

The Thoracic Society of Australia and New Zealand response to the Draft National Preventive Health Strategy Consultation

The Society operates in compliance the Medicines Code of Australia. Please see the TSANZ Sponsorship Policy for more information.

Introduction

The Thoracic Society of Australia and New Zealand (TSANZ) is a health promotion charity whose mission is to lead, support and enable all health workers and researchers who aim to prevent, cure, and relieve disability caused by lung disease. TSANZ is the only Peak Body in Australia that represents all health professionals working in all fields of respiratory health.

TSANZ has a membership base of over 1800 individual members from a wide range of health and research disciplines. TSANZ is a leading provider of evidence-based guidelines for the treatment of respiratory disease in Australia and New Zealand, undertakes a large amount of professional education and training, is responsible for significant research administration, and coordinates an accredited respiratory laboratory program.

As the leaders in lung health, we promote the:

- highest quality and standards of patient care
- development and application of knowledge about respiratory health and disease
- highest quality air standards including a tobacco smoke free society and effective regulation of novel nicotine delivery systems
- collaboration between all national organisations whose objects are to improve the wellbeing of individuals with lung disease and to promote better lung health for the community
- professional and collegiate needs of the Membership

Last year TSANZ provided feedback to on the National Preventive Health Strategy (the Strategy) consultation and are grateful for the invitation to contribute once again. The Strategy is a great chance to create meaningful change and a sustainable prevention system for the future of Australia. We will continue to advocate through evidence-based practise and policy to improve respiratory health for all.

Consultation Topics

The Department of Health has requested feedback to the following topics:

- the **Vision**, and four high-level **Aims** of the Strategy and their measurable targets
- the six **Principles** which underpin the *Framework for Action by 2030*, and are designed to guide implementation and strengthen current efforts
- the seven **Enablers** which are critical to creating a more effective and integrated prevention system for Australia over the next 10 years
- the seven **Focus Areas** which have been identified to boost prevention action in the first years of the Strategy and to impact health outcomes across all stages of life, and
- the current effective and well-designed prevention-based programs and strategies

Comments on the Vision

Do you agree with the Vision of the Strategy? Please explain your selection.

TSANZ supports the Vision and focus on all life stages. We commend the Department for the inclusion of climate change and environmental pollution in the Strategy.

As we stated in our last consultation, we believe that the vision should include prevention of ill health as well as improving health. We also believe that the phrase “targeting risk factors” is ambiguous; what does it mean to “target” factors including tobacco, alcohol, and poor nutrition?

Comments on the Aims

Do you agree with the aims and their associated targets for the Strategy? Please explain your selection.

TSANZ are supportive of the aims in general. We have provided detailed feedback on each of the aims below.

1. Australians have the best start in life

TSANZ are supportive of the life course approach. Respiratory ill health is known to frequently occur in infancy and/or childhood. The First 1000 days (the period commencing at conception to the child's second birthday) is a critical evidence-based window of opportunity for the foundation of good health later in life, including for respiratory health(1). Whilst a focus on infectious diseases and injury is important, so too is ensuring that Australian children and pregnant women breathe clean air. This means a focus on controlling tobacco smoke inhalation and reducing pollution through effective planning and controls on diesel emissions. It also requires a focus on addressing climate change so that exposure to smoke from fires such as experienced in early 2020 as well as increasing carbon dioxide levels are minimised in the future. There is also no reason for young Australians to have access to e-cigarettes or alternative nicotine delivery systems. These products will cause damage in developing lungs. Addressing risk factors such as vaping and smoking early in life and during pregnancy is crucial to preventing later ill health(2).

Young lungs should be breathing clean air in order to prevent future respiratory disease. As respiratory disease is a leading cause of premature morbidity and has a burden of disease comparable to cardiovascular disease, ensuring the respiratory wellbeing of future generations is crucial. In addition to addressing the need to breathe clean air, prevent infectious disease and

prevent injury, we strongly support programmes that support healthy eating behaviour, the prevention of obesity through the development of a National Obesity Strategy, further enhancements to food labelling and increasing physical activity. Strategies that increase access and affordability of healthy foods and which support positive healthy behaviours are vital. We further support the First 1000 days initiatives that take a holistic approach to improving health (including respiratory health) and emotional wellbeing throughout life. This includes increasing rates of breastfeeding through improved education, awareness raising and system changes. We also recognise that maternal health is vital to the best start in life with prenatal maternal health being critical to infant lung health(3).

