

# VicHealth's response to the draft National Preventive Health Strategy

SUBMITTED 15:12 19/4/21 (response ID ANON-PR8U-2NE7-B)

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## Background from consultation webpage:

*Preventive health is a key pillar of Australia's Long Term National Health Plan with mental health. [...] The National Preventive Health Strategy provides the overarching, long-term approach to prevention in Australia by working to build systemic change to ensure the best outcomes for all Australians. Areas of focus for the next 10 years are identified in the Strategy as well as evidence-based policy achievements.*

*The Strategy will aim to help Australians improve their health at all stages of life, through early intervention, better information, targeting risk factors and addressing the broader causes of poor health and wellbeing. [...]*

*The Strategy has been developed to fully align with the commitments made under the new National Agreement on Closing the Gap and other key Aboriginal and Torres Strait Islander policy initiatives. [...]*

*It is anticipated that the final Strategy will be launched in mid-2021.*

*When responding to the questions with specific examples, it would be appreciated if you could please provide the appropriate source of evidence for your response.*

## VicHealth's response (13 questions):

### INTRODUCTION

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3. **Organisation:** Victorian Health Promotion Foundation (VicHealth)

### 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.**

(Required – select one) Strongly Agree | **Agree** | No Opinion | Disagree | Strongly Disagree

*VH explanation for selection (1000 word limit):*

VicHealth commends the Australian Government for developing a strong draft National Preventive Health Strategy that provides clear leadership and direction for national action for the next 10 years. This Strategy has the potential to save lives, prevent ill health, ease the burden on the health system and promote good health and wellbeing for all Australians.

VicHealth strongly supports the current vision's focus on the wider determinants of health and targeting risk factors. In addition, we recommend that the vision includes a focus on increasing positive health and wellbeing through the promotion of wellbeing (beyond just health), as well as noting the need to promote protective factors alongside addressing risk factors.

Therefore, VicHealth suggests that the vision is amended to the following: 'To improve the health and wellbeing of all Australians at all stages of life, through early intervention, better information, targeting risk factors and promoting protective factors, and addressing the broader causes of poor health and wellbeing'.

## 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.

(Required – select one) Strongly Agree |  Agree | No Opinion | Disagree | Strongly Disagree

*VH explanation for selection (1000 word limit):*

### AIM 1: AUSTRALIANS HAVE THE BEST START IN LIFE

VicHealth strongly supports the inclusion of an aim focused on the early years and children and young people's health and wellbeing, as it is a critical lifestage for primary prevention and health promotion.

Good health and positive health behaviours can be established in this lifestage and ensure good health and wellbeing throughout the lifecycle. For example, this lifestage is a core foundation for preventing mental health conditions and promoting positive mental wellbeing throughout early life and into the future. VicHealth recommends a focus on the social and emotional wellbeing of children within early childhood and school settings. The Productivity Commission's Inquiry into Mental Health final report outlines the importance of this work, as well as successful and/or potential interventions and government reforms. VicHealth recommends that the Productivity Commission's findings are integrated into this aim and the relevant focus areas.

### AIM 2: AUSTRALIANS LIVE AS LONG AS POSSIBLE IN GOOD HEALTH

VicHealth strongly supports the Australian Government's commitment to extending the quality of life and life expectancy of Australians, as well as using a lifecycle approach for prevention. VicHealth recommends that the title of this aim includes wellbeing (i.e. 'Australians live as long as possible in good health and wellbeing') in recognition that wellbeing is a positive concept in which people can live flourishing lives at any age.

### AIM 3: HEALTH EQUITY FOR TARGET POPULATIONS

VicHealth strongly supports the inclusion of a health equity focus throughout the draft Strategy. The unequal distribution of the wider determinants of health must be addressed so that Australians experiencing greater barriers to good health can benefit from action under this Strategy.

VicHealth recommends that the Australian Government considers adding targets associated with these determinants and the groups that face greater barriers to accessing them, such as targets associated with educational attainment, employment rates, safe and stable housing, social support and participation, and the other determinants outlined in the 'Knowing the causes' section of the draft Strategy. Currently, many of these determinants are not addressed in the policy achievements and targets within the focus area section of the draft Strategy, but as is noted on page 11, they are the factors underpinning poor health.

We strongly commend the Australian Government for identifying climate change as a determinant of health. People already experiencing health inequities will be most impacted by the adverse effects of climate change [1], and this should be recognised in any preventive health action. VicHealth recommends that the Strategy identifies policy achievements and targets specifically related to mitigation and adaptation to climate change using a health equity lens.

As noted on p. 11 of the draft Strategy, addressing intergenerational trauma and ongoing racism and discrimination is necessary to improve the health of Aboriginal and Torres Strait Islander people. Addressing this history and working toward self-determination can play a major role in this work. One mechanism to achieve this is developing a treaty between government and First Nations peoples. Treaties can shift their relationship to improve communities' control over and responsibilities for health planning, policies and services, and increase equity, inclusion and engagement in health [2]. A treaty process is being undertaken in Victoria currently, and we are hopeful that this will be a major step in addressing past wrongs and recognising the importance of Aboriginal Victorian culture and history. VicHealth recommends that the Australian Government considers undertaking this at a national level, and that the Strategy recognises the importance of this work in its proposed actions.

