AUSTRALIAN HEALTH POLICY COLLABORATION

Australian Health Policy Collaboration Symposium 2022

Briefing paper

October 2022

Mitchell Institute

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Welcome and thank you for registering for the 2022 Australian Health Policy Collaboration (AHPC) Symposium. It has been nearly eight years since the Mitchell Institute initiated and organised its first national symposium on preventive health policy issues and opportunities. In 2015, around 80 individuals and organisations accepted our invitation to come together to a national symposium to consider the discussion paper, *Chronic Diseases: The case for changing course*. Following that symposium, participants worked with the Mitchell Institute health team and Dr. Sharon Willcox on the sequel – *Chronic Diseases in Australia: Blueprint for Preventive Action*, published in June 2015. The second national symposium that accompanied the launch of the Blueprint established the collaborative network that is the Australian Health Policy Collaboration, led and supported by the Mitchell Institute and with funding support from the Australian Government Department of Health and Ageing.

Over time, AHPC has grown into a nationally recognised network aiming to inform, influence and impact public health policy in Australia. Many of you have been active participants from the beginning. Others we have been able to gratefully welcome in the years that followed.

On October 13th, we will come together again, this time virtually, to discuss future focus areas and the strategic potential of the AHPC.

We look forward to seeing you on October 13th.

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INTRODUCTION

This document provides background information for participants in the *Australian Health Policy Collaboration* (AHPC) Symposium, to be held online on Thursday 13 October 2022 and hosted by the Mitchell Institute.

The Symposium is to discuss and develop priorities for the AHPC for the current funding agreement with the Australian Government Department of Health and Aged Care and to consider the future potential for the AHPC for the next three to five years.

FUNDING

In September 2021, the then Australian Government Minister for Health, the Hon. Greg Hunt, announced an additional three years of funding from the Federal Government Department of Health and Aged Care to the Mitchell Institute to continue to support and work with participants in the AHPC. The announced funding ($200,000 per annum) is for the period **July 2021 to June 2024** and enables the Institute to maintain staff capacity to support the work of the APHC, host events and meet the cost of publication of papers and reports. The impacts of the COVID pandemic and the federal election have meant that there have been delays in implementing the contract work program and further work on the AHPC review that was initiated earlier this year.

LOOKING FORWARD

The organisational and individual contributions to the AHPC have been vital to the value, influence, and impact of the work undertaken with and by the AHPC. The review of the AHPC work from 2015 to 2021 set out to assess the work and working methods to date and to consider and initiate a work program for the next two years. The future work program should add to and advance the AHPC's portfolio on preventive health policy. Policy that is based on relevant evidence and demonstrably effective in improving population health and reducing risk factors for preventable chronic diseases, affordable and relevant to current policy and economic contexts.

Early this year, AHPC participants were invited to complete a short survey on the work of the AHPC so far and on the structure, procedures, and focus priorities of the AHPC for the current three-year work program and beyond.

This background paper summarises:

- The history of the AHPC
- The results of the AHPC Review survey
- The proposed work plan for the next two years.

Share your insights

This symposium aims to discuss and develop the priorities for the AHPC for the current commonwealth contract and to consider the future potential beyond the next three years, making sure it is fit for purpose in the current context.

ABOUT US

The Mitchell Institute for Education and Health Policy at Victoria University is an independent health and education policy think tank. Our focus is on improving health and education systems so more Australians can engage with and benefit from these services, supporting a healthier, fairer and more productive society.

The Australian Health Policy Collaboration (AHPC) is led by the Mitchell Institute at Victoria University and brings together leading health organisations and chronic disease experts to translate rigorous research into good policy. The national collaboration has developed health targets and indicators for preventable chronic diseases to contribute to reducing the health impacts of chronic conditions on the Australian population.

Mitchell Institute's policy evidence briefs are short monographs highlighting the key evidence for emerging policy issues.

AHPC HISTORY

The Mitchell Institute was established in 2013 by Victoria University with a mandate to improve health and education outcomes across Australia, particularly for those affected by socioeconomic disadvantage and cultural diversity. The health policy program of the Institute was asked to address the prevalence and impact of preventable chronic diseases in the Australian population. In 2014, to locate this endeavour within the context of the work already being done nationwide, around 80 individuals and organisations accepted our invitation to come together in a national symposium to consider the discussion paper, *Chronic Diseases: The case for changing course*.

A subsequent symposium in June 2015 discussed the sequel publication, *Chronic Diseases in Australia: Blueprint for Preventive Action*, developed by Dr. Sharon Willcox in consultation with attendees of the first symposium. The discussion and debate determined that accountability measures were the 'missing piece' that could draw policy attention to the potential of, and need for, active preventive health policies and investments. The Blueprint became the charter for the health program at the Mitchell Institute and for an informal collaborative network of those who had participated, the Australian Health Policy Collaboration.

The AHPC began by working through 2015 to establish national Australian preventive health targets and indicators for reductions in modifiable risk factors, in alignment with the WHO Global Action Plan on Non-Communicable Diseases. This work included mental health, in recognition that mental health is a significant area of chronic disease affecting a substantial proportion of the Australian population.

