

**SUBMISSION TO THE
PREVENTATIVE HEALTH TASKFORCE**

by

The Bupa Australia Group

January 2009

EXECUTIVE SUMMARY

Bupa Australia is the largest privately managed health insurance group in Australia with a combined market share of approximately 28%, covering around 2.9 million lives. The Bupa Australia group includes three private health insurers, Bupa Australia Health Pty Ltd, MBF Australia Pty Ltd and MBF Alliances Pty Ltd which market under the brands MBF, HBA, Mutual Community, SGIC, SGIO and NRMA.

Bupa Australia applauds the Government's increasing focus on prevention as a vital part of the health agenda.

Bupa Australia supports the development of a national preventative health strategy and the formation of a National Preventative Health Agency. We also support the targets and initiatives put forward by the Taskforce but believe that more objective and specific targets should be set for reducing the levels of obesity and overweight individuals by 2020.

This submission focuses on the issues Bupa Australia believes are important in the development of the strategy together with some suggestions for additional initiatives to assist with achievement of the targets.

Matters for consideration in developing the strategy:

1. The strategy should consider treating 'overweight' and 'obese' as separate issues to allow individuals who are overweight to be more effectively targeted. Agreement should also be reached on a definition of "overweight" which can be easily understood and communicated.
2. The strategy should exercise caution in applying methods that have proven effective for alcohol and tobacco to obesity, as legislative intervention in this area raises issues around freedom of choice. Further excesses in most foodstuffs can contribute to excessive energy intake, so selective restrictions on availability of 'junk' foodstuffs could create difficult precedents with questionable potential to achieve desired outcomes.
3. If a decision is made to increase taxation on tobacco, alcohol and 'junk' foods, monitoring of the impact of such increases should be undertaken to ensure that there is not a substantial and disproportionate impact on those disadvantaged groups most affected by the factors sought to be reduced.
4. Achieving the necessary attitudinal shift toward preventative health in the broader community will take a considerable period of time. It is important that all players exercise patience and allow time to effectively measure the success of initiatives before abandoning them.
5. While the temptation to try and do many things may be great, focused and targeted initiatives will give the strategy the greatest chance of success. Specific consideration should be given to an initial focus on resource deployment and infrastructure changes as well as on initiatives directed at reducing obesity in children. Another important area for focus in prevention is the workplace.

6. Before any comprehensive health initiative can be effective there must be support for those who are essential to ensuring its success. The identification of these players and provision to them of the required training, information and resources should be a key priority.

Suggested additional actions:

1. Review tax treatment of benefits provided by employers to employees in the area of preventative health.
2. Review regulation to remove roadblocks to providing incentives and rewards for participation in preventative health programs and initiatives aimed at producing improved health outcomes.
3. Allow health insurers to link the claims data they hold for customers with Medicare data including MBS and PBS data for their customers. This will enable more effective targeting of preventative health and chronic disease management programs by health insurers.
4. Privacy regulation is clarified to enable health insurers to use claims data to target the marketing of preventative health and chronic disease management programs to improve customer health outcomes.

BUPA AUSTRALIA GROUP AND INDUSTRY CONTEXT

BUPA AUSTRALIA GROUP

Bupa Australia is part of the Bupa Group, one of the world's largest private providers of health and care services, with over 10 million customers in almost 200 countries. The Bupa Group has no shareholders so all profits are reinvested to improve services and facilities for customers.

Bupa Australia is committed to delivering outstanding health services for our customers, while keeping health care affordable for more Australians. Our vision is 'taking care of the lives in our hands', which puts our people and our customers at the heart of everything we do.

We provide a full range of health insurance products and services including inpatient treatment in hospitals and cover for ancillary services such as dental, optical and physiotherapy, as well as health insurance products for non-Australian residents.

Through our subsidiaries we also provide a range of financial services products including travel insurance, life and trauma insurance and wealth management services such as retirement planning, personal investment plans, superannuation and pensions.

Bupa Australia welcomes the opportunity to contribute to Taskforce's work and in particular the development of the national Preventive health strategy. We look forward to continuing to provide assistance to the Taskforce throughout the process.

PRIVATE HEALTH INSURANCE INDUSTRY

The health insurance industry is an important partner for Government in the implementation of a national preventative health strategy.

As cost pressures on all social services increase, the private health sector will continue to be an important partner for government in managing the increased demand for health services; not only through payment of services but also in encouraging lifestyle changes in our customers.

Rising health care costs (as a result of technology, increasing demand and ageing) and the ability for the funders of health (ie, government, private health insurance companies, society, individuals) to meet demand for these health care services is a major global issue. This affects the entire Australian health care system of which private health insurance is an integral part.

In the financial year 2007-08 private health insurers paid out over \$7.420 billion to hospitals, doctors and medical suppliers and \$2.619 billion for general treatment services¹.

¹ Figures from Private Health Insurance Administration Council, *Operations of the Registered Health Benefits Organisations Annual Report 2007-08*

THE ROLE OF PRIVATE HEALTH INSURANCE IN PREVENTION

Bupa Australia looks forward to working with the Taskforce in the development and management of the strategy and welcomes opportunities to participate in new initiatives where appropriate.

As the discussion paper identifies, the benefits of the preventative health strategy must be available to the whole of the population based on health needs and not on ability to pay. As such the funding of initiatives in this area is likely to largely fall to Government, as confirmed by the recent announcement of the COAG National Partnership commitment to preventative health.

As the growing cost of health care continues to put upward pressure on premiums, the value proposition of private health insurance for younger and healthier people becomes harder to sustain and cannot, on its own, be relied upon to ensure the continued affordability of health insurance for all. Health insurers therefore share responsibility both for the health of the Australian population and the success of the health system. For that reason, the industry is well placed to be a valuable partner for the government in helping achieve solid prevention outcomes, both through delivery and funding of initiatives for its customers and in the implementation and delivery of government funded initiatives.

