing a Treaty with Aboriginal and Torres Strait Islander people – Urgent increase to Newstart Allowance. #AusVotesHealth #raisetherate #climateemergency #treaty

We urgently need also to address race based discrimination and ensure those impacted have access to culturally safe service responses.

“IN A RACIST SOCIETY IT IS NOT ENOUGH TO BE NON-RACIST. WE MUST BE ANTI-RACIST.”

— Angela Davis

In addition we need to recognise the cost and cease the punitive and demeaning treatment of people receiving income support payments through removing compulsory income management; Robodebt; ParentsNext, etc.

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.
It is essential that we have health policy that includes an equity lens. It’s poor economic sense and causes untold unnecessary suffering.

We urgently need to reorient health system to provide more care in the community, as soon as they need it and close to where people live, to keep people health and move away from acute and costly hospital care.

This requires an increased investment in community health services where people can access health services recognise and respect their social context

Individuals, families and communities need integrated, wrap around holistic care, particularly for people with multiple and complex needs

They also need increase access to affordable and appropriate quality housing. Poor quality and inadequate housing drives poor health outcomes. #makerentingfair

At the end of the day we have a choice in the forthcoming election. Do we want a planet to live on and are we content to allow people to become sick and die earlier because of their income and access to support?
Richard Weston  – @RichJWeston

Healing for the future

I’m CEO at @HealingOurWay I’m a Meriam man of the Torres Strait.

Healing and trauma are identified priority issues in the Closing the Gap Refresh. Healing is a priority in our communities.

We have also received strong commitments on healing and tackling intergenerational trauma from the Labor side.

Early childhood trauma is a strong predictor of a lifetime of adversity. The higher the levels of trauma the greater the risk of developing chronic diseases and engaging in risky health behaviours.

A better understanding of trauma and application of this knowledge is critical across the social determinants to achieve improvement in Indigenous health.

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.
Our work with Stolen Generations points strongly to the need for a seismic shift needed to focus on public health approach focused on prevention of illness and privileging Indigenous knowledge.

Children and families must be central to the design of healing-informed, trauma-aware approaches to strengthening our communities.

There are no magic bullets, game changers or white knight solutions to our health and wellbeing challenges. It’s all hard slog.

The Uluru Statement represents an opportunity to create a stronger enabling environment for our people to lead their own healing.

We cannot simply service our way out of the challenges we face. Both sides of government supporting regional governance is critical to sustainable change.

Make sure you use your vote to support Indigenous people having more say over the policy and program effort affecting our lives.

Our focus has to be on root causes as well as the symptoms of our powerlessness.

Richard Weston also joined the online discussions at #MyMum in the wake of a newspaper’s “grubby” attack on Bill Shorten’s mother.

My mum left school at 12 to work and help support her siblings. She married at 23 & raised 5 children, kept a household together and worked in Aged Care to help make ends meet. Ensured all us kids got an education. She’s 83 and is still working in Aboriginal health. #MyMum

9:30 PM - 7 May 2019
Alison Verhoeven, CEO of the Australian Healthcare and Hospitals Association
– @AlisonVerhoeven, @aushealthcare

For a healthy Australia, vote #1 health

Alison Verhoeven @AlisonVerhoeven · 50m
I am the Chief Executive @AuszHealthcare and tweeting today from Canberra. I’d like to acknowledge the traditional owners of these lands, and elders past and present. Thanks to @chrisbourke for his leadership (and great tweeting).

Alison Verhoeven @AlisonVerhoeven · 50m
My terrific colleague @chrisbourke has set the bar high for me with a powerful discussion of #dental #health #equity issues as I take over the baton at #AusVotesHealth #AusVotes19 health twitter festival today.

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

The @AusHealthcare health policy scorecard shows there is still much work to do to address growing out of pocket costs. And no party has truly committed to value-based health care.

While there have been some tentative baby steps towards value-based care, more needs to be done to move away from measuring and funding healthcare by the number of chargeable services and treatments.

We need to move to results that matter to patients using high quality, value-for-money models of care, eg team-based care, minimising unnecessary interventions and costs, focusing on what is clinically appropriate and valued by patients.

There’s a big #AusVotes19 promised spend on investing in research and emerging technologies and treatments. But will these be equitably accessible to all? And will they be affordable or a driver of more out of pocket costs?

Thanks for following me as I share views on #AusVotesHealth #AusVotes19 Please follow @AusHealthcare @DeebleInstitute @aushealthvalue for more on what’s needed for a stronger, healthier Australia for all Australians.
Lou Walsh – @laqwalsh

Addressing Poverty

Hi, my name is Louisa. I’m tweeting from Bunburra, Vic, on Wurundjeri land. I’d like to pay my respects to Aboriginal and Torres Strait Islanders who are part of the Twitter Festival today, and acknowledge any Elders joining the conversation.

#AusVotesHealth #AusVotes19

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.
In Australia, ACOSS, UNSW and a range of partners track income and wealth inequality. The latest report showed plateauing income inequality but increases in wealth inequality.

“Disposable income” just means after tax income – it’s not ‘spare cash’ or ‘play money’. So less disposable income means proportionally more is spent on daily essentials, and there is less for emergencies, unexpected costs and non-essentials.
What does this mean for health outcomes? **This article** from The Conversation illustrates that people with lower SES experience higher rates of chronic disease and more risk factors. The wealthier you are, the healthier you are.

And the excellent **#FairGO series** from The Guardian Australia shows the people behind the statistics, with many of the stories demonstrating that illness and disability hand in hand with poverty.

People with lower income often don’t just have less money, they often also have less leisure time due to the demands of working longer hours (often multiple jobs), having longer commutes, dealing with welfare bureaucratic demands.

Less money and less time leads to worse health outcomes because of a reduced ability to do undertake many protective health behaviours, higher risk of being in unhealthy environments, and increased physical, mental and emotional demands of poverty.

People with lower wealth are at risk of ill health because they don’t have a safety net if things go wrong. They are also more likely to be living in rental housing, which can be insecure.
This article from The Conversation shows how easily it is for people on low incomes – particularly those reliant on Centrelink payments – to slip into a debt they cannot repay, and how that impacts health and wellbeing.

You can read all about the impacts (including the positive economic impacts) of raising the Newstart rate in this analysis by Deloitte Access Economics from ACOSS.

Australian Labor is seeking to reducing wage disparities and increase job security, which could decrease income equality. Negative gearing, capital gains tax, dividend imputation reform could help decrease wealth inequality.

The Australian Labor focus on education and pathways to work is a tick for reducing health disparities if these education opportunities lead to quality employment that is stable and secure.

From my reading, what is missing from Australian Labor is a strong commitment to raising the rate of Newstart, a review of Centrelink to improve access, and a review of the income tax system which seeks to reduce disparities between rich and poor.

The Liberal Party policies focus strongly on job creation and pathways to employment. Work is good for health, but only if it is quality work, and the issues of growing wage disparities are addressed.

Tax reform to reduce income inequality is missing from the Liberal Party policies. Also, policies similar to the Liberal policies of Work for the Dole and Cashless Welfare Cards, are criticised in the Marmot Review as being detrimental to health.

Missing from the Liberal policies are clear plans for reducing income and wealth disparity, and also no mention of increasing the rate of Newstart.

The Greens policies around education, housing, and industrial relations are good for health and reducing income and wealth disparities.

Importantly, The Greens are the only major party to have committed to the recommended $75 per payment rise in the Newstart and Youth Allowance and bringing back the Parenting Payment Single.

While The Greens do plan to reverse tax cuts to high income earners, a more comprehensive income tax reform plan to address equity across all levels of earning is missing from their policies.

If addressing health disparities through addressing income and wealth inequality is important to you, then join in the #RaiseTheRate campaign from ACOSS.

You can also write to your local candidates outlining how addressing poverty can reduce health disparities (and be good for the economy!), and why this is a vote winning issue for you.

You can also write to your local candidates about fixing Centrelink and amplify the voices of those struggling within the current Centrelink system.

Finally, on May 18th you can vote for the party that you think will most improve health through addressing issues of poverty, wage inequality and income inequality.
Victorian Aboriginal Community Controlled Health Organisation (VACCHO) – @VACCHO_org

Walk with us

Victorian Aboriginal Community Controlled Health Organisation (VACCHO) – see election statement.

