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**RACP feedback on the Consultation Paper  
for the National Preventative Health  
Strategy**

**September 2020**

## **About The Royal Australasian College of Physicians (RACP)**

The RACP trains, educates and advocates on behalf of over 18,000 physicians and 8,500 trainee physicians, across Australia and New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

## A unique opportunity to shape a comprehensive, effective preventative health agenda

The Royal Australasian College of Physicians welcomes the opportunity to comment on the *Consultation Paper: Development of the National Preventative Health Strategy* produced by the Department of Health.

As the consultation paper states, the development of the Strategy comes at a critical time for our community and our health care system alike. Collective effort that continues to be required to tackle the COVID-19 pandemic has highlighted many of the underrecognized interdependencies in our individual and collective health and in our health system as we increasingly acknowledge that “the vulnerabilities of many become the vulnerabilities of all Australians.”

The economic and social effects of the pandemic on Australians will be felt for many years to come and will require a coordinated national response that encompasses all systems and portfolios. The forthcoming National Preventative Health Strategy, intended to guide our preventative health efforts over the next decade, offers a unique opportunity to define the scope, goals and deliverables of the preventative health agenda in a way best able to address the current challenge and lead us towards a more resilient, agile, responsive, equitable and sustainable health system beyond COVID-19.

The structure of the College’s feedback on the consultation paper follows the design of the survey developed by the Department to elicit advice on the paper. We note that the consultation paper is part of the broader consultation and drafting process. The College looks forward to commenting on the forthcoming draft of the Strategy.

### Vision and aims

It is commendable to see that the preceding community consultations have resulted in the expansion of the scope of the Strategy beyond its initial focus on chronic disease, cancer screening, immunisation rates, nutrition and obesity and research. It is especially important to see the recognition of the urgent needs to “significantly enhance investment in prevention” and to ensure that any proposed actions result in “greater gains for parts of the Australian community who are burdened unfairly” because of unacceptable inequities in health and social outcomes.

We also recognise that the consultation paper is a high-level document that is not intended to cover all aspects of the proposed Strategy. However, it is critical to note at this stage that the Strategy must clearly outline specific actions and clearly stated areas of responsibility and accountability if it is to lead to tangible and meaningful improvements in health outcomes for all Australians.

The RACP notes that the scope of the Strategy as envisaged by the consultation paper is too narrowly defined. To ensure that all Australians are well and healthy, we need to situate our preventative health policies and investments well beyond the traditional medical model. Good health of individuals and communities is dependent on creating a connected, lively society that supports individual and group autonomy, exuberance and positivity. To truly ensure that the Strategy “provide the best start to life”, it must comprehensively and effectively address the foundations of health by promoting a healthy pregnancy, birth and childhood. We recommend that the Strategy include a dedicated, action-oriented chapter on these underpinnings of preventative health that lead to active engagement with society and engender a sense of control over an individual’s life and choices.

Well-designed, appropriately funded, targeted, interactive health-enhancing programs must be a vital part of any preventative health agenda spearheaded by the Australian Government. They will need to be implemented as part of an ongoing support system offered to all Australian children and their parents from the beginning of a child’s life. While the consultation paper acknowledges that the burden of ill health is not shared equally by all Australians, the Strategy needs to be specific about the proposed objectives and set out actions required to address inequities in health.

The high-level vision and goals outlined in the paper skirt around other critical problems facing Australia and the world alike. Although alluded to in Goal 3 discussed later in the document, the paper does not adequately address the role of a healthy environment as a key social determinant of health. Climate change represents a major and evolving threat to the health of Australians. The myriad direct and indirect negative health effects of heat, poor air quality and natural disasters are already experienced by Australian communities and are likely to worsen alongside the rising temperatures. The role of the health system's contribution to greenhouse gas emissions and plastic waste must also be addressed. A National Preventative Health Strategy must incorporate mitigation of climate change and support of healthy environments to truly address the major health challenges of the next decade.

One of the stated aims of the strategy is to enable Australians to live in good health as long as possible. In the development of the Strategy, it is important to explicitly state the end goals and means attendant to this objective, such as preserved function and independence in old age to be achieved by reducing the prevalence of dementia and frailty, delivering supportive living conditions and minimising vulnerability. The Strategy should explicitly set out the specific actions required for achieving these outcomes.