The health insurance industry is in a somewhat unique position, having regular contact with not only those in the population who are already suffering from a disease, illness or condition but importantly those who are currently well. With over 49%² of the population covered by private health insurance, there is a significant opportunity to improve the overall health metrics of the broader population through the offering of preventative health programs by insurers.

As an industry we are well placed to not only provide input to the strategy, but also to promote any initiatives, measures and programs with our customers, supporting the Government's own campaign and providing even greater reach across the population.

As private health insurers have existing relationships with both employers and providers they are a natural ally for government in the development and delivery of preventative health programs to the workplace.

Promoting preventative health care in the workplace will take on greater importance as Australians live and work longer. As the workforce ages, it will be in the interests of not only government but importantly employers and private health insurers to help keep their people healthy and productive. We also note the Government's recent COAG announcements that it will fund workplace preventative health programs for employers. For employers preventative health programs are important within the broader scope of occupational health and safety as well as assisting them to enhance corporate social responsibility and to attract and retain talent. Increasingly companies are looking for options in the preventive and wellness sphere which are customised for their employees. For example Bupa Australia already partners with a number of businesses in actively delivering wellness and preventative health programs in the workplace.

² Figures from Private Health Insurance Administration Council, *Operations of the Registered Health Benefits Organisations Annual Report 2007-08*

There are limitations however, on the extent to which the private health insurance sector can fund preventative health initiatives. As the Taskforce is aware, the return on investment in preventative health is often only realised in the long term, and even then will be shared amongst all those with a stake in funding healthcare, including governments, the private health insurers, employers and the individual.

Such initiatives also often require substantial upfront investment. Ensuring the sustainability and affordability of private health insurance for customers is and must remain a priority for insurers and the Government.

Given the up front and ongoing costs associated with preventative health, initiatives funded by the private health insurance sector are carefully considered and tend to be targeted toward programs that can demonstrate very strong outcomes in both cost and clinical effectiveness.

The private health insurance industry is an active and willing partner in the preventative health space. We are currently making a substantial contribution to the evidence base for prevention in Australia and are investing in the development of a substantial body of knowledge that can be applied more broadly, to benefit the entire community.

Bupa Australia's commitment to preventative health

Bupa Australia has been active in encouraging healthier lifestyles and improving health outcomes for our customers. One of our most important roles is as a strong advocate, in relation to health and the healthcare system, on behalf of our customers. We are also committed to arming our customers with the knowledge and understanding they need to take control of their own health.

We have adopted a leading role in preventative health, implementing a wide range of initiatives, from primary intervention right through to tertiary, to improve the health of our customers and increase the value in our products. Our partnerships with healthcare providers and health industry participants, both public and private, not only build value for our customers but also help develop innovative health solutions that can be applied more broadly to benefit the entire population. Further as part the Bupa Group, we draw upon global knowledge and activity as we work to become the top-of-mind resource on health and wellness for our customers.

Set out in Annexure A to this submission are some examples of the initiatives we have undertaken to date directed at both our customers and the wider community.

COMMENTS ON DISCUSSION PAPER AND TECHNICAL PAPERS

Bupa Australia supports the prevention agenda set out in the Taskforce discussion paper and technical papers. In particular, we welcome the development of a national preventative health strategy and creation of a National Prevention Agency to lead and guide the strategy as an essential first step in bringing prevention into the forefront of the health agenda.

This submission focuses on issues Bupa Australia believes are important for the development of the strategy and includes suggestions for additional initiatives to assist with achieving the targets.

A MATTERS FOR CONSIDERATION IN DEVELOPING THE STRATEGY

The principles and targets articulated by the Taskforce are sound and represent a good foundation for the development of the draft National Preventive Strategy. It is likely that they will be stretch targets given the amount of time that will be required to effect the attitude change in society necessary to achieve them. We also believe consideration should be given to the setting of more objective and specific targets in relation to tackling the issue of 'obesity' by 2020.

We understand that the scope for this strategy was to consider the three specific areas of obesity, tobacco and alcohol. Given the volume of data and information available in these areas, we would hope that the process for establishing preventative measures for these risk factors is short and action can be taken as soon as possible. We would also welcome the opportunity for discussion in the near future on a range of other important areas of prevention such as mental illness, falls management, asthma management, sexual and reproductive health and factors other than obesity which impact on cardio vascular health.

1) Secondary and tertiary initiatives

Bupa Australia also notes that all of the priorities and initiatives set out in the technical papers are focused on primary prevention. While we agree that this is the first step, it is important that we do not lose focus on those important elements of prevention that lie beyond primary. A prevention focus will be needed across the whole health continuum as well as in all settings. As the discussion paper identifies, secondary and tertiary interventions will also be extremely important and we look forward to further proposed initiatives related to secondary and tertiary targets, particularly related to:

- (a) the mitigation of disability associated with chronic disease;
- (b) prevention of adverse health outcomes associated with omissions and commissions of care for persons diagnosed with a chronic disease; and
- (c) the best use of services and technology available to assist with the on-going management of chronic disease.

2) Regulatory and facilitatory approaches to obesity

We agree that for any strategy or initiative to work the active involvement of everyone will be required to change the obesogenic society in which we currently live. Programs and strategies will need participation from the medical community, health administrators, teachers, parents, food producers and processors, retailers and caterers, advertisers and the media, recreation and sport planners, urban architects, city planners, politicians and legislators.

