**NACCHO FEEDBACK ON THE NATIONAL PREVENTIVE HEALTH STRATEGY**

**23 April 2021**

**VISION**

The Strategy includes a high-level vision that is outlined on page 8.

4. Do you agree with the vision of the Strategy? Please explain your selection. (1000 word limit)

(Required)

Strongly Agree   Agree 1   No Opinion   Disagree   Strongly Disagree

**NACCHO:**

NACCHO partly supports the vision statement but it would be strengthened with broader reflection on the social determinants of health and some of the language used earlier in the document about the critical importance for the nation in addressing:

- increased burden of disease for Aboriginal and Torres Strait Islander people;
- reducing health inequity; and
- increasing preparedness for emerging health threats.

NACCHO suggests the vision reflects this language, as below:

To improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors, **reducing health inequity** and addressing the broader causes of poor health and wellbeing, **including all social determinants of health.**

**AIMS**

The Strategy outlines four high-level aims. Each aim includes a measurable target/s in order to track the Strategy's progress in achieving the vision. The aims and targets are outlined on page 8.

5. Do you agree with the aims and their associated targets for the Strategy? Please explain your selection. (1000 word limit)

(Required)

Strongly Agree   Agree 1   No Opinion   Disagree   Strongly Disagree


**NACCHO:**

While NACCHO agrees with the Aims of the Strategy, they are very brief and would benefit from being strengthened as follows:

This Strategy will ensure that in Australia:

1. children grow up in communities **with access to the health and wellbeing supports and services** required to nurture their healthy development - providing the best start to life;

2. individuals are living well **across their lives**, enjoying life as they age – adding health to life;

3. groups that experience poorer health outcomes compared to the rest of the population have greater improvements in health and wellbeing, – addressing inequity in health; and

4. prevention is valued and viewed as **critical** – funding is rebalanced towards prevention.


In the text of the document, this section needs to be very clear that the Plan needs to work to realise equality in health outcomes for Aboriginal and Torres Strait Islander people by 2030. This will bring the Plan into line with the new National Agreement on Closing the Gap. In order to achieve this goal, the Plan must work seriously to address both the longstanding and emerging health and wellbeing issues facing many Aboriginal and Torres Strait Islander people.

The Covid-19 pandemic has starkly exposed the underlying health vulnerability of many Aboriginal and Torres Strait Islander people who continue to experience a burden of ill-health and disease at 2.3 times the rate of non-Indigenous Australians[1]. This ongoing vulnerability not only compromises the health and wellbeing of many Aboriginal and Torres Strait Islander people, but compromises the overall health of the population and health system as a whole.


**Aim 1:**

NACCHO welcomes the life course approach taken in Aim 1, but would like to see this approach more strongly reflected throughout the Strategy. For example, the life course itself is not defined in the Strategy, neither it is made clear that the stages of the life course may differ for vulnerable groups,

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[1] Australian Institute of Health and Welfare (2016) Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011. Australian Burden of Disease Study series no. 6. Cat. no. BOD 7. Canberra: AIHW.

particularly Aboriginal and Torres Strait Islander people, for whom later life begins at 50[2] due to the gap in life expectancy.

The associated target for this aim, a 2% increase in proportion of first 25 years of life lived in full health, does not appear to be particularly ambitious for a 10 year Strategy.

**Aim 2:**

No comment.

**Aim 3:**

NACCHO welcomes the acknowledgement that the burden of disease is not equal across the population. NACCHO proposes an additional, outcome-focussed target relating to the Aboriginal and Torres Strait Islander population, consistent with the other targets for this aim. While adult health checks are important, they are only one part of improving health for Aboriginal and Torres Strait Islander people, and are not an adequate measure of a reduction in the life expectancy gap or increased years lived in good health.

The National Agreement on Closing the Gap, Target 1 should be the reference point here: *Close the Gap in life expectancy within a generation, by 2031*. Given this Strategy runs to 2030, a target that contributes to achieving the CtG target would be appropriate.

