

# The National Preventive Health Strategy: The Australian Prevention Partnership Centre a systems approach to keeping people healthy

Healthy North Coast Conference  
OCTOBER 2022



Professor Lucie Rychetnik  
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@TAPPCentre



## Acknowledgement to Traditional Owners



The Australian Prevention Partnership Centre acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians and Traditional Custodians of the lands where we live, learn, and work.

Fiona Omeenya. Two women in boat.  
Lockhardt River. L: Umpila

FUNDING PARTNERS



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# Disclaimer

- The Sax Institute conducted the research and supported development of the National Preventive Health Strategy.
- The Commonwealth Department of Health and Aged Care is a funding member of the Australian Prevention Partnership Centre.
- The Australian Prevention Partnership Centre has supported program development and evaluation for Commonwealth and State Governments.
- Any views or opinions are mine and may not reflect the policies of any of our funding bodies.



# A Brief History of national prevention policy and strategy

# Hansard Ministerial Friday, 10 October 1986

## Looking Forward to Better Health

**Dr BLEWETT** (Minister for Health) —by leave—Madam Speaker, it gives me great pleasure to be able to table for the information of honourable members the first volume of the final report of the Better Health Commission entitled 'Looking Forward to Better Health'...

- ...I established the Commission early in 1985 and it began its work in March 1985. Its role was to inquire into the current health status of the Australian population and recommend national health goals, priorities and programs to achieve significant improvements in illness prevention and health awareness in Australia.
- ...The report makes a number of tough observations, which I would like to draw to the attention of honourable members: **There is no national focus on illness prevention in Australia; there are no national directions, strategies, objectives or goals; medical schools fail to train students to promote health; research into illness prevention is fragmented and sparse-it lacks priorities and is rarely evaluated; national, State and Territory funding for illness prevention is small and erratic; information and skills sharing is limited; and the media do not appreciate their potential to contribute to better health.**

1988

Health for All Australians

1993

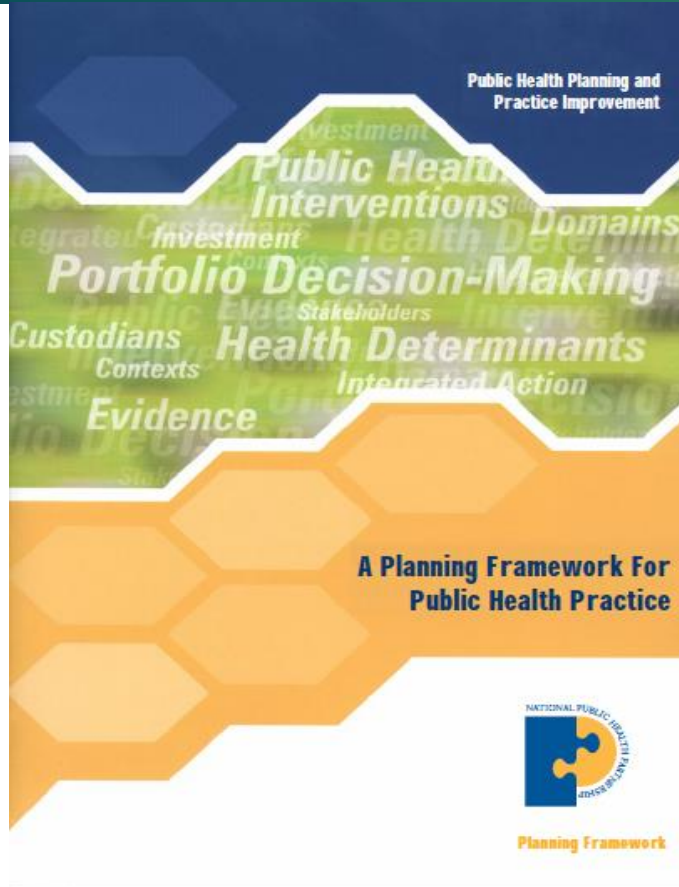
Goals and Targets for Australia's Health in the Year 2000 and Beyond



