



5. Supporting prevention

5.1 Common aspects across obesity, tobacco and alcohol

A comprehensive package of reform will require action on each of the following, both separately and in combination.

ACCESS AND AFFORDABILITY

The price of tobacco and alcohol products and their availability are two of the crucial factors in reducing smoking and alcohol consumption. Similarly, price and availability should not be barriers to healthy eating and physical activity. This requires healthy foods to be cheaper and more accessible, and physical activity options to be easy and cheap for individuals to undertake. Price and availability are generally changed through legislation, taxation and regulation.

PRODUCT MARKETING

Advertising, packaging, labelling and promotion of products are standard ways in which all manufacturers and retailers increase sales and drive up income. The more attractive the product, the greater the public interest. Reducing, curbing or (as with tobacco) eliminating these aspects of product marketing makes unhealthy products less attractive to the public in general and to children in particular.

Making unhealthy products less attractive will require different strategies in each of the three areas. For example, tobacco control requires the elimination of all forms of advertising and promotion. Action on alcohol and obesity will need effective controls, working *with* the food and beverage industries to ensure constraints on inappropriate marketing and to ensure the availability and promotion of healthy food and beverage options.

PUBLIC EDUCATION

Experience from tobacco control, road safety, HIV prevention and other areas demonstrates that well-planned, appropriately funded and sustained public education campaigns are a vital and effective component of prevention programs, and will be required over the coming years for obesity, tobacco and alcohol. Such campaigns also require investment at a level that enables targeting of different population subgroups, and locally based supporting strategies where appropriate.

COMMUNITY ENGAGEMENT

Without the goodwill and interest of Australian communities, reform will be difficult to achieve.

If individuals are to make healthy choices they require support and reinforcement from their families and communities that these are the *right* choices.

SETTINGS FOR ACTION

School communities, childcare and maternal health programs, workplaces, sports venues and local government settings provide useful designated environments in which to undertake a combination of interventions. To be successful, programs delivered in all settings should adopt an integrated approach incorporating the three priority areas of obesity, tobacco and alcohol.



MIX OF UNIVERSAL AND TARGETED ACTION

Shifting population norms requires small changes from everyone, but additional and different efforts are often needed for disadvantaged populations. Addressing health risks from obesity, tobacco and alcohol are important ways to help close the health gap. In order to target health inequalities, such as those in disadvantaged populations and settings, programs should be appropriate and meet the needs of the target group, and encourage and assist individuals to take action within their community.

A LIFELONG FRAMEWORK FOR ACTION

Policy reform and strategies for action require a lifelong approach. While emphasis is placed on pregnant women and early childhood, there are other critical times in life that are also important if momentum is to be maintained.⁽⁷³⁾ For example, there should be a focus on groups such as toddlers, school-aged children, first-time parents and older Australians.

SKILLED WORKFORCE

A skilled and motivated workforce, especially in the public health and primary healthcare sectors, will be essential to support delivery of health promotion and preventative health measures across the community. For example, bringing primary healthcare providers such as general practitioners, community pharmacists, nurses, psychologists and other allied health professionals together for community-based training and support provides a way of ensuring a comprehensive and well-coordinated approach to preventative health care. Development, dissemination and training to ensure the uptake of evidence-based guidelines is important, as is curriculum development to educate future generations of health professionals and community workers.

5.2 Support structures

The recent history of public health in Australia shows that preventative efforts have been most effective when effective supports have been put in place. Supports include:

- Leadership and coordination
- Research to build the evidence base
- Capability in surveillance, program evaluation, social marketing, legislation and regulation, and community mobilisation
- Targeted and sustained intervention strategies
- Sustainable financing and incentive-based funding
- An appropriately skilled workforce
- Integrated evidence, policy and practice
- Partnerships and collaboration
- Community engagement

Inadequately funded or single, short-term and ad hoc projects and programs are unlikely to succeed and may be counter-productive, as they give rise to an argument that 'prevention doesn't work', when in fact real and sustained prevention has not been tried.

Separate infrastructure investments for efforts targeting each risk factor will be costly. A robust prevention support system is required, including mechanisms for the coordination of strategies that cut across all the issues.

The strategies recommended above require interventions in schools, primary health care, workplaces and other settings, regardless of the specific health risk.

The planning and evaluation of these efforts will require a well-coordinated surveillance system that can track health conditions, risk factors, social and demographic factors, and exposures. All these activities will also require the concerted efforts of a well-trained workforce.



