



SUBMISSION TO THE NATIONAL PREVENTATIVE HEALTH TASKFORCE

DEVELOPMENT OF A NATIONAL PREVENTATIVE HEALTH STRATEGY

The fact that we have such a small investment in preventative health care is just being blind to the future if you see the galloping acceleration of cardiovascular, diabetes and a whole range of other chronic disease categories. It's frightening.

**Hon Kevin Rudd MP
Prime Minister
20 April 2008**

December 2008

The Heart Foundation

The Heart Foundation's mission is to reduce death and suffering from heart, stroke and blood vessel disease (cardiovascular disease) in Australia. Some 3.7 million Australians are affected by cardiovascular disease, much of which is preventable.

The Heart Foundation is the leading non-government organisation in cardiovascular health and a key agency in the area of healthy lifestyle, including the healthy weight, physical activity and healthy eating.

We encourage all governments and those working in the health sector to increase efforts to address chronic disease prevention, and to tackle the shared risk factors for these conditions, which include physical inactivity, poor nutrition and overweight and obesity.

The Heart Foundation is committed to working with a range of stakeholders across a variety of sectors to address chronic disease and improve the health of all Australians. Key activities include funding cardiovascular research, developing clinical guidelines, improving the food supply, supporting health professionals in their practice, working with local governments to create living environments that encourage physical activity, supporting community walking groups, working with governments to promote healthy lifestyles and providing the public with practical, solutions-focused resources.

Submission structure

This submission has five sections:

1. Summary of key recommendations
 - *Taskforce proposals supported by the Heart Foundation*
 - *Heart Foundation recommendations for Taskforce consideration*
2. General comment
3. Obesity
4. Tobacco
5. Alcohol

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SECTION ONE: SUMMARY

Taskforce proposals supported by the Heart Foundation

1. The Heart Foundation strongly supports the broad thrust of the Taskforce's Discussion Paper, the stated goals and targets and general policy direction.
2. There must be a strong focus on Aboriginal and Torres Strait Islander prevention initiatives - including tobacco control, physical activity and nutrition - in order to help close the gap in life expectancy.
3. A comprehensive approach to prevention is critical, involving all three spheres of government as well as the non-government and private sectors.
4. The 2020 targets set for smoking prevalence (9% or less) and reducing the prevalence of harmful drinking by 30% are supported.
5. There is a need for additional measures to support general practice and health professionals in primary care to undertake prevention activities.
6. The development of a comprehensive prevention research agenda is supported.
7. Australian workplaces should be supported to promote physical activity by encouraging walking, cycling and public transport and providing incentives, promotional activities and physical activity programs in the work environment.
8. The Heart Foundation supports the development of a national food strategy, similar to the UK Government's *Food Matters*.
9. The way communities are designed and built must be reconsidered to support walking and cycling for recreation and transport.
10. The Heart Foundation supports the priorities identified by the Taskforce to address alcohol misuse.

Heart Foundation recommendations for the Taskforce's consideration:

11. The Heart Foundation supports the establishment of a dedicated preventative health agency with secure, on-going funding, and recommends that such an agency reports directly to the Prime Minister or federal health minister.
12. The Taskforce should consider setting obesity-related performance indicators with goals, targets and outcomes based specifically on the proposed nutrition and physical activity interventions.
13. More detailed performance indicators for obesity-related programs in Indigenous communities and other disadvantaged populations should be adopted.
14. A local government 'healthy communities' program should be considered with appropriate federal funding to drive local council initiatives.
15. It is critical that a comprehensive national risk factor surveillance system is established, including an on-going biomedical risk factor survey.
16. Performance indicators should be adopted with population-level targets to reshape food industry supply and consumer demand towards healthier products.

17. The Taskforce should recognise the need for all workers to have access to affordable healthy lifestyle programs.
18. The Taskforce is urged to support the introduction of a new preventative cardiovascular health check.
19. Regulation to limit trans fats, saturated fats, salt and sugar in food is supported. The Heart Foundation urges the Taskforce to include specific targets relevant to this, such as reduced population consumption of saturated fats, salt and sugar.
20. The food industry needs to be effectively engaged by the Australian Government to drive a comprehensive and targeted process of product reformulation with the aim of improving the food supply and the diet of all Australians.
21. All commercial food and beverage advertising or promotions directed to children under 16 should be prohibited.
22. A robust front-of-pack labelling system is needed that improves the nutrition profile of the foods Australians eat most often. A labelling scheme must both drive food improvement and guide people to genuinely healthier choices.
23. The Taskforce should examine the need for a funded national walking strategy. There is also a need to renew and fund the national cycling strategy.
24. A substantial increase in tobacco tax is needed to drive down smoking prevalence, in line with the Heart Foundation/Cancer Council submission to the Henry Tax Review.
25. The Tobacco Advertising Prohibition Act needs to be reviewed in order to eliminate all forms of advertising and promotion.
26. All jurisdictions must agree to implement a complete prohibition on point of sale tobacco product advertising.
27. Plain packaging should be introduced for all tobacco products.
28. Current federal funding levels of tobacco control are inadequate and need to be increased to \$100m a year.
29. Robust funding must be provided to support a dedicated Aboriginal and Torres Strait Islander tobacco control campaign.
30. Comprehensive action to secure smoke-free environments is needed.
31. Australia's compliance with the Framework Convention on Tobacco Control needs to be monitored and a schedule of tobacco reform routinely reported.
32. A new regulatory body answerable to the federal health minister should be established with powers to ban, limit or mandate tobacco product constituents, emissions, additives or design features.
33. Tobacco companies should be required to annually disclose their advertising expenditure on promotion of tobacco products in the community.

SECTION TWO: GENERAL COMMENT

The Heart Foundation welcomes the opportunity to comment on the Taskforce discussion paper *Australia: the healthiest country by 2020*. We strongly support the work of the Taskforce and the development of a much-needed National Preventative Health Strategy for Australia.

The Heart Foundation applauds the work done by the Taskforce to date, the broad thrust of its discussion paper, the goals and targets it has proposed and the policy directions it has set out.

We congratulate the Australian Government for establishing the Taskforce and for acknowledging the need to reinvigorate the nation's approach to prevention.

