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National Preventive Health Strategy

About this submission

The George Institute for Global Health is pleased to contribute to the consultation on the draft National Preventive Health Strategy.

The George Institute strongly supports the development and implementation of the Strategy. We believe this Strategy is a meaningful step towards an impactful prevention agenda in Australia that will result in better health outcomes.

We particularly wish to congratulate the Government on its commitment to spend 5% of total health expenditure on prevention by 2030, and the development of a 'Blueprint for Action'. The George Institute's recommendations in the submission seek to further strengthen and enhance what is already a thorough and well-prepared document.

About The George Institute for Global Health

The George Institute is a leading independent global medical research institute established and headquartered in Sydney. It has major centres in China, India and the UK, and an international network of experts and collaborators. Our mission is to improve the health of millions of people worldwide by using innovative approaches to prevent and treat the world's biggest killers: non-communicable diseases and injury.

Our work aims to generate effective, evidence-based and affordable solutions to the world's biggest health challenges. We research the chronic and critical conditions that cause the greatest loss of life and quality of life, and the most substantial economic burden, particularly in resource-poor settings.

1. Do you agree with the vision of the Strategy?

The George Institute supports the vision of the Strategy. We are particularly pleased that the vision accounts for a life course approach to health and acknowledges the importance of targeting risk factors. The George Institute wishes to reiterate concerns raised in our previous submission in terms of the need for specific acknowledgement of the social and commercial determinants of health. Due to the voluntary and long-standing ratification of international human rights conventions and declarations, Australia has important obligations under international law to protect the health of populations experiencing inequity. In terms of the Strategy, and subsequent policies, this would mean changing the wording from "broader causes" to "social and commercial determinants" of health and wellbeing in the visions and

aims, and throughout the document. This specificity is crucial for implementation in terms of clear messaging and definitions around the challenges the vision seeks to address.

2. Do you agree with the aims and their associated targets for the Strategy?

The George Institute strongly supports the aims of the Strategy. We would like to congratulate the Government on its inclusion of specific targets associated with the aims. In particular, we would like to congratulate the Government on the target in Aim 4 – "Investment in preventive health will rise to be 5% of total health expenditure by 2030". This expenditure is fundamental to a much-needed paradigm shift in healthcare and prevention in Australia, and The George Institute strongly supports and welcomes this commitment. This investment is crucial for the Strategy to be meaningful and applicable. There is, however, an opportunity for improvement in the Aims:

- Aim 2: We believe that specific mention of closing the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and other Australians is crucial in this aim and target. Compared to other Australians, the gap is currently 8.6 years for Aboriginal and Torres Strait Islander men and 7.8 years for Aboriginal and Torres Strait Islander women. This inequity is unacceptable and a commitment to reducing these gaps should be clearly identified within this target.
- Aim 3: We believe the target referring to "Indigenous-specific general practitioner health checks" could be strengthened by including more years of health life, similar to the other targets associated with Aim 3.

3. Do you agree with the principles?

The George Institute strongly supports the principles of the Strategy. While they remain broad and high-level, they represent an appropriate approach to prevention in Australia. We congratulate the Government on the use of active language in the principles, as per our previous submission. It is crucial for implementation that language is action-orientated, rather than suggestive. There is, however, an opportunity for improvement in the principles:

- Multi-sectoral collaboration: We recommend that conflicts of interest are monitored throughout collaborations. Industry engagement, while collaborative, can have adverse impacts on policy outcomes and must be closely monitored.
- Enabling the workforce: We recommend including the following in the final sentence: "This includes ensuring that the workforce is available, fully trained and capable of providing culturally safe and responsive care". Cultural safety is an important component of care and the resulting health outcomes.
- Community engagement: We welcome the emphasis on community engagement and self-determination. However, we believe this could be made more explicit by using the term 'self-determination' and specifically referencing Aboriginal and Torres Strait Islander groups.
- Equity lens: We recommend the inclusion of colonisation in the first sentence: "Preventive health action considers the inequities that exist across Australia, including the need for equitable access to healthcare and addressing the ongoing impacts of colonisation." We believe an emphasis on structural reform is crucial to the delivery of this principle.

4. Do you agree with the enablers?

The George Institute agrees that the seven stated enablers are appropriate for framing the Strategy. We applaud the Government for the inclusion of policy achievements and the action-oriented language of the enablers. These are crucial for an impactful strategy that can be implemented. We also applaud the inclusion of a long-term and sustainable funding mechanism. There are, however, opportunities to improve the enablers:

