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**Submission on the Draft National  
Preventive Health Strategy**

**April 2021**

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

The RACP trains, educates and advocates on behalf of over 18,863 physicians and 8,830 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.

# National Preventive Health Strategy: a decisive moment for Australia's health system and the health of all Australians

## Introductory remarks

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to comment on the Draft National Preventive Health Strategy 2021-2030 (the Strategy).

The Strategy comes at a critical time and rightly notes that the current health system focuses upon treatment rather than prevention. It goes a decent way towards addressing the significant imbalance between diagnosis and treatment of disease and outlining activities focused on preventing or limiting disease. It acknowledges the learnings from the collective efforts required to combat the COVID pandemic and their relevancy for ongoing prevention and recommends a coordinated national response that encompasses all systems and portfolios. However, greater focus is required in the following areas:

### Major Recommendations:

#### **1. Provide greater detail on how the five per cent of the national health budget earmarked for prevention would be allocated**

By proposing that 5 percent of the national health budget become earmarked for prevention over the course of the Strategy this ensures that the health system reforms recommended can be enacted. Along with other public health and medical college bodies, the RACP strongly supports this commitment and asks the Government to move towards this goal with the alacrity it deserves. In this context, we note that the Strategy would greatly benefit by including a clear-cut outline of the policymakers' approach to allocating funding for preventative health activities in a systematic and considered way. Such dedicated funding should be protected for the purpose of prevention and exempt from politically based budgetary rearrangements as a matter of principle.

#### **2. Increase focus on work, employment, and poverty as determinants of health**

Key amongst these include the limited attention given in the Strategy to such critical determinants of health as work, employment and poverty. While the draft Strategy broadly acknowledges that socioeconomic factors and inequality contribute significantly to varied health outcomes, it understates the importance of income and employment as social determinants of health. The WHO prioritises income and social protection, unemployment and job insecurity and working life conditions as three of its four top-ranked 'causes of causes' of health outcomes.<sup>1</sup> The extensive health benefits of good work need to be explicitly and comprehensively addressed in the Strategy to support its vision and intended aims.

#### **3. Increase focus on the environmental determinants of health in an actionable way**

In another major omission, environmental determinants of health and wellbeing are listed among the key factors influencing health outcomes, yet the proposed policy framework does little to address environmental sustainability and climate change in health in a meaningful and actionable way. This lack of engagement with one of the most significant drivers of national and global health makes for an uneasy reading in the principal preventive health strategy of a major nation.

As the RACP previously submitted to the Department as part of the development of this strategy, climate change represents a major and evolving threat to the health of Australians, with the many

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<sup>1</sup> [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

and varied direct and indirect negative health effects of heat, poor air quality and natural disasters already experienced by Australian communities and likely to worsen alongside the rising temperatures. Mitigation of and adaptation to climate change and support of sustainable and healthy environment must be incorporated as explicit targets and specific actions under this Strategy for it to truly address the major health challenges of the next decade.<sup>2</sup>

#### **4. Include evidence-based approaches such as taxes on sugary drinks and ultra-processed food and restrictions on junk food and drinks marketing to children**

Similarly, for the Strategy that widely touts its commitment to best available evidence, the document displays some startling gaps in its policies and recommendations. In one illustrative and critical instance, the focus area of ‘Increased access to and consumption of a healthy diet’ does not discuss or recommend the most cost-effective evidence-based policies for improving the quality of nutrition and tempering the rise in obesity: taxes on sugary drinks and ultra-processed food and restrictions on junk food and drinks marketing to children.<sup>3 4</sup> While the taxation of unhealthy foods and drinks and marketing bans tend to meet with reluctance from sections of the public and governments alike, their absence from this large and comprehensive document undermines its claims of evidence-based rigour and weakens public trust in its approach to preventative health.

#### **5. Centre the needs of Indigenous Australians**

The College also notes that Indigenous Australians should be at the centre of this national strategy and prioritised throughout its span. In relation to Australia’s First Nations whose health outcomes remain distressingly inadequate, the Strategy’s vision, aims, principles and policy achievements should all address the urgent need to achieve health equity for Aboriginal and Torres Strait Islander peoples. This includes articulating and committing to specific policy achievements, targets and actions that go well beyond the current framing of Indigenous people as one of the ‘target’ populations of the Strategy.

#### **6. Acknowledge and make actionable measures to better address the needs of people with disabilities**

People with disabilities are discussed in passing in the document but need to be prioritised amongst the health equity population targets. This should include the development of a suite of detailed, specific and timed action plans (or alignment with such existing frameworks) to ensure their needs are captured in these targets.

