ACDPA response – National Women's Health Strategy

November 2018

The Australian Chronic Disease Prevention Alliance welcomes the opportunity to provide a submission to the consultation on the National Women's Health Strategy.

SECTION A - DEMOGRAPHICS

The Australian Chronic Disease Prevention Alliance (ACDPA) brings together Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and the Stroke Foundation. These leading Australian non-government health organisations share a commitment to reducing the growing incidence of chronic disease in Australia attributable to modifiable risk factors.

ACDPA members work together in the prevention of chronic disease, with emphasis on changes to food and physical environments to reduce risk, and changes to the health system to promote early assessment and management of chronic disease risk.

SECTION B – STRUCTURE OF THE STRATEGY

11. Is the overall structure of the Strategy appropriate and easy to follow?

Yes

No

12. Please provide comments on your selection (200w)

The structure of the Women's Health Strategy flows logically. However, it would benefit from the articulation of responsibilities and inclusion of overarching targets, implementation detail, timeframes and accountability mechanisms for monitoring progress at agreed timepoints.

13. Do the sections: *About the Strategy, The Strategy in context, Women's health at a glance, Priority populations, Life course approach and What we want to achieve* provide adequate context and background for the Strategy?

Yes

No

14. Re question 13, is there anything missing or anything that should be changed (400w)?

We welcome the focus on priority populations, recognising the need to address the disparities in risk factors and health outcomes across populations. Engagement with consumers from priority populations is essential to co-design and lead appropriate solutions.

We support the life course approach to map changing risks and health needs across various life stages, as well as identify potential intervention points to reduce risks, promote health and wellbeing, and improve engagement with health services. Chronic disease risks increase with age, however younger people are increasingly affected. Internationally, increasing stroke rates among younger people have been

observed. Specifically, the Global Burden of Disease Stroke Experts Group noted a 25% increase in people aged 20–64 years from 1990-2010, possibly due to an increase in modifiable stroke risk factors such as hypertension, diabetes and obesity.

Reference - Feigin VL, et al. Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010) and the GBD Stroke Experts Group. Global and regional burden of stroke during 1990-2010: findings from the Global Burden of Disease Study 2010. Lancet. 2014; 383(9913): 245-54.

The strategy highlights the prevalence of chronic disease amongst the ageing population. One in two Australians have a chronic condition, yet a substantial amount of chronic disease could be prevented by addressing modifiable risk factors, such as tobacco, alcohol, poor nutrition, physical inactivity and overweight/obesity. The strategy could be strengthened through greater emphasis on modifiable risk factors, early detection and opportunities to reduce risk.

For example, overweight/obesity is flagged as an issue amongst females from lower socioeconomic groups, but it is also a key issue affecting the broader population due to its prevalence and impact on chronic disease. More than half of women aged 35 years and over were overweight or obese in 2014-15. Overweight and obesity increases risk of many chronic diseases, including heart disease, stroke, diabetes, certain cancers, and chronic kidney disease. When combined with physical inactivity, the burden attributed to overweight and obesity is equivalent to the burden from tobacco.

Reference - AIHW 2017. https://www.aihw.gov.au/reports/overweight-obesity/interactive-insight-into-overweight-and-obesity/contents/how-many-people-are-overweight-or-obese.

15. Do the sections: *Strategy Blueprint, Policy principles and Strategy objectives* adequately frame the approach for, and intent of, the Strategy?

Yes

No

16. Please provide comments and explain your selection (400w)

ACDPA welcomes the focus on prevention in the policy principles. Investment in prevention and early intervention provides a cost-effective avenue to improve health and wellbeing and also reduce long-term health and hospital costs

We recommend a greater focus on secondary prevention (early assessment and management of disease risk). The risk of chronic disease increases with age, and health checks at various points in time can support individuals to understand their risk of disease and manage their risk accordingly. Funded integrated health checks for absolute cardiovascular risk, diabetes and kidney disease at 45+ years (35 years for Indigenous females) would provide a targeted and measurable means of early detection.

Chronic diseases are responsible for almost 40% of potentially preventable hospitalisations. Investing in prevention and early detection has the potential to reduce hospitalisations, while improving long-term health and wellbeing.

Reference - https://www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/chronic-disease/overview

ACDPA supports a shift in the language in the principles, and more broadly in the strategy, to reflect that prevention goes beyond individual responsibility. Creating individual behaviour change can be challenging. Population-level changes, on the other hand, can influence individual behaviours through 'nudges' and other policies. The creation of health-conducive environments is essential to support and empower people to make healthy life choices that promote wellbeing and prevent disease.

For example, creating a safe physical environment with pathways and recreation spaces can promote walking and physical activity through the life course – from parents with prams, to older Australians in walking groups. The Heart Foundation's *Healthy Active by Design* website provides the best-available

evidence, practical advice, checklists and case studies to help with the development of healthy neighbourhoods and communities that promote walking, cycling and an active public life: http://www.healthyactivebydesign.com.au/

Similarly, early nutrition education can improve health literacy, and food choices are influenced by commercial and environmental factors, including food marketing, retail environments, and food labelling.