#### AIM 4: INVESTMENT IN PREVENTION IS INCREASED

The inclusion of an aim focused on increased prevention investment is central to the success of this strategy and an historic commitment from a Federal Government. VicHealth strongly supports the target under this aim to increase investment to 5% of total health expenditure by 2030, as this will provide a strong foundation in order to achieve the ambitions of the Strategy, as well as being cost-effective due to the likely savings in the healthcare system. VicHealth commends the Australian Government's commitment to this much needed investment in Australians' futures.

It is important that the 5% target is met in each of the focus areas, rather than considered an average across the entire prevention system. There is clear evidence that significant investment is both needed and cost-effective; for example, *Primed for Prevention: A Consensus Statement on the Prevention of Mental Disorders* outlines the issues regarding the current underinvestment in prevention (as well as mental health more broadly), as well as the economic benefits of investments. For example, a recent report found that out of ten interventions that aimed to prevent depression and anxiety, nine had a positive return on investment, from between \$1.05 to \$3.06 for each dollar invested. Mental ill health and suicides currently cost the Australian community between \$43 and \$70 billion each year, yet just 1% of the mental health budget goes to preventive efforts (for more information, see <https://preventionunited.org.au/advocacy/consensus-statement/>).

[1] Salas, R, Malina, D & Solomon, G 2019 'Prioritising health in a changing climate', *New England Journal of Medicine*, vol. 381, pp. 773-774.

[2] Ferdinand, A, Lambert, M, Trad, L, Pedrana, L, Paradies, Y & Kelaher, M 2020, 'Indigenous engagement in health: Lessons from Brazil, Chile, Australia and New Zealand, *International Journal for Equity in Health*, <https://doi.org/10.1186/s12939-020-1149-1>

## 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.

(Required – select one) Strongly Agree | Agree | No Opinion | **Disagree** | Strongly Disagree

*VH explanation for selection (1000 word limit):*

#### ADDITIONAL PRINCIPLE: ENVIRONMENTS WILL SUPPORT HEALTH AND HEALTHY LIVING

VicHealth supports the current principles (noting the suggested amendments below). We also recommend that the Strategy includes an additional principle that recognises the central importance of environments in prevention efforts. Currently environments are included in the principle 'Empowering and supporting Australians'. Considering this principle primarily focuses on individual behaviour change, we believe it is more appropriate to have a separate principle that aligns with the draft Strategy's discussion of promoting environments that support individuals to lead healthy lives.

#### PRINCIPLE 1: MULTI-SECTOR COLLABORATION

As the draft Strategy notes, coordinated and aligned multi-sector action will be needed to achieve its goals. Sectors should include health, sport and recreation, the arts, education, housing, local government, workplace/employment, youth, transport, community services, corporate, justice and academia.

Collaboration and coordination mechanisms will need to be established or extended to ensure this occurs effectively and comprehensively across Australia. The proposed independent and government governance mechanisms may be able to take on this role. VicHealth recommends that the draft Strategy considers the need for such a mechanism, and includes its establishment as a policy achievement for 2030.

It is important that any collaboration with harmful industries (e.g. unhealthy food and beverages or alcohol etc.) does not result in voluntary, industry-led policy measures. Government must lead action to drive prevention.

From a research and evaluation perspective, multi-sector collaboration should be prioritised within existing Commonwealth and state research funding schemes, including the Australian Research Council and the National Health and Medical Research Council.

#### PRINCIPLE 2: ENABLING THE WORKFORCE

To align with the multi-sectoral focus of Principle 1, Principle 2 should include capacity building within non-health sectors, so that there is a broad workforce of multi-sectoral professionals that understand their role in prevention.

#### PRINCIPLE 3: COMMUNITY ENGAGEMENT

Community engagement and place-based approaches will be key to ensuring initiatives are designed and delivered in a way that best benefits communities. Lived experience should be central to engagement and codesign processes. The draft Strategy does not outline any mechanisms that will be used to drive this work, but these must be considered in the final Strategy, with associated policy achievements.

Another model that the Australian Government could explore is one proposed by the recent Royal Commission into Victoria's Mental Health System. The Royal Commission recommended the establishment of 'community collectives' within in each Victorian local government area (see [www.finalreport.rcvmhs.vic.gov.au/fact-sheets/](http://www.finalreport.rcvmhs.vic.gov.au/fact-sheets/)). Consultation is core to their approach, and each collective has a relationship with its corresponding local government, as well as resourcing and evaluation support from the Victorian Government. A similar model could be used by the Australian Government to ensure community-led approaches are embedded in preventive approaches.

