



# **Self-Care for health: A solid investment in the health of Australians**

2022 Pre-budget submission by the Australian Self-Care Alliance

28<sup>th</sup> January 2022

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## Executive Summary

The Australian Self-Care Alliance (the Alliance) is Australia's unique collaboration of healthcare consumers, health promotion charities, policy experts and industry partners promoting the adoption and implementation of self-care for health as a core element of all aspects of health care in Australia.

Self-care for health is focussed on information, education, and support for individuals to engage in maintaining good health, preventing, and reducing risk factors for poor health, and effectively managing established illness and disease. Self-care support in all aspects of health care is central to achieving high rates of participation by individuals in the maintenance of their health and wellbeing.

The Alliance proposes that the 2022-23 Health Budget of the Australian Government should give priority to the importance of redressing the evident low rates of self-care awareness and engagement in some sectors of the Australian population, and particularly vulnerable and population priority groups as defined and identified by the National Preventive Health Strategy 2021 (NPHS).

Encouraging individuals to take greater responsibility for their physical and mental health management and outcomes should be a defining characteristic of Australia's health and care systems, services, and supports. However, our current healthcare structures and culture do not enable people to assume this responsibility; to engage fully in preventive health activities; or empower Australians to be informed advocates for their own health.

Self-care for health is an evidence-based, complementary component of the health of individuals and families. Self-care for health can help Governments foster a more health resilient population; capitalise on Australians' capacity to take greater responsibility for their health outcomes; and ensure the sustainability of essential frontline healthcare services. As such, the Alliance recommends that the Government establish a dedicated Self-Care for Health Development Fund, and commits an initial \$10M over five years for three complementary, grant based initiatives:

1. \$5M to strengthen health literacy in priority populations by implementing proven place-based and community-led self-care education and engagement approaches. This investment addresses the evident and urgent need for Australia's most vulnerable populations to have access to health literacy support now, to enhance the potential for these communities to reduce community vulnerabilities to infectious and other diseases as an urgent priority. It is a first step towards the 2030 health literacy and preventive health priorities articulated by the NPHS and to the future purpose of the National Health Literacy Strategy.
2. \$2.5M to develop and implement a digital health information accreditation scheme and a library of accredited digital health information apps. This investment addresses the evident importance of developing accessible, sustainable, and robustly evaluated online resources and evidence-based apps to support self-care for health. Supporting the provision of accredited, user-friendly apps and online resources is a critical delivery mechanism for the National Health Literacy Strategy.
3. \$2.5M to develop training frameworks and programs that strengthen health professionals' competencies to deliver self-care education and engagement. This investment addresses the evident and urgent need for Australian health care workers throughout the health system to be supported to become more adept at delivering self-care education and engagement. Embedding these competencies in all health professional education and continuing professional development courses is a critical step towards upskilling the existing and future Australian health care workforce to deliver core elements of the National Health Literacy Strategy.

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## About the Australian Self-Care Alliance

The Australian Self-Care Alliance is a collaboration of healthcare consumers, health promotion charities, policy experts and industry partners that promotes the adoption of self-care for health and its implementation as a core element of all aspects of physical and mental health services and policies for Australia.

The Alliance is Australia's only peak organisation dedicated to self-care for health and is registered as a Health Promotion Charity with DGR status.

As a health policy collaboration, the Alliance acts as an advisor, mediator, and advocate for systemic changes in the delivery of health services towards greater self-care. While the term 'self-care' implies the responsibility of individuals, it cannot be simply reduced to a matter of personal responsibility and choice.

Individuals' potential to be informed and able to undertake self-care for health is dependent on underlying environmental and external factors that sit beyond the individual. The Alliance was formed to advocate for the structural, cultural and policy changes required to support greater self-care in Australia's health and care systems.

To this end, the Alliance supported the development of the landmark report by the Mitchell Institute for Education and Health Policy, *Self-care for health: a national policy blueprint*<sup>1</sup>. Launched by Minister for Health, Hon Greg Hunt MP, the Blueprint outlines a national policy approach to building self-care capability and enhancing self-care activity in all aspects of health and health care, and provides a framework for action.

As a health policy collaboration, the Alliance seeks to ensure that self-care policy is person-focused, healthcare-focused and system focused. We engage with national and state and territory peak consumer and carer organisations, health promotion charities, policy experts, supportive professional and industry associations, commercial organisations, all levels of government and other key stakeholders. In line with the Ottawa Charter for Health Promotion<sup>2</sup>, together we seek to influence positive outcomes in public policy; enabling environments for self-care; community action for self-care personal self-care skills; and innovation at the highest level to generate improved health service delivery.