2. Australians live as long as possible in good health

Prevention requires action in the workplace. Too many Australian workers are exposed to dusts, fumes, vapours, and other disease-causing agents at work, which include carcinogens. Between 15-30% of non-malignant lung diseases are attributable to workplace exposures including asthma, COPD, lung fibrosis, lung cancer and pneumoconiosis(4). Occupational health screening must be enhanced. Lessons from the coal workers pneumoconiosis and the accelerated silicosis disasters clearly demonstrate what can happen when poor workplace controls occur, along with ineffective systems for early detection through screening. No Australian should be contracting or developing debilitating, life-long and/or fatal chronic illnesses simply because they are going to work.

Risky behaviours such as tobacco, drug and alcohol use must be addressed using a robust, evidence base approach to support Australians to live a healthy life for as long as possible. Lobbying from vested interest groups including the tobacco industry and vaping manufacturers and suppliers must not be allowed to interfere with health policy or the long-term health of Australians.

Lung cancer is Australia's leading cause of cancer death. Screening and early intervention has the potential to radically change lung cancer outcomes. Investing in existing and emerging early screening intervention programs is crucial to support accurate and early diagnosis and effective treatment.

3. Health equity for target populations

We are supportive of the aims and of the application of an equity-oriented health system to ensure all Australians have access but that those most at risk or with poorer outcomes receive greater support. In particular, those who are of Aboriginal and Torres Strait Islander backgrounds are disproportionately affected by many different types of illness including ill respiratory health, and it is vital that this gap is minimised.

4. Investment in prevention is increased

We strongly support an increase in investment in prevention. In particular, we note the progressive underfunding of tobacco control measures and urge the Government to invest in a national cessation service provision and sustained social and traditional media campaigns. While the need for controls on emissions in the context of pollution control should aim to reduce diesel emissions, levels of fine carbon particles and other airborne pollutants should also be measured. The government should also consider divesting in fossil fuels and investing in electric cars and clean energy infrastructure as mitigating carbon dioxide emissions as part of a climate change strategy carries many other benefits and will move Australia towards a clean air future.

Respiratory disease affects 1 in 4 Australians and yet is woefully underfunded. Preventing respiratory disease through increased funding (including in research) should be a government priority.

A member of

Comments on the Principles

Do you agree with the principles? Please explain your selection.

TSANZ is supportive of these principles outlined in the Strategy. We have provided detailed feedback on each of the principles below.

Multi-sector collaboration

TSANZ agree that a multi-sector collaboration is important in informing policy to improve health and wellbeing outcomes. Coordination of these sectors will be required to support integrated solutions to these complex prevention challenges.

Enabling the workforce

The health workforce is an important aspect of preventative health and should be provided with the funding and tools required to carry out their role in the health of Australia's population.

Community engagement

TSANZ recognises the importance of community engagement in health prevention. This is particularly the case for workplace environments, as those who are present in these environments are best placed to improve the outcomes for their communities. Public education and training should be available and provided to individuals who can relay information to their teams to create a health-conscious population.

Empowering and supporting Australians

TSANZ are supportive of the inclusion of Australians from all socioeconomic and cultural backgrounds are enabled and supported to make the best possible decisions about their health. Health information and services should be accessible by people regardless of background; with the rising popularity of telehealth due to the COVID-19 pandemic, action is needed to ensure people of low socioeconomic and/or cultural and linguistically diverse (CALD) backgrounds are able to consult with doctors and other health professionals. Action taken must not only aim to close the health gap of these populations but be culturally sensitive in its development and delivery.

Adapting to emerging threats and evidence

It is vital that we are prepared for emerging threats to health, as demonstrated by the drastic effect of COVID-19 on our country and the world. Policy and best practice should be guided by up-to-date research and evidence, and thus more funding in this space is required. Investing in pandemic preparedness will help minimise the impact of such events.

The equity lens

TSANZ agrees with this principle. Respiratory health conditions disproportionately affects those from Culturally and Linguistically Diverse (CALD) and low socioeconomic status. Preventive health action should consider the inequities that exist across Australia and provide equitable access to healthcare for all.

Comments on the Enablers

Do you agree with the enablers? Do you agree with the policy achievements for the enablers? Please explain your selection.

