

26 CRITICAL INFRASTRUCTURE RECOMMENDATIONS

Effective action on health, including prevention, requires critical infrastructure to foster a strategic and comprehensive approach, through monitoring, evaluation, consultation and leadership. Unlike similar countries such as the United States and Canada, Australia currently does not have a national organisation dedicated to the task of preventative health. Similarly, our ability to effectively monitor trends in chronic diseases and their determinants has been hindered by a lack of objectively measured data.

While the Taskforce's report acknowledges recent COAG initiatives building critical infrastructure able to guide Australian preventative health policy, it also identifies a number of areas where further investment in infrastructure are needed. In particular, the Taskforce argued for a need to improve national capacity in a number of technical areas, including social marketing, building the evidence base, investing in translational research, and monitoring and evaluating progress. In recognising the critical gap in the national infrastructure, the Taskforce recommended a national prevention agency as the key platform to advance these issues.

RECOMMENDATION: ESTABLISH THE AUSTRALIAN NATIONAL PREVENTIVE HEALTH AGENCY

Establish the NPA as an independent agency able to translate broad policy intent into evidence-based strategies with built-in evaluation and the capacity to leverage a range of policy levers and partners, both within and outside government.

This recommendation was echoed in the final report of the National Health and Hospitals Reform Commission, which called for the establishment of a national health promotion and prevention agency.

The Commonwealth Government agrees with this recommendation and has already taken action to establish the Australian National Preventive Health Agency (with \$133.2 million in funding) as an independent statutory authority under the *Financial Management and Accountability Act 1997*. Funded through the National Partnership Agreement on Preventive Health and agreed by COAG, the Agency will support

all Australian Health Ministers in their efforts to combat the challenges arising from complex preventative health problems such as obesity, tobacco and excessive alcohol consumption, which require intensive effort to address, across a range of sectors over long time periods.

Legislation to establish the Australian National Preventive Health Agency is currently before Parliament. The Agency was intended to commence operations on 1 January 2010, however, delays in the Senate's consideration of the Bill has delayed its commencement. Pending successful passage of the *Australian National Preventive Health Agency Bill 2009* in the Winter 2010 sittings, the Agency is expected to be established in mid to late 2010.

Appoint an expert, cross-sectoral Board of Governance of the Agency.

Consistent with the intent of the Taskforce, the Agency will be supported by an independent and expert cross-sectoral advisory council.

While the Taskforce called for a governing board, governance arrangements for *Financial Management and Accountability Act 1997* agencies preclude the appointment of a governing board as the Chief Executive Officer is responsible for the Agency's financial management.

The Taskforce recommends that the NPA:

- provides a national clearing house for the monitoring and evaluation of national policies and programs in preventative health;
- publishes annual reports on the state of preventative health, including reporting on progress towards the achievement of the 2020 goals specified in this Strategy;
- advises COAG, through the Australian Health Ministers Conference (AHMC), on national priorities and options for preventative health;
- administers national programs, facilitates national partnerships, and advises on national infrastructure for surveillance, monitoring, research and evaluation as charged by AHMC; and
- develops for consideration by AHMC the next phase of preventative health reform to follow after this Strategy.

The Government supports these recommendations, almost all of which are captured in the functions of the Agency outlined in the *Australian National Preventive Health Agency Bill 2009*. The exception is the Taskforce call for the Agency to publish a report annually on the state of preventative health in Australia – after due consideration, the Government has concluded that less frequent reporting (ie biennial) is appropriate given the frequency of releases in the data sets that would be used in the publication.

- has an increased capacity and budget to that currently envisaged in the COAG agreement on preventative health.

The Government is considering how the Agency will link with other projects, noting the Bill specifies that the Agency's functions can be expanded with the approval of Health Ministers.

NPA to develop a web-based clearing house/register for organisational policies, plans and achievements in order to share good practice across the country.

The Agency will play a critical role in the evaluation of the National Partnership Agreement on Preventive Health and programs supporting healthy lifestyles, with a focus on disseminating good practice and sharing lessons nationally. The Commonwealth Government supports the development of a mechanism of sharing good practice and will seek advice from the Agency, once established, on the most appropriate mechanism for achieving this outcome.

NPA to commission/conduct from time to time surveys of activities undertaken by different sectors, and barriers to and enablers of action, and to report on these.

The Commonwealth Government is committed to identifying barriers and enablers to effective action and expects the Agency, as part of its core functions, to also focus on these issues. The Agency has been allocated a substantial research fund (\$13.1 million) and will develop a national preventative health research strategy, in consultation with the NHMRC, to guide its application.

The Government expects that to be effective and to avoid duplication, the Agency will build on and complement existing surveys rather than replicate data collections. Existing Commonwealth agencies (ie the Australian Bureau of Statistics, the Australian Institute of Health and Welfare, and the NHMRC) already contribute significantly to surveillance and research activities and the Government expects the Agency to work collaboratively with these agencies and those from other sectors and jurisdictions to enhance rather than duplicate their activities.

Develop national recognition and award scheme for outstanding contributions, large and small, to making Australia the healthiest country by 2020.

