



## ACDPA submission - Development of the National Preventive Health Strategy

28 September 2020

The Australian Chronic Disease Prevention Alliance (ACDPA) welcomes the opportunity to comment on the Consultation Paper for the Development of the National Preventive Health Strategy. ACDPA strongly supports prevention as a key pillar of Australia's long-term national health plan.

### ***Are the vision and aims appropriate for the next 10 years? Why or why not? (p12-13)***

The vision is appropriate.

We strongly support early intervention, targeting risk factors and better information at all stages of life. This should include risk assessment and early detection of disease, so people can understand and be supported to manage their risk and receive early diagnoses and treatment for the best possible outcomes. This should also include population-based approaches to reduce risk factors and improve health literacy.

We strongly support recognition of the broader causes of health and wellbeing, including social determinants that require action from sectors beyond health.

We support the inclusion of targets for each aim in the Strategy and note that targets should be SMART-specific, measurable, achievable, relevant, time-bound. We recommend that the Strategy align with international targets, including the World Health Organization NCD (Noncommunicable Disease) targets<sup>1</sup> and the UN Sustainable Development Goal target 3.4: 'by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.'<sup>2</sup>

The aims are broadly appropriate with some modifications:

#### **1. Australians have the best start to life.**

We recommend broadening the aim to support **all** children (not just children at risk) to create strong foundations and prevent chronic conditions in later life. Australian Institute of Health and Welfare data show that risk factors are common for many children in Australia:<sup>3</sup>

- One in four children and adolescents are overweight or obese.
- Nine out of 10 children do not eat enough vegetables.
- Unhealthy foods comprise nearly 40 percent of children's daily energy intake.
- Eight out of 10 children do not meet physical activity guidelines each day.

The World Health Organization recognises childhood obesity is a direct cause of childhood morbidities, including early onset of cardiovascular disease and type-2 diabetes, and potential psychological consequences. Childhood obesity also strongly predicts adult obesity, which is associated with many chronic diseases.

#### **2. Australians live as long as possible in good health**

**Recommendation – We strongly recommend incorporating risk assessment and early detection into this aim.**

We recognise the value of prevention and health promotion to keep people well longer. We strongly recommend including risk assessment, management of risk, and early detection in this aim to help people understand and manage their risk of disease through behaviour changes and/or medication. Early

<sup>1</sup> <https://www.who.int/beat-ncds/take-action/targets/en/>

<sup>2</sup> <https://www.un.org/sustainabledevelopment/health/>

<sup>3</sup> AIHW 2020. Australia's health 2020

detection of pre-conditions and chronic diseases is important to halt or slow disease progression, prevent avoidable complications and enable treatment at an earlier stage of disease for better outcomes.

### 3. Australians with more needs have greater gains.

We recommend this aim explicitly recognise Aboriginal and Torres Strait Islander peoples, people from rural and remote areas and people from lower socioeconomic areas due to the major disparities in health outcomes.

Chronic diseases are responsible for 80 percent of the mortality gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians,<sup>4</sup> while people living in rural and regional areas are more likely to experience chronic diseases but less likely to receive the treatment they need to survive and recover.<sup>5</sup>

### 4. Investment in prevention is increased

We strongly support increased investment in prevention and recommend that this aim be extended to include 'sustained investment' for long-term health and wellbeing. For example, the Western Australian Government has committed to increasing funding for prevention to 5 percent of the health budget by 2029.<sup>6</sup>

Evidence shows spending on prevention would save lives, improve population health, and create economic and health returns on investment.<sup>7</sup> In Australia, there is a \$14 return on investment for every dollar spent on public health interventions.<sup>8</sup>

## ***Are these the right goals to achieve the vision and aims of the Strategy? Why or why not? Is anything missing (p14)***

The goals are broadly appropriate with some modifications:

### 1. Different sectors, including across governments at all levels, will work together to address complex prevention challenges

We welcome the emphasis on multisectoral engagement and across levels of government, which acknowledges responsibilities beyond the health sector. This is important to instil ownership, accountability, and action from other sectors.

