



priority area three

Improving Health and Wellbeing

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Reducing health inequalities and promoting wellbeing

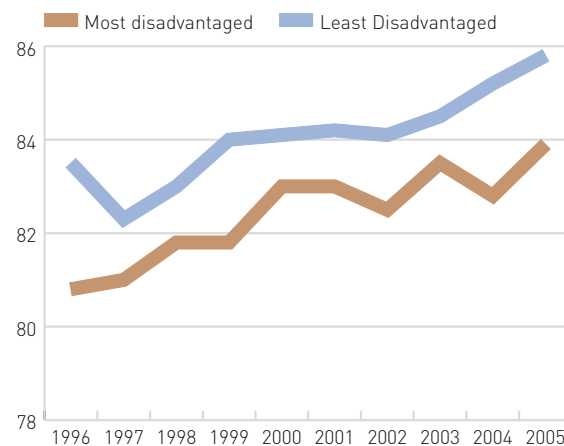
Why Health and Wellbeing?

The Government will invest an additional \$410 million over the five years to 2011-2012 through *A Fairer Victoria 2008* to reduce health inequalities and improve the wellbeing of more Victorians, through a stronger focus on health prevention and reducing chronic disease.

Everyone needs good health to fully participate in employment and community life.

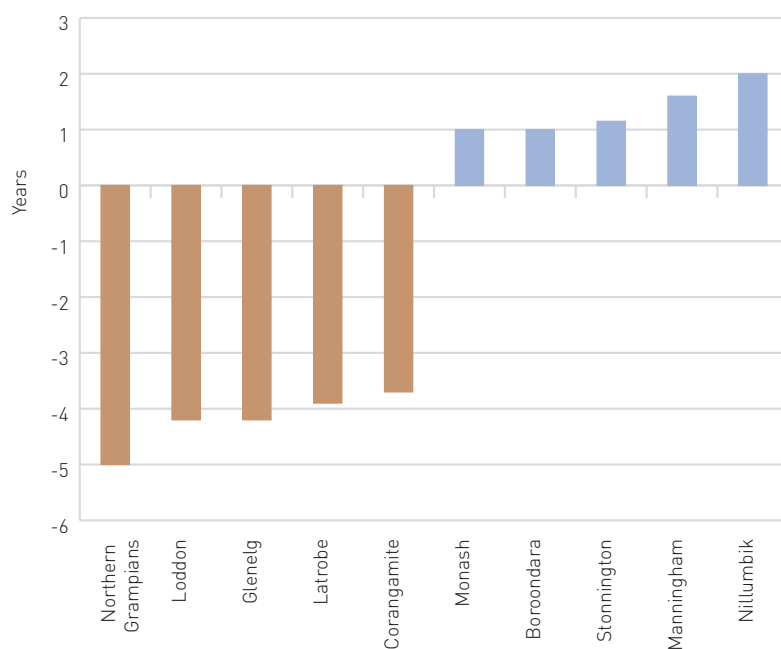
The link between poor health and poverty is startling, with the highest burden of chronic disease experienced by the poorest Victorians. Those with the least resources suffer the most illness, pain, chronic disease and reduced life expectancy. Inequality is particularly evident for Indigenous Victorians, people from low socio-economic backgrounds, refugees and those who live in rural areas.

Female life expectancy in Victoria 1996-2005



Source: Life expectancy at birth: Victoria 2001-2005, Department of Human Services.

Life expectancy at birth: Difference in years from total male life expectancy by bottom and top five LGAs



Source: Life expectancy at birth: Victoria, 2001-2005, Department of Human Services.

Inequalities in health can spiral into lower education and employment outcomes, deepening social exclusion. Health economists estimate that raising the health status of all Australians to the levels of the wealthiest 20% would reduce government health costs paid by all Australians by \$3 billion each year¹. Addressing health inequalities is complex as there is no single cause but it represents a critical front in reducing inequality and disadvantage, especially as many chronic diseases are avoidable.

What We Have Already Done

As well as building the best acute health system in Australia, Victoria is recognised as a world leader in the prevention of disease, particularly chronic illnesses and preventable diseases. Victoria has some of the most progressive laws to reduce smoking levels and this year set the global standard for tackling chronic illness in the workplace through the establishment of WorkHealth.

The mental health system is being rebuilt in Victoria, and *A Fairer Victoria* over the past 3 years has contributed towards this with a \$386 million investment in reducing the impact of early onset psychosis and strengthening child and adolescent services.

Overall life expectancy of Victorians has continued to grow over the past decade although significant differences in outcomes remain as outlined on the chart on the previous page.

