



## 1. Introduction

In April 2008 the Minister for Health and Ageing, the Hon Nicola Roxon MP, appointed a new National Preventative Health Taskforce to advise on the action needed in preventative health for Australia, focusing on obesity, tobacco and alcohol as immediate priorities for action.

**The Taskforce, made up of health experts from around Australia, is to develop strategies to tackle health challenges caused by obesity, tobacco and alcohol and develop a National Preventative Health Strategy by June 2009 – the blueprint for preventative health reform.**

The strategy is to be directed at primary prevention, and will address all relevant arms of policy and all available points of leverage, in both the health and non-health sectors, in formulating its recommendations.

**This discussion paper sets out the case for preventative health reform and suggests a number of policy proposals, actions and support measures for obesity, tobacco and alcohol.**

The paper raises some key questions that will form the basis of consultation, leading to the development of a National Preventative Health Strategy by June 2009.

### 1.1 Raising the bar for prevention

**The challenge for Australia is to significantly 'scale up' prevention effort. This will start with three priority areas: reducing the growing epidemic of overweight and obese Australians, achieving a virtually smoke-free Australia, and combating the health and social harm resulting from risky drinking.**

Two specific factors have increased the momentum for a significant change in our approach to health: the national reform agenda of 2006 and the approach taken by the new government from late 2007.

Initiated by the Council of Australian Governments (COAG), the National Reform Agenda identified the crucial importance of better health to economic productivity and opened the way for a new whole-of-government approach to health. COAG has established the Australian Better Health Initiative (ABHI), with the aim of refocusing the health system towards promoting good health and reducing the burden of chronic disease.

The Australian Government has decided to reorient Australia's approach to the health system, with a much more vigorous strategy regarding prevention and greatly increased investment to prevent chronic disease. The Australian Government will:

*'treat preventative health care as a first order economic challenge because failure to do so results in a long-term negative impact on workforce participation, productivity growth and the impact on the overall health budget'.(16)*

To achieve this end, the Taskforce is working closely with other groups involved in health reform. These include the National Health and Hospitals Reform Commission, whose priorities include looking at ways of ensuring a greater emphasis on prevention across the health system, and groups such as the National Primary Health Care Strategy, the Indigenous Health Equity Council and the National Advisory Council on Mental Health.



## 1.2 Setting targets for obesity, tobacco and alcohol

In the first instance, the Taskforce has been asked to provide advice in three specific areas: obesity, tobacco and alcohol. Each of these important public health risks is at a different point in its development. We know what works in tobacco control. We know much of what needs to be done to address alcohol problems, especially in terms of stemming intoxication and the social harms that result. The obesity epidemic is different. Australia is in the early stages of managing the rise in overweight and obesity prevalence – perhaps on a par with tobacco control 30 years ago.

Addressing these three very different areas and putting strong support systems in place will provide an important platform for future action in other areas such as mental health, injury, immunisation, sexual and reproductive health, and illicit substance use.

