

National Preventive Health Strategy

Preventive health measures aim to reduce illness, prevent disease and promote wellness.

The increasing prevalence of chronic disease in Australia intensifies the need for investment in evidence-based preventive health strategies.

Australia spends less on public health and preventive care than most other OECD countries. Peaking at 2.3% of recurrent expenditure on health in 2007-08, Australia's prevention spending fell to 1.6% in 2017-18. Comparatively, most OECD countries spend between 2% and 4% of total health expenditure on prevention.

Much of the burden from chronic disease is preventable through reduced exposure to modifiable risk factors including tobacco use, obesity, alcohol and other drugs use, physical inactivity, sugar consumption, high blood pressure, abnormal blood fats (such as cholesterol) and high blood sugar.

Preventive health strategies have been shown to reduce future budgetary pressures by improving health system resource use and promoting greater workforce participation and productivity.

In August 2019, Federal Health Minister the Hon Greg Hunt announced *Australia's Long Term National Health Plan*, including the development of a 10-year National Preventative Health Strategy (the Strategy). The Council of Australian Governments (COAG) Heads of Agreement on public hospital funding and health reform for 2020-2025 outlines a commitment to progress reforms to promote health literacy, prevention and well-being (clause 7c).

AHHA POSITION:

- ✧ Funding for preventive health should initially target a return to 2.3% of recurrent health expenditure, to be progressively increased over a 5-year period to reach at least 4% of recurrent expenditure, with a dedicated focus on ensuring spending is on activities with demonstrated cost-effectiveness.
- ✧ The Strategy should be underpinned by bilateral partnership agreements developed through COAG, which define the responsibilities of state, territory and local governments. There is an opportunity through the 2020-2025 National Health Agreement to require hospitals to incorporate and demonstrate alignment with the National Preventive Health Strategy in service planning and design.
- ✧ It should align with other Commonwealth health strategies, including those in the areas of primary health, mental health, women's, men's and children's health, suicide prevention, health workforce, Aboriginal and Torres Strait Islander health, maternity services and oral health.
- ✧ Primary Health Networks (PHNs) play a key role in population health planning, health governance and cross-sector coordination. The Strategy should outline governance and funding mechanisms that build on the existing planning, coordinating and commissioning capacities of PHNs to embed prevention as a core element of their work.
- ✧ Cross-sector, population-wide, targeted approaches are needed that are informed by evidence, local and international experience, and co-designed with community partners.
- ✧ A life course approach to prevention is required which addresses the social determinants of health and promotes place-based preventive health solutions that are culturally safe, effective and accessible.
- ✧ The influence of the environment on health must be recognised. Local and state governments, including urban and regional planning services, should be engaged to ensure the environments where we live, work, socialise and learn encourage and facilitate healthy lifestyles. Areas such as pollution reduction, nature conservation, homelessness, food security, affordable transport and education must be in scope in planning for better health and wellbeing.
- ✧ The importance of building a strong foundation for good physical, cognitive, social and emotional health in the first 2,000 days of life must be recognised.
- ✧ Improved evidence-based pathways for early detection, diagnosis and treatment of disease should be a focus of the Strategy, with funding both for promotion and service delivery.
- ✧ Attention and resources should be directed towards key areas of concern, including inequality, overweight and obesity, alcohol misuse and abuse, sugar consumption, tobacco control, screening programs, oral health, health literacy and immunisation.
- ✧ Oral conditions are the third leading cause of acute preventable hospital admissions. Targeted oral health prevention programs and the fluoridation of all water supplies should be prioritised by the Strategy.
- ✧ The Strategy should commit to long term preventive health research and data collection. Evaluation and performance monitoring should be embedded in all preventive health planning and service delivery.

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