#### **7. Include responsibilities, accountabilities and milestones**

In our previous submission to this consultation process, the RACP stressed 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.<sup>5</sup>” In the current draft of the Strategy, these specific actions, responsibilities and accountabilities and milestones remain lacking. Indicating that outlined policy achievements and targets will be in place by 2030 is insufficient: well-defined, time-specific targets and explicit actions towards their achievement are necessary to ensure the focus and momentum of the Strategy. Anything less than a clear plan of action that addresses all aspects of the Strategy amplifies the risk of the Strategy becoming yet another policy compendium that resists implementation.

<sup>2</sup> [https://www.racp.edu.au/docs/default-source/advocacy-library/b-racp-prev-health-submission\\_gm-approved.pdf?sfvrsn=d1b5f41a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/b-racp-prev-health-submission_gm-approved.pdf?sfvrsn=d1b5f41a_4)

<sup>3</sup> [https://secureservercdn.net/192.169.221.188/y97.516.myftpupload.com/wp-content/uploads/2018/12/ACE-Obesity-Report\\_Final.pdf](https://secureservercdn.net/192.169.221.188/y97.516.myftpupload.com/wp-content/uploads/2018/12/ACE-Obesity-Report_Final.pdf)

<sup>4</sup> [https://apps.who.int/iris/bitstream/handle/10665/80149/9789241504782\\_eng.pdf;jsessionid=E5CDA1249DD375CC829E26CE870EDDF8?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/80149/9789241504782_eng.pdf;jsessionid=E5CDA1249DD375CC829E26CE870EDDF8?sequence=1)

<sup>5</sup> [https://www.racp.edu.au/docs/default-source/advocacy-library/b-racp-prev-health-submission\\_gm-approved.pdf?sfvrsn=d1b5f41a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/b-racp-prev-health-submission_gm-approved.pdf?sfvrsn=d1b5f41a_4)

**As requested by the Secretariat, the rest of this submission follows the design of the survey developed by the Department of Health to elicit comments on the draft Strategy.**

## Vision

The RACP supports the high-level vision for the Strategy, with the following comments and caveats:

- To emphasise the long-term and future-directed thrust of its vision, the Strategy might wish to address the health of not only the current but also future generations of Australians, with the vision aiming “To improve the health of current and future Australians”, where “at all stages of life” becomes moot. This wording would also signal a stronger consideration of social and environmental factors which affect health.
- Given the persisting poor health status of Aboriginal and Torres Strait Islander peoples in Australia the vision should seek not just to improve the health of all Australians, which prioritises equality, but to clearly communicate the critical need to improve the health of First Nations peoples to achieve outcomes like those of non-Indigenous Australians, centring the principle of equity.
- The vision should reference, at a minimum, ‘key social and environmental determinants of health’ rather than refer to the indefinite ‘broader causes’ of poor health and wellbeing.

## Aims

The College broadly endorses the aims of the Strategy but suggests the following additions and comments:

- We applaud the document for its focus on giving children the best start in life and seeking to tackle health inequities via a strengthened focus on prevention in childhood. Towards these goals, the Strategy needs to clarify and strengthen the linkages between its aims and targets and the existing paediatric strategic frameworks, such as the First 1000 and First 2000 days frameworks and the National Action Plan for the Health of Children and Young People. The Strategy should also outline its alignment with early identification and early intervention efforts undertaken under the NDIS and urgently address the need for stronger collaboration between social services and the health sector. There might be significant benefits for children and families, as well as fiscal efficiencies, to be achieved by better coordinating policy and investment strategies on both sides of this silo.

As the evidence linking developmental and mental health and social determinants of health continues to accumulate, it is of concern that the draft Strategy misses the importance and long-term outcomes of developmental health. For the Strategy to truly support children in becoming healthy and happy adults, it will need to contend with the issue of developmental vulnerability. While injury, obesity and infectious diseases remain important, the new paediatric morbidities are dominated by developmental and behavioural problems that should be at the centre of any action intended to deliver better health outcomes for Australians.

- We also note with concern the near absence of the 13 million Australians who spend a significant proportion of their lives at work. Preventive health includes health in all aspects and domains of life, and work is a major and important health determinant. The impact of work extends well beyond the individual to influence the health of the family of the worker; in some cases, the workplace can have direct influence on the health of communities – either positively or negatively. The importance of work and the role of the workplace in preventative health must find a greater weight in the final Strategy. The role of experts in workplace health, occupational and environmental physicians, must be made explicit in the Strategy

and recognised as key members of the forthcoming National Independent Governance Mechanism.