### Our Board

John Bell, AM, Chair – Practitioner/Teacher, Graduate School of Health, UTS

Professor Sharon Lawn – Executive Director, Lived Experience Australia

Russell McGowan – Healthcare Consumer Advocate

Michele Goldman – CEO, Asthma Australia

Dr Stephen Carbone – Founder and Executive Director, Prevention United

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Dr Deon Schoombie – CEO, Consumer Healthcare Products Australia

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## The Case for Self-Care for Health

### Defining self-care

Self-care describes the role of individuals in preventing disease, managing their mental and physical health, and actively participating in their health care.

Self-care, as a health policy and practice tool, is a comprehensive, evidence-based, and complementary component of health, and offers an explicit approach to:

- enhancing preventive health engagement and action,
- limiting the impact of infectious diseases,
- supporting better chronic condition management, and
- creating and supporting a more health resilient population.

The World Health Organisation defines self-care as “the ability of individuals, families, and communities to promote health, prevent disease, and maintain health and to cope with illness and disability with or without the support of a health-care provider”, and concluded that self-care should be a fundamental component to achieving both individual and structural health goals<sup>3</sup>.

The self-care matrix (*Figure 1*) shows the everyday actions that people can take to enhance their mental and physical health and wellbeing, prevent disease, limit illness, and use healthcare services effectively. These seven self-care domains can assist policymakers and healthcare professionals to engage Australians in the proactive management of their health. However, the Self-Care Matrix also illustrates how self-care cannot be reduced to individual responsibility and should be supported by the health system and broader public health levers.



Figure 1 – The Self-Care Matrix

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Enabling self-care for health requires shared decision-making (health professionals and consumers working together to make health-related decisions), and individual self-efficacy. Self-care is a cost-effective and logical approach that can reduce disease burden, improve health outcomes for all, and ease the pressure on national health systems from preventable health conditions.

If properly supported, self-care can be a game changer for public health, with benefits being shared by individuals, communities, business, and government.

## The economic case for self-care

Currently, expenditure on healthcare is projected to continue to rise faster than both the national income and personal incomes.

According to the Australian Institute of Health and Welfare (AIHW)<sup>4</sup>, in 2017-18 Australia spent \$185.4 billion on health. This equates to more than \$7,485 per person on healthcare each year.

Almost 1 in 2 Australians will experience a mental disorder at some point in their life, many of which can be prevented through public policies and evidence-based programs, at a cost to the Australian community between \$43-\$70 billion annually.<sup>5</sup>

The AIHW also noted that during 2018–19, \$10.6 billion, or \$420 per person, was spent on mental health-related services in Australia. This represents a real increase from \$396 per person in 2014–15<sup>6</sup>. During this period there was a 1.5% annual average increase in the real per capita spending on mental health-related services.

Annually in Australia it is estimated that there are up to 922,012 unnecessary visits to emergency departments for minor ailments and self-treatable conditions. These unnecessary consultations, which could be managed more efficiently through responsible self-care, represent a cost to the Australian health system of between AUD124.5 million to AUD493.8 million per annum<sup>7</sup>.

Additionally, ill health and out of pocket medical expenses continue to be one of the most common causes of personal bankruptcies in Australia<sup>8</sup>.

Research shows that people who lack the skills to undertake self-care effectively incur higher health service costs.<sup>9</sup> Self-care is a cost-effective and logical approach that can reduce the spiralling costs of disease burden, help Australians maintain healthier and more productive lives, and support the long-term sustainability of Australia's health and care systems.

There is evidence that up to 80% of heart disease, stroke and type 2 diabetes, and over a third of cancers, could be prevented through evidence-based self-care – eliminating or reducing exposure to the risk factors of tobacco use, unhealthy diet, physical inactivity and excessive alcohol consumption<sup>10</sup>.

In Australia, this means that by 2025, an estimated 29,300 lives could be saved through utilising self-care to enhance preventive action and chronic disease<sup>11</sup>. Additionally, new economic modelling<sup>12</sup> reveals that greater self-care has the potential to save Australia's healthcare system between \$1,300-\$7,515 per hospital patient, per year, and significantly lower hospital readmission rates<sup>13</sup>.

## Self-care requires a systemic response

Action to comprehensively engage Australians in their health must be systemic, multifaceted, continuous, and lifelong to ensure individuals are equipped, supported, and empowered to be their own health advocates. Embedding greater self-care in health care and public policies is required to facilitate and support this objective.

COVID-19 has clearly illustrated why having individuals engaged in the proactive management of their health and empowered with the knowledge and skills required to prevent disease and infection, is essential to effectively managing public health and reducing preventable health problems.

In responding to COVID-19 pandemic, more Australians are taking greater responsibility for their health behaviours and outcomes, showing unprecedented eagerness to participate in preventative health and self-care behaviours including:

- 95% of Australians reported practicing social distancing measures, with 77% cancelling personal gatherings<sup>14</sup>,
- 84% Australians reported washing their hands or using sanitiser more than usual<sup>15</sup>,
- Four times as many Australians are trying to quit smoking<sup>16</sup>,
- More Australians are proactively seeking out reputable health information with health.gov.au experiencing a 760 per cent increase in traffic<sup>17</sup>,
- More than 7.3 million flu vaccines have been administered in Australia this year, compared to 4.5 million and 3.5 million administered for the same period in 2019 and 2018, respectively<sup>18</sup>.