**Disagree with targets in this section**  The targets in relation to health equity for target populations need to reflect the higher level targets in the National Closing the Gap Agreement. For example, the target of increasing the rate of Indigenous-specific general practitioner health checks increases 10% year-on-year across each age group is too narrow and also does not reflect the role of Aboriginal Community Controlled Health Organisations as critical to improving health outcomes for Aboriginal and Torres Strait Islander people.

Suggest replacing with:

- Close the Gap in life expectancy within a generation, by 2031.
- By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.
- By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent.

**Aim 4:**

NACCHO welcomes the proposed increase in expenditure toward preventive health.

An increase in funding must also be reflected in an increase in targeted funding for vulnerable populations, including Aboriginal and Torres Strait Islander people. Often preventative programs are accessed at a higher rate by higher income, well-educated groups rather than by those who need them most.

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[2] https://www.racgp.org.au/the-racgp/faculties/atsi/cultural-safety/resources/2019-mbs-item-715-health-check-templates

Funding for preventive programs targeting Aboriginal and Torres Strait Islander people should be directed via ACCHOs, consistent with Priority Reform 2 of the National Agreement.

In 2019-20 total health expenditure was $81.8bn, 5% would be $4.09bn. The overall target of increasing investment in preventive health to be 5% of total health expenditure by 2030 does not seem sufficiently ambitious. NACCHO suggests a more ambitious figure.

### PRINCIPLES

Six principles are included in the Strategy to underpin the Framework for Action by 2030. The principles are designed to guide implementation and strengthen current efforts. They are outlined on page 8.

*6. Do you agree with the principles? Please explain your selection. (1000 word limit)*

Strongly Agree   Agree1   No Opinion   Disagree   Strongly Disagree

**RESPONSE**

Again, this section could benefit from further explanation and future focus, particularly regarding telehealth.

**Multi-sector collaboration.**

NACCHO welcomes the principle of multi-sector collaboration, however it would be helpful to have some examples of sectors which may be prioritised here, and how these sectors will be held accountable for delivering the aims and targets outlined in the Strategy.

**Enabling the workforce.**

This principle should make specific reference to enabling ACCHSs and the Aboriginal and Torres Strait Islander workforce.

**Community engagement.**

No comment

**Empowering and supporting Australians.**

No comment

**Adapting to emerging threats and evidence.**

**The equity lens.**

Given the significant impact poor access to quality care has on heath, NACCHO would welcome the expansion of this principle to include explicit reference to structural racism as an external barrier, and the importance of the provision of culturally safe, trauma informed care for Aboriginal and Torres Strait Islander communities and other vulnerable groups.

There is opportunity here to showcase the co-design work taking place in Queensland for Health Equity as a case study.

**ENABLERS**

Mobilising a prevention system is a key driver in achieving systemic change and better health outcomes for all Australians. Seven system enablers are identified in the Strategy that are critical to creating a more effective and integrated prevention system for Australia over the next 10 years. Each enabler is accompanied by desired policy achievements by 2030. The enablers and the policy achievements are outlined in more detail on pages 31-42.

7. Do you agree with the enablers? Please explain your selection. (1000 word limit)

(Required)

Strongly Agree   <mark>Agree 1</mark>   No Opinion   Disagree   Strongly Disagree

### Leadership, governance and funding

This section could be strengthened by being clearer that the governance mechanisms proposed need to draw on all sectors.  Along with other sectors, it Aboriginal community-controlled sector is critical to making serious gains in prevention.

The importance of Aboriginal and Torres Strait Islander representation in leadership, governance and funding should be reflected here to reflect Government commitment to the Priority Reforms of the National Agreement.

The importance of diverse representation to be included as part of the proposed mechanism must be stressed. Aboriginal and Torres Strait Islander communities must be represented to ensure funding is directed to areas of most need, and where it will have significant impact for priority populations.

Any increase in funding must also be reflected in an increase in targeted funding for vulnerable populations. In addition, funding for preventive programs targeting Aboriginal and Torres Strait Islander people must be directed via ACCHOs, consistent with Priority Reform 2 of the National Agreement.

As with the previous comment, the 'other policy sectors' that contribute to health outcomes and which could be prioritised for partnership should be identified in this section.

### Prevention in the health system

The image used in this section (page 34-5) reflects bias and should be changed.