Finally, the paper recognises that the burden of disease will continue to increase unless “long-term funding is (provided) to transform the scale, scope and impact of delivering prevention in Australia”. It is imperative that the Strategy not only increase the funding committed to prevention, but that all actions and initiatives included in this key document are adequately funded in a manner that acknowledges the need for comprehensive, sustained and systemic investment in prevention that goes beyond the immediate health system.

## Goals

While the proposed preventative health goals are worthy and important, they do not adequately address the underlying health inequities that persist in Australia and as such may act to direct focus away from the most cost-effective and health-supporting investments in preventative health care that tackle the social determinants of health of all Australians.

To fully achieve the vision of the Strategy, we need to genuinely commit to the idea that all sectors and all governments have a responsibility for preventative health. Investment in prevention needs to be a whole-of-government priority that extends well beyond an increase in the health dollars spent on prevention. Education, social services, agriculture, transport, energy and climate, manufacturing, industrial relations, urban planning and trade including secure supply chains for essential health products: all portfolios need to adhere to the ‘health in all policies’ principle that asks them to consider and address the implications of their policy decisions for health and prevention.

In order to acknowledge the true importance and scope of this goal, we suggest that the uppermost goal is clarified to state that “All sectors, including across governments at all levels, will work together under the rubric of ‘health in all policies’ to address complex health challenges to engage communities across Australia in their health and wellbeing”.

Enabling individuals to make “the best possible decisions” about their health does not adequately address the socioeconomic conditions Australians live in, including enduring inequity. The extent to which personal “choices” are truly available to the community and the individual varies considerably. The underlying common denominator of many modifiable risk factors for poor health is poverty. Supporting social mobility, provision of adequate housing and a liveable social security safety net would better address the causes of the causes of ill health usually referred to as social determinants of health.

## Enablers

In considering the most effective ways towards mobilising a prevention system as “the key driver for achieving systemic change and better health outcomes”, we once again suggest that the Strategy broaden the scope of preventative health enablers beyond those applicable to the health system to include all portfolios and policies.

As demonstrated by the lessons of the ongoing COVID-19 crisis, the suggested framework of enablers might be better reordered by prioritising leadership and governance, followed by preparedness. These key enablers will contribute to the effectiveness of others in the following order: partnerships, information and literacy skills,

health system action, research and evaluation and monitoring and surveillance. It is critical that research and evaluation be considered – and properly funded – from the design stage not throughout the life of a policy or intervention.

Another crucial lesson of COVID-19 is the need to address the limitations of existing state-based infectious disease surveillance systems by investing and building effective health information systems that span the nation. Effective health information systems should be incorporated into national monitoring and evaluation systems while allowing for granularity of data that supports local application. For many preventative health issues, there is a need to build a tailored local evidence base and for these data to be rapidly available and replicable as needed.

Establishing interoperable and consistent health information systems that incorporate community, primary and acute care service data requires substantial national investment but would deliver significant long-term benefits for prevention, acute care and disease surveillance. Such a system would allow local (community, district and state-level) data to be better captured and processed to enable comparisons and document efficacy of locally trialled preventative health measures. The system should be built to align with clear targets and goals of the National Preventative Health Strategy to support its ongoing monitoring, evaluation and accountability.

As discussed during the consultation process and noted in the paper, the key enabler for an effective preventative health strategy will be establishing appropriate mechanisms to better support an evidence-based approach to prevention. Extensive and varied evidence on preventative health initiatives and interventions is being produced through high-quality research in Australia and internationally but remains difficult to access, analyse and use. Structural issues in research and research translation remain a vexing obstacle to evidence-based prevention. Practitioners must be able to easily access guidance on preventative health strategies that have been proven to work. Identified gaps in the knowledge base should be addressed via a well-design national research agenda.