#### PRINCIPLE 4: EMPOWERING AND SUPPORTING AUSTRALIANS

See earlier feedback recommending an additional principle.

#### PRINCIPLE 6: ADAPTING TO EMERGING THREATS AND EVIDENCE

VicHealth supports this principle as it relates both to threats (e.g. the coronavirus pandemic, climate change, and harmful industries' evolving digital marketing tactics) and new evidence about effective prevention initiatives.

It is important that mitigation of and adaptation to climate change is recognised within this principle. Currently, the 'Preparedness' enabler identifies policy achievements regarding impacts on the health system itself and a broader national strategic plan addressing the impacts of environmental health, but it is unclear whether actions to prevent health and wellbeing impacts will be prioritised.

VicHealth recommends that the Australian Government prioritises research funding and partnerships within this principle. They are a cornerstone of adaptation, including for the purpose of predicting, modelling and forecasting future trends and risks. For example, the University of Sydney's research project 'Road to Recovery: Restoring Australia's Mental Wealth' ([https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/road-to-recovery\\_brain-and-mind-centre.pdf](https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/road-to-recovery_brain-and-mind-centre.pdf)) looks at recovery from the mental health impacts of the coronavirus pandemic. Research such as this can play a key role in guiding action and investment as Australia adapts to emerging threats.

VicHealth recommends establishing a Knowledge Translation Framework that identifies coordination mechanisms, knowledge transfer partners and mechanisms to translate findings into community settings. This should look beyond health to include social sciences and the arts, as they explore social and cultural factors and inform design of effective community engagement. A systematic review of new threats and evidence should be supported by Commonwealth research funding and coordinated by agencies such as the Australian Research Council or National Health and Medical Research Council.

#### PRINCIPLE 7: THE EQUITY LENS

A focus on health equity across all prevention efforts is critical and VicHealth commends the Australian Government for including it as a core principle of the Strategy.

As noted in our response to question 5, VicHealth recommends that the Australian Government considers adding targets associated with the wider determinants of health and the groups that face greater barriers to accessing them, such as targets associated with the determinants outlined in the 'Knowing the causes' section of the draft Strategy. Currently, many of these determinants are not addressed in the policy achievements and targets within the focus area section.

Also noted in our response to question 5 is the importance of considering climate change in any action to address health inequities, as they will be exacerbated by its adverse effects. VicHealth

recommends that the Strategy identifies policy achievements and targets specifically related to mitigation of and adaptation to climate change using a health equity lens.

As noted on p. 11 of the draft Strategy, addressing intergenerational trauma and ongoing racism and discrimination is necessary to improve the health of Aboriginal and Torres Strait Islander people. Addressing this history and working toward self-determination and a treaty can play a major role in this work, by shifting the relationship between governments and First Nations people to improve communities' control over and responsibilities for health planning, policies and services, and increase equity, inclusion and engagement in health. VicHealth recommends that the Australian Government considers undertaking a treaty process at a national level, and that the Strategy recognises the importance of this work in its proposed actions.

## 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.

(Required – select one) Strongly Agree | **Agree** | No Opinion | Disagree | Strongly Disagree

*VH explanation for selection (1000 word limit):*

VicHealth supports the enablers outlined in the draft Strategy, and provides suggestions to strengthen them in our response below.

We recommend the establishment of a coordination and leadership mechanism to strengthen implementation and impact of the prevention strategy. The two mechanisms proposed in the Strategy may be able to take on this role. We note that the Royal Commission into Victoria's Mental Health System recently proposed a model for coordination and leadership of prevention activity; specifically, a new Mental Health and Wellbeing Promotion Office will be established (see chapter 4 of volume 1 of the RCMHS final report). VicHealth notes that this model encapsulates most of the enablers outlined in the draft Strategy, and suggests it provides a useful model for coordination and leadership of national prevention activity in the future.

#### ENABLER 1: LEADERSHIP, GOVERNANCE AND FUNDING

VicHealth strongly supports the establishment of the two proposed governance mechanisms.

VicHealth strongly supports the establishment of an ongoing, long-term prevention fund. As noted in our response to question 5, increased prevention investment will be central to the success of this Strategy. It is important that the 5% target is met in each of the focus areas, rather than considered an average across the entire prevention system.

In addition, VicHealth makes the following recommendations:

- > That consideration is given to the relationship between local, state and territory level governments and agencies leading prevention efforts in those jurisdictions.
- > That actions to coordinate and embed a health in all policies approach are included in the final Strategy and/or Blueprint for Action.
- > That any collaboration with harmful industries (e.g. unhealthy food and beverages or alcohol etc.) does not result in voluntary, industry-led policy measures. Government must lead action to drive prevention.
- > That governance and funding mechanisms include a focus on research required to fill evidence gaps, developments in evaluation and monitoring of interventions and tracking toward agreed preventive health outcomes.