NACCHO supports prevention in the health system as an enabling factor.

The workforce section (p.34) should give explicit recognition to the expertise and central role of the ACCHS workforce in the provision of culturally safe, trauma-informed care primary health care for Aboriginal and Torres Strait Islander communities.

**Partnerships and community engagement**

NACCHO supports partnerships and community engagement as enabling factors. We are pleased to note the reference to the National Agreement, however it is crucial to ensure partnerships and engagement with Aboriginal and Torres Strait Islander people is meaningful and includes shared decision-making. It is important for Aboriginal and Torres Strait Islander communities that any partnerships be developed in accordance with the National Agreement. That is, accountable and representative, formalised and inclusive of shared decision-making. It is also crucial that Aboriginal and Torres Strait Islander organisations and communities are funded to participate in such partnerships. The language around partnerships in this Strategy should be strengthened to reflect the intention of the National Agreement.

This approach is also consistent with the refreshed National Aboriginal and Torres Strait Islander Health Plan 2021-2031.

In addition, this section could more strongly refer to Aboriginal Community Controlled Health Organisations being at the forefront of community empowerment to achieve better health and wellbeing.

**Information and health literacy**

NACCHO welcomes the acknowledgement that "The community must be mobilised to participate in the co-design of health information and education…", however this is not reflected in the language of the related policy achievement.

We have seen though the COVID pandemic how successful ACCHOs have been in developing targeted resources for their communities to stem the transmission of disease. We have also seen that the use of (often poorly) translated whole of population resources for multicultural communities were not as successful. Reliance on translation as a health communication tool for non-English speaking communities is not effective.

The language of the associated policy achievement should be made consistent with other parts of the Strategy, eg: p.41, 'tailored, culturally appropriate and accessible', we recommend including 'in language where required'.

**Research and evaluation**

NACCHO supports the inclusion of evaluation as part of program design.

The involvement of affected communities in the development, implementation and evaluation of intervention is also welcome. However, it must be acknowledged that for Aboriginal and Torres Strait Islander communities, governments have committed, through the National Agreement, to particular approaches to data collection, including prioritising data sovereignty which ensures data is made available and accessible for use by community.

This should be reflected in the Strategy, in keeping with Priority Reform 4 of the National Agreement.

**Monitoring and surveillance**

NACCHO supports the extension of monitoring and surveillance measures to ensure consistent and accurate data to track impact and outcomes. It is important to ensure that access to data for organisations and communities impacted by interventions, and particularly for Aboriginal and Torres Strait Islander communities, is prioritised. It is critical that communities have access to meaningful data to inform decision-making about their health and wellbeing.

This should be reflected in the Strategy, in keeping with Priority Reform 4 of the National Agreement.

**Preparedness**

NACCHO welcomes acknowledgement of the work of the ACCHS sector in keeping Aboriginal and Torres Strait Islander communities safe during the COVID-19 pandemic. However, suggest a change in wording to reflect the wording of the *Close the Gap report 2021* (p.4)[3]:

*Aboriginal and Torres Strait Islander communities successfully led the way in the COVID-19 response, keeping communities safe and rates of COVID-19 cases six times lower than the rest of the Australian population. Behind these results is a story of how effective it is to empower Aboriginal and Torres Strait Islander peoples, organisations and communities, and to trust that they have the solutions. The rapid public health control measures put in place were led by Aboriginal and Torres Strait Islander health leaders and services who understood the risks and worked tirelessly with federal, state and territory governments to deliver collective, culturally appropriate and localised solutions.*

The current wording (p.40) suggests that the success of ACCHS was due to "…well-developed public health workforce and strong infrastructure…".

ACCHS and Aboriginal and Torres Strait Islander communities provide a strong example for whole of population services of the effectiveness of working with local communities and prioritising human-centred, holistic models of care. The agility, flexibility and preparedness of ACCHS in preventing the spread of communicable diseases must be acknowledged and drawn uon in this Strategy and its implementation.