That said, despite Australians' growing enthusiasm to engage in greater preventive self-care, the current healthcare system and culture contains embedded structural issues, and socioeconomic barriers that limit individuals' capacity to participate fully in preventive health and their own health management.

As explained and examined in the Mitchell Institute's report, *Self-care for health: A national policy blueprint*:

*"While the term 'self-care' implies a focus on the autonomy and actions of individuals, it is influenced, enabled and informed by a range of external forces that sit beyond the individual.*

*The underlying socioeconomic, geographical, and cultural factors which significantly affect health status and health outcomes are also closely linked to an individual's capacity to self-care.*

*Governments and policymakers are largely responsible for creating environments which either inhibit or enable self-care and play a major role in the development of self-care capabilities at the population level.*

*Health professionals and service providers also play an essential role in supporting and facilitating self-care by healthcare consumers. Other key self-care stakeholders include families, communities and health and industry organisations.*

*It is important to think about self-care from two complementary perspectives, one focused on the capacity of individuals to self-care, and another focused on how self-care is supported through policy and within the health system."*

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Additionally, our current health and care services are geared to primarily engage individuals when they are already unwell with preventable conditions, rather than incentivising practice models that help people to be healthier and to avoid preventable health risks and conditions.

The aims of the Preventive Health Strategy 2021-2030 of the Australian Government include significant increases in the years of life lived in full health by 2030 – including and particularly for Australians in the two lowest SEIFA quintiles, those in regional and remote areas and Aboriginal and Torres Strait Islander people.

The Alliance urges that these ambitions be properly reflected in this Budget. All Australians living in good physical and mental health by 2030 should be the core and overriding objective of our public health policies, with all aspects of our primary, secondary, and preventive healthcare structures and services geared towards achieving this goal.

If this is to be achieved, we must re-orientate our health care systems towards person-engaged health care, encourage greater partnership and participation between healthcare providers and consumers, and support and empower every Australian to take greater responsibility for their health outcomes.

Now is the time for a systematic approach to build self-care capability and enhance self-care activity in all aspects of health and healthcare.

### Self-care for health: A national policy blueprint

Led by health policy expert, Professor Rosemary Calder AM, and endorsed by more than 50 health experts and stakeholders, the landmark report by the Mitchell Institute for Education and Health Policy, *Self-care for health: a national policy blueprint*, outlines a national policy approach to building self-care capability and enhancing self-care activity in all aspects of health and health care, and provides a framework for action.

Advocating for a healthcare system re-orientated around helping people to be healthier, rather than primarily engaging them when they are already unwell with preventable conditions, the Blueprint offers a suite of evidence-based, feasible policy proposals to support self-care for mental and physical health through health policy and practice and provides a framework for action (see Figure 2 overleaf).

The Alliance is encouraged by Minister Hunt's remarks at the launch of the Self-care for health: a national policy blueprint<sup>19</sup> that, "self-care is the key to effective prevention" and the "next step is to take [the Blueprint] and make sure that self-care is included as a key part of the four pillars that underpin the national preventive health roadmap"<sup>20</sup>.

Each proposal will make a difference. Combined, however, the proposals will improve population health through the prevention and better management of disease and decrease health inequities by reducing the impact of the social determinants of health. As such, the Alliance strongly recommends the Blueprint policy proposals be implemented as a matter of priority.

