IEPCP response to the National Preventative Health Strategy Consultation September 2020

Vision and Aims

Are the vision and aims appropriate for the next 10 years?

The Inner East Primary Care Partnership (IEPCP), one of 28 PCPs funded by the Victorian Government to build partnerships for prevention across sectors and local communities, operates within the model of the World Health Organisation that identifies that health outcomes are socially determined. Action on preventive health should therefore address the social determinants of health. These determinants are the circumstances in which people grow, live, work, and age, and the systems societies have in place for managing illness. Health inequities, and avoidable health inequalities, arise because of the inequalities in these circumstances.

As a partnership platform the IEPCP wants to stress that to be successful, action to address the social determinants of health requires development of partnerships across multiple sectors, a wide range of organisations and the private sector, as well as all levels of government and the community. Complementary and coordinated efforts to effect change in the systems that impact on health require robust and sustained partnerships.

To achieve the aims of the Strategy that Australians have the "*best start in life*", "*live as long as possible in good health*" and for those with "*more needs (to) have greater gains*" will require significant action with multiple and varied partners, including the community, to address the social determinants relevant to the area and community of interest. For example, enabling communities to nurture the healthy development of children will require different approaches in different contexts and different partnerships. Communities in rural and remote areas may require investment in communication technologies, whereas inner urban communities may require action on air quality.

"*Investment in prevention*" must include investment in mechanisms to establish and support partnerships and must not detract from investment in treatment. The Paper discusses a '*balance between treatment and prevention*' however the balance needs to be from an overall increased investment rather than redistribution of already limited funds.

Goals of the Strategy

Are these the right goals to achieve the vision and aims of the Strategy. Why or why not? Is anything missing?

The goals of the Strategy are consistent the vision and aims of the Strategy but they will not generate specific measures that reflect progress against the social determinants of health i.e. changes in the social, cultural, structural, economic and physical environments that determine health outcomes. Assuming each goal will be accompanied by measures and targets, which will help to drive action, the goals should include the social determinants of health, for example to reduce health inequities evident across socio-economic lines.

Success of these goals in achieving the vision and aims of the Strategy will also be reliant on strong, effective partnerships. Development and maintenance of these partnerships will require leadership and prevention capability and competence in sophisticated systems change; strategic thinking; mobilising and targeting of resources; and support for integrated health planning. This will require specific resourcing.

Mobilising a prevention system

Are these the right actions to mobilise a prevention system?

The Inner East PCP (IEPCP) supports the principle that to expand and enhance current prevention action will require a prevention system. For a prevention system to be effective over the long-term, clarity around the shared vision and the roles and responsibilities are crucial, as are the structures through which these will be achieved. All the systems enablers outlined are important but establishing clear Leadership and Governance will be critical, and should be an early priority.

The IEPCP is pleased "*The Strategy recognises that greater strategic preparedness and planning within the health system, including workforce capacity (in prevention), is required*", and that workforce capacity and capability underpins all seven enablers in mobilising a prevention system. Workforce analysis and capacity building should be specifically identified as a fundamental component of implementation.

In our experience there remains a need for a specialist prevention workforce, skilled in making systems change and engaging communities, as well as skilling up service delivery staff to provide opportunistic health messaging (the least effective prevention approach). Attempts at individual behaviour change have not been overly successful in improving poor health outcomes in complex issues where social determinants, attitudinal cultures, and market failure have strongly contributed (homelessness, obesity/chronic disease prevention, male violence, etc) and are more labour intensive to achieve reach than regulatory and policy changes to the system.

As a key organisation delivering preventative workforce capacity building in Victoria, (aligned with DHHS, VicHealth, and other State and National entities), the IEPCP can achieve this at an effective cost by delivering training and upskilling to partners targeted to sectors or across sectors including in large forums, rather than at organisational level, and it can be tailored to local skills gaps and emerging needs. In addition, we provide local peer support opportunities and communities of practice to share best practice, and trouble shoot challenges.

RECOMMENDATION: The Government invest in capacity building of a specialist preventative workforce, and that this also be extended to include sectors beyond health; and that the Government consider the best mechanism to provide this, and should take advantage of established regional/catchment/place-based partnerships. Prevention workforce capacity building also needs to include systems thinking, primary prevention, evaluation methods, and building community capability.