Current research suggests that smartphone technologies could motivate people to change their behaviour and bridge the gap between population-wide and high-risk prevention strategies. For example, the Stroke Riskometer™ app enables an individual to quickly assess their risk of stroke, as well as access information on how to reduce this risk. Early results from a pilot trial in New Zealand are promising, with feedback highlighting the motivational value of the app.

Reference - Feigin VL et al. Primary prevention of cardiovascular disease through population-wide motivational strategies: insights from using smartphones in stroke prevention. BMJ Glob Health. 2017; 2(2): e000306.

Building on this, ACDPA recommends incorporating a multisectoral approach into the principles to reflect the role that other sectors have in creating healthy environments. Working with other sectors to prioritise 'health in all polices' would enable real change that can promote health and wellbeing beyond the health system.

SECTION C – PRIORITY AREAS

17. Do you agree with the priority areas identified for the Strategy?

Yes

No

18. Please provide comments and explain your selection (200w)

ACDPA supports the five priority areas for women's health and recognises that there is some overlap amongst the priority areas.

19. Priority area 1 – Mental health and wellbeing.

Do the priorities and actions specified for Priority 1 adequately address the specific health needs of women and girls in Australia?

Yes

No

No response proposed – this is not our area of expertise

20. Re Priority area 1, is anything missing or should anything be changed (400w)?

ACDPA supports the recognition of mental health conditions and acknowledges the substantial overlap between mental health, chronic conditions, and shared risk factors. Around 60% of Australians with a mental health condition also have at least one chronic condition. Females with a mental health condition are more likely than Australian females to have risk factors for disease, including higher rates of smoking, physical inactivity, obesity and slightly higher alcohol consumption.

Reference – Australian Health Policy Collaboration. https://www.vu.edu.au/sites/default/files/australias-mental-and-physical-health-tracker-report-card.pdf

21. Priority area 2 – Chronic disease and preventive health

Do the priorities and actions specified for Priority area 2 adequately address the specific health needs of women and girls in Australia?

Yes

No

22. Re Priority area 2, is anything missing or should anything be changed (400w)?

We suggest that this section could be better structured under three key pillars:

- Prevention and awareness of risk factors

- Early detection and management of risk

- Access to treatment and care.

One-third of chronic disease burden could be prevented through addressing modifiable risk factors. We support a greater focus on specific actions to reduce these risk factors. For example, alcohol is the leading risk factor for young adult females, while tobacco is the leading cause of burden for those aged 45-84 years. Actions could include targeted, funded and sustained education campaigns on alcohol or smoking. Poor nutrition is missing as a key risk factor for disease. Together, dietary risk factors increase likelihood of overweight/obesity, and contribute around 7% of disease burden.

Reference – AIHW https://www.aihw.gov.au/reports/biomedical-risk-factors/risk-factors-to-health/contents/risk-factors-and-disease-burden

ACDPA also recommends actions relating to early detection and management of chronic disease risk to reduce some of the leading causes of fatal burden of disease for females.

Specific actions include:

- Funded, sustained awareness campaigns to increase bowel and breast cancer screening uptake, noting that breast and bowel cancers cause substantial disease burden in females.
- Funding to increase integrated health checks in primary care, comprising absolute cardiovascular disease risk assessment according to the National Vascular Disease Prevention Alliance (NVDPA) recommendations, and diabetes and kidney disease checks. These are recommended at 45+ years (35 years for Indigenous populations). http://cvdcheck.org.au/
- Funded, sustained awareness campaigns to promote community uptake of integrated health checks incorporating absolute cardiovascular disease risk assessment, noting that heart disease, stroke, diabetes and chronic kidney disease are leading causes of disease burden in females.
- Funding for the development of up-to-date clinical guidance on absolute risk, and community support to assist individuals to manage their risk outside the health system, thus preventing hospitalisations and reducing fatal burden.

It is necessary to work across sectors to create environments that support females to embrace healthy choices in food and physical activity across the life course. ACDPA supports the inclusion of eight priority actions to tackle obesity from the Tipping the Scales consensus report, based on national and international evidence: http://www.opc.org.au/what-we-do/tipping-the-scales.

Finally, some chronic conditions are absent from the Strategy despite causing substantial burden. Stroke is the second greatest cause of fatal burden for females, higher than in males, but it is not explicitly referenced. More than three-quarters of stroke survivors have a severe or profound disability, yet 80% of strokes could potentially be prevented. Similarly, chronic kidney disease is a long-term condition that causes disease burden in females, including priority populations, and is associated with modifiable risk factors and other chronic conditions.

23. Priority area 3 – Sexual and reproductive health

Do the priorities and actions specified for Priority area 3 adequately address the specific health needs of women and girls in Australia?

Yes

No

No response proposed – as this is not our area of expertise

24. Re Priority area 3, is anything missing or should anything be changed (400w)?

We would support a greater emphasis on achieving a healthy weight during preconception to reduce risks during pregnancy and later in life for the mother and child.

This is also a good opportunity to consider broader mental and physical health, including modifiable risk factors like alcohol and tobacco smoking.

25. Priority area 4 – Conditions where women are overrepresented

Do the priorities and actions specified for Priority area 4 adequately address the specific health needs of women and girls in Australia?