This section also needs to more clearly spell out that many Aboriginal and Torres Strait Islander people, particularly those living in regional and remote areas are at very significant risk of poorer health outcomes as a result of climate change including directly through extreme events such as heatwaves, floods, bushfires and indirectly via worsening air quality, threats to food and water supplies, and effects on mental health[4].  As the Covid-19 pandemic has highlighted, there are also increasing risks of communicable disease including the potential for infectious pathogens and development of antimicrobial resistance.  Any further outbreaks of communicable disease could disproportionly affect Aboriginal and Torres Strait Islander people[5].

This section also needs to reinforce that the National Agreement on Closing the Gap commits to engaging with Aboriginal and Torres Strait Islander representatives, before, during, and after emergencies such as natural disasters and pandemics to make sure that government decisions take account of the impact of those decisions on Aboriginal and Torres Strait Islander people and that

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[3]  https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-2021

[4] Doctors for the Environment Australia, 2020, Fact Sheet. www.dea.org.au

[5] World Economic Forum, 2016, Global Risks Report 2016, https://reports.weforum.org/global-risks-2016/global-disease-outbreaks/

Aboriginal and Torres Strait Islander people are not disproportionately affected and can recover as quickly as other Australians from social and economic impacts.

Aboriginal Community Controlled Health Organisations need to be front and centre in these discussions given the successful pivotal role they have played to date protecting Aboriginal and Torres Strait Islander people from the potentially catastrophic impact of the Covid-19 pandemic and in relation to other natural disasters, including bushfires.


8. Do you agree with the policy achievements for the enablers? (1000 word limit)

Strongly Agree   Agree 1   No Opinion   Disagree   Strongly Disagree

**Leadership, governance and funding**

NACCHO strongly supports the policy achievement relating to improved cultural safety and provision of care for Aboriginal and Torres Strait Islander communities through ACCHS.

We also support the establishment of a mechanism to guide preventive health responses. However, such a mechanism must include leadership and representation of Aboriginal and Torres Strait Islander people.

The wording of the policy achievement on cross-sectoral partnerships must reflect the intent of the Priority Reform 1 of the National Agreement that partnerships with Aboriginal and Torres Strait Islander organisations are formalised, responsible and accountable, prioritise shared decision-making and are funded for participation.


**Prevention in the health system**

NACCHO support the policy achievements in this section, particularly those around cultural safety and the prioritisation of care through ACCHS, and enhanced continuity of care.

The two policy achievements around workforce should make explicit reference to enhancing the preventive capabilities and future proofing the ACCHS workforce as a key element of the Australian primary health care system.

The policy achievements relating to capabilities of the health workforce should also reference care coordinators including Aboriginal and Torres Strait Islander Health Workers.

Workforce achievements should align with the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation plan 2021 – 2031.


**Partnerships and community engagement**

An additional policy achievement should be added in support of establishing and strengthening preventive health partnerships with Aboriginal and Torres Strait Islander communities and organisations, consistent with the National Agreement.

**Information and health literacy**

Ensure the language used in the policy achievements is consistent across the Strategy in reference to provision of health information. That is (as per p.41), tailored, culturally appropriate and accessible, we recommend adding 'in language where required'.

We also recommend including an additional policy achievement: to expand interpreting services to Aboriginal and Torres Strait Islander communities. Lack of interpreting services is a key barrier to health service access for many Aboriginal and Torres Strait Islander people and contributes to poor health outcomes.

**Research and evaluation**

NACCHO welcomes the acknowledgement that affected communities should drive the development, implementation and evaluation of interventions, and the prioritisation of research in specific population groups. However, policy achievements in this section make explicit reference to ensuring alignment with the National Agreement when research is being undertaken with Aboriginal and Torres Strait Islander people and their communities

**Monitoring and surveillance**

An additional policy achievement relating to Aboriginal and Torres Strait Islander data to reflect the commitment to Priority Reform 4 of the National Agreement would be welcomed. This should include measures to ensure that data collection is based on informed consent, and that measures and indicators are developed with input from affected Aboriginal and Torres Strait Islander communities and organisations.

The policy achievements relating to national data sets should also include reference to social and wellbeing measures.

