

4/10/23

SA Health Re: Submission to Consultation for the SA Cancer Plan

Context of our submission:

The **Research Centre for Public Health, Equity and Human Flourishing (PHEHF) within Torrens University Australia** in partnership with the **Australian Health Promotion Association Ltd (AHPA®), South Australian Branch** welcomes The SA Cancer Plan 2024-2028 and the opportunity to contribute to its development. Our joint contributions to the development of the Plan concern the 'prevention' domain (priority area 1 in the Plan) of the cancer spectrum.

PHEHF Background:

The vision of the PHEHF Research Centre is to undertake internationally renowned research and create thought leadership that responds to the significant public health problems of our time. One such critical public health problem is the risk of cancer from alcohol consumption; recognising the complex social and commercial determinants of health that result in inequity and make cancer prevention complicated for priority populations.

We have nationally funded studies supported by the National Health and Medical Research Council (NHMRC), Australian Research Council (ARC), and the Medical Research Future Fund (MRFF), in addition to State-based and local funding focusing on improving the conditions that promote and protect health, and allow human flourishing for all people.

AHPA SA Background:

AHPA is the peak body for health promotion in Australia. AHPA advocates for the development of healthy living, working and recreational environments for all people. It also supports the participation of communities and groups in decisions that affect their health. Incorporated in 1990, AHPA is the only professional association specifically for people interested or involved in the practice, policy, research and study of health promotion. Our member-driven national Association represents over 1000 members and subscribers. The Association is governed by a Board at the national level with operational branches representing all states and territories. Our vision is for a healthy, equitable Australia. We seek to achieve this via our purpose of leadership, advocacy and workforce development for health promotion practice, research, evaluation and policy.

Membership of AHPA is diverse, and includes designated health promotion practitioners, researchers and students, as well as others involved in promoting physical, mental, social, cultural and environmental health, whose primary profession or area of study may be something different, but whose responsibilities include promoting health. Members represent a broad range of sectors including health, education, welfare, environment, transport, law enforcement, town planning, housing, and politics. They are drawn from government departments and agencies, universities, non-government organisations, community-based organisations and groups, private companies, and students.

Both PHEHF and AHPA SA are concerned with improving equity to promote health for all Australians.

PHEHF research has a Strong focus on social justice under Torrens University Australia's alignment with a Be Good agenda. The alcohol-harm paradox is well-established with reference to all cancers; specifically breast cancer, and PHEHF research showcases that women with less access to financial and social capital find it harder to consider alcohol reduction – placing them at even further disadvantage with respect to breast cancer risk. PHEHF data (published in academic and public sources) investigates the social and commercial determinants of health and

wellbeing in cancer prevention, lay understandings of health and illness including awareness of cancer causes for illness prevention, and understanding and improving equity of access to, use of and benefits from health and social care services understanding and improving public trust in health and social care professionals and services and Improving services and systems to promote human flourishing that enables population-wide cancer prevention. We would be most willing to support the ongoing development of the Plan with our evidence if useful.

Both PHEHF and AHPA SA are well networked for research translation in South Australian cancer prevention. PHEHF is a partner organisation for Health Translation SA, represented in the South Australian Women's Health Research and Translation Network Executive Committee (under the priority domain chronic disease prevention including cancer) and a Public Health Partner Authority to Wellbeing SA. PHEHF and AHPA SA have partnerships with local, state and also national alcohol prevention agencies (e.g. Drug and Alcohol Services South Australia, Foundation for Alcohol Research and Education, Alcohol and Drug Foundation) and our state cancer prevention agency the Cancer Council of SA. We are willing to make use of these networks for the development of the Plan if useful.

Comments on Priority Area 1: Cancer Prevention

PHEHF and AHPA SA are pleased to see that 'Reduce the risk of preventable cancers for SA residents' is an intended outcome of the Plan. We are particularly eager to maximise cancer prevention and actively reduce cancer risk and support all South Australians to access evidence-based cancer prevention. To achieve this goal, per AHPA's response to the [Australian Cancer Plan](#) in December, we suggest this SA Plan also focus efforts on the social determinants of health and health equity.

The World Health Organization's Ottawa Charter for Health Promotion (1986) and subsequent global charters and declarations underpins our approach to cancer prevention; recognising that: *"Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health"*¹.

A focus on equity must be part of the Plan to ensure marginalised populations are not 'left behind' by the Plan's laudable new strives for cancer prevention. Our research and practice suggests priority populations include those characterised by poverty, cultural and gender diversity and people living in regional and remote areas of South Australia². AHPA SA also notes that determinants intersect to increase disadvantage.

