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AMA submission to Department of Health consultation on the draft *National Preventive Health Strategy 2021-2030*

Via consultation hub

Do you agree with the vision of the Strategy? Please explain your selection.
Strongly Agree/Agree/No Opinion/Disagree/Strongly Disagree

The AMA does not support the vision as written on page 8 of the draft Strategy. The AMA strongly recommends re-ordering of the wording to position social determinants of health in the pre-eminent position before individual risk factors. Importantly, the vision does acknowledge that the spectrum of prevention includes both addressing foundational causes of ill-health as well as intervening early when signs and symptoms appear. Doctors, especially General Practitioners, have a vital role to play in preventive health in terms of early intervention and helping patients to manage risk factors. As mentioned later in the Strategy, doctors support evidence-based preventive health programs at the population level because such programs reduce morbidity, mortality, and demand on hospitals. However, the AMA is concerned that the ordering of the vision does not correctly reflect where the Strategy should place the most weight. 'Addressing the broader causes of poor health and wellbeing' is currently listed as the final part of the vision, but the AMA believes it would be more appropriate to begin the vision with this element, and follow it with 'targeting risk factors', 'better information', and 'early intervention', as this order better reflects the true sequence of prevention. While the AMA acknowledges the importance of a spectrum of prevention, it is clear that the Strategy should convey in its vision the appropriate order of action and weight in preventive health gain.

Do you agree with the aims and their associated targets for the Strategy? Please explain your selection.
Strongly Agree/Agree/No Opinion/Disagree/Strongly Disagree

The AMA is supportive of the four overarching aims for the Strategy. The aims cover four essential elements of a successful prevention system – a focus on health for children and young people; an improvement in health for all; an acknowledgement of and commitment to address health inequities; and support for increased funding to ensure that programs are implemented and sustained. The AMA commends this aspect of the draft for articulating four aims as high-level foundations for the Strategy.

The AMA enthusiastically supports the target of 5% of health spending to be allocated to prevention by 2030. Australia currently spends less than 2% of health funding on prevention, a

proportion that does not accurately reflect the importance of prevention for the wider health system nor the positive downstream effects of investing generously in prevention. Preventing ill-health from occurring has economic benefits for the health system, as well as avoiding the losses in productivity that occur when people are sick – the costs of which are often larger than the direct health costs. The economic cost of obesity was estimated in 2019 as 3.1% of Australia's GDP – including the loss of the equivalent of 370,000 full time workers annually. Costs of tobacco use in Australia have been estimated at up to $10.5 billion annually, along with annual costs of $6.8 billion for excess alcohol use and $15.6 billion for physical inactivity.

As outlined in the Strategy, Australia ranks relatively low among OECD countries for preventive health spending, with most countries closer to the 5% mark. The AMA recommends that the Strategy explicitly state that the required increases in funding should be sourced from new revenue streams, rather than being reallocated from other areas of our over-stretched health system.

Finally, with relation to Aim 3 – the AMA suggests that a more intensive system-level focus is required to achieve health equity for target populations. The AMA concurs with NACCHO in supporting an increase in rates for MBS Item 715 health checks for Aboriginal and Torres Strait Islander peoples and simultaneous attention to early intervention, chronic disease management and successful risk factor management when identified as required in these health checks. This is essential to really tackle inequity of access issues at the system level.

Do you agree with the principles? Please explain your selection.
Strongly Agree/Agree/No Opinion/Disagree/Strongly Disagree

The AMA is supportive of the six principles of the Strategy, particularly the principles related to health equity. An understanding of health access through the 'equity lens' must invite tangible policy responses and reform to ensure that all population groups can access affordable and appropriate health care.

Do you agree with the enablers? Please explain your selection.
Strongly Agree/Agree/No Opinion/Disagree/Strongly Disagree

The AMA agrees with the seven enablers set out in the Strategy. Several of the AMA's priorities for this Strategy, including a significant funding component; an aim to reorient the health system towards prevention; working with disadvantaged communities; and recognising the centrality of environmental health, are addressed in the 'enablers' section. The AMA has a fundamental appreciation for the value of health literacy, as well as a reliable evidence-base and robust monitoring frameworks, as strong foundations of a successful preventive health system. Recognition of economic, educational and social determinants will further accelerate health literacy and the impact of prevention efforts.