Health is a fundamental human right and it should be integrated into all policies across sectors. This means incorporating health and prevention into planning, transport, education, finance, and infrastructure policies to support environments enabling healthy eating and movement.

### 2. Prevention will be embedded in the health system

#### **Recommendation – We strongly recommend changing this goal to 'Prevention, risk assessment and early detection will be embedded in the health system.'**

We strongly recommend incorporating risk assessment, management of risk and early detection into this goal to help people understand and manage their risk of disease before a serious health event occurs.

Early detection of pre-conditions and chronic diseases is important to halt or slow disease progression, prevent avoidable complications and provide treatment at an earlier stage of disease for better outcomes.

However, the current health system is set up to prioritise treatment of existing conditions rather than promoting prevention, risk assessment and early detection.

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<sup>4</sup> AIHW 2010. Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians

<sup>5</sup> AIHW 2019 <https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/rural-health>

<sup>6</sup> WA Department of Health 2019. Sustainable Health Review final report.

<sup>7</sup> WHO 2018. Saving lives, spending less: a strategic response to noncommunicable diseases.

<sup>8</sup> QLD Health 2018 (p51). [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0032/732794/cho-report-2018-full.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0032/732794/cho-report-2018-full.pdf)

Heart disease, stroke, type 2 diabetes, chronic kidney disease and cancers share common risk factors and interact to increase risk. Without timely support and management, these diseases are likely to progress and lead to severe and costly end-stage disease and preventable complications.

**3. Environments will support health and healthy living**

We welcome the recognition of environments as essential to support health and healthy living and we recommend that food, physical and work environments be considered in this goal.

COVID-19 has shown that a more flexible work environment can lead to a better balance in terms of work travel (peak hour), time spent with families, and time available for individuals. Healthier environments could include changes in workplaces to provide opportunities for health activities as part of daily lives.

**4. Communities across Australia will be engaged in prevention.**

Support. Community-based approaches that incorporate co-design can tailor interventions to address community needs and support broader population-based approaches to improve health.

**5. Individuals will be enabled to make the best possible decisions about their health**

We note that risk assessment supports health decisions by enabling people to understand and manage their future risk of disease with support from health professionals.

**6. Prevention efforts will be adapted to emerging issues and new science**

Support. We note the importance of evaluation to inform and tailor interventions.

***Currently, the Framework for Action does not include specific actions. Your feedback will be used to generate key actions in each element of the Framework. (p15)***

***Are these the right actions to mobilise a prevention system? (p16-18)***

We broadly support these actions to mobilise the prevention system. We support a systems approach with interaction across sectors, levels of government, communities, and individuals.

**Health system action**

**Recommendation – We strongly recommend incorporating risk assessment and early detection.**

The consultation paper focuses on embedding prevention into routine health service delivery. Risk assessment, management of risk and early detection also need to be embedded into the health system to prevent disease progression, complications, avoidable hospitalisations, and adverse outcomes.

As mentioned earlier, our current health system is geared towards treating existing disease. But much chronic disease could be prevented by supporting people to understand and reduce their risk.

Health professionals should be supported to assess and clearly communicate patients' risk of disease. This includes development and promotion of risk assessment tools and strategies and ensuring strong referral pathways to support behavioural risk management programs including weight management, nutrition, and physical activity services.

Early detection is also crucial to diagnose and manage pre-conditions (e.g. hypertension, pre-diabetes) and to detect silent undiagnosed conditions (e.g. type 2 diabetes, chronic kidney disease) to halt or slow disease progression and improve treatment options for the best possible outcomes.

The government response to COVID-19 has highlighted the benefits of investment in prevention and early detection, with a whole-of-government response to the pandemic. There is the opportunity to learn from government strategies to address COVID-19, including the value of prevention and early detection in preventing ill health, complications, and adverse outcomes from chronic disease.

**Partnerships**

We support the paper's recognition of vested interests by the food and alcohol industry in health policy. We recommend that the Strategy explicitly identify that food and alcohol industry involvement should be limited to implementation and exclude the policy making process. Commercial determinants of health are a contributing factor to chronic disease and the food and alcohol industries have a clear conflict of interest in health policy development.

