ANU Menzies Centre for Health Governance

Submission to

Department of Health's Consultation Paper for the National Preventative Health Strategy

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Australian National University

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School of Regulation & Global Governance

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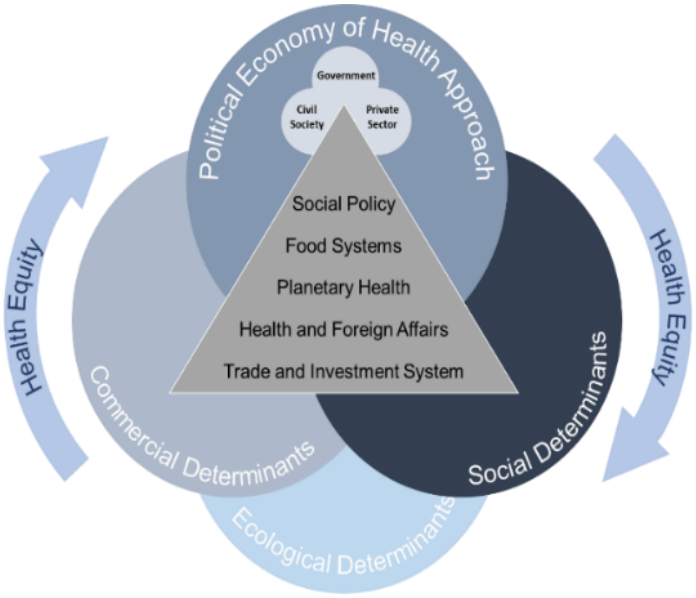
The Menzies Centre for Health Governance

The Menzies Centre for Health Governance (MCHG) in the School of Regulation and Global Governance at the ANU focuses on governance, complex systems and health equity. The MCHG aims to deepen the understanding of the political, commercial, environmental and social determinants of health inequities, through analyses of interests, institutions and ideas. We study multisectoral public policy, market practices and products, and the actions of civil society groups, and the implications for health inequity in Australia and globally.

A major focus of the MCHG is dialogue among researchers, policymakers and practitioners to *encourage evidence-informed debate* about current and emerging health equity issues; *integrate the role of power and politics* in governing for health equity; *introduce new questions* that will contribute to and challenge health equity-related policy discussions, and *disseminate* key learnings and perspectives that will provide evidence for multisectoral action.

The interdependence of the environmental, commercial, and social causes of health inequity highlights the imperative of global, social and collective action. Using extensive national and international academic and policy-related networks, MCHG employs a cross-disciplinary, cross-sectoral and cross-border approach to our research and engagement.



Introduction

The MCHG welcomes the opportunity to provide input to the Federal Department of Health's Consultation Paper for the National Preventative Health Strategy. The improvement of health and wellbeing in Australia, and the reduction of health inequities, should be an overarching goal of a national Strategy and recognised as a key measure of our progress as a society. The national Strategy should serve as an overarching document that boldly asserts the evidence base for action on the 'causes of the causes' of health and health equity as a core tenet for prevention. The goals, actions and focus areas that emerge should identify efforts to address the social and commercial drivers of health and health inequities, while continuing to support existing policy and activity on prevention in Australia that is effective, efficient and equitable.

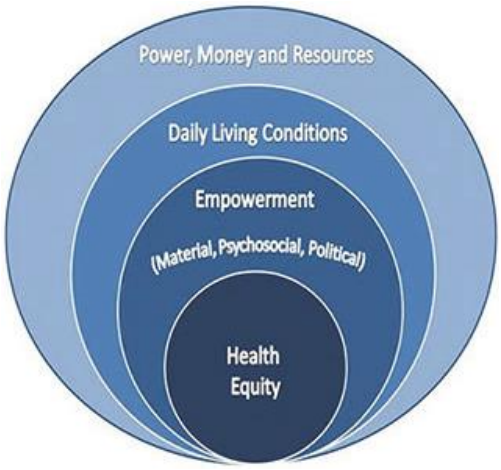


Figure 1. A social determinants of health equity framework

1. Vision and Aims of the Strategy

The vision of the Strategy is to "improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors, and addressing the broader causes of health and wellbeing" (p13). This is an excellent vision. The aims that are described to support this vision could focus more on the societal level drivers – at the moment the aims described in the document appear to be skewed towards individual and lifestyle changes.

