



# **Submission to the Preventative Health Taskforce**

**Northern Territory  
Department of Health & Families**

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## SUMMARY

The Northern Territory Department of Health & Families (DHF) commends the Preventative Health Taskforce (PHT) for synthesising the preventative evidence in relation to obesity, alcohol and tobacco. However, there are significant limitations associated with health systems adopting a risk factor approach through program delivery and policy development. The DHF consider that an alternative, and much broader, approach is required for investing in health promotion and prevention in Australia.

DHF recommend that the PHT:

- Consider the unique context of the Northern Territory when developing the National Prevention Strategy.
- Identify an existing framework, such as the Ottawa Charter, that underpins the development of the National Prevention Strategy.
- Adopt a framework that focuses on the social cultural and environmental determinants of health, in contrast to specific risk factors.
- Use the principles of the National Health & Hospital Reform Commission as a platform for developing the National Prevention Strategy.
- Use the three principles of action described by the Commission on the Social Determinants of Health as a lens to develop a National Prevention Strategy focused on achieving health equity through action on the social determinants of health.
- Consult with the Northern Territory DHF, Aboriginal community controlled agencies and Aboriginal communities when developing preventative health strategies targeted at Indigenous Australians.
- Consider the diverse needs of urban, rural and remote Aboriginal & Torres Strait Islander people when developing the National Prevention Strategy.
- Include specific strategies to build health equity among the Aboriginal & Torres Strait Islander population are included in the National Prevention Strategy.
- Prioritise the establishment of a National Prevention Agency, and ensure that it has a strong health promotion orientation.
- Consider Territory & State Governments as key partners in establishing the National Prevention Agency.
- Task the National Prevention Agency with building the capacity and infrastructure to support the prevention workforce, alongside the areas that have already been identified by the PHT.
- Recommend that the National Prevention Agency has State & Territory based offices that can respond to unique jurisdictional needs.
- Locate the National Prevention Agency within the Department of the Prime Minister & Cabinet.
- Identify the most appropriate workforce/s to provide universal health promotion and preventive services.

In addition to these recommendations, the DHF has also provided commentary in relation to the three technical reports.



## BACKGROUND

The Preventative Health Taskforce released a discussion paper *Australia: the Healthiest Country by 2020* and three technical reports relating to obesity, alcohol and tobacco in September 2008.<sup>1-4</sup> Two jurisdictional consultation meetings were convened by the Preventative Health Taskforce on the 31<sup>st</sup> October 2008 (Darwin) and 4<sup>th</sup> November 2008 (Alice Springs). The Department of Health & Families (DHF) has used these consultation meetings and subsequent discussion with key DHF stakeholders to develop this response.

## THE NORTHERN TERRITORY CONTEXT

The Northern Territory is a unique jurisdiction, with a young population (200,000 with a median age of 29.6 years), a large area (1.35 million square kilometres) and a large Aboriginal population (29%) spread across very remote locations with a poor health status compared to the rest of the population. That is, the NT context differs markedly from other state and territory jurisdictions, and also the broader national context. This poses specific challenges with respect to planning, implementing, evaluating and monitoring preventative action, particularly that which aims to build health equity and address the social determinants of health.

### Recommendation:

*Consider the unique context of the Northern Territory when developing the National Prevention Strategy.*

## LIMITATIONS OF A RISK FACTOR APPROACH

A sound rationale is developed as to why tobacco, obesity and alcohol are important considerations in developing a national prevention strategy. The DHF commends the Preventative Health Taskforce for synthesising the preventative evidence in relation to obesity, alcohol and tobacco. The recommendations within the discussion paper and associated technical reports provide a significant step towards strengthening health promotion and prevention across Australia, which will ultimately result in decreasing the current burden of chronic disease. However, there are significant limitations associated with health systems adopting a risk factor approach through program delivery and policy development.<sup>5</sup> While the PH T acknowledge that 'a strong preventative health strategy needs a framework that takes in to account the key issues affecting Australians today such as equity, health and the environment' (p5),<sup>1</sup> it remains unclear as to what framework they have actually used to guide the development of the discussion paper.