# National Public Health Partnership

- **1995** Chief Health Officers commence discussions about the need for a national approach to public health leading to a proposal being put before the Australian Health Ministers' Advisory Council (AHMAC);
- **October 1995** The AHMAC consider the development of a national policy framework and plan for action for public health, in joint venture between the Commonwealth and the States and Territories and refer the matter to the Chief Health Officers for further development and discussion;
- **May 1996** Agreement reached in principle to the concept of a proposed National Public Health Partnership (NPHP) between the Chief Health Officers of the Commonwealth and States and Territories, the Chair of the Council of the National Health and Medical Research Council (NHMRC) and the Director of the Australian Institute of Health and Welfare (AIHW);
- **June 1996** The meeting of the Council of Australian Governments (COAG) supports the exploration and development of long-term arrangements for system wide reform in relation to public health;
- **July 1996** Commonwealth and all State and Territory Health Ministers endorse the concept of a Partnership as the framework for nationally coordinated action to improve and strengthen public health efforts in Australia;
- **August 1996** A working Group of Chief Executives (known as the G9) conducts a workshop to progress the development of the Partnership;
- **September 1996** Consultation undertaken with key stakeholders on the basis of a discussion paper which outlined the proposal for a NPHP;
- **October 1996** Australian Health Ministers agreed to enter into a National Public Health Partnership for Australia as detailed in the discussion paper; The NPHP Group, the body to oversee the development and implementation of the NPHP work program, is established by the AHMAC;
- **December 1996** The first meeting of the NPHP Group takes place;
- **February 1997** The AHMAC endorses the Memorandum of Understanding developed by the NPHP Group to underpin the Partnership, setting out the roles and responsibilities of all the Partners;
- **Mid 2005** NPHP ceases

# National Public Health Partnership



## **Capacity Building**

[National Strategies Coordination Reference Network \(NSCRN\)](#)

[The National Public Health Information Working Group \(NPHIWG\)](#)

[Legislation Reference Network \(LRN\)](#)

[Public Health Workforce Development Steering Group](#)

[Public Health Practice](#)

## **Health Gain**

[Child and Youth Health Intergovernmental Partnership \(CHIP\)](#)

[Strategic Inter-Governmental Nutrition Alliance \(SIGNAL\)](#)

[Strategic Inter-Governmental Forum on Physical Activity and Health \(SIGPAH\)](#)

## **Health Protection**

[Communicable Diseases Network Australia \(CDNA\)](#)

[enHealth Council](#)

[Strategic Injury Prevention Partnership \(SIPP\)](#)

[Aboriginal and Torres Strait Islander Injury Prevention Action Committee \(ATSIIPAC\)](#)

## **Partnerships**

[Joint Advisory Group on General Practice and Population Health \(JAG\)](#)

[National Mental Health Promotion and Prevention Working Party \(PPWP\)](#)

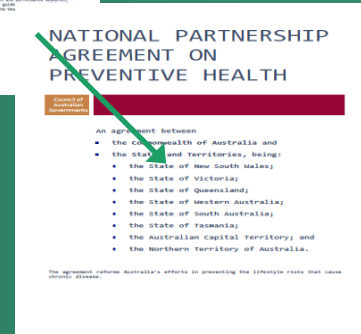
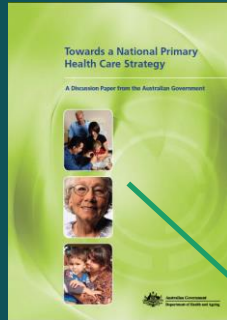
[Joint Working Group on Healthy Ageing \(JOHA\)](#)

## **Non Government Organisations**

[NPHP Non-Government Reference Panel](#)

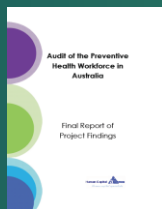
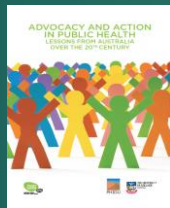