Other achievements through *A Fairer Victoria* that are improving the health and wellbeing of Victorians include:

- specialist Refugee Health Nurses who have helped more than 3,300 Victorians access primary health care
- greatly expanded mental health services and facilities including 40 more prevention and recovery care places and 28 more child and adolescent mental health positions
- tailored services to support 8,200 people with a disability, and
- a 40% increase in the number of Indigenous children receiving maternal and child health care.

Next Steps

Much more can be achieved through targeted investments to reduce the unfair burden of disease on disadvantaged Victorians. Tackling the causes of preventable disease by encouraging physical activity, better nutrition and oral health, continually improving mental health services and the wellbeing and life options of people with a disability are among the important challenges. Strategies addressed in other sections such as preventing family violence (the single most important contributor to ill health for women aged 15-45 in Victoria) and improving outcomes for Indigenous Victorians are also critical elements in our plan to reduce health inequalities.

The Victorian Government is also preventing ill-health through vigorous health promotion, and continuing to provide quality and accessible health services. We are also making a significant additional investment in innovative services for people with a disability to improve their wellbeing and ensure they have the opportunity to get involved in the day to day activities other Victorians take for granted.

¹ Walker, A. Economic and Health Impacts of Narrower Health Inequalities, Australia (2003) National Centre for Social and Economic Modelling, University of Canberra. Paper No CP38. www.natsem.canberra.edu.au

Our Goal

Reduce health inequalities by minimising and ameliorating the prevalence of key risk factors that contribute to chronic conditions

Reducing the Burden of Chronic Disease

Well-targeted prevention and intervention programs will be expanded to reach people and places that carry a disproportionate burden of disease.

Water fluoridation will continue to be extended to major rural and regional centres across Victoria to close a critical gap in the dental health of children living in regional and rural Victoria. Avoidable dental decay is the second most costly diet-related disease in Australia, with an economic impact comparable with that of heart disease and diabetes.

Social marketing campaigns will strengthen the prevention effort for HIV and other sexually transmissible diseases for the most vulnerable groups: young people, Indigenous people, gay men, the prison population, and culturally and linguistically diverse populations and those living in rural Victoria. A rural centre of excellence in sexually transmissible infection (STI) prevention will be established at Shepparton in partnership with the rural clinical school of the University of Melbourne. An initiative to provide testing, treatment and prevention programs to prisoners in relation to HIV, hepatitis B and C and Chlamydia, will be funded on an ongoing basis.

Go for your life! is the Government's overarching healthy and active living campaign, and this will be built upon with well-targeted programs in communities with a low health status. Indigenous communities will be a major focus to help close the 17-year gap in life expectancy. The successful Aboriginal Health Promotion and Chronic Care Partnerships, funded through *A Fairer Victoria* 2005, will be expanded to improve access to adult and child health checks, allied and oral health services, among other health prevention strategies. More work will be done to bridge mainstream and Aboriginal health services to better meet the needs of Indigenous Victorians. In addition, under *Go for your life!*, more support will be provided through physical activity grants to reduce ill-health linked to lifestyle.

To promote healthier eating and good social networks, 19 Community Kitchens will open in all public housing *Neighbourhood Renewal* areas. Developed by Peninsula Health, Community Kitchens involve a group of people with similar backgrounds or interests coming together to cook and socialise. They are a great way of promoting nutrition on a budget, improving social connection and teaching life skills.

A Whole of Government Approach: Innovation in Disability Service Support

Providing better support to improve the wellbeing and life choices of people with a disability has been a focus of *A Fairer Victoria* since its inception in May 2005. Since then, \$388 million has been invested through *A Fairer Victoria* to assist people with a disability and their families to make real choices and participate in the same way as other Victorians.

A Fairer Victoria 2008 continues the approach from a whole of government perspective to ensure that the vision of the State Disability Plan 2002-2012 can become a reality for people with disabilities and their families. It includes a significant funding boost of \$262 million over the next five years to 2011-2012 for the planning and delivery of more individualised supports for people with a disability, further easing the pressures on families and carers. Access will also be expanded to early childhood services for children with a disability or developmental delay. The capacity of the non-government sector will be strengthened to deliver essential supports for people to participate in all facets of community life.



Nurse Kofi Ofei from Ghana checks the respiration of Achok Deng, a refugee from the Sudan.

Rebuilding the Health of Victorian Refugees

When Wadi and Loloa arrived in Australia in July 2006, five of their seven children had spent their entire lives in an Ethiopian refugee camp.

Luckily for the family, one of the first people they met in Australia was Sue Willey – a refugee health nurse whose passion for her job underpins her warm, trusting relationships with refugees across south-eastern Melbourne.

