

CHF Position Statement

National Preventive Health Strategy April 2021

Introduction

The Government released its draft National Preventive Health Strategy in March 2021 for public comment. Information about the development of the Strategy and the consultation can be found on the Department of Health's website at [Consultation Draft](#).

The Consumers Health Forum of Australia (CHF) lodged a response to the feedback survey, following consultation with members, other organisations and consumers. This position paper reflects the views expressed in the survey response.

CHF is a member of the Strategy's Expert Steering Group.

Overview

The CHF strongly supports the connections to the social, environmental, structural, economic, cultural, biomedical and commercial determinants of health, and the importance of equity as a social outcome driven by health, and the detail provided on the way that each of these seven causes affects the wellbeing of the Australian community. There is a welcome connection between health and climate change and the need to develop a national strategic plan for environmental health.

The investment in health, particularly the commitment to increase expenditure in preventive health, is a key aspect of the Strategy. The targets to increase the investment in preventive health to 5 per cent of the national health budget by 2030, and to establish a sustainable prevention fund and independent governance mechanism represent major, and very welcome, steps should they become commitments by the Government.

CHF appreciates that the draft Strategy is intended to span ten years: it needs to be long-term and ambitious. We welcomed the commitment to a set of immediate priorities particularly

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embedding prevention in primary care and the developments of national health literacy and consumer engagement strategies.

The CHF has identified or supported areas for improvement, particularly:

- strengthening the workforce inclusions to acknowledge the scope for workforce development and innovation, encompassing “traditional” health professionals, as well as emerging roles, such as health coaches, peer workers and social prescribing link workers.
- funding decisions that will enable programs to implement the promise of the Strategy, and creating an evidence-based Prioritisation Framework to be used by an independent advisory mechanism to ensure Australia’s prevention expenditure is in areas of ‘best buy’
- strengthening enablers and focus areas of the draft Strategy by doing more to address root causes of poor health, and some of the outcomes of those causes. Measures to support self-care and management will be important to the Strategy’s implementation
- focusing on other specific areas of prevention, including chronic illness, injury prevention, oral preventive health, and family violence
- making the Strategy itself more accessible to consumers and consumer groups. CHF recommends a consumer explainer about the Strategy and a co-creation process with a diversity of consumers for the national health literacy and consumer engagement strategies.

A strong way forward

The statement, “Let’s reorientate from an ‘illness system’ to a ‘wellness system’”, encapsulates the purpose of the Strategy and the views of consumers. CHF welcomes the emphasis on place based approaches, regional planning, and empowering and supporting Australians to have agency over their health and wellness choices.

The investment in health, particularly the commitment to increase expenditure in preventive health, is a key aspect of the Strategy and offers a game-changing point of difference to previous prevention strategies. The targets to increase the investment in preventive health to 5 per cent of the national health budget by 2030, and to establish a sustainable prevention fund and independent governance mechanism represent major, and very welcome, steps.

CHF also strongly supports defining targets for increasing life expectancy and increasing equity for disadvantaged groups, including communities with low incomes and high levels of disadvantage, in rural and regional areas and for Aboriginal and Torres Strait Islander communities, as important drivers to improving health and wellbeing across the nation. CALD

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communities, and particularly supporting refugee and asylum seeker communities, could also be articulated in those aims and targets.

CHF notes and support aligning the policy achievements to priorities recommended in the Mitchell Institute's National Self-Care Policy Blueprint. This is a good outcome: it reflects the strong consensus emerging from both consultation and co-design, independently undertaken through working groups on the Blueprint, as well as the extensive consultation on the Strategy.

The CHF was also pleased to see the specific suite of eight immediate priorities laid out at page 42, and agree with those chosen particularly the commitments to prevention-oriented primary care, and national health literacy and consumer engagement strategies. A national social prescribing scheme needs to be central to prevention-oriented, biopsychosocial primary care.

Areas for further development

Focus areas and enablers

While the CHF supports focus on the selected areas, there are important health factors that are acknowledged and developed in the draft Strategy, but that are not included as areas of focus, such as chronic disease screening and protection, and environmental factors and climate change.

The enablers and focus areas of the draft Strategy could be strengthened by doing more to address the root causes of poor health, and some of the outcomes of those causes. The CHF would particularly like to there to be greater attention to:

- mitigating the health threats posed by climate change, with strategies to prevent related morbidity and deaths, with funded programs to reduce risks and prevent harm
- the biomedical factors that contribute to the risk of developing chronic illness, by including screening and early detection for contributing factors, such as blood pressure, blood glucose and blood cholesterol, alongside increasing cancer screening and protection
- the social, cultural and economic factors of poor health, with measures and targets to improve health literacy, diets, and other factors, as well as oral preventive health, which disproportionately affects the overall health and wellbeing of people in disadvantaged communities

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- mental health, with targets that are not limited to “towards zero suicides for all Australians”, but include reducing the levels of high prevalence disorders/conditions in the population, such as depression, anxiety and loneliness
- injury prevention, which, as a major cause of ill health, chronic illness and disability, and leads to other poor physical and mental health outcomes, and should be recognised in strategy, with policy aims and targets
- addressing family violence, which would reduce both physical and mental harm, particularly to women.

Delivering funding

While the funding commitment set out in the Strategy is commendable, it could be embedded through funding decisions that will enable programs to implement the promise of the Strategy, and creating a specific appropriation mechanism to enable decisions to be made through the independent advisory mechanism.

Taking the strategy to the community

The CHF recommends that the Strategy itself be made more accessible to consumers and their representatives – itself a step towards improving health literacy. The Department could consider a short, plain English consumer and community explainer about the Strategy, and changing the structure of the document (for example, by outlining immediate priorities and focus areas to the beginning, and making sure the structure lends itself to being divided into several short stand alone documents for wider community distribution), using language that is easier to read and understand.

Further, the role of parents, family members and other carers should be acknowledged throughout the document, separately from consumers, recognising their importance as part of any preventative care team and strategy.

Conclusion

The draft Strategy has included and addressed many of the priorities for consumers. The long term goals, and the commitment to delivering those goals that are evident in the document are most welcome. The CHF has consulted widely with consumers and consumer organisations to make suggestions that will improve the long term health outcomes for the community, and hopes that these recommendations will be included in the final National Preventive Health Strategy.

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