#VoteACCO VACCHO @VACCHO_org · May 7
Our turn for #AusVotesHealth.
We are the peak body for #Aboriginal health & wellbeing in Victoria.
We have plenty to say.
VACCHO’s Federal Election Platform here is a good place to start: bit.ly/2PbmQ6U
❤️❤️❤️
#VoteACCO this #auspol 🍗 #AusVotes19 🍗

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

#AusVotesHealth
#VoteACCO VACCHO @VACCHO_org · May 8

Being Aboriginal isn’t about geography but the access you get to services as an Aboriginal person is often limited by where you live. Robinville is a classic example of a town with a high proportion of mob but a lack of services. @NTV #AusVotesHealth #VoteACCO #AusVotes2019 🍀

HEALTH AND WELLBEING IN OUR COMMUNITIES

Robinville is a town of approximately 1,100 residents, with an Aboriginal population of 7.8 per cent. Robinville is located 460km from Melbourne and 90km from Mildura. Even though Robinville is almost 500km from Melbourne and a long distance from Mildura, it is considered to be regional not remote, and thus does not qualify for the funding on offer for remote areas.

“We have a comparatively high proportion of residents in Robinville who are Aboriginal yet we struggle to provide them with the most basic of services given our remoteness,” said Andy Charles, Director of Family & Community Services at Mildura District Aboriginal Services.

“Many of our clients have complex health and community services needs that we can’t meet. Accessing the services in Mildura almost 100km away is not an easy option, and there is no real allowance for travel for staff to come to Robinville or for us to transport people to Mildura to access services.”

Currently, we do provide support for the Aboriginal Community such as integrated family services, youth justice, early school leavers, crisis housing support, and family violence services. These are all services we offer, but we simply don’t have the funding to provide additional vital support such as alcohol and other drugs and mental health services.

Ken Wyatt MP, Catherine King MP, Greg Hunt and 7 others

#VoteACCO VACCHO @VACCHO_org · 5h

So pleased to have your support and understanding of the importance of #CommunityControl @RichardDiNatale @AdamBandt @SenatorSiewert 🇦🇺❤️

#AusVoteHealth #AusVotes19 🍀 #AusVotesHealth #AusHealthVotes #auspol 🍀

Richard Di Natale 🇦🇺 @RichardDiNatale

I met with Trevor from @VACCHO_org last week to talk about improving First Nations Health & how we can work together with First Nations peoples. Proud to be a supporter of these important health changes. The Greens will continue to fight for health equity across the health system.

Jennifer Doggett @JenniferDoggett · 8m

Great to see support from the @AusGreensParty @RichardDiNatale @SenatorSiewert and @AdamBandt for VACCHO's election priorities. Worth a look for all in the health sector - these are great ideas for all interested in person-centred care vaccho.org.au/assets/01-RESO... #AusVotesHealth
Active transport and other health policies

First, I’m sitting in an office in Ngunnawal country (Canberra) and would like to pay my respects to our local Indigenous leaders past, present and future and those all over Australia.

Australians care about health. We care about wellbeing, hospitals and the cost of healthcare. Investing in support to improve active transport can save lives, improve wellbeing and save health costs.

These Australian and Dutch researchers make a lovely argument to improve cycling infrastructure to save lives and improve health (including life expectancy).

But this is the climate election. Climate change is the biggest issue at this time in our lives. If we fail to appreciate how serious this is, our children should not forgive us.
Climate change threatens our economic futures – particularly in rural / regional Australia. It threatens health and wellbeing, affecting all aspects of our lives. And solutions can IMPROVE HEALTH!

Love seeing Wagga Wagga in *The New York Times*. I work in the Riverina and have for decades. Climate change is by far the biggest challenge for that community. We need agriculture policies that support farmers and address climate change (and IMPROVE HEALTH).

To address climate change means so much more than stopping coal, and moving to renewable energy. Energy is about 30 percent of our carbon footprint. The other two serious climate change issues are 1. agriculture/land use and 2. Transportation.

1st: agriculture/landuse, climate change and #AusVotesHealth. Great opportunity to improve nutrition and health by encouraging changes in diet and agriculture. Animal products in moderation; a more plant-based diet.

The UN IPBES report makes horrifying reading. We can address biodiversity loss and improve human health. We must do this.

We should stop clearing land for agricultural purposes, and look at urban design to preserve biodiversity. We can design cities to improve human health and biodiversity. Another win-win!

A transition toward a more plant-based diet, with moderate consumption of animal products, is good for health – good evidence in heart disease, diabetes, hypertension and depression. Should also be good for farmers and farms.

Agriculture/diet. Australia is proud of its agricultural heritage. Most of us would love to see ongoing success. Climate change means we need to think creatively about farming.

Farmers suffer more without support recognising the effects of climate change. Farmers’ health is improved with support and proactive change in face of evolving climate.
A bit has been written about climate change science in the media over the past decade. Professor Sir David King reflects on this in the UK and it’s been a serious problem in Australia.

This Lowy Institute survey out today nicely demonstrates the relationship between good media/science communication and our population response to the climate change challenge.

People ‘believe’ in climate change, again not because of our politicians but despite them. The decade of delayed policy response cannot be recovered, but we can demand strong, effective action NOW.
Summer May Finlay, Yorta Yorta woman, public health practitioner and researcher, and contributing editor at Croakey – @SummerMayFinlay

What do election promises hold for Aboriginal and Torres Strait Islander people?

I have many hats including a Board member of @CulturalChoice and @_PHAA_. I will be yarning today about Labor and Liberal policies' impacts for Aboriginal & Torres Strait Islander people’s health.

Before I kick off, I would like to acknowledge the traditional owners of the lands I am on today, the Wodi Wodi people (Wollongong), and to the traditional owners of the lands, you are all on. I’d like to pay my respect to elders past and present.

I’d like to acknowledge the number of Indigenous candidates for this year’s federal election. Check them out in Karen Wyld’s great article for @IndigenousX.
Both the Labor and Liberal parties have made funding commitments for Indigenous youth suicide. This is positive, though it needs to be noted that not all suicide is driven by mental health issues.

The Liberal party has committed to funding Indigenous youth suicide initiatives with a large chunk of the money being invested in mainstream service headspace rather than Aboriginal Community Controlled Health Organisations.

Point of difference between the two policies is where the dollars go. Aboriginal Community Controlled Health Organisations are far better placed to meet the needs of our mob which is where Labor is putting the dollars.

Australian Labor has a number of Indigenous-specific policies including:

- Stolen Generations compensation
- Indigenous Rangers
- Voice for First Nations people
- National summit on First Nations children in the first 100 days.

In addition to the Labor and Liberal election promises specifically for Indigenous people, a number of their other policies impact us.

The Liberal party’s “Tackling drug Dependency” policy will disproportionately affect Indigenous people because we are twice as likely to be on welfare.

Hopefully, if we have another Liberal Government, Ken Wyatt, the Minister for Indigenous Health and Aged Care, will keep his portfolio and we will see an Indigenous Minister for Indigenous Affairs.
Labor is promising that Senator Pat Dodson will be Minister for Indigenous Affairs. Having an Indigenous man as Indigenous Affairs Minister for the first time can only be positive.

Great to see the Labor party has a First Nations Policy document! Liberals, I assume yours is on the way? You wouldn’t want to be seen as a late adopter.

Croakey News @CroakeyNews · 4m
Some key differences between Labor and Libs on Indigenous health outlined by @SummerMayFinlay - Labor suicide $s going to ACCOs vs mainstream, lifting incomes, support for a Voice vs punitive welfare/DOA initiatives under Coalition #AusVotesHealth
Dr John Van Der Kallen, rheumatologist, member Doctors for the Environment Australia
– @johnvanderkall1, @DocsEnvAus

Coal seam gas and the climate emergency
Many doctors and their organisations are worried about climate change and its impacts on health.

Consequently DEA has created an election prescription which should help people prioritise their voting.

DEA encourages everyone to sign the “No time for Games” pledge to our politicians to act on climate.

Development of gas resources is an immediate risk to health and is accelerating climate change. Gas is a fossil fuel and there is no room for further fossil fuel developments if we have any chance of stopping climate change.