We call on the Government to ensure that the National Preventative Health Strategy developed by the Taskforce is supported by robust and sustained funding and continuing strong political leadership.

Need for comprehensive action

In its discussion paper, the Taskforce states that: *Chronic diseases not only result in death and disease, they are also a massive economic burden on the community and the health system. We can no longer afford to wait until we get sick. The answer lies in preventative action.*

This is particularly true for cardiovascular disease, responsible for 34% of all deathsⁱ and 18% of the total burden of disease and injury in Australiaⁱⁱ. It is also the most expensive disease group, with allocated direct health care expenditure amounting to \$5.94bn in 2004-05, or 11% of total allocated expenditureⁱⁱⁱ. And yet, cardiovascular disease is largely preventable, with major modifiable risk factors including smoking, high blood pressure, high blood cholesterol, insufficient physical activity, overweight and obesity and poor nutrition.

While CVD mortality has been in decline since the 1960s, prevalence is set to increase as the population ages and increases, and some risk factors, such as overweight and obesity, become more common and others fail to improve. Modelling in relation to future prevalence is difficult given the complex relationships between factors such as an ageing population, improvement in treatment and changes to the risk factor profile of Australians. However, Access Economics has suggested that, on current demographic trends, the prevalence of cardiovascular disease in Australia could grow to 6.4 million people – or 24% of the population – by 2051^{iv}. The 2004-05 National Health Survey found that 19% of those surveyed reported one or more long-term cardiovascular diseases, corresponding to 3.7 million Australians^v.

Major gains can be made in terms of reduced CVD mortality and morbidity through comprehensive and well-targeted investment in prevention. The Heart Foundation strongly supports the comprehensive approach to prevention

outlined in the Discussion Paper, involving all three spheres of government – federal, state/territory and local – as well as the entire non-government sector, from private industry through to community groups. We also support a strong focus on workplace programs.

It is important that the balanced approach set out in the Discussion Paper is supported. Regulation and legislation must be used alongside effective and sustained public education. As the Discussion Paper states, prevention is most successful when comprehensive approaches are adopted, underpinned by a range of targeted and measurable strategies. The Heart Foundation therefore supports the priorities and principles recommended in the paper as “critical first steps in the roll-out of a comprehensive approach over time”.

The Heart Foundation also supports a strong focus on Aboriginal and Torres Strait Islander prevention initiatives. Improved prevention is critical if Australia is to successfully close the gap on life expectancy within a generation. In 2004-05, over half (53%) of Indigenous Australians aged 18 and over had three or four risk factors for cardiovascular disease and one in eight had cardiovascular disease as a long-term condition^{vi}. It is important to note that the most common conditions causing avoidable mortality for Indigenous Australians are coronary heart disease (20%), cancer (14%) (in particular lung cancer), and diabetes (11%). Mortality rates for Indigenous Australians aged 0–74 years for these avoidable conditions were significantly higher than other Australians: five times higher for coronary heart disease, two times higher for cancer and 18 times higher for diabetes^{vii}.

Health inequity and the social determinants of health

The Heart Foundation welcomes the Taskforce’s acknowledgement of health inequities and the social determinants of health. As the Commission on the Social Determinants of Health recently argued, “inequities in health ... arise because of the circumstances in which people grow, live, work and age, and the systems put in place to deal with illness. Differences of this magnitude, within and between countries, simply should never happen.”

While health equity and the social determinants of health are clearly being considered by the Taskforce, action to address health inequity and the social determinants of health should be among the guiding principles. The Heart Foundation urges the Taskforce to give these issues appropriate prominence in the National Preventative Health Strategy and the work of the proposed national prevention agency.

For health equity, the Heart Foundation recommends that the National Preventative Health Strategy includes the following recommendation by the Commission on the Social Determinants of Health as a key performance measure:

Parliament and equivalent oversight bodies adopt a goal of improving health equity through action on the social determinants of health as a measure of government performance.^{viii}

The Heart Foundation commends the acknowledgment that access and affordability should not be barriers to healthy eating and physical activity, requiring healthy foods and physical activity options to be easy and cheap for individuals to undertake.

A basic healthy diet needs to be affordable and accessible for all, particularly in light of higher rates of obesity among and greater challenges in food security experienced by those from socioeconomically disadvantaged groups, as highlighted in the Taskforce's technical report on obesity.

Goals and targets

By 2020, the Taskforce says it should be possible to:

- establish Australia as the world's healthiest nation
- halt and reverse the rise in overweight and obesity
- reduce daily smoking prevalence to 9% or less
- reduce prevalence of harmful drinking by 30%
- help close the gap on Indigenous life expectancy.

The Heart Foundation believes it is critically important to set robust, yet realistic goals and targets that can achieve the changes needed to improve the health of the population.

The Heart Foundation supports the 2020 target set for smoking prevalence and believes the goal of reducing the prevalence of harmful drinking by 30% could be achieved if significant investment in alcohol control is allocated now.

When considering the issue of obesity, however, the Taskforce might like to consider setting goals and targets that align with proposed interventions, that is, around nutrition and physical activity, and seek to contain increasing rates of obesity rather than set a noble, but very ambitious target of reversing them by 2020.

Performance indicators

The Heart Foundation supports the Taskforce's proposed performance indicators for priority interventions. It is imperative that health status and outcomes, health determinants and the performance of health and other systems are monitored as part of the National Preventative Health Strategy. No comprehensive approach can be achieved unless clear goals and targets are set, monitored and progress regularly evaluated.

The Heart Foundation supports the proposal in Section 6 that performance indicators are to be reported by Indigenous status.

However, we suggest that the Taskforce consider some additional health determinants to be monitored as essential components of a comprehensive obesity prevention strategy.

We would like to emphasise the importance of estimating the prevalence of overweight and obesity in Australia based on height and weight measured by trained staff, rather than based on self-reported height and weight. Measured height and weight will be more accurate, while self-reported data will likely underestimate true BMI as people tend to overestimate their height and underestimate their weight.

We also encourage the Taskforce to include in the performance indicators the collection of data to assess the proportion of children eating sufficient daily serves of fruit and vegetables, as well as the proportion of children insufficiently active to obtain a health benefit (as are currently proposed for adults in the discussion paper). Establishing healthy eating and physical activity habits in early years is crucial, and the prevalence of childhood overweight and obesity in Australia is of great concern.

