Name

Address

Date

Dear (name of MP – Senator or House of Reps)

I write as a constituent to express my concern at the Government’s 2014 budget and the likely impact of budget decisions on the health of Australians, particularly those that are most disadvantaged.

The proposed $7 co-payment for GP visits risks deterring people from visiting their GP and receiving comprehensive, prevention focussed primary health care including immunisations, screening, health advice and early treatment for chronic diseases. The likely consequence is worsening health and increased hospital visits. With the increased cost of medications, those who are most vulnerable and those with chronic health conditions will be hardest hit.

The end of funding for the National Partnership Agreement on Preventive Health (NPAPH) will bring internationally significant prevention programs to an abrupt end just as substantial dividends are being realised. Workplaces are now supporting people to prevent chronic diseases and children, families and communities are being supported to be more active, eat a better diet and address rising obesity levels. In NSW for example the NPAPH-funded Healthy Children Initiative is set to achieve the 2015 state target of reducing overweight and obesity by an estimated 90 000 children.

The loss of key organisations including the Australian National Preventive Health Agency, Health Workforce Australia and the Australian Institute of Health and Welfare, is also regrettable. The intention to replace Medicare Locals with ‘Primary Health Networks’ with a stronger clinical focus and little mandate for prevention and health promotion is also disappointing. Medicare Locals are already bringing together health care providers from primary health care settings to address the health needs of the population. This change brings further unrest and disruption to programs that are beginning to make a difference.

It will take longer to determine the true impact of cuts and changes to programs related to Indigenous health. However, at a minimum these cuts will continue to undermine our ability to close the gap in life expectancy and health status between Aboriginal and Torres Strait Islanders and other Australians. If the reallocation of funds to medical research from health promotion programs and services must occur, it is important to ensure this includes a focus on health promotion focussed population based research.

Good health throughout the population is a requirement for economic and social wellbeing. Supporting individuals and communities to remain well, or to intervene early to reduce the impact of health issues, has clear economic, health and social benefits for the whole nation. For example every 4% reduction in smoking saves over 3000 lives per year. Alcohol misuse costs over $36 billion per year but recent health promotion efforts are working to reduce the harm. Every dollar invested in prevention can save over $5 in health spending

There are positives in the budget – the extension of the bowel cancer screening program, funding for the Royal Flying Doctors Service, school sports, youth mental health, drowning prevention, youth sexual health, and plain packaging litigation are all welcome.

This Budget presented an opportunity to demonstrate to voters a commitment to improving the health and well-being of all Australians, preventing disease and ill-health and reducing the unsustainable demand on the health care system. Instead it delivered cuts that have severely reduced preventive health and health promotion programs and undermined Medicare, Australia’s universal health insurance system.

If we are to look forward to a healthier, fairer future for all Australians we need investment in policies, people, and programs that builds on our success. I would ask that you urge changes to the proposed budget to ensure support for the promotion of good health, prevention of illness and accessible primary health care.

Yours sincerely