HEALTH POLICY



PRINCIPLES

The Victorian Greens believe that:

- 1. Our government is responsible for funding quality health care for all.
- 2. The promotion of health and prevention of illness and injury must remain high priorities and be consistently well-funded.
- 3. Many policy areas affect health. Our government should promote healthy choices such as walking and cycling over driving, clean energy over polluting energy, education over social disadvantage and information over advertising. Enacting many of our transport, planning, energy, education and other policies would also improve the health of the population.
- 4. All health care activity must be based on the best available evidence and subject to ongoing evaluation for cost-effectiveness.
- 5. An effective health care system is dependent upon a skilled, well-resourced workforce.
- 6. People have the right to participate individually and collectively in the planning and implementation of their health care.
- 7. A person with a terminal illness with symptoms that cannot be relieved by other means has the right to request medical intervention to end his or her life. See related Aims 35, 36 and 37.
- 8. Aboriginal and Torres Strait Islander peoples should have health outcomes and life expectancy equal to other Australians.
- 9. Avoidable differences in health outcomes between different groups, whether defined by race, gender, income, sexuality or geography, are unjust and should be addressed.

AIMS

The Australian Greens Victoria will work towards:

Population Health

 An integrated, whole-of-government approach to improving population health by co-ordinating activities in related portfolios and in local government, including evaluating the effectiveness of all municipal health plans.

- 2. A state wide management plan for the health risks posed by climate change and health services prepared for the next serious heat wave.
- 3. All state government workplaces, including schools, to promote healthy food choices and physical activity, including incidental activity for staff and students.
- Increasing protected funding for population health measures, regardless of whether any resulting cost savings go to the state or federal health budgets.
- 5. Developing comprehensive and independent public health impact assessments for all major industrial and infrastructure developments.
- 6. A State-based food policy to promote healthy choices, including support for urban agriculture and community-based food systems, increasing public dietician services, and reducing the promotion of alcohol and energy-dense food and drinks to children by measures such as banning their sponsorship of sport and advertising on children's television.
- 7. A review of alcohol availability, liquor licensing and its enforcement in order to reduce alcohol over-consumption and alcohol related violence.
- 8. Anti-smoking campaigns and further measures to limit the sale and use of legal and black-market tobacco.

Health Services

- 9. To ensure funding is directed to priority health areas without duplication, gaps, or unnecessary bureaucracy.
- 10. Encouraged co-location and improved access to affordable allied health, health screening, GPs and specialist services in areas of need, using community health centres where possible.
- 11. Hospitals with fully electronic medical records, that can be edited in real time and improved co-ordination and integration between all state, federal and private health services, using shared health records such as the Personally Controlled Electronic Health Record.
- 12. Long-term planning to improve the efficiency of hospital care, which will address rising costs due, in part, to waste, duplication and increasingly expensive and sometimes unnecessary investigations and treatments.
- Public hospitals to discourage pharmaceutical marketing on campus, apart from funding for education from multiple sponsors, provided it is pooled and there is no corporate

HEALTH POLICY



influence on content or choice of speaker and no advertising at the event.

- 14. Public hospitals to report annually on measures they have taken to reduce their carbon footprint.
- 15. Reduced waiting times and increased availability of services by training health workers to take on roles previously restricted to a more highly-qualified professional group.
- 16. Increasing concession cardholders' access to public dental care and targeted initiatives to increase access to dental services for high-risk groups.
- 17. Improved access to health professionals in areas of greatest need such as rural Victoria and outer metropolitan areas.
- 18. Increased awareness of health complaint procedures for all public and private health services in Victoria and improved regulation of currently unregulated counsellors and health practitioners not registered by AHPRA.
- Effective home-based health care support, especially for the elderly and disabled, being fully available to all who require it.
- Reducing emergency department and out-patient waiting times by increasing the number and efficiency of outpatient services.
- 21. Widely available free contraception services and safe, legal pregnancy termination.
- 22. Increased availability of a range of public birthing services giving women a greater choice in where they deliver and in their model of antenatal care.
- 23. Increased post-natal and early childhood programs and services.
- 24. More resources for services responding to domestic violence.
- 25. Developing improved accommodation options for young people in aged care facilities.
- 26. All Victorians to have ready access to well-resourced palliative care services.
- 27. Increased awareness and use of directives limiting medical intervention (Advanced Care Directives) for the terminally ill.
- 28. The Law Reform Commission to review the issues surrounding voluntary euthanasia, with appropriate

safeguards, for the terminally ill, who have little prospect of reduced suffering or recovery.

29. Measures to improve health literacy to empower more people to benefit from services and manage their own health.