Do you agree with the policy achievements for the enablers? Please explain your selection.
Strongly Agree/Agree/No Opinion/Disagree/Strongly Disagree

Overall, the AMA is supportive of the policy achievements for the enablers. As a result, the AMA will monitor policy announcements in Commonwealth budget processes and policy making.

For the 'leadership, governance and funding' enabler, the AMA is strongly supportive of an ongoing, long-term recurrently funded prevention fund under an independent governance mechanism. This structure will be key to ensuring the sustainable investment in prevention that is required to reach 5% of overall health spending by 2030.

Under the 'prevention in the health system' enabler, the AMA is supportive of enhancing the preventive health capabilities of primary health care practitioners including fully qualified general practitioners as leaders in multidisciplinary primary health care teams, although noting that equity of access to primary care needs to be achieved first in order for these capabilities to be successfully utilised. This section would benefit from a policy achievement specifically focussed on improving primary care access, especially for disadvantaged groups and those living in areas with limited services available.

For 'partnerships and community engagement', the AMA supports the inclusion of an explicit aim to protect prevention policy from conflicts of interest. Conflicts of interest arise with the inclusion of the unhealthy food and beverage industry in policymaking. Industry representatives have a clear interest in maximising the profits of their unhealthy products, and therefore are likely to compromise true preventive health progress. As outlined in the AMA's previous correspondence with the Department, the AMA stands with clinicians and academics around the world in calling for the alcohol and food industries to be excluded from strategies and implementation of public health measures. One of the reasons that Australia has had one of the most successful anti-tobacco campaigns in the world is because of the exclusion of the tobacco industry.

The AMA's recently released Position Statement *Health Literacy – 2021* calls for many of the same policy outcomes that are set out in the 'information and health literacy' enabler, including a national online platform for disseminating trusted health information; support for medical practitioners in boosting the health literacy of their patients; targeted and culturally sensitive information provision; and ongoing, reliable measurement of health literacy levels in Australia. The AMA is strongly supportive of these policy achievements as important, concrete steps towards improving health literacy.

The AMA is somewhat concerned that the policy achievements aligned with the 'research and evaluation' enabler are too vague to be meaningful, measurable, or possible to implement. For example, 'collaborative partnership research models are well established' sounds more like a generalised outcome than a specific policy lever that will drive change. Adding an element of detail to these achievements would secure the AMA's support – for example, the establishment of a multi-sector prevention research network facilitated by the Government; the development of a centralised system where current prevention research underway in the academic sector is reported and highlighted; or the regular and transparent publication of data from preventive health program evaluation at a Government level. While the prioritisation of preventive health research is important, a stronger indication of the process behind this is required – for example, the establishment of a needs-based research agenda guided by engagement with the community (especially those with high rates of preventable disease), health professionals serving those communities and familiar with context and delivery on the ground, policy professionals and

academics. Importantly, this enabler should also acknowledge the importance of identifying preventive health programs which are wasteful, have no robust evidence base, or have no proven benefit, via a systematic audit or similar process.

Under the 'monitoring and surveillance' enabler, the AMA supports a preventive health governance mechanism to guide the monitoring of the Strategy. It is essential that after being released, active work at government and non-government levels to progress the Strategy's aims continues, and that accountability for progress is maintained. A specific mechanism to support this should ensure motivation and responsibility. The AMA is also supportive of the regular publication of national health data sets, which will be central to monitoring progress against the Strategy's aims.

For the 'preparedness' enabler, the AMA is pleased to note the inclusion of a "national strategic plan addressing the impacts of environmental health". The AMA has been calling for the establishment of a national climate change and health strategy since 2015, as set out in our Position Statement *Climate Change and Human Health – 2015*. Importantly, such a strategy must not only 'address the impacts' of climate and environmental concerns but acknowledge that the prevention of such impacts is a public health priority, and outline the positive effects of climate mitigation on the health of Australians. The AMA also supports efforts to address the impacts of climate change on the health system – noting that this should include impacts on infrastructure and services caused by natural disasters, along with the generalised increase in patient load that will occur alongside increases in extreme heat morbidity, allergies, vector-borne disease and mental ill-health. This plan should also link to environmental health as a determinant of Aboriginal and Torres Strait Islander health as recommended by NACCHO and other Aboriginal and Torres Strait Islander peak bodies.