Aim 1 to ensure the "best start in life" highlights preventing infectious diseases and injuries in childhood and supporting at risk children. The evidence shows that social inequities in childhood track forward into adulthood, where they carry high costs for individuals and society, including poor health, lower educational attainment, and lost human productivity (1-2). Research shows a relationship between income inequality – a consequence of macroeconomic and social policy – and infant mortality and low birth rates (3). We would like to see inclusion of the social determinants of early childhood outcomes in the goals of

the Strategy, such as whole-of-government policy to support conception to early childhood and elevation of health evidence guiding this approach (4). For example, the provision of universal access to paid parental leave and high quality early childcare and development programs are driven outside the health system but have health equity benefits, including promoting cognitive, social and behavioural development (as well as economic benefits through women's workforce attachment) (5).

Access to affordable and quality housing is another important social condition that exists outside the health system. The national Strategy could provide guiding principles for whole-of-government approach to housing where health and wellbeing is at the centre. For example, programs to integrate health and education services for children from conception to 2 or 5 years (6) also benefit from inclusion of stable housing. In Australia, housing stability in the first 1000 days of a child's development is estimated to improve parenting capacity and outcomes for children worth $36,000 over the child's lifetime or $3 billion annually (7).

The Strategy's other aims to support Australians to live as long as possible in good health and to address the unequal burden of ill health are important. However, we note that the explanation of unequal burden in the Strategy emphasises the personal circumstances of individuals (p. 13). Evidence is clear that social and commercial drivers fundamentally shape health opportunities for Australians through the uneven distribution of material resources and daily living conditions (8). Poor health due to personal circumstances has been debunked by decades of evidence on the social determinants of health inequities and the social gradient (9). We would like to see acknowledgment of social stratification as a major cause of health equity in the Strategy Aims, as reflected in the well-established evidence base (10-11).

2. Goals of the Strategy

The goals of the strategy include; multisectoral action for prevention; embedding prevention in the health system; supportive environments; community engagement; individual capacity to make informed choices; and adaptation to new evidence and issues as they arise (p.14). These are sensible statements and key to achieving the strategy vision. We have a few additional suggestions:

It is hard to argue that prevention is not already embedded in the health system. It is just chronically under-funded and under-valued. Greater funding and visibility of prevention in the health system is essential.

Structural change is missing from the list of goals. While this is implicit in multisectoral action, unless it is an explicit goal, implementation of the strategy may easily slip to an individualised, lifestyle focus.

We strongly support community engagement and note that participation needs to be accessible, active, and include a meaningful process to guide inclusive policy development (12). The scope of participation should extend beyond assessing health policy and program interventions, toward grasping hidden social determinants on action that needs

intersectoral efforts. This is a multifaceted challenge requiring bridging different sectors with different language and rationales use as well as investing in respectful engagement with communities. Participation is therefore a critical component to ensure that policies and interventions reflect equity and accountability.

We note that there is very little detailed information in how these will be achieved and monitored. Inclusive participatory governance arrangements will be essential to the success of the strategy. In terms of monitoring - by way of comparison, the UN Sustainable Development Goals include a set of targets and indicators linked to goals. SDG 3 on ensuring healthy lives includes indicators such as 'by 2020, halve the number of global deaths and injuries from road traffic accidents' (13). We are not suggesting that the Strategy become a simple SDG list, but we urge that more detail be developed regarding what and how to achieve these goals. For example, Goal 3 of the strategy – how will the Strategy advance supportive environments in which people 'live, work and learn'?

3. Mobilising a Prevention System

The Framework for Action is the underlying foundation of the Strategy, providing the approach to achieve better health by 2030. The seven actions proposed include; greater provision of information for individuals; embedding prevention in the health system; partnerships; leadership and governance; preparedness; research and evaluation; and monitoring and surveillance (p.16).

Some of these actions directly relate to the goals above but not all goals appear to be reflected in the actions. For example, how will the actions contribute to the goal of more supportive environments in which people live, work, learn and play? The current list of actions appear to focus on the health care system and the provision of health information and do not indicate clear actions for prevention that need to be coordinated across government and outside the sole purview of the health system in order to address the social determinants of health inequities.