The Government supports this recommendation and will seek advice from the Agency, once established, on opportunities for such awards. The Agency will collaborate with the Department of Health and Ageing in the management of the awards rewarding best practice in workplace interventions, funded through the Healthy Workers Initiative.

NPA to develop and implement a comprehensive, sustained social marketing strategy to increase healthy eating and physical activity, and reduce sedentary behaviour.

NPA to develop and implement effective and sustained national social marketing campaigns at levels of reach demonstrated to reduce smoking, drawing on successful state campaigns as appropriate.

NPA to develop and implement a comprehensive and sustained social marketing and public education strategy, building on the National Binge Drinking Campaign and state campaigns.

The Commonwealth Government agrees that the Agency should play a key role in social marketing for the lifestyle risks of chronic disease – this is appropriate given its research, evaluation and policy roles. The Government has already allocated the Agency \$102 million in social marketing funds through the National Partnership Agreement on Preventive Health, the:

- extension and expansion of the anti-obesity *Measure Up* campaign (\$41 million); and
- development of new tobacco social marketing campaigns (\$61 million).

The Government will support amendments to the Agency's Bill that clarify that the social marketing functions of the Agency include alcohol and illicit drugs.

RECOMMENDATION: DATA, SURVEILLANCE AND MONITORING

Implement and extend the National Health Risk Survey Program, funded under the COAG Agreement on Preventive Health.

The Commonwealth Government has already commenced work on this recommendation. The Australian Bureau of Statistics will partner with the Department of Health and Ageing and the National Heart Foundation to deliver the \$54 million Australian Health Survey, which will be the most comprehensive study of the health of Australians ever undertaken. The Survey brings together four components:

- National Health Survey – an existing household survey;
- National Aboriginal and Torres Strait Islander Survey – an existing household survey;
- National Nutrition and Physical Activity Survey – new household survey; and
- National Health Measures Survey – new pathology collection.

It will be Australia's first representative national survey able to make objective assessments of the population's nutrient status and of the prevalence of chronic diseases. Participants will gain valuable insight into their and their children's health status, the community will benefit from improved data for policy purposes, and researchers and governments will benefit from insights on the prevalence of chronic disease which will allow more informed policy decisions around health services and planning. Respondents will be asked, on a voluntary basis, to provide blood and urine samples to be tested for markers of chronic disease such as high or low levels of blood sugar, cholesterol and kidney function, markers of nutrition status such as iron and folate, and exposure to environmental chemicals such as lead.

Data will be collected from non-Indigenous Australians between April 2011 and March 2012, with results available in late 2012. Data will be collected from Indigenous

populations between November 2011 and August 2012, with results expected in mid 2013. Data collection for Indigenous Australians has been delayed to allow more extensive consultation with Indigenous stakeholder groups and the development of data collection instruments that are appropriate for the Indigenous population.

Capturing around 50,000 Australians aged two years and over, the Survey will provide critical information on the health status of Australians to individuals, communities, health professionals and governments. The Survey is expected to be repeated every five to six years.

Comprehensive national surveillance systems for obesity, tobacco and alcohol are essential tools for the purposes of collecting and managing relevant datasets, monitoring progress against specified targets and reporting trend information over time. To be effective, these systems should have the capacity to:

- collect and report against behavioural, environmental and biomedical risk factors relevant to obesity, tobacco and alcohol;
- expand and incorporate newly identified and/or revised indicators into datasets as required and appropriate;
- become permanent systems of data collection undertaken at predetermined regular intervals;
- provide representative data for the whole of population and also populations of interest (for example, Indigenous, children and adolescents, disadvantaged); and
- complement and build upon other existing data collection and monitoring mechanisms as required and appropriate.

The Commonwealth Government is committed to enhancing national data, surveillance and monitoring capacity through effective investment in programs and partnerships with state and territory governments. The Government agrees with these recommendations.

The Australian Health Survey will form a critical component of the comprehensive national surveillance system and meets the requirements of the system specified by the Taskforce. The Australian Health Survey will collect representative information from Indigenous Australians, and will include children (from age two years and up) and adults in each collection period. The Australian Health Survey also meets the Taskforce requirement to collect and report on the behavioural, environmental and biomedical risk factors of chronic disease, including capacity to track changes in health inequalities. The larger sample size will enable better analysis of risk factors in sub-population groups. The Australian National Preventive Health Agency will support the Australian Bureau of Statistics and the Department of Health and Ageing in developing and implementing the Survey.

The Commonwealth Government has also committed to establishing a new National Longitudinal Study on Male Health. This survey will provide valuable insights into the health and wellbeing of men including a greater understanding of the determinants of health.

These surveillance activities will be supported by the review of the *Nutrient Reference Values for Australia and New Zealand* and the Australian Dietary Guidelines. These documents provide the basis for nutrition interventions of all levels of government and the indicators against which consumption data from national health and nutrition surveys are measured and reported.

The lack of nationally consistent population health data sets has historically hindered the assessment of trends across states and territories. Annual performance reporting by the COAG Reform Council of National Healthcare Agreement indicators, including smoking and obesity prevalence, will improve data quality and ensure national comparability. Further, the Commonwealth Government is providing \$10 million in funding to the states and territories through the National Partnership Agreement on Preventive Health to improve their jurisdictionally-based surveillance systems using Computer Assisted Telephone Interview Surveys, including meeting national reporting standards and protocols.