Do you agree with the seven focus areas? Please explain your selection.
Strongly Agree/Agree/No Opinion/Disagree/Strongly Disagree

The AMA agrees that the seven focus areas chosen for attention in the Strategy are central public health issues, and that action in these areas will significantly improve the health of Australians. Tobacco control, nutrition, physical activity, cancer screening, immunisation, alcohol and other drug use, and mental health are all topics that the AMA has longstanding policy on, and that medical professionals deal with on a daily basis. However, there is tenuous linkage back to the four aims, which is disappointing.

The AMA is pleased to note the inclusion of mental health a focus area, after being omitted from the original consultation paper. The AMA is highly concerned about the proliferation of mental ill-health among the Australian community and committed to advocating for action on the underlying drivers of mental health issues, as well as appropriate treatments and supports for those suffering. We recognise that system reform, early intervention and a well-resourced mental health workforce are all key drivers in improving mental health outcomes. It is important that mental health is also understood through a social determinants lens, noting that housing, employment, education, finance, ethnicity and geographic location are some of the things that can impact on a person's mental health as well as their ability to access and afford the services they need. The COVID-19 pandemic has both highlighted and exacerbated the extent of mental health problems in Australia, and particular attention and funding will be required to address this in coming years.

Given that the Strategy acknowledges the importance of secondary prevention and emphasises the major health burden of chronic disease, the omission of GP-led early intervention for individual and behavioural and biomedical risk factors from the focus areas is surprising. As outlined in the AMA's Position Statement *Doctors and Preventative Care – 2010*, the evidence base for early detection of risk, behavioural and pharmacological treatment, and referral is compelling when undertaken by General Practitioners. GPs are pre-eminent in identifying the presence of risks to individuals' health, as well as the particular factors in their lives that contribute to those risks. The focus areas relating to cancer screening and immunisation are clearly relevant to GPs, but screening for chronic disease – including hypertension, diabetes, and cardiovascular conditions – has been omitted. The AMA considers this to be a significant oversight of the Strategy, and suggests that the cancer screening focus area be extended to include screening for chronic disease and associated risk factors. Of course, the primary prevention of these conditions is preferable – but for those Australians who are at higher risk, GP-led early intervention and counselling is vital in ensuring that disease does not progress.

The AMA has recognised climate change as a health emergency, with scientific evidence indicating severe impacts for our patients and communities now and into the future. While climate change is afforded some recognition in the Strategy, the AMA is concerned that this is too heavily focussed on adapting to the health effects of climate change, rather than preventing this health burden from occurring in the first place. The AMA supports the inclusion of climate change mitigation as its own focus area, noting the long-lasting and significant gains this would represent for preventive health in Australia. Overall, the AMA would like to see more targeted measures within the health system to reduce waste and increase sustainable outcomes, including the establishment of an Australian Sustainable Development Unit, and a transition to renewable energy to mitigate the health impacts of climate change. Specifically, the AMA has called for emissions reductions targets for net zero by 2050 Australia-wide, and net zero by 2040 for the Australian healthcare sector.

Do you agree with the targets for the focus areas? Please explain your selection.
Strongly Agree/Agree/No Opinion/Disagree/Strongly Disagree

The AMA is very pleased to see the inclusion in the Strategy of clear and mostly measurable targets for the seven focus areas. Targets are essential for any government strategy, to gauge progress and to acknowledge where investment and programs are working (or not) to improve health. The AMA feels that the draft Strategy has genuinely taken on board feedback from the public health sector in setting the targets for the focus areas, and committing to monitor progress against them.

The AMA offers the following comments in relation to specific targets. Some targets have a shorter timeframe than the Strategy itself (often 'by 2025'). Where this is the case, specific provisions should be built into the Strategy's monitoring framework to ensure that further targets are set for the 2030 period once the initial target expires. This is vital to ensure that policy attention and programs in these areas continue for the life of the Strategy.

For the 'improving healthy diets' focus area, the target relating to free sugar intake does not have a measurable goal other than a general "increased proportion" – this contrasts with all of the

other targets in this section and the AMA suggests that a numerical target be set along with a clear timeframe.