Gas development and subsequent extraction is causing an acceleration in climate change. this is outlined in a recent article by David Shearman. See the health impacts from gas extraction.

For instance: In the US, several studies find leaks much greater than expected. Leaks at 300 active and 200 abandoned coal mines are the source of about 10 percent of US methane emissions.

Years ago the AMA agreed and the situation is only worse.

It is crucial that in this election, we vote for candidates who are going to take climate change seriously and protect our health by protecting the environment!

One more thing. Remember, that despite what some politicians might say, Australia’s emissions are increasing, as seen in the latest national greenhouse gas inventory (NGGI).
Dr Belinda Townsend, Research Fellow, NHMRC Centre for Research Excellence in the Social Determinants of Health, ANU – @BelTownsend

Looking outside the health sector for better health

I’m a research fellow at ANU RegNet working in the NMHRC CRE for Health Equity. I’ll be tweeting about looking outside the health sector for better health, drawing on lessons from our CRE. More on our project.

Transport design is also important for health. Dr Patrick Harris has found a lack of attention to health in large scale transport planning projects. Do your candidates see health as a key part of urban infrastructure design?

Trade policy is another area. Australia is negotiating several trade agreements that could affect health right now. Will the party you vote for prioritise health in trade negotiations?
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Dr Bel Townsend @BelTownsend - 6h
Think about infrastructure. Our researchers @ashleyschram @drtobymfreeman @PHarrismusings evaluated #NBN rollout and found social inequities in access to infrastructure which will shape and possibly exacerbate inequities in health #ausvoteshealth #AusVotes19

Research and Evaluation

Digital Infrastructure as a Determinant of Health Equity: An Australian Case Study of the Implementation of the National Broadband Network

Ashley Schram and Sharon Friel
The Australian National University

Toby Freeman, Matthew Fisher, and Fran Baum
Flinders University

Patrick Harris
University of Sydney

Inequities in access to fast and reliable internet connections, essential for digital access to services and information that are important for health, can exacerbate social inequalities in health. We evaluated the social equity of the rollout of the National Broadband Network (NBN) in Australia based on the type of digital infrastructure delivered to areas of varying socioeconomic status. We found that areas of greater socioeconomic disadvantage were significantly less likely to receive the highest quality infrastructure, controlling for level of remoteness. These social inequities in provision of quality infrastructure will shape and possibly exacerbate inequities in health. In our discussion we consider how political decisions

Dr Bel Townsend @BelTownsend - 6h
We know that people's health is shaped by the conditions in which they are born, work and live. Policies that shape our social lives, shape our health. To improve health equity we need to tackle the inequities in power, money and resources in society #ausvoteshealth #ausvotes19

Fair Distribution of Power, Money and Resources

Improved Daily Living Conditions

Empowerment (Material, Psychosocial, Political)

Health Equity
Dr Bel Townsend @BelTownsend · 11m
That was a very fast 15 minutes of #ausvoteshealth and I haven’t shared other policy areas we work on. Happy to email papers if interested. For #AusVotes19 consider the broader public policies & social investment of candidates that will shape our education, work and our health

Marie McInerney @mariamcinerney · 5m
Excellent focus from @BelTownsend on health policy beyond Health Policy, incl role and impact on health/equity of infrastructure like NBN & transport design, as well as how trade agreements now underway may affect health
#AusVotesHealth
Research Matters

The Lowitja Institute differs from other funding organisations. We prioritise research developed and led by Aboriginal and Torres Strait Islander people. Our work helps build and understand the First Nations research workforce across the health sector.

The evidence shows that recognition and funding for Aboriginal and Torres Strait Islander organisations, researchers and services make a difference for the health of our peoples.

Parties have an opportunity this election to work with us to understand what works and make an impact.

Making health a priority is about Aboriginal and Torres Strait Islander leadership and understanding what works and what doesn’t for our communities.
How and when policy and decision makers engage with Aboriginal and Torres Strait Islander people matters. Research matters.

Programs/services like those in the Close the Gap report need secure, ongoing funding.

Funding bodies need to work with organisations to minimise the time spent dealing with red tape (discussed in the 2011 Overburden report).

Initiatives like the COAG Joint Council on Closing the Gap are an opportunity to work in partnership with Aboriginal and Torres Strait Islander organisations to create better health outcomes for our peoples. Evidence is crucial and research organisations like ours can support this work.

How we use Aboriginal and Torres Strait Islander health research matters. Knowledge Translation (KT) is something our people have been doing for centuries.

KT is key in every project we fund. Our #KTthatWorks forum highlighted three programs.
Dr Megan Williams,
Senior Lecturer and Head of the Girra Maa Indigenous Health Discipline at the Graduate School of Health, University of Technology
– @MegBastard

Justice health

It’s Megan Williams of the Wiradjuri nation acknowledging Gadigal people of the Eora nation on whose lands I work and live. I honour your ancestors, your leaders and your young ones and seek to do all I can for justice to be experienced.

Firstly, in my #AusVotesHealth best news of the day. My dad and I have this little house ‘n land… Our street was just RENAMED from Queen St to its rightful Aboriginal name! Officially. Nearly 200 years since MARTIAL LAW was proclaimed on our ancestors. #decolonising

There was no way I was gonna say “only 200 years after martial law was proclaimed”. That martial law was ever proclaimed is profound.

Beyond Punishment panel discussion I’m chairing next week. We will discuss role of Commonwealth in prison reform, among other issues including for Aboriginal women.
Another reason prisons ARE a federal election issue AND a health issue: article explains Closing the Gap targets are all affected by people being in prison, children, adults, parents and people who best be in the health care not punishment.

New Oxford Uni Press book on the social determinants of health has chapter on Australia’s first people and multi-level empowerment including justice – an #AusVotesHealth text.

Indigenous Legal Assistance Program to be axed despite affirming evaluation and recommendation to extend and expand. See here.

It’s disappointing that the Government has decided to withdraw the Indigenous Legal Assistance Program... Amnesty joins National Aboriginal and Torres Strait Islander Legal Services (NATSILS) and the Change the Record coalition in urging the Attorney General to retain the program.
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.


Amnesty says Indigenous Legal Assistance Program should be retained #AusVotesHealth #AusVotes2019

Indigenous Legal Assistance Program should be retained - Amnesty I...
As part of the 2019 Budget, the government yesterday announced plans to disband the Indigenous Legal Assistance Program (ILAP). The ILAP funds...
[amnesty.org.au](http://amnesty.org.au)

All welcome 15 May 10am Redfern Community Centre Ngachuri-nya project event, reflecting on NSW Child Development Study partnership...[nsw-cds.com.au](http://nsw-cds.com.au)/Ngachuri-nya#cocreation in #datalinkage #decolonising funded by @Lowitjainstitut @UTS_GSH @mftjpayne @blinkandumissme #AusVotesHealth

Hear our experience co-creating research
Aboriginal people’s leadership of data analysis
Data sovereignty, data linkage and decolonising research
Aboriginal input into decisions about child and family programs

For 12 months a group of us have been collaborating to work on NSW Child Development Study (NSW-CDS) data with UNW researchers, through the Ngachuri-nya (to care for) project (said ‘naa-jurr-nya’). The NSW-CDS includes approx 90 000 children and young people, with 7.7% Aboriginal and Torres Strait Islander (about 7000). We have been analysing data on out-of-home care, child mental health and education, and connections with parents’ health and justice system contact.
This is an inclusive event for Aboriginal community members, and service providers, policy makers, researchers and other interested community members. All welcome.

The Policy Brief is intended to guide evidence-informed decisions about child and family wellbeing.

We are working hard to achieve it.

Come to our celebratory project event, and launch of our Policy Brief.

Wednesday May 15, 2019
10am-12pm
Redfern Community Centre
29-53 Hugo St, Redfern

AIATSIS @AIATSIS
“We haven’t asked Indigenous people what their social vision is, we’ve assumed a non-Indigenous norm” AIATSIS CEO, Craig Ritchie
#CultureAndPolicy
National Rural Health Alliance  
– @NRHAlliance

Where is the focus for rural and remote health?

