



Australian
Academy of
Health & Medical
Sciences

Advancing prevention in Australia

Summary of a roundtable held July 2023

September 2024



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About the Academy and Acknowledgement of Country

Acknowledgement of Country

The Australian Academy of Health and Medical Sciences acknowledges the traditional custodians of the land on which our offices stand and on which we hold our meetings and events across the country. Aboriginal and/or Torres Strait Islander peoples were the nation's first scientists, and they remain the spiritual and cultural custodians of their land. We pay our respects to elders past and present.

About the Academy

The Australian Academy of Health and Medical Sciences (AAHMS) is Australia's Learned Academy for health and medicine – the impartial, authoritative, cross-sector voice. We advance research and innovation in Australia to improve everyone's health.

We are an independent, interdisciplinary body of Fellows – elected by peers for outstanding achievements and exceptional contributions to health and medical science in Australia. Collectively, AAHMS Fellows are a representative and independent voice, through which we engage with the community, industry and governments.

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Roundtable background

Almost 40% of Australia's burden of disease is preventable, and estimates show that every dollar invested in preventive health saves over \$14 in health care and related costs.¹

On 26 July 2023, AAHMS convened a roundtable to explore actions needed to advance preventive health measures in Australia,

The roundtable was attended by 21 leading experts on prevention across sectors, including leading representatives from the health and medical research sector, clinical care, government, sector peak bodies, and industry. The collective expertise of participants spanned multiple fields including cardiovascular health, nutrition, child and adolescent health, public health, health equity, implementation science, mental health and health policy.

The roundtable was chaired by one of Australia's most distinguished experts in prevention and public health, Professor Don Nutbeam AO FAHMS.

Enablers to build a robust prevention system

Roundtable participants noted that the *National Preventive Health Strategy 2021-2030* (NPHS) provides clear evidence on the social and economic advantages to improving health and reducing the burden of disease from chronic conditions. However, it was acknowledged that a significant gap remains between the stated intentions of the Strategy, and the commitment and resources needed for successful implementation.

Roundtable participants discussed the seven enablers identified by the Strategy as being key to mobilising a prevention system.² Participants identified three of these enablers as priority areas, and examined the following points in relation to them:

Priority enabler 1: Leadership, governance and funding

- The development of the Australian Centre for Disease Control (CDC) is not adequately considering the broader prevention agenda in Australia. Although the Government has indicated intention to expand the CDC's preventive health responsibilities over time, there is no formal commitment as to how and when this will occur.³
- Obesity is an example of an urgent public health issue where a planned and balanced response by the deployment of a systems-based approach by a prevention-based CDC.
- The Strategy's goals cannot be realised unless current investment in prevention is increased to the Strategy's target of 5% of total health expenditure across all governments by 2030.²
- Progress can be supported by stronger advocacy that links the benefits of the Strategy to the governments' overall economic and wellbeing priorities.

Priority enabler 2: Research and evaluation

- Australia has consistently provided international leadership across a wide range of prevention research, and intervention; notably, for example, in tobacco control, HIV, sun protection and childhood vaccination. Success stories have been underpinned by robust evidence such as that developed by the research partners in the Australian Prevention Partnership Centre (TAPPC).
- Several challenges have limited the translation of evidence into effective and sustained changes in prevention policy and practice. These include:

- Funding for strategic priorities for preventive research.
- Advancing multidisciplinary research and cross-sector engagement.
- Enhancing support for research translation, implementation and scale-up
- These challenges could be substantially offset by more strategic and priority-driven investment in primary prevention by the MRFF and State Ministries.

Priority enabler 3: Partnerships and priority community engagement

- Effective prevention is fundamentally dependent upon partnerships with a broad reach across sectors, government and society – particularly between and across the following groups:
 - Policymakers across all jurisdictions.
 - The research and industry sectors.
 - First Nations communities and healthcare workforce.
 - Rural and remote communities.
 - Other individuals with lived experience.
- TAPPC demonstrated a model of effective and strategic partnering between researchers, health departments/ministries and other agencies to facilitate timely research that best informs prevention policy and practice decision making.
- The NPHS explicitly recognises that some groups and sectors, notably First Nations communities, people with lived experience, and rural and remote communities have limited capacity necessary for successful implementation of prevention interventions and programs. There is little evidence of a dedicated, system-wide response to this challenge and these priorities remain to be addressed.