The DHF consider that the PHT should provide clarity about the 'strong framework' they intend to use when developing the national prevention strategy. The DHF suggest that the adoption of a framework that acknowledges and addresses the social, cultural and environmental factors that influence population health, across a much broader spectrum of risk factors and/or health issues, is warranted. The Ottawa Charter is one such example. This approach would extend beyond risk factors such as obesity, tobacco and alcohol, and would recognise the value in addressing the social determinants of health. This would strengthen health promotion and prevention both in the NT and nationally. A rationale is provided below as to how this might be achieved.



Recommendations:

*Identify a framework, such as the Ottawa Charter, that underpins the development of the National Prevention Strategy.*

*Adopt a framework that focuses on the social, cultural and environmental determinants of health, in contrast to specific risk factors.*

## PRINCIPLES OF PREVENTION

The recent National Health & Hospital Reform Commission (NHHRC) listed 12 principles that should underpin Australia's health system.<sup>6</sup> These included:

- People and family centred;
- Equity;
- Shared responsibility;
- Strengthening prevention and wellness;
- Comprehensive;
- Value for Money;
- Providing for future generations;
- Recognise broader environmental influences which shape our health;
- Taking a long-term view;
- Safety and quality;
- Transparency and accountability;
- Public voice;
- A respectful and ethical system;
- Responsible spending on health; and
- A culture of reflective improvement and innovation

While the discussion paper mentions these principles (p5-7) they do not appear to underpin the recommendations that have been made in relation to the current risk factors of obesity, smoking and alcohol.<sup>6</sup> The DHF consider that these principles would provide a very useful platform for strengthening prevention in Australia and would provide a much clearer framework for developing a national prevention strategy that addresses a broader range of preventive health issues.

Using the above principles to develop the National Prevention Strategy would assist the DHF, and other state and territory jurisdictions to achieve health equity through action on the social determinants of health; and to develop unique prevention strategies required to improve the health of Aboriginal & Torres Strait Islanders and people living in rural and remote Australia.

Recommendation:

*Use the NHHRC principles as a platform for developing the National Prevention Strategy.*



## ACHIEVING HEALTH EQUITY THROUGH ACTION ON THE SOCIAL DETERMINANTS OF HEALTH

The final report of the World Health Organisation Commission on the Social Determinants of Health (CSDH) has set the target of closing the health gap in a generation.<sup>7</sup> Preventing ill health through equitable action is a core element of achieving this target, with substantial evidence suggesting that action on the social determinants of health is the most effective means by which to do this. While the PHT made reference to inequities in health and the work of the CSDH (p.ix),<sup>1</sup> it would be useful if the National Prevention Strategy clearly articulates with the three key principles of action outlined by the CSDH, which are:

- Improve daily conditions
- Tackle the inequitable distribution of power, money, and resources
- Measure and understand the problem and assess the impact of action

Using the principles of the CSDH, alongside those of the NHHRC (described above), would provide a more solid framework on which to develop a National Prevention Strategy. It would expand the national prevention focus beyond the risk factors that have currently been identified and provide a greater opportunity for the PHT to ensure that Australia is the healthiest country by 2020. It would also provide a common framework for acknowledging that there are broader social, cultural and environmental determinants of health that influence, and are influenced by, preventative action.