This commitment could be particularly difficult for food manufacturers and retailers as it may initially require them to accept a potential significant drop in economic return before any improvement is felt. However there is little doubt that provision of and access to food has the greatest impact on consumption and is the avenue which provides the greatest ease of change. It then becomes a question of how to effect the necessary change.

People clearly have some responsibility for their health, but society and government also have a responsibility to ensure healthy choices are readily available and easy to make. The reality is that too many people are already failing to make healthier choices for themselves. In a society where the majority of the population is overweight and obesity levels continue to rise and the external environment continues to encourage unhealthy choices, it becomes even more difficult to resist the cultural tide.

This presents a considerable challenge, as the root cause of the problem largely lies with the personal choices made by individuals. Initiatives in this area will invariably raise debate around the fundamental tensions between personal autonomy and the government's obligation to protect the public for the common good.

We need to be careful about simply applying the same methods that proved effective for alcohol and tobacco to obesity. With tobacco and alcohol, the link between an individual's choice and behavior, and its impact on others, is direct and manifests itself acutely. In the case of obesity, the mental connection between the condition and its financial impact on society is significantly less proximal.

Nonetheless, the aggregate consequences of all these individual choices are borne by society as a whole and the health system in particular. As Australia provides its residents with universal health the government has a legitimate interest in controlling the escalating costs associated with the unhealthy choices of the community.

While there is no doubt that it is difficult to know where to draw the line between initiatives aimed at bettering the health of the community and those that are likely to be viewed as paternalistic, there can be little doubt that some kind of regulatory intervention may be needed as the provision of information and tools to affect change alone may not prove effective and has achieved limited success to date.

Indeed the European Union has recognised the importance of regulation in this area in its Charter on counteracting obesity signed over 2 years ago.

Accordingly a mixed facilitative and regulatory approach will be the one most likely to achieve results. Initial legislative interventions around improving environmental and cultural factors – in relation to supporting individuals' healthy choices and highlighting the impact of obesity and child health - are likely to be more readily accepted by the community.

3) Separate approach to 'overweight' and 'obesity'

Consideration should be given developing separate strategies and initiatives to target children and adults who are overweight versus those who are obese.

A number of studies have shown that most people over state their health status and, importantly, do not consider themselves overweight. A 2000 study found that a large proportion of overweight Australian adults, particularly men, believe that their weight is acceptable³. There is clearly a need to demonstrate to overweight people in our community that their weight is an issue and needs to be addressed.

The risk of treating 'overweight' and 'obesity' as a single issue is that individuals who are overweight may not regard the information as relevant to them. For that reason, many people who would benefit from making lifestyle changes now won't do so, putting themselves at risk of serious health problems in the future.

This same study also found that for many people, particularly men and older women, the meaning of 'overweight' differs from the medical definition and that clinical and public health weight reduction programs are unlikely to succeed if they do not take this into account⁴.

There will be value therefore in reaching agreement on a definition of 'overweight' which can be easily understood and communicated. Having a number of definitions used currently such as BMI, hip/waist ratio and waist measurement can be confusing for consumers. Further relying on some of these definitions may not result in accurate results when applied to some individuals they may not take into account other factors such as sex and proportion of body fat to muscle. A single definition of what constitutes being 'overweight' needs to be agreed. This will be essential to ensure the effectiveness of a public health messages.

This may also aid with the setting of more specific measurable targets in relation to the reduction of overweight and obese Australians, similar to those identified for tobacco and alcohol.

4) Increasing taxation

Research has found that increase in tobacco tax is an effective tool in deterring the young from starting to smoke, promoting adults to stop smoking and having an overall effect of reducing the average cigarette consumption amongst those who continue to smoke.

While increasing taxation on tobacco has been an extremely effective tool to help reduce the incidence of smoking as well as being an additional revenue to fund other initiative such as social marketing in the area, caution should be exercised in applying this method to alcohol and 'junk' foods.

³ *Who's overweight? Comparison of the medical definition and community views*, by Susan M Donath *MJA* 2000; 172: 375-377

⁴ *Who's overweight? Comparison of the medical definition and community views*, by Susan M Donath *MJA* 2000; 172: 375-377

If a decision were to be made to increase the taxation on alcohol, 'junk' foods and even tobacco further, careful monitoring of the impact this has on some of the groups most affected by the very factors sought to be addressed should be undertaken.

For example, increasing the cost of fast foods and high fat options may not lead to an increase in consumption of healthier options by lower socio-economic groups, rather that without attitudinal shift, people will simply continue consuming unhealthy options at the higher cost. Moreover, increasing the cost of 'junk' food could simply result in increased consumption of other readily available foodstuffs which also have limited nutritional value, such as white breads and sugar enriched baked goods. This would reduce the likelihood of improved health outcomes or reductions in the levels of overweight and obese individuals resulting from this measure. We therefore support the suggested approach in this area of increasing the tax breaks available for healthier options rather than taxing unhealthy options.

Further increasing the cost of tobacco and alcohol may be found to result in a further negative impact on the diet of families affected by these factors as the amount of money they have to spend on food is reduced by these increases.

There are however, many lessons to be learnt from the initiatives taken in relation to tobacco and alcohol which we can use to tackle obesity but the focus should remain on those initiatives which have helped shift the attitude of society.

5) Time and focus

Any change in these areas will require a considerable period of time. For that reason, it is important to remain patient with new initiatives and ensure they are provided enough time for effective assessment before they are abandoned.

While the temptation to try and do everything at once is significant, focusing on targeted and specific initiatives which lead the community along a logical and planned path of attitudinal and behaviour change will maximise the likelihood of reaching targets.

Careful consideration should therefore be given to the areas in which resources are initially dedicated when developing the strategy. We suggest the following three areas be given particular prominence.