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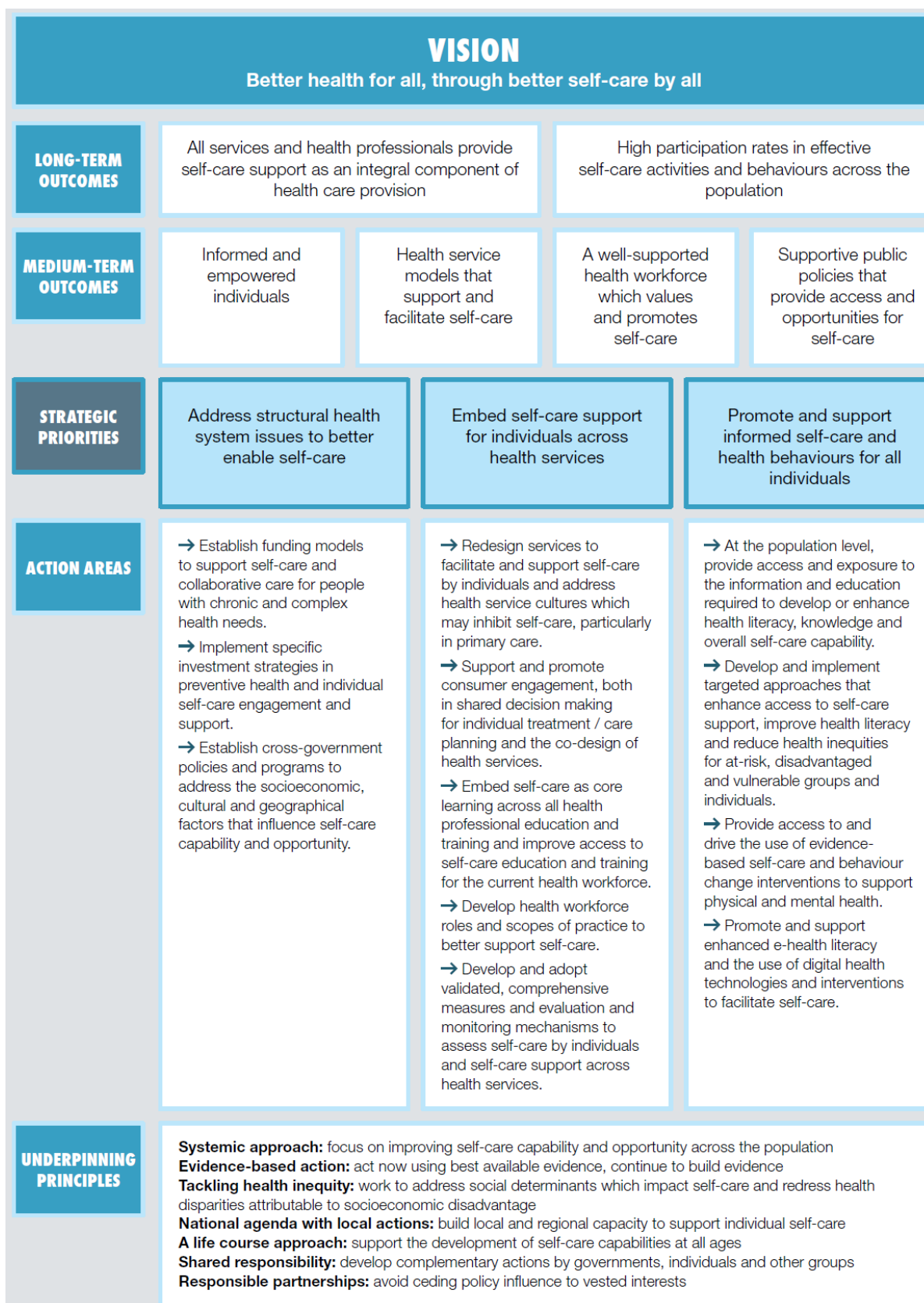


Figure 2: Self-Care Policy Blueprint Outline

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*The Federal Government has already recognised the importance of self-care for health*

We were honoured to have the Hon Greg Hunt MP, Minister for Health, launch the Blueprint on 7<sup>th</sup> October 2020. At the time, he said, “self-care is the key to effective prevention”.

Subsequently, the NPHS firmly recognised the crucial role of self-care in enabling and enhancing preventive health action, incorporating “promoting self-determination and self-care” into the Strategy’s Principles.

Indeed, there is significant alignment between the Blueprint’s priority policy proposals and the National Preventative Health Strategy:

<i>National Preventive Health Strategy’s key priority areas</i>	<i>Self-care for health: A national policy blueprint’s policy priorities</i>
1. Governance mechanisms	1. Improve health literacy for all [aligns with NPHS Priority Area 6]
2. Increased investment in prevention	2. Build self-care into health care practice [NPHS Priority Areas 2,4,7]
3. A national platform providing credible and reliable health information	3. Enable consumers to be active partners in health care [NPHS Priority Areas 1,4,5,6]
4. Embedding prevention in primary health care and aligning with the Primary Health Care 10 Year Plan	4. Assure the quality and accessibility of digital health information [NPHS Priority Areas 3,6,8]
5. National consumer engagement strategy	5. Develop and implement validated self-care and self-care support assessment tools, evaluation measures and reporting mechanisms [NPHS Priority Areas 3, 4, 5, 7, 8]
6. National health literacy strategy	6. Implement funding and service models to support self-care [NPHS Priority Area 1,2,4,7]
7. Enhanced public health workforce planning	7. Drive investment in preventive health and self-care [NPHS Priority Area 2,4,7]
8. Ongoing national data sets to support the monitoring and evaluation of this Strategy and a National Prevention Monitoring and Reporting Framework	8. Establish a national approach [NPHS Priority Areas 1-8]
	9. Support health through all public policies [NPHS Priority Area 1,2,8]

The need for an informed and engaged consumer for effective prevention and health management is pressing and indisputable, and we applaud the Commonwealth Government for committing to, and prioritising the development of a National Consumer Engagement Strategy (NCES) and a National Health Literacy Strategy (NHLS).