Further discussion

Further to examining three priority enablers, roundtable participants also discussed the following key points:

- Prevention in the health system
 - The Strategy rightly acknowledges the contribution of community and primary care in delivering preventive health interventions.
 - For the health system to take on an expanded role in prevention, the healthcare workforce will require support and upskilling. Assessing the status of the workforce and developing a workforce strategy would be an important first step towards this.
 - The public health workforce is another group that is critical to developing a successful prevention system and would benefit from being nurtured and expanded within States and Territories.
- Monitoring and surveillance
 - There remain significant barriers to accessing data to answer important research questions and inform policy and public health decision making.
 - A 2021 Academy environmental scan of the data landscape found that Australia needs:
 - A more coordinated and coherent data infrastructure, assets, policies, governance and ethics processes to better enable health and medical research.
 - A national linked data asset for use across disciplines and sectors that follows the FAIR (findable, accessible, interoperable and reusable) principles.
 - To grow and nurture data skills in research and within the health system.
 - To build a social licence for data use by growing public awareness and trust while protecting the privacy of individuals.
 - If adequately planned and resourced, the Australian CDC could be well placed to provide national leadership in this necessary work. To support the National Preventive Health Strategy
- Preparedness: Information and health literacy
 - The COVID-19 pandemic showed the importance of having a health system and broader infrastructure prepared to face communicable and non-communicable health threats.
 - Roundtable participants identified an urgent risk to health equity should Australia fail to prepare adequately for emerging climate-related health issues and the continuing impacts of non-communicable diseases on priority populations.
 - Participants commended the development of the National Health Literacy Strategy as a fundamental platform for improving community and consumer engagement in health decisions.

12 Month Update

Since the roundtable participants met in July 2023, very little has changed. The areas discussed by the participants – particularly in relation to national leadership governance and funding; research and evaluation; and partnerships and community engagement – remain central to implementing the 2021 Strategy by 2030.

The 2024-25 Federal Budget

In July 2023, the roundtable participants agreed that the Strategy's goals would not be realised unless prevention investment was increased according to the Strategy's own target of 5% of total health expenditure across all governments by 2030. Although the 2024-25 Federal Budget has since invested \$1.3 billion to "prevent illness, detect disease earlier, treat chronic conditions" and encourage "an active, healthy life", Australia is not yet adequately funding the Strategy's implementation.¹

The preventive health measures featured in the 2024-25 Budget included \$10.3 million to

develop a national skin cancer screening roadmap and improve the collection of skin cancer data, and \$1.1 million for TAPPC research to deliver a prevention evidence base for policymakers. There was a notable lack of funding for the development of the CDC – which roundtable participants noted could play a key leadership role in preventing chronic diseases in Australia.

The future of prevention

Despite some progress, particularly in areas like skin cancer screening and TAPPC research funding, there remains a critical need for a more robust and coordinated approach to fully implement the National Preventive Health Strategy by 2030. TAPPC research

Key priority areas identified by roundtable participants include leadership, governance, and funding, research and evaluation, partnerships, and community engagement.

Priorities for the future.

Successful implementation of the National Preventive Health Strategy will require progress in the following in all of the areas identified above. Some key measures identified by participants included:

1. Strengthening Leadership and Governance:

- Structured, formal commitments from the government to expand the preventive health responsibilities of the Centre for Disease Control (CDC).
- Increased prevention investment to meet the Strategy's target of 5% of total health expenditure by 2030.
- Development of a comprehensive funding plan for the CDC to ensure it can effectively lead in preventing chronic diseases.