The RACP and its Evolve [program](#) have clearly identified the waste inherent in low value clinical interventions and have been actively promoting evidence-based guidelines that reflect the extant evidence of effectiveness of various clinical practices. The lack of a reliable national mechanism for accessing synthesised evidence for a comprehensive range of policies and interventions impedes the implementation of effective, practical preventive health programs. A well-designed, systematically vetted and updated evidence hub aligned with existing and emerging research, key national guidelines and initiatives such as Evolve and Choosing Wisely will be a powerful enabler of the national preventative health agenda.

## Focus areas

In light of the enormous burden of disease that could be prevented due to modifiable risk factors, the proposed focus on risk factors of tobacco use, unhealthy diet, inadequate physical activity and alcohol and other drug-related harm is understandable. The total burden of disease in Australia could be reduced by almost 40 percent by removing exposure to risk factors such as tobacco use, overweight and obesity and dietary risks.<sup>1</sup>

However, the focus on individual behaviour traditionally – and largely unsuccessfully – applied in tackling these risk factors overlooks the structural issues that lead to many ‘unhealthy’ behaviours such as smoking, substandard diet (only 8% of us eat the recommended diet<sup>2</sup>), inadequate physical activity<sup>3</sup> and high levels of alcohol-related harm. The Strategy must clearly focus on underlying causes of such behaviours that are often linked to inadequate socioeconomic status.

Risky behaviours that lead to the preventable burden of disease need to be placed in the appropriate socioeconomic context and addressed systemically. Our food system needs to be overhauled to ensure sustainable supply of recommended foods and deliver dramatic reductions in processing, packaging and transport of foodstuffs. The Strategy and its companion, the National Obesity Strategy, must consider the

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<sup>1</sup> Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2016. AIHW 2019

<sup>2</sup> Australian Institute of Health and Welfare 2019. Poor diet. Cat. no. PHE 249. Canberra: AIHW. Viewed 03 September 2020, <https://www.aihw.gov.au/reports/food-nutrition/poor-diet>

<sup>3</sup> Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years): An Integration of Physical Activity, Sedentary Behaviour and Sleep <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-active-evidence.htm>

introduction of a volumetric tax on alcohol and a well-designed levy on sugar-sweetened beverages, making sure that the community is provided with a robust rationale for the benefits of such interventions.<sup>4</sup>

Where individual actions and initiatives are proposed as part of the proposed Strategy, they must be based on a robust evidence base of objective outcome measures. As we go forward over the next decade of promoting prevention, we will need an evolving, improved and accessible understanding of the best ways to achieve and sustain the desired changes at a systemic and personal level.

Perhaps because of the brevity of the consultation paper, there seem to be several omissions in the discussion of the focus areas for prevention. Recognising the holistic definition of health and mindful of the ongoing impacts of the COVID-19 pandemic, an additional focus area that should be incorporated in the Strategy is the promotion of mental, social, emotional and cultural wellbeing. Physical health and mental health, particularly anxiety and depression, are strongly linked in primary and secondary prevention. Even before physical distancing requirements, loneliness was recognised as an increasingly common risk factor for both mental and physical health issues. Fostering positive psychological and social wellbeing has implications for physical health and future manifestations of disease. Explicitly addressing the drivers of positive mental and emotional health will likely have a strong positive impact on the other focus areas identified in the paper.

As previously stated, a focus on prevention of all types of accidents and injuries is another glaring gap. The Strategy must also include a specific focus on the prevention and wellbeing needs of Aboriginal and Torres Strait Islander peoples, with applicable goals and actions co-developed with Aboriginal Community Controlled Health Organisations in the context of the exiting recommendations on issues that impact Indigenous health such as racism, incarceration, land rights, and the Uluru Statement from the Heart.

It is vital that the Strategy consider the design and delivery of prevention policies and initiatives in the context of the health, cultural and linguistic requirements of new migrants, asylum seekers and people from culturally and linguistically diverse backgrounds.

While clinical interventions of immunisation and cancer screening are categorically different from the structural issues required for other preventive policies, they remain a key part of primary preventative health care services. The Strategy should set out high-level recommendations for achieving high-value care in preventative screening to ensure that these services effectively and equitably deliver improved health outcomes to all Australians.