The work on Targets and Indicators was followed by the development of the national report card, *Australia's Health Tracker* (2016), and subsequently by the national policy framework, *Getting Australia's Health on Track* – a set of policy initiatives to improve the health of the nation that are particularly relevant to governments and industry, and to health, education, and employment services and professionals.

Supported by Department of Health funding from July 2018 to June 2021, the national targets and indicators were

updated in 2019 with the latest national data, Health Tracker reports were updated through 2019 and 2020, and *Getting Australia's Health on Track* was updated and published in 2021.

The figure below provides an overview of the key pieces of work by the AHPC over time. The work undertaken by the AHPC has ranged from broad population health outcomes to the specific preventive health needs of vulnerable population groups. The Collaboration has been extraordinarily productive. A list of all publications and report cards can be found on the Mitchell Institute website.

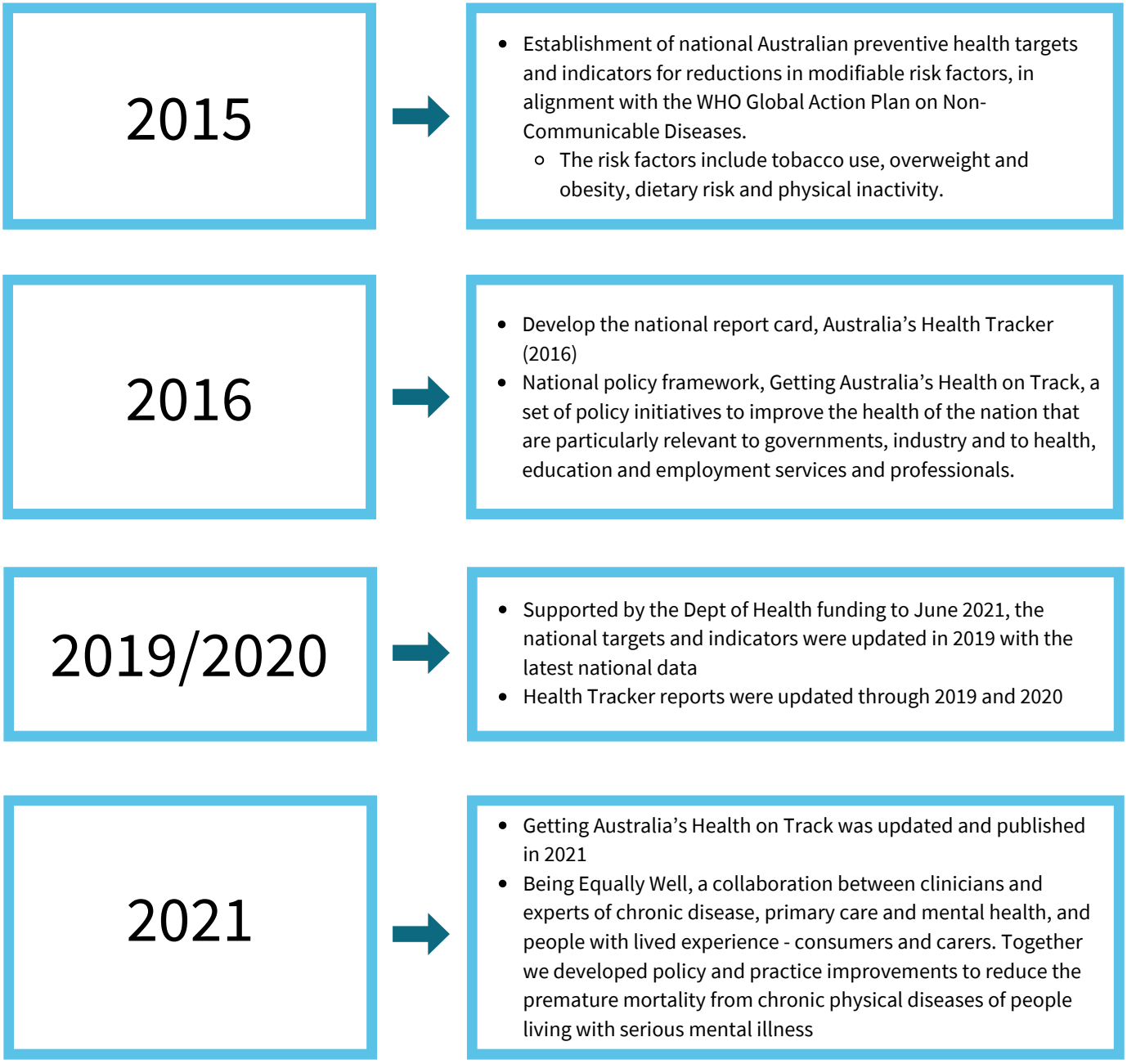


Figure 1. Key AHPC work and developments from 2015-2021.

AHPC WORKING METHOD

The main products of the AHPC are environmental and evidence scans leading to **policy blueprints** on significant areas of new work, **policy evidence briefs,** and the **Health Tracker Series**.