#### ENABLER 2: PREVENTION IN THE HEALTH SYSTEM

VicHealth welcomes the commitment in the draft Strategy to better embed prevention in the healthcare system. Tertiary healthcare can play a key role in prevention, and VicHealth recommends the Government considers alternative funding arrangements with providers, such as encouraging hospitals to lead preventive efforts that keep people out of hospitals.



Every touch point within the health system should be an opportunity for prevention and health promotion, with health professionals (including general practitioners, dentists, optometrists and more) equipped and incentivised to talk to patients about addressing risk factors and increasing protective factors, whether it be quitting smoking, reducing risky drinking or eating healthily.

However, this needs to begin with a thorough understanding of the barriers community members and healthcare workers experience when it comes to accessing preventative health advice and services. There is a social gradient to health literacy in Australia, indicating that tailored healthcare is vital [1]. General practitioners also need more support referring people to relevant prevention services, including for smoking cessation, healthy eating and physical activity.

Currently, public health agencies and organisations spend considerable resources engaging health services in prevention programs. This often focuses on specific geographic areas, sub-population groups and often one health topic. This would be much more cost- and resource-efficient if driven by centrally by government across the health system, drawing upon the advice and experience of the prevention sector.

#### ENABLER 3: PARTNERSHIPS AND COMMUNITY ENGAGEMENT

Multi-sectoral partnerships will be critical to the Strategy's success, particularly for action to address the wider determinants of health. VicHealth recommends the Australian Government considers including a policy achievement regarding the establishment of these partnerships.

#### ENABLER 4: INFORMATION AND HEALTH LITERACY

There is a clear social gradient regarding health literacy, and it is important that any action under this enabler takes that into account. Information alone is unlikely to have meaningful population-level impacts, and often 'health information' provided by harmful industries (e.g. unhealthy food and beverage industry) can conflict with factual information provided by governments. Regulatory measures should counter misinformation that aims to increase industry profit over population health.

#### ENABLER 5: RESEARCH AND EVALUATION

VicHealth strongly agrees that effective and real-time evaluation of prevention programs is essential to understanding what works in prevention. VicHealth recommends that the Strategy includes initiatives to identify and share best practice in evaluation. Any evaluation should take into account differential impact to ensure healthy equity goals are met.

Research and evaluation should be underpinned by strong partnerships including researchers, policy-makers, community groups and healthcare professionals, with significant and meaningful involvement of people with lived experience. This will support the adoption of new approaches and techniques and to enable community and professional feedback to inform future interventions.

#### ENABLER 6: MONITORING AND SURVEILLANCE

VicHealth supports this enabler and notes that monitoring must be independent and involve non-government and academic sectors. VicHealth recommends that the 10-year period is split into 2-year periods that have specific actions and targets, with reporting and monitoring occurring at the end of those shorter periods. This will support sustained progress across the life of the Strategy.

#### ENABLER 7: PREPAREDNESS

VicHealth strongly agrees that agility will be key to ensuring preventive efforts benefit the Australian population as health issues emerge and evolve. Both population-level and systems-level resilience must be considered within this enabler.

VicHealth recommends that the Strategy highlights the role of various focus areas as risk factors for ill health (such as the role of obesity as a risk factor for coronavirus).

As noted previously, we strongly commend the Australian Government for identifying climate change as a determinant of health. VicHealth recommends that the Strategy identifies policy achievements and targets specifically related to mitigation of and adaptation to climate change using a health equity lens.

[1] ABS 2009, Australian Social Trends, cat. No. 4102, Australian Government, Canberra.

**8. Do you agree with the policy achievements for the enablers? Please explain your selection.**

(Required – select one) Strongly Agree | **Agree** | No Opinion | Disagree | Strongly Disagree

*VH explanation for selection (1000 word limit):*

VicHealth recommends the addition and/or amendment of policy achievements regarding the following aspects:

- > Establishment of a governance mechanism within Government. Currently the independent governance mechanism is included as a policy achievement, but the Government mechanism does not have a similar policy achievement associated with it.
- > Ensuring the 5% investment target is met in each of the focus areas, not just an average across all focus areas.
- > Establishment of coordination mechanism/s to lead/coordinate: a health in all policies approach; cross-jurisdictional relationships; research activity; engagement of health services; and other enablers named above that are not currently covered by the remit of the proposed governance mechanisms.

As noted previously, VicHealth also recommends that the 10-year lifespan of the Strategy is split into 2-year periods for the purposes of establishing targets and monitoring.

## 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?

(Required – select one) Strongly Agree |  Agree | No Opinion | Disagree | Strongly Disagree

*VH explanation for selection (1000 word limit):*

VicHealth largely supports the focus areas, but notes some areas that could be strengthened below.

We strongly recommend that actions, policy achievements and targets related to the wider determinants of health are incorporated into this section. These include: housing; climate change; urban design; educational attainment; employment and working conditions; income; transport; some aspects related to family situation, early childhood development and young people; and some of the cultural and commercial determinants on pp. 15–17 of the draft Strategy.