**Preparedness**

NACCHO supports the policy achievements in this section, however:

- the national strategic plan addressing the impacts of environmental health must specifically consider the unique housing and living conditions of Aboriginal and Torres Strait Islander communities.
- future proofing the workforce must include reference to education and career pathways and reference to the ACCHS workforce
- Evidence based approached to identify and address current and emerging pressures on the most vulnerable parts of the health system caused by climate change must include partnership with Aboriginal and Torres Strait Islander people and their communities
- stronger infrastructure to support the rapid drawing together of leaders from different fields and jurisdictions must include ACCHOs infrastructure to ensure equity of access to digital healthcare.

**FOCUS AREAS**

The Strategy identifies seven focus areas, where a stronger and better-coordinated effort will enable accelerated gains in health, particularly for communities experiencing an unfair burden of disease. These focus areas have been identified to boost prevention action in the first years of the Strategy and to impact health outcomes across all stages of life. Specific targets and desired policy achievements are also identified for each focus area. The focus areas are outlined in more detail on pages 43-65.

**9. Do you agree with the seven focus areas? Please explain your selection.**

**Strongly Agree   Agree1   No Opinion   <mark>Disagree</mark>   Strongly Disagree**

NACCHO agrees with the majority of the seven focus areas, however, recommends three changes:

1. An expansion of Focus Area 5 to communicable diseases. This would allow the inclusion of preventive measures to reduce the impact of STIs, BBVs and other communicable diseases. It would also allow the expansion of preventive approaches beyond immunisation.
2. The addition of environmental health as a focus area. Environmental health is key to prevention. This focus area would support preventive action around injury through the life course, eye and ear health (trachoma and otitis media), and diseases like acute rheumatic fever and rheumatic heart disease (RHD), all of which can be caused and exacerbated by preventable environmental factors. Clean water, adequate sanitation and housing must also be included.
A focus on environmental health will also ensure alignment with the draft National Aboriginal and Torres Strait Islander Health Plan 2021-2031.
3. An additional eighth focus area should be added to specifically reference the need to ensure children grow up in communities with access to the health and wellbeing supports and services required to nurture their healthy development.  This should cover maternal health and parenting and childhood and early development.  There should be particular reference to the importance of addressing gaps in services and supports in Aboriginal and Torres Strait Islander communities.

NACCHO also recommends a different priority order to reflect relative importance of the focus areas.

- Increasing cancer screening and prevention
- Protecting mental health
- Improving environmental health
- Reducing communicable diseases (expanded focus area)
- Reducing AOD harm
- Reducing tobacco use
- Improving access to and consumption of a healthy diet
- Increasing physical activity

**Reducing tobacco use**

NACCHO recommends an increased emphasis on education strategies around novel and emerging products. The current policy focus on regulatory measures will not be sufficient to prevent the uptake of new products without corresponding effort to improve consumer health literacy in this area.

**Improving access to and consumption of a healthy diet**

NACCHO strongly supports this focus area. Food security, and access to affordable, healthy food is an ongoing concern for many remote and other Aboriginal and Torres Strait Islander communities as highlighted through the recent Inquiry into food pricing and food security in remote Indigenous communities.[6]

**Increasing physical activity**

NACCHO supports this focus area, noting that the target and policy achievements are largely centred around changing consumer behaviour. An additional strategy should be developed to ensure Aboriginal and Torres Strait Islander people can equitably access low/no cost facilities and opportunities to increase their physical activity.

**Increasing cancer screening and prevention**

NACCHO strongly supports this focus area and recommends including the statistic that, between 2006 and 2018, there was a significant increase in cancer death rates for Indigenous Australians (by 12%) and a significant decline in rates for non Indigenous Australians (12% decrease); therefore, the gap in cancer deaths between the two populations has widened (from a difference of 24 to 73 per 100,000)[7].

In order to improve participation rates, systems to make bowel checks culturally and clinically accessible to Aboriginal and Torres Strait Islander people, including remote Aboriginal people, such as the pilot program mentioned in this section, need to be developed and sustainably funded.

Also, an increase in cancer screening of Aboriginal and Torres Strait Islander people must be supported by locally targeted information and resources, developed by local communities, and covering cancer risk factors, early detection and ongoing treatment and support services.

**Improving immunisation coverage**

While NACCHO strongly supports action on immunisation, an expansion of this focus area to reducing communicable diseases is recommended.