AHPC expert participants have contributed to the identification and translation of evidence to policy proposals relevant to the identified target areas of highest risk in the population as well as on the impacts on and opportunities to improve the health of individuals with chronic health conditions.

We follow a process outlined below (see figure 2), starting with an internal evidence scan, seeking expert advice, writing the policy brief/report and an external review involving AHPC experts and finally dissemination of the final report.

For substantial areas of work, such as the Targets and Indicators, Getting Australia's Health on Track, editions 2016 and 2021, Self-Care for Health, and Being Equally Well – better physical health care and longer lives for people with serious mental illness, we have established a project steering group and undertaken an environment and evidence scan. This has commonly led to the establishment of a number of expert working groups that work in parallel on various aspects of the issue to develop a technical report on the problem, the evidence of what effectively addresses the problem and the policy options that would most appropriately redress the problem. The technical report is then developed into an overall set of policy recommendations or **policy blueprint**. This is followed by a national symposium on the blueprint and advice to relevant government and health agencies on the significance of the problem and the policy and practice strategies that will improve health services, health care and health outcomes.

Figure 2. AHPC working method

The Mitchell Institute aim is that this work and these documents will become resources for all stakeholders involved in the health issues being addressed and a particular resource for AHPC participating organisations in their leadership and advocacy on these issues.

The **policy evidence brief** aims to inform, influence and impact government policy making and to increase awareness of pressing health issues. Selected briefs are followed up by collaborative action to encourage the implementation of the policies proposed, in close collaboration with AHPC experts and industry partners.

Policy evidence briefs include *Improving Australia's Mental and Physical Health; Nutrition Policy in Australia: Adopting a Harm Minimisation Approach; Supporting physical activity promotion in primary health care; Sport participation and play: How to get more Australians moving*.

The **Australia's Health Tracker** series measures national progress on the modifiable risk factors for preventable chronic disease identified in the *Targets and Indicators*, and on a range of relevant health issues including oral health, mental health and the influence of socioeconomic status on health risks and health status in Australian children and adults. The most recent trackers are the *Tracker by Gender* and *Tracker by Socioeconomic status* edition 2021. Comprehensive geographical data can be found on the Atlas Australia website.

Figure 3. A sample of AHPC publications

In March this year, all AHPC participants were invited to complete a short survey on the work and impact of the AHPC so far. Thank you to all who completed the survey. Below we present the key results.

The results of the survey, along with the outcomes of the discussion from this symposium, will inform the structure, procedures, and focus priorities of the AHPC for the current commonwealth contract and beyond.

How participants have used AHPC work

Survey respondents were asked how they have used the AHPC work for their personal use or in their organisation.

71% of respondents have used AHPC work to inform advocacy and communications, 48% have used it to inform policy development, 32% have used it to inform practice and 26% have cited AHPC work in academic papers. Other uses of AHPC work include:

- referenced for education purposes
- to improve safety an quality of health intervention
- to inform clinical education
- teaching
- within research funding/grant applications

Note: totals add up to more than 100% as participants could indicate more than one use