# Reforms to Action 2008-9



**National Partnership Agreement on Preventive Health 2008-14**

# Australian National Preventive Health Agency 2011-14



# Specific Prevention Strategies

1988	Health for All Australians
1993	Goals and Targets for Australia's Health in the Year 2000 and Beyond
1997	Acting on Australia's weight: strategic plan for prevention of overweight and obesity
1999	National Tobacco Strategy 1999 to 2002-03
2001	Eat Well Australia: An Agenda for action in public health nutrition 2000-2010
2003	Healthy Weight 2008 – Australia's Future: The National Action Agenda for Children and Young people and their Families
2004	National Tobacco Strategy 2004-2009
2005	Be Active Australia: A framework for health sector action for physical activity 2005-2010
2005	National Chronic Disease Strategy
2005	National Service Improvement Frameworks for: Asthma; Cancer; Diabetes; Heart, stroke and vascular diseases; and Osteoarthritis, rheumatoid arthritis and osteoporosis
2006	National Alcohol Strategy 2006-2009
2013	Shape up Australia healthy lifestyles initiative
2013	Moving Australia 2030 – A Transport Plan for a Productive and Active Australia
2015	Australian National Diabetes Strategy 2016-2020
2016	National Strategic Framework for Chronic Conditions

# What is Necessary in National Public Health Policy

# The Challenges

- The Constitution – what obligation other than moral is there on the Commonwealth government to be active in public health?
- The Federation – at one level protects public health but also inhibits national approaches
- The Political Cycle – every committed politicians has to face elections every 3-4 years
- The Bureaucracy – Never stand between a Secretary and a Bigger Department
- The Message – public health and prevention frequently challenges core values and markets – it is political
- The Consumer and Consumerism – supporting prevention is not the same as supporting restrictions

# Sustaining public health strategies

- Prevention that involves change in individuals usual behaviour are:
  - usually slow,
  - require intensive effort, and,
  - and are difficult to sustain without system change support.
- System change depends on:
  - political will,
    - the extent of vested interests (winners and losers),
    - the level of perceived threat, and,
    - The complexity of the system.
  - YES BUT.....

# General Strategies

1. Shared responsibility – developing strategic partnerships
2. Act early and throughout life
3. Engage communities
4. Influence markets and develop connected and coherent policies
5. Reduce inequity through targeting disadvantage
6. Indigenous Australians – contribute to ‘Close the Gap’
7. Refocus primary healthcare towards prevention

# Supporting Infrastructure

- Social marketing
- Data, surveillance and monitoring
- National research infrastructure
- Workforce development
- Future funding models for prevention



# Insights from TAPPC Work

- Most prevention problems are complex – effects of change in one component can have unpredictable consequences
- Successful prevention is almost always multi-strategy
- But the Steps to Success however can be simple
- Success always involves Partnerships
- Implementation is key – but so is flexibility
- Empowerment (individual, community, society) is a powerful enabler

<https://preventioncentre.org.au>

# National Preventive Health Strategy 2021-31



Australian Government  
Department of Health



2021-2030

# Development Work

This Strategy has been developed using the best evidence from a range of sources including:

- **National and international evidence** about what works.
- **Targeted consultations**, which provided the opportunity to hear from experts in different fields of prevention; the views of people representing communities, consumer groups and advocacy organisations; and from the public about what is important to keep themselves, their families and their communities healthy.
- Responses from over 6,000 people through an **online survey**.
- The lessons **learned from past prevention activities**.
- Other relevant **national strategies, action plans and frameworks** to ensure the Strategy aligns with and builds on action in prevention.
- **Relevant health consultations** conducted by the Australian Government in recent years.
- **Online public consultations** on the Consultation Paper and the draft Strategy.

# Key Learnings

- *Success comes from sustained and coordinated action*
- *To have real impact, prevention needs to be financed*
- *Healthy environments support healthy living*
- *Health is for all Australians*
- *The health sector is enabled to lead by example*
- *Data, research and evidence are important drivers*
- *Adapting to the future*