This would allow for diverse preventive approaches, including immunisation. This focus area would include targets and policy priorities around sexually transmitted infections (STI), of which syphilis is becoming a serious mainstream issue[8]. The rate of infectious syphilis in women of child-bearing age has increased by more than 500% over the last five years, and so far this year alone 44 children in Australia have been born with congenital syphilis.

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[6] House Standing Committee on Indigenous Affairs, Inquiry into food pricing and food security in remote Indigenous communities
https://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Foodpricing/Report
[7] Aboriginal and Torres Strait Islander Health Performance Framework: https://www.indigenoushpf.gov.au/measures/1-08-cancer
[8] https://www.smh.com.au/national/doctors-sound-alarm-you-shouldn-t-see-babies-with-syphilis-in-melbourne-in-2020-20201211-p56mnn.html

Rates of gonorrhoea, chlamydia and HIV are also increasing most rapidly within Aboriginal communities.

A "reducing communicable diseases" focus area should also include preventive strategies relating to blood borne viruses (BBV) such as Strep A, which causes renal heart disease (RHD).

There is significant investment in communicable disease currently, and for the foreseeable future, particularly in relation to COVID-19. Responses to many communicable diseases are already supported by management plans. There are five BBV and STI management plans in place, as well as COVID management plans which are government approved. All are supported by existing infrastructure.

**Reducing AOD harm**

NACCHO strongly support this focus are, but must include culturally safe and locally developed information on the consequences of drinking while pregnant and the risk of Foetal Alcohol Spectrum Disorder (FASD).

There are no policy achievements around reducing determinant factors of alcohol and drug use.

**Protecting mental health**

There must be reference to identity and cultural heritage being protective factors  - this discussion needs to talk not only about CALD communities, but specifically reference Aboriginal and Torres Strait Islander communities.

**10. Do you agree with the targets for the focus areas? (1000 word limit)**

**Strongly Agree   Agree 1  No Opinion   Disagree   Strongly Disagree**

**Reducing tobacco use**

The target for Aboriginal and Torres Strait Islander communities in this focus area does not extend to the life of the Strategy. While NACCHO acknowledges the reasons for this, the Strategy must include provision for multiple approaches to achieving a reduction in tobacco use in the Aboriginal and Torres Strait Islander population, and propose an appropriate 2030 target.

**Improving access to and the consumption of a healthy diet**

NACCHO does not support the target that '50% of babies are exclusively breastfed until around 4 months of age by 2030'. The statistic quoted in Table 8 (p.70) indicates this would be a significant reduction from 2017–18 levels where 61% children aged 4–47 months had been exclusively breastfed to at least 4 months of age. A more relevant target should be developed, noting that care must be taken in the setting of targets around breastfeeding, given some women are unable to breastfeed.

It is disappointing to note that despite the centrality of access to this focus area, there is no corresponding target to increase access to affordable, healthy food. This is a missed opportunity to address some of the systemic issues that contribute to the consumption of unhealthy food options – availability and affordability being key.

NACCHO also notes that while all targets in this focus area centre around changing consumer behaviour, there is no target around improving access to nutrition education or information, particularly for more vulnerable communities.

The addition of targets around improved access and nutrition literacy would be welcomed.

### Increasing physical activity

NACCHO supports this focus area, noting that the target and policy achievements are largely centred around changing consumer behaviour. An additional strategy should be developed to ensure Aboriginal and Torres Strait Islander people can equitably access low/no cost facilities and opportunities to increase their physical activity.

### Increasing cancer screening and prevention

Given the significant impact of cancer on Aboriginal and Torres Strait Islander life expectancy (23% as detailed in this section), specific targets around reducing this impact would be appropriate.

NACCHO recommends an additional target to focus on increased screening and early diagnosis of Aboriginal and Torres Strait Islander people.

### Improving immunisation coverage

Note that the policy achievement to increase immunisation coverage in vulnerable populations is not accompanied by a corresponding target.

### Reducing alcohol and other drug harm

### Protecting mental health

The target to reduce suicides is welcome. However, targets around improving access to mental health and social and emotional wellbeing services as preventive measures to suicide are critical. Particularly for Aboriginal and Torres Strait Islander communities, who are disproportionately impacted by suicide, improved access to culturally safe and trauma-informed mental health and social and emotional wellbeing services is essential.

