The George Institute for Global Health Australia

National Preventive Health Strategy – Consultation Paper Response by The George Institute for Global Health

The George Institute for Global Health was pleased to provide a response to the National Preventive Health Strategy (the Strategy) consultation paper in September 2020.

Vision and Aims of the Strategy

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

The George Institute believes the vision and aim are broadly appropriate for framing the Strategy. We are particularly pleased the Strategy is taking a life-course approach to prevention.

There is, however, opportunity for improvements:

- In relation to the vision, we recommend it could be strengthened by an explicit acknowledgement of the social determinants of health. Australia has important obligations under the law to protect the health of populations experiencing inequity due to the voluntary and long-standing ratification of international human rights conventions and declarations. In terms of the Strategy, and subsequent policies, this would mean changing the wording from “broader causes” to “social determinants” of health and well-being in the visions and aims, and throughout the document.

- In relation to the language of the vision and aims, we recommend it would benefit from consistency when referring to consumers who will benefit from this Strategy. For example, in some areas the term “Australians” is used, and in others the term “all Australians” is used. While the emphasis is important, consistency in the pyramid would provide clarity. We suggest using the term “all people in Australia”, consistent with other national strategies in development.

- In relation to the aims, we note that the wording “Australians with more needs” implies an onus on the individual to ‘take’. We suggest replacing with “people with inequitable health burden”.

- In relation to the goals, we recommend “communities across Australia” should be amended to “all communities” to capture the inequity lens.

- On page 13, point three, we strongly recommend rephrasing the wording here to reflect system-wide causes concerning the social determinants of health. The current wording implies it is individual circumstances that lead to poor health, rather than system-wide issues. In particular, the wording “Australians with more needs” could be rephrased to “communities experiencing inequity”. Additionally, the use of phrasing “personal circumstances” puts the onus on an individual to have the means to get out of their own circumstances, when the system does not support them to do so.

- On page 13, point four, we recommend including a reference to communities experiencing inequitable health outcomes. This would reflect the need for broader funding increases as well as focused funding increases to communities most in need.

- To strengthen the vision and aims of the Strategy, we recommend the inclusion of a better definition of health and well-being that recognises Aboriginal and Torres Strait Islander people’s conception of health.

- For the vision and aim to be meaningful, we recommend the Strategy should include detailed and progressive implementation plans for each focus area. These plans should be supported by a commitment of funding that includes an increase in investment in prevention by 5%. The aims could be more specific to include goals and targets that reflect such commitments. This should be done in a timely fashion – otherwise the opportunity to improve Australia’s health will be lost and the effort invested in the Strategy process will fail to achieve much needed outcomes.

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?

The George Institute believes the goals, while broad and high-level, are generally appropriate to guide action for the Strategy. As detailed in our answer to question four, these goals will need to be complemented by detailed action plans, including how different sectors will work together and how environments will support healthy living, to ensure they are actioned in evidence-based, cost-effective ways. For example, there should be commitments to provide funding to improve public transport infrastructure and commitments made to regulate online targeted marketing of unhealthy food and drinks, including alcohol.

Specific feedback on improvements to the goals includes:

- At the top of page 14, we recommend removing “including those in rural and remote settings”. There are several areas of focus needed, and isolating one highlights that over others.

- On page 14, point one, we recommend rephrasing this goal to be more action-oriented. For example, “Multisectoral coordination and alignment will be achieved through …”. Additionally, use of the phrasing “different sectors” is not specific enough in conveying consideration of the social determinants of health. We recommend explicitly including education, employment, housing, transport, social services and environment.

- On page 14, point two, while embedding prevention in the health system is crucial, for the Strategy to have true impact on the social determinants of health, it should acknowledge that as a priority prevention needs to be embedded in other sectors that impact health. The definition of health should also be broadened to consider an Aboriginal and Torres Strait Islander conception of health.

- On page 14, point four, engagement with community groups is commendable, but we recommend there should also be inclusion of self-determination of these groups. Additionally, we recommend the removal of the term “interest groups”. This seems to imply industry involvement in prevention policy – historically this has not been an effective approach to establishing policy reform.