TSANZ is supportive of these actions to mobilise a prevention system in principle, as they are effective but must be funded and delivered in the correct way. For example, smoking cessation in the health system is not embedded, frequently undocumented, and delivered inconsistently. Ill health is one of the reasons smokers cite for giving up smoking yet the health system lacks consistent, embedded, and funded processes to support smoking cessation. Monitoring and surveillance systems should include better measures to allow data linking between patient data and registry and research activities.

Comments on the Focus Areas

Do you agree with the seven focus areas? Do you agree with the policy achievements for the focus areas? Please explain your selection.

We have provided detailed feedback on each of the principles below.

1. Reducing tobacco use

TSANZ believes it to be vital that the government commit to:

- Achieving an adult daily smoking prevalence of less than 10% by 2025
- Establish a National coordination and best practice body for smoking cessation that ensures cessation is core business across the health sector and that evidence-based cessation programs are implemented across the health system.
- Provide funding for research to improve successful cessation outcomes for tobacco and vaping
- Increasing utilisation of existing evidence-based services, such as Quitline
- Sustained multiyear funding for Indigenous and non-English speaking background sector cessation service provision
- Support the development of smoking cessation guidelines for mental health care settings
- Actions to prevent uptake of smoking **and** vaping by all Australians
- Ensure article 5.3 of the FCTC is upheld across whole of government
- Media and social media campaigns that are sustained
- Ensure access to best practice smoking cessation therapies that are evidence based
- Extend smoke-free spaces into casinos and other currently exempt workplaces and into multi-unit dwellings
- Consider regulatory enforcement changes for smoke free spaces in hospital and health care grounds
- Protect smoke free spaces from the lobbying of tobacco and vaping companies and maintain them as vape free spaces
- Commence planning for a tobacco end game

2. Improving access to and the consumption of a healthy diet

- Commit to a First 1000 days nutritional strategy including the deployment of systems, positive environments and awareness campaigns regarding optimal diets.
- Commit to and develop the National Obesity Strategy
- Review and update the Australian Dietary Guidelines
- Actively consider a “Sugar tax” on soft drink and confectionary items
- Consider restrictions on when and where non-core food advertising can occur
- Maintain and enhance the transparency of food nutritional labelling
- Enhance Public education campaigns

3. Increasing physical activity

- Commit to a First 1000 days program for parents that includes a program focussed on; parenting skills; healthy eating behaviour, nutrition, physical activity and emotional well-being
- Commit to and develop a National Obesity Strategy
- Ensure local government planning and support systems for green areas and spaces for active recreation for all levels of ability
- Support the integration of health professionals with skills to be able to promote physical activity within ‘routine’ health care services
- Evidence-based interventions (e.g. public education campaigns) targeting workplaces, schools, vulnerable populations
- Embed Active transport Strategies at all levels of government

4. Increasing cancer screening and prevention

- Enhance the existing population screening programs to include lung diseases, including biomarkers, liquid biopsy, and breath biopsy for early diagnosis and prognosis.
- Implement a large-scale national trial for lung cancer screening to further identify the relevant cohort which should be screened, identify emerging screening technology and tools, and address the many deficiencies and resource limitations in the current health care system that prevent lung cancer patients from receiving clinical care in accordance with the Optimal Care Pathway.
- Support the development and funding of a national clinical quality registry for lung cancer

5. Improving immunisation coverage

- The influenza and pneumococcal vaccines are an important preventative strategy for both asthma and COPD. Rates of both influenza and pneumococcal vaccination in people with chronic respiratory disease are suboptimal resulting in exacerbations of illness and increased hospitalisation and mortality(5)
- All children should be vaccinated as per the National Immunisation Program Schedule and evidence-based research used to implement such a strategy.
- Support research into vaccine development for infectious diseases that affect respiratory health

- Support research into assessment of vaccine effectiveness for those diseases that affect respiratory health
- Invest in strategies to increase vaccine uptake, such as influenza, with an emphasis, but not limited to, vulnerable populations including First Nations and CALD
- The current COVID-19 pandemic has generated significant interest in and debate regarding the current available COVID-19 vaccines and at the same time has generated some concern regarding the actions of anti-vaxxers. There needs to be a systematic education and awareness campaign regarding safety of existing vaccinations, including the COVID-19 vaccine, to ensure significant population level uptake

6. Reducing alcohol and other drug harm

Whilst alcohol and other drugs (with the exception of drugs which are smoked) are not a key area of intervention for respiratory health, we support and endorse the National Drug Strategy and the National Alcohol Strategy.