In particular, it is important that mitigation of and adaptation to climate change is recognised, either as a separate component and/or integrated into relevant sections (e.g. as it relates to food insecurity or mental health impacts associated with major weather events, etc.). The 'Preparedness' enabler identifies policy achievements related to the health system itself and a broader national strategic plan addressing the impacts of environmental health, but it is unclear whether actions focused on preventing health and wellbeing impacts will be prioritised.

#### REDUCING TOBACCO USE

The draft strategy recognises that smoking remains one of the leading causes of preventable disease and death. Crucially, there is a strong negative social gradient to smoking, requiring more targeted community intervention. This section could be strengthened by acknowledging that providing smoking cessation support should be the first step in comprehensively embedding prevention in the broader healthcare system, drawing upon The Royal Australian College of General Practitioners' 'Supporting smoking cessation: A guide for health professionals'.

To engage hard-to-reach cohorts, a greater understanding is needed of the barriers that community members and healthcare workers experience when accessing preventive health advice and services around smoking. Please see our response to question 7 (Enabler 2) for further detail.

#### IMPROVING ACCESS TO AND THE CONSUMPTION OF A HEALTHY DIET

We recommend a stronger focus on food security and the universal human right to healthy food, in order to benefit Australians that face greater barriers.

There needs to be greater recognition of the dominance of unhealthy food in Australia's food supply, which makes it difficult for people to eat a healthy diet, particularly people from more disadvantaged backgrounds. Significant policy efforts are required to reduce unhealthy food access and promotion.

The unhealthy food and drink industry positions marketing in physical and online spaces that are highly visible as Australians go about their daily lives. Industry's pervasive marketing and availability

of unhealthy products is the single greatest driver of overweight and obesity. Unhealthy food marketing is a critical factor that makes it difficult for people to eat a healthy diet, particularly people from more disadvantaged backgrounds. Significant policy efforts are required to reduce unhealthy food marketing and improve access to and the consumption of a healthy diet.

VicHealth recommends that the language within this focus area is changed from 'discretionary' to 'unhealthy' so that healthy eating messaging is easily understood and accessible to all Australians as per the recommendations made in recent evidence reviews [1,2]. It is important that the language used in the Strategy reflects the latest evidence and aligns with other policy processes that are underway, such as the review of the Australian Dietary Guidelines.

It is important that this focus area aligns with the National Obesity Strategy, which is yet to be released. It would be prudent for the Australian Government to prioritise its release to align with that of the National Preventive Health Strategy, and to ensure actions within the National Obesity Strategy inform the Blueprint for Action.

#### INCREASING PHYSICAL ACTIVITY

VicHealth supports the content in this section.

#### REDUCING ALCOHOL AND OTHER DRUG HARM

VicHealth agrees with the discussion provided in this section. However, it is important to note that there are commercial drivers of alcohol consumption in Australia, including the price, accessibility and marketing of alcohol products by the alcohol industry [3]. The burden of disease and injury is greater for alcohol products compared to illicit drugs due in part to the former's widespread availability.

#### PROTECTING MENTAL HEALTH

VicHealth recommends that the name of this focus area is changed to 'Promoting mental wellbeing and preventing mental illness'. The use of 'protecting' could suggest that the Australian Government is aiming to maintain current levels of mental health, rather than its true aim of improving mental health and preventing mental health conditions. The inclusion of 'wellbeing' within our proposed title reflects the importance of promoting positive mental wellbeing, beyond just reducing mental ill health, which is crucial to ensuring communities are flourishing and resilient, and quality of life is improved.

VicHealth strongly supports the findings of the Productivity Commission Inquiry into Mental Health and the Royal Commission into Victoria's Mental Health System. We recommend that this focus area aligns with the actions and recommendations of those findings, and prioritises the coordination of prevention efforts nation-wide and prevention and promotion actions that benefit children and young people.

It is important that actions under this focus area uses an approach that addresses risk factors and promote protective factors. VicHealth commissioned two evidence reviews into risk and protective factors for mental health, undertaken by the Sax Institute (<https://www.saxinstitute.org.au/publications/evidence-check-library/mental-wellbeing-interventions/>) and Prevention United (<https://www.vichealth.vic.gov.au/media-and-resources/publications/primary-prevention-of-mental-health-conditions>). We recommend that their findings are integrated into the mental health policy achievements.

Alignment of the Strategy with other key government plans (such as 'Vision 2030 for Mental Health and Suicide Prevention' and 'The National Children's Mental Health and Wellbeing Strategy') will be

key to ensuring success within this focus area, and ensuring impact is maximised, investment is optimally leveraged, and duplication is minimised.

[1] Lee, A et al. 2018, A rapid review of evidence: Discretionary food and drinks, The Australian Prevention Partnership Centre, Sydney.

[2] Lee, A et al. 2019, A rapid review of evidence: Discretionary food and drinks (Phase Two): Definition of 'unhealthy' choices and review of food classification systems, University of Queensland, Brisbane.