### Leadership and governance

We support the explicit inclusion of 'increased, long-term sustainable funding mechanism.' Sustained funding for prevention is essential to achieve any real impact.

There are opportunities to create investment in prevention including a sugary drinks levy (estimated \$400m per year in revenue) or a volumetric tax for all alcoholic drinks (estimated \$2.7b per year in revenue). For example, the UK Government has committed to a sugary drinks levy and allocated revenue to tackle childhood obesity.

### ***Where should efforts be prioritised for the focus areas? (p19)***

**Recommendation – We strongly recommend including risk assessment and early detection of chronic disease as a focus area.**

There is a clear gap in the exclusion of risk assessment and early detection of chronic disease from the focus areas. While the strategy states that it is not disease specific, cancer screening is included. We support cancer screening as a solid example of risk assessment and early detection, and we strongly recommend that the equivalent for vascular chronic conditions be included.

The exclusion of chronic disease risk assessment is in contrast to the Minister's original announcement, which highlighted 'cancer and chronic disease population screening (current and emerging opportunities)' as one of four focus areas.

There is good evidence for vascular disease risk assessment and management.

The World Health Organization recommends absolute cardiovascular disease risk assessment and management as one of 16 'Best Buys,' based on its cost-effectiveness and feasibility to prevent and control chronic disease.<sup>9</sup>

The Assessing Cost-Effectiveness of Prevention study in Australia recommended a number of cost-saving and cost-effective approaches to prevent and reduce the impact of chronic disease in Australia, including:<sup>10</sup>

- Absolute risk assessment and early treatment to reduce cardiovascular disease risk.
- Screening and early treatment for chronic kidney disease.
- Screening and early treatment for diabetes.
- A population-wide program of social marketing and education aimed at increasing healthy lifestyles and reducing cardiovascular disease risk factors.

While Australia has screening programs for cervical, breast and bowel cancers, there is no national approach for early detection and management of vascular disease risk. Many Australians are unaware they are living with a high risk of disease.

Vascular conditions, including stroke, heart disease, type 2 diabetes and chronic kidney disease are major causes of death and morbidity in Australia, yet much burden could be prevented. These conditions share common risk factors and interact to increase risk.

- Coronary heart disease is the leading single cause of death in Australia, costing more than \$2.2 billion each year.<sup>11</sup>

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<sup>9</sup> WHO 2018. [Saving lives, spending less. A strategic response to noncommunicable diseases.](#)

<sup>10</sup> <https://public-health.uq.edu.au/research/centres/past-centres/assessing-cost-effectiveness-ace-prevention-study>

<sup>11</sup> [www.aihw.gov.au/reports/australias-health/coronary-heart-disease](http://www.aihw.gov.au/reports/australias-health/coronary-heart-disease)

- One in four people will experience a stroke in their lifetime.<sup>12</sup> Yet more than 80 percent of stroke could be prevented.<sup>13</sup>
- Around 1.5 million Australians are living with undiagnosed kidney disease and around 500,000 people are living with undiagnosed type 2 diabetes.<sup>14</sup>
- Around 2 million Australians have prediabetes and are at high risk of developing type 2 diabetes. There is very strong evidence that we can prevent the progression to type 2 diabetes in 60 percent of this group with a targeted program.
- Around 1 in 3 Australians have high blood pressure, which increases risk of stroke, heart disease, kidney disease and diabetes. Yet many of these people are unaware of their risk or untreated.<sup>15</sup> High blood pressure is a greater contributor to disease burden than physical inactivity and alcohol, yet it is not addressed in the prevention strategy focus areas.

Much of the vascular disease burden is preventable. There is good evidence supporting risk assessment and management, based on feasibility and cost-effectiveness. Money spent targeting high risk groups in early detection will certainly ‘pay off’ in terms of health outcomes and financial outcomes.

We strongly recommend the Strategy incorporate risk assessment and early detection of chronic disease as a focus area to prevent disease progression, avoidable complications, and adverse outcomes, and to achieve the best possible outcomes for individuals.

This is particularly important following COVID-19, due to the expected ongoing effects for vascular diseases and the need for risk assessment and early detection to assess and manage long-term health after COVID-19.