The Taskforce has proposed health determinant measures related to children aged 12 to 17 years. However, the Heart Foundation urges the Taskforce to include the assessment of these health determinants in children younger than 12 years of age. This would include repeating the Australian National Children's Nutrition and Physical Activity Survey in future in order to monitor trends in the health status of Australian children aged 2-16 years. This survey, conducted in 2007, was the first national survey of Australian children's nutrition since 1995 and the first national physical activity survey since 1985, and covered food and nutrient intake, physical activity levels and physical measurements (including height, weight and waist measurements).

The Heart Foundation urges the Taskforce to include measures such as height and weight, dietary and physical activity behaviours for adults and children in national population health surveys as part of a comprehensive monitoring and surveillance program. Such surveys should be conducted regularly for both adults and children in order to assess the success of obesity prevention and management programs. These surveys need to form part of a comprehensive national risk factor surveillance program.

In addition, the Heart Foundation urges the Taskforce to include performance indicators with specific targets at the population-level related to the priority action set out in Table 1 to *reshape industry supply and consumer demand towards healthier products*, such as:

- reduced consumption of saturated fat
- increased consumption of poly- and mono-unsaturated fat
- reduced salt and sugar consumption
- increased wholegrain and fibre intake
- introduction of mandatory nutrition information labelling – including industrially produced trans fats, saturated fat, salt and other nutrition information – on foods purchased when eating out, together with standard serve size information.

For example, reducing the salt intake of Australians requires the government to work with the food industry to raise public awareness of the health implications of salt. Currently, the food industry must state the level of sodium

on food products packaging sold in the retail sector.

The Heart Foundation, through the Tick Program, is working with the food industry to reduce the amount of salt in processed foods. While a great deal has been achieved over the past two decades, much more remains to be done to bring down salt consumption to acceptable levels.

Similarly, the need for mandatory labelling of food eaten away from home is clear. With increasing numbers of meals eaten out of the home by Australians – around 3.8 billion a year, with nearly one in three eating out every day – mandatory nutrition labelling is needed across all food outlets for Australians to make informed food choices when eating out.

There is also a need to educate consumers about what comprises an appropriate food serve size. While some food categories follow industry agreed standards, in others the range of serve sizes is very large. The Canadian Food Standards Agency – equivalent to Food Standards Australia New Zealand (FSANZ) – has recommended serve sizes as set out in its food code. This is a helpful guide for manufacturers when determining an appropriate serve size to state on nutrition information panels on food packaging.

We also suggest that the Taskforce further consider the relationship between the performance indicators in 'Tier 2: Determinants of health' presented in Table 6.1 and the social determinants of health, and clarify the association between indicators and the social determinants.

The Heart Foundation supports monitoring the recall of public education and social marketing campaigns promoting healthy eating and physical activity. However, we suggest there is a need for further measures related to these kinds of campaigns, such as measures of behaviour change reflecting key campaign messages.

The Heart Foundation agrees with the importance of assessing food price disparity in rural and remote areas. However, food affordability also needs to be addressed in the urban setting to ensure that a basic healthy diet is affordable and accessible for all. As acknowledged by the Taskforce, access and affordability should not be barriers to healthy eating and physical activity.

Food affordability is an issue for all Australians, particularly for those who are socioeconomically disadvantaged, and at increased risk of obesity.

The Heart Foundation endorses the assessment of the number and proportion of state/territory and local government authority plans that include steps to tackle obesity. However, we suggest that examples focussing on the improved availability of healthier options via improving the food supply also be included, rather than only those examples that aim to support physical activity changes. For example, state/territory and local government plans could include assessments of the proportion of food service retailers offering healthier options at competitive prices.

The Heart Foundation supports monitoring the number and proportion of workplaces with over 50 staff that have comprehensive programs in place that support healthy lifestyles. However, we also call upon the Taskforce to recognise the need for all workers to have access to affordable healthy lifestyle programs.

The Heart Foundation also urges the Taskforce to include more detailed indicators for obesity-related programs in Indigenous communities and other disadvantaged populations. For example, rather than monitoring only expenditure on research and evaluation, also assess the types, numbers and extent of target population reach of existing programs and projects.

In addition, we suggest the Taskforce includes in Tier 3 an additional set of performance indicators related to the provision of healthier food choices by the food industry - manufacturers, retailers and commercial food services (quick service restaurant chains, fast food independent stores). These performance indicators could include measures such as:

- improved product formulation/reformulation and marketing practices
- amount of saturated and trans fat, salt and energy removed and vegetables/fibre added to products
- development and implementation of a code of practice for standardised serve sizes.

Monitoring the indicators

The Heart Foundation supports the use of existing data collections to monitor health outcome indicators, as highlighted in the Discussion Paper (Section 6.2). However, there is a risk of underestimating the gaps in existing data. We urge the Taskforce to give greater acknowledgement to these gaps and to give greater prominence to the data required for comprehensive monitoring and surveillance of overweight and obesity and associated factors in Australia. For example, as discussed previously, there has been a lack of regular national dietary and physical activity monitoring for adults and children with sustained funding and commitment to on-going regular surveys.

In addition, there is a need for transparency in food industry and supermarket retailer sales information of healthy versus less healthy options, as well as monitoring of supportive policies and targets for food supply improvement by industry and retailers.

A national prevention agency

The Taskforce has proposed a national prevention agency to implement the prevention strategy, supported by substantial, long-term funding. The Heart Foundation believes the proposal for a stand-alone agency, similar in scope to VicHealth, is to be commended. The agency needs to be provided with secure, on-going funding, given strong political support and guided and governed by well-qualified experts.

The Heart Foundation also believes that, at a national level, responsibility for health promotion should rest directly with the Prime Minister or, alternatively, the federal health minister. Accountability should not be diluted or devolved to a structure that might have shared responsibility between federal portfolios and/or federal and state/territory spheres of government.

While it is important to ensure direct accountability to one minister, the agency must have strong linkages across the federal government, as well as with the other two spheres of government. This is critically important in terms of ensuring mutual ownership of the prevention agenda as well as effective action across governments.