- Leadership, governance and funding:
    - We recommend including recognition that self-determination and self-governance leads to better health outcomes in the text of this enabler, as well as a policy achievement. The inclusion of a culturally appropriate approach to health for Aboriginal and Torres Strait Islander peoples is critical and strengthens the overall intention of the vision, aims and principles of the Strategy, while also creating a framework for implementation.
- Prevention in the health system:
    - Responses to COVID-19 have demonstrated the strength of Aboriginal and Torres Strait Islander leadership and knowledge in managing health outcomes for their communities. This should be specifically referenced in the text, and a policy achievement included that recognises support for this leadership.
    - We recommend embedding improved culturally safe models of care in this enabler to improve access to appropriate and responsive health care for Aboriginal and Torres Strait Islander peoples.
    - We recommend a clarification of the wording in the policy achievement, “The public health workforce is…”
- Partnerships and community engagement:
    - We strongly support the recognition of conflicts of interest in this enabler.
    - We reiterate the recommendation in our previous submission to include the development of guidance material for public officials interacting with the tobacco, alcohol, food, gambling, mining and other harmful industries. Active management of appropriate engagement with industry and others in formulating health policy is crucial to the integrity of policy outcomes.
    - We recommend the inclusion of a policy achievement goal that specifically references de-colonising approaches to engagement.
- Research and evaluation:
    - We endorse much of the content of this enabler, however, there needs to be mention of increased funding to achieve the desired outcomes. An explicit reference to how this enabler will be funded would be helpful in its implementation.
    - We recommend a review of the policy achievements, which could be further strengthened with direct and descriptive language.
- Preparedness:
    - We welcome the inclusion of climate change and its impacts on health in the Strategy.
    - We recommend this enabler shifts focus from adaptation to extreme weather events, to mitigation of and adaptation to increasing rates of chronic disease associated with the impacts of climate change.
    - We recommend this enabler recognises action on climate as a preventive health measure for better health outcomes.

- The policy achievement, “Evidence-based approaches to identify…” infers that vulnerable parts of the health system are caused by climate change, so this wording should be amended.
- We strongly recommend the inclusion of a policy achievement relating to funding the development and implementation of a National Climate, Health and Wellbeing Strategy that can form a framework for mitigation and adaptation.
- We recommend a clarification of the wording of the policy achievement: “In addition, a 24-hour average…”.

In addition to these enablers, we reiterate our recommendation for the inclusion of an accountability framework enabler to support the Strategy. The Lancet Commission on Obesity proposes a model of assessment, communication, enforcement and improvement that should be considered and could be adapted to the Australian context.

5. Do you agree with the policy achievements for the enablers?

Please refer to the explanations provided above.

6. Do you agree with the seven focus areas?

As stated in our previous submission, while the seven focus areas in the Strategy reflect a large portion of burden in Australia, they do not recognise the total burden. The George Institute urges a revision of the scope of the Strategy to ensure that it truly reflects the needs of a preventive health agenda in Australia. This includes the critical focus areas of chronic disease screening, injury, food and water security, and safe and secure housing.

We strongly believe the inclusion of injury as a preventive area is crucial given the impact of injury on disease burden and the preventable nature of much of the attributable burden. Injury shares the same social determinants as other non-communicable diseases but can also be considered a social determinant in itself, due to injury negatively impacting long-term health trajectories. The inclusion of injury as a preventive health focus area is therefore important for the credibility of this Strategy. Injury is often counted outside of health, however with the near completion of the Department of Health’s Injury Prevention Strategy, it is evident that injury must be included in all health strategies. We strongly recommend acknowledgement of injury as a focus for preventive health in this Strategy. In addition, we also recommend the following amendments to strengthen existing content:

- Increasing clarity of the percentage improvements noted in the targets. For example, does, “Reduce overweight and obesity in children aged 5-17 years by 5% by 2030” mean a reduction in 5 percentage points (say from 25% to 20%) or a reduction of 5% per se (say from 25% to 23.75%).
- Reducing tobacco use:
  - We recommend the inclusion of harm-minimisation strategies for e-cigarettes and vaping products in this focus area.
- We recommend the use of the term ‘current (daily and non-daily)’ be applied for all Australians to improve consistency. Currently there is inconsistency when referring to the general public versus the Aboriginal and Torres Strait Islander community.
- Improving access to a healthy diet:
  - We strongly support the policy achievement “consumer choice is guided by the Health Star Rating (HSR) system, which is displayed on all multi-ingredient