# Determinants of Health and Wellbeing



# Cultural Determinants

Cultural domain <sup>107, 109</sup>	Protective
Connection to Country	<ul style="list-style-type: none"><li>• Spiritual connection</li><li>• Health and traditional foods</li><li>• Living on Country</li><li>• Land rights and autonomy</li><li>• Caring for Country</li></ul>
Family, kinship and community	<ul style="list-style-type: none"><li>• Family and kinship</li><li>• Community</li></ul>
Indigenous beliefs and knowledge	<ul style="list-style-type: none"><li>• Spiritual and religious beliefs</li><li>• Traditional knowledge</li><li>• Traditional healing</li><li>• Knowledge transmission and continuity</li></ul>
Cultural expression and continuity	<ul style="list-style-type: none"><li>• Identity</li><li>• Cultural practices</li><li>• Art and music</li></ul>
Indigenous language	<ul style="list-style-type: none"><li>• Impacts of language on health</li><li>• Language revitalisation</li><li>• Aboriginal and Torres Strait Islander language education</li></ul>
Self-determination and leadership	<ul style="list-style-type: none"><li>• Cultural safety</li><li>• Self-determination and wellbeing</li><li>• Leadership</li></ul>

# Commercial Determinants

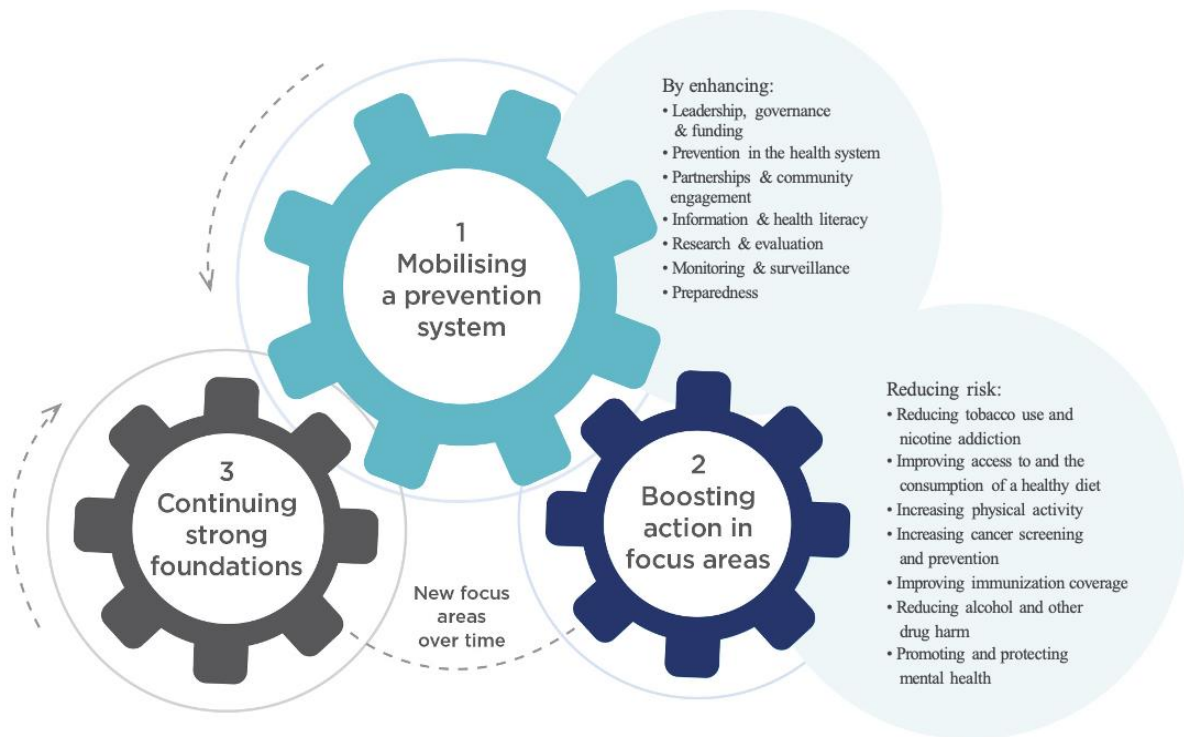
Commercial element	Protective	Adverse
<b>Marketing and advertising</b> 146-150	<ul style="list-style-type: none"> <li>• Social marketing promotes public health and health promotion messaging</li> </ul>	<ul style="list-style-type: none"> <li>• Promotion of unhealthy products</li> <li>• Enhances desirability and acceptability of unhealthy products</li> </ul>
<b>Corporate political activities</b> 147, 151	<ul style="list-style-type: none"> <li>• The provision of goods and services such as health facilities, schools or other collective goods, especially in political environments where these goods are under-provided</li> </ul>	<ul style="list-style-type: none"> <li>• Lobbying</li> <li>• Political donations</li> <li>• Barrier to public health policy</li> <li>• Shapes the social environment</li> </ul>
<b>Corporate social responsibility strategies</b> 147, 152	<ul style="list-style-type: none"> <li>• Add meaningful benefit to society by addressing a need</li> </ul>	<ul style="list-style-type: none"> <li>• Enhances public perception and credibility of organisations who don't have health at the heart of their products or services</li> </ul>
<b>Supply chains</b> 147, 153	<ul style="list-style-type: none"> <li>• Development of health-enhancing products</li> </ul>	<ul style="list-style-type: none"> <li>• Resistance of inclusion of features that enhance health due to cost</li> <li>• Development of products that are detrimental to health</li> </ul>