There has been some concern voiced that the establishment of a national prevention agency may be seen by some state/territory jurisdictions as an indication that the Australian Government has accepted responsibility for prevention and, therefore, state/territory commitment to prevention could be wound back.

There is shared responsibility for prevention across all three spheres of government. It is important that this shared responsibility is not only continued, but better coordinated and strengthened. In particular, the potential role of local government should not be overlooked.

The Heart Foundation also believes the proposed agency would be well-placed to forge important partnerships with community groups, workplaces and the private sector. An effective strategy must closely involve the broader community beyond government, including non-government organisations, education and community groups and the private sector.

Incentive funding for general practice

The Heart Foundation commends the Taskforce's acknowledgement of the crucial role of primary health care in preventative health. We encourage the Taskforce to consider measures that will provide support to general practice and health professionals working in primary care for undertaking preventive activities.

Particularly, we recommend:

- providing support to divisions of general practice to help practices further establish appropriate infrastructures and implement preventive programs (including chronic disease registers, patient call/recall mechanisms, data collection on patient care)
- setting of clinical and quality care targets for practice based populations of people with or at high risk of cardiovascular disease
- provision of incentives to encourage delivery of evidence-based preventive care

- setting and encouraging achievement of preventive and quality care goals and targets in general practice.

The Heart Foundation also encourages the Taskforce to support the introduction of a new preventative cardiovascular health check for people aged 45-75 years. This would identify people at risk of developing cardiovascular disease using an absolute risk assessment process and ensure they are treated or managed to prevent the onset of diseases such as heart disease, stroke, type-2 diabetes or kidney disease.

The cardiovascular health check would involve a GP management plan and cycle of care for high risk and CVD patients (akin to the diabetes care plan incentive payments) and should include allied health and other providers in the ongoing lifestyle and medical management of patients.

The British Government is in the process of introducing a 'vascular' health check that takes a similar approach. Extensive economic modelling^{ix} has demonstrated the vascular health check proposal to be very cost effective. The potential gains are considerable. The UK Department of Health estimates that the vascular health check program has the potential to eventually:

- prevent at least 9,500 heart attacks and strokes a year (2,000 of which would be fatal);
- prevent at least 4,000 people a year from developing diabetes; and
- detect at least 25,000 people a year earlier with diabetes or kidney disease.

Prevention research

The Heart Foundation supports the suggested approach, involving the development of a comprehensive national research agenda and increased investment in research and evaluation of, for example, weight reduction interventions.

This approach has particular salience for the Heart Foundation, as it is estimated that around 80% of coronary heart disease can be attributed to modifiable risk factors.

Importantly, it is estimated that around 50% of the health gains achieved over the past 40 years are a result of research outcomes.^x

As a standard approach, the Heart Foundation also believes an economic analysis of key interventions should be undertaken to capture their contribution to improving health and reducing hospital admissions and other associated health care costs over time, recognising that some interventions will yield benefits in the medium to longer term.

Comprehensive surveillance system

The Heart Foundation has long advocated the need for a comprehensive risk factor surveillance system that includes an on-going biomedical risk factor survey as well as on-going physical activity and nutrition surveys for children and adults. The health of the nation must be closely monitored to ensure that appropriate and timely action can be taken to address significant and preventable threats to population well-being. Reliance solely on self-reported data is not sufficient to guide the development of health policy and ensure well-informed decision-making.

The lack of a national, on-going biomedical survey is a significant failing of the Australian health system. Without it, we are unable to get an accurate understanding of trends and threats presented by critical risk factors such as overweight and obesity, high blood pressure and high blood cholesterol.

A long-term goal is also required to support the transition to a unique medical identifier for each person, enabling quality monitoring of end-point outcomes (eg hospital admissions, vascular events, rehabilitation access, discharge planning and GP care). Such an initiative would enable an ongoing quality monitoring process to close the treatment gap between best practice and current care

In addition, significant resources should be deployed towards developing a better understanding of Australia's current eating patterns and nutrient intakes. Together this information will provide a better understanding of the health of the population, empowering policy developers and decision-makers to better plan for, address and meet the key public health challenges.

Coordinated social marketing campaigns

A national preventative health agency should coordinate national social marketing campaigns. These campaigns must be adequately funded with secure, long-term funding to provide certainty and facilitate a more comprehensive approach to social marketing than has been achieved to date. Funding for social marketing campaigns (including those tailored to Aboriginal and Torres Strait Islander populations) to address disease prevention – including tobacco control – have been for many years manifestly inadequate. Funding requirements should be determined by evidence-based research and then funded accordingly.

Consideration must be given to supporting increased investment in prevention by increasing tax on tobacco and alcohol. There is strong public support for this approach. A recent survey (September 2008), commissioned by the Heart Foundation, Cancer Council, Public Health Association and Action on Smoking and Health (ASH) revealed that 84% of respondents (1,200 respondents) support an increase in the tax on pre-mixed spirits when most of the funding is applied to disease prevention, and 88% support an increase in tobacco tax when most of the funding raised is used to support disease prevention.

Role of local government

It is important to recognise the ability of local government around Australia to influence the health and well-being of individuals and communities by engaging at a local level. Local government can impact on structures and systems to improve health as well as provide health-related programs for individuals, families and groups including those at risk.

Since the Heart Foundation Local Government Awards were established in 1992, the Heart Foundation has recognised thousands of local government programs with the potential to improve the heart health of Australian communities. Each year, the awards receive approximately 100 entries from local authorities across Australia. Currently, there are five entry categories. These include: the implementation of plans and policies to support heart health; the provision and use of facilities to improve heart health; programs that improve heart health in priority groups; programs that promote healthy weight; and programs and policies that reduce exposure to tobacco smoke.

From our anecdotal observations, we believe that the quality of programs and plans being implemented across Australia varies from state to state. In states that have legislative frameworks that commit local government to working in the health promotion space (eg Victoria's Municipal Public Health Plan) or other supportive activities (eg health impact assessment or funding specifically for health-related local government initiatives) it has been noted that our award entries are more comprehensive, long-term and less dependant on 'individual champions' for success.

It would be of significant value to consider the effect of mandating and suitably resourcing 'a healthy communities' framework within the scope of local government activities across Australia in a manner that allows local flexibility while delivering health-related outcomes. If such a scheme was implemented, it must include a clear articulation for local government staff and elected members about "why health matters" so they see it as an important part of their business.