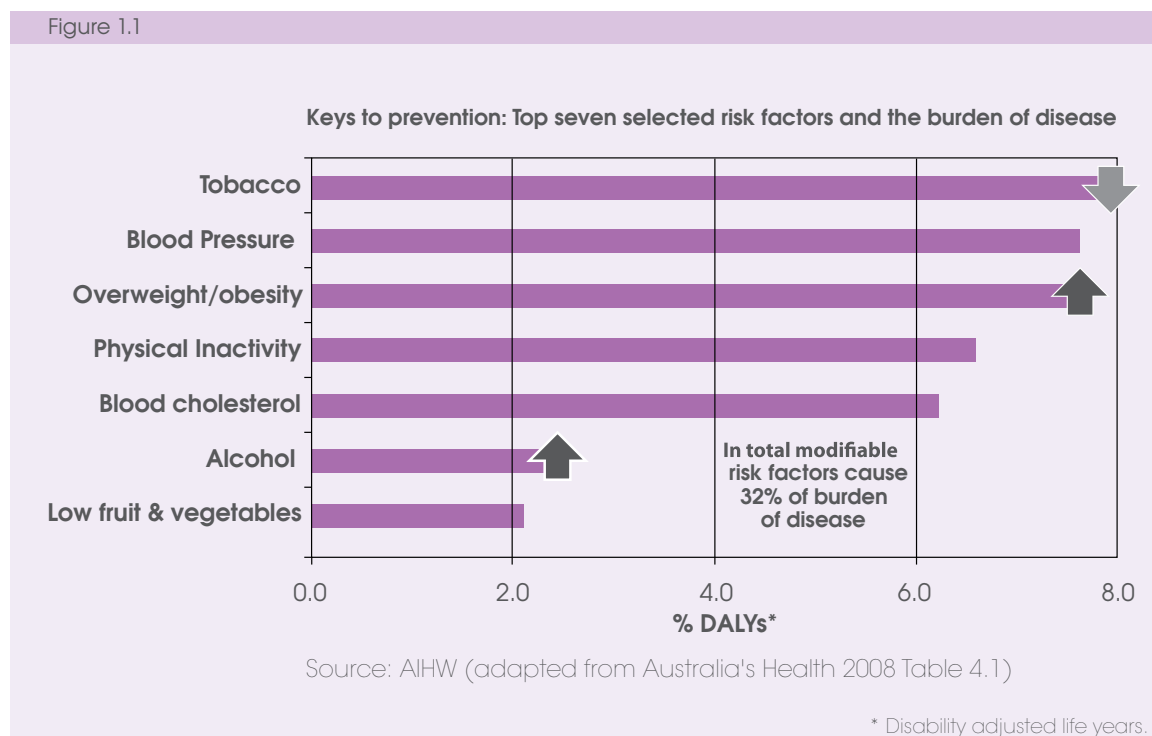
## Measurable targets for 2020 for obesity, tobacco and alcohol:

### BY 2020 AUSTRALIA CAN:

- Halt and reverse the rise in overweight and obesity prevalence
- Reduce the prevalence of daily smoking to 9% or less
- Reduce the prevalence of harmful drinking for all Australians by 30%
- Contribute to the 'Close the Gap' target for Indigenous people, reducing the 17-year life expectancy gap between Indigenous and non-Indigenous people(1)

Achieving these targets will require substantial community effort, leadership and new funding.

Figure 1.1



Source: AIHW (adapted from Australia's Health 2008 Table 4.1)



### 1.3 Understanding the challenges

Figure 1.1 (below left) shows how obesity, tobacco and alcohol (along with the related risks of physical inactivity, low-level consumption of fruit and vegetables, high blood pressure and high blood cholesterol) make up the top seven preventable risk factors that influence the burden of disease. The total of modifiable risk factors make up 32% of the burden of disease in Australia.(4)

**The prevalence of smoking is declining too slowly; overweight and obesity and the harmful use of alcohol are escalating. The scale and pace of efforts in all these areas must be increased.**

A number of other broad trends will have a continuing impact on the health and wellbeing of Australians and on our health system. These include:

- *The ageing of the population*, which has important implications for health services usage and labour force participation.
- *Increasing levels of disability, chronic illness and injury*, which will continue to grow, challenging health services, workplaces, communities and families.
- *Growing discrepancies in health status and outcomes for some population groups*, particularly the needs of Indigenous communities, whose life expectancy at birth is around 17 years less than that of non-Indigenous Australians. Other disadvantaged groups include rural and remote Australians, recent immigrants – especially refugees and those escaping conflict – those on limited incomes and people with low levels of education.
- *Climate change and sustainability* represent both a challenge and an opportunity. There are many issues where improving health is entirely compatible with increasing sustainability, such as promoting walking and cycling as a means of transport.

### 1.4 About prevention

Well-planned prevention programs have made enormous contributions to improving the quality and duration of our lives. Prevention does work. We learned that from the great public health revolutions of the 19th century. While much remains to be done to prevent modern health problems, we have achieved major improvements through tobacco control, road trauma and drink driving, skin cancers, immunisation, Sudden Infant Death Syndrome (SIDS) and HIV/AIDS control.