My name is Jo Walker, I am the Alliance’s Director of Policy and Strategy and very pleased to be here.

Rural and remote places are diverse. The rural-urban differences are based on aggregates or averages. The more remote the area, the more significant the deficits and challenges.

Risk factors more common among rural people, eg alcohol (see news from FARE, smoking, risky behaviours, occupational injury, poor nutrition, ice, sedentary). Social determinants of health are critical, eg lower levels of education, income, connectivity. Poor access to health services compounds these issues. … rural people are nevertheless relatively resilient.

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.
Rural health service personnel are critical as leaders, spokespersons and workforce participants – as well as service providers. The NRHA is a broad church which tries to faithfully represent this breadth of concern for health and wellbeing.

Rural health services provide employment too. An investment in jobs as well as fairness. By building the rural health, aged care and disability care systems, one builds the rural workforce as well as service access and equity.

At the recent 15th National Rural Health Conference in Hobart, 1200 delegates canvassed many rural health issues. See the priority recommendations here.

The Alliance has published its 2019 Election Charter – Rural Health Matters!

The four priorities are: Indigenous health; access, expand the health research capacity of rural Australia; and a new National Rural Health Strategy.

All Australians should be able to achieve the best health outcomes regardless of where they live. This is not the case for the seven million who live in rural and remote areas. They die younger, have poorer health outcomes and face many disadvantages in accessing health services.

Priority 1. Improve Indigenous health: endorse the Uluru Statement; 3000 additional Aboriginal Health Workers and Practitioners; increase funding for ACCHOs; and eliminate Rheumatic Heart Disease.
Priority 2. Improve access: 3000 additional Allied Health Professionals; 20 rural and remote demonstration sites; community grants program; medicare rebates to GPs and Allied Health Professionals.

Unacceptable stats – Aboriginal people are 69 times more likely than non-Aboriginal people to develop rheumatic fever and 64 times more likely to have rheumatic heart disease. The National Rural Health Alliance calls on the incoming government to END RHD.

Priority 3. Expand the health research capacity of rural Australia. A third of the population deserve a third of the research funds! A stronger focus on rural health research; (rural and remote currently not getting its fair share through MRFF, NHMRC, ARC).
Priority 4. Create a new National Rural Health Strategy that includes targets for improving access to health services, health promotion and for improving social determinants of health for rural people.

Develop and adhere to a new National Rural Health Strategy. Not just a set of principles but a plan with measurable targets, programs, dollars, and public reporting. Including targets for improving access to services, health promotion and for improving the social determinants of health for rural people.

This Strategy can integrate the other three elements. And mandate a stronger focus on illness prevention, health promotion etc in rural and remote.

Australia’s current rural health strategy is based on a framework developed in 2011 and needs to be evaluated against this framework’s original objectives and updated to reflect changing workforce demands, connectivity and service delivery.

Since 2011 there has been no demonstrable imp. in health outcomes experienced by the seven million people who live in rural. Nor has the framework been evaluated for its use or to assess whether it’s meeting its objectives and what else is required to progress its intent.

A new strategy would review this framework, its effectiveness, identify how widely it has been used and create a new blueprint for providing effective healthcare & encouraging healthier rural people into the third decade of the 21st century.
What we’re asking for this federal election

Firstly, I live and work on the land of the Darug and Gundungurra people and I pay respect to them. This always was, and always will be Aboriginal land.

Currently, there are consultations about the National Disability Strategy (NDS) going on around Australia. This is the key national document that makes our rights real.

This sets the direction, beyond 2020, about how we make Australia a more inclusive place for disabled people, and is a key ask from all the national peaks.

It is how Australia is going to deliver on the Convention on the Rights of Persons with Disabilities – the CRPD, as it is affectionately known by disabled people. Australia signed up to the CRPD a decade ago.
The NDIS fits inside the national strategy – for the NDIS to work, the Strategy has to be funded, resourced and active. Here’s some background about it from #CripCroakey.

Both the Government and the Opposition have committed to the Strategy as the key way to deliver for people with disability.

Disability representative organisations have been working on various election platforms this year, outlining what we would like the next Federal Government to do so make Australia more inclusive, equal and accessible.

From the First Peoples Disability Network Australia – key asks are Reforms of National Disability Agreement, National Disability Advocacy Program, National Disability Strategy and Closing the Gap.

From People Living with Disability Australia – NDIS, employment, income support and preventing violence.

From National Ethnic Disability Alliance – End disability discrimination in immigration, access and equity for CALD communities with the NDIS, representation for CALD people with disability, national plan for refugees with disability.

From Women with Disabilities Australia – Violence prevention, Gender in NDIS, NDS, NDA, employment, sexual and reproductive rights of women and girls with disability, agency and decision making, national assessment of status of women, girls with disability.

And more! Australian Federation of Disability Organisations; Carers Australia; Every Australian Counts; Our Health Counts.

I’m also keen to see how the Federal Government can leverage some movement from the states and territories who are winding back disability services and putting all the disability eggs into the NDIS basket.

Only 10 percent of us will have access to the individualised supports from the NDIS (which was always the plan). This means that have access to mainstream and other disability supports is really important for disabled people.

A really important issue is #OurRoyalCommission, which is long overdue, and a way of driving serious violence prevention, and getting justice for disabled people.

Here’s more about #OurRoyalCommission, with an FAQ and all the latest evidence and data about violence, abuse, neglect and exploitation of disabled people.

Many people with disability have found that they haven’t got justice for violence against them in the past, so #OurRoyalCommission will be important to change that.

We know that there will be terrible stories, because what is happening to us is terrible. The scale of the violence is shocking and terrible.

Key themes from all these platforms are about making sure we have a say over our own lives, in decisions about the supports we need, and have equal access to mainstream services.
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Dr Tim Woodruff,
Doctors Reform Society
– @woodruff_tim, @drsreform

Health for all, or high quality health care for some

tim woodruff @woodruff_tim · May 7

We acknowledge I am tweeting from the land of the Wurundjeri people of the Kulin nation & we pay our respects to elders past & present.

This election: health for all or high quality health care for some? We decide.
#AusVotesHealth #AusVotes19

The Doctors Reform Society is an organisation of doctors & medical students lobbying for equitable access to health care & optimal health for all.
What can be done? Copayments: Phase out PBS copayments: neither major party interested.

Increase public hospital specialist services: Labor yes, Greens yes, Coalition asleep.

Fund expansion of community health centres as in Victoria.

Prevention/Health Promotion What can be done? Five percent health budget for prevention: neither major party near it. Specific strategies, big areas targeted by Labor, Coalition asleep. Greens have the vision, will push for prevention as central.

Social Determinants of Health and Productivity = SDOHP. What can be done? Health in all policies: Ignored. Labor at least working on income & wealth inequality. Coalition promote inequality.


Primary Health Care: almost forgotten, central to better healthcare and health. Hope from Health Reform Commission. No hope from Coalition. Greens fund enrolled patients with chronic disease, will Labor catch up?

Mental health: where to start? Another mental health plan stuffed by fighting stakeholders/fed/state divide.

Private Health Insurance: Coalition promises more inequity. Labor timidly asking Productivity Commission to find ways to improve, not to look at inequity of $11billion going to support public hospital queue jumpers. Greens vision to abolish rebate.
Climate change and health: Greens have the vision, not the power. Labor may have the power, but their vision is short term, chequered. We hope the Coalition will not have the power as they have no vision.

Indigenous health: We need more than targets, strategies, apologies. We need to empower our Indigenous brothers and sisters. Expand funding for ACCHCs (consider model for other community health centres!). Act on Uluru Statement from the Heart.

Congrats to the many at the front line developing and working in projects/programs trying to make a difference, working against tide of divisions of power/self interest/history. We need system change. Please demand it.

Coalition: health care if one can afford. Privatise. Labor: the vision yes, then policies which both support and deny vision. How far will they push reform against stakeholders? Will they cross state/fed divide? Greens: the vision, power to influence.

After the divisiveness of an election, we have to find common ground, work together, for our grandchildren, children, communities, Australia, and the world – (see this video).
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Cultural safety and health workforce

Cultural safety is vital for effective delivery of Indigenous health services. AIDA urges government support to enable understanding and commitment to cultural safety training for all involved in development or delivery of Indigenous health policy and services.