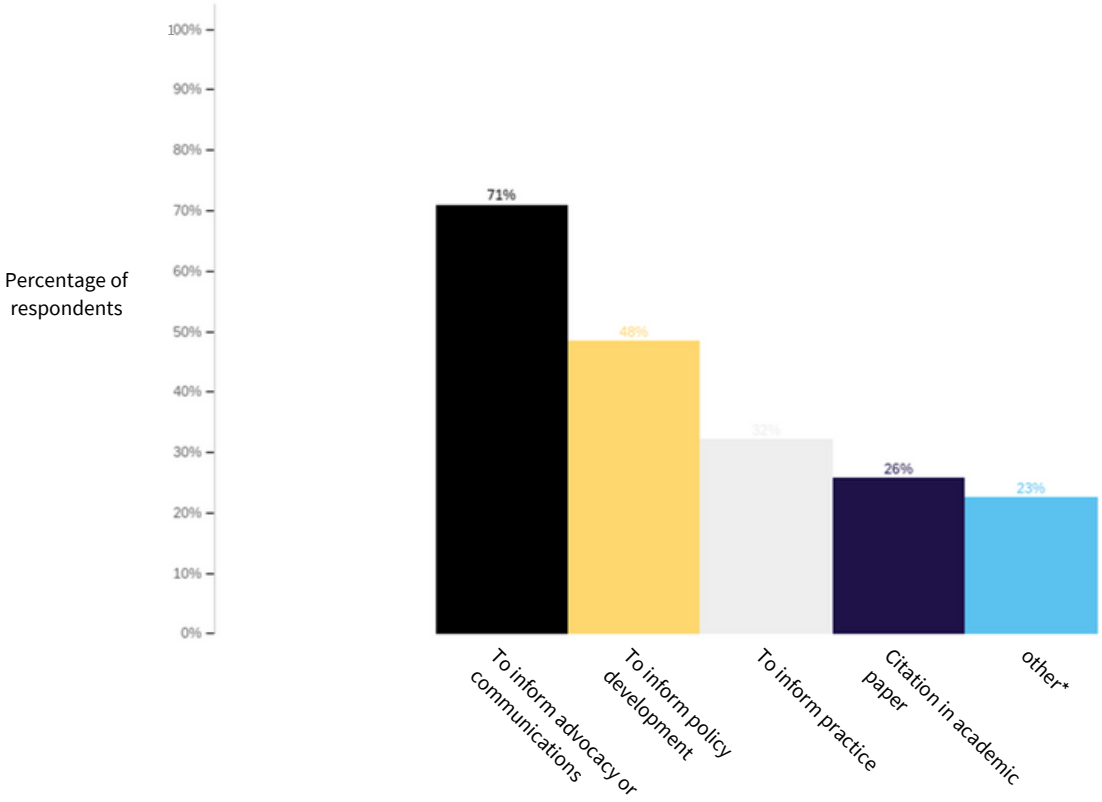


Figure 4. How participants have used AHPC work

How participants rate the *impact* of the key subject areas

Survey respondents were asked to rate the impact of the AHPC work in six subject areas. We defined impact as:

- impact on policymakers, public and media awareness and/or within the stakeholder sector.

The red bars represents 'high impact' and blue 'very high impact'.

The black and dark purple represent 'very low' to 'low impact', respectively. Grey means 'no impact' and yellow 'medium impact'.

Ten out of the total eleven topics were rated highest with having either 'high impact' (premature mortality, physical inactivity, obesity/and or diabetes, mental health, self-care, and nutrition) or 'medium impact' (alcohol, biomedical risk factors, and oral health). Mental and physical health was rated with 'very high impact'.

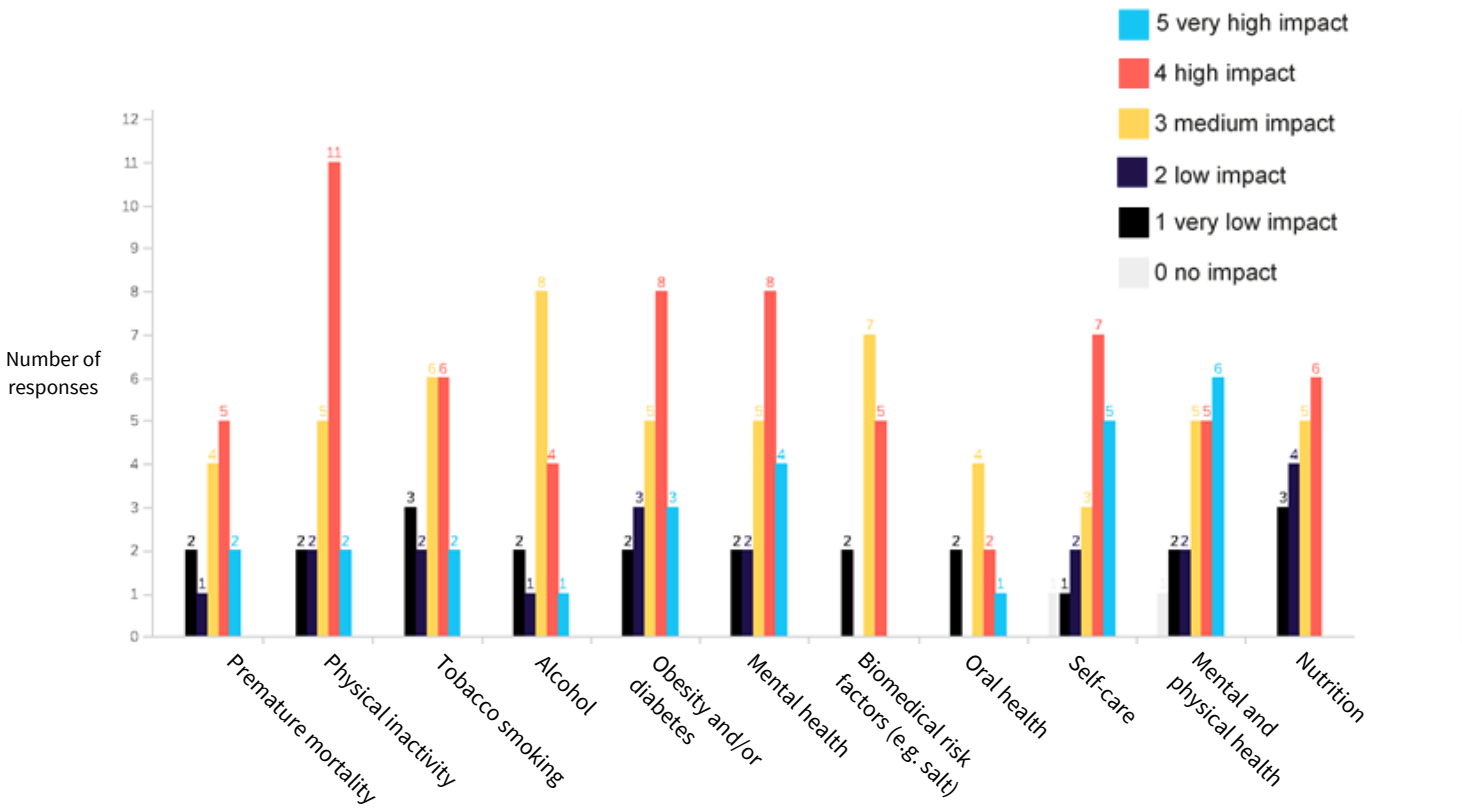


Figure 5. Impact level by subject area

How participants rate the *usefulness* of publications/ types of communication

The AHPC communicates research findings and policy recommendations in the following ways: policy reports, health trackers, roundtables, symposia, press releases, opinion pieces and interviews with (national/state/local) media.