When they met Sue, Loloa was in desperate need of urgent medical help. All of the children had vitamin D deficiencies, and most needed paediatric care to help them bridge the gaps in their physical and medical development.

Sue quickly became an invaluable resource for the family. Her ease in navigating the Victorian health system and willingness to act as a link to other health-care providers meant that every member of the family quickly got access to the services they needed.

This new investment will also expand individual packages to support people to live in their own homes or in community-based accommodation. More individualised planning will be made available at key transition points across the life-cycle, particularly the transition from school to employment when building individual capabilities and skills is so important. Access to respite services and aids and equipment will be expanded to enable community-based living and more help for carers. More sustainable funding will be provided for attendant care-related services provided by the non-government sector and for the development of more individualised funding approaches for people using day programs.

Disability Action Plans will be extended to more public and community organisations to address physical, technological and attitudinal barriers and to promote employment opportunities for people with a disability.

A community awareness strategy will also tackle discriminatory attitudes and practices that prevent people with disability from full participation in the social, economic and cultural life of the community.

Removing Barriers to Quality Health

Interpreting and translating services reduce the barriers which some people face in accessing health and other critical public services. We will investigate the use of technology such as video conferencing and the internet in the provision of language services to open up more services. Funding is also provided to develop a targeted Workforce Strategy and to purchase more language services pending the development of the Strategy.

Some people who grew up in State care in Victoria between 1920 and the introduction of the *Children and Young Persons Act 1989* experienced harm and abuse by the people entrusted with their care. These experiences have been captured in a Commonwealth Senate report known as *Forgotten Australians*. In response to a recommendation from that report, a new service will be established to address some of the special needs of these people and their families. This is an important step towards acknowledging past failures and assisting those affected to deal with the legacy of their childhood experiences and improve their wellbeing.



A Whole of Government Approach: Building Better Mental Health

Strengthening the mental health system has been a major focus of *A Fairer Victoria* with investments in forensic, emergency and intensive care, outreach and prevention, and recovery services right across the state. We have opened around 100 new beds to ease pressures on the acute system and made important reforms to early psychosis prevention and intervention to assist people get the help they need earlier.

The investment in *A Fairer Victoria 2008* starts a broad program of service reform that reinforces our focus on early intervention and gives emphasis to recovery and ongoing social support, linking high quality mental health services to areas such as housing. We will provide:

- new support for children, young people and families including help for the children of parents with a mental illness
- early work on redevelopment of specialist mental health services for children and young people
- a 24/7 information, referral and advice service for the community, supported by improved specialist mental health triage
- a significant increase in Prevention and Recovery Care residential services (PARC), and
- improvements to services for people with multiple needs including innovative housing and support options for people at risk of homelessness.

Improvements to Victoria's mental health facilities will continue, with improved access and client amenity at Ballarat Hospital and refurbishments to accommodate Community Mental Health facilities. Detailed planning of the proposed redevelopment and expansion of mental health facilities at the Dandenong Hospital will be progressed. A new Centre for Trauma Related Mental Health Services at the Heidelberg Repatriation Hospital will be redeveloped as a free-standing, purpose built facility for highly specialised trauma related mental health services. Completing the 2006 Government commitment to the development of 70 new PARC services, we will now deliver 30 new beds in three new community-based facilities in Ringwood, Clayton and Frankston.

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Priority Three: Improving Health and Wellbeing: Reducing health inequalities and promoting wellbeing.	Total \$ Million Investment Over 4 Years
Reducing the Burden of Chronic Disease	\$20.1
Oral Health Promotion in Rural Victoria †	\$11.4
HIV and Chronic Communicable Disease Prevention	\$16.6
<i>Go for your life!</i> - building a healthier Victoria	\$8.1
Enhancing Disability Services and Outcomes * ††	\$233.4
Industry Reform of Interpreting and Translating in Victoria †	\$2.0
Forgotten Australians	\$7.1
Improving Mental Health Services **	\$76.6
Ballarat Hospital - Mental Health Redevelopment	\$5.5 TEI
Dandenong Hospital Mental Health Redevelopment and Expansion - Planning	\$3.0 TEI
Heidelberg Repatriation Hospital Mental Health Redevelopment	\$15.5 TEI
Prevention and Recovery Care Services (PARC) Stage 2	\$10.4 TEI
Sub Total ^	\$409.6
Summary of Initiatives Funded Through Other Sources:	
Community Kitchens	

† Over two years.

TEI = Total Estimated Investment.

†† Over five years.

^ Table does not add due to rounding.

* Including the Early Childhood component of this initiative (See Priority Area 1) brings total investment in disability to \$262m over 5 years.

** Includes New Integrated Supportive Housing (Model described in Priority Area 4).