AIDA endorses the Uluru Statement, including need for establishing First Nations Voice enshrined in Constitution. Vital for self-determination, which impacts positively on health and wellbeing of Indigenous peoples. We urge next Australian Government to understand, respect and accept what our people have said.

#AusVotesHealth
AIDA calls for all current policy documents relating to Indigenous health, such as the Implementation Plan of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 and associated frameworks, to be fully costed and funded.

Aboriginal and Torres Strait Islander doctor mental health and emotional wellbeing in the healthcare system continues to be an ongoing challenge for our workforce.

AIDA calls on the next Australian Government to commit to funding for:

- coordinated leadership across workforce to address doctors’ mental health and prioritisation of mental health and wellbeing for doctors through measures, for example reasonable working hours, reducing stigma re mental health and providing resources and services for staff;

- ensure Indigenous doctors are supported in workplaces free of racism, bullying and harassment. Includes respect for and acknowledgement of culture through cultural leave for community obligations (eg to attend funerals) and leadership on cultural safety

- support development of doctor-specific wellbeing programs. See AIDA position paper.
Australian Chronic Disease Prevention Alliance – @ACDPAlliance

Prioritise prevention to reduce chronic disease risk factors

Jennifer Doggett @JenniferDoggett  ·  May 7
Have the major parties focussed enough on prevention? It’s time to hear from the @ACDPAlliance, a coalition of groups working to reduce chronic disease by improving food & physical environments @CancerCouncilOz @HeartAust @DiabetesAus @strokefdn @KidneyHealth #AusVotesHealth

ACDPA brings together chronic disease groups to advocate for prevention and address risk factors with a unified voice.

Shared chronic disease risk factors include poor diets, unhealthy weight & physical inactivity. These three risk factors increase risk of diabetes, stroke, many cancers, heart disease and chronic kidney disease.

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

#AusVotesHealth
Politicians often speak of individual responsibility BUT we need public health policies and environments that support and empower people to make healthy choices.

Children are particularly vulnerable to marketing. The World Health Organization says there is “unequivocal evidence that the marketing of unhealthy foods and sugar-sweetened beverages is linked to childhood obesity.”

Key prevention priorities ACDPA:

• Protect children from junk food marketing – Improve food labelling & reformulation – Create environments that encourage activity and movement – Increase health checks to assess & manage chronic disease risk.

• Voluntary industry self-regulations are insufficient & ineffective. Recent research found children can watch around 800 junk food advertisements on TV in a year.

The Federal Opposition recently committed to a review of marketing to children. It’s a good start and needs to be followed by action to protect children from rampant and ubiquitous food and drink advertising.

Marketing restrictions are one of the most cost-effective approaches to reduce obesity.

Food labels provide a space to communicate nutrition information at the point of sale & consumption. The Government’s Health Star Rating system uses a simple star rating to help people compare similar products at a glance.

Research by the George Institute found that only one-third eligible products display the Health Star Rating, limiting its effectiveness and usability. We support improvements and making it mandatory to help people make informed choices.
Dr Graeme McLeay, member, Doctors for the Environment Australia
– @Gmac45Graeme, @DocsEnvAus

Transport for health

#AusVotesHealth I'm a retired doctor with Drs for the Environment and here acknowledge the Peramangk and Kaurna peoples as the traditional custodians of the Adelaide Hills and Plains. This is the climate election and we have to treat climate change as an emergency.
The Government is denying that emissions are rising. Transport is a major contributor to rising emissions yet the Ministerial Forum has failed to address vehicle emissions since it was established in 2015. Diesel exhaust is carcinogenic and our kids are breathing it every day.

The answer to “congestion busting” is not bigger roads which attract more cars. We need better public transport and to encourage people to walk and cycle as much as possible...better for health, lower toxic and greenhouse emissions.

The World Health Organization estimates that poor outdoor air quality is responsible for over four million deaths per year. Australia is not immune, with 3,000 deaths per year from air pollution due mostly to vehicle pollution and coal fired power.

The latest UN report tells us again that a warming climate is exacerbating the effects of overfishing, pesticide use, pollution and urban expansion in the natural world.

Doctors for the Environment Australia are advocating for a better world for our kids. Support climate action.

Morrison wants to “cut green tape” a day after a UN report which says that the world environment is in deep trouble with biodiversity loss and climate change.

Electric vehicles are not the total answer to rising transport emissions but they will help and the zero tailpipe emissions benefit all road users. Highly efficient, cheap to run, lower emissions – why would government not support that?
Nades, Priya and daughters were taken from their home in a dawn raid on 5th March 2018, separated in vans, and then flown to Melbourne. Priya’s application for a protection visa had been denied and the Government were planning to deport the family.
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

#AusVotesHealth
The family’s health has suffered as a result of their prolonged detention. Kopika and Tharunicaa have both suffered vitamin deficiencies caused by lack of sunlight (very limited time spent outdoors) and lack of access to fresh fruit and vegetables.

Tharunicaa has suffered severe dental problems as a result of detention. Her latest infection was so painful that she couldn’t eat solid food for a week. Priya’s repeated requests for medical assistance were fobbed off, for months.

Please, click on this link to email your MP and ask them to speak up for this family. [http://bit.ly/freeourbubs](http://bit.ly/freeourbubs) – it takes just one minute.

We’re also raising money to target Facebook ads to voters in marginal electorates, asking them to contact MPs. (Voters in marginal seats have ‘superpowers’ at election time.) Please click this link to chip in. [https://chuffed.org/project/kopika](https://chuffed.org/project/kopika)

Our final points: Politicians – you wouldn’t accept this for your own children, and it’s not acceptable for Kopika and Tharunicaa. This has gone on long enough.

Everyone else – please call/email/write a letter to your MP, or @DavidColemanMP – none of us are truly healthy while we have children and adults suffering in detention.
Show me the equity!

People on low incomes die around two years less than those on high incomes, at around the same age as the average person living in Slovenia or Cyprus.

People living in remote areas die, on average, around three years earlier than people living in cities, at the same age as someone from Chile or Cuba.

People with long-term mental illnesses have the same life expectancy as someone living in Libya or Guatemala. They die around 10 years earlier than the average Australian.

Aboriginal or Torres Strait Islander people living in the Northern Territory die younger than the average person in Rwanda, Iraq or North Korea.

There is no equity without health equity. This election AHCRA is calling for policies to address inequity and deliver a healthier future for all Australians.
The World Health Organisation has called climate change the biggest global health threat of the 21st century. We need to act now at a local, state, federal and global level to minimise the impact of this threat on Australia and the global community.

AHCRA welcomes Labor’s commitment to develop Australia’s first National Strategy on Climate Change and Health, Framework, based on the National Strategy developed by CAHA.

AHCRA also supports the specific policy on addressing the health effects of climate change developed by the Australian Greens.

AHCRA supports action to address these cost barriers and to increase access to high quality preventive care. In this respect we support the intention of Labor’s Cancer Package to reduce OOPs for people seeking treatment for cancer.

However, we are concerned about the equity of this initiative in targeting people with a specific disease instead of those with greatest need. What about other consumers with costly and debilitating diseases who need help meeting their health care costs?

Finally, ACHRA supports calls from ACOSS and others to raise the rate of the Newstart allowance to lift people out of poverty. It makes no sense to pour money into high quality health care services while keeping people in poverty.

If we halved the amount of money we spend on private health insurance rebates we could fund a $75 a week increase for all Newstart and YA recipients – as recommended by ACOSS.

Marie McInerney @mariemcinerney · 2m
No equity without health equity is key message from @JenniferDoggett @AusHealthReform - that we don’t have it is a choice we make. To shift will require fundamental change, but we can learn from ACCHOs, plus fund #RaisetheRate by halving PHI rebate #AusHealthVotes @croakeyblog
Professor Fran Baum AO,
Matthew Flinders Distinguished Professor of Public Health and Director of the Southgate Institute of Health, Society and Equity at Flinders University.
– @baumfran, @crehealthequity

Governing for Health

Today I’ve been meeting with Rumbalara community controlled health service and again so impressed by what they do. Massive investment needed in NACCHO services.