- On page 14, point five, the wording “Individuals will be enabled to make the best possible decisions about their health” implies that people are able to make health decisions in the first place. For example, Aboriginal and Torres Strait Islander peoples are often not able to ‘make decisions’ that lead to good health due to social and cultural determinants such as access to housing, transport, employment, healthcare, food, and because of racism, disconnection from culture and policies grounded in colonial thinking. Knowledge possessed by Aboriginal and Torres Strait Islander peoples regarding health are often overlooked in favour of colonial structures that reinforce white privilege and disempower First Nations people. We recommend the Strategy recognises the assumption of meaningful “knowledge” and its impacts on First Nations people. As above, we strongly recommend the goals be improved by removing stigmatising language that implies individual responsibility should be prioritised over system-wide reform. Additionally, the word “access” should be included in this goal. Individuals can have all the knowledge and skill necessary to make great health and well-being decisions, however if access to such paths is inequitable, not available, or hampered in any way, then knowledge and skills are unlikely to achieve the intended outcome. Further, the onus is currently placed on the individual and community to be skilled rather than on services and workforces to be skilled in effective and appropriate communication, centring the consumer in service provision and service choice, and ensuring effective partnerships with the service recipients.

- On page 14, point six, we recommend this goal could be strengthened by explicit inclusion of research and best evidence in developing health policy. This goal should also be coupled with self-determination, community knowledge and leadership.

- In relation to additional goals, we recommend the inclusion of a specific goals on (i) equity and the social determinants of health, and (ii) addressing the impacts of climate change, to further strengthen the Strategy.

- In relation to strengthening the goals, we recommend they include specific outcome indicators to ensure the Strategy’s outcomes are measurable and can be monitored.

- We recommend that the goals include specific referencing of recommendations made:
    - In national and international policies and commitments;
    - By leading agencies working on the prevention and control of non-communicable diseases and injury; and
    - In other international evidence-based strategies.

Mobilising a Prevention System

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

The George Institute believes the stated actions are broadly appropriate for framing the Strategy. However, by framing the actions in such generic terms, their ultimate effectiveness will be determined by how they are interpreted and actioned during implementation. We support the aim of mobilising a prevention system, however the involvement of departments and organisations beyond health is essential to have a truly effective systems approach.

Specific feedback includes:

- On page 16, we recommend including reference to building information and literacy skills that are focused on the service provider, not just the consumer. Often service providers are ill equipped to ensure health and well-being choices can be made. In addition, while health information and literacy are important, they must be supported by evidence-based policy and appropriate regulation of unhealthy commodities. Australia has a strong history of using public health law to improve health outcomes but does not have a great track record when it comes to unhealthy commodities. It is important that increases in funding are directed to the most evidence-based, cost-effective and impactful programs and policies, and not primarily directed into health literacy initiatives with a focus on personal responsibility.

- On page 16, we recommend renaming the “health system action” priority to “promotion of prevention within the health system”.

- On page 16, we recommend being more explicit concerning “partnerships” by including sectors and communities in the engagement process. Additionally, while it is pleasing to see the inclusion of conflicts of interest in this action, we recommend a more explicit management strategy be outlined. Similar to guidance material for public officials interacting with the tobacco industry, the Government should develop guidelines on interacting with alcohol, food, gambling, mining and other harmful industries.

- On page 17, we recommend expanding the definition of leadership to include Aboriginal and Torres Strait Islander leadership and governance mechanisms. This also includes recognising leadership and governance that cuts across all sectors and should ensure equity in voice and agency.

- On page 17, we recommend including all departments in “preparedness” to ensure effective collaboration and coordination throughout the system. We also recommend removing the term “vulnerable” in this context, and throughout the Strategy. This language reinforces a deficit narrative that implies that health care providers, researchers, policy makers and others need to ‘save’ people from their own vulnerability.

- On page 17, we recommend the inclusion of partnering with community organisations and members. This is fundamentally important for any research and evaluation with Aboriginal and Torres Strait Islander people and should also be included for diverse and groups experiencing inequity.

- On page 17, we recommend “research and evaluation” should include prioritising findings, data and pathways to impact. We strongly support stronger partnerships between researchers and policy makers. Additionally, we encourage the development of stronger partnerships that facilitate access to information for service providers and community organisations to ensure the timely application of best evidence.

- In addition to the actions already included in the Strategy, we recommend including appropriate resourcing of a prevention system in the actions.

- While leaderships, governance, research, evaluation, monitoring and surveillance are all important in ensuring the Strategy is achieving its goals, we recommend the implementation of an accountability framework should to support the Strategy. The Lancet Commission on Obesity proposes a model of assessment, communication, enforcement and improvement that should be considered and adapted to the Australian context.

Boosting Action in Focus Areas

7. Where should efforts be prioritised for the focus areas?

While the highlighted focus areas in the Strategy reflect a large portion of burden in Australia, they do not recognise the overall burden agenda. The George Institute recognises the scope of the Strategy has been settled but would urge a revision of the scope in order to have a Strategy that truly reflects the needs of a preventive health agenda in Australia.