In the 1950s three-quarters of Australian men smoked. Now less than one-fifth of men smoke. As a result, deaths in men from lung cancer and obstructive lung disease have plummeted from peak levels seen in the 1970s and 1980s. (4)

Similarly, deaths from cardiovascular disease have decreased dramatically from all-time highs in the late 1960s and early 1970s to today.

Road trauma deaths on Australian roads have dropped 80% since 1970, with death rates in 2005 being similar to those in the early 1920s. (4)

Australia's commitment to improving immunisation levels has resulted in much higher immunisation coverage rates, eliminating measles and seeing a drop of nearly 90% in sero-group C meningococcal cases in only four years. These have come about as a result of a 34-fold increase in funding over the last 15 years.

Deaths from Sudden Infant Death Syndrome (SIDS) have declined by almost three-quarters – dropping from an average of 195.6 per 100,000 live births from 1980 to 1990 to an average of 51.7 per 100,000 live births between 1997 and 2002.(4,11)



## Prevention – a great investment

A study commissioned by the Department of Health and Ageing in 2003 showed quite spectacular, long-term returns on investment and cost savings from prevention – in tobacco control programs, road safety programs and programs preventing cardiovascular diseases, measles and HIV/AIDS.(12)

**For example, this report estimated that the 30% decline in smoking between 1975 and 1995 had prevented over 400,000 premature deaths(13), and saved costs of over \$8.4 billion, more than 50 times greater than the amount spent on anti-smoking campaigns over that period.(12, 13)**

A recent US study *Prevention for a Healthier America* shows that for every US\$1 invested in proven community-based disease prevention programs (increasing physical activity, improving nutrition and reducing smoking levels), the return on investment over and above the cost of the program would be US\$5.60 within five years.(14)

### The World Health Organization (WHO) defines prevention as:

Approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability.

- Primary prevention reduces the likelihood of the development of a disease or disorder.
- Secondary prevention interrupts, prevents or minimises the progress of a disease or disorder at an early stage.
- Tertiary prevention focuses on halting the progression of damage already done.

Effective prevention brings significant benefits to society as a whole, including improved economic performance and productivity.

Prevention has worked in Australia, from early public health legislation to more recent successes in areas such as road trauma, tobacco, HIV/AIDS, skin cancers, cardiovascular disease and childhood infectious diseases.

### PREVENTION CAN:

- Reduce the personal, family and community burden of disease, injury and disability
- Allow better use of health system resources
- Generate substantial economic benefits, which, although not immediate, are tangible and significant over time
- Produce a healthier workforce, which in turn boosts economic performance and productivity

*(National Prevention Summit 2008)[17]*

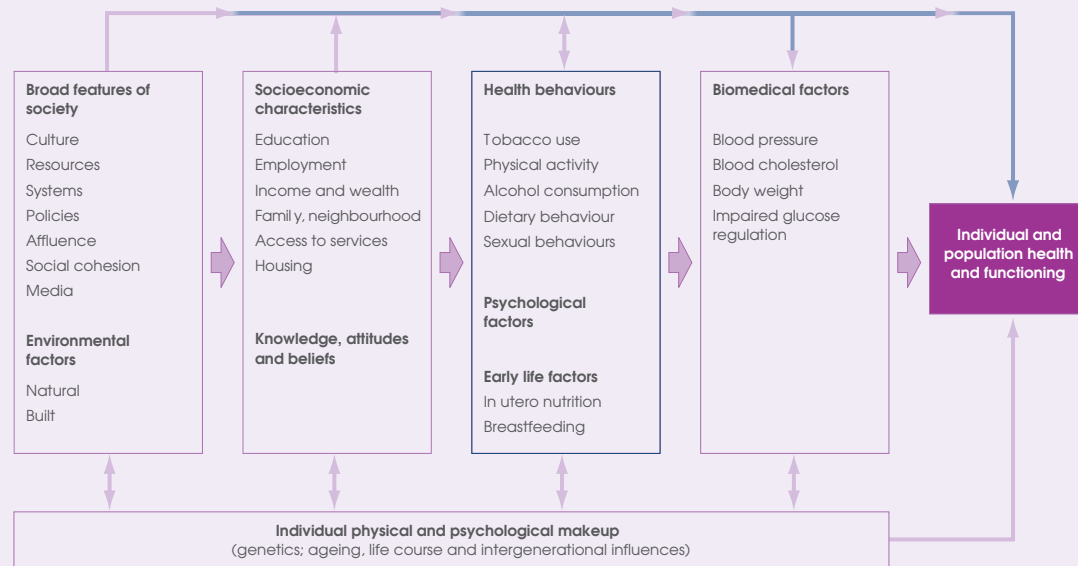
This includes a focus on health promotion, defined by WHO as *the process of enabling people to increase control over the determinants of health and thereby improve their health.*(18)