# Listening to the community



## Framework for Action by 2030



## Principles Framework for Action



### Vision

To improve the health and wellbeing of all Australians at all stages of life through prevention

### Aims

- All Australians have the best start in life
- All Australians live in good health and wellbeing for as long as possible
- Health equity is achieved for priority populations
  - Investment in prevention is increased

# The Immediate Priorities

- Governance mechanisms
- Increased investment in prevention
- A national platform providing credible and reliable health information
- Embedding prevention in primary health care and aligning with the Primary Health Care 10 Year Plan Plan
- National consumer engagement strategy
- National health literacy strategy
- Enhanced public health workforce planning
- Ongoing national data sets to support the monitoring and evaluation of this Strategy and a national prevention monitoring and reporting framework

# Boosting action in focus areas

- Reducing tobacco use and nicotine addiction
- Improving access to and the consumption of a healthy diet
- Increasing physical activity
- Increasing cancer screening and prevention
- Improving immunisation coverage
- Reducing alcohol and other drug harm
- Promoting and protecting mental health

# Vision: To improve the health and wellbeing of all Australians at all stages of life through prevention.

**Aim: All Australians have the best start in life**

## Targets:

- The proportion of the first 25 years lived in full health will increase by at least 2% by 2030
- The proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight will increase to at least 91% by 2031
- The proportion of the first 0-4 years of life lived in full health will increase by at least 3.5% by 2030

# Vision: To improve the health and wellbeing of all Australians at all stages of life through prevention.

**Aim: All Australians live in good health and wellbeing for as long as possible**

## **Targets:**

- Australians will have at least an additional two years of life lived in full health by 2030
- Australians in the two lowest SEIFA quintiles will have at least an additional three years of life lived in full health by 2030
- Australians in regional and remote areas will have at least an additional three years of life lived in full health by 2030
- Aboriginal and Torres Strait Islander people will have at least an additional three years of life lived in full health by 2030

**Vision: To improve the health and wellbeing of all Australians at all stages of life through prevention.**

**Aim: Health equity is achieved for priority populations**

**Targets:**

- Australians in the two lowest SEIFA quintiles will have at least an additional three years of life lived in full health by 2030
- Australians in regional and remote areas will have at least an additional three years of life lived in full health by 2030
- Aboriginal and Torres Strait Islander people will have at least an additional three years of life lived in full health by 2030



**Vision: To improve the health and wellbeing of all Australians at all stages of life through prevention.**

**Aim: Investment in prevention is increased**

## **Targets:**

Investment in preventive health will rise to be 5% of total health expenditure across Commonwealth, state and territory governments by 2030

# Obesity



## Targets

- Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030
- Reduce overweight and obesity in children and adolescents aged 2-17 years by at least 5% by 2030
- Adults and children ( $\geq 9$  years) maintain or increase their fruit consumption to an average 2 serves per day by 2030
- Adults and children ( $\geq 9$  years) increase their vegetable consumption to an average 5 serves per day by 2030
- Reduce the proportion of children and adults' total energy intake from discretionary foods from  $>30\%$  to  $<20\%$  by 2030
- Reduce the average population sodium intake by at least 30% by 2030
- Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030
- At least 50% of babies are exclusively breastfed until around 6 months of age by 2025

