

# Response ID ANON-WK6N-8HPS-9

Submitted to **Consultation Paper for the National Preventive Health Strategy**

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## Development of the National Preventive Health Strategy

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**Organisation:**

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## Vision and Aims of the Strategy

### 4 Are the vision and aims appropriate for the next 10 years? Why or why not?

**Vision and aims :**

The vision in general is fine. We advocate for clearer articulations of the inclusion of primary and community care in the aims.

Aim 2: It should be explicitly clear that the focus on preventive health is to extend quality of life and life expectancy to ensure Australians can be cared for and live as long as possible in the community with their friends and loves ones. Living long but in a hospital does not equate quality of life.

Aim 3: We suggest changing the title to 'Australians have health equity across all communities'. The term 'personal circumstances' should be removed. This suggests individual choice and circumstance are the cause of inequity when the actual source is structural and institutionalised inequity. Many lifestyle choices and behaviours are not 'personal choices' but fall along SES lines.

Aim 4: Investment in prevention must be enhanced in primary health care and at the community level in order to achieve a better balance with treatment. The ultimate goal of prevention is to reduce the need for treatment in hospitals.

## Goals of the Strategy

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

**Goals :**

The goals need to be more proactive and clearer about inclusion of primary health care and research.

Goal 1: Actions must not be limited to existing solutions or a supportive role. Different sectors need to explore, implement and support existing and new integrated solutions across primary to secondary to tertiary care to complex prevention challenges.

Goal 2: Title should be explicitly clear that prevention is to be embedded in multidisciplinary and interprofessional primary and community health care systems. Hospitals and 'acute care settings' ie. emergency departments are not settings for embedding prevention. Health sector's actions must not be limited just to supportive roles – needs to include exploring, implementing and supporting prevention. Acute care should be integrated with primary health care to assist patients after their acute episodes.

Goal 3: The environments need to be supported by strong and vibrant primary health care.

Goal 6: Research should be the cornerstone to establishing evidence for prevention solutions. We suggest changing this goal to 'Prevention efforts will be based on evidence and adapted to emerging issues and new science – Evidence from high-quality research will underpin prevention efforts and ensure a high-quality health care system which is founded on patient-centred and primary health care principles. Emerging issues and new science will be reviewed continuously to ensure prevention efforts are focused on opportunities that achieve the greatest health gains.'

## Mobilising a Prevention System

### 6 Are these the right actions to mobilise a prevention system?

**Enablers :**

Prevention must be underpinned by stronger primary health care for each of the interlinked elements. Actions are required to strengthen the primary health care system already in place with appropriate funding and broader focus on multidisciplinary and interprofessional care that embraces professional diversity and

expertise. There is also nothing in this section about equity. Equity needs to be front and centre of this document as all preventive health problems fall along SES lines.

#### Information and literacy skills

Suggest adding 'Government will support prevention through national campaigns highlighting the harm of alcohol, cigarettes and the benefits of nutrition and exercise'.

The role of primary health care workforce in health promotion and public education should be recognised and emphasised.

#### Health system action

It is critical to consider embedding interprofessional collaboration in prevention efforts. Currently, disciplines are still siloed. Prevention should sit primarily within primary health care which needs to be strengthened. Enhancing Australians' access to primary health care is critical to improving prevention and reducing hospital admissions.

#### Partnerships

It is important to acknowledge that successful individual outcomes are only possible when individuals are enabled by an environment, community and health system that supports healthy living.

It is also important to do more than acknowledging and managing conflicts of interest in partnerships. They should be actively avoided.

#### Leadership and governance

Investment and funding must be more strongly identified as an action rather than buried within leadership and governance. Healthy, sustainable and long-term investment in health strategies and information systems, and increased funding in collaborative research to address current and emerging issues are needed to ensure that Australians have available to them the best evidence-based health care.

The capacity of practice-based research networks (PBRNs) to embed research, evaluation and data management within primary health care is critical to enhance collaboration, participation, continuous monitoring and improvement strategies.

#### Research and evaluation

Appropriate levels of funding are crucial to sustain high-quality research and evaluations that will help us understand current and future opportunities to achieve equitable health outcomes and access to services.

Effective PBRNs have the capacity to facilitate good primary health data governance and localised research at the grassroots levels. They are critical to information-sharing and informing targeted approaches to prevention.

Health care providers, patients and consumers must be part of the 'stronger partnerships' to improve the translation of evidence.

#### Monitoring and Surveillance

PBRNs should be supported to link or facilitate the linking of primary health data to more extensive national health datasets to achieve a 'widely accessible health monitoring and surveillance system' must be acknowledged and enhanced.

## Boosting Action in Focus Areas

### 7 Where should efforts be prioritised for the focus areas?

#### Boosting Actions:

There should be an overarching priority focus to 'improving primary health care'. Primary health care is the primary setting for delivering long-term strategies in the focus areas. Efforts should be prioritised in service delivery, health literacy, health promotion, research, education and lifestyle modifications at the community level.

## Continuing Strong Foundations

### 8 How do we enhance current prevention action?

#### Continuing Strong Foundations:

We need to strengthen primary health care with increased funding, embedded multidisciplinary teams and interprofessional collaborations, and increased community-centredness. Primary health care is a generalist setting where people of all ages and with any health problems can be cared for. 'Stigma' is reduced when people are not identified as having a particular health issue simply because primary health care cares for everyone. Programs that are centred on hospitals or small specialised programs will be barriers for many rural people who already have comparatively worse service access and health outcomes.

We need to avoid fragmentation. There is a risk that if each strategy and outcome are seen individually, we will end up with multiple services and programs providing help for one target issue. This is not an efficient or effective approach and is certainly of minimal benefit for people in the community.

We need to support high-quality research to review current best prevention practices and to continually create evidence to address emerging issues.

We need to recognise, support and incentivise efforts in the health workforce to encourage best prevention practices.

## Additional feedback/comments

### 9 Any additional feedback/comments?

**Additional feedback:**

While the consultation paper contains some sound theoretical descriptions of preventive health, the what, where and how the prevention efforts should be prioritised need to be clearer. The critical functions of primary health care in prevention activities cannot be overstated and it should be prioritised over hospitals for prevention efforts. AAAPC advocates for a multidisciplinary and interprofessional primary health care that emphasises on collaboration and participation to integrate and improve prevention efforts.

We need proper resourcing and implementation policies to maximise success in prevention efforts. We need to support and sustain high-quality primary health care research that involves researchers, policy makers and practitioners to ensure implementable long-term prevention strategies.

A note: Consultation workshops were conducted only in Melbourne, Sydney and Adelaide. Energy must be invested to ensure comprehensive consultations that include all states and territories and all voices, in particular rural voices (where there are comparatively worse health outcomes due to poorer access to centralized, hospital-based services) are heard and counted.