**Recommendation – We recommend explicitly incorporating a focus on decreasing overweight & obesity at the population level.**

Overweight and obesity is overlooked as a focus area in the strategy. Yet it is the second greatest risk factor for chronic disease burden after tobacco smoking.<sup>16</sup>

Overweight and obesity increases risk of heart disease, certain cancers, stroke, type 2 diabetes, and chronic kidney disease. The cost of obesity is around \$8.6 billion each year in direct and indirect costs.<sup>17</sup>

Around two in three Australians are overweight or obese and one in four children are overweight or obese.

Preventing overweight and obesity in Australia would drastically reduce chronic disease burden. If everyone in Australia was a healthy weight, there could be a reduction in diabetes burden by 53 percent, chronic kidney disease by 38 percent, stroke by 22 percent, heart disease by 25 percent and some cancers by up to 38 percent.<sup>18</sup>

We support the Tipping the Scales recommendations to reduce overweight and obesity in Australia:<sup>19</sup>

1. Legislation to implement time-based restrictions on exposure of children (under 16 years of age) to unhealthy food and drink marketing on free-to-air television up until 9:30pm.
2. Setting clear reformulation targets for food manufacturers, retailers and caterers with established time periods and regulation to assist compliance if not met.
3. Making adjustments to improve the Health Star Rating System and make mandatory.
4. Developing and funding a comprehensive national active travel strategy to promote walking, cycling and use of public transport.

<sup>12</sup> GBD 2016 Lifetime Risk of Stroke Collaborators, Feigin VL et al. Global, Regional, and Country-Specific Lifetime Risks of Stroke, 1990 and 2016. *N Engl J Med.* 2018; 379(25):2429-2437

<sup>13</sup> <https://strokefoundation.org.au/About-Stroke/Learn/facts-and-figures>

<sup>14</sup> <https://kidney.org.au/health-professionals/prevent/statistics> and <https://www.diabetesaustralia.com.au/about-diabetes>

<sup>15</sup> <https://www.heartfoundation.org.au/about-us/what-we-do/heart-disease-in-australia/high-blood-pressure-statistics>

<sup>16</sup> <https://www.aihw.gov.au/reports/burden-of-disease/interactive-data-risk-factor-burden/contents/overview>

<sup>17</sup> PwC 2015. *Weighing the cost of obesity: A case for action.*

<sup>18</sup> AIHW 2018. *Australia's Health 2018.*

<sup>19</sup> <https://www.opc.org.au/what-we-do/tipping-the-scales>

5. Funding high-impact, sustained public education campaigns to improve attitudes and behaviours around diet, physical activity and sedentary behaviour.
6. Placing a health levy on sugary drinks to increase the price by 20 percent.
7. Establishing obesity prevention as a national priority with a national taskforce, sustained funding, regular and ongoing monitoring and evaluation of key measures and regular reporting around targets
8. Developing, supporting, updating and monitoring comprehensive and consistent diet, physical activity and weight management national guidelines.

#### Improving consumption of a healthy diet

**Recommendation - We recommend a dual focus on reducing unhealthy foods to complement the focus on healthy diets.**

Unhealthy diets are a major contributor to chronic disease risk and unhealthy foods make up more than one-third of Australians daily energy intake. Australians live in a complex obesogenic environment. We are surrounded by unhealthy food marketing from a very young age and these foods are easily accessible and affordable.

We recommend that the Strategy prioritise the World Health Organization Best Buys<sup>20</sup> to create healthy food environments, including approaches to reduce salt, sugar, and saturated fat in diets. The World Health Organization Best Buys are cost-effective and feasible approaches to reduce unhealthy diets. Many of these interventions require government regulation to restrict promotions, change the food supply and availability, and reduce consumption of unhealthy foods, like sugary drinks and salty foods. This includes:

- Implement the World Health Organization recommendations on the marketing of foods and non-alcoholic beverages to children
- Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals
- Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces, and nursing homes, to enable lower sodium options to be provided
- Reduce salt intake through a behaviour change communication and mass media campaign
- Reduce salt intake through the implementation of front-of-pack labelling
- Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain
- Reduce sugar consumption through effective taxation on sugar-sweetened beverages
- Implement nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to increase the intake of fruits and vegetables
- Implement nutrition labelling to reduce total energy intake (kcal), sugars, sodium, and fats
- Implement mass media campaign on healthy diets, including social marketing to reduce the intake of total fat, saturated fats, sugars, and salt, and promote the intake of fruits and vegetables.