[3] Babor, TF 2010, 'Alcohol: No ordinary commodity – a summary of the second edition', *Addiction*, vol. 105, no. 5, pp. 769–79.

#### 10. Do you agree with the targets for the focus areas?

(Required – select one) Strongly Agree | Agree | No Opinion | **Disagree** | Strongly Disagree

*VH explanation for selection (1000 word limit):*

VicHealth believes some of the targets can be improved and others can be added to strengthen this section.

We recommend that the 10-year period of the Strategy is split into 2-year periods that have specific targets, with reporting and monitoring occurring at the end of those shorter periods. This will support sustained progress across the life of the Strategy.

VicHealth also strongly recommends that targets related to the wider determinants of health and incorporated to this section. As outlined in our response to question 9, these include: housing; climate change; some aspects related to urban design; educational attainment; employment, occupation and working conditions; income; transport; some aspects related to family situation, early childhood development and young people; and some of the cultural and commercial determinants outlined on pages 15 and 17 of the draft strategy. In particular, it is important that targets are established for actions related to climate change.

In addition, we recommend that all targets are supported by sub-targets using a health equity lens (e.g. specific sub-targets related to determinants of health inequities or to identified priority sub-populations), to ensure that the Strategy's health equity Aim and Principle are met.

#### REDUCING TOBACCO USE

VicHealth strongly supports the targets for this focus area.

#### IMPROVING ACCESS TO AND THE CONSUMPTION OF A HEALTHY DIET

We strongly support the included targets, noting that they are ambitious and require strong policy and regulatory action. We also support the target to 'Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030'; however this target also needs to be measurable. For adults we recommend increasing the proportion of adults who are not exceeding the recommended intake of free sugars from 40.5% to 50% by 2030. For children we recommend increasing the proportion of children who are not exceeding the recommended intake of free sugars from 26.2% to 50% by 2030.

The target regarding exclusive breastfeeding should align with global and national recommendations on exclusive breastfeeding until 6 months of age [1].

We recommend the inclusion of additional targets relating to:

- > Food security – food security targets would mean we are capturing the ‘access to’ which is a key part of the focus area.
- > Restriction of unhealthy food marketing in various settings and in various forms of media.
- > Compositional limits for nutrients of concern (free sugar in particular), particularly for foods for infants and toddlers where free sugars should not be permitted in packaged foods (with limited exceptions).
- > Honest labelling of processed foods, including mandatory application of the Health Star Rating and clear labelling of added sugars.
- > Consumption of sugar sweetened beverages/sugary drinks.

We emphasise the importance of measuring food insecurity as a key indicator of food access. There is evidence that the food insecurity single item measure currently used in the National Health Survey may underestimate the prevalence of food insecurity [2]. We recommend the use of the USFA-FSSM 6-item measure, which is a practical inclusion in national surveillance including the National Health Survey [3]. Ensuring an accurate measure of food insecurity is critical, particularly given the recent food systems shocks we have endured in Australia including bushfire devastation, unprecedented floods and the coronavirus pandemic.

As noted previously, it is important that targets for this focus area align with those in the National Obesity Strategy, which is yet to be released. It would be prudent for the Australian Government to prioritise its release to align with that of the National Preventive Health Strategy, and to ensure actions within the National Obesity Strategy inform the Blueprint for Action.

#### INCREASING PHYSICAL ACTIVITY

VicHealth supports the physical activity targets.

#### REDUCING ALCOHOL AND OTHER DRUG HARM

VicHealth agrees with this target as it is in line with Australia’s commitment to the World Health Organization Global Action Plan for the Prevention of and Control of Non-Communicable Diseases 2013–2020 and the National Alcohol Strategy.

VicHealth also endorses the position of Alcohol Change Victoria regarding additional targets for reducing risky alcohol consumption. We refer the Department to their submission for further detail.

#### PROTECTING MENTAL HEALTH

The current target for this focus area is inadequate to effectively guide investment that will have population-wide and equity-focused benefits for Australians. The existing draft target does not provide a quantitative goal beyond simply ‘less than’ current levels of suicide, and there is no discussion of rates of mental health conditions or levels of mental wellbeing.

VicHealth considers the current draft target as a long-term target that is within the remit of the Fifth National Mental Health and Suicide Prevention Plan. Instead, VicHealth strongly recommends that the National Preventive Health Strategy includes targets that relate to changes in the wider determinants of mental health and wellbeing, such as:

- > increased mental health literacy (short term)
- > increased social and emotional wellbeing (medium term)
- > increased social connection (short to medium term)
- > increased resilience at individual and community levels (medium to long term)

- > reduced number of people experiencing mental health conditions and/or psychological distress (long term)
- > increased number of people experiencing positive mental wellbeing (medium to long term).

