DRAFT NATIONAL PREVENTIVE HEALTH STRATEGY CONSULTATION

Submission

19 April 2021

australian healthcare & hospitals association

the voice of public healthcare

OUR VISION

A healthy Australia, supported by the best possible healthcare system.

OUR MISSION

To conduct research, educate and influence the healthcare system to achieve better health outcomes, improved patient and provider experience, greater equity and sustainability.

OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

Effective

Accessible

Equitable

Sustainable

Outcomes-focused.

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JAS-ANZ

REGISTERED CHARITY

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BACKGROUND

AHHA provided the following submission in response to the Australian Government Department of Health's online survey on the draft National Preventive Health Strategy.

The draft strategy and online survey were made available at https://consultations.health.gov.au/national-preventive-health-taskforce/draft-national-preventive-health-strategy/

The consultation closed on 19 April 2021.

VISION

Strongly agree

AIMS

Agree

However, an increase in preventative investment to 5% must be used to fund preventative initiatives that are cost effective and drive value.

PRINCIPLES

Strongly agree

ENABLERS

Agree

AHHA broadly supports the seven enablers identified in the Strategy as necessary for mobilising a prevention system, although some notable omissions have been identified and are discussed further below.

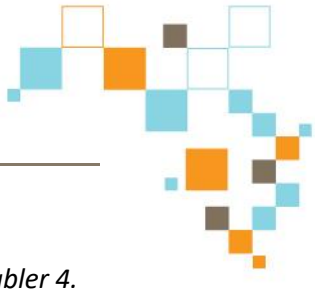
ENABLER 2

A stable climate is a fundamental determinant of human health and the aim to limit warming to 1.5°C is a critically important long term public health goal. Additionally, the population wide health co-benefits of decarbonisation are significant with improved air quality proven to have a preventative effect on the disease burden attributable to cardiovascular and respiratory health (Zhang et al. 2020).

The health sector is responsible for 7% of Australia's greenhouse gas emissions (Malik et al. 2018). Achieving net-zero healthcare will significantly contribute to emissions reductions in Australia and will lead to economic and health co-benefits (Goa et al. 2018). As Doctors for the Environment Australia (DEA) have noted 'Ironically, as it currently operates, the healthcare sector is producing its own patients.' (Charlesworth 2021).

A target of net-zero emissions by 2040 for healthcare in Australia, with an interim emissions reduction target of 80% by 2030 is in line with similar commitments by the National Health Service in the UK, where it has been demonstrated that a health system can both reduce emissions and increase output simultaneously, and is broadly consistent with the goal of limiting global temperature rise to 1.5°C (DEA 2020, McGain 2020; NHS 2020). Government leadership is crucial, as demonstrated with the ACT Government's commitment to climate change being factored into all infrastructure decisions and leading to Canberra Hospital on track to become the first 100% renewable energy-powered hospital in Australia (Mazengarb 2020).

Recognising both the impact of climate on health, and the Australian health system's high contribution to carbon emissions, policy achievements for *Enabler 2 Prevention in the health system* should include specific targets to reduce health sector greenhouse gas emissions.



ENABLER 4

With digital technologies increasingly used to communicate and share information, *Enabler 4. Information and health literacy* must also address the specific need for digital health literacy amongst communities.

ENABLERS 2, 3, 5, 6, 7

The Strategy appears to be taking a reactive, rather than proactive, approach to developments occurring in technology and data. Within the 10 years of this Strategy, these rapid developments will revolutionise, not just mobilise, opportunities for preventive health.

The COVID-19 pandemic has revealed many ways technology and data can be used to protect health, including contact tracing apps, temperature sensing drones, apps to monitor social distancing and facial recognition surveillance.

Artificial intelligence (AI) offers promising opportunities to improve health through preventive rather than reactionary measures. It has the ability to collect, compile, analyse and learn from big data, augmented by real-time data from patients, and create personalised and predictive feedback for individuals. It can improve diagnostics, catalyse patient adherence through engagement, and integrate with remote monitoring devices, all directly influencing the behaviour of patients and improving preventive health action. There are ever-increasing data sources that can support preventive strategies, including electronic health records, personal digital devices, pervasive sensor technologies and access to social network data. While data and devices are often siloed, the feasibility of health-data-sharing platforms to obtain and aggregate health data is being explored (Dhruva et al. 2020) and integration being achieved.

The Strategy needs to proactively include the opportunities that technology and data provide in mobilising a prevention system, address the data privacy concerns and actively advancing ethical practices and social responsibility. This inclusion is needed particularly in *Enablers 2, 3, 5, 6 and 7*.

FOCUS AREAS

Agree

AHHA welcomes the strong emphasis in the introductory sections of the National Preventive Health Strategy on the factors that play an integral role in determining the health of society – social, environmental, structural, economic, cultural, biomedical and commercial.

The proposed focus area and targets, however, largely emphasise the biomedical factors. As acknowledged on the inside cover of the draft, the ‘Strategy presents a powerful opportunity for Australia to build a sustainable prevention system for the future’. Covering almost the next 10 years, as it stands, the Strategy is a missed opportunity to effectively monitor and address the factors that are increasing the burden of disease and health inequities.

For example, the evidence for investing in the first 1,000 days is strong, including for health and wellbeing, mental health, social functioning and cognitive development (Moore et al. 2017). The draft Strategy itself recognises that ‘The greatest gains for prevention can be demonstrated when

preventive health action starts early in life'. A crucial omission, therefore, are targets to reduce adverse experiences in early childhood (e.g., poverty, abuse, neglect, domestic and family violence, household substance abuse and mental health issues). Further, developmental learning disorders in children are a recognised public health concern. Early intervention is dependent on early identification and assessment of developmentally vulnerable children, and service access across Australia is variable (Walker & Haddock 2020). The targets for 'Australians having the best start in life' must be expanded beyond just the total DALY for Australians aged 0-24 years, and should be included within Aim 1 and the focus areas, particularly protecting mental health and reducing alcohol and other drug harm. Where existing measures are not in place, they should be developed as part of this Strategy.