The Strategy should also recommend and fund the means to identify, trial and implement (where effective and cost-effective) preventative health approaches and technologies which may include low-dose CT chest examination in smokers, emerging blood biomarkers for cancer, appropriate screening for cardiovascular disease, CT coronary angiography and calcium indexes, genetic prediction technology such as polygenic risk scores, aspirin in cardiovascular and cancer prevention and others. The Strategy should recognise and work to utilise the increasing capacity for genetics and genomics to measure health risks, allowing for a tailoring of preventative strategies in fighting cancer and other noncommunicable diseases.

## Continuing strong foundations

In 2016-17, Australia spent nearly \$181 billion on health, 69 percent of it funded by Australian governments.<sup>5</sup> However, in recent years it has been estimated that Australia spent only an overall \$2 billion or \$89 a year per person on prevention. This amounts to a mere 1.34 percent of all health spending, considerably less than the UK, NZ and Canada. For instance, Canada, the leader among Organisation for Economic Cooperation and Development (OECD) countries in this respect, spends more than 6 percent of its health budget on prevention.<sup>6</sup>

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4 A national survey conducted in 2017 showed that 77% of Australians supported a tax on sugary drinks if the proceeds were used to fund obesity prevention. Similarly, the majority of Australians support a tax on alcohol but more needs to be done to communicate to Australians the benefits of those interventions. <https://www.obesityevidencehub.org.au/collections/prevention/the-case-for-a-tax-on-sweetened-sugary-drinks#:~:text=A%20national%20survey%20conducted%20in,used%20to%20fund%20obesity%20prevention> <https://treasury.gov.au/sites/default/files/2019-03/360985-Foundation-for-Alcohol-Research-and-Education.docx>

5 Australian Institute of Health and Welfare (2018), Health expenditure Australia 2016-17

6 Jackson H, Shiell A. Preventive health: How much does Australia spend and is it enough? Foundation for Alcohol Research and Education 2017

Such an allocation of funds is counterproductive and inefficient as, on average, for every dollar invested in prevention, up to seven dollars are returned in economic benefits.<sup>7 8</sup> Given the ways in which the ongoing pandemic has set the health of many Australians back and the increasing budgetary pressures as the health system copes with the challenge of COVID-19, we can no longer afford to underinvest in prevention. While the consultation paper acknowledges the need to rebalance the health budget in favour of prevention, we suggest that a commitment to a specific target of five percent of health expenditure over the next ten years will provide the much needed support and security to the Australian preventative health community, allowing us to get the best possible outcomes for our patients.

Current preventative health activities must be further strengthened through effective evaluation that learns from and builds on the existing programs. Both highly and less successful measures provide opportunities for learning. Successful pilot programs must be appropriately funded to continue; activities that appear not effective or not cost-effective should be modified through evaluation, with their lessons incorporated into future programming and design. The typical timescales of program evaluation should also be expanded because the expectations of rapid positive results may not be sustainable or reflect the true long-term benefit of an initiative.

In order to be effective, national preventative health programs must be made widely available and be well resourced, so that tailoring to specific demographics and communities can easily be undertaken at a local level. There should also be a consistent and quantifiable expectation of quality, irrespective of where preventative health programs are delivered. Currently, there is a substantial divide between regional/remote and metropolitan areas in terms of preventative health; this is clearly and regrettably reflected in poorer health outcomes for rural and regional communities.

## **Additional comments**

The Strategy must present a truly inclusive vision for Australian preventative health that proposes the means for effectively addressing major health and wellbeing challenges that can, should and must be prevented over the next decade.

We trust that the forthcoming draft of the Strategy will include a comprehensive discussion of the social determinants of health, set out both systemic and specific actions to tackle them and other preventative health challenges, commit appropriate funding to all proposed policies and interventions and establish transparent targets and evaluation and accountability mechanisms to guide the Strategy towards success.

The RACP thanks for the opportunity to contribute to the development process of this vital national strategy. We look forward to the draft of the Strategy and would greatly appreciate being consulted on its contents in a timeframe that allows for a thorough consultation with our members and a careful synthesis of their input.

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7 New Horizons: The review of alcohol and other drug treatment services in Australia

8 The Heavy Burden of Obesity: The Economics of Prevention, Organisation for Economic Cooperation and Development 2019