(a) Workplace

The first area is the workplace. As the Taskforce is aware, the workplace is an essential and potentially very effective place to begin the changes necessary to make a national preventative health strategy work. It provides access to a captive audience who in turn are able to influence the wider community through their immediate and extended families. Any investment made by workplaces and businesses today has significant potential to positively impact the welfare of the population in the future. The recent COAG announcements in this area recognise the importance of incentives in the workplace.

The workplace offers an added advantage of an environment that encourages behavioural change through peer support. Moreover, these behavioural changes are likely to be carried back to the home and create positive role modelling for at-risk children within younger families. It might also be used to structure an association between health behaviours and effectiveness in the workplace, which of itself has an implied association with financial success.

The workplace is an area that government can readily partner with insurers to capitalise on the existing health programs and employer relationships to make initiatives available to employees. These workplace programs could, for example, be co-funded by Government, private health insurers and employers. The delivery could be as part of a corporate health plan, which employers could partially or fully subsidise as premiums for employees. Alternatively, they could be delivered simply as a preventative health program offered to all employees regardless of whether or with whom they hold private health insurance.

(b) Infrastructure

Despite considerable focus for some time on improving information about nutrition and the benefits of physical activity, the rates of obesity continue to grow. It is therefore clear that other factors are also having considerable impact. One such factor is the impact of the urban environment.

In 2007 the MBF supported Research Australia in the production of its report entitled "Healthy Planet, Places and People", which reported growing evidence of geographical and community links to weight issues. The report identified low density neighbourhoods with poorly connected street networks, which present barriers to physical activity and use of public transport, as contributors to our weight problems.

Research has also found that for each extra hour of driving, the chances of being obese increase by 6% and that those people who drive to work are more likely to be overweight or obese than those who use more active modes.

In addition there has been a rapid decline in the number of children walking to school over the last decade, which has also contributed to the increasing waistlines of our young people. This has led to a significant increase in traffic around schools in the mornings and afternoons, which in turn increases concerns about safety and dissuades other parents from encouraging their children to walk to school.

Initiatives that target and promote changes to these behaviours, together with improved nutritional information, are essential to the success of the national preventative health strategy.

It is important that we start work as soon as possible on making changes to our urban environment, particularly in relation to the provision of infrastructure that supports people in making more positive choices that enhance physical activity. Without this, although people may have access to information and tools, they will still be lacking the support they need to adequately adapt their lifestyle, which could negate the positive impact of other initiatives.

(c) Children

While we agree that initiatives in all areas must cover the spectrum from ante-natal through to the elderly, in a world dominated by sedentary pursuits and convenience foods, there is little doubt that the increasing weight problems in young people is of grave concern and warrants particular focus.

The UK's National Child Measurements Programme reports that one in four children in the UK are overweight or obese before they start primary school. A recent study has shown that if a child is overweight before they start school, they are five times

more likely to still be overweight when they are 12 compared to a preschool child who is within normal weight range⁵.

Another study has shown that children who are obese or overweight have an increased chance of being overweight or obese as adults.⁶ Importantly a recent paper has identified that the costs of interventions for young children in the area of preventive health are relatively low when compared to the later costs⁷. In addition, research has shown that interventions aimed at children, particularly those aged 10-14 years, are more likely to have success than those aimed at adults⁸.

We believe the second area of focus should be on initiatives that target pregnant women and children, particularly in relation to obesity. These will be important to begin the long process of changing our society's attitudes, as attitudinal shift tends to have greater traction and impact with younger generations.

Parents shape their children's health environment in deciding what they eat, when they eat and how much, as well as how much exercise they do. In addition, children look to their parents to set an example in relation to eating and physical activity habits.

Any initiatives directed at children should be directed at and where appropriate involve the participation of their parents, to create an environment which ensures the greatest chance of achieving the necessary change. For example while encouragement of physical activity at school is important, it is equally important to ensure that children continue to remain active and eating well outside of school. If this does not occur then any benefits derived from the activity at school will likely be lost. Research has also shown that parental participation is essential to ensure the short-term and long-term success of programs aimed at children⁹.

6) Shared responsibility

Bupa Australia agrees with the position in the discussion paper that any prevention strategy can only be effective if responsibility for its implementation is shared across all government areas, not just those which are responsible for health care, the private sector and by the population itself.

Australians are ready to take responsibility for their health and to take action to improve their health, but they need information and tools to begin the journey. They also need to feel that they are supported, encouraged and facilitated in taking every step required not just the first step.

5 *Identifying risk for obesity in early childhood.* by Nader PR, O'Brien M, Houts R, Bradley R, Belsky J, Crosnoe R, Friedman S, Mei Z, & Susman EJ. (2006) *Pediatrics*, 118(3): p. e594-601.

6 *Predicting overweight and obesity in adulthood from body mass index values in childhood and adolescence* by Shumei Sun Guo, Wei Wu, William Cameron Chumlea and Alex F Roche, *American Journal of Clinical Nutrition*, Vol. 76, No. 3, 653-658, September 2002

7 *Investments to promote children's health: A systematic literature review and economic analysis of interventions in the preschool period* by Bernard Guyer, Sai Ma, Holly Grason, Kevin Frick, Deborah Perry, Alyssa Wigton and Jennifer McIntosh Women's and Children's Health Policy Center John Hopkins Bloomberg School of Public Health Baltimore, MD, released 22 January 2008

8 *Childhood and adolescent obesity: Prevalence and significance* by Styne, D. M. (2001). *Pediatric Clinics of North America*, 48, 823-854

9 *How to tackle the problem early? The role of education in the prevention of obesity* by Dietz, W. (1999). *International Journal of Obesity and Related Metabolic Disorders*, 23, Suppl. 4, S7-9.