5.3 Major imperatives to strengthen support systems

LEADERSHIP AND COORDINATION

It is important to ensure leadership and coordination through the establishment of a National Prevention Agency.⁽⁷⁴⁾

A National Prevention Agency (NPA) is long overdue. Such an organisation would take the leadership role in ensuring the implementation and support of prevention programs nationally. The NPA could support the coordination of partnerships and interventions, ensuring the relevance and quality of workforce training activities, social marketing, public education and the monitoring and evaluation of interventions. The NPA would consist of a relatively small group of credible leaders in prevention, with a track record and capacity to 'make things happen' for preventative health reform.

By bringing together expertise across relevant areas, a national agency would provide leadership for the implementation of the National Preventative Health Strategy and build prevention systems with strong capabilities in the following areas:

- Ensure the delivery of a minimum set of evidence-based, prevention programs that are accessible to all Australians.
- Allocate funding to its partners for activities that deliver the National Preventative Health Strategy's goals and targets.
- Contribute to closing the gaps between Indigenous Australians and the rest of the population in association with other relevant organisations such as the National Indigenous Health Equity Council.
- Engage key leaders and build new partnerships across federal, state and territory governments, national agencies, professional associations, local government, peak community groups, NGOs, the private sector, the philanthropic sector and academe.
- Support the integration of research, policies and strategies for illness prevention/health promotion across sectors and settings within and beyond health care.
- Commission and promote the uptake of new monitoring, evaluation and surveillance models for illness prevention.
- Promote the benefits of illness prevention/health promotion as measured by these new evaluation models.
- Serve as an authoritative source of information on evidence, policy and practice.
- Develop the evidence base on prevention through the design, implementation and evaluation of large-scale programs to improve the health and wellbeing of the population, or population sub-groups, by testing innovative strategies, programs and policies for illness prevention/health promotion.
 - Ensure the development of the necessary national workforce for illness prevention/health promotion, working with and through relevant national, state and local agencies to build capability in:
 - surveillance, prevention research, evaluation, economic impact research and modelling
 - social marketing and public education
 - community development
 - legislation, regulation, economics and taxation
 - leadership and management.

The agency's approach would support the following groups in the workforce:

- People working in prevention including health promotion practitioners and public health researchers.
- Others working in the healthcare system, including general practitioners, allied health professionals, specialists, Aboriginal health workers and health service managers.
- Those working in other sectors that have a role in prevention; for example, in local government, police and justice, education, sport and recreation, urban planning, transport and agriculture.



SURVEILLANCE

Establish a comprehensive national surveillance system, working in partnership with AIHW and ABS. This would focus on the behavioural, environmental and biomedical risk factors for chronic disease (including factors such as food availability and food composition) to track and report on performance and outcomes, including the impact on health inequalities. (For example, expanding the national nutrition and physical activity survey program through the inclusion of biomedical data.)

PREVENTION RESEARCH AND EVALUATION

Partnerships with the National Medical and Research Council (NHMRC) and the Australian Research Council (ARC) and other state-based research funding organisations (such as health promotion foundations) will be important to ensure a coordinated investment approach for research and evaluation. Research would include an understanding of social determinants of health behaviour, the modelling of health impact of policy options and the evaluation of programs.

SOCIAL MARKETING AND PUBLIC EDUCATION

It will be important to commission research and development of targeted social marketing and public education campaigns. This mechanism would also be used to coordinate national media advertising with local program delivery, and to evaluate their effectiveness. Tobacco control has shown the effectiveness of these measures.

INCENTIVE-BASED FUNDING

A prevention benefit item included in the Medical Benefits Scheme would support delivery in primary care practices of brief interventions and follow-up (whether they were directed to tobacco, alcohol, obesity or other relevant chronic disease risk factors).

The structure of the item could be a small add-on to standard consultations in primary care practices when the intervention is delivered and as a stand-alone item at follow-up. Such a structure could help narrow the opportunities for inappropriate use and practice, as well as help improve the evidence base.

SUPPORTING PRIMARY HEALTH PRACTICES TO ENHANCE THEIR ROLE IN PREVENTION

Primary health care is a fundamental part of preventative health. This is seen in many areas, including immunisations, screening for cancers and, as we have seen earlier, brief interventions to discuss and advise on smoking and alcohol use. Three approaches are suggested:

- There is increasing consensus around the need to define the population that a practice is working with and for. This would have to start with enrolling or registering patients in a practice.
- Adequate incentives at the practice level (for example, Practice Incentive Payments) or at individual practitioner level (for example, Medicare Benefits Schedule item number) must be provided. Given that brief interventions and the use and promotion of life scripts can be very adequately done by practice nurses, this incentive would be better placed at the practice level.
- A system of accountability and reporting is needed to complement the incentive payment scheme.

QUESTIONS

- Do you support the development of a National Prevention Agency to lead and guide coordinated action for prevention?
- Is the suggested approach adequate? If not, or if you have other suggestions, what else should be considered?