SECTION THREE: OBESITY

The Heart Foundation recognises the significant and increasing burden of the obesity crisis in Australia today. Excess body weight is a risk factor for a wide range of health conditions, including cardiovascular disease, diabetes, osteoarthritis, some cancers, high blood pressure and high cholesterol^{xi}. The Heart Foundation sees the increasing prevalence of overweight and obesity in the community as a significant challenge that is likely to add to the prevalence of CVD in Australia over the coming decades and undermine significant health gains achieved over the past 40 years in cardiovascular health.

Although there is a role for individuals to increase their physical activity and consumption of fruit and vegetables, obesity is a public health problem requiring a legislative and policy response to support environments for active living and healthy eating.

The Taskforce argues that the National Preventative Health Strategy should adopt a 'learning-by-doing approach'. This approach should be directed towards learning from, and contributing to, the public health evidence-base. Although a 'learning by doing approach' is necessary, the Taskforce nonetheless highlights eight WHO recommendations and lists seven priorities for action to tackle overweight and obesity. Importantly, the WHO recommendations and the Taskforce's priorities focus on an 'upstream' approach, including legislative and policy change for obesity prevention. This should be a key focus of the National Preventative Health Strategy.

The National Preventative Health Strategy should be bold in its approach in addressing obesity. Leadership should come from government. This point has been made by the Commission on the Social Determinants of Health which has argued that reversing rising obesity levels cannot be remedied by market forces alone.^{xii}

It is here that lessons from other public health interventions are instructive. Over the past 30 years, Australian jurisdictions have successfully intervened in the areas of road safety, tobacco control and gun safety to reduce death and injury and to improve the overall health of the population. What were once considered to be controversial interventions – for example banning smoking in the workplace and introducing random breath testing for drink driving – are now accepted as cultural norms and have proven to be highly effective public health strategies.

Close the gap for disadvantaged communities

As noted in the Taskforce's obesity technical paper, obesity is particularly prevalent among men and women in the most disadvantaged socioeconomic groups, people without post-school qualifications, Aboriginal and Torres Strait Islander peoples, and among many people born overseas.^{xiii}

In 2004-05, Australians aged 18 and over in the most socio-economically disadvantaged fifth of the population had the highest rates of overweight and

obesity (50%, compared with 45% of adults in the least disadvantaged fifth of the population). Women in the most disadvantaged socioeconomic group had nearly double the rate of obesity (22.6%) of those in the most advantaged group (12.1%). Men in the most disadvantaged group were also significantly more likely to be obese than those in the most advantaged group (19.5% compared with 12.7%).^{xiv}

Similarly, Indigenous Australians are almost twice as likely as other Australians to be obese, with these differences greatest among women.^{xv}

Among Aboriginal and Torres Strait Islander people, high body mass is the second highest contributor to disease burden (11.4%), after tobacco use (12.1%).^{xvi} In comparison, among the general Australian population, high body mass is the third highest contributor to disease burden (7.5%), after tobacco use (7.8%) and high blood pressure (7.6%).^{xvii}

The Heart Foundation is pleased that the Taskforce has recognised the importance of addressing inequities in the health status of disadvantaged groups, including the health of Indigenous people.

We recommend that the National Preventative Health Strategy include a specific work plan for Indigenous health. In part, this can be guided by principles for health equity defined by the Close the Gap campaign.^{xviii}

Further, the Heart Foundation recommends that the National Preventative Health Strategy emphasise and promote the uptake of the well-person's health checks (for 15-54 year olds and those over 55 years)^{xix} and funding for infrastructure to enable follow-up if problems are detected. We also recommend the development of a dedicated Indigenous nutrition workforce and the development and delivery of a physical activity program for Indigenous people.^{xvi}

Obesity interventions

The Heart Foundation welcomes the priorities and actions proposed by the Taskforce outlining ways in which individuals and families, communities, health services, industry and governments can work together on these priorities to achieve change in overweight and obesity. In the following section we outline our response to some of the proposed actions. Within these responses, we have sought to address some of the questions posed by the Taskforce in the Discussion Paper.

Food supply interventions

Review the taxation system to enable access to healthier foods

The Heart Foundation strongly supports the Taskforce's recommendation of a review of the taxation system related to industry supply and consumer demand towards healthier products. As highlighted in the Taskforce obesity technical report, evidence concerning food policy-related economic instruments is generally based on modelled rather than demonstrated data.

Reshape industry supply/consumer demand towards healthier products

We encourage the Taskforce to consider incentives to reshape industry supply: for example, food manufacturers could be rewarded for producing healthier food choices through providing rebates on costs of food production, subsidies for using healthier ingredients, and subsidies for cost of stocking shelves.

These actions are likely to encourage the development and marketing of healthier choices. While this may also occur through the introduction of a tax on unhealthy foods, these kinds of policies are considered by some to be regressive due to their disproportionate impact on people from socio-economically disadvantaged groups, as discussed in the obesity technical report.

Food reformulation / regulation of trans fats, saturated fat, salt, sugar

Regulation to limit the trans fats, saturated fats, salt and sugar of food would be ideal. But in the absence of regulation, a partnership approach could go a long way to driving reformulation, particularly if supported by government and the large food manufacturers, retailers and food service industry.

The food industry needs to be effectively engaged by the Australian Government to drive a comprehensive and targeted process of reformulation with the aim of improving the food supply and the diet of all Australians.

Reformulation has the potential to achieve significant improvement in population health for remarkably little financial outlay from government. For example, as noted in the Taskforce's technical report on obesity, the UK Food Standards Agency estimates that more than 20,000 premature deaths a year can be avoided by bringing salt intake into line with national guidelines of 6 grams a day. The Agency's salt reduction strategy – part of its industry reformulation agenda – has seen a significant reduction in salt intake in the British population.

The UK's approach includes engagement with the so-called quick service restaurant industry. In November, some of Britain's biggest fast-food outlets including McDonalds and KFC, agreed to work with government to make their food more healthy. Burger King, Wimpy, Nandos and Subway have also promised to cut salt and fat levels over the coming year. Company commitments – to be monitored by the Food Standards Agency – will help change food that is eaten by three million people a day at more than 4,000 British outlets.