These determinants include the personal, social, economic and environmental factors (such as access to education, housing, employment, income) that influence the health status of individuals or populations (further described in Figure 1.2 below).



Figure 1.2

A conceptual framework for determinants of health as they relate to obesity, tobacco and alcohol



Source: AIHW: adapted from Australia's Health 2008 (Figure 4.1)

### 1.5 A framework for prevention

A strong preventative health strategy needs a framework that takes into account the key issues affecting Australians today, such as equity, health and the environment.

Figure 1.2 above is adapted from *Australia's Health 2008*[4] and shows the way in which the determinants of health relate to obesity, tobacco and alcohol, and to individual and population health and functioning.

A recent report from the World Health Organization Commission on the Social Determinants of Health shows that health inequities (unfair, unjust and avoidable causes of ill health) *between* countries also occur *within* countries. The report shows that, in general, the poor are worse off than those who are less deprived. The less deprived are in turn worse than those with average incomes, and so on. This slope linking income and health is the social gradient, and is seen everywhere – not just in developing countries – including the richest countries such as Australia.(19)

### 1.6 Principles for preventative health

**The following principles, based on those developed by the Health and Hospital Reform Commission, reflect what people in the community generally expect from an effective preventative health system, and outline the principles that can guide effective action by governments.**

The use of an agreed set of principles will help draw together the interests of different sectors in ensuring effective action and in developing an agreed National Preventative Health Strategy.



### **Community-driven principles**

*Strengthening prevention*  
*People and family centred*  
*Equity*  
*Shared responsibility*  
*Recognising broader environmental influences*

### **Governance principles**

*Common frameworks*  
*Comprehensive, staged approach taking the long-term view*  
*A mix of universal and targeted approaches*  
*Combined approaches*  
*Selected settings for action*  
*A comprehensive support system*

## **COMMUNITY-DRIVEN PRINCIPLES**

### *Strengthening prevention*

Australia needs greater emphasis on helping people to stay healthy through a stronger investment in prevention, early detection and appropriate interventions to keep people in the best possible health.(20)

### *People and family centred*

The direction of prevention should be shaped around the health needs of individuals, their families and communities. Responsiveness to individual differences, stage of life, cultural diversity and preferences through choice is important.(20)

### *Equity*

Prevention activities should be accessible to all, based on health needs, not on an ability to pay. Inequality arising from geographic location, socio-economic status, language, culture, Indigenous or ethnic status must be identified and addressed.

### *Shared responsibility*

All Australians share responsibility for our health and the success of the health system.(20) As *individuals* we each make choices about our lifestyle and behaviours; as a *community* we fund the health system; and as *patients* we make decisions about how we use the health system. *The health system* has an important role to play in helping people to become more self-reliant and better able to make the best choices to manage their own health needs. *Business and industry* both have important roles to play for obesity and alcohol, and *governments* have a responsibility to coordinate preventative health reform, to deliver prevention programs and action, and to make sure adequate supports are put in place to enable individuals, families and communities and the health system to make useful contributions.

