

Submission

Consultation Paper Release
National Preventive Health Strategy
April 2021

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

FEEDBACK

The National Health Leadership Forum welcomes the opportunity to provide our collective feedback on the Draft National Preventative Health Strategy 2021-2031.

Whilst the NHLF was supportive of the development of a National Preventative Health Strategy, we hold reservations about the Draft Strategy released for consultation. Our reservations centre around the concerns the NHLF had previously named during the first consultation process which are reflected in the Draft. ***Our previous feedback on the proposed structure of the Strategy were:***

- The proposed structure outlined in the discussion paper contained two contradictory parts. The first part acknowledged the role of the non-health sector in health prevention, but the proposed structure failed to articulate what this means or how these non-health related measures would be utilised to meet the required systemic structural change to prevent ill-health and enable good health.
- The second part which was the ‘actioning’ component within the proposed structure focussed on individual risk factors, individual behavioural change and boosting existing preventative health measures.
- There was no relationship between the social and cultural determinants of health referenced in the first part, which acknowledged their ability to impact on health either negatively or positively, and what the proposed in the second part, the action areas.

Accordingly, we now offer the following comments regarding the Draft Strategy:

- The vision, narrative, and focus of the strategy appears disjointed. The first part of the strategy, which again acknowledges the social and cultural determinants of health, does not identify actions to address the deficits across the determinants.
- The second part of the strategy remains focussed on boosting specific actions areas such as tobacco smoking and cancer.
- The Strategy’s focus on prevention is largely based on the preventative health service system, which maintains the current fragmentation, rather than taking a holistic approach to creating health and wellbeing.
- There is no link between culture and how it can create good health for any population group.

- The section that references culture, has collapsed Aboriginal and Torres Strait Islander people with people from culturally and linguistically diverse background. It is not acceptable to collapse the First Nations people of Australia in with populations that are from a range of diverse cultural background.
- The current health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians is a direct link to past colonisation and current colonial practices. The experiences of people from what is called the CALD background groups, ignores their own specific health needs which is influenced by their own experiences particularly if they are refugees, which is a different experience if someone freely immigrated to Australia.
- The imagery within the Strategy reinforces a white middle class urban Australia, and a health system that is structured around disease and single episodes of ill health. Additionally, the Strategy does not reflect the socioeconomic disadvantage resulting from poor social and cultural determinants of health, and how they impact on health and wellbeing. Consequently, the Strategy does not speak to all Australians and their preventative health needs.
- Finally, whilst the NPHS includes high-level policy linkages, it does not translate well into actions and measures, particularly when the outcome measure is a policy achievement rather than on the ground health improvement. Given this is a strategy it is light on any details about funding investment or future directions of resources, accountability, and governance to ensure implementation, particularly cross-jurisdictional ownership and actions by the Commonwealth and the state and territory governments.