Partnerships

The Paper acknowledges the importance of partnerships that "*action across many sectors will be required to improve health*" and that "*the health sector must be enabled to play a lead role in building partnerships for prevention*"

Victorian Primary Care Partnerships have been fulfilling this role. The Inner East Primary Care Partnership represents one of 28 Primary Care Partnerships (PCPs) "building partnerships for prevention across sectors and local communities to address the social, economic, cultural and environmental influences on health" over the last 20 years. We welcome the emphasis on Partnerships to achieve change, however as specialists in this field, bring to Government's attention, the complexity and structural considerations for this to occur efficiently and effectively.

As a broad-based partnership platform with a predominantly primary prevention/early intervention focus, PCPs are the social infrastructure that drives collaboration to achieve sectors working together around common goals and shared objectives to improve health and wellbeing in numerous health priority areas, population groups and settings. The value proposition we offer is to lead and facilitate change and build collaborative partnerships that improve health and wellbeing, build healthy environments, reduce inequity and enhance inclusiveness in our catchment, through the driving interventions through the levers of culture, strategy, resources, education, capacity-building and advocacy.

Integral to establishing, leading and supporting effective partnerships, PCPs build leadership and prevention capability and competence in sophisticated systems change; foster strategic thinking; mobilise and target resources; and support integrated health planning and service coordination across sectors, including the capturing of collective impact by the various issues-based partnerships.

In our experience, health service organisations do not have the capacity to effectively undertake this work, nor the authority to bring together necessary players, nor do they have the sophisticated capabilities to lead in this space.

Our specialised partnership capabilities include:

Strategic Leadership: Apply systems thinking, socio-ecological frameworks, program logic, and evidence base to inform direction; Lead and stimulate discussion and problem solving; Build common goals/understanding and get agreement on shared objectives; and develop models and processes for collaboration, co-design of solutions, steering direction and monitoring to delivering integrated effort.

Stakeholder Engagement: PCPs have relational skills to motivate and maintain engagement, build trust, commitment, and joint accountability, and promote best practice. We establish participatory processes, consensus decision making, and include diverse perspectives.

Supporting communication, and shared measurement by providing coordination, evaluation expertise, using a web-based information and communication portal and providing a central information clearing house; and

Mobilising resources, and skills across the catchment: Connect partners with common interests, identify expertise and champions, leverage Funding opportunities, and build workforce capability in prevention.

RECOMMENDATION: That the mechanism for resourcing effective partnerships is part of the Strategy; that these should happen at the regional level (say aligned to Primary Health Network catchments), which could include building on established place-based prevention platform infrastructure, such as the Primary Care Partnerships in Victoria.

The IEPCP agrees that "There is a need for stronger partnerships between researchers and policy makers to improve the translation of evidence", and as a Statewide platform for prevention focussed partnerships, we have strong relationships with local governments, state government departments, universities, and other academic & peak bodies, and link these to local communities, health service and community NGO representatives, in joined up approaches to improve health and wellbeing. By bringing together health practitioners and community representatives, and people with lived experience, with researchers and policy makers, we ensure that emerging issues, community need, and community solutions inform policy, research, health planning and effective interventions.

There is a need to bring Commonwealth government representatives to the table, as many of the solutions for better health outcomes sit at the National decision-making level, particularly in respect of regulation to protect population health, and preventative social, economic and environment policy.

RECOMMENDATION: That a partnership mechanism needs to have authority to bring together key policy makers (including Commonwealth representatives) with Research Institutes and Practice (Health and Community Service) representatives and people with lived experience, for the purposes of sound problem solving, strategic decision making and planning purposes. The Business sector should be consulted but not necessarily a part of the solution decision making.

Information and Health Literacy

The focus on information and health literacy of individuals does not reflect the evidence, which identifies that successful health promotion approaches have repeatedly demonstrated that information and awareness raising alone are not sufficient for behaviour change. Efforts to improve information about how to stay healthy are only of benefit if the environment in which people live enables such choices. The IEPCP supports health organisations to become more health literate in how they convey information, as a more effective approach.

RECOMMENDATION: Systemic barriers to healthy environments and healthcare choices need to be addressed before implementing initiatives to improve information and health literacy of individuals.

Boosting action in Focus areas

Where should efforts be prioritised for the focus areas?

The Inner East Primary Care Partnership (IEPCP) believes that health outcomes are socially determined and action on preventive health should address the social determinants of health. Prevention and health promotion efforts therefore need to focus on addressing these social determinants or root causes of ill health if we are to improve health outcomes and create a more equitable, inclusive and productive society. The six focus areas as currently stated are largely concentrated on action in relation to risk factors for illnesses causing the biggest burden of disease, not the underlying causes or social determinants of ill health, which will limit long term efficacy in respect of the vision and aims. For example, to enable children to have the best start in life, whilst consumption of a healthy diet and living in a tobacco free environment are important, for a truly best start they must not grow up in poverty, with violence or in insecure, unsafe housing.