### Recommendation:

*Use the three principles of action described by the CSDH as a lens to develop a National Prevention Strategy focused on achieving health equity through action on the social determinants of health.*

## ABORIGINAL & TORRES STRAIT ISLANDER HEALTH

It is well recognised that the health inequities faced by Aboriginal & Torres Strait Islander population are unacceptable.<sup>1</sup> As identified in the DHF submission to the NHHRC, the high burden of disease noted among Aboriginal people in the NT provides a significant challenge to current and future health and community service providers to reduce the prevalence of high levels of morbidity and mortality to levels more equitable with the rest of Australia. This has particular implications for investing in health promotion and prevention, particularly in remote contexts. The NT will require significantly more effort and resources on a per capita basis to serve the comparatively high proportion of the Aboriginal population who live in remote and rural areas. The recent establishment of the National Indigenous Health Equity Council, the Northern Territory Emergency Response and significant investments into *Close the Gap* are evidence that action is being taken to reduce health inequities noted between the non-Indigenous and Indigenous populations in Australia. While addressing inequities in health was mentioned within, and integrated throughout, the PHT discussion paper (p. ix),<sup>1</sup> building health equity was not identified as an

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underpinning principle guiding the work of the PHT. It would be advisable to make this explicit when developing the National Prevention Strategy. Given that the PHT consider that the National Prevention Strategy will contribute to the *Close the Gap* target and ensure that Australia is the healthiest country by 2020, it would also be useful to explain in what way and by how much.

Recommendations:

*Consult with the Northern Territory DHF, Aboriginal community controlled agencies and Aboriginal communities when developing preventative health strategies targeted at Indigenous Australians.*

*Consider the diverse needs of urban, rural and remote Aboriginal & Torres Strait Islander people when developing national preventative health strategies.*

*Include specific recommendations to build health equity among the Aboriginal & Torres Strait Islander population are included in the National Prevention Strategy.*

## NATIONAL PREVENTION AGENCY

The DHF strongly supports the recommendation to establish a National Prevention Agency. This would provide the necessary leadership to have a co-ordinated approach to health promotion and prevention across all states and territories. The DHF consider that they would be a key partner in establishing the role and function of a National Prevention Agency. The PHT has outlined that such an agency could fulfil a range of functions including surveillance, prevention research and evaluation, social marketing and education, incentive based funding and supporting primary health practices to enhance their role in prevention.<sup>1</sup> The DHF agrees that the National Prevention Agency could play a key leadership role with respect to building capacity within the health promotion and prevention workforce. The PHT identify the need to strengthen, skill and support primary health care in relation to both obesity and alcohol. This was expanded to include the public health workforce in relation to obesity, but not alcohol. No reference was made to building the capacity of the public health workforce with respect to curbing tobacco use, although investing in a skilled workforce was raised as a common issue across all three priority areas. Lack of clarity with respect to what constitutes the prevention, primary health care, health promotion and/or public health workforce is problematic. Likewise, strategies to strengthen, skill and build this nebulous workforce have not been identified. As such, a few key tasks for the National Prevention Agency might include:

- A national audit of the existing prevention workforce (such as the health promotion, public health, allied health and primary health care workforces).
- Identifying and providing the infrastructure required to support the prevention workforce, such as operational funds and education, training and professional development opportunities.
- A national audit of education and training focused on health promotion and public health to inform future prevention workforce planning processes.
- The development of a comprehensive national health promotion and prevention workforce strategy, with a particular focus on building the indigenous health workforce.



State and Territory based offices or local co-ordinating bodies of the National Prevention Agency would ensure that the unique concerns of each jurisdiction are given due consideration when completing these tasks. This could also better support a co-ordinated approach to health promotion and prevention nationally – an important consideration given the current federated structure. In addition, the DHF recommends that the National Prevention Agency be located within the Department of the Prime Minister & Cabinet, rather than the Department of Health & Ageing. This would recognise the need to adopt a whole-of-government and a health-in-all-policies approach in developing, implementing and monitoring a National Prevention Strategy. This will ultimately support inter-sectoral action that underpins health promotion and prevention.