Two years of the COVID pandemic has taught us that we need:

- Greater health literacy throughout the population, but especially amongst people from ‘hidden’ populations, including Indigenous, lower socioeconomic and culturally diverse backgrounds,
- Accredited sources of digital health information to counteract digital disinformation, that both health care providers and their patients can use,

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- Stronger capabilities across the healthcare workforce to deliver self-care education, especially to patients from Indigenous, disadvantaged and culturally diverse populations.

These recommendations align perfectly with the National Health Reform Agreement (NHRA) Long Term Reforms Roadmap, which is anchored on the Vision that “Australians will be empowered to manage their own health, avoid illness, make informed health choices, engage effectively with health services, and achieve better health outcomes.”<sup>21</sup>

Schedule C of the NHRA calls for six reforms, including:

- Empowering people through health literacy – person-centred health information and support will empower people to manage their own health well and engage effectively with health services
- Prevention and wellbeing – to reduce the burden of long-term chronic conditions and improve people’s quality of life
- Paying for value and outcomes – enabling new and flexible ways for governments to pay for health services
- Joint planning and funding at a local level – improving the way health services are planned and delivered at the local level
- Enhanced health data – integrating data to support better health outcomes and save lives
- Nationally cohesive health technology assessment – improving health technology decisions will deliver safe, effective, and affordable care.<sup>22</sup>

We also commend the work of the Digital Transformation Agency to develop a Trusted Digital Identity Framework. This work provides an excellent base on which to build a repository of accredited sources of digital health information.

## **Budget recommendation: Establish a dedicated Self-Care for Health Development Fund (the Fund), and commit an initial \$10M over five years for three complementary, grants-based initiatives:**

Through the National Preventive Health Strategy, policymakers have taken the first step towards addressing these issues and better facilitating person-engaged care. However, dedicated, ongoing funding for initiatives that enhance consumer and HCPs self-care capabilities is required if Australia is to fully capitalise on health and economic benefits of self-care.

A long-term Fund dedicated to self-care innovation and development should be established with a mandate to facilitate and expand self-care engagement. The Fund would:

- invest in and support the self-care expertise of health professionals and health services,
- address health inequity and the underlying barriers limiting individuals' capacity to participate fully in their own health management,
- lift self-care capabilities in individuals and communities, and
- strengthen Australia's health resilience.

As examined in the Blueprint, similar specialised investment strategies have been effective in addressing specific gaps in the healthcare system and enabling the rollout of innovative programs.

The Blueprint also emphasises the need for Australian governments at all levels to adopt 'health in all policies' approach to enabling greater self-care and improving consumers' health competences. This Fund provides the mechanism to facilitate that cross-sector problem-solving, and with scope to invest in initiatives beyond the traditional health silos.

The Fund should be governed by an independent expert board comprising public health and chronic disease experts, primary care clinicians and consumer representatives appointed by government, and we recommend the Fund begin by investing in the below initiatives.

In its own pre-budget submission, Consumer Healthcare Products (CHP) Australia, a member of the Australian Self-Care Alliance, supports our recommendation to establish a dedicated long-term preventive health and self-care innovation and development fund, with initial funding of \$10M over five years.

The pre-budget submission for Musculoskeletal Australia, another Alliance member, calls on the Federal Government to invest \$4.4M in funding a comprehensive self-care initiative for Australians with musculoskeletal conditions (the second largest contributor to disability worldwide) over the next four years.

## Initiative 1: Invest \$5M to strengthen physical and mental health literacy in priority populations by implementing place-based and community-led self-care education and engagement approaches

The Self-Care for Health Development Fund would provide \$5 million for ten grants for place-based and community-led self-care education and engagement approaches among low income and disadvantaged communities, and priority populations.

It is important to recognise that the benefits of Australia's world class health care system, and previous investments in better health have not been evenly distributed across the Australian community. Higher rates of poor health and preventable chronic disease occur among communities in Australia with lower socio-economic status. Poorly constructed or flawed policy, disablers and barriers to participation continue to fail many of Australia's disadvantaged and vulnerable health populations, and even well-constructed policy or best-practice isn't always universally accessible or successful.

The NPHS articulates the interconnected nature of effective preventive health policy and action, and health literacy capabilities. Likewise, the NHRA's focus on *Prevention and wellbeing* and *Empowering people through health literacy* reforms will help reorient the health system around individuals and communities and reduce the prevalence of disease, supported by the other structural reforms<sup>23</sup>.

With up to 60% of Australians lacking adequate health literacy skills to meet the demands of everyday life and make informed health-related decisions<sup>24</sup>, the Alliance emphatically supports and endorses the designation of information and health literacy for physical and mental health as a critical enabler of individual health behaviour.