We welcome acknowledgment of the potential conflict of interest with partnerships with vested interests (p16). We note the Strategy acknowledges the need to manage potential conflicts of interest to protect public policy from undue influence. We suggest a strong focus on not only acknowledging potential vested interests, but actively preventing forms of engagement which can lead to undue influence on public health policymaking (14). The development of guidance is being done elsewhere (15-16), and Australia has an opportunity to be a world leader in this regard.

The Strategy acknowledges the need for evaluation and sharing of information with stronger partnerships between researchers and policy makers to improve the translation of evidence (p.18). In terms of monitoring as an action, we suggest monitoring not only health outcome data but also the determinants of health, and the Strategy itself to assess whether it is meeting its aims and goals throughout now and 2030. Policy makers need tools to evaluate multiple interventions in complex systems that involve scaling up and integration

of policy areas (17). It is important to address a wide range of determinants of health which requires evaluating the dynamic interplay between interventions of different societal context at multilevel scales (18). Not only will this drive reliable evidence on whether a policy or program works, it would also enable monitoring of un-intended consequences contributing to the health divide. A way to measure short-term and long-term health impacts is to engage in innovative and well-designed evaluation, and reliable data sets. We suggest investing in national data sets that link health outcomes with fine-grained indicators of wealth, housing and social capital over the life course (19). Linked data micro data sets and longitudinal data sets are essential to evaluate the impacts on health equity and social determinants of health as some determinants are more likely to affect population burden of disease than others (20).

4. Focus Areas

The Strategy indicates six focus areas for the first years of the Strategy; reducing tobacco use; increasing consumption of a healthy diet; increasing physical activity; increasing cancer screening; improving immunization coverage and reducing alcohol and other drug related harm (p19). These are focus areas that have existing policy and attention, and while we support coordination of existing mechanisms, we see the Prevention strategy as having a bolder aim to include the causes of ill health that are not adequately addressed in existing policy.

For example, actions to increase the consumption of healthy diets (focus area 2) can be undermined by food environments that are full of highly processed, heavily marketed food and corporate practices that increase the supply and availability of unhealthy food (21). Food regulatory policies such as the sugar tax, nutrient reformulation, labelling and the restrictions of unhealthy food advertising can help improve the entire food supply system for everyone regardless of individual barriers (22). This is an equitable to approach to healthy diets and is aligned with the Strategy's vision of improving health of all Australians.

Furthermore, evidence shows that heathy food is not affordable for households on low-income or living in rural or very remote areas (23). This highlights the need for social and economic policies that address the social determinants of food choices, including raising income levels through welfare support or supplements, regulating marketing, advertising and promotion of ultra-processed foods, or strengthening price control measures (24). These comprehensive strategies are also essential to protect optimal nutrition in the first 36 months of life through breastfeeding and complementary feeding (25-26).

The silence on climate change action and health prevention in the current Strategy document must be addressed. Climate change will continue to exacerbate existing health inequities (27) and we support the joint statement of groups associated with the Climate and Health Alliance to recognise climate change as a central feature of the Strategy (28). Good social and planning policy is good climate adaptation policy, and is good for health. Fundamentally, we need climate change mitigation. Such action must focus on the institutions, policies, processes, actors, and norms that embed, facilitate, and normalise

excess production and consumption of unhealthy and environmentally damaging products and services. Climate mitigation action in food systems, urban systems and the energy system will produce co-benefits for health.

Finally, it is stated within the discussion paper that "Prevention is complex and the causes of ill health and disease vary from person to person, community to community, health issue to health issue." It is thus imperative that systems approaches (incorporating systems thinking and systems science methods) are employed to address the complex nature of prevention (29-31). Typically, the prevention research space has been dominated by reductionist approaches that remove context, limit cross-sectoral action, and fail to recognise the unpredictable and changing nature of the prevention system when designing and implementing levers for change. A systems approach is a necessary to overcome such limitations, thus contributing to improving the prevention system.

5. Continuing and building on current prevention activity

We note that many of the current areas highlighted in the focus areas already have national strategies and plans to guide action. How will the Strategy add to these? Given the existing policies, could the Strategy provide a bolder overarching vision of prevention in Australia that includes the wider social and commercial determinants of health?

Could the Strategy sit as a set of high level principles and actions in which the existing policies and strategies connect underneath?

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