The success of any of the initiatives outlined in the technical papers, indeed the preventative strategy itself, will depend not only on the co-operation of private industry with the government but also the co-operation across all government portfolios, both state and federal.

This is necessary if we are to ensure that infrastructure exists to support the strategy and that people receive adequate support throughout their preventative health journey.

In addition all initiatives need to take into account the many and varied needs of the community including disadvantaged groups. For example the ABS survey conducted in 2006 found that some 46 per cent of the population, or 7 million people have poor or very poor literacy, numeracy and problem solving skills. Further, Australia is one of, if not the most, multicultural country in the world.

The Strategy must also ensure that information and tools are provided to accommodate a range of literacy levels and multicultural groups. This would include understanding that simply providing the information in a cultural group's native or spoken language may not be sufficient, consideration may also involve examination of significant cultural groups in order to determine how best to encourage the required change in their approach to eating or physical activity. Care must therefore be taken in not creating a one size fits all initiative.

Bupa Australia also understands the importance of involving the entire community and in particular, the increased need of disadvantaged groups in the area of prevention. We support the government's approach of ensuring that the strategy appropriately targets these groups. We also believe that any preventative health programs that are developed for our customers and prove effective should be considered for roll-out to disadvantaged groups. This could for example be affected through a co-funding arrangement with government, which would enable the provision of the program to these groups at a lower cost.

7) Training and support for prevention

A large and varied range of professions will be pivotal to the success of the preventative health strategy and its initiatives, but many people's level of involvement could be impacted by workload concerns.

For example, as the one of the primary gatekeepers for prevention, General Practitioners are an important and vital participant in this area. Like private health insurers, they have contact with the well population. However the role that they ultimately play will be a matter for consultation. For example a study on childhood obesity found:

"GPs and practice nurses felt that their role was to raise the issue of a child's weight, but that ultimately obesity was a social and family problem. Time constraint, lack of training and lack of resources were identified as important barriers to addressing childhood obesity. There was concern that the clinician-patient relationship could be adversely affected by discussing what was often seen as a sensitive topic. GPs and practice nurses felt ill-equipped to tackle childhood obesity given the lack of evidence for effective

*interventions, and were sceptical that providing diet and exercise advice would have any impact upon a child's weight.*¹⁰

Moreover, to successfully take on these new roles, participants will each need to receive the necessary training and information.

A study in USA found that many Veterans Health Affairs clinicians do not routinely provide weight management services for obese patients. When asked why, they cited poor education during medical school and lack of information from clinicians and patients about available weight management services as the most prevalent barriers¹¹.

Initial focus should be on identifying relevant professions whose commitment and co-operation can be harnessed and who will be essential for the success of the strategy. Once identified they will need to receive information, training and, where appropriate, resources to ensure they are effective partners in the strategy.

If General Practitioners indicate that they will play an active role as opposed to that of a referring agent, then priority should be given to ensuring a key part of their training curriculum is dedicated to preventative health, as well increasing the emphasis on prevention in their on-going professional development program.

In order to ensure the success of school based initiatives consideration will need to be given to the development of more comprehensive training for existing and future primary school teachers in relation to lifestyle and prevention information.

The MBF Foundation, in partnership with the Royal Australian College of General Practitioners, has already applied to the NHMRC Partnership grant program to evaluate and identify obstacles to General Practitioners' existing capacities (in terms of training, time, capabilities and resources) to contribute to preventative health initiatives.

B SUGGESTED ADDITIONAL ACTIONS

A substantial opportunity exists for private health insurers to help the government achieve its preventative health strategy and goals through targeted prevention programs. While we already undertake some activities in this area, we believe this can be further enhanced by the matters set out below.

We would be happy to speak to the Taskforce further in relation to these matters and assist the Taskforce and government with the development of any initiatives and recommendations in these areas.

¹⁰ *A qualitative study of primary care clinicians' views of treating childhood obesity* by Olivia Walker et al BMC Fam Pract. 2007; 8: 50. Published online 2007 September 3

¹¹ *Barriers to obesity management: a pilot study of primary care clinicians* by Valerie Forman-Hoffman et al BMC Fam Pract. 2006; 7: 35. Published online 2006 June 6

1) Tax treatment for Workplace preventative health programs

To further enhance preventative health in the workplace, companies should be provided with the appropriate support and regulatory framework to encourage their participation in these programs.

We recommend a review be undertaken to identify current tax arrangements which act as disincentives to workplace health plans. Such a review could include examine a range of ideas including:

- Tax treatment of costs incurred by employers when providing employees with access to health management programs.
- Enabling employees to pay private health insurance premiums from pre-tax salary without FBT implications where the health insurance includes a preventative health element.

We note that there are already exemptions in the FBT regulations designed to enhance workforce participation and productivity. We believe that reform in this area serves similar policy goals.

2) Review of regulation in relation to provision of incentives

Bupa Australia recommends that a review of existing regulation be conducted as part of the development of the national preventative health strategy, to ensure insurers and employers can provide adequate incentives to encourage and reward participation in preventative health initiatives.

The importance of participation should not be underestimated in ensuring the success of any preventative health initiative. While the provision of information is important, without action on the part of individuals and the community as a whole no change can take place. In the USA it has been shown that participation in workplace preventative health programs has improved substantially when incentive is provided. Incentives could include:

- Tax incentives for individuals who participate in preventative health programs
- Rewards or incentives provided by employers to employees who participate in workplace health programs, such as access to subsidised health insurance
- The ability for health insurers to reward customers for engaging in activities aimed at producing better health outcomes. That is, any person of any age or health status would be able to access the rewards for participation in such activities.