For the alcohol and other drug harm targets, the focus is currently on 'harmful alcohol consumption'. This wording is inconsistent with the AIHW's definition of 'risky drinking' (used to refer to drinking in excess of the NHMRC alcohol guidelines) and should be amended so that it is consistent. The AMA agrees that reductions in risky drinking are positive for preventive health, but suggests that additional targets be added to reflect the scientific evidence that any level of alcohol consumption is harmful. For example, this could include targets for an increase in adolescents and/or adults abstaining from alcohol; a reduction in the total consumption of alcohol; and decreases in alcohol consumption even among those who consume within the NHMRC guidelines.

The AMA supports the target of 'towards zero suicides for all Australians', noting that suicide prevention is a critical aspect to mental health policy. We encourage the development of further targets over the life of the Strategy that recognise broader elements of lived experience on the spectrum of mental ill-health, including:

- Early intervention;
- Child and youth mental health; and
- Mental health service provision to older Australians.

While the AMA is supportive of specific targets for Aboriginal and Torres Strait Islander peoples under the 'tobacco' and 'vaccination' focus areas, it is disappointing that specific targets have not been included in each focus area, especially considering the higher burden of disease Aboriginal and Torres Strait Islander peoples experience related to nutrition; physical activity; alcohol and other drugs; preventable cancers (including especially low rates of screening); and mental health. Much of the health inequity faced by Aboriginal and Torres Strait Islander peoples in these areas stems from colonisation and dispossession; historical and contemporary contexts of institutional discrimination; and the resulting collective trauma. The Government has a clear responsibility to address health inequities in these areas and the AMA therefore recommends applying the implementation principles of the National Agreement on Closing the Gap and adhering to the four Priority Areas to further secure consensus targets for Aboriginal and Torres Strait Islander peoples in each focus area.

Do you agree with the policy achievements for the focus areas? Please explain your selection.
Strongly Agree/Agree/No Opinion/Disagree/Strongly Disagree

The AMA is pleased that each focus area has been supported with the listing of required policy achievements. These sections are important in communicating how the Strategy's targets can be achieved. In general, the policy achievements are clear, evidence-based, and specific.

The AMA is concerned that a number of the listed policy achievements, however, reflect endpoints rather than ways to achieve them (for example, "reduced tobacco use among populations at a higher risk of harm"; "understanding of the value of vaccines is increased" "HPV immunisation rates continue to increase"). These kinds of statements should be targets rather than policies, because they do not include an action-oriented intervention, program, or policy.

The AMA has standing policy on each of the focus areas, which include policy recommendations for governments and for the medical profession. We are broadly supportive of most of the policy achievements suggested in the Strategy, but make the following additional suggestions:

For reducing tobacco use:

- The AMA recommends the following additional actions: make evidence-based nicotine cessation aids more affordable; conduct research into smoking cessation among priority populations; all political parties refuse to accept sponsorship from tobacco companies; further restrict children's exposure to second-hand smoke; institute warning messages about the placement of cigarettes in TV shows and films; and ban smoking on all school premises.

For improving healthy diets:

- The AMA recommends the following additional actions: implement nutritional guidelines for aged care facilities; provide nutritional resources for caregivers and childcare facilities; remove unhealthy options from health facilities; increase restrictions on and awareness of unhealthy processed foods targeted at infants and toddlers; and improve the labelling of added sugar on packaged foods.
- The AMA would like to draw attention to our significant and long-term support for a tax on sugar-sweetened beverages, something that has not been included in the Strategy but which has clear health and economic benefits, as well as having demonstrable success internationally.
- The AMA believes that this focus area would benefit from an increased focus on the role of food security in preventing poor nutrition, which is mentioned in the explanatory text but not sufficiently carried through to the policy achievements. Relevant actions would include funding for community garden programs; subsidies for fresh fruit and vegetables in low socio-economic areas; and funding for school lunch programs.

For increasing physical activity:

- The AMA recommends the following additional actions: improve data collection on physical activity levels including formal and incidental activity; maximise the safety of the environments in which exercise is performed; and that government institutions such as post-secondary education, aged care, prisons and hospitals support physical activity programs.
- There is a key role for the Government in funding local governments and organisations to deliver community health programs and this should be made more explicit in either the policy achievements or in a linked implementation plan.
- Considering that propensity for physical activity is often determined by physical surroundings, the AMA strongly recommends that the policy achievements include measures to ensure adequate walkability (safe, easily accessible and navigable footpaths) and publicly available green spaces, especially in low socio-economic areas.

