

Submission

Consultation Paper Release
National Preventive Health Strategy
September 2020

About the NHLF

The National Health Leadership Forum (NHLF) was established in 2011. The NHLF is a collective partnership of 13 national organisations who represent a united voice on Aboriginal and Torres Strait Islander health and wellbeing with expertise across service delivery, workforce, research, healing and mental health and social and emotional wellbeing.

The NHLF was instrumental in the formation of the Close the Gap Campaign and continues to lead the Campaign as the senior collective of Aboriginal and Torres Strait Islander health leadership. Committed to achieving health equality, we draw strength from cultural integrity, the evidence base and community.

The NHLF provides advice and direction to the Australian Government on the development and implementation of informed policy and program objectives that contribute to improved and equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander peoples. Health is a noted human right, it is an underpinning to everyday life, and key factor in economic (and environmental) sustainability. Our vision is for the Australian health system to be free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable.

The NHLF Membership

- Aboriginal and Torres Strait Islander Healing Foundation
- Australian Indigenous Doctors' Association
- Australian Indigenous Psychologists' Association
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Gayaa Dhuwi (Proud Spirit) Australia
- Indigenous Allied Health Australia
- Indigenous Dentists' Association of Australia
- The Lowitja Institute
- National Aboriginal and Torres Strait Islander Health Workers' Association
- National Aboriginal and Torres Strait Islander Leadership in Mental Health
- National Aboriginal Community Controlled Health Organisation
- National Association of Aboriginal and Torres Strait Islander Physiotherapists
- Torres Strait Regional Authority

Introduction

The NHLF welcomes the opportunity to provide our collective feedback on the National Preventative Health Strategy consultation paper.

Overall, the NHLF supports the development of a National Preventative Health Strategy (NPHS). However, the primary concern NHLF is concerned with the discussion paper has its two parts are contradictory. The first part of the consultation paper (pages 3 -10) acknowledges the role of the non-health sector in health prevention which need to be included in preventative health measures. Yet the paper fails to articulate what this means or how it is going to occur particularly the systemic structural changes that are required. The proposed structure of the NPHS outlined in the second part of the discussion paper is focussed on individual risk factors, behavioural change and boosting existing preventative health measures, with no mention to the social determinants and their impact on health and wellbeing. We also wish to provide the following comments:

- There are learnings from the current pandemic that need to be factored into the NPHS. For example, the ease in which the virus spreads within aged care services and workplaces highlight the deficiencies within our physical, built environment. Current building designs hinder public health measures such as isolating affected areas, social distancing and increase hygiene standards, which currently cannot be addressed in environments using shared services such as air conditioning systems.
- The consultation paper makes no reference as to how our current governance arrangements will be incorporated into the NPHS.
- There is no reference to climate change, bushfires, and infectious disease and their impact on health within a proposed preventative health strategy.
- The section referring to *mobilising a prevention system*, is focussed on the individual level and relies heavily on the current health system and practices. Whilst the consultation paper mentions the social, economic, and environmental influences there is insufficient detail to indicate a pathway to incorporating these factors into this section.
- The section referring to *accelerated actions against the six focus areas* has the potential to decrease the burden of disease, but the proposed plan makes no mention to the factors that currently inhibit access and the take-up of some preventative measures services such as racism and discrimination.

- The consultation paper is silent around workforce. The bushfires, drought, flood, and Covid-19 has made the local workforce an obvious area for local long-term solutions, as opposed to the often-total reliance on short term locum and/or FIFO workforce, which is unsustainable and a poor use of resources. There is a need for local workforce capacity development and models for implementation.
- A preventative health strategy should include investment for options of expanding the training and education of people within local communities. Whilst internet options for education, training and communication is necessary, it should not replace the very real need of an on the ground local workforce across many of the workforce areas and associated disciplines of health and human service. The local workforce is a preventative measure for when the next major community wide disruption/disaster occurs. Investment in residential arrangements and infrastructure for education and training at the local level would enable people to live and work among their community, enhance networks as well as obtain additional skills should individuals or the community identify needs.
- More work is required to ensure a NPHS is aligned with the National Aboriginal and Torres Strait Islander Health Plan. For example, use of strengths based language instead of the current deficit mode; incorporate environmental, social, and cultural determinants of health; be more explicit in the role and impact of racism on health and preventative strategies such as cultural safety; incorporate the capability and achievement of Aboriginal and Torres Strait Islander organisations and people, and recognise the role of Aboriginal community-controlled health services given they are best practice in prevention.

Finally, a NPHS must include high-level policy, translatable actions and measures, funding resources, accountability, and governance to ensure its implementation, particularly cross-jurisdictional ownership and actions by all state and territory governments, as well as Commonwealth.