Survey respondents were asked to rate how useful they found the AHPC publications/ types of communications

The red bars represents ‘useful’ and blue ‘very useful'. The black and dark purple represent ‘neutral’ to ‘not very useful’, respectively. Grey means ‘not useful' and yellow ‘slightly useful'.

Both the policy reports and health trackers were mostly rated as very useful. The remaining were mostly rated as useful.

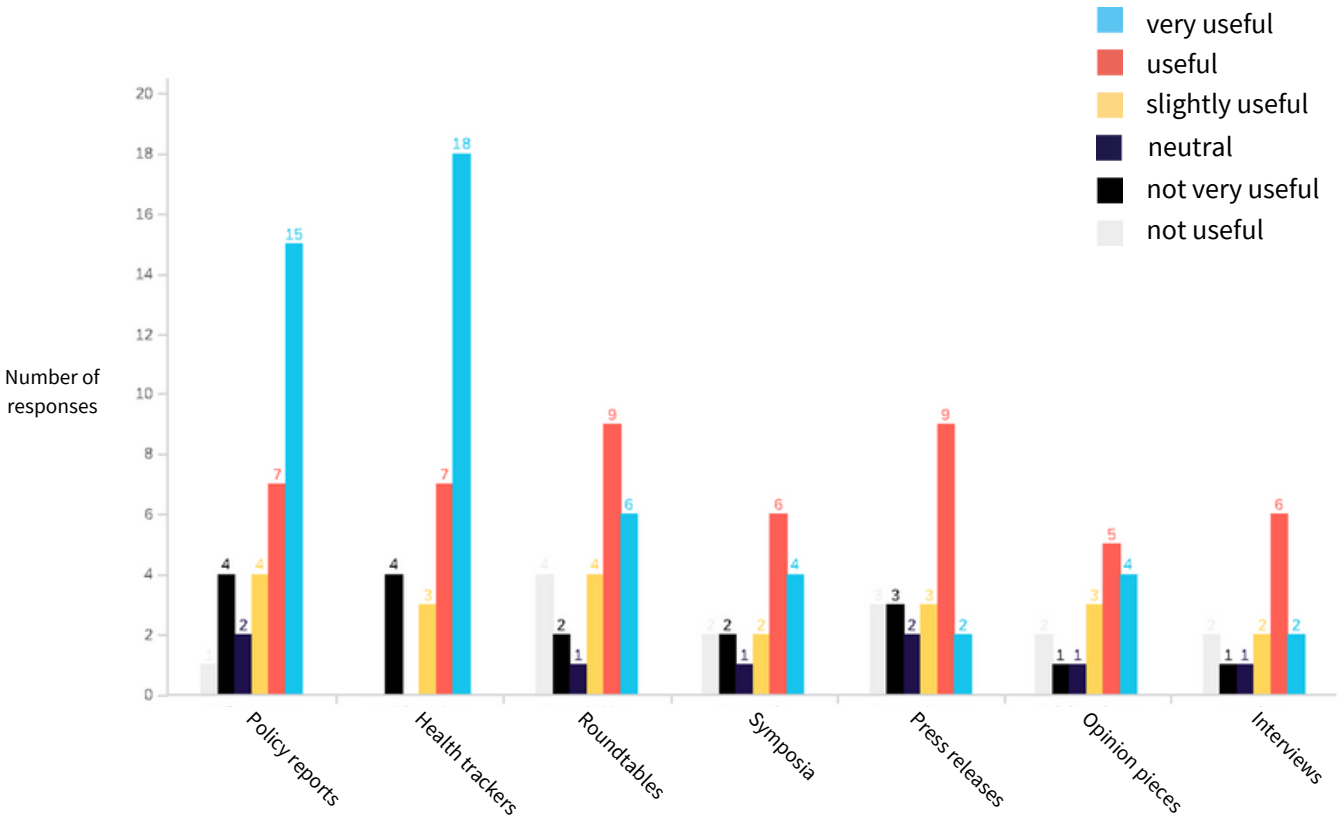


Figure 6. Usefulness of various forms of communication

How participants rate the *impact* of publications/ types of communication

Using the same range of publications/types of communications, survey respondents were asked to rate the impact of the AHPC publications and communications in their engagement.

The red bars represents ‘high impact’ and blue ‘very high impact’.

The black and dark purple represent ‘very low’ to ‘low impact’, respectively. Grey means ‘no impact’ and yellow ‘medium impact’.