Yes

No

No response proposed – as this is not our area of expertise

26. Re Priority area 4, is anything missing or should anything be changed (400w)?

ACDPA supports this priority. We have no further comments.

27. Priority area 5 – Healthy ageing

Do the priorities and actions specified for Priority area 5 adequately address the specific health needs of women and girls in Australia?

Yes

No

28. Re Priority area 5, is anything missing or should anything be changed (400w)?

As women age, the more likely they are to have at least one chronic condition. Yet some chronic conditions, such as cancer and stroke, are underrepresented in this section given that risk increases with age.

We support the suggestion to screen women at clinically indicated ages for absolute cardiovascular risk in conjunction with integrated health checks for diabetes and chronic kidney disease, as these are largely undetected and type 2 diabetes can be reversed if caught early.

Specifically, we support the inclusion of the following actions:

- Funding to increase integrated health checks in primary care, comprising absolute cardiovascular disease risk assessment according to the National Vascular Disease Prevention Alliance (NVDPA) recommendations, diabetes and kidney disease checks. These are recommended at 45+ years (35 years for Indigenous populations). http://cvdcheck.org.au/
- Education campaigns for women to seek health checks (much in the same way population-based screening is promoted).

- Funding to update guidelines to support health professional risk assessment and advice.
- Community support programs for women to reduce and manage their risk.

Together these actions have the potential to enable ongoing wellbeing as women age and prevent potential hospitalisations which are costly to the health system.

SECTION D – RESEARCH, PARTNERSHIPS AND PROGRESS

29. Do the actions specified for investing in research adequately address the specific research needs to improve health outcomes for women and girls in Australia?

Yes

No

30. Re 29, is there anything missing or should anything be changed?

We support data collection on underreported/undiagnosed conditions – including diabetes and chronic kidney disease, particularly given opportunities to identify pre-conditions that can be more effectively treated and managed. The ABS Australian Health Survey identified a large proportion of undiagnosed diabetes and chronic kidney disease in 2011-12.

Data linkage, involving combining person-level data from two or more independent data sources, is critical to maximising the use of routinely collected data to improve health service delivery in Australia. Specifically, linked data can be utilised to answer important research questions, improve the quality of care received by patients and ultimately patient outcomes, and help guide policy. Importantly, while a number of Australian states provide data linkage services to researchers, the linkage of cross-jurisdictional datasets remains underutilised.

We also suggest that, going forward there should be adequate female representation in clinical, biomedical, public health and health services research, and that data analysis for sex and where appropriate gender, should be routine requirements with an explanation given if this type of analysis is not undertaken.

Note – this section mentions non-communicable diseases, whereas the rest of the document identifies these as chronic diseases.

31. Does the section Strengthening partnerships adequately outline that strong partnerships between government, patients, advocates, healthcare professionals and industry are necessary to implement the actions identified in the Strategy?

Yes

No

32. Re 31, please provide your comments and explain your selection below (200w)

While the strategy acknowledges the need for partnerships, it needs to be more explicit in how stakeholders can work together and their responsibilities. It is important to engage federal and jurisdictional health ministers - as well as federal and jurisdictional ministers from other relevant portfolios - to promote multisectoral action and consider health in all policies.

The strategy doesn't explicitly mention non-government organisations. While non-government organisations are 'advocates', they also provide information, care and services for people affected by disease, carers, health professionals and the community.

33. What specific targets and measures should be used in this Strategy to determine progress towards achieving the overall purpose of the Strategy to: 'improve the health and wellbeing of all women and girls in Australia, providing appropriate, accessible and equitable care, especially for those at greatest risk of poor health'? (400w)

ACDPA supports aligning measures with existing targets, where available, and including metrics for clear goals and reporting against progress.

Australia has committed to the Sustainable Development Goals with the same timeframe as the Strategy, including target 3.4: "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being" https://sustainabledevelopment.un.org/sdg3

Interim measures could relate to the World Health Organization 25 targets by 2025, which relate to risk factors and chronic disease. The Australian Health Policy Collaboration has adapted these for the Australian context in the Health Tracker: http://www.atlasesaustralia.com.au/ahpc/

Other relevant targets include the National Sports Plan goal to reduce physical inactivity by 15% by 2030.

SECTION E – OVERALL COMMENTS

34.Do you have any additional comments? (200w)

ACDPA supports the development of a National Women's Health Strategy. This could be further strengthened through clearer targets and evidence-based recommendations for action, as well as designated responsibilities, implementation detail and timeframes. While this may be planned for a later stage, these points are crucial in creating an effective strategy with measurable outcomes.

It would be helpful to prioritise and commit to specific evidence-based activities for the short-term (i.e. first three to five years of the Strategy), with strong accountability mechanisms to monitor progress at agreed timepoints and report against indicators and outcomes achieved. There is also the opportunity to identify existing effective programs that could be upscaled, rather than developing new programs.

Finally, the National Women's Health Strategy must engage across sectors and tiers of government for shared responsibility and leadership to incorporate health into all policies and create health-conducive environments that support healthy choices and lifestyles.