**Recommendations:**

*Prioritise the establishment of a National Prevention Agency, and ensure that it has a strong health promotion orientation.*

*Consider Territory & State Governments as key partners in establishing the National Prevention Agency.*

*Task the National Prevention Agency with building the capacity and infrastructure to support the prevention workforce, alongside the areas that have already been identified by the PHT.*

*Recommend that the National Prevention Agency has State & Territory based offices that can respond to unique jurisdictional needs.*

*Locate the National Prevention Agency within the Department of the Prime Minister & Cabinet.*

## **PREVENTION & UNIVERSAL HEALTHCARE**

Health care systems contribute most to improving health and health equity where universal coverage is provided (extending the same scope of quality services to the whole population, according to needs and preferences, regardless of ability to pay), and where the system as a whole is organised around primary health care.<sup>7</sup> At present, Medicare does not fund health promotion and prevention. This limits the capacity to provide universal health promotion and preventive services across Australia. The PHT need to be forthright in defining (a) the most appropriate workforce (health promotion, public health, allied health professional, nursing and/or medical workforce) to be engaged in health promotion and prevention; and (b) the strategies that will be required to support this workforce to provide universal health promotion and prevention at local, state/territory and national levels. State & Territory Governments should be consulted about how this is best achieved.

**Recommendation:**

*Identify the most appropriate workforce/s that is best positioned to provide universal health promotion and preventive services.*



## FEEDBACK ON TECHNICAL REPORTS

### Obesity in Australia: a need for urgent action

This report successfully synthesises evidence and existing plans and frameworks for action that relate to obesity, such as *Acting on Australia's weight*, *Healthy Weight 2008*, *Be Active Australia*. Concern has been raised in relation to the tone of the document, in particular the cautious and non-prescriptive presentation of recommendations. As such, the DHF requests that the Preventative Health Taskforce make bolder and more assertive recommendations that provide a clearer mandate for Australian, state and territory governments to take immediate action on obesity.

Overall, the DHF supports the regulatory approaches that have been outlined in this technical report, such as regulating the advertising of energy-dense nutrient-poor foods, a national system for food labelling, and 'active by design' town and building planning. It is important, however, that this builds on existing regulatory discussion where significant advocacy efforts have already been noted (for example food advertising to children).

The DHF supports the recommendation for the development of a national monitoring system for nutrition and physical activity; and a national food strategy. However, the national food strategy could be expanded to incorporate active living as a key component of promoting healthy weight.

A major limitation of the report is the scarce attention paid to the link between obesity and climate change. This includes the promotion of local food supplies (and associated reductions in food miles, decreases in the cost of food, and increases in fruit and vegetable consumption and physical activity); availability and sustainability of local food sources (such as fish and/or fruit and vegetable supplies); and increased active transport (which reduces carbon emissions and promotes physical activity). For example, the provision of subsidies for freight of fresh foods in rural and remote areas will be a very costly and possibly an unsustainable venture. A more environmentally friendly and sustainable option might be to provide support for increased local food production. This is particularly important in remote Indigenous communities.

Some of the proposed initiatives are already well underway through the Australian Better Health Initiative or other state and territory strategies, such as the development of a school canteen framework.

It is unclear as to what the next steps for implementation are.

The DHF has noted that many of the proposed actions relate to sectors other than health. When developing the national Preventative Health Strategy it would be useful to be more explicit about the systems and structures required to develop effective cross-sectoral partnerships. The inclusion of case-studies and past successes may aid this process.



## **Tobacco Control in Australia: making smoking history**

The Northern Territory Department of Health and Families (DHF) strongly encourages and supports national preventative action to minimise the harms and costs arising from the use of tobacco products.

The DHF further supports the recommendations outlined in Technical Report 2. The Report reviews the National Tobacco Strategy, a document supported by the Northern Territory Government. The recommendations in the Report are congruent with and build on the current National Tobacco Strategy with a recommendation of “reinvigoration of the Australian National Tobacco Strategy”. Australian and international research results that have become available since the National Tobacco Strategy was first released have further informed the proposed measures outlined by the Report.