The policy reports, health trackers, roundtables and symposia were rated by most as having a ‘high' or 'very high impact’. Opinion pieces were rated a 'high impact'. Press releases were thought to have a ‘medium impact’. Media interviews were not considered as having an impact of a particular kind with low responses on all impact levels.

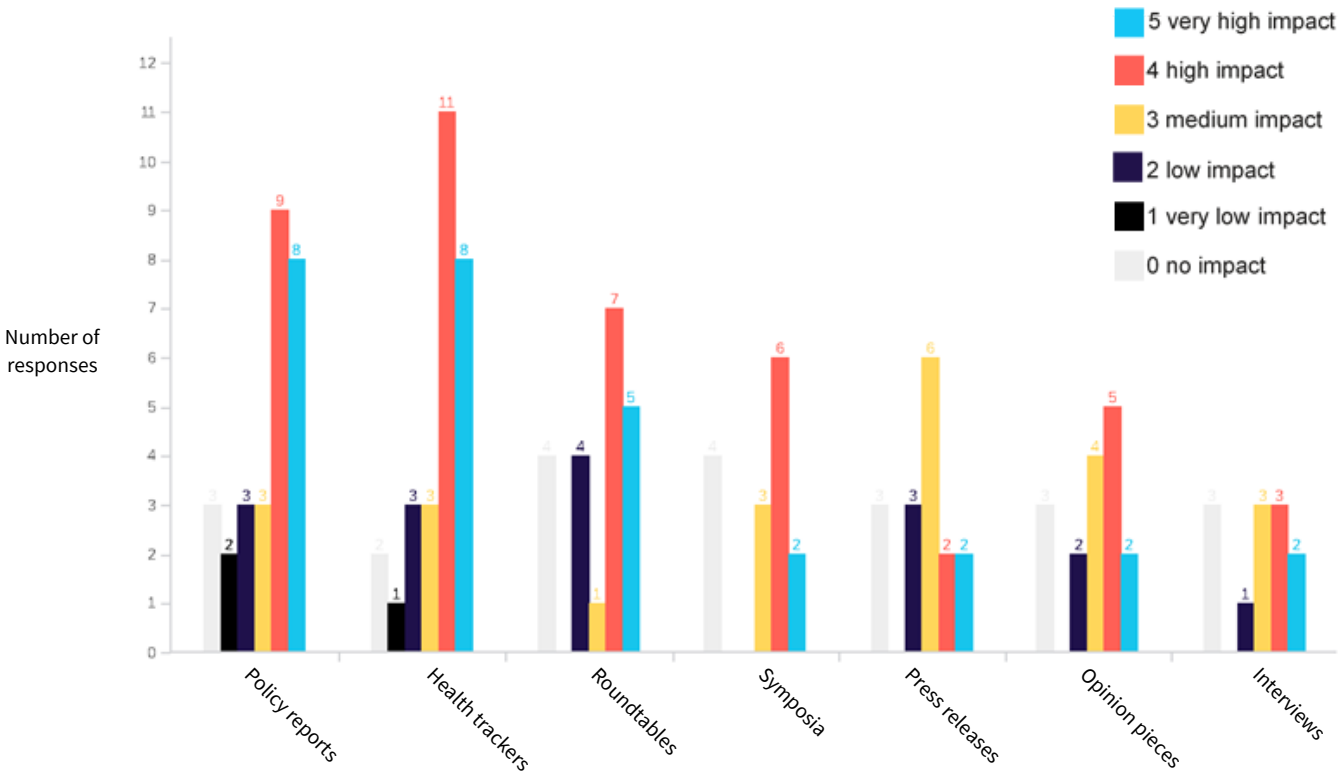


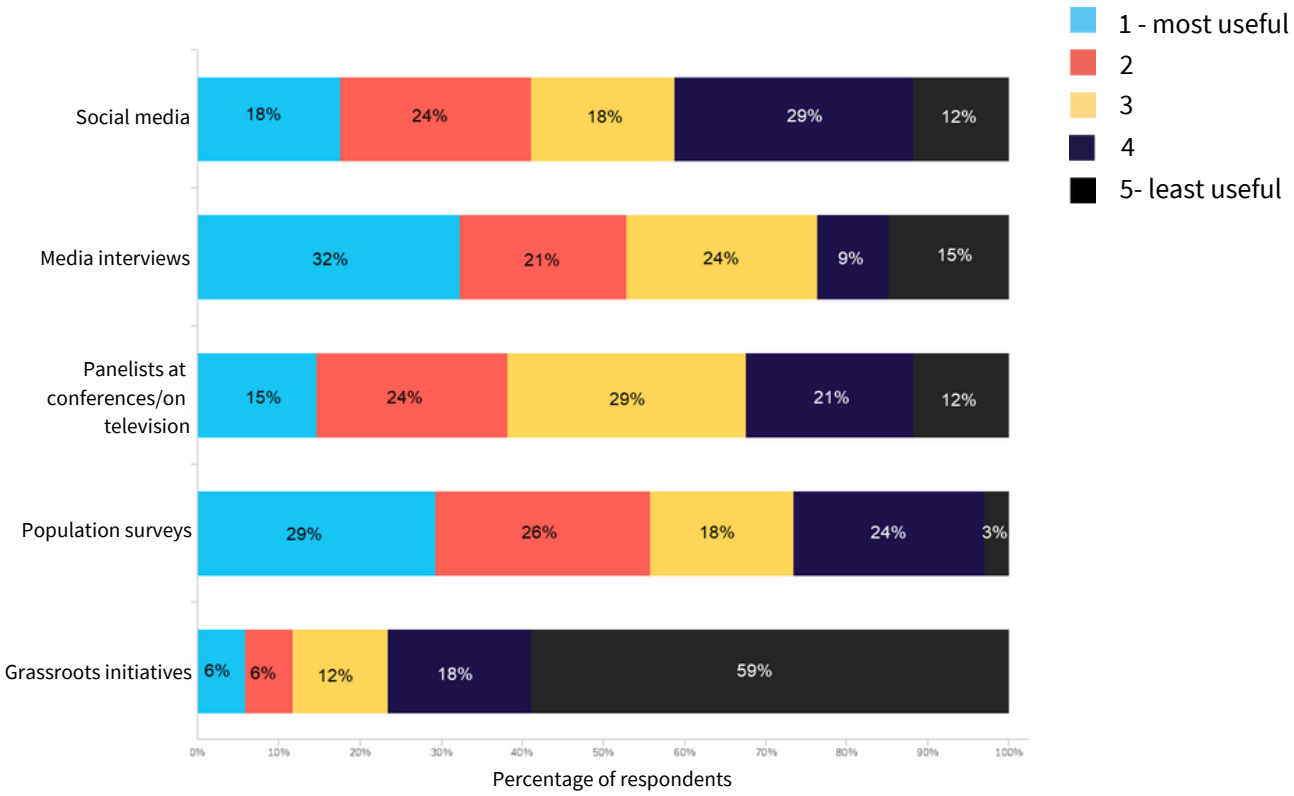
Figure 7. Impact level of various forms of communication

How participants rate the *usefulness* of dissemination strategies

Survey respondents were asked to rank the usefulness of various dissemination strategies used for AHPC outputs.

Options were ranked 1 through 5 with 1 (Blue) being the most useful and 5 (Black) being the least useful.

Media interviews and population surveys were ranked as most useful, followed by social media and being panelists on conferences/television. Grassroots initiatives were ranked as least useful.



Figures 8. usefulness of dissemination strategies

Who to engage

Participants were asked which stakeholders the AHPC should engage with proactively. These are presented in figure 9. Larger fonts represent higher respondent rate.

Based on the cloud, engagement with researchers, private health insurance, Ministers, and ministerial advisors are the most often mentioned. These engagement groups are followed by citizens, urban planners, local governments and consumers and carer peak bodies.

Figure 9. Who to engage presented in a word cloud

Priority areas

Participants were asked to provide wat they considered to be the three most important preventive health priorities. These are presented in figure 10. The larger the font, the more often it has been mentioned. Often mentioned topics include (adolescence) mental health, physical inactivity, health inequality/access, tobacco cessation, obesity and nutrition. Climate change has been mentioned a few times as well, a topic the AHPC may start to engage in.

Other health areas mentioned once/twice such as unhealthy industries, brain/cognitive health, individual/community behavioural change, social isolation, closing the gap, and digital health are welcome new areas for work.

