

**TASKFORCESUBMISSION:** submission

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**SUBMISSION1:** Submission to Preventative Health Taskforce

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The Australian Institute of Health and Welfare (AIHW) welcomes the opportunity to make a submission to the Preventative Health Taskforce. The following comments are based on input from various Institute units in response to the taskforce's recent discussion paper Australia: the healthiest nation by 2020.

In keeping with the Institute's role the comments do not focus on preventive policy as such but on related monitoring and surveillance issues. Given the tight space limit, the comments are far from exhaustive. If requested, the Institute would be happy to provide much more detailed suggestions about various statistics cited in the report.

#### Overall comments

Congratulations: the taskforce's discussion paper is very well written and presented. It makes a persuasive case for prevention and shows good recognition of the complexities involved and the need for broad based approaches. Notably also, the taskforce has recognised the importance of surveillance and monitoring.

#### Due caution in claims about prevention

The scope for prevention is great and does not need to be exaggerated. However, the section about prevention's achievements on page xi could lead readers to infer that prevention can take all the credit for the fall in cardiovascular deaths. The consensus is that prevention and better treatments share this credit, still a major achievement for the former.

#### The importance of monitoring and that this be independent

As noted above, the taskforce gives welcome recognition to the need for surveillance. It is preferable that this surveillance is done independently of those responsible for preventive actions and this would also apply to such actions taken by the proposed National Prevention Agency if it is set up. The AIHW, of course, already plays a key role in independently monitoring prevention at the national level and is very well placed to contribute in that role.

#### The need for a complete and integrated surveillance system

The taskforce could make more of the need for ongoing national surveys of tobacco and alcohol consumption; of the associated need to build state and territory capacity in relation to their more-frequent CATI surveys and how they can be 'harmonised' across Australia; and of statistical work to find ways of relating the results from the national surveys with those done at the more local level. The Institute strongly supports the taskforce's call for nationally representative biomedical surveys that will measure levels of body weight, among other things.

#### Making adequate use of available data

The report could have provided more in the way of relevant comparisons of Indigenous and non-Indigenous data, for example on smoking status by age group, sex and location. Similarly, data were not provided on pregnant women from Indigenous and other disadvantaged groups when significant information is available from seven jurisdictions since 2005.

#### The importance of adequate precision with statistics and associated terms

Some of the statistics cited in the report raise the need for greater precision. For example, it is important to state the lower age group when providing statistics about adult consumption of tobacco and alcohol; and with alcohol there is often a need to cite the type of drink consumed. These may make the reports less readable but otherwise the reader may be uncertain or misinformed about comparisons over time or between groups. Another example is the direct use (page 10) of OECD weight comparisons without taking into account that some data are from actual measurements of height and weight and some only from self-report.

#### Giving a rationale for target levels

The target levels seem reasonable but in arguing the case for prevention it is important to give a statistical and epidemiological rationale for each of those levels.

**PRIVACY:** yes

**SUBMIT:** Submit