

Response ID ANON-WK6N-8HPU-B

Submitted to **Consultation Paper for the National Preventive Health Strategy**

Submitted on **2020-09-25 15:42:18**

Development of the National Preventive Health Strategy

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Vision and Aims of the Strategy

4 Are the vision and aims appropriate for the next 10 years? Why or why not?

Vision and aims :

- CHF suggests the vision is adjusted to reflect a greater focus on health equity and the underlying structural factors that contribute to health and wellbeing. Such an adjustment would also better align the Strategy with Australia's Long Term Health Reform Goals under the National Health Reform Agreement 2020-2025.
- A proposed revised vision could look like: "The Strategy will improve the health of all Australians across the life course and reduce health inequities through early intervention, improved health literacy, creating healthy environments and addressing the underlying social, cultural and systemic factors that contribute to health and wellbeing outcomes."
- Rather than focusing on living for 'as long as possible' the aim should be adjusted to emphasise quality of life and people being able to live in optimal physical and mental health
- The aim regarding investment should be more specific, with investment to gradually increase across the life of the Strategy to a target of 5% of health funding directed towards prevention within 10 years.
- This investment aim should also specify the need to invest in prevention research and research translation, with a target of a minimum of 10% of MRFF funding directed to prevention and health promotion research within 10 years.
- New government mechanisms also need to be put in place to channel additional investment into evidence-based solutions. CHF supports the Public Health Association of Australia's call for the establishment of an independent expert overseer of preventive health investment, similar to the oversight provided for new medicines by the Pharmaceutical Benefits Advisory Council (PBAC).
- Within this section there needs to be a recognition of the diversity of the Australian community and the differing needs of different communities including addressing intergenerational trauma and disadvantage for Aboriginal and Torres Strait Islander people and language needs in CALD communities. The Strategy also needs to have specific actions and communication plans to address the needs of young people.
- The vision needs to clarify whether the Strategy is only looking to address prevention within the health system or if it will take a broader whole of government approach. CHF's strong believes a broader intersectoral approach is needed in order to address the social, cultural and environmental determinants of health.
- The relationship of the Strategy to the range of other national strategies and plans such as the National Obesity Strategy and the National Alcohol Strategy needs to be clearly mapped and explained.
- There is a need for the Strategy to accommodate and anticipate some of the ground-breaking opportunities to be found using digital health as an illness prevention and health promotion enabler.

Goals of the Strategy

5 Are these the right goals to achieve the vision and aims of the Strategy. Why or why not? Is anything missing?

Goals :

- The goals, as written, are too high level, not specific enough and do not include sufficient detail about what will be achieved or who will be responsible/accountable for the outcomes. They are closer to aspirational statements without a clear sense of how they will be implemented.
- Goal 1 suggests the Strategy will take an intersectoral, whole of government approach to addressing prevention across all sectors, not just health. Clear governance and accountability arrangements will be needed to support this as it involves a significant shift away from the more siloed approach which currently exists. The links between health, housing and social care all need to be articulated more clearly.
- Goal 2 should include a greater emphasis on care coordination to take a patient-centred approach to prevention across the patient's health care pathway
- Goal 5 is overly focussed on individual responsibility for health outcomes rather than recognising the broader determinants that promote or undermine health and wellbeing. The Strategy needs to be aimed at addressing the structural issues that can reduce and eliminate health disparities
- Goal 6 needs to recognise the abundant amount of evidence and knowledge that already exists about preventing ill health. This goal should include translation of existing knowledge into practice at the system level, at the point of care delivery and in various settings such as schools, workplaces and communities.
- Mental health is a key area that is missing – in particular at this moment with COVID-19 having significant impacts on mental health and distress across the community, mental health needs to be a more explicit component of the National Preventive Health Strategy. Mental health is also an important protective factor

for physical health outcomes.

- Noting that a key aim of the Strategy is to ensure the best start in life, the Strategy needs to include greater emphasis on, and specific measures related to, families and supportive family environments as key enablers of health and wellbeing such as positive parenting programs. There is particularly strong evidence in this area and it is one where nationally coordinated efforts would yield benefits. Digital reforms such as the National Child e-Health Collaborative, which is developing online baby books, could be leveraged.
- Climate change is another missing area – increasing extreme weather events, the spread of infectious diseases and increased anxiety are all likely outcomes of climate change with significant impacts for the health and wellbeing of the Australian population. Addressing climate change is a key preventive health action that needs to be included in the Strategy.