Figure 10. Priority areas presented in a word cloud

Below we present the current projects and a list of proposed relevant topics.

Current projects

Being Equally Well: Ongoing implementation activities associated with the Roadmap on mental and physical comorbidities

Being Equally Well is a collaboration between the Mitchell Institute and participant experts from the AHPC and Equally Well Australia (EWA). It is focused on the premature mortality from chronic physical health conditions of people living with mental illness. The *Being Equally Well National Policy Roadmap* (rather than Blueprint) was launched in August 2021 by then federal Health Minister, the Hon. Greg Hunt. The *Roadmap* set out a suite of policy and system change recommendations throughout public and private health care and services to reduce the lifespan gap for people living with serious mental illness. This work followed the AHPC publication, Australia's Mental and Physical Health Tracker and was undertaken to inform and resource the objectives to reduce premature mortality of people living with mental illness set out in the Fifth National Mental Health Plan.

The *Being Equally Well* collaboration has worked through 2022 to encourage and facilitate uptake of the initiatives recommended by the *Being Equally Well Roadmap.* This included a range of topic-specific roundtables and advisory groups with stakeholder organisations relevant to each topic area that worked on the practical, achievable first steps towards implementation that could be taken by participating individuals and organisations. Participants in the project collaborated to write a series of articles on the evidence for improved health care and the system improvements that would improve health care and health outcomes for a *Being Equally Well* supplement to the Medical Journal of Australia that was published on October 3, 2022.

An Implementation Action Plan presenting the work undertaken by roundtables and advisory groups was launched on October 6 at a national symposium attended by participants in the AHPC, Equally Well Australia and other stakeholders. The symposium also featured the work in the MJA supplement and concluded the current work by Mitchell Institute on this issue.