However, the well-recognised negative impact of poor health on quality of life, economic and intergenerational disadvantage cannot be ignored. There is a moral obligation as well as a sound economic obligation to address the impacts of these health inequities, and the barriers that continue to entrench them, as a national priority.

In Australia, as elsewhere, the divisions between those with adequate resources and, on average, lower rates of health risks and poor health, and those with fewer resources and higher rates of health risks and poor health, are increasing. Without action to implement preventive health measures that include addressing the support individuals need to engage in self-care for health, these divisions will persist and potentially increase.

The experience for governments and communities through the COVID pandemic has emphasised the disparities in preventive health awareness and engagement in many of Australia's communities. This initiative would immediately begin addressing the institutional disablers of good health through targeted investments in community-led health literacy initiatives for low income, disadvantaged and priority populations.

Community norms, peer leadership, social capital, community-held expectations, and health-related practices provide an important layer of influence between the health care system and individual self-care practice. Place-based initiative provide an important opportunity to address these systemic factors that can act both as enabler and barriers to effective self-care, community engagement and community action to address the social and ecological determinants of health.

The Fund would establish a grants program for up to ten organisations, including PHNs, to implement place-based and community-led self-care education and engagement approaches and evaluate for longer-term sustainability. The program would target 10 priority communities in Australia in low

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income and disadvantaged communities and priority populations. (The Mitchell Institute's *Australian Health Tracker* could provide detailed, fine-grain evidence of the most disadvantaged places.)

Successful bids would be contingent on evidence of community co-design, implementation, and evaluation. Funding each initiative \$100,000pa for five years would enable deployment of an engagement officer to use a collective impact approach iteratively to build and evaluate adult peer learning initiatives to foster health literacy and self-care for health. Engaging local stakeholders from across the health system in these collective impact initiatives will generate a national interdisciplinary pool of healthcare providers with strengthened competencies in delivering self-care education and engagement.

The program should also be structured with clear scope to fund bids to address all aspects health literacy, including physical, mental, digital and medicines literacy, based on the needs of the community.

Rather than the program having a sunset clause, mid-way through the five-year program each of the 10 initiatives would be evaluated for their longer-term sustainability. Additionally, the initiative and review process will help identify best practice models and priority settings that could either be funded on a five-year recurrent basis, and/or extended to comparable and compatible communities.

The Alliance recognises and welcomes the current initiative to commission the development of a National Health Literacy Strategy. This will be an important framework to enable longer term policy, funding and other initiatives to ensure all Australians are engaged in health information and knowledge and that systematic barriers to that engagement are systematically addressed over time. The investment proposal in this Budget submission will complement and augment that work and contribute directly to the implementation of that Strategy into the future.

The Alliance's recommendation for an investment of \$5M to strengthen physical and mental health literacy in priority populations is supported by several Alliance members in their own pre-budget submissions.

- CHP Australia's call for the National Health Literacy Strategy to prioritise improving medicines literacy and to allocate funding for a consumer-facing medicines literacy campaign.
- Emerge Australia (the national patient organisation providing services and evidence-based education about myalgic encephalomyelitis/chronic fatigue syndrome), is seeking funds to enhance health care practitioners' provision of appropriate, evidence-based and timely support for people with ME/CFS and Long COVID. Health literacy is core to creating an Optimal Care Pathway that empowers people with ME/CFS long COVID to understand their unique needs and become partners in their own care.
- The Australian Primary Health Nurses Association (APNA) is seeking an investment of \$2.87M over three years, both to strengthen primary health care nurse competency in delivering self-care education and management to patients with chronic diseases, and to strengthen the self-care behaviour and resilience of primary health care nurses themselves.
- Musculoskeletal Australia seeks \$2.7M over four years to support an integrated range of initiatives to support health literacy for people experiencing musculoskeletal conditions. These initiatives include the development of current self-care plans; integration of the MSK Help Line in the support and monitoring of people engaging in self-care; development and promotion of self-care video resources in conjunction with Aboriginal and Torres Strait Islander communities and CALD communities; and development and implementation of a self-care communication and education campaign.

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**This investment addresses the evident and urgent need for Australia’s most vulnerable populations to have access to health literacy support now, to enhance the potential for these communities to reduce community vulnerabilities to infectious and other diseases as an urgent priority. It is a first step towards the 2030 health literacy and preventive health priorities articulated by the NPHS and to the future purpose of the National Health Literacy Strategy.**

## Initiative 2: Invest \$2.5M to develop and implement a digital health information accreditation scheme and a library of accredited digital health information apps

Considering the evolving power and influence of social media to disseminate information, shape public perception, and effect individuals’ health decisions, empowering Australians with the ability to access and verify to accurate health information should be a public health policy priority. Social media apps are an important delivery mechanism for information — and for misinformation. As such, they can function both as enablers and disablers of good health.