Additional policy achievements around increasing the size of mental health and social and emotional wellbeing workforces in ACCHS will be needed to ensure access to these services is not hampered by inadequate staffing. This will reflect priorities in the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 and the National Aboriginal and Torres Strait Islander Health Workforce Plan 2021-2031.

**11. Do you agree with the policy achievements for the focus areas? (1000 word limit)**

**Strongly Agree   Agree1   No Opinion   <mark>Disagree</mark>   Strongly Disagree**


### Reducing tobacco use

An additional policy achievement on e-cigarettes is required around health promotion and education, and quit support services. The limited focus on regulation, monitoring and enforcement is insufficient. This is an emerging issue for Aboriginal health that is likely to worsen without additional measures supporting behavioural change. Strategies around reducing tobacco use in Aboriginal communities must also be nationally co-ordinated and outcomes focused.

### Improving access to and the consumption of a healthy diet

*Ongoing access to adequate and affordable healthy food options are available to all Australians, including older Australians.*

NACCHO welcomes the focus on the need for co-designed, community-based programs that are culturally appropriate for Aboriginal and Torres Strait Islander communities.

However, despite the acknowledgement that Aboriginal and Torres Strait Islander and remote communities are disproportionately impacted by issues of food security and access to healthy food, there is no policy target around addressing the systemic issues that contribute to the availability and affordability of food in these communities[9]. It's unclear why the one policy strategy around this identifies older Australians, but does not mention other more vulnerable groups. There needs to be clearer reference to 'food security' for many Aboriginal and Torres Strait Islander communities and that this could be exacerbated by climate change.   This needs to be picked up in the policy achievements section.

Given the lack of associated targets, it is difficult to see how this policy achievement will be met.

NACCHO recommends an additional policy achievement:  *Greater local production of fruits and vegetables is supported to improve the access, availability and quality of healthy food, particularly in rural, regional and remote communities* (as per enablers).

### Increasing physical activity

The proposed national policy document and updating of national guidelines must be developed with representation from and in partnership with Aboriginal and Torres Strait Islander leadership.

### Increasing cancer screening and prevention

NACCHO welcomes the policy achievement around increasing the focus on Aboriginal and Torres Strait Islander communities, but would like to see this policy achievement made more specific, for example, what does an increased focus look like? It is unclear in the document.

An additional policy achievement to support increased access to screening and diagnostic services for Aboriginal and Torres Strait Islander communities in regional, rural and remote areas will be essential to achieving the target for this focus area. Such a policy achievement must include resourcing

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[9] House Standing Committee on Indigenous Affairs, Inquiry into food pricing and food security in remote Indigenous communities
https://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Foodpricing/Report

(equipment, staff and training) for health services, including ACCHS to enable localised screening and diagnosis.

**Improving immunisation coverage**

As above, NACCHO recommend this focus area be incorporated into a broader Reducing Communicable Disease focus area, which should include policy achievements relating to the management of current and possible future communicable disease outbreaks, enhancing workforce capability to support prevention and contain outbreaks, and improving public health literacy around communicable diseases.

Policy achievements should include recognise Aboriginal Community Controlled Health organisations as trusted community partners pivotal to improving immunisation coverage in Aboriginal and Torres Strait Islander communities.


**Protecting mental health**

The policy achievement relating to Aboriginal and Torres Strait Islander communities should be broadened as follows:

Aboriginal and Torres Strait Islander communities are *resourced* to develop their own solutions to prevent suicide*, improve mental health and social and emotional wellbeing*.

Additional policy achievements relating to increasing the mental health and social and emotional wellbeing workforce, and improving access to social and emotional wellbeing services as supportive measures will be essential to achieving the target related to this focus area.


**CONTINUING STRONG FOUNDATIONS**

There are many effective and well-designed prevention-based programs and strategies developed by government, non-government organisations and communities that are currently in progress. This element of the Framework for Action acknowledges the immense activity that is already under way to better prevent illness and disease in Australia. It is outlined further on page 66.