Mobilising a Prevention System

6 Are these the right actions to mobilise a prevention system?

Enablers :

- This section of the report more accurately reflects a set of 'enablers' rather than actions
- Health literacy should not be framed purely as an individual responsibility and is not simply about providing more accessible information, it is also about creating environments and systems that enable healthy lifestyles and building organisational health literacy as the National Quality and Safety Standards for Health Services mandate. For example:
 - o schools and local libraries are two environments where health literacy could be supported through programs and resources
 - o digital literacy is a key component of health literacy in the 21st century, and at a system level efforts to address the digital divide are important to ensure all Australians can access the health information and services they need to support help seeking and self-care

Partnerships:

- o The role of consumers and communities is not sufficiently recognised. A collaborative approach is needed drawing on lived experience and using a co-design philosophy to embed prevention in health services, policy and research
- o This section makes passing reference to the 'social, economic, cultural and environmental influences on health' but overall the Strategy is not framed from a health equity perspective or with sufficient focus on the need to address the underlying determinants of poor health
- o This section should be adjusted to reflect an evidence-based intersectoral Health in All Policies approach rather than a coordinated approach led by the health system
- o CHF supports the position of the Australian Health Promotion Association and the Public Health Association of Australia, that "effective health promotion and illness prevention are underpinned by partnerships and involve multiple complementary strategies including policies, the creation of health promoting environments, community action, partnerships between funders and providers, and support for individuals to make healthier choices easier" and "system enablers that support effective health promotion and illness prevention include: leadership, governance and coordination; evidence, research and monitoring; workforce capacity; ongoing funding and commitment."

Additional enablers:

- o Funding is a key enabler not included in this section of the report. Funding needs to be re-aligned to support a prevention agenda, including funding preventive services across all levels of the health system and the inclusion of an independent funding and oversight mechanism for prevention similar to PBAC, as mentioned earlier.
- o A commitment to evidence-based approaches is critical to ensure the Strategy is effective. National health promotion campaigns are an example where messaging must be evidence-based and evaluation must be embedded to ensure effectiveness.

Boosting Action in Focus Areas

7 Where should efforts be prioritised for the focus areas?

Boosting Actions:

- CHF believes the Strategy has not identified the right focus areas for an ambitious, agenda-setting prevention Strategy that seeks to tackle the underlying causes of poor health across the community. While each of the areas identified are important in their own right, as the paper rightly acknowledges, many already have national strategies and plans to guide action in place. Instead, CHF proposes that action should be prioritised towards a reframing of our approach to prevention that acknowledges the need for a truly intersectoral approach to address the social, cultural, environmental and commercial determinants of poor health from a health equity perspective.
- For the focus areas identified in the paper, the following actions should be prioritised through the Strategy (noting that all are proposed actions under the proposed National Obesity Strategy):
 - o Regulation of fresh food pricing and supply, particularly in rural and remote areas, so that healthy options can be accessible and affordable for all Australians
 - o Restrictions on advertising and promotional campaigns for highly processed unhealthy food options, particularly those targeted at children
 - o Urban planning that encourages active lifestyles include access to safe walking and cycling paths and public transport options in all communities
- CHF suggests that the listed focus areas could best be progressed by delivering actions under the National Obesity Strategy, National Alcohol Strategy, existing cancer screening policy frameworks, the development of a new (updated) National Tobacco Strategy and promotion of the National Physical Activity Guidelines in a coordinated, not disjointed fashion.
- CHF believes specific actions under this Strategy should be targeted at areas not addressed elsewhere, with a focus on the structural factors that prevent a truly national, coordinated approach to prevention policy and services. Examples include:
 - Specific targets for a minimum investment in prevention across the health budget – CHF supports the Public Health Association of Australia's call for a minimum of 5% of health expenditure to be put towards prevention, along with 10% of MRFF funding to be allocated to prevention and health promotion research.
 - A national policy approach to address prevention in mental health at the population level including issues of loneliness and social isolation, to be incorporated into the Fifth National Mental Health and Suicide Prevention Plan and/or Vision 2030
 - A commitment to work through COAG to develop a national Health in All Policies approach which recognises the way health is intertwined with all aspects of our lives and therefore should be a key consideration in the development of policy outside the health portfolio. Examples include the need to embed preventive health approaches into early childhood education and social care settings.