2. Enhancing Research and Evaluation:

- Consideration of the National Preventive Health Strategy in the creation of a National Health and Medical Research Strategy to improve coordination and funding for prevention research.
- Advance multidisciplinary research to address priorities in the Strategy through the MRFF.
- Leverage the national digital health blueprint to build a more coordinated and coherent data infrastructure that aligns with FAIR principles and fosters a national linked data asset that will support prevention research.

3. Building Partnerships and Priority Community Engagement:

- Facilitate and support partnerships across sectors, including policymakers, the research sector, prioritizing the needs and interests of First Nations communities, rural and remote communities, and individuals with lived experience.

4. Addressing Preparedness and Health Literacy:

- Develop and implement the National Health Literacy Strategy to improve health literacy and preparedness for health threats.
- Focus on building public awareness and trust in data use while climate change risks and established non-communicable diseases.

Annex: Visual summaries

Visual summaries were created and shared as part of the roundtable to stimulate creative and productive discussions, two of which are featured here. These visual summaries are an interpretation of the roundtable discussions on the current status of prevention (Figure 1) and the future research agenda (Figure 2).

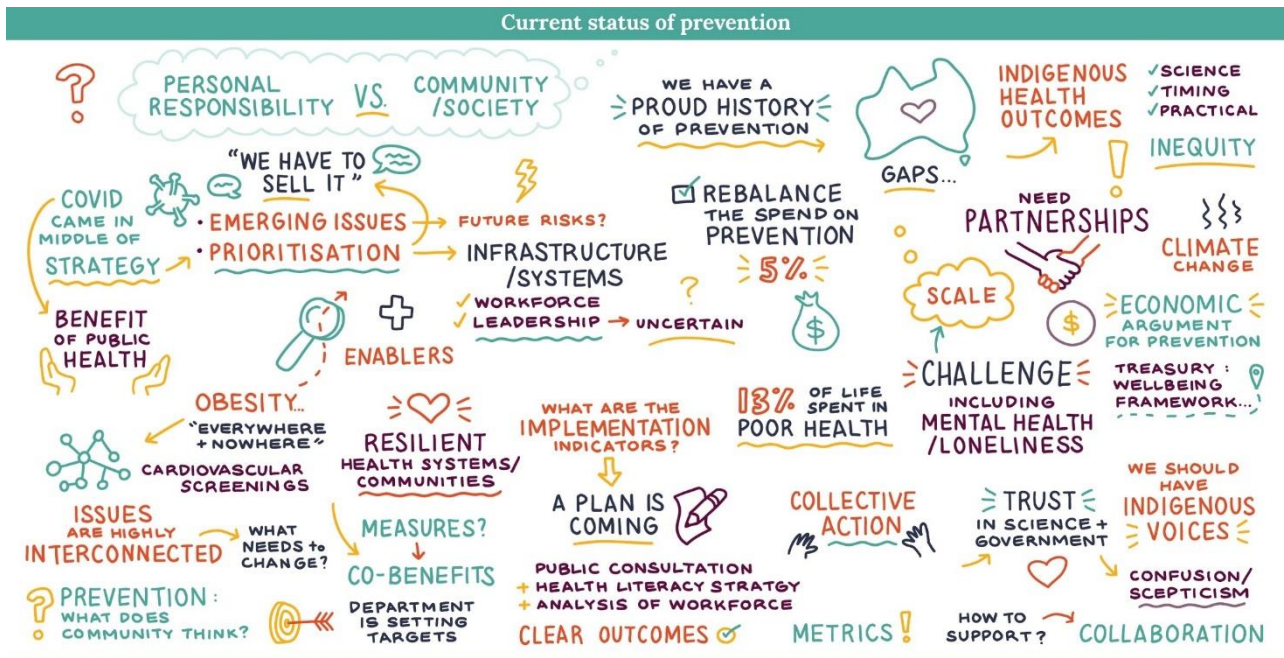


Figure 1: Visual summary of the current status of prevention



Figure 2: Visual summary of the future research agenda

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