- People with disabilities, who are discussed in passing in the document, need to be prioritised amongst the health equity population targets. The lack of specific targets and actions related to this group further underscores the need for a suite of detailed, specific and timed action plans (or alignment with such existing frameworks) that will translate this strategy into an actionable and effective tool of prevention.
- Given the continued poorer health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples, the aim of health equity for target populations should go well beyond the specified target of an increase in the rate of Indigenous-specific general practice health checks. At a minimum, such a target must incorporate the additional resources for referrals to specialists and support workers, including mental health providers.

## Principles

The RACP is generally supportive of the principles underlying the Strategy. We also offer related comments from our members:

- Including 'Environmental sustainability' or a similar principle is important in this context given the extent of the challenge posed by climate change and environmental degradation to human health and wellbeing.
- The need to address poverty must be clearly articulated through the principle to support and empower Australians.
- The overarching principle of 'Equity lens' might benefit from a clear call to achieve health equity for Aboriginal and Torres Strait Islander peoples.
- As indicated before, the nominal acknowledgement of people with disability in the Strategy should be remedied throughout the document by putting forth concrete, appropriately targeted and adequately funded actions to improve their health and access to care. These might include the implementation of an all-service-in-one interface to allow people with disabilities and their support workers to participate in healthy living, management of acute and chronic health conditions and end-of-life care. To bring to life these high-level principles, health and service providers must make information on healthy living accessible to people with disability and their support workers.

## Enablers and policy achievements for enablers

The College espouses the proposed enablers to mobilise a preventive health system. We also note:

- The enablers remain largely inspirational in several key areas of health care provision, such as preventive health care for adults with intellectual disability or for older Australians living in residential care. People with disabilities, including intellectual disability, experience a high level of health disparities that are inadequately addressed in this strategy.
- We also stress that securing the sustainability of our perilously deteriorating environment and adequately mitigating climate change are key enablers that have been omitted from this document. While the draft Strategy in principle recognises the impact of climate change and environmental degradation of health, the overall framework and actions it discusses do not engage with these themes in a meaningful way.

- As a general point, the policy achievement for proposed enablers, while in many cases well-intended and often needed, do not provide enough detail as to their planned achievement to give RACP members enough confidence in their viability. For instance, it is claimed that “A health lens is applied to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health” by 2030, but the dearth of specificity on this point and the evident gaps in related parts of the document indicate an overall lack of forethought put into this important achievement.
- In a similar vein, the ‘preparedness’ enabler references climate change but the related policy achievements make no mention of climate mitigation. The goal of addressing climate change pressures on the most vulnerable parts of the health system, while laudable, does not deliver a viable longer-term approach to tackling climate risks to Australian healthcare systems. Overall, the achievements remain at too high a level to meaningfully guide our progress towards an effective, cost-effective and equitable preventative health system for Australia.
- Finally, to reiterate the theme running throughout this submission, we suggest the document recognise the role of workplaces and public and private employers as key strategic partners in preventative health and seek to fully capitalise on the skills of occupational and environmental physicians as experts in workplace health and key actors supporting the workplace involvement in implementing the Strategy.

### Focus areas and targets and achievements for focus areas

The Strategy identifies seven focus areas, where a stronger and better-coordinated effort will enable accelerated gains in health, particularly for communities experiencing an unfair burden of disease. As with previous sections of the draft Strategy, the RACP acknowledges the importance of these focus areas and proposes the following amendments:

- Given that climate change is arguably one of the great health threats of our time and that Australia is on the frontlines of health impacts of climate change, mitigating climate change and reducing environmental degradation should be included as a focus area. Specific targets for decarbonising healthcare and for preparing the health system, in particular primary care and community networks, to be resilient to climate-health impacts should be highlighted in this section. We welcome the inclusion of a policy achievement that recognises the need to prioritise urban design and active transport; we encourage a stronger focus on public transport. The focus area addressing mental health should cover the mental health impacts of extreme weather events and climate change more broadly. As with our previous comments on the Strategy, targets and achievements for this area need to be clearly stated, planned and resourced via this document or an attendant action plan.
- An additional area of focus might stress the need to prioritise target populations beyond the general discussion of equity and inclusion included in this draft. As above, this may be achieved by setting realistic targets within achievable timeframes for various population groups; these plans will vary in terms of specific approaches and actions required as the Strategy works towards the end goal of high-quality preventative health care for all. Australians with developmental vulnerabilities, people with disability and people with mental health issues all deserve more attention under the Strategy. While the document recognises several target groups, it does not discuss their needs or state the actions it proposes to address them to an adequate extent.
- Preventing cancer deaths involves more than screening and prevention. It is important to ensure that all Australians have access to the optimal standard of health care, acknowledging that it might be impacted by social, geographic or financial considerations.