Provide subsidies for rural and remote area transport of fresh foods

The Heart Foundation strongly supports the Taskforce suggestion to subsidise fresh food transport to rural and remote areas. Access to an affordable and nutritious food supply is a right of all Australians and a key aspect influencing health.

In 2008, the Heart Foundation (through the Remote Indigenous Stores and Takeaway or RIST project) investigated the food supply chain to remote Indigenous stores and takeaways. The aim was to identify and evaluate strategies to support stocking healthier food options. Providing subsidies for transport of fresh foods was one of the critical strategies identified to improving and influencing the food that are stocked in remote stores.

Effective relationships with stakeholders such as transport and logistics companies are vital to improving the supply of nutritious foods. As evidence reported in the Taskforce technical report on obesity has indicated, the provision of relevant infrastructure and funding such as a weekly freight delivery of perishable items to a community store can lead to increased sales of fruit and vegetables, in conjunction with other community initiatives.

Community stores are the primary vehicle to ensure access to an affordable and nutritious food supply in remote Indigenous communities. Stores in remote communities have a unique role, commonly holding the monopoly on the primary food supply - such stores often supply more than 95% of the food eaten in the communities. However, they face unique challenges due to isolation and economies of scale that influence the foods they stock.

Demand for healthy choices can increase through strategies which encourage the stocking, pricing, marketing and promotion of healthy foods, whilst providing disincentives to the promotion and limiting the range of nutrient-poor foods and drinks.

Protect children from inappropriate marketing of unhealthy foods

The Heart Foundation endorses the Taskforce's wish to protect children from inappropriate advertising and promotion and to normalise and reinforce healthy eating.

We believe it is unethical and inappropriate for any food or beverage advertising or promotion to be directed to children. Children are particularly vulnerable to commercial exploitation, and regulations need to be sufficiently robust to provide them with a high level of protection.

The Heart Foundation wants new regulations to be developed that encourage the promotion of nutritious foods to children to normalise and reinforce healthy eating. We want a ban on all commercial food and beverage advertising or promotions directed to children under 16 years of age (regardless of whether the food or beverage is considered healthy or unhealthy).

This ban should cover all marketing activities, contexts and media, including free to-air and pay television, radio, cinema, print media, the internet, email, mobile telephone (such as SMS), sponsorship of schools and children's sport, product placement, in-store displays, point of sale promotions, and product packaging and labelling.

The only exception to this is healthy eating messages promoted to children through non-commercial social marketing campaigns, defined as those

developed by government, non-government organisations (NGOs) or health professional organisations relating to healthy eating and/or physical activity, and which are consistent with national nutrition and dietary guidelines, such as the National Health and Medical Research Council (NHMRC) Dietary Guidelines for Children and Adolescents.

Develop effective campaigns to improve eating habits, physical activity

Public health campaigns are an effective way of disseminating information and education about, and reducing the impact of, risk factors across the community. For example, evidence from tobacco control indicates that hard-hitting public education and awareness campaigns as part of a comprehensive approach to reduce tobacco consumption (among a range of policies, including increased taxation, social marketing campaigns, advertising bans, graphic health warnings and smoke-free environment policies) have dramatically reduced the percentage of adults who smoke daily^{xx}.

Furthermore, campaigns to reduce coronary heart disease in Australia show excellent returns on public funds invested an evaluation by the Australian Government Department of Health and Ageing for the period 1971-2010 estimates a cost benefit ratio of more than 11:1.^{xxi} Successful campaigns that influence behavioural change need 200-350 target audience rating points (TARPs) each week for eight weeks or more.^{xxii}

In addition, as noted in the Taskforce technical report on obesity, the prevalence of health risk factors such as excess weight is escalating, and is increasingly seen as normal. A comprehensive social marketing campaign is an essential component of a broader, multi-strategy plan to raise awareness of the seriousness of such risk factors and to prevent associated diseases.

Enhance food labelling to support healthier choices

The Heart Foundation supports the introduction of a robust front-of-pack labelling system that supports the most fundamental strategy of improving the nutrition profile of the foods Australians eat most often. A labelling scheme must both drive food improvement and guide people to genuinely healthier food and drink choices.

A truly effective labelling scheme must work across the vast majority of food categories and all demographics. As over one-third of the average food budget is now spent eating out, a labelling scheme that also addresses the eating out sector is essential. The Heart Foundation believes that a collaborative approach between government, the food industry (retailers and foodservice providers), health professionals and non-government organisations is needed to share research and gain agreement on the principles to underpin, and the details of, an effective labelling scheme.

A national food strategy

The Heart Foundation endorses the Taskforce's recommendation that a national food strategy similar to the UK Government's model Food Matters be developed. The Food Matters document presents a broad, over-arching policy

framework that provides strategic direction and long-term vision, including practical methods to address inter-related food, health and environmental issues.

The Heart Foundation supports a comprehensive, multi-agency approach to food supply issues, encompassing health, agricultural, food security, pricing, industrial, social and environmental issues. A broad multi-sectoral strategy would ensure that due weight is applied to all these factors and that health issues are not neglected.

Physical activity interventions

A comprehensive approach for physical activity

Australia urgently needs to increase community levels of physical activity and reduce the amount of time people spend being sedentary with a comprehensive set of strategies across sectors. A whole-of-community approach is required that combines multiple-level strategies.

Public education and mass media campaigns, changes to the built environment and strategies that create a positive social environment and opportunities for participation across the lifespan are required. Interventions need to be implemented across the key settings of schools, workplaces, local government, sport and recreation.

Interventions need to be applied at the population level and tailored as appropriate across the lifespan and for specific population groups such as Aboriginal and Torres Strait Islander Australians, older adults, working age adults, children and families.

Blueprint for an Active Australia

The Heart Foundation is developing the *Blueprint for an Active Australia*, a policy document that outlines a comprehensive evidence-based set of actions to increase population levels of physical activity. The *Blueprint* outlines the need for a combination of educational, media, environment and program approaches sustained over time to successfully overcome inactivity and better address obesity.