7. Protecting mental health

Similarly, mental health is not a key area of intervention for respiratory health, we support and endorse the inclusion of protecting mental health on this list.

TSANZ also suggest the two additional focus areas:

8. Health at work

- Implement the findings of the Dust Diseases taskforce including the establishment of a national dust diseases registry
- Undertake a review of the efficacy of controls in high-risk workplaces
- Undertake a review of screening programs for workers in high-risk workplaces
- Establish a system for rapid case finding of outbreaks of occupationally related lung disease similar to that of the Center for Disease Control in the USA.

9. Take bold actions to ensure clean air and to address the health effects of climate change

- Prevent exposure to diesel fumes and other inhaled toxins e.g. by planning locations of childcare and schools away from main roads
- Implement a national air quality reporting system.
- Take urgent actions to reduce greenhouse gas emissions as a whole as a government priority
- Public education
- Protect green spaces
- Invest in bushfire preparedness and associated health messaging

Do you agree with the targets for the focus areas?

We believe that the gap between Aboriginal and Torres Strait Islander people's health and the general population is inexcusable and that a target to reduce the smoking rate from 43% to 40% is not ambitious enough for there to be any meaningful change in this time period.

We urge the government to include a target for lung cancer screening as a milestone to measure an increase in cancer screening and prevention.

While the goal for mental health seems to be in the right direction, it does not have a timeframe nor a quantifiable way to measure its success other than a flat reduction. We recommend rewording this to something more measurable (e.g. "50% decrease in suicides by 20XX") so that when the time comes to review, it is much easier to see whether or not changes need to be made to current policy to ensure this target is met.

Concluding Remarks

The National Preventive Health Strategy is a key opportunity to shape Australia's future.

Whilst tobacco use is the risk behaviour which makes the greatest contribution to ill health, all the above focus areas are important to improve health outcomes. The actions for each focus require sustained and secured funding and a renewed commitment to public education and media campaigns. An evidence-based approach using established and proven programs of prevention such as mass media, taxation and support services should be pursued.

Addressing smoking, physical activity, nutrition, workplace exposures and clean air will not only improve respiratory health but will also deliver benefits for cardiovascular health and cancer, three of the leading causes of Australian morbidity and mortality.

The Thoracic Society of Australia and New Zealand is fully committed to the optimal lung health of all Australians. There is already an established evidence base on best practice for lung health and it is now time for implementation of this knowledge. This would have long term health benefits for all Australians, and also result in significant financial savings. Australia cannot afford to wait any longer for these actions.

Implementation of this Strategy is crucial to its success. A proper implementation plan with rollout milestones and associated costings should be considered. This should be developed in partnership with stakeholders and with the community in order to improve uptake and to ensure that the Strategy is not only feasible. The Thoracic Society thus strongly recommends an implementation plan is tied to the Strategy.

References

- 1 Darling Jonathan C, Bamidis Panagiotis D, Burberry Janice, Rudolf Mary C J. The First Thousand Days: early, integrated and evidence-based approaches to improving child health: coming to a population near you? *Archives of Disease in Childhood*. 2020; **105**: 837-41.
- 2 McAlinden Kielan Darcy, Eapen Mathew Suji, Lu Wenying, Sharma Pawan, Sohal Sukhwinder Singh. The rise of electronic nicotine delivery systems and the emergence of electronic-cigarette-driven disease. *American Journal of Physiology-Lung Cellular and Molecular Physiology*. 2020; **319**: L585-L95.
- 3 Owens Louisa, Laing Ingrid, Zhang Guicheng, Le Souef Peter. Early sensitization is associated with reduced lung function from birth into adulthood. *Journal of Allergy and Clinical Immunology*. 2016; **137**: 1605-7.e2.
- 4 Blanc P. D., Annesi-Maesano I., Balmes J. R., Cummings K. J., Fishwick D., Miedinger D., Murgia N., Naidoo R. N., Reynolds C. J., Sigsgaard T., Torén K., Vinnikov D., Redlich C. A. The Occupational Burden of Nonmalignant Respiratory Diseases. An Official American Thoracic Society and European Respiratory Society Statement. *Am J Respir Crit Care Med*. 2019; **199**: 1312-34.
- 5 Welfare Australian Institute of Health and. Vaccination uptake among people with chronic respiratory disease. In: Australian Centre for Asthma Monitoring, (ed.). AIHW, Canberra, 2012.