PHEHF's research evidence-base and AHPA SA's practice-level experience suggests a stronger focus on **systems as the context of prevention decisions** must be included in the Plan. The Plan currently outlines an intention to develop education campaigns to improve population health literacy of cancer risk factors. PHEHF and AHPA SA are cautious of overstating the reliance on education campaigns without changes to the systems and determinants of health that allow people control over their decisions that impact modifiable cancer risk factors.

One critical and modifiable risk factor for all cancers is alcohol. We draw attention to PHEHF research findings that show public misunderstandings about the cancer risks associated with alcohol consumption. Our research on breast cancer prevention in particular shows addressing cancer prevention through modifiable risk factors like alcohol warrants **awareness raising**³ and **reducing disinformation in/contrasting against public health messaging**^{4,5}. There is strong scope for the Plan to achieve this mission, particularly through partnership with the Cancer Council SA which our research shows is a widely trusted information source.

To reduce misinformation and improve understanding, we agree with the Plan's intention to increase clinicians/health professional's literacy. We suggest this be achieved in partnership with cancer prevention organisations; widely trusted as sources of reputable cancer prevention information⁵. Our evidence also indicates that the development of education campaigns on the social and commercial drivers of behaviours that increase cancer risk are also relevant⁶. AHPA SA is the peak body supporting the capacity development of the Australian Health Promotion workforce. When considering the workforce's role in cancer prevention, it is important that consideration is given to resourcing and capacity building to orient the system towards primary prevention (screening is early detection and therefore secondary prevention). There is clear evidence that primary preventive health interventions are cost effective and offer good value for money. Public health interventions are highly cost saving, returning an average of \$14.30 in benefits for every \$1 invested⁷. See: [AHPA and PHAA's Health Promotion and Illness Prevention Policy Position Statement 2021](#).

Calling for a critical focus on alcohol and breast cancer

PHEHF researchers have particular expertise on alcohol reduction as a form of breast cancer prevention. The primary prevention of breast cancer through attention to alcohol consumption is a current public health urgency. Alcohol consumption (a class 1 carcinogen) is an established modifiable risk factor for breast cancer⁸. Breast cancer is the most common cancer affecting women in Australia. **Alcohol consumption accounts for 10% of breast cancers** in Australia⁹. There is a dose-response relationship between alcohol and breast cancer¹⁰ with elevated risk of breast cancer even at 'low' levels of alcohol¹¹. **Midlife women (aged 45-64)** who drink alcohol are at a **double disadvantage** for breast cancer risk: their age (non-modifiable risk) combined with alcohol consumption (increasing modifiable risk as consumption increases). Alcohol as a modifiable risk factor for breast cancer has received less attention than others in Australian campaigns aimed at breast cancer prevention and warrants urgent attention¹². This is critical given breast cancer is the most common cancer among Australian women. Despite population-level declines in alcohol consumption in Australia, **midlife women's drinking has increased**¹³. Midlife women consume more alcohol than any other age group of women (while young people's drinking is reducing, alcohol consumption among midlife women is actually trending toward an increase). Midlife women's alcohol consumption is a critical public health issue. They are a target group identified within the current *National Alcohol Strategy 2019-2028* because of risks like breast cancer and warrant preventive action and a focus within the SA Cancer Plan. Recent epidemiological data published in the *British Journal of Cancer*¹⁴ found that for every additional seven standard drinks per week a woman has, their relative risk of breast cancer goes up by 11%. These data suggest that about 1 in 8 women who are non-drinkers will develop breast cancer, about 1 in 7 women who consume 5 standard drinks/week will develop breast cancer, and about 1 in 6 women who consume 20 standard drinks/week will develop breast cancer.

Missing from the plan

Currently missing from the Plan, in our view, is **the influence of alcohol** on cancer in the next 5 years. We know alcohol consumption increased during the COVID-19 pandemic¹⁵, increasing the risk of preventable cancer. It is critical that alcohol feature in the Plan for the next 5 years.

We are also eager to understand how will improved cancer prevention be addressed by the Plan, and specifically, how can **communities be engaged** to guide decisions? We appreciate the Plan aims to guide investment in innovation in cancer prevention (and screening) including 'new thinking, forums and leading-edge pilot projects'. We are optimistic this will **involve community-engagement** at all stages noting that strategies are more likely to be effective when designed by intended 'users'¹⁶, including populations with **differential access to resources** to support 'healthy' decision-making.

On this note, can we please suggest that the language used within the plan be considered. Rather than 'target' populations, might the Plan utilise the term '**priority**' populations for consistency with the *National Preventive Health Strategy 2021-2030*. This language connotes working 'with' rather than 'on' populations for cancer prevention¹⁷ – making sure that the Plan does not hit the target but miss the critical health determinants that need addressing for cancer prevention among priority populations .

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