At present the provision of these types of incentives have the potential to breach anti-discrimination laws as well as the principle of community rating. We believe that consideration should be given to the introduction of exceptions to these regulations for preventative health measures, to ensure appropriate incentive is provided.

4) Provision of MBS and PBS data to insurers

All aspects of the health system require greater information sharing to improve the delivery of health services. There are significant benefits that could be delivered if health funds were able to link their claims data with Medicare data for their customers such as MBS, PBS and public hospital data.

While private health insurers have contact with over 49% of the population, we do not currently have access to all the clinical data required to assist us undertake more effective targeted prevention activities for our customers. At the moment we only hold private health insurance claims data, which is only part of the health picture for our customers.

For example, under current arrangements, health insurers are often only able to identify 'at risk' customers or customers with chronic disease following a hospitalisation for which we have received a claim. At this point our customers' disease has often progressed considerably and any interventions are likely to be secondary or tertiary in nature. To enable insurers to intervene more effectively at an earlier stage, we need to be able to link other health data held for our customers such as MBS and PBS data with our claims data. This would enable us to target our customers more effectively and to offer them access to preventative health programs and measures at a time when those measures are likely to have the greatest effect.

Health funds are able to protect the privacy of this information. We already have appropriate and secure systems in place to manage sensitive health information, as we currently receive HPC data. The industry has proven it has the capacity and ability to protect data of this nature. To date, insurers have not misused the health data they are holding for customers, while the existence of the community rating principle further ensures this would not occur.

5) Clarity in relation to Privacy

The importance of health insurers being able to undertake targeted prevention is currently overshadowed by confusion around the impact of State and Federal Privacy legislation. While it is likely that concerns about the Privacy regulation restricting private health insurers in this area is largely one of perception rather than fact, we believe that clarification is required for both the industry and consumers. We would be happy to work with the Privacy Commissioner to review this and if necessary develop guidelines.

C SUGGESTED ADDITIONAL INITIATIVES

In the spirit of co-operation and active participation on the preventative health debate set out below are some suggestions for initiatives for each of the three target areas. They do not necessarily represent the views of Bupa Australia and are provided to the Taskforce for its consideration only. We request that this section of the submission is not publicly released.

These suggestions are provided to stimulate the debate and are not based on any evidence of effectiveness and would need to be subjected to debate and wide consultation.

'Overweight' and 'Obesity'

We make the following suggestions:

1) Benefits for services

Currently a number of health and health related services which can assist an individual to improve on their weight, eating habits and physical activity levels are costly and there are no financial assistance to help meet these costs. We suggest that the following be considered:

- Increase the number of visits which attract a Medicare benefit for exercise physiologists.
- Including a benefit under Medicare for other healthcare professionals who provide services to assist with the management of weight and/or, improvement of nutrition such as dieticians.

2) Creation of a National Peak Body

While there are a number of national peak bodies in existence for chronic diseases, such as heart disease and diabetes, and some of these bodies are active in the area of education in relation to obesity. We believe there would be value in the formation of a national peak body or agency for obesity. This role could be taken by an existing body such as the Dietetics Association Australia.

3) Restricting or limiting access to 'junk foods'

Given people's increasing reliance on processed and precooked food, the food industry needs to assume much more responsibility for preventing obesity. Many consumers are uninformed or even ill-informed as to the risks associated with some high density foods, they often eat foods without being aware of the nutritional content or harmful effects. Labels on packaged foods are often confusing and restaurants usually make no disclosures at all.

Consultation should be held to consider the possibility of voluntary agreements before the introduction of regulation in this area. We suggest the following initiatives be considered, implemented on a voluntary basis or by regulation (as appropriate):

- Food manufactures and restaurants are required to disclose in a clearly understood way the nutritional value of food. This would need to be coupled with a wide spread education campaign highlighting the things that consumers should look out for, such as the fact that a significant number of low fat options are much higher in sugar and therefore will impact on your weight if you are not undertaking appropriate physical activity.
- Consideration could be given to including health warnings on certain foods such as high energy dense foods, similar to the warnings on cigarette packets, advising consumers of the dangers of over consumption of these foods.
- Food manufacturers reduce the size of oversized portions including those served at fast food outlets.
- All restaurants have at least one healthy option on their menu.
- The removal of all "snack" foods from their current high exposure position, next to the teller, in supermarkets and convenience stores.

- Requirement to include healthy options in vending machines in workplaces and in public areas including on train stations.
- Review of “traffic light schemes” in school tuck shops to acknowledge the obesogenic nature of high fat, high carbohydrate foods such as chips, burgers, sausage rolls, pastas, etc., and to change the identification of these foods to “red” from their current rating of “amber”. Also limiting access at school to foods of this nature in line with the limitations on other foods of low nutritional value such as lollies.
- Requirement for healthy options to be available at sport events and other major public venues.
- Introduce tax breaks and other incentives for organizations in the food industry who show they are taking genuine and effective actions which help to reduce or avoid obesity.
- Food manufacturers reducing the levels of added refined sugar in all foods.

4) **Focus on children**

As discussed above we believe a key area of focus for obesity initiatives should be in the ante-natal and childhood areas and make the following suggestions:

- The introduction of bans on advertising of fast food and unhealthy food options to children and this should be accompanied by an increase in the exposure on television, schools and workplaces of healthy food options.
- Introduction of a compulsory home economics program to be attended by parents as well as children through schools from primary right through to high school which teaches healthy shopping, cooking techniques as well as health and nutrition.

Bupa Group in the UK has this year engaged in a program called “Activ-eat” which they intend to launch globally including in Australia next year. The program is for primary school pupils aged 6 – 9 years who will take part in activities such as tasting fruits, making healthy smoothies and playing games highlighting the importance of eating 5 fruits and vegetables a day, under the guidance of specially trained volunteers. It is expected 3,240 children in 27 schools will take part by the end of 2009. As well Bupa intends to hand out booklets to over 6,000 parents four times a year which will contain information on healthy eating, that is 12,960 booklets will be distributed by the end of 2009.