For increasing cancer screening and prevention:

- The AMA recommends the following additional actions: implement regular nation-wide and targeted communication campaigns to improve awareness and understanding of bowel, breast and cervical cancers; increase interoperability between clinical software and the National Cancer Screening Register; improve monitoring systems for reminders/recalls for cancer screening programs; fully recognise the role of GP practices

in the planning and implementation of cancer screening programs; and support medical professionals to conduct outreach activities for at-risk population groups.

For improving immunisation coverage:

- The AMA recommends that catch-up vaccinations for adults under the National Immunisation Program are free of charge, especially to ensure that adults who did not receive parental consent for vaccination when they were children can be vaccinated prior to travelling overseas or to high-risk destinations or environments.

For reducing alcohol and other drug harm:

- The AMA recommends the following additional actions: mandate alcohol risk signage at licensed venues; increase public understanding of the size of a standard drink; implement health warning labels for packaged alcohol; licensed premises to set a minimum floor price for alcohol; and implement education programs on alcohol risk in schools.
- The AMA would again like to particularly draw attention to our strong support for a volumetric tax on alcohol. This policy has been recommended by multiple Australian reviews and inquiries, and is proven to be cost-effective and have clear health benefit. A volumetric tax is suggested in the current National Alcohol Strategy, so its omission from this Strategy is concerning.

For protecting mental health:

- The AMA recommends the following additional actions: well-coordinated and adequately funded community-managed mental health services to reduce the need for hospital admissions; sustained national evidence-based awareness campaigns; enhancement of early identification and treatment services for young people; and appropriate resourcing of online and telephone support services.

Do you agree with the 'Continuing Strong Foundations' section of the Strategy? Please explain your selection.

Strongly Agree/Agree/No Opinion/Disagree/Strongly Disagree

From the AMA's perspective, this section of the draft Strategy does not provide adequate detail on the next steps to be taken once the Strategy is finalised and released. Such a well-informed, robust Strategy must be underpinned by a commitment to enact true progress on its stated aims. It is not enough to say that "this is a Strategy for all Australians" or that it is "a collective framework for action". Clear attribution of responsibilities must be allocated to each aim and target, with timeframes for reporting and intermediate targets unambiguously laid out. It is useful to have the targets systematically laid out in Table 8 with their associated baseline and data source – but this table must be completed, with missing sections filled in, and information on *who* will report on each target must be included.

More detail including timelines and clear accountability for its production is also required on the 'Blueprint for Action' that is briefly mentioned in this section of the Strategy. Information on how and when the blueprint will be developed, and where it will be made publicly available, is essential. The Blueprint must include an actionable and measurable implementation plan – including for example:

- The responsible entity for each policy achievement;
- How the responsible entity will be held accountable;

- Indicators of progress towards policy achievements;
- Timeframes for review of policy achievements; and
- Funding required and allocated to the implementation of policy achievements.

Considering that this will be a ten-year Strategy, the 'Continuing Strong Foundations' section should include detail on how and whether the Strategy will be delivered in the case of a change of Government. A bipartisan commitment to the Strategy's principles, aims and targets would ensure that it is sustainable and that long-term work on prevention can be conducted efficiently. The case studies presented in 'learning from our past successes' demonstrate the importance of a bipartisan commitment to successful preventive health campaigns. Australia's leadership in tackling tobacco-related harm, skin cancer risk, and the HIV/AIDS crisis all relied on strong commitment across the spectrum of politics.

This section would also benefit from some additional detail on the proposed independent governance mechanism for the Strategy, which is outlined only briefly under the 'leadership, governance and funding' enabler. The composition of this mechanism, and its role in monitoring progress against the Strategy's aims, targets, and policy achievements, should be expanded upon.

Finally, the AMA considers that the Strategy more broadly, and this section specifically, does not make adequate reference to Australia's international commitments under the Sustainable Development Goals. Many of the SDG's targets under Goal 3 "Ensure healthy lives and promote wellbeing for all at all ages" are relevant to this Strategy, including those related to infectious disease, non-communicable disease, substance abuse, tobacco control, and vaccination. In addition, the wider goals are strongly linked to the determinants of health and these warrant a link in the Strategy, particularly throughout the 'drivers of ill-health' section. Relevant goals include Goal 1 "No Poverty"; Goal 4 "Quality Education"; Goal 8 "Decent Work and Economic Growth"; Goal 10 "Reduced Inequalities"; Goal 11 "Sustainable Cities and Communities"; and Goal 13 'Climate Action".