The report emphasises recommendations that can be implemented with minimal cost to Government (for example, changes to legislation) and measures that will require significant investment (for example, an increase in social marketing campaigns). Many measures that require significant investment have been reliably shown to provide significant return in cost savings in the health care system.

The proposed measures to improve tobacco control in Australia will require significant collaboration from all tiers in Government and would benefit from a coordinating body at the National level. This collaboration will include willingness by governments to invest significantly in tobacco control in both the Government and Non-Government sector. It will also be beneficial for governments to implement the proposed measures in complementary time frames.



## Preventing alcohol related harm in Australia

The Northern Territory DHF strongly encourages and supports national preventative action to minimise the harms and costs arising from the misuse of alcohol.

It also notes the existence of key strategic documents and national frameworks to prevent alcohol related harm, endorsed by the Northern Territory and Australian Government. These documents have been developed through a consultative process incorporating National and International research and evidence based practices.

The priorities for action outlined in the technical paper align closely with the strategies and principles of the current *National Alcohol Strategy*. The *National Alcohol Strategy 2006-2009* is a plan of action developed through collaboration between Australian governments, non-government and industry partners and the broader community that aims to develop drinking cultures to support a reduction in alcohol-related harm in Australia.

In addition, the priorities for action are consistent with, and complementary to, areas for action proposed at various National alcohol workshops held during 2008. These workshops were held as part of the process to develop a briefing paper to the Council of Australian Governments (COAG) to identify strategies to reduce the harms and costs arising from alcohol misuse.

To inform the response to the COAG reference, the development of a number of evidence papers was commissioned, and three separate consultation forums were held. The first forum took the form of a special workshop of members of the Intergovernmental Committee on Drugs (IGCD). The second forum sought the views of a broad range of industry representatives. The reports from these two forums then informed discussion at a final, National Alcohol Forum, which was hosted by the Ministerial Council on Drug Strategy Alcohol Working Group in July 2008. The National Alcohol Forum was attended by Ministers (or their representatives) with portfolio responsibilities for health, mental health and policing, ministerial advisers, senior departmental representatives, members (or their representatives) from the IGCD, a representative from the Australian National Council on Drugs, representatives of the State and Territory liquor licensing authorities, representatives from Local Government and members of the National Preventive Health Taskforce.

In order to achieve the broad strategic aims, it will be necessary to further develop and strengthen the National AOD workforce, with a particular emphasis on the provision of brief interventions in a primary health care setting. This is seen as crucial in assisting individuals to identify and change their risky/high risk drinking behaviours and attitude towards alcohol consumption. Ensuring that marginalised groups and those living in remote areas have access to quality health care services and advice is paramount to the success of any National Strategy.

Minimising the resultant harms from alcohol misuse will require extensive collaboration across all tiers of government and the non-government treatment sector. It will also require agencies *within* individual State/Territory jurisdictions (including, but not limited to Health, Law Enforcement and Liquor Licensing) to adopt a more cohesive approach to identifying and addressing local priorities for action.



The key challenge in addressing these priorities is to ensure that strong and effective cross-sectoral relationships are developed and that actions undertaken are complementary. The effectiveness of these relationships, as well as the ability to engage with the non government AOD treatment sector, the alcohol industry and the broader community, will vary across jurisdictions and is likely to have a significant bearing on the success of any preventative strategies.

## References

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3. National Preventative Health Taskforce Tobacco Working Group (2008). *Technical report no.2: Tobacco in Australia: Making smoking history*. Canberra: Commonwealth of Australia.
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6. National Health & Hospital Reform Commission (2008). Principles to shape Australia's health system. (accessed via [www.nhhrc.org.au](http://www.nhhrc.org.au) on 6<sup>th</sup> December 2008).
7. Commission on the Social Determinants of Health. (2008). *Closing the gap in a generation: healthy equity through action on the social determinants of health. Final Report of the Commission on the Social Determinants of Health*. Geneva: World Health Organization.