- Support for mothers of toddlers and young children to enable them to access healthy food alternatives and information as to appropriate quantities and mix of foods that might better establish healthier consumption habits in their children in later life. This may also result in children developing a palate for foods that are less high in sugar and salt from a very young age. This could include:
 - nutrition sessions and cooking lessons held at early childhood centers teaching them how to cook up fresh vegetables for their babies;
 - preschool/child care centre programs and initiatives educating parents on the importance of nutrition and providing easy recipes; and

- free community based parental classes on the importance of energy balance in childhood and how to ensure your child is eating properly.

5) **Infrastructure and communities**

- Building zones should restrict the number of fast food outlets and perhaps provide incentives to encourage an increase in the number of outlets selling fresh food and healthy options.
- An obesogenic rating system should be developed whereby local areas, schools and workplaces are rated. Therefore allowing the effective targeting of funds to those areas that need it the most.
- Funding provided for crèches at gym and other leisure centres to help facilitate engagement in exercise for parents of young children. These crèches could also have a requirement to provide a physical activity program for the children placed in their care.
- Encourage the alteration of infrastructure and town planning to increase the suitability for pedestrians including safety and reduce the access for vehicles, particularly private cars. For example look at the initiatives overseas which restrict the number of private cars allowed into the business districts of cities and require that people take public transport.
- Improve and increase access to and lower the cost of public transport.

6) **Weight-loss industry**

- Introduce regulation in relation to the weight-loss industry, with a particular focus on ensuring that approved programs target a change of lifestyle for life approach which support not only weight loss but also lifelong weight maintenance.
- Active regulation of the evidence base for therapeutic claims in relation to weight loss products and programs.

7) **Information & Campaigns**

- Launch a health promotion campaign on the methods and benefits of weight maintenance and 5-10 kg weight loss targeted at overweight individuals. This campaign should also show people what it looks like to be overweight so that they can be more informed in considering their own health status.
- Consider campaigns which are of a shocking nature rather than an informative such as anti-smoking campaigns. For example show fat in the arteries caused by bad eating or organs destroyed by chronic disease.
- Utilise the job network providers and other institutions which assist disadvantaged groups, to distribute information on healthy eating and physical activity.
- Encourage the production and airing of television programs that focus on which foods are good for you, how to eat better and the benefits of good nutrition. Consideration should also be given to ensuring these programs are

treated like religious and other community services programs and be aired at no cost.

Smoking

We suggest the following additional initiatives for consideration by the Taskforce:

- Work towards making tobacco an illegal substance, the initiatives set out in the technical paper can be viewed as the first steps towards this end. However consideration should be given to a total ban.
- Active enforcement of the ban on tobacco sales to minors on a national level, this initiative could be paid for by an increase in the tax on tobacco.
- Provision of free nicotine replacement therapy for pregnant women and other disadvantaged groups.
- Use community clinics to increase the provision of information to mothers regarding the dangers of exposure of their babies and children to smoke and to deal with post partum take up of smoking.
- Incentives or financial relief for the purchase of products which assist with quitting smoking.
- Increasing incentives or information on smoking for obstetricians and midwives to train them to provide a counselling session with pregnancy-specific educational materials, such as a video shown to them about the effects of smoking in pregnancy and post partum, to patients with follow up at subsequent exams.

Alcohol

We suggest the following additional initiatives:

- Increasing the price on all alcohol products.
- Reduce the percentage of alcohol permitted in pre-packaged beverages.
- Increase the legal drinking age..
- Campaigns should target people who do not believe there are in a high-risk category. For example a campaign which shows how much is too much so that individuals who see themselves as social drinkers understand that their activities are damaging them.
- Campaigns should also focus on making socially responsible drinking the acceptable and desirable behaviour. This could also include a focus for example on taking care of your friends and family by ensuring that they drink responsibly.
- Increase the shock tactics for campaigns highlighting the impacts of drinking, other than liver damage, such as reduced fertility, impotency and other health issues.

ANNEXURE A

Examples of Bupa Australia's preventive health activities for customers

Bupa Australia actively provides a range of tools and information to help our customers take control of their health, assisting them in managing chronic disease and in making healthier lifestyle choices.

Since late 2006 we have championed Bupa Australia's wellness proposition through the in2life offering. This program offers our customers a customised service including:

- On-line information and services to help customers improve and better manage their health;
- On-line tools which measure current health status, assess health risks and deliver an action plan with advice on how to prevent future health problems;
- Expert information and advice in relation to lifestyle, diet and physical activity;
- A personalised home page with current articles and information tailored to the individual customer's needs;
- Information, programs and benefits aimed at reducing smoking and obesity as well as information and advice about alcohol overuse.
- Emails to customers about health, lifestyle and wellness information which is personalised for their needs and interests;
- A 26-week Health, Fitness and Lifestyle program which enables the creation of personalised health action plans, health goals and regular updates to monitor progress.

Bupa Australia is also active in developing preventive health and chronic disease management programs for its customers. Our customers have access to a range of health management programs for common conditions such as asthma, diabetes, back pain and arthritis.

Over the next 12 months we will continue to expand our efforts in this area, with plans to identify high-risk customers and introduce targeted programs such as care coordination/case management programs for customers with multiple risk factors.

Given the commercial pressures on health funds, investment in new preventative health or chronic disease management programs is targeted toward initiatives that deliver strong clinical and cost outcomes. Programs must deliver thorough evidence-based research confirming their effectiveness in delivering real changes in health outcomes and health services utilisation, and not merely modifications of intermediate health indicators and behaviours.