The Commonwealth Government will continue to work through a number of cross-jurisdictional mechanisms that support data quality improvements.

RECOMMENDATION: NATIONAL RESEARCH INFRASTRUCTURE

Establish:

- a National Strategic Framework for preventative health research;
- a preventative health strategic research fund; and
- a national preventative health research register.

The Commonwealth Government is committed to building the evidence base for effective preventative health interventions.

The Government has already committed \$13.1 million to the Australian National Preventive Health Agency through the National Partnership Agreement on Preventive Health for research translating evidence into policy and programs. These funds could be used to evaluate existing or new (pilot) programs and will support the overall evaluation of the National Partnership Agreement to ensure that lessons are derived and disseminated. This commitment addresses the Taskforce's recommendation to establish a preventative health strategic research fund.

The NHMRC is the agency responsible for managing health research, including prevention. The NHMRC has a range of existing and new schemes aimed at investing in applied health research and research translation including Targeted Calls for Research,

Centres for Research Excellence (CREs), Partnership Grants and proposed Partnership Centres in Research Excellence. These grants schemes also seed the development of a culture of research oriented to policy and practice in the Australian research community. To support its role and in recognition of the growing policy importance of prevention, the NHMRC established the Prevention and Community Health Committee in 2009. The Committee provides advice on a range of preventative health matters and will support the development of clinical guidelines, including the upcoming dietary guidelines due to be completed in 2011.

The Taskforce's report notes Professor Nutbeam's review of NHMRC Public Health Research Funding in Australia,¹⁹ which the NHMRC considers is a 'partner' to the report, and which is under active consideration and implementation within NHMRC. In response to the review, new categories of funding, including a practice-focused Public Health Centre for Research Excellence, were established last year and the CRE is already active in research. Professor Nutbeam also recommended a National Public Health Research Strategy, which the NHMRC will develop in collaboration with the Australian National Preventive Health Agency, once established.

The Commonwealth Government will consider further the national preventative health research register once the Australian National Preventive Health Agency is established.

Develop a network of prevention research centres which would:

- partner with community interventions in the region they serve, with NGOs and other collaborators;
- have a national specialty role (for example, in obesity, tobacco or alcohol, school settings or disadvantaged populations); and
- have a workforce development role in education, research and intervention practice.

The Commonwealth Government will refer this recommendation to the Australian National Preventive Health Agency, once established, and the NHMRC for consideration and scoping. Given current research capacity in preventative health and in order to avoid duplication, such a network is likely to be based on coordination of existing centres.

NPA to foster leadership, mentoring and knowledge sharing across the prevention research centres, including hosting an annual symposium to share research findings, methods and ideas.

The Commonwealth Government will refer this recommendation to the Australian National Preventive Health Agency, once established, and the NHMRC for consideration and scoping.

¹⁹ Prepared by the Public Health Research Advisory Committee, Chaired by Professor Don Nutbeam. 2008. Report of the Review of Public Health Research Funding in Australia: Working to build a healthy Australia.

RECOMMENDATION: WORKFORCE DEVELOPMENT

NPA to oversee as a matter of priority a national audit of the prevention workforce outlined in the 2008–09 COAG Agreement on Preventive Health; strategy arising from the audit to be brought to AHMC for implementation.

Ensure prevention becomes an important part of the work of Health Workforce Australia Agency.

The Commonwealth Government supports both recommendations put forward by the Taskforce relating to workforce development. The Commonwealth Government has provided \$500,000 for an audit of the preventative health workforce available to implement the initiatives funded through the National Partnership Agreement on Preventive Health. The audit covers the key elements outlined by the Taskforce, including identification, supply needs, focus on competencies, and models and scope of practice, and will also consider broader workforce issues in states and territories where appropriate. As identified in the Taskforce's report, the prevention workforce includes workers beyond the health sector, and the audit will encompass a broad range of providers. Once finalised, a strategy putting forward options for managing any identified gaps or issues will be developed.

Consistent with the Taskforce's recommendations, the Australian National Preventive Health Agency will take carriage of the audit and strategy once established, working closely with Health Workforce Australia where appropriate. Health Workforce Australia was established to better coordinate clinical training across a range of workplace settings under the auspices of the \$1.6 billion National Partnership Agreement on Hospital and Health Workforce Reform.

The Commonwealth Government will work closely with Australian Health Ministers in establishing the work program of Health Workforce Australia, and prevention workforce issues will be considered within this context.

RECOMMENDATION: FUTURE FUNDING MODELS FOR PREVENTION

NPA to investigate and provide advice in regard to the potential development of a funding framework for prevention, both within and external to the health sector.

This recommendation is noted and will be referred to the Australian National Preventive Health Agency, once established, for further consideration. The Commonwealth Government has already significantly increased funding for preventative health, through an extensive range of programs and interventions, including the National Partnership Agreement on Preventive Health (\$872.1 million) and social marketing for tobacco (over \$100 million for Indigenous smoking).