

National Prevention Summit

Investing in Australia's health and wellbeing



A VISION FOR PREVENTION IN AUSTRALIA

Executive Summary

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The challenge

Australia is facing a number of major challenges. These include: reducing social and economic disadvantage; increasing business competition; fighting inflation; tackling climate change; securing water; increasing workforce participation and productivity; enabling equitable access to education and training; and delivering modern infrastructure to all Australians.

A number of trends will have a significant and progressive impact on the health and well-being of Australians and our health system over the next 20 years:

- growing health and other disparities between different population groups, most particularly, Aboriginal and Torres Strait Islander peoples
- the ageing of the population
- increasing levels of disability, chronic illness and injury, and
- pandemics (such as influenza), biological threats, natural disasters and communicable diseases.

In addition, new and unpredictable challenges will arise from time to time.

The “health system” has borne the responsibility for health in developed countries in the 20th-century, and has received very substantial government funding. However, we recognise increasingly that the achievement of good health and well-being for all Australians requires an integrated and cross-sectoral approach that also embraces prevention.

This approach must also recognise the crucial influence and importance of cultural, social, economic and environmental factors on the health of individuals, communities and populations.

Finally, this approach also needs to recognise that social and economic disadvantage leads to some population groups having much poorer health compared to the rest of society.

To date, many have argued that prevention and health promotion have been given insufficient attention in Australia, and yet, the current and future challenges already outlined, demand that a new approach and new ways of thinking about prevention must be developed in response to these.

We need a new agenda to elevate prevention to a national priority and to fund it appropriately.

This national prevention agenda needs to be accompanied by development of good working relationships between a range of existing and new players, including the public, who are the ultimate beneficiaries of investments in health.

Momentum for change

Two factors have increased the momentum for a sea change in health in this country: the National Reform Agenda of 2006 and the change of national government in late 2007.

Initiated by the Council of Australian Governments (COAG), the Reform Agenda identified the crucial link between the health of the population and economic productivity, and this has opened the way for a new, future-oriented and whole-of-government approach to health.

COAG moved health promotion onto the national agenda with a grant of \$500 million through the Australian Better Health Initiative (ABHI). This initiative aims to refocus the health system onto promoting good health and reducing the burden of chronic disease by funding activities to improve health outcomes along the spectrum — from the well population to people with advanced chronic conditions.

Priority will be given to promoting healthy lifestyles, supporting early detection of risk factors and chronic disease, supporting lifestyle and risk modification, encouraging patients to manage their chronic conditions, and improving communication and coordination between services.

In its 2008 work program COAG identified seven important areas, including Health and Ageing.

A Preventive Health Care Partnership, with particular emphasis on children and Indigenous Australians, and a National Health and Hospitals Reform Commission (NHHRC) have also recently been established.

A national prevention agenda

The two basic goals of an agenda for prevention should be:

1. To create a *system for health* that enables prevention and health promotion strategies to operate effectively and sustainably across all sectors and at multiple levels of Australian society.
2. To enable the *health care system* to play its role in prevention and health promotion by ensuring that it is driven by four important, inter-connected principles:
 - It is person-centred, equitable, efficient, high quality and acceptable
 - It is accessible and affordable for all Australians
 - It is well coordinated and integrated, and
 - It places the care of individuals and the community at its centre.

These new systems will need to have:

- The capacity to withstand the pressures and tensions that arise from tackling complex tasks;
- Techniques to identify problems through new models of monitoring and surveillance;
- Strategies for rapidly reorganising structures, functions and resources; and
- A capability to harness commitment and participation from a diverse range of actors.

These new systems will also need to have the required investment and funding, an appropriately trained workforce and to have the appropriate relationships with those existing agencies and organisations that already provide strong supports for Australia's health and well-being

The value of prevention

Prevention benefits the population in a number of important ways:

1. Prevention can reduce the personal and community burden of disease, injury and disability.
2. It can facilitate better use of finite health system resources.
3. It generates substantial economic benefits, which although not immediate, are tangible and significant over time.
4. Australia's economic performance and productivity are contingent on a motivated, skilled and healthy workforce.

Achieving these goals will require the adoption of a serious, long-term systems perspective in planning, evaluation and research. To fulfil their responsibilities, national, state and local governments will need to work towards a whole-of-government approach to prevention and health promotion.