- Development of a national strategy on climate, health and wellbeing to provide a safe and healthy environment for current and future generations

Continuing Strong Foundations

8 How do we enhance current prevention action?

Continuing Strong Foundations:

- In order to enhance our approach to prevention and build on what we know works, the National Preventive Health Strategy must have a strong focus on addressing the broader social determinants of health. Such an approach means not simply attempting to address the choices of specific individuals but the context in which personal choices are made.
- The Strategy must also draw on existing evidence regarding the social gradient of health, which recognises that people living in wealthy areas are not as likely as people living in disadvantaged areas to experience a range of health issues, and that factors other than each individual's decisions are influencing these outcomes.
- While local pilots and programs can provide strong evidence of effective preventive approaches, inequities in health outcomes require population-level interventions that are implemented with a scale and intensity that is proportionate to the level of need.
- At the same time, it is possible to take population health approaches to preventive health at the regional level. As existing regional infrastructure with extensive networks, Primary Health Networks (PHNs) could be far better utilised to support regional approaches through the administration of a primary care-focused prevention fund. PHNs should be required to formulate and execute regional prevention plans in collaboration with key organisations such as state and local governments.
- Significant policy changes in recent years, including the abolition of the National Preventive Health Agency and the cessation of the National Partnership Agreement on Preventive Health, have not supported the advancement of a stronger preventive health agenda at the national level. As noted earlier, an independent oversight body similar to PBAC is needed to guide investment and implement a planned increase in prevention funding without threat of political interference.
- In 2018 the Public Health Association of Australia released its report 'Top 10 public health successes over the last 20 years'. This report provides ten examples of preventive health policy that can be a model for enhancing prevention through this Strategy. As our success stories, these policies are exemplars and their 'ingredients' should guide future prevention strategy.
- Experience and evidence clearly demonstrate that health promotion and illness prevention are achieved most effectively through a whole-of-systems approach. Initiatives which involve a multi-sectoral approach and are multi-faceted generally produce the greatest benefit and are most cost-effective. It is important to ensure comprehensive and coordinated strategies are sustained at sufficient levels to produce improvements over the long term.
- Evidence-based and innovative programs and services developed in partnership with communities and individuals with lived experience can assist in increasing individuals' skills, attitudes and knowledge, support health literacy, influence attitudes and behaviours, build personal skills, strengthen communities, change social norms and address health risks. Health communication strategies that enable dialogue and development of shared meanings are more likely to be effective, compared with unidirectional transmission of information.
- We can enhance current prevention action by investing more in the right interventions and programs. It is clear that Australia spends considerably less on prevention and public health than Canada, the United Kingdom and New Zealand. In 2017 out of 31 OECD countries Australia was ranked 16th for per capita expenditure on prevention and public health, 19th for expenditure as a percentage of gross domestic product (GDP), and 20th for expenditure as a percent of current health expenditure.

Additional feedback/comments

9 Any additional feedback/comments?

Additional feedback:

- The Strategy should include clear definitions of the following terms as core concepts:
 - Prevention
 - Health promotion
 - Social determinants of health
 - Social gradient
 - Health equity
- CHF believes the Strategy needs to be inclusive of services and programs that are concerned with supporting people to better manage lifestyle risk factors as well as a more holistic, cross-sectoral, interdisciplinary approach that is supported by evidence
- Language and intent matters – the final Strategy should be tested with a diverse range of consumers to ensure the language is inclusive and reflects a consumer-centred approach
- To ensure the Strategy can effectively implement a prevention agenda over the next 10 years and is not vulnerable to political shifts it must include a long-term commitment to funding for preventive health
- Overall, CHF believes that the Strategy as framed in the consultation paper will not deliver the systemic shifts that are needed across government and society to reduce health inequities and address the social, cultural, environmental and commercial determinants of health. The COVID pandemic and emerging knowledge about the links between conditions such as obesity and the virus and its effects, are added impetus for a sound Strategy. The development of a 10 Year National Preventive Health Strategy is a significant opportunity to take a more holistic approach to address the underlying causes of poor health and it would be disappointing if the Strategy failed to do that by adopting a more narrow focus.
- CHF is seeking an ambitious, implementation focused Strategy with explicit investment targets.