The Heart Foundation recommends a focus on the following ten priority areas, as outlined in the *Blueprint*:

1. mass media strategy
2. built environment regulation
3. funded national walking and cycling strategies
4. a physical activity workforce training strategy
5. financial incentives (tax and price) for individuals, families and business to make active choices (including active transport) cheaper and easier
6. health-care funding systems that support general practitioners and other health professionals to prescribe and provide advice about physical activity

7. programs and opportunities to increase physical activity levels among Aboriginal and Torres Strait Islander people
8. implementation of a life-stage approach to physical activity programs
9. physical activity programs in key settings where people live, work and are educated
10. leadership, coordination and infrastructure to support implementation of the above actions.

Reshaping urban environments / physical activity infrastructure

Australia must tackle its obesogenic environments - the way we build and design communities to support walking and cycling for recreation and transport, recreational physical activity and sport needs to be reconsidered. Each of these factors is influenced by different elements of the built environment.

Active transport is associated with living in neighbourhoods that have connected street networks, good access to destinations and public transport, and higher residential densities. Neighbourhood aesthetics and access to facilities, parks and beaches tend to be associated with increased recreational physical activity.

A new definition of transport to mean 'walking, cycling, public transport and the motor vehicle' should be standardised across industry and all spheres of government. This new definition should also redefine 'users' by classifying them in descending order of importance, viz pedestrian, cyclist, public transport and finally motor vehicle user.

Increasing physical activity among children and families

Growing children need to be physically active for at least 60 minutes every day. As children spend half their waking hours at school the Heart Foundation supports mandatory physical activity in schools for a minimum of 30 minutes each day. By systematically embedding this in the school day, we can ensure that all children will be getting the exercise needed for good health, and opportunities to develop skills for lifelong participation. The rising incidence of overweight and obesity in children requires strong, systemic action that will ensure no children miss out. Awareness campaigns that target parents and families need to be supported. These need to include elements that address reduction in screen time (to less than two hours a day) and sitting time, as outlined in national physical activity recommendations for children and adolescents. This should not only improve physical activity levels but also reduce exposure to unhealthy eating advertisements and sedentary behaviours.

Physical activity in workplaces

Ten million Australians spend on average eight hours per day in the workplace. An increasing number of jobs are sedentary - involving many hours of sitting. The workplace offers a convenient setting for promoting physical activity and active transport. A physically active workforce can reduce

absenteeism and increase productivity thereby providing important benefits to workplaces and the economy. Australian workplaces should be supported to promote physical activity by encouraging walking, cycling and public transport and providing incentives, promotional activities and physical activity programs in the work environment.

Incentives for individuals/families to make active lifestyle choices

Price should not be a barrier to participation in physical activity, especially among those on lower incomes, pensions or benefits. It is vital that policies are implemented to ensure equitable access, increased affordability and increased opportunities for participation by disadvantaged members of the community. Opportunities need to be examined for public policy options to favourably influence affordability of physical activity-related products, services and transport choices. The Taskforce should examine mechanisms such as pricing, taxation, grants and subsidies.

Walking and cycling national strategies

The Heart Foundation believes the Taskforce should examine the need for a funded national walking strategy developed in partnership with all spheres of government together with other non-government partners. There is also a need for the national cycling strategy to be supported with federal funding.

The Heart Foundation understands that there is strong support among state and territory governments for the development of a new national cycling strategy for 2011-15. The Heart Foundation also understands that the development of a new strategy is likely to be 'aspirational' only with no defined targets and no federal funding. It is understood the new strategy is likely to cover not only issues embraced in the current 2005-2010 strategy (commuters, recreation and sport), but also new areas of climate change, health and sustainable transport. Lack of meaningful targets - and federal funding to drive change - means that the future strategy will represent a significant and serious missed opportunity to drive behavioural change.

Build the evidence base, monitor and evaluate effectiveness of actions

The Heart Foundation strongly supports an evidence-based approach with appropriate evaluation and monitoring of all programs, including those where evidence is not yet available, though other factors – including common sense – suggest that new or innovative approaches may be worthwhile trialling before the evidence base is built.

SECTION FOUR: TOBACCO

While Australia is a world leader in tobacco control, tobacco smoking remains the single largest preventable cause of death and disease in Australia. More can and must be done to accelerate the decline in the prevalence of smoking and reduce death and suffering caused by consuming tobacco products in the manner intended by their manufacturers.

Importantly, further action on tobacco control will have strong support from the community.

There is an urgent need to take immediate action on these recommendations. We know what works in tobacco control. What has been lacking in recent years is strong political will and the appropriate level of resourcing.

Goals and targets

The Heart Foundation supports the goals of achieving a 9% daily smoking rate or less by 2020 and agrees with the measures outlined in the technical paper to achieve this.

Tax must be increased to raise price

The Heart Foundation calls for a substantial increase in tobacco tax. One of the most effective measures to reduce the prevalence of smoking is price. Real price increases through increased taxation have been shown to depress demand for cigarettes. In addition, Australian research has confirmed that 'affordability' is one of the factors in influencing children's decisions to smoke. Taxation increases should be part of a comprehensive smoking control program.

An increase in the price of tobacco products is critical if Australia is to meet the target of reducing the prevalence of smoking to 9% or less by 2020, as suggested by the Taskforce. However, apart from CPI increases, there has been no real increase in tobacco taxation since November 1999 – almost a decade.

The Heart Foundation calls for:

1. Tobacco tax to be increased in two phases. Phase one to raise price by 21% (7.5 cents a stick), producing additional revenue of \$1.03 billion a year. A second phase should raise price by 50% on current price, to bring Australia into line with international best practice.
2. The sale of duty-free tobacco products to be prohibited at Australian airports.
3. Funding for the national tobacco control campaign to be increased to \$100m a year with the majority of funds used to support social marketing.

The World Health Organisation and World Bank recommend that the price of all tobacco products be increased by at least 5% per year in real terms. Increasing excise duty by 7.5 cents per stick in the 2009-10 Budget would restore cigarettes to the price they would have been had this policy been followed from 1999, the year when the last, real price increase occurred. A 21% increase would increase the cost of smoking to an average smoker by about \$9 a week.