There are a number of resources available that provide guidance on how to measure these targets:

- > What Works Wellbeing 2017, 'Community wellbeing indicators',  
<https://whatworkswellbeing.org/resources/community-wellbeing-indicators/>
- > Orpana, H et al. 2016, 'Monitoring positive mental health and its determinants in Canada: The development of the Positive Mental Health Surveillance Indicator Framework',  
<https://pubmed.ncbi.nlm.nih.gov/26789022/>
- > Keyes, CLM 2002, 'The mental health continuum: From languishing to flourishing in life',  
<https://www.jstor.org/stable/3090197?seq=1>

[1] NHMRC 2013, Infant feeding guidelines for health workers, Commonwealth of Australia, Canberra.

[2] McKechnie, R et al. 2018, 'Single-item measure of food insecurity used in the National Health Survey may underestimate prevalence in Australia', Australian & New Zealand Journal of Public Health, vol. 42, no. 4, pp. 389–95.

[3] Bickel, GW et al. 2000, Guide to Measuring Household Food Security, US Department of Agriculture, Washington DC.

## 11. Do you agree with the policy achievements for the focus areas?

(Required – select one) Strongly Agree | Agree | No Opinion | **Disagree** | Strongly Disagree

*VH explanation for selection (1000 word limit):*

### REDUCING TOBACCO USE

VicHealth agrees with the policy achievements and does not have any further recommendations.

### IMPROVING ACCESS TO AND THE CONSUMPTION OF A HEALTHY DIET

VicHealth recommends that the Strategy prioritises policy, legislative and regulatory measures to improve food systems/environments that have been shown to be effective and equitable.

VicHealth recommends that the following policy achievements should be prioritised under this focus area:

> Policy document: We strongly agree that there is a need for a national nutrition policy document that underpins efforts to improve access to and the consumption of a healthy diet, but emphasise the importance of incorporating sustainability.

> 20% health levy on sugary drinks to increase the retail price.

> Honest food labelling: Including mandatory application of Health Star Rating and added sugar labelling on all packaged foods.

> Marketing: We recommend that 'exposure to unhealthy food and drink marketing for children is restricted, including through digital media' is strengthened to capture unhealthy food marketing in all forms to protect children's health now and in the long-term. We recommend the following amendment: 'Government regulation ensures that children are not exposed to unhealthy food marketing, including on digital media, on television, in public places, at public events, and that marketing for unhealthy food does not appeal to or target children'.

- > Breastfeeding: We recommend that 'Decreased structural and environmental barriers to breastfeeding through policy action' is strengthened. One specific policy achievement for inclusion is 'Government regulation to implement the WHO International Code of Marketing of Breast-milk Substitutes, which includes any milks in either liquid or powdered form that are marketed for infants and toddlers up to the age of three years (0–36 months)', as well as other policy initiatives that support breastfeeding.
- > Compositional limits and reformulation: We recommend mandatory compositional limits imposed by government regulation (not led by the Healthy Food Partnership) for added sugar, saturated fat and sodium.
- > Infant and toddler foods: We recommend including a policy achievement of: 'Government regulation to ensure that all commercial infant and toddler foods are of high nutritional quality and meet strong, evidence-based standards on composition, labelling and promotion'.
- > School food systems literacy: The inclusion of food systems literacy as a cross-curriculum priority for Foundation to Year 10 in the Australian Curriculum.

As noted previously, it is important that policy achievements for this section align with those in the National Obesity Strategy.

#### INCREASING PHYSICAL ACTIVITY

VicHealth supports the physical activity policy achievements.

#### REDUCING ALCOHOL AND OTHER DRUG HARM

VicHealth recommends that the policy achievement 'Restrict exposure to alcohol marketing for children, including through digital media' includes restricting exposure to vulnerable groups in the community, including people at risk of alcohol dependence. One in ten people who drink may be experiencing alcohol dependence [1]. For these individuals, being exposed to constant alcohol marketing may cause significant harm.

Furthermore, VicHealth recommends an additional policy achievement to 'Set a higher standard for the oversight of alcohol marketing by establishing a regulatory process independent of alcohol industry influence'.

VicHealth strongly supports the inclusion of the policy achievement in the Tobacco focus area for the 'Protection of public policy, including tobacco control policies, from tobacco industry interference' and recommends a similar policy achievement is included in the alcohol focus area. Alcohol products are known to cause eight types of cancer and chronic disease [2] and it is inappropriate that the companies that profit from their sale are involved in the development of preventive health policy.

VicHealth also endorses the position of Alcohol Change Victoria, which recommends greater specificity of the alcohol policy achievements. We refer the Department to their submission for further detail.

#### PROTECTING MENTAL HEALTH

VicHealth supports the policy achievements for this focus area, as they align to the evidence-based findings of the recent work undertaken by the Productivity Commission and the Victorian Royal Commission, as well as emerging National Mental Health Commission initiatives.

VicHealth recommends that an additional achievement is added to reflect the importance of coordination across all jurisdictions; for example, 'Improved coordination and monitoring of nation-wide activity to prevent mental illness and promote mental wellbeing'.



[1] AIHW 2020, National Drug Strategy Household Survey 2019, Australian Institute of Health and Welfare, Canberra.