Taking this into consideration, we recommend the focus areas could be strengthened by the following:

- At a minimum, we recommend the Strategy should broaden the focus areas to include the following:
    - Social determinants of health;
    - Injury;
    - Mental health;
    - Climate change action including emissions targets;
    - Food and water security; and,
    - Safe and secure housing.

- In relation to tobacco, we recommend that specific focus areas for tobacco control should be oriented around the World Health Organization's Framework Convention on Tobacco Control, with a particular focus in the Australian context on smoking bans, taxes, national public education campaigns, and the availability and affordability of smoking cessation assistance in the forms of counselling and nicotine replacement therapy. These strategies have strong evidence bases that demonstrate their effectiveness and high return on investment.

- In relation to alcohol, we recommend a commitment to reduce alcohol use in the same language and objectives as tobacco use. There is ample evidence that alcohol is toxic to humans and that current drinking norms in Australia need to be addressed. The behaviour, not just the outcomes of the behaviour, needs to be directly addressed. Effective areas of intervention in alcohol control are specified in the World Health Organization's "Best Buys" recommendations. Specific areas of focus should include limiting availability (especially in terms of emerging home delivery trends) and advertising, and ensuring alcohol is appropriately priced to reflect its social cost. The introduction of minimum unit pricing should be an immediate priority to address the current situation where alcohol can be purchased more cheaply than bottled water.

- In relation to the promotion of healthy diets, we recommend regulatory advancements in numerous areas. The Strategy should include:
    - The establishment and enforcement of mandatory food composition targets;
    - Mandatory front-of-pack food labelling in the form of a strengthened Health Star Rating;
    - Banning junk food advertising to which children are exposed, especially in terms of advertising in the context of government-owned infrastructure and institutions;
    - Ban the use of trans-fat containing ingredients by food manufacturers;
    - Provide targeted subsidies to reduce the cost of healthy foods such as fruits, vegetables, nuts and legumes, and whole grains, especially to Australians experiencing the most vulnerability;
    - Introduce taxation on unhealthy junk foods, such as sugary drinks; and,
    - Implement standards for food product availability, pricing, promotion, and placement for all public institutions such as hospitals and schools to ensure food environments that will enable healthy choices.

- We recommend an explicit focus on regulatory reform of unhealthy commodities to improve food environments.

Continuing Strong Foundations

8. How do we enhance current prevention action?

As already noted in the consultation document, The George Institute supports a realignment of health funding to allocate a greater proportion of investment in preventive health to achieve the objectives of the Strategy. While the framework presented in the consultation document represents worthy aspirations, stakeholders need to be given the opportunity to contribute to detailed action plans with appropriate budget allocations. Until we reach this point, the Strategy process remains conceptual and in danger of being shelved rather than meaningfully implemented.

Noting this, we recommend the following:

- Success stories / case studies of effective prevention programs should be included, as well as the inclusion of the need to increase support for, and the evaluation of, such programs.

- An audit of current prevention programs and actions will be crucial to understand what could be improved, and what should be deprioritised.

Additional feedback / comments

9. Any additional feedback/comments?

The George Institute thanks you for the opportunity for us to contribute further to the development of the Strategy.

We note the broad focus of the content and the generic nature of the questions make it somewhat difficult to provide meaningful inputs that will bring us closer to effective action and impact. In particular, the lack of detail relating to the nominated focus areas is disappointing, and is likely to result in inadequate consultation on these issues.

Broadly, we would encourage authors of the Strategy to shift from the use of deficit language and rather focus on where the strategy will be effective. While concepts of overall well-being and social determinants are articulated at the start of the Strategy, subsequent pages lack a representation of this issues. For the Strategy to be meaningful, these concepts should be embedded all the way through.

As above, specific targets and actions must be assigned to focus areas for this Strategy to be meaningful. Stakeholders should be afforded the opportunity to consult on these targets prior to the finalisation of the Strategy. All targets and actions should reflect recommendations from existing and developing national strategies and policies.

Finally, human health is dependent on planetary health. The Strategy would lack credibility if it did not acknowledge climate change impacts now and into the future on the health of people in Australia and embed specific actions to manage this throughout the Strategy.

Contact

Chelsea Hunnisett
Policy and Advocacy Adviser, Global Advocacy & Policy Engagement
The George Institute for Global Health
M 0426 439 947 | E chunnisett@georgeinstitute.org.au