Please provide any additional comments you have on the draft Strategy.

Overall, the AMA thinks that this Strategy has merit as collaborative, evidence-based policy work. The AMA is pleased to have been involved in genuine engagement with the Government during the development process. The Strategy has acknowledged the underlying determinants of health; set ambitious and measurable targets; and suggested a range of key policy interventions. Nonetheless, there are aspects of the Strategy with which the AMA cannot yet agree and others which deserve strengthening as a result of feedback.

The AMA has several points to raise in addition to previous comments. The 'root causes of poor health' section is important in acknowledging the underlying determinants of health and moving the focus of prevention away from individual responsibility. It is encouraging to see a Government strategy acknowledge the complexity of health outcomes and the deep, underlying drivers which determine an individual's health and their capacity to engage in preventive behaviours. However, the AMA was disappointed to note that the intent of this section is not clearly carried through to the remainder of the Strategy. In the first instance, there are no references to health determinants in the overarching diagrams on pages 7 and 29 of the Strategy. Secondly, targets and policies relating to wider determinants such as education, employment, working conditions, physical surroundings, environmental status, and access to healthcare are not included in later parts of the document, which often revert back to frames of individual-level

behaviour and 'choice'. While acknowledging that it may be difficult for a health Strategy to make recommendations on, for example, income support levels, the AMA suggests that the determinants section is supported by some level of policy recommendation (similar to the 'policy achievements' in other sections of the document). This should include the implementation of practical mechanisms to ensure that health is considered in the setting of social, economic and environmental policies; and ensuring the fair distribution of primary health services.

With regard to respecting diversity and a commitment to reduce inequities, the AMA suggests the images contained in the current draft could be reconsidered to be more reflective of diverse population groups. The section on Cultural Determinants, while welcomed by the AMA, would be enhanced by making clearer distinctions between Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse (CALD) groups. The AMA is not supportive of this section in its current form as we maintain that Aboriginal and Torres Strait Islander cultural determinants are unique and cannot be understood alongside other cultural determinants - they can only be determined by Aboriginal and Torres Strait Islander voices, expertise and insight. We acknowledge the recent policy development undertaken in this area in partnership with Indigenous health peak organisations and are very supportive of this collaboration continuing to inform policy. The AMA acknowledges that cultural determinants can affect the health of people from all backgrounds, while noting that the uniqueness of the cultural determinants for Aboriginal and Torres Strait Islander peoples needs to be emphasised in the context of this Strategy. Use of the term 'all Australians' is logical for the purpose of this document, but we note that it fails to recognise diversity and inequities that may lead to various people having very different experiences within the same health system.

The AMA considers that the environmental determinants section needs some improvement. The table of 'protective' and 'adverse' health effects includes few actual health impacts (for example, climate change causes increases in heat-related mortality; mental ill-health; food insecurity and vector-borne disease), and the conceptual framework is inconsistent. For example, 'vitamin D production' is correctly included as a protective health effect of UV radiation, as is 'filters air and water' for biodiversity; but 'renewable energy sources' are not a protective effect of climate change – they protect *against* it. Climate change, like air pollution, should have no protective health effects listed. The protective effects listed for vector-borne diseases are similarly incorrect – they are protections against vector borne disease. Preventive measures against environmental ill-health, such as greenhouse gas reduction and renewable energy, would be more appropriately included in a focus area on environmental health as the AMA has suggested above.

Finally, the AMA supports the inclusion in the Strategy of a target to reach 5% of health funding towards prevention by 2030. As mentioned earlier, the AMA strongly recommends that increases in funding allocated to prevention are sourced from new revenue streams, and not reallocated from other areas of the stretched health budget. Implementing taxes on unhealthy products is an obvious and logical opportunity to raise revenue that could be redirected to life-saving preventive health programs. The AMA has long advocated for both a volumetric tax on alcohol and a tax on sugar sweetened beverages. Each of these policies has clear public health benefit in terms of disincentivising the purchase of unhealthy products and has the additional benefit of contributing to the increase in prevention funding. Without a clear-cut plan for reaching 5%, this target will be aspirational rather than practical. The AMA strongly recommends that the Strategy underwrite its goal to achieve 5% of health funding for prevention with commitments to institute new alcohol and sugar-sweetened beverages taxes.

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