My book Governing for Health includes a Manifesto for Wellbeing – a guide for any political party which wants to govern for health of the planet & people rather than profit for corporations.

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.
Public not private services are usually cheaper and provide better service.

Next point of Manifesto we need to see taxation as investment in our collective health and wellbeing and crucially in equity.

Don’t believe those who say low taxation if good because it is good only for those at the very top!

TYVM for the mention. :) But I think it's not so much about any individuals as about systems that will support independent media and sustainable public interest journalism - need policy reform, new funding models, law reform - also greater media literacy #PIJ #AusVotesHealth
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

**Fran Baum @baumfran · May 8**
And finally we can’t have health if we don’t have a planet that supports us - we rely on nature so we have to protect it from ourselves so we can all Flourish - global warming threatens us all - all politicians need to see it as a climate emergency and ACT now #ausvoteshealth

**Jennifer Doggett @JenniferDoggett · May 8**
Thanks @baumfran for taking us from the local to the global in a few short tweets. Community control, the sharing of resources via taxation, a vibrant media and a healthy planet all crucial components of health. #ausvoteshealth
What are the major policies promising on health this election?

Professor Stephen Duckett, the Grattan Institute – @stephenjduckett, @grattaninst

Those acknowledgements of country should not be simply issues of rote, but should remind us of the continuing disadvantage faced by Indigenous Australians, see here.

Overall Australia has a good health system, however you measure outcomes.
Here at the Grattan Institute, we’ve done our priorities for a new government in an Orange Book to parallel the Red and Blue books developed in the public service. We had to prioritise, partly based on where the direction for change was clear.

One really important area where reform direction is not clear is primary care. The evidence is mixed, but clearly we probably need payment reform and new ways of delivering services, and yes, more $$. See here.

We’ve just released a report on dental care – one of the big gaps in health care provision... Really pleasing that Labor has announced a big investment here, so too the Greens. More than two million Aussies miss out on dental care because of cost.
Primary Health Networks have a big role in the social determinants of health. What we said in Orange Book ‘Empower & instruct Primary Health Networks to work more closely with their local communities to change factors which contribute to ill health’. Drawing on this, see here.

Rural and remote is a big issue, partly driven by Indigenous status. The answer is to work with communities to address the causes and the causes of causes. Marmot’s work is a place to start.
Social justice – it’s a health issue

Dr Simon Judkins,
Australasian College for Emergency Medicine
– @JudkinsSimon, @acemonline

Patients presenting to regional, rural or remote Emergency Departments (EDs) have the same right to timely care as city patients. EDs have a strong role to play in delivering of specialist emergency care.

ACEM works across Australia to develop, strengthen and support a skilled and confident workforce of emergency doctors in rural, regional and remote areas through the EMET Program, EMC/EMD training and the IRTP initiative.
EMET provides education, training and supervision to GPs, nurses, paramedics and allied health workers to develop their skills in treating critically ill or complex trauma patients. EMET training saves lives.

Each year more than a quarter of a million people seek help from an ED for their mental health.

People who present in mental health crisis are the group most likely to wait more than 24 hours for admission to a mental health ward.

Aboriginal and Torres Strait Islander people are over-represented in populations presenting to EDs seeking support in a mental health crisis.

The national shortage of psychiatric beds and mental health services exacerbates the wait for access to appropriate care.

ACEM has released its Mental Health in the ED Consensus Statement to improve mental health care. Read it. Sign it.
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

**“Consumptagenic” threats to health**

Professor Sharon Friel, Director, School of Regulation and Global Governance (RegNet) and Professor of Health Equity, ANU College of Asia and the Pacific – @SharonFrielOz

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"Consumptagenic" threats to health

@SharonFrielOz · May 8
I acknowledge and celebrate the First Australians on whose land I am tweeting from, the Nungawaal people, and pay my respects to Elders past, present and emerging #AusVotesHealth #AusVotes19 @croakeyblog @JenniferDoggett @mariemcinerney @ANUmedia

@SharonFrielOz · May 8
Hi, I am tweeting today for #AusVotesHealth #AusVotes19 🌍 from the School of Regulation and Global Governance @ANURegNet. RT the tweets to your politicians if you want them to address health equity @croakeyblog @JenniferDoggett @mariemcinerney @ANUmedia

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We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.
We cannot improve health inequities through the health system alone. Trade, social, labour, education, planning, infrastructure policies each affect physical and mental health inequities.

Who benefits and who loses? Can all politicians ask themselves that question when deciding on policy. It matters for health equity. But of course it assumes they care.

For what purpose? When developing economic policies ask if they will achieve better health, social and environmental outcomes. No more perpetual economic growth as the end goal.

Great to see the political campaign focus on climate change. Remember that climate change, inequality and health inequities are tightly interconnected.

To address health inequities means addressing climate change, which means addressing the common underlying drivers – consumptagenic systems.

Consumptagenic systems are the institutions, policies, and values that are responsible for the exploitation of natural resources, excess production and hyperconsumerism that are harmful to the planet, entrench social inequalities and cause poor health.

Consumptagenic systems rely on people wanting to consume what the system produces, otherwise economies will not grow and wealth will not be accumulated. This creates excessive consumerism.

We need to talk about food systems – not as production and export machines but as a powerful way to improve human and planetary health.

the industrial food system and the influence of food and beverage corporations have profoundly altered what and how food is produced, distributed, and marketed within and between countries.

In Australia we now have an excess availability of foods to consume that are high in refined sugars, refined fats, and red meats. This is not good for NCDs.

Not only is it risky for NCDs. The industrial food system contributes globally to around 25 percent of all GHG emissions.
Politicians, let's ensure our food system is based on principles of health and environmental sustainability. Currently it is not.

Every politician should read @KateRaworth's book, *Doughnut Economics*. To achieve social, health and environmental justice, we must operate within a Social and Planetary Boundaries Framework. Sounds like a good whole of government policy framework to me!

When asked, “Where should politicians begin: how do we get that fundamental shift rather than tiny steps?”, Friel replied: “Politicians, let’s ensure our food system is based on principles of health and environmental sustainability. Currently it is not.”
What do we want, when do we want it by? The first 100 days

What do we want, when do we want it by- is a spin off the chants used by our mob for land rights for ever, sadly we are still calling for this. The next 30 mins we outline what we want to see in the new Govt in their first 100 days......#AusVotesHealth @NACCHOAustralia

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We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Day 1 – First things first – how about an Aboriginal Minister to run Aboriginal Affairs-imagine that!! So overdue -we’re almost in the 2020s.

At day 5 – Genuine commitment to Close the Gap; include not only conditions that cause early death but all the conditions that make us sick. First step, all our health matters be put back in the health department.
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

james ward @researchjames - May 8
Day 25-a genuine commitment to revitalization of all Aboriginal languages across this country so that these remain the oldest spoken languages on this planet for ever @Kainnalester @AIATSIS #AusVotesHealth @drcebond @chrissarra @tanya_plibersek

james ward @researchjames - May 8
days 35-50 - address the wicked problems--- end racism, fix incarceration rates, end youth suicide, not down playing extent of issues but we have 2 weeks to solve this, #AusVotesHealth @drcebond @June_Oscar @SenatorDodson @TracyWesterman @ALRM5000

james ward @researchjames - May 8
Day 60 - the Murray Darling river system has been fully restored @TolarnoStation @billshorntenmp @M_McCormackMP @GladysB #AusVotesHealth
Day 90 – EYYYAH— all us black fullas finally get our free car, house, scholarship, dog and One Nation is gawn, Tony Abbott’s gaaaaawn, Nigel’s gawn, Izzy’s fully redeemed and @wildblackwomen make it big on the global stage!

Day 100- We have survived, we’ve still got 950 days left tho til the next election.....so pace yourselves you mob-nukkanya #AusVotesHealth Not all of these tweets have been serious most have been -----nanga Pauline....lol
@drcbond @Lisa_J_Whop @ArabenaKerry

Thanks @researchjames - Closing the Gap, revitalising Indigenous languages, addressing racism, incarceration, youth suicide, fix the Murray Darling, implement an adolescent and men’s health strategy. A tough but important agenda for the first 100 days of new gment #ausvoteshealth
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Dr Lesley Russell, health policy analyst, contributing editor at Croakey News – @LRussellWolpe

Wrapping the election health news

Lesley Russell Wolpe @LRussellWolpe · May 8

Good evening all! I’m tweeting from the Gadigal land of the Eora nation and I pay my respects to their leaders past, present and emerging. I’ve been in workshop all day (on OOP costs!) so haven’t been able to follow tweetfest closely but delighted to see #AusHealthVotes trending.