[2] WHO 2018, 'Alcohol', <https://www.who.int/en/news-room/fact-sheets/detail/alcohol>

## 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.

(Required – select one) **Strongly Agree** | Agree | No Opinion | Disagree | Strongly Disagree

*VH explanation for selection (1000 word limit):*

VicHealth strongly supports the Strategy's focus on ensuring sustained action and building on the foundations of existing local, state and national preventive efforts. Linking these existing efforts to the Strategy's Blueprint for Action will ensure coordinated and comprehensive approaches, and has the potential to minimise duplication and leverage investments.

An example of a focus area where local and state level action could be leveraged is the mental health area. The Victorian Government has committed to implementing all of the prevention recommendations of the Royal Commission into Victoria's Mental Health System, with a key focus on coordination, governance and community-led responses. By building on this work, as well as learning from the mechanisms and initiatives being rolled out in Victoria, the Australian Government can utilise existing structures and maximise impact of investments. Successful interventions can then be scaled up or replicated nation-wide.

## FEEDBACK

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

VicHealth commends the Australian Government for the development of the draft National Preventive Health Strategy. The final Strategy will provide a comprehensive and strong foundation for preventive efforts nation-wide, and the suggested amendments and additions we have provided in the preceding questions aim to strengthen it further.

We particularly support the inclusion of a focus on the wider determinants of health, a health equity lens and a lifecourse approach. The inclusion of a 5% investment target is an historic commitment at the federal level, and will be crucial to the Strategy's success. In addition, the whole of government and multi-sectoral approaches outlined in the draft Strategy, along with the proposed governance mechanisms, will ensure coordinated action with great impact.

The immediate priority for the Australian Government should be ensuring the Strategy moves from a platform to implemented action, and the Blueprint for Action will be a critical tool for this. It will require immediate development and funding, either through existing budget or new revenue streams. Based on VicHealth's experience of implementing prevention and health promotion action in Victoria, we would welcome the opportunity to inform the development of the Blueprint for relevant focus areas, including identifying 'best buys'.

Sustained action will be needed to achieve the targets outlined in the Strategy. As mentioned in responses to questions above, we recommend that the Australian Government uses progressive targets, by splitting the targets and monitoring of the 10-year lifespan of the strategy into 2-year periods.

We strongly support the proposed governance mechanisms, both independent and within Government, and note our previous recommendations for enablers within and beyond these mechanisms.

Establishing clear accountability for policy achievements and targets between jurisdictions (i.e. Federal, state/territory and local) will be needed, as will ensuring there is cross-jurisdictional and bipartisan buy-in. Engagement in the development of the Blueprint for Action will be necessary.

As noted within our responses to the focus area questions, further integration of targets and policy achievements associated with the wider determinants of health is required, so that action under this Strategy moves beyond just health behaviours and risk factors. These include: housing; climate change, extreme weather events and other natural environment elements; some aspects related to urban design; educational attainment; employment, occupation and working conditions; income; transport; some aspects related to family situation, early childhood development and young people; and some of the cultural and commercial determinants outlined on pages 15 and 17 of the draft strategy.

In particular, this Strategy provides a key opportunity to recognise the links between climate change and health, and guide investment and action in this area. The Preparedness enabler mentions the development of a national strategic plan addressing the impacts of environmental health, as well as evidence reviews related to impacts on the health system, and it is important that these cover climate change mitigation and adaptation as it relates to physical and mental health and wellbeing.

We also recommend that the Strategy's framing includes a focus on wellbeing, as this is essential to ensuring individuals have quality of life beyond just the absence of illness and disease. The draft

Strategy states that its priority is 'adding health to life' (page 5), but creating resilient and flourishing individuals and communities should also be a core priority within this Strategy.

While VicHealth supports the need for multi-sectoral action, we caution the Government that engagement with industry may result in profits being prioritised over health and wellbeing. On page 17 of the draft Strategy, it says that 'The commercial sector could play a pivotal role in positively shaping the health outcomes of Australians by aligning their strategies to the health and wellbeing goals of society'. However, harmful industries (e.g. unhealthy food and beverages, alcohol, gambling) should not drive preventive action or regulation; instead, governments must drive this work to ensure the greatest health benefits to Australians. To this end, we support the conflict of interest policy achievement discussed within the draft Strategy, which should specifically aim to prevent influence on or interference in public health policy development from harmful industries.

We have included a number of recommendations to improve the focus areas within our responses to previous questions. In particular, we would like to highlight the need to improve the policy achievements and targets for the mental health focus area, as we believe the draft items are currently insufficient to see meaningful population-level improvements.

Overall, this Strategy identifies many crucial policy achievements and targets, and we believe the Australian Government has shown strong commitment to preventive health and the current and future health and wellbeing of all Australians. VicHealth would welcome the opportunity to work with the Australian Government on the development of the Blueprint for Action and design and delivery of any resultant preventive efforts within Victoria.