We note much of the progress in tobacco control has relied on government regulations to change environments and support decreases in smoking. We recommend that the Strategy draw on learnings from tobacco control, including government interventions to change food environments, reduce the impact of unhealthy food and increase access to healthy foods.

#### Increasing physical activity

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<sup>20</sup> WHO Tackling NCDs. <https://apps.who.int/iris/handle/10665/259232>

We recommend a dual focus on decreasing sedentary behaviour (or physical inactivity) to complement the focus on increasing physical activity. We recommend aligning with the National Sports Plan target to reduce physical inactivity by 15 percent by 2030.

One in two Australian adults are not active enough and a staggering nine out of 10 teenagers don't meet physical activity guidelines.<sup>21</sup> However, if everyone was active for an extra 30 minutes per day, we could reduce chronic disease burden by 26 percent.<sup>22</sup>

Creating healthy physical environments is important to support physical activity and encourage people to be active in everyday lives. Environments should be safe and conducive to movement.

The Heart Foundation's 'A Blueprint for an Active Australia' (2019) articulates where efforts should be prioritised to improve physical activity in Australia.<sup>23</sup> The Blueprint details 13 key action areas and provides timely high-level Australian evidence and guidance regarding areas for investment that, when implemented with sufficient weight, can lead to increases in population levels of physical activity. It is crucial that other sectors beyond health are involved and required to take responsibility for creating healthy physical environments.

#### ***How do we enhance current prevention action? (p20)***

We support sustained action and evaluation to understand the effectiveness of existing interventions that could be upscaled and to tailor interventions for increased impact. Long-term, sustained investment and bipartisan commitment to the Strategy are crucial.

We also know that a combined approach is required to prevent chronic diseases. A combination of interventions has the best potential to improve health at the population level, noting a systems approach is required with policies impacting one another.

We recommend incorporating SMART targets into the Strategy (specific, measurable, achievable, relevant, and time-bound) and continued involvement by an Expert Advisory Group to provide guidance. We support a living strategy which outlines responsibilities and timeframes, and tracks progress. Interim reviews and monitoring are important to facilitate engagement and direct investments towards policies with impact.

#### ***Any additional feedback/comments (p21)***

##### **We strongly recommend including risk assessment and early detection of chronic disease as a focus area.**

Our response highlights that vascular disease risk assessment has been overlooked in the current paper. Vascular conditions like heart attacks, stroke, kidney disease and diabetes are enormous causes of mortality and morbidity in Australia. However, much of this burden is preventable and there are significant opportunities for early intervention. There is good evidence for cost-effective and feasible approaches to assess and manage vascular disease risk at an early stage to halt or slow disease progression and prevent avoidable complications and adverse outcomes.

##### **We recommend greater involvement of young people who will be affected for years to come, and people affected by disease.**

The Prevention Strategy should be developed with engagement from a diverse audience, including people affected by disease and young people. We note that participation at the roundtables involved many people already working in the health and research sector. While there has been an online consumer survey, it is crucial to ensure the voices of people affected by disease, their families and carers, and young people are reflected at all stages in the development of the Strategy.

#### ***About the Australian Chronic Disease Prevention Alliance (ACDPA)***

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<sup>21</sup> AIHW Australia's Health 2020

<sup>22</sup> AIHW 2017. [Impact of physical inactivity as a risk factor for chronic conditions: Australian Burden of Disease](#)

<sup>23</sup> <https://www.heartfoundation.org.au/getmedia/6c33122b-475c-4531-8c26-7e7a7b0eb7c1/Blueprint-For-An-Active-Australia.pdf>

*The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and Stroke Foundation. Members work together to collectively promote prevention, integrated risk assessment and effective management of chronic disease risk.*