In my segment, keen to explore, not details of individual policies, but the bigger picture – what is needed to get meaningful action on health/healthcare reform. Writing policies on paper is easy (I know, I’ve done that). Delivering them at the coal face is hard.

From my perspective, Labor has a suite of policies, the Coalition promises more of the same with narrow focus on hospitals, prescription drugs, biomedical research. Professor Stephen Duckett summed it up well for The Conversation.
Lots of room to point out what has not been offered to date policy-wise – will we see more health policies in tonight’s leaders’ debate? Also valid criticisms about the policies that have been offered to date – too much focus on hospitals.

Concerns that more must be done on prevention and primary care – that would help relieve burden on hospitals.

Fingers crossed Labor will push for innovation and sustainable investments in big reforms via Australian Health Reform Commission.

Coalition is just promising more of the same. 2019 Budget had Health Care Homes 2.0 – but have you heard Health Minister talk about this? Maybe as doomed to failure as HCH1.0? In fairness, ALP has promised more funds for HCH but not promoted this.

Things I would like to see analysed, discussed, policies, actions from next Government: Out of Pocket (OOP costs); social determinants of health (especially housing) in health policies; what’s fair government subsidy for aged care for wealthy Aussies; how to integrate mental health, substance abuse into primary care; workforce planning.

Where is workforce in election? Crucial to expanding dental care and mental health services, addressing rural disadvantage; quality and safety in aged care. Appropriately trained people working to full scope of practice keep costs down, help with burnout, improve access.

Best thing in this election campaign? ALP putting respect, honour, recognition for First Nations Australians and commitment to partnerships to address their issues and needs up-front at their campaign launch. Plus promise of Pat Dodson to Indigenous Affairs.

That’s the sort of vision, leadership I want to see in health. That’s what will really help the solve the issues.

In terms of getting things done on health/healthcare my exemplar is Dr Neal Blewett. There was a Minister for Health who could deliver on multiple fronts – and he had support from PM and Treasurer of the day. Vision, leadership, innovation, commitment.

Keep tweeting and retweeting and pushing for the very best in health / healthcare policy. (Don’t let the perfect be the enemy of the good.)
I’m tweeting from Wurundjeri and Boonerung country. I’d like to acknowledge the traditional owners of these lands and elders past, present and emerging.

It’s common misconception that homelessness is primarily caused by mental illness. Research shows that homelessness precedes mental ill health more than following from it.

Children who experience prolonged homelessness are especially susceptible to repeated experiences of homelessness later in life. That’s why rapid rehousing is so important for homeless families.

Delivering #HousingFirst (housing plus support) to people who have been homeless long-term results in better health – and fewer hospitalisations and emergency visits!
Housing instability and homelessness in early life has negative consequences for child development and mental health. That’s why we need to deliver housing families can afford!

**Check out** what the major parties are offering around homelessness. There are some crap things, some good things, and some that would be good if they were not so teeny tiny! I’m sorry to say that so far the Liberal policy to deliver social housing and reduce homelessness looks a lot like this!

But I have hope, there are 10 more days. Please can we have a plan to end homelessness.

Snaps to Australian Labor for committing to **this big housing plan** for 250,000 affordable rentals – if the states add in extra money to make it social housing, it will be the change we need.

Neither the Liberals nor Labor have committed enough to house women and children fleeing family violence, though the Labor commitment is a lot bigger. Check them out – **Liberals statement; Labor’s statement.**

Kate Colvin @ColvinKate · May 8

In summary #AusVotesHealth #AusVotes19 #Everybody'sHome people we need the major parties to commit to more #socialhousing and more resources to #endhomelessness and that’s where you come in. Can you ask your candidates for more right now?

Marie McInerney @mariemcinerney · May 8

fantastic analysis, thanks Kate. any sense that Labor wants momentum like Kevin Rudd promised in 2007?

Kate Colvin @ColvinKate

Rephrting to @mariemcinerney

Yes! I think so. That housing commitment is a big deal. But governments have dropped the ball on social housing for decades; so the situation is dire - there’s a long way to climb outta that underinvestment hole!
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Kate Colvin @ColvinKate · May 8
Victorians discharged from mental health facilities to #homelessness has increased 65% in 5 years - and so people go back into hospital. It's the same all over Australia

We need #socialhousing with support so people can recover.

#AusVotesHealth #AusVotes19
#EverybodysHome

ACEM @acemonline · May 8
Replying to @ColvinKate
The Homeless unit at Royal Perth has made a big impact. Secure housing improves health care, makes economic sense. Homelessness is unacceptable in a wealthy country...

@AusVotesHealth #AusVotes19 @LisaJaneWood
@Homelessness_WA @shelterwa @Homelessness_WA @TinleyMLA
@JuddkinsSimon

LJ @LisaJaneWood · May 8
Hospital use by just 630 patients seen by RPH Homeless Team = > 19 million in one year alone. Health deteriorates rapidly in streets - you could rent a lot of houses with those $ & ease ED pressure

@acemonline @ColvinKate
@_EverybodysHome @_PHAA_ @homelessness.twitter.com/lisajanewood/s...

Year Prior to First Contact with the RPH Homeless

- 3,201 ED Presentations
- 6,163 Inpatient Days

5.1 ED Presentations per person – year before
2.1 Inpatient Admissions per person – year before

$19.2 million for the 630 patients – year before

$30,476 per person – year before
Talking Teeth

I have spent three decades working in and around dental health/public health and innovation in Australia and other places.

We are a team of many, many people from all over earth – there is more than 100 people working on things with us; from Jeddah to Utah and everywhere in-between.

We have graduate students focused on addressing inequality and building systems to reform health care in Australia and across the world.

A big focus of our effort is Aboriginal health. We are one of the early teams to work on addressing issues of rural and remote dental health care access for Aboriginal people.

A crazy (in today’s thinking) simple model of fly-in-fly-out support to locally owned and run Aboriginal Medical Service based dental clinics. The gold standard today.
Aboriginal Medical Services can have, run and look after fantastic dental services, it’s right. Proven over decades.

Just do it today! I want to see EVERY AMS in Australia with a dental service! EVERY SINGLE ONE!

Poor dental health has become a condition of poverty and marginalisation over the last five decades.

Today the “average” (actually does NOT exist) Aussie kid has less than one decayed tooth. In fact, over half of kids have NO decay.

But, a small minority of kids have LOTS of decay and suffer a lot. These are more often than not those for poor areas or are at the edge of society.

Why has decay dropped to such a low prevalence in society? Not actually a simple, clean one-line answer. Brushing, eating better, fluoride, toothpaste…. the list goes on.

Amazing turnaround!!! In 1960’s, a 12-year-old had 12 holes in their teeth – today less than ONE! AMAZING.

This started in the late 1960’s so many adults today have low decay levels too. BUT, there are pockets of trouble too!

This trend is now in adults too – the poor suffer far more than the rich with dental disease.

Why? The risk factors are higher for the marginalised, it's harder to access good preventive care and more risk-taking activity.

Australia has two dental systems – private dental care, that are small independent businesses on the whole and are free to charge as they like. This is more than 85 percent of dental care.
AND, a small public system for those on health care cards or similar. Also, here we have Aboriginal Medical Service based dental services too.

PS We also have dental care in some tertiary hospitals for tough problems, cleft lip and palate, oral cancer, jaw fractures and more.

The public dental system is small, often under-resourced, especially as dental disease is now a condition of poverty. It’s the wrong way round now (private: public ratio)

Remember, the public dental systems are run by STATE governments – the federal government does not really have a role in dental (although there are some growing bits of funding now).

Where do we need to go in dental health in Australia?

Everyone says dental should be part of Medicare. If I said the bill for that could be as large as the NDIS as a cost, you can see the problem.

And remember that most dental care is provided by small businesses where the government cannot control prices – there would be payment gaps!