The measure is projected to provide \$1.03 billion in additional annual revenue, see 35,500 fewer children taking up smoking and prompt smoking cessation in around 130,000 adults. In addition, the tax increase will offset reduced tobacco excise revenues that occur due to the decline in the number of smokers. This additional tax revenue should be used to offset an additional \$100m a year boost to the National Tobacco Campaign, including a substantial increase in social marketing campaigns.

All forms of tobacco promotion need to be stopped

The Heart Foundation strongly supports this recommendation. The Tobacco Advertising Prohibition Act needs to be reviewed in order to eliminate all forms of advertising and promotion, including internet and cable television promotions and 'below the line marketing' activities at one-off shows and music events. Enforcement of the Act also needs to be better resourced to ensure requirements under the Act are strenuously observed.

Bans on display of tobacco products at point-of-sale advertising

All jurisdictions must agree to implement a complete prohibition on advertising/display of tobacco products at point-of-sale across the nation with a deadline of 2012.

Plain packaging should be introduced for all tobacco products

The Heart Foundation strongly supports this recommendation and calls for the immediate introduction of plain packaging carrying larger graphic public health warnings and no branding, other than a generic type-face used for the brand name, within five years. At least 90% of the front and 100% of the back of the pack should be devoted to health warnings. In addition, a new system of health warnings should be developed that enables the warnings to be updated regularly as new evidence of the harmful effects of smoking is confirmed.

Funding needs to be increased for social marketing

Current federal funding levels of tobacco control are inadequate given the fact that smoking tobacco products is the single most preventable cause of death and disease in Australia, contributing to more drug-related hospitalisations and deaths than illicit drug use and alcohol combined.

Tobacco is responsible for 11.7% of all deaths and 7.8% of total disability adjusted life years. The tangible costs of tobacco use in Australia have been estimated at \$12bn in 2004-05. The Heart Foundation believes that around

\$100m a year is needed to adequately fund federal tobacco control initiatives, with most funding directed to social marketing.

Assistance should be provided for disadvantaged groups

The Heart Foundation strongly agrees with this recommendation, with a special need to provide strong levels of funding to be allocated to tobacco control programs with Aboriginal and Torres Strait Islander people, for whom smoking rates continue at completely unacceptable levels of around 50%. We also call for an increase in the availability of evidence-based best practice pharmacotherapies such as nicotine replacement therapy (NRT) to people who receive health care benefits.

Indigenous tobacco control campaign

Reducing smoking prevalence among Indigenous Australians must be a high priority if the life expectancy gap is to be successfully closed. Substantial funds must, therefore, be dedicated to a comprehensive Indigenous tobacco control campaign including education, restrictions on access to tobacco products, bans on advertising and promotion and taxation increases. This campaign should have a strong focus on tailored social marketing campaigns as well as specific programs to assist Indigenous health professionals/health workers become smoke-free. Greater efforts need to be made to ensure compliance with tobacco control legislation in rural and remote areas.

Smoke-free environments in indoor, outdoor and semi-enclosed places

In the interests of protecting all Australians against the dangers of passive smoking, the Heart Foundation calls for:

1. All workplaces and crowded outdoor areas to be legislated smoke-free
2. All governments to prohibit smoking in cars that carry children
3. Legislation to be enacted to ensure all multi-unit apartments have smoke-free common areas and smoke-free floors
4. Removal of exemptions that allow smoking in 'high-roller' rooms in several state casinos
5. Removal of definitions from state legislation that specify allowing smoking areas in partially covered licensed venues.

Framework Convention on Tobacco Control compliance

The Framework Convention on Tobacco Control (FCTC) is a global treaty addressing implementation of effective, evidence-based tobacco control strategies. Australia complies with most provisions under the treaty but not all.

The following lists the key articles where we currently do not comply with some requirements;

- regulation of the contents of tobacco: (Article 9)
- regulation of tobacco disclosures (Article 10)

- education, training and awareness(Article 12)
- advertising, promotion and sponsorship (Article 13)
- sales to minors (Article 16).

Australia's compliance needs to be proactively monitored and a schedule of tobacco reform routinely reported to ensure best practice measures are adopted and implemented going forward in time.

New regulatory body

A new regulatory body answerable to the federal health minister should be established with powers to ban, limit or mandate tobacco product constituents, emissions, additives or design features. The Heart Foundation believes tobacco products need to be regulated to prevent manipulation of the product by the tobacco industry.

Mandatory disclosure of tobacco company practices

Tobacco companies should be required to annually disclose their advertising expenditure on promotion of tobacco products in the community.

SECTION FIVE: ALCOHOL

The Heart Foundation acknowledges that the approach of the alcohol technical paper has, in the first instance, sought to present current evidence on best practice alcohol prevention policies and programs rather than articulate a particular course of action. Nonetheless, we support the priorities identified to enhance new and existing practices. In particular, we agree that:

- Licensing hours and density of alcohol outlets need to be more carefully restricted and regulated
- Discounting of alcohol products should be prohibited
- Targeted social marketing campaigns for particular communities needs to be implemented to influence cultural change towards alcohol use and misuse
- Tax regimes need to favour low-alcohol products
- Marketing of alcoholic beverages needs tighter restriction
- Advertising and sponsorship of cultural and sporting events needs to be more strictly regulated and managed
- Enforcement of legislative and regulatory measures such as the responsible serving of alcohol needs to be more actively monitored
- Primary health care professionals need to be trained in brief interventions to assist in changing drinking behaviour and attitudes
- Community-based interventions like the 'Good Sports' program need to be nationally resourced and supported.

The Heart Foundation is concerned with alcohol as it is associated with several key risk factors for CVD. Alcohol increases systolic blood pressure in a dose-dependent fashion and in excessive amounts can lead to the development of cardiomyopathy and heart failure. The postulated benefits of low-to-moderate alcohol consumption need to be balanced against the detrimental effects and more research is needed. Alcohol is also high in energy and excessive consumption is correlated with weight gain.

The Heart Foundation acknowledges the very significant social and economic problems caused by alcohol abuse. The Heart Foundation therefore supports the measures suggested in the discussion paper. We also acknowledge the strong public support for the recent increase in tax on pre-mixed spirits when most of the additional revenue is used for disease prevention. We call on the Australian Government to make good its commitment to provide a significant proportion of the revenue raised to support the implementation of the National Preventative Health Strategy, now being developed by the Taskforce.

Endnotes

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