In addition, oral health is an area of critical population wide importance that should be prioritised as an area of focus. Oral health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment. Despite improvements over the last 20–30 years, there is still evidence of poor oral health among Australians with persistent inequities of access and outcomes across population groups. AHHA's vision for a well-functioning oral health system is available in the AHHA oral health position statement here (AHHA 2021a), highlighting the need for a focus on prevention to reduce inequality and enhancing long term health outcomes. Oral health must be recognised as a critical area for focus for the strategy with targets and policy achievements developed to support this.

TARGETS

Agree

AHHA has concerns about the data sources and anticipated timeframes for monitoring progress against the Strategy. While the AIHW Burden of Disease report is likely the best source for measuring changes in these aims, the report is only expected to be released every three years, and it appears to be published four years after the reference year.

Improvements in the type and quality of data being collected from a broad range of data sources will also be crucial to allow accurate monitoring of progress against the strategy. Consolidated primary healthcare data in Australia is poor. However, individual providers of primary healthcare often hold significant information on the services provided to patients, the conditions for which they are being treated and the progression of patient's recovery or further deterioration of their condition. Consolidating this data could be facilitated with development of a primary healthcare national minimum dataset that provides common data standards and reporting frameworks.

In the shorter term, the development of the National Primary Health Care Data Asset (NPHCDA), led by AIHW, provides the opportunity to move our health system in a direction that can better inform our understanding of prevention, population health, patient journeys and outcomes.

In addition, the Strategy should ensure the accuracy of reporting though a reliance on data sources that do not rely on self-reporting, where possible. For example, within the *focus area 6 reducing alcohol and other drugs harm,* self-reporting survey mechanisms should be supplemented with timely and precise data sources, such as wastewater data and alcohol sales, as self-reporting mechanisms cannot be relied upon to provide accurate information to measure progress.

POLICY ACHIEVEMENTS

Agree

Consistent with efforts to reduce the use of tobacco products with taxation, a policy achievement within the *focus area 2 improving consumption of a healthy diet* should be included to ensure the ongoing reduction of the affordability of high sugar products with no nutritional benefit such as sugar sweetened beverages. AHHA position on how this could be achieved can be accessed under positions statements on our website here (AHHA 2021b). Reducing product affordability is also relevant and should be included within the policy achievements of *focus area 6 reducing alcohol and other drug use harm.*

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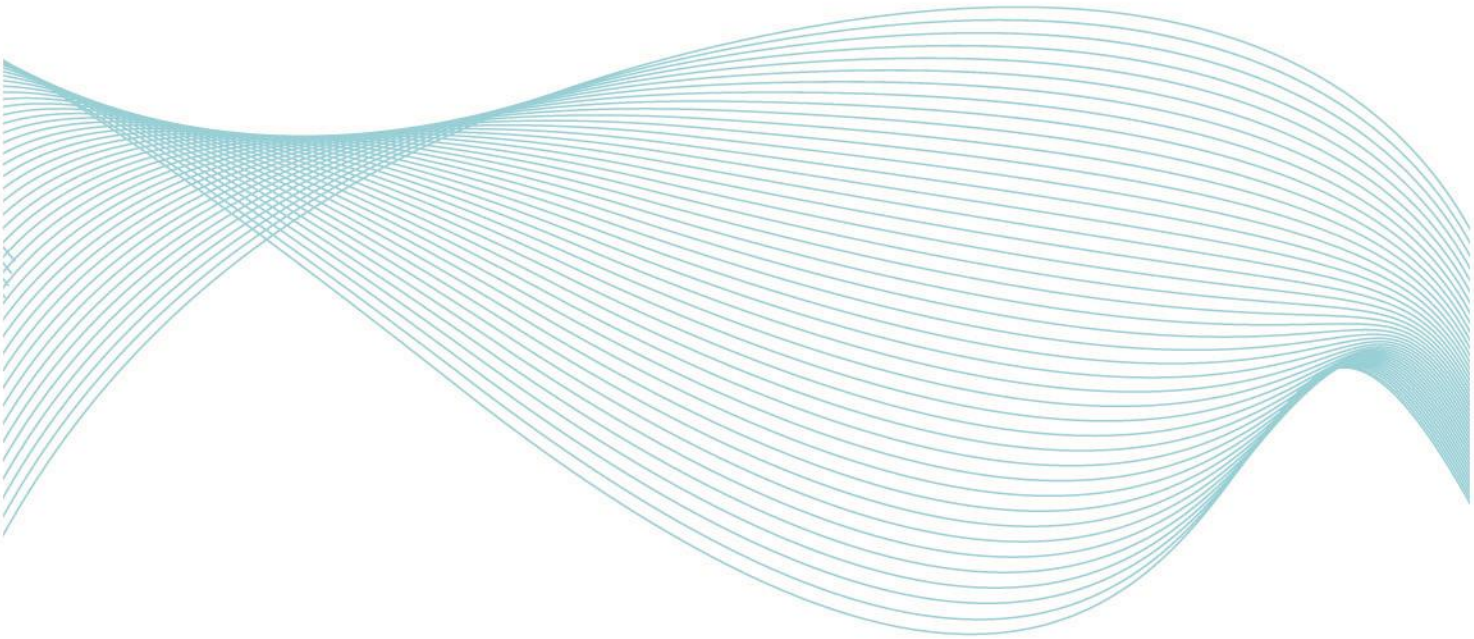

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