Read more on Medicare Dental at https://croakey.org/a-new-publication-on-oral-health-catch-up-with-some-talkintteeth/ It will explain in detail why that’s probably not achievable nor actually what would help Australians.

There are alternatives… We have seen some – targeted care for those in need subsidised by the government.

There are some efforts around to be targeted and maximising bang for buck. The most efficient models of providing good dental care are actually part of State government care systems.

State government dental care systems across Australia are run down, and the real opportunity now is to re-enforce them and grow them. Get some balance back into the nation

We now have dental workforce to do it!

In 2000, we were at a workforce crisis with a lack of dentists. Today, 20 years later, we have sufficient workforce coming though… In some places there are too many (Sydney and Melbourne) but as a nation we are now safe.

We need to get more dental workforce out of Nedlands, Double Bay and Toorak and into the rest of Australia – that’s the big effort for the next decade.

We need our dental focus to start with those in most need, the poor and marginalised (economically and geographically). This is where dental troubles are. They are not in Toorak or Double Bay.

And people in Toorak or Double Bay have access to care – some of the highest densities of dentists in the world are around those suburbs!!! True.

It is interesting that the Labor Party policy released last week has focused on the elderly. Demographic shift.

As I am explaining, dental disease is reducing in adults and those born from mid 1960’s forward are on the whole dental far better than their elders.
Focus on elder dental health is good! Australia is growing old and we still have dental troubles for people.

The maximisation of bang-for-buck from what I can see is for people to take their “voucher” (if Labor wins) and spend it in the public dental service. Help grow the safety net for others in need.

Obviously, where there is no public system, do use the local private practice but I just wish people would try their darndest to support their fellow Australians by helping grow the public system.

I should say, I am not employed either as a private or public dentist and take no money in sponsorship. I am an academic. (In addition, I do not have a share portfolio!)

And new things to think about. Telehealth is coming to dental. Yes, imagine screening teeth from images you take in your own bathroom.

Telehealth really going to be important in closing geographic gaps. Imagine screening kids to prioritise them for the dental team when they come to town.

There is a digital future in dentistry (I have seen experimental robots doing dental care! – it’s coming)

An important initiative in dental will be big data and prediction. Well protected (privacy) coupled with good analysis is going to give us great tools to predict risk and predict where needs are.

We do need to see support going into the R&D of these big-data solutions in health. They will squeeze every bit of value from every dollar we spend on dental care. A digital future is coming to public health and dentistry.
Rural and remote health perspectives

Rural health is a key concern for Australia. Poor access, high death rates – preventable and accidental – and youth suicide.

Urban knowledge and urban views on solutions cannot be dumped in rural and remote Australia. Yet we reach for national agencies to deliver local solutions without empowering a community response.

The first national health debate that did not mention rural Australia. There is an over emphasis on Medicare bulk billing as a surrogate for quality and access. Rural health is a moral issue – it should not be political.

Community context involves understanding remote perceptions of health and wellbeing. Rural and remote context must address cultural and spiritual understandings of care. Local people can be powerful contributors to solutions.
"The country doctor has only himself to rely on: he cannot in every pinch hail specialist, expert, and nurse. On his own skill, knowledge, resourcefulness, the welfare of his patient altogether depends.” – Flexner A (1910).

There is good evidence, at national, state, regional, local, and individual levels that good primary care is associated with better health outcomes, lower costs (robustly and consistently), and greater equity in health.

Australians living in rural and remote areas generally experience poorer health and welfare outcomes than people living in metropolitan areas. They have higher rates of chronic disease and mortality, poorer access to health services, are more likely to engage in behaviours associated with poorer health, and are over-represented in child protection and youth justice sectors.

What solutions are important?

• A National Rural Health Strategy – that engages rural and remote Indigenous and other Australians

• Health reform that strengthens primary care improving access and equity.

• Digital health is a boon for the bush – but it doesn’t replace doctors, nurses or other health professionals.

• Respect for the country – select and train rural people for careers in their regions – Fund regional universities to deliver health courses – shift sandstone medical places to the regions.

• People deserve the best we can give – rural and remote Australians deliver Australia wealth and profit – country people deserve better than myopic national responses.

What policies are important?

• Medical training should address the needs of communities not the needs of the doctors – regionalise specialist training – encourage rural research (but more importantly, take notice of the excellent work done already).

• Invest in social determinants – mental wellbeing, cultural safety and respect, infrastructure that empowers safe communities, affordable food that would be novel…
We pay our respects to the Traditional Custodians of the country where we live, work and travel upon, and to Elders, past, present and future.

Wouldn’t it be nice if we had a health system that looked after people from cradle to grave (and their teeth)?
Climate crisis: our future is now

I acknowledge the Traditional Custodians of this great Land – I hope so much that voters realise the intense responsibility we have right now to honour the values and nurturing processes of these Custodians for 65,000 years.

I urge voters to vote for candidates and parties that put the health and wellbeing of future generations first – we are in a climate emergency and we must act now to reduce our carbon and methane emissions ASAP.

Voters recognise that Aboriginal and Torres Strait Islander Australians have made their voice clear – vote to support the Uluru Statement from the Heart – it is a voice of hope and healing, showing the way forward for all.

Professor Melissa Haswell,
QUT
– @im4empowerment
Australians from all walks of life are suffering high levels of stress, fear, isolation, disempowerment – vote for candidates and party that understands mental health, values social, emotional and spiritual wellbeing, recognises the climate emergency and protects our children.

Australians – please recognise NATURAL GAS – METHANE is a potent fossil fuel with grave consequences for climate and health – it is not clean or green.

No gas expansion, no to fracking in NT, WA and SA, wind down CSG in Qld for health's sake.
Reflections

Dr Simon Judkins:

“Politicians have long touted “A fair go..”, “A fair suck of the sauce bottle”, “looking after your mates” or “it’s just un-Australian” during political campaigns, in speeches, in ads and we’ve all looked at them with more than a hint of scepticism and doubt.

And there is a very good reason. Australia is becoming less fair, less about looking after your mates, more “un-Australian”. Our visions of “the lucky country”, where everyone has a chance, had opportunities to participate and benefit from all Australia had to offer has changed to “a lucky country” where many just rely on luck to get by day to day.

This was the main messages from #AusVotesHealth. We are more divided than ever before between those who can access healthcare and enjoy good health and those who can’t; the most vulnerable groups and people in our “lucky country” who have no luck, no supports, no community. This was the compelling message.

For many, Australia has become “unlucky”...because it’s the “unluck-of-the-draw”, the social determinants of healthcare, where you’re born, your background, access to education, access to jobs, being born into poverty which, more and more, will determine your path through life.

That was the compelling message for me.... it’s not fair, it’s getting worse and, for those in privileged positions who have the capacity and resources to do something about it, it’s not an issue they really seem to care about.”

Australian Chronic Disease Prevention Alliance:

“The #AusVotesHealth Twitter festival helped open up the health discussion beyond the usual issues, to focus on a broader array of topics that don’t always receive the attention (or mainstream media coverage) they deserve. We welcomed the chance to engage with tweeters to highlight the importance of prevention and risk assessment in order to reduce chronic disease burden.”

Dr Tim Woodruff:

“We need structural reform. There are so many great ideas brought out by the festival but the structures limit their implementation. Unless Labor pursues that in the long term, then all the good work will have benefit, but the benefit will be relatively small and easily destroyed with an alternative government in three or six or nine years’ time. That’s the health ‘system’. As for the Social Determinants of Health and Productivity, and climate change, Labor are weak. Maintain the pressure.”
National Rural Health Alliance:

“Thanks Croakey for opportunity to participate in the #AusVotesHealth Twitter Festival. It was an excellent opportunity to highlight rural health issues in a Federal Election where the major Parties seem to be ignoring the needs of the seven million people that live in rural, regional and remote Australia.”

AHCRA:

“We need health care reform and – more than that – we need to reform the way we think about health from a policy perspective by broadening our approach beyond traditional boundaries of the ‘health system’ and ‘health policy’ to encompass all the determinants of health and well-being. Croakey’s #AusVotesHealth Twitter Festival was a fantastic opportunity to engage with other stakeholder groups and individuals working towards this broader vision of health for our future.”