# Targets for the Aims and Focus Areas of the Strategy

Aim/Focus area	Target/s	Baseline figures	Data source and anticipated timeframe	Relevant strategy, action plan, guidelines etc.	Aligns with international commitments?	Comments
Aim 1: All Australians have the best start in life	The proportion of the first 25 years lived in full health will increase by at least 2% by 2030	In 2018, the total DALY in Australians aged 0-24 years was 549,749. The proportion of the first 0-24 years lived in full health in 2018 was 92.6%	AIHW Burden of Disease Study, approx. every three years	n/a	Aligns broadly with: • UN SGD Target 3.1 • UN SGD Target 3.2 • UN SDG Target 3.7 • UN SDG Target 5.6	Percentage point increase by at least 2%  Full health means living with no disease or injury. It is a concept that underlies calculation of HALE. Each non-fatal state of ill-health has a "disability weight", which is the amount of suffering that it subtracts from the year of full health (which starts with a value of 1.0, and an experience of disease or injury will reduce this by some proportional amount).
	The proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight will increase to at least 91% by 2031	In 2018, 88.9% of Aboriginal and Torres Strait Islander babies had a healthy birthweight	AIHW National Perinatal Data Collection, yearly	National Agreement on Closing the Gap	Aligns with: • WHO 'Healthier Populations' triple billion goal • WHO 'Universal Health Coverage' triple billion goal	Percentage point increase to at least 91%  A healthy birthweight is defined as 2,500-4,499g
	The proportion of the first 0-4 years of life lived in full health will increase by at least 3.5% by 2030	In 2018, the total DALY in Australians aged 0-4 years was 124,954. The proportion of the first 0-4 years lived in full health in 2018 was 92.1%	AIHW Burden of Disease Study, approx. every three years		Aligns with: • WHO Global nutrition targets 2025	Percentage point increase by at least 3.5%
Aim 2: All Australians live in good health and wellbeing for as long as possible	Australians will have at least an additional two years of life lived in full health by 2030	In 2018, HALE for males at birth was 71.5 years and 74.1 years for females (compared to life expectancy, this is an average of 89% and 87% of life lived in full health, respectively)	AIHW Burden of Disease Study, approx. every three years	n/a	Aligns broadly with: • UN SDG Target 3.8 • WHO 'Healthier Populations' triple billion goal	'Additional years of life lived in full health' means additional years of healthy life, which is in relation to the baseline year.
Aim 3: Health equity is achieved for priority populations	Australians in the two lowest SEIFA quintiles will have at least an additional three years of life lived in full health by 2030	In 2018, HALE for males in the lowest socioeconomic group at birth was 68.6 years and 71.4 years for females (compared to life expectancy, this is an average of 88% and 86% of life lived in full health, respectively)  In 2018, HALE for males in the second lowest socioeconomic group at birth was 70.1 years and 73.5 years for females (compared to life expectancy, this is an average of 88% and 87% of life lived in full health, respectively)	AIHW Burden of Disease Study, approx. every three years	n/a	Aligns broadly with: • UN SDG Target 3.8 • WHO 'Healthier Populations' triple billion goal	'Additional years of life lived in full health' means additional years of healthy life, which is in relation to the baseline year.
	Australians in regional and remote areas will have at least an additional three years of life lived in full health by 2030	In 2018, HALE at birth for males and females in inner regional areas was 2.2 and 1.7 years shorter, respectively, than for those in major cities; and in outer regional areas, was 2.7 and 1.4 years shorter	AIHW Burden of Disease Study, approx. every three years	n/a	Aligns with: • WHO 'Healthier Populations' triple billion goal	'Additional years of life lived in full health' means additional years of healthy life, which is in relation to the baseline year.
	Aboriginal and Torres Strait Islander people will have at least an additional three years of life lived in full health by 2030	In 2018, HALE for Aboriginal and Torres Strait Islander males at birth was 56.0 years and 58.8 years for Aboriginal and Torres Strait Islander females (compared to life expectancy, this is an average of 80% and 79% of life lived in full health, respectively)	AIHW Indigenous Burden of Disease Study, approx. every three years	n/a		
Aim 4: Investment in prevention is increased	Underpinned by: Investment in preventive health will rise to be 5% of total health expenditure across Commonwealth, states and territory governments by 2030	In 2018-19, public health expenditure was 2.0% of total health expenditure across all governments	AIHW Health Expenditure Analysis, yearly	n/a	n/a	Percentage point increase to 5%  Public health is defined by AIHW as "activities that focus on prevention, promotion and protection rather than on treatment, on populations rather than individuals, and on the factors and behaviours that cause illness and injury rather than the injury itself".  The estimates do not include funding of public health activities by departments such as education, veterans' affairs, law enforcement, transport and environment, non-government organisations or households.