Clause 33 of the NHRA calls for better alignment of government-funded information resources and digital platforms, ensuring they are culturally and linguistically appropriate, accessible, credible and evidence-based. A key deliverable will be findings from a review of health digital platforms and information resources<sup>25</sup>

The Trusted Digital Identity Framework is “an accreditation regime which specifies the minimum requirements that Attribute Service Providers, Credential Service Providers, Identity Exchanges and Identity Service Providers are required to meet in order to achieve and maintain TDIF accreditation.”<sup>26</sup> This Initiative would align very closely with the TDIF, which will be driven by the following principles: user centric; voluntary and transparent; service delivery focused; privacy enhancing; collaborative; interoperable; adaptable; and secure and resilient.<sup>27</sup>

The Self-Care for Health Development Fund would invest \$2.5 million to develop and implement a digital health information accreditation scheme and digital health information library, allowing in digital health information and services apps to apply for a ‘health star rating’. We note that in its own pre-Budget Submission, CHP Australia has also recommended that the Government invests \$2.5M to develop and implement a digital health information accreditation scheme and a library of accredited digital health information apps. In addition, Musculoskeletal Australia’s pre-budget submission seeks \$412,00 over four years for the development and ongoing updating of a digital self-care platform.

The last decade has seen a rapid increase in the ownership of smart mobile technologies, particularly smartphones, around the world. Access to the internet through smartphones has been invaluable in closing digital disparities, particularly in poorer countries, and enabling consumers to access health information in unprecedented ways<sup>28</sup>. Around 90% of Australians own smartphones<sup>29</sup>.

The WHO has recognised the potential for technology to increase access to health information, improve health literacy and “promote positive changes in health behaviours and manage diseases”<sup>30</sup>. In Australia, utilising telehealth, eHealth and mHealth has also been identified as an emerging priority area in the delivery of health care. However, this will require concerted national efforts to ensure the reliability of health information, and a robust and responsive strategy to identify and combat health misinformation and disinformation.

Evidence of effectiveness for digital health interventions and innovations have been slowly building. However, a major hurdle to widespread uptake of evidence-based digital health interventions is the sheer volume of available apps and programs. There are over 350,000 apps in the Health & Fitness

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and Medical categories of app stores<sup>31</sup>, yet there is no regulation of the development and evaluation of the content of these apps<sup>32</sup>. Patients and healthcare providers alike are overwhelmed and under-resourced to be able to find and use the best options. Furthermore, only a very small percentage of all available apps are tested and shown to work<sup>33</sup>.

In line with the approach taken in the UK, this initiative would provide funding for a credible and credentialed NGO to develop, implement and administer the accreditation scheme for an initial five years, including:

1. Develop criteria for accreditation
2. Develop measures of evidence
3. To measure compliance with evidence standards and expectations
4. Develop a library of relevant apps that have met accreditation standards. The library would be easily accessible by citizens, health care providers and health-care users.
5. The Alliance would help to Launch the 'trusted App library' via a social media campaign. App developers would be invited to opt-in to receive accreditation and join the library.

**This investment addresses the evident importance of developing accessible, sustainable, and robustly evaluated online resources and evidence-based apps to support self-care for health. Supporting the provision of accredited, user-friendly apps and online resources is a critical delivery mechanism for the National Health Literacy Strategy.**

### Initiative 3: \$2.5M to develop training frameworks and programs that strengthen health professionals' competencies to deliver self-care education and engagement

The Self-Care for Health Development Fund would invest \$2.5 million over five years to develop self-care education and engagement competencies in all health professional education and continuing professional development courses – through a grants-based program and appropriate eligibility criteria for health professional membership and training programs.

This absence of the consumer, and lack of attention to how primary and secondary care health services and professionals can better facilitate person-engaged care, runs counter to current ideas of best-practice for effective health management, which advocates for bidirectional, collaborative, and patient engaged care.

It also contributes to an ongoing frustration expressed by clinicians of being unable to address the underlying cause of many of the health problems they encounter among their patients, and the recognition that greater involvement of individuals and communities in health and care policies, will likely result in more meaningful, long-term change.

Additionally, our current health and care services are geared to primarily engage individuals when they are already unwell with preventable conditions, rather than incentivising practice models that help people to be healthier and to avoid preventable health risks and conditions.

Health and health care, physical and mental, should be regarded as co-produced by health professionals with individuals and communities. And we need training frameworks and programs for healthcare providers to better enable, encourage and support this dynamic.

In their 2022-23 Pre-Budget Submission, APNA has rightly highlighted the crucial role of primary health nurses in supporting Australians' to better prevent and manage chronic physical and mental health conditions, and how this could be enhanced through a Nurse-Supported Self-Care Initiative.