Improving our performance

Australia's record in prevention has been generally good in areas such as road and traffic trauma, tobacco control, immunisation, HIV/AIDS and prevention of heart disease. In all of these areas over the last 30 years, we can observe the benefits of long term political will underpinned by adequate funding, a skilled workforce, evidence and program delivery structures, focus and commitment, investment in infrastructure and resources, bipartisan support, community engagement and action.

However, not all Australians have benefited in these ways, for example, Indigenous Australians have certainly not and there is compelling Australian evidence that health inequalities have increased in Australia over the past 20 years.

Chronic diseases, obesity, mental disorders and some non-communicable diseases such as strokes, some cancers and neurological conditions, are also on the rise.

The paper identifies five levers for shifting the focus of the health system to more emphasis on prevention and health promotion:

1. Leadership and coordination
2. Sustainable financing
3. Infrastructure and resources
4. Integration of evidence, policy and practice
5. Engagement of all levels of society

1. Leadership and coordination. Because of fragmentation between sectors, levels of government, disciplines and professional groups, we need to support the Australian Government in the delivery of the National Prevention Taskforce, the National Preventive Health Care Partnership and the National Preventive Health Strategy.

The leadership within prevention and health promotion will need to be strengthened. A **national body** such as an institute of public health/health improvement should be established to coordinate policies, programs, expertise and services across sectors.

2. Financing. Problems in financing prevention have included inadequate funding, compartmentalisation, short-term thinking and ad hoc responses, but innovative funding arrangements are emerging.

This Paper canvasses other alternatives such as broad-banding several programs, mainstreaming prevention within clinical services, providing bonuses and incentives to achieve specific targets, pooling resources across traditional budgetary boundaries, taxation, price signalling and disincentive clauses in insurance schemes.

Another possibility is the establishment of a **new entity** whose role would be to secure adequate and sustainable financing, perhaps along the lines of the Pharmaceutical Benefits Advisory Committee. It could collaborate with the National Preventive Programs Taskforce.

3. Infrastructure and resources. Infrastructure and resources include workforce, institutions and organisations that carry out a range of functions, and information and knowledge management systems. While many of the key elements are already in place in Australia, investment is necessary to improve system performance.

Because of the varied nature of the prevention workforce across the country, **capacity-building initiatives** are needed. The national Public Health Education and Research Program (PHERP), already does this to some degree, but there is scope for a more nationally coordinated public health training scheme, building on the experiences of the New South Wales and Victorian programs and the inputs of the range of professional groups that have completed training. All this could be supplemented by **professional education programs** on priority issues.

It is not clear what the new organisational arrangements will be for the new Strategy, Partnership and Taskforce initiatives in prevention, but **well-conceived structural change is essential**. There may be a need for **new institutions** to stimulate change and to target areas where previous programs have failed.

Because gaps exist in information and knowledge management, **data collection** needs to be tailored to prevention and health promotion, and **surveillance** may need to be reconfigured. The introduction of population health **observatories** could enable the surveillance system to go beyond traditional models of disease surveillance.

4. Evidence, policy and practice. Not only is a larger investment in public health research required, but it is also essential that practice, policy and research be fully integrated and research efforts across shared priorities be well coordinated.

A National Preventive Programs Advisory Committee, independent of government and possibly modelled on the US Preventive Services Taskforce and Taskforce on Community Preventive Services, could be established to generate evidence. It would need to represent a diverse range of perspectives and interests — from government, through non-government organisations, research institutions, industry, professional organisations to the public.

5. Engagement of all levels of society. The entrenched view that prevention and health promotion is the exclusive domain of governments, particularly the ministries of health, needs to be countered. Government leadership and resolve are vital for engaging a kaleidoscope of actors with diverse interests, expertise and influence and involving them in sustained, coordinated action.

Social engagement strategies are needed to engage key players, citizens and communities at different levels.

These could include advisory committees for health services research and development; the committee supporting the development of the Health Regulations Act; strategies to equip consumers to take their place at the table in research, policy and programs such as those initiated by Breast Cancer Network Australia; engagement mechanisms that brings sectors together in high-level discussions such as the Business-Higher Education Roundtable, which is concerned with workforce, education, training, research and social enterprise; and citizens juries.

A strong, influential constituency will be needed to mobilise commitment to, ongoing support for, and active participation in prevention and health promotion.

Input and leadership will also be required from different societal interests and disciplines and different levels in the prevention enterprise and health care services.

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