Accordingly Bupa Australia has actively worked with third parties to introduce new programs, fund pilot studies and, where knowledge gaps exist, undertake research to establish the evidence required for long term investment.

In the area of cardiovascular disease management alone, Bupa Australia is involved in two significant projects.

Young@Heart program

The Young@Heart healthcare program was established as a randomised controlled study of a multidisciplinary, home-based health-care program for cardiac patients in association with the internationally renowned "The Baker IDI Heart and Diabetes Institute" and UnitingCare Health private hospitals. It is designed not only to achieve person-centred care and optimise self management for one of the nation's major health burdens, ischaemic heart disease, but also to assess the cost and clinical outcomes. The program provides information and support to encourage the patient to look after themselves while improving the flow of information and communication between the patient, their GP, the specialist and others in the clinical team. The hope is that this program will establish the evidence to support wide expansion of this level of disease management approach as well as identify gaps in care in the area. In this program customers' health risks and behaviours are monitored by a cardiac nurse who works actively with the patient's general practitioner and specialist to ensure a coordinated evidence based approach. Other health professionals such as dietitians, exercise physiologists, and other allied health professionals are utilised as required. The program also involves the partners and/or carer of the patient and will be rigorously evaluated. The researchers at the Baker Institute have advised that this is the first private sector study of such a comprehensive nature in Australia and one of the first in the world.

COACH Program

The COACH program is an evidence-based, telephone coaching program, offered to Bupa Australia Health customers who have experienced a cardiovascular or stroke-related illness. The COACH Program involves regular phone contact with a qualified health professional, such as a dietitian, for a period of 6-9 months following hospitalisation. The program is designed to optimise patient self management and to achieve the modifiable risk factor targets recommended by the National Heart Foundation and National Stroke Foundation. The program encourages patients to engage with their treating general practitioner and specialist, and supports this through written contact with treating health professionals. In achieving National Heart Foundation and National Stroke Foundation risk factor targets, patients can significantly reduce their risk of experiencing a further cardiovascular event or stroke.

Examples of Bupa Australia's public activities

The focus of Bupa Australia's approach to wellness goes beyond the core customer base of our funds.

In relation to the general population, initiatives are largely related to the provision of information and the funding of research pilots which, if successful, will benefit both our customers and the greater population. Some examples of our public activities include:

- The 'Speaking from Experience' online program was launched in October 2008. This program is a series of Australian video clips which share peoples' personal stories about having an illness or condition, or being close to someone who does. It is available for public viewing on our website.
- As part of the in2life corporate offering we work in partnership with companies

to help them understand the health status of their workforce both those who are customers and those who are not. Using tools such as the health risk assessment, in2life has surveyed 13 major employer companies and has delivered recommendations to assist management address their specific workforce health concerns.

- We have also been working with the general practice networks to deliver community based health awareness initiatives. One specific example is a scheduled activity with the Northern Territory network. Due to launch in March 2009, members of the community will have access to a 10 week version of the in2life Health, Lifestyle and Fitness program. After the 10 weeks is complete the network will receive an aggregated, privacy protected report that will assist the network in better understanding their community's health issues.
- Bupa Australia is also commissioning one of the world's largest studies to establish whether a simple blood test can detect the early stages of heart failure, allowing for earlier intervention and possible avoidance of the disability and recurrent hospitalisation associated with this chronic condition. The Screen-HF trial is being run in conjunction with the Centre of Clinical Research Excellence (CCRE) in Therapeutics, Monash University based at the Alfred Hospital. We have made a significant commitment financially and by providing clinical input. The study involves the investigation of a hormone released by the heart in response to increased pressure or stretch. This hormone is called brain natriuretic peptide (BNP). If the study is successful we will be better placed to assist people who are susceptible to heart failure get treatment and prevent heart failure developing and progressing. Pending the results, we believe this test will be valuable for the general population as a whole.
- We are an active and vocal advocate in the media on important health issues that affect not only our customers but the population as a whole, such as dental health in children. Dr Christine Bennett, Bupa Australia's Chief Medical Officer, regularly appears in the media delivering public health messages and is a regular guest on a popular television program discussing topical health issues such as being breast aware, managing depression, importance of prostate checkups, cervical cancer vaccine and calling for food labelling.
- We also make available on our public web site a significant amount of information on common health conditions, tests and procedures as well as information to help consumers make better decisions regarding their healthcare and to assist them with navigating around the Australian health system.
- Access to a range of free calculators which help calculate the cost of smoking, your ideal weight ranges and waist/hip ratios are also publicly available on our website.
- In addition since 2005, the MBF Foundation, Bupa Australia's charitable organisation has been providing funding opportunities for health research and other initiatives to help improve the health outcomes for all Australians. Through the MBF Foundation we have sought to support activities targeting obesity, promoting wellness and healthy ageing. These include funding

research projects, community programs, provision of scholarships as well as community sponsorship such as:

- Sanitarium Weet-Bix Kids TRY-athlon which encourages participation of children aged 7 to 15 years in a triathlon event; and
 - The MBF Foundation Darwin Family Fun and Fit Day, which is a collaboration between the MBF Foundation and Life.Be in it which aims to promote the family's role in committing as one to getting fit and encouraging regular exercise.
- We also partner with other members of private industry to support healthy community activities, for example MBF has been the major sponsor for the "Get Active" festivals in Sydney and Brisbane for a number of years. In addition the Adopt A School Program involves a partnership with Fitness First and high schools nationally to provide students with free exercise classes and education on the lifestyle benefits of regular exercise, to combat the rising incidence of childhood obesity. Currently over 4,000 students nationally participate in the program.