# The Future of the National Preventive Health Strategy 2021-31

# The Opportunity



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The National Preventive Health Strategy presents a powerful opportunity for Australia to build a sustainable prevention system for the future – building on previous success and momentum, addressing the increasing burden of disease, reducing health inequity and increasing preparedness for emerging health threats.

# The Strengths

- The most comprehensive prevention policy ever in Australia
- Takes a system perspective
- Multi-dimensional
- Wide consultation
- Evidence-informed
- Clear, enumerated and comprehensive targets

# The Vulnerabilities

- Developed under and endorsed by the previous Government
- Despite widespread consultation, not developed in partnership with States and Territories (and other stakeholders)
- Needs specificity about how the Commonwealth will lead and influence given it is not the main action authority
- Not clear on how it empowers communities to act
- Identifies the issues of funding but not how funding will need to be structurally changed to embed enhanced prevention as core business as usual

# The Vulnerabilities

- In being comprehensive in considering determinants, it potentially makes for more opposition from some stakeholders
- Covid 19 pandemic has polarized views about some aspects of public health actions and this may influence community support
- Competing for attention with health care (primary care, hospitals EDs, elective surgery backlogs) in a difficult economic environment
- Difficult to judge implications of federal political changes
- The commitment to a Centre for Disease Control may or may not be an opportunity depending on whether non-communicable diseases are included in the remit.



## Top News

### Just In

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- Is There a Best Time to Take BP Meds?

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- Truss 'Threatens Anti-Obesity Measures'

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- Why Docs Love, Hate Incentive Bonuses

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- 'Happy Hormone': We Shouldn't Mess With Dopamine

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### Trending

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- Effective Opioid Alternative for Pain?

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- Weighted Blankets May Promote Sleep

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- Too Old to Practice Medicine?

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**MTS Left Side Hernia  
Support Truss Belt  
with Compression  
Pad for Men, Medium**

**AU\$ 121.00**

# Liz Truss's Go-for-Growth Government 'Threatens Anti-Obesity Measures'

Peter Russell | [Disclosures](#) | 10 October 2022



Campaigners urging action on combating obesity said they were "deeply concerned" that the Government might renege on existing prevention commitments.

A [policy paper](#) produced in July 2020 under Boris Johnson's premiership defined tackling obesity as "one of the greatest long-term health challenges" faced by the country, but the UK Association for the Study of Obesity (ASO) said it feared his successor, Liz Truss, planned to scale back on existing obesity prevention measures.

Since she took office, the Treasury had reportedly ordered a review of measures aimed at cutting people's intake of 'junk food' as part of a process described by [The Guardian](#) last month, quoting Whitehall sources, as "deregulatory in focus". Ministers and officials were looking again at regulations governing calorie counts on menus, plans to ban buy one get one free (BOGOF) promotions in shops, and even the soft drinks levy brought in to curb sugar consumption, the report suggested.

# In Closing

- The National Preventive Health Strategy is comprehensive, underpinned by evidence, and future looking.
- History suggests it will struggle to achieve full implementation
- In being comprehensive, there are lots more stakeholders who will actively oppose one or more actions
- Without structural change to funding mechanisms it will be depend on short term issue specific funding.
- It wont happen unless there is a continued advocacy

Thank-you for listening



# SUBSCRIBE

To the Prevention Centre's monthly newsletter for the latest news, resources and events about prevention research.

[preventioncentre.org.au](http://preventioncentre.org.au)





**Australian Government**  
**Department of Health**

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The Prevention Centre is administered by the Sax Institute.

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