Any efforts to boost action in the six focus areas must take a determinants approach, addressing the social and economic systems that promote poor health outcomes. For example, improving consumption of a healthy diet must concentrate on actions such as on increased regulation of junk food advertising, adding a levy to sugary drinks, food manufacturing reformulation targets to reduce sugars, salt and trans-fat. Increasing physical activity rates must address the gendered barriers to participation that women face, including gendered expectations and stereotypes that mean women are compelled to prioritise other activities such as taking their children to sport or shopping for the family, over their own physical activity. Reducing alcohol intake must prioritise regulation of proliferation of premises serving alcohol, constraints to alcohol advertising at public events. Cancer screening must address the racism and lack of cultural sensitivity within the health system that leads to under screening of Aboriginal and Torres Strait Islander people. Breastscreen Victoria has developed such an approach, The Shawl Trial, which has demonstrated increased breast screening rates for Aboriginal women. Initiatives such as this should be extended to other areas and other screening programs.

Acknowledging that the Paper does not discuss specific disease outcomes, action only within the current six focus areas will not bring about significant improvements in preventing mental health disorders such as depression and anxiety. It is not appropriate to be discussing good health without integrating physical and mental health.

Continuing strong foundations

How do we enhance current prevention action?
Australia has seen success in many health promoting initiatives. We have had significant reductions in smoking related illnesses and skin cancers in young people, we have addressed gun control, we were world leaders in containing the spread of HIV, we have reduced dental decay and we have reduced our road death and injury toll. We are also amongst world leaders in addressing violence against women adopting an integrated public health informed approach.

All of these successes have taken place over a long period of time with sustained effort and intersectoral action. However, in recent years much of the funding for preventive initiatives has been short term and project based and has focused on social marketing campaigns that are not always supported by structural change to support health promoting environments nor capacity building within communities. It is difficult to take a comprehensive approach and build up a skilled workforce with short term and insecure funding models.

If we want to be able to continue to build on our previous gains and for this Strategy to demonstrate in 2030 ongoing progress against the factors causing poor health in Australia, we need to take a long-term bipartisan approach to resourcing the prevention system in 2020.

And there are gaps in our successes to date. Aboriginal and Torres Strait Islander people overall continue to have far poorer health outcomes than the rest of the population. It is encouraging to see health inequities and the need for increased resourcing for prevention within the health system identified, however the specific issues faced by Aboriginal and Torres Strait Islander people within the current system are not addressed, nor are the particular prevention issues. The unacceptable inequities in health outcomes for Indigenous Australians require serious attention, and preventing ill-health and promoting health and wellbeing needs to be central to this. Addressing racism and cultural bias, improving cultural competency are all key to improving health outcomes of Aboriginal and Torres Strait Islander people.

We have not made significant gains in the area of mental health or health of the environment, and the consequences of gender inequality continue to have a significant impact on women's health through the life course. Women and men have different health outcomes, and gender is a determinant which intersects with each of the other factors mentioned. The Strategy should require a gender lens to be applied to all initiatives.

The Paper talks about the impact of adverse weather events yet does not specifically mention climate change, which The Lancet identifies as "the biggest global health threat of the 21st century". The health effects of climate change through prolonged drought, unprecedented bushfires, effects on mental health and extreme heat are already being experienced. Preventive health in Australia needs to align with the WHO to include actions to both prevent and mitigate the impacts of climate change as a top priority.

RECOMMENDATION: The next era of preventive health needs to address the determinants of poorer health outcomes for Aboriginal and Torres Strait Islander people, mental health, gender equality, climate change impacts *and* climate health, which are missing in the current Paper and need to be made more explicit.

Additional feedback or comments

The IEPCP welcomes the development of a national Preventative Health Strategy. Whilst the Paper presents encouraging signs that a comprehensive and coordinated approach to preventive health could be developed in Australia over the next 10 years, there are some concerning omissions.
The Strategy would be strengthened by including:

- a more specific focus on addressing the social determinants of health,
- more explicit consideration of the particular needs of Aboriginal and Torres Strait Islander people, and
- addressing the impact of climate change on health.

We believe investment in partnership infrastructure and workforce capacity building are the keys to how well these health priority areas are addressed.

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