Together, the *Being Equally Well national policy Roadmap*, the *Being Equally Well national implementation action plan* and the MJA *Being Equally Well* Supplement are resources for all stakeholders in government, health services, health professionals and health and advocacy organisations to be used in leadership actions to bring about policy and practice improvements.

Social Prescribing: Optimising prevention and early intervention

This policy options paper focuses on the means to enable access to non-clinical preventive health for vulnerable people and disadvantaged communities.

Many people have unmet social needs that are contributory factors to poor health and wellbeing and that, without intervention, will contribute to preventable health risks or established chronic disease. These needs are often best met by community support organisations/services or allied health services. Primary care practices are limited in capacity to address social issues influencing health and often do not have links to a network of community and other services that could do so, leaving a gap in the health care system. Referrals to allied health services are limited by eligibility criteria and relevant MBS subsidies and commonly include a consumer co-payment which can be prohibitive for many. As an adjunct to primary care, social prescribing provides a referral pathway for primary care practitioners so that the non-clinical risk factors for poor health can be addressed, alleviating personal and healthcare system burden. This policy issues paper compiles evidence of the effectiveness of social prescribing and how it can be best adapted to the Australian context.

Enhancing the role of Health and Physical Education in public health in Australia

Health & Physical Education (HPE) is a cornerstone subject in the primary school curriculum and to a lesser extent in secondary school curriculum. HPE has the role of providing students with the foundations for lifelong engagement in physical activity. This policy evidence brief examines how HPE can be enhanced to contribute more effectively to the health literacy of young people and longer term engagement in physical activity. The work will particularly focus on enhancing the effectiveness and influence of HPE in low-socioeconomic communities. Five policy options to enhance the impact of HPE are considered: adequately resourcing; curriculum implementation and accountability (in particular on health literacy); the contribution of technology in the curriculum; school-community connection through ‘brokers’ based on international examples; purposeful inter-departmental collaboration at state/territory levels.

Sleep and Health

This policy paper focuses on sleep health from a public and preventative health perspective and presents implementable proposals to incorporate sleep in policy and practice as a preventive health measure.

Poor sleep is causally associated with the deterioration of physical and mental health in all age groups. Likewise, poor sleep is estimated to pose a substantial financial burden in Australia. Sleep has been identified in the National Preventive Health Strategy 2021-2030 (NPHS) as a community health concern (getting enough sleep) and as a preventive health issue relevant to healthy regulation of appetite and metabolism and, with physical activity and nutrition, the essential components of preventing poor physical health and establishing and maintaining strong mental health and wellbeing. This project is being undertaken through collaboration with the Sleep Foundation of Australia.

Planned and potential policy evidence briefs and activities 2021-24

We invite AHPC participants to consider and critique the planned and potential areas of preventive health policy and practice outlined below and/or suggest other issues to be included in the Commonwealth supported work through the next two years.

Planned AHPC work

- Updated Targets and Indicators for prevention and reduction of preventable chronic diseases (Evidence review and report)
- Australia's Health Tracker 2022-3 (Report card)
- Australia's Health Tracker by Socio-economic Status 2023 (report card)
- Getting Australia's Health on Track (2023-4): addressing emerging health risks (Policy options paper)

Potential preventive health policy issues

- **Implementation policy information and evidence:** including harm minimisation strategies, for improved physical activity, healthy diets, healthy sleeping patterns, and other specific health risk factors in low SES communities
- **Engaging vulnerable communities:** particularly those from socio-economically disadvantaged backgrounds, with public health information and in preventive health actions
- **Effective population health data:** collection, management and application for Australia
- **Health workforce requirements:** for better physical health care for people living with chronic and complex health conditions
- **Health strategies for early intervention:** evidence of emerging health risks (climate change impacts)

What ways of working will build influence and grow capacity?

- Working groups
- Roundtables
- Open forum
- Chatham house rule
- Other?

Future potential beyond the next three years

Could/should AHPC become a sustainable collaboration? To what end and how?
What ways of working would build influence and grow capacity?

- Membership options
- Public open fee-based information and awareness events (symposia, face to face invitation only roundtables etc)
- What audiences to engage?

Austalian Health Policy Collaboration Symposium 2022

Welcome & Acknowledgment of Country — *Prof. Maximilian de Courten*

AHPC History & Purpose — *Prof. Rosemary Calder*

- Review survey summary
- Priority points

Data for policy — *Assoc. Prof. John Glover*

- Current data landscape
- Health data challenges
- Issues with self-reported data

Introduction to Panel

Panel: The landscape from different perspectives

- *What matters to consumers* — *Danny Vadasz*
- *Challenges from a primary care perspective* — *Prof. Mark Morgan*
- *Issues facing regional Australia* — *Prof. Sabina Knight*
- *System challenges:*
  - *Workforce for preventive health* — *Assoc. Prof Kevin Mc Namara*
  - *Building capacity to promote wellbeing, early detection of illness, integrated patient-focused care, and digital system transformation – where to start?* — *Dr. Rob Grenfell*

Open discussion

- What can AHPC contribute to improved preventive health? — *Facilitated by Rosemary Calder*

Summary

How do we move this forward?

Close of event

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