12. Do you agree with this section of the Strategy? Please explain your selection. (1000 word limit)

(Required)

Strongly Agree    Agree    No Opinion    Disagree    Strongly Disagree


It is unclear in this section which 'programs and strategies' are being referred to. Some of these could be outlined (many are referred to in Table 8).

Should this section be incorporated with the 'Adapting out response' section of the Strategy and the key learnings? There is reference to key lessons, but these are not elucidated here, which contributes further to the sense that the section is truncated and not connected to the rest of the Strategy in a meaningful way.

National and state peak bodies are also missing from the Prevention Partners table (Figure 6).**FEEDBACK**

13. Please provide any additional comments you have on the draft Strategy. (No word limit)

**National Agreement**

The National Preventive Health Strategy does not currently align with the National Agreement on Closing the Gap 2020 in reference to strategies for Aboriginal and Torres Strait Islander communities. While there are some references to the National Agreement, it is not clear that the intent of the Agreement has been accurately or adequately reflected. Particularly in relation to:

- partnerships (Priority Reform 1): reference to partnerships must include a commitment to shared decision-making for Aboriginal and Torres Strait Islander communities.
- funding (Priority Reform 2): for interventions that impact Aboriginal and Torres Strait Islander communities funding is directed via the ACCHS sector.
- targets for Aboriginal and Torres Strait Islander populations must also be set with reference to the targets outlined in the National Agreement.

**Reducing health inequity**

The need to reduce health inequities should be reflected throughout the document, noting that there are clear health inequities across most of the focus areas. It is not clear how the needs of the particular groups outlined on p.5 will be prioritised for action within whole-of-population targets and policy achievements, particularly Aboriginal and Torres Strait Islander communities into the future.

**Cultural Safety and racism**

Cultural safety, cultural security and cultural awareness are not adequately distinguished (making it difficult to see how the goal related to increasing Aboriginal health checks will be achieved).

There should also be a commitment that prevention strategies and services are free from racism.

**Integrated preventive care**

There should be stronger recognition of ACCHS as a key part of prevention system architecture for Aboriginal and Torres Strait Islander people. The sector's strength and skill in preventative health is an excellent example of the value and efficacy of human-centred, holistic models of primary health care. Currently this recognition is limited to the COVID-19 response.

**Workforce**

NACCHO would like to see more robust policy achievements and targets around workforce, particularly in the ACCHS sector, including alignment with the National Aboriginal and Torres Strait Islander Health Plan and National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation plan , and Priority Reform 2 of the National Agreement.

**Future focus**

The Strategy would benefit from a stronger future-focus. For instance, the utilisation of new technologies, including telehealth and diagnostic tools to improve equitable access to health services and continuity of care.

**Imagery**

The imagery within the Strategy needs to be reviewed. For example, the images on page 15 for culture, and p.34-5 for prevention present bias.

## Structure

Overall, the draft Strategy is somewhat confusing. It is not clear throughout the document how the different elements align and support each other. Perhaps a graphic to illustrate this would be helpful.

- There is a lack of clarity about the Strategy's purpose and structure until about 30 pages in.
- The sections could be more clearly marked/defined – it isn't clear when scanning through the document which section is 'enablers' and which section is 'focus areas' etc
- Unclear how the policy achievements will be actioned or measured. Will they be part of the implementation plan? Targets do not clearly relate to the policy achievements. Exactly how will these be tracked?

## General

- There should be a specific acknowledgement of the important role of health promotion and literacy in the introduction.
- Given the concept of 'full health' is used across the Strategy, it may be useful to provide readers with a definition and explanation of how it is measured.
- There is only limited discussion of chronic diseases, which demonstrate why prevention is key. This would be strengthened by the proposed addition of an environmental health focus area.
- There is no discussion of Medicare as the primary driver of primary health care in Australia. There needs to be some explanation of how the Strategy will work with Medicare and bring the two areas of primary health care together.
- p.17 "This inequitable burden of disease is not due to personal fault or responsibility, rather, it is largely avoidable." Should this be unavoidable?
- Note that references to the Aboriginal and Torres Strait Islander Health Plan should be updated to 2021-2031