packaged food products" and congratulate the government on its inclusion. We recommend being explicit that it is the intention of this policy achievement for the HSR to be mandatory.
    - We recommend the title of this focus area be changed to "Improving access to, and choice of, healthy diets". It is possible to improve access to healthy diets but not necessarily also consumption of healthy diets. Overall, the phrasing of this focus area lacks clarity. For example, "we want to improve diet quality" is rather vague.
    - We recommend explicitly referencing the limitations of voluntary partnerships, such as the Healthy Food Partnership, and making an explicit commitment to strengthen these associations through stronger leadership, with objective, independent third-party monitoring to ensure accountability.
    - We recommend the establishment and enforcement of mandatory food composition targets as a policy achievement.
    - We recommend banning junk food advertising to children, especially in government-owned buildings and organisations, and public transport as a policy achievement.
    - We recommend a ban on the use of trans-fat containing ingredients by food manufacturers as a policy achievement.
    - We recommend the provision of targeted subsidies to reduce the cost of healthy foods such as fruits, vegetables, nuts and legumes and whole grains, especially for the most vulnerable Australians, as a policy achievement.
    - We recommend the introduction of taxation on unhealthy commodities and junk foods such as sugary drinks as a policy achievement.
    - We recommend the implementation of standards for food product availability, pricing, promotion and placement for all public institutions such as hospitals and schools to ensure food environments that enable healthy choices.
    - We recommend the target, "Halt the rise and reverse…" be amended to reflect Australia's global commitment of 2025.
    - We recommend the target, "Reduce the average population…" be amended to reflect Australia's global commitment of 2025.
    - We recommend the target, "Increase the proportion of adults…" lists a specific % target, otherwise it lacks clarity.
    - We recommend the target, "50% of babies are exclusively…" be strengthened in line with the National Breastfeeding Strategy (2019).
    - The statement "in 2007–08, 67% of adults were overweight or obese, up from 63.4% in 2014-15" seems to require a chronological correction.
- Increasing cancer screening and prevention: the reference to skin cancers is appropriate but may not have the intended outcome if readers lack an appreciation of the prevalence and harms associated with skin cancers. Further explanation would assist in improving the value of this example.
- Reducing alcohol and other drug harm:
    - We re-iterate our recommendation from our previous submission that in relation to reducing alcohol consumption, the same language and objectives as tobacco use should be employed. There is ample evidence that alcohol is toxic to humans and that current drinking norms in Australia need to be addressed. 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.

- The sentence “Much of Australia’s preventive efforts…” appears to contradict the next sentence “A greater focus on prevention…”.
- The policy achievement, “The particular needs of vulnerable populations…” is not adequately reflected in the targets or pre-amble.

- Protecting mental health:
  - We recommend additional mental health targets that are precise and numerical.
  - The definition of mental health is too narrow when it comes to Aboriginal and Torres Strait Islander peoples and does not adequately incorporate social and emotional wellbeing. While the inclusion of information on Aboriginal and Torres Strait Islander peoples in this section is commendable, there needs to be explicit mention of how terms and concepts relating to wellbeing are understood and experienced differently by different groups of people. The term ‘social and emotional wellbeing’ is more holistic and used to describe the social, emotional, spiritual and cultural wellbeing of a person. Many Aboriginal and Torres Strait Islander people observe mental health and mental illness as medical terms that focus disproportionally on problems and do not properly describe all the factors that make up and influence wellbeing.

7. Do you agree with the targets for the focus areas?

The George Institute strongly agrees with the targets for the focus areas. We note that while the Strategy does include cancer screening as a focus area, it leaves out risk assessment and early detection of other high-burden chronic conditions. We recommend including “increasing chronic disease risk assessment and early detection” as a focus area, alongside the priority given to cancer screening and prevention. We also recommend the focus areas could be more precisely worded and with more detail but anticipate that this would be part of the ‘Blueprint for Action’.

8. Do you agree with the policy achievements for the focus areas?

Amalgamated above.

9. Do you agree with the ‘continuing strong foundations’ section of the Strategy?

The George Institute strongly agrees with the continuing strong foundations section, although Table 8 seems incomplete. We applaud the government for its commitment to the development of a ‘Blueprint for Action’ and recognise this as a crucial component of meaningful action for this Strategy. We look forward to receiving further information on this.

10. Please provide any additional comments you have on the draft strategy.

The George Institute would like to reiterate its strong support for the Strategy. We believe that this Strategy is a meaningful step towards an impactful prevention agenda in Australia that will result in better health outcomes. We particularly wish to congratulate the

Government on its commitment to 5% of health spending on prevention by 2030 and the development of a 'Blueprint for Action'. The George Institute's recommendations in the submission seek to further strengthen and enhance what is already a thorough and well-prepared document.

We applaud the inclusion of the cultural determinants of health, but it is not appropriate to put Aboriginal and Torres Strait Islander peoples and definitions of cultural determinants alongside culturally and linguistically diverse people. The emergence of 'cultural determinants of health' originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and Country build stronger individual and collective identities, a sense of self-esteem, resilience and improved outcomes for Aboriginal and Torres Strait Islander communities. The cultural determinants of health that are included in Table 5 are contextually and culturally specific to the experiences of Aboriginal and Torres Strait Islander peoples as the first peoples and traditional custodians of a colonised Australia. It is important that the experiences of being a colonised peoples within Australia are not grouped together with those from a culturally or linguistically diverse background. Although people from culturally and linguistically diverse backgrounds often experience inequity driven by aspects of cultural difference, the root causes of this inequity are different; this important nuance is lost by grouping them together.

We strongly recommend the inclusion of injury prevention – reducing risk of physical trauma - in this Strategy as an 8th focus area. Injury is a major cause of ill health in Australia, and a meaningful preventive strategy would be remiss to exclude this major cause of disease burden. Key elements of the near finalised National Injury Prevention Strategy could complement the development of this Strategy.

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