There remains a major gap between best standard of care and the quality of care currently reimbursed by the PBS. Patients who have a history of cancer are also frequently the ones who can benefit the most from effective and timely preventative health interventions, as their long-term risks are far higher than those of the general community

- A significant missed opportunity in the current draft of the Strategy relates to blood pressure and hypertension. Hypertension is the leading modifiable cardiovascular risk factor that frequently remains undetected, acting as a key 'silent killer' and a major contributor to disability of Australians.<sup>6</sup> The proposed inclusion of increased cancer screening and prevention should be mirrored by a similar focus on improved detection of elevated blood pressure. Considering its contribution to the burden of disease and the underutilisation or inconsistent use of existing effective monitoring and management approaches, we ask that the Strategy prioritise hypertension and offer specific targets and actions for preventing related conditions and complications.
- Another important gap in the focus areas can be addressed by prioritising sleep health. Along with healthy diet and physical activity, healthy sleep is a cornerstone of a healthy lifestyle. Sleep problems compound the effects of alcohol consumption and have a bidirectional relationship with mental health problems.<sup>7</sup> Sleep as a determinant of health and the ways in which environments such as workplaces can reduce sleep deprivation and improve management of fatigue warrant a place in the Strategy.
- The work of the Mentally Healthy Workplace Alliance and the related National Workplace Initiative should also be leveraged as part of the Strategy to protect and promote mental health at work.

### Additional comments

The draft might further benefit from clearer alignment with key strategic national documents, such as the National Strategic Framework for Chronic Conditions, the National Obesity Strategy, the National Tobacco Strategy, the National Aboriginal and Torres Strait Islander Health Plan, the National Agreement on Closing the Gap and others. While these strategies are listed in the document, the linkages between these and the actions developed under the Preventive Health Strategy need to be made explicit.

The strategy should also acknowledge and align with national action plans, such as the National Action Plan for Heart and Stroke, the Roadmap to Eliminate Rheumatic Health Disease and the National Strategic Action Plan for Kidney Disease. The RACP notes the importance of risk assessment and early detection in halting or slowing progression of disease and preventing avoidable long-term complications and hospitalisations. Early detection of cancer is appropriately addressed in the Strategy; we suggest that early detection strategies for other diseases be also discussed in more detail.

The RACP also recommends actions that increase the integration of genetic and genomic technologies into personalised health care, including but not limited to genetic testing for hereditary cancer syndromes.<sup>8</sup> The RACP calls for the further development and use of genetic prediction technology such as polygenic risk scores. The Strategy might also consider the inclusion of reproductive carrier screening which enables early identification of familial risk and allows for avoidance of chronic disease through informed reproductive decision making or delivers early detection that can improve timeliness of treatment and result in better health outcomes.

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<sup>6</sup> Mills KT et al The global epidemiology of hypertension. *Nature Reviews Nephrology* 2020; 16:223-237

<sup>7</sup> [Inquiry into Sleep Health Awareness](#)

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## Conclusion

In concluding our feedback on this significant document, the RACP acknowledges that the much-anticipated National Preventive Health Strategy offers a unique opportunity to define the preventative health agenda in a way best able to address the current challenges of chronic health conditions, long-term public health crises such as COVID-19 and the increasing health impacts of climate change. If well designed and implemented, it can lead us towards a more resilient, agile, responsive, equitable and sustainable health system that goes well beyond the treatment-based focus, directly faces the health effects of climate change and is better prepared for the challenges of future pandemics and other health crises.

Towards these goals, we ask that the forthcoming Strategy aim to offer Australians and our health system a truly inclusive vision for preventative health that clearly sets out the means for effectively addressing major health and wellbeing challenges that can, should and must be prevented over the next 10 years.

We ask that the final Strategy commit appropriate funding to all proposed policies and interventions and establish transparent targets and evaluation and accountability mechanisms to guide the Strategy towards success.

We thank you for the opportunity to contribute to the development of this Strategy and are looking forward to making its implementation a decisive moment for the Australian health system and for all Australians.