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The Alliance has identified three key issues which may deter healthcare providers to adopt self-care approach more actively and efficiently in their professional practice:

1. The unclear and narrowly perceived concept of self-care for health which focuses solely on self-management of chronic disease rather than on a more holistic approach<sup>34 35</sup>;
2. Healthcare providers' professional education and training on self-care for health is patchy, limited, and inadequate<sup>36 37 38</sup>
3. There is a lack of sustainable support to embed self-care into the practice, which goes beyond professional education and training.

Embedding self-care for health as a core learning component extends beyond formal education and requires a complex skill set that needs to be supported and complemented by a variety of other activities undertaken by healthcare providers (see Figure 3).

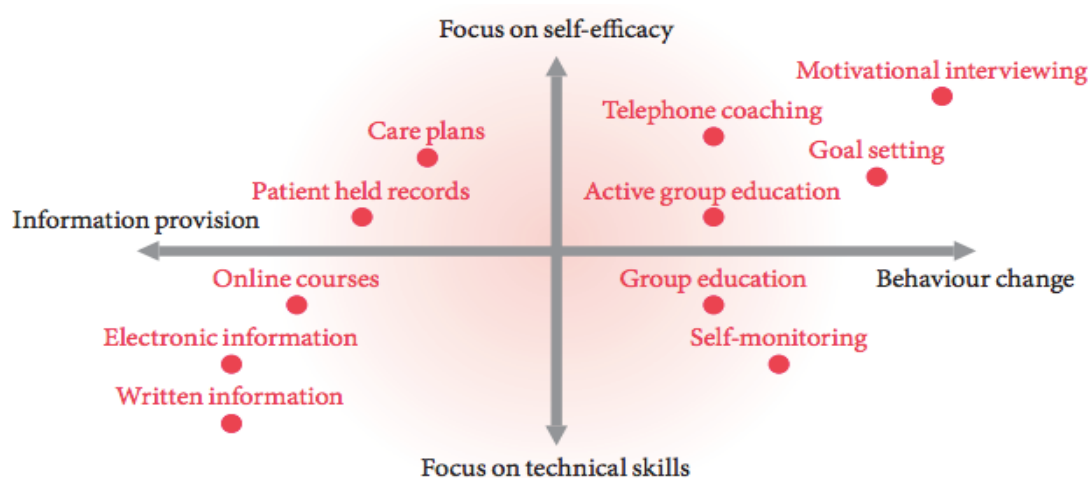


Figure 3. Strategies to support self-care for health<sup>39</sup>

Healthcare providers need to have the appropriate skills and techniques to support self-care for health, which often entails helping people to think about their strengths and abilities and identifying their specific needs and changes required to maintain good health and wellbeing<sup>40</sup>. This requires:

- (i) care planning,
- (ii) collaborative agenda setting,
- (iii) recognising and exploring ambivalence, and
- (iv) goal setting, action planning and follow-up.

Furthermore, to fully support the self-care of their patients, healthcare providers need to be able to effectively communicate and tailor the level of a person's involvement based on the individual's ability to practice self-care for their health<sup>41</sup>.

The Fund would support key workforce development agencies to develop and trial self-care education and engagement competencies in all health professional education and continuing professional development courses. Priority would be given to supporting indigenous health workforce organisations and frontline primary care workforce organisations to deliver culturally sensitive self-care education and engagement. Personnel across both sectors frequently are engaging some of Australia's most systematically disadvantaged populations. In addition, Indigenous health workers warrant additional support to assist them to maintain their own resilience and self-care. The Fund would facilitate this process through a grants-based program and appropriate eligibility criteria for health professional membership, CPD and training programs.

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Musculoskeletal Australia's (MSK) pre-budget submission seeks an investment of \$1.3M over four years to fund two key initiatives that would strengthen health professionals' competencies to deliver self-care education and engagement. These initiatives include (i) conducting three national consumer surveys in 2022, 2024 and 2026 to further build the data relating to self-care; and (ii) conducting research and program evaluation. Whilst these initiatives clearly would provide critical information to support the development of MSK's health literacy initiatives and digital platform (itemised in Initiatives 1 and 2 above), we have included these initiatives as part of Initiative 3 because of the importance of grounding professional development for self-care in current consumer survey and evaluation research findings.

The Alliance is a registered charity with DGR status that has strong governance and a broadly representative membership. We propose that the Alliance be considered as the appropriate body to administer the grant Fund, in accordance with Commonwealth Government requirements, and to provide support to successful grant applicants to develop pilot programs, in which:

- Grantees would develop, implement, and evaluate professional training and development modules.
- Grantees would be required to develop core cross-disciplinary competencies by collaborating with other grantees and organisations across the health system.

**This investment addresses the evident and urgent need for Australian health care workers throughout the health system to be supported to become more adept at delivering self-care education and engagement. Embedding these competencies in all health professional education and continuing professional development courses is a critical step towards upskilling the existing and future Australian health care workforce to deliver core elements of the National Health Literacy Strategy.**

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