### *Recognise broader environmental influences*

The environment plays an important role in our health and in helping to make sensible decisions about health. The environment is taken to include the global climate, the physical and built environment (for example, the workplace, air quality, planning decisions that affect our health), the socio-economic environment (including the working environment) and external influences, such as promotion of healthy or unhealthy behaviours.



## GOVERNANCE PRINCIPLES

### *Common frameworks*

An international review of chronic disease prevention programs prepared for the Taskforce indicates that the use of a comprehensive framework is a common feature of prevention strategies. Important components of such a framework include:

- a whole-of-society approach, including identification of high-risk population groups
- a 'life-course' approach highlighting the needs of different groups as they move through different stages of their lives
- a special focus on closing the health gap for disadvantaged groups
- a concern for both individual and environmental risk factors and interventions
- a commitment to improving the links between research, policy and practice
- establishing a national coordinating body to set standards, drive and monitor preventative health reform
- diverse forms of partnerships to develop and implement innovative approaches

### *A comprehensive, staged approach taking the long-term view*

Prevention is most successful when comprehensive approaches are adopted, with multiple strategies. The priorities recommended in this discussion paper represent critical first steps in the roll-out of a comprehensive approach over time.

### *A mix of universal and targeted approaches*

Shifting population norms require small changes from everyone. Additional and different efforts are often required for disadvantaged populations, such as Indigenous Australians.

Addressing the health risks from obesity, tobacco and alcohol is one of the most important ways to close the health gap and improve the health of the wider community. In these, as in other areas, the targeting of health inequalities will require innovative and localised approaches within a broadly based universal prevention strategy.

### *Combined approaches*

Multiple and long-term strategies are more effective than one-off programs. The mix of strategies needed will vary, depending on the area of focus. In particular, regulatory and educational approaches are often most effective when implemented together.

### *Selected settings for action*

The settings within which people work, learn, live and play – schools, workplaces, neighbourhoods – provide valuable opportunities to promote health. Programs delivered in these settings should, where possible, adopt an integrated approach to risk factor reduction.

### *A strong support system*

Prevention policies and programs require strong support systems and structures. These include linked components such as:

- adequately funded and relevant research
- comprehensive and relevant data collection systems
- shared information across governments and other sectors
- a strong surveillance system
- a skilled and motivated workforce
- effective national public education
- locally identified mechanisms to establish and maintain partnerships and collaborations



## 1.7 Working together

### COMMON APPROACHES & COLLABORATION

**Effective prevention programs will depend on the participation of all Australian communities - in the cities, in the bush and in the remote areas of the country.**

Australians as individuals will make prevention work. It is individuals who will take up regular physical exercise and make the right food choices for themselves and their families, who can voice a concern for public safety and an intolerance of drunken behaviour, and who can help make Australia a virtually smoke-free nation.

But individuals cannot achieve change on their own. They will need the support of employers and workplaces, unions, community leaders, industry, business and private sectors, the health services and all three levels of government.

Governments play a vital role in driving change and putting in place the support structures needed to achieve change. Genuine and sustained partnerships between the three levels of government are essential if Australia is to achieve the targets described in this paper.

In broad terms:

- The Australian Government has responsibilities for policy and program coordination, across-government policy, fiscal incentives and regulation, the development of a strong evidence base and practice guidelines, monitoring and surveillance systems and partnerships with national organisations, including employer and employee organisations and community agencies.
- State and territory governments have responsibilities for legislation and regulation in their own sphere, coordination and programs throughout the community, across-government policy, partnerships with local governments and state-based non-government organisations, and monitoring and surveillance of the health of their population.
- Local governments have responsibility for local planning and support structures. They play a vital part in engaging local communities, and in providing some of the services, amenities and programs that prevent illness and promote good health.

For the three tiers of government to work well together, excellent coordination of the respective roles and responsibilities will be required, along with clear accountability for all their activities and outcomes.